

Performance and Resources Committee

Mon 22 February 2021, 13:30 - 15:00

Microsoft Teams

Agenda

13:30 - 13:30
0 min

1. PRELIMINARY MATTERS

 P&R_Agenda_22Feb21_Final.pdf (1 pages)

1.1. Welcome and apologies


1.2. Declarations of interest

1.3. Minutes from the previous meeting held on 6 October 2020 for approval

 P&R_Item_1.3_UNCONFIRMED P&R Minutes_6 October 2020.pdf (9 pages)

1.4. Matters arising from the previous meeting

1.5. Performance and Resources Committee Action Log

 P&R_Item_1.5_Action Log_2020-21 (Feb2021).pdf (1 pages)

13:30 - 13:30
0 min

2. ITEMS FOR APPROVAL/RATIFICATION/DECISION

There are no items for inclusion in this section

2.1.

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3. ITEMS FOR DISCUSSION

3.1. Financial Performance: • Month 10,2020/21 • Delivery of Annual Savings

 P&R_Item_3.1 Financial Performance Report Mth 10 P&R.pdf (17 pages)

3.2. Workforce Performance Report

 P&R_Item_3.2_Staffing Update P&R Committee 220221.pdf (11 pages)

 P&R_Item_3.2a_Appendix A_CRR006.pdf (3 pages)

3.3. Discretionary Capital Programme: Delivery of 2020/21 – 2021/22 Plan and Draft 2021/22 – 2022/23 Plan

 P&R_Item_3.3_P&R Cttee Capital Programme.pdf (19 pages)

3.4. Information Governance: a) Key Performance Metrics b) IG Toolkit

 P&R_Item_3.4a_IG Key Performance Metrics.pdf (8 pages)



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-  P&R_Item_3.4b_IG Toolkit 2019-2020 Turn Out Report.pdf (6 pages)
-  P&R_Item_3.4bi_Information Governance Toolkit Improvement plan 2020-21.pdf (9 pages)

3.5. Commissioning Assurance Framework

-  P&R_Item_3.5_CAF Escalation Report and SaTH update February 2021.pdf (22 pages)

3.6. Committee Chair's Annual Report 2019/20

-  P&R_Item_3.6_Committee Annual Report 2020-21_Cover Paper.pdf (2 pages)
-  P&R_Item_3.6a_Committee Chairs Annual Report 2020-21.pdf (28 pages)

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4. ITEMS FOR INFORMATION

There are no items for inclusion in this section

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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 the next meeting: 26 April 2021, Microsoft Teams

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



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

**22 FEBRUARY 2020, 13.30 – 15.00
TO BE HELD VIA MICROSOFT TEAMS**

AGENDA

Item	Title	Attached /Oral	Presenter
1	PRELIMINARY MATTERS		
1.1	Welcome and Apologies	Oral	Chair
1.2	Declarations of Interest	Oral	All
1.3	Minutes from the previous meeting held on 6 October 2020, for approval	Attached	Chair
1.4	Matters arising from the previous meeting	Oral	Chair
1.5	Performance & Resources Committee Action Log	Attached	Chair
2	ITEMS FOR APPROVAL/RATIFICATION/DECISION		
	There are no items for inclusion in this section		
3	ITEMS FOR DISCUSSION		
3.1	Financial Performance: • Month 10,2020/21 • Delivery of Annual Savings	Attached	Director of Finance & IT
3.2	Workforce Performance Report	Attached	Director of Workforce & OD
3.3	Discretionary Capital Programme: Delivery of 2020/21 – 2021/22 Plan and Draft 2021/22 – 2022/23 Plan	Attached	Director of Planning & Performance and Associate Director of Capital & Estates
3.4	Information Governance: a) Key Performance Metrics b) IG Toolkit	Attached	Board Secretary Medical Director
3.5	Commissioning Assurance Framework	Attached	Director of Planning & Performance
3.6	Committee Chair's Annual Report 2019/20	Attached	Board Secretary
4	ITEMS FOR INFORMATION		
4.1	There are no items for inclusion in this section		
5	OTHER MATTERS		
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: • 26 April 2021, Microsoft Teams		



PERFORMANCE & RESOURCES COMMITTEE

UNCONFIRMED

MINUTES OF THE MEETING HELD ON TUESDAY 6 OCTOBER 2020 VIA TEAMS

Present:

Mark Taylor
Mel Davies
Ian Phillips
Tony Thomas

Independent Member (Chair)
Independent Member
Independent Member
Independent Member

In Attendance:

Carol Shillabeer
Pete Hopgood
Hayley Thomas
Julie Rowles

Chief Executive
Director of Finance and IT
Director of Planning and Performance
Director of Workforce and Organisational
Development
Executive Director of Primary, Community and
Mental Health Service
Director of Therapies and Health Sciences
Director of Nursing and Midwifery
Assistant Director of Primary Care Services

Jamie Marchant

Claire Madsen
Alison Davies
Jayne Lawrence

Observers:

David Collington
Rebecca Collier
Elaine Matthews

Community Health Council
Health Inspectorate Wales
Audit Wales

Apologies for absence:

Rani Mallison

Board Secretary

Committee Support:

Liz Patterson

Corporate Governance Manager

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MEETING GOVERNANCE	
P&R/20/16	WELCOME AND APOLOGIES FOR ABSENCE The Chair welcomed everyone to the meeting and confirmed the meeting was quorate. Apologies for absence were noted as recorded above.
P&R/20/17	DECLARATIONS OF INTEREST No declarations of interest were received.
P&R/20/18	MINUTES OF THE PREVIOUS MEETING: 30TH JUNE 2020 The minutes of the meeting held on 30 th June 2020 were AGREED as being a true and accurate record.
P&R/20/19	MATTERS ARISING FROM THE PREVIOUS MEETING There were no matters arising.
P&R/20/20	PERFORMANCE AND RESOURCES COMMITTEE ACTION LOG The Committee RECEIVED the updated Action Log. P&R/19/64 – Board Development Session on Decarbonisation. This session had been held and the action was closed. P&R/20/12 – Waste Management Procurement Process. An update will be brought back to Committee
ITEMS FOR APPROVAL/RATIFICATION/DECISION	
There were no items for approval, ratification or decision at this meeting.	
ITEMS FOR DISCUSSION	
P&R/20/21	CONTINUING HEALTH CARE ANNUAL REPORT 2019-20 The Director of Nursing and Midwifery presented the report which largely covered the period prior to the covid-19 pandemic. Independent Members queried the clarity of parts of the report and it was suggested that a small group meet to discuss this matter. Executives welcomed this

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	<p>constructive challenge and it was AGREED that the following participants meet for this purpose: Director of Nursing, Director of Primary, Community Care and Mental Health, IM Mark Taylor (Chair) and IM Ian Phillips.</p> <p>Action: Director of Nursing</p>
P&R/20/22	<p>PERFORMANCE OVERVIEW</p> <p>The Director of Planning and Performance presented the report advising that this was the same report which had been presented to Board the previous week. Normally this report would have come to Performance and Resources Committee first but alterations in Committee dates due to the pandemic had meant this had not been possible.</p> <p>An update was given in respect of missing data provided to Board regarding the number of patients in August 2020 waiting more than 52 weeks which was confirmed as 73. The error was due to reporting issues in relation to Robert Jones and Agnes Hunt hospital which NWIS are working to correct. Local tracking of cases had enabled this discrepancy to be identified.</p> <p>Welsh Government were reviewing performance arrangements and changes may be implemented to the national reporting arrangements. In respect of wait times there is a discussion regarding how to capture the clinical need and priority on a case by case basis and also how to capture the new digital ways of working.</p> <p><i>Given that performance indicators are a blunt tool it would be good to be able to receive assurance that urgent cases are being given the necessary priority.</i></p> <p>It is also intended to report performance on essential and routine services.</p> <p><i>The report on restarting services is useful and a report including performance would be welcome.</i></p> <p>The Director of Planning and Performance indicated a consolidated report would be provided to the next meeting. Action: Director of Planning and Performance.</p> <p>The contents of the Performance Overview were NOTED.</p>
P&R/20/23	<p>FINANCIAL PERFORMANCE MONTH 05, 2020-21</p>

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	<p>The Director of Finance and IT presented the report advising it was the same report which had been presented at Board the previous week. Attention was drawn to the blended forecast on page 8 of the report which set out six scenarios depending on the level of service required. The intention was to reduce the potential scenarios to three or four but this was proving difficult due to the number of variables. Current block contracts were likely to continue in Wales for Welsh providers whilst in England the intention was to continue block arrangements but with a decrease in cost to recognise the significant under performance during the first six months of the year. Confirmation has been received from Welsh Government that £15.5million would be made available to cover covid-19 direct and indirect costs.</p> <p><i>Does the funding confirmed provide the organisation with the flexibility required in the coming months?</i></p> <p>The Director of Finance and IT confirmed that the organisation plan could operate within the confirmed funding (with a number of risks and opportunities to be managed) but any future demand for surge capacity above planned levels would result in additional cost pressure and a potential deficit position.</p> <p><i>Have Welsh Government considered the range of forecasts that has been included in this report?</i></p> <p>The returns to Welsh Government have clearly set out the assumptions used to produce the range of scenarios for the blended forecast. The forecasts are as accurate as can be produced with clear identification of the assumptions made and the risks to delivery of the forecast. Surge capacity will only be provided if and when required.</p> <p>The Director of Workforce and OD confirmed that a paper would be submitted to the next Gold meeting with workforce and finance working closely on these issues.</p> <p><i>Can the key message on page 11 'general expenditure to remain at 2019/20 level' really be considered to be accurate?</i></p> <p>The Director of Finance and IT advised that the inclusion of covid related spend complicates the picture but overall this statement remains correct.</p> <p>The Financial Performance Report was NOTED.</p>
P&R/20/24	<p>FRAMEWORK FOR DELIVERY AND PERFORMANCE OF THE HEALTH BOARD EFFICIENCY AND SAVINGS PROGRAMME</p> <p>The Director of Finance and IT presented the paper and explained how this framework was an important step in supporting the Health Board moving to a value based approach. This moves away from historic allocation of</p>

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savings target on a department basis to an approach focusing on pathways and best outcomes with resources allocated to the appropriate areas. The steps to developing the framework moves across Technical Efficiency, Operational Efficiency, Clinical Variation and Outcomes with the organisation moving along the continuum towards outcomes.

This is a significant shift in focus from the approach taken over the last 30 years. The last page of the framework includes the statement 'Where a scheme is not delivering agree the action required to get the scheme back on track'. How will this be assured?

The Director of Finance and IT noted that the organisation had an agreed level of funding and was ambitious in its priorities and plans. To achieve this ambition, it was necessary for savings / efficiencies to be made to increase funding available above the levels as allocated, and these need to be delivered. The position on spend and savings is reported to this Committee and the framework will support and strengthen increased visibility and actions in this area.

The Director of Planning and IT noted the importance of making the right choices of where to focus intention and the need to approach this from the perspective of value-based health care. A decision on where to focus resources would need to be taken in alignment with other Health Boards from which services are commissioned.

The Director of Workforce and OD advised that her team were working with Finance to develop a cost-conscious culture.

The Chief Executive noted this different approach and advised that the Interim Medical Director was working closely across different teams to maximise the ability to deliver across pathways which should improve outcomes.

This is an excellent paper but it is not clear on the timeline of when altered arrangements achieve the outcome of reduced expenditure.

The Director of Finance and IT advised that the programme reporting arrangements included reports to Performance and Resources Committee where progress against targets would be open to challenge.

The Efficiency Framework and implementation date of October 2020 was NOTED.

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P&R/20/25	<p>INFORMATION GOVERNANCE PERFORMANCE REPORT</p> <p>The Director of Planning and Performance presented the report on behalf of the Board Secretary noting that arrangements for Information Governance were generally improving but there was some way to go before becoming fully compliant. There was confidence that the necessary improvements could be made however, there is also an acknowledgement that the pandemic may have an impact on this.</p> <p><i>Does the organisation have the right structures to deliver arrangements in respect of information governance post covid-19?</i></p> <p>It is the view that the right structures are in place at present but with respect to arrangements post covid-19 this position may need to be reconsidered.</p> <p>It was noted that some Freedom of Information requests are extremely complex and can take a considerable amount of time and co-ordination to process.</p> <p><i>Do any of the problems relate to records management?</i></p> <p>It is understood that progress is being made in relation to arrangements with records management. There is a strong push for staff to use WCCIS which will assist with records management arrangements.</p> <p>The Information Governance Performance Report was NOTED.</p>
P&R/20/26	<p>PRIMARY CARE SERVICES PERFORMANCE REPORT</p> <p>The Director of Primary, Community Care and Mental Health presented the report together with the Assistant Director of Primary Care Services.</p> <p><i>Why is the practice at Builth Wells unable to demonstrate that calls are answered within 2 minutes?</i></p> <p>The Builth Wells practice invested in a new phone system to meet the new access standards but the reporting module was not purchased. Although assurance frameworks were suspended due to the pandemic the Health Board are not receiving information from other sources that this is a particular problem.</p>

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	<p><i>What steps are being taken to return to normal services when there are such variances between practices?</i></p> <p>It has been a challenging time for health care professionals and the Health Board has worked closely with practices. Strong relationships are in place with GPs, in particular in the way that hospitals are supported, however, Powys covers a huge area and it is acknowledged that different practices have been affected differently by the pandemic.</p> <p>From October 2020 there is an expectation from Welsh Government that full service provision would be available. All practices will be able to meet this deadline apart from Ystradgynlais who have indicated they are no longer able to provide sexual health services. Alternative arrangements for this service will be put in place. The organisation has worked closely with GPs to amend practice standards within the pandemic environment.</p> <p>A variety of support packages have been made available to practices in respect of recovery plans. The arrangements between the practices and the Health Board is contractual but it is always the intention to agree any changes by consent. It was confirmed that all Care Homes in Powys are covered by a Direct Enhanced Service (DES).</p> <p>The Primary Care Services Performance Report was NOTED.</p>
<p>P&R/20/27</p>	<p>DENTAL SERVICES PERFORMANCE REPORT</p> <p>The Director of Primary, Community Care and Mental Health presented the report together with the Assistant Director of Primary Care Services.</p> <p><i>Are all practices offering a normal service?</i></p> <p>All services are open and offering triage and are bringing people in as necessary. All except for two practices are able to offer Aerosol Generating Procedures (AGPs), however, if a patient requires treatment which is not available in these two practices, the patient can be referred to other practices. Whilst pain relief and urgent support is in place check-ups are yet to be restarted due to the length of time it takes to see a patient and clean the room between patients.</p> <p>The Dental Services Performance Report was NOTED.</p>

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ESTATES UPDATE

The Director of Planning and Performance together with the Assistant Director Estates and Property presented the report.

With a shortage of plumbers are there enough trained staff to undertake the planned preventative maintenance work?

The system that has been developed now facilitates an understanding of the workload and the skill sets that are required in this regard.

The graph on page 3 is enlightening showing by a large margin the majority of backlog maintenance work is in Bronllys (£41million). It will be important to focus on an innovative approach to deliver improvements as soon as practically possible. Without this the organisation will never get on top of this problem.

It is acknowledged that the Estates department has achieved much in recent years, however, this is an area where pressure will continue to be felt. It is important that residents and staff have access to the good facilities which are available elsewhere in Wales.

It is acknowledged that the starting position is low and it is important to develop an environment that people are attracted to work in. This will be a long journey and it will be necessary to attract a considerable amount of funding to address it. In the long-term estate work needs to match the model of care and it is this which will attract support from Welsh Government.

From what is said in a Committee meeting the direction of travel is clear, however, this is not clearly articulated in the property strategy. Including what has been said within the strategy will give confidence to those tasked with assessing funding projects.

It is agreed that this is important however, it is always necessary to retain a degree of flexibility the importance of which has been demonstrated in the ability of the service to respond to the pandemic. The Innovative Environments Group will closely consider the work programme and it may be necessary to reset the course. If this is necessary a report will be brought back to Committee.

The importance of ensuring that plans for workforce, digital and environments are all aligned.

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	The Estates Update was NOTED.
ITEMS FOR INFORMATION	
P&R/20/29	REVIEW OF COMMITTEE PROGRAMME OF BUSINESS
OTHER MATTERS	
P&R/20/30	ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND OTHER COMMITTEES No items were noted.
P&R/20/31	ANY OTHER URGENT BUSINESS Independent Member Tony Thomas was appointed as Vice-Chair for the interim period until the new Independent Members had been appointed and the position would be reviewed. The Chair thanked the previous Chair Independent Member Matthew Dorrance for the work he had undertaken chairing the Committee over the previous year. No other urgent business was raised.
P&R/20/32	DATE OF THE NEXT MEETING: 14 December 2020, TBC

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Key:

Completed
Not yet due
Due
Overdue

PERFORMANCE & RESOURCES COMMITTEE ACTION LOG 2020/21 (Feb 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	Update to be provided when available.	

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Powys THB Finance Department Financial Performance Report Performance & Resources Committee

**Period 10 (January 2021)
FY 2020/21**

**Date Meeting: 22nd February 2021
Agenda Item 3.1**

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Subject:	FINANCIAL PERFORMANCE REPORT FOR MONTH 10 OF 2020-21
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

PURPOSE:
This paper provides the Board/Committee with an update on the January 2021 (Month 10) Financial Position including Financial Recovery Plan (FRP) delivery.
RECOMMENDATION:
<p>It is recommended that the Board/Committee:</p> <ul style="list-style-type: none"> • DISCUSS and NOTE the Month 10 2020/21 financial position. • NOTE that actions will be required in 2020/21 to deliver a balanced position at the 31st March 2021. • NOTE and APPROVE Covid-19 Revenue position in main report and the Capital and TTP and Mass Vaccination positions detailed in appendix 1. • NOTE additional risks on delivery of balance position at 31st March 2021.

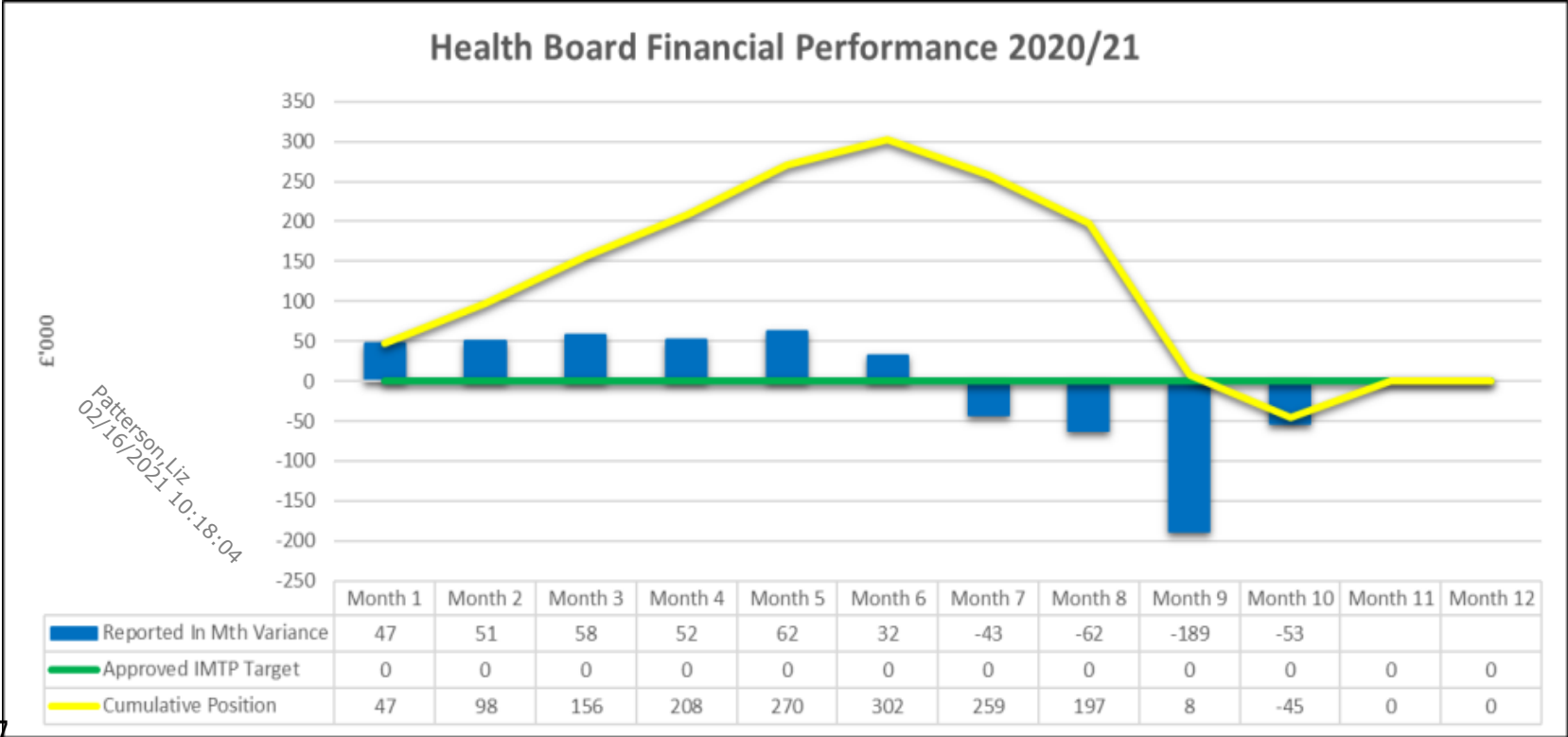
THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):		
Strategic Objectives:	• Focus on Wellbeing	✗
	• Provide Early Help and Support	✗
	• Tackle the Big Four	✗
	• Enable Joined up Care	✗
	• Develop Workforce Futures	✗
	• Promote Innovative Environments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

Approval/Ratification/Decision	Discussion	Information
	✓	

Revenue		
Financial KPIs : To ensure that net operating costs do not exceed the revenue resource limit set by Welsh Government	Value £'000	Trend
Reported in-month financial position – deficit/(surplus) – Green	-53	↓
Reported Year To Date financial position – deficit/(surplus) –Green	-45	↓
Planned year end forecast – deficit/(surplus) – Forecast Green	0	→

Capital		
Financial KPIs : To ensure that the costs do not exceed the capital resource limit set by Welsh Government	Value £'000	Trend
Capital Resource Limit	3,570	↑
Reported Year to Date expenditure	2,364	↑
Reported year end forecast – deficit/(surplus) – Forecast Green	0	→

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



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

Spend in relation to Covid -19 is included in the overall position but is offset by an anticipated allocation for WG, so is not directly contributing to the £0.045m underspend at Mth 10.

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

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

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

Overall Summary of Variances YTD £000's

	BUDGET YTD	ACTUAL YTD	VARIANCE YTD
01 - Revenue Resource Limit	(286,224)	(286,224)	0
02 - Capital Donations	(108)	(108)	0
03 - Other Income	(4,706)	(3,704)	1,002
TOTAL INCOME	(291,038)	(290,036)	1,002
05 - Primary Care - (exclusing Drugs)	34,145	32,295	(1,850)
06 - Primary care - Drugs & Appliances	23,955	26,326	2,371
07 - Provided services - Pay	67,878	66,559	(1,319)
08 - Provided Services - Non Pay	21,326	17,735	(3,590)
09 - Secondary care - Drugs	838	933	96
10 - Healthcare Services - Other NHS Bodies	115,189	117,680	2,491
12 - Continuing Care and FNC	11,981	12,904	924
13 - Other Private & Voluntary Sector	2,564	2,395	(169)
14 - Joint Financing & Other	10,199	10,199	(0)
15 - DEL Depreciation etc	2,923	2,923	0
16 - AME Depreciation etc	42	42	0
18 - Profit/Loss Disposal of Assets	0	0	0
TOTAL COSTS	291,038	289,991	(1,046)
TOTAL	(0)	(45)	(45)

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

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

Original Target 2020/21 =
£5.638m

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

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

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

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

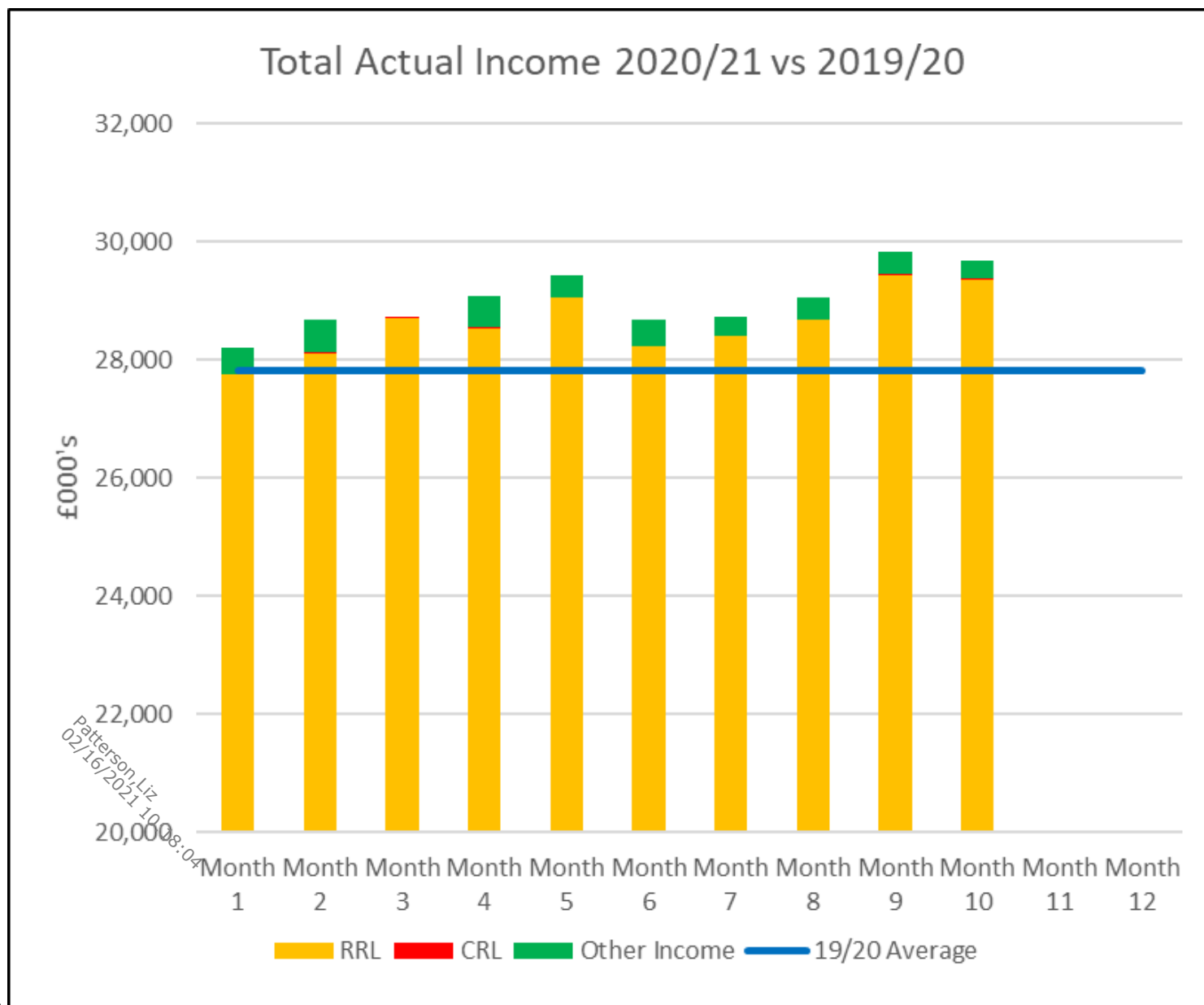
2. Movement from Original Planned Schemes = **£5.0m** (£5.487m - £1.746m)

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

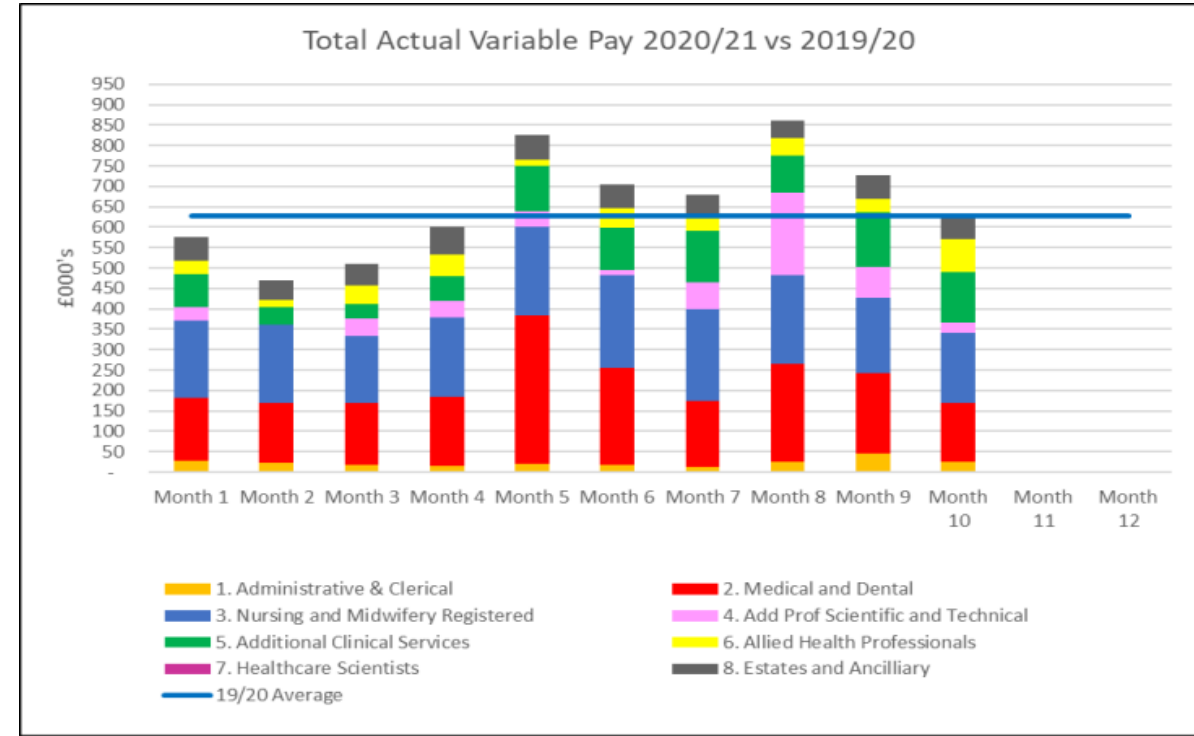
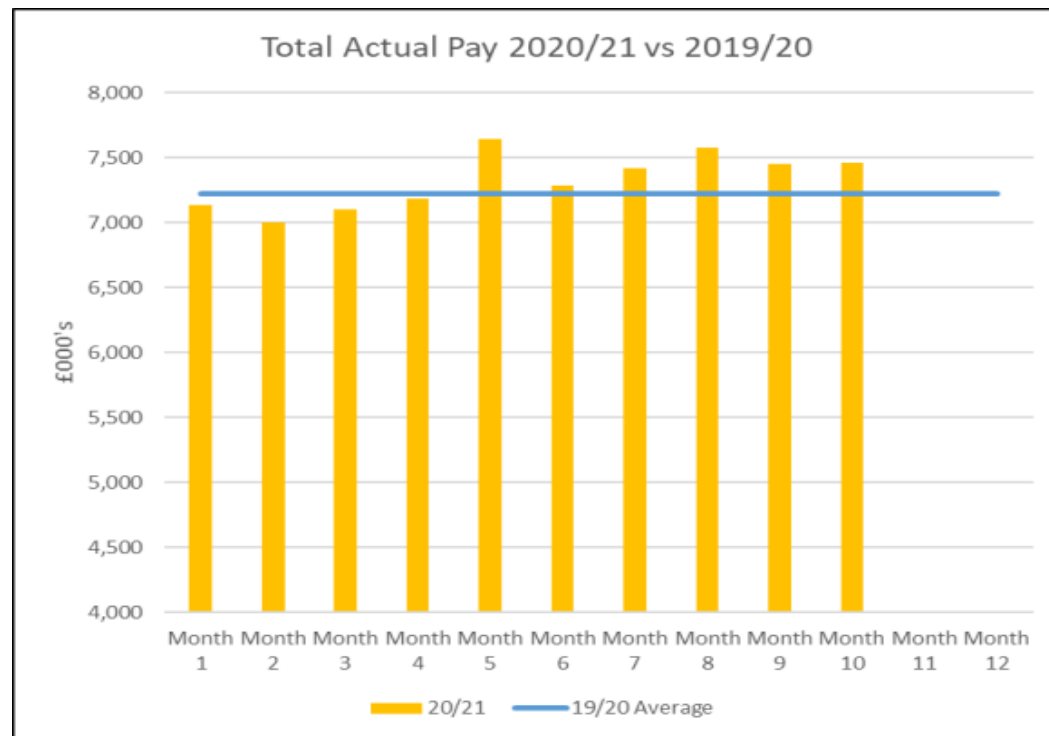
Further details on the Savings positions, the assumptions underpinning the revised plan and actions going forward are documented in the WG Narrative Report attached to Appendix 1

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

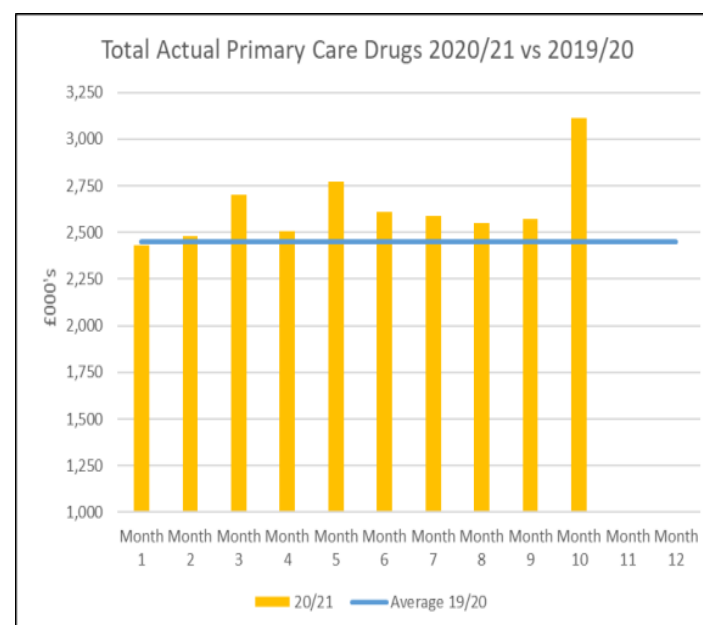
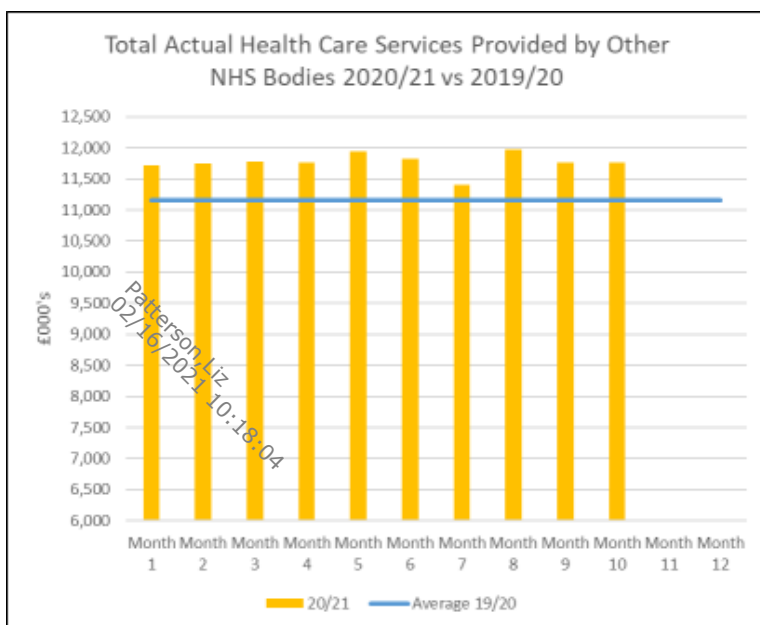
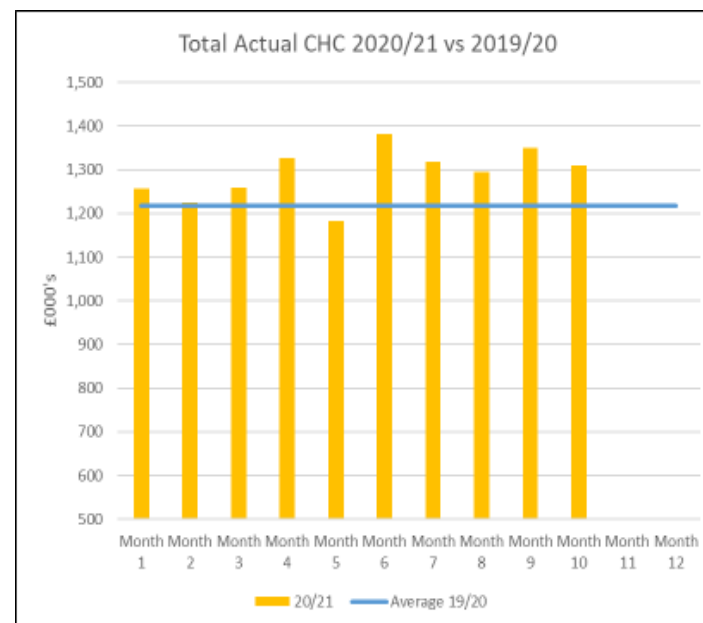
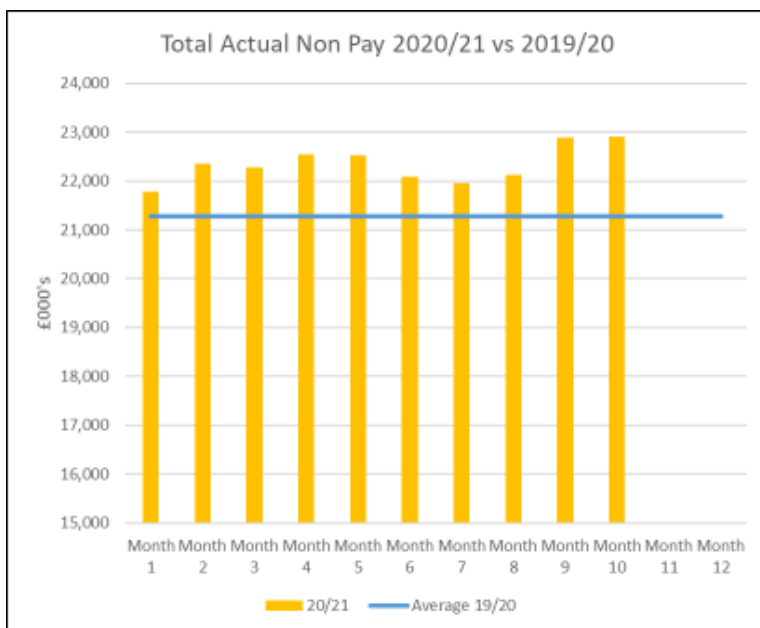
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- The total income received in 2020/21 is higher than the average for 2019/20. In the main this will relate to the allocation uplift provided by WG as well as additional in year funding.
- Other income reduced significantly in month 3 which is linked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



- The month 10 YTD pay is showing an underspend of £1.3m against the year to date plan. Underspends are being experienced across a number of the service areas.
- Variable pay costs have increased significantly compared to the 19/20 monthly average during Mth 5 and has remained above average in Mth 6 through to Mth 9. For Mth 5 and 6 this predominantly relates to medical locum costs and work but Mth 8 saw an increase in variable pay linked to Nursing and Add Prof Scientific and Technical. Since Mth 9 variable pay costs have reduced.



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

Summary Actual Forecast Covid-19 Revenue Expenditure 2020/21

Area	YTD @ Mth 10		Mth 10-12		2020/21	
	£'000		£'000		£'000	
Pay						
General C-19	1,402		1,180		2,583	
Annual Leave Provision	-		2,847		2,847	
Mass Vaccination	12		408		420	
TTP	428		491		919	
		1,842		4,926		6,768
Non Pay						
PC	374		727		1,101	
PPE	395		274		669	
Provider	4,461		2,469		6,930	
LTA	2,684		602		3,286	
Mass Vaccination	99		576		675	
TTP	927		880		1,808	
		8,941		5,528		14,469
Non Delivery Savings		4,344		807		5,152
Reduction Spend		- 202		-		- 202
TOTAL		14,925		11,262		26,187

Key Points:

- Health Board is to remain within the funding envelope provided by WG, which includes £15.5m allocated as part of the Q3/Q4 plan
- Funding for TTP, PPE and Mass Vaccinations will be provided in addition to the core Covid-19 allocation detailed above
- All fixed Covid anticipated costs need to be top sliced from £15.5m funding which includes additional staffing posts agreed by Gold, Block LTA Contracts (£3m), non delivery savings (£5m), loss Dental income (£1.5m), Prescribing pressures (£1.7m)
- From Mth 9 £2.8m has been included to reflect an estimated provision for the accounting treatment of unused Annual Leave which will be c/f into 2021/22. Previously the HB has not included this in the year end accounts as staff have been required use all leave. The calculation is based on a draft All Wales methodology and will need to be updated closer to the Year End.
- Remainder will support Surge Beds & the underlying assumptions as per the Q3/Q4 Plan submitted to WG. Mass Vaccinations (Extended Flu & Covid-19) – indicative costs have been included in the submission to WG in Mth 10.

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

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

Point 1 Opening IMTP – this is the starting point reported in the IMTP submitted on 31st January 2020.

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

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

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

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

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

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

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

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

Table 1: Risk Reflected MMR Mth 10

Risk	£ '000	Likelihood
Under delivery of Amber Schemes included in Outturn via Tracker	-14	Medium
Continuing Healthcare Prescribing	-100	Low
Pharmacy Contract	0	-
WHSSC Performance	0	-
Other Contract Performance	0	-
GMS Ring Fenced Allocation Underspend Potential Claw back	-1,410	Low
Dental Ring Fenced Allocation Underspend Potential Claw back	0	-
Blended Model if Surge Requirement Exceeds Q3/Q4 Plan	0	-
Operational Growth Pressures	-100	Low
Total	-1,624	

Table 2: Opportunities Reflected MMR Mth 10

Opportunity	£ '000	Likelihood
Annual Leave Provision	600	Medium
Potential Cost Reduction	350	Low
Blended Model if Surge Not Required as per Q3/Q4 Plan	1,467	Medium
Funding Slippage / Divert Funding to C-19	200	Medium
Total	2,617	

Key Messages

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

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

Summary

In summary this paper identifies that:

- PTHB is reporting an under spend at month 10 for FY 2020/21 of £0.045M.
- Financial Forecast to 31st March is to maintain a balanced plan based on assumptions detailed on slide 9.
- Plan is based on the HB remaining within the funding envelop provided by WG for Covid-19.
- PTHB has an assumed £0.5M savings against the target of £5.6M. The £5.1M shortfall is being met from the £15.5M Covid funding from WG. Any further deterioration will impact on the funding available to support Surge and the baseline winter plan.
- PTHB has an Capital Resource Limit of £3.6M and has spent £2.4M to date. £1.2m of the spend to date relates to Covid-19 capital spend, in line with the profiles supplied to WG .

Powys THB Finance Department

Financial Performance Report - Appendices

Period 10 (January 2021)
FY 2020/21

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Embedded below are extracts from the Period 10 Monthly Monitoring Return submitted to Welsh Government on Reporting Day 9 and the most recent Covid Capital submission.

MMR Narrative



Microsoft Excel
Worksheet

MMR Key Tables



Microsoft Word
Document

Mass Vac Tables



Microsoft Excel
Worksheet

TTP Tables



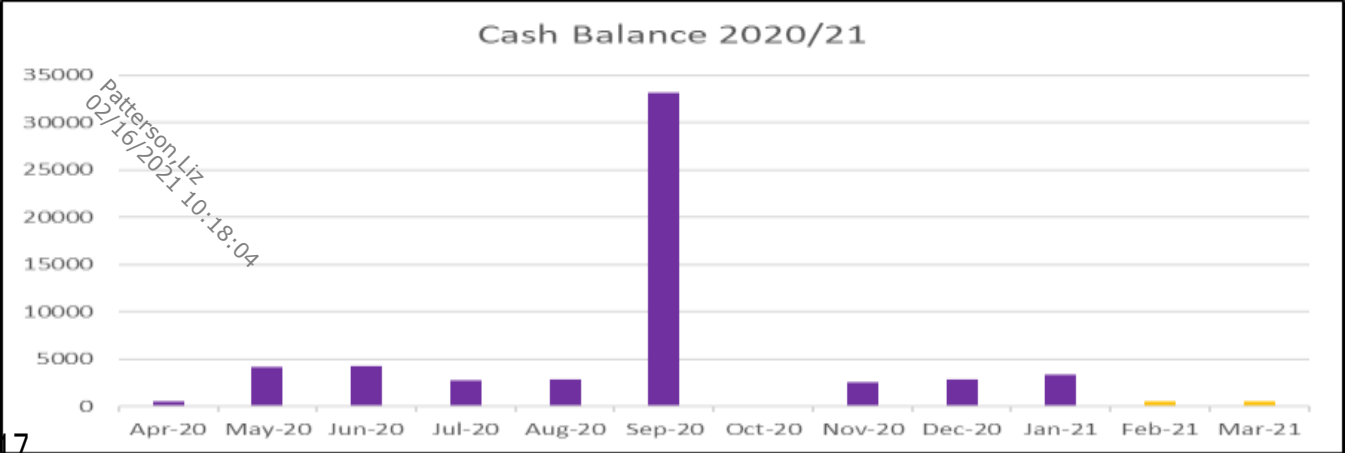
Microsoft Excel
Worksheet

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Scheme	Capital Resource Limit	Annual Planned Expenditure	Expenditure to 31st January 2021
WG CRL FUNDING	£M	£M	£M
Discretionary Capital	1.431	1.431	1.050
Sale of Mansion House	0.250	0.250	0.000
Pharmacy Equipment	0.040	0.040	0.000
19.20 Slippage (Pharm Equipment - clinical pharmacy at a distance) into 20.21	0.067	0.067	0.027
19.20 Slippage (Digital Priority Investment Fund) into 20.21	0.078	0.078	0.067
19.20 Slippage (19.20 Year End Capital - Dental Equipment) into 20.21	0.042	0.042	0.030
Covid-19 Digital Devices	0.022	0.022	0.021
Covid-19 - Tranche 2 (July 2020)	0.230	0.230	0.230
Covid-19 - Forecast Expenditure - Funding not yet on CRL	0.000	1.347	0.539
Covid-19 - DPIF	0.040	0.040	0.028
ICF - Health & Care Academy (Bronllys)	0.446	0.446	0.021
Anti Ligature	0.175	0.175	0.000
Covid 19 - Tranche 5 Funding (December 2020)	0.351	0.351	0.351
Eye Care Funding	0.277	0.277	0.000
NDR funding (Transfer from NWIS)	0.121	0.121	0.000
Donated assets - Purchase	0.130	0.130	0.000
Donated assets (receipt)	(0.130)	(0.130)	0.000
TOTAL APPROVED FUNDING	3.570	4.917	2.364

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	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
OPENING CASH BALANCE	540	504	4193	4275	2719	2811	33156	119	2533	2892	3373	500
Receipts												
WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA on	31265	29920	29330	30510	26500	57580	0	27610	31017	26201	26688	28579
WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only	-120	0	-240	-120	-120	-240	0	-120	-530	-175	-106	-160
WG Revenue Funding - Other (e.g. invoices)	1489	7	351	99	4	4	83	891	60	1009	200	3000
WG Capital Funding - Cash Limit - LHB & SHA only	0	0	0	0	0	400	0	200	1413	630	740	1347
Income from other Welsh NHS Organisations	838	479	211	365	371	351	368	275	300	314	400	400
Other	781	462	173	224	277	446	295	351	510	289	300	300
Total Receipts	34253	30868	29825	31078	27032	58541	746	29207	32770	28268	28222	33466
Payments												
Primary Care Services : General Medical Services	2556	2405	2679	2587	1970	2237	2555	2430	2987	2988	2400	2200
Primary Care Services : Pharmacy Services	1617	571	222	623	0	277	470	0	439	0	450	450
Primary Care Services : Prescribed Drugs & Appliances	1229	1150	1366	2546	0	1322	2563	0	2618	0	1200	1200
Primary Care Services : General Dental Services	382	403	265	408	439	456	450	396	306	294	400	400
Non Cash Limited Payments	97	95	95	84	86	96	47	83	76	68	80	80
Salaries and Wages	6817	6825	6832	6850	6896	6846	6918	7043	7023	7071	7000	7000
Non Pay Expenditure	21481	15726	18066	19476	17368	16644	20184	16628	18753	16911	18302	20715
Capital Payment	110	4	218	60	181	318	596	213	209	455	1263	1421
Other items	0	0	0	0	0	0	0	0	0	0	0	0
Total Payments	34289	27179	29743	32634	26940	28196	33783	26793	32411	27787	31095	33466
NET CASH FLOW IN MONTH	-36	3689	82	-1556	92	30345	-33037	2414	359	481	-2873	0
Balance c/f	504	4193	4275	2719	2811	33156	119	2533	2892	3373	500	500



Purple = Actual Closing Balance
Yellow = Forecast Closing Balance

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

	Opening Balance	Closing Balance	Forecast Closing Balance
	Beginning of	End of	End of
	Apr 20	Jan '21	Mar 21
	£'000	£'000	£'000
Tangible & Intangible Assets	74,674	77,117	77,117
Trade & Other Receivables	23,815	21,178	22,986
Inventories	156	156	156
Cash	540	3,373	500
Total Assets	99,185	101,824	100,759
Trade and other payables	35,164	27,168	36,000
Provisions	23,140	23,898	23,898
Total Liabilities	58,304	51,066	59,898
Total Assets Employed	40,881	50,758	40,861
Financed By			
General Fund	768	10,645	748
Revaluation Reserve	40,113	40,113	40,113
Total Taxpayers' Equity	40,881	50,758	40,861

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Agenda item: 3.2

Performance & Resources Committee		Date of Meeting: 22 February 2021	
Subject:	Workforce Performance: Staffing Update		
Approved and Presented by:	Julie Rowles, Director of Workforce, OD & Support Services		
Prepared by:	Workforce & OD Team		
Other Committees and meetings considered at:	Delivery Co-ordination Group: 12/2/21 GOLD Group: 16/2/21		
PURPOSE:			
The purpose of this paper is to provide an update in relation to the staffing demands and the actions underway to mitigate the overall risk that: <i>the health board is unable to attract, recruit and retain staff to some medical and clinical roles, principally registered nurses and doctors</i> (risk assessment attached at Appendix A).			
RECOMMENDATION(S):			
The Performance & Resources Committee is asked to note the information contained within the paper and the ongoing actions to mitigate the risk.			
Although these actions remain a focus for the Health Board it is unlikely that the overall risk will be reduced in the near future and the Performance & Resources Committee is asked to consider a recommendation to Board that this risk is tolerated at its current level based on mitigating activity.			
Approval/Ratification/Decision		Discussion	Information
		✓	

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

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

SUMMARY:

There are significant complexities and challenges we face in relation to our staffing. The Workforce & OD team continues to support services to identify staffing requirements this includes:

- Community Services
- Test, Trace, Protect
- Mental Health
- Medical Staffing
- Women & Children's Service
- Facilities

An update has also been included in relation to staff who are shielding.

DETAILED BACKGROUND AND ASSESSMENT:

1. COMMUNITY SERVICES

Working with the services, the following areas have been covered within the paper.

- Inpatient Wards
- Allied Health Professionals
- Theatres, Endoscopy and Outpatients

1.1 Community Services: Inpatient Wards

The table below provides detail in relation to the current deficits as of the 31st January 2021. The table below outlines the staffing requirements based on the existing establishment.

Although a detailed escalation plan is in place, we are working on the planning assumption that we will not be required to open escalation beds as patient flow continues to be managed within our current bed numbers.

Ward Staffing Requirements VS Gaps:

Registered Nursing				
Requirement Based on 159 Beds	Staff in Post	L/T Absence & Shielding	Deficit WTE	Deficit %
138.23	109.32	14.21	43.12	31%
Unregistered Nursing				
Requirement Based on 159 Beds	Staff in Post	L/T Absence & Shielding	Deficit WTE	Deficit %
116.52	124.74	19.01	18.25	17%

The staffing picture continues to frequently change due to our turnover of staff and absence. Since November 2020, we have seen a reduction in our Registered Nursing deficit from **35%** to **31%**. Conversely, there has been a **2%** increase in our unregistered staffing deficits despite additional recruitment to HCSW roles. This is reflective of the significant increase in absence and shielding which, since November, has increased by **9.26 WTE**.

1.1.1 Registered Nursing Recruitment:

Ward areas continue to be one of our more challenging areas in relation to vacancy levels. However, continued recruitment activity in these areas has provided us with some success. Since April 1st 2020 we have recruited **10.41 WTE** Registered Nurses to our Ward areas, despite having lost **4.91WTE** in turnover, we have continued to see a positive reduction in our overall registered nurse vacancy levels.

Inclusive of internal movements, since April 1st 2020, our current registered nurse ward vacancy levels has reduced from **34.80WTE** to **25.64 WTE** (9.16 WTE reduction).

We continue to see challenges in the recruitment of roles to Knighton Hospital. Despite continued advertisement, we have been unable to recruit to the Band 7 and Band 5 vacancies. Further interviews for band 7 roles took place the week commencing the 01 February 2021, unfortunately no appointment was made. We have had no suitable applications for the band 5 role.

1.1.2 HCSW Recruitment: Fixed Term Appointments

Following agreement to appoint **18WTE HCSW on a fixed term** basis to provide additional cover for existing deficits, we have been working with candidates and services to support recruitment to these roles. To date **7.4 WTE** have started with a remaining **3 WTE** in offer.

Location	In Offer	Started
South	2 WTE	4 WTE
Mid		1 WTE
North	1 WTE	2.4 WTE

Our most challenging area continues to be Mid Powys where we have been unable to recruit to the additional fixed term posts. Of the 18 WTE additional HCSW agreed on a fixed term basis, we have been able to 11.4 WTE, leaving a deficit of **7.6WTE** posts. It is unlikely that any additional recruitment would result in further capacity before the end of the financial year.

1.1.3 Ward Summary

The staffing position within our ward areas continues to be challenging, requiring a continued reliance on bank and agency cover. A summary of our ability to meet current requirements and deficits inclusive of our 3-month average bank and agency cover is included below;

Role	Average B&A Cover WTE	Current	
		Deficit (after appointments)	Deficits after current average B&A
RN	19.34 WTE	36.72 / 26%	- 17.38 WTE
HCSW	18.45 WTE	21.29 / 17%	- 2.84 WTE

It should be noted that the bank cover is affected by the number of requests received by the TSU. We are currently responding to less requests than our current deficits.

The TSU receives less requests than our current deficits in the case of registered nursing and more, in the case of HCSW's, this is likely to be indicative of the temporarily closure of Knighton ward and operational management of staffing requirements on a day to day basis which ensures safe staffing levels. Therefore, whilst there continues to be deficits, it is likely that these will be reduced though the use of increased bank and agency. The TSU continues to recruit to registered and unregistered roles across the health board to support our response to staffing demands.

1.2 Therapy Services

Interim arrangements continue to be in place to provide extended cover over 7 days. This being achieved with band 3 staff and an on call rota over the winter period. No other additional resource has been identified for the temporary arrangement during winter.

The service is reviewing its overall staffing establishment in line with a review of the Therapies structure. This includes a formal change proposal to extend the service to deliver across 7 days and aligns to the Welsh Government strategy for Discharge to Rehabilitate and Assess.

Current Vacancies

Physiotherapy roles at present are a particular challenge with **6 WTE** vacancies across the service. An update on current vacancies within Therapies has been included below:

Area	Band	WTE	Update
Dietetics	Band 6	1 WTE	Advertised
Radiography	Band 6	1 WTE	To be advertised
Audiology	Band 6	1 WTE	To be advertised
Speech and Language Therapies	Band 5	1 WTE	To be advertised
Physiotherapy	Band 7	2 WTE	A review of skill mix requirements is currently being undertaken. This includes the potential to revisit the introduction of band 5 rotational roles and formal development pathways to support a reduction in band 6 vacancies (band 5 to 6 development programme).
	Band 6	2 WTE	
	Band 5	2 WTE	

Student Streamlining is now in place nationally for therapy services and the service are working with HEIW to commence with its first cohort in Spring 2021. This means students will be asked to apply for vacant posts within the health board via a national process.

1.3 Theatres, Endoscopy and Outpatients

Within Theatres, Endoscopy and Outpatients, the services had experienced some particular challenges with regards to staffing as a result of vacancies and shielding. The services are now in a much-improved position having made **6** appointments (**5.8 WTE**) of which all have now started, a further **1 WTE** is in offer. Bank recruitment to support the service has also taken place.

1.4 Community Service Summary

Within community services, considering the posts that have now been offered, for the services identified within this paper, there is a current staffing deficit of:

Registered: 46.72 WTE

Unregistered: 21.29 WTE (inclusive of additional fixed term workforce)

The Workforce and OD team will continue to work with services in relation to recruitment of registered nursing and health care support worker roles. This will include:

Rebecca L. Jones
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- Continued implementation of the fast track recruitment process for Registered Nurses
- Continued implementation of the open advert for Band 5 registered nurse roles
- Ongoing social media advertisements for vacancies working closely with the Communications team
- Ongoing advertisement of bank roles including fast track processes where appropriate
- Active participation in student streamlining and ensuring a health board presence at national events (where appropriate/able to do so)

2. TEST, TRACE, PROTECT

The Test, Trace, Protect services continue to be an evolving picture as the services both develop and respond to fluctuations in demands in response to COVID 19. There have been significant changes to the tracing service particularly and modelling of COVID-19 mass vaccinations continues.

2.1 Testing Services

Since the implementation of the testing service, extensive recruitment activity has taken place. However, we continue to see challenges in recruiting to registered roles within the service with a registered testing clinician deficit of **1.80 WTE**, currently being covered via bank staff. An update on recruitment activity has been included in the table below;

Role	Requirement	Update	Remaining Deficit
Registered Community Testing Clinician (Band 5)	4 WTE	1.4 WTE appointed 0.8 WTE awaiting started date	<i>2.4 WTE applicants had been appointed/started subsequently withdrew.</i> 1.8 WTE 7th Round: The post closed on the 1 st February, x4 applications received. x1 applicant is due to be interviewed on the 11 th February. Post re-advertised with a closing date of 21 st February
Community Testers (Band 2)	13.5 WTE	9.67 WTE appointed 2 WTE in offer	<i>2.8 WTE applicants had been appointed/started subsequently withdrew.</i> 1.83 WTE Post re-advertised with a closing date of 21 st February.

In addition, there are **2 WTE** administrative roles vacant within the service, one of which is a new post.

2.2 Contact Tracing

Due to changes to the delivery model within Contact Tracing, adopting a model that applies in other authorities and activity to date, contact tracing band 5 staff are not required to be a registered clinician.

The health board therefore became responsible for only the clinical lead staffing element within the service. The contact tracers have been employed and managed by Powys County Council since 11th January 2021.

A summary of the revised model in respect of the clinical lead element is included in the table below:

Contact Tracing Team	Shift Type	Shift Length (Hrs)	Clinical Lead (Band 7)	
			Monday to Friday	Saturday / Sunday
	LD (8am - 8:00pm: 30-minute break)	12.0	2	2
	Day (9am -5pm: 30-minute break)	7.5	4	4
Total Heads per core hours (9-5)			6.00	6.00
WTE			10.08	
WTE + Headroom			12.10	

The Clinical Lead model is currently operating with a registered deficit of **2.72 WTE**. There is currently one PTHB employee redeployed to the Clinical Lead service, providing 0.31 WTE support each week. It is anticipated that this employee will return to their substantive role as the 1st March 2021, which will see our registered deficit increase to **3.03 WTE**. Recruitment is ongoing but this will be monitored.

2.3 Mass Vaccination

Mass vaccination continues to present the health board with significant staffing demands. Vaccination availability and fluctuating requirements adds a further complexity to this picture which can result in staffing requirements changing at short notice. Since the establishment of the service, the health board have released a number of staff and made a significant number of fixed term and bank appointments to ensure service delivery. A recent review of the service model has now been undertaken which includes the use of HCSW's in the delivery of the vaccine. The staffing requirements for surge 1 have been identified below:

Band 5 Registrant Requirements:

	Surge 1		Fixed Availability			Ad Hoc Availability		
	WTE	WTE + Headroom	Fixed Term	Redeployed fixed	Deficit	Redeployed Ad hoc	Bank	Deficit
Newtown	9.60	11.52	4.88	1.92	4.72	1.92	7.72	-4.92
Builth	7.68	9.22	2.88	1.76	4.58	2.12	5.64	-3.18
Bronllys	5.76	6.91	6.12	1.92	-1.13	0.80	3.96	-5.89
Total	23.04	27.65	13.88	5.60	8.17	4.84	17.32	-13.99

Band 3 HCSW, Novice Vaccinator Requirements:

HCSW Band 3	Surge 1	
	WTE	WTE + Headroom
Newtown	23.04	27.65
Builth	15.36	18.43
Bronllys	9.60	11.52
Total	48.00	57.60

Supply to meet this new HCSW band 3 demand is still being scoped, it is anticipated a small pool of bank staff may already be available for this role. Additionally, the role has now been advertised with changes and a vacancy campaign to recruit to these roles will commence.

2.4 Test, Trace, Protect Summary

The staffing requirements for these services continue to develop and fluctuate. Based on the models outlined, **excluding mass vaccinations**, the anticipated deficits within the TTP services are:

Registered: 4.83 WTE
Unregistered/Admin: 3.83 WTE

It is anticipated that deficits for registered staff within mass vaccination can continue to be covered via our pool of redeployed and bank staff. HCSW deficits will be scoped as our information regarding supply is developed.

3. MENTAL HEALTH AND LEARNING DISABILITIES

The service is reviewing their establishments as there are historic issues that the establishment is not reflective of the service delivery. As such, Workforce & OD are currently reliant on information received from the service in respect of vacancy levels. We are also unable to provide the same level of analysis in respect of % deficits for staffing as we do not have available the true staffing requirements.

All registered nurse and health care support worker vacancies have now been filled within Mental Health. No additional staffing requirements have been identified by the service to date.

4. MEDICAL MODEL

Mental health services continue to have ongoing challenges in respect of medical cover. In South Powys, there is a heavy reliance on locum doctors and a number of vacancies (especially across older adult services; less than 50% substantive fill). There is a short-term plan in place to manage the service and two substantive psychiatrists have been appointed to Brecon (commencing in 3-4 months).

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To ensure a more robust and stable workforce longer term plans are required and a proposal is currently being drafted to look at how we can develop medical staffing to ensure greater stability of the model with a substantive workforce and avoidance of use of agency locums. This will be submitted to the Executive Team for approval. In North Powys, there is only one agency locum, with all other posts filled by substantive doctors.

A summary of the existing medical cover has been included below:

NB: All of the posts filled by agency locum doctors are being paid at a rate above the locum cap.

Role		WTE Vacancies
Consultant	Mental Health Adult	3.8 WTE, recently appointed to 1.0 WTE Covered currently via: <ul style="list-style-type: none"> • 2.8 WTE filled via agency locums • 1 WTE no cover •
Role		WTE Vacancies
Consultant	Mental Health Older Adult	2 WTE , roles under review, cover as below: <ul style="list-style-type: none"> • 1 WTE filled via agency locum • 1 WTE no cover
Speciality Doctor	Mental Health Adult	1 WTE, recently appointed to 1.0 WTE <ul style="list-style-type: none"> • 1 WTE filled via agency locum
Speciality Doctor	Mental Health Older Adult	3 WTE , roles under review, cover as below: <ul style="list-style-type: none"> • 2 WTE filled via agency locum • 1 WTE no cover
Speciality Doctor	COTE	1 WTE , role under review, cover as below: <ul style="list-style-type: none"> • 1 WTE filled via agency locum

5. WOMEN & CHILDRENS SERVICES

Over the previous 2 months, a number of vacancies have also arisen within Womens and Children's services. A position update on current vacancies has been included below:

Area	Band	WTE	Update
Midwifery	Band 5/ 6	1.6 WTE	Advertised: 0.8WTE Shortlisting: 0.8WTE
Health Visiting	Band 6	2 WTE	Advertised: 1.4 WTE Offer: 0.6WTE
Paediatric OT	Band 6	1 WTE	Advertised

In addition, the Head of Children's Public Health Nursing & Paediatric Services post has been through the recruitment process, however, we have been unsuccessful in recruiting. This has now been re-advertised.

6. FACILITIES

Across facilities, to fill the existing establishment there are **3.21 WTE** roles currently in offer stage, awaiting completion of pre-employment checks or start dates. The existing establishments will then be filled with the exception of a **0.85WTE** vacancy which is currently in out to advert. We are continuing to recruit facilities staff to the bank to support our ability to flex our supply. Staffing requirements have been reviewed in line with the escalation bed numbers, as a result, it anticipated that additional resource for escalation beds will be required for Llanidloes and Machynlleth, equating to **1.5 WTE**. It is anticipated that this gap could be covered via bank staffing.

7. RISK ASSESSMENTS, SHIELDING & ISOLATION

In October 2020, the national risk assessment was made available to staff via ESR. **41.46%** of staff have a risk assessment recorded on ESR (as of 02/02/21).

The advice from Welsh Government regarding people in the Clinically Extremely Vulnerable (shielding) category was revised on 22 December 2020. As a result, those Clinically Extremely Vulnerable (CEV) individuals who were 'shielding' earlier this year are now being advised to no longer attend work outside the home. The guidance made particular reference to those whose work requires them to be in regular or sustained contact with other people, this has resulted in an increase to the number of staff who are now unable to work from a base.

An update on the number of staff where this is applicable is included below:

Status	Number of Staff
Absence (non covid related)	2
Working from Home	9
Redeployed to work from Home	10
Shielding not working	37

A number of staff who were previously shielding had either returned to work or been redeployed to other roles with adjustments. Due to the changes to shielding advice recommending these staff no longer attend work outside of the home, there are currently 37 people who are not working and are now shielding at home. The Workforce & OD team will continue to work with managers to source work that can be undertaken from home for this group of staff. These staff will also now be recorded on ESR in line with national recording guidance.

SUMMARY:

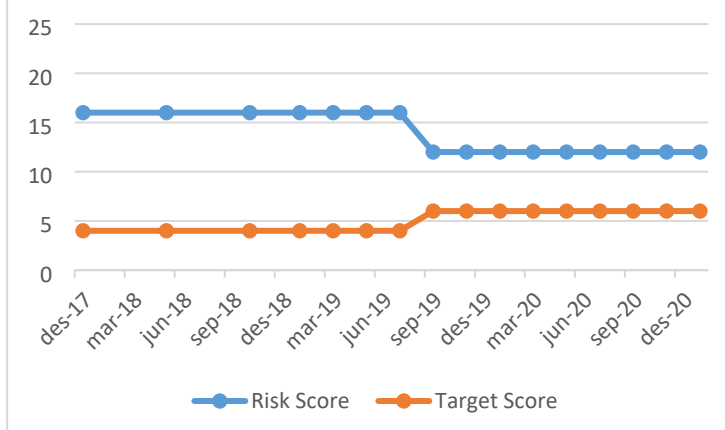
The health board continues to experience difficulties in recruiting to a number of clinical roles with Registered Nurse and Medical roles continuing to present a particular challenge. However, despite a turnover of 8% between April 2020 and February 2021, the health board has continued to see an increase in the number of employed clinical staff.

Staff Group	1st Apr 2020	31st Jan 2021
Add Prof Scientific and Technic	67.46	70.64
Allied Health Professionals	133.09	135.9
Healthcare Scientists	4	4
Medical and Dental	34.24	35.19
Nursing and Midwifery Registered	558.03	567.29
Additional Clinical Services	361.45	360.15
Grand Total	796.82	813.02

Registered nurse vacancy levels within the wards has reduced with an overall vacancy deficit (excluding absence) of **28%** in April 2020, reducing to **20%** as of 31 January 2021. Despite this success, the health board continues to have a number of vacancies which are currently been covered via Bank or Agency staffing, ensuring safe staffing levels are in place. With a limited pool of registered nurse staff available on the bank, this will likely continue to have an impact on our reliance on agency usage and subsequent spend.

The Workforce & OD team will continue to work with services to support targeted recruitment activity in our most challenging areas, including continued support to both the modelling and extensive recruitment and training activity required to continue to respond to the COVID 19 pandemic. It is unlikely that the overall risk will be reduced in the near future and the Performance & Resources Committee are asked to tolerate this risk based on the activities and position outlined within this paper.

<p>CRR 006</p> <p>Risk that: the health board is unable to attract, recruit and retain staff to some medical and clinical roles, principally registered nurses and doctors</p> <p>Risk Impacts on: Organisational Priorities underpinning Well-being Objectives 1 to 8</p>	<p>Director Lead: Director of Workforce & OD and Support Services</p> <p>Assuring Committee: Performance & Resources Committee</p> <p>Date last reviewed: January 2021</p>
<div data-bbox="91 316 443 483"> <p>Risk Rating (likelihood x impact): Initial: 4 x 4 = 16 Current: 3 x 4 = 12 Target: 2 x 3 = 6</p> </div> <div data-bbox="91 483 443 579"> <p>Date added to the risk register January 2017</p> </div> <div data-bbox="91 1193 443 1393" style="transform: rotate(-45deg); transform-origin: bottom left;"> <p>Patterson, Liz 02/16/2021 10:18:04</p> </div>	<div data-bbox="1205 316 2132 355"> <p>Rationale for current score:</p> </div> <div data-bbox="1205 355 2132 547"> <p>The health board continues to have difficulties recruiting and retaining certain posts and areas of the health board. It is recognised that for some professions the workforce is ageing and so there is a need to have clear succession and recruitment plans in place. As a health board, there has been a 3.92% increase in the staff employed over the past 12 months (October 2019 – October 2020).</p> </div> <div data-bbox="1205 579 2132 651"> <p>Increase in demand for clinical staff arising from responding to the COVID-19 pandemic.</p> </div> <div data-bbox="1205 683 2132 842"> <p>The Health Board continues to experience recruitment challenges in respect of the Nursing and Midwifery Workforce. Whilst demand has potentially decreased during changes to service delivery during the pandemic, the ongoing ability to fill these posts continues to be challenging.</p> </div> <div data-bbox="1205 874 2132 1074"> <p>On average, the health board since October 2019 has had 44.14 WTE nursing vacancies, (including healthcare support workers) in our general inpatient ward areas alone. The temporary staffing unit is continuing to provide support to meet this demand and has filled on average 18.05 WTE with bank and 25.10 WTE with agency per month.</p> </div> <div data-bbox="1205 1106 2132 1455"> <p>The health board currently has 8 medical vacancies (8wte); 5 Consultants in Mental Health (5wte) and 2 Specialty Doctors in Mental Health (2wte) and 1 Specialty Doctor Care of the Elderly (1wte). All of these 8 posts are currently being covered by agency locum doctors, all of which are being paid at a rate above the locum cap. Adult Mental Health Posts have been advertised, and we have received applications for two of those posts, and the rest of the posts will be re-advertised. Following a review of the Older Adult Mental Health Service and structure for the Care of Elderly we will advertise these posts at the end of the year. Team Lead in Physiotherapy (1 WTE) in Brecon and Paediatric</p> </div>



		Dietician (0.8 WTE) in the Mid are currently advertised. These posts have been previously advertised, but no suitable candidates applied.		
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)		
		Action	Lead	Deadline
<ul style="list-style-type: none"> Regular monitoring of demand to ensure there is a sufficient supply through the temporary staffing unit A Recruitment and Retention delivery plan has been developed via the Strategic Recruitment and Retention group. The Group is monitoring and implementing the programme of work, and escalates any issues in relation to the plan via the Executive Team and the Performance & Resources Committee Weekly reports on temporary staffing are produced and shared with Community Service Managers and reviewed mid-week to ensure optimum cover options are explored Developmental roles have been explored due to a difficulty in recruiting to a band 6 ear care role. Discussions are taking place and we are looking to adopt this approach within occupational therapy and other areas where appropriate The health board is using a hard-to-fill (enhanced) rate for shifts that are difficult to cover (Registered Nurses only) Workforce Quality and Efficiency Group established, which uses the Insight System to monitor performance against rosters, bank and agency usage Ensure that recruitment timescales are minimised and that issues of delay are appropriately and proactively managed to ensure recruitment performance indicators are consistent with national targets To maximise the ability to cover short term ad-hoc staffing requirements through bank workers Temporary Staffing Unit aims to reduce agency worker reliance We continue to develop alternative clinical models in response to COVID-19 including: ward, community and hospital-based services, testing units; and Trace, Track and Protect Team Establishments have been reviewed in inpatient areas to assess skill mix and staffing requirements, the aim to review staffing numbers and skill mix against bed numbers and patient needs, reflecting the All Wales Staffing Act 25a Work is progressing to look at developing creative and redesigning roles to meet the changing health needs of the local population. This includes working with the National Nurse Staffing Group to maximise the development of band 4 roles to encourage opportunities for growing and retaining our own staff within the Powys area Band 4 Assistant Practitioner roles are being introduced into community teams as part of the Neighbourhood Nursing pilot 		Develop a strong, distinctive employment offer that captures the uniqueness of Powys Teaching Health Board.	DWODSS	In line with Annual Plan for 2020-21
		Work with the All Wales team on the implementation of the benefits portal page and ensure that this provides the opportunity to capture any local initiatives that are in place.	DWODSS	In line with Annual Plan for 2020-21
		The health board has been chosen as a pilot area for the new 'Nurse Cadet Scheme'.	DWODSS	TBD
		Recruitment guidance and a recruitment managers training package developed which supports managers in understanding the end to end recruitment process.	DWODSS	In line with Annual Plan for 2020-21
		Implement Standard Operating Procedures for internal operational workforce planning and work with directorates to develop their workforce plans.	DWODSS	In line with Annual Plan for 2020-21
		Implement an approach to succession planning: identify critical posts; run assessment and development centres for tier 4.	DWODSS	In line with Annual Plan for 2020-21
		To support temporary arrangements in response to the COVID-19 pandemic.	DWODSS	TBD

<ul style="list-style-type: none"> ▪ Pilot Health Care Support Worker Apprenticeship Programme in place ▪ Phase 1 COVID-19 Workforce Model has been developed based on a new clinical model including redeployment opportunities to staff it ▪ WOD closely monitors staff absence levels to ensure gaps are filled due to COVID-19 (self-isolation and sickness) ▪ Shielding has now been paused, all risk assessments for those staff who were in the shielding category were completed and a number of these staff have been able to return to roles with appropriate adjustments in place. All Wales Risk Assessment Tool (COVID-19) is live on the ESR and all staff will be actively encouraged to complete it ▪ New volunteering approach has been developed including central coordination of all volunteering, acknowledgement of the memorandum of understanding between PAVO and PTHB and an introduction of an improved standard operating procedure for the deployment of volunteers in PTHB ▪ Agile ways of working have been developed to mitigate impact on recruitment due to COVID-19 work restrictions; this includes virtual interviews and online pre-employment checks ▪ Targeted Bank Recruitment - rolling advert out ▪ Recruitment campaigns for existing vacancies ▪ Streamlining recruitment processes, including review of standardised advertisement pack, shortlisting as applications are received, automatic invite to interview for registered nurses if they provide NMC registration ▪ Workforce plans and challenges for winter and covid-19 has been identified to GOLD 			
Current Risk Rating	Additional Comments		
3 x 4 = 12			

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Agenda item: 3.3

PERFORMANCE AND RESOURCES COMMITTEE		Date of Meeting: 22 February 2021
Subject:	CAPITAL PROGRAMME	
Approved and Presented by:	Carol Shillabeer, Chief Executive Officer Wayne Tannahill, AD Estates & Property	
Prepared by:	Wayne Tannahill, AD Estates & Property	
Other Committees and meetings considered at:	Capital Control Group: 13 January 2021 Innovative Environments Group, 28 January 2021	

PURPOSE:

The Performance and Resource Committee to

1. receive an update on the Discretionary Capital Programme for 2020/2021, including COVID-19 impacts and activity along with
2. current status report for major project activity and business cases, and
3. the committee is requested to consider and recommend to Board for approval the draft two-year Discretionary Capital Programme for 2021-2023 and receive a briefing on risks and opportunities.

RECOMMENDATION(S):

The position on the 2020/2021 capital spend is provided for **information** along with a supplemental paper on Welsh Government capital slippage allocated in January 2021 (attached at Annex 1).

It is recommended that the Performance and Resource Committee **recommend to Board for approval** the draft Discretionary Capital Programme, 2021/2022–2022/2023 and note opportunities such as the Estates Funding Advisory Group funding for 2021/2022.

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Approval/Ratification/Decision ¹		Discussion	Information
x		✓	✓
THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):			
Strategic Objectives:	1. Focus on Wellbeing		x
	2. Provide Early Help and Support		x
	3. Tackle the Big Four		x
	4. Enable Joined up Care		x
	5. Develop Workforce Futures		x
	6. Promote Innovative Environments		✓
	7. Put Digital First		x
	8. Transforming in Partnership		x
Health and Care Standards:	1. Staying Healthy		x
	2. Safe Care		x
	3. Effective Care		x
	4. Dignified Care		x
	5. Timely Care		x
	6. Individual Care		x
	7. Staff and Resources		x
	8. Governance, Leadership & Accountability		✓

EXECUTIVE SUMMARY:

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

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

The following matters will be covered by the paper:

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

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

WG Capital Slippage 2020/21: £1.075M was awarded from slippage funds on 15 January 2021. Paper which was presented at Innovative Environments Group on 28 January attached.

All Wales Capital Funding (AWCF) / Integrated Care Funding (ICF) – major project update: there are a number of major projects (Machynlleth FBC, North Powys PBC, Llandrindod Phase 2 PBC, Brecon Car Park BJC) where PTHB has developed and submitted business cases to WG, and are currently awaiting feedback/decision or responding to scrutiny grid questions.

Discretionary Capital Programme 2021/22 - 2022/23: a proposed capital programme pipeline for has been developed recognising that a high degree of flexibility is likely to be required to continue to respond to COVID-19 related matters and to seek to benefit from further WG funding opportunities including - **Estates Funding Advisory Board (EFAB):** WG have ringfenced £46M of additional funds across a number of technical / specialist areas including; decarbonisation, fire, infrastructure, mental health and diagnostic imaging. It is important that PTHB develop strong and compelling project bids to ensure a share of the funding available. Proposals need to be submitted by the 26 February with NWSSP-SES leading the pilot for the Funding Advisory Board to assist WG with prioritisation to help impact and reduce Backlog Maintenance across the health board estates. If funding is secured for items such as roof repairs currently included in the draft Capital Programme, then the organisation will need to respond flexibly to include replacement schemes in the Discretionary Programme.

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

DETAILED BACKGROUND AND ASSESSMENT:

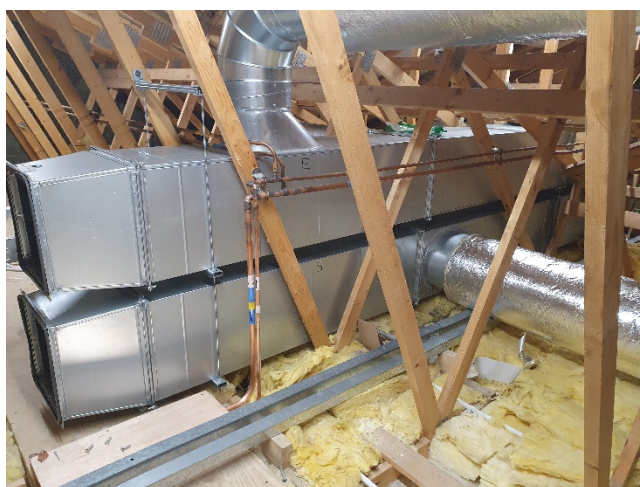
Discretionary Capital Programme 2020/21: during the current financial year discretionary capital has been impacted by issues related to major project activity as discretionary capital carries the risk burden for any cost overrun implications and this is emphasised by the low value of Discretionary allocated to PTHB. Impacts included underspend at Machynlleth last financial year, Llandrindod for air handling unit replacement for endoscopy (claim initiated for Design Team reimbursement) and a £50K overspend to complete the project: in total £570K, which led to the need to defer a series of schemes. This was further impacted by the restrictions associated with COVID-19 which also meant a number of schemes needed to be deferred. This places increased pressure on the pipeline for 2021/22-2022/23.

In the 2020/21 financial year a **£1.9M capital allocation** was made to the health board in recognition of **COVID-19** critical activity. This included a

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



Oxygen VIE, Brecon



Ventilation ductwork, Welshpool

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

Project Title	Status
AWCF: Mental Health Pan Powys Anti-ligature	£1.17m has been allocated for anti-ligature schemes. Around £600k of that will be used for AMI at Bronllys and new IT systems in Bryntirion. £170k committed this financial year.
AWCF: Machynlleth Redevelopment	£14.9M FBC Submitted in November 2020. Scrutiny comments have been responded to. Decision anticipated imminently.
AWCF: Llandrindod Phase 2	£11-14M Programme Business Case submitted awaiting scrutiny feedback: WG had intended

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	providing phased funding for remedial works and development of back of hospital from this year.
ICF & Regeneration: North Powys Project	£68-79M Programme Business Case submitted with scrutiny feedback received 2 February.
Community / AWCF: Brecon Car Park	£1.4M Business Justification Case submitted to WG.
ICF: Bronllys, Rural Learning Academy	£0.446M allocated for spend in 2020/21: Opportunities to secure further funding to complete subsequent phases such as external learning spaces and the conversion of a bungalow on site to provide an 'activities of daily living' suite.
Capital Slippage 2020/21	£1.075M allocated 15 January for a range of projects to alleviate risk related to the estates infrastructure along with some equipment purchase.



Machynlleth Proposed Reception

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Basil Webb, Health & Care Academy, Bronllys

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

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

The Proposed Discretionary Capital Programme 2021/2022-2022/23 is outlined at **Appendix A**. This was considered, and supported by Innovative Environments Group on 28 January, also recognising the potential for change factors influencing the make up of the programme going forward.

Estates Funding Advisory Board (EFAB): additionally, Welsh Government have ringfenced £46M in 2021/2022 to address compliance and maintenance issues across a number of technical / specialist areas works which not normally attract business case submissions in the following categories: -

- Decarbonisation: £16M
- Infrastructure £10M
- Fire: £6M
- Mental Health: £5M
- Diagnostic Imaging: £9M (bids flagged for 2021/22 ultrasound)

In order to maximise this opportunity PTHB need to be developing strong and compelling project bids to ensure we secure a share of the funding available. Proposals need to be submitted by the end of March. Securing schemes in these categories could significantly reduce pressure on the discretionary capital budget. As an example, should the current 6 year plan to increase fire compartmentation compliance across Powys secure AWCF this would release £60-90k per annum and allow PTHB to realise their ambitions within a shorter timeframe. It is, therefore, essential that the pipeline remains agile with a number of 'reserve' schemes ready to progress should additional funding become available.

Bids need to be submitted by 26 February and should this pilot be successful, it is likely that further funding will be made available in future years to support estates compliance and backlog maintenance to act to mitigate and reduce the current, circa £73M of backlog maintenance in PTHB.

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

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

The additional funding presents its own challenges in terms of resourcing and plans need to be developed to provide resilience within the Capital and Estates team to ensure successful delivery.

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NEXT STEPS:

- Deliver capital projects to achieve required spend in Q4 of the 2020/2021 financial year.
- Support the progression of schemes to put forward for technical/specialist funding via the Estates Funding Advisory Board
- Progress the approval process for the Discretionary Capital Programme for 2021/2022-2022/23 through to Board.
- Support major project activity for Machynlleth, North Powys, Llandrindod Phase 2 and Brecon Car Park.
- Develop the Innovative Environments Strategic Framework to provide the context and ambition for capital investment for the health board long term planning.

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

IMPACT ASSESSMENT				
Equality Act 2010, Protected Characteristics:				
	No impact	Adverse	Differential	Positive
Age	x			
Disability	x			
Gender reassignment	x			
Pregnancy and maternity	x			
Race	x			
Religion/ Belief	x			
Sex	x			
Sexual Orientation	x			
Marriage and civil partnership	x			
Welsh Language	x			
Statement <i>Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken</i>				
Risk Assessment:				
	Level of risk identified		Statement	

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	None	Low	Moderate	High	Requirements to close out delivery of the 2020/21 capital programme in a challenging COVID-19 environment. The health board will need to ensure that it can meet the 'step change' required to deliver a potentially significant capital programme in 2021/22 and remain agile in its governance to accommodate the fluid financial situation in terms of opportunities
Clinical	x				
Financial			x		
Corporate	x				
Operational		x			
Reputational	x				

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APPENDIX A; PROPOSED DISCRETIONARY CAPITAL PROGRAMME 2021/2022-2022/23 Discretionary Capital budget 1.431M:

PROJECT DESCRIPTION:	2021/22	2022/23	COMMENTS
Equipment budget (ring-fenced)	£150,000	£150,000	
IT Budget (ring-fenced)	£50,000	£50,000	
Redesign of Physiotherapy Gym, Llanidloes	£45,000		Scored 8 at CCG – Deferred in 2020/21 due to COVID
Renew Integrated Plumbing System (IPS) panels, Ystradgynlais	£60,000		Scored 9 at CCG – Deferred in 2020/21 due to COVID
Replace extractor fans, skylights and kitchen in Cottage View, Knighton	£15,000		Scored 8 at CCG – commenced in 2020/21 but unable to complete due to COVID and funding pressures
Essential ward improvements, Machynlleth	£42,000		Scored 9 at CCG – Deferred in 2020/21 due to COVID. Design work completed – ready to start on site.
Patient Services Flat Roof Repairs, Brecon	£80,000		Scored 8 at CCG – Consider developing a programme of roof repair works Pan Powys – part of WG bid for infrastructure
Roof Repairs, Ystradgynlais	£150,000		Scored 9 at CCG – Consider developing a programme of roof repair works Pan Powys – part of WG bid for infrastructure
Reconfiguration of Hazels, Llandrindod	£50,000		Scored 7 at CCG – list prioritised
Fire Escape improvement work to Admin Block, Newtown	£13,000		Scored 7 at CCG – list prioritised
Improvements to Hospital Reception area, Brecon	£30,000		Scored 7 at CCG – list prioritised
Replace front doors, Park Street Clinic, Newtown	£20,000		Scored 7 at CCG – list prioritised
Increase electrical sockets, Adelina Patti Ward, Ystradgynlais	£25,000		Scored 7 at CCG – list prioritised
Outpatients reception/waiting area, Ystradgynlais	£14,000		Scored 7 at CCG – list prioritised
H&C Academy, Bronllys	£50,000		Additional discretionary capital funding agreed to 'top up' Mansion House sale monies
Total	£794,000		
Balance of funds/contingency	£160,000		

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PROJECT DESCRIPTION:	2021/22	2022/23	COMMENTS
Roof Repairs Pan Powys	tba	tba	Bid for 'programme' status to WG for AWCF
Conversion of Mortuary into Medical Records Storage		£64,000	
Storage Container		tba	
Extension and Upgrade of Brecon Mortuary		tba	
Conversion of Community Workshops into record storage, Caersws		£38,000	
Replace carpet and lino Felindre		£6,500	
Outpatients Department Office - swap between current waiting area & office to facilitate improved working conditions & people flow		£31,000	
Concert Hall roof repairs		£150,000	
Crug Day Hospital- alterations to the layout to maximise space utilisation and functionality		£32,000	
IT Data Enclosures		£40,000	
Bronllys Car Parking issues - Phase 1		£82,000	
Nurse call upgrades		£50,000	
Refurbishment of Podiatry Waiting area, Welshpool		£26,000	
Total		£869,500	
Balance of funds/ contingency		£84,500	

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

PROJECT DESCRIPTION: ESTATES COMPLIANCE	2021/22	2022/23	COMMENTS
BMS Upgrade Phase 2	£25,000		Cross over - Survey work and agree scope in 2020-21
Fire compartmentation programme	£90,000	£60,000	5 year programme
Water - TMV compliance programme	£60,000	£60,000	5 year programme
Electrical - switchgear replacement	£45,000		
Ventilation & damper programme	£40,000	£40,000	5 year programme
Asbestos encapsulation, Boiler House	£15,000		
Fire Doors - remedial work and replacement	£25,000	£25,000	5 year programme
Med Gas pipeline improvement work	£15,000		
Electrical generator fuel tank upgrade	£25,000		
Liquid Pollution Mitigation	£25,000		
Fire alarm; system replacement	£65,000		
DISCRETIONARY UPLIFT SUB-TOTAL	£340K	£185K	
BALANCE OF FUNDING TO BE ALLOCATED	£133K	£392K	

Patterson, Liz
02/16/2021 10:18:04


Agenda item: XXX

Innovative Environments Group		DATE OF MEETING: 28 January 2021
Subject:	Welsh Government Capital Slippage Funding 2020/2021	
Approved and Presented by:	Hayley Thomas, Director Planning and Performance	
Prepared by:	Wayne Tannahill, Assistant Director Estates and Property	
Other Committees and meetings considered at:		

PURPOSE:

To provide an update on the allocation Welsh Government (WG) end of year capital slippage funding.

RECOMMENDATION(S):

It is recommended that the Innovative Environments Group (**IEG**) receives a briefing and update on the status and approach to allocation of WG capital slippage monies and RATIFIES the list of projects.

Approval/Ratification/Decision²	Discussion	Information
✓		

² Equality Impact Assessment (EiA) must be undertaken to support all organisational decision making at a strategic level

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

Strategic Objectives:	9. Focus on Wellbeing		x
	10. Help and Support	Provide Early	x
	11. Big Four	Tackle the	x
	12. Joined up Care	Enable	x
	13. Workforce Futures	Develop	x
	14. Innovative Environments	Promote	✓
	15. First	Put Digital	x
	16. in Partnership	Transforming	x
Health and Care Standards:	9. Staying Healthy		x
	10.	Safe Care	x
	11. Care	Effective	x
	12. Care	Dignified	x
	13.	Timely Care	x
	14. Care	Individual	x
	15. Resources	Staff and	✓
	16. Leadership & Accountability	Governance,	✓

EXECUTIVE SUMMARY:

This paper outlines the discussion and agreement of funding allocated from WG All Wales Capital slippage money for 2020/21 which constitutes an additional £1.075M in total for project activity and equipment purchase. The equipment has been identified from the equipment schedule prioritised by the Medical Devices Group and supported by Capital Control Group.

DETAILED BACKGROUND AND ASSESSMENT:

In December 2020 the health boards were approached by WG to provide a prioritised list of projects and equipment for potential end of year funding via capital slippage monies, albeit at the time of the request, there was little indication

that funding would become available in what had been a very challenging year. In preparing the provisional list a number of factors were considered including; priority and risk, achievability within timeframes and impact of coronavirus pandemic (the second escalation of COVID-19 in December was acting to preclude work in a ward environment). As the Discretionary Capital funding had been fully committed the potential funding offered a much-needed opportunity to address pressing issues, which would normally be managed under a contingency allowance – the pressure on Discretionary funding and the minimal contingency levels in 2020/21 had been raised previously at IEG. A project bid sheet was prepared for each proposed scheme detailing purpose, cost and benefits. As PTHB were asked to prioritise the proposals there was an expectation that only a number of schemes would be approved.

WG set up meetings with the health boards on 13 January and PTHB were advised that circa £1M would be made available; it was agreed that 24 hours would be given for the firming up of the long list. A review to consider priorities arising since the submission of the long list, deliverability within timeframes and latest COVID-19 position impacting contractor availability, the supply chain and social distancing.

Subsequently the list was revised and a final draft submitted with input from Director of Planning and Performance, Director of Finance and Chief Executive, and subsequently approved by WG on 14 January and confirmed in a formal allocation letter on 15 January in the sum of £1,075,000.00. The final list of schemes / equipment as agreed is:

Projects

Description	Project Cost £k	Comments
1. Llandrindod Water Tank	115	Essential works to respond to water hygiene HSE improvement notice
2. Llandrindod Plant Access	80	It is an NWSSP-SES requirement to provide a safe permanent access to the plant at high level.
3. Electrical substation capacity upgrade	75	Work required to improve incoming electrical supply - essential enabling for recent infrastructure upgrades
7. Llandrindod Theatre Means of Escape	45	Alternative escape route from Theatre
8. Ystrad Boilers & Calorifier	215	Urgent as recent heating failure for part of site requiring temporary boiler to be brought onto site as interim arrangement
9. Bronllys Secure Records	160	Information Governance and Statutory compliance of area (fire electric etc) for the safe storage of important corporate/health records
NEW Glan Irfon - ventilation	160	Dental AGP mitigation Covid related work
Subtotal	850	

Note inclusion of the ventilation work at Glan Irfon directly related to COVID-19 to support the dental service as the provision in mid-Powys has been under pressure and this will enable 3 dental suites to significantly improve throughputs in conjunction with the significant risk mitigation offered by appropriate mechanical ventilation 'air changes per hour'. WG advise that no further bids for COVID-19 Capital were possible this financial year but were happy to enable this important project from All Wales Capital.

Equipment

Description	Estimate	Comments
Ultrasound – Aplio, Newtown	88	Replacement End of Life
Diathermy Machine (ERBE), Llandrindod	28	Replacement End of Life
Visual Fields Analyser, Machynlleth	34	Replacement End of Life
Bladder Scanner, Machynlleth	8	New Service Provision
Mortuary Trolley - Power Assisted, Bronllys	7	Replacement - Upgrade to Power assisted due to gradient of site
Probes - Ultrasound x 3, North Powys	22	New Service Provision
Endoscope, Brecon	39	Replacement End of Life
Subtotal	226	
Total	1,076	

Issues/Risks:

- Delivery of schemes within limited timescales, albeit there is a high degree of assurance at the point of approval of the deliverability of the chosen schemes
- Potential further impacts of COVID-19 critically affecting PTHB Capital team resource, contractors and supply chain, etc.

NEXT STEPS:

- Initiation of project activity with appropriate governance and communication
- Initiation of equipment purchase within lead-in timeframes to ensure delivery within financial year
- Ongoing monitoring and management of activity under existing procedures with appropriate reporting to WG and key stakeholders

Patterson, Liz
02/16/2021 10:18:04

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

IMPACT ASSESSMENT				
Equality Act 2010, Protected Characteristics:				
	No impact	Adverse	Differential	Positive
Age	X			
Disability	X			
Gender reassignment	X			
Pregnancy and maternity	X			
Race	X			
Religion/ Belief	X			
Sex	X			
Sexual Orientation	X			
Marriage and civil partnership	X			
Welsh Language	X			
Statement				
Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken				
Risk Assessment:				
	Level of risk identified			
	None	Low	Moderate	High
Clinical			X	
Financial			X	
Corporate			X	
Operational			X	
Reputational			X	
Statement				
Overall risk level is acknowledged and evidenced by significant backlog maintenance levels, age of estate, etc. Management approach defined as risk-based to manage risk on multiple levels.				

Patterson,Liz
02/16/2021 10:18:04

APPENDIX A: ORIGINAL 'LONG LIST' OF BIDS FOR POTENTIAL CAPITAL SLIPPAGE (December 2020)

Priority	Description	Estimate	Comments
1	Replacement Water Tanks	£100,000.00	Essential works to respond to water hygiene HSE improvement notice
2	Create Permanent safe access to plant infrastructure on roof	£55,000.00	It is an NWSSP-SES requirement to provide a safe permanent access to the plant at high level.
3	Electrical substation capacity upgrade, Llandrindod	£95,000.00	Work required to improve incoming electrical supply - essential enabling for recent infrastructure upgrades
4	Car park improvements, Bronllys	£125,000.00	Resurface two bottom carparks in order to improve access to MVC – enabling works for further improvements to the remainder of the site including future locations for EV charging
5	Air conditioning units, Pan Powys	£35,000.00	Stand Alone units x 4 refrigeration Gas statutory requirement
6	Essential ward improvements, Machynlleth	£50,000.00	Electrical Infrastructure Upgrade of Ward area
7	Means of Escape, Llandrindod	£35,000.00	Alternative escape route from Theatre
8	Replacement Boilers, Ystradgynlais	£100,000.00	Urgent as recent heating failure for part of site requiring temporary boiler to be brought onto site as interim arrangement
9	Secure file storage multi-department use, Bronllys	£125,000.00	Information Governance and Statutory compliance of area (fire electric etc) for the safe storage of important corporate records
SUBTOTAL		£720,000	

A number of bids for equipment were also submitted:

Priority	Description	Estimate	Comments
1	Ultrasound – Aplio, Newtown	£88,000.00	Replacement End of Life
2	Diathermy Machine (ERBE), Llandrindod	£28,366.05	Replacement End of Life
3	Visual Fields Analyser, Machynlleth	£34,192.14	Replacement End of Life
4	Bladder Scanner, Machynlleth	£7,686.00	New Service Provision
5	Mortuary Trolley - Power Assisted, Bronllys	£6,954.00	Replacement - Upgrade to Power assisted due to gradient of site
6	Probes - Ultrasound x 3, North Powys	£21,564.00	New Service Provision
7	Endoscope, Brecon	£38,700.00	Replacement End of Life
SUBTOTAL		£225,462.19	
TOTAL		£945,462.19	

Patterson, Liz
02/16/2021 10:18:04

Patterson Liz
02/16/2021 10:18:04

Agenda item: 3.4a

PERFORMANCE AND RESOURCES COMMITTEE		Date of Meeting: 22 February 2021
Subject :	Information Governance Key Performance Metrics	
Approved and Presented by:	Rani Mallison, Board Secretary	
Prepared by:	Amanda Smart, Information Governance Manager	
Other Committees and meetings considered at:		

PURPOSE:

The purpose of this paper is to inform the Performance and Resources Committee of the information governance compliance figures.

RECOMMENDATION(S):

The Performance and Resources Committee is asked to NOTE the contents of this report and to identify any areas of further assurance required.

Approval/Ratification/Decision	Discussion	Information
	✓	

Patterson, Liz
02/16/2021 10:18:04

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

Strategic Objectives:	1. Focus on Wellbeing	X
	2. Provide Early Help and Support	X
	3. Tackle the Big Four	X
	4. Enable Joined up Care	X
	5. Develop Workforce Futures	X
	6. Promote Innovative Environments	X
	7. Put Digital First	X
	8. Transforming in Partnership	✓
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 compliance against key information governance (IG) performance indicators. The Committee is asked to NOTE the reporting period is 1 September to 31 December 2020.

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 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.

The number of requests received since the last Committee report (1 September 2020 – 31 December 2020) totals **121** requests (24 in September and 97 in Q3). This is an **8%** increase when compared to the same period in 2019 (**112** requests).

The Act requires a response to requests within 20 working days. As an organisation we are aiming to achieve the Information Commissioner's Office (ICO) target of 90% compliance.

Compliance for the period 1 September – 31 December 2020, is shown below:

	Q2 2020/21	Q3 2020/21	TOTAL
No of Requests	84	97	181
No. Of Breaches	15	13*	28*
% compliance	82%	87%*	85%

*unable to confirm figures until 20 working days has elapsed

Although compliance rates during this time period remain consistent, our compliance has remained below the national target of 90%. The IG Team will continue to monitor compliance and escalate issues to services leads and the Executive Team including continuation of the alert to the Executive Directors fortnightly.

The main causes for breaching during this timeframe were:

- delays caused by staff commitments to the Covid-19 pandemic (both at services level and within the IG Team)
- delays spent by the IG Team chasing services and formatting of responses.

Requests received during this period have been received from number of sources, these are shown in the table below:

Requester Type	Sept	Q3, 2020-21	Total
Company	6	6	12
Organisation	1	2	3
Individual	8	76	84
Police	0	1	1
Media	6	9	15
Welsh Government	0	0	0
AM/MP Support	0	0	0
Charity	3	2	5
NHS	0	0	0
Other	0	1	1
TOTAL	24	97	121

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 **two** requests for internal review. Both challenged the Health Board's response to with-hold information. Upon review with the services involved, the decision was made to uphold the original exemptions/response applied.

EIR Requests

EIR requests are managed in line with FOI requests under the same health board procedure. There were **no** EIR requests submitted during this period.

All Wales Comparison

Unfortunately, due to the Covid-19 pandemic the all wales comparative figures have not been collated for this time period illustrating the number of requests received, compliance rates and those escalated to the ICO.

Access to Information requests

Under the 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.

During the Covid-19 pandemic, the health board was required to continue to meet its legislated time frames for Subject Access Requests. The team proactively notified all requestors on receipt of a request that there may be a delay in providing the records. Requestors were not asked if they would consider to withdraw their request due to the nature of SAR, AHRA and Medical Report requests.

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.

A total of **174** requests have been received in the reporting period 1 September 2020 to 31 December 2020 (including the health board's managed practice). The total number of requests received are comparable with the same reporting period in 2019.

Compliance for the period 1 September – 31 December 2020, and the previous Quarter are shown below:

	Q2 – 2020/21	Q3 – 2020/21	Total
Subject Access Requests (DPA = Living)	84	90*	174
Breaches	4	9*	13
% of compliance within 28 days (GDPR)	95%	90%*	93%

*unable to confirm figures until 28 working days has elapsed

There have been **10** subject access requests which were not responded to within the statutory one month (28 days). The reasons for delay are summarised below:

- Staff redeployment in service areas that source the records due to Covid-19, in particular Women's and Children's Services.
- Long term staff illness resulting in no clinician available to approve the disclosure of records for the Larches in Ystradgynlais.
- Reduced capacity within the IG team due to redeployment for the Vaccination programme.

In order to mitigate the number of breaches, the team are liaising with services to try and send the records for disclosure electronically to the team to avoid any un-necessary delay where possible.

Access requests for Deceased Patients and 3rd party DPA requests:

There were **0** breaches for requests relating to the health records of deceased patients, compared to **2** breaches for the same reporting period in 2019.

Compliance for the period 1 September – 31 December 2020, is shown below:

	Q2 2020/21	Q3 2020/21	Total
3rd party DPA requests not subject to timescale e.g. Police	22	41	46
Requests for Deceased (AHRA)*	3	1	2
Breaches	0	0	0
% of compliance within 40 days	100%	100%	100%

*unable to confirm figures until 40 working days has elapsed

Information Governance Related Complaints

The IG Team has not received any complaints relating to how requests have been managed during the reporting period.

IG Training

As at 31 December 2020, the overall compliance rate of the IG E-Learning mandatory training for the health board was at 84.4%. The table below breaks down the compliance by directorate:

Directorate	Compliance %
Chief Executive Office inc. Public Health & Therapies	55%
Community Care & Therapies	85.82%
Community Dental Service	82.26%
Corporate Governance	100.00%
FID Finance Directorate	82.54%
Facilities - WOD	87.02%
MED Medical Directorate	71.43%
MHD Mental Health	87.44%
Medicines Management	90.32%
NUD Nursing Directorate	88.89%
PLD Planning Directorate	81.33%
Primary Care	76.67%
WOD Directorate	87.72%
Women and Children Directorate	89.52%
COVID 19 Prevention and Response	100%

The IG Team have noted the decrease in compliance compared with the last reporting period, however this is understandable due to current pandemic pressures.

With regards to the national IG E-Learning training compliance, confirmation has been received that there is no updated position since the July 2020 figures.

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 **78%** did not complete their IG Training within the required 6-week period (24% have not completed and 54% not completed within 6 weeks of commenced employment), please see table below which breaks down new starters from 1st September – 31st December 2020:

Completed	Headcount (%)
Not Completed	24%
Completed prior to joining	16%
Completed within 6 weeks	6%
Completed after 6 weeks	54%

The IG Team will liaise with WOD to discuss the process and follow up on the 24% of those who are working within the health board but have not completed their mandatory training. IG will offer assistance in contacting these staff directly in order to address this as should there be an incident the Information Commissioner's Office will not look favourably that these staff have not undertaken this training.

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

A number of national policies have been reviewed by the National Policy Sub-Group (of which PTHB are a member), and these are currently with the Wales Information Governance Board for approval. Once approved each NHS Wales organisation will be contacted to accept and implement the updated versions. These include:

- Information Governance Policy (one-year review)
- Information Security Policy (one year review)
- Email Use Policy (review)
- Internet Use Policy (review)

Local policy and procedure development work is included in the IG workplan and work has commenced to progress this. A local FOI and EIR procedure has been developed in place of the existing health board FOI and EIR policy following the inclusion of FOI and EIR into the national Information Governance policy. It is anticipated this will be finalised by the end of quarter 4 and uploaded to the intranet.

NEXT STEPS:

Continued assurance reports will be submitted to the Performance & Resources Committee

Patterson, Liz
02/16/2021 10:18:04

PERFORMANCE AND RESOURCES COMMITTEE		Date of Meeting: 22 February 2021
Subject :	Information Governance Toolkit 2019-2020 Turn Out Report	
Approved and Presented by:	Medical Director	
Prepared by:	Senior Information Governance Officer	
Other Committees and meetings considered at:	Executive Committee	

PURPOSE:

The purpose of this paper is to inform the Committee of the health board's performance against the Welsh Information Governance (IG) Toolkit assessment for the period 2019-2020. During this submission the IG Toolkit was in Pilot Phase and the Covid-19 pandemic meant key staff/services were not available to progress certain areas of work. An IG Toolkit Improvement Plan has been developed which highlights those areas of work required to improve the current score and assurance level in readiness for the 2020-21 submission.

RECOMMENDATION(S):

The Committee is asked to DISCUSS and NOTE the

1. IG Toolkit Improvement Plan for 2020/21; and the
2. Toolkit scores and final Out-turn report in accordance with requirements of the Wales Information Governance Board (WIGB) and to aid in providing assurances to other organisations.

Approval/Ratification/Decision	Discussion	Information
	✓	

Patterson, Liz
02/16/2021 10:18:04

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:

In 2018, data protection legislation was strengthened with the UK adoption of the General Data Protection Regulation (GDPR) EU 2016/679 and Data Protection Act (2018). To update the current assessment, the Caldicott Principles into Practice (C-PiP), a review was undertaken by the national Information Governance Management Advisory Group (IGMAG) to determine if it still met requirements to assess IG compliance under the new legislation. The review concluded that the C-PiP assessment no longer provided sufficient assurance and it was agreed that a sub group of the IGMAG would develop a new assessment, the Welsh IG Toolkit for Health Boards and Trusts (the toolkit), to replace the C-PiP assessment.

The toolkit (2019 – 2020) was launched in 2019 as a pilot, incorporating the new legislation, good practice, the Caldicott Principles, and is aligned with the NHS Digital (England) toolkit to provide assurance for appropriate cross border information sharing. The toolkit is an annual online self-assessment that enables organisations in NHS Wales to measure their level of compliance against national Information Governance Standards and data protection legislation, to ascertain whether information is handled and protected appropriately.

Health Boards and Trusts have had the opportunity to feed in and agree on amendments to the toolkit made throughout this first pilot year, and future reviews will be undertaken periodically on a national level.

Patterson, Liz
02/16/2021 10:18:04

It should be noted that while health boards no longer use the C-PIP to measure IG compliance, it is still available for health board use. Recent communications with Information Governance leads has confirmed completion will be required where there are Section 251 agreements in place or CAG approvals are required. The IG Team have received confirmation that the completion of the C-PIP assessment was not required for the 2019/2020 submission as neither of these are in place within the health board. This position will be reviewed for the 2020/2021 submission.

DETAILED BACKGROUND AND ASSESSMENT:

The toolkit submission coincides with the financial year, and consists of a range of rudimental categorised questions based on legal requirements. The categories covered are:

Business Responsibilities

- IG Management
- Policies and Procedures
- Information Sharing
- Contracts, Agreements and Codes of Conduct
- Data Protection by Design and Default
- Freedom of Information Act including Environmental Information Regulations
- Privacy and Electronic Communication Regulation

Business Management

- Business Continuity Plan
- IG Risk Register
- Auditing

Individual's Rights and Obligations

- Right of Access (Subject Access Requests)
- Right to be informed
- Right to Objection, Erasure, Rectification and Portability
- Rights in relation to Profiling and automated decision making

Management of Records

- Health Records (Acute, Community and Mental Health)
- Corporate Records

Please note it was agreed that the Records Management section would not be completed for this submission as the service provision is being reviewed and service improvement work undertaken by a 12 month fixed term Service Improvement Manager (SIM) for Records. A statement was included in the toolkit to highlight this position. This position including progress and updates will be reviewed and included in the forthcoming 2020-2021 submission.

Technical, Physical and Organisational Measures

Physical Measures

Patterson
02/16/2021 10:18:04

- Technical Measures
- Surveillance Systems for Crime prevention and Detection
- Organisational Measures (Training and Awareness)
- Mobile Working and Remote Access
- Secure Destruction and Disposal

Cyber Security

- Cyber Security
- Reporting Data breaches

It should also be noted that while the toolkit assesses aspects of Cyber Security, health boards formally assess their Cyber Security requirements and responsibilities under the biennial Welsh Cyber Assurance Process (WCAP). It was agreed by the IGMAG that to avoid duplication, a more formal assessment would not be expected as part of the toolkit at this time.

Measuring Compliance

Compliance is measured by answering the assessment questions within the categories. Supporting evidence is uploaded or text inserted to detail the Organisation's position with regards to relevant legal requirements. The more compliant an organisation is with a legal requirement, the higher the level achieved. Each category is scored from Level 0 (lowest compliance) to Level 3 (highest compliance). An explanation of the scoring is as follows:

Level 0 – an awareness of the Legal Requirement

Level 1 – initial action around the Legal Requirement (policies and procedures are in place, staff awareness and responsibilities outlined)

Level 2 – Implementation / Good practice in relation to the Legal Requirement (appropriate training provided, job descriptions updated for certain roles, policies and procedures are followed)

Level 3 – Review and Reporting Process (processes are in place to monitor, audit and report on operation and compliance)

Each category will have a varying number of questions depending on the legal requirement, and to complete a level all questions for that category must be sufficiently answered. Partial responses demonstrate that the health board is "working towards" the next level. Following completion and submission of the toolkit, results are reviewed by each organisation and an improvement plan is developed for approval by the Performance and Resource Committee.

The IG Improvement Plan 2020- 2021 has been included for information purposes with this paper.

Current Position and Assurance Level:

We are unable to directly compare the IG Toolkit compliance performance with previous C-PiP assessments due to the increase in content and scope assessed in the toolkit in line with legislative requirements.

The health board performed well in the 2019 - 2020 pilot toolkit assessment with an average level score of 2, and an estimated average of 85% compliance. The table below shows the average score for each of the categories.

Category	Level Average	Estimated Average percentage
Business Responsibilities	2	75%
Business Management	2	75%
Individuals Rights and Obligations	3	100%
Technical, Physical and Organisational Measures	2	75%
Cyber Security	3	100%
Total	2	85 %

Unlike the CPiP assessment, the pilot 2019-2020 assessment did not have an inbuilt mechanism to work out percentage scores from each response. The functionality to provide a percentage score has been requested on a national level for future editions of the toolkit. For the purpose of this paper, the IG team have generated an estimated percentage score using the average level score reached for each category, as shown below:

Level 0 – 25%
 Level 1 – 50%
 Level 2 – 75%
 Level 3 – 100%

While this will not be as accurate as scoring aligned to each question, an in-depth review of the responses and the recognised work required to reach the next attainment level has indicated that the level of assurance we can provide will not be lower than the percentage outlined above.

Actions required

Where the health board has achieved the highest level of compliance (level 3), work should and will continue to ensure that the high level of assurance is maintained in order to comply with data sharing obligations and to provide assurance to other organisations and the Information Commissioner's Office (ICO).

Areas that require action for improvement on compliance are outlined on the IG Improvement Plan 2020-21.

Patterson, Liz
 02/16/2021 10:18:04

NEXT STEPS:

The Committee is asked to NOTE that progress has already been made during the current year to improve compliance in some of the areas identified within the Improvement Plan in preparation for the latest toolkit assessment (2020-2021). A number of categories in this next edition of the Toolkit have been updated in the system to reflect any agreed national changes, and additional content added as the pilot has progressed. These changes have ensured that the toolkit assessment aligns with the NHS Digital toolkit, and updated guidance from the ICO.

Patterson, Liz
02/16/2021 10:18:04

Information Governance Toolkit Actions from Improvement Plan 2020-2021

The table below outlines the actions required to improve on the current PTHB IG assurance compliance score from the IG Toolkit 2019-2020

Category. Ref no.	Category	Area of Responsibility	Level achieved 2019/2020	Action required to reach next level	Responsible Director	Progress made / updates for 2020/2021
2.1	Business Responsibilities	IG Management	2	SIRO has not yet received formal SIRO training	Director of Finance, IT & Information Services	IG to research providers to support this. NHS Digital provide a course (GCHQ certified)
2.1	Business Responsibilities	IG Management	2	Action plan needs to be reported to the committee	Medical Director	This refers to this improvement plan. This is in place so score will be higher for next submission
2.1	Business Responsibilities	IG Management	2	Identified targets and IG arrangements are regularly monitored by the DPO with performance reports provided to the board	Board Secretary	This should now score level 3 in the next submission. IG report regularly to P&R and EQS
2.4	Business Responsibilities	Contracts and Agreements & Code of Conduct	2	Implement a review process to ensure contracts and agreements remain up to date	ALL	IG to liaise with directorates to determine what local contracts/agreements are in place, if they are GDPR compliant,

						and that IAR is updated where required.
2.7	Business Responsibilities	Privacy and Electronic Communications Regulations	0	Ensure that there are privacy and electronic communications regulation related policies and procedure and any relevant guidance outlining high level responsibilities	Director of Finance, IT & Information Services & Board Secretary	IG and ICT to implement relevant policies and guidance to support staff
2.7	Business Responsibilities	Privacy and Electronic Communications Regulations	0	Identify appropriate individuals to undergo PECR training and provide guidance for staff which will be readily available on the intranet	Director of Finance, IT & Information Services & Board Secretary	Some PECR training provided as part of GDPR/DPA Practitioners certification (both AS and RH hold this). Does anyone in ICT have/need this?
2.7	Business Responsibilities	Privacy and Electronic Communications Regulations	0	Provide details of how staff members will be informed of Policies and how these are made accessible	Director of Finance, IT & Information Services & Board Secretary	IG and ICT to implement relevant policies and guidance to support staff
3.2	Business Management	IG Risk Register	1	Where IG risks have been identified mitigating measures are	ALL	IG to liaise with Head of Risk and Assurance to discuss process.

				put in place and adopted throughout the organisation where necessary.		Suggestion to pick this up as part of IAR work
3.2	Business Management	IG Risk Register	1	There is a clear process to manage Identified IG risks.	ALL	IG will liaise with Head of Risk and Assurance to discuss process
4.2	Individual's Rights and Obligations	Right to be Informed	2	The organisation can demonstrate that privacy notices are linked to the PTHB Information Asset Register	Board Secretary	Work is being undertaken to review IAR and ensure any Privacy Notices already developed are linked
5	Management of Records	All sections (5.1 – 5.4.2)	0	Section not completed while service improvement work is being undertaken	Board Secretary	Progress: Records Management framework and Health Records procedure have been developed and approved and are due to be uploaded to the intranet. Corporate Records procedure currently under development
6.1	Technical, Physical and Organisational Measures	Physical Measures	1	The organisation holds a record of all individuals with access to restricted areas	Director of Planning & Performance and Director of Workforce	IG to liaise with Heads of Estates and Facilities to progress this

					& Organisational Development & Support Services	
6.1	Technical, Physical and Organisational Measures	Physical Measures	1	There is a process in place for controlling staff and access for new starters, movers and leavers	Director of Planning & Performance and Director of Workforce & Organisational Development & Support Services	IG to liaise with Heads of Estates, Facilities and WOD to progress this
6.2	Technical, Physical and Organisational Measures	Technical Measures	1	There is a process in place for controlling staff access to information systems for new starters, movers and leavers	Director of Finance, IT & Information Services and Director of Workforce & Organisational Development & Support Services	IG to liaise with ICT and WOD for confirmation. If this is in place, level 3 achieved for next submission
6.2	Technical, Physical and	Technical Measures	1	Staff are made aware that access may be logged	Director of Finance, IT &	This is captured in the latest version of the All Wales Information

	Organisational Measures				Information Services	Security Policy. This will score level 3 in next submission.
6.2	Technical, Physical and Organisational Measures	Technical Measures	1	System administrators are aware of their responsibilities and their accountability to the highest standards of use, and that their activities are logged and monitored	Director of Finance, IT & Information Services	IG to liaise with ICT for confirmation. If procedures are up to date score will increase for next submission
6.2.1	Technical, Physical and Organisational Measures	Surveillant systems for crime prevention and detection	0	Name of the senior managers responsible for the use of CCTV/Body worn recording devices	Director of Workforce & Organisational Development & Support Services and Director of Finance, IT & Information Services	IG liaised with Head of Facilities and Support Services for information. Andrew Cresswell is Management Lead for CCTV policy. John Morgan is lead for security for PTHB. The score will be higher for next submission
6.2.1	Technical, Physical and Organisational Measures	Surveillant systems for crime prevention and detection	0	The organisation knows what surveillant systems and other recording devices it uses for crime prevention and detection and has identified a clear purpose and lawful basis.	Director of Workforce & Organisational Development & Support Services and Board Secretary	IG liaised with Head of Facilities and Support Services. Department is in process of creating a CCTV register for all sites. JM is the lead. Each site is being

						added in turn and the register will be updated. It should be noted that each site will have a listed DPO that is not the health board DPO (IG Manager) – this is a system governance requirement, to have a named person that manages the governance for each site. This named individual will be the only individual authorised to review the contents of the system. The system is locked down to all others.
6.2.1	Technical, Physical and Organisational Measures	Surveillant systems for crime prevention and detection	0	The organisation has up to date policies and procedures for authorising deployment and secure day to day use of surveillance systems	Director of Workforce & Organisational Development & Support Services and Board Secretary	IG liaised with Head of Facilities and Support Services. There is a CCTV policy, it was updated in 2020. The score will increase for next submission

6.2.1	Technical, Physical and Organisational Measures	Surveillant systems for crime prevention and detection	0	Individuals rights are respected with regard to surveillance systems	Director of Workforce & Organisational Development & Support Services and Board Secretary	IG liaised with Head of Facilities and Support Services. Systems governance access is limited to authorised persons only. No other individuals can access or view the stored content or live feed. No cameras will be installed in areas that would compromise privacy or integrity. This score will increase for next submission
6.2.1	Technical, Physical and Organisational Measures	Surveillant systems for crime prevention and detection	0	Appropriate fair processing notices are clearly displayed where surveillance systems are in use	Director of Workforce & Organisational Development & Support Services and Board Secretary	Equipment was not in use for 2019-2020 submission. Since the submission, CCTV has been put in place for Mass Vaccination sites with temporary Covid notices put in place. New signage for permanent notices will be printed in line with the PTHB CCTV policy and IG requirements.

						IG will also be point of contact for Data protection related information as per standard PTHB privacy notice. This score will increase for next submission
6.3	Technical, Physical and Organisational Measures	Organisational Measures (Training and Awareness)	2	Provide the date of the IG work programme and associated materials were last agreed by IG representatives	Board Secretary	Overarching IG Work programme in place. Due to be presented to Exec Committee in February 2021
6.3	Technical, Physical and Organisational Measures	Organisational Measures (Training and Awareness)	2	Process in place for feedback to be provided where necessary	Board Secretary	National mandatory IG e-learning training under review. Local training feedback accepted by email or telephone.
6.3	Technical, Physical and Organisational Measures	Organisational Measures (Training and Awareness)	2	There is a process in place to report feedback from the review process when necessary to the board/committee	Board Secretary	Updates and feedback in relation to IG training and awareness are reported via the P&R committee. The score will be improved for the next submission
6.5	Technical, Physical and	Secure destruction and disposal	2	Policies and procedures are regularly reviewed and checks are made to	Director of Workforce & Organisational	IG to with ICT. IG has liaised with Head of Facilities - confidential

	Organisational Measures			ensure these are followed across the organisation	Development & Support Services and Director of Finance, IT & Information Services	waste agreement has been extended in light of Covid. CCTV policy was updated in 2020. It is ready to go to GOLD committee. The score will be improved for the next submission
6.5	Technical, Physical and Organisational Measures	Secure destruction and disposal	2	Certificates of destruction are provided by 3rd parties who dispose of personal data and IT equipment on behalf of the organisation and counter documented	Board Secretary and Director of Finance, IT & Information Services & Director of Workforce & Organisational Development & Support Services	IG has liaised with Head of Facilities and Support Services – there is provision for this in the Waste Management policy, and IT Governance policy. The score will therefore improve for next submission Certification of destruction action remains outstanding.

AGENDA ITEM: 3.5

PERFORMANCE AND RESOURCES COMMITTEE		DATE OF MEETING: 22 February 2021
Subject:	COMMISSIONING ESCALATION REPORT & SATH UPDATE	
Approved and Presented by:	Director of Planning and Performance and Assistant Director Commissioning Development	
Prepared by:	Assistant Director Commissioning Development	
Other Committees and meetings considered at:	Scores were considered on the 20 th January 2021 at the Internal Commissioning Assurance Meeting. The report also contains information received after that date. A report has also been considered by the Experience, Quality and Safety Committee on the 4 th February 2021.	

PURPOSE:

The purpose of this paper is to highlight to the Performance and Resources Committee providers in Special Measures (including Shrewsbury and Telford Hospitals NHS Trust) or scored as Level 4 under the PTHB Commissioning Assurance Framework

RECOMMENDATION(S):

It is recommended that the Performance and Resources Committee DISCUSSES this Commissioning Escalation Report.

Approval/Ratification/Decision ¹	Discussion	Information
	✓	

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

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

Strategic Objectives:	1. Focus on Wellbeing	x
	2. Provide Early Help and Support	x
	3. Tackle the Big Four	✓
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	x
	6. Promote Innovative Environments	x
	7. Put Digital First	x
	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 following the January 2021 PTHB Internal Commissioning Assurance Meeting (ICAM). There are:

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

The report also provides an update in relation to:

- Shrewsbury and Telford Hospitals NHS Trust (SaTH), including the publication of the first Ockenden Report
- Essential Services
- and the deteriorating position in relation to referral to treatment times (RTT) times and the programme of work needed for renewal and recovery.

In the period covered by this report the NHS has been responding to the second COVID-19 peak; winter; mass vaccination; and the EU exit.

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.

As set out in previous papers to the Executive Committee and other Board Committees the usual commissioning arrangements have not been in place since March 2020, whilst the NHS, under civil contingencies arrangements, continues to respond to the COVID-19 pandemic.

PTHB has been participating in strategic system command arrangements in Shropshire, Telford and Wrekin and for Herefordshire and Worcestershire covering some of the main District General Hospitals for the Powys population.

The suspension, restoration and recovery of services has not been “commissioned”. The NHS continues to operate in “block” arrangements financially; activity does not reflect the patterns of previous years; performance arrangements were suspended and are now being reinstated; restoring non-essential routine services is a significant challenge the second COVID-19 peak in the winter of 2020/21 has seen unprecedented pressure on the NHS which has led to the suspension of non-urgent routine services. At some points, and for some providers, this had at times included the cancellation of some essential elective services. Restoration and recovery is limited by the continuing response to the pandemic including hospitalisation of patients with COVID-19; the mass vaccination programme; the need for social distancing, control of infection, testing and provision of surge capacity.

There were no Commissioning Assurance Framework reports between the end of March 2020 and the end of June 2020 (although monitoring of some domains continued where possible). Since July 2020, PTHB has been working to incrementally restore the CAF although there remain significant limitations and it is not possible to score all of the domains. (For example, the block financial arrangements do not reflect budgets and the financial schedules in Long Term Agreements set in February 2020 prior to COVID escalating). The delays in relation to elective care are now an NHS-wide issue.

In the tables overleaf an attempt has been made to score the domains of quality and safety; patient experience; and access. However, information was not available from all providers.

Special Measures										
Provider	Quality & Safety			Patient Experience			Access	Finance (Cost & Activity)	Change in Level Status	Governance & Strategic Change
Shrewsbury & Telford Hospital NHS Trust	November 2020 December 2020 January 2021			Nov 2020	Dec 2020	Jan 2021	November 2020 December 2020 January 2021	No Score – Block Agreement	↔	Not Rated
Cwm Taf Morgannwg University Health Board (maternity services)	November 2020 December 2020 January 2021			Nov 2020 – Insuf info	Dec 2020	Jan 2021	November 2020 December 2020 January 2021	No Score – Block Agreement	↔	Not Rated
Level 4										
Provider	Quality & Safety			Patient Experience			Access	Finance (Cost & Activity)	Change in Level Status	Governance & Strategic Change
Wye Valley NHS Trust	Nov 2020	Dec 2020	Jan 2021	Nov 2020	Dec 2020	Jan 2021	November 2020 December 2020 January 2021	No Score – Block Agreement	↔	Not Rated

Shrewsbury and Telford Hospitals NHS Trust (SATH)

On the 10th December, 2020, the "*Emerging Findings and Recommendations from the Independent Review of Maternity Services at the Shrewsbury and Telford Hospital NHS Trust*" was published (known as the first "Ockenden Report"), which is provided in full below. The CAF Escalation Report and paper on maternity services to the EQS Committee explained that a full report will be provided to its next meeting.

<https://www.donnaockenden.com/downloads/news/2020/12/ockenden-report.pdf>

The report was the key focus of the SaTH Trust Board meeting on the 7th January, 2021. The SaTH CEO apologised unreservedly to the families affected and committed the Trust to learning from the report, accepting all its recommendations stating:

This independent review happened only as a consequence of the diligence and determination of the families involved in continuing to seek answers to and accountability for the harm and suffering that they have endured and continue to endure. These are families that tried to raise concerns about the care and safety with the Trust's maternity and aftercare services but were not listened to and cared for as they should have been. This should never have needed to happen and it is contingent on the Trust to act on the report's findings without delay.

The report contains local actions which are specific requirements for SaTH, together with immediate and essential actions for all NHS providers. An NHS England and Improvement (NHSEI) letter on the 14th December, 2020, set out the requirement for all Trusts to receive the report at their next public meeting. An assurance statement also has to be completed.

SaTH has in place a Maternity Transformation Plan setting out the focus and direction of services for the next 3-5 years, which is underpinned by a more detailed Maternity Improvement Plan. The specific response to the Ockenden recommendations will also be cross-checked and embedded within the Trust's plans. There will also be a comprehensive engagement plan to ensure that women and their families are listened to. A full workforce plan is in progress for completion following a Birth-rate Plus audit. The work of the Expert External Advisory Panel in relation to the Trust, chaired by Dr Bill Kirkup, is continuing. SaTH's progress in complying with the requirements of the Clinical Negligence Scheme for Trusts was reported to the Experience, Quality and Safety Committee.

As previously reported to the 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) 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
- End of life care
- the oversight of audits and the improvement of outcomes
- the culture

The PTHB Executive Committee and relevant Board Committees have been receiving up-dates through the CAF Escalation Report since SaTH was placed in special measures. SaTH has been at CEO led escalation within PTHB's processes. Reports to Board Committees have explained the work undertaken through CEO level meetings, the Commissioning Assurance Framework, including the development of a Maternity Assurance Framework. It has been explained that PTHB liaised with key stakeholders in England to help secure a way forward for SaTH aimed at ensuring improved quality and safety of services.

An "Improvement Alliance" with the University Hospitals Birmingham NHS Foundation Trust (UHB) has been established, as SaTH was not in a position to improve the quality and safety of its services without further

support. A new Chair of the Board of SaTH has been appointed from UHB and "Committees in Common" established.

The Trust's critical objective is the improvement of patient experience, which is dependent on the quality of care and safety at the Trust. There is a renewed focus on the quality of clinical care; governance and culture. There is an improvement team in place to support the Trust's Quality Improvement Plan (QIP) co-ordinated by an Improvement Director.

A revised Board Assessment Framework (BAF) has been put in place to help ensure that the Trust's strategic directives are being met and risks managed appropriately.

The QIP is being refocused into key themes focusing on: reducing harm from avoidable falls; pressure ulcers and medication errors; recognising and responding to the most acutely unwell patients; and support for the most vulnerable groups. There is also a realignment of the plan to focus on sustainable improvement across the organisation as part of a wider "Getting to Good" improvement plan.

An integrated performance report is in place spanning quality, operational performance, workforce, finance, risk and estates. An extract including key exceptions reported to the SaTH Board in January 2021 is below.

Quality - KPI	Latest month	Actual Month Performance	National Standard for month	SaTH trajectory for month	Performance Assurance	Lower process limit	Upper process limit	Exception
Mortality								
HSMR	Sep 20	92.27	100.0	100		64	114	No
RAMI	Oct 20	98.3	100.0	100.0		58.9	121.5	No
Infection								
HCAI - MSSA	Nov 20	5	2*	2		-2	7	Yes
HCAI - MRSA	Nov 20	0	0	0		0	1	No
HCAI - c.Difficile	Nov 20	2	3.58**	3.58		-2	7	No
HCAI - E-coli	Nov 20	4		3.75		-2	11	Yes
Patient harm								
Pressure Ulcers - grade 2 and above	Nov 20	14	14	14		3	27	No
VTE	Nov 20	95.7%	94.1%	95.0%		93.0%	96.3%	No
Falls - per 1000 Bed Days	Nov 20	5.38		5.00		2.31	6.71	Yes
Falls - total	Nov 20	100	86	86		46	141	Yes
Falls - with Harm per 1000 Bed Days	Nov 20	0.11		0.2		-0.12	0.33	No
Never Events	Nov 20	0	0	0		-0.8	1.3	No
Section 28s	Nov 20	0	0	0		0	1	No
Slis	Nov 20	4	0	0		-3	11	Yes
Mixed Sex Breaches	Nov 20	29	0	0		-8	62	Yes
Patient Experience								
Complaints	Nov 20	50	n/a	58***		24	88	No
Complaints -acknowledged within agreed time	Nov 20	100%	100%	1		97%	102%	No
Complaints -responded within agreed time	Oct 20	61%		85%		51%	77%	Yes
Quality Compliance								
CQC transactional action plan compliance	Nov-20	92%	n/a	90%				Yes
Section 29a requirements delivered	Nov-20	62%	n/a	due Feb 2021				Yes

Cwm Taf Morgannwg University Health Board (CTMUHB)

A full and separate paper was submitted to the Experience, Quality and Safety Committee (which was endorsed on the 6th November, 2020) in relation to the accelerated changes to emergency flows in South Powys. The weekly monitoring in place involving clinicians has shown that the PTHB emergency flows are as anticipated to Prince Charles Hospital (PCH) Merthyr. Both CTMUHB and Aneurin Bevan University Health Board are being very hard hit by the second COVID-19 peak. Phase 1 of the Programme (the accelerated change to emergency flows in South Powys to PCH) is now closed.

The PTHB Executive Director of Nursing and Midwifery continues to lead a workstream in relation to maternity services in a different timescale, in preparation for a Board level decision about the appropriate timing of a strategic change to obstetric flows in line with the South Wales Programme.

As part of this work CTMUHB provided an update to the Executive Committee in December 2020 about the progress being made to improve maternity services and there has been executive level contact with the Independent Maternity Services Oversight Panel (IMSOP). In January, 2021, the IMSOP published a report following clinical reviews of 28 episodes of maternal care. Four key areas were identified as contributing to poor care: a failure to listen to women; a failure to identify and escalate risk; inadequate leadership; and inappropriate treatment leading to adverse outcomes. (There is a specific EQS agenda item in relation to maternity services.)

Essential Services - Commissioned Services

Following Government statements, frameworks and letters, from March 13th 2020 onwards, non-essential routine services were suspended as part of the response to the pandemic. These actions were designed to allow services and beds to be reallocated and for staff to be redeployed and retrained in priority areas. Access to cancer and other essential treatments such as renal dialysis was to be maintained. The key principle was to keep people safe and to keep patients out of clinical settings if there was no urgent need to attend. Unfortunately, during the second COVID-19 peak providers have again had to suspend some elective services – in some cases this has included essential services.

PTHB is monitoring the position in relation to the provision of essential services across its providers. However, as approximately half of the PTHB DGH activity is in England, it is attempting to do this across two different systems whilst the usual commissioning arrangements are not in place. The updated table is overleaf:

Essential Service Area	BCUHB	HDUHB	SBUHB	CTMUHB	C&VUHB	ABUHB	Velindre	PHW	SaTH	WVT	RIAH
Primary Care											
Safeguarding Services	3	2	3	2	2	3	0	2	0	4	0
Urgent Eye Care	2	2	3	2	2	2	0	0	2	4	0
Urgent Surgery	2	2	2	1	2	2	0	0	2	2	2
Urgent Cancer Treatments	2	2	2	1	2	2	3	2	2	2	2
Life-saving Medical Services											
Interventional Cardiology	2	2	2	2	2	3	0	0	2	2	0
Acute Coronary Syndromes	2	2	2	2	2	4	0	0	2	2	0
Gastroenterology	2	2	4	2	2	2	0	0	2	2	0
Stroke Care	2	2	3	3	2	3	0	0	2	4	0
Diabetic Care	2	2	3	3	2	3	0	0	2	2	0
Diabetic Care (Diagnosis of new patients)	2	2	3	3	2	3	0	0	2	2	0
Diabetic Care (DKA / hyperosmolar hyperglycaemic state)	2	2	3	3	2	4	0	0	2	2	0
Diabetic Care (Severe hypoglycaemia)	2	2	3	3	2	4	0	0	2	2	0
Diabetic Care (Newly diagnosed patients especially where insulin control is poor)	2	2	3	3	2	3	0	0	2	2	0
Diabetic Care (Diabetic Retinopathy and diabetic maculopathy)	0	2	2	3	2	2	0	2	2	2	0
Diabetic Care (Emergency podiatry services)	0	2	3	3	2	2	0	0	2	2	0
Neurological Conditions	2	2	2	2	2	2	0	0	1	2	0
Rehabilitation	2	2	3	4	2	2	0	0	0	2	2
Life-saving or life-impacting paediatric services											
Immunisations & vaccinations	2	2	2	2	4	4	0	2	0	2	0
Screening (Blood spot)	4	2	2	2	4	4	0	2	2	2	0
Screening (Hearing)	4	2	2	2	4	4	0	2	2	2	0
Screening (New born)	4	2	2	2	4	4	0	0	2	2	0
Screening (6-week physical exam)	4	2	2	2	3	4	0	0	2	2	0
Community paediatric services for children	3	2	3	2	3	3	0	0	0	2	0

Essential Service Area	BCUHB	HDUHB	SBUHB	CTMUHB	C&VUHB	ABUHB	Velindre	PHW	SaTH	WVT	RIAH
Termination of pregnancy											
Termination of pregnancy	2	2	3	2	4	3	0	0	0	2	0
Other infectious conditions (sexual / non-sexual)											
Other infectious conditions (sexual / non-sexual)	2	2	4	2	2	3	0	0	2	0	0
Urgent infectious services for patients	2	2	2	2	2	3	0	0	2	0	0
Maternity services											
Maternity services	2	3	4	4	3	3	4	0	2	4	0
Mental Health, NHS Learning Disability Services and Substance misuse											
MH Crisis Services including perinatal care	2	2	2	2	3	4	0	0	0	0	0
MH Inpatient Services	2	2	4	2	3	4	0	0	0	0	0
Community MH services	2	2	2	2	3	2	0	0	0	0	0
Substance Misuse services	4	2	2	2	3	3	0	0	0	0	0
Urgent supply of medications											
Urgent supply of medications	0	2	0	0	0	0	0	0	0	0	0
Blood and Transplantation Services											
Blood & blood components	2	2	4	0	2	0	3	0	0	4	0
Palliative Care											
Palliative Care	3	2	2	3	3	3	3	0	0	4	0

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

Referral to Treatment Times (RTT)

As previously reported to the Committee (and as reported nationally) there is now an unprecedented challenge in relation to 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 has been significantly reduced in order to care for the surge in COVID patients and to prevent the spread of infection. Private sector capacity is being used to maintain essential services, such for those with suspected cancer.

There are now around 2000 Powys patients waiting more than 52 weeks for treatment. (Whilst English providers are submitting information to NWIS there is a technical reporting issue which the PTHB Information Department is attempting to resolve.)

Recovery and renewal will be a major focus of plans for 2021/2022 in England and Wales and the Board Development Day with Independent Members in February will consider the transformative work needed, spanning the whole system, with an evidenced based value approach at its core. PTHB will need to consider how best to help its residents through services offered within Powys and provided in co-operation with other health boards and NHS trusts.

Whole system value approach	
Value approach	Shared Decision Making Is it needed?/Should it be done? (Evidence base – including benefit) Population Need
Prevention & Alternatives (pathway redesign)	Wellbeing Primary care Extending alternatives within Powys Clinical criteria for referral Triage Referral Management Validation Active waiting time (e.g. weight loss to help reduce pressure on joints, pain management, psychological support)
Extend Capacity	Within Powys – including evening and weekends Virtual (attend anywhere, consultant connect) Modernisation (virtual, symptomatic) Cooperation with other health boards and providers, regional and national plans
Quality and Safety	Risk Stratification Clinical Review Harm Review Ethical Framework Concerns Equity Redress (national issue) PROMS and PREMS Patient experience –informed, shared decisions
Digital	Technical solutions e.g. Tele-dermatology (including cross-border)
Informatics	Baseline Analysis - including variation Demand and capacity – trajectories Performance (including comparative)
Programme Approach	

The following tables show the breakdown of waiting times by provider and by speciality. Orthopaedics is the key area of concern.

December 2020			
Welsh Providers	% of Powys residents < 26 weeks for treatment (Target 95%)	Patients waiting 36-51 weeks	Patients waiting 52 weeks and over
Aneurin Bevan UHB	56.7%	324	333
Betsi Cadwaladr UHB	37.0%	131	124
Cardiff & Vale UHB	45.3%	80	84
Cwm Taf UHB	40.7%	83	124
Hywel Dda UHB	58.1%	196	187
Powys Teaching Health Board	59.1%	889	398
Swansea Bay UHB	43.7%	332	431

November 2020			
English Providers	% of Powys residents < 26 weeks for treatment (Target 95%)	Patients waiting 36-51 weeks	Patients waiting 52 weeks and over
Robert Jones & Agnes Hunt	57.5%	528	170

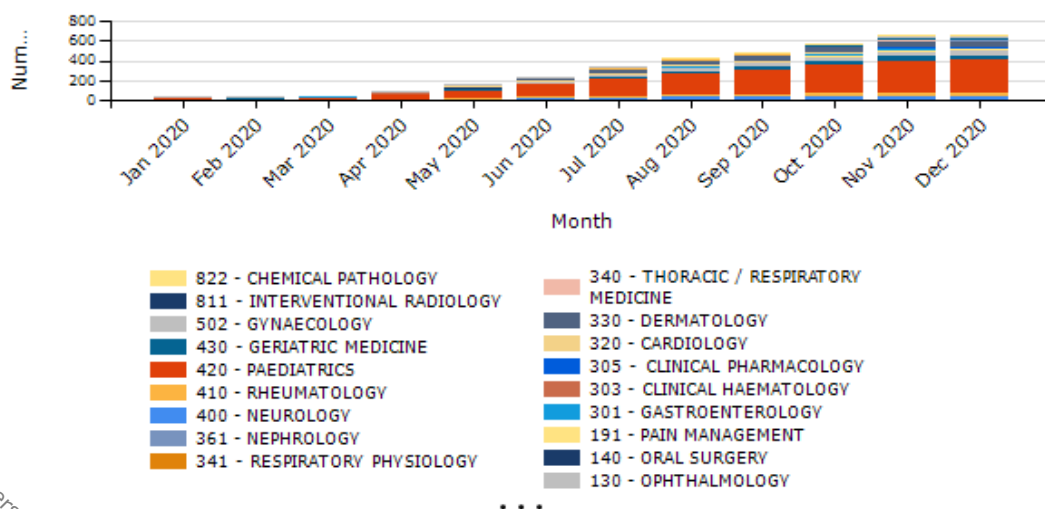
October 2020			
English Providers	% of Powys residents < 26 weeks for treatment (Target 95%)	Patients waiting 36-51 weeks	Patients waiting 52 weeks and over
Wye Valley NHS Trust	61.8%	515	153

September 2020			
English Providers	% of Powys residents < 26 weeks for treatment (Target 95%)	Patients waiting 36-51 weeks	Patients waiting 52 weeks and over
Shrewsbury & Telford NHS Trust	54.0%	630	0

Aneurin Bevan UHB – December 2020

Specialty	36 to 51 weeks	52 weeks & Over
General Surgery	20	22
Urology	14	19
Trauma & Orthopaedics	142	190
ENT	16	23
Ophthalmology	24	29
Oral Surgery	7	10
Pain Management	<5	0
Gastroenterology	16	6
Clinical Pharmacology	<5	0
Dermatology	41	29
Nephrology	<5	0
Neurology	14	0
Geriatric Medicine	<5	0
Gynaecology	18	5
Interventional Radiology	<5	0
Chemical Pathology	<5	0

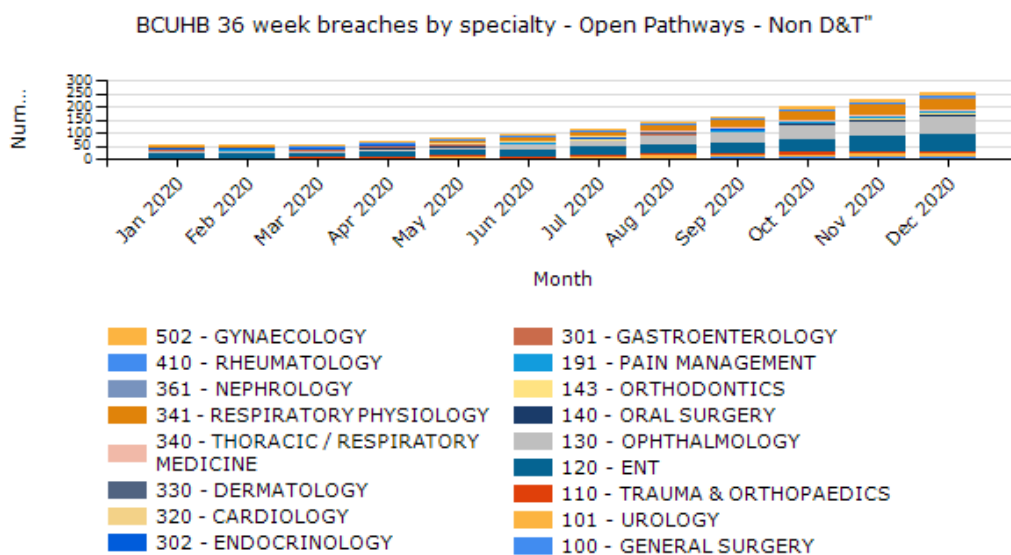
ABUHB 36 week breaches by specialty - Open Pathways - Non D&T"



"Source: NWIS"

Betsi Cadwaladr UHB – December 2020

Specialty	36 to 51 weeks	52 weeks & Over
General Surgery	<5	<5
Urology	<5	11
Trauma & Orthopaedics	5	6
ENT	34	31
Ophthalmology	40	25
Oral Surgery	6	6
Orthodontics	<5	<5
Pain Management	<5	<5
Endocrinology	<5	<5
Dermatology	<5	<5
Thoracic/Respiratory Medicine	<5	<5
Respiratory Physiology	18	21
Nephrology	7	0
Rheumatology	0	<5
Gynaecology	7	8



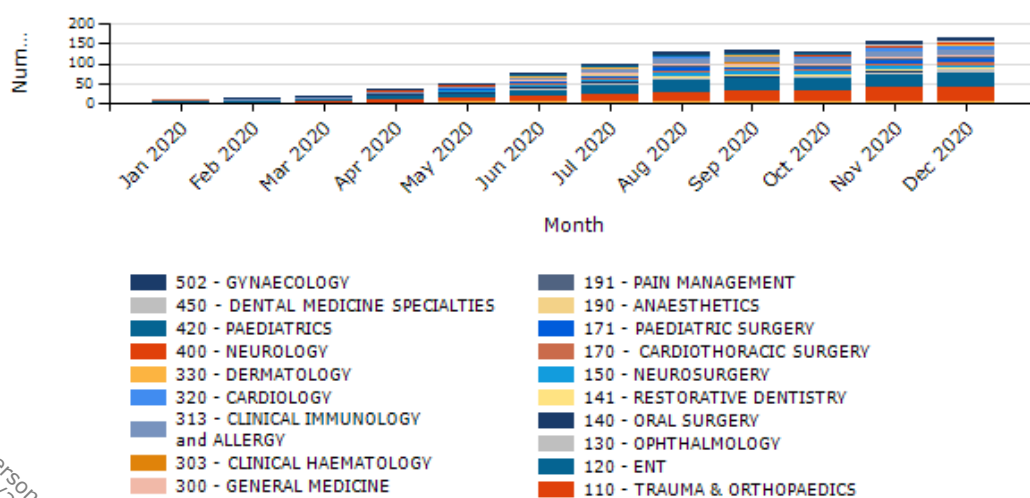
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"Source: NWIS"

Cardiff and Vale UHB – December 2020

Specialty	36 to 51 weeks	52 weeks & Over
General Surgery	<5	<5
Urology	<5	<5
Trauma & Orthopaedics	21	15
ENT	10	26
Ophthalmology	5	5
Oral Surgery	<5	0
Restorative Dentistry	<5	<5
Neurosurgery	<5	<5
Cardiothoracic Surgery	<5	<5
Paediatric Surgery	6	7
Anaesthetics	0	<5
Pain Management	0	<5
General Medicine	0	<5
Clinical Immunology and Allergy	8	9
Cardiology	5	<5
Dermatology	<5	0
Neurology	<5	<5
Paediatrics	<5	<5
Dental Medicine Specialties	<5	0
Gynaecology	<5	<5

CVUHB 36 week breaches by specialty - Open Pathways - Non D&T™



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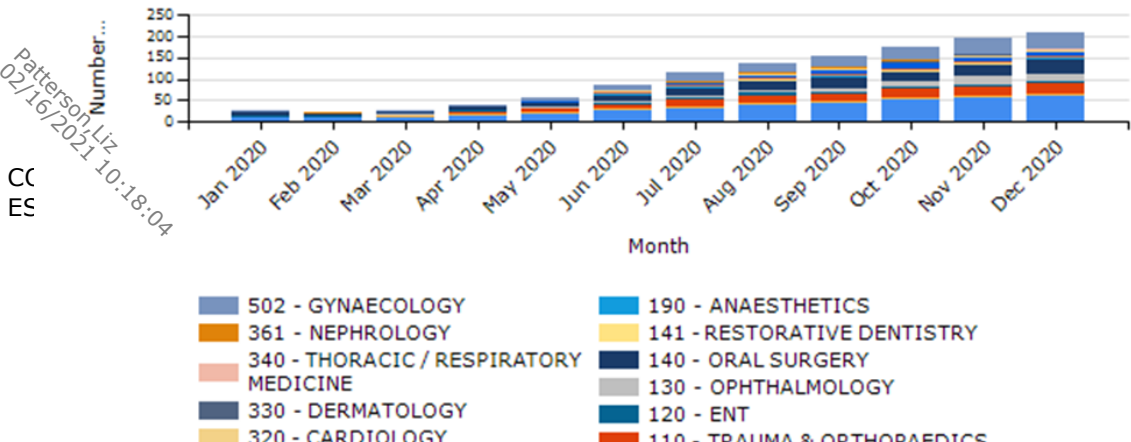
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Cwm Taf Morgannwg UHB – December 2020

Specialty	36 to 51 weeks	52 weeks & Over
General Surgery	21	37
Urology	<5	<5
Trauma & Orthopaedics	10	16
ENT	<5	<5
Ophthalmology	12	5
Oral Surgery	10	24
Restorative Dentistry	<5	<5
Anaesthetics	0	<5
General Medicine	<5	<5
Gastroenterology	<5	<5
Cardiology	<5	<5
Dermatology	0	<5
Thoracic/Respiratory Medicine	<5	0
Gynaecology	14	23

CTMUHB 36 week breaches by specialty - Open Pathways - Non D&T[®]

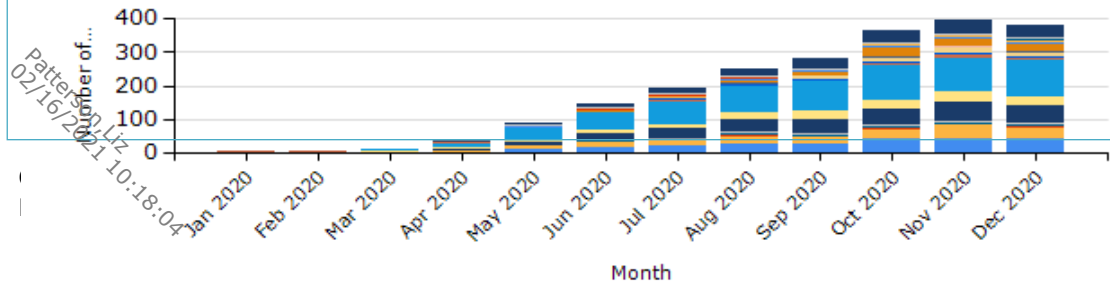


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Hywel Dda UHB - December 2020

Specialty	36 to 51 weeks	52 weeks & Over
General Surgery	25	17
Urology	18	18
Breast Surgery	<5	0
Colorectal Surgery	<5	<5
Vascular Surgery	<5	5
Trauma & Orthopaedics	22	28
ENT	11	19
Ophthalmology	42	65
Pain Management	<5	<5
General Medicine	<5	0
Gastroenterology	16	<5
Endocrinology	<5	0
Cardiology	19	<5
Stroke Medicine	<5	0
Dermatology	<5	0
Thoracic/Respiratory Medicine	<5	<5
Paediatrics	<5	0
Geriatric Medicine	<5	<5
Gynaecology	20	21

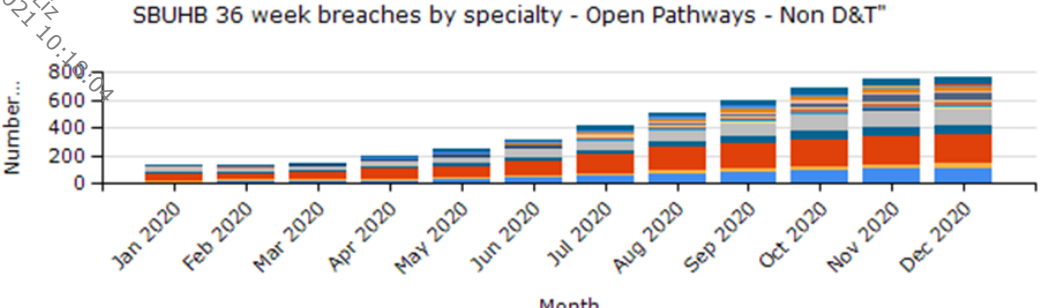
HDUHB 36 week breaches by specialty - Open Pathways - Non D&T"



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Swansea Bay UHB – December 2020

Specialty	36 to 51 weeks	52 weeks & Over
General Surgery	45	65
Urology	17	16
Trauma & Orthopaedics	51	154
ENT	26	35
Ophthalmology	47	72
Oral Surgery	8	10
Restorative Dentistry	<5	<5
Orthodontics	7	0
Plastic Surgery	18	16
Cardiothoracic Surgery	<5	0
General Medicine	<5	<5
Gastroenterology	31	18
Cardiology	15	9
Dermatology	20	<5
Thoracic/Respiratory Medicine	5	<5
Neurology	12	<5
Paediatrics	<5	0
Paediatric Neurology	<5	0
Gynaecology	23	28



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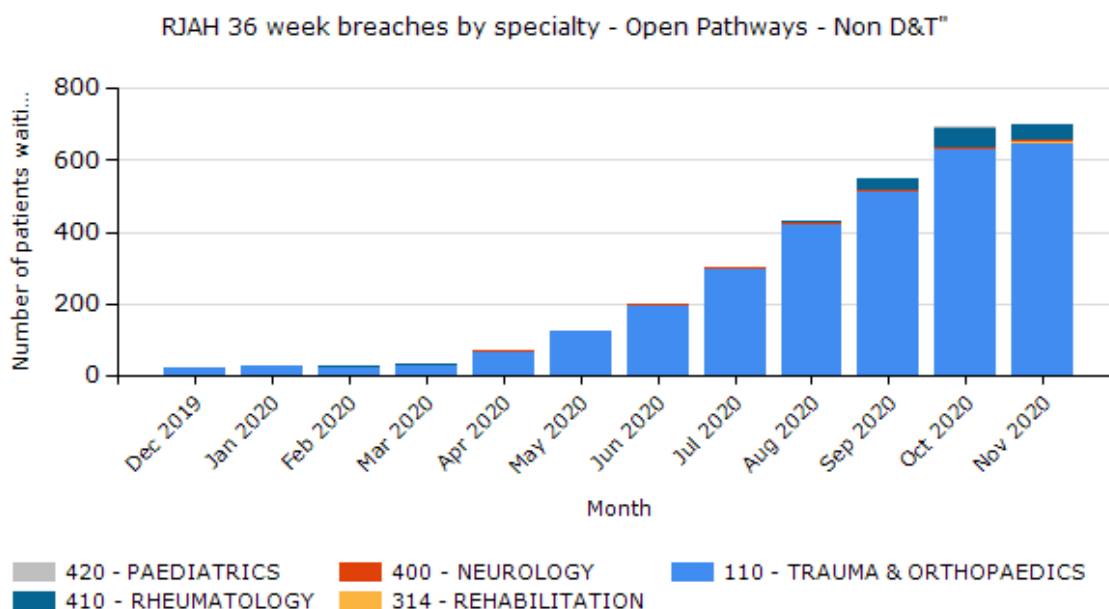
Powys Teaching Health Board – December 2020

Specialty	36 to 51 weeks	52 weeks & Over
General Surgery	90	63
Urology	42	20
Trauma & Orthopaedics	214	105
ENT	108	9
Ophthalmology	174	40
Oral Surgery	115	87
Orthodontics	34	30
General Medicine	6	0
Cardiology	53	11
Dermatology	<5	<5
Rheumatology	7	<5
Paediatrics	<5	0
Geriatric Medicine	16	28
Gynaecology	27	<5

Robert Jones & Agnes Hunt – November 2020

Specialty	36 to 51 weeks	52 weeks & Over
Trauma & Orthopaedics	482	170

Rehabilitation	<5	0
Neurology	5	0
Rheumatology	40	0



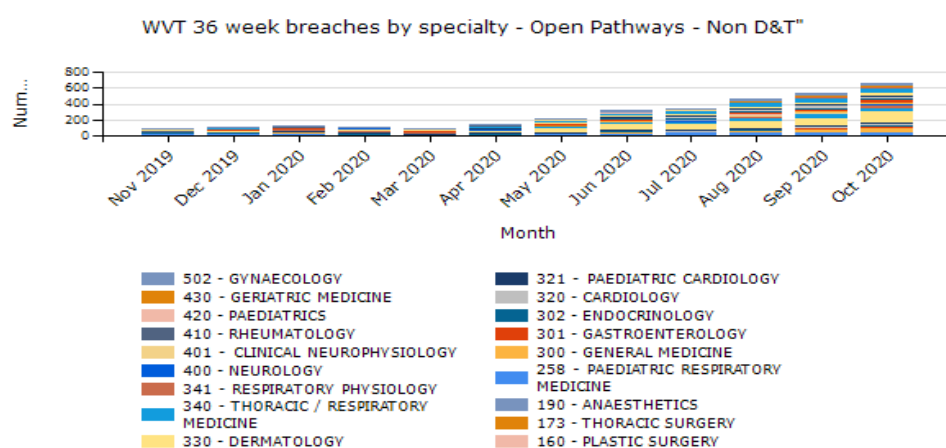
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"Source: NWIS"

Wye Valley Trust – October 2020

Specialty	36 to 51 weeks	52 weeks & Over
General Surgery	24	14
Urology	44	11
Breast Surgery	8	5
Colorectal Surgery	26	<5
Upper Gastrointestinal Surgery	19	<5
Vascular Surgery	6	<5
Trauma & Orthopaedics	90	46
ENT	27	13
Ophthalmology	40	12
Oral Surgery	<5	0
Maxillo-Facial Surgery	9	<5
Plastic Surgery	<5	0
General Medicine	<5	0

Gastroenterology	44	6
Endocrinology	<5	0
Cardiology	40	6
Paediatric Cardiology	<5	<5
Dermatology	25	<5
Thoracic/Respiratory Medicine	46	16
Respiratory Physiology	6	0
Neurology	13	<5
Clinical Neurophysiology	6	0
Rheumatology	<5	0
Paediatrics	<5	0
Geriatric Medicine	<5	0
Gynaecology	26	10



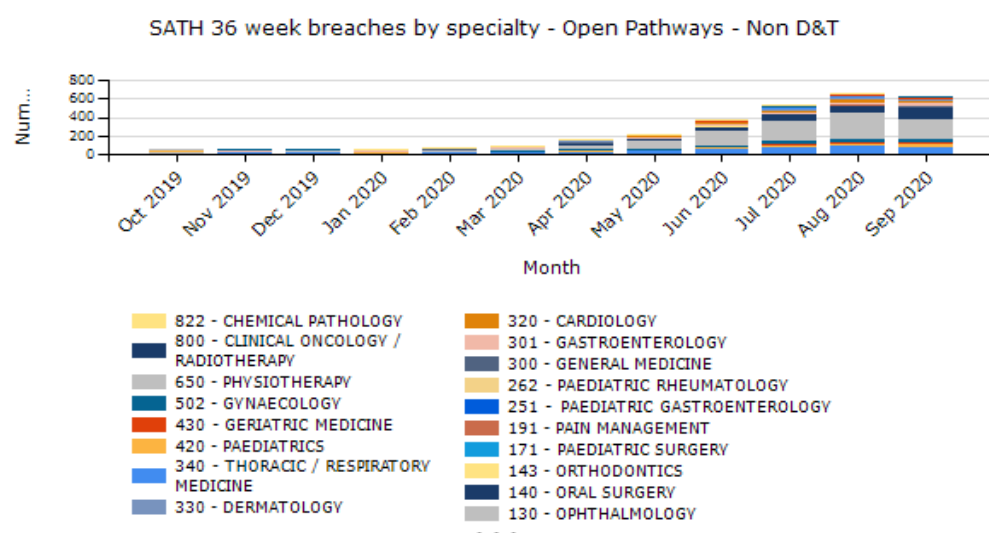
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"Source: NWIS"

Shrewsbury & Telford Hospital – September 2020

Specialty	36 to 51 weeks	52 weeks & Over
General Surgery	74	0
Urology	53	0
Trauma & Orthopaedics	6	0
ENT	33	0
Ophthalmology	210	0
Oral Surgery	133	0
Orthodontics	8	0
Pain Management	<5	0

Paediatric Rheumatology	<5	0
General Medicine	<5	0
Gastroenterology	24	0
Cardiology	40	0
Dermatology	<5	0
Thoracic/Respiratory Medicine	24	0
Paediatrics	<5	0
Geriatric Medicine	<5	0
Gynaecology	13	0



IFOR in Powys

"Source: NWIS"

Conclusion

Due to the civil contingency arrangements needed in order to respond to the COVID-19 pandemic the usual commissioning processes are not in place. However, PTHB has been working to reintroduce the Commissioning Assurance Escalation Report, although it is not possible to score all the domains in the previous way.

The first Ockenden Report has been published including specific recommendations for SaTH as well as immediate and essential actions for all NHS providers. A full report will be provided to the next EQS Committee when provider responses are available. The CEO of SaTH has apologised unreservedly to the families affected and committed the Trust to learning from the report, accepting all its recommendations.

The second COVID-19 peak has resulted in further suspension of elective services. The provision of essential services has been affected in some Trusts and Health Boards. There has been a significant deterioration in the number of Powys patients waiting over 52 weeks. Renewal and recovery will be a major focus of plans for 2021/2022 in England and Wales. Transformative work is needed, spanning the whole system, with an evidenced based value approach at its core. PTHB will need to consider how best to help its residents through services offered within Powys and provided in co-operation with other health boards and NHS trusts.

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 Committee.

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

IMPACT ASSESSMENT				
Equality Act 2010, Protected Characteristics:				
	No impact	Adverse	Differential	Positive
Age		✓		
Disability		✓		
Gender reassignment		✓		
Pregnancy and maternity		✓		
Race		✓		
Religion/ Belief	✓			
Sex	✓			
Sexual Orientation	✓			
Marriage and civil partnership	✓			
Welsh Language		✓		
Risk Assessment:				
	Level of risk identified		The reporting of the outcome of the Internal Commissioning Assurance Meeting is designed	

	None	Low	Moderate	High	to help identify and reduce risks within commissioned services. However, due to the COVID 19 pandemic, there is a reduced level of assurance and a deteriorating position in relation to waiting times.
Clinical			√		
Financial			√		
Corporate			√		
Operational	√				
Reputational			√		



AGENDA ITEM: 3.6

PERFORMANCE AND RESOURCES COMMITTEE		DATE OF MEETING: 22 FEBRUARY 2021
Subject :	COMMITTEE CHAIR'S ANNUAL REPORT 2020/21	
Approved and Presented by:	Board Secretary	
Prepared by:	Corporate Governance Manager	
Other Committees and meetings considered at:	The content of the report has been subject to the consideration of the Committee Chair	

PURPOSE:

The purpose of this report is to present the Performance and Resources Committee Annual Report for 2020/21.

RECOMMENDATION(S):

It is recommended that the Committee RECEIVES and DISCUSSES the Performance and Resources Committee Annual Report 2020/21, which is appended to this covering paper.

Approval/Ratification/Decision	Discussion	Information
	✓	

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

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

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

DETAILED BACKGROUND AND ASSESSMENT:

The Performance and Resources Committee Annual Report for 2020/21 is provided at Appendix A.

NEXT STEPS:

The Performance and Resources Committee Annual Report for 2020/21 will be presented to the Board meeting on 31 March 2021.

Performance and Resources Committee

Annual Report

2020-21

March 2021

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Foreword

I am pleased to present the second report of the Performance and Resources Committee (P&R). This has been a year of challenges which could not have been imagined and the Committee has adjusted the way it has worked to reflect the changing situation throughout the year.

In the very early stages of the Covid-19 pandemic the Health Board put in place Command and Control arrangements under Business Continuity Planning which consisted of a Strategic Gold Group chaired by the Chief Executive. Operational decisions were taken at that meeting with decisions reserved for Board continuing to be taken at scheduled Board meetings. The spring round of Committees were amended with P&R being stood down, and fortnightly Board Briefing Meetings put in place to ensure all Board Members were fully sighted on current issues. As the year progressed Committee meetings were reinstated but used Microsoft Teams to support the Stay at Home requirements of the pandemic. These meetings considered essential items only under Consent Agenda arrangements, and with the reintroduction of Committee meetings in the summer the Board Briefings ceased. P&R meetings were held in July and October, however, as the second wave of the pandemic developed going into the winter months the December meeting of P&R was cancelled and Board Briefings were reintroduced.

As Chair of P&R I also took part in three Chair's Action meetings to enable flexible board decision making when required between the bi-monthly Board Meetings. One was held in August 2020 and two in December 2020.

The Committee has maintained a focus on performance, receiving regular integrated performance reports, financial performance reports and a series of reports covering specific areas such as capital and estates, workforce digital first and access to Primary care These remained positive despite the challenging environment.

A number of significant business cases for the progression of major physical improvements and upgrade of our facilities and service delivery have moved forward and the Committee looks forward to receiving performance updates following approval and commencement of construction.

During 2020/21 the Committee continued to receive Commissioning Assurance Framework Reports where regulatory reports relating to services commissioned by PTHB were highlighted and the actions taken by PTHB in relation to inspection findings were outlined and regular Chair's Assurance Reports were submitted to the Board

I am grateful to the Members of the Committee who have contributed over the past year and the Board Secretary's team for their support and the previous Chair, Matthew Dorrance.

I look forward with hope to the coming year, that the vaccination programme will result in the diminishing of the effects of this pandemic and life will gradually return to normal. The Committee will need to turn its focus to the organisation's recovery from the pandemic and look to understand and support innovation in service delivery necessary to deal with the future challenges, such as increased waiting times for care.

Finally, I wish to pay tribute to all the staff and volunteers who have worked ceaselessly in providing care and protection to the residents of Powys during unprecedented times.

Mark Taylor
Chair, Performance and Resources Committee

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1. Introduction

- 1.1 The Standing Orders of Powys Teaching Health Board (referred to throughout this document as 'PTHB' or the 'Board') state that:

"The Board may agree and formally approve the delegation of specific executive powers to be exercised by Committees, sub-Committees, joint-Committees or joint sub-Committees which it has formally constituted."

- 1.2 The Term of Reference of the Performance and Resources Committee (referred to in this report as 'P&R' or the 'Committee') that applied in 2020/21 were approved by the Board in March 2019 (see **Appendix 1**). These were not changed during the reporting year.

2. 2020-21 Work Programme

- 2.1 PTHB Standing Orders require the Board Secretary to produce an Annual Plan of Board business. This should incorporate formal Board meetings, regular Board Development sessions and, as appropriate, planned activities of the Board's Committees and Advisory Groups. The Work Programme adopted for P&R in 2020-21 was approved at Board in July 2020 and amended through the year to reflect any changes is attached to this report (see **Appendix 2**).
- 2.2 A Work Programme is designed to align to its terms of reference and the requirement for it to seek information to be able to give advice or gain assurance for itself and on behalf of the Board. The Work Programme is, however, a framework rather than a prescriptive agenda, which gives the Committee flexibility to identify changing priorities or any need for further assurance or information.

3. Frequency of Committee Meetings and Membership

- 3.1 During 2020-21, the Committee had been due to meet six times in the Glasbury House Board Room at Bronllys. This would have met the requirement that the committee should meet at least bi-monthly, however, business continuity arrangements as outlined in the Chair's introduction meant that an altered calendar of meetings was put in place. Detail of the Members and the lead Executive Directors who attended these meetings is provided at **Appendix 3**.

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- 3.2 As at 1 April 2020, the Committee comprised of the following Independent Members:

Mark Taylor (Chair)	IM Capital
Owen James (Vice-Chair) (Resigned 4 September 2020)	IM Community
Tony Thomas (Vice-chair) (appointed as Vice-Chair 6 October)	IM Finance
Ian Phillips	IM ICT
Melanie Davies	IM Board Vice-Chair

4. Committee Reporting Arrangements

- 4.1 In March 2020 at the beginning of the Covid-19 pandemic a decision was made to hold Board and Committee meetings online to comply with requirements for social distancing. Committee meetings were held firstly by skype and then via Teams to which the public had no access. To improve openness and transparency a summary of the meeting was uploaded to the website within 10 days of the meeting
- 4.2 Following their approval at the following meeting, the minutes of each meeting of P&R are uploaded to the PHTB website.
- 4.3 The Committee Chair reports to the Board after each meeting of the Committee to draw the attention of Members to any key issues. All Board papers can be accessed via the PTHB website.

5. Committee Work Programme: 2020-21

- 5.1 The FP&P Work programme for 2020-21 is set out in Appendix 2.
- 5.2 Key issues from the Work Plan considered by the Committee during 2020-21 included the following:

30 June 2020

- Performance Overview
- Commissioning Assurance Overview
- Workforce Performance Overview
- Capital and Estates Update
- Financial Performance Month 02
- Digital First Update
- Waste Contact Procurement Process

6 October 2020

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

22 February 2020

NB This will be updated prior to submission to Board

6. Key Developments

Key developments in 2020-21 include:

Governance

- 6.1 The Terms of Reference for this Committee include specific oversight responsibility for:
- Commissioning of safe sustainable services
 - Financial performance (meeting breakeven target)
 - Information Governance
 - Stable and robust ICT systems
 - Attract, recruit and retain staff
 - Service failure of in-house/out of hours GMS care
 - Alignment of resources to strategic priorities
 - Welsh Language standards

A review of the Terms of Reference had been planned for the 2020/21 period, however, is now likely to take place during 2021/22.

Financial reporting

- 6.2 Committee received reports on financial performance to each meeting including progress against savings and detail regarding Covid-19 related spend.

Performance reporting

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- 6.3 At the beginning of the pandemic Welsh Government suspended normal performance arrangements along with Integrated Medium-Term Plan arrangements with information based on the response to covid-19 forming the basis for reporting on performance. P&R received a report outlining the position at this stage in June 2020.
- 6.4 Over the summer arrangements were changed to monitor performance against the 2020/21 NHS Delivery Framework based on the Single Integrated Outcome Framework for Health and Social Care and the Healthier Wales quadruple aims. P&R received a report outlining performance in the context of this framework in October 2020.
- 6.4 Committee received delivery plans or performance reports covering the following areas:
- Workforce
 - Capital and Estates
 - Waste management arrangements
 - Digital First
 - Information Governance
 - Primary Care
 - Dental Services

This gave Members an opportunity to seek assurance on a range of issues covered by the plans and reports for planning and monitoring purposes.

7. Assurance and Improvement

- 7.1 Paragraph 5.1 demonstrates the breadth of information received and range of issues discussed at P&R in 2020-21. These enabled the Committee to undertake its assurance role on behalf of the Board, especially in respect of:
- Performance against national and local Indicators;
 - Commissioning Assurance Arrangements;
 - Financial Monitoring;

- 7.2 During 2020-21 Committee requested and received a report on Waste Procurement.

- 7.3 The Performance and Resources Committee report for 2019-20, made no specific reference to forthcoming other than a review of the Terms of Reference will be undertaken.

8. Self-assessment and Evaluation

To be included following virtual assessment

9. Key Areas of focus in 2021-22

- 9.1 This Committee has now met for two years and is well established. A full programme of work for Performance and Resources 2021-22 will be agreed as part of the annual work planning process and will include a review of the Committees terms of reference. A further area of work will consider planning for, and monitoring of, recovery from the pandemic. The Committee will continue to receive Audit reports from external auditors and monitor progress against any recommendations relating thereto.

The work programme can be found on the Powys Teaching Health Board website.

10. Conclusion

- 10.1 This report provides a summary of the work undertaken by the Committee over the past 12 months. It demonstrates how the Committee has complied with the Terms of Reference.

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Performance and Resources Committee

Terms of Reference & Operating Arrangements

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March 2019

1. INTRODUCTION

- 1.1 Section 2 of the Standing Orders of the Powys Teaching Health Board (referred to throughout this document as 'PTHB', the Board' or the 'Health Board') provides that:

"The Board may and, where directed by the Welsh Government must, appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of its business extends equally to the work carried out on its behalf by committees".

- 1.2 In-line with Standing Orders and the Board's Scheme of Delegation and Reservation of Powers, the Health Board has established a committee to be known as the **Performance and Resources Committee** (referred to throughout this document as 'the Committee'). The Terms of Reference and operating arrangements set by the Board in respect of this committee are set out below.
- 1.3 The scope of the Committee extends to the full range of PTHB responsibilities. This encompasses the delivery and performance management of all directly provided and commissioned services. The Committee will also focus on the alignment of the health board's resources, including financial and workforce, to ensure achievement of the Board's aims and objectives.

2. PURPOSE

- 2.1 The purpose of the Committee is to provide advice and assurance to the Board on the effectiveness of arrangements in place for securing the achievement of the Board's aims and objectives, in accordance with the standards of good governance determined for the NHS in Wales.

2.2 ADVICE

The Committee will provide accurate, evidence based (where possible) and timely advice to the Board and its committees in respect of the development of the following matters consistent with the Board's overall strategic direction:

- a. the ongoing development of an improving performance culture which continuously strives for excellence and focuses on improvement in all aspects of the health board's business, in line with the Board's Framework for Improving Performance; and

- b. an operating model which aligns resources effectively to support the achievement of the board's strategic aims, objectives and priorities.

2.3 ASSURANCE

In respect of the achievement of the Boards' strategic aims, objectives and priorities, the Committee will seek assurances:

- a. on timely and appropriate access to health care services to achieve the best health outcomes within agreed targets, for directly provided and commissioned services;
- b. on performance against national and locally set quality and safety measures of care together with compliance to legislative requirements ensuring services are safe, personal, effective and continuously improving;
- c. that services are improving efficiency and productivity and financial plans are being delivered;
- d. that the health and well-being of staff and the population is being improved;
- e. risks are suitably identified, mitigated and residual risks controlled and corrective actions are taken as required to sustain or improve performance.

3. DELEGATED POWERS AND AUTHORITY

- 3.1 With regard to specific powers delegated to it by the Board, the Committee will play a key role in monitoring the achievement of the Board's strategic aims, objectives and priorities and will:

- A. Seek assurance that arrangements for **financial management** and **financial performance** are sufficient, effective and robust, including:

- the allocation of revenue budgets, based on allocation of funding and other forecast income;
- the monitoring of financial performance against revenue budgets and statutory financial duties;
- the monitoring of performance against capital budgets;
- the monitoring of progress against savings plans, cost improvement programmes and implementation of the efficiency framework;
- the monitoring of budget expenditure variance and the corrective actions being taken to improve performance;
- the monitoring of activity and financial information for external contracts to ensure performance within specified contract terms, conditions and quality thresholds;
- the monitoring of arrangements to ensure efficiency, productivity and value for money;
- the monitoring of delivery against the agreed Discretionary Capital Programme; and

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- the adequacy of standing financial instructions, including the application of capital and estates controls.

B. Seek assurance that arrangements for the **performance management** and **accountability** of **directly provided** and **commissioned services** are sufficient, effective and robust, including:

- the ongoing implementation of the Board's Framework for Improving Performance, enabling appropriate action to be taken when performance against set targets deteriorates, and support and promote continuous improvement in service delivery;
- the monitoring of performance information against the Board's Well-being and Enabling Objectives and associated outcomes;
- the monitoring of performance information against National Outcome Frameworks, including the NHS Wales Outcomes Framework, the Public Health Outcomes Framework and the Social Services Outcomes Framework, developed in-line with the Wellbeing of Future Generations Act and the Social Services Wellbeing Act;
- the monitoring of performance information across directly provided services including outpatients, theatres, community and inpatient services, mental health and LD, women and children's services;
- the monitoring of performance information across commissioned services including Primary Care, outpatients, community and inpatient services, mental health, women and children's services and WHSCC, EASC and Shared Services
- the monitoring of poor performance through effective and comprehensive exception reporting, including trajectories for improved performance; and
- the review of performance through comparison to best practice and peers and identifying areas for improvement.

C. Seek assurance that arrangements for the **performance management** and **accountability** of **workforce** related matters are sufficient, effective and robust, including:

- the monitoring of workforce related objectives and priorities as set out in the Board's IMTP and Annual Plan;
- the monitoring of the implementation and application of workforce related legislation, policies, standards and contractual arrangements, including staffing levels, professional standards, codes of conduct and revalidation;
- the monitoring of delivery of the Board's workforce and organisational development frameworks and plans; and

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- the monitoring of key workforce metrics, including training, appraisals, absence data, turnover and vacancies; bank/agency usage and staff satisfaction.

D. Seek assurance that arrangements for **information management** are sufficient, effective and robust, including:

- the monitoring of information related objectives and priorities as set out in the Board's IMTP and Annual Plan;
- the monitoring of the implementation and application of information related legislation, policies and standards, including GDPR and Freedom of Information;
- the review arrangements to protect the integrity of data and information to ensure valid, accurate, complete and timely data and information is available for use within the organisation; and
- the monitoring of arrangements to support the continued development of business intelligence and capacity.

E. Seek assurance that arrangements for the **performance management of digital and information management and technology (IM&T) systems** are sufficient, effective and robust, including:

- the monitoring of digital related objectives and priorities as set out in the Board's IMTP and Annual Plan; and
- the monitoring of the annual business plan for IM&T.

F. Seek assurance that arrangements for the **performance management of compliance with statutory and legislative requirements** are sufficient, effective and robust, including The Welsh Language Standards 2018, the Equality Act 2010, and the Mental Health Measure 2010.

G. Seek assurance that arrangements for the **performance management and accountability** of plans and services developed in **partnership** with key strategic partners are sufficient, effective and robust, including:

- the monitoring of section 33 agreements (under the NHS Wales Act 2006)
- the monitoring of achievement of shared outcomes, including the Regional Partnership Board and Public Services Board.

The Committee will consider and recommend to the Board for approval those policies reserved for the Board and delegated to this

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Committee for review, in-line with the Board's Policy Management Framework and Scheme of Delegation and Reservation of Powers.

- 3.3 The Committee will seek assurances on the management of strategic risks delegated to the Committee by the Board, via the Corporate Risk Register.

Authority

- 3.4 The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the Health Board relevant to the Committee's remit and ensuring patient/client and staff confidentiality, as appropriate.

The Committee may seek any relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
- any other committee, subcommittee or group set up by the Board to assist it in the delivery of its functions.

- 3.5 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary (subject to the Board's procurement, budgetary and any other applicable standing requirements).

Access

- 3.6 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Committee.
- 3.7 The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

Sub Committees

- 3.8 The Committee may, subject to the approval of the Board, establish sub committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

Committee Programme of Work

- 3.9 Each year the Board will determine the Committee's priorities for its annual programme of work, based on the Board's Assurance Framework and Corporate Risk Register. This approach will ensure that the Committee's focus is directed to the areas of greatest assurance needs. This will therefore mean that these Terms of

Reference are provided as a framework for the Committee's annual programme of work and is not an exhaustive list for full coverage. This approach recognises that the Committee's programme of work will be dynamic and flexible to meet the needs of the Board throughout the year.

4. MEMBERSHIP

Members

4.1 Membership will comprise:

Chair	Independent member of the Board (Local Authority)
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Vice Chair	Independent member of the Board (Legal)
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Members	<p>Vice Chair of the Board</p> <p>Independent member of the Board (ICT)</p> <p>Independent member of the Board (Finance)</p> <p>The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.</p>
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Attendees

4.2 In attendance: The following Executive Directors of the Board will be regular attendees:

- Director of Finance and IT (Officer Lead)
- Director of Workforce & OD
- Director of Planning and Performance
- Director of Primary, Community Care and Mental Health
- Director of Therapies and Health Sciences

4.3 By invitation:

The Committee Chair extends an invitation to the PTHB Chair and Chief Executive to attend committee meetings.

The Committee Chair will extend invitations to attend committee meetings, dependent upon the nature of business, to the following:

- other Executive Directors not listed above;
- other Senior Managers and
- other officials from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter.

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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.

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).

In these circumstances, when the Committee is not meeting in

public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Committee in public session.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

- 6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions (as set out within these terms of reference), the Board retains overall responsibility and accountability for all matters relating to performance and resources.

The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

- 6.2 The Committee will work closely with the Board's other committees, joint and sub committees and groups to provide advice and assurance to the Board through the:
- joint planning and co-ordination of Board and Committee business;
 - sharing of appropriate information; and
 - applicable escalation of concerns.

in doing so, this contributes to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

- 6.3 The Committee shall embed the Health Board's agreed Values and Behaviours, as set out in the Board's Values and Behaviours Framework, through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

- 7.1 The Committee Chair shall:
- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, and the submission of Committee minutes and written reports;
 - bring to the Board's specific attention any significant matters under consideration by the Committee;
 - ensure appropriate escalation arrangements are in place to alert the Chair of PTHB, Chief Executive or Chairs of other relevant committees/groups of any urgent/critical matters

that may affect the operation and/or reputation of the Health Board.

- 7.2 The Board may also require the Committee Chair to report upon the Committee's activities at public meetings, e.g., Annual General Meeting, or to community partners and other stakeholders, where this is considered appropriate, e.g., where the committee's assurance role relates to a joint or shared responsibility.
- 7.3 The Board Secretary shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of further committees established.
- 7.4 The Committee shall provide a written annual report to the Board on its activities. The report will also record the results of the Committee's self-assessment and evaluation.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

- 8.1 The requirements for the conduct of business as set out in PTHB's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:
- Quorum
 - Issue of Committee papers

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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PERFORMANCE AND RESOURCES WORK PLAN 2020-21

MATTER TO BE CONSIDERED BY COMMITTEE	EXEC LEAD	SCHEDULED COMMITTEE DATES			
		2020-21			
		30 June	06 Oct	14 Dec	22 Feb
Assurance Reports					
Financial Management:					
Financial Performance Reporting	DF&IT	✓	✓	✓	✓
Strategic Resource Planning, including Efficiencies	DF&IT			✓	
Delivery of the Discretionary Capital Programme	ADC&E	✓			✓
Overview report of work taken forward on behalf of PTHB via NHS Wales Shared Services Partnership	DF&IT			✓	
Organisational Performance:					
Performance Report	DPP	✓	✓	✓	✓

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MATTER TO BE CONSIDERED BY COMMITTEE	EXEC LEAD	SCHEDULED COMMITTEE DATES			
		2020-21			
		30 June	06 Oct	14 Dec	22 Feb
Commissioning Assurance Framework	DPP	✓		✓	
Performance Exception Reporting (Commissioned Services)	DPP & Exec Lead	As and when identified by Executive Delivery & Performance Group			
Performance Exception Reporting (Provided Services)		As and when identified by Executive Delivery & Performance Group			
Workforce Key Performance Metrics	DWOD	✓		✓	
Information Governance Performance Report	BS		✓		✓
Section 33 Performance	CEO				✓
Primary Care Services Performance Report	DPCCMH		✓		

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MATTER TO BE CONSIDERED BY COMMITTEE	EXEC LEAD	SCHEDULED COMMITTEE DATES			
		2020-21			
		30 June	06 Oct	14 Dec	22 Feb
Dental Services Performance Report	DPCCMH		✓		
Digital First Update	DF&IT	✓		✓	
Waste Management Procurement	DWOD	✓			
Governance Reports					
Audit and Regulatory Reports		As and when identified			
Committee Risk Register	BS		✓	✓	✓
Policies Delegated from the Board for Review and Approval	BS	As and when identified			
Review of Standing Financial Instructions (NHS Wales Review)	DF&IT BS				✓

MATTER TO BE CONSIDERED BY COMMITTEE	EXEC LEAD	SCHEDULED COMMITTEE DATES			
		2020-21			
		30 June	06 Oct	14 Dec	22 Feb
Review of Committee Programme of Business	BS		✓	✓	✓
Committee Requirements as set out in Standing Orders					
Development of Committee Annual Programme Business	BS				✓
Annual Review of Committee Terms of Reference 2020-21	BS				✓
Annual Self-assessment of Committee effectiveness 2020-21	BS				✓

KEY:

CEO: Chief Executive

DPP: Director of Planning and Performance

DF&IT: Director of Finance and IT

DPCCMH: Director of Primary, Community Care and Mental Health

MD: Medical Director

DoN: Director of Nursing

DoTHS: Director of Therapies and Health Sciences

DWOD: Director of Workforce & OD

DPH: Director of Public Health
BS: Board Secretary
ADC&E Associate Director of Capital & Estates

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**Performance and Resources Committee Meetings: 2020-21
Independent Members and Lead Executives**

Meeting dates	30 June 2020	6 October 2020	22 February 2021
Mark Taylor (Chair) – IM Capital	✓	✓	
Owen James (Vice-Chair)- IM Community	x		
Tony Thomas (Vice-Chair) - Finance	✓	✓	
Ian Phillips – IM ICT	✓	✓	
Melanie Davies – IM Board Vice- Chair	✓	✓	

NB Attendance details for the meeting held on 22 February 2021 will be included in the report to Board

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Meeting dates	30 June 2020	6 October 2020	22 February 2021
Director of Finance & IT	✓	✓	
Director of Workforce and OD	✓	✓	
Director of Planning & Performance	✓	✓	
Director of Primary, Community & Mental Health Service	✓	✓	
Director of Therapies and Health Sciences	x	✓	

NB Attendance details for the meeting held on 22 February 2021 will be included in the report to Board

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