

# Delivery and Performance Committee

Mon 01 November 2021, 14:00 - 16:30

via Teams


## Agenda

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14:00 - 14:00

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### 1. PRELIMINARY MATTERS

 D&P\_Agenda\_01Nov21.pdf (2 pages)

#### 1.1. Welcome and Apologies

#### 1.2. Declarations of Interest

#### 1.3. Minutes from the previous meeting held on 2 September 2021, for approval

 D&P\_Item\_1.3 D&P Minutes\_2\_September\_2021\_UNCOMFIRMED.pdf (18 pages)

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

#### 1.5. Delivery and Performance Committee Action Log

 D&P\_Item\_1.5\_Action Log\_2021-22 (Nov2021).pdf (1 pages)

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

*There are no items for inclusion in this section.*

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### 3. ITEMS FOR DISCUSSION

#### 3.1. Performance Reporting

##### 3.1.1. Performance Overview

 D&P\_Item\_3.1a\_PerformanceOverview\_Octobersnapshot Final Version 25th Oct.pdf (39 pages)

##### 3.1.2. Commissioning Escalation

 D&P\_Item\_3.1b CAF Escalation Report November 2021.pdf (12 pages)

 D&P\_Item\_3.1bi Annex 1 RTT Report Nov 2021.pdf (2 pages)

##### 3.1.3. Annual Plan Delivery, Quarter 2




 D&P\_Item\_3.1c\_Draft\_Q2DeliveryPlanProgressReport D&P Committee 1-11-2021.pdf (36 pages)

#### 3.2. Financial Performance: Month 07, 2021/22



 D&P\_Item\_3.2a\_Financial Performance Report Mth 6 D&PComm.pdf (19 pages)

#### 3.3. Performance Position of Services Provided by Welsh Ambulance Services NHS Trust

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-  D&P\_Item\_3.3\_WAST Performance.pdf (2 pages)
-  D&P\_Item\_3.3a Powys Performance Paper Final from EASC.pdf (13 pages)
-  D&P\_Item\_3.3b EASC\_ActionPlan.pdf (2 pages)

### **3.4. COVID-19 Vaccination: Phase 3 Plan**

-  D&P\_Item\_3.4 211101-D&P-COVID-19 Vaccination.pdf (6 pages)
-  D&P\_Item\_3.4a 211022-COVID-19 Vaccination Phase 3 Plan D&P.pdf (27 pages)



### **3.5. Capital Developments:**

-  D&P\_Item\_3.5 DPC\_Capital Developments Update Oct 2021.pdf (5 pages)


#### **3.5.1. Llandrindod Wells Hospital Project: Learning & Evaluation**

-  D&P\_Item\_3.5a App A Llandrindod Wells Hospital.pdf (7 pages)

#### **3.5.2. North Powys Wellbeing Programme, Gateway Review**

-  D&P\_Item\_3.5b App B PAR Report.pdf (21 pages)
-  D&P\_Item\_3.5c AppC North Powys Programme.pdf (2 pages)

### **3.6. Information Governance Performance Report**

-  D&P\_Item\_3.6 Information Governance Performance Report.pdf (16 pages)

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## **4. ITEMS FOR INFORMATION**

### **4.1. Delivery & Performance Committee, Terms of Reference and Operating Arrangements, approved by Board 29 September 2021**

-  D&P\_Item\_4.1\_D&P Committee\_ToR\_Sept21 Approved.pdf (12 pages)

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## **5. OTHER MATTERS**

### **5.1. Items to be brought to the attention of the Board and Other Committees**

### **5.2. Any other Urgent Business**

### **5.3. Date of next meeting: 20 December 2021 at 14:00**

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**POWYS TEACHING HEALTH BOARD  
DELIVERY & PERFORMANCE COMMITTEE**

**01 NOVEMBER 2021, 14:00 – 16:30  
TO BE HELD VIA TEAMS**



**GIG  
CYMRU  
NHS  
WALES**

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

**AGENDA**

Item	Title	Attached /Oral	Presenter
<b>1</b>	<b>PRELIMINARY MATTERS</b>		
1.1	Welcome and Apologies	Oral	Chair
1.2	Declarations of Interest	Oral	All
1.3	Minutes from the previous meeting held on 02 September 2021, for approval	Attached	Chair
1.4	Matters arising from the minutes of the previous meeting	Oral	Chair
1.5	Delivery and Performance Committee Action Log	Attached	Chair
<b>2</b>	<b>ITEMS FOR APPROVAL/RATIFICATION/DECISION</b>		
	<i>There are no items for inclusion in this section</i>		
<b>3</b>	<b>ITEMS FOR DISCUSSION</b>		
3.1	Performance Reporting a) Performance Overview b) Commissioning Escalation c) Annual Plan Delivery, Quarter 2	Attached	Director of Planning & Performance
3.2	Financial Performance: Month 07, 2021/22	Attached	Director of Finance & IT
3.3	Performance Position of Services Provided by Welsh Ambulance Services NHS Trust	Attached	Director of Primary, Community Care and MH
3.4	COVID-19 Vaccination: Phase 3 Plan	Attached	Director of Planning and Performance
3.5	Capital Developments: • Llandrindod Wells Hospital Project: Learning & Evaluation • North Powys Wellbeing Programme, Gateway Review	Attached	Director of Planning & Performance
3.6	Information Governance Performance Report	Attached	Board Secretary
<b>4</b>	<b>ITEMS FOR INFORMATION</b>		
4.1	Delivery & Performance Committee, Terms of Reference and Operating Arrangements, approved by Board 29 September 2021		
<b>5</b>	<b>OTHER MATTERS</b>		
5.1	Items to be Brought to the Attention of the Board and Other Committees	Oral	Chair
5.2	Any Other Urgent Business	Oral	Chair

5.3	Date of the Next Meeting: <ul style="list-style-type: none"> <li>20 December 2021 at 14:00, Via Microsoft Teams</li> </ul>
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**Powys Teaching Health Board is committed to openness and transparency, and conducts as much of its business as possible in a session that members of the public are normally welcome to attend and observe.**

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

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

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## POWYS TEACHING HEALTH BOARD

### UNCONFIRMED

### DELIVERY & PERFORMANCE COMMITTEE MEETING HELD ON THURSDAY 2 SEPTEMBER 2021, 10:00 – 13:00 VIA MICROSOFT TEAMS

#### Present:

Mark Taylor  
Melanie Davies  
Rhobert Lewis  
Tony Thomas

Independent Member (Chair)  
Independent Member  
Independent Member  
Independent Member

#### In Attendance:

Carol Shillabeer  
Hayley Thomas  
Julie Rowles

Chief Executive  
Director of Planning and Performance  
Director of Workforce and Organisational  
Development  
Director of Finance and IT  
Board Secretary  
Assistant Director of Primary Care Services  
Assistant Director of Community Services Group  
Assistant Director of Women's and Children's  
Services  
Assistant Director Therapies & Health Science  
Deputy Director of Nursing  
Head of Internal Audit

Pete Hopgood  
Rani Mallison  
Jayne Lawrence  
Jason Crowl  
Louise Turner

Lucie Cornish  
Marie Davies  
Ian Virgil

#### Observers:

David Collington

Community Health Council

#### Apologies for absence:

Ronnie Alexander  
Claire Madsen

Independent Member  
Executive Director of Therapies & Health  
Science

Jamie Marchant

Director of Primary, Community Care and  
Mental Health

Rebecca Collier

Welsh Government

#### Committee Support:

Holly McLellan

Senior Administrator / Personal Assistant

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MEETING GOVERNANCE	
D&P/21/01	<p><b>WELCOME AND APOLOGIES FOR ABSENCE</b></p> <p>The Chair welcomed everyone to the meeting and confirmed the meeting was quorate. Apologies for absence were noted as recorded above.</p>
D&P/21/02	<p><b>DECLARATIONS OF INTEREST</b></p> <p>No declarations of interest were received.</p>
D&P/21/03	<p><b>MINUTES OF THE PREVIOUS MEETING</b></p> <p>No minutes were received from a previous meeting.</p>
D&P/21/04	<p><b>MATTERS ARISING FROM THE PREVIOUS MEETING</b></p> <p>No matters arising from previous meetings were received.</p>
D&P/21/05	<p><b>DELIVERY AND PERFORMANCE COMMITTEE ACTION LOG</b></p> <p>The Board Secretary provided the following update:</p> <p><b>Completed:</b>  ARA/21/46 - (Action transferred from Audit, Risk &amp; Assurance Committee) - Machynlleth Post-Project Evaluation and Lessons Learned reported included on the Committee's agenda.</p> <p>PTHB/21/25 - PTHB Annual Performance Report 2020/21 - Performance Update and Planned Care update included on the Committee's agenda.</p> <p>PTHB/21/10 - Financial Performance (Action transferred from Board) - Integrated CHC Report included on the Committee's agenda.</p> <p><b>Updated:</b>  PTHB/21/10 - Performance Reporting (Action transferred from Board) - Issue regarding the non-availability of performance data regarding cancer from Welsh providers to be monitored by Performance and Resources Committee. – Data was now available, action completed.</p> <p>The Committee RECEIVED the updated Action Log.</p>

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## ITEMS FOR APPROVAL/RATIFICATION/DECISION

There were no items for approval, ratification or decision at this meeting.

## ITEMS FOR DISCUSSION

D&P/21/06

### **PERFORMANCE OVERVIEW**

#### **a) PERFORMANCE DASHBOARD**

The Director of Planning and Performance presented the previously circulated report which provided the Committee with a performance update against the 2020/21 NHS Delivery Framework and limited local measures.

It continued to be an interim process as a result of the COVID-19 pandemic in the absence of the regular Integrated Performance Report. The report contained a high-level summary of COVID-19 including infection rates, mortality and vaccination progress.

It provided an 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 and Powys Teaching Health Board local measures.

Using the data, performance achievements and challenges at a high level were highlighted, a brief comparison to the All Wales performance benchmark was detailed.

Since the report had been finalised in August the case rate had increased to 295.99 per 100,000. In the last 21 days there had been an additional 1,212 positive cases recorded. Contact tracing and activity to support the increased case rates were significant and work was being undertaken with partners to ensure the increased workload could be supported. One additional resident death had been reported in Powys since the report was written, the total figure now stood at 274. For Mass Vaccination the number of first doses increased to 117,110 (94.8% of the current accessible population) with 104,000 second doses also administered. The potential of offering a third dose to the immunocompromised was being assessed for mid-September 2021.

There had been an increase in demand on Mental Health services. The summer of 2021 had been challenging for scheduled care. Planning was being undertaken to prepare the winter resilience plans.

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	<p>In response to the recent difficulties in accessing data on the cancer position a deep dive on cancer performance was being undertaken to be brought to a future Committee.</p> <p><i>What were the contributing factors in Aneurin Bevan and Swansea Bay breaching the 52-week Referral to Treatment Time (RTT) deadline?</i></p> <p>The Director of Planning and Performance responded that there were a number of contributing factors and an analysis would be included in the next report. The Chief Executive added that key areas of issue for Swansea Bay related to trauma and orthopaedics, where orthopaedics saw the most significant wait time and for Aneurin Bevan were ophthalmology issues.</p> <p><i>To what extent had the accelerated enactment of the Winter Resilience Plan been considered?</i></p> <p>The Chief Executive responded that winter demands were already impacting PTHB. Discussion was underway with cluster leads and a more comprehensive plan would be available within the next 2-3 weeks. Testing may be undertaken during implementation to facilitate development and an acceleration of implementation.</p> <p><b>b) COMMISSIONING ASSURANCE</b></p> <p>The Director of Planning and Performance presented the previously circulated report which highlighted providers in Special Measures or scored as Level 4 and above following the 18th August 2021 PTHB Internal Commissioning Assurance Meeting (ICAM). At the time of the last meeting there were:</p> <ul style="list-style-type: none"> <li>• 2 providers with services in Special Measures;</li> <li>• 1 provider at Level 4;</li> </ul> <p>The report also provided:</p> <ul style="list-style-type: none"> <li>• A high-level summary of key issues in relation Shrewsbury and Telford Hospitals NHS Trust (SaTH) and Cwm Taf Morgannwg University Health Board (CTMUHB);</li> <li>• Referral to treatment times (RTT) times.</li> </ul> <p>The Committee DISCUSSED and NOTED the reports.</p>
D&P/21/07	<p><b>ELECTIVE CARE PERFORMANCE UPDATE</b></p> <p>The Assistant Director of Community Services presented the previously circulated report which provided a summary</p>

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of current operational performance across a range of measures, and national programme requirements relating to Elective Care, including areas where the Community Service Group had made significant improvements or had particular challenges. The paper provided an update of Powys provided services.

Actions were listed where performance was not compliant with national or local Powys Teaching Health Board (PTHB) annual plan targets and highlighted short- and long-term risks to delivery.

PTHB had received funding from Welsh Government for the renewal priorities and non-recurring money had been allocated for the workstream of Diagnostics, Ambulatory and Planned Care. The paper was not an update on that specific programme but did refer to specific actions relating to outpatients and theatres as part of the work to deliver improved waiting times.

The waiting time target for therapies (and audiology) was 14 weeks from referral whilst the target for diagnostics was 8 weeks. The service had been working to a 12-13-week margin however COVID-19 exposure in staff had caused deadline issues. In order to compensate for staff absence, the action deadline had been moved to 4-5 weeks to ensure demand was met in good time.

For Referral to Treatment Time (RTT), an increase in demand was predicted to move through the system. The numbers of patients waiting had been reduced across the board. From 1,478 in November 2020 to 463 patients waiting over 36 weeks in July 2021.

Specialised care services were showing an underlying fragility. Recruitment was a focus with additional specific recruitment plans for the theatre team. Some success had been had in recruitment and 'growing our own' PTHB staff.

All patients waiting had been triaged and the waiting list had been validated with assurance given that patients on the waiting lists were appropriately supported. The backlog for endoscopy cancer services had been cleared in July however since it had deteriorated however, new endoscopists were being trained. The waiting list was intended to be brought back on track by the end of the year. The Bowel Screening Service continued to be fragile with Bowel Screening Wales having supplied some of their staff to help keep on top of the waiting list.

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	<p>PTHB was the best performing area in Wales for Eye Care Measure, the service was in breach of their performance targets however were regularly reviewed. The Hereford team would be adding importing PTHB patients onto their waiting list.</p> <p>Key challenges moving forward were noted as general surgery, orthopaedics, eyecare and endoscopy.</p> <p><i>Had Elective Care information requests been received from Community Health Council (CHC) or the general public?</i></p> <p>The Assistant Director of Community Services responded that no formal request from the CHC had been received, however, a record of any requests received was kept. The Chief Executive added that 4 - 5 months ago a session was undertaken with CHC on recovery and renewal. Views were shared on flexibility for members of the public on accessing care where a faster route was available. In the public arena question and answer sessions and public briefings were undertaken to facilitate discussion. The challenge was that members of the public did not understand the impact on the rest of the service of high levels of emergency care and how the capacity to deal with the backlog was affected both by levels of emergency care and staffing.</p> <p><i>What would be the potential consequences from not achieving that reaccreditation Joint Advisory Group (JAG)?</i></p> <p>The Assistant Director of Community Services responded that the team was confident reaccreditation would not be an ongoing issue and existing accreditation would be maintained. The Director of Planning and Performance added that the endoscopy suite in Llandrindod, had been completed to JAG (Joint Advisory Group for endoscopy services) standards however it needed to be operational for one year prior to achieving the accreditation to ensure operational measures were met.</p> <p>The Committee DISCUSSED and NOTED the report.</p>
D&P/21/08	<b>NEURODEVELOPMENTAL SERVICES PERFORMANCE UPDATE</b>

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	<p>The Assistant Director of Women's and Children's Services presented the previously circulated report which provided progress on the implementation of a redesigned ND service.</p> <p>The Powys Teaching Health Board (PTHB) ND service had experienced an increase in demand that had been compounded by the COVID-19 pandemic. Insufficient capacity to meet the referral demand, coupled with a deficient professional skill mix had resulted in non-compliance with respective evidence-based Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) recommendations from the National Institute for Health and Care Excellence (NICE) guidelines.</p> <p>The paper:</p> <ul style="list-style-type: none"> <li>• Explored the key drivers for change.</li> <li>• Outlined the breach of the Welsh Government (WG) 26-week RTT waiting time target.</li> <li>• Highlighted the challenges experienced by the ND service due to a mismatch in demand and capacity.</li> <li>• Outlined solutions to address the backlog, maintain the ND service and effectively respond to post diagnostic support for families.</li> <li>• Outlined a new ND service model and the objectives and benefits the proposal will deliver for the organisation and the local child and young person's population of Powys.</li> </ul> <p>The implementation of a new ND workforce model would recognise the need to enable recovery in the short term and realise renewal and transformation long term. Through Welsh Government, an investment of £299k had been allocated on a non-recurrent basis to address the waiting list backlog.</p> <p>A significant increase of demand had resulted in a decline in the treatment time. Non-recurrent monies would be used to address these issues with investment in significant and multidisciplinary capacity. Key areas of recruitment were Speech and Language Therapy and Occupational Therapy. Prior to the pandemic the team were compliant with the RTT service. Service was suspended during COVID-19 and there had been an increase in demand post May 2021 when the service reinitialised. A project plan was in place however it would take some time to meet the diagnostic time scale.</p>
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	<p><i>To what extent was the recruitment process indicating successful outcomes?</i></p> <p>The Assistant Director of Women's and Children's Services responded that the Workforce Team were providing close support, work had been undertaken on the posts which were more likely to be recruited to. For instance, there had been more success in the multidisciplinary recruitment rather than in recruiting paediatricians. The Chief Executive added that increased creativity and re-design were required and supporting families would be key. The Director of Workforce and Organisational Development advised a specific approach regarding the recruitment of doctors may be necessary.</p> <p>The Committee DISCUSSED and NOTED the report.</p>
D&P/21/09	<p><b>FINANCIAL PERFORMANCE, MONTH 04</b></p> <p>The Executive Director of Finance and IT Services presented the previously circulated report which outlined:</p> <ul style="list-style-type: none"> <li>• PTHB was reporting an overspend at month 4 for financial year 2021/22 of £0.063m.</li> <li>• Financial forecast to 31 March 2022 was to maintain a balanced plan based on the plan submitted to Welsh Government and presented to Board on 31 March and 30 June 2021.</li> <li>• To date £0.275m of green savings schemes had been identified by the Health Board for delivery in 2021/22 to meet the required target as per the plan of £1.7m.</li> <li>• PTHB had a capital resource limit of £15.125m and had spent £1.117m to date.</li> </ul> <p>A number of assumptions were included in the 2021/22 Financial Plan approved by the Board. One of the assumptions was that the Health Board would deliver £1.7m of savings, with the remaining unmet savings to be supported via assumed COVID-19 funding to 31 March 2022.</p> <p>Any changes in the expenditure assumed within the plan would impact on the Health Board's ability to deliver a balance position based on the 'opening plan' position of £5.6m over committed. A level of COVID-19 funding was anticipated but yet to be confirmed in full by Welsh Government.</p>

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No additional savings target was included in the 2021/22 Plan which meant all budget holders needed to remain within their funding envelope however at present some areas were not remaining within their budgetary levels.

If to support patient care and ensure a safe service the costs for CHC and variable pay continued at the levels seen in quarter 1, as a result there was a risk on the Health Boards ability to deliver financial balance in 2021/22. Workshops had been planned to address and mitigate the issue.

Tracking the underlying deficit was important. In a number of areas, recurrent funding was favoured to recruit staff. The would be a focus on saving schemes towards the end of the year.

*How would challenges be managed considering current pressures particularly around staffing?*

The Director of Workforce and Organisational Development responded that efficiency was key, whole system changes would be required ensuring areas were staffed most appropriately. Workforce Efficiency were reviewing what changes were needed in skill remits. The Executive Director of Finance and IT Services added that PTHB was focused on embedding wellbeing outcomes, financial stability would take a number of years to address.

*To what extent would Continuing Health Care be a focus as an underlying area of concern?*

The Chief Executive responded that a piece of work had been established looking at complex care. The 2021 CHC Framework and Decision Support Tool (DST) were being published by Welsh Government and were due to be implemented by November. Domiciliary care was used to support patients at home, the independent sector was also utilised. The review of key issues was timely and could be brought to the Committee.

**Action: Consideration to be given for a future agenda item on the key issues in Continuing Health Care to be provided by the Executive Director of Finance and IT Services.**

*Given that Health Boards in Wales would have to arrive at a position in the next couple of years where the budget*

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	<p><i>was constrained while trying to expand services. Would the situation arise where PTHB would need to limit expansion?</i></p> <p>The Chief Executive responded that the 10-year strategy and COVID-19 harms had recently been discussed. Board was to discuss strategic planning on 21 September 2021. The prioritisation of key actions would be needed. There were some constraints to overcome through creativity and sustainability. In the next few months PTHB would decide on issues for the next 3-year plan.</p> <p>The Committee:</p> <ul style="list-style-type: none"> <li>• DISCUSSED and NOTED the Month 4 2020/21 financial position.</li> <li>• NOTED that actions required in 2021/22 to deliver a balanced position at the 31st March 2022, including savings delivery.</li> <li>• NOTED the Covid-19 Report position reported on page 8 and in the attachments detailed in Appendix 1.</li> <li>• NOTED additional risks on delivery of balanced position at 31st March 2022.</li> <li>• NOTED the underlying financial position</li> </ul>
D&P/21/10	<p><b>GENERAL MEDICAL SERVICES OUT OF HOURS PERFORMANCE 2020/2021</b></p> <p>The Assistant Director of Primary Care Services presented the previously circulated report which provided assurance around the Out of Hours (OOH) service provision for Powys patients. PTHB contracts with three providers to deliver its OOH services, 111, Shropdoc and Swansea Bay University Health Board (SBUHB).</p> <p>Attention was drawn to the inability the first providers (Shropdoc and SBUBH) IT systems to report against the OOH standards. PTHB had commissioned a data feed to access the necessary data to enable full reporting against these standards.</p> <p>A national replacement IT system for 111 / Out of Hours, called SALUS, was being developed for implementation in the next financial year. The 111 OOH offer to PTHB included call handling and first line triage only.</p> <p>Shropdoc provide PTHB with monthly reports detailing contract achievement against the All Wales OOH standards. Shropdoc performance against the standards is</p>

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consistently very good. The current Shropdoc contract would terminate in June 2022.

SBUHB, formerly known as ABMUHB reporting on the relevant standard measures for the Powys element of the service was limited due to the inability to extract Powys specific data and no data was available regarding timely patient access. The new national reporting IT system SALUS, would resolve this issue in 2022.

A light touch reporting approach had been in place since the pandemic. The first draft of business intelligence reports had been done and by the end of quarter 3 a full report of the end to end access standards would be completed. Call handlers had been introduced to ensure patients in the queue knew they would be dealt with. A current challenge for Shropdoc was attending appointments within 1-2 hours due to the geography of Powys. Next steps for improving assurance would be end to end reporting by the end of December, and a CAFF framework approach be applied to monitor out of hours contracts.

*In what timeframe did Shropdoc GP's attend the home therefore negating residents opting to go to A&E?*

The Assistant Director of Primary Care Services responded that the data was available in the paper's appendices, any breaches beyond 2 hours were reviewed and reported. Where a delay occurred there would be regular contact with the patient in the form of triage and observation. The Chief Executive added that the performance of 111 was a concern. The All Wales service needed to provide a strong offer to give confidence to patients.

**Action: Follow-up on 111 abandonment rates to be provided by the Director of Primary, Community Care and Mental Health.**

*Did Shropdoc and the 111 nurses have access to the electronic patient information?*

The Assistant Director of Primary Care Services confirmed this was the case although occasionally firewall issues occurred which were escalated and resolved.

*Would Shropdoc services with the current provider be continued?*

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	<p>The Chief Executive responded that this was a highly complex contract, there had been Board, Government and Council involvement and the relationship was with the Shropshire and Telford Clinical Commissioning Group. In every other part of Wales, the provision was from the Health Board themselves. PTHB providing similar provision had been discussed but was not considered to be a good option. Future commissioning arrangements would be brought back through Board for decision.</p> <p>The Committee:</p> <ol style="list-style-type: none"> <li>1) NOTED OOH performance during 2020/2021, recognising the challenges and limitations of reporting fully against the national standards and quality indicators, and</li> <li>2) NOTED and endorse the agreement by the Delivery and Performance Group to progress Commissioning Assurance Framework (CAF) reporting for OOH for implementation by year end 2021/2022</li> </ol>
D&P/21/11	<p><b>FUNDED NURSING CARE AND CONTINUING HEALTHCARE PERFORMANCE REPORT</b></p> <p>The Deputy Director of Nursing presented the previously circulated report which provided an update on Funded Nursing Care (FNC) and Continuing Health Care (CHC) provided to adults, children and young people's Continuing Care (CC) in 2020-21, and to identify future plans for oversight and reporting.</p> <p>The Health Board commissioned care for individuals within their own home and those requiring long term nursing care in care homes.</p> <p>The Health Board sought assurance in relation to the quality of services provided in a variety of ways. It was noted that in 2020-21 there had been a significant impact from the COVID-19 pandemic. Over the year a wider focus to view the service on a population basis had been taken, and the opportunity to maximise the presentation and interpretation through data and intelligence which helped to inform and develop a value-based approach to care provision.</p>

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	<p>The live Complex Care Dashboard was used in conjunction with the Council's Dashboard.</p> <p>Work was being undertaken to produce patient stories, and the implementation of CHC was being considered for November. A closer working relationship had been seen with the Council during the pandemic, and Care Homes had been supported with infection prevention and control. CHC governance arrangements had been strengthened, and the increased spend would be subject to scrutiny to ascertain where savings could be made. Quality and value-based work would be a focus for the 2021/22 report, and quality metrics would be further developed and presented regularly.</p> <p><i>Had the joint work with the Council created a positive environment?</i></p> <p>The Deputy Director of Nursing responded that there had been challenges but it was a positive environment. A project was underway to develop partnership arrangements and there was willingness to cooperate. The Chief Executive added that it was a complex and challenging environment, local government were also constrained financially, and at a government level the funding of social care was a national issue. There was tension surrounding who paid for which services. The role of PTHB was to support practitioners to help ensure they supported the patient in what worked for them. Public sector services found it difficult to meet provisions.</p> <p>The Director of Planning and Performance noted in respect of Section 33 arrangements, and given the changes in some of the legislative spaces, it would be necessary to consider if PTHB had the right architecture and supporting arrangements in place to support the increase in care.</p> <p>The Committee DISCUSSED and NOTED the report.</p>
D&P/21/12	<p><b>CAPITAL AND ESTATES PERFORMANCE UPDATE</b></p> <p>The Director of Planning and Performance presented the previously circulated report. The Health Board had benefitted from an increase in capital allocation in 2021/22 with the Welsh Government (WG) committed Capital Resource Limit (CRL) at £14.575M. Progress had been made to engage a further three substantive Project Managers.</p>

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	<p>The construction industry material supply issue could impact availability, cost and project programmes; to date it had caused limited disruption. COVID-19 remained an underlying issue affecting project activity.</p> <p>From the Estates Funding Advisory Board (EFAB), PTHB had secured an additional £2.2M funding across a number of technical / specialist areas. This meant exceptional items no longer need to be funded by Discretionary Capital.</p> <p>The following major projects were supported by the All Wales Capital Funding (AWCF) / Integrated Care Funding (ICF):</p> <ul style="list-style-type: none"> <li>• North Powys Programme,</li> <li>• Llandrindod Phase 2 and</li> <li>• Brecon Car Park</li> </ul> <p>PTHB had developed and submitted Business Cases to Welsh Government. At Machynlleth works on site had advanced well, with the status of other business cases set out within the report.</p> <p>From Welsh Government COVID/Recovery Capital, circa £550K had been secured to support the pandemic recovery. Additionally, a request was received from Welsh Government to identify any COVID-19 or associated recovery capital bids.</p> <p>Business case approaches were still awaiting response from Welsh Government for the 3 major projects, North Powys Programme, Llandrindod Phase 2 and Brecon Car Park.</p> <p>Anti-ligature work was on track. There had been opportunity to bid for some additional COVID-19 capital monies. Estates higher level risks had been identified in the discretionary level capital. There was a low level of contingency going into the winter.</p> <p>Progress had been made around the environmental sustainability and decarbonisation which would be reported to Board.</p> <p>The Committee DISCUSSED and NOTED the report.</p>
D&P/21/13	<p><b>INFORMATION GOVERNANCE PERFORMANCE REPORT</b></p>

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	<p>The Board Secretary presented the previously circulated report which showed compliance and an assessment against key Information Governance (IG) performance and compliance indicators.</p> <p>The paper provided an overview of Quarter 1 (Q1) performance. In terms of Freedom of Information requests Q1 saw 77 requests with a 62% compliance. This was due to a number of factors, including sickness within the team. These had now been resolved. 149 Access to Information requests had been received with an 86% compliance rate. 14 Access requests had not been responded to within the one-month deadline. This was due partly to capacity but also increased complexity of requests.</p> <p>One complaint had been received for Information Governance, which related to the Womens and Childrens Service Group, an investigation was undertaken and improvements had been made.</p> <p>There had been 28 Information breaches within Q1, Datix reporting was being maximised. 1 breach had been escalated and a tracker had been established.</p> <p>Key themes were identified around staff and patient confidentiality, records management and information being sent to the wrong places.</p> <p><i>Could a theme be identified in the Freedom of Information and Access requests?</i></p> <p>The Board Secretary responded that no key theme could be identified at present, however, the trend was an increase in Freedom of Information requests.</p> <p><i>Was there an opportunity to discuss with the applicant if significantly complex requests were received to inform that it was untenable to respond within the designated time frame?</i></p> <p>The Board Secretary confirmed that the clock could be stopped and the request discussed with the requestee.</p> <p><i>When would the tracker be available?</i></p> <p>The Board Secretary advised that the tracker would be embedded from the next report.</p>
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	<p>The Chief Executive raised that in respect of the issue of Information Governance breaches and hotspot areas, some of the root causes could be the systems currently in place. An improvement plan was in place to address this including the intention to digitise current records.</p> <p>The Committee DISCUSSED and NOTED the report.</p>
D&P/21/14	<p><b>RECORDS MANAGEMENT IMPROVEMENT PLAN UPDATE</b></p> <p>The Board Secretary presented the previously circulated report which provided an outline of progress made in implementing the Records Management Improvement Plan, approved in November 2019.</p> <p>The Health Board, via the Records Management Framework, had committed to a systematic and planned approach to the secure and effective management of all records within the organisation, particularly patients' records.</p> <p>The Executive Committee had agreed investment in the appointment of a "Documents and Records Manager". This post would replace the Service Improvement Manager role previously established on an interim basis, which had been vacant since January 2021.</p> <p>The Executive Committee had also agreed investment in the appointment of an experienced Project Manager to lead the planning and development of the Health Board's approach to digitisation of records.</p> <p>Progress had been made, especially on governance related programmes.</p> <p><i>The new appointment is to be welcomed, however, could the Business Case be produced in a shorter timeframe than the 10 months outlined within the report?</i></p> <p>The Board Secretary responded that some work was ongoing behind the scenes. The Director of Finance and IT Services added that the objective was to complete the Business Case as soon as possible, however, for the level of work, it was considered a reasonable time scale therefore avoiding false expectations.</p> <p>The Committee:</p> <ul style="list-style-type: none"> <li>• NOTED the progress made to date; and</li> </ul>

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	<ul style="list-style-type: none"> <li>NOTED those actions where progress has been delayed due to the impact of COVID-19.</li> </ul>
<b>ITEMS FOR INFORMATION</b>	
There were no items for information.	
<b>OTHER MATTERS</b>	
D&P/21/15	<p><b>ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND OTHER COMMITTEES</b></p> <p>No items were noted.</p>
D&P/21/16	<p><b>ANY OTHER URGENT BUSINESS</b></p> <p>The Assistant Director Therapies &amp; Health Science provided an update on the supply of blood vials as discussed at informal Board Development.</p> <p>BD blood vial supply was a national issue. BD was an All Wales supplier, the issue particularly affected types of 4 tubes, there was less reliance on them by PTHB. Usage and flow had been advised not to be re-routed.</p> <p>There was work being undertaken on a national level with, supplies due to arrive from the USA by the week ending 3 September 2021. The shortage was expected to continue until November with a critical point in the next few weeks.</p> <p>From a local perspective a tactical response meeting would be undertaken. The Director of Primary, Community Care and Mental Health was the Executive lead and would escalate any issues as required. A stock take had been done of all relevant stock across the Health Board and was being managed by the community services group. The situation was more complex in primary care, there had been queries around clinical compliance.</p> <p>The national advice was that there should be a reduction in use to only essential bloods. Primary care had requested more definitive guidelines from the PTHB Medical Director. PTHB had requested that robust guidance be provided to help with decision making. A 70% reduction of usage had been achieved across primary care. An impact on delivery and performance was predicted in the future. PTHB was in line with the national response.</p> <p><i>What was the national view point on how long the plans would be in place and when would the local impact be seen?</i></p>

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	<p>The Assistant Director Therapies &amp; Health Science responded that there was one type of tube which was now down to a 3.5-week central stock level. The next were an 8-week, 10-week and 20-week supplies. Stock had been restricted and normal stock orders could not be undertaken but Health Boards had amalgamated their stock levels. A traffic light system had been set up to help monitor stock and there had been no amber stock levels as yet. NWSSP had advised that if orders were placed they would be fulfilled and the situation was predicted to continue until November. A factory was shut in Plymouth for essential maintenance but had now restarted work.</p>
D&P/21/17	<p><b>DATE OF THE NEXT MEETING:</b> 1 November 2021, 14:00 – 17:00, Microsoft Teams.</p>

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Key:

Completed
Not yet due
Due
Overdue

## DELIVERY AND PERFORMANCE COMMITTEE ACTION LOG 2021/22 (November 2021)



**GIG**  
CYMRU  
NHS

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching

Minute	Meeting Date	Action	Responsible	Progress Position	Status
P&R/20/12	30 June 2020	Waste Management Procurement Process. Assurance to be provided to IMs that quality, reliability and reduction in environmental impact would be appropriately weighted in procurement process.	Director of Workforce and OD	Waste Management Procurement Process was deferred until appropriate timing on the contract had been established. Procurement had been postponed during the COVID-19 pandemic as an appropriate disposal system would be required. An environmental review was to follow.	
P&R 21/21	26 May 2021	WAST report on Red and Amber Calls to be brought to Committee	Director of Primary, Community Care and MH	Report scheduled on agenda (01 Nov 2021) – Item 3.3	

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**Agenda item: 3.1a**

<b>Delivery and Performance Committee</b>		<b>Date of Meeting: 1 November 2021</b>
<b>Subject:</b>	<b>Performance Overview against National Outcome Framework – October update, 2021/22</b>	
<b>Approved and Presented by:</b>	Director of Planning and Performance	
<b>Prepared by:</b>	Performance Manager	
<b>Other Committees and meetings considered at:</b>	Delivery and Performance Group held on 21 October 2021. Executive Team to be held on 27 October 2021.	

**PURPOSE:**

This report provides a brief update on the changes to the latest performance position for Powys Teaching Health Board up until October 2021 with the latest availability of data, including a high-level overview of COVID, Test, Trace and Protect and mass vaccination performance.

**RECOMMENDATION(S):**

The Delivery & Performance Committee is asked to DISCUSS and NOTE the content of this report.

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

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

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

**EXECUTIVE SUMMARY:**

This report provides the Delivery and Performance Committee with a performance update against the 2021/22 NHS Delivery Framework, and limited local measures.

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

The report contains a high-level summary of COVID e.g. infection rates, mortality and vaccination progress and a brief update on Powys Teaching Health Board's (PTHB) performance, set against the revised 2021/22 National Outcome and Delivery Frameworks four aims, and their measures. The document contains relevant dashboards and extra analysis data showing the levels of compliance against the National Framework, and Powys Teaching Health Board local measures.

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:

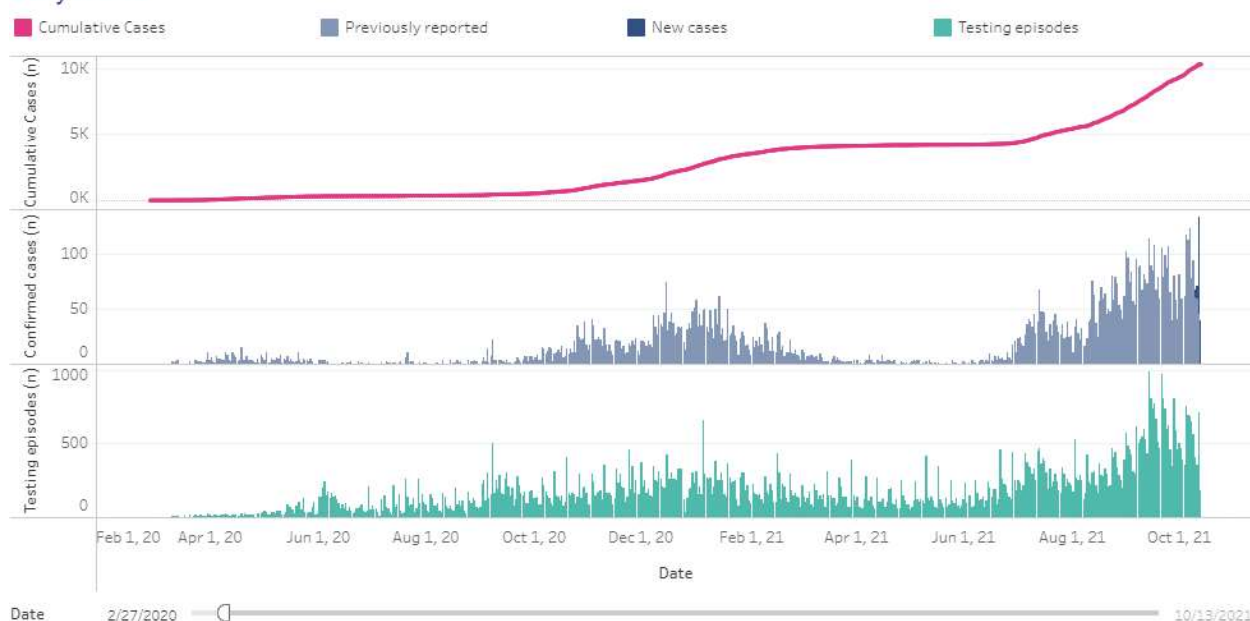
### COVID-19 Update

#### Powys Resident Positive Cases – Source Public Health Wales

Cumulatively **10,278** cases for Powys local authority residents have been reported up until the 13/10/2021 since the start of the pandemic.

The latest Powys rolling 7-day position for COVID infection rates by local authority of residence (3<sup>rd</sup> to 9<sup>th</sup> October 2021 source PHW) shows that the number of reported positive cases has increased in line with the third wave of COVID-19 infections. During this period **654** cases have been reported from **4,130** testing episodes, resulting in a 7-day rolling rate of **493.8** cases per 100k, and a test positive proportion of **15.8%**.

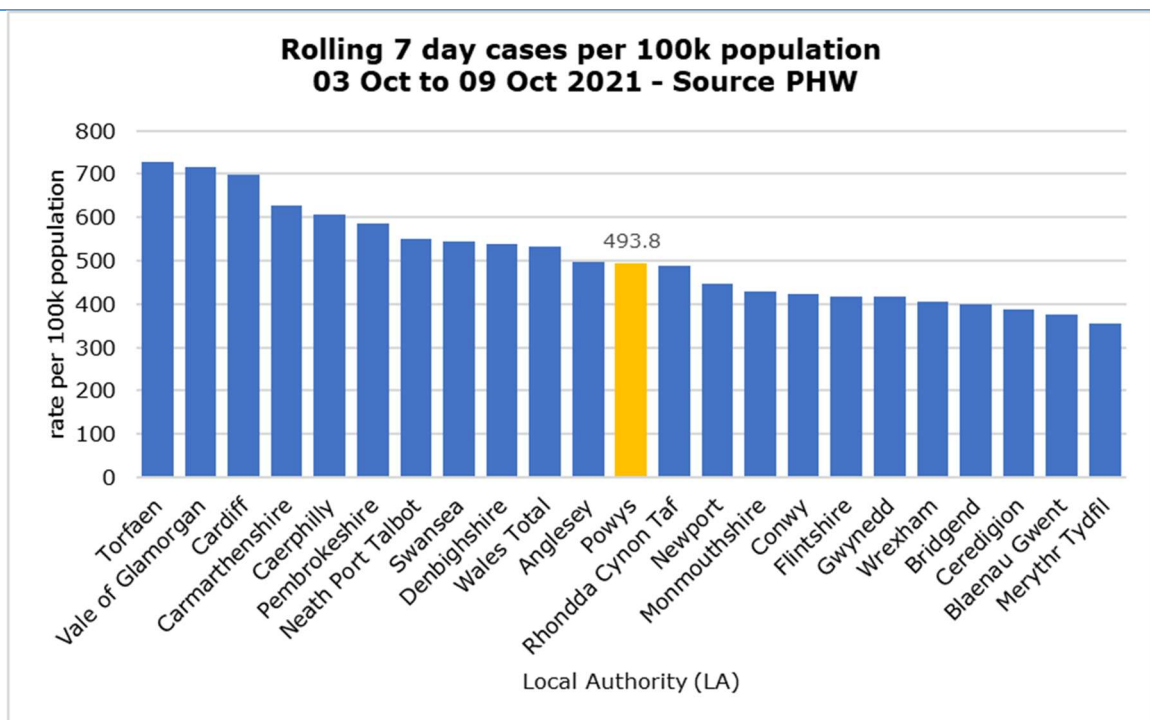
#### Daily charts



#### Source PHW Daily Charts 14/10/2021

Powys as a local authority area over the last 7 rolling days (3<sup>rd</sup> to 9<sup>th</sup> October 2021) has a reported rate of **493.8** infected cases, placing the local area mid-level for infection rates in Wales (graph below).

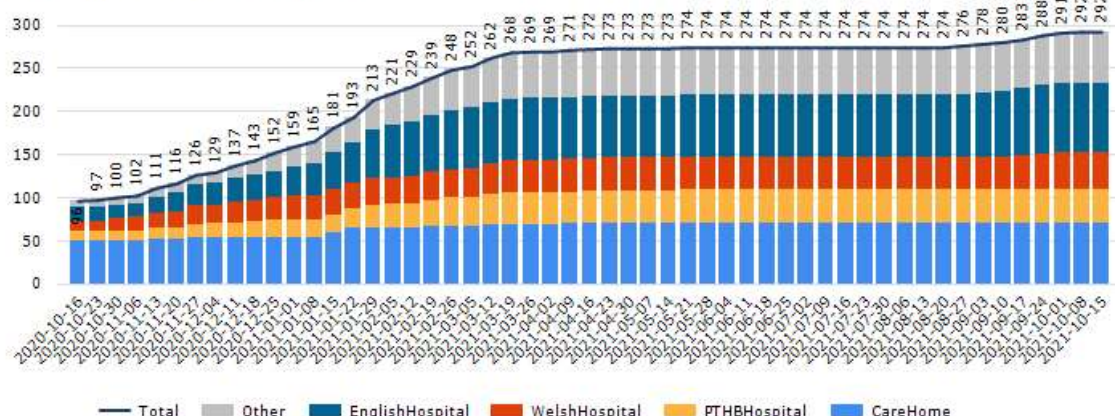
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## Resident Deaths – Source ONS

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.

Covid Deaths Weekly Cumulative Timeline



IFOR in Powys

Source: ONS

\*N.B Incomplete data for week 15/10/2021.

In Powys the cumulative total deaths from COVID is **292** since the pandemic started, this is the latest snapshot (14/10/2021). A small increase in COVID linked deaths has started over the last 7-week period.

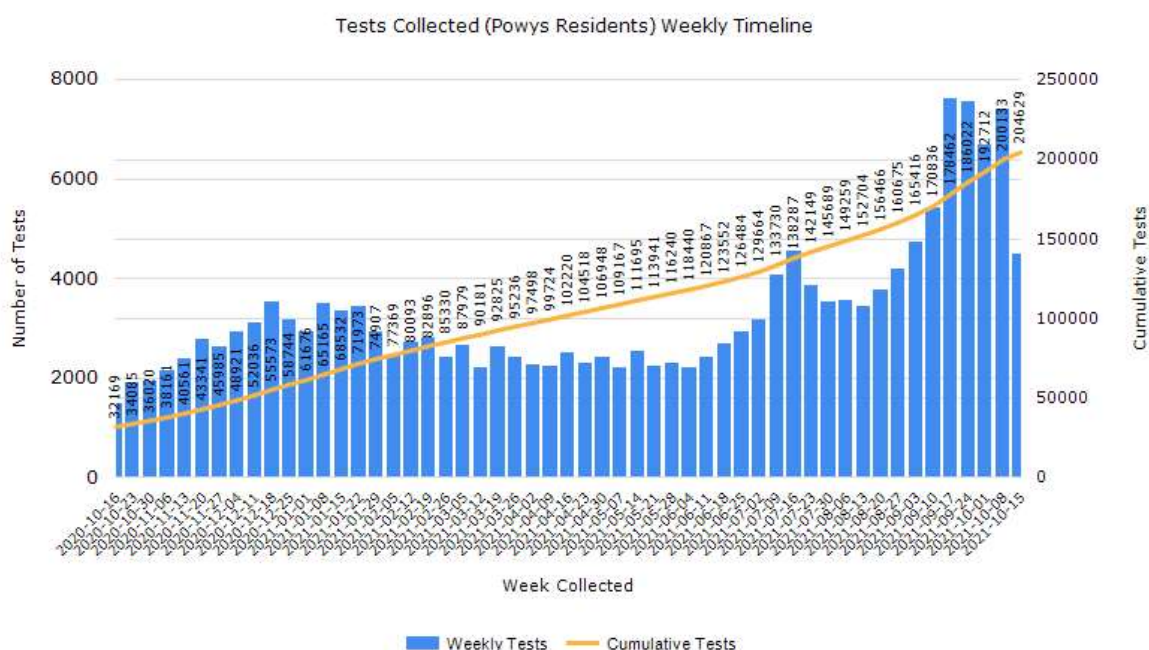


## TEST, TRACE, PROTECT – Source TTP dashboard, PTHB Information Team

The test positivity rate for the period 05/10/21 to 11/10/21 was **9.1%**.

Approximately **7472** tests were performed on Powys residents during the week ending 11th of October. A timeline of weekly testing is shown below.

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



IFOR in Powys

Source: NWIS/SATH/WVT/RJAH

\*N.B Incomplete data for week 15/10/2021.

Between the 5th and 11th October, **788 new positive cases** were identified for contact tracing, of the **788** cases **750** were eligible for follow up, of which **34.3%** were followed up within 24 hours and **55.6%** were contacted within 48hrs. Contact tracing identified **2553 total** contacts but only **2490** were eligible to contact, of which **28.1%** were followed up within 24 hours and **43.8%** contacted within 48hrs.

Data source: PTHB Information Team

## MASS VACCINATION PROGRESS

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

- 91% of the adult population has received their 1<sup>st</sup> dose (All Wales uptake 87.0%)
- 88.6% have received their 2<sup>nd</sup> dose (All Wales uptake 83.6%)

Performance Overview against  
National Outcome Framework –  
October update, 2021/22

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Committee 1 November 2021  
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*Data as of 26/09/2021*

*Source Public Health Wales (PHW)*

- 82.4% of 16 to 17 year olds have received a first dose (All Wales uptake 73.8%)
- 37.3% of 12 to 15 year olds have received a first dose (All Wales uptake 30.3%)

*Data as of 17/10/2021*

*Source Public Health Wales (PHW)*

- The uptake of booster dose delivered in Powys is 17,736.

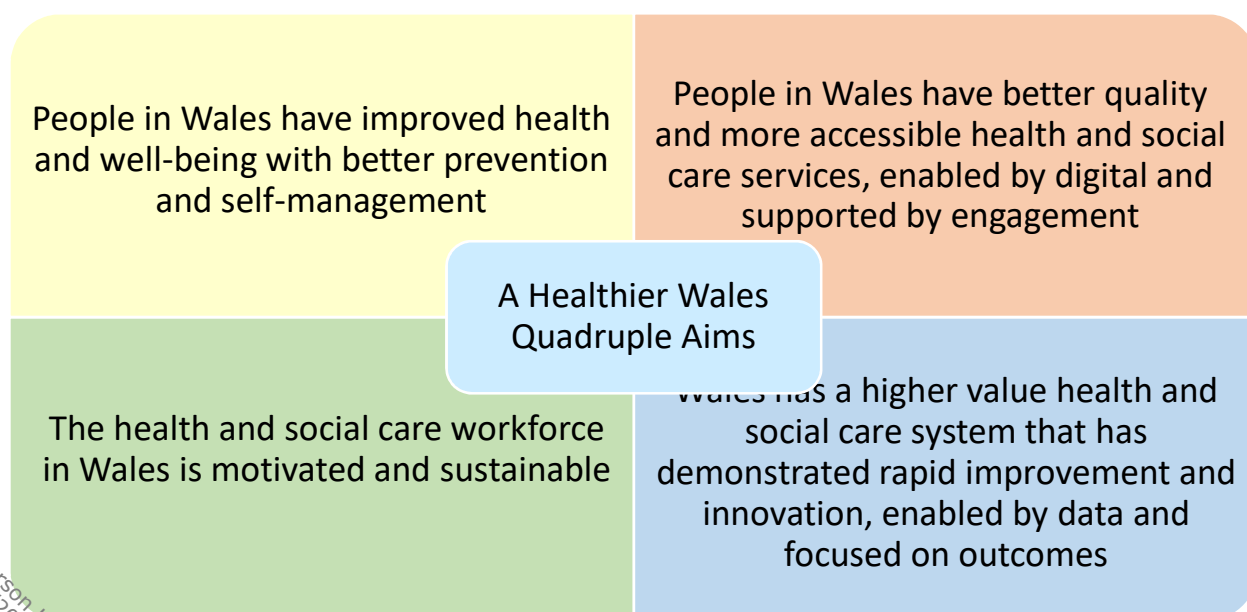
*Data as of 22/10/2021*

*Source WIS/IFOR*

### **NHS DELIVERY FRAMEWORK PERFORMANCE**

The NHS Delivery framework has been updated for 2021/22. The challenge for the health board relates to new, revised or retired measures, their relevance for the organisation, and the data source, reporting schedule, and officer lead requirements to support national reporting and benchmarking. As this update has been finalised at the start of Q3 the health board is several months behind, and must now catch-up in a capacity challenged environment to integrate those changes into the overarching plan.

The new 2021/22 framework reports against **73** delivery measures mapped to the Healthier Wales quadruple aims.



Summary revisions to the delivery framework when compared to 2020/21 include:

- **10** new measures reflecting priority work areas including urgent access, median waits, planned care priority waits, NHS dental access, antibiotic usage and stroke. Some of the new measures although affecting Powys residents will not be reportable for a community provider e.g. acute care setting only.
- **14** measures have been removed, including Smoking CO-validation, delayed transfers of care (DTOC), procedure postponement etc. Although these are now nationally non-reportable, local process will continue with further review.
- **18** measures have been revised, predominately around measure wording changes, target updates, and other minor tweaks.

For further detail the full 2021/22 Delivery Framework is attached for review as appendix document 1.



Updated  
Framework 2122.xls)

For this performance narrative every effort has been made to report against relevant new measures, however some data sources remain unavailable or requiring setup/methodology.

### **Performance document notes**

This section contains performance figures, and narrative against recent data. Some information and narrative will not change between reports, this is a result of the frequency of update for that specific measure e.g. monthly, quarterly, bi-annual or annual. If the data has not changed for a significant period a narrative or analysis may not be included.

Work continues with the "Making Data Count Approach" ethos, and continual rollout of new statistical information, and further data detail will be made where appropriate.

Most access measures now have statistical process control charts (SPC) to help support performance discussions, but may not be included within this document due to size.

Please note that when reporting data in some metrics an <5 symbol may replace the actual due to low number identifiability.

And Icons may be used to explain targets etc.

- < less than
- = equal to
- > Greater than

## **A brief introduction to statistical process control charts (SPC)**

SPC charts are used as an analytical technique to understand data (performance) over time. Using statistical science to underpin data, and using visual representation to understand variation, areas that require appropriate action are simply highlighted. This method is widely used within the NHS to assess whether change has resulted in improvement. The use of SPC allows us to view the information with an understanding of the Covid-19 pandemic in Wales. Covid caused a significant event altering the normal working practices for health care, in Wales this escalated at the end of March 2020, for consistency this will be used as the default step change as a special cause point for measures linked predominately to patient access.

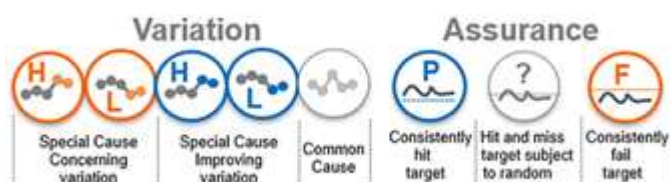
### **SPC charts**

The charts used will contain a variation of icons and coloured dots, these do not link directly to the existing RAG based measurement currently used within the outcome framework but provide a guide. SPC charts provide an excellent view of trends, highlighting areas of improvement, or concern over a significant time period (e.g. common or special cause variation). The graphs also contain a mean (average) value, and two process control limits UCL & LCL (expected maximum & minimum performance).

Work to integrate this approach into Powys Teaching Health Board performance reporting, and assurance will be ongoing and will mature throughout 2021/22.

For further information on the process please go to the below weblink  
<https://www.england.nhs.uk/a-focus-on-staff-health-and-wellbeing/publications-and-resources/making-data-count/>

### **Key of SPC chart icons**



### **Key of SPC chart dots**

- **orange** = area of concern
- **grey** = within expected limits

- **blue** = area of improvement

Further information will be provided in the narrative to provide context.

## **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:

2021/22 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	2020/21	51.9%		52.0%	1st	36.8%
2	'6 in 1' vaccine by age 1	95%	Q1 21/22	96.6%	95.8%	97.3%	1st	95.3%
3	2 doses of the MMR vaccine by age 5	95%	Q1 21/22	94.2%	90.3%	91.7%	3rd	91.7%
4	Attempted to quit smoking - Cum	5%	Q1 21/22	0.82%		0.88%	6th	1.07%
5	Standardised rate of alcohol attributed hospital admissions	4 quarter reduction trend	Q4 20/21	451.6	354.9	381.7	6th	356.6
6	Percentage of people who have been referred to health board services who have completed treatment for alcohol misuse	4 quarter improvement trend	Q1 21/22	58.6%	75.0%	61.3%	5th	76.4%
7a	Flu Vaccines - 65+	75%	2020/21	67.1%		73.5%	7th	76.5%
7b	Flu Vaccines - under 65 in risk groups	55%	2020/21	44.3%		52.2%	3rd	51.0%
7c	Flu Vaccines - Pregnant Women	75%	2020/21	93.3%		92.3%	2nd	81.5%
7d	Flu Vaccines - Health Care Workers	60%	2020/21	64.3%		56.5%	8th	65.6%
8a	Coverage of cancer screening for: bowel	60%	2018/19	54.1%		56.4%	1st	55.7%
8b	Coverage of cancer screening for: breast	70%	2018/19	73.7%		69.1%	7th	72.8%
8c	Coverage of cancer screening for: cervical	80%	2018/19			76.1%	1st	73.2%
9a	MH Part 2 - % residents with CTP <18	90%	Aug-21	63.6%	85.7%	95.0%	4th	87.9%
9b	MH Part 2 - % residents with CTP 18+	90%	Aug-21	92.9%	89.2%	87.8%	4th	87.2%
10	% 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%

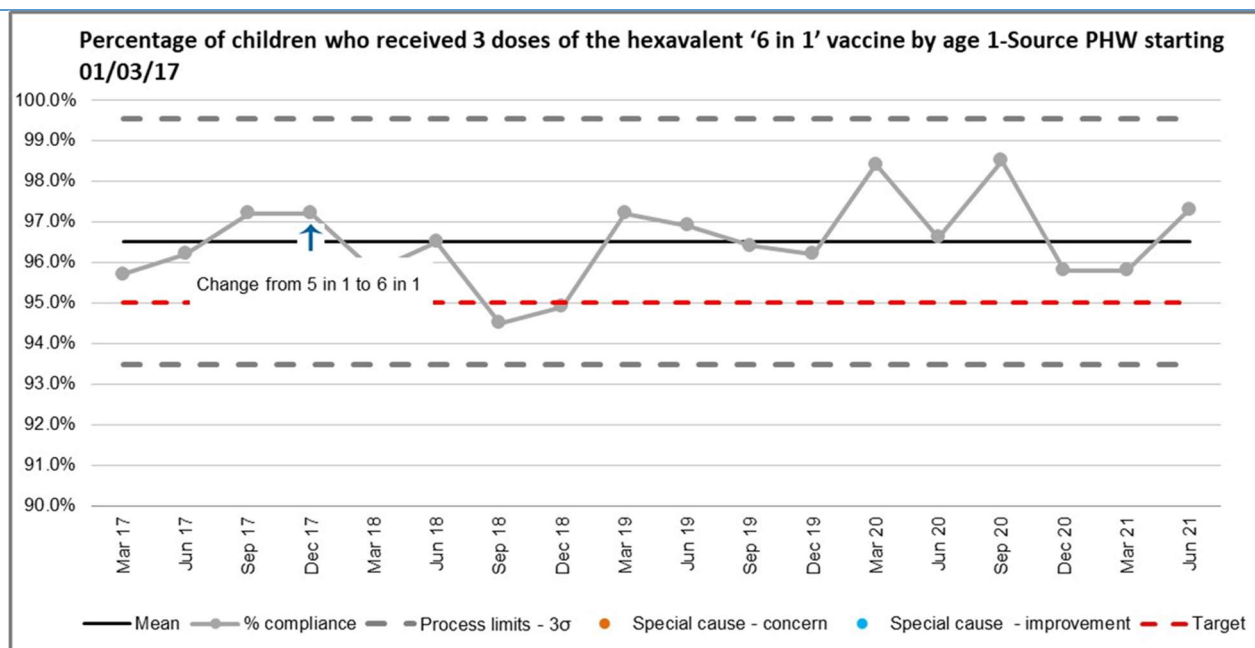
### **Breastfeeding**

Powys data for 2020/21 financial year is now available, and performance has improved from 51.9% to 52% for the measure percentage of babies who are exclusively breast fed at 10 days old. As a provider Powys Teaching Health Board (PTHB) ranks 1<sup>st</sup> against an All Wales average of 36.8%.

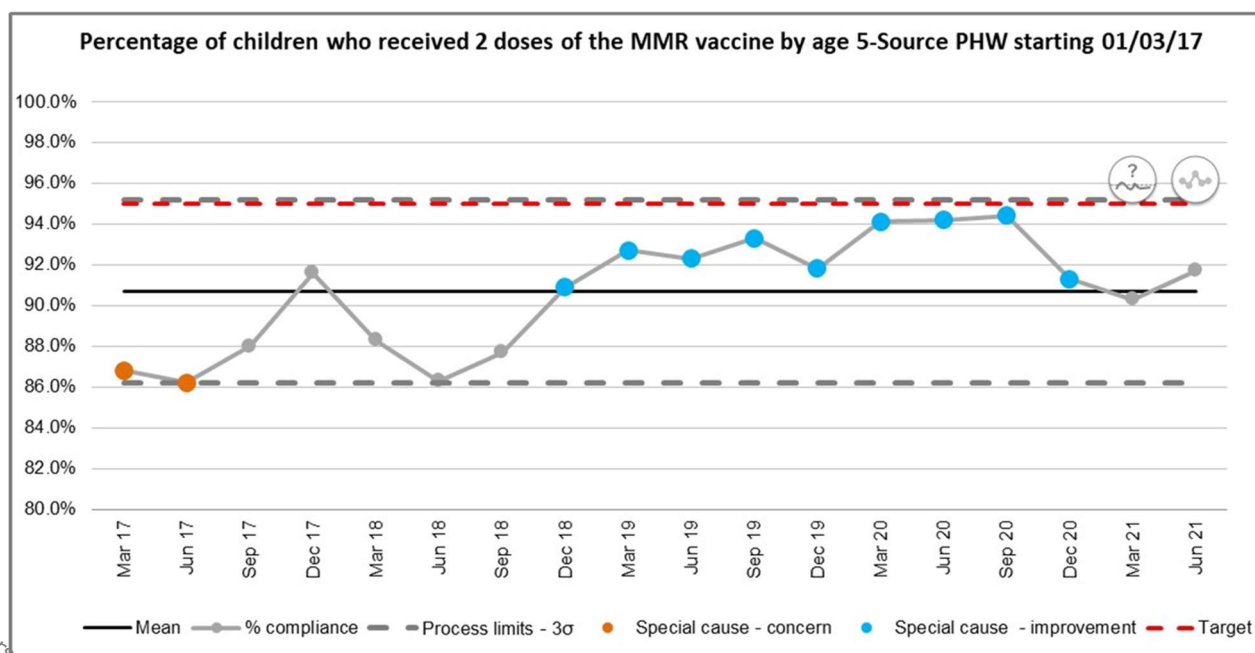
### **Childhood immunisations**

The percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1 met the nationally set target in Q1 2021/22. Performance has remained stable even with the COVID-19 challenge, this measure consistently meets the national target. The SPC chart below shows the performance from Q4 2016/17 to Q1 2021/22, and the variation is common cause .

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For the second measure, which is percentage of children who received 2 doses of the measles mumps & rubella (MMR) vaccine by age 5, PTHB did not meet the national target of 95% achieving 91.7% in Q1. Performance is now slightly above the mean value, and the current rate meets the Wales average (PTHB ranks 3<sup>rd</sup>). The SPC chart below shows common cause variation, however without system change it is unlikely that this measure will reach target. The key impacts that challenge MMR2 are multifactorial, these include COVID impact in general practice (children not able to access vaccination), and health visitor & school nurse capacity/access for following up missed doses during the pandemic.



## **Smoking cessation**

During 2020/21 PTHB recorded 2.79% of eligible residents attempting to quit via smoking cessation services (target 5%). The latest data for Q1 2021/22 shows that 0.88% attempted to quit, comparatively this is slightly higher than the same period last financial year (0.82%). As a health board we rank poorly at 6<sup>th</sup>, the All Wales average for Q1 is 1.07%.

*\*Please note the data has been updated, previously reported as 2.41% compliance 2020/21.*



## **Alcohol Misuse Treatment**

Performance against the metric "*Percentage of people who have been referred to health board services who have completed treatment for alcohol misuse*" shows compliance against the four-quarter improvement trend target with 61.5% compliance reported in Q1 2021/22. It should be noted that the performance data for the year has been re-validated following earlier data quality checks, as a result Q4 performance has been reduced from 92% to 75% although this still met target. This has been confirmed by the source Digital Health and Care Wales (DHCW) as a regular end of year process, and retrospectively adjusted the health boards prior quarterly performance.

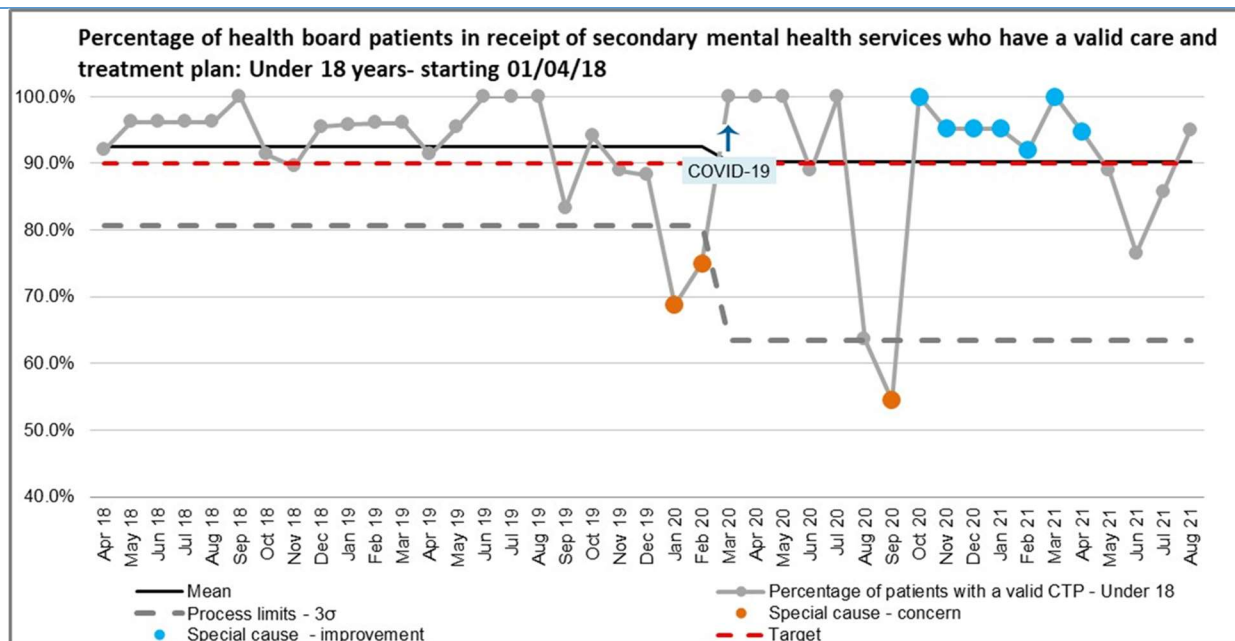
## **Influenza Vaccinations**

The latest performance for uptake of influenza vaccination in Powys is now available for 2020/21 financial year. Of the measures, uptake in 65+ cohort improved to 73.5%, an increase of 6.4% when compared to 2019/20. This performance however fell below the All Wales average of 76.5% with the health board ranked 7<sup>th</sup>. For residents aged <65 at risk performance improved to 52.2%, this increased by 8% from 2019/20 ranking 3<sup>rd</sup> in Wales against the All Wales average of 51.0%. Uptake in pregnant women reported at 92.3% fell 1% compared to 2019/20, but exceeded the 75% target, and All Wales average of 81.5% (ranked 3<sup>rd</sup>). Vaccination of health care workers showed a large reduction when compared to the previous period down 7.8% to 56.5%. When compared nationally the health board ranks 7<sup>th</sup> against an All Wales average of 65.6%. A detailed Influenza delivery plan is in place to deliver the increased uptake during the next months.

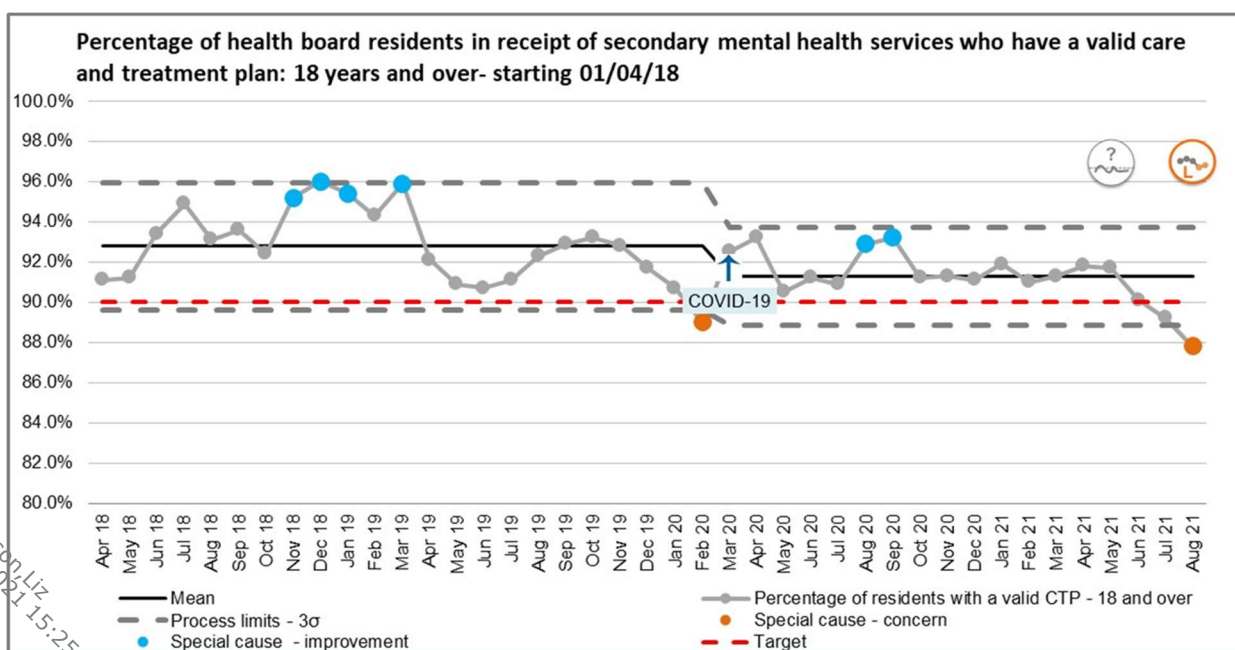
## **Mental Health Part 2**

Monthly <18 performance for CTP's has met the national target improving to 95% compliance in August. The below SPC shows common cause variation  and "hit and miss" assurance . The driving factor for compliance variance is linked to low numbers e.g. 19 out of 20 patients having a CTP when compared to the cohort of more than a thousand patients for +18 CTP.





The +18 metric category performance has not met the target during July (89.2%) and August (87.8%). The SPC chart below demonstrates how performance has deteriorated 📉 over the time period as compliance drops below the 80% Welsh Government target. Fragility in staffing and increased demand have both impacted compliance during the summer period. In addition, PTHB CMHT workers have provided a significant number of additional 'duty desk' (triage, telephone/VC and in person emergency assessments), since Powys County Council have been unable to deliver this function due to loss of staffing. This then impacts upon the ability of PTHB Mental Health Practitioners to review and update patients Care and Treatment Plans. This issue is being escalated with Powys County Council. PTHB ranks 4<sup>th</sup> in Wales with national compliance of 87.9% and 87.2% respectively.



**Table of part 2 performance 2021/22**

Measure		Target	Apr-21	May-21	Jun-21	Jul-21	Aug-21
<b>Part 2:</b> Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan: Under 18 years	Percentage Compliance	90%	94.7%	88.9%	76.5%	85.7%	95.0%
	Number of patients with a valid CTP		18	16	13	12	19
	Total number of patients		19	18	17	14	20
<b>Part 2:</b> Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan: 18 years and over	Percentage Compliance	90%	91.6%	91.5%	90.1%	89.2%	87.8%
	Number of patients with a valid CTP		1194	1201	1168	1150	1097
	Total number of patients		1304	1313	1297	1289	1250

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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:

2021/22 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
15	% of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS	100%	2020/21	56.3%		93.8%	2nd	75.9%
16	Percentage of children regularly accessing NHS primary dental care within 24 months	4 quarter improvement trend	Q4 2020/21	63.2%	55.7%	52.8%	7th	59.3%
17	Percentage of adults regularly accessing NHS primary dental care within 24 months	4 quarter improvement trend	Q4 2020/21	51.4%	47.0%	45.3%	4th	41.2%
18	Percentage of Out of Hours (OoH)/111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour of their initial call being completed	90%	Jun-21	92.3%	89.8%	96.3%		
19	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	65%	Sep-21	62.1%	47.5%	56.5%	2nd	52.3%
21	MIU % patients who waited <4hr	95%	Aug-21	100.0%	99.9%	100.0%	1st	68.7%
22	MIU patients who waited +12hrs	0	Aug-21	0	0	0	1st	7,982
23	Median time from arrival at an ED to triage by a clinician	12 month reduction trend	No data locally available due to metric revision					
24	Median time from arrival at an ED to assessment by a senior clinical decision maker	12 month reduction trend						
32	Number of diagnostic breaches 8+ weeks	0	Sep-21	221	302	242	1st*	47,776
33	Number of therapy breaches 14+ weeks	0	Sep-21	704	14	30	1st*	4,358
34	RTT patients waiting less than 26 weeks (excluding D&T)	95%	Aug-21	48.6%	80.7%	80.9%	1st*	55.0%
35	RTT patients waiting over 36 weeks (excluding D&T)	0	Aug-21	867	453	433	1st*	239,195
38	Number of patients waiting for a follow-up outpatient appointment	<= 3,864	Sep-21	6503	6577	6515	1st*	770,282
39	Number of patient follow-up outpatient appointment delayed by over 100%	<= 201	Sep-21	589	514	494	1st*	196,987
40	Percentage of ophthalmology R1 patients who are waiting within their clinical target date (+25%)	95%	Sep-21	81.9%	57.4%	55.0%	2nd*	47.3%
Local	Percentage of patient pathways without a HRF factor	<= 2.0%	Sep-21	1.9%	0.9%	0.9%		
41	Rate of hospital admissions with any mention of self-harm from children and young people per 1k	Annual Reduction	2020/21	5.06		2.42	2nd	3.54
42	CAMHS % waiting <28 days for first appointment	80%	Sep-21	88.9%	51.1%	80.5%	4th*	34.6%
43a	MH Part 1 - Assessments <28 days <18	80%	Aug-21	100.0%	61.3%	55.9%	2nd	40.9%
43b	MH Part 1 - Assessments <28 days 18+	80%	Aug-21	94.7%	91.4%	98.1%	2nd	70.4%
44a	MH Part 1 - Interventions <28 days <18	80%	Aug-21	100.0%	52.6%	59.1%	5th	57.9%
44b	MH Part 1 - Interventions <28 days 18+	80%	Aug-21	84.6%	70.1%	76.3%	6th	77.1%
43	Children/Young People neurodevelopmental waits	80%	Sep-21	23.0%	51.7%	48.1%	2nd*	36.7%
44	Adult psychological therapy waiting < 26 weeks	80%	Sep-21	88.2%	96.2%	96.2%	2nd*	71.9%
47a	HCAI - E.coli per 100k pop cum	TBC	Sep-21				1.51	PTHB is not nationally benchmarked for infection rates
47b	HCAI - S.aureus bacteraemia's (MRSA and MSSA) per 100k pop cum	TBC	Sep-21				0.00	
47c	HCAI - C.difficile per 100k pop cum	TBC	Sep-21				7.53	
48a	HCAI - Klebsiella sp cumulative number	TBC	Sep-21				0	
48b	HCAI - Aeruginosa per 100k cumulative number	TBC	Sep-21				0	
* Benchmark provided from previous period (national benchmark outdated)								
**Ranking for RTT nationally includes D&T Specialties								

## **Primary Care**

Of the recently updated measures within the primary care domain:

### **GP Access**

The percentage of GP practices achieving all standards of the National Access Standards for 2020/21 increased significantly to 93.8% when compared to only 56.3% in 2019/20. This however does not meet the 100% national target. The All Wales figure is 75.9% and Powys ranks 2<sup>nd</sup> of all health board areas.

### **Dental**

Dental Access has been reviewed by Welsh Government for 2021/22 and performance for adult access is now nationally reported.

Powys does not meet the required national target of 4 quarter improvement for both measures. Children's access performance fell to 52.8% ranking 7<sup>th</sup> against an All Wales average of 59.3%. Adult access also fell to 45.3% ranked 4<sup>th</sup> against an All Wales average of 41.2%.

The impact of COVID on the service is yet unclear as noted by the data source. *"As the number of patients treated is based on a 24 month period, the figures for the 24 month period ending March 2021 would not reflect the full impact from COVID-19; as out of the eight quarters of data, just over four quarters would have been affected for the period ending March 2021."*

Further local challenge on data has been linked to contractors not providing their information in a timely manner, this has been raised directly by the health board for resolution.

Operationally reported, the impact of COVID access was disrupted, and the national and local process is access on a basis of clinical need, rather than regular access. Another challenge is that with COVID-19 operating restrictions dental capacity is 40 – 60% of pre-covid levels.

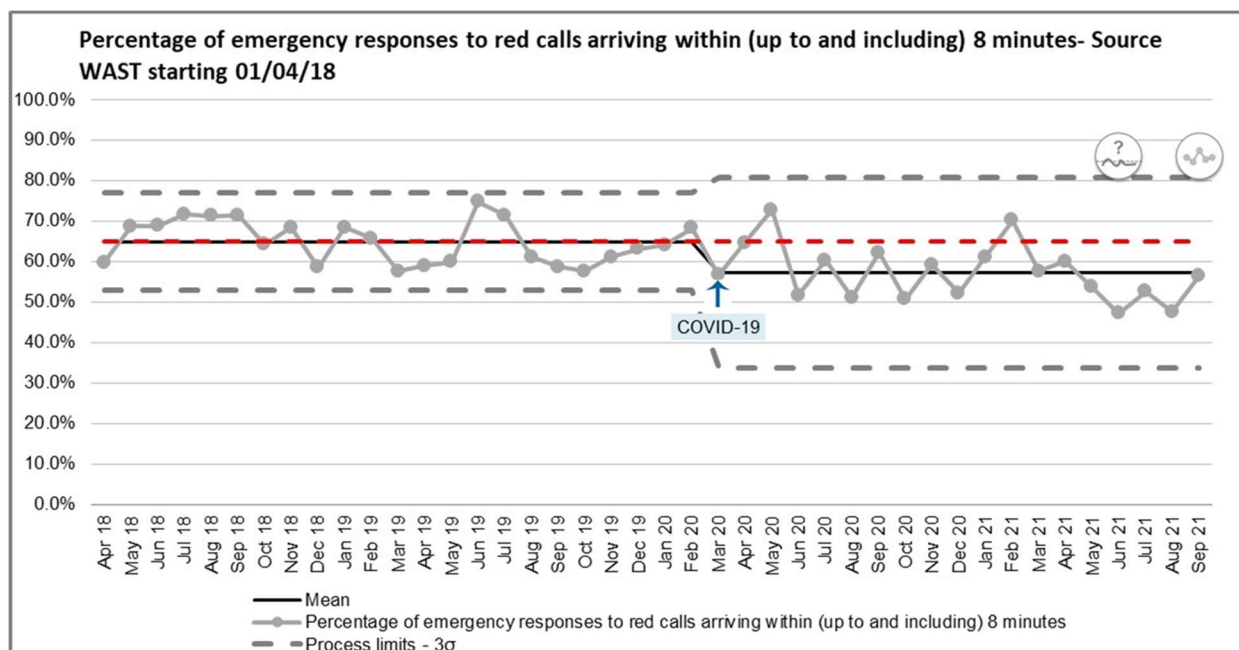
### **Out of Hours Access**

Powys is compliant (96.3%) against the revised measure of OOH/111 patients prioritised as P1CHC that started their definitive clinical assessment within 1hr of their initial call being completed. No national ranking is available due to submission delays for July including PTHB.

## **Unscheduled Care**

Welsh Ambulance Services NHS Trust (WAST) Red <=8-minute ambulance response time performance did not meet the target during Sep-21 (56.5%), ranking 2<sup>nd</sup> against 52.3% national average. This measure has only

exceeded the 65% target twice during 2020/21. The impact of COVID has adversely affected compliance with mean performance falling to 52.7%, this measure continues to have common cause variation. In response to this challenge of timely access the health board is continuing escalated dialogue with WAST, and the Chief Ambulance Service Commissioner. Further, the Emergency Ambulances Services Committee will be attending health board led Committee meetings during October with further detailed report information.



### **Minor injury units (MIU)**

Unscheduled care performance for Powys provided services e.g. minor injury units (MIU) has remained consistently good throughout 2020/21, the health boards assurance is that MIU's exceeded the required target every month for patients waiting less than 4 hrs, and zero patients waited 12+ hours during the 2020/21 financial year. For Powys residents the health board MIU's have accounted for 32% of all new resident attendances during the 2021/22 financial year.

With the inclusion of two new median wait time measures for 2021/22 locally reporting will need to be scoped. From a national perspective, Powys units (MIU's) will not be reported via the Emergency Department Quality Framework (EDQF).

### **Non-Powys Teaching Health Board Unscheduled Care Access (Powys residents)**

For patients attending non-Powys MIU's the wait time performance for the < 4hr (target 95%) and no patients waiting 12 hours metrics can vary significantly by hospital site and unit type. The below table with data sourced from DHCW EDDS dataset shows September compliance for Welsh providers



only. Powys resident breakdown in English units is not currently available, but performance during August for both Shrewsbury and Telford NHS Trust, and Wye Valley NHS Trust was 60.7% seen within 4hrs.

Source: WPAS (EDDS DS)		Powys Patients			
Non Powys Major Sites	Number of patients attending	% seen within 4 hrs	Number of patients waiting over 4 hrs	% seen within 12 hrs	Number of patients waiting over 12 hrs
Bronglais General Hospital	356	64.33%	127	91.57%	30
Prince Charles Hospital	227	42.73%	130	79.74%	46
Morrison Hospital	173	53.76%	80	80.92%	33
Nevill Hall Hospital	99	85.86%	14	100.00%	0
Neath Port Talbot Hospital	81	100.00%	0	100.00%	0
The Grange University Hospital	49	32.65%	33	87.76%	6
Wrexham Maelor Hospital	26	76.92%	6	100.00%	0
Glangwili General Hospital	20	60.00%	8	85.00%	3
University Hospital Of Wales	14	78.57%	3	100.00%	0
Withybush General Hospital	7	85.71%	1	85.71%	1
Princess Of Wales Hospital	3	33.33%	2	66.67%	1
Royal Gwent Hospital	2	100.00%	0	100.00%	0
Ysbyty Gwynedd	2	50.00%	1	100.00%	0
Ysbyty Glan Clwyd			0		0
<b>Total</b>	<b>1059</b>	<b>61.76%</b>	<b>405</b>	<b>88.67%</b>	<b>120</b>

Key challenges for Powys residents attending A&E, especially in the South is the poor performance of the regular access sites e.g. Prince Charles hospital, the Grange hospital, and Morrison hospital. These sites including Royal Shrewsbury and Telford NHS Trust all have challenges with ambulance handover times.

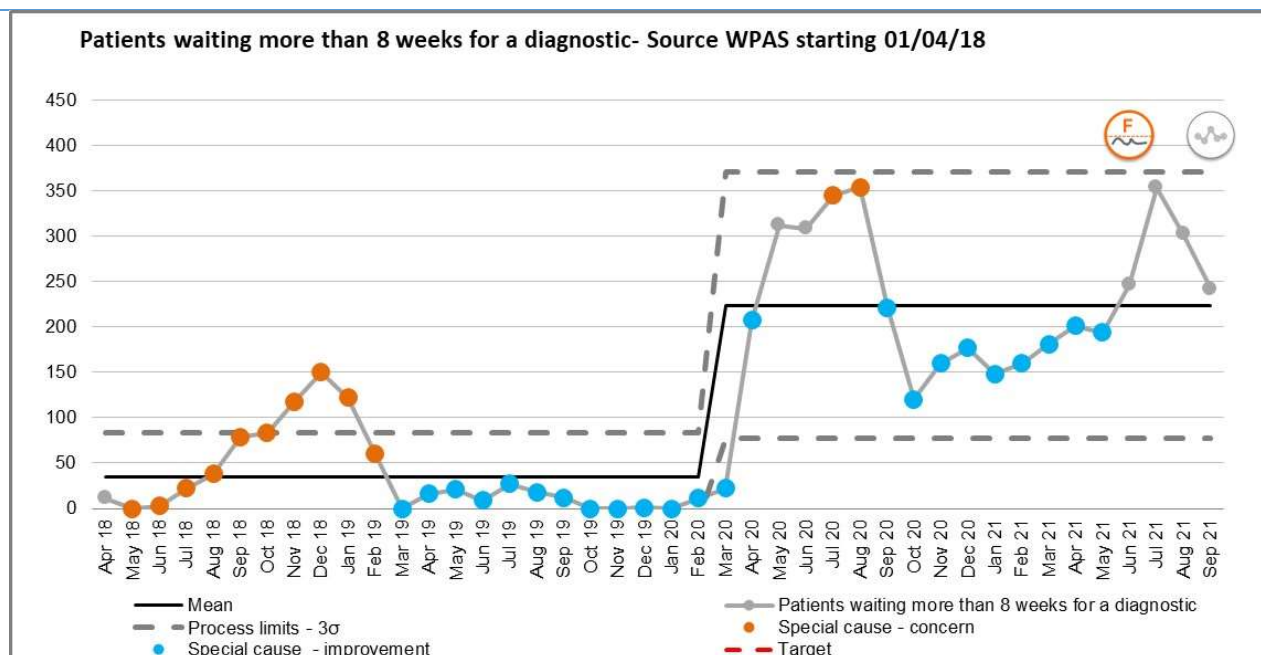
## **Planned Care**

### **Diagnostics**

The September position shows a reduction in total patients breaching the 8 weeks wait target to 242. Key specialties breaching the target include diagnostic endoscopy (120 breaches), non-obstetric ultrasound (NOUS) (81 breaches), and echo cardiogram (38 breaches). The provider breaches have shifted above mean with common cause variation . As a result of the pandemic initial impact, backlog, and remaining capacity pressures the health board has not hit the target  of zero patients waiting longer than 8 weeks. At present without a system change current performance will not return to pre-covid compliance levels.

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The challenge for Echo Cardiogram diagnostics is multifaceted, a significant increase in referrals has been reported, combined with fragility of in-reach service from Aneurin Bevan University health board technicians e.g. clinical delivery model is 1 – 2 sessions per week maximum. Further to these existing challenges a backlog has been created as a result of clinical equipment failure during the summer.

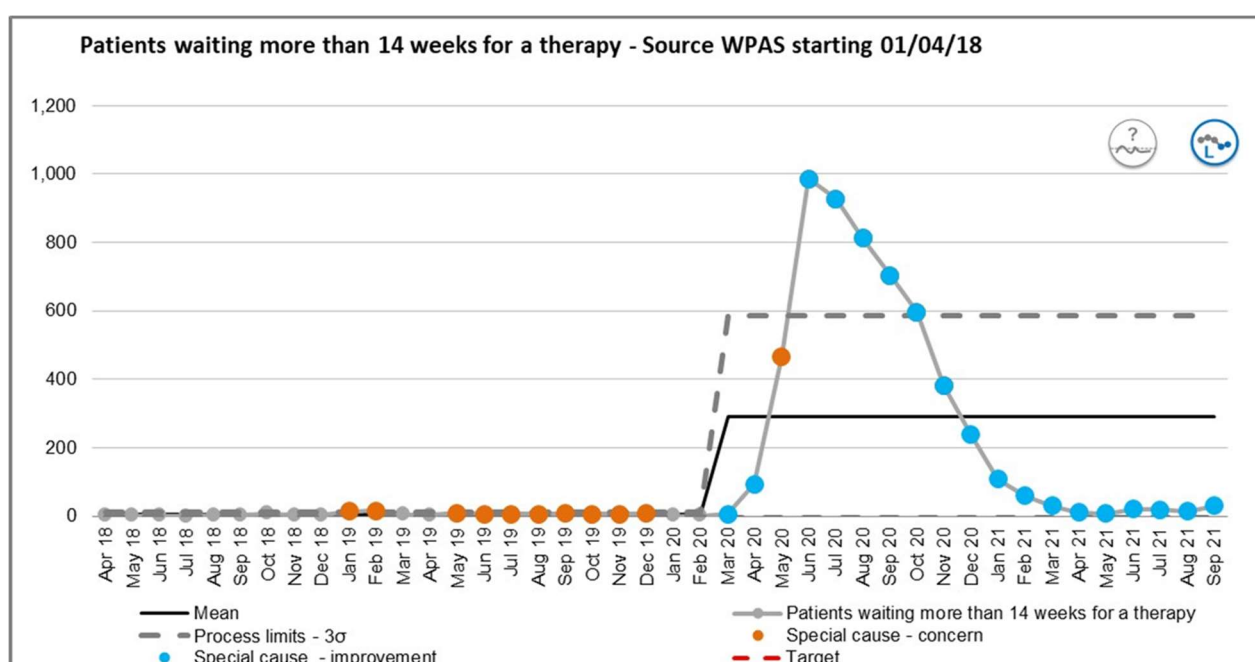
Following the restarting of service in June 2020 the Endoscopy service in Powys has continued to focus on urgent suspected cancers, urgent and overdue surveillance patients. That COVID backlog cohort were recovered before Q1 2021/22 and excellent progress was maintained until mid-June albeit at reduced COVID capacity list size. From mid-June significant clinical absence and work fragility due to sickness impacted on capacity with a reduction overall to 20% total capacity, this remained during July especially impacting colonoscopies. Annual leave during August further compounded the challenge although session availability improved slightly raising capacity to 44% of total capacity. This severe ongoing capacity pressure has impacted the management of a small number of urgent suspected cancer (USC) pathways. The longest routine waits at the end of September was 54 weeks (colon), 41 weeks (gastro), and 34 weeks (sigi) against the less than 8-week target. Current management processes include weekly RTT meetings, daily list reviews, and fortnightly endoscopy scheduling meetings. Some locum cover had been provided by Cwm Taf Morgannwg University Health board but this has been limited due to pressures within the district general hospitals. The Covid 19 protocols have also been updated in line with national guidance increasing clinical templates from 3 to 5 patients, but it is expected that the waiting list position will continue to deteriorate into Q3. The health board continues to work on its service transformation aligned to the National Endoscopy plan (NEP) which will modernise the service increasing capacity, and with recent confirmation by the NEP of regional centre development. The All Wales picture is also similarly challenged with main Welsh health providers investigating in-reach solutions to help with capacity backlog.

The other key breaching specialty is non-obstetric ultrasound (NOUS), this service has challenges linked to staff sickness, and in-reach service availability. Locum sessions have been provided to cover staffing fragility, and in the north of Powys work with Betsi Cadwaladr University health board to resolve in-reach fragility of radiology support. The service planned to recover its position by Q3 2021/22, however long waiting routine patients remain at the end of September, it should be acknowledged that the number of breaches is roughly half of the August position.

Nationally Powys as a provider ranks 1<sup>st</sup> and continues to have the least breaches in Wales, the All Wales position is 47,776 total patients waiting over 8 weeks in August. Diagnostics across Wales remains one of the biggest NHS growing challenges, with a worsening position monthly.

## Therapies


The latest September position for therapies shows an increase to 30 breaches predominately in adult physiotherapy (18 breaches) and adult audiology (10 breaches) of the <14 week wait target. Even with the slight increase the SPC continues to show an improving trend , but the service as expected has not met the target of zero.

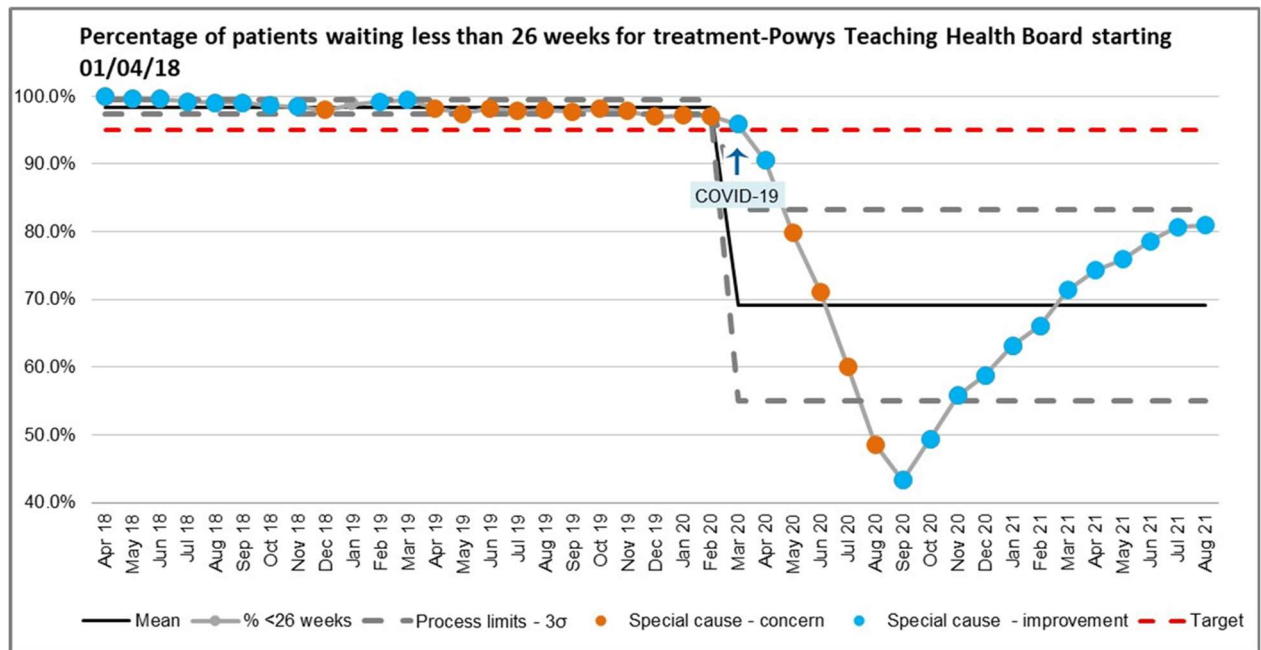




## Powys Provider Referral to Treatment (RTT)

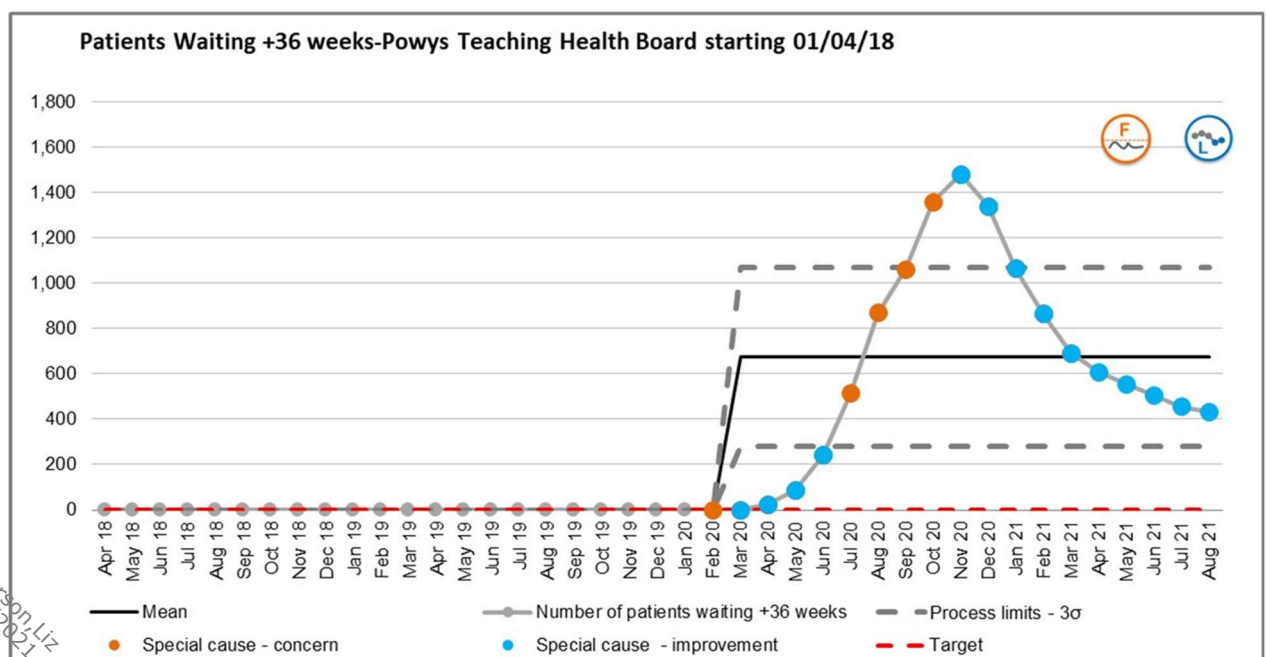
The Powys provided RTT waits position for August reported that 80.9% of 3817 patients are waiting under 26 weeks (excluding diagnostics and therapies). PTHB is the only health board in Wales to recover to this level for RTT waits, and since September 2020 has improved steadily reducing wait

times. The number of patients waiting over 36 weeks has decreased to 433, of those 227 are waiting longer than 52 weeks (part of the original suspension cohort).

The SPC chart below shows improving special cause variation . Although continuing to miss the target Powys has the best recovery of all Welsh providers where the national average was 55% in August.



The next SPC chart is for those patients waiting over 36+ weeks and shows that although the health board continues to consistently not  meet the target there is assured improvement  for this cohort of long waiters.



In the below summary table of the complete waiting list by bands, the challenge can be seen within 53-104 week wait bands, and consists predominantly of routine patients who were waiting during the suspension period.

As a provider the services continue to minimise patient harm using risk stratification, clinical triage and use of new national drivers e.g. outpatient transformation work. The health board is targeting specific areas utilising the funds provided by Welsh Government to tackle planned care access in the provider and commissioner services by looking to in-reach and out-reach solutions.

Tables summarising RTT performance as a provider – source DHCW:

RTT waits by specialty and band	Weeks wait band						Grand Total
	0 to 25 Weeks	26 to 35 Weeks	36 to 52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 weeks	
100 - GENERAL SURGERY	411	39	15	11	17	1	494
101 - UROLOGY	135	14	21	4	0	0	174
110 - TRAUMA & ORTHOPAEDICS	517	48	52	44	45	0	706
120 - ENT	395	20	11	2	0	0	428
130 - OPHTHALMOLOGY	724	95	44	3	1	0	867
140 - ORAL SURGERY	154	49	52	27	72	0	354
143 - ORTHODONTICS	10	0	0	0	0	0	10
191 - PAIN MANAGEMENT	57	0	0	0	0	0	57
300 - GENERAL MEDICINE	40	6	0	0	0	0	46
320 - CARDIOLOGY	113	9	1	0	0	0	123
330 - DERMATOLOGY	32	0	0	0	0	0	32
410 - RHEUMATOLOGY	109	11	7	0	0	0	127
420 - PAEDIATRICS	36	0	0	0	0	0	36
430 - GERIATRIC MEDICINE	21	0	0	0	0	0	21
502 - GYNAECOLOGY	335	4	3	0	0	0	342
<b>Grand Total</b>	<b>3089</b>	<b>295</b>	<b>206</b>	<b>91</b>	<b>135</b>	<b>1</b>	<b>3817</b>

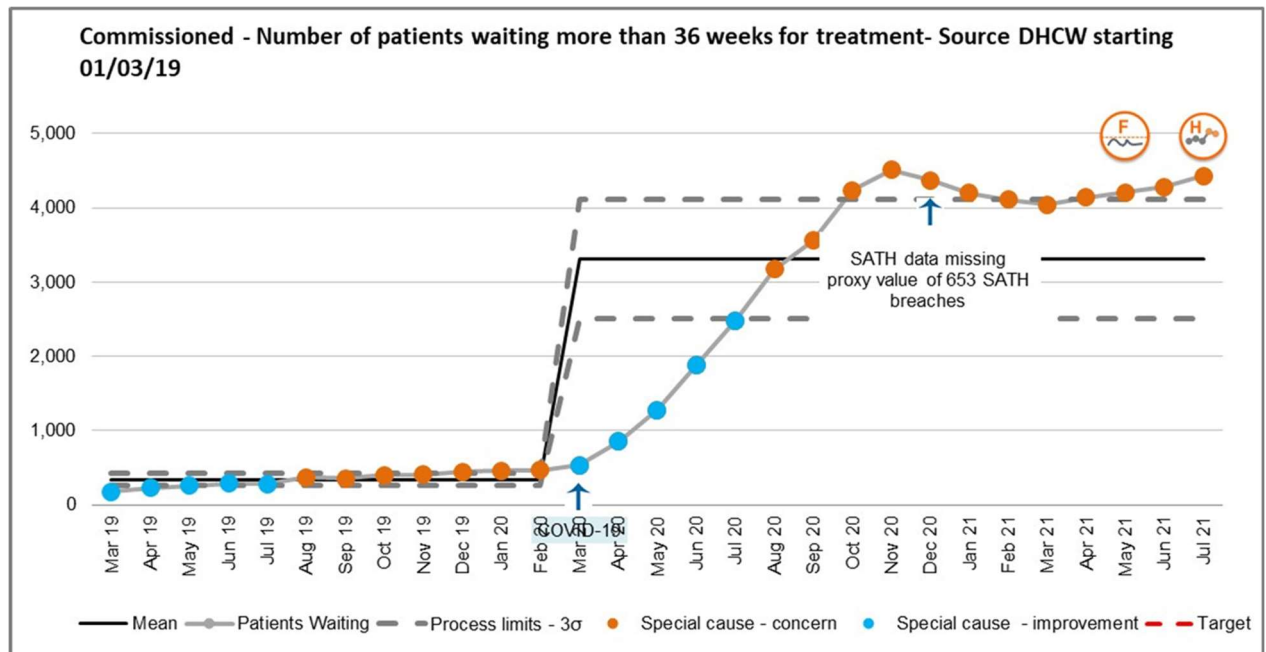
In summary, the service challenges for the provider are predominately caused by two key issues.


1. Fragility of in reach providers, Powys is reliant on in-reach clinical services, and both in, and outreach diagnostics. During 2020/21 and into 2021/22 service level agreements (SLA's) have continued to underperform due to the COVID challenge for main providers. Further the challenge for diagnostics is system wide, and until capacity can be grown, or procured from other sources this will impact waiting times.
2. Shortfall of staff in key areas e.g. theatre and diagnostics which in turn slow RTT pathway flow. In regards to staffing, a recruitment campaign has been run during the summer with a limited number of appointments made, unfortunately the clinical staff market remains highly competitive with all health boards currently recruiting.



## **NHS Commissioned Service Provider Referral to Treatment (RTT)**

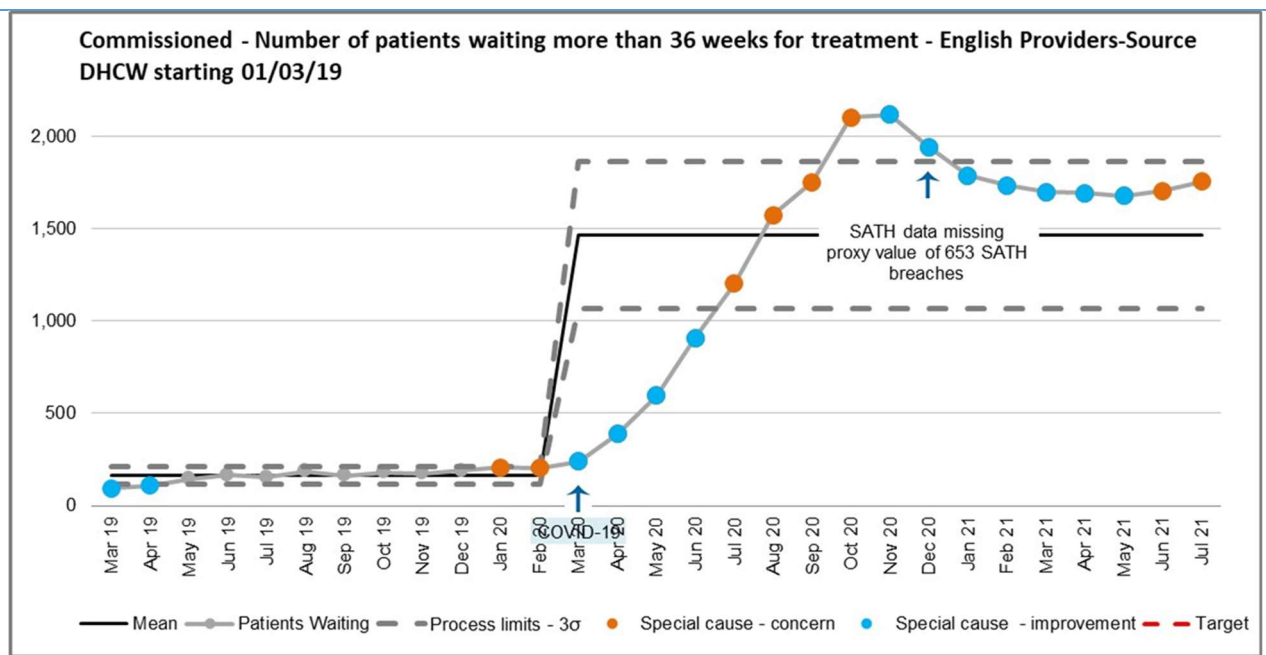
The position of NHS commissioned service provider RTT waits for Powys residents does not show the same improvement levels as the provider. The latest combined position in July exc. D&T, and for open pathways displays that 62% of 15,460 patients wait under 26 weeks on an RTT pathway, and 4428 patients wait 36 weeks and over. This is the latest combined snapshot to include both English and Welsh providers.



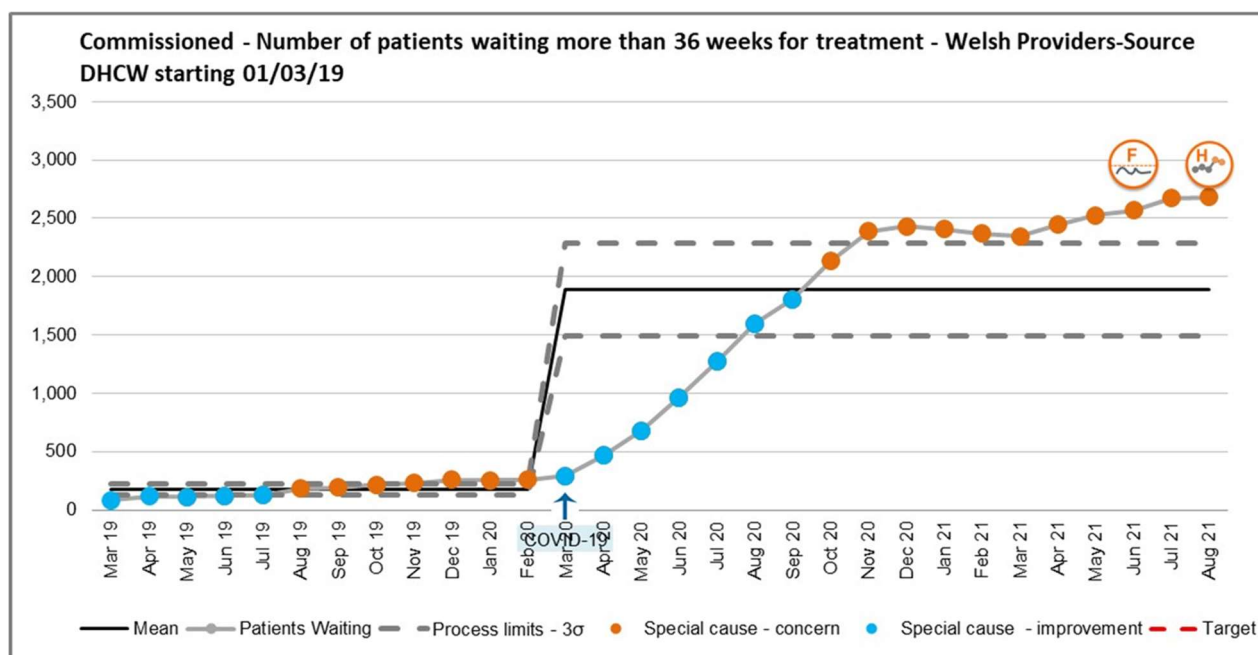
The above SPC chart clearly shows the impact of service suspensions on Powys residents which started at the end of March 2020. The impact of this suspension and further backlog is universal across the commissioned system affecting most specialties and providers. At a high-level health care is not meeting the target with ongoing special cause variation , as the number of breaches remain close to the upper control limit.

Recovery of services at a country comparison level shows that England's recovery has stopped for long waiters with a slight increasing level of +36-week waiters for the last 2 reported months.

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The Welsh provider situation for August available shows the number of Powys residents waiting over 36 weeks continues to grow although plateauing slightly during the summer months. The providers with the highest levels of long waits by quantity are Swansea Bay, Hywel Dda, and Aneurin Bevan University Health Boards. The Welsh provider with the highest waits as a percentage of the total list is Cwm Taf where 48% of the total Powys resident waiting list are 36+ weeks.



### **Non-NHS Private Independent Provider waits**

Powys Teaching Health Board has a long-standing contract with a Dermatology independent service provider, who continues to supply high quality skin specific pathways for the North Locality. This service provides the

single largest quantity of dermatology pathways (circa 30%) for Powys residents by waiting list size, and is accessed via GP's direct referral. Previously this private activity has not been reported via the Performance dashboard but reviewed via the Commissioning Assurance Process and contracted data sets. With the pandemic affecting all care waiting times this service will now be reported going forward, although held separately from the NHS Commissioned services for clarity initially.

Dermatology Private Service Provider	Wait bands						Total
	0-25 Weeks	26-35 Weeks	36-52 Weeks	53-76 Weeks	77-104 Weeks	Over 104 Weeks	
Snapshot 30th September 2021	343	18	8	0	0	0	369

The provider continues to deliver robust performance of 93% against the Welsh RTT target of 95% for patients waiting under 26 weeks, especially when compared to comparative NHS pathways. This service ensures that patients including suspicion of cancer receive a rapid turnaround for treatment.

### **Commissioned Provider wait details by week bands**

The below summary tables show the position of Powys main commissioned care providers. Please note that DHCW individual weeks waits reporting stops at 104 weeks, patients waiting over this are amalgamated into an over 104 weeks band. The latest snapshot for Welsh Providers is Aug 2021, and July for English providers.

The commissioned RTT position for our residents in Welsh providers is significantly challenging, two of our three main providers Aneurin Bevan UHB and Swansea Bay LHB reporting a considerable over 52-week backlog. The position of the English providers is improved with RJAH capacity at near pre-covid levels. Key drivers to English recovery include NHSEI improvement targets using 2019/20 as a baseline e.g. expecting RTT improvement of 5% per month, and the utilisation of an elective recovery fund to financially support provider recovery activity above normally funded levels.

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### Table of Providers

Welsh Providers	Aug 2021	Patients Waiting						
	% of Powys residents < 26 weeks for treatment (Target 95%)	0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	Total Waiting
Aneurin Bevan Local Health	56.2%	1192	186	231	179	292	41	2121
Betsi Cadwaladr University Local Health Board	42.2%	216	57	42	55	113	29	512
Cardiff & Vale University Local Health Board	52.7%	213	41	42	34	64	10	404
Cwm Taf Morgannwg University Local Health Board	45.5%	216	33	57	47	103	19	475
Hywel Dda Local Health Board	54.9%	767	112	220	106	179	13	1397
Swansea Bay University Local Health Board	46.4%	825	146	237	125	317	127	1777
<b>Totals</b>		<b>3429</b>	<b>575</b>	<b>829</b>	<b>546</b>	<b>1068</b>	<b>239</b>	<b>6686</b>

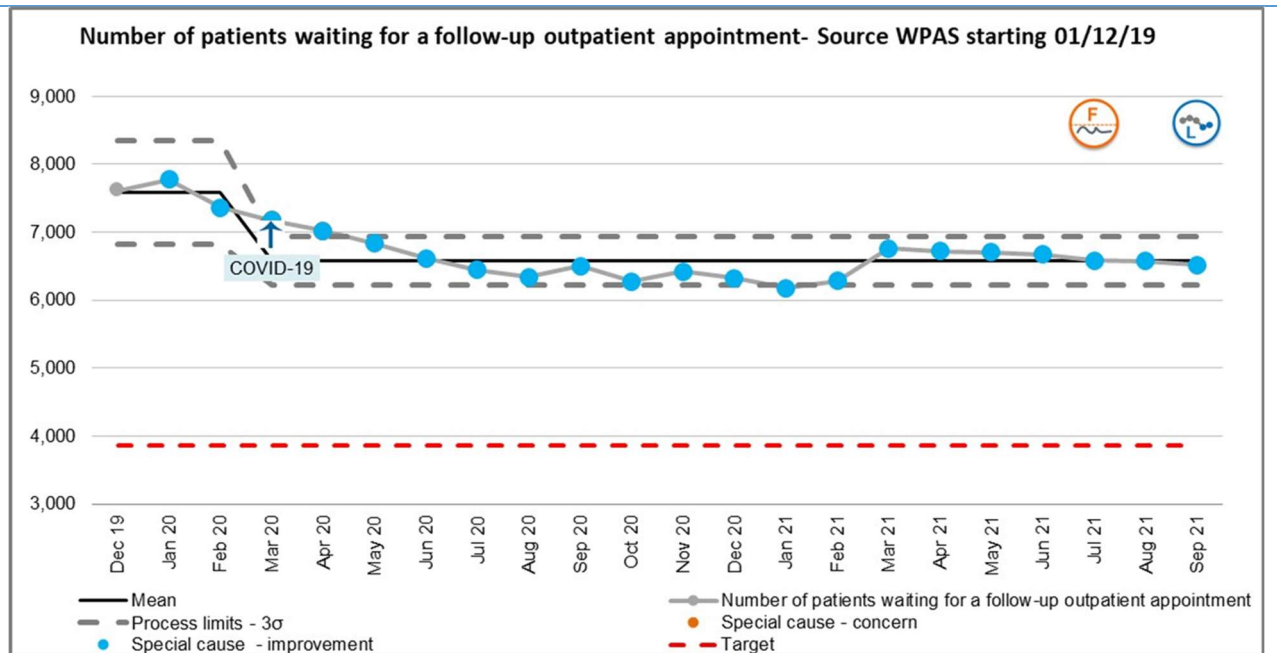
English Providers	Jul 2021	Patients Waiting						
	% of Powys residents < 26 weeks for treatment (Target 95%)	0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	Total Waiting
English Other	76.4%	133	11	11	8	10	1	174
Robert Jones & Agnes Hunt Orthopaedic & District Trust	66.3%	1592	263	277	155	106	7	2400
Shrewsbury & Telford Hospital NHS Trust	71.3%	2328	322	351	120	142	0	3263
*Wye Valley NHS Trust - <b>data from submission file</b>	71.3%	2140	290	340	108	112	10	3000
<b>Total</b>		<b>6193</b>	<b>886</b>	<b>979</b>	<b>391</b>	<b>370</b>	<b>18</b>	<b>8837</b>

### Follow-ups

Follow-up (FUP) outpatient measure for total waiting is not meeting the 2021/22 reduction target of 55% from the March 19 baseline (3,864 or less total waiters), in September 6515 patients required a FUP, it has been noted that the existing target is not compatible with the current service position and this has been raised with the outpatient transformation workstream and Welsh Government. PTHB has managed its total patients waiting FUP position well during COVID with relatively good levels of activity via non-face to face contact, further work included list validation all working towards reducing the total waiters. September has seen a slight decrease again of patients on a FUP pathway this is now a 7-month trend of decrease. Challenges remain with service overall capacity, and clinic slots prioritising clinically at-risk patients, the health board will not meet its target of total FUP reduction without a system or national target change.

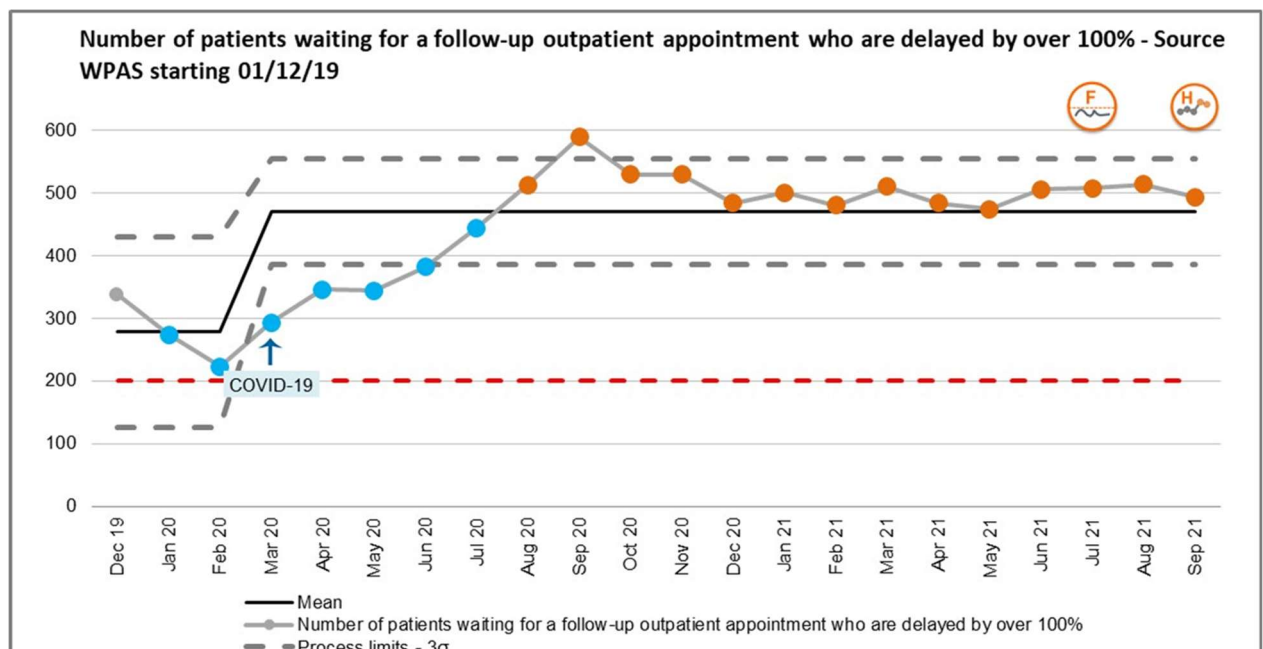


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Please note that the target line in above chart only reflects 2021/22 financial year.

For long waiting FUP's e.g. patients waiting beyond 100% performance is consistently not meeting the target of 201 or less, in September 494 patients were overdue, this target is again set prior to the COVID pandemic, and will be unattainable with current service pressures. As above the challenge is around capacity and in-reach fragility across key specialties, general surgery and medicine, T&O, ophthalmology and mental health e.g. adult mental health and old age psychiatry.





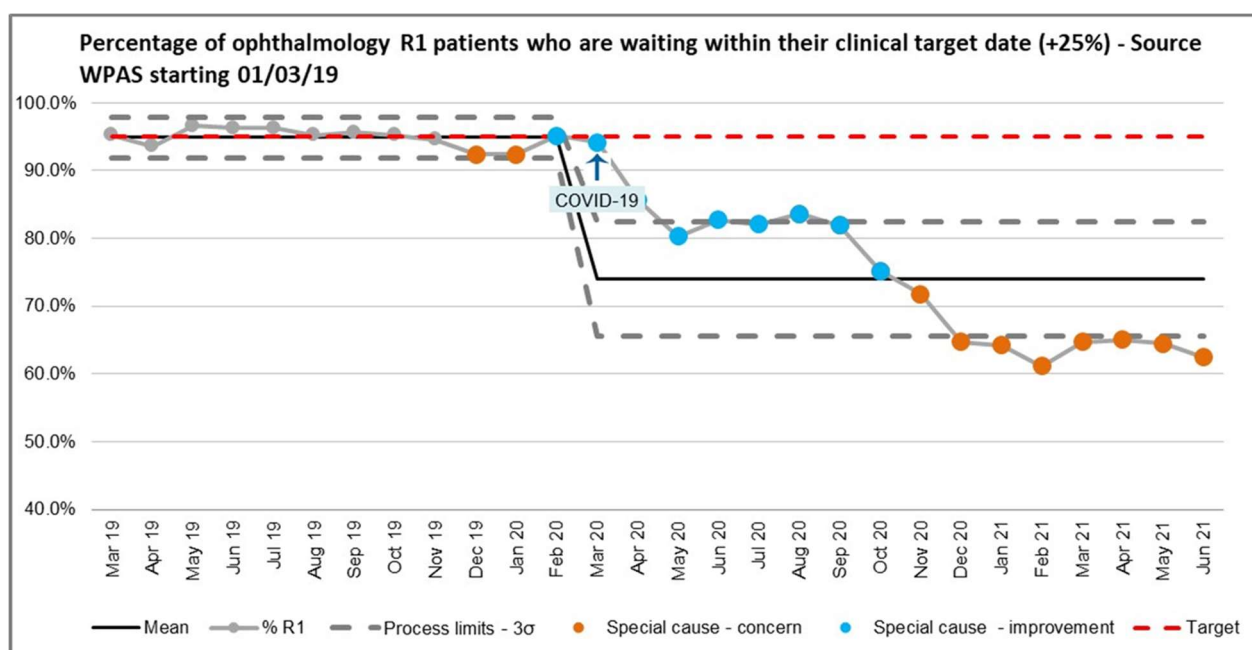
Please note that the target line in above chart only reflects 2021/22 financial year.

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## Eye Care

As an essential service the Eye Care provision in Powys has remained robust when compared to the All Wales performance this year. Maintaining performance however has been challenging and remains a special cause for concern  consistently does not  meet the target. Challenges include in reach services (across all areas of eye care) provided by Wye Valley NHS and Shrewsbury and Telford NHS Trust (SaTH) which remains fragile with consultant/clinical fellow vacancies, sickness absence and leave carry over due to Covid-19. In addition, increasing referral demand has meant late conversion from outpatient to treatment. Due to the national significant challenge of capacity and sustainability across Wales the Royal College of Ophthalmologists is to undertake a review of Welsh eye care, these findings are due to be shared by Welsh Government during Q3 2021/22.

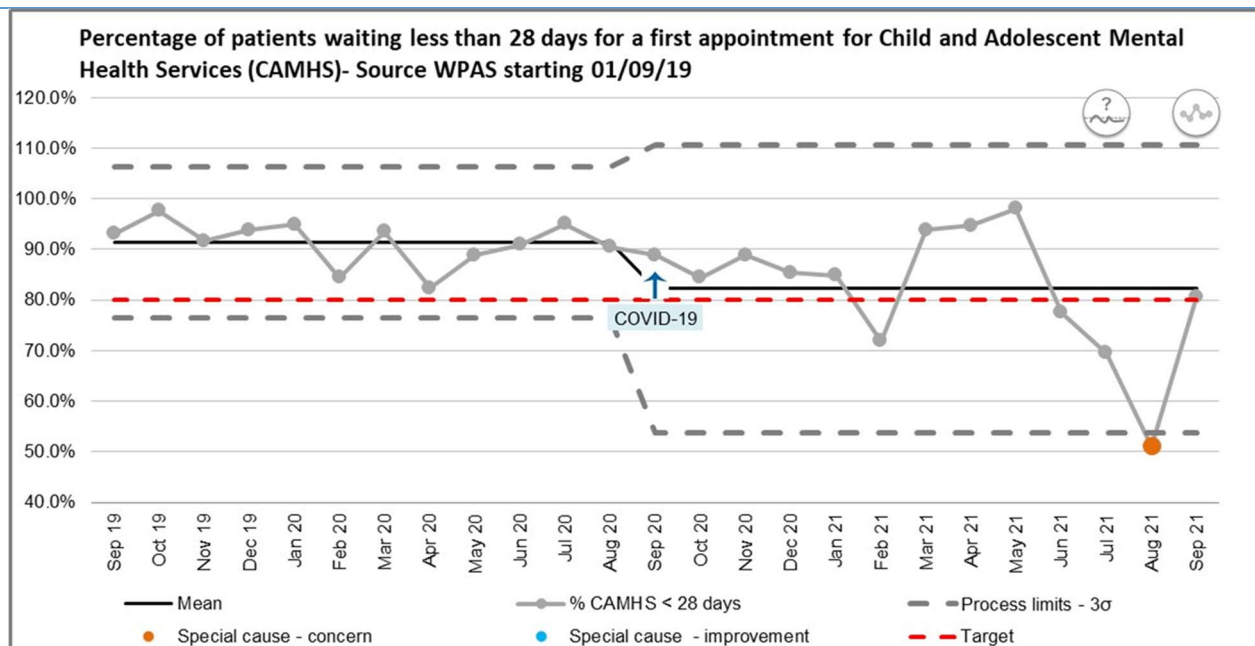


For the local HRF measure "Percentage of patient pathways without an HRF factor" performance has remained strong meeting the <2% target, reporting 0.9% for September.

## CAMHS

Provider CAMHS measure performance has met the target in September (80.5%). The service was impacted by COVID and has had capacity challenge through the summer, but performance remains within expected limits with common cause variation, and random hit and miss assurance of target. Further support for young people is now available via the SilverCloud online mental health interactive tool.

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Measure			Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Percentage of patients waiting less than 28 days for a first appointment for Child and Adolescent Mental Health Services (CAMHS)	Percentage Compliance	80%	94.7%	98.0%	77.5%	69.5%	51.1%	80.5%
	Number of patients waiting <28 days		36	49	31	41	24	33
	Total Number of patients		38	50	40	59	47	41

## **Mental Health Part 1**

The latest performance in August shows that part 1 measures for assessments, and interventions have been challenged.

Of the four metrics only +18 assessments met the national target with a 98.1% compliance against 80% target. Under 18 assessments dropped to 55.9%, Under 18s interventions improved slightly to 59.1% and finally +18 interventions improved to 76.3%.

Service challenges include, fragility of workforce as a result of sickness, Covid-19 isolation and vacancies, increased acuity of patients referred, and increased referrals. The service is currently seeking to understand whether the increase in patients referred to Part 1 services is a temporary effect of Covid-19 or a likely to become a sustained pressure on primary care Mental Health services.

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**Table of 2021/22 part 1 performance**

Measure			Apr-21	May-21	Jun-21	Jul-21	Aug-21
<b>Part 1:</b> Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral : Under 18 years	Percentage Compliance	80%	100.0%	97.5%	83.0%	61.3%	55.9%
	Number of patients waiting up to and including 28 days		37	39	39	19	19
	Total number of assessments		37	40	47	31	34
<b>Part 1:</b> Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral: 18 years and over	Percentage Compliance	80%	99.1%	94.0%	97.3%	91.4%	98.1%
	Number of patients waiting up to and including 28 days		109	126	145	117	104
	Total number of assessments		110	134	149	128	106
<b>Part 1:</b> Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS : Under 18 Years	Percentage Compliance	80%	100.0%	96.0%	85.7%	52.6%	59.1%
	Number of patients waiting up to and including 28 days		22	24	24	10	13
	Total number of therapeutic interventions		22	25	28	19	22
<b>Part 1:</b> Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS: 18 years and over	Percentage Compliance	80%	83.0%	71.8%	85.6%	70.1%	76.3%
	Number of patients waiting up to and including 28 days		141	117	155	110	106
	Total number of therapeutic interventions		172	163	181	157	139

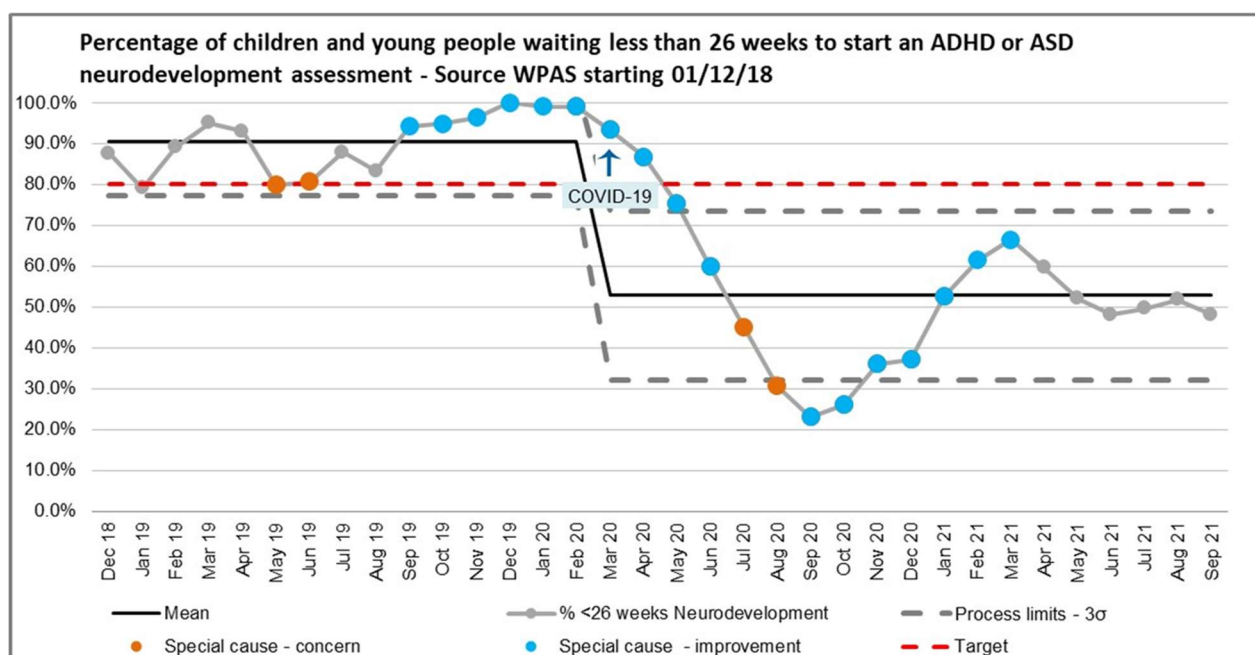
### **Neurodevelopmental waits (ND) - children and young people**

Due to the impact of COVID the service was suspended from March to September 2020, and performance compliance has been significantly affected (48.1% September-21). At present the demand on the service has increased month on month. ND services are a priority under the PTHB renewal portfolio for 2021/22, and an in-depth review of the service has been undertaken, actions to recover include;

- Fortnightly project group, including comprehensive plan development/progress work.
- Recruitment to all renewal funded posts (full capacity not available until staff start)
- Current prioritisation of backlog (reduced from 294 to 78)
- Pathway redesign currently being undertaken



The next phase is to utilise the additional staff capacity, this will enable focus on the waiting lists and their compliance.

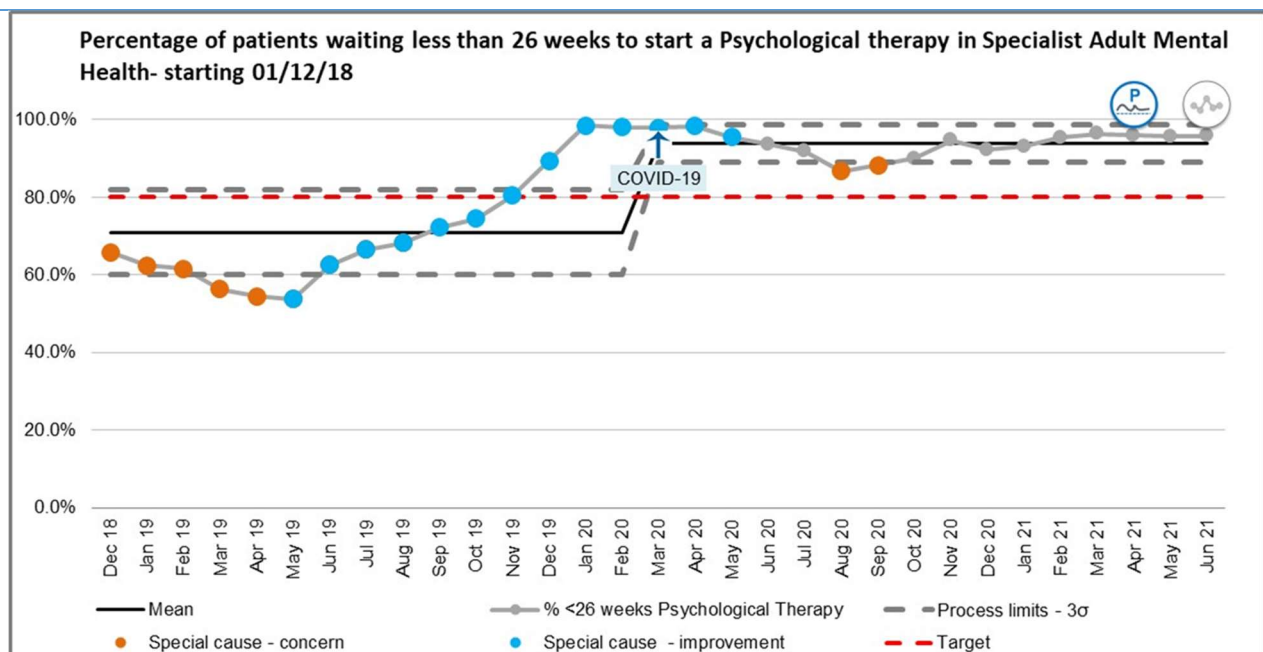


Measure			Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	Percentage compliance	80%	59.6%	52.0%	48.1%	49.5%	51.7%	48.1%
	Number of patients waiting < 26 weeks		112	102	91	93	105	100
	Total number of patients		188	196	189	188	203	208

### **Adult psychological therapy waiting < 26 weeks**

Powys continues to have robust performance against this measure with 96.2% compliance in September. The health board has consistently exceeded the 80% target for the 2020/21 financial year.

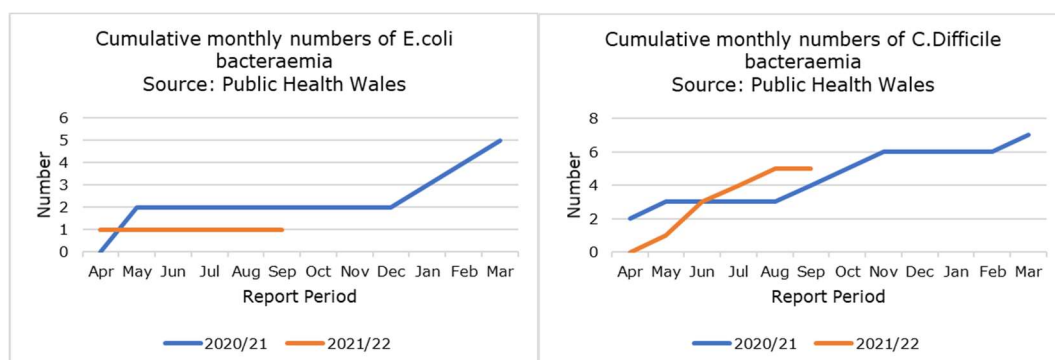
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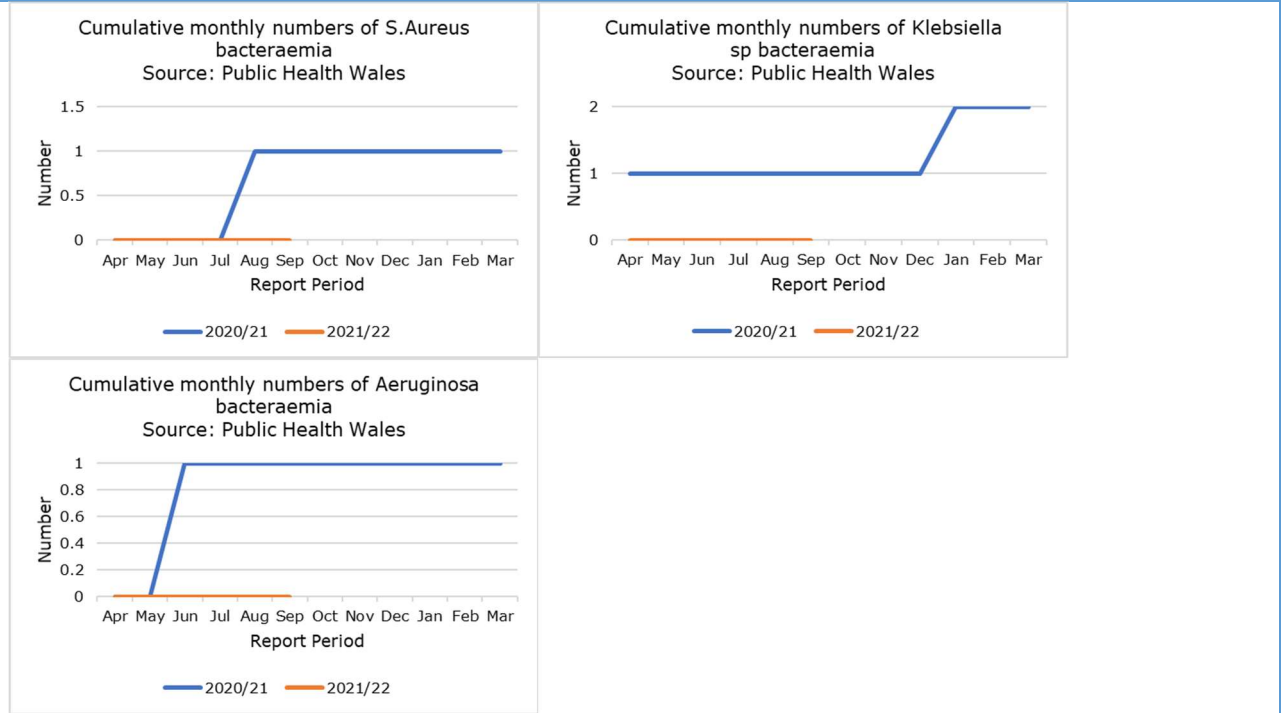
Measure			Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Percentage compliance	80%	95.9%	95.7%	95.8%	95.2%	96.2%	96.2%
	Number of patients waiting < 26 weeks		140	132	136	140	125	153
	Total number of patients		146	138	142	147	130	159

## Health Care Acquired Infections

For the safety and quality measures around infections PTHB continues to report low levels of incidence, and the health board is not nationally benchmarked although targets have been requested. Although the national measure looks at per 100k infection rates, below are graphs comparing actual reported infection numbers 2020/21 and 2021/22 by infection type.



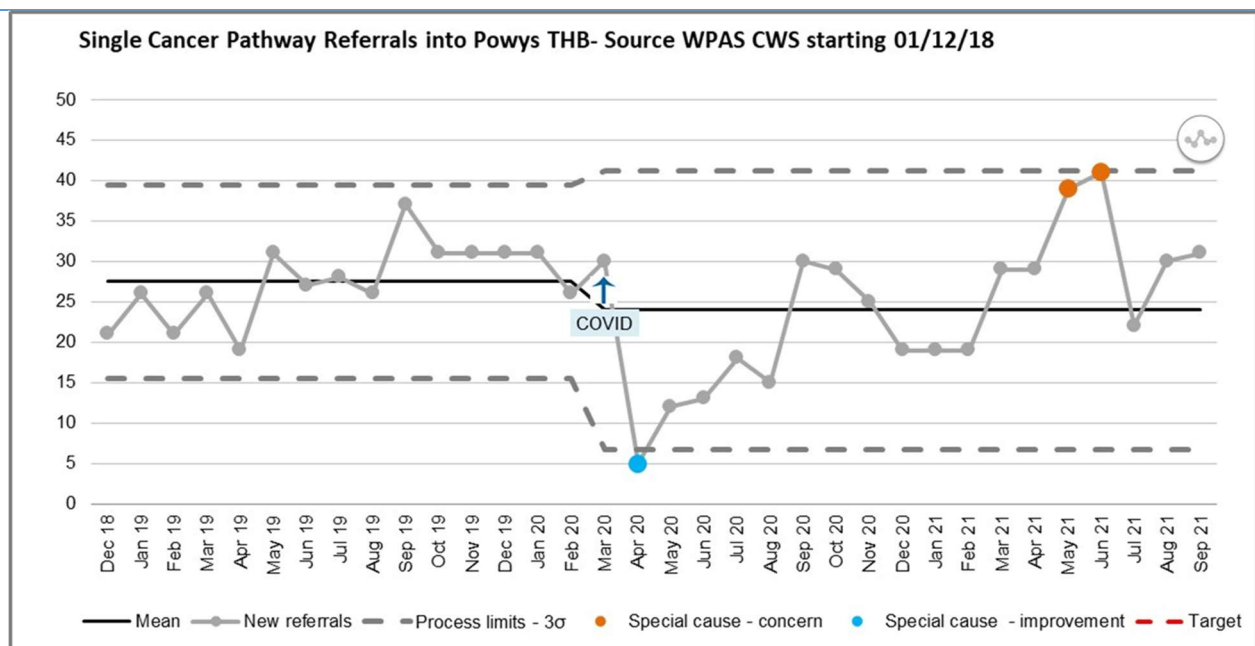
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## **Cancer**

The COVID pandemic continues to significantly challenge cancer services across Wales, this disruption impacts outpatients, diagnostics, surgery and treatments. Significant work both nationally and locally has been undertaken to minimise patient harm including risk stratification, regular national operational group meetings and waiting list assurance. Although PTHB does not carry out acute care e.g. treatment we are still responsible for reporting our part of the cancer pathway as agreed with Welsh Government. The below SPC chart shows the number of USC referrals into Powys as a provider since the health board started reporting the evolved cancer measure.

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During September **31** Urgent Suspected Cancer (USC) referrals were recorded on the tracking system, and during the same period **14** patients were downgraded following a cancer referral. The compliance for downgrade within the recommended 28-day period was reported as **64.2%**.

The health board is currently reporting a significant challenge on maintaining endoscopy diagnostics within best practice for cancer pathways due to the challenges covered earlier within the document around endoscopy capacity pressures.

Please note that Powys residents that require treatment have their care pathway compliance reported by that acute provider.

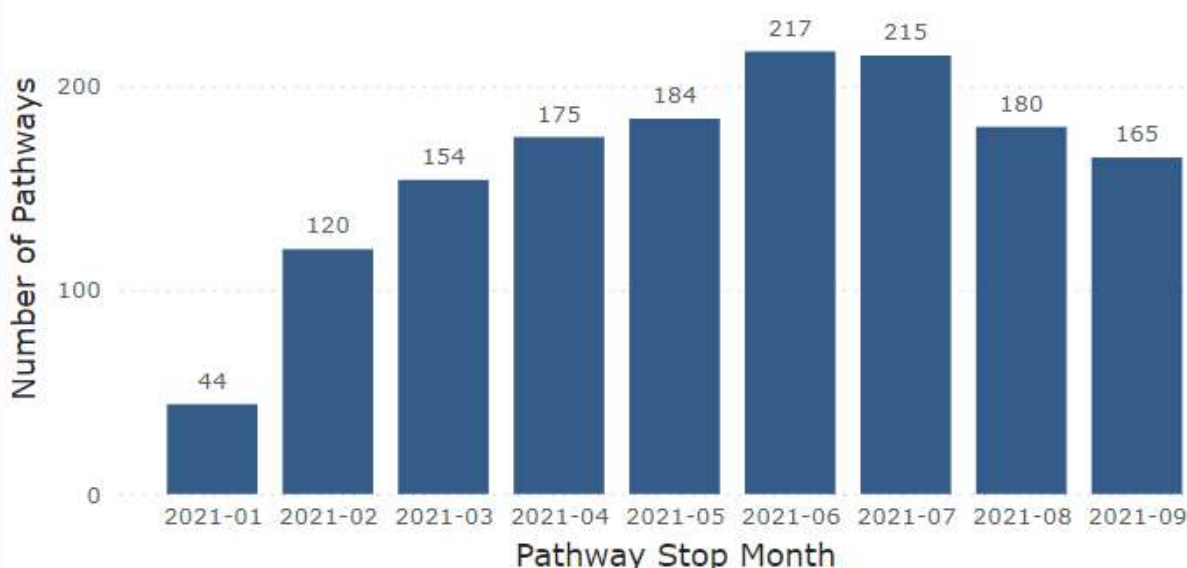
### **Cancer - Welsh provider performance**

PTHB now has access to the All Wales Single Cancer Pathway (SCP) minimum data set for \*closed pathways via the DHCW warehouse, this required an extensive escalation process by the Powys Performance team with Executive, Welsh Government, and Delivery Unit support to achieve. This information provides a new level of access to Powys residents waiting in Commissioned Welsh providers only e.g. does not support cross border patient flows into England and their data. The SCP target is 75% of patients starting treatment within 62 days of first suspicion and is now reported by Welsh Government.

As high-level information, since January 2021 **1,454** Powys residents have been reported on the SCP tracker across Welsh providers (closed pathway), of these 84.3% had a closed pathway clock stop recorded as downgrade with 228 patients requiring treatment. The graph below shows the volumes of closed pathway by month

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## Pathway By Stop Month



(please note January was the first reported month e.g. potential DQ challenge)

## Table of pathways, that breached their SCP target date (62 days) by Provider

ProviderOrgDesc	2021-04	2021-05	2021-06	2021-07	2021-08	2021-09	Total
Aneurin Bevan Local Health Board	8	2	4	3	3	6	26
Betsi Cadwaladr University Local Health Board				1	1		2
Cwm Taf Morgannwg University Local Health Board	3		3	2	3	1	12
Hywel Dda Local Health Board	5	2	4	4	1	2	18
Swansea Bay University Local Health Board	2	3	2	7	2	3	19
<b>Total</b>	<b>18</b>	<b>7</b>	<b>13</b>	<b>17</b>	<b>10</b>	<b>12</b>	<b>77</b>

During September 12 patients waited longer than 62 days to receive their treatment. This is monitored via the Commissioning Assurance process but a new harm review process for patients waiting 104+ days is being setup nationally and should soon be running across all providers.

## **Cancer - English provider performance**

For our main providers via direct breach reporting, six breaches were reported in Wye Valley NHS Trust during July 2021. Within SATH four 62-day breaches were reported to the health board in their September update 2021 (covering August performance). All English breaches had a root cause analysis carried out to provide quality and safety assurance.

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.

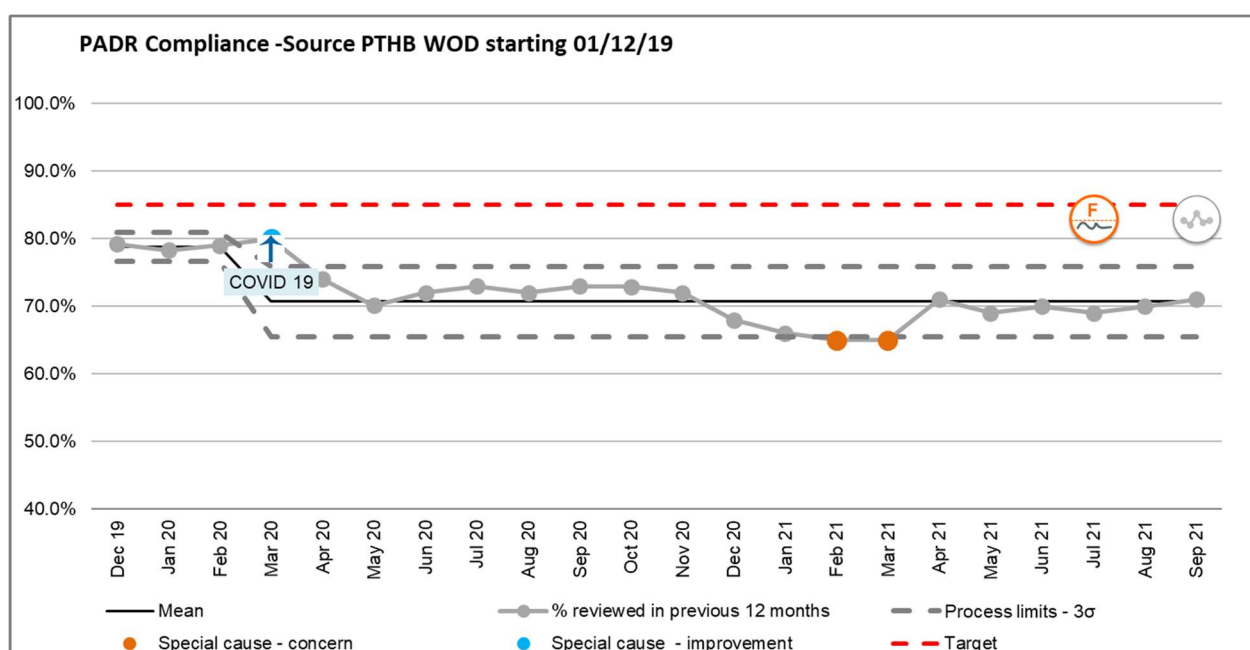
### **Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable.**

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

2021/22 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
52	Performance Appraisals (PADR)	85%	Sep-21	73.0%	70.0%	71.0%	5th (Mar-21)	57.7% (Mar-21)
53	Core Skills Mandatory Training	85%	Sep-21	78.0%	81.0%	82.0%	2nd (Mar-21)	78.9% (Mar-21)
55	(R12) Sickness Absence	12m↓	Sep-21	5.13%	5.18%	5.22%	3rd (Mar-21)	5.94% (Mar-21)
56	Percentage of staff reporting their line manager takes a positive interest in their health and wellbeing	Annual Improvement	No data locally available due to metric revision					
59	Concerns & Complaints	75%	Q1 2021/22	43.8%	44.9%	47.0%	10th*	67.2%

### **Personal appraisal and development reviews (PADR)**

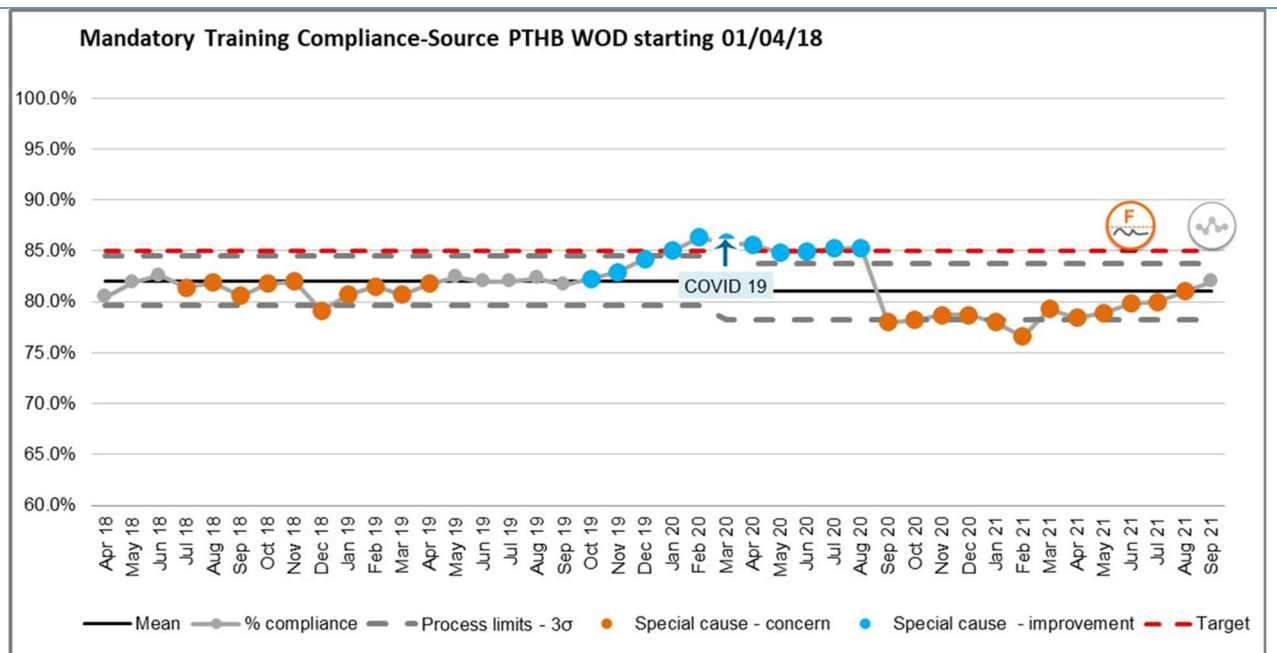
The health board has improved to 71% compliance in September for staff to have a personal appraisal, and development review in the previous 12 months. Business partners continue to fully engage with the services, and the health board continues to benchmark positively against the All Wales average.



### **Mandatory core skills training**

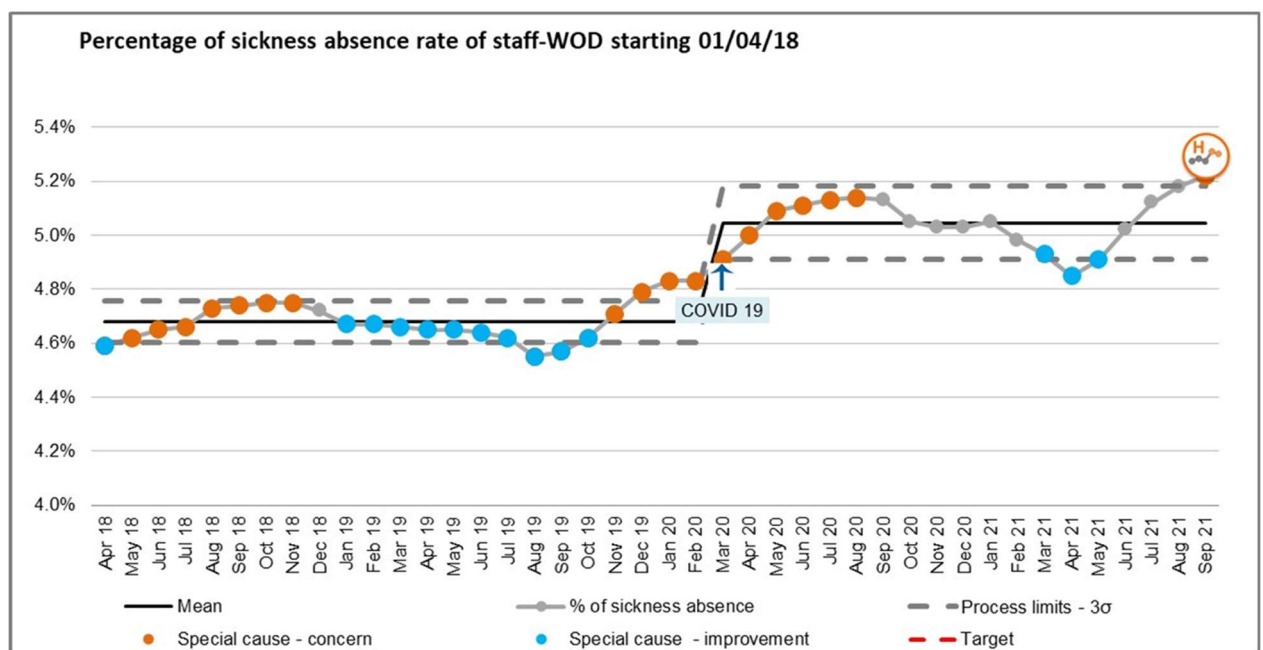
During September the health board has missed the 85% target, it should be noted that performance has improved slightly to 82% (above mean) as a result of proactive work with managers to improve compliance. The health board continues to positively benchmark against All Wales performance levels.





## Sickness

The rolling 12 figure for sickness is reported at 5.22% in September showing special cause for concern. Actual monthly sickness has decreased slightly to a reported rate of 5.16% (1.42% short term and 3.74% long term). 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.



## Concerns & Complaints

The health board's compliance to complaints that receive a final reply within 31 days has remained non-compliant against target. In Q1 we have seen improvement and the health board was 47% compliant against the 75% national target (data source PTHB Q&S). In comparison to other health boards in Wales, PTHB ranks 10<sup>th</sup> below the national average of 67.2%.

**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:

2021/22 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
60	Percentage of Health and Care Research Wales non-commercial portfolio studies recruiting to target	100% of studies	No data locally available due to metric revision					
61	Percentage of Health and Care Research Wales portfolio commercially sponsored studies recruiting to target	100% of studies						
62	Crude hospital mortality rate (74 years of age or less)	12m↓	Aug-21	3.13%	2.80%	2.63%	Not applicable	1.44%
66	New medicine availability where clinically appropriate, no later than 2 months from the publication of the NICE Final Appraisal	100%	Q4 20/21	96.0%	97.0%	97.2%	6th	98.5%
67	Total antibacterial items per 1,000 STAR-PUs	240.4	Q4 20/21	260.6	206.7	195.6	1st	222.5
68	Percentage of secondary care antibiotic usage within the WHO access category	55%						
69	Number of patients age 65 years or over prescribed an antipsychotic	Quarter on quarter reduction	Q4 20/21	483	491	487	1st	10,033
70	Number of women of child bearing age prescribed valproate as a percentage of all women of child bearing age	Quarter on quarter reduction	Q4 20/21	Not reported for this period	0.128%	0.109%	2nd	0.15%
71	Opioid average daily quantities per 1,000 patients	4 quarter reduction trend	Q4 20/21	3926.2	4251.5	4068	2nd	4404
74	Agency spend as a percentage of the total pay bill	12m↓	Sep-21	7.2%	19.0%	0.9%	10th (Mar-21)	6.5% (Mar-21)
75	Percentage of episodes clinically coded within one reporting month post episode discharge end date	12m improvement trend towards achieving the 95% target	Jul-21	97.5%	99.4%	100.0%	Not available	Not available

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

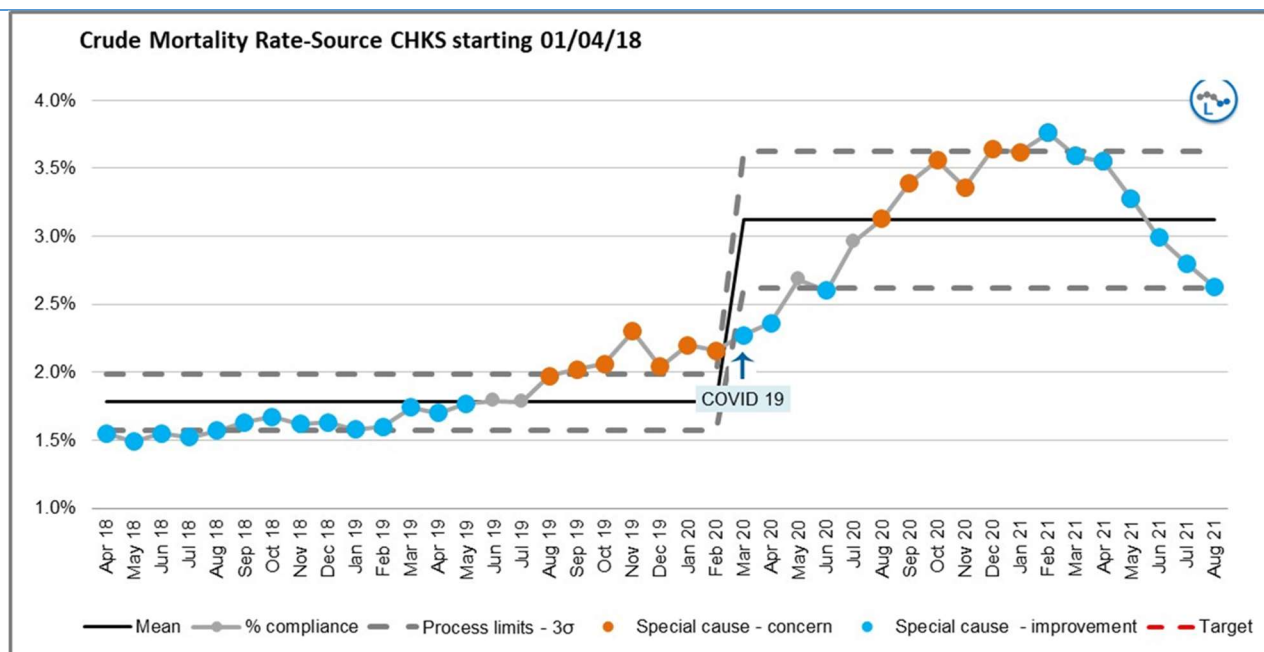
## Mortality

Crude Mortality rate in the health board has decreased slightly during August (2.63%). 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. Powys has maintained a reducing trend for crude mortality for the last 6 months which is allowing us to meet the national target.

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

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## Medicines and prescribing

- Powys performance in relation to new medicines availability has improved slightly to 97.2% (Q4 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 it is an improvement when compared to the equivalent time period 12 months prior (96%).
- For antibacterial prescribing, a rate of 195.6 in Q4 2020/21 meets the new quarterly adjusted national target for Powys ( $\leq 247.7$ ), the health board is ranked 1<sup>st</sup> in Wales.
- Prescriptions for antipsychotics in the 65+ patient age group have met the quarterly reduction target in Q4 2020/21 to 487, this is a slight increase from 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.
- Number of women of child bearing aged prescribed valproate as a percentage of all women of child bearing age has now been updated with reportable information. Powys meets the quarterly reduction target reporting 0.11% during Q4 2020/21 and benchmarks 2<sup>nd</sup> in Wales, the All Wales average is 0.15%.
- PTHB are not compliant against the new Opioid measure with 4068 per 1000 patients in Q4 2020/21, the national target is to achieve a 4-quarter reduction, the health board is ranked 2<sup>nd</sup> in Wales, All Wales average 4404.

## **Agency Spend**

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 during September-21. It has been noted by the finance team that the agency spend figure 0.9% for September is significantly lower, this is due to the Month 6 return being used for correction purposes to avoid prior monthly adjustment. This has not affected the overall pay position or forecast.

## **Clinical Coding**

Powys Teaching Health Board normally provides excellent compliance to coding requirements e.g. 99+%, the latest reported performance for July-21 was 100% of 302 record requiring coding.

## **NEXT STEPS:**

### **Service recovery and restoration**

Significant challenge remains with the ongoing impact of service suspension last year. Restoration and recovery of service will be a lengthy process, and to make a significant impact both short and long-term service change is required at both national, regional and health board level. COVID-19 wave three at present has had limited impact on the provider in regards to admissions, it has however caused increased fragility with the workforce due to increased infection or isolation procedures.

The ongoing backlog of patients in Wales and the UK remains the largest challenge coupled with an increase in new patients entering the system. Powys has shown to be leading the improvement in Wales around access, but this has significant risk as a result of in-reach fragility and a small specialised workforce.

Ongoing work from the Recovery Portfolio Strategic Board is working to focus on accelerating local recovery priorities, service restoration, innovation and work to help address waiting list pressures.

Commissioning assurance also remains a key workflow in helping manage and risk assess care pathways in external providers.

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**AGENDA ITEM: 3.1b**

<b>DELIVERY &amp; PERFORMANCE COMMITTEE</b>		<b>DATE OF MEETING: 1 November 2021</b>
<b>Subject:</b>	<b>COMMISSIONING ESCALATION REPORT</b>	
<b>Approved and Presented by:</b>	Director of Planning and Performance	
<b>Prepared by:</b>	Assistant Director of Performance and Commissioning	
<b>Other Committees and meetings considered at:</b>	Delivery and Performance Group on the 21st October 2021. Executive Committee on 27th October. This report provides supplementary information in relation to the two providers with services in Special Measures.	

**PURPOSE:**

The purpose of this paper is to highlight to the Delivery & Performance Committee the providers in Special Measures or scored as Level 4 and above under the PTHB Commissioning Assurance Framework.

**RECOMMENDATION(S):**

It is recommended that the Delivery & Performance Committee DISCUSSES this Commissioning Escalation Report.

<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	✓

**EXECUTIVE SUMMARY:**

This report highlights providers in Special Measures or scored as Level 4 and above. The PTHB Internal Commissioning Assurance Meeting (ICAM) did not meet in September. Based on commissioner / provider meeting with all commissioned providers outside of Powys during September and October and the information gathered via that process, Commissioning Assurance Framework (CAF) scores and ratings have been carried from those set in August. As reported to the recent Delivery & Performance Group held on 21 October, there were:

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

The report also provides:

- A high level summary of key issues in relation Shrewsbury and Telford Hospitals NHS Trust (SaTH) and Cwm Taf Morgannwg University Health Board (CTMUHB)
- Referral to treatment times (RTT) times.

This report does not yet consider the recent news reports into the Grange Hospital run by Aneurin Bevan University Health Board and the functioning of its emergency pathways. This latest information will be reviewed at the next South Powys Programme Board meeting, and will form an update to the Patient Experience, Quality and Safety Committee.

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## DETAILED BACKGROUND AND ASSESSMENT:

PTHB's Commissioning Assurance Framework (CAF) helps to identify and escalate emerging patterns of poor performance and risk in health services used by Powys patients.

It considers patient experience, quality, safety, access, activity, finance governance and strategic change. It is a continuous process, considering information from a broad range of sources including "credible soft intelligence". It is not a performance report between fixed points.

Each PTHB Directorate is invited to contribute information to the CAF and to attend the ICAM.

Formal inspection reports for the NHS organisations commissioned are available on the websites of Health Inspection Wales (HIW) and the Care Quality Commission (CQC). PTHB attempts to draw from providers' existing Board reports, plans, returns to Government and nationally mandated information wherever possible.

The usual commissioning arrangements have not been in place since March 2020 due to the pandemic. Since July 2020, PTHB has been working to restore the CAF, although there remain significant limitations due to the national position. It is not possible to score all domains, for example "block" financial arrangements do not reflect pre-COVID budgets or Long term Agreements. Escalation processes cannot operate in the usual way, for example, elective care delays are at an unprecedented level due to the pandemic. The Public Health resource assisting with the interpretation of the Clinical Health Knowledge System results which was diverted to COVID 19 outbreak is being restarted focusing on maternity services.

Given lengthening Referral to Treatment Times (RTT) across all NHS providers that will take time to recover, the CAF Escalation scoring and Access measurement process is to be reviewed. All providers will take a number of years to recover the waiting list position back to the official RTT access time target.

Special Measures					
Provider	Area of Measure	July 2021	August 2021	Sept 2021	Change in Status
Shrewsbury and Telford Hospital NHS Trust	Quality & Safety				↔
	Patient Experience				
	Access				
	Finance	BLOCK AGREEMENT			
	Governance & Strategic Change	NOT RATED			
Cwm Taf	Quality & Safety				↔

<b>Morgannwg University Health Board</b>	Patient Experience			
	Access			
	Finance	BLOCK AGREEMENT		
	Governance & Strategic Change	NOT RATED		

Level 4					
Provider	Area of Measure	July 2021	Aug 2021	Sept 2021	Change in Status
Wye Valley NHS Trust	Quality & Safety				↔
	Patient Experience				
	Access				
	Finance	BLOCK AGREEMENT			
	Governance & Strategic Change	NOT RATED			

### Shrewsbury and Telford Hospitals NHS Trust (SATH)

As previously reported to the Performance and Resources Committee SATH is in special measures and is rated as “inadequate” overall. There have been a series of concerning reports following inspections by the Care Quality Commission (CQC) resulting in Section 31 Notices imposing conditions on the regulated activity there. The full reports can be accessed via the CQC website ([www.cqc.org.uk](http://www.cqc.org.uk)) but include concerns in relation to the management of:

- Pressure area care
- Falls
- Nursing documentation
- Learning from previous incidents
- Mental Capacity Act and Deprivation of Liberty Safeguards
- Children and young people with mental health needs, learning disabilities and behaviours that challenge
- End of life care
- Maternity Services
- the oversight of audits and the improvement of outcomes
- the culture.

Reports on these matters have been considered by the Experience, Quality and Safety Committee (EQS) on the 15<sup>th</sup> April, 2021; 3<sup>rd</sup> June, 2021; and 15<sup>th</sup> July 2021. The Performance and Resources Committee was updated on the 24<sup>th</sup> June, 2021.

Key issues reported to the SaTH Board on 6<sup>th</sup> October, 2021, are summarised below.

- August has seen an increase in the prevalence and the number of patients admitted with COVID-19. Our vaccination programme performs well. One of the unfortunate consequences in August has been the impact on elective services, in particular the loss of our elective orthopaedic capacity at Princess Royal Hospital (PRH), and we are working with The Robert Jones & Agnes Hunt Orthopaedic Hospital (RJAH) to improve the availability of services for patients.
- During August, the CQC undertook a Well-Led inspection, as part of their wider inspection. We await the outcome of this visit.
- Feedback from our Friends and Family scores regarding the quality and standard of our catering is positive. We are also seeing continuing good scores for cleanliness.
- The focus on infection prevention and control as part of our Quality Improvement Strategy continues, with performance against expected standards being closely monitored.
- During August, our operational challenges have intensified with high levels of attendances and acuity in our emergency departments, delays to discharge for medically fit patients, referrals for Cancer services returning to pre-pandemic levels and longer waiting times for many of our patients waiting for out-patient consultations, diagnostic tests and elective surgery.
- We are continuing to work as part of the whole system to address the unscheduled care pressures and within SaTH are moving forward with the capital development of our emergency department in Shrewsbury so as to create a larger treatment area for our patients. The first phase of this is scheduled for completion in September.
- We are continuing to provide patient appointments virtually where possible, as well as restoring face-to-face consultations where virtual clinics are not suitable. We have an additional Vanguard theatre and recovery facility at PRH and have an additional CT and MRI scanner being installed. The CT scanner will be operational during October, and the MRI scanner will become operational as soon as recruitment for additional MRI Radiographers has been finalised.
- Our recovery of elective capacity has been affected by both the unscheduled and COVID-19 pressures combined with absences in our own staff. It is positive to see the number of new doctors taking up post during the month and the international recruitment recommencing. We have also been successful in recruiting midwives and look forward to them taking up post during September.

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- Our income and expenditure has been adversely affected by the reduction in the elective recovery and the change in the Elective Recovery Framework (ERF) threshold introduced in July 2021. We are working to finalise our H2 activity plans and looking to balance the needs of our elective recovery with the increasing demands we may face over the winter months. Our efficiency plans show a positive variance in the year to date.
- Our Phase 2 Getting to Good plans are showing all 9 programmes making progress. Through this we are seeking to ensure our good work in Year 1 is embedded in our services to improve outcomes for our patients. We are working to review and strengthen actions in areas which are behind plan'

It is important for PTHB to understand the assurances being received by the SaTH Board. SaTH's Quality and Safety Assurance Committee was alerted, advised and assured in relation to the following matters:

<b>Alert</b>	Complaint response times remain a concern. The process is being revised and streamlined.
<b>Assurance</b>	The Management of Datix incidents is improving. The Committee is continuing to monitor this.
<b>Advised</b>	<p>The Committee received a verbal report from the Director of Nursing in relation to the CQC visits. <i>"Whilst CQC continue to raise some concerns there is a greater confidence in the Trust's management to respond appropriately and work with the CQC to provide additional explanations, evidence and feedback."</i></p> <p>The Committee was also advised about a 6.5% increase in A&amp;E activity compared to June 2020. Ambulances are reporting activity on a par with winter demands. The Trust's public Board is to receive information about Serious incidents. The Badgernet maternity system will start a gradual implementation on the 9<sup>th</sup> August 2021.</p>

"Freedom to Speak Up" Arrangements are in place for staff. Over half of the concerns raised in the most recent quarter were about behaviours, relationships, bullying and harassment. A behaviours framework has been launched and work is being undertaken in relation to values and culture. A range of initiatives are being undertaken to address the issues raised by staff including HR processes, mediation, leadership development, organisational development, and workshops on "courageous conversations" and "civility saves lives".

A Secretary of State initiated Independent Review of Maternity Services at the Trust, chaired by Donna Ockenden, is underway. The first report of the Independent Review was published on the 10<sup>th</sup> December 2020 and presents



emerging findings and recommendations from 250 clinical reviews, highlighting significant failings in maternity care at the Trust between 2000 and 2018/19. The *"Emerging Findings and Recommendations from the Independent Review of Maternity Services at the Shrewsbury and Telford Hospital NHS Trust"* (known as the first "Ockenden Report") recommended 52 actions in total. These include local actions (LAFL) which are specific requirements for SaTH, together with immediate and essential actions (IEA) for all NHS providers.

The Trust reports that *"good progress continues to be made against the required actions from the first Ockenden Report (2020) and this work continues at pace. There are some challenges; however, work continues to address all of the required action."* (A Maternity Services update is being provided to the next EQS Committee.)

PTHB is a member of a SaTH Oversight Assurance Group (SOAG) including regulators. The most recent meeting was on the 25<sup>th</sup> August, 2021, and PTHB was represented by the Nursing Directorate. In addition to the on-going inspection the following key issues were noted: further improvements are needed to end of life care, including across the system; and a Director of Midwifery post is being advertised.

SATH remains in an "Improvement Alliance" with the University Hospitals Birmingham NHS Foundation Trust (UHB) to help improve the quality and safety of its services. Work is underway within the trust including a "Getting to Good" improvement plan; a renewed focus on governance and culture; a revised Board Assessment Framework (BAF); and improved integrated performance reports.

The PTHB Deputy Medical Director attends the ICAM and feeds-in any concerns from North Powys GPs. Rather than just individual cases GPs have wider systemic concerns including the relationship between acute and out-patient services; scanning, particularly CT in relation to cancer; and the responsiveness of SaTH to concerns. SaTH is revising its process in order to ensure a timelier response to concerns, it is addressing CT capacity and states it is prioritising cancer patients.

SATH remains an escalated matter for PTHB. Following the Executive Committee deep dive meeting in relation to SaTH on the 23<sup>rd</sup> June, 2021 there has been further liaison with other stakeholders including UHB and the CQC and participation in the Oversight Group. Overall the metrics and intelligence show an organisation still addressing major difficulties. However, the view of other stakeholders appears to be that the appropriate improvement actions are underway although it will take time to fully turn this situation around. PTHB will seek to restore the regular CEO level escalation meetings which were disrupted by the COVID pandemic.

***The latest update from SATH is available from the following website link***

[249.21-Ockenden-Report-Progress-Report.pdf \(sath.nhs.uk\)](https://sath.nhs.uk/249.21-Ockenden-Report-Progress-Report.pdf)

### **Cwm Taf University Health Board (CTMUHB)**

The Experience, Quality and Safety Committee received updates on the 3<sup>rd</sup> June, 2021 and 15<sup>th</sup> July, 2021. The Performance and Resources Committee was updated on the 24<sup>th</sup> June, 2021.

CTMUHB's maternity services are in special measures. An Independent Maternity Oversight Panel (IMSOP) is in place, which provides independent oversight arrangements of maternity and neonatal services at CTMUHB. Whilst there has been neonatal expertise as part of the IMSOP's work in relation to the Clinical Review Programme and within the Quality Assurance Panel, there is now also neonatal expertise within the full Panel. Neonatal reviews are underway and as the learning emerges it will be fed into the wider improvement programme.

Alongside this the panel is also conducting a deep dive to take stock of the current neonatal service and its improvement plan to provide assurance that services are safe, effective, well led and importantly integrated with the maternity service to provide a seamless service for women and babies. This should help inform improvements CTMUHB is making on their journey to provide exemplar maternity and neonatal services.

Phase 2 of PTHB South Powys Programme is focused on Maternity and Neonatal pathways. A workstream is in place chaired by the Executive Director of Nursing and Midwifery for PTHB, with senior clinical involvement from CTMUHB and ABUHB.

Its scope is in relation to the outcome of the South Wales Programme approved by boards and WAST in 2014 following public consultation. It is understood that, due to logistical reasons, the outcome of the IMSOP review of Neonatal services will not be available until the new year. Thus, PTHB's Board will not be in a position to consider recommendations for the timing of a strategic change in pathway until then. Current maternity pathways are continuing and are being closely monitored. Work is continuing in relation to strengthening readiness and assurance.

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## **Referral to Treatment Times (RTT)**

As reported nationally there is now an unprecedented challenge in relation to timely access to routine services across the NHS as a result of the response to the pandemic. The Director General of Health and Social Services in Wales has warned that the situation may take a number of years to resolve.

Capacity was significantly reduced in order to care for the surge in COVID patients and to prevent the spread of infection. Private sector capacity has been used to maintain essential services, such as for those with suspected cancer. The situation has been exacerbated through the summer due to unscheduled care pressures, with activity exceeding pre-pandemic levels. There have also been considerable difficulties with flow in surrounding DGHs due to capacity and pressure on domiciliary care services, which are crucial to timely discharge from hospital.

Addressing this situation is a key focus of the approach to renewal in the PTHB Annual Plan for 2021/2022. Major renewal priorities emerged from a full appraisal of the impact of the pandemic. The renewal priorities focus on the things which will matter most to the wellbeing of the population of Powys and those things which will work best to address the critical challenges ahead. The scale of the challenge will not be met by existing approaches and will require new, radical solutions bounded in a value-based healthcare.

A portfolio of renewal work is being established across priority areas to transform services. The portfolio is working at pace across boundaries, but recognising that true transformation is a long term process. The priority areas are: frailty and community model; long term conditions and wellbeing; diagnostics, ambulatory and planned care; advice, support and pre-habilitation; children and young people; and tackling the Big 4 (respiratory, cancer, circulatory and mental health).

£2.5M non recurrent revenue and £550k capital has been secured from Welsh Government to take forward the first phase of priorities. A CEO chaired Renewal Strategic Portfolio Board has been established; executive leads for each priority identified and miles-stones built into the annual plan and delivery plan. Programmes for priority areas are at different points of development – some are building on well-established programmes, such as Breathe Well, whilst others involve establishing new programmes such as for the crucially important frailty and community model.

Where other health boards have received funding directly from Welsh Government, PTHB will need an arrangement to take account of this within commissioning arrangements. The funding arrangements for additional recovery activity taking place in England is to be confirmed.

Actual activity versus activity trajectories submitted are now being monitored by Welsh Government on a quarterly basis. Out own provider services met the

quarter 1 targets submitted. Progress against quarter 2 is being prepared for submission to Welsh Government on the 1<sup>st</sup> November 2021.

The Renewal Strategic Portfolio Board will be considering risk management in more detail, but key risks are recruitment to the support infrastructure including procurement capacity; operational recruitment, particularly in relation to theatre staff; the availability of additional external clinical capacity; and unscheduled care pressures.

**Annexe 1** provides the break-down of waiting times, by speciality, across each provider. Key areas of concern are orthopaedics, ophthalmology, general surgery and urology. The current COVID and unscheduled care situation is being monitored carefully due to the potential impact on the restoration of elective services.

### Powys Provider Referral to Treatment (RTT)

RTT waits by specialty and bar	Weeks wait band						Grand Total
	0 to 25 Weeks	26 to 35 Weeks	36 to 52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 weeks	
Main Specialty							
100 - GENERAL SURGERY	411	39	15	11	17	1	<b>494</b>
101 - UROLOGY	135	14	21	4	0	0	<b>174</b>
110 - TRAUMA & ORTHOPAEDICS	517	48	52	44	45	0	<b>706</b>
120 - ENT	395	20	11	2	0	0	<b>428</b>
130 - OPHTHALMOLOGY	724	95	44	3	1	0	<b>867</b>
140 - ORAL SURGERY	154	49	52	27	72	0	<b>354</b>
143 - ORTHODONTICS	10	0	0	0	0	0	<b>10</b>
191 - PAIN MANAGEMENT	57	0	0	0	0	0	<b>57</b>
300 - GENERAL MEDICINE	40	6	0	0	0	0	<b>46</b>
320 - CARDIOLOGY	113	9	1	0	0	0	<b>123</b>
330 - DERMATOLOGY	32	0	0	0	0	0	<b>32</b>
410 - RHEUMATOLOGY	109	11	7	0	0	0	<b>127</b>
420 - PAEDIATRICS	36	0	0	0	0	0	<b>36</b>
430 - GERIATRIC MEDICINE	21	0	0	0	0	0	<b>21</b>
502 - GYNAECOLOGY	335	4	3	0	0	0	<b>342</b>
<b>Grand Total</b>	<b>3089</b>	<b>295</b>	<b>206</b>	<b>91</b>	<b>135</b>	<b>1</b>	<b>3817</b>

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## NHS Commissioned Service Provider Referral to Treatment (RTT)

	Aug 2021	Patients Waiting						
Welsh Providers	% of Powys residents < 26 weeks for treatment (Target 95%)	0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	Total Waiting
Aneurin Bevan Local Health	56.2%	1192	186	231	179	292	41	2121
Betsi Cadwaladr University Local Health Board	42.2%	216	57	42	55	113	29	512
Cardiff & Vale University Local Health Board	52.7%	213	41	42	34	64	10	404
Cwm Taf Morgannwg University Local Health Board	45.5%	216	33	57	47	103	19	475
Hywel Dda Local Health Board	54.9%	767	112	220	106	179	13	1397
Swansea Bay University Local Health Board	46.4%	825	146	237	125	317	127	1777
<b>Totals</b>		<b>3429</b>	<b>575</b>	<b>829</b>	<b>546</b>	<b>1068</b>	<b>239</b>	<b>6686</b>

	Jul 2021	Patients Waiting						
English Providers	% of Powys residents < 26 weeks for treatment (Target 95%)	0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	Total Waiting
English Other	76.4%	133	11	11	8	10	1	174
Robert Jones & Agnes Hunt Orthopaedic & District Trust	66.3%	1592	263	277	155	106	7	2400
Shrewsbury & Telford Hospital NHS Trust	71.3%	2328	322	351	120	142	0	3263
*Wye Valley NHS Trust - <b>data from submission file</b>	71.3%	2140	290	340	108	112	10	3000
<b>Total</b>		<b>6193</b>	<b>886</b>	<b>979</b>	<b>391</b>	<b>370</b>	<b>18</b>	<b>8837</b>

## Conclusion

There are two neighbouring NHS organisations with services in special measures. An update has been provided in relation to Shrewsbury and Telford Hospitals NHS Trust which remains at the highest level of escalation under the PTHB CAF. Maternity services in CTMUHB are in special measures and an Independent Oversight Panel is in place. Further work is underway to provide independent assurance that neonatal services are safe, effective, well led and importantly integrated with the maternity service to provide a seamless service for women and babies.

As reported nationally there is now an unprecedented challenge in relation to timely access to routine services across the NHS as a result of the response to the pandemic. This has been exacerbated this summer by unscheduled care pressures within surrounding DGHs, which exceed the pre-COVID levels.

Addressing this situation is a key focus of the renewal approach in the annual plan for 2021/2022. The renewal priorities focus on the things which will matter most to the wellbeing of the population of Powys and those things which will

work best to address the critical challenges ahead. The scale of the challenge will not be met by existing approaches and will require new, radical solutions bounded in a value-based healthcare. £2.5million non recurrent revenue and £550,000 capital have been secured to help take forward Phase 1. However, at present, there are significant risks in relation to recruitment, procured solutions and the pace of recovery due to unscheduled care demand.

## **NEXT STEPS**

In line with the PTHB Commissioning Assurance Framework providers scored as Level 4 or in Special Measures will continue to be reported to the relevant Board Committees.

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## Powys Provider Services – Referral To Treatment Times

<b>Provider Access</b>												
<b>Provider RTT - Excluding Diagnostics and Therapies - Source DHCW</b>												
Powys Provider RTT - Source DHCW	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr-21	May-21	Jun-21	Jul-21	Aug-21
% of patients waiting < 26 weeks for treatment	43.3%	49.4%	55.8%	58.8%	63.2%	66.1%	71.4%	74.3%	75.9%	78.6%	80.7%	80.9%
Number of patients waiting < 26 weeks for treatment	1692	1924	2088	2202	2267	2222	2440	2581	2718	2895	3006	3089
Number of patients waiting 26-35 weeks	1158	612	176	208	256	277	289	285	311	284	265	295
Number of patients waiting 36-51 weeks	996	1193	1227	929	571	319	154	165	184	212	216	206
Number of patients waiting 52 weeks and over	64	163	251	408	492	544	536	443	370	292	237	227
Total Patients waiting 36 weeks and over	1060	1356	1478	1337	1063	863	690	608	554	504	453	433
Total Patients waiting	<b>3910</b>	<b>3892</b>	<b>3742</b>	<b>3747</b>	<b>3586</b>	<b>3362</b>	<b>3419</b>	<b>3474</b>	<b>3583</b>	<b>3683</b>	<b>3724</b>	<b>3817</b>

<b>RTT waits by specialty and band</b>	<b>Weeks wait band</b>						
Main Specialty	0 to 25 Weeks	26 to 35 Weeks	36 to 52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 weeks	Grand Total
100 - GENERAL SURGERY	411	39	15	11	17	1	<b>494</b>
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<b>Grand Total</b>	<b>3089</b>	<b>295</b>	<b>206</b>	<b>91</b>	<b>135</b>	<b>1</b>	<b>3817</b>

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## Powys Commissioned Services (English & Welsh) - Referral To Treatment Times

Welsh Providers	Aug 2021	Patients Waiting						Total Waiting
	% of Powys residents < 26 weeks for treatment (Target 95%)	0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	
Aneurin Bevan Local Health Board	56.2%	1192	186	231	179	292	41	2121
Betsi Cadwaladr University Local Health Board	42.2%	216	57	42	55	113	29	512
Cardiff & Vale University Local Health Board	52.7%	213	41	42	34	64	10	404
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<b>Totals</b>		<b>3429</b>	<b>575</b>	<b>829</b>	<b>546</b>	<b>1068</b>	<b>239</b>	<b>6686</b>

English Providers	Jul 2021	Patients Waiting						Total Waiting
	% of Powys residents < 26 weeks for treatment (Target 95%)	0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	
English Other	76.4%	133	11	11	8	10	1	174
Robert Jones & Agnes Hunt Orthopaedic & District Trust	66.3%	1592	263	277	155	106	7	2400
Shrewsbury & Telford Hospital NHS Trust	71.3%	2328	322	351	120	142	0	3263
*Wye Valley NHS Trust - <b>data from submission file</b>	71.3%	2140	290	340	108	112	10	3000
<b>Total</b>		<b>6193</b>	<b>886</b>	<b>979</b>	<b>391</b>	<b>370</b>	<b>18</b>	<b>8837</b>

## Percentage Distribution Of Patients Across RTT Waiting List

Percentage Distribution Of Patients Across RTT Waiting List								
Patients Waiting End Of August								
Powys Provider Services	0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	Total Waiting	Over 52 Wks
Powys Provider Services	80.93%	7.73%	5.40%	2.38%	3.54%	0.03%	100.00%	5.95%

Patients Waiting End Of August								
Welsh Providers	0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	Total Waiting	Over 52 Wks
Aneurin Bevan Local Health Board	56.20%	8.77%	10.89%	8.44%	13.77%	1.93%	100.00%	24.14%
Betsi Cadwaladr University Local Health Board	42.19%	11.13%	8.20%	10.74%	22.07%	5.66%	100.00%	38.48%
Cardiff & Vale University Local Health Board	52.72%	10.15%	10.40%	8.42%	15.84%	2.48%	100.00%	26.73%
Cwm Taf Morgannwg University Local Health Board	45.47%	6.95%	12.00%	9.89%	21.68%	4.00%	100.00%	35.58%
Hywel Dda Local Health Board	54.90%	8.02%	15.75%	7.59%	12.81%	0.93%	100.00%	21.33%
Swansea Bay University Local Health Board	46.43%	8.22%	13.34%	7.03%	17.84%	7.15%	100.00%	32.02%
<b>Totals</b>	<b>51.29%</b>	<b>8.60%</b>	<b>12.40%</b>	<b>8.17%</b>	<b>15.97%</b>	<b>3.57%</b>	<b>100.00%</b>	<b>27.71%</b>

Patients Waiting End Of July								
English Providers	0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	Total Waiting	Over 52 Wks
English Other	76.44%	6.32%	6.32%	4.60%	5.75%	0.57%	100.00%	10.92%
Robert Jones & Agnes Hunt Orthopaedic & District Trust	66.33%	10.96%	11.54%	6.46%	4.42%	0.29%	100.00%	11.17%
Shrewsbury & Telford Hospital NHS Trust	71.35%	9.87%	10.76%	3.68%	4.35%	0.00%	100.00%	8.03%
*Wye Valley NHS Trust - <b>data from submission file</b>	71.33%	9.67%	11.33%	3.60%	3.73%	0.33%	100.00%	7.67%
<b>Total</b>	<b>70.08%</b>	<b>10.03%</b>	<b>11.08%</b>	<b>4.42%</b>	<b>4.19%</b>	<b>0.20%</b>	<b>100.00%</b>	<b>8.82%</b>

**Agenda item: 3.1c**

<b>Delivery and Performance Committee</b>		<b>Date of Meeting: 1 November 2021</b>
<b>Subject :</b>	<b>PTHB Annual Plan 2021/22 Quarter 2 Delivery Plan Report</b>	
<b>Approved and Presented by:</b>	Director of Planning and Performance	
<b>Prepared by:</b>	Planning Manager	
<b>Other Committees and meetings considered at:</b>		

**PURPOSE:**

This report provides the Delivery & Performance Committee with an update of the progress made against the milestones and actions in the PTHB Annual Delivery Plan for the quarter 2 period (July 2021 to September 2021).

**RECOMMENDATION(S):**

The Delivery & Performance Committee is asked to NOTE and DISCUSS the content of this report.

<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	✓

**EXECUTIVE SUMMARY:**

This report provides the Board with an update of the progress made against the milestones and actions in the PTHB Delivery Plan for the quarter 2 period (July 2021 to September 2021).

As noted in previous reports, the IMTP (Integrated Medium Term Plan) was suspended in March 2020 in response to the Covid-19 Pandemic and the requirement for Quarterly Operational Plans was introduced by Welsh Government for the period 2021 – 2022.

Due to the ongoing uncertainty Welsh Government determined that it was not feasible to return immediately to the three year planning cycle and instead required that an Annual Plan was submitted for the period April 2021 to March 2022, building on the Quarterly Plans developed during 2020/1.

The Annual Plan sets out the PTHB Priorities for the year ahead, and the accompanying Delivery Plan includes the detailed objectives, milestones and timescales for delivery in order to achieve these priorities.

These plans were agreed by the Board on the 29<sup>th</sup> June 2021 and submitted to Welsh Government on the 30<sup>th</sup> June 2021.

This report provides the Board with an update of the progress made against the milestones and actions in the PTHB Annual Delivery Plan for the quarter 2 period (July 2021 to September 2021).

## DETAILED BACKGROUND AND ASSESSMENT:

### Progress Towards Quarter 2 Milestones and Actions

#### COVID Response

##### ***Covid-19 Prevention and Response Plan***

The Health Board, working with partners in Public Health Wales and Local Authorities, will deliver a robust Test, Trace, Protect (TTP) programme in 2021/22.

Action	Q2 Milestone	Progress to Date
Delivery of the Powys Prevention and Response Plan. To include: - Delivery of the local Testing Plan encompassing symptomatic testing, asymptomatic screening and antibody testing using PCR (polymerase chain reaction), Lateral Flow Devices (LFD) and new technologies. - Delivery of Contact Tracing - Provide regional co-ordination to the Powys Test, Trace and Protect service	Local Incident Management Team (IMT) arrangements escalated to respond to rising case incidence (if required)	IMT currently taking place three times a week. Reviewed on regular basis depending on prevalence rates and outbreaks. Ad hoc IMT's held in order to respond to clusters/outbreaks.
	Local governance and leadership arrangements in place and operating. To include Dyfed-Powys SCG (Strategic Coordinating Group) / RCG (Recovery Coordination Group), Powys Prevention and Response Group, Powys Incident Management Team	All groups operating.
Influence public to follow public health guidance and requirements.	Government pandemic messaging reinforced via PTHB communication channels.	Communication programme continues to be delivered, reviewed weekly through Prevention & Response SOG (Strategic Oversight Group). Key headlines of the communication programme are set out in regular exception and highlight reports.
	Reactive local communications discussed and agreed via Incident Management Team.	Communications routinely discussed at IMT. Reactive communications issues if required following discussion at IMT.
	Cases and contacts followed up in a timely way via TTP.	Timeliness of contact tracing reported weekly to P&R SOG.
Review and update relevant civil contingencies and business continuity plans in light of learning from the Covid-19 response.	Review of learning identified from Covid-19, organisational changes and any changes in national guidance, to inform revised Emergency Response Plans - Civil Contingencies Plan, Corporate Business Continuity Plan, PTHB Civil Contingencies Training and Exercise Programme.	Timetable agreed for review of plans in 2021/22.

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## Covid-19 Vaccination Programme

Delivery of the Mass Vaccination Programme to meet national milestones.

Action	Q2 Milestone	Progress to Date
Delivery of the Covid Vaccination Programme. This will encompass strategy & governance, clinical model & delivery, venues & site logistics, supply, waste & transport, booking & documentation, primary care, workforce and leaving no one behind.	Vaccination offered to all eligible adults by 31 July 2021 and agree delivery model for re-vaccination programme.	Completed ahead of deadline. Current uptake for adults age 18+ remains the highest of all Health Boards in Wales with 90.9% first dose uptake and 88.5% second dose uptake. Vaccination in place for additional cohorts announced during Q2 (16-17 year olds, 12-15 year olds). Booster programme now under way with first booster dose delivered on 18 September.

## Essential Healthcare

### Well-being, Prevention and Tackling Inequalities

Focus will be on Health Improvement and Promotion; Childhood Immunisation and Flu; Screening; Third Sector support.

Action	Q2 Milestone	Progress to Date
Implement the key components of the smoking cessation system framework, including a review of the current model of stop smoking support in Powys.	Identify where the smoking cessation service could sit and how the service could function going forwards.	Still under discussion. Progress delayed due to COVID-19 response. To continue into Q3.
Implementation of the Smoke free Premises and Vehicles (Wales) Regulations 2018, especially the requirements for non-smoking mental health units and smoke free hospital sites.	Embed the Smoke Free Premises & Vehicles (Wales) Regulations and PTHB Smoke Free Policy	Complete
Produce and deliver a pathway plan for the Powys population that secures access to weight management (WM) services across a pathway from levels 1 to 4.	Level 3 Adult Service - scope delivery of Level 3 adult service pilot	On track
	Level 2 Adult Service/s - Review need and demand, map existing services and identify gaps	On track
	Level 2 and Level 3 CYPF (Children, Young People and Families) Services - review need and demand, map existing services and identify gaps, review evidence-base, design services.	On track
Review and update actions in the Healthy	Complete recruitment of new Obesity System posts	Not due but partially complete. Potential risk to recruitment to Band 7. Successful

Weights Action Plan in the context of Healthy Weights: Healthy Wales Delivery Plan 2021/22.		recruitment to 1 Band 8a Post - start date TBC. Interviews for 1 Band 7 held in June 2021 - didn't recruit. Public Health Wales to go out to advert again. Currently out to advert for Band 3 (local Public Health team leading recruitment).
Implement immunisation plans for vaccine preventable communicable diseases including flu vaccination, Human-papillomavirus vaccination, MenACWY booster and MMR (measles, mumps, rubella) (excluding Covid-19 vaccination).	Review changes and variation in uptake of vaccine preventable communicable disease in Powys post Covid. Update Powys Vaccination Group Action Plan following review.	Paper to Delivery & Performance group in September
	2021/22 seasonal flu vaccination programme management arrangements in place.	Influenza Oversight Group meeting fortnightly.
Coordinate system working to support monitoring and delivery of Building a Healthy Wales (BaHW) funded programmes.	Establish monitoring requirements, agree and implement plan for monitoring BaHW-funded programmes in 2021/22	On track
Implementation of the Strategic Equality Plan (SEP)	Achieve the aims and objectives as stated in the SEP	Equality Annual Monitoring Report 2020-2021 approved and demonstrated steps taken to implement the SEP Objectives.

### **Primary and Community Care**

Provider essential services have been maintained, albeit with reduced physical capacity for delivery of around 30%. Face to face contact has been maintained where appropriate and with appropriate measures for social distancing and infection prevention and control, and through alternative means of delivery including digital and telephony.

Action	Q2 Milestone	Progress to Date
Commissioning of any ongoing vaccination programmes with GPs and Community Pharmacies	GP practices to complete 2nd dose programme for their agreed cohorts/groups.	Practices have completed their work on 2nd doses.
Work with the four contractor professions to stabilise service provision into the recovery phase, to reinstate contract management in line with the reset of services in line with the National Contract Reform Programme.	Specific reviews, based on national guidance and information on the scale of any primary care backlog.	National guidance and agreed data being clarified. Linked to renewal areas of Long Term Conditions and Frailty. Engagement with clusters has commenced (via leads). Further meeting in October.
	Implement any plans for backlog management in primary care.	Linked to the action above.

Expand the offer and use of digital solutions to improve timely access to care across provided services. Evaluation led by the IT function under Director of Finance (and national colleagues).	Promote the opportunities and link with national messaging on alternative methods.	PTHB Attend Anywhere webpage developed and live. Case studies provided. Develop a local patient feedback form. Promoting the benefits of Attend Anywhere will be the focus over the next few months and working with services and PAVO (Powys Association of Voluntary Organisations) volunteers to provide appointments in a community hub.
Review governance arrangements and wider strategic context of Enhanced Service delivery.	In line with any emerging national guidance and contract reform, review existing enhanced services in partnership with contractors and respective bodies such as Local Medical Committee (LMC).	Ongoing work linked to Welsh Government relaxation of Enhanced Services status and contract reform. Dialogue with LMC is in place on existing enhanced services to inform ongoing review. There may be potential need for more enhanced services to support renewal of secondary and primary care backlog.
Complete the Innovative Environments Strategic Framework to encompass the primary care estates strategy requirements.	Subject to timeline and content of the Archus study to contribute to the Innovative Environments Strategic Framework.	Review of it will be undertaken once received. Expected to be received in Q2
Publish the Pharmaceutical Needs Assessment (PNA)	Undertake consultation process and publish the Pharmaceutical Needs Assessment.	Consultation underway, findings will be published 1/10/21.
Focus on patient safety, optimising the use of medicines, promoting prevention and self-care.	Identify any specific areas/priorities & appoint an anti-microbial steward.	Work is ongoing, pending further discussion.
	Use the revised Drug and Therapeutics Group to monitor and progress.	SBAR (situation, background, assessment, recommendation) approved by Executives.
Working with contractors and clusters to further increase the number of independent prescriber community pharmacists active in Powys workforce to improve safe access.	Assess potential for additional support from medical practices for interested pharmacists.	Will assess potential once more clarity on any contract reform levers in this. Currently little or no interest from GPs to support additional independent prescribers.
Maximise the benefits of the new contract reform for dental services.	Work with contractors on restoration of core services in line with national guidance.	Assessment to be carried out pending clarification of contract conditions
	Onwards Monitor the national contract reform work to identify actions for Powys.	Contract reform commencement for General Dental Practices (GDPs) is now expected in April 2022 but will be continual dialogue with Welsh Government and GDPs accordingly.
	Seek every opportunity to increase provision of dental service provision.	Will be continual and ongoing. Recent papers to Executive Committee and also Performance & Resources Committee, as well as Community Health Council.

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Implement the Electronic Patient Record for eye care as a key enabler for moving services from hospital sites to other appropriate locations closer to local communities.	Implement e-Referral service trials	Open E Referral Service has been delayed nationally. Live trials will begin in Cardiff & Vale University Health Board in October. The system is expected to be available in Powys from April 2022.
Focus on renewal of ophthalmology provision and planning for a future wet Age-related macular degeneration service in the North of the county & solidify a sustainable model for secondary care ophthalmology.	Finalise vision and strategy for eyecare following engagement with consultant ophthalmologists and Eye Care Collaborative Group.	Vision document developed and being discussed with Wye Valley Trust clinicians on 16th July.
	Establish a North Powys MDT (multi-disciplinary team) – move away from in-reach only service	North Powys Wellbeing Transformation Funding was agreed mid May 21 on non-recurrent basis.
	Agree job description and work plans for further MDT members	Job descriptions developed and agreed for eye care nurse & optometrist
Work towards a primary care optometric system and work force that is resilient and fit for the future.	Engage with primary care to establish a network of data capture Ophthalmic & Diagnostic Treatment Centres locations which will contribute to the patient's hospital medical record.	Primary care optometry has been engaged with the development of OpenEyes. Each practitioner in the county has been requested to complete information governance training as directed by the national project. Information sharing will be challenging until the implementation of OpenEyes. Optometry contract reform and the Future Approach to Optometry Services will facilitate involvement of all practices in shared care & data capture and will provide a payment and governance mechanism for locally designed pathways.
	Work with Electronic Patient Record group to establish equipment requirements for information sharing.	Optometry practice equipment requirements have been established. Communication requirements have been established and identified as a risk to the project due to cost for Public Sector Broadband Aggregation lines required for large file transfer. Funding may be available as part of the National Eye Care Recovery Fund.
	Low Vision Service Wales (LVSW) – ensure full coverage of the county to alleviate low service uptake.	One practitioner in North Powys is now providing LVSW, covering two practices.
	Powys Pre Registration Optometrist – to bring further professionals to the area for added resilience (&Q1 2022/23). Agree placement locations and job plan & advertise post.	Uptake from primary care optometry practices was lower than expected at first request. This project is ongoing.
Review and audit the implementation of the Healthy Child Wales Programme school aged	Design, plan & implement audit tool	<ul style="list-style-type: none"> <li>Vision screening is re-commencing in schools and will be offered to the 2020-2021 and 2021-2022 eligible cohort to catch up.</li> </ul>

screening pathway recommending means to increase uptake where required.		<ul style="list-style-type: none"> <li>• Audiology screening offer is still being discussed with audiology services.</li> <li>• Child Measurement Programme has not been agreed at national level yet regarding plans for re-commencement.</li> </ul>
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### ***Unscheduled Care and Out of Hours***

The health board has an important role in supporting patient flow for Powys residents and the wider system, across multiple healthcare providers in England and Wales. The primary and community model is fundamental in supporting regional emergency care flows for residents in and out of hours.

<b>Action</b>	<b>Q2 Milestone</b>	<b>Progress to Date</b>
Discharge to Recover and Assess (D2RA): take a proactive approach to community led discharge planning, implementing a 'Home First' culture and fully implementing the range of D2RA pathways.	Deliver D2RA model and home first, supported by the implementation of 7 day therapy working (timelines elsewhere in this plan)	Model well developed and services in place. Expansion to 7 day working will be in place by November.
Review the further potential of the Virtual Wards working jointly with primary care, local authority for home based, intermediate & reablement services.	Consider the view of the Frailty and LTC (long term care) renewal priorities and align the work to the potential for Point of Care Testing (POCT).	Welsh Government funding for urgent primary care will support scoping of potential for additional POCT in both the virtual ward and Minor Injuries Units. Assistant Director of Therapies leading this work in conjunction with Life Sciences Hub Wales. This will continue into quarter 3.
	Consider a proposal for investment for the WG funding stream for an expansion of the virtual ward under Urgent Primary Care.	Further discussions relating to same day emergency care funding and the potential for expansion of virtual ward ongoing.
Deliver an effective Out of Hours (OOH) Service working in partnership with Shropdoc.	Monitoring of the current service through the OOH Monitoring Group.	Ongoing and in place with both Shropdoc and also Swansea Bay University Health Board who provide the service in Ystradgynlais.
	Develop a process to review needs for future contract in order to be ready to procure a service in the following financial year.	Work to consider specification for contract tender and process will be developed during Quarter 2 in conjunction with Director of Finance and IT.
Link with national partner health boards to consider their models of Contact First and identify any applicable models for unscheduled care access within Powys.	Engage PTHB officers/cluster leads in the national work on this and consider at all times any actions or learning for Powys to supplement messaging of DGH providers.	Engagement ongoing with national group.
Review the Joint Reablement Service and implement improvements aligned to Community Resource	Evaluation of current system.	This piece of work is ongoing.

Teams and the Glan Irfon model.		
Support operational performance in ambulance services as part of the National Collaborative Commissioning Unit and Emergency Ambulance Services Committee (EASC) commissioning intentions.	Work with WAST (Welsh Ambulance Service Trust) and also the Chief Ambulance Commissioner on options available to WAST to deliver the red performance in Powys.	Item at Board Development October 2021 regarding progression of options'

### **Planned Care**

The health board has delivered essential healthcare throughout the pandemic, albeit with approximately 30% capacity reduction to enact Infection Prevention and Control measures.

<b>Action</b>	<b>Q2 Milestone</b>	<b>Progress to Date</b>
Neurology pathways including Multiple Sclerosis across Powys	Complete transfer of neuro services from Shrewsbury and Telford Hospital (SaTH) to Wolverhampton including recruitment of MS practitioner in Powys	Recruitment underway in Quarter 2
	Scope neurological services for Powys and recommend model.	Paper presented on options, to be developed in Quarter 3
Develop and implement a 7 day model of therapy services across Powys to assist in unscheduled care flow and ward management.	Consult with staff and recruit accordingly	Consultation completed and recruitment process underway
Orthopaedics (Musculoskeletal - MSK Pathway)	Workshop MSK pathway	Workshop meetings concluded and draft pathway vision with associated workplan produced.
	Proposal for MSK pathway	MSK pathway redesign will form a workstream under the Advice, Support and Prehabilitation Renewal Priority. Workstream set up meetings scheduled to provide forum for further review and approval of pathway proposal.

### **Regional DGH and Specialist**

The health board has a role to ensure that the needs of the Powys population for hospital and specialist care is incorporated into recovery and system plans for both the continuation of essential services and the restoration of non-essential planned and elective care.

<b>Action</b>	<b>Q2 Milestone</b>	<b>Progress to Date</b>
Ensure the needs of Powys residents are	Cross reference to Enablers Performance and	Complete for Annual Plan process. Participating in silver meetings.

factored into neighbouring plans and utilise system for tracking changes and recovery planning.	Commissioning section.	
	Agree Service Level Agreements/Long Term Agreements	On track
Risk management of Shrewsbury and Telford Hospitals NHS Trust (SaTH) in relation to special measures.	Range of immediate and longer term work: - Assurance on SaTH actions to improve against special measures - Assessment of any pathway or service implications for Powys residents and ongoing mitigation of these Q1 – Q4 - Longer term work to develop services closer to home (refer to Transformation / Renewal Priorities) -Development of maternity assurance and pathways (refer to Transformation / Renewal Priorities)	Cross reference to annual plan priorities and north Powys developments. Standard operating procedure being developed re quality and safety in commissioned services to compliment the commissioning assurance framework.
Working with Welsh Health Specialised Services Committee (Joint Committee and Management Group) to implement the agreed Specialised Services Integrated Commissioning Plan	Participation in Management Group and Joint Committee. Participate in learning and improvement of Clinical Impact Assessment Group (CIAG) process.	Assistant Director Transformation & Value regularly attends Management Group. Chief Executive Officer attends Joint Committee.
	Development and appointment of specialised pathway lead role.	This action is subject to work being restored in year or within IMTP
	Restore joint work on MAIR data involving Public Health.	This action is subject to work being restored in year or within IMTP
Partnership work with PCC to implement the Section 33 agreements particularly in relation to care homes.	Strengthening assurance and identification of resource to support re-commissioning of council owned care homes	Partnership work in progress, subject to work being restored in year or within IMTP
	Review market stability	Partnership work in progress, subject to work being restored in year or within IMTP
Work with Powys County Council to prevent out of county placements for children and young people with complex needs who require safe accommodation.	Rescope opportunity and potential risk-based delivery model for Powys, including sustainable resourcing and evaluation.	In progress, revised approach being developed, developing greater clarity re staffing model and educational offer to young people, plus clarification on sustainable resourcing longer term. Work being shared with Children's Commissioner Sept 2021.
Participation in Welsh Health Specialised Services Committee (WHSSC) work to strengthen access to Tier 4 CAMHS.	National pathway redesign for children & young people needing alternatives to Tier 4.	Engagement in place between PTHB Mental Health service and National Group and via WHSSC mechanisms.
Working with the Welsh WAST and	Shropshire and Telford NEPTS contract operational	Contract with E-zec Medical Transport Services Ltd went live on 1st October 2021

commissioning groups in Wye Valley and in Shropshire, Telford & Wrekin to ensure quality and compliance in Non-Emergency Patient Transport provision (NEPT).

from October 2021.

## Renewal Priorities

### **Frailty & Community Model**

This will enable better outcomes for people through more intensive community and home based care. Renewed pathways for planned and unscheduled care for frailty will build on successful models of Home First, Discharge to Recover and Assess, Virtual Wards and support for those at risk of falls. The project initiation document has been developed and milestones will be set for Quarter 3.

### **Long Term Conditions and Well-being**

A fully integrated and scaled service to support people with long term conditions using bio-psycho-social and psycho-social approaches. Focus on psycho-social support, prevention, self-care and patient initiation.

Action	Q2 Milestone	Progress to Date
Long Term Conditions and Well-being	Funding confirmed for advanced practitioner, medicines optimisation and community engagement. Recruitment.	Engagement capacity being sought via procurement. Advanced Practitioner funding agreed for 1 year via Core Group but the recruitment has not been successful. Pharmacy optimisation recruitment has not been successful and requests for longer term funding are being made to Core Group.
	Expand services to support weight management	Service Lead identified for the MDT. The Adult (Level 3) Weight Management Service is in development and accept referrals as of the 01/10/2021. Further rounds of recruitment are being attempted.
	Tracking service improvement and agreeing adjusted actions if progress is not sufficient. Ensuring longer term phased plans have been established – with second tranche implementation priorities agreed.	On track
	Additional support provided to patients; Implementation of second tranche priorities	On track

### **Diagnostics, Ambulatory and Planned Care**

This will transform access to in-county care, including diagnostics, ambulatory/same day care and planned care and will maximise the capability for near-patient diagnostics.

Action	Q2 Milestone	Progress to Date
Diagnostics, Ambulatory and Planned Care	Implement Scheme agreed with Welsh Government to reduce Referral To Treatment (RTT) backlog; to support the National Endoscopy Programme; to improve performance against the eyecare measure; and ensure significant improvement and modernisation in Outpatient service specifically follow ups in line with National Planned Care Outpatient Strategy.	Minimal response to recruitment to theatre posts. A procurement solution is now being attempted via a mini competition using the National Framework, the Outcome of which will be known 01.10.21
	Recruitment; additional capacity/Waiting List Initiatives; agree repatriation plan/formal Service Level Agreements/Long Term Agreement arrangements reviewed; additional capacity in place to address backlog.	Minimal response to recruitment to theatre posts. Continuing attempts to secure further activity via SLAs for in-reach. A paper has been prepared for the Executive Committee on the use of enhanced payments to secure additional capacity. The procurement solution has been extended more widely than general surgery and a mini competition held under the All Wales framework. The outcome of procurement exercise will be known 01.10.21.

### **Advice, Support and Prehabilitation**

This will achieve a transformed approach to support and treatment to ensure timely and equitable access to effective services focused on improving outcomes and experience. Citizens will be offered structured advice and support including 'prehabilitation' for those who are or may otherwise be waiting for treatment.

Action	Q2 Milestone	Progress to Date
Advice, Support and Prehabilitation; Implement scheme to establish Advice, Support & Prehabilitation Service; Patient Liaison Service; Clinical Referral Guidance service (including virtual MDT).	Patient liaison and patient tracking established across pathways spanning more than one organisation; Tracking of reduced waiting list; Tacking of harm reviews; Tracked reduction of patients waiting over 52 weeks; Access to Prehabilitation.	Recruitment has not yet been successful as described above and is continuing. Organisational monitoring of 52 weeks+ (total number of patients waiting for 52 weeks and above is 2853 compared to 3500 at the beginning of the renewal portfolio, although there has been growth in the total waiting list) PID approved, programme arrangements established, including work stream for redesign of orthopaedic pathway.  Plan to develop the Investing in Your Health (IIYH) Programme, based on baseline of services already in place, expansion trajectories developed to include other

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conditions such as how to comes to terms with a new diagnosis and preparing for your operation.

## Children and Young People

An organisational and partnership approach to prioritising recovery and renewal from the pandemic for children and young people.

Action	Q2 Milestone	Progress to Date
Healthy Growth and Development - Universal access to HCWP to reduce health inequality and promote and wellbeing. To ensure early detection of physical, metabolic, developmental or growth problems through an appropriate, universal screening programme	Develop a comms strategy with PTHB & PCC targeting children and young people – wellbeing messages, signposting etc. Review national and local communications.	Need to meet with partnership colleague. Link to action 3.5.08 regarding Children, Young People and Families (CYPF) Renewal Programme communications and engagement plan.
	Deliver the Healthy Child Wales Programme (HCWP).	Compliance reports to be used as evidence. Profile of delivery and gap analysis to be completed 31.7.21
	Work with dental to provide information, increase prevention and treatment uptake.	18.6.21 contact initiated, convened with dental colleagues 16th Sept. Progress as at Q2 to be reviewed Q3 and 4: <ul style="list-style-type: none"> <li>• Design to smile - links to be established with HV to get a working plan of how to re- introduce promotion activities</li> <li>• Flying Start have historically had resources funded e.g. toothbrush kits and free flow cups. Dental to confirm whether these resources are still available</li> <li>• Design to smile - School based programme, not currently being delivered and under review. Dental colleagues to keep CYPF Renewal Prog abreast of developments.</li> <li>• Lift the lip training for Health Visitors (HV) and Nursery Nurses - dental to link with HV re outstanding training needs and review if trained staff have incorporated into practice</li> <li>• Community Dental Services accepting referrals for CYP when required.</li> </ul>
	Work with opticians to provide information, increase prevention and treatment uptake.	18.6.21 contact initiated. Q2 - Vision Screening programme in school recommencing this academic year and will include 2 school years to catch up on missed cohort from last year.
	Work with families and schools to maximise Infection prevention and control processes.	18.6.21 SN service immunisation delivery. Q2 - flu immunisation programme commences Sept 21.
	Work with third sector partners to increase awareness, provide information and increase access to health services	Q2 - PAVO membership on Women & Children's forums including Start Well and respective work streams. Link to action 3.5.08. Link directly with PAVO Children Engagement Officer.
Emotional Health and Wellbeing	CAMHS staff will participate in Dialectal Behaviour Therapy (DBT) light and	CAMHS staff have just completed two days DBT light. Another day training in October and we can start to develop a



	Regulate your Emotions training so that so that staff can develop skills to support those children and young people who are referred to CAMHS who require coping strategies to deal with difficulties with trauma self-harm and risk.	service/pathways for those CYP needing to regulate their emotions.
	Support the delivery of the Silver Cloud for Anxiety support for Children and their families and carers.	Silver Cloud Anxiety for children and families – up and running for all services working with children who may be experiencing anxiety. This is going really well.
	Expand the development of early episode psychosis team to include those children and young people up to the age of 25 have an Integrated approach to their care and treatment.	Recruited into the Team Leader post for Early Episode Psychosis service which will improve on the Integrated approach to care and treatment
Implementation of an all age Eating Disorder Service: 1. access to expert medical support (WG eating disorder review 2018) 2. to offer single family or multiple family therapy – identifying anything in a person family life that is making it difficult to change their behaviour (NICE Guidelines) 3. alternative strategies to help manage stress	Scope exiting services and new service needs	Commenced scoping for Eating Disorder provision in PTHB
	Mapping against NICE standards, Maudsley guidelines	Commenced mapping against Maudsley guidelines and NICE standards
	Link with Welsh Government Eating Disorder lead	Links established with WG ED lead.
	Analyse current base line data	Awaiting update.
	Recruitment of staff including medical staffing	Awaiting update.
Immunisation and Vaccination - Childhood Immunisation to remain one of the most effective interventions for providing protection against vaccine-preventable communicable disease.	Establish links with links with existing work stream/leads: - - PTHB Immunisation Operational Group - All Wales Heads of School Nursing - Public Health Wales rep - Anne McGowan - PTHB Immunisation Co-ordinator	<ul style="list-style-type: none"> <li>• Representation at existing work steams in place.</li> <li>• PTHB Immunisations Co-ordinator appointed fixed term contract whilst substantive on secondment.</li> </ul>
	Data - identify baseline data, new datasets and measures to demonstrate progression - Public Health Wales Immunisation Cover Reports - Localised data available re: School Nurse Nasal flu programme	<ul style="list-style-type: none"> <li>• Met with Public Health re current cover data</li> <li>• Flu action plan reviewed and updated</li> <li>• School flu programme plan being developed</li> <li>• Public Health Nursing and Childrens Nursing services team priorities plan on page – update work initiated</li> </ul>

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	Scope existing and new programme requirements - National flu programme to be enhanced 2021 – workforce/funding in discussion by Welsh Government.	<ul style="list-style-type: none"> <li>• Scope being undertaken</li> <li>• Brief for the expansion of school flu vaccination provided to Director of Public Health</li> <li>• Business case being finalised</li> </ul>
	Scope existing workforce, learn from experience in mass vaccination and identify workforce requirements and potential new ways of working.	<ul style="list-style-type: none"> <li>• Current workforce scoped</li> <li>• Staff seconded to MVC returning to substantive posts- phased July-September</li> </ul>
	Review resource and training requirements to undertake programme	Review being undertaken. Immunisation Co-ordinator to support when in post. Annual training programme in progress
Neurodevelopment (ND) Service Remodel - Timely access to the ND service for Powys' CYPF thanks to the remodel of the service ensuring compliance with NICE Guidelines, Welsh Government ND standards and the 26 week RTT waiting time target.	Data - identify baseline data, new datasets and measures to demonstrate progression. <ul style="list-style-type: none"> <li>• RTT statutory position</li> <li>• Stage End to End – review of time to complete diagnostic assessment</li> <li>• Volume and output data</li> <li>• Qualitative outcome measures</li> </ul>	In progress but anticipated complete Q3.
	Draft Project Initiation Document (PID) regarding service remodel	Draft PID inclusive of project Plan drafted. PID subject to formal approval.
	Implement PID and project plan	Project plan in progress under workstreams: <ul style="list-style-type: none"> <li>* ND Service Pathway Review;</li> <li>* WOD and Training;</li> <li>* Data collection and Reporting;</li> <li>* Communications and Engagement</li> </ul> Working group being established to enable peer Supervision and ongoing training and development, new approach to appointment scheduling being reviewed and implemented, service literature to be updated, SOP to be developed, robust links with local and national partners including the Integrated Autism Service (IAS) Powys, financial proposal approved and being managed, WOD recruitment on target, training needs analysis Q3, data collection T&F group establishing to consider statutory reporting and data collection, comms and engagement commenced with core, virtual and wider ND players.
	WOD - draft job descriptions according to SBAR outcome, job evaluation and recruitment process.	Recruitment underway according to approved funding request. Recruitment tracker monitoring progress. On track.
Increased Access to Healthcare for Looked After Children (LAC)	Data - identify baseline data, new datasets and measures to demonstrate progression: <ul style="list-style-type: none"> <li>• Data that already exists -</li> </ul>	Action complete.

	No. of LAC children and care homes. • New datasets required - TBC. • Measures - a) No. of initial and review LAC health assessments undertaken (reported quarterly), b) national standard re all LAC to be registered with a GP (reported), c) MAAP - Multi Agency Approval Panel (any child to be placed out of county) – confirm data sets/outcome measures/timeliness.	
	Progress readiness assessment for introduction of Liberty Protection Safeguarding (LPS), April 2021. Awareness raising. NB Applicable to all children but not specific to LAC.	<ul style="list-style-type: none"> <li>• LPS working group established with representation from W&amp;C</li> <li>• Raising awareness of LPS</li> </ul>
	Scope legislative requirements including review and update of the current LAC policy.	<ul style="list-style-type: none"> <li>• LAC Policy due to be updated Aug 2021</li> <li>• Check National use of TSTBF</li> </ul>
	Map out revised pathways clearly identifying lines of reporting and accountabilities	List of pathways identified as <ul style="list-style-type: none"> <li>• Dental</li> <li>• CAMHS</li> <li>• Substance misuse</li> <li>• Neuro</li> <li>• GP</li> <li>• Sexual Health</li> <li>• Ed Psychology</li> <li>• Enuresis</li> </ul>
	Service user engagement to help shape provision with robust links to the Start Well 'Voice of the Child' workstream - Cross Cutting Theme	LAC questionnaire in development and being shared with children in Care Homes. Anticipated response November 2021. Consider findings thereafter and recommendations to be presented to Safeguarding Operational Group in January 2022.
Children Receiving Complex Care and with Disabilities including Chronic Disease Management - Delivery Objectives re Complex Care and Disabilities; and Chronic Disease Management  <i>Patterson, Liz 10/25/2021 15:25:47</i>	Develop work stream project plan	In progress. Reliant on Start Well respective workstream tracker and work plan
	Maintain links with Start Well partnership 'Children with Complex Needs and Disabilities' work stream	Links being made with joint Chair (PCC Children's Services Senior Manager) of the Start Well workstream. <ul style="list-style-type: none"> <li>• Partnership CHC and panel meetings being held. PTHB to Chair and provide admin support. Current delay in progressing funding decisions, awaiting PCC senior management 'sign off'.</li> <li>• Children's youth group being developed.</li> </ul>
	Complex Care and Disabilities Data - identify baseline data, new datasets and measures to	Action complete to identify data baseline, new datasets and measures to demonstrate progression. (Treadwell audit Sept-Dec21 regarding need of special schools' children -

	<p>demonstrate progression. Please identify:</p> <ul style="list-style-type: none"> <li>• Use of communication / assessment tools that are age and developmentally appropriate</li> <li>• Scope existing data</li> <li>• Identify new datasets required</li> <li>• Audit of Special schools using ratified tool (South Coast)</li> <li>• Audit of Children with Complex Needs (CCN) service – RCN Future proofing CCN services tool</li> <li>• Together for short lives</li> <li>• All Wales ND benchmarking tool</li> <li>• All Wales CYP benchmarking tool</li> <li>• Diabetes database</li> <li>• PT passports in place</li> <li>• Named Nurse</li> <li>• Transition plans for CYP with complex physical health care</li> <li>• CHC initial and review assessments</li> <li>• Incidents and risks</li> <li>• Outcomes from panels</li> <li>• Evidence of MDT / Interagency working</li> <li>• Joint care plans</li> </ul>	<p>added to plan Aug 21. • Audits in diary profiling special schools and considering complex children. Addition Learning Needs (ALN), safeguarding and therapies to be included)</p>
<p>Patterson, Liz 10/25/2021 15:25:47</p>	<p>Chronic Disease Management Data - identify baseline data, new datasets and measures to demonstrate progression. Please identify:</p> <ul style="list-style-type: none"> <li>• Audit of CCN service – RCN Future proofing CCN services tool</li> <li>• Pt passports in place</li> <li>• Named Nurse</li> <li>• Transition plans for CYP with chronic physical health care</li> <li>• Use of appropriate transition tool – e.g. 'Ready, steady, Go'</li> <li>• Benchmark using Nice Guidance</li> <li>• Understand commissioning arrangements with Tertiary centres &amp; associated expectations of PTHB / Other HB's and English Trusts</li> </ul>	<p>As above. Action complete to identify data baseline, new datasets and measures to demonstrate progression.</p>

	<ul style="list-style-type: none"> <li>• Pts stories / how do care pathways work (do pathways work for CYP &amp; Their families)</li> <li>• Incidents and risks</li> </ul>	
Healthy Weights Care Pathway for CYPF (Obesity) - A Healthy Weights Care Pathway at Tier 2 & 3 in Powys to proactively support children, young people and their families to be enabled to manage their own health and wellbeing providing a tiered support to safely support a healthier future.	Data - identify baseline data, new datasets and measures to demonstrate progression. As defined in the Business Case and to be further explored in PID	Delayed to Q3 in accordance with the PTHB All Weight Management CYPF element of its Action Plan. Review Q3.
	Draft CYPF Project Initiation Document (PID) according to PTHB Weight Management Strategic Development Plan 2021-24	Delayed commencing to Qtr3 in accordance with the PTHB All Weight Management Action Plan and subject to approval of the CYPF HW Business Case (anticipated Oct/Nov 21)
	Implement PID and project plan	Three year PTHB all age plan to include the following approach for CYPF 2021-24: Year 1 - Planning Year 2 - CYPF Healthy Weights Pathway pilot Planning to as at Q2 including establishment of project board, mapping and gapping of current provision, initial business case draft complete, Level 2 and Level 3 workshops (Sept 21) to further inform CYPF business case. Year 3 - Operational Delivery

### ***Tackling the Big Four***

The purpose of the cancer transformation programme is to improve the quality of services and outcomes for the people of Powys. Focusing on the different needs of children and adults, it will apply a whole system value-based approach to improve cancer pathways.

Improved mental health outcomes for the children and adults of Powys will be achieved by using evidence-based approaches to reduce inappropriate variation, improve outcomes and ensure value across the whole system for people using services, families and carers.

The Breathe Well Programme will transform the wellbeing, primary and community service model within a whole system approach, improve respiratory clinical outcomes, symptom management and patient experience, and improve outcomes for children and young people, through the implementation of the national model for the management of asthma.

The Circulatory Programme will work to improve outcomes in relation to cardiac conditions, diabetes and stroke by differentiating on the needs of adults and children. The programme will work with patients and clinicians to ensure evidence based transformative activities to reduce inappropriate variation, improve outcomes and ensure value across the whole system

Action	Q2 Milestone	Progress to Date
Tackling the Big Four - Delivery of Breathe Well Programme including options for outpatient activity; North West & Mid Powys MDT pilot evaluation; sleep clinics; drive through spirometry evaluation and medium term solutions, prehabilitation, engagement and links with RHIG National programme.	Complete recruitment, establish MDT arrangements, spirometry pilot evaluation and finalise longer term spirometry plans	Amber due to: <ul style="list-style-type: none"> <li>recruitment to MDT posts underway, some successfully appointed to, interviews scheduled for others, no applications for Occupational Therapy post (alternative plans being discussed).</li> <li>spirometry pilot evaluation being finalised as delivery of clinics was extended and analysis of data has taken longer than anticipated. Permanent Admin post appointed to support capacity.</li> </ul> Following discussion with North & Mid Clusters, longer term spirometry plans finalised for discussion with Spirometry Task & Finish Group on 1 Oct (discussing with South Cluster in November due to availability but clinics can commence at PTHB sites in the interim in South Powys).
Tackling the Big Four - Redesign Cancer Programme incorporating WG Quality Statement, Optimal Pathways, Improving Cancer Journey & Single Cancer Pathway.	Transformation & Improvement Team in place, Information gathering underway, pathway tracking mechanism decided; development Vague Symptom pathway	Clinical Lead appointed and in place (Transformation Programme Manager in place from 01.10.21 and all Wales Cancer Network funded Optimal Pathway Lead for Powys also now in place). There has been a delay completing recruitment processes and revised timetable of completion by Q4 is needed. The harm review process will be particularly complex in the Powys context given most secondary and tertiary healthcare is provided beyond the border involving 15+ organisation and medical records are not held locally. There have been some improvements to the cancer information secured in relation to the SCJ in relation to Welsh providers, however there needs to be work with DCHW and NHS Digital in England to ensure a complete picture for the PTHB responsible population. Liaison through the cancer network has identified key contacts for the Vague Symptom Pathway which will be a priority of the Transformation Programme Manager and Clinical Lead.
Tackling the Big Four - Delivery of Circulatory Programme	Complete circulatory gap analysis reflecting the new cardiac quality statement(s). Recommendations to feed into Phase 2 Renewal Portfolio Board including the resourcing plan. Ensure a focus on outcomes in relation to diabetes and compliance with essential care processes. Community cardiology information gathering	Support from National Clinical Lead has been secured. Programme support arrangements were diverted to support the overall portfolio. Revised support arrangements were agreed late in Q1.



Tackling the Big Four - Refresh Powys Hearts and Minds: Together for Mental Health (T4MH) Strategy including targeted pathway development	Stakeholder engagement on new T4MH Powys Strategy, completion of final draft.	The final draft iteration of delivery plan for the T4MH strategy was considered at the Sept Live Well MH Partnership meeting. It was reviewed through a workshop which has supplemented the version with additional comments.
Tackling the Big Four - Roll out of Silver Cloud Online CBT Service	Completion of evaluation of 2020-21 WG funded scheme and options appraisal for post Dec 21.	Completed
Tackling the Big Four	Service improvement projects funded by Welsh Government investment	Submitted and approved by WG in Q1
Tackling the Big Four - Crisis Care	Recruitment and training of staff and completion of Policy and Procedures	Licensing issues have delayed installation of Adastra software. Further funding conversations required with WG re expansion to 24/7 service, both of which impacts recruitment programme.
Tackling the Big Four - Eating Disorders	Recruitment to medical sessions to support the service	Job descriptions have been developed Awaiting approval from MD to progress to advertisement as a combined post for a GP specialist in MH.
Tackling the Big Four - Perinatal Mental Health	Recruitment to role of Perinatal Mental Health Midwife.	Job description being developed
Tackling the Big Four - Specialist CAMHS	Recruitment to 2 x FTE band 5 development posts that will lead to substantive band 6 Practitioner roles following satisfactory development, learning and performance of the post holder within 2 years.	In recruitment phase

## Renewal

Action	Q2 Milestone	Progress to Date
Ensure that renewal is focused on improving outcomes by doing what matters and what works through embedding the use of value based health care (VBHC)	Wrap around value based health care support for exemplar pathways within the renewal programme. Work with all Wales bodies to improve access to outcome information	Recruitment to VBHC Optimisation Pharmacist, Advanced Information Analyst and Costing Accountant posts underway, limited interest due to short term funding for posts. Execs approved the VBHC approach and Strategy and Direction - 22.07.2021 VBHC Programme Board established - first meeting 05.10.2021 The exemplar pathways that will be supported have been identified and the support arrangements for other programme boards and work streams agreed.
Ensure understanding and focus on the scale and pace of renewal needed, including addressing inequalities	Portfolio Board ensuring sufficient progress on Phase 1 & forward planning	The RSPB and Core Group are meeting regularly. PIDs for all programmes have been approved. All Programme Boards have either been established or the dates booked [check



dates of Frailty as supported through North Powys Wellbeing Programme arrangements. As reported to the RSPB progress has been affected by either not being able to appoint to some posts or staff not being released (even after notice served) due to other priorities within the organisation.

## Workforce Futures

### Well-being offer for staff

*This is a key priority in 2021, with targeted action in response to the New Ways of Working evaluation*

Action	Q2 Milestone	Progress to Date
Introduce a structured, planned approach to the delivery of wellbeing support that is well governed and based on data and evidence.	Develop and implement high-level plan for staff wellbeing and refresh the Wellbeing at Work Group.	High level plan presented and discussed at the Executive Team on the 22nd September 2021 and further discussion is to be arranged with the Executive team. A staff survey on agile working and wellbeing has been undertaken (525 responses) and is currently being analysed.
	Develop the detailed action plan with the Wellbeing at Work Group and associated investment plan	Draft action plan included with outline approach presented and discussed at the Executive Team on the 22nd September 2021 and further discussion is to be arranged with the Executive team.
Put in place measures to support staff recovery, including emerging post-traumatic stress, exhaustion and episodes of long Covid.	Ensure referrals and ongoing discussions with managers take place in line with the managing attendance at work policy.	On-going: Support to manage long term absence continues to be provided to Managers where required. The Workforce & OD team will continue to signpost to Occupational Health where appropriate to do so.
Roll out the Respect and Resolution Policy and Approach to Healthier Working Relationships.	HR Business Partners/Advisors to begin to deliver awareness sessions to all staff and record on ESR (Electronic Staff Record)	On-going: Awareness session delivered to Board 150 staff have attended awareness sessions with more sessions planned, including local delivery through team meetings.
	Train Resolution Champions & create Resolution Facilitation Network	On-going: 14 Facilitators trained in the new approach. Ongoing national conversations are still taking place in relation to network facilitators.
Compliance with sickness absence, and all Wales targets for development: PADR (Personal Appraisal and Development Review) and Mandatory Training has suffered due to Covid. Work is in place to steadily return to pre Covid performance levels during Q1/2.	Monitor PADR & training compliance and flag areas of concern to the Directors & Assistant Directors	On-going: Workforce and OD team continue to monitor PADR compliance and escalate issues to Senior Managers. This is regularly reviewed by the Executive Team and Performance & Resources Committee and Delivery & Performance Group.

### **Collaboration and partnership working**

Further progress will be made through collaboration and partnership working through the Workforce Futures Strategic Framework and social partnership with trade Unions.

<b>Action</b>	<b>Q2 Milestone</b>	<b>Progress to Date</b>
Rebuild the role of Chat2Change and the Well-being at work group.	Engagement and development work	C2C meeting held to discuss the role of the group under the Healthier Working Relationships approach. The Group agreed that they would hold the role of Resolution Champions when training is rolled out. Further work to be undertaken with the group when the approach to developing Excellence in Leadership and Excellence in Team Environments is confirmed.
Further implement the Welsh Language Standards.	In line with the Welsh Language Action plan	Progress made throughout 2020-2021 to implement the Welsh Language Standards has been included in the Welsh Language Annual Monitoring Report which is published on the website. Actions have been identified for 2021-2022 in the annual work plan and meetings have been scheduled for the half year review with service leads to provide an update on progress made within their service area to ensure that they remain compliant and address any gaps in compliance. 2 additional members of staff have been recruited to the Welsh Language and Equality Team to support the implementation of the standards. A Translator and a Welsh Language and Equality Officer will take up post in October 2021.

### **Agile working and new ways of working**

The agile working framework will be updated to understand how we can work differently along with digital solutions to support agile working and to prioritise space utilisation & embed new ways of working.

<b>Action</b>	<b>Q2 Milestone</b>	<b>Progress to Date</b>
Update the agile working framework to understand how we can work differently along with digital solutions to support agile working and to prioritise space utilisation.	Hold a series of staff focus groups to assist in shaping the framework.	Agile and Wellbeing staff survey undertaken to understand staff feedback on the approach to agile working and the impact on their productivity and wellbeing (525 respondents). 80+ staff have volunteered to form part of focus groups following the survey to enable greater feedback on the results. These to be arranged in Quarter 3 once survey analysis completed.
	Review and update current Agile policy.	Draft developed and to be subject to consultation in Quarter 3.
Embed new ways of working, and consider the changing needs of our staff including how we deliver sustainable supportive home working arrangements.	Review existing agile home working related policies, terms and conditions and frameworks engaging in national discussions to review barriers in enabling agile home working	This work is delayed as still awaiting the development of national guidance and frameworks to inform the development of local approach. Assistant Director OD on both Wales and UK working groups.
	Develop a set of principles	Meeting etiquette principles developed and

	and approach / tools for manager to use to enable/ support agile working in line with policy	included in the draft policy. This work delayed due to still awaiting conclusion of national guidance and frameworks.
	Support the Estates department in developing an accommodation / space utilisation plan.	Area of ongoing work
	Ensure recruitment offers and JDs reflect our Agile approach.	This work will be embedded in future recruitment activity following the development of national guidance and frameworks and local implementation.

## Workforce Planning

Workforce planning and mobilisation will be shaped by organisational priorities and modelling scenarios. Whilst recruitment has been positive it is an area of increasing challenge particularly in the areas of medical staffing, registered nursing, Health Care Support Workers and clinical support roles such as sonographers.

Action	Q2 Milestone	Progress to Date
Renew skill mix and establishment requirements to identify opportunities to maximise top of license working, multi-disciplinary teams and the introduction of new roles. This includes significant additional requirements for Covid-19 Prevention and Response.	Provide support to services in the delivery of recovery plans with a particular focus on support in relation to role development and recruitment.	On-going: Resourcing Manager currently engaged in overseeing the recruitment to recovery roles.
	In partnership with clinical directorates, review the Advanced Practice Framework and support services to identify and develop Advanced Practitioner Roles within services as required.	Early discussions have taken place with the Clinical Directorates.
Maximise opportunities to widen access to roles within Powys, including reviewing our apprenticeship and volunteer programmes and launch the kickstart programme.	Launch the first cohort of the Kickstart programme, across business and admin and support services	First Cohort of Kickstart programme launched and Project Manager appointed to lead the programme.
	Through the Arwain project deliver work ready modules to a range of groups	2 cohorts have been delivered with 5 participants to support application for Apprenticeship roles

## Health and Care Academy

This will be an exemplar provider of rural, professional and clinical health and care education.

Action	Q2 Milestone	Progress to Date
A recognisable 'brand' and offer from the Academy.	Scope the offer for the academy	Brand development options being considered in Q2
A well-established partnership approach to working with a wide	Work closely with DWP to roll out the Kick start programme & PAVO and	The proposal for the School of Volunteers and Carers has been shared at workforce programme board.

range of provider organisations, with effective governance.	CREDU to develop the school of volunteers and carers.	Work is currently being undertaken with CREDU to focus on young carers.
	Review WF Futures governance to ensure fit for purpose and meets legal requirements	Membership of the programme board reviewed. Reporting templates reviewed and agreed via Programme Board.

## Digital First

### Digital Care

Acceleration of digital methods of service delivery provide a platform for development in 2021, with further rollout of Attend Anywhere and Consultant Connect, research and development for Application Programming and Interfaces, Chat bot development and Virtual Reality.

Action	Q2 Milestone	Progress to Date
Use consultancy to develop use of SharePoint/Teams for easier access to files/documents.	Discovery work and migration mapping	On Track - Consultant provided with device and access to initiate the mapping work

## Digital Access

A huge acceleration in agile working was supported in 2020 and progresses into 2021, enabling new ways of working to be embedded to support sustainable delivery of care.

Action	Q2 Milestone	Progress to Date
Develop Telehealth/Telecare offering for health & social care	Research and Development towards the offering in partnership with the North Powys Programme	On track
Diagnostics results available in Welsh Results Reporting Service (WRRS)	Business Case completed with DHCW, awaiting approval to commence work	On track
Patient referrals to English NHS hospitals stored in Welsh Patient Referral Service (WPRS)	Business Case completed with DHCW, awaiting approval to commence work	On track
Discharges letters from English hospitals back to Wales, to be added to WCRS	Business Case completed with DHCW, awaiting approval to commence work	On track
Outpatient clinic letters from English hospitals back to Wales, to be added to WCRS	Business Case completed with DHCW, awaiting approval to commence work	On track
Images from English hospitals, to be stored in the Welsh Imaging Archive Service (WIAS)	Business Case completed with DHCW, awaiting approval to commence work	On track
The Welsh GP record to be available to NHS clinicians in England, treating Welsh patients	Business Case completed with DHCW, awaiting approval to commence work	On track

WNCR Implementation	Implementation and Roll Out	On Track - Roll out has begun with 2 X Go Lives i.e. Brecon and Llandrindod
Eye Digitalisation Programme Delivery	Implementation	On Track - H/W and S/W procured

### **Digital Infrastructure & Intelligence**

The acceleration of digital usage introduces challenges and opportunities for infrastructure.

<b>Action</b>	<b>Q2 Milestone</b>	<b>Progress to Date</b>
Telephony review - development of business case	Options appraisal and draft Business Case to be completed	On Track - Draft options appraisal complete
Secure and managed print solution - development of business case	Options appraisal and draft Business Case to be completed	On Track - With dependency on numbers of staff returning to the office and the frequency
Digitisation of Health Records review - options and business case	Review commenced to inform recommendations	On track
OFWCMS Once for Wales Concerns Management System - RLDatix	Delay with system functionality and testing – go live pushed back to Q2 in line with national programme.	Complete - Phase 1 complete and initiating Phase 2.

### **Innovative Environments**

#### **Innovative Environments Strategic Framework**

Action	Q2 Milestone	Progress to Date
Development of the Innovative Environments Strategic Framework, incorporating learning from COVID-19 and anticipating outcomes from initiatives such as the implementation of agile working, and describing how innovative environments support recovery through a holistic integrated model of care.	Develop Innovative Environments Strategic Framework to outline the way in which services are delivered incorporating learning from COVID-19 and anticipating outcomes from initiatives such as agile working, etc.	Delivery in line with agreed plan and project timelines

### **Capital Developments and Pipeline**

The Discretionary Capital Programme in 2021/2022 will support IT and equipment and 25+ projects to enhance clinical space and compliance

Action	Q2 Milestone	Progress to Date
Deliver the Discretionary Capital Programme to support IT and equipment purchases and over 25 projects across Powys to enhance clinical space and improve estates compliance.	Multiple project delivery to time and cost. Recruitment for additional Capital team posts.	On-going

### **Deliver the Major Capital Programme**

Major Capital Programme activity will include the Machynlleth Well-being Project, Bronllys Health and Care Academy, Brecon Car Park, North Powys Well-being Programme and Llandrindod Wells Hospital.

Action	Q2 Milestone	Progress to Date
Machynlleth Well-being Project	Commence construction on site with a 77-week programme.	Work commenced/Monthly reporting to project board and Welsh Government underway - currently on track
Ligature Minimisation Project	Commence phase 2 projects on pan-Powys locations.	Work commenced/Monthly reporting to project board and Welsh Government underway - currently on track
Bronllys Health and Care Academy	Complete, commission and handover to client department to develop operational readiness arrangements. Progress bids for phase 2, to include external works and potential refurbishment of existing	Handover complete with minor snagging issues to conclude prior to 'go live'. Bids submitted awaiting outcome

	bungalow as practical learning space.	
Brecon Car Park	Progress discussions with Welsh Government to seek funding approval. Convene Project Board and put in place project governance arrangements.	Discussed at Capital Resource Meeting 17/09/21 decision awaited. Project board and governance agreements in place.
North Powys Well-being Programme	Appoint business case writer. Draft Strategic Outline Cases for Infrastructure and for Health, Care and Assisted Living. Progress site survey investigation activity. Progress site feasibility study for site construction arrangements and site masterplan	Business case writers appointed Strategic Outline Case work accelerated. Site Masterplan initial draft. Timescales remain challenging. Extraordinary meetings planned to accommodate approval process in December
Llandrindod Wells Hospital	Seek Welsh Government endorsement of PBC. Initiate development of Business Justification Case 1 for infrastructure activity.	Phase 2 Scrutiny Grid submitted to Welsh Government (06/08/21), awaiting decision

### **Research & Development**

The Research, Innovation & Improvement Coordination Hub will provide facilitation,

<b>Action</b>	<b>Q2 Milestone</b>	<b>Progress to Date</b>
Develop the Research, Innovation & Improvement Coordination (RIIC) Hub will provide facilitation, governance and measurement of improvement for innovation and research.	Business Support Manager recruited.	Candidate has been offered the RIIC Hub Business Support Manager role (internal secondment to 31/03/22) and awaiting response. Despite an unsuccessful recruitment to the RIIC Hub Data Project Manager role, it has been agreed to transfer the funds to the Digital team which will provide the personnel/skills sets required from within that team.
	Ongoing support for many of the quality improvement projects in PTHB Annual plan.	Ongoing support provided for the Q1 work, and also for the innovation, evaluation and research work in the PTHB annual plan, the Clinical Effectiveness and Quality Improvement strategy and across the Regional Partnership Board.

governance and measurement of improvement for innovation and research.

### **Estates and Facilities**

The health board has secured over £2.2M of funding in 2021/22 to enhance fire compartmentation, estate infrastructure and decarbonisation.

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Action	Q2 Milestone	Progress to Date
Drive down Backlog Maintenance across the built-estate.	Produce plan for Helpdesk refresh with suitable stakeholder engagement. Develop proposed work team structure based on risk / PPM & Helpdesk activity levels.	Estates Staff have prioritised and addressed a large number of the back-log items based on Risk, PPM and Helpdesk pressures. Historical jobs have been assessed and duplicates removed to increase accuracy of figures. Total reactive job reduced by approx. one third.
Enhance fire compartmentation, estate infrastructure and decarbonisation.	Progress design work and procurement processes.	Consultants appointed and design underway - some schemes currently being tendered - all works on track.
Delivery of the Support Services programme	Achieve milestones for quarters 1 to 4.	Detailed Directorate Plan in place

### **Green Health and Decarbonisation**

The PTHB Environment and Decarbonisation Framework responds to the critical need to tackle climate change, carbon emissions, and biodiversity loss, aligned to the NHS Wales Decarbonisation Strategic Delivery Plan and Environment (Wales) Act 2016.

Action	Q2 Milestone	Progress to Date
Deliver PTHB Environment and Decarbonisation Framework, aligned to the recommendations in the NHS Wales Decarbonisation Strategic Delivery Plan.	Develop PTHB decarbonisation delivery plan objectives for approval.	Draft decarbonisation delivery plan developed and presented to Innovative Environments Group and Executive Committee. PTHB Board approved a Climate Change priority at its meeting held on 29 September 2021
Maintain the organisation's ISO14001 certification.	Close out action items from surveillance visit. Develop plan for Q4 'full visit'.	All actions addressed and recorded in ISO 14001 Corrective Action Log. Plan for Q4 visit developed by Environment and Sustainability Manager

### **Transforming in Partnership**

#### **Delivery of Regional Partnership Programmes**

The Powys Regional Partnership Board has a key role in longer term recovery and priorities, shaped around the shared Health and Care Strategy 'A Healthy Caring Powys'.

Action	Q2 Milestone	Progress to Date
Delivery of Regional Partnership Programmes - The North Powys Well-being Programme:	Service Scoping – High level demand, capacity & financial modelling. Development of service specifications for health, care & supported living.	Modelling work reconvened in Q2. Initial draft of Service specifications in place.
	Strategic outline case – Sovereign bodies approve health, care & supported	Strategic Outline Case work accelerated and will continue into Q3. Timescales remain challenging. Extraordinary meetings

	living and infrastructure business cases. WG Gateway Review.	planned to accommodate approval process in December. Welsh Government review resulted in amber rating.
	All projects operational – Recruitment in place by June 21. Early learning shared by case studies. Integrated community model approved.	Majority of projects progressing well. Amber status due to capacity/recruitment issues. Case studies sourced.
Delivery of Regional Partnership Programmes - Delivery of the Regional Partnership Board programme (2021/22 Actions driving the longer term Health and Care Strategy A Healthy Caring Powys)	Delivery of Start Well Programme	Start Well established, sub group structure revised and joint chairing arrangements established, agenda revised to reflect core deliverables.
	Delivery of Live Well Programme	September 2021 Live Well Partnership Board stood down due to operational pressures in Powys County Council. Next scheduled meeting October 2021.
	Delivery of Age Well Programme	Director of Primary Care Mental Health and Community Services is of chair of Age Well group under Reginal Partnership Board. Attendees from PTHB include Assistant Director for Community Services Group and also more recently Deputy Director of Nursing. Work will be directed by regional partnership board (RPB) and PTHB officers will need to deliver (or support delivery) accordingly.
	Delivery of Public Service Board Plan and Key Priorities	Regular reporting in place to Public Service Board and via Partnership Committee reports to PTHB Board
	Delivery of Mid Wales Joint Committee for Health & Care Plan and Key Priorities	Regular reporting in place to MWJC and via Partnership Committee reports to PTHB Board.
Delivery of Regional Partnership Programmes - Joint co-ordination of population and well-being assessments – Integrated Assessment Task Group established to progress work across three linked assessments	RPB Population Assessment	Agreement between agencies to co-ordinate population assessments as one exercise; key challenge being the capacity to deliver information / data requirements across partners but remains on track for March 2022; DPH due to report in Q4 through Committee and onto Board on progress and draft findings.

### ***Delivery of Communication and Engagement Programme***

The COVID-19 vaccination and Test Trace and Protect programmes remain areas of significant priority and resource; communication and engagement is also being built into the renewal programme as the plan develops and evolves.

<b>Action</b>	<b>Q2 Milestone</b>	<b>Progress to Date</b>
Delivery of Communication and Engagement Programme	Continuous engagement: refresh & renew face-to-face engagement.	Programme/Issue-led engagement is beginning to resume (e.g. Pharmaceutical Needs Assessment, Knighton Hospital) as well as support for engagement on commissioned services (e.g. Hywel Dda, NHH radiotherapy outreach). AD (engagement and communication) on

		secondment until end March 2022 to Vaccination/TTP and recruitment under way for interim role.
	Continuous engagement: On-board teams and projects across the Health Board to Engagement HQ	Pharmaceutical Needs Assessment has been established on Engagement HQ; further work needed to confirm engagement capacity & resource to on-board other teams.
	Conclude website transition and associated benefits realisation, ensuring compliance with Welsh Language and accessibility requirements: Recruit Digital Communication Officer	Digital Communication Officer in post

## Delivery of Planning requirements

Delivery against the plan is overseen internally by PTHB Board and Committees of the Board, informed by Directorate reporting against plan and key performance indicators.

This is supported by a 'golden thread' which ensures that individual and team performance objectives are clearly linked to the organisation's strategic objectives and milestones can be identified and tracked.

Action	Q2 Milestone	Progress to Date
Delivery of Planning requirements	Collation, Assessment and interpretation of policy, legislative requirements, NHS Wales requirements and feedback throughout the year and preparation of planning responses and returns	Completed as part of Annual Plan process; Draft Planning Framework developed October 2021 in readiness for IMTP development
	Assessment of performance position, strategic risk, strategy and priority setting, evidence base tracking and processing directorate returns as part of plan development and review	Completed as part of Annual Plan process, Draft Planning Framework developed October 2021 in readiness for IMTP development.
	Preparation and delivery of reports / presentations as part of plan development including PTHB Board, Committee and Executive cycle, partnership forums, staff side and Community Health Council	Completed as part of Annual Plan process, report on IMTP Approach developed October 2021 as part of Executive / Committee / Board reporting cycle.
	Planning input to key corporate developments including Investment Benefits Group; Environment and Sustainability Group; Risk and Assurance Group. Renewal Portfolio and North Powys	Ongoing, on track.
	Preparation and delivery of supporting material for JET	Completed for June 2021 Session.

	sessions working with AD Commissioning.	
	Quarterly Update of Minimum Data Set.	June 2021 Submission completed, Q2 Update to be included in Q2 Performance Overview / Progress Report.
	Quarterly reporting on PTHB Annual Plan 2021-22.	Q1 Report completed July 2021; Q2 Report submission on track to Delivery & Performance Group; Delivery & Performance Committee and Board.
	Regular review and assessment of emerging plan developments.	Joint Directors of Planning and Assistant Directors of Planning session held 1 October 2021 and follow up alignment meetings / Assistant Directors of Planning mechanisms in place.
	Intelligence sharing and collaboration via Directors of Planning and Assistant Directors of Planning peer networks.	Joint Directors of Planning and Assistant Directors of Planning session held 1 October 2021 and follow up alignment meetings / Assistant Directors of Planning mechanisms in place
	Commence Winter / Seasonal planning with local/ regional / national partners.	Strategic Framework presented to PTHB Board September 2021; Delivery Plan development October 2021.
	Delivery of associated corporate planning support including module within Managers Training Programme and development of further mechanism(s) where capacity allows.	Managers Training Module being refreshed in line with Annual Plan and delivery commenced
	Support for corporate requirements as appropriate including evidence submissions.	Support provided to Renewal submissions in Q1, support provided to System Resilience planning Q2.
	Participation in NHS Confederation Policy Sub Group.	Participation via Assistant Directors of Planning in place.
	Increasingly recover partnership planning co-ordination and intelligence sharing mechanism(s).	Participation in Assistant Directors of Planning including facilitated development session; ADoPs channel increasingly providing sharing mechanism to support regional / national working, Board Development session held September 2021 and partnership report to Executive / Committee October 2021 including updated strategic change map.
	Support candidates within team and wider Directorate on NHS Wales Planning Diploma.	Supported recruitment process for 2021 cohort in Q1, two new students now commenced course, in addition to two existing members on previous cohorts.

### **Delivery of Commissioning and Performance Requirements**

The health board has a role to ensure that the needs of the Powys population for hospital and specialist care is incorporated into recovery and system plans for both the continuation of essential services and the restoration of non-essential planned and elective care.

Action	Q2 Milestone	Progress to Date
Delivery of Commissioning and Performance Requirements	Audit information relating to Provider performance to prioritise risks within internal CAF.	Gaps in provider performance data reporting have been identified re Cancer patient activity relating to commissioned providers (Wales). It is understood that the Health Board is prioritising this data issue to resolve (8/07/2021).
	Refresh of the Improving Performance Framework and Integrated Performance Reporting.	Deputy Director of Performance and Commissioning now in post and taking forward this work into Q3.

## Finance

The 2021/22 Financial Plan is designed to meet the Annual Plan priorities and to support Powys residents having ongoing access to good quality health services that meet their needs whilst achieving the target of containing expenditure to within the resources available.

Action	Q2 Milestone	Progress to Date
Delivery of Financial Strategy and Plan	Delivery, monitoring and reporting of Financial Strategy and Financial Plan in line with accountability requirements and Finance Delivery Unit of Welsh Government	Finance Department continues to report as required to Welsh Government and the Board to ensure there is a clear understanding on the financial position of PTHB.

## Annual Governance Programme

The Annual Governance Programme is updated annually to reflect the priorities for delivery and is closely aligned to the Board's Organisational Development Framework and the Board's Development Plan.

### ***Ensure Clarity of Purpose, Roles and Responsibilities***

Action	Q2 Milestone	Progress to Date
Ensure that key supporting documents of the Board's governance framework are fit for purpose at all levels, i.e. Standing Orders, Standing Financial Instructions, Scheme of Delegation and Reservation of Powers.	Adopt amendments to Standing Orders, as per nationally-led work	Complete - approved by Board 28th July
	Review the Board's Scheme of Delegation and Reservation of Powers to ensure it reflects Executive Director portfolios and Board Committee arrangements for 2021/22	To be considered by Board in November
	Board Scheme of Delegation and Reservation of Powers presented to Board for approval in September 2021/22	To be considered by Board in November
Establish a Deployment and Accountability	Organisational Structures to be confirmed via	On track

Framework to enable appropriate decision making at all levels of the organisation, along with strengthened internal control.	Organisational Realignment Working Group	
	Levels of accountability, authority and autonomy to be confirmed and aligned to organisational policies and frameworks	On track
	Directorate Deployment and Accountability Frameworks to be developed, aligned to the Board's Scheme of Delegation and Reservation of Powers	On track
Develop a Partnership Governance Framework to support achievement of the Board's objectives, where the involvement of our key partners is critical.	Identify all existing partnerships and collaborations to inform development of a Framework	Overview of partnership governance arrangements to be considered at Board in September 2021 and the newly established Performance, Planning and Population Health Committee in October 2021
	Mapping of these partnerships and collaborations against existing and proposed governance arrangements to ensure appropriate and robust information flows for monitoring and assurance purposes	
Further strengthen mechanisms for recording and reporting gifts, hospitality and sponsorship.	Embed Standards of Behaviour Policy in a targeted phased approach, including communication, training and reporting to Audit, Risk & Assurance Committee H17	On track
	Fully implement an electronic system to support recording and reporting of declarations	On track

### **Ensure Board Effectiveness**

Action	Q2 Milestone	Progress to Date
Fully establish the Board's Advisory Structure, i.e. the Healthcare Professionals' Forum (HPF) and the Stakeholder Reference Group (SRG)	Review Terms of Reference and membership of the Stakeholder Reference Group	Re-prioritised to Q4
	Meeting of the SRG to be held	Re-prioritised to Q4
	Appoint Chair of the SRG as an Associate Member of the Board	Re-prioritised to Q4
	Review current engagement mechanisms with professionals to inform approach to HPF	Re-prioritised to Q4
	Terms of Reference and	Re-prioritised to Q4

	Membership of HPF to be developed	
	Inaugural meeting of HPF to be held	Re-prioritised to Q4
	Appoint Chair of the HPF as an Associate Member of the Board	Re-prioritised to Q4
Ensure openness and transparency in the conduct of board and committee business	Review effectiveness of live streaming board meetings	On track
	Consider accessibility of those committee meetings required to be held in public	On track
	Ensure meeting agendas, papers and summary notes are published in a timely manner	On track
Further improve the quality of information to the Board and its Committees	Board & Committee report templates to be reviewed to ensure assurance reports are distinguished from reports for management	On track
	Report Writing and Presentation Masterclasses to be held for senior management team, via the Management Development Programme	On track
Implement an annual development programme for board members, focussing on awareness sessions as well as training and learning to support the development of individual roles and the board as a cohesive team	Board review of effectiveness to be undertaken in April 2021	Board review of effectiveness undertaken in Board Development session in April 2021, for period 2020-21. Period 2021-22 to be undertaken March 2022.
	Implement a programme of development and a programme of briefings for 2021/22	On track
	Ongoing implementation of an Executive Director Development Programme	On track
	Design and implement training and development for Independent Members	On track
Ensure a programme of comprehensive recruitment and induction for Independent Board Member appointments, where required	Work with Public Bodies Unit to prepare and deliver recruitment campaigns for vacancies	On track and ongoing
	Implement an Induction Programme for Board Member appointments when required	On track
Develop and implement a programme of board member visits around the County to promote visibility, openness and engagement	Design and implement a schedule of visits to a range of clinical and non-clinical services and county-wide health board sites	On track
Review and implement arrangements for the	Policy Management Framework to be reviewed,	Re-prioritised to Q4



development, review, approval and publication of policies delegated by the Board	confirming policy approval routes	
	Policies section of intranet/internet to be refreshed	Re-prioritised to Q4
	Policy toolkit to be rolled out with awareness raising	Re-prioritised to Q4
Review Board Champion Roles, ensuring clarity on purpose and responsibility.	Review delegation of Champion roles to Board Members	Board Champions roles in the organisation are currently under consideration with three vacant roles. The outcome of the review will be reported to a future meeting of the Board.
	Adopt role specifications for Champion roles	Board Champions roles in the organisation are currently under consideration with three vacant roles. The outcome of the review will be reported to a future meeting of the Board.
	Establish reporting arrangements for Champions to Board	Board Champions roles in the organisation are currently under consideration with three vacant roles. The outcome of the review will be reported to a future meeting of the Board.

### ***Embed an Effective System of Risk and Assurance***

<b>Action</b>	<b>Q2 Milestone</b>	<b>Progress to Date</b>
Ensure that the Risk Management Framework is fit for purpose and supports the organisation to navigate risk management processes in a simplified manner	Undertake an Annual Review of Risk Management Framework, ensuring alignment with the Board's Assurance Framework Principles	Re-prioritised to Q3
	Risk Management Framework to be updated to reflect Risk Appetite Statement	Re-prioritised to Q3
	Establish Committee Risk Registers	On track
Promote a Risk Management Toolkit to support staff in the identification, recording and management of risk	Publish a Toolkit including the process for escalation and de-escalation, examples of best practice to support moderation and consistency in measurement	To be considered by Board in November
	Toolkit to be updated in line with review of Risk Management Framework, Risk Appetite Statement and Board Assurance Framework Principles.	To be considered by Board in November
Review the Board's Risk Appetite Statement, ensuring it is reflective of the organisation's capacity and capability to manage risks	Risk Appetite Statement to be considered by Board in June 2021	To be considered by Board in November

	Revised Statement to be presented to Board in July 2021 for approval	To be considered by Board in November
	Corporate Risk Register, Risk Targets to be reviewed to ensure alignment with the Board's Risk Appetite	Corporate Risk Register review undertaken and approved by Board in July. Further work is ongoing to ensure that the CRR aligns with the Risk Appetite once this has been approved by Board.
	Risk Management Framework to be updated to reflect Risk Appetite Statement and communicated with the organisation	Re-prioritised to Q3
Prepare for implementation of a revised risk register reporting system to ensure it is comprehensive and aligned to the Corporate Risk Register (via Once for Wales Complaints System [DATIX])	Risk Management Module to be developed in-line with Once for Wales Management System Programme, in readiness for implementation in 2022	On track
	Maximise the role of the Risk and Assurance Group to drive forward improvements in risk reporting arrangements	On track
Embed the Board's Assurance Framework, aligned to the Corporate Risk Register and Organisational Risk, where appropriate	Undertake an Annual Review of Assurance Framework Principles, ensuring alignment with the Board's Risk Management Framework	On track
	Board and committee workplans aligned to Assurance Framework	On track
	Assurance Framework updated quarterly, in-line with integrated performance reporting and delivery of audit programmes	On track
Introduce a system of Organisational Assurance Mapping at a directorate and functional level to inform internal control arrangements.	Establish Assurance Maps to identify assurances in place and any gaps in place at 1st, 2nd and 3rd line of defence for those responsibilities delegated to Executive Directors	On track
	Gaps in assurance to inform the Board's Assurance Framework	On track

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# Powys THB Finance Department Financial Performance Report Delivery & Performance Committee

**Period 06 (September 2021)  
FY 2021/22**

**Date Meeting: 1<sup>st</sup> November 2021**

Patterson, Liz  
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# Introduction

<b>Subject:</b>	<b>FINANCIAL PERFORMANCE REPORT FOR MONTH 6 OF FY 2021/22</b>
Approved & Presented by:	Pete Hopgood, Director of Finance
Prepared by:	Sam Moss, Deputy Director of Finance
Other Committees and meetings considered at:	Board Delivery & Performance Group
<b>PURPOSE:</b>	
This paper provides the Board/Committee with an update on the September 2021 (Month 05) Financial Position including Financial Recovery Plan (FRP) delivery and Covid.	
<b>RECOMMENDATION:</b>	
<p>It is recommended that the Board/Committee:</p> <ul style="list-style-type: none"> <li>• DISCUSS and NOTE the Month 6 2021/22 financial position.</li> <li>• NOTE that actions required in 2021/22 to deliver a balanced position at the 31st March 2022, including savings delivery.</li> <li>• NOTE and APPROVE Covid-19 Report position reported on page 8 and in the attachments detailed in appendix 1.</li> <li>• NOTE additional risks on delivery of balanced position at 31st March 2022.</li> <li>• NOTE underlying financial position and agree actions to deliver recurrent breakeven for 2022/23.</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	-57	↓
Reported Year To Date financial position – deficit/(surplus) – Green	-25	↓
Year end – 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	16,085	↑
Reported Year to Date expenditure	2,069	↑
Reported year end – deficit/(surplus) – Forecast Green	0	→

PSPP		
PSPP Target : To pay a minimum of 95% of all non NHS creditors within 30 days of receipt of goods or a valid invoice	Value £'000	Trend
Cumulative year to date % of invoices paid within 30 days (by number) @end Q2 -Red	86.7%	↓

Powys THB 2021/22 Plan was approved by the Board and submitted to WG on 31<sup>st</sup> March 2021, with an update provided on 30<sup>th</sup> June. Both submissions provided a balance plan for 2021/22.

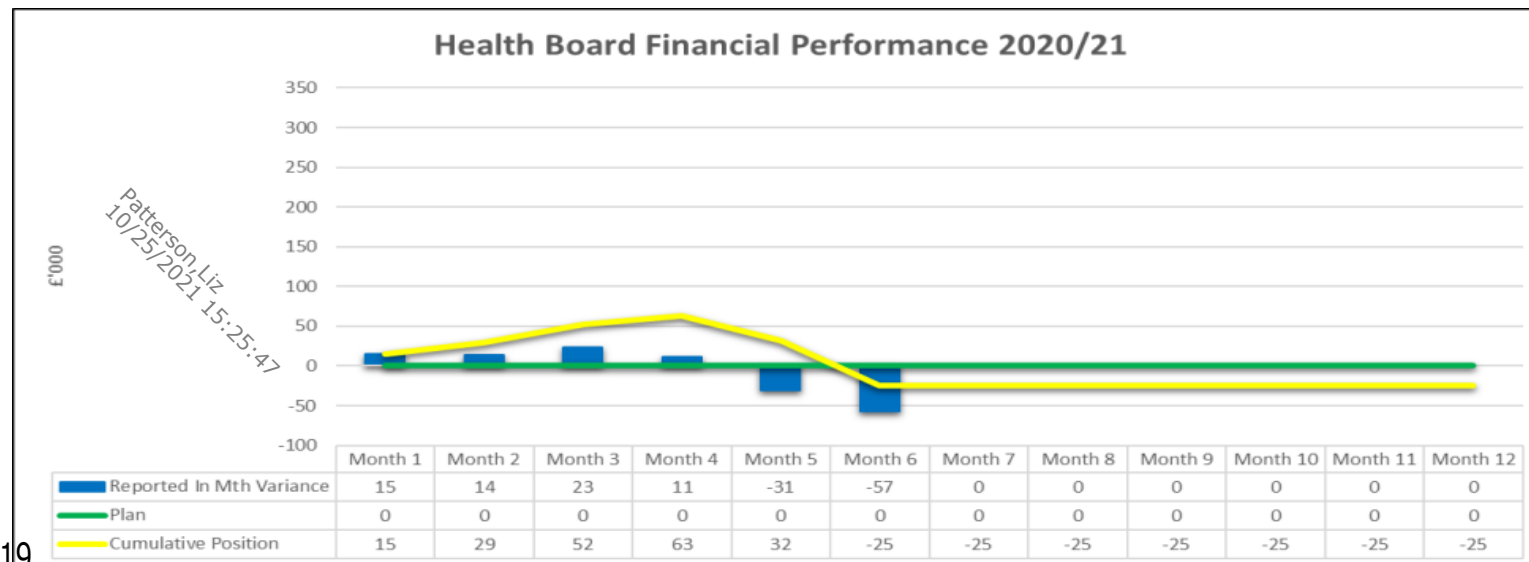
As per 2020/21 spend in relation to Covid is included in the overall position but is offset by an anticipated or received allocation from WG, as per the planning assumptions and so is not directly contributing to the YTD £0.025m under spend at Mth 6.

Excluding Covid the areas of overspend which are a concerning at this point in the year are the growth in CHC costs and ongoing increase above historic trend in variable pay.

The table on the next slide provides an overall summary. But this will include Covid spend.

PTHB continues to forecast a balanced year end position but there are significant number of risks and opportunities that the Board need to effectively manage to ensure this can be delivered.

PSPP figure shows a deterioration in the second quarter of 2021/22 compared to the final outturn for 2020/21, which is linked to the late payment of agency invoices.



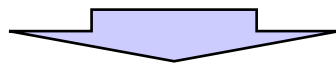
## Overall Summary of Variances £000's

	BUDGET YTD	ACTUAL YTD	VARIANCE YTD
01 - Revenue Resource Limit	(182,532)	(182,532)	0
02 - Capital Donations	(65)	(65)	0
03 - Other Income	(3,272)	(2,906)	367
<b>TOTAL INCOME</b>	<b>(185,869)</b>	<b>(185,503)</b>	<b>367</b>
05 - Primary Care - (excluding Drugs)	21,026	20,931	(96)
06 - Primary care - Drugs & Appliances	15,362	15,665	302
07 - Provided services -Pay	44,113	45,008	895
08 - Provided Services - Non Pay	16,535	9,757	(6,779)
09 - Secondary care - Drugs	493	672	179
10 - Healthcare Services - Other NHS Bodies	69,937	73,038	3,102
12 - Continuing Care and FNC	7,607	9,433	1,827
13 - Other Private & Voluntary Sector	1,553	1,732	179
14 - Joint Financing & Other	7,269	7,269	0
15 - DEL Depreciation etc	2,117	2,117	0
16 - AME Depreciation etc	(143)	(143)	0
18 - Profit\Loss Disposal of Assets	0	0	0
<b>TOTAL COSTS</b>	<b>185,869</b>	<b>185,477</b>	<b>(392)</b>
<b>TOTAL</b>	<b>0</b>	<b>(25)</b>	<b>(25)</b>

Please refer to pages 5-8 for further information on key variances and actual performance .

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2020/21 Plan	£ M
Savings Target 2020/21 as per IMTP	5.6
Recurrent Savings Delivered 2020/21	(0.5)
<b>Unmet Savings C/F to Opening Plan 2021/22</b>	<b>5.1</b>

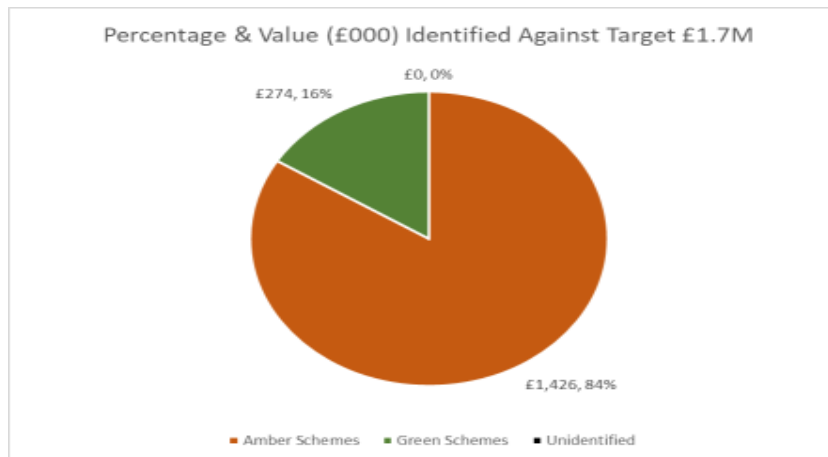


Original 2021/22 Plan	£ M
Unmet Saving Target b/f in Opening Plan 2021/22	5.1
Target to be Delivered Recurrently as per Financial Plan	1.7
Savings supported in 2021/22 by Covid Funding Assumptions	3.4

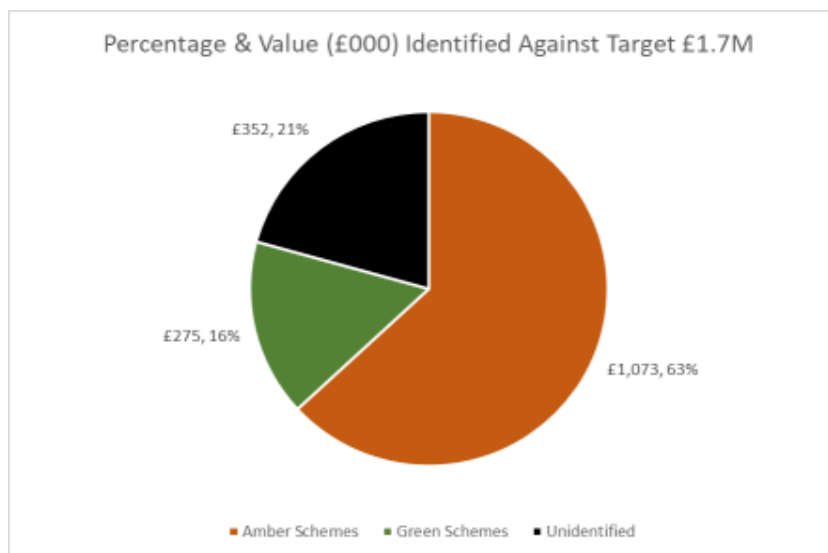
From Tables Above:

- The HB has £5.1m of unmet b/f savings from 2020/21.
- To achieve financial balance in 2021/22 and as per the approved Annual Plan £1.7m to be achieved, with the remainder supported by WG Covid funding.

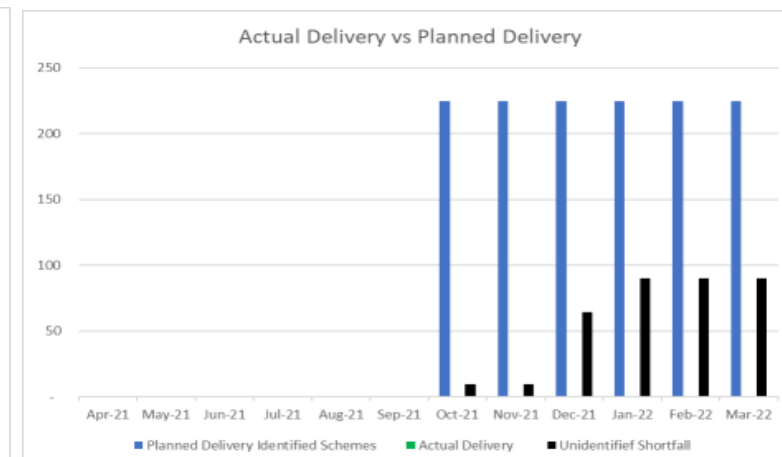
**Chart 1 Original Identification of Schemes against £1.7M Target**



**Chart 2 Revised Identification of Schemes against £1.7M Target @ Mth 6**



**Chart 3 Summary Delivery Against Planned Schemes**

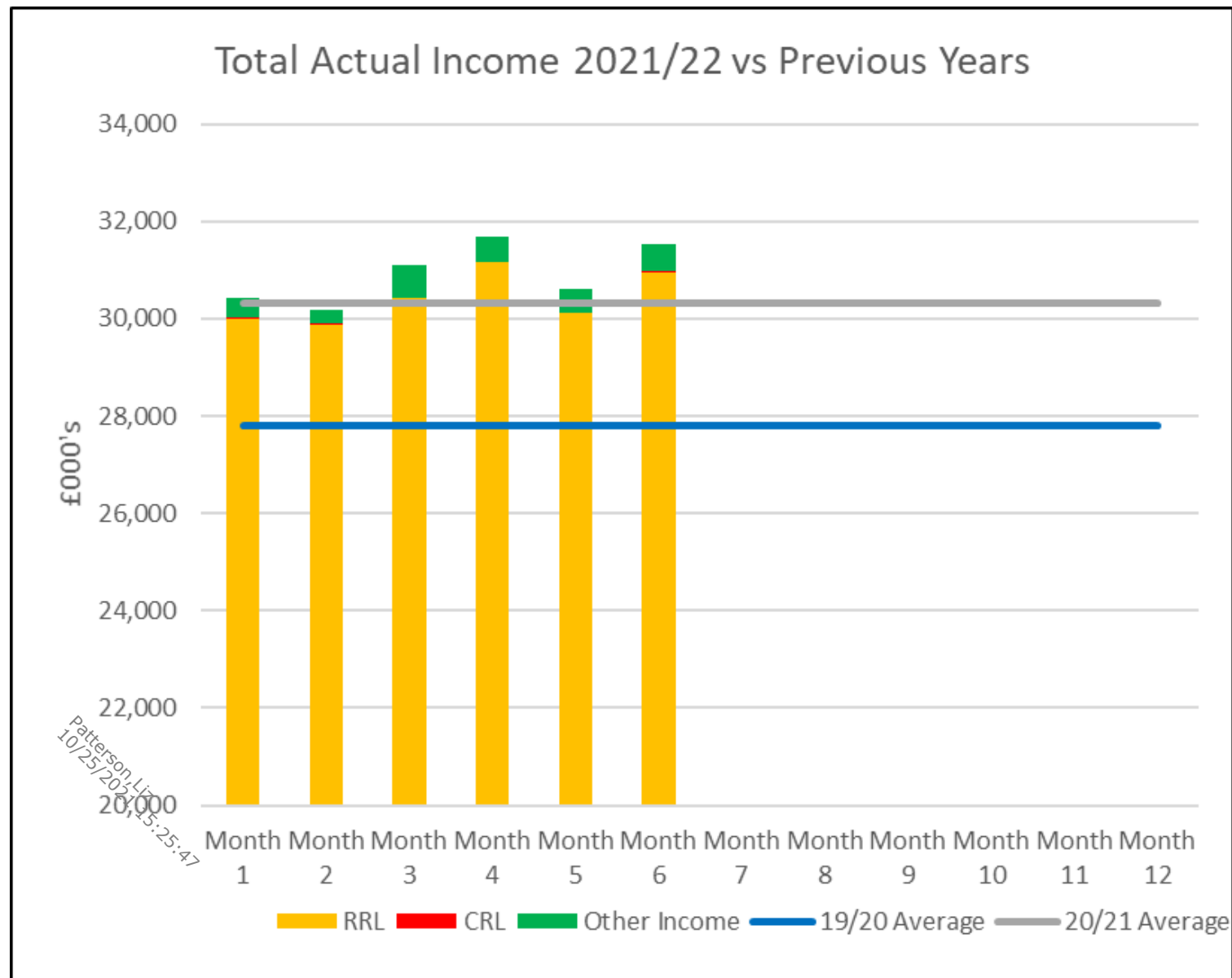


**Chart 1** – originally the full £1.7m was identified as potential schemes in 2021/22, with £0.275m identified as green.

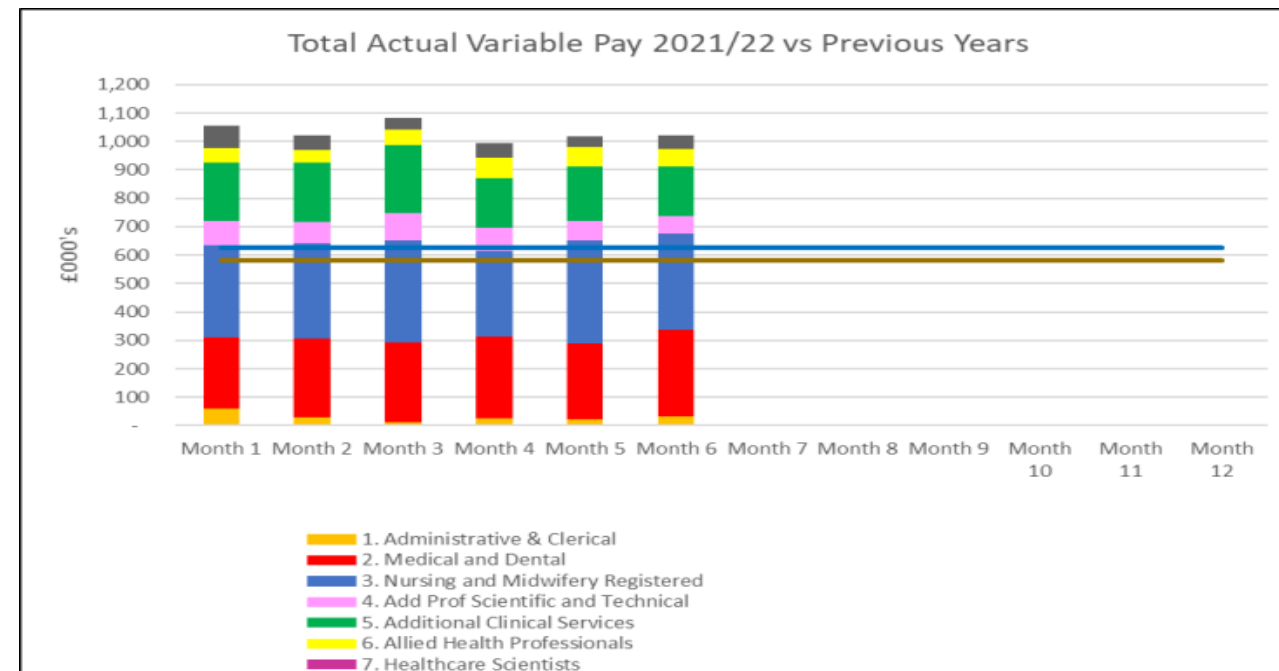
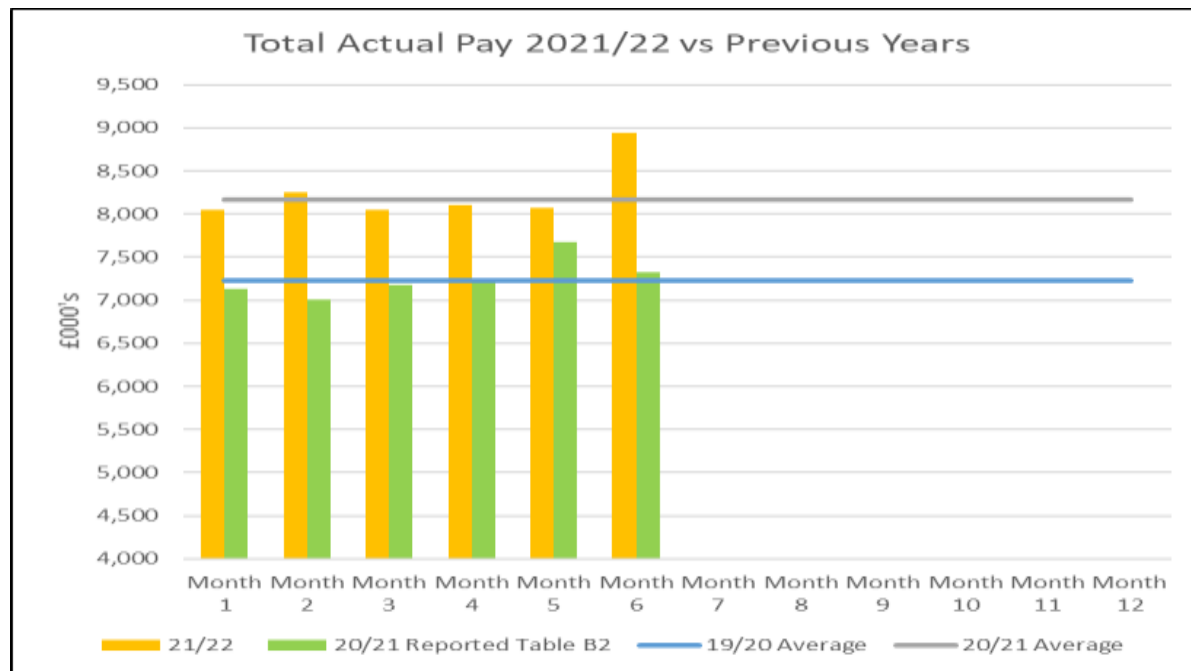
**Chart 2** – WG confirmed in August the agreement to remain in Block for English providers for the remainder of 2021/22. This will result in the HB not being able to deliver any savings linked to 'commissioning'. Having removed commissioning linked schemes Chart 2 now shows a £0.352m gap of unidentified schemes (black section) which are required as part of the financial plan. The commissioning schemes removed are highlighted in purple on the detailed listing in Appendix 6.

**Chart 3** – shows current plan to deliver by month (blue bars) and the gap in unidentified schemes by month (black bars). As actual schemes, which are planned to deliver from Mth 7, are achieved these will be reflected in the chart as green bars.

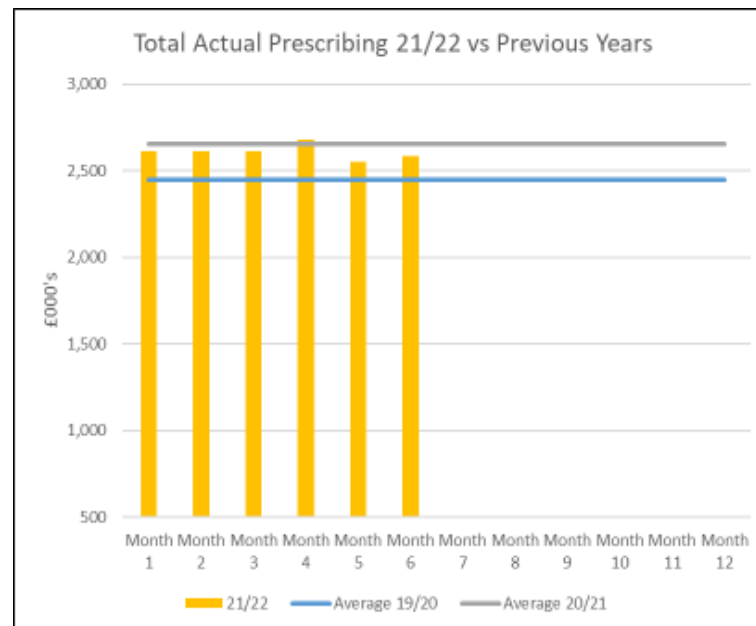
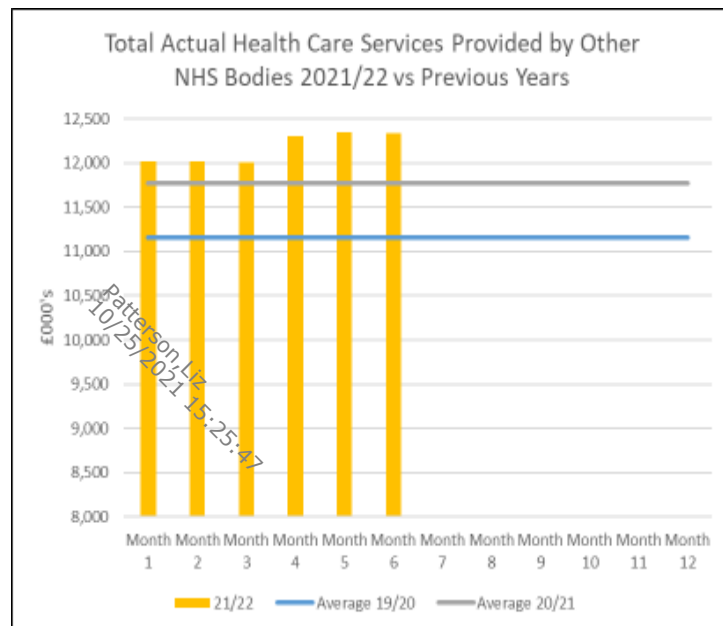
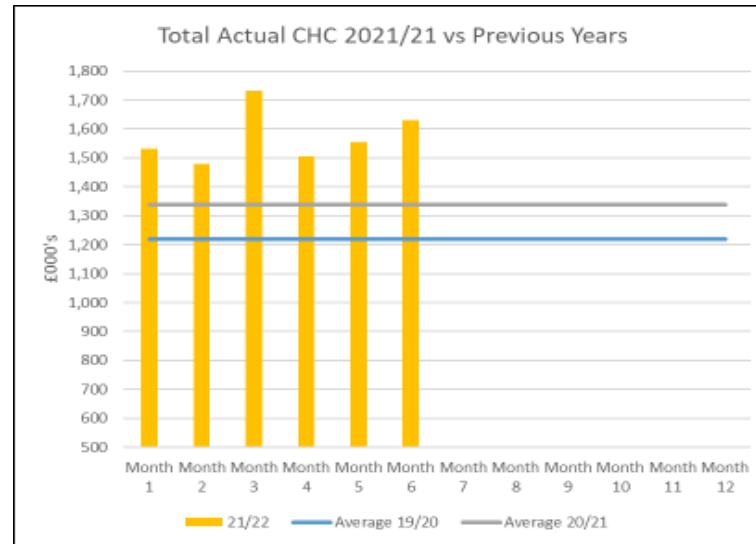
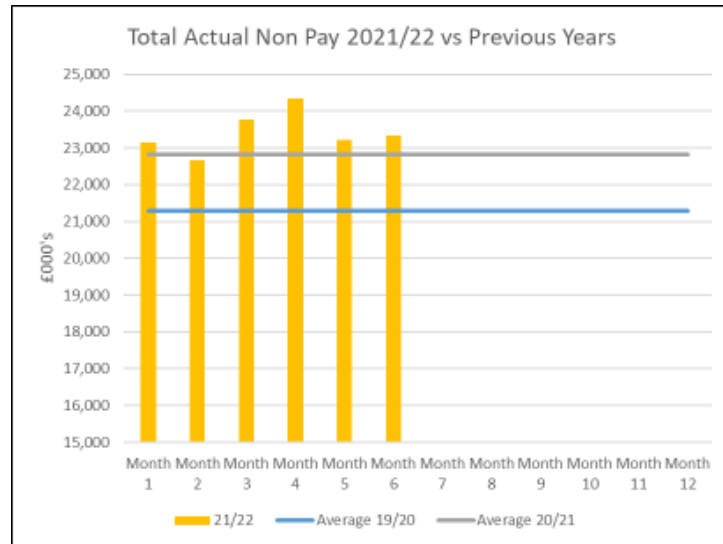




- The total income received in 2020/21 is significantly higher than the average for 2019/20 due to the £31M of covid funding received from WG and reported in detail in Note 34.2 on the 2020/21 Annual Accounts.
- For 2021/22 it is anticipated at this point in the financial year that the total funding for Covid as part of the RRL will be approximately £36M, and an element of this will be included in each month.



- The month 6 YTD pay is showing an over spend of £0.895M against the year to date plan.
- Chart 1 is comparing that the total pay position for 2021/22 with data from previous financial years. The green bars represent the total pay as per the MMR report (Table B2) in 2020/21 and the yellow the position for 2021/22, which clearly shows a stepped increase. This increase is two-fold. (1) is the additional staff in post supporting Mass Vac and TPP which were not in place in Mth 1-6 of 2020/21. (2) The increase in the Variable Pay position as per Chart 2. **NOTE – the Mth 6 position includes the pay arrears for the 2021/22 Pay Award of 3%. Therefore the increase in pay costs for Mth 6 is distorted by the impact of this.**
- In comparing the average from 2020/21 to the actuals in 2021/22 it should be noted that the 2020/21 figures include the bonus payment accrued at the end of 2020/21 along with the notional pension adjustment required by WG in March 2021 and the annual leave provision.
- Chart 2 on variable pay demonstrates there has been a significant increase in Mth 1-6 compared to the 2019/20 and 2020/21 average.
- All Wales position = at the time of writing this report only the Mth 5 position for Wales was published. Based on this data agency as a % of total pay in Wales was at 5%. For Powys the figure was 11.6% the highest in Wales. [Source: WG Health & Social Services Finance Update Mth 4].**



- Actual Non Pay spend in 2021/22 YTD is significantly higher than the average trend from 2019/20 and slightly higher than the average for 2020/21, which will contain Covid costs along with 2021/22 uplifts for some areas. There are 3 key areas of focus:
  - 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 2019/20 Mth 9 position for England and Year End Position for Wales plus relevant uplifts. These figures will also contain the growth in WHSSC and EASC, which are both outside the block arrangements.
  - ChC – there has been a significant increase in costs seen in Mth 1-6. CHC has been included as a risk in table 1 page 9 and Appendix 5 provides the forecast to 31<sup>st</sup> March 2022.
  - Prescribing – the Mth 6 position is based on the latest PAR information (July Reports), which has provided a reduction in spend in-month compared to the average in 2020/21. This will be kept under close review and updates provided as necessary given the growth seen in previous years..

Table 1: Summary Table B3 (see Appendix 1)

Area	Mth 6 Actual £000	Forecast 2021/22 £000
Testing	533	1,242
Tracing	1,927	5,167
Mass Vaccination	4,294	8,903
Extended Flu	-	304
Field Hospitals	-	-
Cleaning Standards	282	564
General Covid	4,144	10,635
Recovery & Renwel Programme	130	3,648
WG Projects#	350	1,016
<b>Total Table B3</b>	<b>11,660</b>	<b>31,479</b>

Table 2: Breakdown of General Covid

General Covid	Mth 6 Actual £000	Forecast 2021/22 £000
Staffing	881	1,842
Loss Dental Income	450	1,400
Primary Care Prescribing	850	1,927
PPE	133	333
Block LTA	1,689	3,381
Adult Social Care (CHC/FNC)	-	903
Other Non Pay	140	849
<b>Total General Covid</b>	<b>4,144</b>	<b>10,635</b>

# - Note relating to Table 1. Within Table B3 are 'projects' that WG deem are also linked to Covid. We are directed by WG to include these within Table B3.

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**Table 1: Risk Reflected MMR**

<b>Risk</b>	<b>£ '000</b>	<b>Likelihood</b>
Under delivery of Amber Schemes included in Outturn via Trac	-421	High
Continuing Healthcare	-500	High
Prescribing	-671	Medium
Pharmacy Contract	0	-
WHSSC Performance	0	-
Other Contract Performance	0	-
GMS Ring Fenced Allocation Underspend Potential Claw back	0	-
Dental Ring Fenced Allocation Underspend Potential Claw back	0	-
High Cost Case Feb/March	-144	Medium
South Powys Programme	-1,432	Medium
<b>Total</b>	<b>-3,169</b>	

**Table 2: Opportunities Reflected MMR**

<b>Opportunity</b>	<b>£ '000</b>	<b>Likelihood</b>
Additional Savings Above Plan	150	Medium
WRP Slippage	283	Low
Slippage on Funding	1,834	Medium
WHSSC Net Underspend	189	Medium
<b>Total</b>	<b>2,456</b>	

The formal Financial Planning process will not commence until the late Autumn, with the 2022/23 Allocation Letter due to be issued in late December 2021. However for the WG Mid Year Review scheduled for 2nd November a indicative position on 2022/23 is to be discussed and as in previous report the table below starts to provide PtHB with the financial challenges faced. Please note this is a indicative figure which will change as the financial information and insight available develops and **does not include the recently announced 2022/23 sustainability funding**.

Underlying Deficit	£ M	£ M
<b>2021/22 Opening Plan Deficit / (Surplus)</b>		<b>5.600</b>
<b>- Recurrent Impact from 2021/22 Financial Year</b>		
- Non Delivery of Recurrent Savings against 2021/22 Target	1.701	
- Operational Growth Continuing Health Care	3.728	
- Operational Growth Safe Staffing Wards (use VP)	3.000	
		<b>8.429</b>
<b>- FYE New Investments Agreed via Execs direct IBG Process</b>		<b>1.295</b>
<b>- FYE New Recurrent Investment Approved linked Renewal &amp; Recovery</b>		<b>0.441</b>
<b>- New Growth 2022/23</b>		
- Indicative WHHSC Growth = 3.94% (pressure of 1.94% if assume 2% Uplift)	0.572	
- Indicative EASC Growth = above assumed 2% Uplift	TBC	
- Commissioning Pressures	TBC	
- Microsoft Office Contract	TBC	
- Living Wage CHC/FNC	TBC	
- South Wales Programme Recurrent Impact (Emergency & Obstetrics)	TBC	
		<b>0.572</b>
<b>Forecast Gross Opening Plan Deficit / (Surplus) 2022/23</b>		<b>16.337</b>
<b>- FYE Benefits to be delivered via New Investments</b>		<b>(1.376)</b>
<b>-Recurrent Saving Required to offset opening Unmet b/f Savings £5.1m</b>		<b>(5.104)</b>
<b>Forecast Net Opening Plan Deficit / (Surplus) 2022/23</b>		<b>9.857</b>

## Summary

### In summary this paper identifies that:

- PTHB is reporting a small under spend YTD at month 6 for FY 2021/22 of £0.025M (see page 2).
- Financial Forecast to 31<sup>st</sup> March 2022 is to maintain a balanced plan based on plan submitted to WG and presented to Board on 31<sup>st</sup> March and 30<sup>th</sup> June.
- To date there £0.275m of green savings schemes have been identified by the Health Board for delivery in 2021/22 to meet the required target as per the plan of £1.7M. (see page 4) . However following the confirmation of the English Block contracts arrangements into H2 there is now a gap of £0.353M in the delivery of the required savings for 2021/22.
- PTHB has an Capital Resource Limit of £16.085M and has spent £2.069M to date (see appendix 1).

## Key Messages

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

- In addition to the risks detailed in the table on Page 9 there are a number of assumptions that were included in the 2021/22 Financial Plan approved by the Board on the 31<sup>st</sup> March/30<sup>th</sup> June which are not reported here in detail but were included within the financial section of the Plan presented and submitted.
- One of the assumptions within the Plan is that the Health Board deliver £1.7M of savings, with the remaining unmet savings to be supported via assumed Covid funding to 31<sup>st</sup> March 2022.
- Any changes in the expenditure assumed within the plan will have an impact on the HB's ability to deliver a balance position based on the 'Opening Plan' position of £5.6M over committed. The 2021/22 Plan also assumes a level of Covid funding which is included as anticipated but yet to be confirmed in full by WG.
- Based on the principles presented to Board at the end of January no additional savings target was included in 2021/22 plan however this meant that all Budget Holders needed to remain within their funding envelope but as per the table on page 3 demonstrates some areas are not remaining within their budgetary levels.
- There are a number of further significant risks regarding the 2022/23 Financial Position and an initial assessment of this is provided for the reader on page 10.
- A full review of the financial position to 31<sup>st</sup> March 2022 is being prepared for the Mid year Review WG meeting on 2<sup>nd</sup> November. This will be shared with the D&P Committee/Board once completed.



# Powys THB Finance Department

## Financial Performance Report - Appendices

**Period 06 (Sept 2021)**  
**FY 2021/22**

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Embedded below are extracts from the Monthly Monitoring Return submitted to Welsh Government on Working Day 9.

MMR Narrative



Microsoft Word  
Document

MMR Tables



Microsoft Excel  
Worksheet

Mass Vac Tables



Microsoft Excel  
Worksheet

TTP Tables



Microsoft Excel  
Worksheet

Recovery Tables



Microsoft Excel  
Worksheet

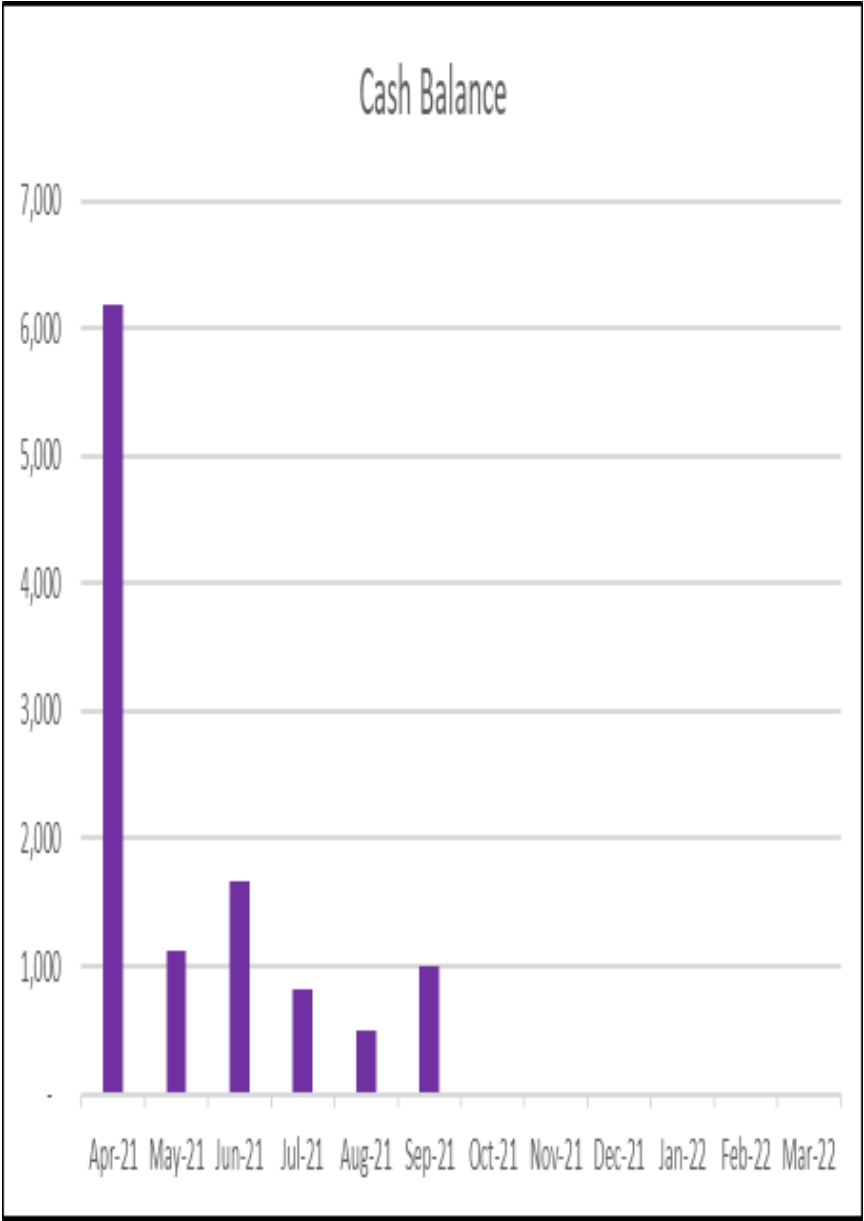
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Scheme	Capital Resource Limit	Annual Planned Expenditure	Expenditure to 30th September 2021
<b>WG CRL FUNDING</b>	<b>£M</b>	<b>£M</b>	<b>£M</b>
Discretionary Capital	1.431	1.431	0.522
Anti Ligature	1.001	1.001	0.098
Machynlleth	9.571	9.571	1.400
National Programmes – Fire	0.557	0.557	0.008
National Programmes – Infrastructure	1.331	1.331	0.006
National Programmes – Decarbonisation	0.332	0.332	0.013
National Programmes – Imaging	0.352	0.352	0.000
Covid Recovery 2021-22	0.550	0.550	0.022
Covid Recovery 2021-22	0.960	0.960	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>16.085</b>	<b>16.085</b>	<b>2.069</b>

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	Mth 1	Mth 2	Mth 3	Mth 4	Mth 5	Mth 6	Mth 7	Mth 8	Mth 9	Mth 10	Mth 11	Mth 12
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
OPENING CASH BALANCE	2,627	6,184	1,123	1,658	822	493	1,002	500	500	500	500	500
Receipts												
WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA	30,800	25,700	34,000	30,809	26,623	30,571	31,575	32,298	32,870	29,260	31,270	31,252
WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only	160	160	160	160	117	38	165	160	160	160	160	160
WG Revenue Funding - Other (e.g. invoices)	1,551	42	13	85	29	83	10	900	10	1,000	10	1,000
WG Capital Funding - Cash Limit - LHB & SHA only	-	-	200	200	2,600	1,477	935	-	3,419	2,153	2,382	2,719
Income from other Welsh NHS Organisations	473	281	944	427	399	307	400	400	400	400	400	400
Other	1,064	248	353	1,506	354	704	400	400	400	400	400	400
Total Receipts	33,728	26,111	35,350	32,867	30,122	33,104	33,155	33,838	36,939	33,053	34,302	35,611
Payments												
Primary Care Services : General Medical Services	2,588	2,262	2,970	2,864	2,135	2,362	2,600	2,400	3,000	3,000	2,400	2,400
Primary Care Services : Pharmacy Services	448	-	318	898	-	441	500	500	1,000	-	500	1,000
Primary Care Services : Prescribed Drugs & Appliances	1,201	-	1,372	2,516	-	1,361	1,300	1,300	2,600	-	1,300	2,600
Primary Care Services : General Dental Services	342	433	469	434	516	479	420	420	420	420	420	420
Non Cash Limited Payments	77	169	86	84	154	72	100	100	100	100	100	100
Salaries and Wages	7,443	8,866	8,415	7,396	7,413	7,918	7,400	7,400	7,400	7,400	7,400	7,400
Non Pay Expenditure	18,069	19,312	20,729	18,983	19,773	17,174	18,940	19,526	20,246	19,980	19,800	19,838
Capital Payment	3	130	456	528	460	2,788	2,397	2,192	2,173	2,153	2,382	2,849
Other items	-	-	-	-	-	-	-	-	-	-	-	-
Total Payments	30,171	31,172	34,815	33,703	30,451	32,595	33,657	33,838	36,939	33,053	34,302	36,607
NET CASH FLOW IN MONTH	3,557	- 5,061	535	- 836	- 329	509	- 502	-	-	-	-	996
Balance c/f	6,184	1,123	1,658	822	493	1,002	500	500	500	500	500	- 496

The table shows the cash position before the receipt of the anticipated £1.196M of working capital cash for 2020/21 Capital Creditors being discharged during 2021/22.

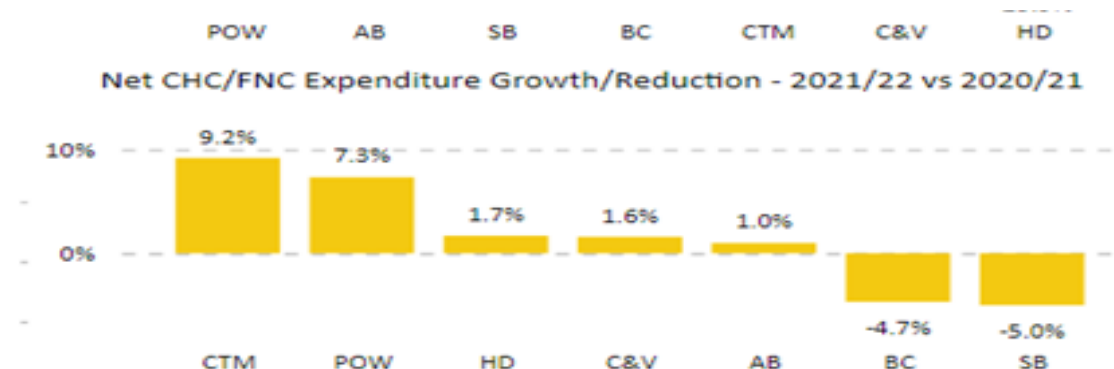


	Opening Balance	Closing Balance	Forecast Closing Balance
	Beginning of	End of	End of
	Apr 21	Sep 21	Mar 22
	£'000	£'000	£'000
Tangible & Intangible Assets	78,394	80,510	91,094
Trade & Other Receivables	26,582	23,209	27,602
Inventories	159	159	159
Cash	2,627	1,002 -	496
<b>Total Assets</b>	<b>107,762</b>	<b>104,880</b>	<b>118,359</b>
Trade and other payables	45,831	41,952	41,041
Provisions	23,410	24,509	24,509
<b>Total Liabilities</b>	<b>69,241</b>	<b>66,461</b>	<b>65,550</b>
<b>Total Assets Employed</b>	<b>38,521</b>	<b>38,419</b>	<b>52,809</b>
<b>Financed By</b>			
General Fund	- 2,532 -	2,634	9,975
Revaluation Reserve	41,053	41,053	42,834
<b>Total Taxpayers' Equity</b>	<b>38,521</b>	<b>38,419</b>	<b>52,809</b>

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Area	19/20 Year end Position	20/21 Year end Position	21/22 Forecast @ Mth 1	21/22 Forecast @ Mth 2	21/22 Forecast @ Mth 3	21/22 Forecast @ Mth 4	21/22 Forecast @ Mth 5	21/22 Forecast @ Mth 6	Growth From 2020/21 YE to 2021/22 Forecast @ Mth 6
Children	£267,217	£151,234	£156,944	£156,944	£156,944	£156,944	£156,944	£156,944	£5,710
Learning Disabilities	£957,455	£1,567,929	£1,058,879	£1,061,321	£1,251,771	£1,251,771	£1,251,771	£1,263,808	-£304,121
Mental Health	£7,344,265	£7,800,642	£9,274,740	£9,405,034	£9,635,927	£9,727,500	£9,875,870	£9,972,709	£2,172,067
Mid Locality	£981,064	£925,210	£1,250,038	£1,264,279	£1,315,651	£1,356,893	£1,321,058	£1,261,614	£336,404
North Locality	£1,365,243	£1,537,343	£2,448,278	£2,060,785	£2,145,513	£1,751,465	£1,785,585	£1,918,715	£381,372
South Locality	£1,494,868	£1,958,143	£1,825,436	£1,758,287	£2,100,826	£2,139,433	£1,975,850	£1,929,526	-£28,617
<b>Grand Total</b>	<b>£12,410,112</b>	<b>£13,940,501</b>	<b>£16,014,315</b>	<b>£15,706,650</b>	<b>£16,606,632</b>	<b>£16,384,006</b>	<b>£16,367,076</b>	<b>£16,503,316</b>	<b>£2,562,815</b>

**All Wales position = at the time of writing this report only the Mth 5 position for Wales was published. Based on this data, with the exception of CTMUHB, Powys had the highest growth in CHC/FNC compared to 2020/21. Summary of position for Wales is provided in the Chart below:**



# Detail of Identified Savings Schemes

Scheme Name	Workstream / Area	RAG Rating for Delivery	2021/22 £000
Lucentis Review (VBHC)	Pathways/VBHC	Red	-
Frailty Model (VBHC)	Pathways/VBHC	Red	-
Orthopaedic Conversion Rates (VBHC)	Pathways/VBHC	Red	-
Nebulisers (VBHC)	Pathways/VBHC	Red	-
Reduction Variable Pay (Workforce Eff Group)	Workforce	Amber	506
CHC Efficiency Group / Long Term Plan	CHC / Non Pay	Amber	255
Enhanced VAT Review	CHC / Non Pay	Amber	40
VBHC Review Cancer Drugs	Pathways/VBHC	Red	-
Cataracts	Pathways/VBHC	Red	-
Drugs of Low Priority/Deprescribing	Medicines Management Value	Green	35
Branded Prescribing Review	Medicines Management Value	Green	70
Medicines Optimisation	Medicines Management Value	Amber	80
Biosimilar	Medicines Management Value	Amber	40
Homecare	Medicines Management Value	Amber	10
Patent Expiry/Price Reduction	Medicines Management Value	Amber	50
Blueteq	Medicines Management Value	Red	-
Rebates	Medicines Management Value	Green	165
Woundcare	Medicines Management Value	Amber	40
Medical Gases	Medicines Management Value	Green	5
Repatriation to Secondary Care	Medicines Management Value	Amber	10
Audiology Pathway	Pathways/VBHC	Red	-
Ophthalmology In Reach	Pathways/VBHC	Red	-
Rheumatology In Reach	Pathways/VBHC	Red	-
Improved Procurement & Non Pay Savings	CHC / Non Pay	Amber	42
<b>TOTAL</b>			<b>1,348</b>

Further details on the savings are provided:

- On page 4 of this report;
- On tabs C,C1&C2 and C3 of the MMR Report embedded within Appendix 1





**Agenda item: 3.3**

<b>Delivery and Performance Committee</b>		<b>1 November 2021</b>
<b>Subject :</b>	<b>Performance Position of Services Provided by Welsh Ambulance Services NHS Trust (WAST)</b>	
<b>Approved and Presented by:</b>	Jamie Marchant, Executive Director Primary Care, Community and Mental Health	
<b>Prepared by:</b>	Ross Whitehead, Deputy Chief Ambulance Commissioner	
<b>Other Committees and meetings considered at:</b>		

**PURPOSE & EXECUTIVE SUMMARY:**

The attached paper, prepared by the Deputy Chief Ambulance Services Commissioner on behalf of the Chief Ambulance Commissioner, outlines the performance of WAST provided services pan Wales but with specific reference to Powys.

The services of WAST are commissioned collaboratively by Health Boards across Wales through the Emergency Ambulance Services Committee (EASC). This committee is a sub-committee of each Health Board and is formed by a Chair, Chief Ambulance Services Commissioner (CASC) and the Chief Executive Officers of each Health Board. There is a supporting EASC Management Group which is attended by the Powys Teaching Health Board's Executive Director Primary Care, Community and Mental Health.

The attached paper articulates the national challenges relating to the delivery of the 8-minute Red target for emergency ambulance services with a specific focus on the performance within Powys. The red target, of 65% within 8 minutes has been met only twice in the last 2 years within Powys. The paper outlines specific information relating to demand and capacity, workforce measures as well as efficiencies to be gained.

The paper concludes with a summary of the actions within the EASC Improvement Plan.

There is a need for specific for Powys Teaching Health Board with EASC but also directly with WAST on developing a sustainable delivery of the target delivery as well as continued improvement on the delivery of other performance measures. Whilst Powys does face specific issues or rurality compared to many areas of Wales, this target has been delivered in the past and must be delivered for the population going forward. PTHB, EASC and WAST will need to work together on how this target can be delivered in a rural setting.

As well as the challenge of Red performance, the paper summarises the national challenge of handover delays at Emergency Departments of District General Hospitals (DGHs). Powys Teaching Health Board does not operate any such departments and therefore it is not a specific issue within Powys provided services but is without doubt a potential experience issue for any patient who is transported to a DGH as well as consequentially any patient who is waiting in the community for an ambulance. There is a quality and safety mechanism within Health Boards to report and assess long delays as an incident and potentially Significant Untoward Incident. At this stage the review and analysis is not immediately available to Powys Teaching Health Board albeit quarterly meetings are in place between WAST and PTHB to consider and discuss these issues. This meeting is attended by members of the Executive, namely Director of Nursing and Midwifery, Medical Director and Director Primary Care, Community and Mental Health along with other officers.

#### **RECOMMENDATION:**

The committee is asked to note and discuss the information and issues contained within the report.

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

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## EMERGENCY AMBULANCE SERVICES COMMITTEE TEAM REPORT TO THE POWYS DELIVERY AND PERFORMANCE COMMITTEE

### COMMISSIONING UPDATE ON AMBULANCE PERFORMANCE IN POWYS

<b>Date of meeting</b>	1 November 2021
<b>FOI Status</b>	Open/Public
<b>If closed please indicate reason</b>	Choose an item.
<b>Prepared by</b>	Ross Whitehead, Deputy Chief Ambulance Services Commissioner.
<b>Presented by</b>	Ross Whitehead, Deputy Chief Ambulance Services Commissioner.
<b>Approving executive sponsor</b>	Stephen Harrhy, Chief Ambulance Services Commissioner
<b>Report purpose</b>	FOR DISCUSSION / REVIEW

#### 1. Situation

- 1.1. To provide the Powys Performance Committee with an overview of ambulance performance and actions being taken by the commissioning team and the provider to deliver improvement within Powys Teaching Health Board.

#### 2. Background

- 2.1. The Emergency Ambulance Services Committee (EASC) holds statutory responsibility for the commissioning, planning and securing of ambulance services for the Welsh population. The committee is a formal sub-committee of each Health Board in Wales and is formed by a Chair, Chief Ambulance Services Commissioner and the Chief Executive Officers of the Health Board in Wales. The NHS Trusts in Wales are associate members of the Committee.

- 2.2. EASC is supported by an ambulance commissioning team and three sub-groups:

- EASC Management Group



- Non-Emergency Patient Transport Services Delivery Assurance Group
- Emergency Medical Retrieval and Transfer Service Delivery Assurance Group

- 2.3. Emergency ambulance services are currently commissioned via a collaborative commissioning quality and delivery framework. The enactment of the framework is supported by an annual cycle of commissioning intentions that set out the requirements for the ambulance service and health boards.
- 2.4. As part of the modernisation of ambulance services in Wales, a new clinical model was enacted in October 2015, the aim of the revised model was to focus on appropriate clinical response to patients, whilst deemphasising the speed of response where this was not of clinical benefit.
- 2.5. Recent years have seen growing challenges in delivery of a responsive ambulance service in Wales. Powys has not been immune to these challenges and this picture has worsened as a result of the pandemic response.
- 2.6. In order to support the delivery of ambulance services in Wales, EASC and WAST undertook a joint demand and capacity review in 2018/19 to understand the requirement to deliver the service over the next 5 years
- 2.7. Information of ambulance activity and performance is available from a number of sources including:
- **Welsh Government Monthly NHS activity and performance summary** – Published on the penultimate Thursday of each month via Stats Wales.
  - **Ambulance Quality Indicators** – Published each quarter by EASC, available on the EASC website and Stats Wales.
  - **Management Information** – A range of management information exists for Health Board via WAST and the EASC commissioning team.

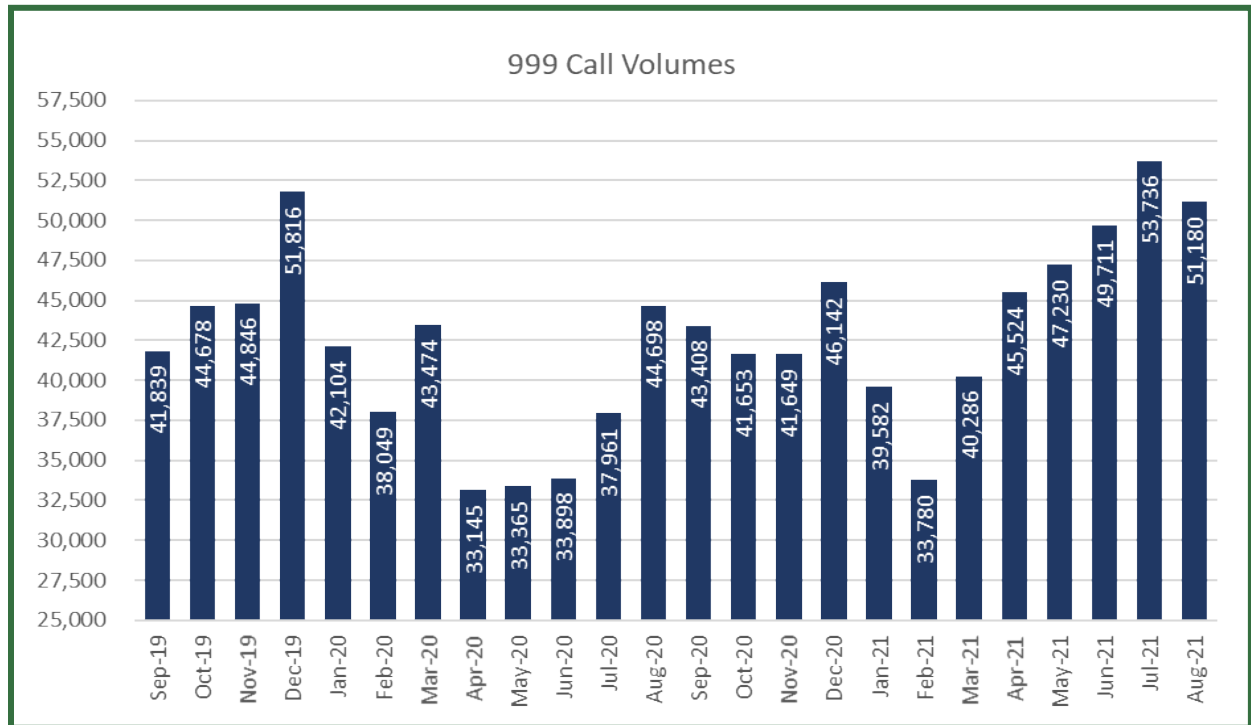
### 3. Assessment

- 3.1. In order to provide an overview of the emergency ambulance service provision in Powys it is necessary to consider Demand, Capacity, Efficiencies and Performance of service provision which will be set out in this paper.

### 4. Demand

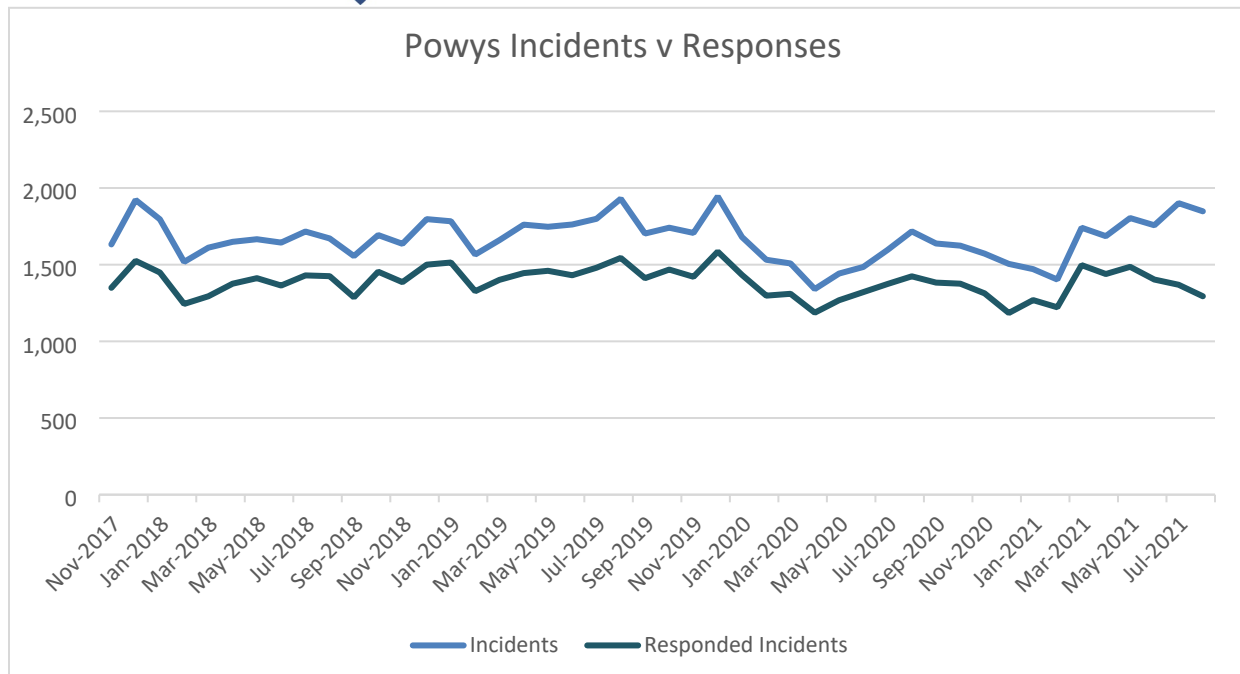
- 4.1. All Wales 999 call volume have reached significant levels in recent months, despite this WAST are maintaining high levels of call answering performance.

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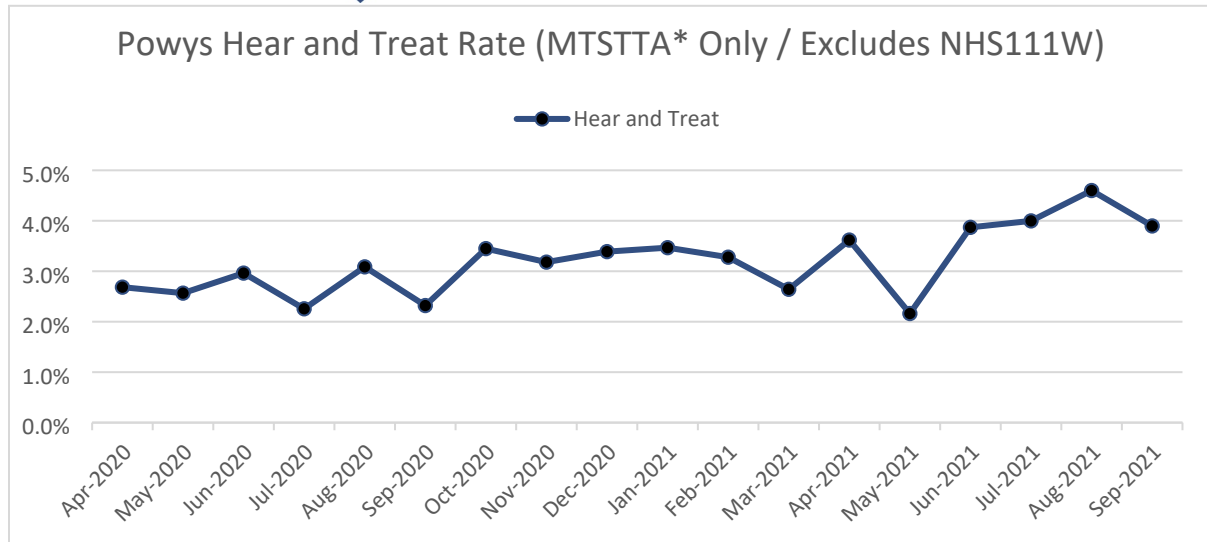
- 4.2. For Powys this translates into relatively flat level of ambulance incident demand, whilst the height of the pandemic saw large reduction in demand in Powys and across Wales, demand has now returned to pre-pandemic norms.
- 4.3. There has however been a growing gap in the number of incidents that receive a response. This gap is being driven by a number of factors including more frequent and higher levels of demand management, increase clinical desk activity, increase use of alternative transport including patients own transport, and increase number of cancelled incidents by patients.

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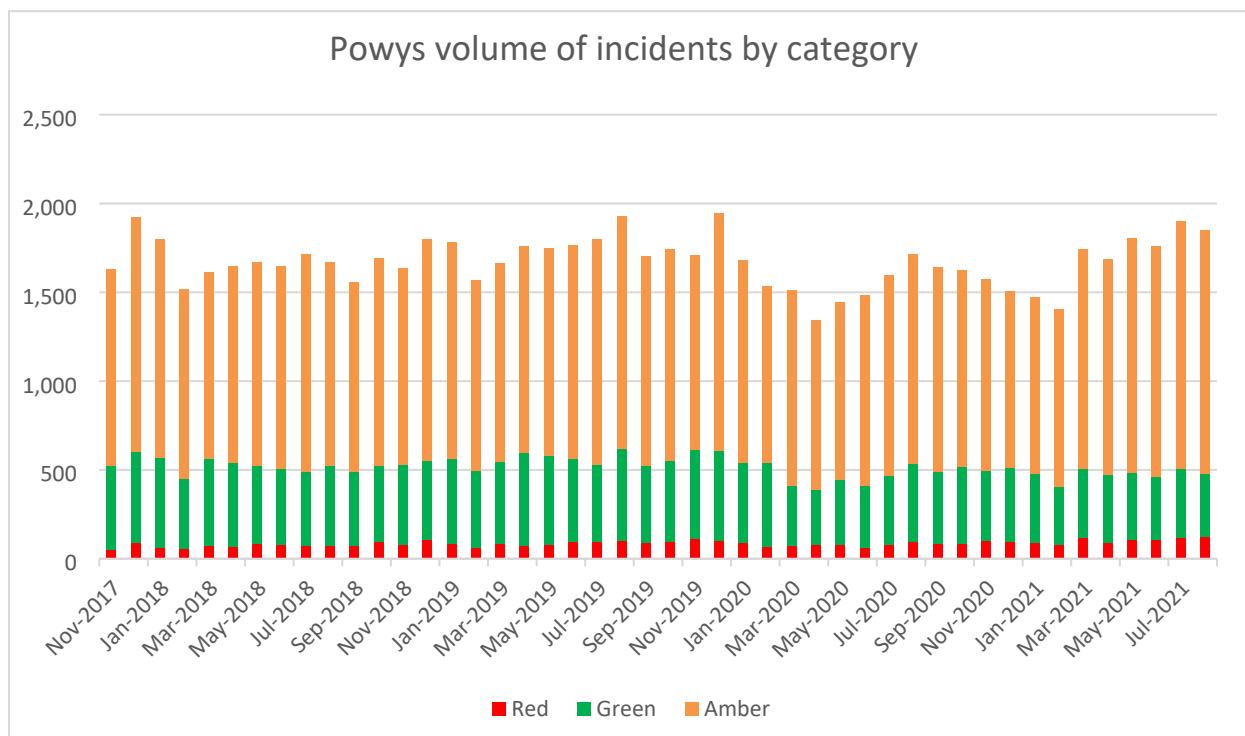
- 4.4. The chart below shows the percentage of Powys patient managed by the WAST clinical support desk through hear and treat. This activity will be a contributor to the reduction in responded demand above.
- 4.5. The clinical support desk is staffed by experienced Paramedics and Nurses, it provides a range of services to the ambulance service, including advice to ambulance crews and other health care professional, provides advice and support to patients awaiting an ambulance response, assesses patients using the Manchester triage system and can resolve their call without onward referral to other health care settings or an attendance at scene (hear and treat) as well as a number of other clinical safety functions.

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\*MTSTTA – Manchester Triage System Telephone Triage and Advice is the system currently used to support clinical assessment in the 999 clinical contact centres

- 4.6. The chart below shows the volume of incidents within each category. This shows a percentage shift from around 4-6% of incidents being Red to 6-8% of incidents being red in recent months. When looking at this from a responded demand perspective this shift is in the 8-12% range.



- 4.7. Some of the growth in Red demand is driven by changes to practice within the ambulance clinical contact centre, this change that was adopted in May 2019 and related to how patients with certain breathing difficulties are categorised. This change was driven by international evidence to improve





patient safety in this area, but has driven some growth in the Red category. As we approach winter, breathing difficulties incidents generally increase and so this Red growth will likely to be compounded over coming months.

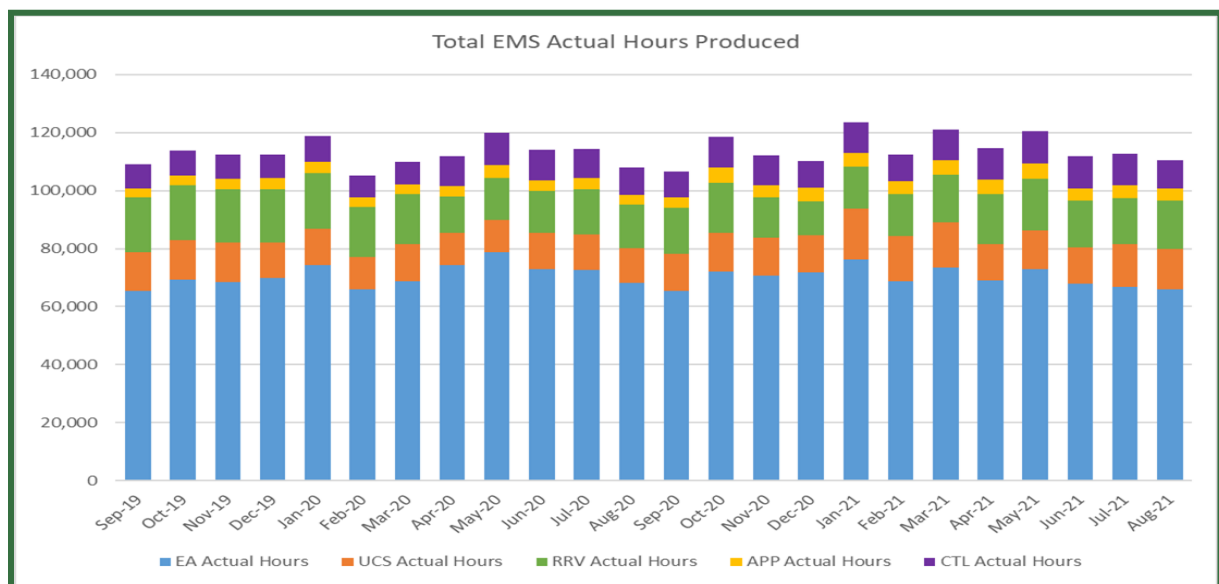
4.8. Red incidents generally attract multiple resource to respond to them, as such they have disproportionate impact on capacity.

#### 4.9. Demand Summary

- ***Incident Demand has returned to pre-pandemic levels***
- ***The gap in the number of incident receiving a response has increased.***
- ***Red demand now accounts for a larger proportion of overall demand.***

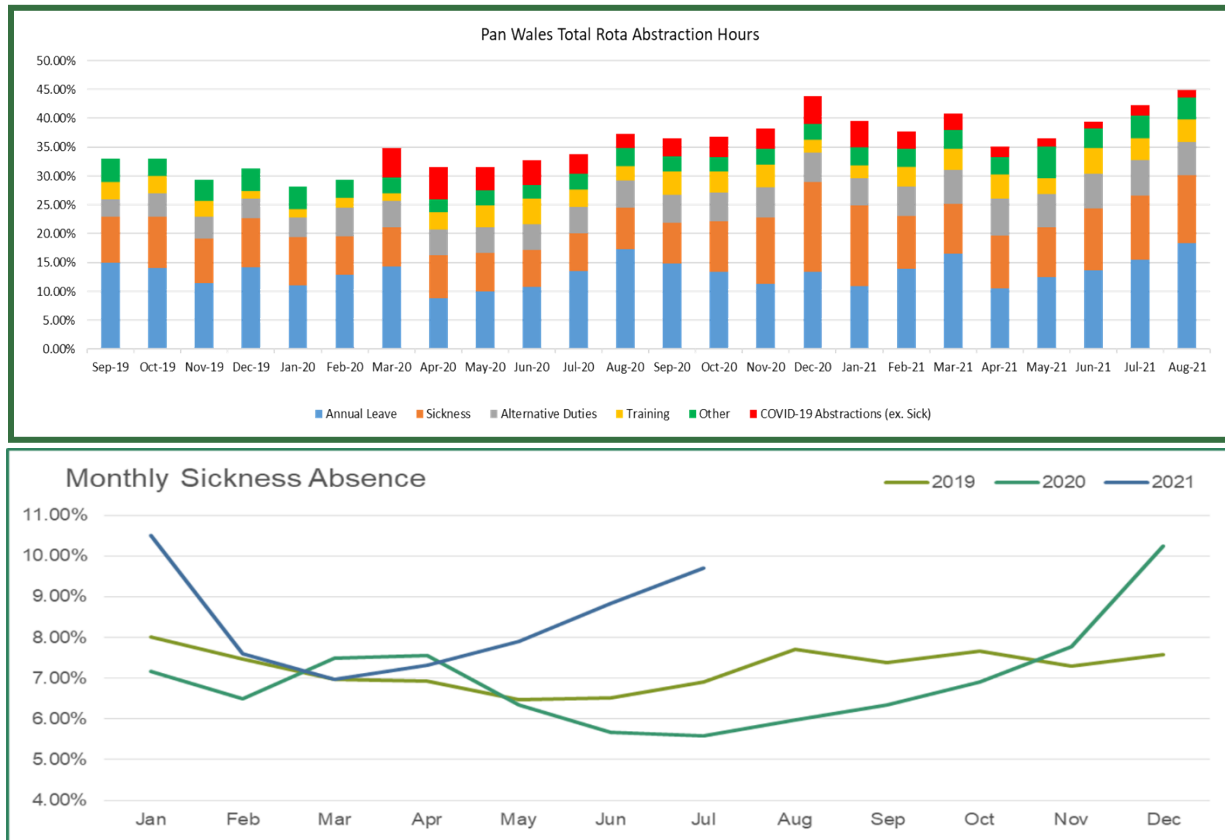
### 5. Capacity

5.1. Ambulance capacity is measured in Unit Hours Produced. The chart below shows the hours that WAST have been able to deploy each month across Wales. As can be seen, there has been a reduction in the number of hours available. This reduction comes in spite of the increased investment into additional staff for the ambulance service by Health Boards in their role as commissioners.



5.2. The lack of visibility of the investment within the hours produced is linked to higher sickness levels and abstractions (unavailable to worked planned shifts) off the roster, some of which are linked to the pandemic impact.

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5.3. Coupled with this, traditional means of boosting the produced hours such as incentivising overtime are no longer as effective given the levels of staff fatigue.

5.4. Capacity continues to be expanded through EASC investment in the Demand and Capacity review and additional staff are planned to enter the service throughout the remainder of this financial year.

#### 5.5. Capacity Summary

- *Investment by EASC in operational recruitment continues*
- *The expected level of production is not being delivered*
- *Sickness and abstraction rates remain high*

#### 6. Efficiencies

6.1. Whilst the previous section outlined the capacity available, the efficient use of that capacity is a key component to the delivery of an effective ambulance service.

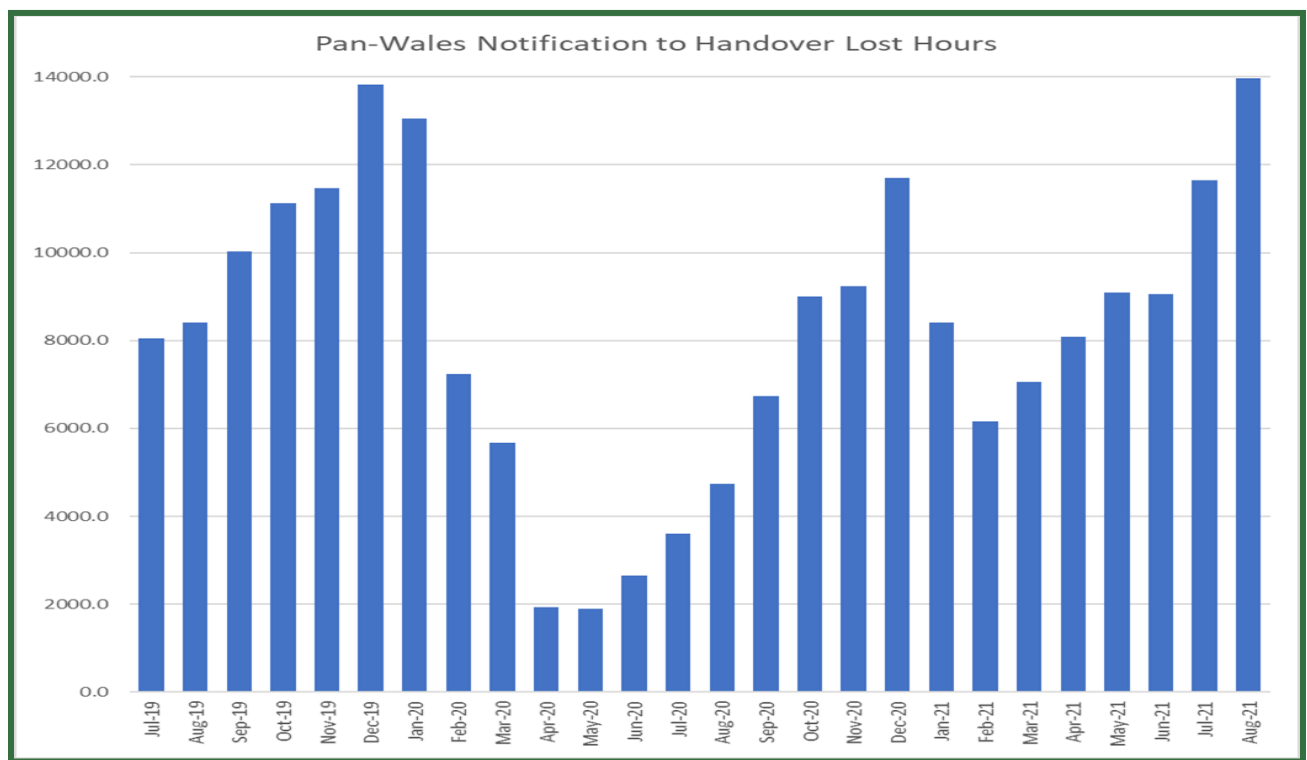
6.2. The joint demand and capacity review identified that current operational rosters across Wales were out of sync with demand. An efficiency gain equivalent to 72 full time staff members could be realised by delivering a revised set of rosters that matched capacity to demand. Delivery of this



efficient was agreed by EASC as part of the package of measures required to deliver the outputs of the review. Work to deliver this is currently ongoing in WAST.

6.3. The chart below demonstrates the total lost hour to ambulance handovers outside emergency departments in Wales. Whilst Powys patients may not be conveyed to all departments in Wales, the impact of lost hours will inevitably result in the drawing away of resources from the areas of Wales, including Powys.

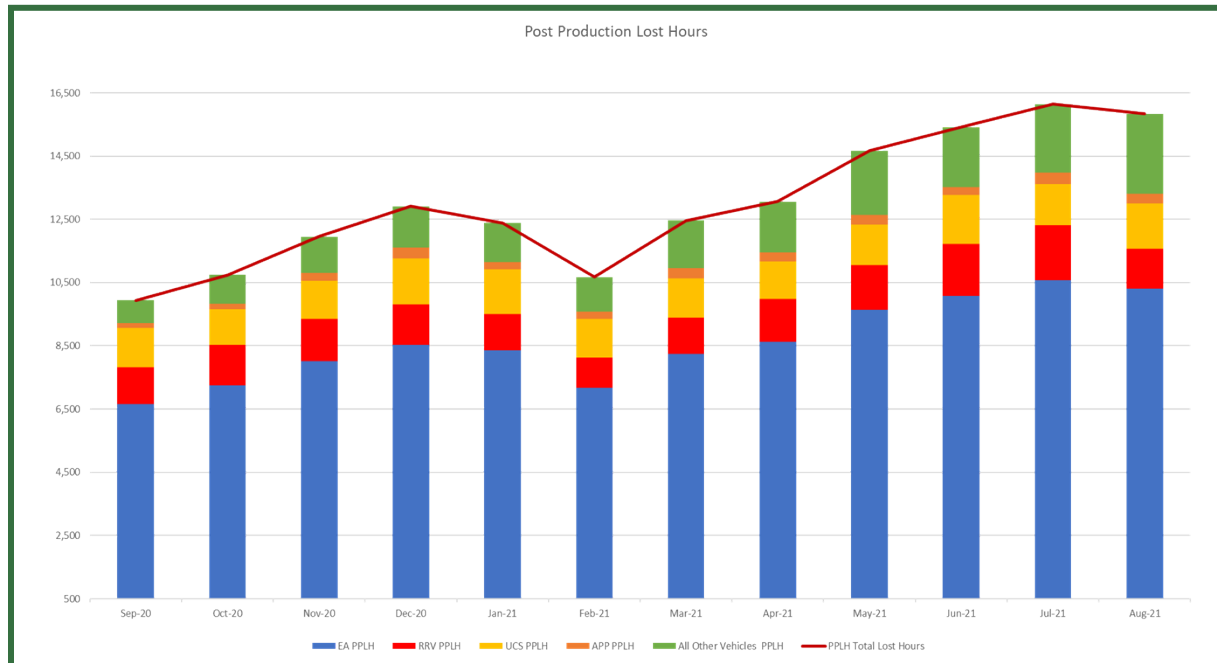
6.4. The levels of handover delay currently being experiment are higher than the levels used to undertake the modelling within the Demand and Capacity review, work to update this to better reflect the capacity requirements now is ongoing.



6.5. In additions to lost hours for handover delays, there are range of other post-production lost hours (PPLH) that impact on the effectiveness of service delivery.

6.6. Hours lost through PPLH can be down to numerous factors, including but not limited to Meal Breaks, Hospital Ambulance Liaison Officer duties, Vehicle cleaning, vehicle defects and Traumatic stand down.

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6.7. Again delivery of an improvement in the level of PPLH was agreed by EASC as part of the package required for the delivery of the demand and capacity review, WAST are currently working in partnership with Trade Union colleagues to deliver improvement to this picture.

6.8. In order to better understand the impact of capacity and inefficiencies on the effectiveness of service performance, a utilisation metric is being developed. This will allow forward forecasting of performance based on planned resources and expected lost production. This metric and process is currently being shared with stakeholder prior to a formal launch in the coming weeks as a core part of operational planning and escalation.

6.9. Both WAST and the Commissioning team have recognised that there is a need to develop a specific rural model within Wales, which recognises the unique challenge of providing emergency care to lower populations in large geographical areas. This challenge has been quantified by development of the utilisation measure which demonstrate the need for much lower levels of ambulance utilisation in Powys than other parts of Wales. To support this work WAST have undertaken a number of modeling scenarios, to explore how this can be delivered. Further work is required on this in partnership with the health board.

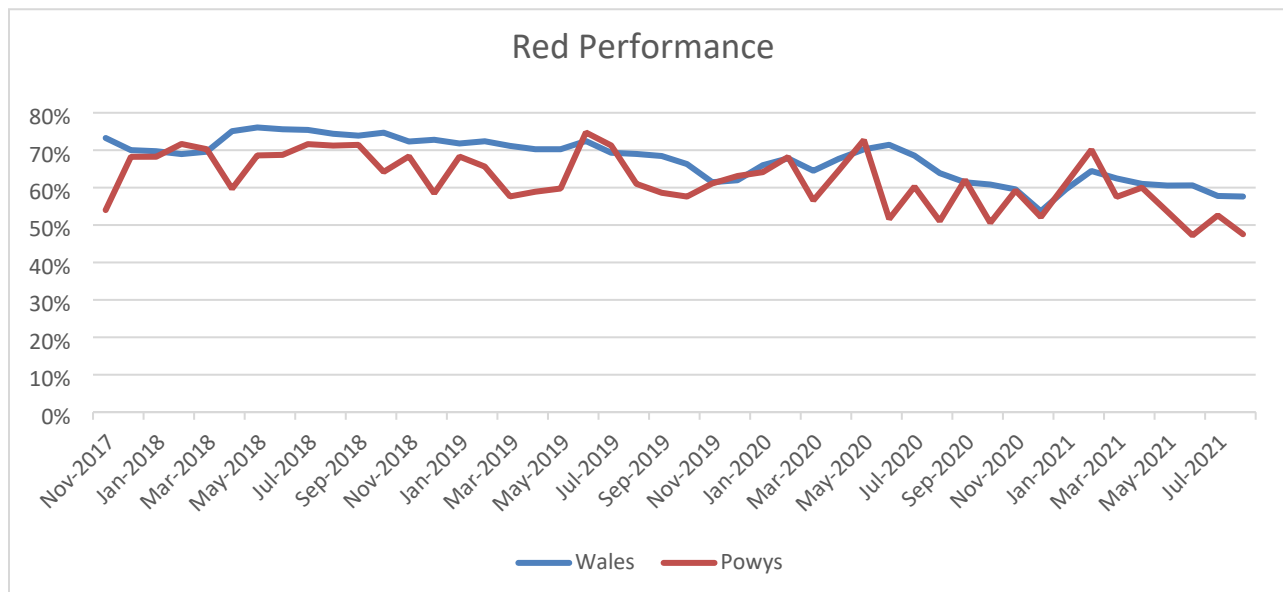
#### 6.10. Efficiencies Summary

- ***Rosters are currently out of sync with demand***
- ***Handover lost hours continue to increase***
- ***Post-production lost hours are a significant contributor to inefficiency***

#### 7. Performance

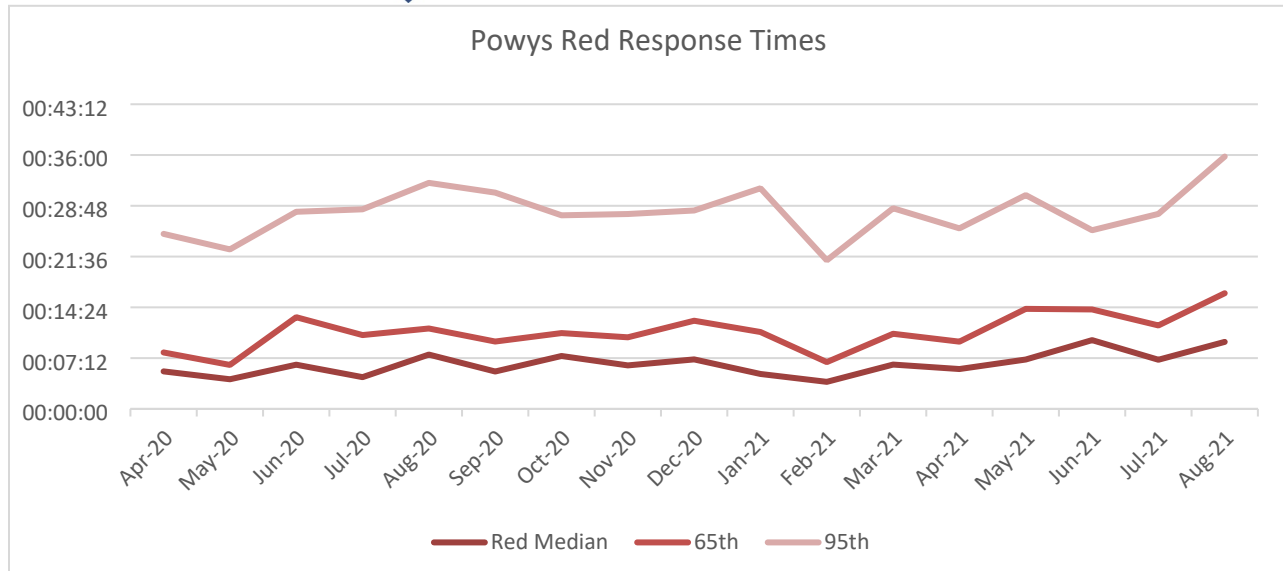


- 7.1. Ambulance performance is a consequence of demand, capacity and efficiency. The challenges of delivering the expected levels of ambulance performance have been well documented in the media and this challenge is likely to become more acute as we enter the winter period.
- 7.2. The chart below shows Red performance at an all Wales and Powys level. As can be seen there is a general downward trend in performance delivery both at the national and health board level.
- 7.3. Powys performance delivery has also been more inconsistent than the national and other health board's picture, this is typically linked to the lower volume of demand, meaning that individual incidents have a larger impact on achievement of the target than higher volume areas.

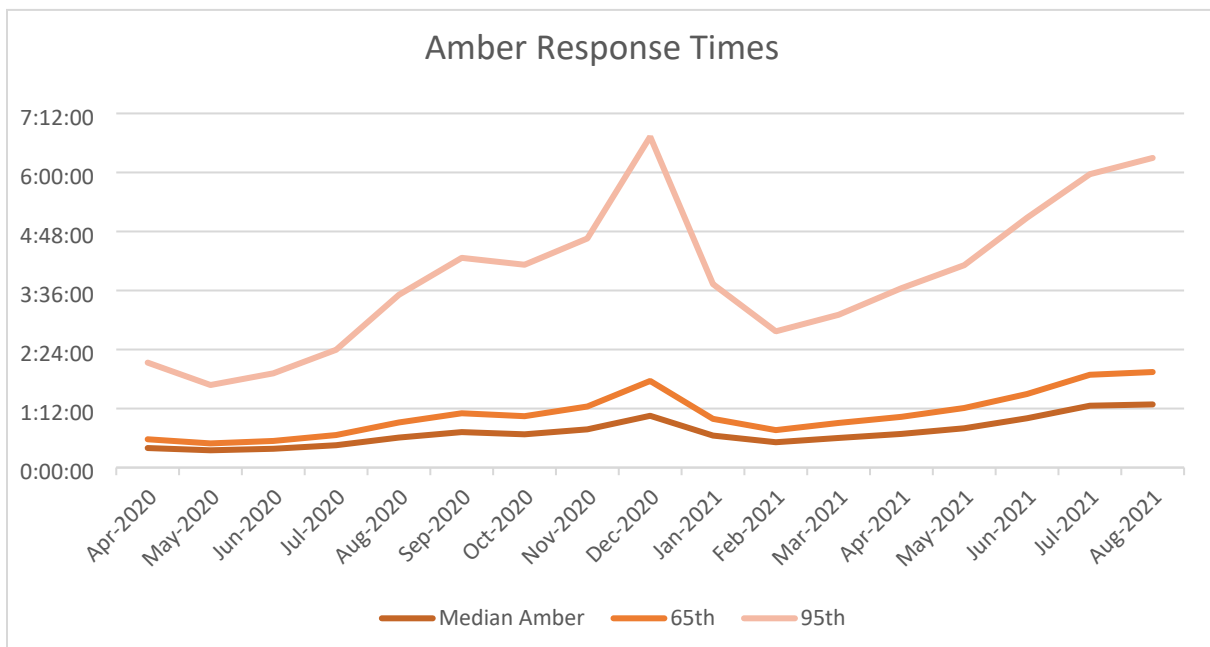


- 7.4. The chart below provides additional granularity into the range of response time for Red incidents in Powys. As is consistent with other performance metrics and other part of Wales the response tails are deteriorating.

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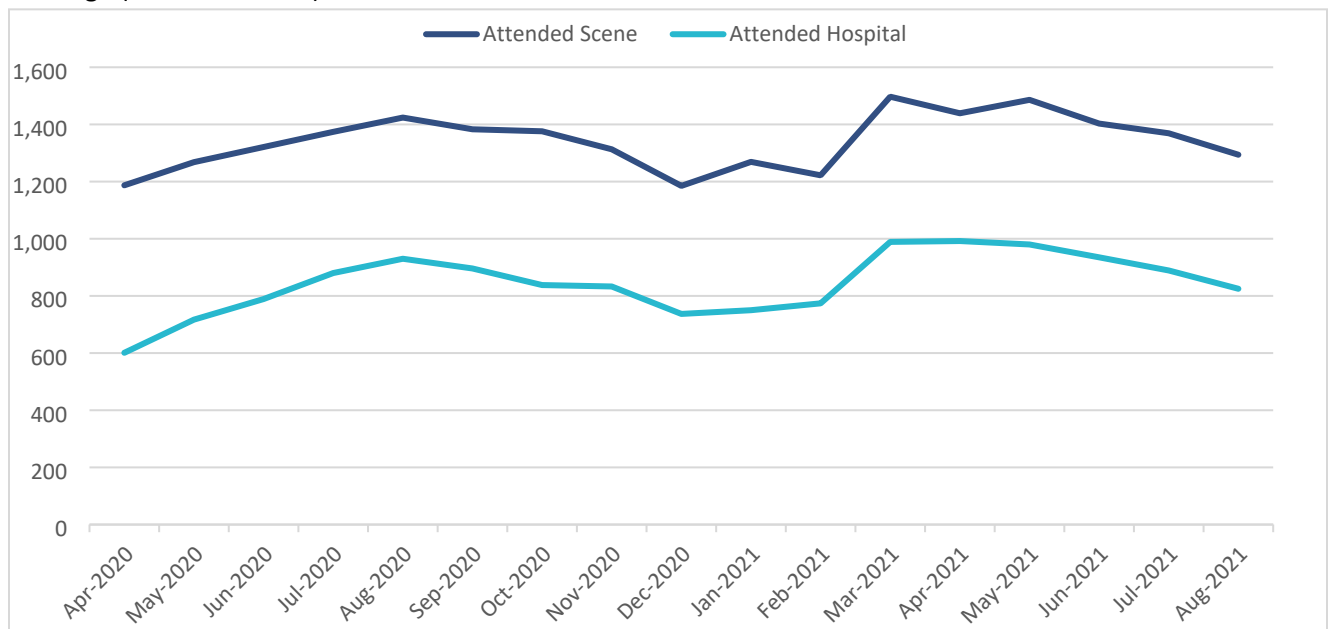
7.5. Whilst there is no formal response time target for Amber incidents, timeliness of response remains an important factor for patients. Historically Powys has experienced some of the best response times for these incidents in Wales. The chart below demonstrates the deterioration in response time for these patients, however Powys amber incidents continue to receive a faster response than many parts of Wales.



7.6. Given the travel distances, conveyance to hospital inevitably takes ambulance provision out of Powys, as such the ability of ambulance crews to safely and effectively manage patients within Powys without onward conveyance brings significant benefit.



7.7. The chart below demonstrates the conveyance levels of patient following attendance at scene within Powys health board. For this period Powys has slightly better conveyance rates than the Welsh average (62.8% vs 64.5%)



#### 7.8. Performance Summary

- ***Red performance remains challenging across Wales but is particularly vulnerable in Powys***
- ***Amber responsiveness is deteriorating at an accelerating rate***
- ***Conveyance rates remain static***

#### 8. Current Improvement Actions

8.1. There are a number of improvement actions being undertaken to support the delivery and resilience of emergency ambulance services

- EASC Improvement Plan (attached) – Including monthly updates to the Minister for Health and Social Services
- Ongoing recruitment of operational staff with the “relieve gap” planned to be closed by the end of 2021/22
- Investment in a new software system for clinical assessment in the WAST clinical contact centers due to be live from March 2021
- Additional clinical staff for the Clinical Support Desk to improve patient safety and alternative responses to patient needs. These staff are currently being recruited with training planned prior the end of this calendar year.
- Updating of the Demand and Capacity review in light of the current environment to inform EASC investment for 2022 and beyond.

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- Continued work on the development of a rural model, that meets the need of Powys HB, WAST but most importantly the clinical need of the Powys population

## 9. Recommendations

9.1. Members of the committee are asked to **note** the content of the report

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## EASC ACTION PLAN

Issue	Potential Action	Lead	Start Date	End Date
<b>1. CAPACITY</b>				
<b>1.1 Over recruitment</b>	Emergency medical technicians – 36wte	WAST	Now	March 2022
<b>1.2 Agency staff</b>	Employ agency staff into most needed areas	WAST	Now	March 2022
<b>1.3 Overtime</b>	Increase payment to double time. Increased opportunities.	WAST	Now	March 2022
<b>1.4 Military</b>	Could request support but would need to be under business continuity reasons	WAST	Now	Review January 2022
<b>1.5 Fire and Rescue Service (FRS)</b>	Work as first responders Falls responses	WAST	Now	Ongoing
<b>2. DEMAND MANAGEMENT</b>				
<b>2.1 Link Demand Management Plans</b>	All organisations develop DMPs to have a system wide response to balance clinical risk	Health Board COOs	Now	Oct 2021
<b>2.2 Increase control room clinicians</b>	Opportunity to free up resources with enhanced clinical triage. Health board staff could also manage patients off the stack. Recruit staff from across UK.	WAST	Now	March 2022
<b>2.3 Use Minor Injury Units differently</b>	Provide WAST access where appropriate. Use within escalation process differently.	Health Boards	Now	Nov 2021
<b>2.4 Alternatives to EDs</b>	For highest numbers – fallers and mental health /wellbeing categories. Develop local alternatives to ED.	Health Boards	Now	Ongoing
<b>2.5 Same day emergency care and consultant connect</b>	Increase opportunities. Direct access to ambulatory care for WAST. Access in and advice out from flow centres.	Health Boards	Now	Ongoing

Issue	Potential Action	Lead	Start Date	End Date
<b>3. EFFICIENCY</b>				
<b>3.1 Utilisation</b>	What are reasonable handover delays currently? Could develop information related to level of hours lost and what resources would be available Tolerance to be defined Agree an improvement target as part of utilisation programme	All	Now	Ongoing
<b>3.2 Post-production lost hours</b>	Need agreement at WAST re rest breaks and use of the agreed policy Need to agree principles and identify what can be delivered where in Wales	WAST	Now	Ongoing
<b>3.3 Roster changes</b>	Align available staff to forecasted peaks and troughs Reduce sickness absence levels	WAST	Now	March 2022

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**Agenda item: 3.4**

<b>DELIVERY AND PERFORMANCE COMMITTEE</b>		<b>Date of Meeting: 1 November 2021</b>
<b>Subject :</b>	<b>COVID-19 Vaccination Phase 3 Plan</b>	
<b>Approved and Presented by:</b>	<b>Hayley Thomas, Director of Planning and Performance</b>	
<b>Prepared by:</b>	Programme Director (COVID-19 Vaccination and TTP)	
<b>Other Committees and meetings considered at:</b>	Phase 3 Plan and Phase 1/2 Closure Report approved by Executive Committee on 18 November 2021	

**PURPOSE:**

The purpose of this paper is to update the Delivery and Performance Committee on the closure of the Phase 1/2 Vaccination Programme and on the development and delivery of the Phase 3 Vaccination Plan in Powys.

**RECOMMENDATION(S):**

The Delivery and Performance Committee is asked to:

- NOTE the closure of the Phase 1 / 2 Vaccination Programme
- NOTE and DISCUSS the Phase 3 Delivery Plan

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

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

Strategic Objectives:	1. Focus on Wellbeing	✓
	2. Provide Early Help and Support	
	3. Tackle the Big Four	
	4. Enable Joined up Care	
	5. Develop Workforce Futures	

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

## EXECUTIVE SUMMARY:

### COVID-19 Vaccination Phase 1 / 2 Closure Report

COVID-19 Vaccination began in Powys in December 2020 following the approval of the Pfizer/BioNTech vaccine.

Our Phase 1 and 2 Plan set out our ambitions for offering a first and second dose COVID-19 vaccination based on national guidance from the Joint Committee on Vaccination and Immunisation and national policy and guidance from Welsh Government.

Uptake in Powys by the end of Q2 2021/22 was the highest of all health boards in Wales. Based on PHW comparators (source: PHW, uptake as at 26 September 2021) first and second dose uptake for the 18+ adult population in Powys was as follows:

- 91.0% of the adult population have received their first dose (Wales: 87.0%)
- 88.6% have received their second dose (Wales: 83.6%)

The Phase 1 and 2 vaccination programme in Powys has been a tremendous partnership effort through joint working with:

- local people and communities,
- the third sector including the incredible volunteering effort supported by Powys Association of Voluntary Organisations and community transport organisations,
- NHS staff in PTHB and primary care,
- wider public sector partnerships with Powys County Council, Mid and West Wales Fire and Rescue Service, Dyfed Powys Police,
- support from local businesses and organisations including Freedom Leisure and the Royal Welsh Agricultural Society,
- Armed Forces support through MACA arrangements

All three national milestones were achieved:

- Milestone 1: to have offered all adults in groups 1 to 4 a vaccine by mid-February with at least 75% uptake
- Milestone 2: to have offered all adults in groups 5 to 9 a vaccine by mid-April with at least 75% uptake
- Milestone 3: to have offered a first dose of the vaccine to those in group 10 i.e. the rest of the eligible adult population by the end of July with at least 75% uptake

In addition, all three aims of our Phase 1 and 2 Plan have been achieved:

To deliver swift, safe and effective approved vaccines for COVID 19 to population in accordance with the Vaccination Strategy for Wales published 11 January 2021	Programme governance and assurance in place including Strategic Oversight Group, Operational Delivery Group, workstreams, clinical leadership and assurance.
To deliver the vaccine to the whole population, beginning with Priority Groups 1-4 and then Priority Groups 5-9 (people over 50 years old and all adults with significant underlying health conditions) as recommended by the UK's independent Joint Committee for Vaccination and Immunisation	National strategy milestones delivered ahead of schedule. Headline performance for vaccine uptake for over 18s in Powys is the highest of all health boards in Wales.
To ensure that no one is left behind – accessibility, cross-border, non-registered and temporary populations and other factors that may affect the ability to access the vaccine.	Ongoing focus on “leaving no one behind” including monitoring of uptake at MSOA and agreed targeted action to respond to variance (e.g. promotional materials in multiple languages, pop-up clinic in MSOA with lowest uptake). EQIA under ongoing review

The Delivery and Performance Committee is asked to **NOTE the closure of the Phase 1 / 2 Vaccination Programme.**

### COVID-19 Vaccination Phase 3 Delivery Plan

The Welsh Government Phase 3 COVID-19 Vaccination Strategy for Autumn/Winter 2021 sets out the national priorities for the delivery of COVID-19 vaccination in Wales in Q3 and into Q4.

It builds on the learning and experience from Phase 1 and 2.

The current context, the transmissibility of the Delta virus and evidence of waning immunity for the oldest and most vulnerable people means that speed continues to be important.

Welsh Government has been working with health boards over the summer months to plan for this next phase, with the assumption that we would need a booster vaccine in the autumn to protect the most vulnerable and elderly

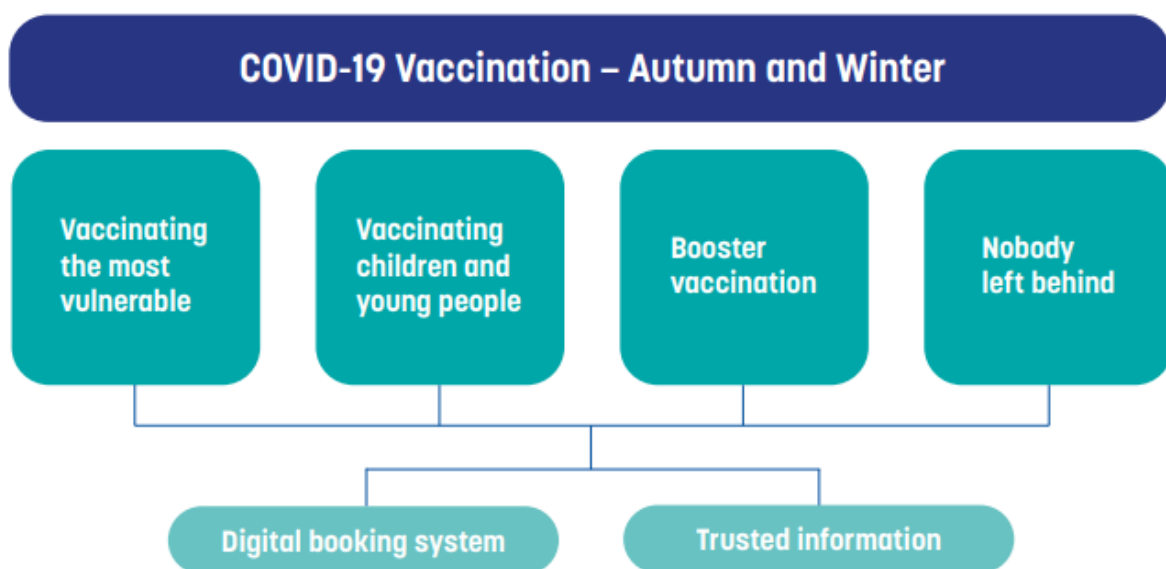
and front line staff. Health Boards were also asked to plan for the possibility of vaccinating children and young people from the age of 12 years.

As part of this planning, health boards have had to consider their workforce, ensuring training requirements are met, Joint Committee for Vaccination and Immunisation (JCVI) and other guidance, logistics for vaccine consumables and PPE, as well as the supporting infrastructure required to deliver this next phase. Planning has had to consider what best meets the needs of their local population.

This continues to be a whole NHS Wales approach, with Welsh Government and Public Health Wales working closely on all medical, technical and public health aspects. NHS Wales Shared Services, the Welsh Blood Service and Welsh Health Courier Service will continue to be vital to logistics and distribution. The Digital Health and Care Wales' Wales Immunisation System continues to support and underpin all health boards' efforts and enable surveillance and pharmaceutical tracking.

## Priorities

The Wales COVID-19 Vaccination Programme will need to be delivered alongside other important vaccination programmes such as the seasonal influenza and catch up school-aged immunisation programmes as we progress into the autumn period. Welsh Government has therefore asked health boards to focus particularly on the following:



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The specific national aims are:

- **Vaccinating the most vulnerable:** All individuals identified as severely immunosuppressed, as set out in the JCVI advice, will be prioritised for an urgent appointment at the time best for them.
- **Vaccinating children and young people:** We will offer the vaccine to all 12 to 15 year olds by 1 November with the majority of those who come forward vaccinated in October
- **Booster vaccination:** By 31 December, we will have offered the majority of those who are eligible for a booster a vaccine appointment. Eligible Care Homes residents will be offered their vaccination by 1 November.
- **Nobody left behind:** We will continue to work to ensure no-one is left behind and maximise vaccine coverage in Wales for the protection of individuals, their families and the communities in which they live.

Whilst the development of a digital booking system is identified in the national strategy, this is not expected to be available until January 2022 by which time the current Phase 3 priorities will be concluded.

The programme constraints, priorities and aims – as well as our learning from Phase 1 and 2 - have been reflected in our local delivery plan which is attached. It sets out our local aims and principles, our delivery model, and our governance, performance and assurance framework.

A key constraint is that the booster programme as well as vaccination for 12-15 year olds is dependent on mRNA vaccines, and particularly the Pfizer/BioNTech vaccine in Powys. This vaccine continues to have stringent requirements for storage and transport, as well as a requirement for people to sit and wait for 15 minutes after vaccine administration in an environment that meets social distancing and infection prevention & control requirements. This presents particular challenges for a large rural county like Powys and means that we remain heavily dependent on our mass vaccination centres in Bronllys, Builth Wells and Newtown for the delivery of Phase 3.

The specific requirements of the Pfizer/BioNTech vaccine, alongside the wider operational pressures facing primary care, do also mean that 13 of 16 GP practices have after careful assessment decided that they are not currently in a position to deliver the COVID-19 vaccination programme. There is a similar position across Wales. Three practices (Welshpool, Rhayader and Presteigne – who will be vaccinating in Knighton for the Presteigne and Knighton over 80s) are offering the COVID-19 vaccine to their patients over the age of 80.

Outreach programmes are also in place to provide vaccination in care homes for older adults and for the clinically housebound, as well as attending special schools in Newtown and Brecon for individuals who would not be able to attend a mass vaccination centre for 12-15 vaccination.

The plan has been developed through engagement with work area leads via COVID-19 Vaccination Pulse & Operational Delivery Group meetings, and through engagement with Strategic Oversight Group.

Delivery will continue to be monitored through our COVID-19 Vaccination Strategic Oversight Group chaired by the Deputy Chief Executive who is SRO for the programme. Key monitoring mechanisms include including daily Pulse meetings, weekly Operational Delivery Group, Strategic Oversight Group at least monthly, vaccination delivery & quality dashboards, COVID-19 Vaccination Implementation Plan and COVID-19 Vaccination Risk Register.

The plan will need to continue to evolve and develop in response to new and changing requirements (for example, changes in eligibility for vaccination if approved by JCVI). Our horizon scanning continues to remain alert to potential changes such as:

- Extending eligibility for boosters (e.g. to include 18-49 year olds)
- Extending second doses to all 16-17 year olds or all 12-17 year olds
- Extending first and/or second doses below the age of 12

The Delivery and Performance Committee is asked to **NOTE and DISCUSS the Phase 3 Delivery Plan.**

#### **NEXT STEPS:**

Ongoing delivery and review of Phase 3 of the COVID-19 Vaccination Programme through Executive Committee, Strategic Oversight Group, Operational Delivery Group and Vaccination Pulse meetings.

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WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

# COVID-19 Vaccination in Powys Phase 1/2 Review and Phase 3 Delivery Plan

## Update to Delivery and Performance Committee Last Updated 22 October 2021

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# COVID-19 Vaccination in Powys

## Review of Phase 1 and 2

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# Vaccination Programme Phase 1 and 2 Delivery has been completed

## Phase 1 & 2 Performance



Dos Cyntaf / First Dose

91.0%

Ail Ddos/ Second Dose

88.6%

Milestone 1: to have offered all adults in groups 1 to 4 a vaccine by mid-February with at least 75% uptake

Achieved

Milestone 2: to have offered all adults in groups 5 to 9 a vaccine by mid-April with at least 75% uptake

Achieved

Milestone 3: to have offered a first dose of the vaccine to those in group 10 i.e. the rest of the eligible adult population by the end of July with at least 75% uptake

Achieved

Phase 1/2 headline performance based on PHW comparators (source: PHW, uptake as at 26 September 2021):

- 91.0% of the adult population have received their first dose (Wales: 87.0%)
- 88.6% have received their second dose (Wales: 83.6%)

## Progress against Phase 1 & 2 Plan

To deliver swift, safe and effective approved vaccines for COVID 19 to population in accordance with the Vaccination Strategy for Wales published 11 January 2021

Achieved

Programme governance and assurance in place including Strategic Oversight Group, Operational Delivery Group, workstreams, clinical leadership and assurance.

To deliver the vaccine to the whole population, beginning with Priority Groups 1-4 and then Priority Groups 5-9 (people over 50 years old and all adults with significant underlying health conditions) as recommended by the UK's independent Joint Committee for Vaccination and Immunisation

Achieved

National strategy milestones delivered ahead of schedule. Headline performance for vaccine uptake for over 18s in Powys are the highest of all health boards in Wales.

To ensure that no one is left behind – accessibility, cross-border, non-registered and temporary populations and other factors that may affect the ability to access the vaccine.

Achieved

Ongoing focus on "leaving no one behind" including monitoring of uptake at MSOA and agreed targeted action to respond to variance (e.g. promotional materials in multiple languages, pop-up clinic in MSOA with lowest uptake). EQIA under ongoing review

# Vaccination Programme in Powys: Learning from Phase 2

Theme	Key Lessons Learned
Bookings & Administration	<ul style="list-style-type: none"> <li>Blended approach to booking appointments is most successful in making contact and avoiding DNAs, including use of; Bookings App, letters, telephone calls, pre-allocated bookings, text messaging.</li> </ul>
Management of DNAs	<ul style="list-style-type: none"> <li>Use of text messaging service is beneficial, especially with younger cohorts</li> <li>Proactive approach to filling empty slots towards the end of the day – bringing forward appointments to support this.</li> <li>Use of Reserve Lists</li> </ul>
Vaccine Wastage	<ul style="list-style-type: none"> <li>Collaborative working between teams, including; Administration, Pharmacy and Nursing is essential to the smooth running of the MVCs</li> <li>Sharing learning across the sites</li> <li>Tailor opening times to suit the cohorts e.g. avoiding weekend/evenings for younger cohorts</li> </ul>
Communication	<ul style="list-style-type: none"> <li>Use of social media to engage Powys citizens proved to be an essential factor in the success of the rollout</li> </ul>
Technology	<ul style="list-style-type: none"> <li>Use of Teams and Sharepoint proved to be an effective facilitator for collaborative working</li> <li>Use of IT systems brought teams of staff closer together and supported personal development in use of IT</li> </ul>
Strategy & Governance	<ul style="list-style-type: none"> <li>Utilising Programme Support to organise the flow of the programme and governance structure provides transparency, support to the operational teams and assurance around the delivery of the programme.</li> <li>Development of SOPs to provide guidance and support given the rapidly changing environment.</li> <li>Earlier planning and more structure would have benefitted the initial stages (dependent on WG direction)</li> <li>Importance of Daily Pulse meetings recognised to share general/operational information on a day to day basis</li> </ul>
Workforce	<ul style="list-style-type: none"> <li>Line Management training may have helped colleagues understand recruitment processes and HR laws given the extent of the recruitment campaign undertaken as well as further training for existing managers to help prepare them for dealing with the pandemic</li> <li>Recruitment could have commenced earlier</li> <li>Having the right staff in the right role – often individuals had to support multiple roles.</li> <li>Consider introducing a ‘floater’ role to provide an opportunity to observe the programme from a different perspective</li> </ul>
Teamwork	<ul style="list-style-type: none"> <li>Earlier collaborative working would have avoided duplication of workload e.g. development of separate SOPs</li> <li>Earlier reflection and sharing of learning</li> <li>Positive experience being part of a dedicated and committed team</li> </ul>
Wellbeing	<ul style="list-style-type: none"> <li>Intensity of programme is mentally challenging. Important to take leave and regular breaks.</li> <li>Increased pressure/stress leading up to the implementation as a result of what some considered too much focus on the plans rather than the implementation itself.</li> </ul>
Leaving No One Behind	<ul style="list-style-type: none"> <li>Focused reviews undertaken of outreach activity in Ystradgynlais and Welshpool</li> <li>Review visit undertaken to Swansea Bay “Immbalance”</li> </ul>

## Vaccination Programme in Powys: Learning from Phase 2 – Internal Audit

Internal Audit undertook an Advisory Review and their key learning was as follows:

- The organisational structure of the programme adapted as it moved from planning to delivery ensuring plans were aligned to the JCVI and national guidance;
- Staff resources and training is fit for purpose and underpinned with regular reviews, competency checks and SOPs;
- Robust arrangements in place to manage appointments for cohorts within the designated WIS system in accordance with JCVI guidance, picking up consent, DNAs/CNAs and ensuring no-one is left behind;
- Vaccine management complies with national and specific guidance, ensuring it is secure and stored at the appropriate temperatures to ensure minimum wastage;
- Maintaining appropriate communications and stakeholder engagement is deemed critical to the success of the rollout;
- Ongoing development, maintenance, review and progress reporting against key milestones, risk registers etc are managed through programme/workstream documentation - to be undertaken at the earliest opportunity to support future planning;
- Lessons learned are identified through workshops, incidents, audits are shared, and;
- Access to up-to date information is essential to inform ongoing planning and monitoring arrangements and to support operational business processes.



# Vaccination Programme in Powys: Learning from Phase 2 - HIW

Key learning from Healthcare Inspectorate Wales undertook a review of vaccination across the country, and we have reflected on their findings and recommendations for the delivery and management of our local programme:

National Findings	National Recommendation	Local Action taken in PTHB
1) Vaccines being left unsupervised and not checked between preparation and administration.	We recommend all health boards ensure their processes for vaccine delivery are in line with the National Protocol.	<ul style="list-style-type: none"> <li>• PTHB does not draw up doses in a separate area of the MVC, we draw up one dose at a time in the cubicle that the vaccine will be administered in and the dose is administered immediately.</li> </ul>
2) No clinical or environmental audit activity	We recommend that all health boards ensure a programme of clinical and environmental audit activity is in place, and is regularly completed, reported and acted upon where necessary	<ul style="list-style-type: none"> <li>• Clinical audit programme agreed at Clinical Services Strategy Group</li> <li>• IPC inspections undertaken at all 3 mass vaccinations centres</li> </ul>
3) Security, fire regulation compliance and emergency evacuation	We recommend that all health boards ensure risk assessments for fire regulations and security are up to date and actions taken where appropriate. All centres should have up to date evacuation procedures and all staff should be aware of what to do in an adverse event.	<ul style="list-style-type: none"> <li>• Health and Safety inspections undertaken at all 3 mass vaccination centres. All recommendations being reviewed and actioned</li> <li>• Fire evacuation plans detailed in Site Standard Operational Procedures.</li> <li>• Security: the extension to 24-hour security provision across all 3 mass vaccination centres has stabilised and strengthened the Security roster, which has enabled the Security company to issue fixed term contracts. This has enabled us to work with the Security teams to establish their roles in recognising and developing the continuity of work and ensure a higher level of Security awareness and control across the sites.</li> </ul>
4) Checks of resuscitation equipment	We recommend all health boards ensure there is a process in place to regularly check all equipment required for a patient emergency, and ensure procedures are in line with the Resuscitation Council (UK) guidelines.	<ul style="list-style-type: none"> <li>• Resuscitation equipment checked daily by clinical team and log of checks maintained.</li> <li>• Resuscitation procedures detailed in Clinical Standard Operating Procedure</li> </ul>

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# COVID-19 Vaccination in Powys Phase 3 Plan

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# Vaccination Strategy for Wales – Phase 3 Overview

The key national requirements for Phase 3 are:

## 1. “Always Open” offer:

- First doses for those who have not already had one, and second doses (subject to eligibility).

## 2. Vaccination for under 18s in line with national guidance

- JCVI guidance on 15 July recommended first and second doses for 12-15 year olds with conditions that make them clinically extremely vulnerable to serious illness from COVID 19, 12-17 year olds who are household contacts of the immunocompromised, and people within 3 months of their 18<sup>th</sup> birthday.
- JCVI guidance on 4 August extended this to include first doses for all 16-17 year olds, and first and second doses to 12-15 year olds with a wider definition of underlying health conditions.
- UK Chief Medical Officers recommended on 13 September that one dose be offered to all people aged 12-15.

## 3. Booster programme in line with national guidance:

The JCVI advised on 14 September that booster vaccines be offered to those more at risk from serious disease, and who were vaccinated during Phase 1 of the vaccine programme (broadly equivalent to priority groups 1 to 9). This includes:

- those living in residential care homes for older adults
- all adults aged 50 years or over
- frontline health and social care workers
- all those aged 16 to 49 years with underlying health conditions that put them at higher risk of severe COVID-19, and adult carers
- adult household contacts of immunosuppressed individuals

The JCVI advises that the booster vaccine dose is offered no earlier than 6 months after completion of the primary vaccine course.

## 4. Third primary dose for people with immunosuppression at the time of first or second dose:

The JCVI advised on 1 September that certain individuals with immunosuppression should be offered a third primary dose if they had immunosuppression at the time of their first or second dose. Further guidance is awaited regarding booster doses for this cohort.



Mae Brechu yn achub bywydau  
Vaccination saves lives

Phase 3  
COVID-19 Vaccination Strategy  
for Autumn/Winter 2021

October 2021



# Vaccination Strategy for Wales – Phase 3 Supply and Regulations

## Phase 3 vaccination in Powys will predominantly use the Pfizer-BioNTech vaccine.

JCVI recommends mRNA vaccines for the booster programme and has stated the following:

*“After reviewing data on booster responses from different combinations of COVID-19 vaccines, JCVI advises a preference for the Pfizer-BioNTech (BNT162b2/ Comirnaty®) vaccine to be offered as the third booster dose irrespective of which product was used in the primary schedule. There is good evidence that the Pfizer-BioNTech (BNT162b2/ Comirnaty®) vaccine is well tolerated as a third dose and will provide a strong booster response. Alternatively, individuals may be offered a half dose (50µg) of the Moderna (mRNA-1273/Spikevax®) vaccine, which should be well tolerated and is also likely to provide a strong booster response. A half dose (50µg) of Moderna (mRNA-1273/Spikevax®) vaccine is advised over a full dose due to the levels of reactogenicity seen following boosting with a full dose within the COV-BOOST trial. Where mRNA vaccines cannot be offered e.g. due to contraindication, vaccination with the AstraZeneca (ChAdOx1-S/Vaxzevria®) vaccine may be considered for those who received AstraZeneca (ChAdOx1-S/Vaxzevria®) vaccine in the primary course (please refer to the green book for further details)”*

In addition, JCVI recommends Pfizer-BioNTech for vaccination of 12-17 year olds as this is the only vaccine authorised in the UK for this age group.

Locally in Powys we have agreed that our supply will focus on Pfizer-BioNTech due to supply availability of this vaccine, its use for both booster programmes and 12-17 year olds, our significant experience of use during Phase 1/2, and our existing Standard Operating Procedures based on this experience to ensure safe and effective use.

In addition, AstraZeneca will be offered where Pfizer-BioNTech cannot be offered e.g. due to contraindication.

The specific requirements for storage, transport and administration of Pfizer-BioNTech will continue to place constraints on the delivery programme within the county including:

- Low storage temperatures and limitations on transport time once brought from storage
- Requirement for pharmacist input to ensure safe storage and use
- Continued requirements for 15 minute sit and wait following Pfizer-BioNTech administration in an environment that meets social distancing and infection prevention & control requirements

## Key guidance: Children and Young People

- [JCVI statement on COVID-19 vaccination of children and young people aged 12 to 17 years: 15 July 2021 - GOV.UK \(www.gov.uk\)](#)
- [JCVI statement on COVID-19 vaccination of children and young people aged 12 to 17 years: 4 August 2021 - GOV.UK \(www.gov.uk\)](#)
- [JCVI statement on COVID-19 vaccination of children aged 12 to 15 years: 3 September 2021 - GOV.UK \(www.gov.uk\)](#)
- [Joint Statement by the UK Chief Medical Officers on 13 September 2021: Young people aged 12 to 15 to be offered a COVID-19 vaccine - GOV.UK \(www.gov.uk\)](#)

## Key guidance: Immunosuppression:

- [Joint Committee on Vaccination and Immunisation \(JCVI\) advice on third primary dose vaccination: 1 September 2021 - GOV.UK \(www.gov.uk\)](#)

## Key guidance: Boosters

- [JCVI statement regarding a COVID-19 booster vaccine programme for winter 2021 to 2022: 14 September 2021 - GOV.UK \(www.gov.uk\)](#)

## Regulatory Approval of Pfizer/BioNTech:

- [Information for Healthcare Professionals on COVID-19 Vaccine Pfizer/BioNTech \(Regulation 174\) - GOV.UK \(www.gov.uk\)](#) (last updated 27 September 2021)

## COVID-19 Green Book:

- [COVID-19: the green book, chapter 14a - GOV.UK \(www.gov.uk\)](#)

# Vaccination Strategy for Wales – Phase 3 Eligibility

Eligibility for vaccination is more complex in Phase 3 than in Phase 1-2

Last updated 17 October 2021		Primary Doses			Booster Doses
Cohort	Phase 1/2 Priority Groups	Dose 1	Dose 2	Dose 3	Booster (at least 6 months after final primary dose)
Care home residents and care home workers	P1	✓	✓	x	✓
People aged 12+ with severe immunosuppression at time of 1 <sup>st</sup> /2 <sup>nd</sup> dose	Subset of P1-4 (now group 0.1 and 0.2)	✓	✓	✓	TBC (awaiting JCVI guidance)
Health & Care workers, patient facing, age 16+	P2	✓	✓	x	✓
People aged 16+ with conditions that make them Clinically Extremely Vulnerable to serious illness from COVID	P4	✓	✓	x	✓
People aged 12-15 with underlying health conditions [aligned with JCVI advice]	P4	✓	✓	x	x
People aged 16+ who are household contacts of immunosuppressed	P6	✓	✓	x	✓
People aged 12-15 who are household contacts of immunosuppressed aged 12-15	P6	✓	✓	x	x
Underlying health conditions 16-65	P6	✓	✓	x	✓
Unpaid carers aged 16+	P6	✓	✓	x	✓
All other adults aged 50+	P2,3,4,5,7,8,9	✓	✓	x	✓
All other adults aged 18-49	P10	✓	✓	x	x
16-17 year olds without health conditions above	P10	✓	x (eligible for second dose from 17yrs 9 months)	x	x
12-15 year olds without health conditions above	P10	✓	x	x	x
Under age 12	None	x	x	x	x

# Phase 3 Delivery Plan in Powys: Programme Aims and Principles

Our Programme Aims for Phase 3 are as follows:

Aim 1:	Aim 2:	Aim 3:	Aim 4:	Aim 5:
To continue to offer first and second dose vaccination for people who have not yet taken up the offer, ensuring no one is left behind.	To deliver first and second dose vaccination for children and young people aged 12-17 in line with national guidance.	To deliver a safe, prudent and timely booster programme in line with national guidance.	To deliver a third primary dose for individuals experiencing immunosuppression at the time of their first or second dose, in line with national guidance.	To continue to review COVID-19 vaccination delivery in order to develop our future model, if and as required by national policy and guidance.
<i>"Always open" offer in place</i>	<i>12-17 invitations issued by end October</i>	<i>Booster invitations issued by 8 months after second dose 80% offer by end December 2021</i>	<i>Invitations issued by end November</i>	<i>Future model in place for 2022/23, if and as required</i>

Our delivery programme principles are:

 <p>PRINCIPLE 1. DO WHAT MATTERS</p>	 <p>PRINCIPLE 2. DO WHAT WORKS</p>	 <p>PRINCIPLE 3. FOCUS ON GREATEST NEED</p>  <p>PRINCIPLE 4. OFFER FAIR ACCESS</p>	 <p>PRINCIPLE 5. BE PRUDENT</p>	 <p>PRINCIPLE 6. WORK WITH PEOPLE &amp; COMMUNITIES</p>
<p>Offer booster vaccination to everyone who has previously received second dose vaccination in the eligible groups identified in JCVI guidance.</p> <p>Offer first and second dose vaccination to every young person aged 12-17 registered with a GP practice in Powys (and to Powys residents who are not registered with a GP).</p> <p>Offer a third primary dose to immunosuppressed individuals identified through clinically-led assessment of eligibility and timing.</p>	<p>Follow national advice from the JCVI and Welsh Government based on the latest clinical evidence.</p> <p>Continue to review our experience of COVID-19 vaccination, share best practice and plan for the future.</p>	<p>Offer first and second dose vaccination to any adult registered or resident in Powys who has not yet taken up the offer.</p> <p>Continue to review delivery to identify and implement local priorities for "leaving no one behind".</p>	<p>Deliver a vaccination model that best uses the resources available to us to meet need, and takes account of the overall impact from COVID and non-COVID harms on our communities.</p>	<p>Continue to work in partnership to make best use of the talents of Powys.</p>

## Phase 3 Delivery Plan in Powys: Aim 1 – “always open”

### Aim 1: To continue to offer first and second dose vaccination for people who have not yet taken up the offer, ensuring no one is left behind

#### Delivery Programme:

- Continue to offer drop-in sessions for first and second dose alongside booster clinic sessions.
- Targeted approach for pregnancy and breastfeeding in line with national guidance.
- Second dose reminders in line with agreed protocols.
- Continue to maintain routes for contact and booking to request vaccination:
  - Online forms
  - Booking Hub
  - Website
  - Social media campaigns
  - Raise awareness via intermediaries (e.g. third sector, housing, Community Health Council, county councillors, town and community councils, MSs, MPs)
  - Referral via Welsh Government channels and campaigns

#### Key considerations:

- Ensure processes in place when people's eligibility changes (e.g. 17 year olds without underlying health conditions become eligible for a second dose as they approach their 18<sup>th</sup> birthday)
- Cross border considerations

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### First Dose Appointments



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### Second Dose Appointments



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Powys Teaching  
Health Board



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Vaccination saves lives



## Phase 3 Delivery Plan in Powys: Aim 2 – 12-17

### Aim 2: To deliver first and second dose vaccination for children and young people aged 12-17 in line with national guidance

#### Delivery Programme:

- Approaching 18th birthday (JCVI 15 July)
  - Drop-in sessions for first and second dose
  - Booked appointments sent to people aged 17 years and nine months
- CEV – severe neurodisabilities, Down's Syndrome, Multiple/Profound Learning Disabilities, Immunocompromised (JCVI 15 July):
  - Dedicated clinic sessions at mass vaccination centre, recognising additional support needs
  - Outreach for those unable to attend vaccination centre (e.g. residential care, special schools)
- Household contacts of immunosuppressed individuals (JCVI 15 July):
  - Self-referral via national online form
  - Those who do not self-refer will be invited as routine via 12-17 invitation process
- Expansion of 12-15 underlying health conditions (JCVI 4 August) / all 12-15 year olds (UK CMOs 13 September):
  - Invitation to mass vaccination centre for first dose (and second dose where recommended by JCVI guidance)
- Ongoing:
  - Drop-in appointments for 16-17 year olds at MVC from September 2021
  - Drop-in appointments for 12-15 year olds at MVC expected by December 2021

#### Key considerations:

- Dedicated staffing model in place including Standard Operating Procedure
- Consent model including parent/guardian and/or Gillick Competence
- Outreach to special schools
- Engage with residential environments (boarding schools, residential care)
- Cross border considerations (England via schools / Wales via MVCs)



## Phase 3 Delivery Plan in Powys: Aim 3 - booster

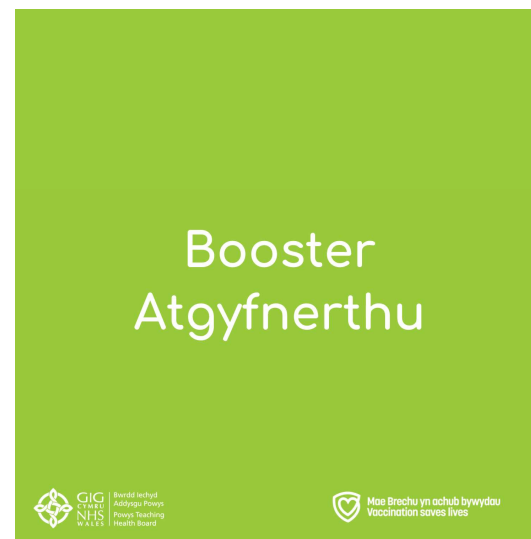
### Aim 3: To deliver a safe, prudent and timely booster programme in line with national guidance.

#### Delivery Programme:

- Booster invitations between 6-8 months after second dose for eligible individuals:
  - Bronllys Mass Vaccination Centre
  - Builth Wells Mass Vaccination Centre
  - Newtown Mass Vaccination Centre
- GP-led model at participating practices for over 80s
  - Welshpool
  - Rhayader
  - Presteigne (vaccinating from Knighton for Presteigne and Knighton patients)
- Outreach to care homes and clinically housebound
  - Majority of eligible care homes by end October
- Ongoing offer
  - Access routes for people who have moved into eligible categories, or moved to Powys since second dose e.g. booking hub, online form, social media campaign
  - Keep uptake under review acknowledging challenges of access to MVC for some residents

#### Key considerations:

- Dedicated staffing model in place including Standard Operating Procedure for MVC and for care home / domiciliary
- Delivery plan to bring invitations closer to 6 months where possible
- “No waste” approach including reserve list to use open vials
- Cross border considerations (registered vs. resident, health & care staff)



## Phase 3 Delivery Plan in Powys: Aim 4 – third primary dose for immunosuppression

**Aim 4: To deliver a third primary dose for individuals experiencing immunosuppression at the time of their first or second dose, in line with national guidance.**

Delivery Programme:

- Third primary dose offered via Mass Vaccination Centres using Pfizer/BioNTech unless clinically contra-indicated
- Nationally-led process in place for confirming eligibility criteria, identifying individuals from electronic records
- Clinically-led assessment of eligibility and timing – predominantly by neighbouring Health Boards and NHS Trusts for Powys residents under their care
- PO.1 and PO.2 categories in place
- Agree and implement local approach to self-referral to ensure no one gets left behind for their third primary dose

Key considerations:

- Many Powys residents with immunosuppression will receive their definitive care from neighbouring health boards in Wales and NHS Trusts in England, and identification of patients (eligibility and timing) will be dependent on the clinically-led processes in those organisations.
- Guidance awaited from JCVI on eligibility for booster following third primary dose.
- Immunosuppressed individuals will normally be in Phase 1/2 Priority Groups 1-4 and many will be due an invitation for a booster soon.



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## Phase 3 Delivery Plan in Powys: Aim 5 – future model

**Aim 5: To continue to review COVID-19 vaccination delivery in order to develop our future model, if and as required by national policy and guidance.**

Development Programme:

- Ongoing review through Pulse, Operational Delivery Group and Strategic Oversight Group
- Clinical audit, learning from complaints and incidents
- Engagement with national programme
- Implementation for new cohorts subject to national guidance (e.g. decisions on extending cohorts of booster programme, extending second dose to younger age groups)
- Future “business as usual” model including flu alignment – clinical, operational and financial model for 2022/23

Key considerations:

- Emerging clinical evidence and advice.
- Welsh Government policy and approach for 2022/23 and beyond



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## Phase 3 Delivery Plan in Powys: Population Profile

Based on current guidance, the Phase 3 programme in Powys will need to deliver up to 80,000 booster doses for eligible individuals and 8500 first doses to 12-17 year olds.

This assumes 100% uptake, and uses current second dose uptake in P1-9 as the baseline.

Individuals should be invited for a booster dose no earlier than six months after their second dose. 95% of eligible individuals in Powys will reach this milestone by end December 2021.

Boosters are currently offered 6-8 months after second dose. By the end of December our aim is for boosters to be normally offered 6-7 months after second dose. Approximately 20,000 people will become due in December, and due to the Christmas and New Year period many of these will be appointed in January. The majority of boosters based on currently eligibility criteria would conclude by end January.

Current booster advice from the JCVI includes those broadly in P1-9 from Phase 1 & 2 of the vaccination programme. If eligibility is extended to include under 50s, the booster programme would continue to March 2021.

Phase 1 / 2 Priority Group	Name	Number
P1.1	Care Home Residents	947
P1.2	Care Home Staff	1910
P2.1	80 years and older	9198
P2.2	Healthcare Workers	5820
P2.3	Social Care Workers	2728
P3	75-79 years old	7337
P4.1	70-74 years old	9792
P4.2	16-69 CEV	3013
P5	65-69 years old	8324
P6	16-65 'at risk'	14079
P7	60-64 years old	5175
P8	55-59 years old	5674
P9	50-54 years old	5366
<i>P10 (not currently included in booster programme)</i>	<i>18-49 years old</i>	<i>24870</i>
Young People	Name	Number
P10 (currently first dose only)	16-17 years old	2764
P10 (currently first dose only)	12-15 years old	5762

# Phase 3 Delivery Plan in Powys: Delivery Model

## Multi Channel Vaccination Delivery Model with Expansion Options

Aim 1: To continue to offer first and second dose vaccination for people who have not yet taken up the offer, ensuring no one is left behind.

Aim 2: To deliver first and second dose vaccination for children and young people aged 12-17 in line with national guidance.

Aim 3: To deliver a safe, prudent and timely booster programme in line with national guidance.

Aim 4: To deliver a third primary dose for individuals experiencing immunosuppression at the time of their first or second dose, in line with national guidance.

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### PTHB Mass Vaccination Centre

#### Boosters for general population, vaccination for 12-17 year olds, drop-in for "always open" offer

North Powys: Newtown Maldwyn Leisure Centre  
Baseline capacity 2240 appointments per week:

- 8 lanes (expansion capacity: 12 lanes) x 40 hours per week

Mid Powys: Royal Welsh Showground  
Baseline capacity 896 appointments per week:  
- 4 lanes (expansion capacity: 7 lanes) x 32 hours per week

South Powys: Bronllys Hospital  
Baseline capacity 1400 appointments per week:  
- 5 lanes (expansion capacity: 6 lanes) x 40 hours per week

The number of sites, and their location, has needed to take in to account a wide range of factors including:

- **Ensuring the safe storage, transport and administration of the Pfizer/BioNTech vaccine** – which is the main vaccine available for the booster programme. It has greater challenges for storage, transport and administration than the AstraZeneca vaccine which was available to us during Phase 1 and Phase 2 of the vaccination programme.
- **Delivering the Pfizer/BioNTech vaccine in ways that meet the latest guidance on infection prevention & control** – in particular, everyone is asked to sit and wait for 15 minutes after administration of the Pfizer/BioNTech vaccine (this was not a requirement for the AstraZeneca vaccine), so venues need to be large enough to accommodate everyone seated 2 metres apart
- **Seeking to offer a service to as many people as possible as quickly as possible across the most sparsely populated county in England and Wales** – we have therefore worked hard to provide three smaller vaccination centres across the county, rather than asking everyone to travel to single central location.
- **Balancing the need for access with the need to ensure that we have the specialist and support staffing available** – including pharmacy, registrant vaccinators, non-registrant vaccinators, support staff, administration, volunteers and our wider team

### Primary Care

#### Boosters for Over 80s via GP Practice

3 GP practices in Powys will offer vaccination for 4 practice populations:

- Rhayader
- Welshpool
- Presteigne (vaccinating in Knighton Community Hospital for Presteigne and Knighton patients)

We have worked closely with GP practices to identify whether they may be able to participate in the booster vaccination programme. However, in most cases this has not proved possible due to:

- **Operational pressures on GP practices**, who are working hard to provide the wide range of other services for their patients
- **Additional storage and transport requirements of Pfizer/BioNTech** (our GP practices were using AstraZeneca in phase one)
- **Additional space requirements** of ensuring that vaccination is offered in a location that allows for everyone to sit and wait for 15 minutes after vaccination in an environment that allows for social distancing (this is a requirement for Pfizer but not AZ) – meaning that most GP practices cannot offer vaccination within their GP premises

After very careful consideration, three of the 16 GP practices in Powys have joined the booster programme.

### Outreach

#### Boosters for people who are housebound, inpatients, care home residents

Community nursing teams providing outreach programme for people who are housebound, care home residents, PTHB inpatients.

#### Vaccination for 12-17 year olds who are unable to attend mass vaccination centres due to the nature of their needs

Outreach vaccination in special schools (Ysgol Cedewain, Ysgol Penmaes) through partnership between mass vaccination and school nursing.

#### Leaving no one behind

Keep under review options for further outreach dependent on need, capacity, resources

### Logistics

#### Clinical Logistics and Governance

- Vaccine handling and supply
- Medicines management and protocols
- Consent

#### Supply Logistics

- PPE and consumables
- Stock management and delivery
- Transport

#### Site Logistics

- Site management, equipment and maintenance
- Site layout and flow

#### Workforce Logistics

- Staffing – vaccinators, booking and administration, pharmacy, site management, volunteers etc.
- Training

#### Administration

- Booking
- Patient Records
- Communication and Engagement



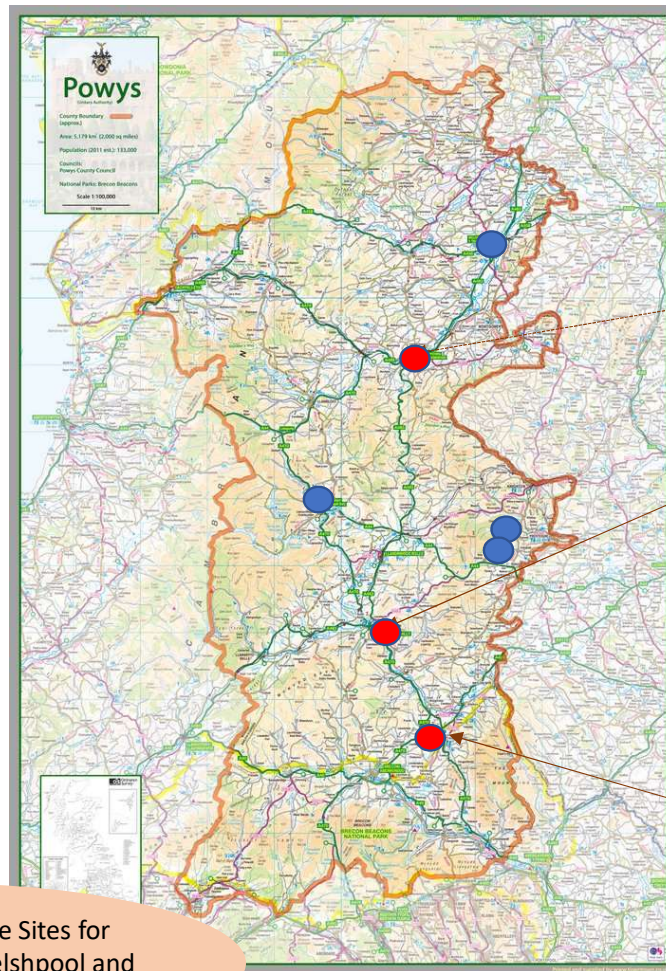
# Phase 3 Delivery Plan in Powys: Geography and Sites

Sites in North, Mid and South Powys to provide coverage in line with the population distribution

North Powys population  
c. 70,000

Mid Powys population  
c. 25,000

South Powys population  
c. 50,000



Newtown Maldwyn Leisure Centre  
Mass Vaccination Site

- 8 Lanes
- 40 Hours a week
- 8 Hours a day over five days
- 2240 appointments per week
- Capacity to expand for peaks in demand

Royal Welsh Showground Builth Wells  
Mass Vaccination Site

- 4 Lanes
- 32 Hours a week
- 8 Hours a day over four days
- 896 vaccines per week
- Capacity to expand for peaks in demand

Bronllys Concert Hall  
Mass Vaccination Site

- 5 Lanes
- 40 Hours a week
- 8 Hours a day over five days
- 1400 vaccines per week
- Capacity to expand for peaks in demand


Outreach for care homes and housebound

Additional Primary Care Sites for  
over 80s in Rhayader, Welshpool and  
Presteigne/Knighton.

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# Operating Procedures



Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

## Powys Teaching Health Board

### Standard Operating Manual

## COVID Vaccination Programme

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Standard Operating Procedure for the management of PTHB COVID-19 Mass Vaccination Centres – South Powys.

#### Scope:

This document is designed for the management of PTHB COVID-19 Mass Vaccination Centres (MVCs) staff operating within the management arrangements.

This Standard Operating Procedure (SOP) covers the following:

- Infection Prevention
- Process for Opening
- Site Layout and Flow
- Staff and Volunteer
- No Waste Protocol
- Traffic Management
- Cleaning
- Management of waste
- Site Security
- Fire Evacuation
- Responding to emergencies
- Media Requests
- Risk Assessment
- Incident Recording
- Training
- Schedule of Equipment

#### Links to other PTHB

- PTHB SOP Health & Safety
- PTHB MVCs Local V
- PTHB SOP PPE and
- PTHB SOP Incident
- PTHB Management

#### SOP Mass Vaccination Centre



Standard Operating Procedure for Receipt of Pfizer BioNTech Covid-19 Vaccines at Powys Teaching Health Board Staff Vaccination Sites.

#### Objectives:

- To allow authorized registered staff from Powys Teaching Health Board to receive the vaccine.
- To complete relevant document

#### Scope:

- To ensure timely and safe receipt of Pfizer BioNTech Covid-19 Vaccines at Powys Teaching Health Board Staff Vaccination Sites.
- To ensure timely and safe receipt of Pfizer BioNTech Covid-19 Vaccines at Powys Teaching Health Board Staff Vaccination Sites.
- To ensure Pfizer BioNTech Covid-19 Vaccines are stored in accordance with the manufacturer's instructions.
- To ensure Pfizer BioNTech Covid-19 Vaccines are stored in accordance with the manufacturer's instructions.

#### Responsibilities:

- This SOP should be used by staff responsible for the receipt of Pfizer BioNTech Covid-19 Vaccines at Powys Teaching Health Board Staff Vaccination Sites.

#### 1. Process for receipt of Pfizer BioNTech Covid-19 Vaccines at Powys Teaching Health Board Staff Vaccination Sites.

##### 1.1. Receipt of Pfizer BioNTech Covid-19 Vaccines at Powys Teaching Health Board Staff Vaccination Sites.

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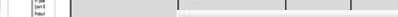
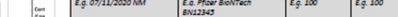
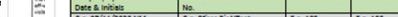
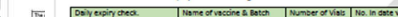
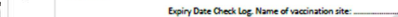
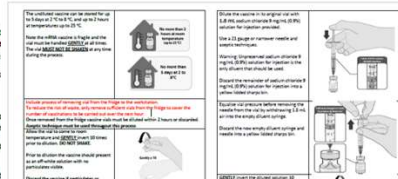
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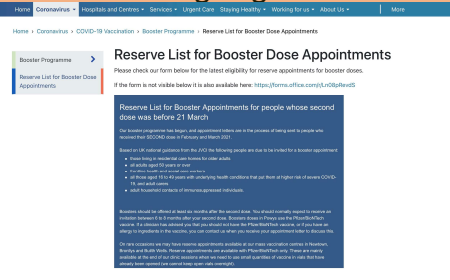
Standard operating procedures (SOPs), clinical and logistical guidance, site management and supplies arrangements and associated forms continue to be developed and maintained to reflect current clinical and operational requirements.



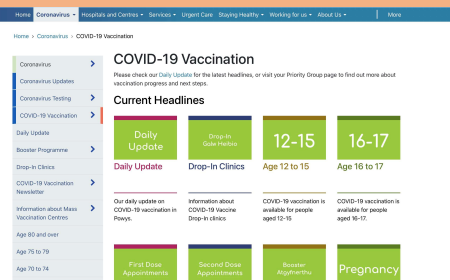
# Engagement and Communication

## An integrated approach to engagement and communication on COVID-19 immunisation

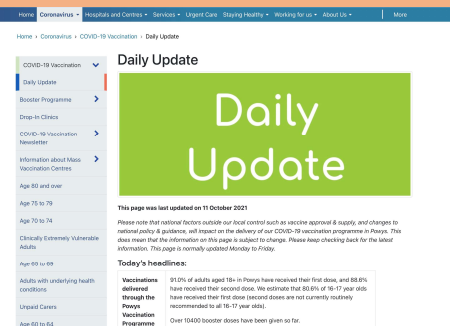
Direct Contact with eligible patients through the booking and appointment process, and online forms (e.g. reserve lists)  
**Ongoing**



Dedicated website at [www.pthb.nhs.wales/covid-vaccine](http://www.pthb.nhs.wales/covid-vaccine)  
**Updated daily**



Public and stakeholder updates via our social media channels  
**Updated daily**



Ongoing programme of press and media activity linked to key milestones



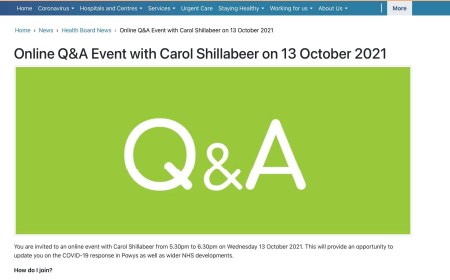
Stakeholder engagement with critical stakeholders (CHC, MSs, MP, LA Cabinet/EMT, councillors, TCCs etc.) and monthly Bulletin



Staff engagement and communication  
**Ongoing**

Staff bulletins  
Staff briefings and Q&As with CEO and Directors  
CEO videos  
Intranet  
Management Cascade  
Stay Well in PTHB Facebook group

Public Online Q&A Events to provide updates and answer key questions



Local amplification of national communication and engagement plan



# Leaving No One Behind

Our reliance on Pfizer/BioNTech for the booster programme, alongside operational pressures on the wider health and care system, places a number of constraints on Phase 3 delivery.

The main vaccine available for the booster programme in Powys is Pfizer/BioNTech. Whilst there has been some easing in the stringent requirements in place for Pfizer/BioNTech (e.g. a tray of 1170 doses can now be used over a period of 1 month rather than 4-5 days), key constraints remain:

- Temperature control, storage and transport
  - Requirement for 15 minute sit-and-wait after vaccine administration in an environment that meets requirements for social distancing and infection prevention & control
- AstraZeneca is only available where an mRNA vaccine (such as Pfizer/BioNTech is contraindicated).

Alongside this, we must make careful decisions about how we allocate our resources to take account of the five harms: the direct harms arising from coronavirus; the indirect health harms, such as cancellation of non-urgent treatment; the social harms, for instance related to closures or inability to attend education; the economic harms including reduced business income and unemployment; and, the harms from coronavirus or the response exacerbated existing or creating new inequalities.

Taking these issues into account, our Phase 3 vaccination programme therefore focuses on three mass vaccination centres, vaccination delivery for over 80s to their registered patients by three GP practices, and outreach for care home residents and housebound. This will present some challenges for access across 2000 square miles of the most sparsely populated county in England & Wales, and we will continue to keep access and opportunity under review as part of our programme monitoring. Delivery of phase 3 will require ongoing partnership with our communities and the third sector to support people to access timely vaccination.

Our approach to addressing inequalities and inequity and leaving no one behind will continue to include:

<b>Rurality and Social Deprivation</b>	<b>Transient and non-registered populations</b>	<b>Cross-border</b>	<b>Equality and Welsh Language</b>	<b>Young People and Families</b>	<b>'Always Open' offer</b>
e.g. Travel, Transport, Distance	e.g. temporary registrations, homelessness, gypsy and traveller communities etc.	e.g. Resident vs. Registered CCGs in England, Health Boards in Wales	e.g. accessible venues, inclusive Booking & Appointment systems, housebound, Welsh Language	e.g. consent, age appropriate materials, transport and access	e.g. for those who have not yet had their first dose

# Programme Governance

## Strategic

Clinical Leadership, advice and assimilation of National / International Guidance, Policy and Directives

NHS Wales National Programme Interface and management of National / Regional and Cross Border Interdependencies

Population Vaccination Model and Timeline

Workforce Model and Planning

Strategic Communications and Engagement

Programme Direction, Control and Oversight

Leaving No-one Behind

## Operational

### Areas of Work

#### Clinical Strategy and Delivery

- Clinical Governance and Quality inc. IPC
- Patient Experience and Safety
- Service Delivery and Clinical Site Management

#### Venue and Site Logistics

- Venue identification, lease and legals
- Site preparation and set up, layout and flow
- Site Security and risk assessment
- Fixtures, fittings, equipment
- Ongoing site maintenance & management
- Public transport to vaccine centres
- PPE & Consumables
- Stock control, ordering & management
- Supply and distribution / transportation

#### Vaccine Supply

- PGD
- Written Instructions
- Vaccine Handling, Cold Chain

#### Booking and Documentation

- Patient record-keeping
- Information Governance including consent
- Booking process
- Call centre set up and management
- ICT systems and equipment
- WIS Data Management & Quality

#### Primary Care

- Local negotiation and agreement aligned to national
- Agreement of Capacity and related supply requirements
- Logistical interdependencies

#### Workforce

- Workforce Planning
- Recruitment/Redeployment
- Volunteer Programme
- Training and Competency
- Skill Mix and Rostering
- Staff Comms & Engagement/Staff Side Liaison

#### Cohort Specific Task and Finish

- Leaving No-one Behind
- Care homes and housebound
- 12-15
- Pregnancy & breastfeeding

**Strategic Oversight Group**  
reporting by exception / escalation to Executive Committee

#### Surveillance and Assurance Mechanisms

- Population Model
- Performance Dashboard
- Programme Implementation Plan
- Standard Operating Manual
- Risk Register
- Reports by exception from Operational Group
- Direction and instruction to Operational Group
- Reports by exception to Executive Committee
- Board reporting
- Clinical oversight arrangements

**Operational Group**  
reporting by exception/ escalation to Strategic Gold Group

#### Operational Delivery Mechanisms

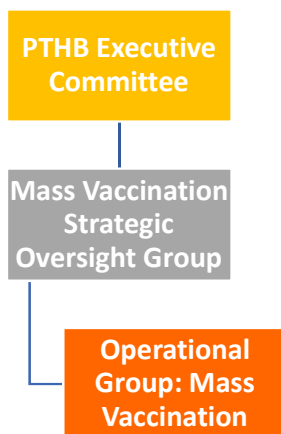
- Areas of work identified with leads to co-ordinate and own Implementation Plan
- Leads to update Implementation Plan weekly in line with schedule for Strategic Oversight Group
- Update Standard Operating Manual to include significant developments as appropriate
- Risk owners to update Risk Register weekly in line with schedule for Strategic Oversight Group
- Operational Group to bring together work leads for knowledge transfer, horizon scanning / action learning and unblocking/ tactical level changes to plan
- Escalation to SOG for material changes or recommendations

#### Daily Pulse

Daily Pulse meetings for operational leads to share and resolve current issues, escalating to ODG as required

# Programme Governance

The PTHB COVID-19 vaccination programme is part of the PTHB Executive Committee governance arrangements. A Strategic Oversight Group has been in place since December 2020 and continues to meet at least monthly. This has a direct reporting arrangement to PTHB Executive Committee to ensure rapid escalation and resolution of issues. Day to day delivery is managed through an Operational Delivery Group (meeting at least weekly) and Pulse (meeting daily or as required).



The programme is being delivered in partnership with:

- Welsh Government and Public Health Wales; National COVID-19 Vaccination Programme
- The Dyfed Powys Local Resilience Forum
- Primary Care Services
- Powys County Council
- The independent and third sectors

It is informed by the national, regional and local pandemic and civil contingency response arrangements including those for Dyfed Powys as noted above, Welsh Government and cross border system resilience arrangements.

It is also informed by ongoing engagement with the Powys Community Health Council.

## COVID-19 Vaccination Strategic Oversight Group

Purpose	<ul style="list-style-type: none"> <li>• Lead the development and delivery of the COVID-19 vaccination programme in Powys</li> <li>• Monitor the clinical and non-clinical performance and outcomes of the programme</li> <li>• Ensure the programme remains compliant with national guidance and professional advice</li> <li>• Oversee development of the programme's communication and stakeholder plan</li> <li>• Responsible for the high-level programme risk register</li> </ul>
Reporting	<ul style="list-style-type: none"> <li>• Exception and highlight reporting to Executive Committee</li> <li>• Exception and highlight reporting from Operational Delivery Group</li> </ul>
Chair	• Deputy Chief Executive / Director of Planning & Performance (Senior Responsible Owner)
Membership	<ul style="list-style-type: none"> <li>• Director of Workforce, OD and Support Services</li> <li>• Director of Primary &amp; Community Care and Mental Health</li> <li>• Director of Finance and IT</li> <li>• Director of Public Health</li> <li>• Director of Nursing</li> <li>• Medical Director</li> <li>• Director of Therapies and Health Science</li> <li>• Programme Director</li> <li>• Consultant in Public Health Medicine</li> </ul>
Secretariat	COVID-19 Vaccination and TTP Programme Office
Frequency	At least monthly
Review	Terms of reference to be reviewed November 2021

Work Areas	Executive Lead
Clinical Strategy & Delivery	Director of Therapies and Health Science / Medical Director / Director of Nursing and Midwifery
Venues and Site Logistics (including supply/waste/transport)	Director of Workforce & OD and Support Services / Director of Planning & Performance
Vaccine Supply / Waste / Delivery	Director of Primary & Community Care and Mental Health / Chief Pharmacist
Booking and Documentation	Director of Finance and IT
Workforce	Director of Workforce & OD and Support Services
Primary Care	Director of Primary & Community Care and Mental Health
Engagement and Communications	Director of Planning & Performance / Programme Director
Care Homes / Housebound	Director of Primary & Community Care and Mental Health
Strategy / Model	Director of Planning and Performance

# Phase 3 Risk Management

A Covid 19 Vaccination Programme Risk Register has been established with weekly update at Strategic Oversight Group and comprehensive monthly review. There is a direct escalation to Strategic Oversight Group to the Covid Risk Register / Corporate Risk Register and overarching Board Assurance process.

Catastrophic	5					
Major	4		<ul style="list-style-type: none"> <li>Inability to extend clinical waste contract</li> <li>Risk venues (RWAS + Maldwyn) will not be available to support the delivery of Phase 3 vaccinations</li> </ul>	<ul style="list-style-type: none"> <li>Risk that plan not in place for third primary dose</li> </ul>	<ul style="list-style-type: none"> <li>Risk of insufficient workforce capacity to deliver COVID vaccination programme</li> <li>Risk that additional capacity not in place to meet additional demand</li> </ul>	
Moderate	3		<ul style="list-style-type: none"> <li>Risk that vaccine supply does not meet demand /capacity to deliver</li> <li>Risk of vaccine wastage (storage, transportation, pack sizes)</li> <li>Risk of needlestick injury with potential to acquire blood borne virus</li> <li>Data quality relating to recording of the vaccinations within WIS system.</li> <li>Cold chain failure (Care Home / Housebound)</li> </ul>	<ul style="list-style-type: none"> <li>Risk from security issues (protest, theft, terrorism, crowd control problems, other security risk)</li> <li>Risk of serious adverse reactions to the vaccine</li> <li>Risk that cohorts of the population are more difficult for the health board to reach</li> </ul>	<ul style="list-style-type: none"> <li>Risk of further reduction in volunteer numbers presenting themselves for shifts at MVCs.</li> <li>Risk of insufficient booking capacity to meet demand</li> </ul>	
Minor	2		<ul style="list-style-type: none"> <li>Cold chain failure (Pandemic Room, and MVCs)</li> <li>Cold chain failure (Primary Care)</li> <li>Workforce risk – inability to use contracted hours</li> <li>Risk to public from misinformation and scams</li> </ul>			
Negligible	1	<ul style="list-style-type: none"> <li>Risk of lack of use of WIS in primary care</li> </ul>	<ul style="list-style-type: none"> <li>Risk that the wrong dose is administered</li> </ul>			
		1	2	3	4	5
		Rare	Unlikely	Possible	Likely	Almost Certain

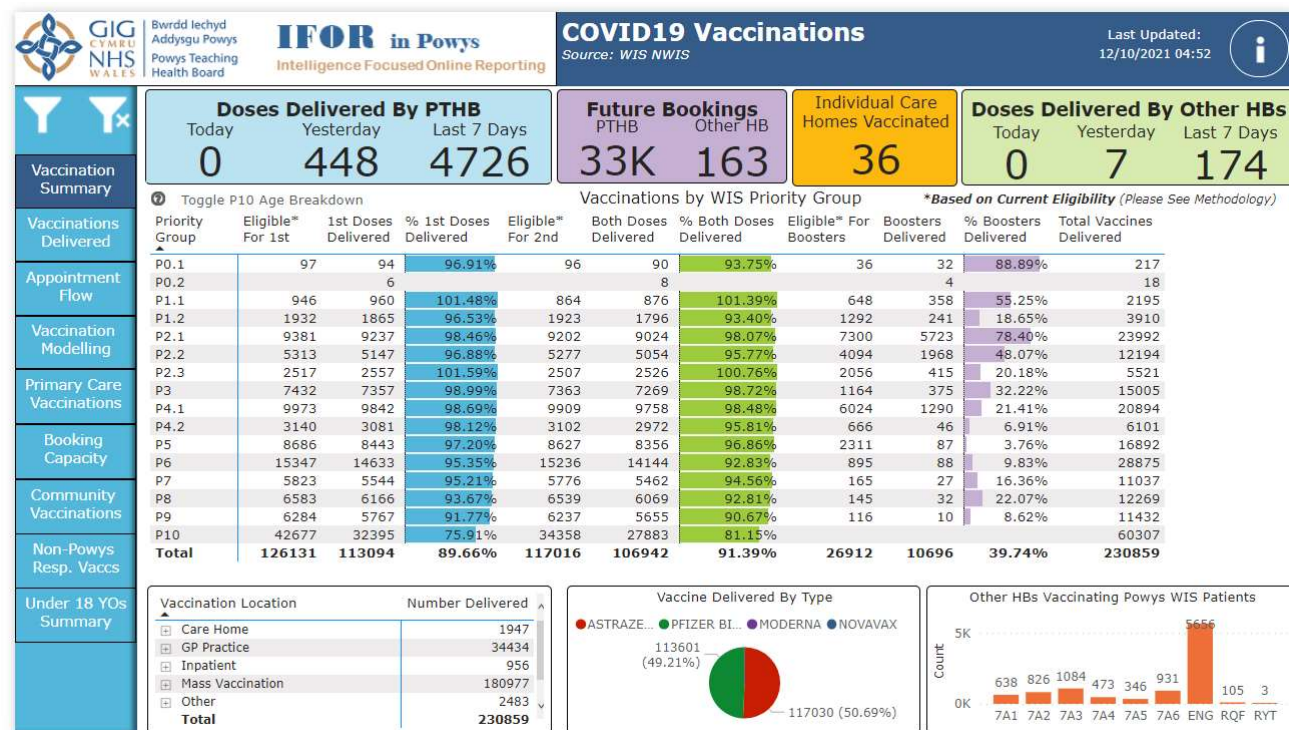


# Phase 3 Performance and Assurance

## Assurance Mechanisms

- Maintain regular reporting to the Strategic Oversight Group reporting to the Executive Committee
- Strategic Population Model developed in accordance with JCVI Priority Groups and NHS Wales National Covid-19 Vaccination Plan and Milestones
- Trajectories produced by the Strategic Model can be adapted for any changes in assumptions / external and internal dependencies such as vaccine supply and workforce
- Steady State model in use and ensures consistency across booking, workforce and clinical delivery processes
- Daily Pulse meetings in place within PTHB and weekly vaccination surveillance and programme progress monitoring
- Dashboard reporting exists to summarise and track progress against key performance indicators, in line with national requirements / regional and local arrangements and benchmarks
- Reporting and liaison in place with National Covid 19 Vaccination Programme
- Reporting and liaison in place with regional system resilience arrangements in Dyfed Powys and cross border
- Weekly national public report from PHW and WG
- Data on supply and stock of vaccines

## Key Performance Indicators and Dashboard for Daily Reporting



### Key Performance Indicators will include:

- ☐ % Boosters by priority cohort
- ☐ % 1st and 2nd doses for children and young people
- ☐ DNA / CNA Running Totals
- ☐ Record of any waste of vaccine
- ☐ Record of any missed second doses
- ☐ Incidents by number and type
- ☐ Third primary dose uptake
- ☐ LNB population variance



# COVID-19 Vaccination Programme

## Powys Teaching Health Board

[powys.massvaccineprogramme@wales.nhs.uk](mailto:powys.massvaccineprogramme@wales.nhs.uk)

Patterson, Liz  
10/25/2021 15:25:47



**Agenda item: 3.5**

<b>DELIVERY AND PERFORMANCE COMMITTEE</b>		<b>Date of Meeting: 1 November 2021</b>
<b>Subject:</b>	<b>CAPITAL DEVELOPMENTS</b>	
<b>Approved and Presented by:</b>	Hayley Thomas, Director of Planning and Performance	
<b>Prepared by:</b>	Wayne Tannahill, Assistant Director Estates and Property	
<b>Other Committees and meetings considered at:</b>	Innovative Environments Group: 23 August 2021 North Powys Programme Board: 22 October 2021 Executive Team: 27 October 2021	

**PURPOSE:**

The paper has been prepared for the Delivery and Performance Committee to receive an update on the position in relation to Capital developments, specifically:-

- Llandrindod Wells Hospital Project: Learning & Evaluation
- North Powys Wellbeing Programme: Gateway Review

**RECOMMENDATION(S):**

The position for Capital developments is provided for **discussion**.

<b>Approval/Ratification/Decision</b>		<b>Discussion</b>	<b>Information</b>
<b>x</b>		<b>✓</b>	<b>x</b>
<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		<b>x</b>
	2. Provide Early Help and Support		<b>x</b>
	3. Tackle the Big Four		<b>x</b>
	4. Enable Joined up Care		<b>x</b>
	5. Develop Workforce Futures		<b>x</b>
	6. Promote Innovative Environments		<b>✓</b>

	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:

### Llandrindod Wells Hospital Project: Learning & Evaluation

A lessons learnt template has been developed in relation to the first significant major capital project, Llandrindod Reconfiguration Phase 1, delivered by the Health Board for a number of years.

The document contains three main elements, namely; Best Practice, Improvement Areas and Benefits Realisation. The learning identified is intended to be clearly set out and to act as a demonstration of closure and reflective learning for the project, and to provide a baseline for good practice and governance for future capital project activity.

The document is owned and is monitored at Project Board level.

### North Powys Wellbeing Programme: Gateway Review

A Programme Assessment Review was commissioned by Welsh Government for the North Powys Programme at Programme Business Case (PBC) stage.

The full report and findings are included for information with the Delivery Confidence Assessment, indicating an Amber status which reflects - *Successful delivery appears feasible but significant issues already exist requiring management attention. These appear resolvable at this stage and, if addressed promptly, should not present a cost/schedule overrun.*

The associated action plan is owned and is monitored at Programme Board level.

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## DETAILED BACKGROUND AND ASSESSMENT:

### Llandrindod Wells Hospital Project: Learning & Evaluation

The major capital project at Llandrindod was one of the most significant capital investments in Powys Teaching Health Board (PTHB) by Welsh Government for many years. The Health Board's project delivery systems were not well established, and there were many areas for development and learning identified – these were not exclusive to the capital team and included the wider organisation in terms of engagement and governance.

As PTHB is now developing a significant Capital Programme pipeline, it is important to capture all facets of learning and to ensure they are transferable, enabling the organisation to demonstrate a process of continual improvement. This is important to maintain the confidence of Welsh Government to continue to invest in the health board, and also to demonstrate 'value' and good governance in terms of the approach, management and delivery of major capital projects.

The attached template (**Appendix A**), which was endorsed at Innovative Environments Group in August 2021, captures three distinct elements, namely:

- 1. Best Practice:** this recognises positive progress and areas where good practice can be acknowledged and built upon.
- 2. Improvement Areas:** this is collated from lessons learnt stakeholder feedback sessions, audit and review recommendations, issues arising during the project lifespan and general observations and reflections.
- 3. Benefits Realisation:** the business case process is built upon the intension to deliver key benefits and these are often set out with timelines and measures of success in the business case submission.

The Improvement section, in particular, is being used as a baseline induction document, which is shared with key stakeholders (including Consultants, Contractor / Supply Chain Partner, etc.) on initiation of any new major project activity to ensure we can demonstrate progressive learning and strengthen previous delivery issues. There is a recognition that every project is different and whilst not all learning is relevant and transferable between projects, there is a clear intension to continue this process and, over time, a robust and diverse set of data will be compiled in support of continual improvement; the Machynlleth project has already adopted this template approach.

The Benefits Realisation section has been added as this provides clear visibility for the Project Board, who will remain responsible for ensuring the closure of all project related activity. The challenge for the Llandrindod

Redevelopment has been the ability to measure 'business as usual' activity levels post project handover due to the ongoing disruption caused by the pandemic. This has meant the increased activity and ambition for enhanced repatriation levels has yet to be meaningfully assessed.

### **North Powys Wellbeing Programme: Gateway Review**

The Programme Assessment Review (**PAR**) is an evidence-based snapshot of the programme/project status and reflects the views of the independent review team, based on information evaluated over the review period, and is delivered to the Senior Responsible Owners immediately at the conclusion of the review. The PAR was commissioned by Welsh Government and is intended to be the first of a series of reviews at key stages (gateways) during the delivery cycle of the programme.

Section 7 of the report sets out the Scope/Terms of Reference of the Review and includes a specific section – *Welsh Government Health Capital team have asked that the review focuses on key issues and risks that the programme needs to address.*

A key element of the report is a Delivery Confidence Assessment (**DCA**) with the outcome being an 'Amber' status, defined as: *Successful delivery appears feasible but significant issues already exist requiring management attention. These appear resolvable at this stage and, if addressed promptly, should not present a cost/schedule overrun.* The assessment team indicated that this was a positive outcome as many projects/programmes can be at Red or Red/Amber at Programme Business Case stage.

The ten (10) report recommendations have been shared with Welsh Government and at programme workstream and Programme Delivery Team level. The Action Plan has been approved at Programme Board and will continue to be monitored at this level.

A further PAR review would be anticipated in circa one years' time.

The full PAR document is attached at **Appendix B** and the Action Plan is attached at **Appendix C**.

### **NEXT STEPS:**

#### **Llandrindod Wells Hospital Project: Learning & Evaluation**

- Share the lessons learnt document at future capital project/programmes with key stakeholders
- Project Board to continue to monitor appropriate timing for completion of the benefits realisation element and to share findings with stakeholders

### **North Powys Wellbeing Programme: Gateway Review**

- Monitor Action Plan at North Powys Programme Board

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Capital Developments

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Delivery and Performance  
Committee 1 November 2021  
Agenda Item: 3.5



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Health Board

## Llandrindod Wells War Memorial Hospital Lessons Learned Best Practice



The Reconfiguration of Llandrindod Wells Hospital was a priority scheme for PTHB, it was the largest single capital investment made in Powys in over 20 years. The overall aim of the project was to reconfigure departments to maximise capacity at LWH, integrating services to a single location and ensuring efficient use of the estate and the sustainability of services in the future.

The scheme was driven by the aim of repatriating services not available in county and service integration. The project also aimed to make significant improvements to the built estate, reducing backlog maintenance and improving compliance with HTM/HBN standards.

Initial preliminary works including roof and façade work, birthing phase 1 and the moving of women and children's clinics to waterloo road were undertaken in 2015/16. The main reconfiguration scheme Full Business Case was approved by Welsh Government in early 2017 with work commencing on site in November 2017. Kier Construction completed their works in January 2020.

As a major reconfiguration of a live hospital and a total investment in excess of £10,000,000 there were a number of significant challenges involved. The following document aims to review lessons learned during the delivery of the project to ensure best practices are maintained and achieved during future major projects undertaken by PTHB.

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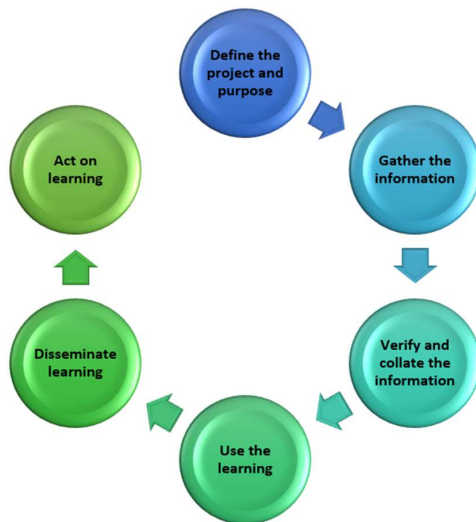
## Llandrindod Wells War Memorial Hospital (LWH) Lessons Learned Best Practice

Following the completion of works at LWH it is important that we capture and reflect on what we have learned in order to ensure future projects are managed successfully.

We want to learn. We want to use what we learn to good effect for the future of PTHB and the people of Powys. Learning is the cornerstone for continuous development and improvement.

It is important to understand that we can learn as much from the activities that didn't go so well alongside those that were successful. This will enable any learning to be a stimulus for improvement. There are key principles to learning:

- Learning happens in real time. It's crucial to capture insights as they happen to identify immediate opportunities to flex and adapt.
- Learning is a process of paying attention to what you do, how you do it, and how it feels. It's about valuing and acting on the things you and the people you work with notice and experience in your day-to-day work.
- Learning requires an openness to learn both from what is working and what isn't.
- Learning is a collaborative process. It requires a willingness to learn from other people's perspectives as well as your own.
- Learning is about action. It requires the creation of spaces where people can bring together what they're learning and identify how to act on this.





There are six clearly defined stages to capturing and using lessons learned.

The six stages begin with a plan based on a clear purpose for the learning.

The stages progress through the gathering, verifying and collating the information so that it can be used. Use can have various applications and these will depend on the purpose of the learning. The latter stages emphasise that the learning and what that learning was used for including any changes or actions that result are clearly disseminated and that the learning is implemented and acted upon.

**Items Captured as part of this process have been drawn from a number of sources; stakeholder feedback sessions, Audit/Gateway recommendations, KPI findings and benefits realisation plans**

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 <div> <b>Llandrindod Wells War Memorial Hospital</b>  Lessons Learned  <b>Best Practice</b> </div> <div>  GIG CYMRU NHS WALES </div> <div> Bwrdd Iechyd Addysgu Powys Powys Teaching Health Board </div>		
Item Ref	Activity	Best Practice
<b>1. General</b>		
1.1	<b>Business Case Preparation</b>	Preparing business cases using predominantly internal team resource and knowledge was identified by Welsh Government as offering high quality business case submissions.
1.2	<b>Audit</b>	Robust auditing of the project by NWSSP-Audit and Assurance acting to independently identify areas for improvement. During three rounds of auditing on the Llandrindod Project, findings and recommendations were utilised to drive continuous improvement to site specific project activity and wider processes and procedures.
1.3	<b>Opportunities</b>	Identification of opportunities by Project Team supported by Porject Board led to the successful expansion and integration of added value into the overall project delivery. This was aided by positive relationships with Welsh Government who supported at short notice the acquisition of Waterloo Road and a new staff car park in addition to a refurbishment of the X-ray department, lightning protection, etc. all as 'extras' to the contract, delivering a considerably improved project outturn.
	<b>Collaboration</b>	Close public sector working relationships led to a disussion in relation to the purchase of Waterloo Road to PTHB as preferred bidder status without going to open market. Similarly the opportunity to purchase the additional staff car park offered the beneficial opportunity to the Council to undertake a land swap at no detriment to the health board resulting in a much needed extension to the town's train station.
<b>2. Project Planning - Scoping and Design</b>		
2.1	<b>Scheme Scoping</b>	learning from the issues with the historical planning for Phase 1 of Llandrindod omitted parts of the footprint of the front block from the scheme and neglected to include infrastructure repairs and plantroom refurbishment outside the project area - Machynlleth scheme had very early Scoping meeting which included the contractor, design team but importantly Estates staff who worked on site along with Operational departments, Facilities, etc. This saw the original thinking on the project brief be expnaded to be include plant rooms and areas served by them to enable a more 'buildable' and deliverable project.
<b>3. Project Execution – Construction phase</b>		
3.1	<b>Monitoring Performance</b>	Successful use of KPI's to monitor consultant/contractor performance led to idneitfication of poor performing external Project Management Consultant and additionally provided supporting evidence for their removal. Replacement Consultant improved contractor management and cost control.
3.2	<b>Communication: routes</b>	Challenging multi-phase project programme with multiple customers led to development of clearly articulated written procedure across the stakeholder group including contractor and consultant team, also identifying most effective cascade processes including formal Contractor '2 week look-forward' communique.
3.3	<b>Communication: networking</b>	Chat 2 Change had identified some hospitals / departments were working in isolation: the process requiring the 'coming together' of multiple stakeholder to achieve a defined output acted to improve collaborative working, networking and building of positive relationships.
<b>4. Project Control and Governance</b>		
4.1	<b>Flexibility</b>	The project team were able to accept and integrate additional and significant areas of activity during the delivery phase of the scheme. One of the examples is the Renal expansion of 4 to 6 chairs which was adjacent the new dental suit requiring a reworking of the phasing and access to the first floor, maintaing renal services, and delivering a complex and sucessful output.
4.2	<b>Robust Governance and Escalation</b>	Issues with significant impact on the project such as an unexpected/unscheduled reorganisation of a national contractor due to financial pressures resulting in a change of Contractor resource mid project: this was communicated effectively at senior level to key stakeholders including Welsh Government who were kept informed and remained supportive throughout a challenging period.
<b>5. Project Commissioning and Handover</b>		
5.1	<b>Handover Process</b>	Significant work activity to draw together all stakeholders including NWSSP-SES, Estates, Capital team, Contractor, Consultants and operational building users. This not only raised understanding and awareness of responsibilities and expectations but was an education process across the health board participants with little prior experience of major project activity. This not only helped clarify and standardise terminology but helped identify broader benefits and improvements in NWSSP-SES approach / procedures.
<b>6. Project Completion</b>		
6.1	<b>Integrated Teams</b>	The Capital, Estates and Fire teams operating under a single department banner assisted a collaborative and smooth transition from project activity into business as usual post contract.
6.2	<b>Lessons Learned</b>	This was the first major project delivered in PTHB for well over a decade.The Project was not well scoped and delivery commenced before full detailed design had been achieved. The opportunities for lessons learned was, therefore, significant and the embedding of a lessons learned culture is essential to the continuous improvement process for the successful delivery of future projects.

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<div>  <div> <b>Llandrindod Wells War Memorial Hospital</b>  <b>Lessons Learned</b>  <b>Improvement Areas</b> </div> <div>  <div> <b>GIG CYMRU NHS WALES</b>            Bwrdd Iechyd Addysgu Powys            Powys Teaching Health Board         </div> </div> </div>				
Item Ref	Issue	Lessons Learnt	Actions	Target/Status
<b>1. Project Planning - Scoping and Design</b>				
1.1	The Project Execution Plan (PEP) was prepared by the external Project Manager, which focused on construction management arrangements. It included little in the way of internal THB governance requirements (including structure / delegated authority limits etc.), and as such would not be a complete central reference point for key project stakeholders.	Project Execution Plans should be prepared with input from the THB, to ensure they capture relevant internal project governance / control arrangements.	This issue has already been identified and addressed at the Machynlleth Hospital Reconfiguration Project, with the PEP for that project prepared by the THB themselves to ensure adequacy of content.	Complete
1.2	Contingency levels were insufficient to cover unforeseen issues with the fabric of the existing building – asbestos, suspended floor under x-ray, roof leaks, existing services etc.	Business cases should consider the age and condition of buildings within the estate and adjust contingency levels accordingly.	The accepted approach with WG/NWSSP is 15%+ at PBC stage, 15% at SOC 10% at OBC and 5% at FBC. We recognise that these levels may not be sufficient when considering the age and condition of the estate. We will engage with WG/NWSSP on a project by project basis to ensure appropriate levels are agreed.	Partially Complete
1.3	The project was developed over several years and experienced a number of staff changes - this led to clinical staff being unhappy with some aspects of the original design which led to a number of changes.	A robust sign off process needs to be in place an act as an audit trail for design decisions. Thoroughly discuss all aspects of design with relevant parties to ensure a robust, fit for purpose design is in place prior to design freeze.	Identify key stakeholders at project inception to ensure early engagement with the right people	Partially Complete
1.4	Inconsistency of usergroup representatives led to challenges in agreement of final layouts and a number of late changes	Attendees at User Group Meetings should be carefully considered by the Health Board to ensure efficient completion of the consultation process	Stakeholder list to be agreed at project outset - to include departmental leads and deputies	Partially Complete
1.5	Lack of operational policies at project inception to assist with brief and building an understanding for the design team of how the building and services operate to aid a sensitive and appropriate design approach. Often the processes were dependant on the individual department manager's preference and if the manager changed during the project period, the handover process became challenging.	Ensure that detailed brief & operational policies are available for issue to the design team with full sign off/buy in from the Users	Ensure operational policies are developed and shared	To be implemented
1.6	Lack of dedicated project IT support during early stages.	Involvement of Information Technology (IT) teams at an early stage of the design and at commissioning is necessary for complex IT elements of projects due to the increasing complexity of hospital IT systems.	Ensure IT is represented at client/design meetings. Consider representation at project board.	Partially Complete
1.7	Derogations were issued late, with limited detail and were not formally approved by PTHB leading to issues particularly in relation to insufficient design of AHU.	Derogations should be regularly issued/reviewed during detailed design.  Sign off process to be improved.	PTHB should sign off derogations from Welsh Design Standards or the adoption of non-Welsh Design Standards at an early stage. Improve sign off process for derogations.	To be implemented
1.8	During the construction phase it became apparent that there had been a number of design coordination issues which had led to omissions - escalating project costs.	It is recognised that the selection of traditional form of contract meant that there was significant risk being carried by PTHB. Consider D&B approach on future projects to ensure coordinated design.	Identified and addressed at the Machynlleth Hospital Reconfiguration Project, with a Design and Build approach being undertaken.	Complete
1.9	As one of the first projects of this scale - it would have been helpful to look at more best practice examples.	Seek best practice from other health boards / external organisations.	Arrange site visits - in order to inform designs and learn from best practice. Promote good practice / sharing forums and platforms across health boards. Now members of BFWales Strategic Board.	Partially Complete
<b>2. Project Execution – Construction phase</b>				
2.1	The project was undertaken in a live hospital environment on a constrained site with limited decant opportunities - the scheme was therefore operationally disruptive	Staff on-site need to be kept informed of any disruptive work. Notice periods need to be appropriate and robust contingency plans developed	Identify Clinical/operational lead and ensure this role is represented at project board. 2 week look ahead programme to be issued weekly to staff. Weekly/bi-weekly operational meetings to be held throughout construction phase.	Complete
2.2	A number of issues were identified - caused by inappropriate communication on-site. i.e. staff being given information or misinformation by contractors and staff giving direct instructions to contractors.	All stakeholders need to be aware of appropriate lines of communication during construction phase.	Issue communication strategy at project outset and ensure this is adhered to throughout the project.	Complete
2.3	The overall programme for the project was extended a number of times resulting in delayed finish of around 12 months. The majority of these issues were a direct result of the work being completed in a live hospital environment and unforeseen issues with the building fabric itself.	Need to more fully understand/appreciate the potential issues with the existing building fabric in order to agree upon a more robust and achievable programme.  Carry out more extensive surveys where possible during design phase.	During project scoping and development, requirement for detailed surveys to be undertaken in order to establish service runs to be clearly defined. Lack of available 'as built' information needs to be taken into account when programming works.	Partially Complete
2.4	Poor record drawings led to issues with live services location and function. Maintenance of up-to-date records are essential for running a modern hospital.	Detailed surveys to establish service runs are required prior to major works being undertaken to avoid unforeseen issues	During project scoping and development, requirement for detailed surveys to be undertaken in order to establish service runs to be clearly defined	Partially Complete
2.5	Key personnel changes mid project.	Changes in personnel are to be avoided throughout the project, and must be well managed when they inevitably occur.	Ensure appropriate handover process is in place: proforma developed.	Complete

2.6	Issues with initial project scoping - the focus of the scheme was specifically on the improvement of clinical areas. As such, there were areas of the floor plan which were not upgraded leading to a 'piece-meal' approach. In some cases areas had to be included (at an extra cost) due to service runs, etc.	Need to appreciate that large refurbishments should be approached holistically and deal with fundamental infrastructure issues.	Specific focus on the buildability and identification of the appropriate scoping at project inception - this was implemented at Machynlleth.	Complete
2.7	The phasing plan developed by Kier was flawed and led to significant changes. Not enough consideration was given to how elements of work would effect the wider hospital, infrastructure and services - which also contributed to project overrun	PTHB Estates, Facilities & Clinical Stakeholders/users need to be included when programming/phasing works	Ensure phasing plans are discussed/approved by relevant parties to ensure these are workable	Partially Complete
<b>3. Project Control and Governance</b>				
3.1	The main project risk register was prepared by the External Project Manager. Whilst detailed and costed, it did not incorporate PTHB operational risks: focusing primarily on construction matters.	Project risk registers should consider THB / operational risks, in addition to construction risks.	A template risk register has been prepared to incorporate both operational and construction risks. This register will be used on all future projects.	Complete
3.2	Changes need to be appropriately approved, in a timely manner and within PTHB delegated limits.	Need to ensure costs/changes are appropriately managed.	Improve sign off process for approving changes within delegated limits PTHB to review levels of delegated limits in recognition of the increase in larger higher value schemes.	Partially Complete
3.3	Project Board attendance: this was a challenge and apart from one clinician attending regularly, the operational involvement was inconsistent and this could have impacted the quality of the project output and weakened good governance.	Appreciation of the resource pressures under business as usual and particularly for clinical and operational managers, but the time spent supporting a major project where the reconfigurations and upgrades could dictate the effectiveness of the space for the next 20 years, requires ringfenced time.	Ongoing discussions with operational colleagues - severe challenges due to pandemic.	Partially Complete
3.4	Cost reports should reference any discrepancies between costed risk values and available contingency funds.	Cost consultancy reports will reference any discrepancies between risk value and contingency.	Discuss and agree cost report template with consultants on future projects.	Complete
<b>4. Project Commissioning and Handover</b>				
4.1	Staff were not fully aware of their role during project handovers - lack of expectation setting led to some issues which delayed handover.  Late engagement of end users & deferred occupation generated additional costs and prolongation in addressing equipment changes to suit user requirements.	Ensure that the process and procedure for project handovers are communication to staff.	Handover presentation has been developed - to be shared with staff at the commencement of future major capital schemes.	Complete
4.2	On a number of occasions NWSSP-SES arranged schedule inspections but there was insufficient information when they attended site.	Agree timelines/notice periods for NWSSP-SES involvement and ensure all commissioning information is available for 'post completion inspection'.  Clearly define commissioning requirements as early as possible.	Attached presentation sets out timelines/notice periods.  Commissioning requirements defined and agreed during the detailed design stage.	Complete
4.3	Major design deficiencies were uncovered during the commissioning of the Endoscopy department which led to considerable rectification work being required and significant delays.  Derogations were not sufficiently detailed by the design team, were not issued prior to construction commencement and not approved by PTHB.	Ensure NWSSP-SES are included in design development - to be co-ordinated by PTHB.  Arrange a during works inspection (during first fix).  Ensure that the Derogation schedule is regularly checked/updated issued with sufficient detail. Derogation need to be explained to and formally signed off by PTHB.	Process for NWSSP-SES involvement is detailed in the attached.  Ensure design team are aware of derogation requirements.  PTHB to develop robust sign off process for derogations.	Partially Complete
4.4	Issues with workmanship and snagging were experienced at the point of project handover. Design team snagging was not detailed enough with a focus on major elements of work as opposed to issues PTHB estates staff may highlight.	Undertake internal inspections of work prior to handover date.  Ensure PTHB Estates colleagues are included in any inspections.	As above, Handover presentation has been developed - to be shared with staff at the commencement of future major capital schemes  Health Board to ensure adequate internal resources for commissioning and use of NWSSP-SES engineers	Complete
4.5	Improvements could have been made in terms of 'soft landings', staff training and user handover.	More proactive approach taken by Supply Chain in providing 'soft landing' to users. Full training on items such as BMS provided with continuing aftercare.	Process to be developed - key training, handover etc to be fully detailed in contractor programme.	Partially Complete
<b>5. Project Completion</b>				
5.1	Following completion it became apparent that the Fire panel had not been updated to reflect new zoning arrangements.	Integrated working with Estates Maintenance team.	Changes to Fire plans/procedures to be embedded into project activity.	Complete
5.2	Business as usual risk assessments for Estates Compliance not updated in a timely manner post project activity - this led to a HSE intervention on Water Safety.	Clear 'trigger' needed to prompt reviews of risk assessments for water, fire and other Estates compliance areas of activity to take account of changes introduced by project.	Formal notification and tracking of project activity through compliance groups such as Water Safety, etc.	Complete
5.3	Estates Asset Register to be updated to take into account new plant and equipment, which may not be incorporated into the routine Planned Preventative Maintenance regime, giving rise to missed maintenance, invalidating equipment warranties.	Integrated working with Estates Maintenance team.	Handover Manuals forms are laid out in compatible format for ease of data entry on to Estates PPM systems.	Complete
5.4	Room/Door numbers not updated: cleaning schedules for Facilities are predicated on this data.	Integrated working with Estates Maintenance team.	Room numbering now formally responsibility of Computer Aided Design (CAD) Officer in Capital Team.	Complete



Post project Evaluation currently being undertaken  
(Postponed due to COVID)



Llandrindod Wells War Memorial Hospital  
Lessons Learned  
Benefits Realisation



Bandd Iechyd  
Awdyng Powys  
Powys Teaching  
Health Board

No.	Description of Benefit	Type of Benefit	Beneficiary	Baseline	Method to Review	Timetable for Achievement	Lead Responsibility	Progress Against Benefit
<b>1. Clinical Quality and Safety</b>								
1.1	Reduce patient/carer's travel time	Non-CRB: Non-Cash Releasing	service user	patient activity schedule	· data analysis · Patient surveys	18 months from opening	· Locality · Finance	Postponed: Unable to gather data due to COVID effecting levels of activity
1.2	Patients can be seen by multiple consultants/disciplines in one visit	Non-CRB: Non-Cash Releasing	service user	current services offered in Powys	additional services offered	12 months from opening	· Locality · Patient Services	Further services available such as the introduction of Wet AMD Further analysis to be undertaken post COVID
1.3	Access and flow around the building will be intuitive and well-orientated	quantifiable (or quantitative)	service user	patient survey: pre-opening	patient survey: post-opening	6 months from opening	LWH Project Team	Positive feedback in regard to General interior design/finish and wayfinding
1.4	80% of outpatients to be seen in one dedicated clinical area	quantifiable (or quantitative)	service user	existing configuration (as built drawings)	building handover	on opening	· Locality · Estates & Facilities	Achieved
1.5	Increase from 7 non-compliant clinical rooms to 11 compliant fit-for-purpose clinical rooms	quantifiable (or quantitative)	service user Health Board	existing configuration (as built drawings)	building handover	on opening	· Locality · Estates & Facilities	Achieved
1.6	Mileage reductions of 835,416 miles in repatriating 8,439 outpatients appointments, 1,049 day cases and 700 endoscopies totalling 10,188 journeys to Hereford County Hospital, assuming 82 <sup>nd</sup> mile round trip at a cost of £10 <sup>2</sup> per trip, equates to a saving of £101,880 and CO <sub>2</sub> emissions of 4,676gCO <sub>2</sub> e[5]	Non-CRB: Non-Cash Releasing	service user health community	patient activity schedule	· data analysis · patient survey	18 months from opening	· Locality · Finance	Postponed: Unable to gather data due to COVID effecting levels of activity
1.7	Wider range of services offered locally	quantifiable (or quantitative)	service user health community	current services offered in Powys	additional services offered	12 months from opening	· Locality · Patient Services	Postponed: Unable to gather data due to COVID effecting levels of activity
1.8	Improve the health and wellbeing of the people of Powys	quantifiable (or quantitative)	service user health community	patient survey: pre-opening	patient survey: post-opening patient engagement group	6 months from opening	LWH Project Team	
1.9	Ensure robust systems and process are in place to deliver continuous improvement in safety, quality and patient and carer experience in all settings	quantifiable (or quantitative)	service user health community	Operational Policies RTT targets	update operational policies RTT Audits	Ongoing	Quality and Safety	

1) <http://www.rsc.co.uk/route-planner/> - LWH to HCH

2) HM Revenue and Customs Advisory Fuel Rates (as at 25 February 2016) – assuming a 1401-2000 petrol car (12.2p per mile)

3) <http://www.rsc.co.uk/route-planner/> - LWH to HCH assuming a "medium car"

No.	Description of Benefit	Type of Benefit	Beneficiary	Baseline	Method to Review	Timetable for Achievement	Lead Responsibility	Progress Against Benefit
<b>2. Environmental Quality</b>								
2.1	Protecting the low risk of potential infection due to the provision of a modern, fit-for-purpose facility	quantifiable (or quantitative)	service user Health Board	current infection rate data	data analysis	Ongoing	Infection prevention control	Check infection rates - difficult to justify due to COVID
2.2	PTHB maintains control of whole patient pathway	quantifiable (or quantitative)	Health Board	internal referral system	data analysis	Monthly	Finance Information	Postponed: Unable to gather data due to COVID effecting levels of activity
2.3	Building towards repatriation of services leading to increased number of out-patient appointments by approximately 9,500, day cases by 1,160 and endoscopy cases by 924, per annum	Non-CRB: Non-Cash Releasing	Service User Health Community	performance management data	data analysis	Monthly	Finance Information	Postponed: Unable to gather data due to COVID effecting levels of activity
2.4	Reduced waiting times following clinical referral of repatriated services, through a waiting list managed locally, in line with national targets	quantifiable (or quantitative)	Service User Health Community	current activity data	RTT targets	Ongoing	Quality and Safety	Postponed: Unable to gather data due to COVID effecting levels of activity
2.5	Facilitates PTHB's Change Programme	quantifiable (or quantitative)	Health Board	number of patients treated in county	data analysis	Monthly	Finance Information	Postponed: Unable to gather data due to COVID effecting levels of activity
2.6	Increase capacity to provide urgent appointments	quantifiable (or quantitative)	Health Community	Number of urgent appointments slots presently available	data analysis	6 Monthly	Finance Information	Capacity Increased
2.7	Reduce current out-of-county referrals and admissions, resulting in less complex patient pathways under direct control of PTHB	Non-CRB: Non-Cash Releasing	Health Community	internal referral system	data analysis	Monthly	Finance Information	Postponed: Unable to gather data due to COVID effecting levels of activity
2.8	Development of an integrated health and care strategy through effective partnership working and continuous engagement with citizens of Powys, patients, carers, staff and stakeholders	Non-CRB: Non-Cash Releasing	Health Community	patient and staff survey: pre-opening	patient and staff survey: post-opening	12 months from opening	LWH Project team	Postponed: Unable to gather data due to COVID effecting levels of activity
2.9	Increase the capacity, capability and resilience of primary and community care in the local area	Non-CRB: Non-Cash Releasing	Health Community	activity data	data analysis	Monthly	Finance Information	Postponed: Unable to gather data due to COVID effecting levels of activity
2.10	Development of whole system commissioning to ensure appropriate access to effective services across the whole health system	quantifiable (or quantitative)	Health Community	current services offered to Powys residents	additional services offered	12 months from opening	Locality Patient Services	Postponed: Unable to gather data due to COVID effecting levels of activity

No.	Description of Benefit	Type of Benefit	Beneficiary	Baseline	Method to Review	Timetable for Achievement	Lead Responsibility	Progress Against Benefit
<b>3. Accessibility</b>								
3.1	Holistic care with less fragmentation between services	quantifiable (or quantitative)	service user	current services offered in Powys	additional services offered	12 months from opening	· Locality · Patient Services	Postponed: Unable to gather data due to COVID effecting levels of activity
3.2	Assists in maintaining independence through integrated local support	quantifiable (or quantitative)	service user	current services offered in Powys	additional services offered	12 months from opening	· Locality · Patient Services	Postponed: Unable to gather data due to COVID effecting levels of activity
3.3	Achieve an enhanced service model for the local area	Non-CRB: Non-Cash Releasing	service user	current services offered in Powys	additional services offered	12 months from opening	· Locality · Patient Services	Postponed: Unable to gather data due to COVID effecting levels of activity
3.4	Deliver the Primary and Community Care Delivery Programme for planned and unscheduled care services in response to delivering capacity and demand	quantifiable (or quantitative)	Health Board	Activity data	data analysis	Monthly	· Finance Information	Postponed: Unable to gather data due to COVID effecting levels of activity
3.5	Monitoring of seamless clinical pathways	quantifiable (or quantitative)	Health Board	Activity data	data analysis	Monthly	· Finance Information	Postponed: Unable to gather data due to COVID effecting levels of activity
3.6	Compliance with the Equality Act 2010	quantifiable (or quantitative)	health community	Existing configuration (as built drawings)	building handover	On opening	· Locality · Estates & Facilities	Achieved – access and compliance improved
3.7	Maximise opportunities for integrated working with partners, particularly Powys County Council and the Voluntary Sector	quantifiable (or quantitative)	health community	Activity data	data analysis	Monthly	· Locality · Finance	Postponed: Unable to gather data due to COVID effecting levels of activity

No.	Description of Benefit	Type of Benefit	Beneficiary	Baseline	Method to Review	Timetable for Achievement	Lead Responsibility	Progress Against Benefit
<b>4. Integration and Efficiency</b>								
4.1	Improved quality of environment, including acoustics, lighting, heating and air changes	quantifiable (or quantitative)	service user Health Board	Backlog maintenance data	Updated Condition survey information/ EFPMS	On Completion	Estates & Facilities	Condition improved and reflected in current EFPMS data
4.2	Improved patient flow to enhance privacy and dignity (day case and renal facility)	non-quantifiable (or quantitative)	Service user Health Board	patient survey: pre-opening	patient survey: post-opening	6 months from opening	LWH Project team	Environment and layout much improved further data gathering to be undertaken post COVID

4.3	Improved waste management	Non-CRB: Non-Cash Releasing	Health Board	Facilities team feedback: preopening	Facilities team feedback: post opening	6 months from opening	LWH Project team	Feedback to be obtained
4.4	Develop an Estate that is fit-for purpose and progressing to meet service needs	Non-CRB: Non-Cash Releasing	Health Board	Backlog maintenance data	Updated Condition survey information/ EFPMS	On Completion	Estates & Facilities	Condition improved and reflected in current EFPMS data
4.5	100% of current estate to achieve compliance	quantifiable (or quantitative)	Health Board	Condition Survey Shared Services Non Conformance Reports	Shared Services project sign off	On Completion	Estates & Facilities	Sign offs achieved including NWSSP-SES, Building control etc
4.6	Obtain JAG compliance for Endoscopy	quantifiable (or quantitative)	Health Board	Non-compliant facility	JAG Accreditation	On Completion	LWH Project team	Accreditation achieved
4.7	Physical condition to be Category B for 90% of upgraded areas	quantifiable (or quantitative)	Health Board	Backlog maintenance data	Updated Condition survey information/ EFPMS	On Completion	Estates & Facilities	Check data
4.8	Statutory and Safety compliance to be Category A for all upgraded areas	quantifiable (or quantitative)	Health Board	Backlog maintenance data	Updated Condition survey information/ EFPMS	On Completion	Quality & Safety	Check data
4.9	Functional suitability to be Category B for 90% of the upgraded areas of the estate	quantifiable (or quantitative)	Health Board	6-facet survey information	6-facet review	6 months from opening	Estates & Facilities	Check data
4.10	Space utilisation to be Category F for 90% of the estate	quantifiable (or quantitative)	Health Board	6-facet survey information	6-facet review	6 months from opening	Estates & Facilities	Check data
4.11	Improved energy performance	quantifiable (or quantitative)	Health Board	current energy usage data	Post completion energy usage data	6 months from opening	Estates & Facilities	Check data
4.12	Achieve compliant accommodation	quantifiable (or quantitative)	Health Board	Condition Survey Shared Services Non Conformance Reports	Shared Services project sign off WHBNW/HTM compliance	On Completion	Estates & Facilities	Achieved
4.13	Improve patient flow with improved configuration, identifiable waiting areas and wayfinding	quantifiable (or quantitative)	Health Board	patient survey: pre-opening	patient survey: post-opening	6 months from opening	LWH Project team	Achieved
4.14	Improve HIW inspection outcomes	quantifiable (or quantitative)	Health Board	historic HIW audit	HIW audit	As programmed	Locality	Awaiting HIW inspection
4.15	Represents investment in the community	quantifiable (or quantitative)	Health Community	well-being survey: pre-opening	well-being survey: post-opening	12 months from opening	LWH Project team	Achieved

No.	Description of Benefit	Type of Benefit	Beneficiary	Baseline	Method to Review	Timetable for Achievement	Lead Responsibility	Progress Against Benefit
<b>5. Deliverability</b>								
5.1	Increased clinical efficiency with an improved skill mix and services available	quantifiable (or quantitative)	service user Health Board	internal referral system	data analysis	Monthly	Finance Information	Postponed due to COVID
5.2	Flexible workforce; reduction in overrun or cancelled appointments	quantifiable (or quantitative)	Service user Health Board	performance management data	data analysis	Monthly	Finance Information	Postponed due to COVID
5.3	Develop a sustainable, skilled and engaged workforce fit to meet the needs of the population of Powys through increased services	Non-CRB: Non-Cash Releasing	Health Board	current workforce data	updated workforce data	12 months from opening	Locality HRWOD	Postponed due to COVID
5.4	Improvement of recruitment and retention of staff within the local area for local services	Non-CRB: Non-Cash Releasing	Health Board	current workforce data	updated workforce data	12 months from opening	Locality HRWOD	Specialist sonographer employed as a direct result of investment
5.5	Sustainable workforce in place to support new models of care starting with, multi-disciplinary Rheumatology team, Paediatric Dermatology, endoscopy and multi-disciplinary Wet AMD	quantifiable (or quantitative)	Health Board	current workforce data	updated workforce data	12 months from opening	Locality HRWOD	Check data
5.6	Development of PTHB local services including therapy and nursing practitioners in line with increased scope of outpatient services	quantifiable (or quantitative)	Health Board	current services offered to Powys residents	additional services offered	12 months from opening	Locality Patient Services	Postponed due to COVID
5.7	Improved and enhanced working environment in a modern, fit-for purpose facility	quantifiable (or quantitative)	Health Board	staff survey: pre-opening	staff survey: post opening	12 months from opening	LWH Project team	Achieved
5.8	Facilitation of better working relationships	non-quantifiable (or quantitative)	Health Board	staff survey: pre-opening	staff survey: post opening	12 months from opening	LWH Project team	Postponed due to COVID
5.9	Facilitation of multi-disciplinary working	quantifiable (or quantitative)	Health Board	patient and staff survey: pre-opening	patient & staff survey: post opening	12 months from opening	LWH Project team	Postponed due to COVID
5.10	Reduce variation in practice	non-quantifiable (or quantitative)	Health Board	internal referral system	data analysis	Monthly	Finance Information	Postponed due to COVID
5.11	Staff empowered and motivated to change	non-quantifiable (or quantitative)	Health Board	patient and staff survey: pre-opening	patient & staff survey: post opening	12 months from opening	LWH Project team	Postponed due to COVID
5.12	Enhanced opportunities for employment	quantifiable (or quantitative)	Health Community	current workforce data	updated workforce data	12 months from opening	Locality HRWOD	Achieved

No.	Description of Benefit	Type of Benefit	Beneficiary	Baseline	Method to Review	Timetable for Achievement	Lead Responsibility	Progress Against Benefit
<b>6. Affordability</b>								
6.1	Identified savings associated with repatriation of £555,422	Cash Releasing	Health Board	current costs of services to be repatriated	Annual Financial Forecast	12 months from opening	Finance	Postponed due to COVID
6.2	Cost savings achieved in repatriation of services from secondary care to community care tariffs	Cash Releasing	Health Board	current out of county tariffs	Annual Financial Forecast	12 months from opening	Finance	Postponed due to COVID
6.3	Maximum potential saving of £1,349,627 in backlog maintenance	Cash Releasing	Health Board	backlog maintenance data	Annual Financial Forecast	12 months from opening	Finance	Postponed due to COVID
6.4	Reduced staff sickness/turnover of an estimated £4,629 based on a reduction of 5%	Cash Releasing	Health Board	staff sickness/turnover data	Annual Financial Forecast	12 months from opening	Finance	Postponed due to COVID

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## Programme Assessment Review (PAR)

<b>Programme Title:</b>	North Powys Wellbeing Programme
<b>IAH ID number:</b>	AH/21/53
<b>Version number:</b>	Final v1.0
<b>Joint Senior Responsible Owners (SROs)</b>	Alison Bulman and Hayley Thomas
<b>Date of issue to SRO:</b>	15/07/2021
<b>Department/Organisation of the programme</b>	Powys Teaching Health Board Powys County Council
<b>Programme Lead</b>	Carly Skitt
<b>Business Case stage reached:</b>	Pre-Approval – Programme Business Case
<b>Review dates:</b>	12/07/2021 to 15/07/2021
<b>Review Team Leader:</b>	Martin Dove
<b>Review Team Member:</b>	Abi Phillips Amelia John Mark Muller
<b>Previous Review:</b>	Not applicable – first review
<b>Security Classification:</b>	Official

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## About this report

This report is an evidence-based snapshot of the programme's/project's status at the time of the review. It reflects the views of the independent review team, based on information evaluated over the review period, and is delivered to the SRO immediately at the conclusion of the review.

**This assurance review was arranged and managed by:**

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# 1. Delivery Confidence Assessment

<b>Delivery Confidence Assessment:</b>	<b>Amber</b>
<p>The Delivery Confidence Assessment (DCA) for this first Project Assessment Review of the North Powys Wellbeing Programme, including the Multi-agency Wellbeing Campus in Newtown, is Amber, which means that successful delivery appears feasible, but significant issues already exist requiring management attention.</p> <p>The DCA recognises the good progress made with many aspects of the development of the programme and the homegrown Programme Business Case (PBC), yet also reflects the inherent delivery risk of what is an integrated whole system flagship programme for both Powys County Council (PCC) and Powys Teaching Health Board (PTHB). In addition, there are continuing challenges from the pandemic, including fatigue, and in the attention needed on recovery and renewal plans, which clearly sit beyond the SROs direct control. There are two issues in relation to completing the PBC process and, assuming that the programme gets the go-ahead from Welsh Government, several issues to consider in relation to improving delivery readiness for the next stage. The programme has good leaders and a focus on systemwide leadership and working across multiple stakeholder groups and an established programme team which provides delivery resilience.</p> <p>The North Powys Wellbeing Programme includes systemwide collaborative transformation of wellbeing and health and care service and a substantial investment in a Multi-agency Campus in Newtown providing a new school, a Regional Resource Hub (including bringing back delivery of some services into North Powys), a wellbeing centre, a library and other facilities. The PBC sets out an indicative range of capital investment from £54m to £84m over a five year period.</p> <p>The programme is sponsored by the Regional Partnership Board, and is a visionary forward looking integrated programme bringing together the third sector, PCC and PTHB and other partners. It very much aligns with Welsh Government policy (eg The Well-being of Future Generations Act) and is a flagship programme of the Powys Health and Care Strategy. The need for the programme is clear and the justification is well made and widely supported by positive and committed stakeholders. The Wellbeing Campus provides opportunities for unique synergies and benefits from shared public space, infrastructure, approaches to net zero carbon and economic opportunities. There is strong supportive senior leadership of the programme with robust governance and a good project team in place, bringing programme, project and change management capacity appropriate to the initial stage of the development.</p> <p>The PBC is progressing through the Welsh Government scrutiny, approval and funding consideration processes. As a cross-cutting programme, with a multi-use campus, it is important that the different interests of Welsh Government are brought together, through the identification of a lead co-ordinator for the various interests to work with the programme. In addition, further information on the scale of indicative costs of shared campus infrastructure including site services and shared areas and facilities may assist potential funding considerations. Progress with scrutiny and First Minister questions and responses in the Senedd, which coincided with timing of this review, point towards PBC approval and authority to proceed with the programme, potentially in the next few months, subject to completion of Welsh Government processes, approvals and potential funding arrangements.</p>	

This initial pre-approval is key to continuing with the programme and formally proceeding with the establishing as a project the Multi-agency Wellbeing Campus project on the preferred Newtown site which is largely PCC owned, with PTHB owning the Park Street Clinic. The programme has remobilised after a pause during part of the lockdown period. There is recognition of the learning to be brought into the programme from the experiences of wellbeing and running services during lockdown.

We found a number of issues to be addressed to as part of re-mobilising and to step up the delivery capability and pace needed for the next phase, including:

- Stakeholder engagement – a particular focus to re-engage citizens, the third sector, GPs and other primary care clinicians, social care and operational leaders; a greater awareness of the cultural change challenges and blockers at individual, service, organisation and whole system levels.
- Risk management – measure and balance the pace of development of the dual running of the programme with pandemic related renewal and recovery and any resultant impact on programme delivery capacity.
- Wellbeing and care service planning – further develop service transformation programme management and use public and user pathways to help illustrate benefits from new models.
- Multi-agency Wellbeing Campus – bring more focus to a series of manageable buildable delivery steps, the infrastructure SOC, and to joined up procurement and net zero carbon approaches.
- Programme agility, planning and co-ordination– identify key decision and approval dates, particularly for site business cases, increase pace and focus of working and simplify decision making processes.
- Governance and programme / project management – a need to establish the Multi-agency Wellbeing Campus as a separate project within the programme; to bring the schools project within the governance framework; to appoint a Project Director dedicated to this project; and to formalise joint SRO appointments and delegated authorities.
- Funding for the programme / project management team – a need to secure funding for the team beyond March 2022.

The SROs are aware of these issues, which appear resolvable at this stage and, if addressed promptly, they should not present a major challenge to delivery.

#### The Delivery Confidence assessment RAG status uses the definitions below.

<b>RAG</b>	<b><u>Criteria Description</u></b>
<b>Green</b>	Successful delivery of the project/programme to time, cost and quality appears highly likely and there are no major outstanding issues that at this stage appear to threaten delivery.
<b>Amber/Green</b>	Successful delivery appears probable. However, constant attention will be needed to ensure risks do not materialise into major issues threatening delivery.
<b>Amber</b>	Successful delivery appears feasible but significant issues already exist requiring management attention. These appear resolvable at this stage and, if addressed promptly, should not present a cost/schedule overrun.
<b>Amber/Red</b>	Successful delivery of the project/programme is in doubt with major risks or issues apparent in a number of key areas. Urgent action is needed to ensure these are addressed, and establish whether resolution is feasible.
<b>Red</b>	Successful delivery of the project/programme appears to be unachievable. There are major issues which, at this stage, do not appear to be manageable or resolvable. The project/programme may need re-base lining and/or overall viability re-assessed.

## 2. Summary of report recommendations

The Review Team makes the following recommendations which are prioritised using the definitions below:

Ref No.	Recommendation	Urgency (C/E/R)	Target date for completion	Classification
1.	<b>Request Welsh Government establish cross-government arrangements for supporting the programme and identify a specific Welsh Government co-ordination lead</b>	C- Critical	Do now	1.2
2.	<b>Engage Welsh Government in the preparation of the Multi-agency Campus Infrastructure SOC</b>	C- Critical	Do now	8.3
3.	<b>Re-engage and step-up third sector, citizen, primary care, social care and clinical staff engagement in wellbeing and service models and integrated public and user pathway stories and the Multi-agency Campus proposals</b>	E- Essential	Do by 10/21	2.2
4.	<b>Establish a mechanism to balance the pace of progressing the programme, alongside the ongoing pandemic challenges and recovery and renewal plans of the organisations involved</b>	E- Essential	Do by 10/21	9.2
5.	<b>Further develop clinical and operational leadership and engagement in the programme, including providing more detail on roles and responsibilities</b>	E- Essential	Do by 12/21	4.4
6.	<b>Deepen the approach to programme planning and management for developing service transformation programme elements across North Powys</b>	E- Essential	Do by 09/21	3.1
7.	<b>Structure the Multi-agency Wellbeing Campus project into manageable and buildable steps with phasing for infrastructure, school, health and care and other facilities across the six year time horizon, while giving attention to the overall design, carbon net zero planning and procurement approach</b>	E- Essential	Do by 09/21	8.3
8.	<b>Update the key programme and Campus phasing plan, including key milestones and approval dates, and capture the latter in an Integrated Assurance and Approvals plan for the Campus project</b>	E- Essential	Do by 10/21	1.3
9.	<b>Develop governance and project management arrangements for the Newtown Wellbeing Campus project within the overall programme, including formalising SRO appointments and delegated authorities and appoint a single Project Director to lead the Campus project</b>	E- Essential	Do by 09/21	1.1
10.	<b>Secure programme and project management team funding for 2022/23</b>	E- Essential	Do by 12/21	5

**Critical (Do Now)** – To increase the likelihood of a successful outcome it is of the greatest importance that the programme/project should take action immediately

**Essential (Do By)** – To increase the likelihood of a successful outcome the programme/ project should take action in the near future.

**Recommended** – The programme/project should benefit from the uptake of this recommendation.

### **3. Areas of good practice and lessons learnt**

We were impressed with a number of areas of this programme:

- Passion and commitment from senior leaders, programme leaders, the programme team and a number of individuals, clearly demonstrating systemwide leadership.
- Approach to communication and embedded engagement prior to the pandemic lockdown.
- Using 'homegrown' staff to lead engagement and business case preparation activities and the mix of PCC and PTHB staff in the programme team.
- A shared understanding that this is about transformation and the campus, while important, is only an enabler of part of the programme.

There is evidence across the programme about a willingness to learn both from lived experiences in North Powys and from other similar programmes and facilities elsewhere. We were particularly interested to hear about the lessons and experiences gained during the lockdown period of the pandemic, including the acceleration of the use of digital in wellbeing and service delivery and the necessity of redesigning previous services. These include:

- Reflecting on how pathways have changed during the pandemic lockdown, particularly the accelerated use of digital technology and AI tools and considering how these will change again with hybrid working and the opportunity this provides to accelerate transformation rather than reverting to pre-pandemic pathways.
- How to bring pandemic enforced and new hybrid ways of working into traditional programme and project management working methods.
- Learning about different ways of engagement during the pandemic and the impact on stakeholder engagement going forward and potentially the additional effort needed in re-engagement.

The programme is considering how to capture and include these as part of the developing future models and service specification

### **4. Acknowledgement**

We would like to thank the SROs and the Programme Team and all interviewees for their support and openness, which contributed to the Review Team's understanding of the programme and the outcome of this review. Particular thanks to Hayley Grigg and Sharon Lewis for all their help with the review logistics.

### **5. Comments from the SROs**

This is an insightful and helpful report and an action plan will be developed to address the recommendations. We will discuss the report initially in Programme Board and will arrange for the appropriate sharing across the partnership.

It is helpful that some of the recommendations have considered the distinction between the pan Powys transformation work and the Multi Agency Campus. We will reflect further on the strengthening of programme governance and structure, Integrated Assurance and Approvals Plan and the helpful recommendations regarding stakeholder management. It is helpful to see the recommendation regarding ensuring the interface with WG is strong and enables decision making across different

departments. We will share this recommendation with our Welsh Government colleagues to agree a way forward.

We would like to thank the Gateway Review Team for your insights. We have received positive feedback from colleagues who participated in the review.

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## **6. Summary of the Programme**

### **Background and context**

Under the Powys Regional Partnership Board (PRPB) structure, Powys County Council, Powys Teaching Health Board, Powys Association of Voluntary Organisations (PAVO) and other key partners from public sector bodies, the private sector, and voluntary third sector organisations are working together to take forward this once in a generation opportunity to transform health and wellbeing services in north Powys. This programme will implement and test a new integrated model of care and wellbeing as per the Health and Care Strategy which was approved in April 2018, in readiness to roll out across Powys at a later date.

In May 2019, the PRPB received £2.5m of funding from the Welsh Government Transformation Fund to invest in new ways of delivering health and social care services. Further funding of £1.8m was then secured for 21/22 as the national transformation extended its timeframe due to the impact of the pandemic. This funding will support the taking forward the ambition of developing a healthier north Powys for future generations to come, but has also supported the delivery of short term projects in line with the programme outcomes.

The North Powys Wellbeing Programme aims to focus on wellbeing; promote early help and support by being able to provide technology that helps people live at home; tackle the biggest causes of ill health and poor wellbeing; and ensure joined up care involving neighbourhood teams and communities working together so that citizens have a more seamless service when they need it.

In addition to transforming health and wellbeing services through a new integrated model of care and wellbeing, there is an opportunity to create a Multi-agency Wellbeing Campus in the heart of Newtown. If realised, this will be the first intergenerational campus for Powys, and could include primary education, health services from primary care to in-reach secondary services (that are currently delivered out of county), social care, supported accommodation, professional health and social care training facilities and a range of third sector services. The preferred site for this campus has been confirmed and is adjacent to Park Street in the heart of Newtown.

The North Powys Wellbeing Programme is currently concluding the setting of the vision and early planning stage. A clear vision of how this model of care could look like at home and in our communities has been shaped by the people of north Powys through co-designing of the new model. This is articulated in the Programme Business Case, which was submitted to Welsh Government in November 2020. As the programme progresses during the next stage, it will start to define in more detail what services will be provided from within the campus.

### **Aims and objectives**

The programme mandate sets out the following scope:

- The testing and delivery of a new integrated model to a rural population focused on eight strategic objectives: wellbeing, early help and support, tackling the big 4 (circulatory diseases, respiratory diseases, cancer, mental health problems), joined up care, workforce futures, innovative environments, digital first and transforming in partnership.
- The development of a multi-agency wellbeing campus in Newtown which will include a Rural Regional Centre for North Powys, Community Wellbeing Hub with



potential for Library provision, English Medium Primary School and Supported Living Accommodation.

- Working with local communities to co-design and address the practical implementation a new integrated model.
- Effective learning, evaluation and transfer, acting as a flagship scheme to support the broader roll out of a new integrated model across Powys.

Under the Health and Care Strategy, it has been agreed Newtown, Llandrindod and Brecon are strategically important places to provide Rural Regional Centres. There is a firm commitment to start to implement this model in North Powys and to explore capital funding for the development of a Rural Regional Centre and Community Wellbeing Hub, in line with the broader partnership opportunities and the benefits a collective approach could bring. Whilst Brecon (South Powys) and Llandrindod Wells (Mid Powys) already offer a range of more enhanced services within the county such as endoscopy and day surgery, the service model in North Powys is more dispersed, there are missed opportunities for repatriation to bring more care closer to home, and there are timely opportunities to respond positively to neighbouring service reconfigurations including at The Shrewsbury and Telford Hospital NHS Trust which is the main acute hospital provider for many North Powys communities

The benefits framework for the programme includes: services closer to home, delivery of early years support, planning for health, fit for purpose estate environment, efficient use of space and resource, develop zero carbon estate and sustainable services and workforce

## **7. Scope/Terms of Reference of the Review**

In terms of the PAR, the review will focus on programme delivery activities to provide assurance that:

- The scope and purpose of the programme has been adequately researched.
- Outcomes and benefits of the programme are identified and realistic.
- There is a shared understanding by key stakeholders of what is to be achieved by the programme.
- There is a strategic fit within the different organisations' policy, management objectives and priorities.
- There is a realistic possibility of securing the resources needed for delivery.
- Any procurement takes account of government priorities.
- The programme work strands (eg projects, working groups) is organised to deliver overall programme objectives.
- Programme governance and management structure, monitoring and resourcing is appropriate.
- The main programme risks, issues and dependencies have been identified.
- There is plan for what needs to be achieved to get to the next key milestones.
- Specifically identified programme risks and issues are being addressed. These include:
  - Changes in working practices which underpin current thinking and the impact on clinical and office accommodation requirement.
  - Planning permission.
  - COVID-19 and any increase in new cases.
  - Delays in business case process.
  - Failure to secure funding/affordability.
  - Programme delivery challenges – cost, timescales, stakeholder support, operational resource and operational capacity.

Welsh Government Health Capital team have asked that the review focuses on key issues and risks that the programme needs to address:

- Is the apportionment of cost across the scheme right and are different funding streams being considered?
- Is user experience being maximised via the enabling works / infrastructure and sequencing with the different capital build timescales?
- Is the right mix of stakeholders being reached and is the level of buy-in right?

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## **8. Detailed Review Team findings**

### **Policy and business context**

#### *Strategic fit, scope and purpose*

We found that the vision for the programme and proposed development and delivery model embody the sustainable development principle of the Well-being of Future Generations Act - long-term, preventative, integrated, collaborative and involving of people and communities. The ambitious vision, scope and purpose is based on clear evidence and extensive engagement pre-pandemic. They capture a new integrated and preventative service model to improve outcomes for the North Powys population, empowering organisations' staff and communities to coproduce the design and delivery. This spans health, social care, education, housing, third and community sectors, linking also to other partners, and utilising the proposed multi-agency well-being campus as an enabler for new service models. The vision and outcomes deliver on Welsh Government's strategy, policy and legislation and align with all key partners' strategic aims, objectives and priorities.

The North Powys Wellbeing Programme builds on a history of joint working between the local authority and health board, which share coterminous boundaries, and the third and community sectors. This provides a strong platform on which to build further and strengthen wider partnerships.

We note that North Powys has strong community assets in the communities themselves including third sector organisations and volunteer networks. However, it also faces the challenges of being a sparsely populated rural area with poor transport infrastructure and poor digital connectivity. It has a disproportionately older population, and relatively high levels of deprivation in some areas.

The Powys Regional Partnership Board provides strategic oversight, with the North Powys Wellbeing Partnership overseeing the programme with joint SROs, which both models and facilitates joined-up working and accountability. As awful as the pandemic has been, the response to it has strengthened relationships, trust and collaboration, providing the opportunity to accelerate the integration and jointly engage with citizens.

#### *Programme governance and structure*

There is a robust programme structure with a Programme Team and Programme Board reporting to the Regional Partnership Board, which itself reports into PCC and PTHB. The CEOs of both organisations are key leaders in this work, as are the joint SROs (one from PCC and one from PTHB) and other system players. While the principle for having an SRO is that there should be one per programme, in this instance given the systemwide approach and the importance of integrated Council and Health Board working, the arrangements are a strength. The two executive teams also meet regularly providing an indication of seeking to embed integrated whole system working as much as possible.

The challenges and tensions of seeking to deliver the best systemwide rather than organisational based solutions cannot be underestimated. The SROs (and other stakeholders across the two organisations) clearly have close relationships and are working well together. This has helped develop a strong base on which to develop the programme and the initial PBC. Later in the report we consider how these need to evolve for the next phase, following Welsh Government approval of the PBC.

This programme, as noted above, clearly has a very good fit with Welsh Government policy and ambitions and yet, being multi-sectoral also brings challenges to how as organisations they engage and respond on a cross-cutting basis, seeking to bring the

integrated value from government working together. This is brought into focus from considering the proposed Wellbeing Campus development with its different education, health and social care, wellbeing, library, net zero carbon and economic generation opportunities and the challenge of creating a common infrastructure which goes beyond just access and engineering infrastructure into sharing services and facilities wherever possible. We understand that, while the Programme has been engaging with different specialist areas of Welsh Government, there are not holistic arrangements within Welsh Government for consideration of the overall programme, which could help improve delivery. A named lead co-ordinator for the programme in Welsh Government would assist this.

**Recommendation 1: Request Welsh Government establish cross-government arrangements for supporting the programme and identify a specific Welsh Government co-ordination lead**

**Business case**

*PBC Business case and plans for individual business cases*

The PBC Business case is very detailed in areas and the stakeholders interviewed were consistent in their discussions regarding the programme and its content. As the programme develops in the next phase, other areas such as the financial and commercial case will need become more detailed.

It was not clear as to what considerations or plans are in place to develop and complete individual business cases within the individual organisations and how they will contribute to the business cases. Each organisation has their own governance and approvals process but clear and agreed timescales need to be defined to enable all stakeholders to move forward. The business cases will require a consistent or standardised way of working to maximise the benefits realisation from the programme and this may result in one organisation benefitting from another organisation's investment or agreement to do something differently.

As and when Welsh Government approve the PBC, it will be essential that the Strategic Outline Case (SOC) for the infrastructure is completed as soon as possible. In this case infrastructure goes beyond the traditional estate services to include, for example shared public space. In addition, an early indication over the next four to eight weeks of likely infrastructure investment may assist consideration of possible funding options. With the initiatives such as the pan public sector collaborative programme, it may be appropriate to engage Welsh Government directly in the infrastructure business case.

**Recommendation 2: Engage Welsh Government in the preparation of the Multi-agency Campus Infrastructure SOC**

To enable the infrastructure SOC to be written and approved, more detailed agreements must be made to the other phases of works. This will include the positioning of the buildings and all other facilities required. This does not mean the final specifications or precise locations need to be agreed at this stage. However, to maximise the investment needed to complete the infrastructure, it is essential the programme team progress discussions and agreements as to what the preferred option (options one to four) is within the PBC and further develop how they will meet the decarbonisation and natural environment agenda. This is and will continue to be a challenging phase of the project and ensuring appropriate specifications and details are in place and then delivered on time.

### *Mixed funding streams and availability of funding*

Funding is likely either in full or part by the Welsh Government and is potentially going to be funded by mixed funding streams. The Welsh Government may need to consider how this can be streamlined and managed as efficiently as possible. This may mean internal Welsh Government teams looking holistically at the Programme and not focusing on their element only.

The PBC refers to an assumption that Welsh Government will fund the Programme. It was apparent that if the funding does not meet the total cost of the Programme, there are no other funding streams available.

As noted previously, there are currently four options for the Campus being considered at significant cost differences. Within those options, there are then further alternatives to agree. The funding will be determined by the option selected so it is important the Programme team can allocate resources that have time to make those decisions.

Once the decision is made and the funding is secured, further work needs to be focussed on how the Campus will be managed and maintained and that includes the ongoing financial commitment from all organisations. For example issues on how decisions will be made on remedial works, maintenance, damage, etc. Whilst this is not an urgent action, it is potentially beneficial to commence discussions to enable associated internal processes to be reviewed and a longer term operational model developed.

The financial details available at the time of our review were limited due to the phase the Programme is at, and the relative capital costs of different developments not yet being available.

### **Stakeholder management**

We found that the engagement by the programme pre-pandemic had been excellent. Third and community sector organisations helped facilitate this within communities across North Powys. Communities and staff had the opportunity to contribute meaningfully to the development of the programme. There was good evidence of broad common understanding of, and support for the programme pre-pandemic.

Inevitably, the pandemic stalled engagement; we heard from many interviewees that it is essential now to re-engage as a priority. This was described as the 'head of steam having dissipated', so that GPs and staff in primary health and social care, in particular, felt somewhat disengaged, and citizens in North Powys were not now sure of the direction of travel on the programme.

For staff, the transformation of the service models is going to require a huge culture shift, bringing together organisations and developing and embedding new ways of working. Staff will need buy into the programme and to see senior and operational leaders supporting it and role-modelling collaborative, integrated, co-productive and preventative ways of working. Engagement will be key to this. We agree with the Programme Board and interviewees that citizens in Powys will need to be re-engaged quickly, building on the new ways of communicating developed in the pandemic. This includes more extensive use of digital channels, whilst ensuring alternative engagement methods for those who are digitally excluded. The latter group is of course important – they are more likely to be those most marginalised and to be living in poverty, with the poorer outcomes this brings.

There is an excellent opportunity for local authority and health board staff themselves to participate in the engagement, working in partnership with PAVO and utilising existing groups as a conduit to community voice. The challenges of this during the ongoing pandemic, and of fatigue given the fantastic Covid-19 response is recognised, and engagement will need to be interweaved with renewal and recovery work.

We feel that the use of individual pathways/personas will help engage both staff and citizens see the benefits the programme will bring. We were struck by the phrase 'simplify to engage', making the programme easily understandable and relatable to people's lived experience.

Third sector and community organisations continue to face the challenge of short term funding. These organisations will be key to the programme's success and longer-term funding would significantly help their ability to recruit and retain staff, and to have the capacity to engage with the programme and facilitate others to do so. Positive engagement will be critical in bringing on board more sceptical communities, further away from Newtown and familiar with/wedded to services as currently configured.

### **Recommendation 3: Re-engage and step-up third sector, citizen, primary care, social care and clinical staff engagement in wellbeing and service models and integrated public and user pathway stories and the Multi-agency Campus proposals**

#### **Management of intended outcomes and benefits**

The Benefits Framework provided demonstrated that in depth consideration had been given to the desired benefits from the programme, and how they could be measured. It was recognised by some interviewees that further work is needed to combine the programme level benefits to include all of the various aspects of the programme and most importantly the integrated nature of the campus. It was also suggested that the configuration of the campus is planned based on the benefit it will deliver e.g. while a surgical facility on the site may be desirable, will the space be sufficiently utilised compared with an alternative type of facility. The programme has the opportunity to take learning from similar programmes and avoid some of the previous challenges faced by them in both configuration and benefits realisation. These include:

- A full understanding of what data is currently collected and what the programme has access to.
- Establishing the baseline position.
- Determining what data may need to be collected in the future to demonstrate impact.

Revisiting the previous Project Assessment Review of the Primary and Community Care Pipeline, available from the All Wales Capital Team and holding a programme level benefits workshop, using a logic model approach, would help the team to determine what outcomes they are seeking from the various workstreams and projects within the programme, the indicators for these outcomes and how they will be measured. This is particularly important where benefits are cross cutting and may need data sources from different organisations involved. Maintaining a resource during and after programme delivery to retain focus on the ongoing delivery of benefits will be important, in particular to inform whether further change may be needed across the model of care and campus to deliver maximum impact.

#### **Risk management**

The Review Team were overwhelmed by the level of enthusiasm and positivity that came through strongly in all of the interviews. Undoubtedly this is a big opportunity to deliver an improved and enhanced service for the population of North Powys and beyond. As expected with such a complex programme there is a high degree of risk surrounding its delivery. The biggest risks identified by the team include:

- Financial – both the initial capital to deliver the campus element of the programme and the revenue cost split once it is operational.
- Delivery – the sequencing and inter dependencies of the programme are not yet fully laid out and this is resulting in the design of school build being on hold.
- Resource – the ongoing Covid-19 pandemic, and plans for recovery, present an ongoing threat to the availability of people with the right skill mix to deliver the various workstreams and stages of the programme.
- Stakeholders – there is potential for stakeholders to become disheartened and disengaged if progress is not obvious to them, or if the programme does not meet their expectations.

Some of these risks were included in the risk register but not fully set out in the context of the overall programme. Of particular concern to the reviewers was the lack of clarity and understanding by some of the difference between the North Powys Wellbeing Programme and the Multi-agency Wellbeing Campus. This is key to providing reassurance, particularly to citizens, that other parts of Powys are not being left behind, or that they will experience a loss of their local facilities as a result of the campus located in Newtown.

We heard that there are differences in governance, decision making processes, approach to finance and risk appetites between the Council and the Health Board. This is not reflected in the current risk register. The Health Board were described as having a much more complex decisions process and a lower appetite to risk, this resulted in different element of the Programme, particularly the campus, moving ahead in different timescales. This is not necessarily a negative but should be understood and reflected in the register as the programme develops.

It was suggested that more detailed risk registers are held at a workstream level to inform an overarching programme risk register for the current and highest risks to the programme. We agreed this was a good suggestion and could be the result of a Programme Board workshop to refresh the approach to risk management for the next phase.

We were also heard of the more immediate challenges and risks from stepping up the delivery of the programme (following the pause during the pandemic) alongside the wider ongoing demands and risks of the pandemic and the need to progress recovery and renewal plans. It will be important for the Programme Board to routinely assess the pace at which the programme needs to proceed and ensure that this is consistent with other demands facing the two organisations and the third sector.

**Recommendation 4: Establish a mechanism to balance the pace of progressing the programme, alongside the ongoing pandemic challenges and recovery and renewal plans of the organisations involved**

#### **Readiness for next phase**

##### **Context for next phase**

The programme was paused for a period during lockdown and is re-mobilised with ambitions to rapidly progress engagement, pathway work and site business cases by the



end of this calendar year. Approval of the PBC is a major step change point in developing the programme and is much more than a traditional PBC approval, given the whole system nature of the programme and the specific preferred solution put forward in the PBC to develop the Multi-agency Wellbeing Campus on a specific PCC owned site in Newtown. Effectively the PBC gives the go ahead to formally establish the campus as a large project in its own right, within the overarching programme arrangements. Hence the next phase of the programme includes developing the wellbeing and health and care and other service models for the whole of North Powys, as well as setting up for the delivery of the specific campus investment proposals. The two are closely related and need to be developed iteratively rather than in a waterfall sequential fashion, recognising the pressing need to proceed with a replacement school facility, as soon as the site development plan and shared infrastructure and shared facility requirements are clear. The programme will also need to develop at pace given the demand to replace outdated primary school facilities.

### *Developing integrated wellbeing and service models*

Through Transformation funding new service models are being developed and delivered across Powys already, including a more integrated health and social care service pathway, and the use of artificial intelligence and digital tools. The pandemic has provided opportunities to trial new ways of working and to further embed well-being initiatives. It will be important to build on all of these in developing integrated service models and to respond to what may have changed post pandemic. As one interviewee commented, for example, people may not want to meet in larger groups again for some time and there is an opportunity to change previously established patterns of working.

The pandemic has shone a light on the inequalities that exist and further deepened these. As the programme recognises, well-being services are integral to early/upstream intervention, support and prevention. Whilst citizens will continue to travel outside Powys for some hospital services, there is the opportunity for services much closer to home with the campus and regional rural centres. However, it is essential that the wider changes in practice are enabled by the design and build of the 'hub' campus and 'spoke' centres. For this reason, it is critical that staff and citizens have the opportunity to influence the infrastructure and capital build at an early stage, to help shape the digital and technological specifications and to ensure the accessibility and usability of the building and sites.

In order to meaningfully engage both staff and citizens, citizen and service user pathway stories comparing current pathways with those that will be supported through the programme would be particularly helpful. It is important to simplify the explanation of the programme so that it can be effectively communicated and easily understood and 'relatable to' by staff and citizens. Lived experience will be pivotal to the design stage e.g. factoring in transport needs, lack of digital connectivity in large parts of the county, and what staff and citizens want in terms of shared space, learning and development opportunities, etc.

The third sector and community organisations will play a critical role in delivering well-being services. Their voice is essential in helping to shape integrated services and site and building design. The third and community sector organisations also provide an important conduit to citizens to capture user needs.

There are already two regional rural centres in Powys and some interviewees highlighted the importance of taking the learning from developing and operating these. We noted that

the programme leads have spent time looking at innovation in other areas of the UK and beyond.

There was a sense that some key partners had somewhat disengaged from the programme as a result of the pandemic, and it will be important to bring them into programme planning and management. Key to this will be GP and primary health care, and social care staff, as well as the third and community sector. The former have an important role in leading the way forward through the design phase and into implementation of new services, which is currently a key gap which will significantly impact on the capability and pace of delivery.

**Recommendation 5: Further develop clinical and operational leadership and engagement in the programme, including providing more detail on roles and responsibilities**

We felt that a strengthened approach to programme planning and management, with engagement with key partners built in throughout will be very important. Interviewees emphasised, and we agree, that it is critical for operational and clinical leads to be involved and to clearly demonstrate to all staff their commitment to, and enthusiasm for the programme. This will be essential for the culture change required. We recognise that some service specifications have been developed and there is the opportunity to bring partners together digitally to further develop these in an integrated way and foster the sense of join-up and collaboration.

**Recommendation 6 Deepen the approach to programme planning and management for developing service transformation programme elements across North Powys**

*Multi-agency Wellbeing Campus capital development*

As discussed with stakeholders and noted within this report, we believe that the PBC funding approval, if approved, will result in the programme proceeding at pace. The school construction phase needs to be completed within the next four years, but for the programme to continue to be fully integrated, all other demolition and construction phases need to be developed to sufficient level of detail. This has a direct impact on the infrastructure phase and how the initial school and the infrastructure proposals are developed.

We believe that all relevant stakeholders are aware that key decisions need to be made on which option (one to four) will be the preferred option but there does not yet appear to be significant processes in place to progress that. We felt that the relevant stakeholders agreed that each organisation will have differing specifications, for example, and different opinions as the project is complex.

For a Programme of this potential cost and with multiple phases, the pre-construction phase could be up to two years. This includes developing the procurement strategy which informs the route to market. The PBC refers to multiple routes to appoint a construction contractor. Relevant stakeholders were positive on this and discussions are ongoing as to whether the two framework options allow one Multi-agency Wellbeing Campus construction, the preferred option appears to be a single contractor. The identification of requirements and process for selection of consultants across the whole development will need careful consideration.

We were not clear as to what the current status is of the design team for the school design element. The school does need to be built and open before the other phases but to maximise the integrated approach and benefit from the opportunities the Campus can bring from the economies of scale, design and build efficiencies, the message it gives to the community and standardisation discussed, it is felt that one design team for the entire project would be advantageous.

We briefly discussed how to maximise the opportunities available to the local supply chain and how to best manage that within an overall procurement strategy. Early engagement will be required and will need to be captured within the procurement strategy as it may inform how to develop specifications and appoint a main contractor, assuming one is appointed for all developments.

Utilising local supply chain may have cost implications, but the impact of Brexit and Covid is also affecting costs and availability of resources and materials. To achieve the net carbon zero and other environmental and sustainable benefits may require early contractor involvement in the design phase. This in turn has an impact on the form of contract to be used and the procurement strategy. This can lead to opportunities to share any financial benefits from the construction phase but also share any costs from any required changes to the design or project if decisions were not made at the key decision dates.

If the PBC is approved and the preferred site becomes “The Site”, other key aspects include land ownership strategy and any land transfers to health, securing all applicable planning permissions, which while not currently considered particularly contentious, will require further community engagement. While the site is adjacent to the river, we understand there is no intention to build on the floodplain.

**Recommendation 7: Structure the Multi-agency Wellbeing Campus project into manageable and buildable steps with phasing for infrastructure, school, health and care and other facilities across the six year time horizon, while giving attention to the overall design, carbon net zero planning and procurement approach**

#### *Transport*

We had differing feedback on transport from the stakeholders interviewed. Whilst significant investment has been made already across the county to improve transport and infrastructure, it was discussed that there does not appear to be full confidence that residents who rely on public transport will be able to access the Multi-agency Wellbeing Campus. Transport and access will need to be considered as part of the wellbeing and care models as well as part of the site development.

#### *Programme plan to achieve next key milestones*

A delivery plan for 2021-22 was provided to us which includes plans for the model of care and the Strategic Outline Cases. It is not unreasonable at this stage for the overall delivery plan to span some five or six years to deliver the level of infrastructure and service transformation required to deliver the desired benefits. The PBC has a high level plan for the phasing of business cases and we understand that a more detailed phasing plan for the campus with key milestones and the critical path is being updated. This should also set out the key dates for service changes and introducing the various new models of care and show the dependencies the phased campus development has in enabling these. This will also be helpful to develop a more comprehensive communications plan to help keep stakeholders engaged as the programme develops.

We were also struck by the separation of plans and business cases for the health and social care and education elements. Collaborative planning for the next stage, and the SOC development for health, would assist in surfacing the interdependencies within the campus, in particular infrastructure on the site, and ensuring that the opportunities such as shared facilities and carbon reduction are not lost.

**Recommendation 8: Update the key programme and Campus phasing plan, including key milestones and approval dates, and capture the latter in an Integrated Assurance and Approvals plan for the Campus project**

*Governance and Programme and Project Management arrangements*

Moving into the first post approval phase of delivery and establishing the Wellbeing Campus project will bring changes to the overall programme governance and management arrangements. A clear focus will need to be maintained on both the new wellbeing and service models for the whole of North Powys (and indeed Powys itself), and the services focused on the new Wellbeing Campus. The two are different and we found some confusion among some stakeholders between them.

Particular issues which need to be considered in re-setting programme and governance arrangements for this next phase include:

- Clear empowerment and delegation of decision-making in the formal appointment of the joint SROs and changes to the function of Programme and Project Boards. The role of Accounting Officers (AOs) with the SROs also needs consideration. Model SRO appointment letters (which are mandated for programmes and projects within Welsh Government) are available to support this.
- Establishing the Multi-Agency Wellbeing Campus as a separate project within the programme, together with appropriate governance and project management arrangements, which is justified based on the size and complexity of the project. Essential to this will be clarifying SRO ownership and project director arrangements. Potentially the way forward is for the Programme SRO roles to include this project and for a single project director to be appointed with clearly defined responsibilities, which integrate with the SRO responsibilities. Likewise consideration will need to be given to 'internal' project management arrangements as opposed to the team of expert advisors who will be required to be appointed to take forward design and planning to the next stage.
- Bringing the new school project within the Campus as a single integrated development. Currently the school project sits outside the programme ownership and remit. This will need careful consideration and handling but is key to an integrated service and campus approach rather than merely a serviced site with multiple occupants.
- Review Programme Board and proposed Multi-agency Wellbeing Campus Project Board membership for the next phase. This should include, for example, introducing public and user representation and, for the Wellbeing Campus Project Board, external project and commercial expertise membership. Also consider smart ways of Board working such as frequency and use of meetings in relation to key programme and project issues and decisions requiring Board advice to aid SRO direction and running meetings consecutively on the same day.
- Developing the programme and project delivery rigour, recognising the need to work in agile ways while making the best use of established programme and project management methodologies to drive change, rather than using business as usual management approaches and also reflecting the cultural challenges this brings as each organisation needing to be able to respond at a faster pace than they are used

to. Planning and co-ordination will be particularly important, as will, wherever possible, keeping things simple and taking forward the programme into manageable delivery steps, using where appropriate agile sprints to focus delivery.

**Recommendation 9: Develop governance and project management arrangements for the Newtown Wellbeing Campus project within the overall programme, including formalising SRO appointments and delegated authorities and appoint a single Project Director to lead the Campus project**

There are currently eight members of the Programme Team drawn from across PCC and PTHB and with the development of the next phase more project specific resources will be needed. Currently this is funding out a number of time limited Welsh Government funded initiatives, which are due to expire at the end of financial year 2021/22. Normally funding for programme / project management is unlocked at OBC approval stage, which will be too late for this programme. Consideration should be given to options for securing more funding to enable the programme to proceed. This could perhaps be included as part of the developing the Infrastructure business case, but also both organisations should also consider how they can further support the programme, while recognising the resource challenge of the ongoing pandemic.

**Recommendation 10: Secure programme and project management team funding for 2022/23**

## **9. Next assurance review**

Routinely Gateway 0 Programme Reviews are repeatable on an annual basis or at key decision points. The timing and nature of the next assurance review should be identified from the development of an Integrated Assurance and Approvals Plan and linked to key approval points. The next assurance point could be either programme wide or when the Multi-agency Wellbeing Campus project or its sub-projects reach a key business case stage eg an Infrastructure SOC. The programme should liaise with the Integrated Assurance Hub in Welsh Government about the timing and nature of the next assurance review.

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## ANNEX A - List of Interviewees

Name	Organisation and role
Hayley Thomas	Joint SRO, Director of Planning & Performance, PTHB
Alison Bulman	Joint SRO, Director of Social Services, PCC
Jeremy Tuck	Assistant Medical Director, PTHB
Carly Skitt	Assistant Programme Director, PTHB
Dr Caroline Turner	CEO PCC
Louise Morris	Head of Capital, PTHB
Marianne Evans	Service Manager Schools Transformation, PCC
Dafydd Evans	Service Manager Housing Solutions, PCC
Carol Shillabeer	CEO PTHB
Tanya Summerfield	Project Manager North Powys Programme, PTHB
Dylan Owen	Head of Commissioning, PCC
Emma Peace	Change Manager (Wellbeing), PTHB
Melanie Davies	Independent Member (vice chair), PTHB
Dr Andy Raynsford	GP North Powys
Neil Clutton	Head of Property, PCC
Nichola Farr	Acting Principal Librarian, PCC
Jamie Marchant	Director of Primary Care and Mental Health, PTHB
Ian Gunney	Deputy Director of Capital, Estates and Facilities, Welsh Government
Louise Richards	RPB Joint Workforce Manager, PCC
Clair Swales	Head of Health & Wellbeing, PAVO
Greg Chambers	North Powys Finance Officer, PTHB
Nigel Brinn	Corporate Director (Economy & Environment), PCC
Adrian Osborne	Assistant Director of Communications & Engagement, PTHB
Amanda Jenner	Chair of Health & Care Scrutiny Committee, PTHB
Alwyn Jones	Head of Infrastructure, Investment and Development, Welsh Government
Wayne Tannahill	Assistant Director Estates, PTHB
Cllr Myfanwy Alexander	Lead Portfolio Holder – Adult Social Care & Welsh Language/Chair of RPB, PCC
Richard Baker	Deputy Director, Land Division, Welsh Government

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## North Powys Programme Assessment Review Action Plan





### The aims of the programme

The North Powys Wellbeing programme is a once in a generation opportunity to improve health and wellbeing across north Powys. Plans are underway to develop a new state of the art facility in Newtown. This will be connected to a number of community wellbeing hubs to offer more services locally and bring the latest technology and training to mid Wales.

The multi-agency wellbeing campus would include primary education, health, social care and supported accommodation. The views of local residents have been listened to and they will be used to develop the plans so that we can be sure that we're meeting the needs of local people and what matters most in our communities

The North Powys Wellbeing Programme aims to focus on wellbeing; promote early help and support by being able to provide technology that helps you live at home; tackle the biggest causes of ill health and poor wellbeing; and ensure joined up care involving neighbourhood teams and communities working together, ensuring a more seamless service when it's needed



<div><div></div><div><div>North Powys Wellbeing Progra</div><div>PAR Review</div><div>Recommendations</div></div><div><div>Bwrdd Iechyd Addysgu Powys Powys Teaching Health Board</div></div></div>						
Item Ref	Recommendation	Urgency	Target date for Completion in PAR	Management Response and Action	Target date	Status
1	Request Welsh Government establish cross-government arrangements for supporting the programme and identify a specific Welsh Government co-ordination lead	C- Critical	Do Now	Arrange meeting with Welsh Government to discuss the PAR report and agree next steps and PBC approval.	17/09/2021	
2	Engage Welsh Government in the preparation of the Multi-agency Campus Infrastructure SOC	C- Critical	Do now	<p>The IE Workstream lead to form closer links with WG colleagues in the development of the Infrastructure SOC. Focus for Infrastructure SOC remains a key priority.</p> <p>Business case writer has been appointed and timetable for Infrastructure SOC development will be agreed imminently. This will include key areas of work below:</p> <p>Progressing and agreeing preferred options on site to include positioning of the buildings.</p> <p>Gaining an early indication of costs for infrastructure element of the scheme and share with WG.</p> <p>Further developing how we will meet the decarbonisation and natural environment agenda</p> <p>Development of partnership arrangements to outline how the campus will be managed and maintained.</p> <p>Development of a Procurement strategy which considers delivery of the broader campus and individual components</p>	17/09/2021	
3	Re-engage and step-up third sector, citizen, primary care, social care and clinical staff engagement in wellbeing and service models and pathway planning and Multi-agency Campus proposals	E- Essential	Do by 10/21	<p>Re-engagement is taking place to update stakeholders on the current status of the programme following impact of pandemic. The model of care and wellbeing has been launched and focus during Q2 /Q3 is on further communication of the Integrated Model of Care and Wellbeing particularly to staff and communities.</p> <p>During Q3 implement SOC Engagement Plan utilising digital mechanisms and ensuring alternative mechanisms for those digitally excluded and hard to reach communities. Focus will support development of service specifications, service models and campus plans, more detailed pathway work will not commence until 2022.</p>	31/12/2021	
4	Establish a mechanism to routinely assess risks and pace of the programme, alongside risks from the ongoing pandemic challenges and recovery and renewal plans of the organisations involved	E- Essential	Do by 10/21	<p>Mechanisms are already in place to regularly review risks.</p> <p>Develop risk appetite, risk escalation and development of workstream risk registers.</p> <p>Review and update risk register in line with PAR.</p> <p>Agree clear plan on how to align the programme with the recovery and renewals work</p>	31/12/2021	
5	Further develop clinical and operational leadership and engagement in the programme, including more detail on roles and responsibilities	E- Essential	Do by 12/21	<p>Detailed resource plan in place for those posts directly funded.</p> <p>Agree clinical and professional leadership arrangements.</p> <p>Further update existing roles and responsibilities to reflect delivery plan and focus during next stage.</p>	31/12/2021	
6	Deepen the approach to programme planning and management for developing service transformation programme elements across North Powys	E- Essential	Do by 09/21	5 key transformation areas agreed. Clinical and Professional leadership and input is to be agreed and project support needs to be secured for March 22 onwards specifically to support delivery of change in north powys in line with the campus development. This needs to be aligned with renewals to support the pan powys elements.	31/12/2021	
7	Structure the Multi-agency Wellbeing Campus project into manageable and buildable steps with phasing for infrastructure, school, health and care and other facilities across the six year time horizon, while giving attention to the overall design, carbon net zero planning and procurement approach	E- Essential	Do by 09/21	Maintaining focus on campus and synergies will be key. A more detailed phasing plan will be developed following agreement of site masterplan and location of buildings. Carbon /sustainability workshops to take place, with procurement strategy for the site and land ownership strategy.	31/10/2021	
8	Update the key programme and campus phasing plan, including key milestones and approval dates, and capture the latter in an Integrated Assurance and Approvals plan for the Campus project	E- Essential	Do by 10/21	<p>Test and refine the phasing plans and delivery of the scheme based on the preferred site layout option and development service transformation models of care showing when service change will commence and how the phasing of the campus is linked to this as an enabler.</p> <p>Extend delivery and resource plan for duration of programme in line with national funding model and to response to recommendation 5 and 10.</p> <p>Approval timeline for SOC's being developed, some corporate dates yet to be confirmed for 2022. Finalise Assurance Framework</p>	31/12/2021	
9	Develop governance and project management arrangements for the Newtown Wellbeing Campus project within the overall programme, including formalising SRO appointments and delegated authorities and appoint a single Project Director to lead the Campus project	E- Essential	Do by 09/21	<p>Formalise appointment of SRO and delegated authority to be agreed</p> <p>Agreed on 21 October that both CEOs should discuss this recommendation further.</p>	31/12/2021	
10	Secure programme and project management team funding for 2022/23	E- Essential	Do by 12/21	Business case for funding post March 22 being developed for approval in October 21 Programme Board.	31/10/2021	

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

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

**Agenda item: 3.6**

**Delivery and Performance Committee**

**Date of Meeting:  
1 November 2021**

**Subject:**

**Information Governance Key Performance Metrics Report**

**Approved and Presented by:**

Rani Mallison, Board Secretary

**Prepared by:**

Head of Information Governance

**Other Committees and meetings considered at:**

**PURPOSE:**

The purpose of this paper is to provide assurance and to inform the Delivery and Performance Committee of the most recent information governance compliance figures.

**RECOMMENDATION(S):**

The Delivery and Performance Committee is asked to NOTE the content of this report and to identify any areas of further assurance required. The reporting period is 1 July to 30 September 2021.

**Approval/Ratification/Decision**

**Discussion**

**Information**

✗

✓

✓

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

**Strategic Objectives:**

1. Focus on Wellbeing

✗

2. Provide Early Help and Support

✗

3. Tackle the Big Four

✗

4. Enable Joined up Care

✗

5. Develop Workforce Futures

✗

6. Promote Innovative Environments

✗

7. Put Digital First

✗

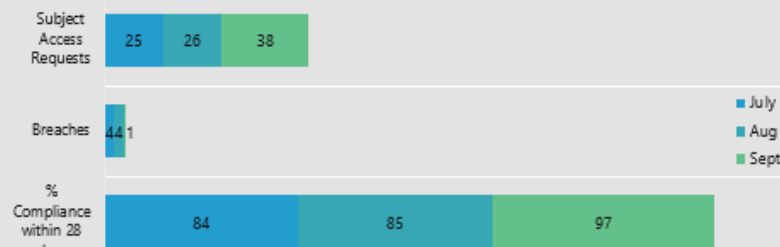
Health and Care Standards:	1. Staying Healthy	x
	2. Safe Care	x
	3. Effective Care	x
	4. Dignified Care	x
	5. Timely Care	x
	6. Individual Care	x
	7. Staff and Resources	x
	8. Governance, Leadership & Accountability	✓

### EXECUTIVE SUMMARY:

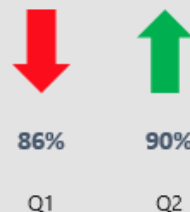
This paper has been developed to show an assessment against key performance and compliance indicators for information governance (IG). The Committee is asked to NOTE the reporting period is 1 July 2021 to 30 September 2021.

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## Access to Information Requests



## Q4 v Q1 Compliance

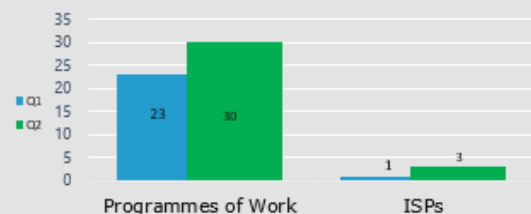


## Freedom of Information Requests



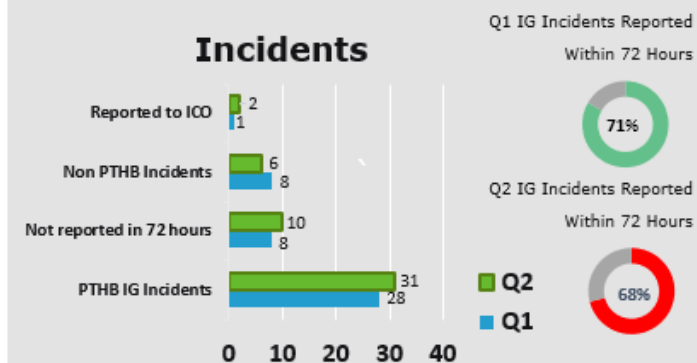
## Q1 v Q2 Compliance

## Initiatives



## IG Dashboard

## Incidents



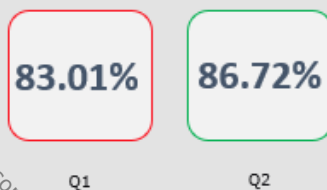
Q1 IG Incidents Reported Within 72 Hours



Q2 IG Incidents Reported Within 72 Hours

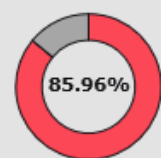


## Overall IG Training Compliance



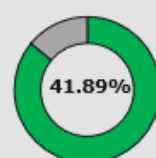
## New Starters

Q1 % Not Completed IG Training Within Welsh Government 6 Week Standard



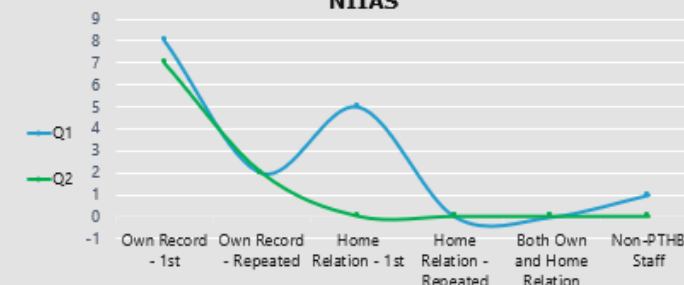
114 New Starters within reporting period

Q2 % Not Completed IG Training Within Welsh Government 6 Week Standard



74 New Starters within reporting period

## NIIAS



## DETAILED BACKGROUND AND ASSESSMENT:

### Freedom of Information (FOI) and Environmental Information Regulation (EIR) Requests

The Freedom of Information Act 2000 (the Act) reflects the government's commitment to promote greater openness by public authorities. The Act's purpose is to ensure that all areas of public bodies, including the NHS are open and transparent, ensuring that more information about public services are made readily available.

As a health board we recognise that the public have the right to know how the services of the Health Board are organised and run. They have the right to know which services are being provided, the standards of services that are expected, the targets that are being set and the results achieved, together with how much it costs to provide the services it offers. As part of this right members of the public have a right to make a Freedom of Information Act request into the health board to ask for information we hold.

To assist the public in accessing such information and in line with the Act, the Health Board has produced a Publication Scheme in compliance with the Model Publication Scheme produced by the Information Commissioner. It follows the format of the seven classes of information referred to in the Model Publication Scheme and in the Definition Document for Health Bodies in Wales. The Publication Scheme is managed and reviewed by the Information Governance Team. Work has been undertaken to transfer the Publication Scheme to the new website and the IG Team will undertake a compliance audit during the forthcoming months.

During the Covid-19 pandemic, the health board is required to continue to meet legislated timeframes for FOI and EIR requests.

To ensure the Executive Team is informed on compliance rates, a fortnightly statistical report showing the number of requests received, including breaches of the legislative timeframe continues to be disseminated for their attention/action via the Board Secretary.

The number of requests received since the last Committee report (1 July – 30 September 2021) totals **84** requests. This is a slight decrease of **1.18%** when compared to the same period in 2020 (**85** requests).

The Act requires a response to requests within 20 working days. Compliance for the period 1 July – 30 September 2021, is shown below alongside Q1 2021-22 for comparison:

	<b>Q1 2021 - 22</b>	<b>Jul 2021</b>	<b>Aug 2021</b>	<b>Sept 2021</b>	<b>Q2 Total</b>
No of Requests	77	28	26	32	<b>86</b>
No. of Breaches	29	3	4	1	<b>8*</b>
% compliance	62%	89%	84%	97%	<b>91%*</b>

**\*We are unable to confirm figures until 20 working days has elapsed**

Compliance rates during this time period have rose since the last quarter and is now above the Information Commissioner's target of 90%. The IG Team continue to monitor compliance and escalate issues to services leads and the Executive Team. The IG Team is reviewing compliance against services and will offer FOI training to service areas where needed/requested.

The main causes for breaches during this timeframe were:

- delays caused by staff commitments to provide responses within the time frame
- delays spent by the IG Team chasing services and formatting of responses
- Complex requests
- Reduced capacity within the IG Team

Requests received during this period have been received from a number of sources, these are shown in the table below:

<b>Requester Type</b>	<b>Jul</b>	<b>Aug</b>	<b>Sept</b>	<b>Total</b>
Company	4	7	12	<b>23</b>
Organisation	2	1	2	<b>5</b>
Individual	10	12	8	<b>30</b>
Media	6	3	5	<b>14</b>
AM or PM Support	4	1	2	<b>7</b>
Charity	2	2	3	<b>7</b>
<b>TOTAL</b>	<b>28</b>	<b>26</b>	<b>32</b>	<b>86</b>

### Internal Reviews

The FOI Act allows a requestor the right to request an internal review if they are dissatisfied with the health board's original response. The legislative timeframe to complete an internal review is 20 working days from the date it has been received into the organisation. During this reporting period the Health Board received **2** requests for internal review, for one the exemption was upheld and to date no further challenges have been received from the requestor. For the second, the exemption applied was not upheld, but a further exemption was applied.

### EIR Requests

EIR requests are managed in line with FOI requests under the same health board procedure. There was **1** request handled under EIR submitted during this period.

### All Wales Comparison

Unfortunately, the all wales comparative figures are not available for this time period.

### FOI audits:

A review of the health board's publication scheme has been undertaken against the Information Commissioners Office definition document which dictates the minimum level of information public authorities should be publishing. The table below shows the compliance rate against the definition document and our current publication scheme:

<b>Class</b>	<b>Compliance %</b>	<b>Comments</b>
Class 1 – Who We Are and What We Do	100%	n/a
Class 2 – What We Spend and How We Spend It	100%	
Class 3 – What Are Our Priorities and How Are We Doing	100%	n/a
Class 4 – How We Make Decisions	100%	n/a
Class 5 – Our Policies and Procedures	100%	n/a
Class 6 – List and Registers	88%	Registers for a numbers of services (Finance, IT and Estates) do not exist or to provide the information would be providing sensitive information to the public therefore a link to make an FOI request has been supplied. This has been the approach nationally.
Class 7 – The Services We Offer	100%	n/a

### Information Commissioners Office FOI Toolkit:

The IG team have completed the FOI Self-assessment toolkit which is designed to help public authorities assess their current FOI performance and provide indicators of where efforts should be focused in order to improve. It also provides templates for taking improvement actions. Two topics are available to choose, the Team chose Topic 1 – Timeliness. The criteria to select a response was either Good/Adequate/Unsatisfactory.



The outcome and overall score result from completing the Toolkit gave the Health Board an overall outcome compliance of '**Good**', although the outcome was Good, the toolkit has identified actions for consideration for each of the sections throughout the assessment. These actions supply guidance on how to improve the score, or ask for the specific module to be reviewed in 6-12 months-time. This action plan has been put on the IG Workplan and the team will ensure reviews of the action plan are taken.

## Access to Information requests

Under the UK General Data Protection Regulation/Data Protection Act 2018, individuals have the right to request access to information the health board holds about them e.g. staff records or medication records. This is called a subject access request. In certain circumstances an individual may wish to make a request about someone else e.g. family member or someone who is deceased. These types of request are called third party requests or requests under the Access to Health Records Act (deceased individuals). All access to information requests are co-ordinated and managed by the Information Governance Team.

To ensure the Executive Team are informed on compliance rates, a fortnightly statistical report showing the number of requests received, including breaches of the legislative timeframe continues to be disseminated for their attention/action via the Board Secretary.

A total of **135** requests have been received in the reporting period 1 July 2021 to 30 September 2021. This figure includes **107** requests dealt with by the health board and **28** requests received by the health board's managed practice. The total number of requests received are comparable with the same reporting period in 2020.

Compliance for the period 1 July – 30 September 2021, is shown below alongside Q1 2021-22 for comparison:

	<b>Q1 2021/22</b>	<b>Jul 2021</b>	<b>Aug 2021</b>	<b>Sep 2021</b>	<b>Q2 Total</b>
<b>Subject Access Requests (DPA = Living)</b>	99	25	26	38	<b>89</b>
Breaches	14	4	4	1	<b>9</b>
% of compliance within 28 days (UK GDPR)	86%	84%	85%	97%	<b>90%</b>

There have been **9** subject access requests which were not responded to within the statutory one month (28 days). The reasons for delays are summarised below.

- Staffing issues within service areas that source the records, in particular Women and Children's, and Mental Health Service Groups;
- Reduced capacity within the IG team;
- The IG team has received a number of complex requests which include requests for email searches. These requests may require an extension to the 28-day deadline, and the co-ordination of information from services and Digital Health and Care Wales.

The Committee are advised that 4 of these breached requests were court orders. PTHB has an informal agreement with PCC Legal Services that we will provide records for a court order received via them within 15 days, or by a date specified by the presiding Judge. These 4 requests were not only over the requested date set by the Judge, but also exceeded the usual SAR time frame of 28 days. The service delays related to Woman's and Children's, and Mental Health service Groups. To date as a result of these breaches, no action has been taken directly by the judge to summons clinical staff to court to present the records, however, it has been noted that wording has now been added to new court orders received to highlight this. Discussions and escalation have taken place by the IG Team directly with these services.

#### Access requests for Deceased Patients and 3<sup>rd</sup> party DPA requests:

There were no breaches relating to requests for the health records of deceased patients, this is comparable for the same reporting period in 2020.

Health board compliance for the period 1 July – 30 September 2021, is shown below, with Q1 for comparison:

	<b>Q1 2021/22</b>	<b>Jul 21</b>	<b>Aug 21</b>	<b>Sep 21</b>	<b>Q2 Total</b>
<b>3rd party DPA requests not subject to timescale e.g. Police</b>	14	16	10	20	<b>46</b>
<b>Requests for Deceased (AHRA)*</b>	5	2	0	1	<b>3</b>
Breaches	0	0	0	0	<b>0</b>
% of compliance within 40 days	100%	100%	100%	100%	<b>100%</b>

#### Requests for Rectification, Erasure and Restricting Processing

Under the UK GDPR, individuals have the right to request the health board amends factual inaccuracies in relation to their medical record (rectification) e.g. name spelt incorrectly, or wrong DOB. They can also request the health board to delete their personal data (erasure) or stop the health board using their data (restrict processing) if they believe there has been a breach in security. These are

not absolute rights for health data, and requests must be made in writing the health board Data Protection Officer (Information Governance Manager) to consider, on a case by case basis.

During this reporting period the IG team received **1** request for erasure in relation to a child health record. After consideration and collaboration with the clinical team, this request for erasure was declined due to the context the information provided, however an addendum was placed on the records to advise that the parent disagreed with the clinical opinion.

Complaints in relation to access to information requests:

The IG Team has received **0** complaints relating to how requests have been managed during the reporting period.

## IG Training

As at 30 September 2021, the overall compliance rate of the IG E-Learning mandatory training for the health board was at **86.72%** which was an increase of 4.37% since the last reporting period. The table below breaks down the compliance by directorate:

Directorate	Compliance %
CHC	83.33%
COVID 19 Prevention and Response	94.87%
Chief Executive Office	54.55%
Community Care & Therapies	88.90%
Community Dental Service	83.93%
Corporate Governance	92.31%
FID Finance Directorate	91.67%
Facilities - WOD	85.24%
HCRW	82.86%
MED Medical Directorate	69.23%
MHD Mental Health	81.05%
Medicines Management	93.75%
NUD Nursing Directorate	90.00%
PHD Public Health Directorate	92.31%
PLD Planning Directorate	90.80%
Primary Care	91.43%
WOD Directorate	94.23%
Women and Children Directorate	85.46%

The IG Team has noted an increase in compliance compared with the last reporting period. Work will continue to commence in the forthcoming months to undertake a target email exercise to remind non-compliant staff to complete this training in the hope this will help improve compliance rates further.

## National E-Learning Compliance

Unfortunately, the all Wales compliance figures provided for the last reporting period (as at March 2021) have not been updated, therefore PTHB remains ranked second in IG Training Compliance with **83.01%** and ahead of the NHS Wales average.

### New Starters

Welsh Government requires that all mandatory training is undertaken within 6 weeks of commencing employment and figures show that during this reporting period **41.89%** (31 new members of staff) did not complete their IG Training within the required 6-week period, 37.84% (28) have not completed and 4.05% (3) not completed within 6 weeks of commenced employment. Please see table below which breaks down new starters from 1 July – 30 September 2021:

Completed	% Compliance	Headcount
Not Completed	37.84%	28
Completed prior to joining	14.86%	11
Completed within 6 weeks	43.24%	32
Completed after 6 weeks	4.05%	3

The IG Team are currently liaising with the WOD Directorate to discuss the process and follow up on those who are working within the health board but have not completed their mandatory training. In addition, the IG Team will be undertaking a target email exercise to remind non-compliant staff to complete this training.

Should there be an incident the Information Commissioner's Office will not look favourably that staff have not undertaken this training.

### Local IG Training undertaken:

The IG team has commenced providing tailored training sessions upon request by services. In Quarter 2, three training sessions have taken place.

- **2** sessions were requested by the Child Health team to provide training for new staff who are assisting IG with Subject Access Requests
- **1** session was requested by the Integrated Autism Service to cover breach reporting specifically, and as an opportunity for staff to ask general IG queries

Further tailored sessions have been requested and booked in for the next Quarter.

### Future IG learning tools:

To enhance learning and awareness around Information Governance, the IG Team has started to explore new ways of providing IG awareness electronically.

## Policy Schedule and Compliance

Local policy and procedure development work is included in the IG workplan and due to more urgent commitments, work to develop these has not progressed this quarter. Dedicated time has been set for the team to review this and finalise the Access to Information procedure which is an outstanding recommendation from the Records Management Internal Audit report.

## Datix Incidents (Breach Reporting)

The UK General Data Protection Regulation (UK GDPR) introduced a duty on all organisations to report certain types of personal data breach to the relevant supervisory authority i.e. the Information Commissioner's Office (ICO) within 72 hours of the organisation becoming aware of the breach. These breaches (incidents) are reported using the Datix Incident Management system and those with IG relevance are reviewed daily by the Information Governance Team. To manage this, the Team has implemented a robust process for breach detection, investigation and reporting and to support this a record of IG incidents is maintained. A personal data breach risk assessment is carried out for each incident and the outcome and scoring is added to the Datix Incident Management system. This facilitates the decision-making about whether or not to notify the ICO and the affected individuals.

In the reporting period of 1 July to 30 September 2021, **31** Information Governance incidents have been reported. **10** of the 31 incidents were not reported on Datix within 72 hours, this was due to service delays in reporting.

Those non-PTHB incidents are incidents that have affected the health board but did not originate within the health board e.g. district general hospital, GP Practice. In these circumstances should a common theme appear when reviewing the data the IG Team will liaise with the lead for PTHB's service lead, IG lead in the neighbouring organisations or GP practice directly to alert them to the incident and work with them to ensure recurrence of these types of incidents do not happen again.

The table below shows the breakdown of the number of incidents for reporting period 1 July – 30 September 2021 (Q2) alongside the previous quarter:

	Q1	Q2	Total
Number of PTHB IG Incidents reported	28	31	<b>59</b>
Number of IG incidents NOT reported within the 72 hours onto the Datix system (including non PTHB incidents)	8	10	<b>18</b>

Non PTHB incidents	8	6	<b>14</b>
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### Incident Themes

The incidents for this time period have been reviewed with themes identified. The top 3 themes were:

- Records Management - Letter/email sent to the wrong address (6 incidents)
- Records Management – Wrong information recorded in record (5 incidents)
- Records Management – Wrong patient information in letter (4 incidents)

Following investigations into these incidents there are particular issues, for example: letter/email sent to the wrong address. As part of the Datix process, we have contacted the teams involved to remind them of their responsibilities of checking recipients before sending emails/letters. Another issue which has been consistent is wrong information recorded in records. Similarly, as part of the Datix process we have reminded staff of their responsibilities when handling PII and the care needed of double-checking records before entering clinical information.

To reinforce good practice, the IG team have continued to send out IG Alerts, which has included themes identified within the Datix reviews. The team also contact services directly to remind them of their responsibilities in terms of policies and procedures. Should any gaps in IG guidance be identified, this will be added to the IG workplan for development.

The table below shows a full breakdown of the themes of reported incidents:

<b>Incident type</b>	<b>Incident detail (theme)</b>	<b>No. of incidents</b>	<b>Total</b>
Records Management	Referral Process	1	
	Poor process of temporary record creation	1	
	Missing documentation	1	
	Notes left at home	1	
	Wrong Information recorded in record	5	
	Different patient notes found in record/notes	2	
	Patient notes being mixed up together	1	
	Letter/Email sent to the wrong address	6	
	Wrong patient information in letter	4	
	PII lying around in office/printer	2	
IT/Security of Information	Room with notes not securely locked	1	
	Third Party access information	2	
	Information given resulting in misuse of social media	2	
	Key code on display	1	
	WCCIS Issue	1	

<b>TOTAL NO PTHB IG INCIDENTS</b>			<b>31</b>
	Missing discharge documentation from DGH	1	
	Parcel delivered to wrong address	1	
	Records not returned from DGH	1	
	Misdirected email/mail	2	
	Breach of patient confidentiality	1	
<b>TOTAL NO OF NON PTHB INCIDENTS</b>			<b>6</b>

The number of PTHB incidents is comparable with the same time period in 2020 (49 incidents) resulting in there being a decrease in incidents reported. Similarly, the number of non PTHB incidents reported for the same period in 2020 (17) has decreased.

#### Incident Management and Reporting to the Information Commissioner's Office (ICO)

Following the submission of a personal data breach report, the ICO investigate the breach, and may provide recommendations back to the health board where they feel improvements need to be made. All recommendations made by the ICO are added to the ICO Recommendations log which is due to be presented to the Executive Team in the forthcoming months for adoption. In addition, any IG actions required as a result of these recommendations have been added to the IG Workplan.

Of the **31 incidents reported**, **two** of these were deemed a significant breach and were reported to the ICO. One has been de-escalated by the ICO and for the other, the ICO have concluded no further action needed and recommendations have been given.

#### **Complaints & Learning:**

No IG related complaints have been raised as reported during this reporting period.

#### **The National Intelligent Integrated Audit Solution (NIIAS)**

National Intelligent Integrated Audit System (NIIAS) is a national tool procured by NHS Wales to detect potential misuse of national information systems. It highlights instances when employees may have abused their access rights to view personal information that they may not be entitled to. The purpose of the tool is to assist the organisation in complying with its Data Protection responsibilities. This gives the public and its partners more confidence in the Health Board's ability to ensure confidentiality and privacy of their personal data.



The IG Team runs the NIIAS report weekly, notifications are investigated and respective line managers and the Workforce & OD Team are engaged in the process when necessary.

The Department of Health and Care Wales (DHCW) has developed a national NIIAS Usage Report which is reported to the monthly All-Wales Medical Directors' meeting. The purpose of the report is to inform and build mutual assurance and trust with each health board to enable the further sharing of patient data between organisations and to show organisational commitment to auditing access to national systems. This reporting has now resumed on a monthly basis, following a break in reporting to allow organisations to prioritise resources appropriately in response to Covid-19.

Powys Teaching Health Board report on the number of individuals who have potentially accessed their own record, or that of a family member (home relation). There were **9** NIIAS notifications reported for the period 1 July – 30 September 2021. **7** were first time offences and **2** were repeat offences which in turn were reported to the member of staff's line manager and Workforce & Organisational Department as per agreed process. None of the notifications were deemed to be a reportable breach to the ICO following investigation. A reminder of staff's responsibilities with regards to accessing their own records and those of family members has been switched on at the login prompt for all Welsh Patient Administration users. The table below shows a breakdown of the notifications received:

Month	July	Aug	Sept	Total
<b>Own Record - 1st offence</b>	3	3	1	7
<b>Own Record - repeated</b>	0	1	1	2
<b>Home Relations (Family) Record - 1st offence</b>	0	0	0	0
<b>Home Relations (Family) Record - repeated</b>	0	0	0	0
<b>Both home relations and own record accessed</b>	0	0	0	0
<b>Notification for Non-PTHB member of staff</b>	0	0	0	0
<b>Total</b>	<b>3</b>	<b>4</b>	<b>2</b>	<b>9</b>

The figures during this reporting period are slightly higher compared with the same reporting period in 2020 (**6**). The Committee are asked to note that following a data move to a new Data Centre, NIIAS has experienced some technical issues around the reporting of Home Relations and it is thought to have been affected and not all notifications are coming through. It has not yet been confirmed that these figures are lower due to this issue, and investigations are currently underway by the Department of Health and Care Wales (DHCW). The IG team will continue to provide reminders to staff on the NIIAS process in IG Alerts.

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## Initiatives/ Programmes Requiring IG Input

### Background

Under the UK General Data Protection Regulation (UK GDPR) there is a requirement that any new initiative or project should complete a Data Protection Impact Assessment (DPIA). A DPIA is a process that helps to identify and minimise the data protection risks of a project or proposed new way of sharing information. A DPIA must be carried out where the initiative is likely to result in high risk processing, and it can be a lengthy process when the project is substantial or the data involved is special category data. The DPIA process may require direct supplier input and we may also need to involve the health board Senior Information Risk Officer (SIRO) or Caldicott Guardian. Senior members of the IG team will review a DPIA, and will guide the service to ensure the relevant information is included. The health board Data Protection Officer (DPO) then advises if the DPIA review has concluded there are appropriate technical and organisational security measures in place to enable sign off.

The IG team have representation on the Powys Digital Governance Board, and a large proportion of the work undertaken by the team is to impartially support the procurement of software, systems, and new ways of data sharing, where appropriate. This would include supporting services in populating Data Protection Impact Assessments (DPIA), Data Processing Agreements (DPA), contracts, Information Sharing Protocols (ISPs) and any review work associated with ensuring that we comply with the UK GDPR and other data protection legislation. It is important to note that not all programmes of work have required a DPIA, DPA or ISP. In some circumstances, IG involvement has included researching guidance and providing advice regarding all data protection legislation. There is no set timeframe for completing DPIAs, DPAs and ISPs, IG support is provided on a first come, first served basis but the team will prioritise urgent requests where needed.

### Initiative Work Undertaken

From the 1 July to 30 September 2021, the IG Team has been asked to provide IG input on the following in relation to Initiatives/Programmes of Work:

- **30** new programmes of work (23 Local, 5 National and 2 both Local and National), **3** of which have been completed.
- The team are providing support to **123** initiatives/programmes of work, which has been decreased since the last reporting period where the total was **151**. All of which have been progressed, and some of which have been completed but are yet to be updated and closed on the Programme of Work due to capacity within the team. The team continues to prioritise those of greatest urgency/Covid related.
- The **123** remain in progress due to: reduced capacity in the IG team, or they may have been returned to the service for further work/information required.

Where a project cannot be signed off by the teams within the governance groups due to the level of risk, the Senior Information Risk Owner (SIRO) will consider

each risk and any mitigations to make an informed decision on whether the health board can accept the risk and use that system/supplier. The IG team maintains a register of approvals agreed by the SIRO, of which there were **none** for this reporting period.

### **Information Sharing Protocols (ISP)**

Many organisations directly concerned with the health, education, safety, crime prevention and social wellbeing of people in Wales have signed up to the Wales Accord on the Sharing of Personal Information (WASPI). WASPI is tool to support the sharing of information between these organisations effectively and lawfully, whether that is the network providing support and good practice guidance, or the collective development and use of template documents such as an Information Sharing Protocol (ISP) agreement. Although the development of ISPs is not mandatory, it is promoted across Wales as good practice and is endorsed by the ICO. It underpins the WASPI framework and supports the regular, reciprocal sharing of personal information between organisations.

Information Sharing Protocols are included to the IG work programme under initiatives and projects. During the reporting period, the following **3** ISPs have been reviewed or are being supported by the IG team:

- Self-Harm, Suicides and Bereavement
- NHS and Social Care Recognition Scheme - Duplicate Payments
- Safeguarding (regional)CYSUR and CWMPAS

Once approved at local level, these ISPs are then presented nationally as part of the WASPI quality assurance group if requiring approval. The IG team will continue to promote the development of ISPs, where possible. Work also continues to review outstanding and identify new agreements.

The team have continued to progress work to support the transition period for Brexit, the national roll out of Microsoft Office 365 including preparations for the SharePoint Migration project, and continue to support service improvement programmes throughout the Health Board.

### **NEXT STEPS:**

Continued assurance reports will be submitted to the Delivery and Performance Committee.

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# **Delivery and Performance Committee**

## **Terms of Reference & Operating Arrangements**

**September 2021**

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## 1. INTRODUCTION

- 1.1 Section 2 of the Standing Orders of the Powys Teaching Health Board (referred to throughout this document as 'PTHB', the Board' or the 'Health Board') provides that:

*"The Board may and, where directed by the Welsh Government must, appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of its business extends equally to the work carried out on its behalf by committees".*

- 1.2 In-line with Standing Orders and the Board's Scheme of Delegation and Reservation of Powers, the Health Board has established a committee to be known as the **Delivery and Performance Committee** (referred to throughout this document as 'the Committee'). The Terms of Reference and operating arrangements set by the Board in respect of this committee are set out below.
- 1.3 The scope of the Committee extends to the full range of PTHB responsibilities. This encompasses the delivery and performance management of all directly provided and commissioned services.

## 2. PURPOSE

- 2.1 The purpose of the Committee is to provide advice and assurance to the Board on the effectiveness of arrangements in place for securing the achievement of the Board's aims and objectives, in accordance with the standards of good governance determined for the NHS in Wales. In doing so, the Committee will seek assurance that there is ongoing development of an improving performance culture which continuously strives for excellence and focuses on improvement in all aspects of the health board's business, in line with the Board's Framework for Improving Performance.

### 2.2 ADVICE

The Committee will provide accurate, evidence based (where possible) and timely advice to the Board and its committees in respect of the ongoing development of an improving performance culture which continuously strives for excellence and focuses on improvement in all aspects of the health board's business, in line with the Board's Framework for Improving Performance.

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**APPROVED BY BOARD****2.3 ASSURANCE**

In respect of the achievement of the Boards' strategic aims, objectives and priorities, the Committee will seek assurances:

- a. on timely and appropriate access to health care services to achieve the best health outcomes within agreed targets, for directly provided and commissioned services;
- b. on performance against national and locally set quality and safety measures of care together with compliance to legislative requirements ensuring services are safe, personal, effective and continuously improving;
- c. that services are improving efficiency and productivity and financial plans are being delivered;
- d. risks are suitably identified, mitigated and residual risks controlled and corrective actions are taken as required to sustain or improve performance.

**3. DELEGATED POWERS AND AUTHORITY**

3.1 With regard to specific powers delegated to it by the Board, the Committee will play a key role in monitoring the achievement of the Board's strategic aims, objectives and priorities and will:

A. Seek assurance that arrangements for **financial management** and **financial performance** are sufficient, effective and robust, including:

- the allocation of revenue budgets, based on allocation of funding and other forecast income;
- the monitoring of financial performance against revenue budgets and statutory financial duties;
- the monitoring of performance against capital budgets;
- the monitoring of progress against savings plans, cost improvement programmes and implementation of the efficiency framework;
- the monitoring of budget expenditure variance and the corrective actions being taken to improve performance;
- the monitoring of activity and financial information for external contracts to ensure performance within specified contract terms, conditions and quality thresholds;
- the monitoring of arrangements to ensure efficiency, productivity and value for money;
- the monitoring of delivery against the agreed Discretionary Capital Programme; and
- the adequacy of standing financial instructions, including the application of capital and estates controls.

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B. Seek assurance that arrangements for the **performance management** and **accountability** of **directly provided** and **commissioned services** are sufficient, effective and robust, including:

- the ongoing implementation of the Board's Framework for Improving Performance, enabling appropriate action to be taken when performance against set targets deteriorates, and support and promote continuous improvement in service delivery;
- the monitoring of performance information against the Board's Well-being and Enabling Objectives and associated outcomes;
- the monitoring of performance information against National Outcome Frameworks, including the NHS Wales Outcomes Framework, the Public Health Outcomes Framework and the Social Services Outcomes Framework, developed in-line with the Wellbeing of Future Generations Act and the Social Services Wellbeing Act;
- the monitoring of performance information across directly provided services including outpatients, theatres, community and inpatient services, mental health and LD, women and children's services;
- the monitoring of performance information across commissioned services including Primary Care, outpatients, community and inpatient services, mental health, women and children's services and WHSCC, EASC and NHS Wales Shared Services Partnership;
- the monitoring of poor performance through effective and comprehensive exception reporting, including trajectories for improved performance; and
- the review of performance through comparison to best practice and peers and identifying areas for improvement.

C. Seek assurance that arrangements for **compliance with Health and Safety Regulations and Fire Safety Standards** are sufficient, effective and robust, including:

- the operating practices in respect of: staff health and safety; stress at work; patient health and safety, i.e., patient falls, patient manual handling; violence and aggression; fire safety; risk assessment processes; safe handling of loads; and hazardous substances

D. Seek assurance that arrangements for **information management** are sufficient, effective and robust, including:



**APPROVED BY BOARD**

- the monitoring of information related objectives and priorities as set out in the Board's IMTP and Annual Plan;
- the monitoring of the implementation and application of information related legislation, policies and standards, including GDPR and Freedom of Information;
- the review of arrangements to protect the integrity of data and information to ensure valid, accurate, complete and timely data and information is available for use within the organisation;
- the reporting of data breaches, incidents and complaints, ensuring lessons are learned;
- the recommendations arising from national and local audits and self-assessments, including assessment against the Caldicott Standards; and
- the monitoring of arrangements to support the continued development of business intelligence and capacity.

E. Seek assurance that arrangements for the **performance management of digital and information management and technology (IM&T) systems** are sufficient, effective and robust, including:

- the monitoring of digital related objectives and priorities as set out in the Board's IMTP and Annual Plan; and
- the monitoring of the annual business plan for IM&T.

F. Seek assurance that arrangements for the **performance management of capital, estates and support services related standards and systems** are sufficient, effective and robust, including:

- the monitoring of capital and estates related objectives and priorities as set out in the Board's IMTP and Annual Plan;
- the monitoring of compliance with Health Technical Memorandums;
- the monitoring of progress in delivery Board-approved capital business cases and programmes of work.

3.2 The Committee will consider and recommend to the Board for approval those policies reserved for the Board and delegated to this Committee for review, in-line with the Board's Policy Management Framework and Scheme of Delegation and Reservation of Powers.

3.3 The Committee will seek assurances on the management of strategic risks delegated to the Committee by the Board, via the Corporate Risk Register.

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## **Authority**

- 3.4 The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the Health Board relevant to the Committee's remit and ensuring patient/client and staff confidentiality, as appropriate.

The Committee may seek any relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
- any other committee, sub committee or group set up by the Board to assist it in the delivery of its functions.

- 3.5 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary (subject to the Board's procurement, budgetary and any other applicable standing requirements).

## **Access**

- 3.6 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Committee.
- 3.7 The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

## **Sub Committees**

- 3.8 The Committee may, subject to the approval of the Board, establish sub committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

## **Committee Programme of Work**

- 3.9 Each year the Board will determine the Committee's priorities for its annual programme of work, based on the Board's Assurance Framework and Corporate Risk Register. This approach will ensure that the Committee's focus is directed to the areas of greatest assurance needs. This will therefore mean that these Terms of Reference are provided as a framework for the Committee's annual programme of work and is not an exhaustive list for full coverage.

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This approach recognises that the Committee's programme of work will be dynamic and flexible to meet the needs of the Board throughout the year.

## 4. MEMBERSHIP

### Members

#### 4.1 Membership will comprise:

Chair	Independent member of the Board
Vice Chair	Independent member of the Board
Members	3 x Independent member of the Board
The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.	

### Attendees

#### 4.2 In attendance: The following Executive Directors of the Board will be regular attendees:

- Director of Finance and IT (Joint Officer Lead)
- Director of Planning and Performance (Joint Officer Lead)
- Director of Workforce & OD
- Director of Primary, Community Care and Mental Health
- Director of Therapies and Health Sciences

#### 4.3 By invitation:

The Committee Chair extends an invitation to the PTHB Chair and Chief Executive to attend committee meetings.

The Committee Chair will extend invitations to attend committee meetings, dependent upon the nature of business, to the following:

- other Executive Directors not listed above;
- other Senior Managers and
- other officials from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter.

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## **Secretariat**

- 4.4 The Office of the Board Secretary will provide secretariat services to the Committee.

## **Member Appointments**

- 4.5 The membership of the Committee shall be determined by the Board, based on the recommendation of the Chair of PTHB - taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.
- 4.6 Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office. During this time a member may resign or be removed by the Board.
- 4.7 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Chair of PTHB.

## **Support to Committee Members**

- 4.8 The Board Secretary, on behalf of the Committee Chair, shall:
- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
  - ensure the provision of a programme of development for committee members as part of the Board's overall Development Programme.

## **5. COMMITTEE MEETINGS**

### **Quorum**

- 5.1 At least **three** members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.
- 5.2 Where members are unable to attend a meeting and there is a likelihood that the Committee will not be quorate, the Chair can invite another independent member of the board to become a temporary member of the Committee.

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**APPROVED BY BOARD****Frequency of Meetings**

- 5.3 The Chair of the Committee shall determine the timing and frequency of meetings, which shall be held no less than **bi-monthly**, and in line with the Health Board's annual plan of Board Business.
- 5.4 The Chair of the Committee may call additional meetings if urgent business is required to be taken forward between scheduled meetings.

**Openness and Transparency**

- 5.5 Section 3.1 of PTHB Standings Orders confirms the Board's commitment to openness and transparency in the conduct of all its business and extends equally to the work carried out on its behalf by Committees. The Board requires, wherever possible, meetings to be held in public. The Committee will:
- hold meetings in public, other than where a matter is required to be discussed in private (see point 5.6);
  - issue an annual programme of meetings (including timings and venues) and its annual programme of business;
  - publish agendas and papers on the Health Board's website in advance of meetings;
  - ensure the provision of agendas and minutes in English and Welsh and upon request in accessible formats, such as Braille, large print, and easy read; and
  - through PTHB's website, promote information on how attendees can notify the Health Board of any access needs sufficiently in advance of a proposed meeting, e.g., interpretation or translation arrangements, in accordance with legislative requirements such as the Equality Act 2010 and Welsh Language Standards 2018.

**Withdrawal of individuals in attendance**

- 5.6 There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Board Secretary where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Committee shall resolve:

*That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960 (c.67).*

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In these circumstances, when the Committee is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Committee in public session.

## **6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS**

- 6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions (as set out within these terms of reference), the Board retains overall responsibility and accountability for all matters relating to performance and resources.

The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

- 6.2 The Committee will work closely with the Board's other committees, joint and sub committees and groups to provide advice and assurance to the Board through the:
- joint planning and co-ordination of Board and Committee business;
  - sharing of appropriate information; and
  - applicable escalation of concerns.

in doing so, this contributes to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

- 6.3 The Committee shall embed the Health Board's agreed Values and Behaviours, as set out in the Board's Values and Behaviours Framework, through the conduct of its business.

## **7. REPORTING AND ASSURANCE ARRANGEMENTS**

- 7.1 The Committee Chair shall:
- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, and the submission of Committee minutes and written reports;
  - bring to the Board's specific attention any significant matters under consideration by the Committee;

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- ensure appropriate escalation arrangements are in place to alert the Chair of PTHB, Chief Executive or Chairs of other relevant committees/groups of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

- 7.2 The Board may also require the Committee Chair to report upon the Committee's activities at public meetings, e.g., Annual General Meeting, or to community partners and other stakeholders, where this is considered appropriate, e.g., where the committee's assurance role relates to a joint or shared responsibility.
- 7.3 The Board Secretary shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of further committees established.
- 7.4 The Committee shall provide a written annual report to the Board on its activities. The report will also record the results of the Committee's self-assessment and evaluation.

## **8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS**

- 8.1 The requirements for the conduct of business as set out in PTHB's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:
- Quorum
  - Issue of Committee papers

## **9. CHAIR'S ACTION ON URGENT MATTERS**

- 9.1 There may, occasionally, be circumstances where decisions which would normally be made by the Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Committee. In these circumstances, the Chair of the Committee, supported by the Board Secretary as appropriate, may deal with the matter on behalf of the Committee - after first consulting with at least two other Independent Members of the Committee. The Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.

- 9.2 Chair's action may not be taken where the Chair has a personal or business interest in the urgent matter requiring a decision.



## **10. REVIEW**

- 10.1 These Terms of Reference shall be reviewed annually by the Committee. The Committee Chair will report any changes to the Board for ratification.
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