

Performance and Resources Committee


Thu 24 June 2021, 10:00 - 13:00

Teams

Agenda

10:00 - 10:00
0 min

1. PRELIMINARY MATTERS

 P&R_Agenda_24June21_Final.pdf (2 pages)

1.1. Welcome and apologies

1.2. Declarations of interest

1.3. Minutes from the previous meeting held on 6 May 2021 for approval

 P&R_Item_1.3_Minutes_06_May_2021 UNCOMFIRMED v3.pdf (13 pages)

1.4. Matters arising from the previous meeting

1.5. Performance and Resources Committee Action Log

 P&R_Item_1.5_Action Log_2021-22 (June2021)v2.pdf (1 pages)

10:00 - 10:00
0 min

2. ITEMS FOR APPROVAL/RATIFICATION/DECISION

There are no items for inclusion in this section

10:00 - 10:00
0 min

3. ITEMS FOR DISCUSSION

3.1. Performance Overview

3.1.1. Performance Dashboard

 P&R_Item_3.1a_PerformanceOverview_June 2021_20210609.pdf (33 pages)

3.1.2. Commissioning Assurance

 P&R_Item_3.1b_CAF Escalation Report P&R June 21.pdf (9 pages)

 P&R_Item_3.1bi_Annexe 1 - RTT Report.pdf (11 pages)

3.2. Financial Performance, Month 02


 P&R_Item_3.2_Financial Performance Report Mth 2 PR.pdf (17 pages)

3.3. Overview of Capital Programme

 P&R_Item_3.3_Overview of Capital Programme June 2021.pdf (28 pages)

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3.4. Overview of Estates Compliance and Associated Risks

 P&R_Item_3.4_Overview of Estates Compliance and Associated Risk June 2021.pdf (16 pages)

3.5. Overview of Support Services Performance and Associated Risks

 P&R_Item_3.5_Support Services update June 2021.pdf (8 pages)

3.6. Preparedness for Implementation of the Liberty Protection Safeguards

 P&R_Item_3.6_Liberty Protection Safeguards.pdf (9 pages)

3.7. Dental Services in Powys

 P&R_Item_3.7_Dental services paper for P&R.pdf (23 pages)

3.8. Workforce Key Performance Overview

 P&R_Item_3.8_Workforce Performance Report June 2021.pdf (21 pages)

3.9. Digital First Overview Report

 P&R_Item_3.9_Digital Update - June 21.pdf (13 pages)

10:00 - 10:00
0 min

4. ITEMS FOR INFORMATION

There are no items for inclusion in this section

10:00 - 10:00
0 min

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:

02 September 2021, 10:00, via Microsoft Teams

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

**24 JUNE 2021, 10:00AM – 12:30PM
TO BE HELD VIA TEAMS**



**GIG
CYMRU
NHS
WALES**

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

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 06 May 2021, 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	Performance Overview a) Performance Dashboard b) Commissioning Assurance	Attached	Director of Planning and Performance
3.2	Financial Performance, Month 02	Attached	Director of Finance and IT
3.3	Overview of Capital Programme	Attached	Director of Planning and Performance
3.4	Overview of Estates Compliance and Associated Risks	Attached	Director of Planning and Performance
3.5	Overview of Support Services Performance and Associated Risks	Attached	Director of Workforce and OD
3.6	Preparedness for Implementation of the Liberty Protection Safeguards	Attached	Director of Nursing and Midwifery
3.7	Dental Services in Powys	Attached	Director of Primary, Community Care and MH
3.8	Workforce Key Performance Overview	Attached	Director of Workforce and OD
3.9	Digital First Overview Report	Attached	Director of Finance and IT
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: <ul style="list-style-type: none">• 02 September 2021 at 10:00AM, Via Microsoft Teams
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Powys Teaching Health Board is committed to openness and transparency, and conducts as much of its business as possible in a session that members of the public are normally welcome to attend and observe.

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

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

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

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POWYS TEACHING HEALTH BOARD

UNCONFIRMED

PERFORMANCE & RESOURCES COMMITTEE MEETING HELD ON THURSDAY 6 MAY 2021, 14:00 – 16:00 VIA MICROSOFT TEAMS

Present:

Melanie Davies	Independent Member
Ian Phillips	Independent Member
Tony Thomas	Independent Member (Chair of Meeting)

In Attendance:

Carol Shillabeer	Chief Executive
Claire Madsen	Director of Therapies and Health Sciences
Hayley Thomas	Director of Planning and Performance
Jamie Marchant	Director of Primary, Community Care and Mental Health
Julie Rowles	Director of Workforce and Organisational Development
Marie Davies	Deputy Director of Nursing
Pete Hopgood	Director of Finance and IT
Rani Mallison	Board Secretary
Simon McLellan	Performance Manager
Andrea Blayney	CHC
Elizabeth Patterson	Corporate Governance Manager

Observers:

Rhobert Lewis	Independent Member
Ronnie Alexander	Independent Member

Apologies for absence:

David Collington	Community Health Council
Mark Taylor	Independent Member
Rebecca Collier	Welsh Government
Vivienne Harpwood	Chair

Committee Support:

Holly McLellan	Senior Administrator / Personal Assistant to Board Secretary
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MEETING GOVERNANCE	
P&R/21/01	<p>WELCOME AND APOLOGIES FOR ABSENCE</p> <p>It was noted that Tony Thomas, was Chairing the meeting as Committee Vice Chair, in the absence of Mark Taylor, Committee Chair.</p> <p>The Vice Chair welcomed everyone to the meeting and confirmed the meeting was quorate. Apologies for absence were noted as recorded above.</p>
P&R/21/02	<p>DECLARATIONS OF INTEREST</p> <p>No declarations of interest were received.</p>
P&R/21/03	<p>MINUTES OF THE PREVIOUS MEETING: 6 OCTOBER 2020</p> <p>The minutes of the meeting held on 22 February 2021 were AGREED as being a true and accurate record.</p>
P&R/21/04	<p>MATTERS ARISING FROM THE PREVIOUS MEETING</p> <p>There were no matters arising from the previous meeting.</p>
P&R/21/05	<p>PERFORMANCE AND RESOURCES COMMITTEE ACTION LOG</p> <p>The Director of Workforce and Organisational Development provided the following update:</p> <p>P&R/20/12 – COVID-19 had meant progress had been postponed, the team had now re-engaged with shared services.</p> <p>The Committee RECEIVED the updated Action Log.</p>
ITEMS FOR APPROVAL/RATIFICATION/DECISION	
There were no items for approval, ratification or decision at this meeting.	
ITEMS FOR DISCUSSION	
P&R/21/06	<p>PTHB ANNUAL REPORT (DRAFT) AND END OF YEAR PERFORMANCE 2020/21</p> <p>The Director of Planning and Performance presented the previously circulated paper for consideration and feedback prior to being finalised for approval at PTHB Board on 10</p>

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	<p>June 2021 and submission to Welsh Government on 11 June 2021.</p> <p>The Director of Planning and Performance advised that the purpose of the Performance section of the Annual Report was to provide information on Powys Teaching Health Board, its main objectives and strategies and the principle risks that it faces.</p> <p>In response to the Covid-19 pandemic, the reporting requirements had been reviewed and streamlined whilst ensuring all regulatory matters were met and the report provided information to reflect the position of the NHS body within the community and provide public accountability.</p> <p>There was no requirement to submit a performance analysis section, sustainability report or a separate Annual Quality Statement for 2020-21. PTHB had used information available to provide as full a picture of the year as possible. This was provided in the performance overview.</p> <p>The main features of the report flowed from the Planning, Delivery and Performance Framework and demonstrate how the organisation had delivered against that framework and how the organisation adapted during the year to respond to the pandemic. The report showed the response through the year to the 4 harms and the establishment of the COVID-19 Gold Groups.</p> <p>A forward look was provided which connected the Annual Report to the Draft Annual Plan for 2021/22. Highlights of individual and team achievements were included throughout the report.</p> <p><i>In the report, PTHB undersold itself it, there was a lack of a compelling narrative. A lot of detail and bullet points were included but the report did not flow throughout. Further work could have been done on the language used.</i></p> <p><i>Did the report have a dual purpose, was it for Welsh Government and members of the public? Why was some data included? There were areas that needed embellishment, Commissioned Services could be expanded.</i></p> <p>The Director of Planning and Performance thanked the Members for their feedback and welcomed further comments outside the meeting. There was one version of the document supplied to both Welsh Government and the public. It could be difficult at times to balance the report to</p>
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	<p>reflect the dual audience. In previous years a summarised version of the report was presented at the Annual General Meeting. The team would undertake further work on the Commissions Services section. The most up to date data possible was being added to the report.</p> <p>The Chief Executive highlighted the importance of the opportunity to present the report to the Annual General Meeting. The public's focus on health would be heightened due to the COVID-19 pandemic. The report was for the people of Powys to look at and engage with.</p> <p>The Board Secretary noted the performance elements of the draft report were to be submitted to Welsh Government on 6 May 2021. All members would be brought together for sign off on 10 June 2021.</p> <p>The Committee CONSIDERED the draft Annual Performance Report 2020-21 and PROVIDED FEEDBACK to inform the final development of its content, ahead of submission to Welsh Government as a draft on 07 May 2021.</p>
P&R/21/07	<p>INTEGRATED PERFORMANCE, 2021/22 A) PERFORMANCE REPORT, APRIL 2021</p> <p>The Director of Planning and Performance presented the previously circulated paper which provided the Performance & Resources Committee with an update on the changes to the NHS Delivery Framework 2020/21 and the latest performance position for Powys Teaching Health Board at Month 12, and a high-level overview of COVID, Test, Trace and Protect and mass vaccination performance.</p> <p>The Director of Planning and Performance advised that it continued to be an interim process as a result of the COVID-19 pandemic in the absence of the regular Integrated Performance Report.</p> <p>The report contained a high-level summary of COVID-19 e.g. infection rates, mortality and vaccination progress. A brief update on Powys Teaching Health Board's (PTHB) performance, set against the four aims and their measures included a dashboard which showed the levels of compliance against the National Framework. Using that data, performance achievements were highlighted and challenges at a high level, as well as brief comparison to the All Wales performance benchmark where available.</p>

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Updates to the report included, the timeliness of the first section around the COVID-19 update. The 7-day case incidence rate was now 5.29 per 100,000 of the population. Only 7 new cases were reported in the last 7 days. Powys was progressing in a positive direction. Contact tracing continued to perform. For mass vaccinations, 93,133, more than 83% of the population had received their first dose. Just over 33% of the population had received their second dose. PTHB was on track to administer all accepted first doses by 31 July 2021.

Work around planned care had been undertaken and the level of backlog was being dealt with. Work had been undertaken at pace with Welsh Government for the planned recovery of care. Waiting lists remained a significant issue. In the last Development & Performance meeting it was recognised an improvement discussion would be undertaken. One of the key actions was to ensure an improvement in compliance with personal development appraisals which would be tackled over the next few weeks.

The committee DISCUSSED and NOTED the report.

B) DRAFT ANNUAL PLAN MINIMUM DATA SET OVERVIEW

The Director of Planning and Performance presented the previously circulated paper which provided the Performance & Resources Committee with 16 individual work sheets covering all aspects of the Health Board, which included:

- Finance e.g. Revenue plan, income assumptions, capital, expenditure etc.
- Covid preparations e.g. TTP, vaccination, bed plans
- Workforce
- Screening activity – public health wales
- Core activity in both primary and secondary care.

With a focus on core activity, which is further subdivided by:

- Delivery of essential services in primary & community care
- Mental health
- Acute care – unscheduled care
- Elective care
- Outsourced activity – currently not applicable to PTHB
- Cancer care
- Diagnostics

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	<ul style="list-style-type: none"> • Ambulance – these have been set centrally by WAST <p>The Health Board submitted a draft for the time period April 2021 to March 2022, and would submit a final version in June 2021.</p> <p><i>Had the authors been contacted and were they happy to submit the dataset in the Data Agreement? Would there be benchmarking for the datasets across Wales?</i></p> <p>The Director of Planning and Performance responded that the Minimum Dataset had to be submitted to Welsh Government at the end of June 2021. Welsh Government recognised the minimum data set needed further revision. There was a risk of not being able to do comparative assessments due to the underdeveloped methodology. Benchmarking would be needed across Wales. The national data stream set was to be reviewed. An agile approach to reporting would be necessary moving forwards.</p> <p>The Director of Primary, Community Care and Mental Health added, in taking part in operational groups some measures had been identified as quite new to be involved in. Contact was to be made with other Health Boards regarding where they were sourcing the data presented in their datasets. Data needed to be consistent and reportable across Wales.</p> <p><i>It was inevitable that once the data was published comparisons would be made between Health Boards.</i></p> <p>The committee DISCUSSED and NOTED the report.</p>
P&R/21/08	<p>FINANCIAL PERFORMANCE REPORT</p> <p>The Director of Finance and IT presented the previously circulated paper which provided the Performance & Resources Committee with an overview of the 2020/21 Financial Position reflected in the completed draft Annual Accounts submitted to WG on 30 April 2021.</p> <p>The final year end position was an underspend against PTHB's Annual Revenue and Capital Spending. To deliver a breakeven position was a great achievement. The draft of the report brought to the committee would be subject to the audit process.</p> <p>Moving forward in 2021/22 performance would be monitored against the PTHB draft Financial Plan. Long term</p>

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	<p>sustainability needed to be a focus. 2021/22 would be a challenging year, finances would need to be allocated in-line with the agreed plan.</p> <p><i>In terms of expenditure on COVID-19, the Welsh Assembly had offered to refund 100% of appropriate cost. Was PTHB confident the offer still stood?</i></p> <p>The Director of Finance and IT responded that for 2020/21 PTHB's level of additional funding was as anticipated in line with financial forecasting. For 2021/22 a discretionary allocation of 7.5million was assigned for the first half of the year. There had been a number of areas which included PPE, cleaning, additional costs in Health and Social Care that would be funded. PTHB was working on the basis that the funding for 2021/22 financial year was as expected.</p> <p>The Committee NOTED the Revenue position, Capital Position and PSPP position.</p>
P&R/21/09	<p>COMMISSIONING ASSURANCE FRAMEWORK</p> <p>The Director of Planning and Performance presented the previously circulated paper which highlighted providers in Special Measures or scored as Level 4 following the February 2021 PTHB Internal Commissioning Assurance Meeting (ICAM). At the time of the last meeting there were:</p> <ul style="list-style-type: none"> • 2 providers with services in Special Measures. • 1 provider at Level 4. <p>The report also provided:</p> <ul style="list-style-type: none"> • A high-level summary of key issues in relation to the two providers with services in special measures. • The current position in relation to Essential Services. • Referral to treatment times (RTT) times. <p>The report picked up the impact of unannounced inspections at the Shrewsbury and Telford Trust. A deep dive session was organised for the Board to discuss arrangements with Shrewsbury and Telford NHS Hospitals Trust. PTHB continued to work with Cwm Taf Morgannwg University Health Board in relation to maternity services.</p> <p>One issue around the CAF framework was around the terms of existing block financial arrangements, Long Term Agreements needed to be signed off by 7 June 2021.</p> <p><i>In terms of the Shrewsbury and Telford Trust CAMHS, alternative provision appears to have been identified. Was</i></p>

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the alternative provision better? What was an age appropriate bed?

The Director of Primary, Community Care and Mental Health responded, the age appropriate bed was discussed in Experience, Quality and Safety Committee in more detail. An age appropriate bed was for an individual less than 18 or less than 16. The bed would be more appropriate than the alternative options available but not a fully appropriate bed.

When would the CAMHS section return to Board?

The Director of Planning and Performance responded that Board continued to meet to ensure the obstetric flows were still going through. There would be a separate detailed report around the Cwm Taf obstetric flows issue.

Were more details available on referral to treatment time and block finance?

The Director of Planning and Performance responded, for referral to treatment times, recovery programmes were delivered through detail in the PTHB recovery proposals. A sense of the impact on the Powys population and recovery time scale would be gained. System discussions were being undertaken with English providers. It would be important to articulate what this would mean for Powys residents. PTHB's stand in a national or regional setting would provide a useful insight.

The Director of Finance and IT added that block arrangements were in place for the first quarter but it was unclear for the second quarter. PTHB would need to take the opportunity to make changes to its value approach.

In terms of referral to treatment times, PTHB is up to date in its position in Powys as a provider and commissioner. A proactive stance would be needed on informing the Powys population on the Health Boards progress.

The Director of Planning and Performance agreed and elaborated that engagement with the Powys population was among the points proposed to Welsh Government by PTHB. An aim was to establish a support contact line. In the areas of weight management and pain management prevention it would be key to ensure patients were not left without the availability of additional support.

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	<p><i>To what extent can PTHB accurately predict and advertise waiting times? English providers were shaping up well, it would be interesting to see how figures changed, due to the release of more elective surgery. There were a lot of delayed referrals to GPs. In the long term would stronger performers maintain that position or would it will fluctuate. If they do stay doing well PTHB would need to identify why.</i></p> <p>The Director of Planning and Performance responded, there was national work to assess what worked well, why and how it could be rolled out across providers. There would be discussion around learning and the situation would be monitored throughout the year.</p> <p>The Director of Primary, Community Care and Mental Health added that progress could be expected in 6 months but overall waiting times would be a longer-term challenge.</p> <p>The Chief Executive raised that there was pent up demand with continued capacity restrictions. PTHB aimed to increase capacity but were challenged on workforce availability. PTHB wanted to be transparent about the increasing issue. A specific intervention would be initiated to guide individuals on the list to the best treatment plans. General Q&A sessions were ongoing, the topic for May was mental health. The Chief Executive proposed 'let's talk about' sessions with potential subjects of 'your operation' and waiting times. The videos would be made available to be accessed online at any time.</p> <p>The Committee DISCUSSED and NOTED the report.</p>
<p>P&R/21/10</p>	<p>NURSE STAFFING LEVELS ACT REPORT</p> <p>The Deputy Director of Nursing presented the previously circulated paper which provided the Performance & Resources Committee with Powys Teaching Health Board's compliance with Nurse Staffing Levels (Wales) Act 2016. The paper also provided commentary on the status of nurse staffing in NHS Trusts in England, who are commissioned by Powys Teaching Health Board but not directly subject to Welsh legalisation and identified the areas of proposed extension of the Act which will influence the way in which nursing and health visiting services are developed and provide into the future.</p> <p>The Deputy Director of Nursing advised that Powys Teaching Health Board did not have any section 25B wards (surgical and medical) and therefore was not currently</p>

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	<p>mandated to report (under section 25E of the Act) against this requirement.</p> <p>The Health Board had a commissioning responsibility to assure themselves that services which provided secondary care, adult inpatient, medical and surgical wards, did comply with the Nurse Staffing Act in Wales, and also that the requirements of Safe Staffing for trusts in England were met. The report set out the assurance from commissioned providers in meeting these requirements and in assuring general safety of patients resulting from adequate nurse staffing levels.</p> <p>The Care Quality Commission had applied an inadequate rating to staffing within Shrewsbury and Telford NHS Trust. The NHS Improvement National Lead for Safer Staffing was supporting the trust with the work.</p> <p>Within Powys, nursing sensitive quality indicators were regularly reported to the Experience Quality and Safety Committee. Following interrogation of the incident reporting system the Performance and Resource Committee could take a reasonable amount of assurance in relation to compliance with the Nurse Staffing levels (Wales) Act 2016 for commissioned services.</p> <p><i>The report presentation to the Committee should be included in the strategic context when the paper was taken to Board.</i></p> <p>The Committee DISCUSSED the paper.</p>
P&R/21/11	<p>WORKFORCE HIGHLIGHT REPORT</p> <p>The Director of Workforce and OD presented the previously circulated paper which provided the Performance & Resources Committee with an update on the Workforce data up until year end, 31 March 2021. The report focused on the generic workforce performance indicators of the Health Board and provided a year end position against those indicators.</p> <p>The Director of Workforce and OD advised the report provided an update on Powys Teaching Health Board's overall workforce performance, including data on statutory & mandatory training, PADRs, sickness absence, staff in post, turnover and volunteers. It provided a year end position across a range of workforce performance areas, identifying areas where performance would need a focused</p>

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	<p>approach to ensure improved compliance against target over the next twelve months.</p> <p><i>On chart 6, the narrative did not connect with the paragraph below.</i></p> <p>The Director of Workforce and OD responded that the narrative was correct the graph was incorrect and would be updated accordingly.</p> <p>The Director of Primary, Community Care and Mental Health added that a large proportion of the workforce were under Primary, Community Care and Mental Health. All line managers understood the importance of PADRs, statutory and mandatory training. Womens and Childrens services had an over 80% training completion rate. The recovery on both PADRs and training would e undertaken as soon as possible.</p> <p>The Committee RECOGNISED areas where performance against the key performance metrics had been impacted by Covid-19 in the last 12 months. AGREED future reporting against these areas which provided assurance in relation to performance recovery.</p>
<p>Patterson,Liz 06/23/2021 16:22:10</p>	<p>HEALTH & SAFETY REPORT: HAND ARM VIBRATION AT WORK</p> <p>The Director of Workforce and OD presented the previously circulated paper which provided the Performance & Resources Committee with assurance and overview in relation to the Health & Safety Executive (HSE) investigation to date, relating to compliance with the Control of Vibration at Work Regulations 2005 and the prevention of Hand Arm Vibration Syndrome (HAVS).</p> <p>An improvement Action Plan in response to the HSE Improvement Notices formed part of the paper. PTHB had to comply with the actions in the plan by 30 April 2021.</p> <p>The actions and interventions required, as part of the current Improvement Notices, some of which were likely to require financial investment as identified within this report.</p> <p>Further actions had been completed between the time of writing the report and the Performance and Resources Committee on 6 May 2021. An update detailing the additional actions completed between submission and 5 May 2021 was be tabled at the Committee.</p>

	<p>The Director of Workforce and OD advised that during 2020 five employees in PTHB's Estates department were identified during routine health surveillance as displaying symptoms of Hand Arm Vibration Syndrome. This was due to exposure from the day to day use of vibratory tools and work equipment. These employees were referred to PTHB's Occupational Health Consultant, who after tests confirmed a diagnosis of HAVS, which resulted in the cases being reported to the HSE under RIDDOR.</p> <p>These cases related to vibration exposure through work over a number of years. There was currently one case proceeding to a Civil claim against the organisation.</p> <p>Following the RIDDOR submissions, HSE informed PTHB that they would be commencing an investigation into how the organisation has complied with the Control of Vibration at Work regulations, which came into being in 2005.</p> <p>Whilst the HSE continued their investigations, they issued a Notice of Contravention and two Improvement Notices on 2 March 2021, which identified material breaches of the regulations, which required compliance by 30 April 2021.</p> <p>The detailed Action Plan sets out a methodical approach to ensuring PTHB are able to comply with the regulations and assess the risk of vibration exposure.</p> <p>The HSE would seek to serve a fee for the two current Improvement Notices which was anticipated in range from £5k to in excess of £15k.</p> <p>All actions detailed in the plan had been COMPLETED including mop up training. HSE had reported back positively in regards to the improvements made in April. A positive outcome was expected from the letter to be received from HSE. A significant amount of the issues were of a historical nature.</p> <p>The Committee NOTED the paper.</p>
ITEMS FOR INFORMATION	
P&R/21/12	There were no items for information.
OTHER MATTERS	
P&R/21/13	ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND OTHER COMMITTEES

	No items were noted.
P&R/21/14	ANY OTHER URGENT BUSINESS No other urgent business was raised.
P&R/21/15	DATE OF THE NEXT MEETING: 24 June 2021 NB. Performance and Resources Committee Members will also be invited to attend the Audit, Risk and Assurance Committee meeting on the 8 June 2021 to jointly consider the Annual Report 2020-21 (Annual Performance Report, Annual Accountability Report and Annual Financial Statements).

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Key:

Completed
Not yet due
Due
Overdue

PERFORMANCE & RESOURCES COMMITTEE ACTION LOG 2021/22 (June 2021)



GIG
CYMRU
NHS

Bwrdd Iechyd
Addysgu Powys
Powys Teaching

Minute	Meeting Date	Action	Responsible	Progress Position	Status
P&R/20/12	30 June 2020	Waste Management Procurement Process. Assurance to be provided to IMs that quality, reliability and reduction in environmental impact would be appropriately weighted in procurement process.	Director of Workforce and OD	Waste Management Procurement Process was deferred until appropriate timing on the contract had been established. Procurement had been postponed during the COVID-19 pandemic as an appropriate disposal system would be required. An environmental review was to follow.	
PTHB/20/153	31 March 2021	A detailed report on the Estates Risk included on the Corporate Risk Register to be taken to the Performance and Resources Committee	Director of Planning and Performance	24 June 2021 – Report included at Agenda item 3.4	
ARA/21/10	29 April 2021	Update on impact of transition from Deprivation of Liberty Safeguards to Liberty Protection Safeguards	Director of Nursing and Midwifery	24 June 2021 – Report included at Agenda item 3.6	

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Agenda item: 3.1

PERFORMANCE AND RESOURCES COMMITTEE		Date of Meeting: 24/06/2021
Subject:	Performance Overview against National Outcome Framework – Month 1, 2021/22	
Approved and Presented by:	Director of Planning and Performance	
Prepared by:	Performance Manager	
Other Committees and meetings considered at:		

PURPOSE:

This report provides a brief update on the changes to the NHS Delivery Framework 2020/21 and the latest performance position for Powys Teaching Health Board at Month 1, and a high-level overview of COVID, Test, Trace and Protect and mass vaccination performance.

RECOMMENDATION(S):

The Board are asked to DISCUSS and NOTE the content of this report.

Approval/Ratification/Decision	Discussion	Information
x	✓	✓

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

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

EXECUTIVE SUMMARY:

This report provides the Board with a performance update against the 2020/21 NHS Delivery Framework.

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

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

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

Please note, multiple parts of this report have not been updated since the board meeting on the 13th of May. This is as a result of normal data flow for performance metrics during this period of the year.

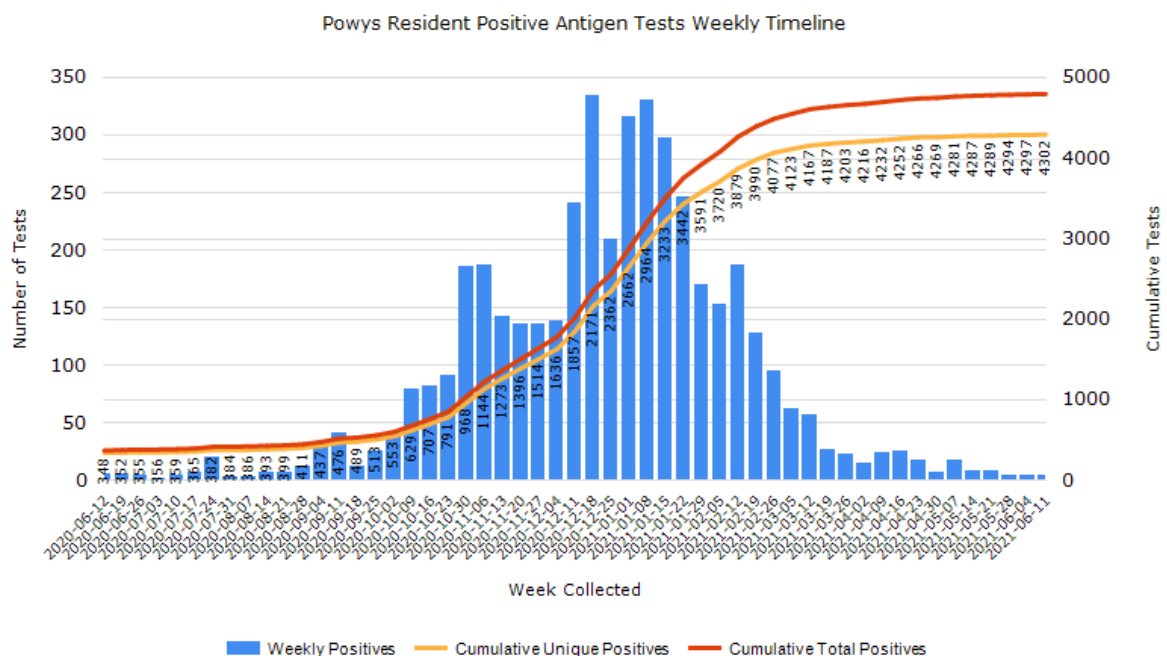
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DETAILED BACKGROUND AND ASSESSMENT:

COVID-19 Update

Powys Resident Positive Cases

The latest Powys position on COVID infection rates shows that the number of reported positive cases on a weekly basis has fallen from the peaks of December and January. Cumulatively **4302** unique patients have tested positive since the start of the pandemic in March 2019 (data as of 08/06/2021).



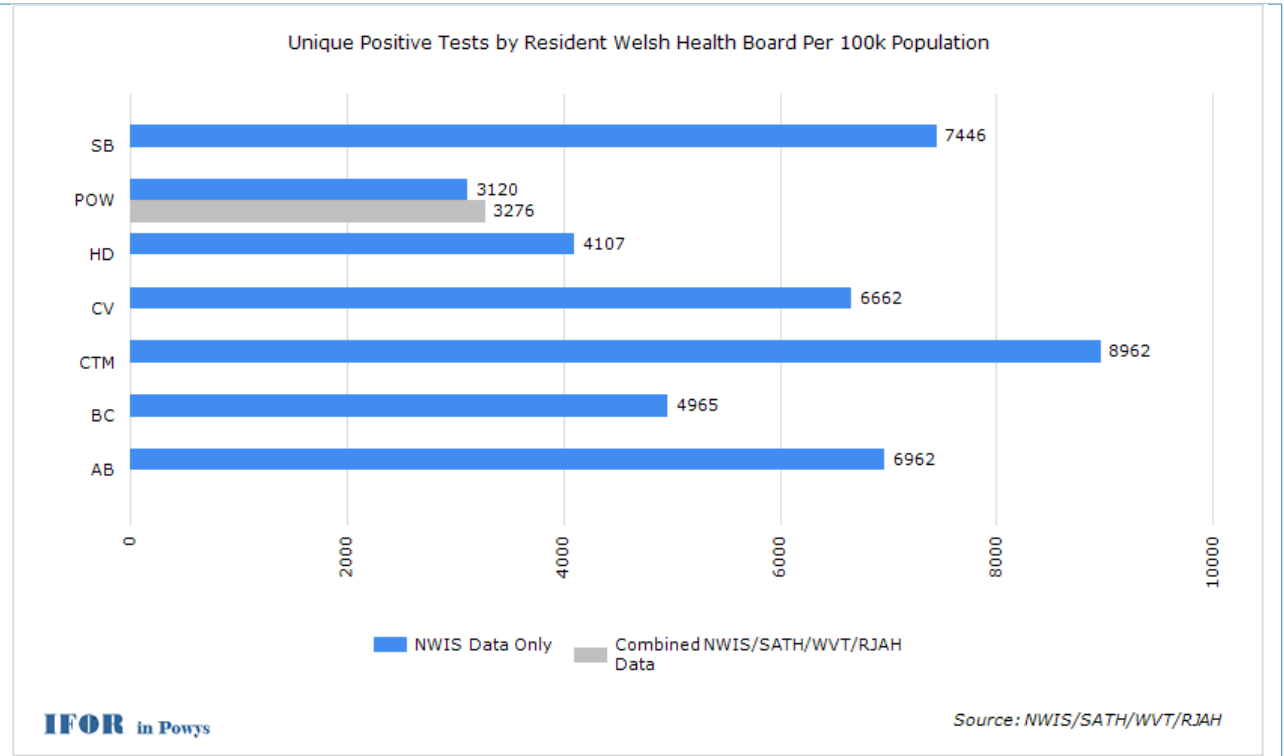
IFOR in Powys

Source: NWIS/SATH/WVT/RJAH

*N.B Incomplete data for week 11/06/2021

Using a health board residency breakdown, PTHB has the lowest rate of unique cumulative positive cases per 100k in Wales (graph below). Key factors positively influence this including population adherence to the national lockdown, and the quickest rollout of vaccinations in Wales. Further key measures in place include mass/mobile testing, Test, Trace and Protect (TTP), media awareness and rapid response via strategy and incident management teams to assess and react in a prompt manner.

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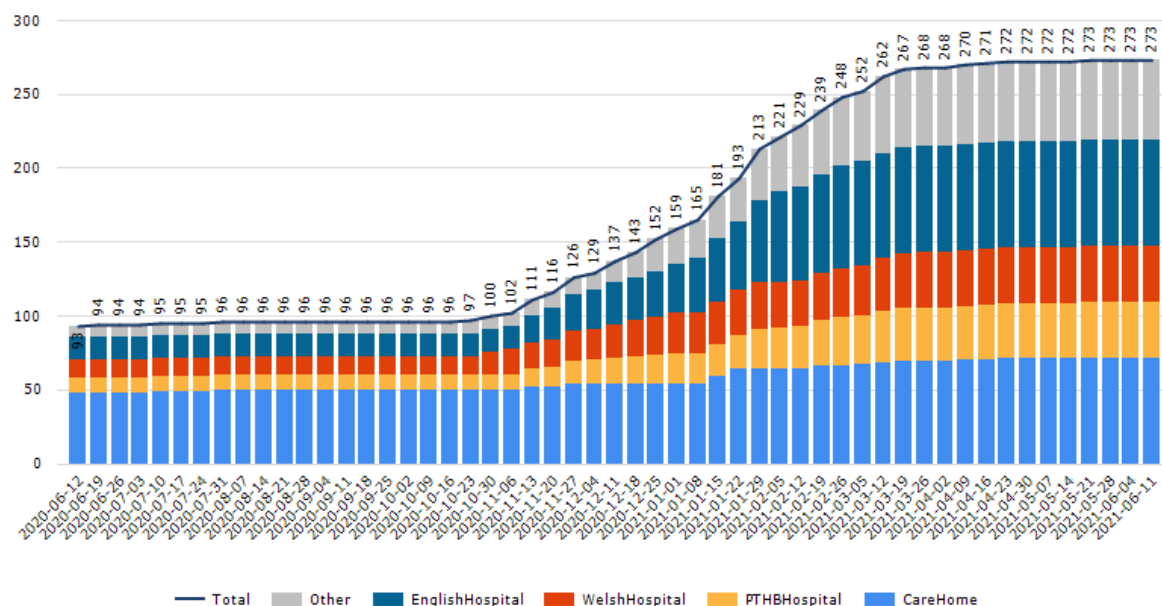


Resident Deaths – Source ONS

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

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Covid Deaths Weekly Cumulative Timeline



IFOR in Powys

Source: ONS

In Powys the cumulative total deaths from COVID is **273** since the pandemic started, this is the latest snapshot (08/06/2021). For the last 5 reported weeks no deaths have been reported, this has plateaued in line with infection rate reduction and improved vaccine coverage.

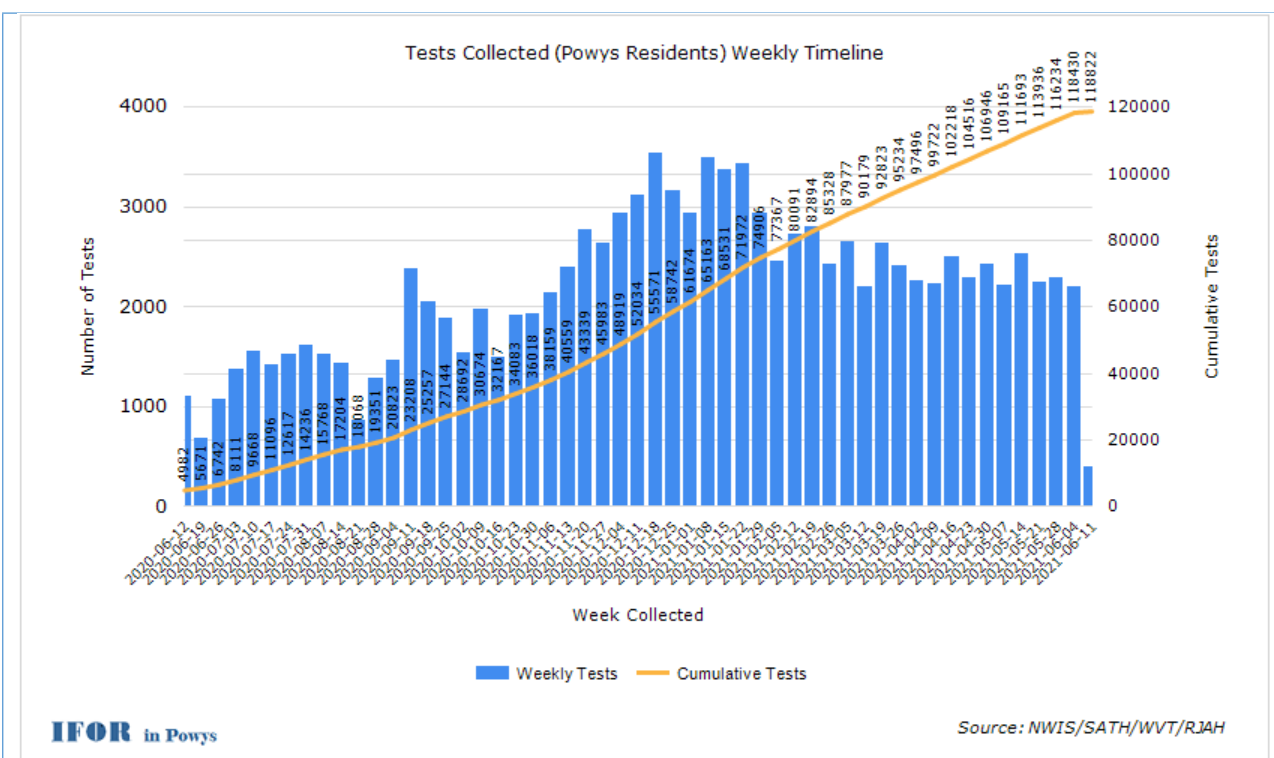
TEST, TRACE, PROTECT

The COVID-19 seven-day case incidence rate for the period 29th to 4th of June was **2.3 cases per 100,000 population**. The test positivity rate for the same period was **0.14%** (new cases).

Approximately **2196** tests were performed on Powys residents during the week ending 4th June. A timeline of weekly testing is shown below.

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

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*N.B Incomplete data for week 11/06/21.

Between the 29th and 4th of June, **6 new positive cases** were identified for contact tracing, of the **6** cases **4** were eligible for follow up, of which **100%** were followed up within 24 hours and **100%** were contacted within 48hrs. Contact tracing identified **109 total** contacts but only **29** were eligible to contact, of which **100%** were followed up within 24 hours and **100%** contacted within 48hrs.

Data source: PTHB Information Team

MASS VACCINATION PROGRESS

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

A total of **167,648** doses of vaccine have been administered since the week starting the 07/12/2020.

- **103,109 1st doses – 91.1% of the estimated responsible population**
- **64,528 2nd doses**

Data is accurate as of 08/06/2021 08:39am – Source WIS.

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NHS DELIVERY FRAMEWORK PERFORMANCE

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

- **Quadruple Aim 1:** People in Wales have improved health and well-being and better prevention and self-management.
- **Quadruple Aim 2:** People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement.
- **Quadruple Aim 3:** The health and social care workforce in Wales is motivated and sustainable.
- **Quadruple Aim 4:** Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes.

It should be noted that the Delivery Framework and its measures were set out prior to the pandemic. Performance reporting against key measures has been challenging with the backdrop of COVID. Some data collections, and reports have been stopped or temporarily suspended. It should be noted that traditionally Welsh Government provide an annual revision to the NHS delivery framework, this has not happened yet this year and we await the update for 2021/22. With the resulting impact, challenge and patient access complications Welsh Government have had to trigger significant national workplans around revision of existing systems e.g. outpatient access. A further compounding factor is linked to the political cycle with the re-election period suspending the finalisation of NHS delivery framework 2021/22. When this guidance is available the health board reporting will align and provide updates on change, at present the release date is not available.

PTHB Performance

This section contains performance figures and narrative against recent data. Some information and narrative will not change between reports, this is a result of the frequency of update for that specific measure e.g. monthly, quarterly, bi-annual or annual. If the data has not changed for a significant period a narrative or analysis may not be included. For performance reporting and assurance, the pandemic has significantly altered the health boards historic trend analysis process due to the extreme variation of service suspension. This variation has predominantly impacted access measures. Working in line with techniques developed by NHS Improvement the Powys performance team will start to shift towards a more in-depth data driven

analysis "Making Data Count Approach" within committee reports using statistical process charts to support narrative.

A brief introduction to statistical process control charts (SPC)

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

SPC charts

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

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

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

Key of SPC chart icons



Key of SPC chart dots


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

Further information will be provided in the narrative to provide context.
Quadruple Aim 1: People in Wales have improved health and well-being and better prevention and self-management.

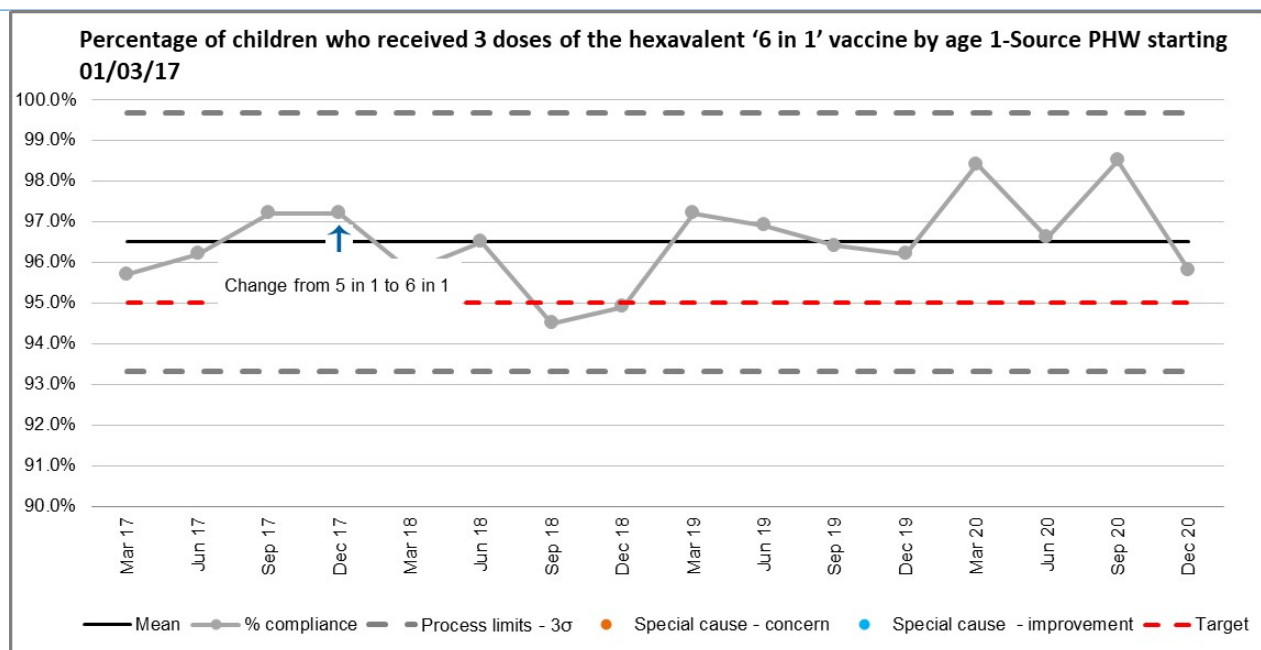
Please find below a table of the outcome measures for aim 1:


2020/21 NHS Outcome Framework Summary - Key Measures - Provider				Performance			Welsh Government Benchmarking (*in arrears)	
No.	Abbreviated Measure Name	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
1	Percentage of babies who are exclusively breastfed at 10 days old	Annual Improvement	2019/20	49.8%		52.4%	1st	35.3%
2	'6 in 1' vaccine by age 1	95%	Q3 20/21	96.2%	98.5%	95.8%	4th	95.2%
3	2 doses of the MMR vaccine by age 5	95%	Q3 20/21	91.8%	94.4%	91.3%	5th	92.1%
4	Attempted to quit smoking - Cum	5%	Q3 20/21	2.29%		1.97%	6th	2.39%
5	CO-validated as quit at 4 weeks - Cum	40%	Q4 19/20	36.4%	42.3%	37.7%	6th	41.6%
6	Standardised rate of alcohol attributed hospital admissions	4 quarter reduction trend	Q3 20/21	517.8	278.5	348.0	5th	349.6
7	Percentage of people who have been referred to health board services who have completed treatment for alcohol misuse	4 quarter improvement trend	Q4 20/21	44.6%	50.0%	92.0%	2nd	67.2%
8a	Flu Vaccines - 65+	75%	2019/20	65.5%		67.1%	6th	69.4%
8b	Flu Vaccines - under 65 in risk groups	55%	2019/20	43.1%		44.3%	3rd	44.1%
8c	Flu Vaccines - Pregnant Women	75%	2019/20	85.7%		93.3%	1st	78.5%
8d	Flu Vaccines - Health Care Workers	60%	2019/20	64.3%		64.3%	3rd	58.7%
9a	Uptake of cancer screening for: bowel	60%	2018/19	56.2%		58.3%	1st	57.3%
9b	Uptake of cancer screening for: breast	70%	2018/19	73.7%		69.1%	7th	72.8%
9c	Uptake of cancer screening for: cervical	80%	2018/19			76.1%	1st	73.2%
10a	MH Part 2 - % residents with CTP <18	90%	Apr-21	100.0%	100.0%	94.7%	1st*	84.6%
10b	MH Part 2 - % residents with CTP 18+	90%	Apr-21	93.2%	91.3%	91.8%	3rd*	85.3%
11	% People aged 64+ who are estimated to have dementia that are diagnosed by GP	Annual improvement	2019/20	44.7%		42.4%	7th	53.1%

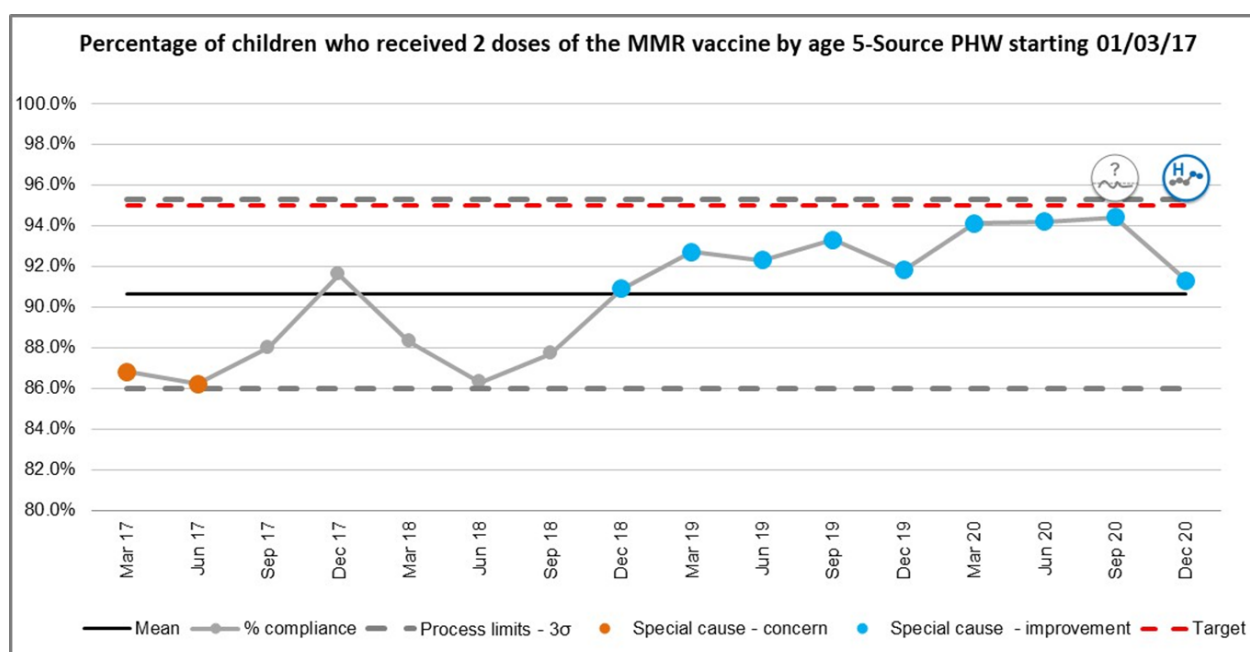
Childhood immunisations

The percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1 met the nationally set target. Even with the challenge of COVID e.g. access to vaccinators through lockdowns and low numbers within the cohort requiring vaccination, resident levels of vaccination have been maintained in line with the target, and rest of Wales. The SPC chart below shows the performance from Q4 2016/17 to Q3 2020/21, variation is common cause  and the measure has consistently hit the target from Q4 2018/19.

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The percentage of children who received 2 doses of the measles mumps & rubella (MMR) vaccine by age 5 has not met the national target. This fall in performance is significant from Q2 but when viewed over a longer time period, the SPC chart below shows special cause improvement trend  e.g. above mean for 7 or more points. But without system change it is unlikely that this measure will reach target. The key impacts that challenge MMR2 uptake include low cohort number variation causing significant impact on performance.



Smoking cessation

Smoking cessation services have shown that for Q2 2020/21 the uptake in those residents attempting to quit smoking (1.44%) is lower than at the

same period last financial year (1.58%). In regards to patients being CO-validated the COVID pandemic has stopped this work being carried out within Pharmacies and the data is not available.

Alcohol Misuse Treatment

Performance against the metric "*Percentage of people who have been referred to health board services who have completed treatment for alcohol misuse*" shows compliance against the four-quarter improvement trend target finishing 2020/21 at 92%. It should be noted that the performance data for the year has been revised following data quality checks. This has been confirmed by the source (DHCW) as a regular end of year process and retrospectively adjusted prior quarterly performance.

Influenza Vaccinations

Reviewing the uptake of influenza vaccination in Powys at the end of 2019/20 we can clearly see that increased uptake has occurred on all measures except healthcare workers, which has remained constant at 64.3%. Where the national target has not been met for +65 years and <65 years at risk we are benchmarked closely to the national average or slightly above. Pregnant women and staff uptake were very good in comparison nationally. It is expected that the national drive and associated COVID risk should see the performance levels improve through 2020/21.

Cancer Screening

The new cancer screening measures added for 2020/21 show that in 2018/19 Powys Teaching Health Board had similar uptake to screening as the national picture. For the uptake of bowel screening 58.3% of residents ranked us 1st in Wales for uptake and with improving trend. Breast screening *coverage had a 69.1% uptake ranking us 7th with a national average of 72.8%. Cervical screening *coverage performance for 2018/19 placed Powys 1st with 76.1% significantly higher than the all Wales average of 73.2%. *Recent health board investigations, into the reported performance lead by the Public Health Director, have highlighted non-consistent reporting by the Welsh Government Performance team. Key to this miss reporting is that performance figures for Breast & Cervical screening are actually coverage, and not uptake, as denoted by the measure. This has been highlighted too, and will be reflected nationally with comment (*updated 4th May*).

Mental Health Part 2

The Mental Health Part 2 measure focuses on the Care Treatment Plan (CTP) compliance for health board patients. As part of the 2020/21 framework revisions all Mental Health is reported within two distinct age categories, under 18, and 18+. Monthly performance for CTP's in the +18 category has

continued to meet the target in April 2021 (91.8%). For the <18 measure the health board has also met the national target with 94.7% compliance in April. When compared to the national ranking, PTHB has provided an improved position ranking 3rd and 1st respectively.

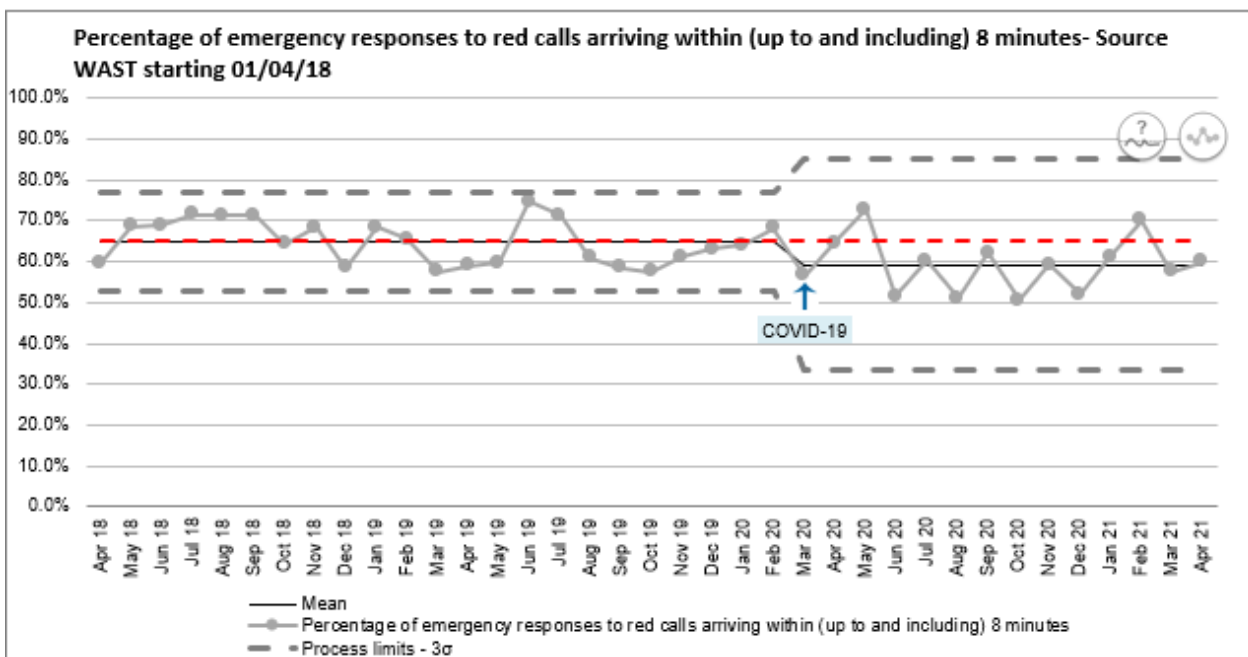
Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement.

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

2020/21 NHS Outcome Framework Summary - Key Measures - Provider				Performance			Welsh Government Benchmarking (*in arrears)	
No.	Abbreviated Measure Name	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
17	% of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS	100%	2019/20			56.3%	5th	59.70%
18	Percentage of children regularly accessing NHS primary dental care within 24 months	4 quarter improvement trend	Q2 20/21	62.8%	60.5%	57.9%	6th	63.8%
20	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	65%	Apr-21	64.6%	57.5%	60.0%	4th	61.0%
22	MIU % patients who waited <4hr	95%	Apr-21	100.0%	100.0%	100.0%	1st*	75.7%*
23	MIU patients who waited +12hrs	0	Apr-21	0	0	0	1st*	4317*
32	Number of diagnostic breaches 8+ weeks	0	Apr-21	207	181	201	1st*	41693*
33	Number of therapy breaches 14+ weeks	0	Apr-21	93	30	11	1st*	4066*
34	RTT patients waiting less than 26 weeks (excluding D&T)	95%	Apr-21	90.5%	71.4%	74.3%	1st	52.5%
35	RTT patients waiting over 36 weeks (excluding D&T)	0	Apr-21	24	690	608	1st	216,418
36	Number of patients waiting for a follow-up outpatient appointment	<=5581	Apr-21	7018	6760	6723	1st*	747782*
37	Number of patient follow-up outpatient appointment delayed by over 100%	< 290	Apr-21	346	510	484	1st*	194689*
38	Percentage of ophthalmology R1 patients who are waiting within their clinical target date (+25%)	95%	Apr-21	85.7%	64.7%	65.0%	1st*	44.8%*
Local	Percentage of patient pathways without a HRF factor	<= 2.0%	Apr-21	2.0%	0.6%	1.1%		
39	Rate of hospital admissions with any mention of self-harm from children and young people per 1k	Annual Reduction	2019/20	4.45		4.86	5th	4
40	CAMHS % waiting <28 days for OPA	80%	Apr-21	82.4%	93.8%	94.7%	3rd*	75.8%*
41a	MH Part 1 - Assessments <28 days <18	80%	Apr-21	100.0%	96.9%	100.0%	2nd*	No national compliance figure available
41b	MH Part 1 - Assessments <28 days 18+	80%	Apr-21	89.4%	91.7%	99.0%	3rd*	
42a	MH Part 1 - Interventions <28 days <18	80%	Apr-21	100.0%	100.0%	100.0%	1st*	
42b	MH Part 1 - Interventions <28 days 18+	80%	Apr-21	57.8%	78.5%	83.0%	6th*	
43	Children/Young People neurodevelopmental waits	80%	Apr-21	86.7%	66.5%	59.6%	2nd*	32.2%*
44	Adult psychological therapy waiting < 26 weeks	80%	Apr-21	98.4%	96.4%	95.9%	2nd*	61.3%*
45a	Number of health board delayed transfer of care for: Mental Health	12m↓	Feb-20	6	< 5	< 5	2nd	63
45b	Number of health board delayed transfer of care for: Non Mental Health	12m↓	Feb-20	29	15	20	1st	20
46a	HCAI - E.coli per 100k pop cum	TBC	Mar-21			3.78	PTHB is not nationally benchmarked for infection rates	
46b	HCAI - S.aureus bacteraemia's (MRSA and MSSA) per 100k pop cum	TBC	Mar-21			0.76		
46c	HCAI - C.difficile per 100k pop cum	TBC	Mar-21			5.29		
47a	HCAI - Klebsiella sp per 100k pop cum	TBC	Mar-21			1.51		
47b	HCAI - Aeruginosa per 100k pop cum	TBC	Mar-21			0.76		
48	Number of potentially preventable hospital acquired thromboses	4 quarter reduction trend	Q2 2020/21	0	0	0	1st	6
* Benchmark provided from previous period (national benchmark outdated)								
**Ranking for RTT nationally includes D&T Specialties								

Unscheduled Care

WAST Red ≤ 8 -minute ambulance response time performance did not meet the target during April (60.0%), ranking 4th against 61% national average. This measure has only exceeded the 65% target twice during 2020/21. The impact of COVID has adversely affected compliance with mean performance falling to 59.2%, this measure continues to have common cause variation and will not meet the target consistently without a system change as shown within the below SPC chart.



Minor injury units (MIU)


Unscheduled care performance for Powys provided services e.g. minor injury units (MIU) has remained consistently good throughout 2020/21, the health boards assurance is that MIU's exceeded the required target every month for patients waiting less than 4 hrs, and zero patients waited 12+ hours during the 2020/21 financial year. It should be noted that the COVID impact resulted in a circa 50% reduction in total attendances when compared to 2019/20, this trend has continued for the first 2 months of 2021/22.

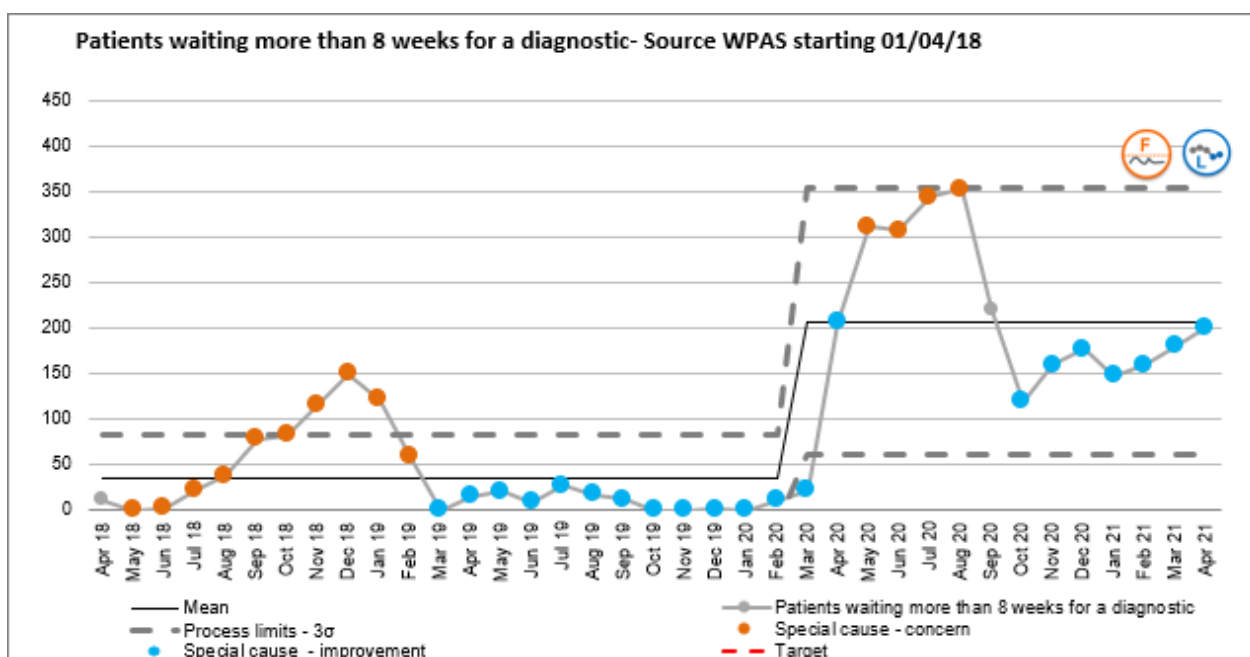
Planned Care

The majority of planned care across Wales was suspended during the start of the pandemic to provide capacity for the then potential challenge of increased COVID-19 admissions. As we continue through Q1 2021/22 PTHB continues to address the complicated process of service restoration.


Diagnostics

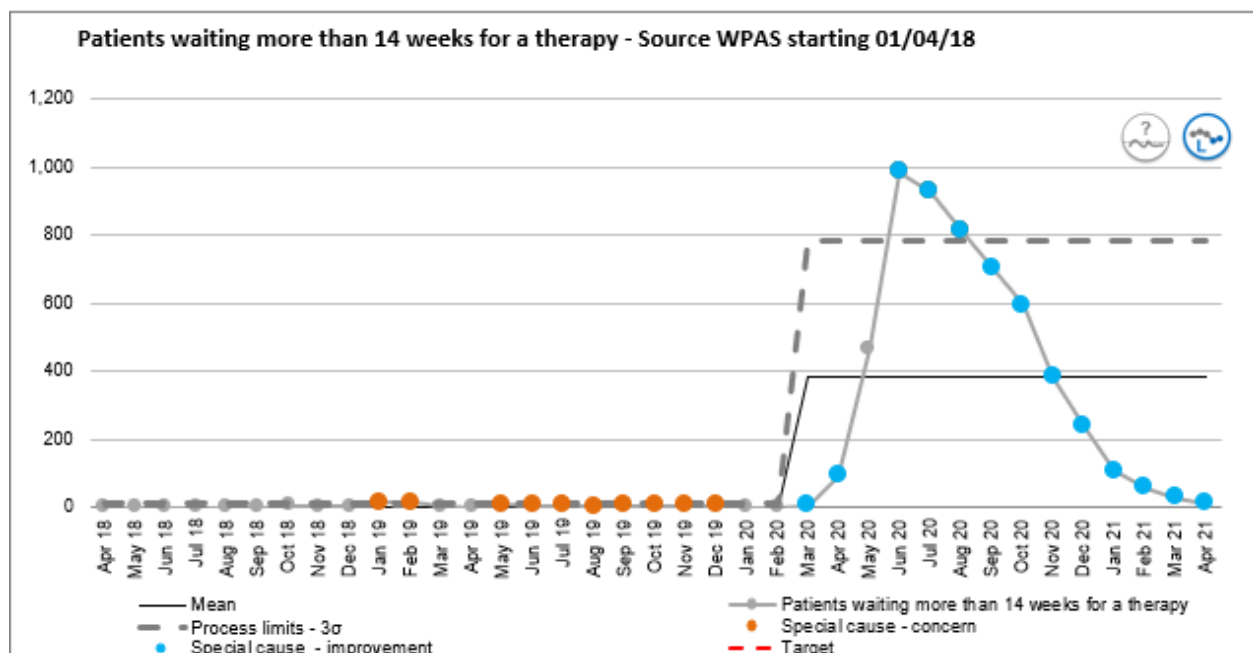
The latest April position shows an increased 201 patients breaching the 8 weeks wait target, key specialties not meeting the target include diagnostic

endoscopy & non-obstetric ultrasound. When looking at long term trends and the impact of COVID pandemic the resulting suspension of services created a significant backlog. Although performance remains below the 2020/21 mean (209) the health board consistently fails  to meet the target of zero (this aligns to the All Wales position although PTHB ranks 1st with the least breaches). Although there has been improved special cause variation during Q3 this hasn't continued and at present in Q1 2021/22 without a system change current performance is not predicted to improve. Key challenges for both the Endoscopy, and Radiology (non-obstetric ultrasound) service are, ongoing fragility of in-reach service providers, continued COVID capacity restrictions, and staffing capacity challenges, these continue to result in patient delays for routine procedures. Increasing the capacity challenge, services have had an increase in GP referrals during March and into Q1, a significant proportion are urgent. All referrals continue to be risk assessed, and clinically urgent patients continue to be seen within best practice timescales. Service restoration work continues and the provider fully engages with regional plans, and programmes e.g. National Endoscopy Programme.




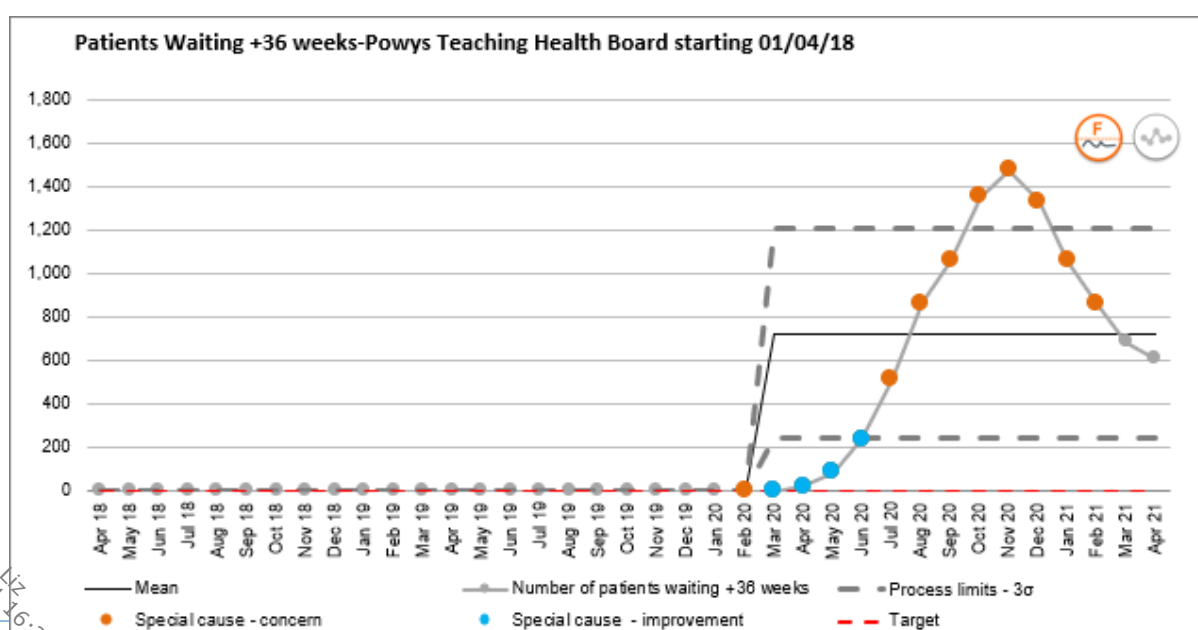
Therapies

The latest April position for therapies shows continued improvement reducing to 11 breaches of the <14 week wait target. SPC shows an improving trend since July,  but the service as expected has not met the national target of zero. At present the run of sequential points below the COVID-19 initiated step change could indicate that this service is shifting to a recovered post COVID position, this data will be re-analysed when all Q1 information is available.



Powys Provider Referral to Treatment (RTT)

The Powys provided RTT waits position for April has improved with 74.3% of 3474 patients waiting less than 26 weeks on an open pathway (excluding diagnostics and therapies). The number of patients waiting over 36 weeks has decreased to 608, of those 443 are waiting longer than 36 weeks (part of the original suspension cohort). The SPC chart below shows that although consistently failing  to meet the target there is defined improvement for this cohort of long waiters, prior to COVID PTHB had never breached 36 weeks.



Looking in detail at the 36+ week waiters the information team have modified their reports in line with DHCW (NWIS) over 52-week reporting. Below is a summary table of the complete waiting list by DHCW (NWIS) aligned banding. The challenge can be seen within 53-76 weeks, and consists of predominantly routine patients who were waiting during the suspension period. This backlog continues to be the greatest challenge for the health board and the NHS in Wales.

Tables summarising RTT performance as a provider – source DHCW:

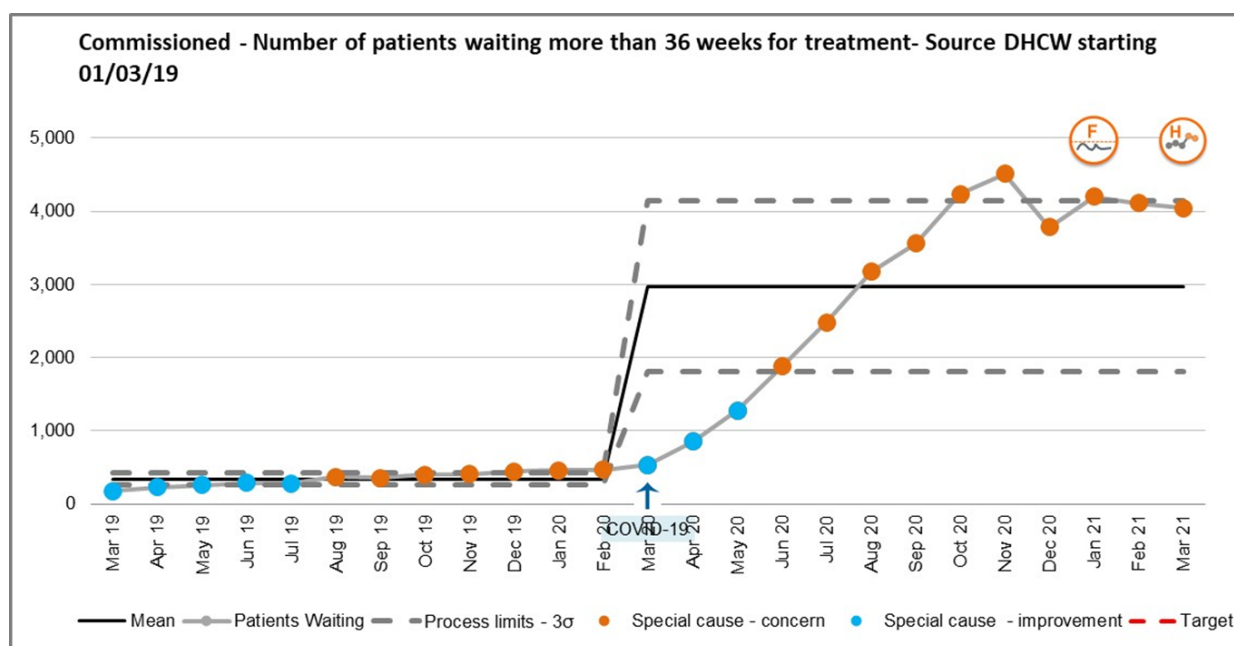
RTT waits by specialty and band	Weeks wait band					Grand Total
	0 to 25 Weeks	26 to 35 Weeks	36 to 52 Weeks	53 to 76 Weeks	77 to 104 Weeks	
Main Specialty						
100 - GENERAL SURGERY	315	20	12	36	6	389
101 - UROLOGY	90	20	15	7		132
110 - TRAUMA & ORTHOPAEDICS	407	50	65	135	22	679
120 - ENT	348	43	34	10	1	436
130 - OPHTHALMOLOGY	682	81	12	18		793
140 - ORAL SURGERY	135	34	20	146	18	353
143 - ORTHODONTICS	22	5		24	8	59
191 - PAIN MANAGEMENT	75					75
300 - GENERAL MEDICINE	48	9	1	1		59
320 - CARDIOLOGY	91	3	2	5	1	102
330 - DERMATOLOGY	24					24
410 - RHEUMATOLOGY	76	12	3	1		92
420 - PAEDIATRICS	16					16
430 - GERIATRIC MEDICINE	18					18
502 - GYNAECOLOGY	234	8	1	3	1	247
Grand Total	2581	285	165	386	57	3474



The continuing challenge into the new financial year will be this cohort of patients and the continued increase in new referrals, for the provider these longer waits are found predominately in general and oral surgery, and T&O. At a high-level Powys Teaching Health Board mirrors the position across Wales and England for patients waiting on RTT pathways. As with other health care providers ongoing work to minimise patient harm include, risk stratification of new and existing waiters, this ensures appropriate management and access to treatment. At an All Wales level the health board engages with the national programmes for essential services, and working with Welsh Government to scope and adopt transformation plans to modernise the patient pathways.

Commissioned Services Referral to Treatment (RTT)

The position of commissioned RTT waits for Powys residents does not show the same improvement as the provider for long waits. The latest combined position in March exc. D&T, and for open pathways displays that 60.3% of 14,045 patients wait under 26 weeks on an RTT pathway, and 4043 patients wait 36 weeks and over this is the latest snapshot to include both English and Welsh providers).

SPC chart of +36-week waiters in commissioned services – March 2021



The above SPC chart clearly shows the impact of service suspensions which started at the end of March 2020. The impact of this suspension and further backlog is universal across the commissioned system affecting all specialties and providers. At a high-level health care is failing  to meet the target with ongoing special cause variation , as the number of breaches remain close to the upper control limit. If improvement does not occur during quarter 1 there will be a required further shift change. Finally, at a high level without significant system changes the cohort of long waiters is unexpected to reduce quickly. National work streams linked to outpatient transformation, and initiatives are ongoing and the provider fully engages with the process. The commissioning assurance process continues in Powys to assess and ensure the best possible care for residents and all long waiters are risk stratified by the relevant care provider.

Commissioned Provider wait details by week bands

The below summary tables show the position of Powys main commissioned care providers against the refreshed week wait bands. Please note that DHCW (NWIS) individual weeks waits reporting stops at 104 weeks, patients waiting over this are amalgamated into an over 104 weeks band. The latest snapshot for Welsh Providers is April 2021 and March 2021 for English.

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Table of Providers

Welsh Providers April 2021

Welsh Providers	Apr 2021	Patients Waiting						
	% of Powys residents < 26 weeks for treatment (Target 95%)	0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	Total Waiting
Aneurin Bevan Local Health Board	54.8%	1068	213	166	350	147	4	1948
Betsi Cadwaladr University Local Health Board	44.3%	221	30	37	133	63	15	499
Cardiff & Vale University Local Health Board	49.5%	184	40	26	77	42	3	372
Cwm Taf Morgannwg University Local Health Board	40.3%	172	54	33	90	70	8	427
Hywel Dda Local Health Board	54.0%	695	163	113	206	104	5	1286
Swansea Bay University Local Health Board	43.8%	722	174	161	339	186	66	1648
		3062	674	536	1195	612	101	6180


English Providers March 2021

English Providers	Mar 2021	Patients Waiting						
	% of Powys residents < 26 weeks for treatment (Target 95%)	0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	Total Waiting
English Other	76.0%	127	11	12	14	3	0	167
Robert Jones & Agnes Hunt Orthopaedic & Shrewsbury & Telford Hospital NHS Trust	66.1%	1468	225	166	293	70	0	2222
* Wye Valley NHS Trust	70.6%	2000	312	131	341	50	0	2834
	64.2%	1786	382	279	265	69	3	2784
		5381	930	588	913	192	3	8007

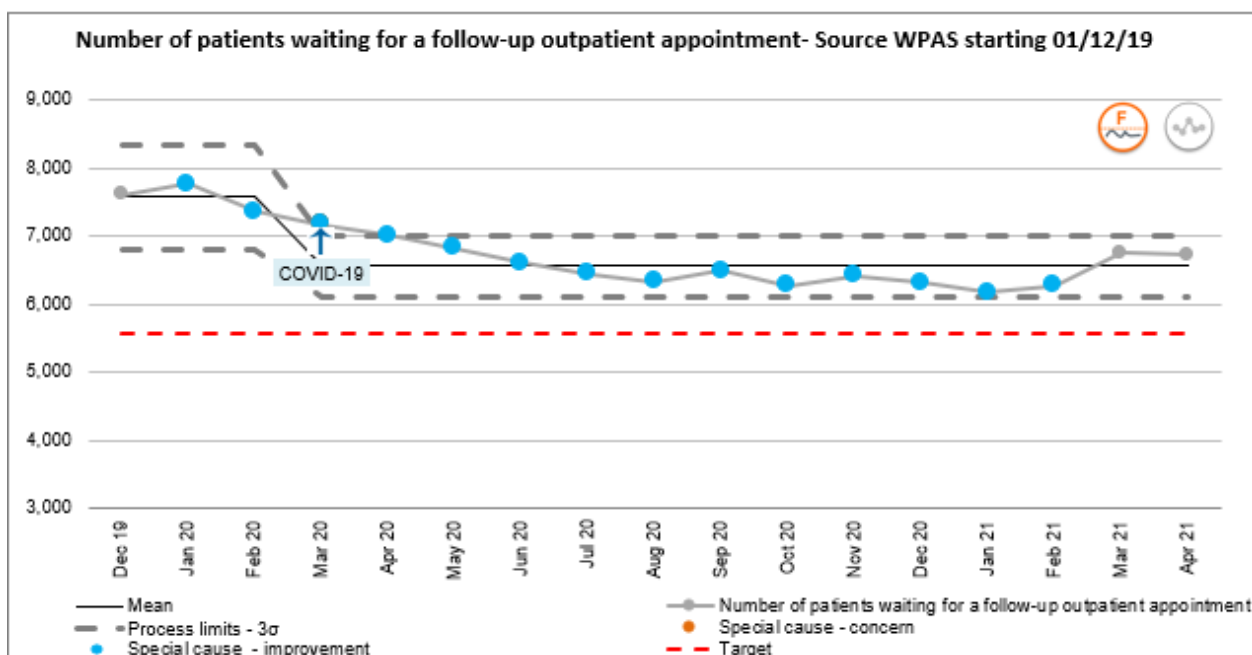
* WVT data for March is sourced from the DHCW but was not part of the main data table due to submission timeliness


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

Follow-ups

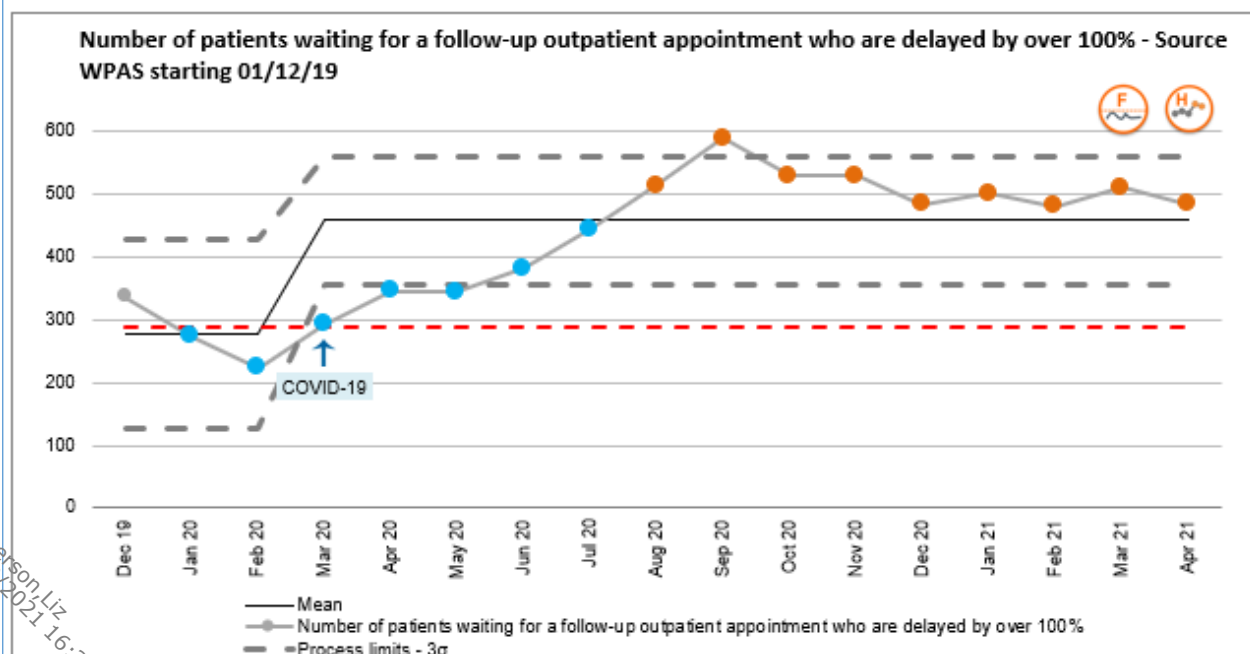
Follow-up (FUP) outpatient measure for total waiting is not meeting the 20% reduction target from the March 20 baseline, it has been noted that the existing target is not compatible with the actual state of service, and this has been raised with the outpatient transformation workstream. PTHB has managed its total patients waiting FUP position well during COVID with relatively good levels of activity via non-face to face contact, and undertaken list validation all working towards reducing the total waiters. Although April has seen a slight decrease of patients on a FUP pathway Q1 of 2021/22 has remained above mean. Challenges remain with service overall capacity, and clinic slots prioritising clinically at-risk patients, the health board will not meet its target of total FUP reduction  without a system or target change.

SPC table below of total FUP's waiting



For long waiting FUP's e.g. patients waiting beyond 100% the performance is consistently not meeting  the target of 290 or less, this target is again set prior to the COVID pandemic, and will be unattainable with current service pressures. As above the challenge is around capacity and in-reach fragility across key specialties, general surgery and medicine, T&O, ophthalmology and mental health e.g. adult mental health and old age psychiatry.

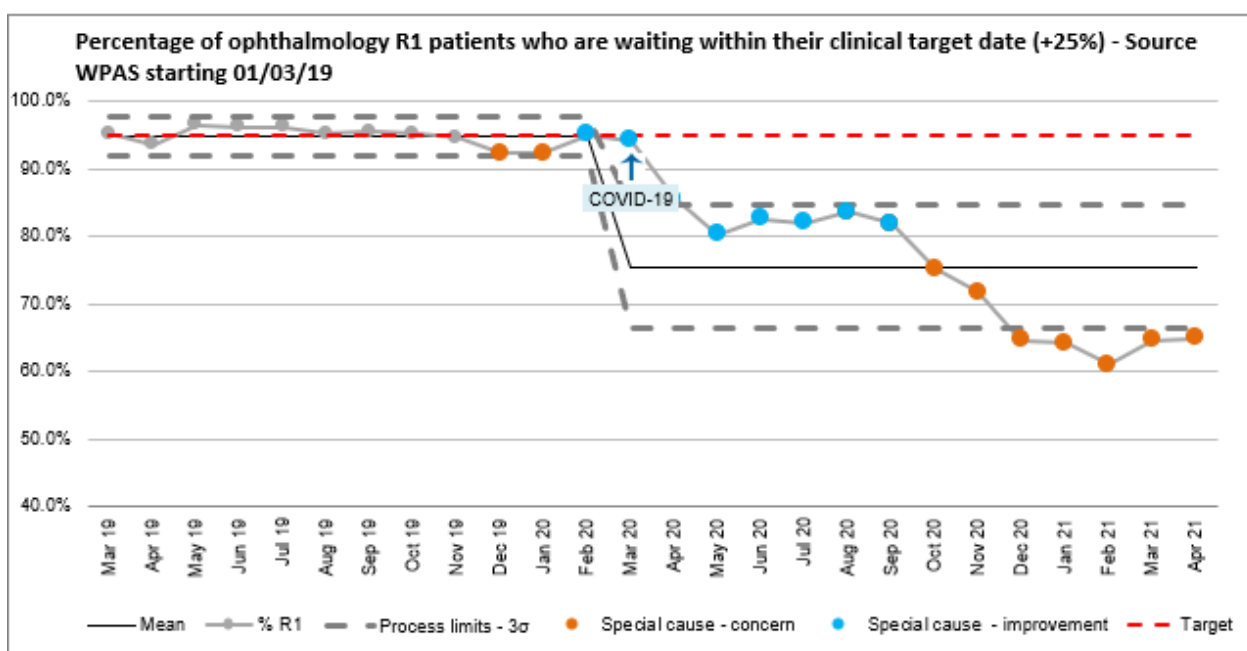
SPC table below of FUP's waiting over 100%



Eye Care

As an essential service the Eye Care provision in Powys has remained robust when compared to the All Wales performance this year. However as predicted in Quarter 2, a second peak of COVID and in reach service fragility has resulted in Ophthalmology service retraction resulting in reduced capacity, this impact has continued. The performance has been challenging and remains a special cause for concern 🚨 consistently failing 📉 to meet the target. There has been slight improvement again in April to 65%. All Wales performance for the previous period was 44.8% and Powys continues to rank 1st in Wales.

SPC chart of R1 measure



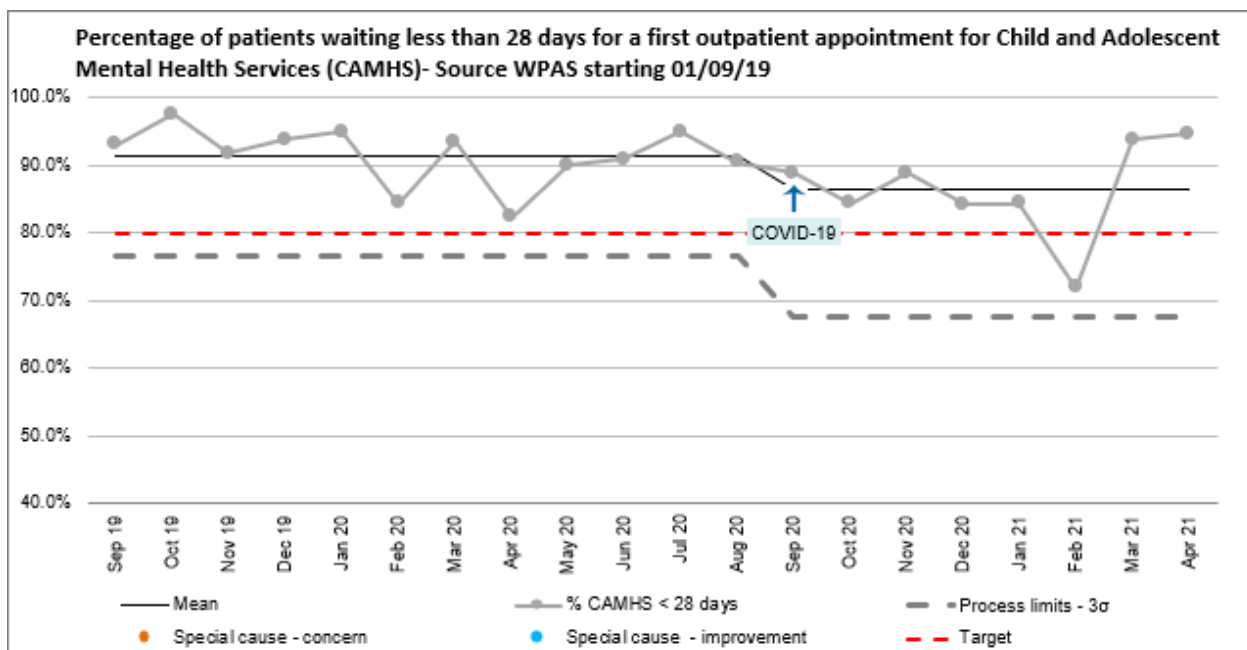
For the local HRF measure "Percentage of patient pathways without an HRF factor" performance has remained strong exceeding the <2% target, reporting 1.1% for April.

Mental Health

Mental Health performance has remained robust in 2020/21 even with the challenge of COVID. The latest performance in April is showing that part 1 measures for assessments and interventions for both the +18 and under 18 age ranges is meeting the 80% target. The health board benchmarks well against the rest of Wales normally placing in the top 3rd compared to other health boards. Currently there is no All Wales average available due to submission delays in one provider.

CAMHS

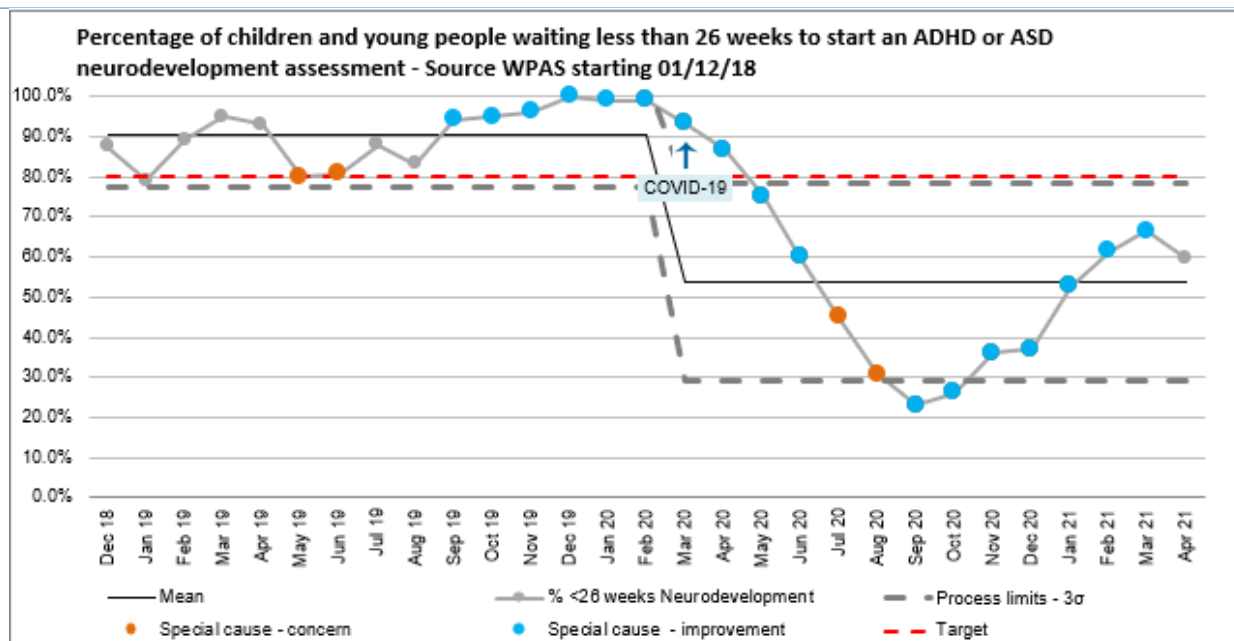
The CAMHS measure performance has met the target in April improving again to 94.7%. Recent validation work for the waiting list has resulted in a significant improvement. The service was impacted by COVID but



performance remains within expected limits, no special cause for concern.

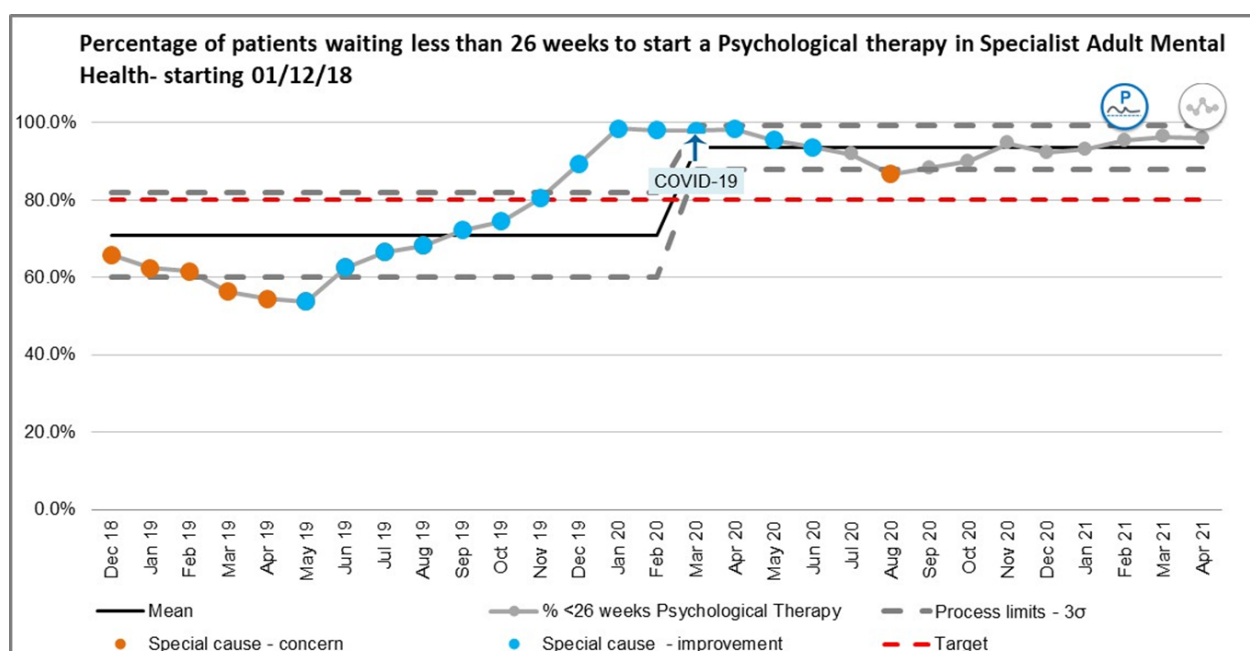
Neurodevelopmental waits (children and young people)

Due to the impact of COVID the service was suspended, and has been significantly affected. Implementation of a robust recovery plan in quarter 3 has shown to have been effective although performance has fallen slightly in April to 59.6%. The All Wales average was 32.2% in March.



Adult psychological therapy waiting < 26 weeks

Powys continues to have robust performance against this measure with 95.9% compliance in April, this compares to an All Wales average of 61.3% (March period). The health board has consistently exceeded the 80% target for the 2020/21 financial year.



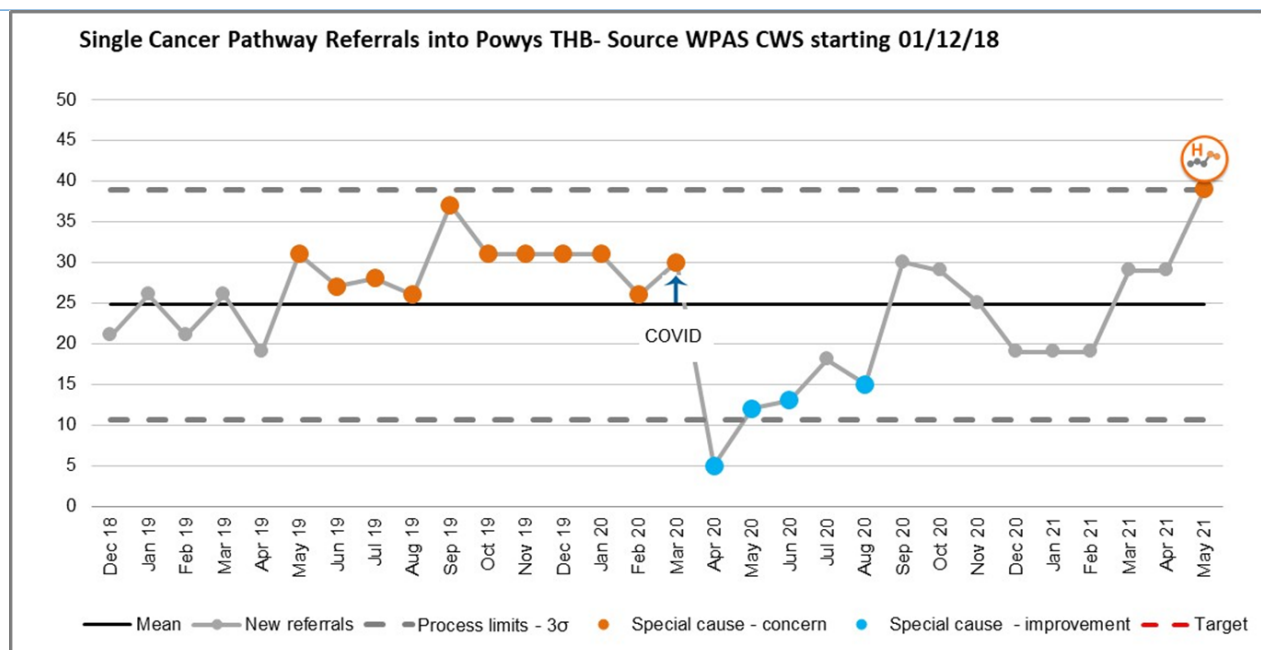
Health Care Acquired Infections

For the safety and quality measures around infections PTHB continues to report low levels of incidence, the health board is not nationally benchmarked. Data is now available for the complete 2020/21 financial year; the below bullet points will clarify a year on year comparison by infection.

- E.coli bacteraemia, 5 cases have been reported by Powys THB for Apr 20 – Mar 21. This is approximately 67% more than the equivalent period in 2019/20. The provisional rate of E.coli bacteraemia in Powys THB for Apr 20 – Mar 21 is 3.78 per 100,000 population.
- C.difficile, 7 cases have been reported by Powys THB for Apr-20 – Mar 21. This is approximately -63% fewer than the equivalent period in 2019/20. The provisional rate of C.difficile in Powys THB for Apr 20 – Mar 21 is 5.29 per 100,000 population
- S.aureus bacteraemia, 1 case has been reported by Powys THB for Apr 20 – Mar 21. This is 1 more case than the equivalent period in 2019/20. The provisional rate of S.aureus bacteraemia in Powys THB for Apr 20 – Mar 21 is 0.76 per 100,000 population
- Klebsiella sp bacteraemia (includes E. aerogenes bacteraemia from Apr 19 onwards), 2 cases have been reported by Powys THB for Apr 20 – Mar 21. This is the same as the equivalent period in 2019/20. The provisional rate of Klebsiella sp bacteraemia in Powys THB for Apr 20 – Mar 21 is 1.51 per 100,000 population
- P. aeruginosa bacteraemia, 1 case has been reported by Powys THB for Apr 20 – Mar 21. This is 1 more case than the equivalent period in 2019/20. The provisional rate of P.aeruginosa bacteraemia in Powys THB for Apr 20 – Mar 21 is 0.76 per 100,000 population

Cancer

The COVID pandemic continues to significantly challenge cancer services across Wales, this disruption due to capacity impacts for outpatients, diagnostics, surgery and treatments are the key challenges that affect Powys residents in both provider and commissioned services. Significant work both nationally and locally has been undertaken to minimise patient harm. As a provider of USC endoscopy diagnostics, the health board has maintained a zero-backlog position even with increased referral rates during May. Although PTHB does not carry out acute care e.g. treatment we are still responsible for reporting our part of the cancer pathway as agreed with Welsh Government. The below SPC chart shows the number of USC referrals into Powys as a provider since the health board started reporting the replacement cancer measure. The start of COVID in Wales resulted in a significant drop in Powys GP referrals into the service, this mirrored the All Wales picture for cancer, the mean average for referrals remains at present seven per month below pre covid levels, however data for May is showing a special cause for concern with a significant increase in referrals.



During May **39** Urgent Suspected Cancer (USC) referrals were recorded on the tracking system, and during the same period **24** patients were downgraded following a cancer referral. The compliance for downgrade within the recommended 28-day period was reported as **60%**.

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

Cancer - Welsh provider performance

Powys Teaching Health Board is currently unable to provide assurance on resident cancer breach numbers in Welsh providers. Since the National switch to the single cancer pathway existing cancer breach data for the USC and NUSC pathway has stopped. At present the health board requires access to a new Welsh data set provided by Digital Health and Care Wales (formally NWIS), access to this data set is still not available. This position has been re-escalated to both DHCW and Welsh Government and has a confirmed expedite on the 7th of June as a Powys Teaching Health Board and DHCW priority.

Cancer - English provider performance

For our main providers via direct breach reporting, nine breaches were reported in Wye Valley NHS Trust during February 2021. Within SATH five 62-day breaches were reported to the health board for February 2021. All English breaches had a root cause analysis carried out to provide quality and safety assurance.

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

cancer breaches reported are reviewed via the Commissioning Assurance process.

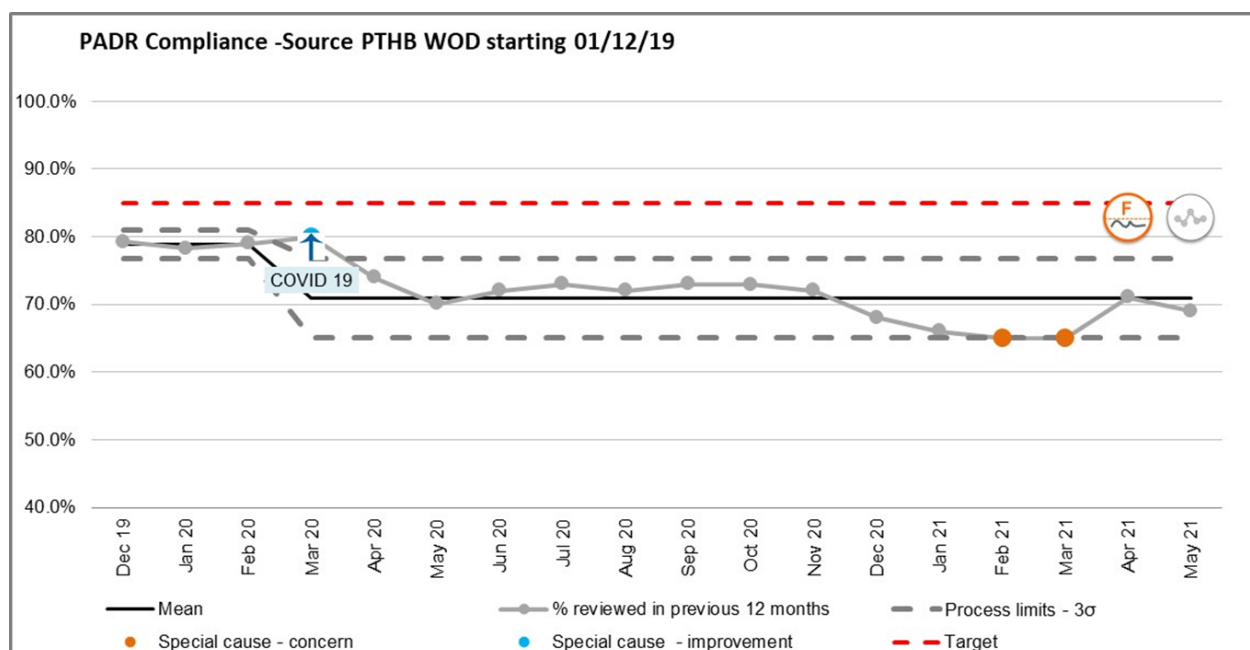
Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable.

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

2020/21 NHS Outcome Framework Summary - Key Measures - Provider				Performance			Welsh Government Benchmarking (*in arrears)	
No.	Abbreviated Measure Name	Target	Latest Available	12month	Previous Period	Current	Ranking	All Wales
50	Percentage satisfied or fairly satisfied about the care that is provided by their GP/family doctor (16+)	Annual Improvement	2019/20	93.1%		87.9%	5th	88.60%
53	Performance Appraisals (PADR)	85%	May-21	70%	71%	69%	4th (Oct-20)	61.0% (Oct-20)
55	Core Skills Mandatory Training	85%	May-21	85%	78%	79%	2nd (Oct-20)	79.4% (Oct-20)
57	(R12) Sickness Absence	12m↓	May-21	5.00%	4.85%	4.85%	3rd (Oct-20)	5.87% (Oct-20)
60	Concerns & Complaints	75%	Q4 20/21	35.5%	37.9%	44.9%	10th	67.2%

Personal appraisal and development reviews (PADR)

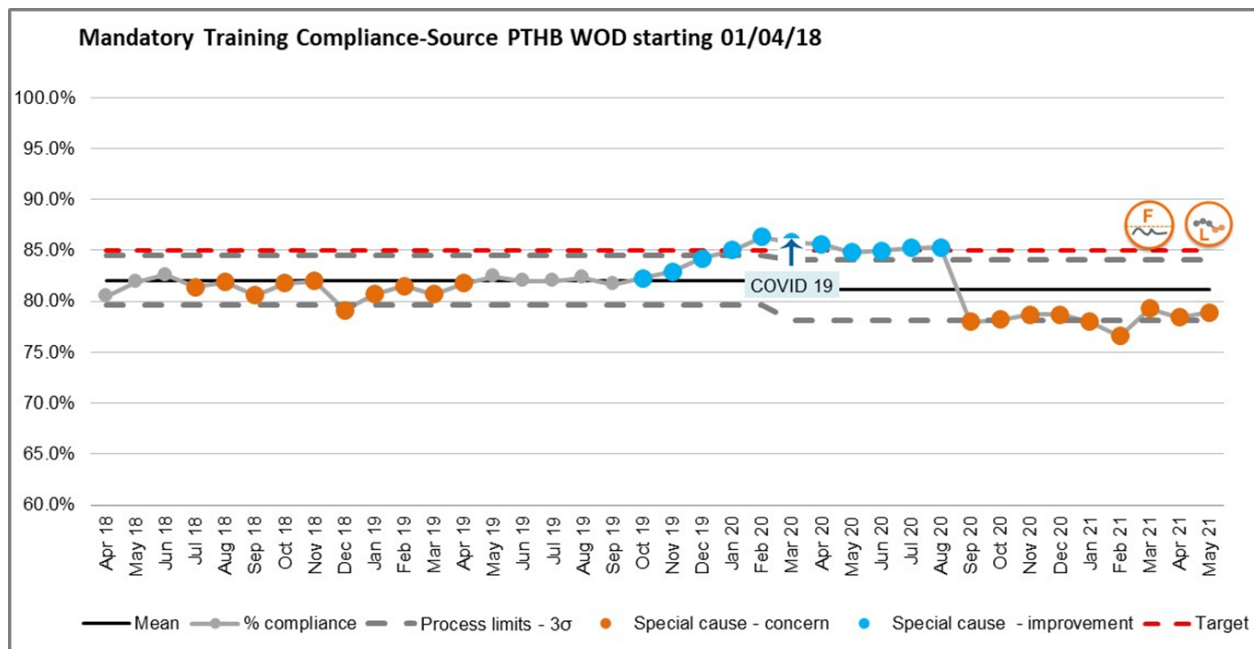
The health board has achieved 69% compliance in May for staff to have a personal appraisal and development review in the previous 12 months. Although benchmarking positively against the All Wales average, the health board has met the target once since December 2019. Recent performance shows 4 of 15 directorates meeting/exceeding target, Workforce & OD Department review the data on a monthly basis enabling Business Partners to focus on areas of low compliance, providing support in an effort to improve performance.




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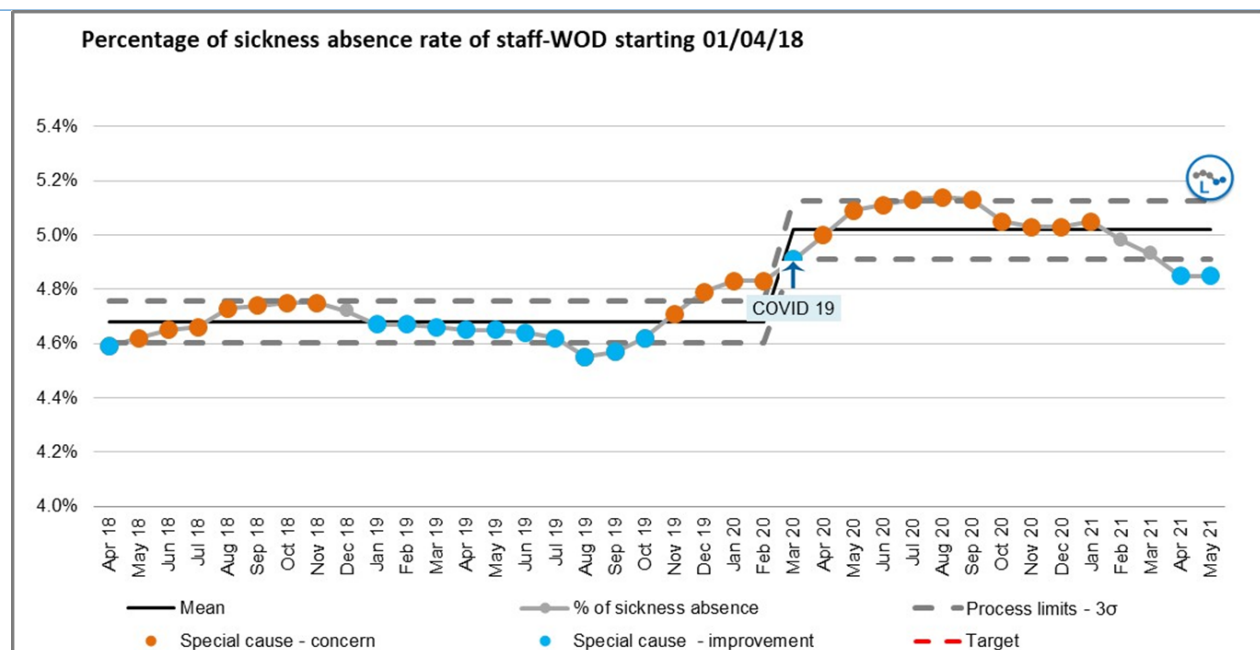
Mandatory core skills training

For March the health board has missed the 85% target, it should be noted that performance has improved slightly to 79% as a result of proactive work with managers to improve compliance. Although improved this is still a special cause for concern, the last 9 months mean that without a system change compliance is unlikely.



Sickness

The rolling 12 figure for sickness is reported at 4.85% in May, looking at the below SPC chart displays a special cause for improvement  with performance meeting the rolling 12-month reduction target. Actual monthly sickness has increased to a reported rate of 5.44% (1.3% short term and 4.14% long term). There is a continued focus by the Business Partners and HR Advisors in monitoring and reviewing long term sickness cases. These are highlighted through a fortnightly caseload tracker. The Business Partners are also exploring opportunities to return staff to work in a different capacity where possible. They continue to work proactively with managers to ensure they are complying with the policy trigger points, along with reporting monthly to the Directorates on Sickness Absence.



Concerns & Complaints

The health board's compliance to complaints that receive a final reply within 31 days has remained non-compliant against target. In Q4 we have seen improvement and the health board was 44.9% compliant (data source Welsh Government Performance) against the 75% national target. In comparison to other health boards in Wales, PTHB ranks 10th below the national average of 67.2%.

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

Please find below a table of the Powys applicable and timely outcome measures for aim 4:


2020/21 NHS Outcome Framework Summary - Key Measures - Provider				Performance			Welsh Government Benchmarking (*in arrears)	
No.	Abbreviated Measure Name	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
61	Number of patients recruited in Health and Care Research Wales clinical research portfolio studies	11	Q2 20/21			1	9th	6,378
62	Number of patients recruited in Health and Care Research Wales commercially sponsored studies	1	Q2 20/21			0	5th	73
63	Crude hospital mortality rate (74 years of age or less)	12m↓	Apr-21	2.36%	3.59%	3.55%	Not applicable	1.56%
68	New medicine availability where clinically appropriate, no later than 2 months from the publication of the NICE Final Appraisal	100%	Q2 20/21	96.1%	96.6%	96.7%	6th	98.3%
69	Total antibacterial items per 1,000 STAR-PUs	221.6↓	Q2 20/21	226.9	199.6	198.2	1st	230.6
70	Number of patients age 65 years or over prescribed an antipsychotic	Quarter on quarter reduction	Q2 20/21	474	478	497	1st	10,205
72	Opioid average daily quantities per 1,000 patients	4 quarter reduction trend	Q2 20/21	4063.3	4001.2	3964.8	2nd	4390.4
76	R12 Number of procedures postponed for specified non-clinical reasons	≤81 Mar-21	Apr-21	95	7	11	1st*	3630*
77	Agency spend as a percentage of the total pay bill	12m↓	Mar-21	9.7%	6.9%	5.5%	9th (Oct-20)	4.4% (Oct-20)
78	Percentage of clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme	Annual improvement	2019/20	93.80%		95.9%	2nd	93.9%

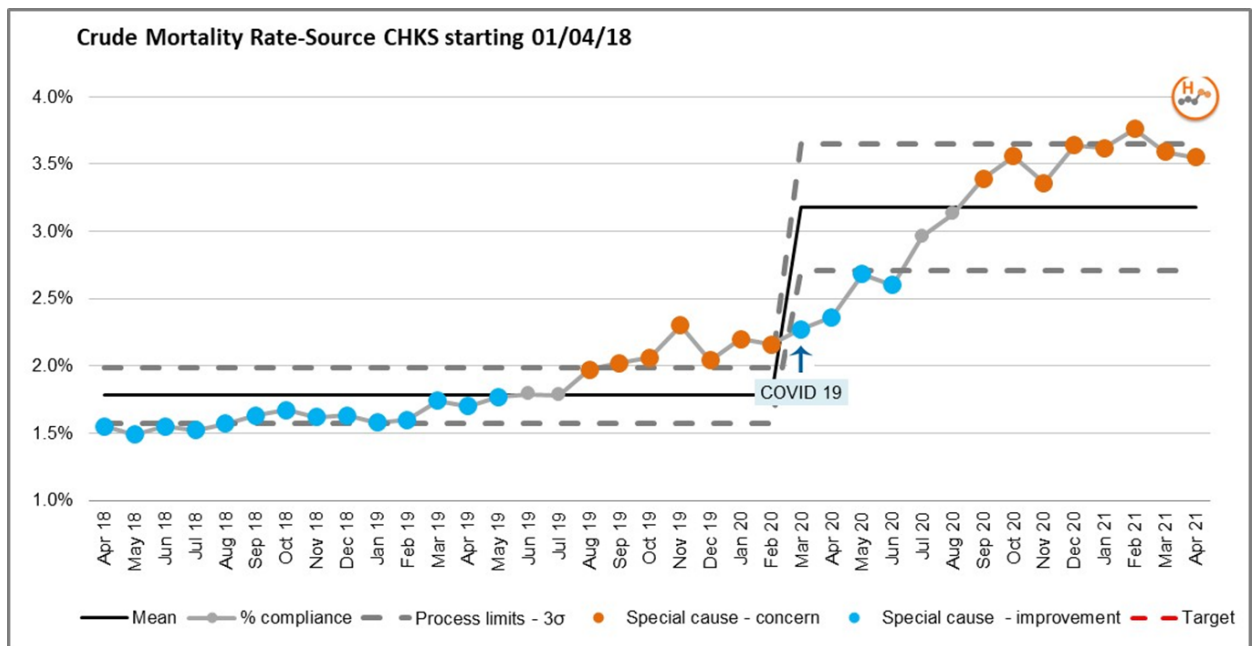
Health Care Research

The uptake of patients for health care research has not met the Welsh Government target, one patient has been recruited in Q2 2020/21.

Mortality

Crude Mortality rate in the health board has decreased slightly during May (3.55%). This is the highest reported position of any health board in Wales although PTHB is not benchmarked by Welsh Government as a non-acute care provider. This measure and achieving the reduction target is within the current climate unviable for Powys Teaching Health Board due to the service provided for inpatient care. Predominately the deaths of this under 75-year age group are linked to cancer diagnosis, and our services are used to support palliative care pathways. Another complication when measuring crude mortality is that regular admissions e.g. day case etc have significantly reduced (lower denominator) this can be seen in the SPC chart flagging

special cause for concern . Detailed Mortality reporting is undertaken through the Experience, Quality and Safety Committee.



Medicines and prescribing

- Powys performance in relation to new medicines availability has improved slightly to 96.7% (Q2 2020/21). This does not meet the required performance level of 100% for new medicines recommended by AWMMSG and NICE being made available within 2 months of publication of NICE Final Appraisal Determination or the AWMMSG

appraisal but is an improvement when compared to the equivalent time period 12 months prior.

- For antibacterial prescribing, a reduced rate of 198.2 in Q2 2020/21 meets the new national target for Powys, the health board is ranked 1st in Wales.
- Prescriptions for antipsychotics in the 65+ patient age group have increased in Q2 2020/21 to 497, this is a slight increase from Q1 2020/21 (478) and the equivalent period in 2019/20. It should be noted that although we have prescribed the least in Wales and rank 1st, our resident population is smaller.
- PTHB are compliant for the new Opioid measure with 3964.8 per 1000 patients in Q2 2020/21 against the national target of 4 quarter reduction, the health board is ranked 2nd in Wales.

Non-clinical procedures postponements

The number of procedures postponed for non-clinical reasons has reduced to 7 (R12) meeting the Welsh Government target of 81 or less. This continual fall is a direct impact of COVID with a significant reduction in procedures and limited restoration of specialties.

Agency Spend

The provider agency spend as a percentage of total pay bill varies as a response to demand. The 12-month target of reduction has not been met but it should be noted that our February-21 performance reported locally by finance at 6.9% is higher than the previous period.

Clinical Coding

Powys Teaching Health Board normally provides excellent compliance to coding requirements e.g. 99+%, however in March, 74.2% of records were coded with a valid primary diagnosis code within the required target. This reduction is linked to COVID 19 pressure in staffing and notes access. For coding accuracy during 2019/20 the health board improved to 95.9% where it ranks 2nd in Wales, the national average is 93.9%.

Essential Services – Provider update as at 23/04/2021

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

NEXT STEPS:

COVID

With COVID-19 infection rates remaining low so far during Q1 2021/22, and Powys leading Wales in the vaccination of JCVI groups, the risk of a further large increase in resident admissions or deaths has been reduced. It should be noted that ongoing uncertainty surrounds new COVID variants, including the Delta strain. This challenge has placed strategy leads into a higher state of alert, the health board supports Wales with a daily bed state submission. This in turn helps provide early indicators, these indicators drive national policy, and are now also looking for any new outbreaks, including variants and the potential impacts.

Service recovery and restoration

Significant challenge remains with the ongoing impact of service suspension last year. Restoration and recovery of service will be a lengthy process, and to make a significant impact both short- and long-term service change is required at both national, and health board level.

During 2021/22 the health board will require a triple action to improve patient access.

As a provider, the health board submitted draft proposals for non-recurrent funding to Welsh Government with plans for 2021/22. These now agreed monies will support the focus on accelerating local recovery priorities, service restoration and help address waiting list pressures.

Commissioned services in Wales, these providers have received their portion of recovery monies from Welsh Government. Ongoing work will be carried out utilising commissioning assurance to confirm that Powys residents are able to access these services with a positive, and accelerated result for residents waiting times.

Commissioned services in England, our key English providers which make up approximately half of external flows are already utilising their elective recovery fund to accelerate service restoration. The health board will continue to liaise with cross border services to ensure equitable access in England, and ongoing strengthening of in-reach service provisions.

Further analysis of waiting lists, and recovery will be carried out once Q1 data is complete to understand both long wait reduction and potential latent system pressures e.g. increasing referral rates.

Appendix 1

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

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

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

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

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

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

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

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

Essential Services currently unavailable or suspended including restorative actions.

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

Essential Services maintained in line with national guidance:

Access to primary care services

- General Medical Services

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

Urgent cancer treatments

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

Life Saving Medical Services

- Stroke Care (Stroke Rehab service) Diabetic Care (service provided by specialist nursing team)
- Diabetic Care (Emergency podiatry services)
- Neurological conditions
- Rehabilitation (Community Physio & OT)

Life-saving or life-impacting paediatric services

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

Maternity Services

- Community midwifery and obstetric ultrasound service

Termination of Pregnancy

- Service provided by British Pregnancy Advisory Service (BPAS)

Other infectious conditions (sexual non-sexual)

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

Mental Health, NHS Learning Disability Services and Substance Misuse

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

Renal care-dialysis

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

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

- Service continued throughout COVID with no flagged challenges

Blood and Transplantation Services

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

Palliative Care

PTHB continues to provide both community and admitted patient care

Diagnostics

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

Therapies

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

Essential Services running with reported normal operation

Mental Health, NHS Learning Disability Services and Substance misuse

- Crisis Services including perinatal care

Emergency Ambulance Services

- Service provided by WAST

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

AGENDA ITEM:3.1b

PERFORMANCE AND RESOURCES COMMITTEE		DATE OF MEETING: 24 June 2021
Subject:	COMMISSIONING ESCALATION REPORT	
Approved and Presented by:	Director of Planning and Performance	
Prepared by:	Assistant Director Transformation and Value	
Other Committees and meetings considered at:	Scores were considered on the 27 th May 2021 at the Internal Commissioning Assurance Meeting. This report provides supplementary information in relation to the two providers with services in Special Measures.	

PURPOSE:

The purpose of this paper is to highlight to the Performance and Resources Committee the providers in Special Measures 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	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	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 27th May 2021 PTHB Internal Commissioning Assurance Meeting (ICAM). At the time of the last meeting there were:

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

The report also provides:

- A high level summary of key issues in relation to the two providers with services in special measures
- The position in relation to Essential Services
- Referral to treatment times (RTT) times.

DETAILED BACKGROUND AND ASSESSMENT:

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

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

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

Formal inspection reports for the NHS organisations commissioned are available on the websites of Health Inspection Wales (HIW) and the Care

Quality Commission (CQC). PTHB attempts to draw from providers' existing Board reports, plans, returns to Government and nationally mandated information wherever possible.

The usual commissioning arrangements have not been in place since March 2020 due to pandemic. Since July 2020, PTHB has been working to restore the CAF, although there remain significant limitations. It is not possible to score all domains, for example the existing "block" financial arrangements do not reflect pre-COVID budgets or Long term Agreements. Escalation processes cannot operate in the usual way, for example, elective care delays are at an unprecedented level due to the pandemic.

Special Measures

Provider	Quality & Safety			Patient Experience			Access			Finance (Cost & Activity)	Change in Level Status	Governance & Strategic Change
Shrewsbury & Telford Hospital NHS Trust	Mar 2021 - No ICAM score	Apr 2021	May 2021	Mar 2021 - No ICAM score	Apr 2021 - No ICAM score	May 2021 -	Mar 2021 - No ICAM score	Apr 2021	May 2021	No Score – Block Agreement	↔	Not Rated
Cwm Taf Morgannwg University Health Board	Mar 2021 - No ICAM score	Apr 2021	May 2021	Mar 2021 - No ICAM score	Apr 2021	May 2021	Mar 2021 - No ICAM score	Apr 2021	May 2021	No Score – Block Agreement	↔	Not Rated

Level Four

Provider	Quality & Safety			Patient Experience			Access			Finance (Cost & Activity)	Change in Level Status	Governance & Strategic Change
Wye Valley NHS Trust	Mar 2021 - No ICAM score	Apr 2021	May 2021	Mar 2021 - No ICAM score	Apr 2021	May 2021	Mar 2021 - No ICAM score	Apr 2021	May 2021	No Score – Block Agreement	↔	Not Rated

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Shrewsbury and Telford Hospitals NHS Trust (SATH)

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

There have also been very serious concerns in relation to maternity services culminating in an Independent Review of Maternity Services at the Trust, chaired by Donna Ockenden. The first report of the Independent Review was published on the 10th December 2020 and presents emerging findings and recommendations from 250 clinical reviews, highlighting significant failings in maternity care at the Trust between 2000 and 2018/19.

The CQC carried out an unannounced inspection of the Princess Royal Hospital (PRH) in Telford on the 8th January, 2021, as it had received information giving concern about the safety and quality of the provision of anaesthetic cover at the hospital out of hours. The CQC’s report was published on the 3rd March, 2021.

The CQC carried out a further unannounced inspection on the 24th February, 2021, resulting in a Section 31 Notice on the 26th February, 2021, imposing conditions on SaTH. Key areas of concern were in relation to children and young people with mental health needs, learning disabilities and behaviours that challenge. A paper was considered by the SaTH Board on the 8th April, 2021. The Trust took immediate action in relation to the first two conditions and submitted improvement action to the CQC in relation to the remaining four by the 12th March. A key condition was that the provider must not admit patients under the age of 18 who present with isolated acute mental health needs. A contingency plan was put in place by PTHB in response.

A report on these matters was considered by the Experience, Quality and Safety Committee (EQS) on the 15th April, 2021. EQS also received additional information as part of the update on Maternity Services provided on the 3rd June, 2021.

Key issues contained in the papers for the Trust’s Board on 10th June, 2021 are summarised below.

- During April and May there has been a focus on restoring services. A Vanguard theatre is in place for the year to provide additional capacity for elective day surgery. Elective performance is exceeding the national threshold for recovery but long waiting times are expected to continue through 2021/22.
- A&E activity has returned to pre-COVID 19/20 levels. 12 hour breaches are being experienced but are improving.
- The Hospital Standardised Mortality Rate for February 2021 was 111.3. Work is underway to seek assurance in relation to the peer group.

SaTH's Quality and Safety Assurance Committee has alerted the Board to the following matters:

- Delays in implementing IT systems including Badgernet for maternity services and a system for A&E;
- The continuation of non-recurrent posts funded through "COVID monies";
- Provision of information to nurse managers about vacancies and the lack of standardisation of job descriptions;
- The management of incidents on Datix;
- Documentation of clinical assessments, actions and outcomes;
- and complaints response times.

The "*Emerging Findings and Recommendations from the Independent Review of Maternity Services at the Shrewsbury and Telford Hospital NHS Trust*" (known as the first "Ockenden Report") recommended 52 actions in total. These include local actions which are specific requirements for SaTH, together with immediate and essential actions for all NHS providers.

Four actions are reported to be off-track. The arrangements for the lead Midwife and lead Obstetrician are only interim at present. Clarification is being sought about a Neonatal Intensive Care recommendation, which appears to differ from national and network requirements. The public Board will receive information about all Maternity Serious Incidents from August, 2021. More traction is needed in relation to public involvement to ensure women can participate equally in decision making.

SaTH has established a committee to drive forward actions arising from the report. The Ockenden Report Assurance Committee (ORAC) is now meeting monthly in public. PTHB is represented through the Director of Nursing and Midwifery and Powys Community Health Council is also invited.

Previous reports to PTHB Board Committees have explained the work undertaken through escalated CEO level meetings, the Commissioning Assurance Framework, the Maternity Assurance Framework and system level meetings in England. In addition, SATH has been placed in an "Improvement

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

SaTH was included as one of PTHB's organisational Board level priorities during Quarter 3 and 4 of 2020/2021. Key risk reducing actions for the Powys are embedded in the PTHB Annual Plan for 2021/22 ranging from initiatives to reduce admissions through to the long term development of services in North Powys through the North Powys Programme. SaTH remains an escalated matter and the PTHB Executive Committee will be further reviewing the situation through a "deep dive".

Cwm Taf University Health Board (CTMUHB)

A further update about the independent oversight arrangements of maternity and neonatal services at CTMUHB was provided by the Minister for Health and Social Services on the 22nd March 2021. An Independent Maternity Oversight Panel (IMSOP) provides independent oversight arrangements of maternity and neonatal services at CTMUHB.

Whilst there has been neonatal expertise as part of the IMSOP's work in relation to the Clinical Review Programme and within the Quality Assurance Panel, there is now also neonatal expertise within the full Panel. This is timely given that the neonatal reviews are underway and it will be important to ensure that as the learning emerges it is fed into the wider improvement programme.

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

When the Panel last reported in September 2020, it concluded that the health board had done remarkably well to maintain the focus and momentum of its Maternity and Neonatal Improvement Programme (MNIP) during the first wave of the COVID-19 pandemic. In the circumstances which have prevailed over the past twelve months and the last six months in particular, the Panel has advised that the current pace of progress is entirely understandable in their view. The Panel has identified the key areas of focus to regain momentum over the coming months and have determined that September would be an appropriate time to next provide a full report on progress.

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. Unfortunately, during the second COVID-19 peak providers again had to suspend some elective services – in some cases this has included essential services.

PTHB's understanding of the provision of essential services across its providers is summarised in the table below. However, the table will be further updated once all Health Board plans have been approved and shared at the end of June 2021.

Essential Service Area	BCUHB	HDUHB	SBUHB	CTMUHB	C&VUHB	ABUHB	Velindre	PHW	SaTH	WVT	RJAH
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	0	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	RJAH
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 reported nationally there is now an unprecedented challenge in relation to timely access to routine services across the NHS as a result of the response to the pandemic. The Director General of Health and Social Services in Wales has warned that the situation may take a number of years to resolve.

Capacity was significantly reduced in order to care for the surge in COVID patients and to prevent the spread of infection. Private sector capacity is being used to maintain essential services, such for those with suspected cancer.

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

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

Annexe 1 provides the break-down of waiting times, by speciality, across each provider. Key areas of concern are orthopaedics, ophthalmology and general surgery. However, the summary position is below. The waiting list for elective treatment is now over 17,000, for services needed in and out of county, (equating to about 1:8 of the Powys population).

Welsh Providers		April 2021						
Provider	% of Powys residents waiting <26 weeks for treatment (Target 95%)	Patients Waiting						
		0-25 weeks	26-35 weeks	36-52 weeks	53-76 weeks	77-104 weeks	Over 104 weeks	Total Waiting
Aneurin Bevan University Health Board	54.8%	1068	213	166	350	147	4	1948
Betsi Cadwaladr University Health Board	44.3%	221	30	37	133	63	15	499
Cardiff and Vale University Health Board	49.5%	184	40	26	77	42	3	372
Cwm Taf Morgannwg University Health Board	40.3%	172	54	33	90	70	8	427
Hywel Dda University Health Board	54.0%	695	163	113	206	104	5	1286
Swansea Bay University Health Board	43.8%	722	174	161	339	186	66	1648
Powys Teaching Health Board	N/A	2581	285	165	386	57	0	3474
Total		5643	959	701	1581	669	101	9654

*Figures for Powys Teaching Health Board Provider include all Welsh residents

English Providers		March 2021						
Provider	% of Powys residents waiting <26 weeks for treatment (Target 95%)	Patients Waiting						
		0-25 weeks	26-35 weeks	36-52 weeks	53-76 weeks	77-104 weeks	Over 104 weeks	Total Waiting
Robert Jones & Agnes Hunt Orthopaedic & District Trust	66.1%	1468	225	166	293	70	0	2222
Shrewsbury & Telford Hospital NHS Trust	70.6%	2000	312	131	341	50	0	2834
English Other	76.0%	127	11	12	14	3	0	167
Total		3595	548	309	648	123	0	5223

English Providers		February 2021						
Provider	% of Powys residents waiting <26 weeks for treatment (Target 95%)	Patients Waiting						
		0-25 weeks	26-35 weeks	36-52 weeks	53-76 weeks	77-104 weeks	Over 104 weeks	Total Waiting
Wye Valley Trust	65.8%	1748	330	275	256	46	2	2657
Total		1748	330	275	256	46	2	2657

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 pace of improvement at SaTH remains an escalated matter and the PTHB Executive Committee will be further reviewing the situation through a "deep dive".

As reported nationally there is now an unprecedented challenge in relation to timely access to routine services across the NHS as a result of the response to the pandemic. Addressing this situation is a key focus of the renewal approach in the annual plan for 2021/2022. The renewal priorities focus on the things which will matter most to the wellbeing of the population of Powys and those things which will work best to address the critical challenges ahead. The scale of the challenge will not be met by existing approaches and will require new, radical solutions bounded in a value-based healthcare.

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.

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Welsh Providers		April 2021						
Provider	% of Powys residents waiting <26 weeks for treatment (Target 95%)	Patients Waiting						
		0-25 weeks	26-35 weeks	36-52 weeks	53-76 weeks	77-104 weeks	Over 104 weeks	Total Waiting
Aneurin Bevan University Health Board	54.8%	1068	213	166	350	147	4	1948
Betsi Cadwaladr University Health Board	44.3%	221	30	37	133	63	15	499
Cardiff and Vale University Health Board	49.5%	184	40	26	77	42	3	372
Cwm Taf Morgannwg University Health Board	40.3%	172	54	33	90	70	8	427
Hywel Dda University Health Board	54.0%	695	163	113	206	104	5	1286
Swansea Bay University Health Board	43.8%	722	174	161	339	186	66	1648
Powys Teaching Health Board	N/A	2581	285	165	386	57	0	3474
Total		5643	959	701	1581	669	101	9654

*Figures for Powys Teaching Health Board Provider include all Welsh residents

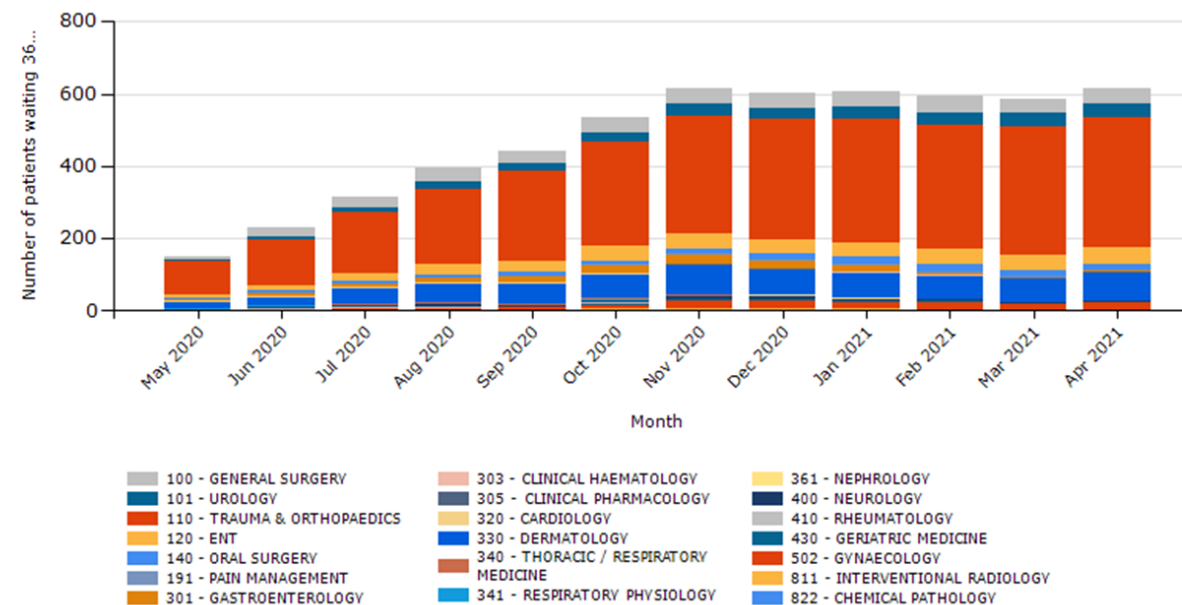
English Providers		March 2021						
Provider	% of Powys residents waiting <26 weeks for treatment (Target 95%)	Patients Waiting						
		0-25 weeks	26-35 weeks	36-52 weeks	53-76 weeks	77-104 weeks	Over 104 weeks	Total Waiting
Robert Jones & Agnes Hunt Orthopaedic & District Trust	66.1%	1468	225	166	293	70	0	2222
Shrewsbury & Telford Hospital NHS Trust	70.6%	2000	312	131	341	50	0	2834
English Other	76.0%	127	11	12	14	3	0	167
Total		3595	548	309	648	123	0	5223

English Providers		February 2021						
Provider	% of Powys residents waiting <26 weeks for treatment (Target 95%)	Patients Waiting						
		0-25 weeks	26-35 weeks	36-52 weeks	53-76 weeks	77-104 weeks	Over 104 weeks	Total Waiting
Wye Valley Trust	65.8%	1748	330	275	256	46	2	2657
Total		1748	330	275	256	46	2	2657

Aneurin Bevan University Health Board

April 2021	Patients Waiting						
Specialty	0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	Total Waiting
100 - General Surgery	117	23	14	16	9	0	179
101 - Urology	72	14	13	20	6	0	125
107 - Vascular Surgery	11	0	0	0	0	0	11
110 - Trauma & Orthopaedics	227	58	55	192	111	2	645
120 - Ent	29	16	15	24	9	1	94
130 - Ophthalmology	52	15	9	36	7	1	120
140 - Oral Surgery	14	1	6	8	3	0	32
143 - Orthodontics	2	0	0	0	0	0	2
191 - Pain Management	8	0	0	0	0	0	8
301 - Gastroenterology	76	15	2	1	0	0	94
302 - Endocrinology	16	0	0	0	0	0	16
303 - Clinical Haematology	25	1	0	0	0	0	26
305 - Clinical Pharmacology	1	0	0	2	0	0	3
320 - Cardiology	56	4	0	0	0	0	60
330 - Dermatology	128	39	36	40	0	0	243
340 - Thoracic / Respiratory Medicine	42	1	0	0	0	0	43
361 - Nephrology	1	0	0	0	0	0	1
400 - Neurology	37	10	2	0	0	0	49
410 - Rheumatology	11	3	1	0	0	0	15
420 - Paediatrics	21	0	0	0	0	0	21
430 - Geriatric Medicine	16	0	1	1	0	0	18
502 - Gynaecology	96	12	12	10	2	0	132
811 - Interventional Radiology	6	0	0	0	0	0	6
822 - Chemical Pathology	4	1	0	0	0	0	5
Total	1068	213	166	350	147	4	1948

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

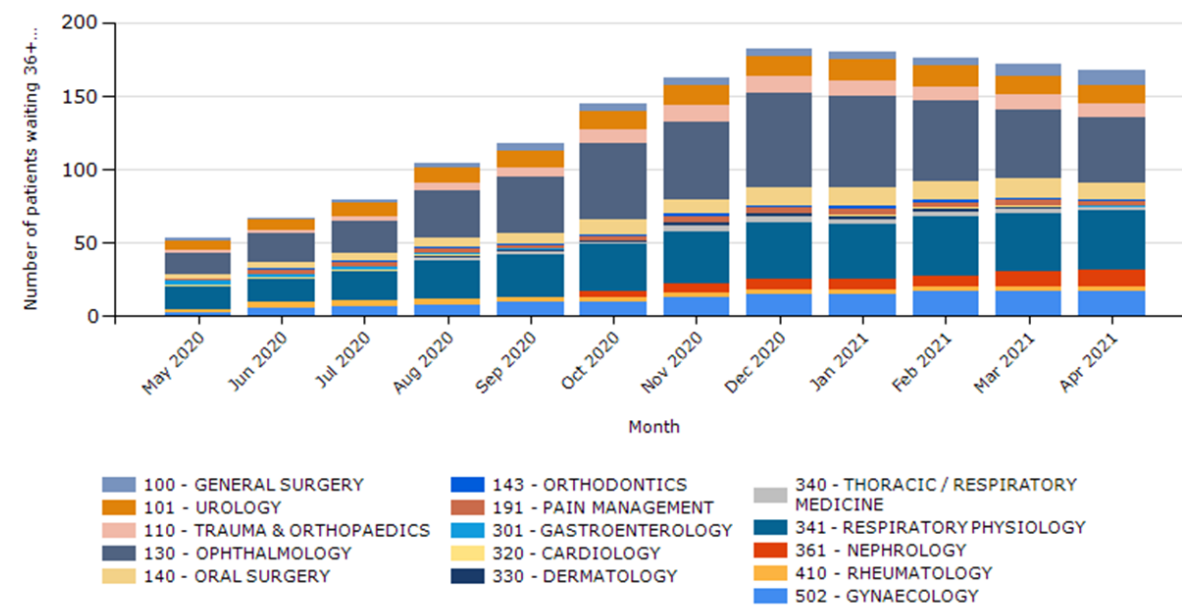


Annexe 1

Betsi Cadwaladr University Health Board

April 2021	Patients Waiting						
Specialty	0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	Total Waiting
100 - General Surgery	14	4	5	3	1	1	28
101 - Urology	8	1	1	4	7	1	22
110 - Trauma & Orthopaedics	1	0	0	6	3	0	10
120 - Ent	45	3	9	38	17	8	120
130 - Ophthalmology	37	6	6	24	14	1	88
140 - Oral Surgery	7	0	1	7	2	1	18
143 - Orthodontics	3	1	0	1	0	0	5
191 - Pain Management	1	1	0	2	2	0	6
301 - Gastroenterology	4	1	1	0	0	0	6
302 - Endocrinology	3	0	1	4	1	2	11
303 - Clinical Haematology	1	0	0	0	0	0	1
320 - Cardiology	2	1	0	0	0	0	3
330 - Dermatology	4	1	0	0	0	0	5
340 - Thoracic / Respiratory Medicine	0	0	0	2	0	0	2
341 - Respiratory Physiology	20	3	4	27	9	0	63
361 - Nephrology	55	7	6	6	0	0	74
410 - Rheumatology	0	0	0	0	3	0	3
420 - Paediatrics	6	0	0	0	0	0	6
430 - Geriatric Medicine	2	1	0	0	0	0	3
502 - Gynaecology	8	0	3	9	4	1	25
Total	221	30	37	133	63	15	499

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



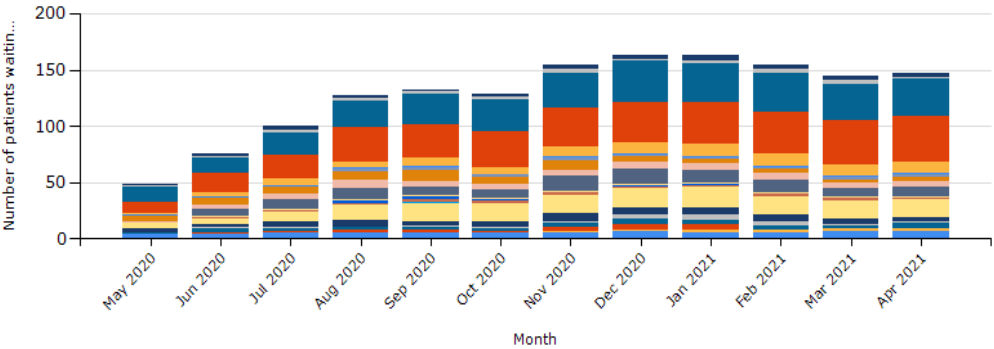
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Cardiff and Vale University Health Board

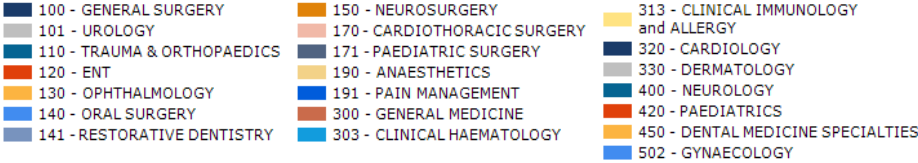
Cardiff and Vale University Health Board

April 2021	Patients Waiting						
Specialty	0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	Total Waiting
100 - General Surgery	13	0	1	1	2	0	17
101 - Urology	2	1	0	1	1	0	5
110 - Trauma & Orthopaedics	14	7	4	20	9	0	54
120 - Ent	39	12	8	18	14	1	92
130 - Ophthalmology	6	2	1	6	2	1	18
140 - Oral Surgery	3	0	0	1	0	0	4
141 - Restorative Dentistry	0	1	0	2	0	0	3
150 - Neurosurgery	14	3	2	2	0	0	21
170 - Cardiothoracic Surgery	7	0	0	3	2	0	12
171 - Paediatric Surgery	10	1	1	4	3	0	19
190 - Anaesthetics	1	1	1	0	0	0	3
191 - Pain Management	3	0	0	0	0	0	3
300 - General Medicine	3	2	0	1	1	0	7
301 - Gastroenterology	3	0	0	0	0	0	3
303 - Clinical Haematology	8	0	0	0	0	0	8
313 - Clinical Immunology and Allergy	12	1	3	8	5	0	29
320 - Cardiology	18	4	0	3	0	1	26
330 - Dermatology	2	1	0	1	0	0	4
361 - Nephrology	1	0	0	0	0	0	1
400 - Neurology	7	4	3	2	0	0	16
410 - Rheumatology	1	0	0	0	0	0	1
420 - Paediatrics	13	0	0	0	0	0	13
450 - Dental Medicine Specialties	2	0	1	1	0	0	4
502 - Gynaecology	2	0	1	3	3	0	9
Total	184	40	26	77	42	3	372

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



Annexe 1 – RTT Rep

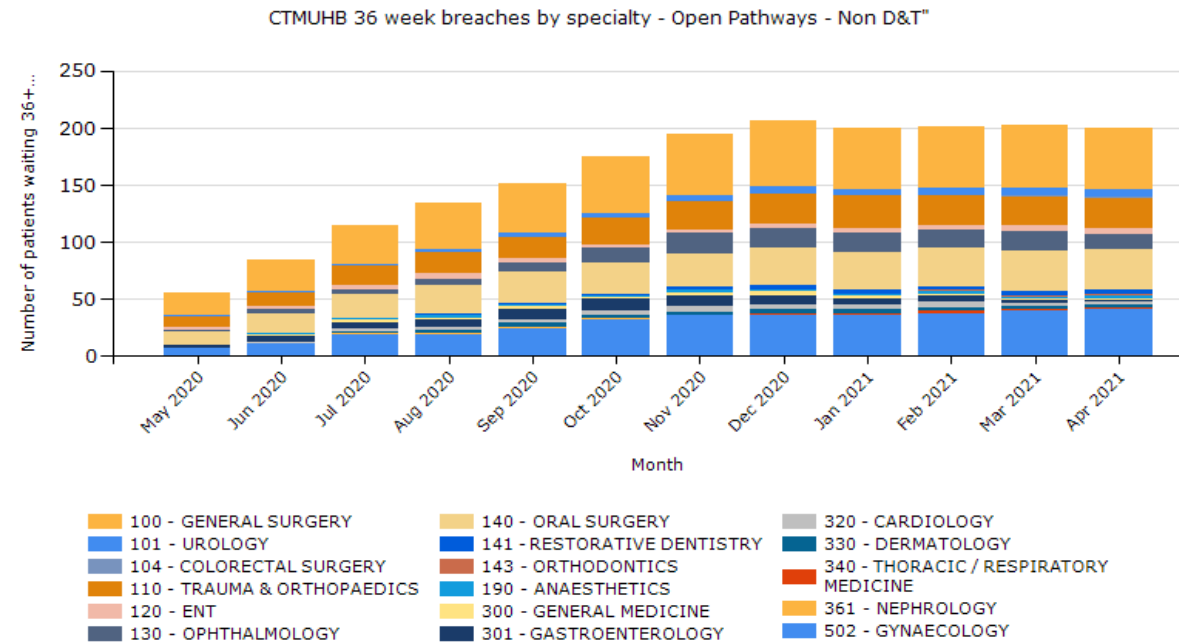


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Cwm Taf Morgannwg University Health Board

April 2021	Patients Waiting						
Specialty	0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	Total Waiting
100 - General Surgery	48	12	5	23	25	2	115
101 - Urology	11	0	1	3	2	0	17
104 - Colorectal Surgery	1	0	0	1	0	0	2
110 - Trauma & Orthopaedics	5	3	2	12	10	3	35
120 - Ent	8	1	3	1	1	0	14
130 - Ophthalmology	13	1	3	9	1	0	27
140 - Oral Surgery	16	11	5	14	14	3	63
141 - Restorative Dentistry	0	1	1	3	0	0	5
143 - Orthodontics	1	0	1	0	0	0	2
190 - Anaesthetics	0	1	0	1	1	0	3
300 - General Medicine	1	0	0	1	0	0	2
301 - Gastroenterology	6	1	2	0	0	0	9
320 - Cardiology	7	5	1	2	0	0	15
330 - Dermatology	4	1	0	0	2	0	7
340 - Thoracic / Respirator						0	4
410 - Rheumatology						0	7
420 - Paediatrics						0	3
502 - Gynaecology						0	97
Total						8	427

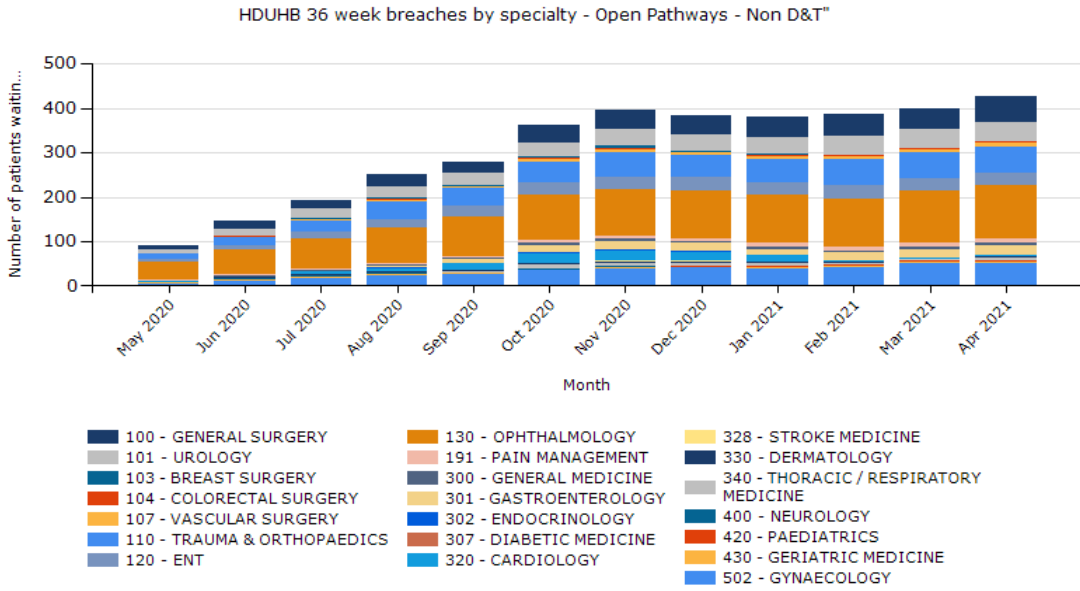


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Hywel Dda University Health Board

April 2021	Patients Waiting						
Specialty	0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	Total Waiting
100 - General Surgery	72	26	23	24	10	1	156
101 - Urology	72	16	18	17	9	0	132
103 - Breast Surgery	20	8	0	0	0	0	28
104 - Colorectal Surgery	20	2	1	2	1	0	26
107 - Vascular Surgery	7	2	2	5	1	0	17
110 - Trauma & Orthopaedics	41	26	13	29	18	1	128
120 - Ent	16	2	0	17	10	0	45
130 - Ophthalmology	67	30	23	56	40	2	218
191 - Pain Management	2	0	3	4	2	0	11
300 - General Medicine	16	1	1	4	0	1	23
301 - Gastroenterology	59	11	10	11	1	0	92
302 - Endocrinology	9	1	0	0	0	0	10
303 - Clinical Haematology	2	1	0	0	0	0	3
307 - Diabetic Medicine	6	0	0	0	0	0	6
320 - Cardiology	145	9	0	1	0	0	155
328 - Stroke Medicine	4	0	0	0	0	0	4
330 - Dermatology	3	0	1	1	1	0	6
340 - Thoracic / Respiratory Medicine	19	1	1	5	0	0	26
361 - Nephrology	2	0	0	0	0	0	2
400 - Neurology	25	9	0	0	0	0	34
401 - Clinical Neurophysiology	7	0	0	0	0	0	7
410 - Rheumatology	1	1	0	0	0	0	2
420 - Paediatrics						0	14
430 - Geriatric Medicine						0	18
502 - Gynaecology						0	123
Total						5	1286

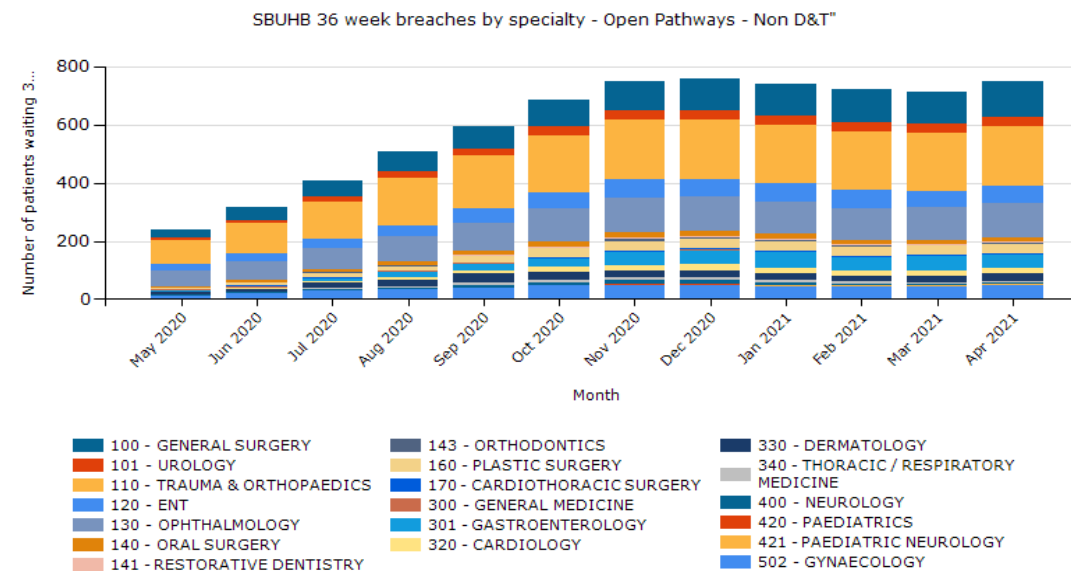


Annex

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Swansea Bay University Health Board

April 2021	Patients Waiting						
Specialty	0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	Total Waiting
100 - General Surgery	119	32	37	43	37	5	273
101 - Urology	35	10	7	20	4	3	79
110 - Trauma & Orthopaedics	90	25	25	86	68	28	322
120 - Ent	35	5	7	27	17	6	97
130 - Ophthalmology	68	25	18	52	29	19	211
140 - Oral Surgery	17	6	5	9	3	0	40
141 - Restorative Dentistry	3	1	0	1	0	0	5
143 - Orthodontics	1	0	0	5	0	0	6
160 - Plastic Surgery	41	9	6	14	7	5	82
170 - Cardiothoracic Surgery	4	1	1	0	0	0	6
300 - General Medicine	12	1	0	2	0	0	15
301 - Gastroenterology	54	7	10	32	6	0	109
302 - Endocrinology	8	0	0	0	0	0	8
303 - Clinical Haematology	6	0	0	0	0	0	6
314 - Rehabilitation	1	0	0	0	0	0	1
320 - Cardiology	38	12	10	8	0	0	68
329 - Transient Ischaemic Attack	1	0	0	0	0	0	1
330 - Dermatology	61	19	19	9	0	0	108
340 - Thoracic / Respiratory Medicine	14	3	1	5	0	0	23
361 - Nephrology	3	0	0	0	0	0	3
400 - Neurology	26	1	2	2	0	0	31
410 - Rheumatology	5	1	0	0	0	0	6
420 - Paediatrics	24	1	0	0	0	0	25
421 - Paediatric Neurology							0
430 - Geriatric Medicine							0
502 - Gynaecology							0
Total						66	1648

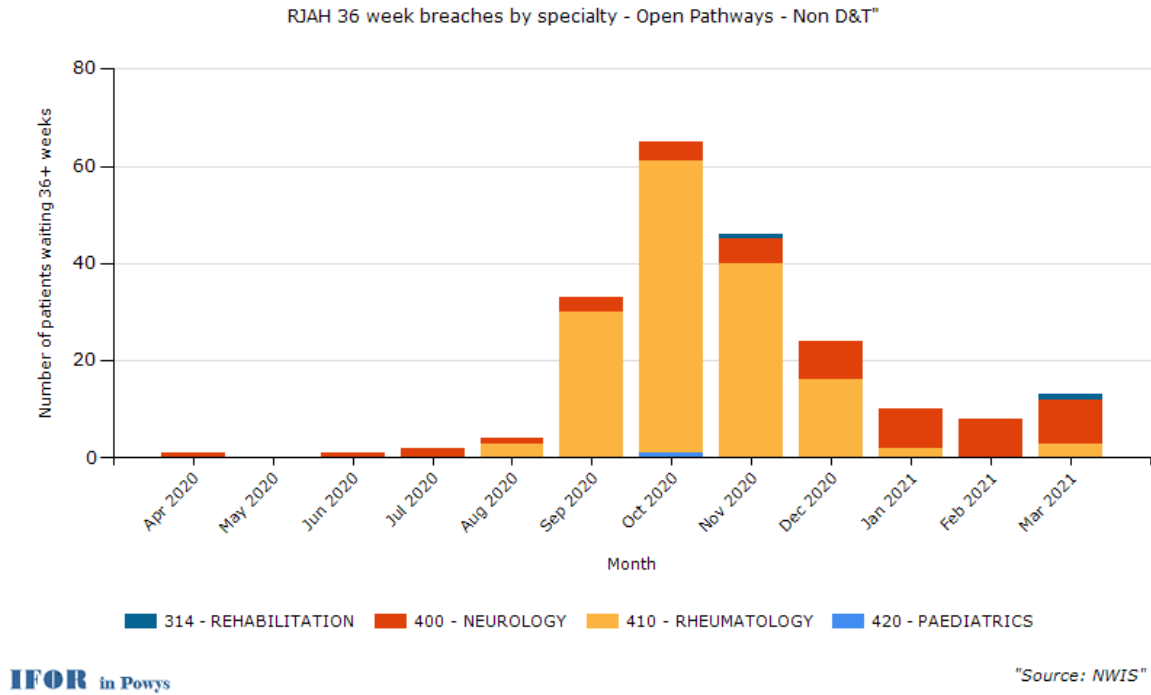


Annexe 1 – f

Robert Jones and Agnes Hunt

March 2021	Patients Waiting						
Specialty	0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	Total Waiting
110 - Trauma & Orthopaedics	1040	197	156	290	70	0	1753
300 - General Medicine	4	0	0	0	0	0	4
314 - Rehabilitation	3	0	0	1	0	0	4
400 - Neurology	60	2	7	2	0	0	71
410 - Rheumatology	353	26	3	0	0	0	382
420 - Paediatrics	7	0	0	0	0	0	7
430 - Geriatric Medicine	1	0	0	0	0	0	1
Total	1468	225	166	293	70	0	2222

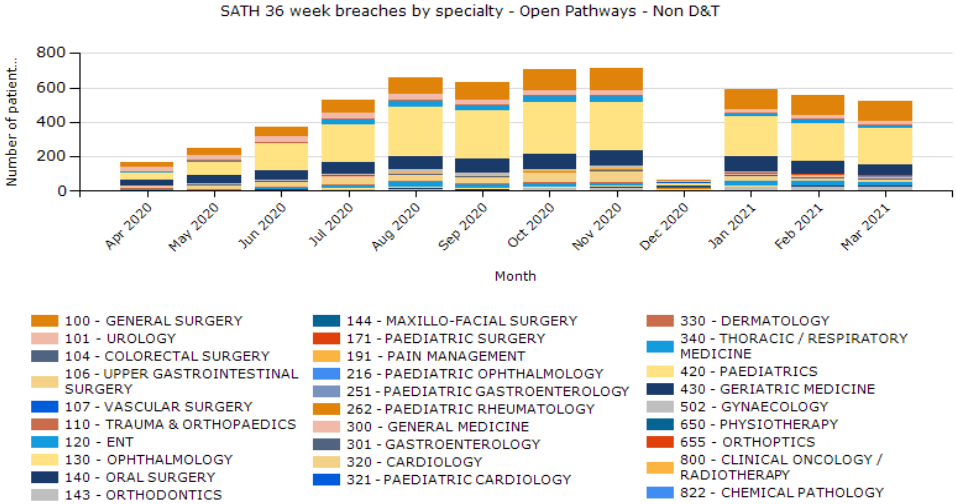
Orthopaedic & District Trust



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Shrewsbury & Telford Hospital

March 2021	Patients Waiting						
Specialty	0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	Total Waiting
100 - General Surgery	345	65	32	65	16	0	523
101 - Urology	194	27	10	15	1	0	247
110 - Trauma & Orthopaedics	3	0	0	2	0	0	5
120 - Ent	158	15	6	12	0	0	191
130 - Ophthalmology	486	98	24	158	25	0	791
140 - Oral Surgery	81	13	10	49	4	0	157
143 - Orthodontics	3	0	0	0	0	0	3
171 - Paediatric Surgery	0	0	3	0	0	0	3
180 - Accident & Emergency	1	0	0	0	0	0	1
191 - Pain Management	0	0	0	8	0	0	8
251 - Paediatric Gastroenterology	6	0	1	0	0	0	7
252 - Paediatric Endocrinology	2	0	0	0	0	0	2
255 - Paediatric Clinical Immunology and Allergy	8	1	0	0	0	0	9
262 - Paediatric Rheumatology	2	0	0	0	0	0	2
300 - General Medicine	75	4	1	5	0	0	85
301 - Gastroenterology	176	24	9	3	0	0	212
320 - Cardiology	169	25	7	3	0	0	204
330 - Dermatology	45	2	0	0	0	0	47
340 - Thoracic / Respiratory Medicine	51	13	20	2	0	0	86
400 - Neurology	4	0	0	0	0	0	4
420 - Paediatrics	30	3	0	0	0	0	33
430 - Geriatric Medicine	10	1	1	0	0	0	12
502 - Gynaecology	133	21	7	19	4	0	184
650 - Physiotherapy	3	0	0	0	0	0	3
655 - Orthoptics	-	-	-	-	-	0	3
658 - Orthotics						0	1
800 - Clinical Oncology / Radiotherapy						0	2
822 - Chemical Pathology						0	9
Total						0	2834



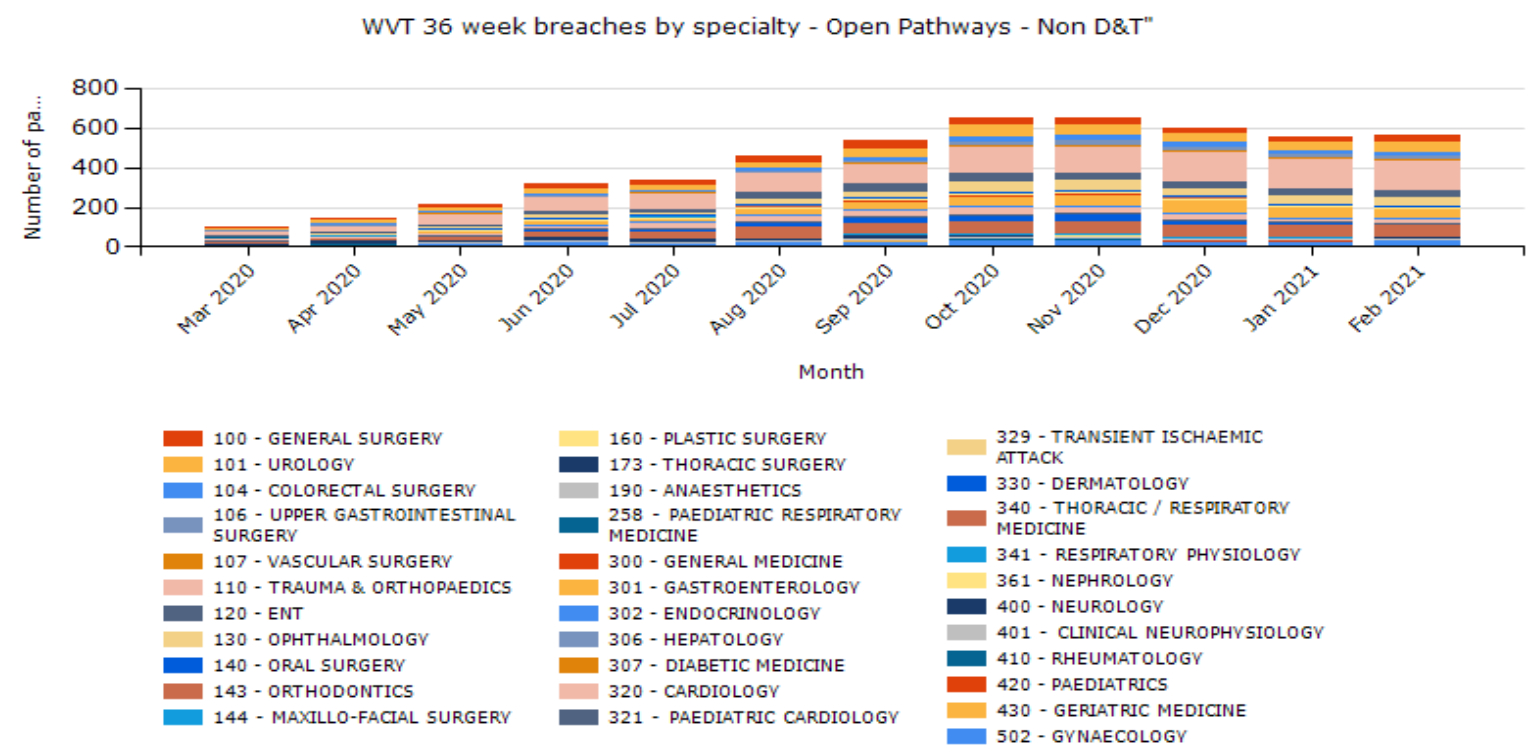
Annexe 1 – RTT Rep

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Wye Valley Trust

February 2021	Patients Waiting						
Specialty	0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	Total Waiting
100 - General Surgery	93	16	18	17	2	0	146
101 - Urology	161	22	28	22	2	0	235
103 - Breast Surgery	59	10	6	2	2	2	81
104 - Colorectal Surgery	80	10	14	4	2	0	110
106 - Upper Gastrointestinal Surgery	28	6	5	7	2	0	48
107 - Vascular Surgery	18	4	3	3	0	0	28
110 - Trauma & Orthopaedics	149	45	45	96	13	0	348
120 - Ent	75	16	18	13	5	0	127
130 - Ophthalmology	289	45	16	18	8	0	376
140 - Oral Surgery	18	0	0	2	0	0	20
143 - Orthodontics	1	0	0	0	0	0	1
144 - Maxillo-Facial Surgery	2	1	1	5	2	0	11
160 - Plastic Surgery	4	1	0	1	0	0	6
173 - Thoracic Surgery	7	0	0	0	0	0	7
255 - Paediatric Clinical Immunology and Allergy	3	0	0	0	0	0	3
258 - Paediatric Respiratory Medicine	2	0	0	0	0	0	2
290 - Community Paediatrics	3	1	0	0	0	0	4
300 - General Medicine	4	0	3	0	0	0	7
301 - Gastroenterology	174	37	40	8	0	0	259
302 - Endocrinology	14	1	1	0	0	0	16
306 - Hepatology	1	0	1	0	0	0	2
307 - Diabetic Medicine	2	0	1	0	0	0	3
320 - Cardiology	130	30	19	3	0	0	182
321 - Paediatric Cardiology	3	0	0	1	0	0	4
330 - Dermatology	120	15	6	3	0	0	144
340 - Thoracic / Respiratory Medicine	77	20	19	39	5	0	160
341 - Respiratory Physiology	0	2	0	0	0	0	2
361 - Nephrology	16	0	0	0	0	0	16
400 - Neurology	57	10	4	1	0	0	72
401 - Clinical Neurophysiology	29	1	1	0	0	0	31

410 - Rheumatology	19	3	2	0	0	0	24
420 - Paediatrics	11	1	1	0	0	0	13
430 - Geriatric Medicine	11	0	0	0	0	0	11
502 - Gynaecology	88	33	23	11	3	0	158
Total	1748	330	275	256	46	2	2657



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Powys THB Finance Department

Financial Performance Report

Performance & Resources Committee – Agenda Item 3.2

Period 02 (May 2021)
FY 2021/22

Date Meeting: 24th June 2021

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Introduction

Subject:	FINANCIAL PERFORMANCE REPORT FOR MONTH 2 OF FY 2021/22
Approved & Presented by:	Pete Hopgood, Director of Finance
Prepared by:	Sam Moss, Deputy Director of Finance
Other Committees and meetings considered at:	Delivery & Performance Group Board

PURPOSE:
This paper provides the Board/Committee with an update on the May 2021 (Month 02) Financial Position including Financial Recovery Plan (FRP) delivery and Covid.
RECOMMENDATION:
<p>It is recommended that the Board/Committee:</p> <ul style="list-style-type: none"> • DISCUSS and NOTE the Month 2 2020/21 financial position. • NOTE that actions required in 2020/21 to deliver a balanced position at the 31st March 2021, including savings delivery. • NOTE and APPROVE Covid-19 Report position reported on page 8 and in the attachments detailed in appendix 1. • NOTE additional risks on delivery of balanced position at 31st March 2022. • NOTE underlying financial position and agree actions to deliver recurrent breakeven for 2022/23.

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

Approval/Ratification/Decision	Discussion	Information
	✓	

Revenue		
Financial KPIs : To ensure that net operating costs do not exceed the revenue resource limit set by Welsh Government	Value £'000	Trend
Reported in-month financial position – deficit/(surplus) – Amber	14	↓
Reported Year To Date financial position – deficit/(surplus) –Amber	29	↑
Year end – deficit/(surplus) – Forecast Green	0	→

Capital		
Financial KPIs : To ensure that the costs do not exceed the capital resource limit set by Welsh Government	Value £'000	Trend
Capital Resource Limit	14,575	↑
Reported Year to Date expenditure	133	↑
Reported year end – deficit/(surplus) – Forecast Green	0	→

Powys THB 2021/22 Plan was approved by the Board and submitted to WG on 31st March 2021, with update due on 30th June for which there is no material change anticipated from original financial plan.

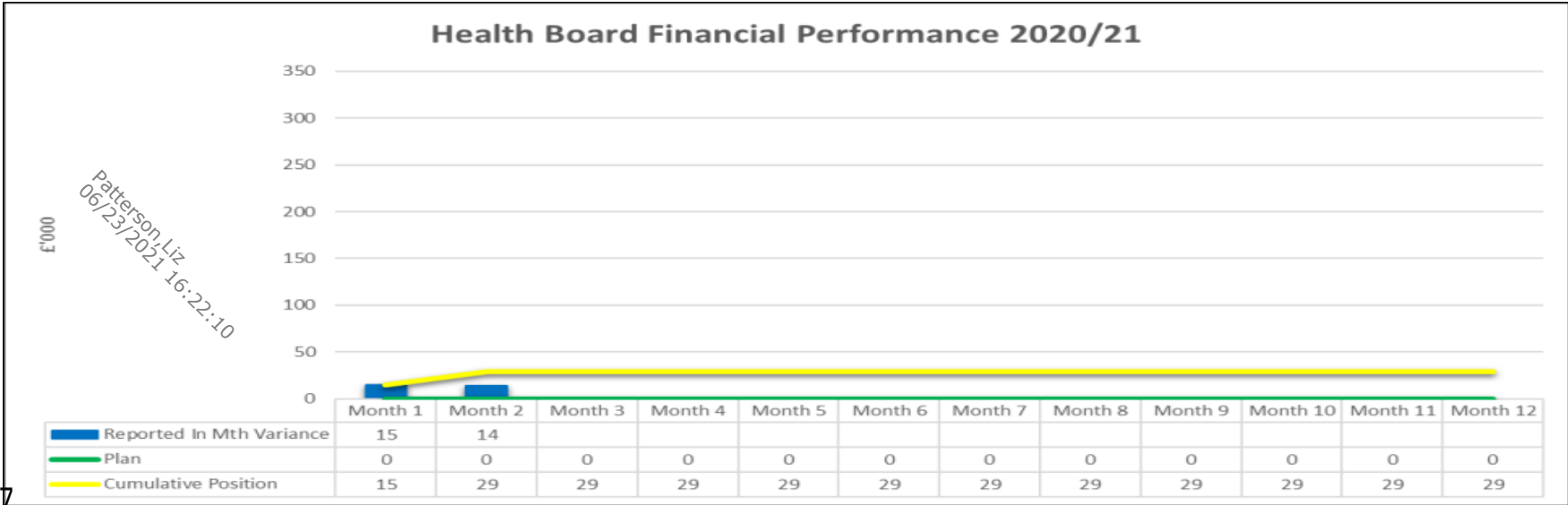
As per 2020/21 spend in relation to Covid is included in the overall position but is offset by an anticipated or received allocation from WG, as per the planning assumptions and so is not directly contributing to the YTD £0.029m over spend at Mth 2.

Excluding Covid the areas of overspend which are a concern at this point in the year are the growth in CHC costs and continued rise in variable pay.

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

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

PSPP figure has not been included for this month as it is only reported on a quarterly basis.



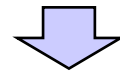
Overall Summary of Variances £000's

	BUDGET YTD	ACTUAL YTD	VARIANCE YTD
01 - Revenue Resource Limit	(59,889)	(59,889)	0
02 - Capital Donations	(22)	(22)	0
03 - Other Income	(971)	(699)	273
TOTAL INCOME	(60,882)	(60,609)	273
05 - Primary Care - (excluding Drugs)	6,738	6,506	(232)
06 - Primary care - Drugs & Appliances	5,120	5,231	111
07 - Provided services -Pay	14,311	14,844	533
08 - Provided Services - Non Pay	5,403	3,255	(2,149)
09 - Secondary care - Drugs	165	214	49
10 - Healthcare Services - Other NHS Bodies	23,139	24,037	898
12 - Continuing Care and FNC	2,536	3,012	476
13 - Other Private & Voluntary Sector	497	567	69
14 - Joint Financing & Other	2,378	2,378	0
15 - DEL Depreciation etc	622	622	0
16 - AME Depreciation etc	(28)	(28)	0
18 - Profit\Loss Disposal of Assets	0	0	0
TOTAL COSTS	60,882	60,637	(244)
TOTAL	0	29	29

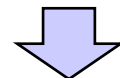
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Please refer to pages 5-8 for further information on key variances and actual performance .

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

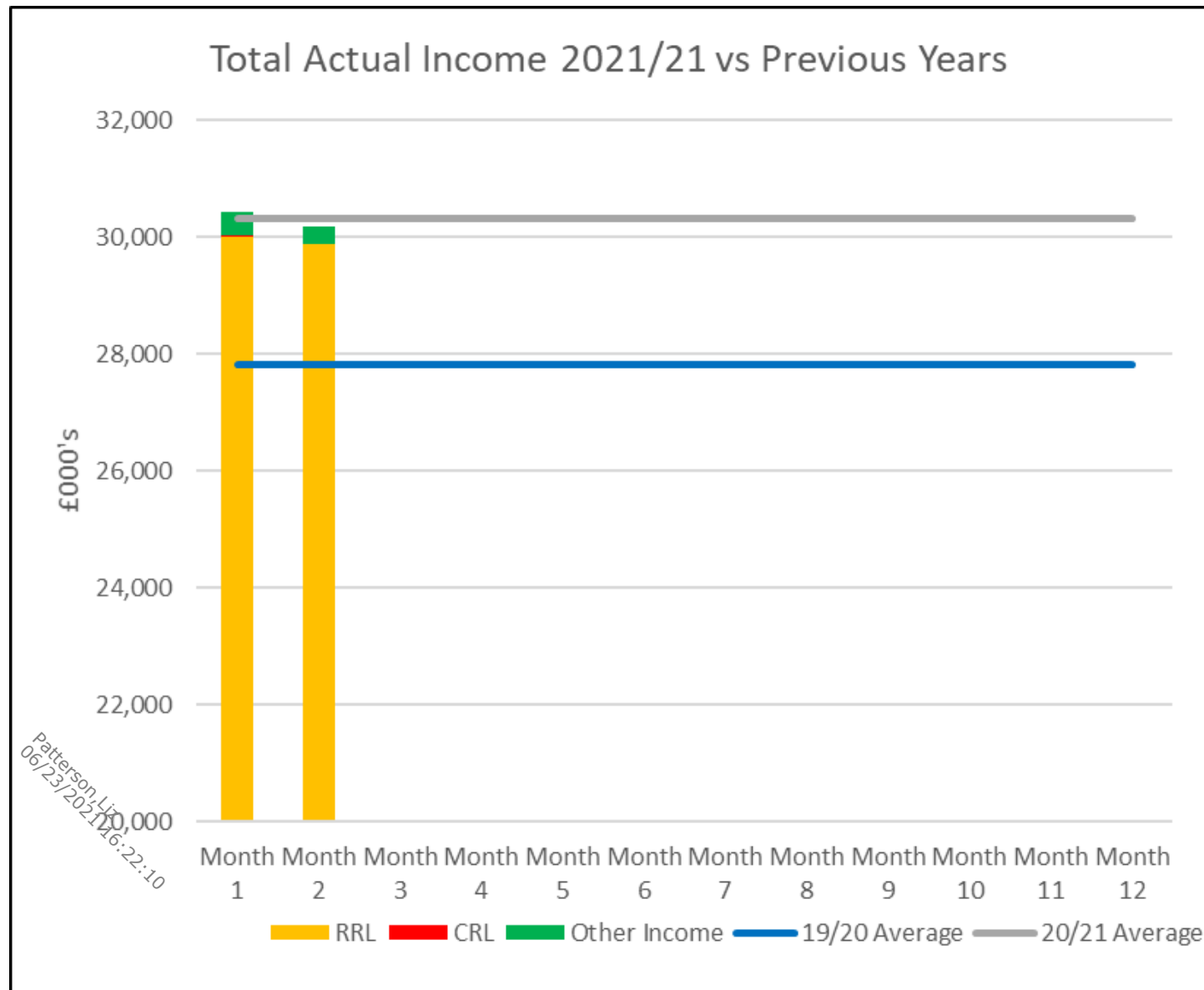


2021/22 Plan	£ M
Unmet Saving Target b/f in Opening Plan 2021/22	5.1
Target to be Delivered Recurrently as per Financial Plan	1.7
Savings supported in 2021/22 by Covid Funding Assumptions	3.4

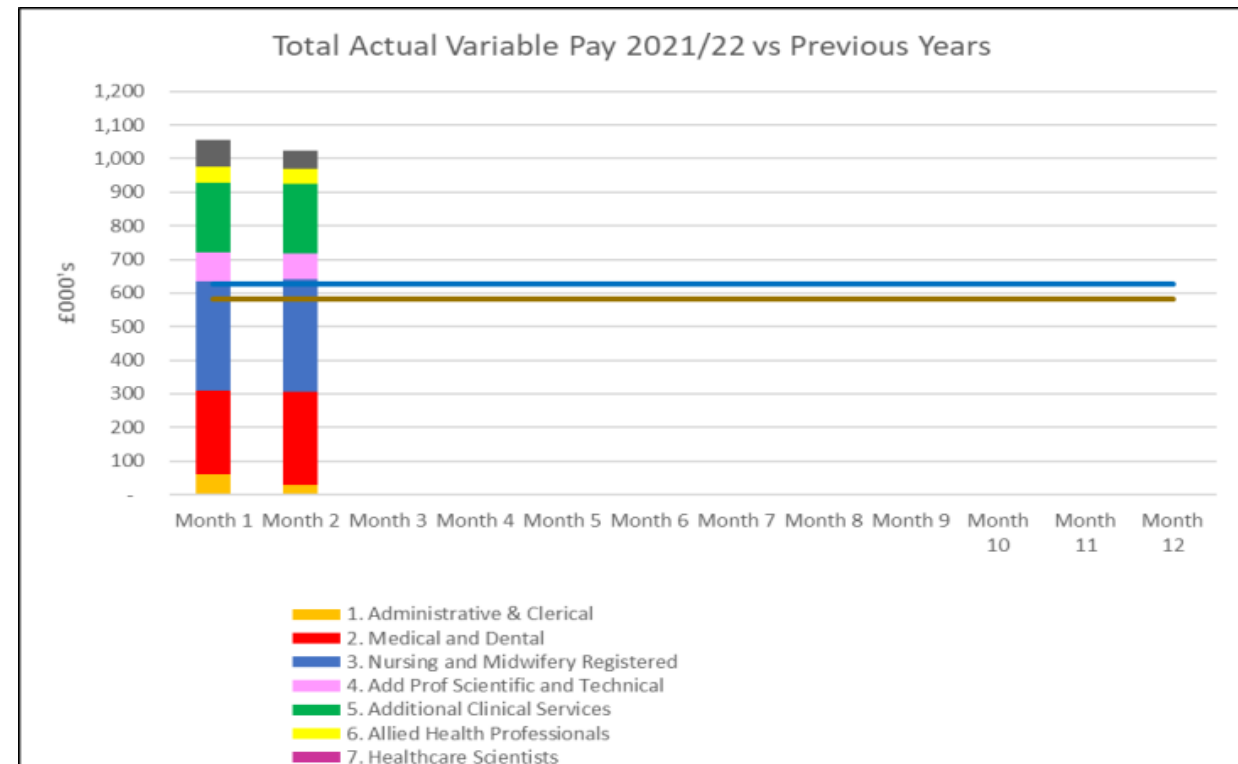
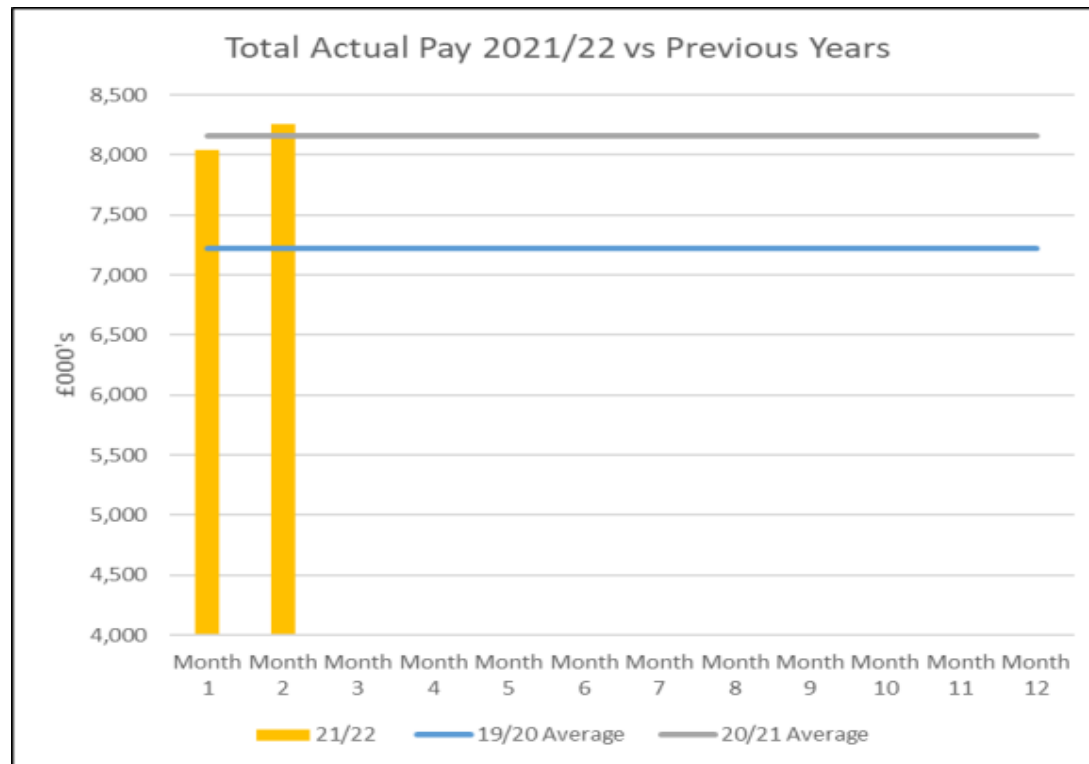


Saving Performance & Delivery 2021/22	£ M
Target 2021/22 as per Plan	1.7
Green Schemes identified to date	0.0
Shortfall / (Over Achievement) on Delivery	1.7

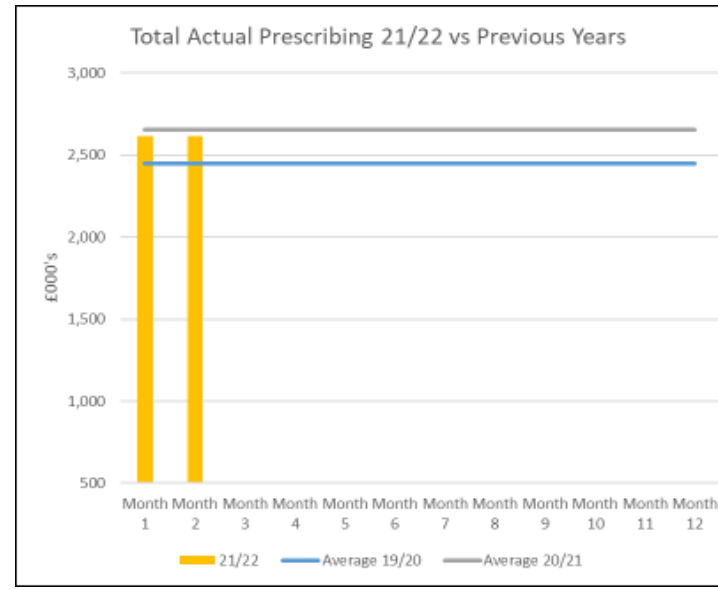
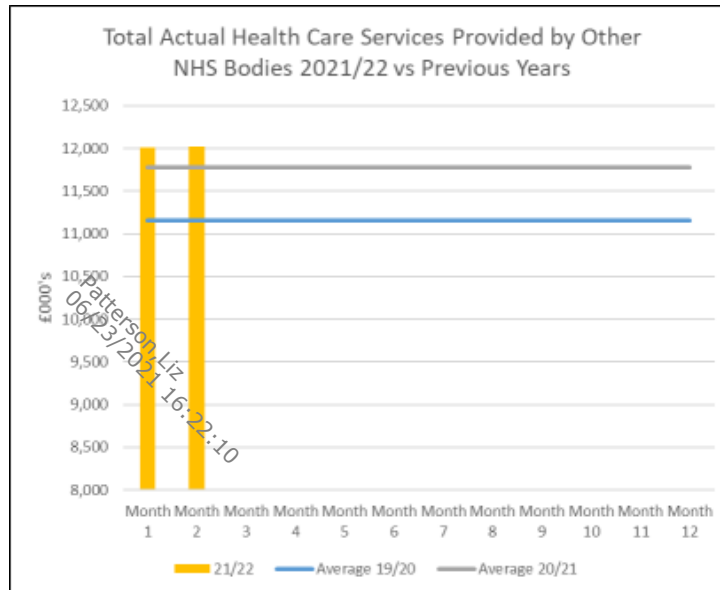
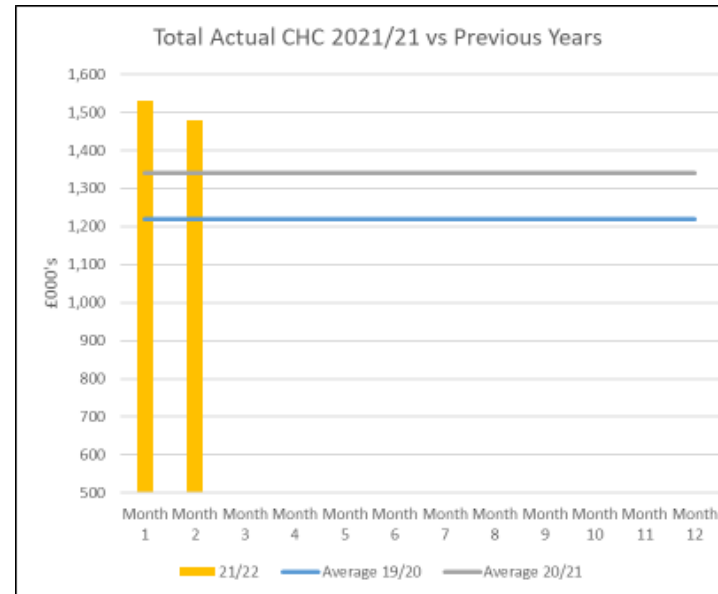
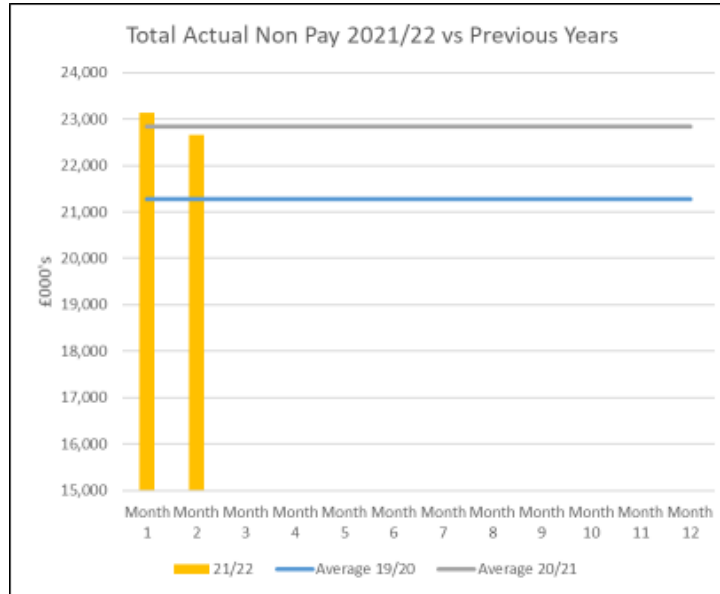
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- The total income received in 2020/21 is significantly higher than the average for 2019/20 due to the £31M of covid funding received from WG and reported in detail in Note 34.2 on the 2020/21 Annual Accounts.
- For 2021/22 it is anticipated at this point in the financial year that the total funding for Covid as part of the RRL will be approximately £28M, and an element this will be included in each month.



- The month 2 YTD pay is showing an over spend of £0.533M against the year to date plan.
- Chart 1 is showing that the total pay position for 2021/22 as in line with the average from 2020/21. However the 2020/21 average would include the bonus payment accrued at the end of 2020/21 along with the notional pension adjustment required by WG in March 2021. Therefore the average for 2020/21 will be higher due to these adjustments which will not be included in the 2021/22 position.
- Chart 2 on variable pay demonstrates there has been a significant increase in Mth 1 and Mth 2 compared to the 2019/20 and 2020/21 average. The Finance Team will be contacting all service areas, who have seen this increase to get an explanation of this movement and the reasons driving the spend.



- Actual Non Pay spend in 2021/22 YTD is significantly higher than the average trend from 2019/20 and slightly higher than the average for 2020/21, which will contain Covid costs along with 2021/22 uplifts for some areas. There are 3 key areas of focus:

- Commissioning – currently the LTAs are paid on a Block arrangement as per the guidance from the DoH and WG as a consequence of C-19. This is based on the 2019/20 Mth 9 position for England and Year End Position for Wales plus relevant uplifts. These figures will also contain the growth in WHSSC and EASC, which are both outside the block arrangements.
- ChC – there has been a significant increase in costs seen in Mth 1 and Mth 2, which excludes any costs associated with Covid and Adult Social Care guidance. CHC has been included a significant risk in table 1 page 9.
- Prescribing – the Mth 2 position is based on the Mth 10 PAR information, which has provided a reduction in spend compared to the first 6-9 months of 2020/21. The first PAR report for 2021/22 will not be received until the end of June 2021 and then the HB will require 3-4 months of data before it can assess the forecast position for 2021/22.

Table 1: Summary Table B3 (see Appendix 1)

Area	Mth 2 Actual £000	Forecast 2021/22 £000
Testing	187	1,278
Tracing	631	3,849
Mass Vaccination	1,649	6,767
Extended Flu	-	-
Field Hospitals	-	-
Cleaning Standards	94	564
General Covid (see table 2)	1,270	10,803
WG Projects#	117	3,516
Total Table B3	3,947	26,777

Table 2: Breakdown of General Covid

General Covid	Mth 2 Actual £000	Forecast 2021/22 £000
Staffing	275	1,703
Loss Dental Income	110	1,445
Primary Care Prescribing	300	1,380
PPE	40	458
Block LTA	498	3,411
Adult Social Care (CHC/FNC)	-	960
Other Non Pay	47	1,445
Total General Covid	1,270	10,803

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

Table 1: Risk Reflected MMR

Risk	£ '000	Likelihood
Under delivery of Amber Schemes included in Outturn via Trac	-1,021	Medium
Continuing Healthcare	-1,300	High
Prescribing	-1,017	Medium
Pharmacy Contract	0	-
WHSSC Performance	-255	Medium
Other Contract Performance	0	-
GMS Ring Fenced Allocation Underspend Potential Claw back	0	-
Dental Ring Fenced Allocation Underspend Potential Claw back	0	-
South Powys Programme	-2,000	Medium
Total	-5,593	

Table 2: Opportunities Reflected MMR

Opportunity	£ '000	Likelihood
Red Pipeline schemes (inc AG & IG)	200	Medium
Potential Cost Reduction	0	0
Slippage on Funding	1,885	Medium
Total	2,085	

The formal Financial Planning process will not commence until the Autumn, with the 2022/23 Allocation Letter issued in December 2021. However the table below starts to provide PtHB with the challenges faced by the organisation for 2022/23 and beyond based on the information available at this point. Please note this is a indicative figure which will change as the financial information and insight available develops.

Indicative Plan 2022/23	£ M
2021/22 Opening Plan Deficit / (Surplus)	5.6
Recurrent Impact from 2021/22 Financial Year - Non Delivery of Recurrent Savings against 2021/22 Target - Operational Growth#	1.7 TBC
Forecast Opening Plan Deficit / (Surplus) 2022/23	7.3

- this will be expanded as the year progresses and further intelligence is gathered on recurrent pressures /increases in expenditure above the 2021/22 Plan.

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Summary

In summary this paper identifies that:

- PTHB is reporting an over spend at month 2 for FY 2021/22 of £0.029M (see page 2).
- Financial Forecast to 31st March is to maintain a balanced plan based on plan submitted to WG and presented to Board on 31st March and whilst there is a further update required by 30th June this will contain no material changes from the initial plan (see page 2).
- To date there are no green savings schemes identified by the Health Board for delivery in 2021/22 to meet the required target as per the plan of £1.7M. (see page 4) .
- PTHB has an Capital Resource Limit of £14.6M and has spent £0.133M to date (see appendix 1).

Key Messages

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

- In addition to the risks detailed in the table on Page 9 there are a number of assumptions that were included in the 2021/22 Financial Plan approved by the Board on the 31st March which are not reported here in detail but were included within the financial section of the Plan submitted and updated in June 2021.
- One of the assumptions within the Plan is that the Health Board deliver £1.7M of savings, with the remaining unmet savings to be supported via assumed Covid funding to 31st March 2022.
- Any changes in the funding assumed within the plan will have an impact on the HB's ability to deliver a balance position based on the 'Opening Plan' position of £5.6M over committed. The 2021/22 Plan also assumes a level of Covid funding which is included as anticipated but yet to be confirmed by WG.
- Based on the principles presented to Board at the end of January no additional savings target was included in 2021/22 plan however this meant that all Budget Holders needed to remain within their funding envelope.
- There is significant risk regarding the 2022/23 Financial Position and an initial assessment of this is provided for the reader on page 10.

Powys THB Finance Department

Financial Performance Report - Appendices

Period 02 (May 2021)
FY 2020/21

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

MMR Narrative



Microsoft Word
Document

MMR Key Tables



Microsoft Excel
Worksheet

Mass Vac Tables



Microsoft Excel
Worksheet

TTP Tables

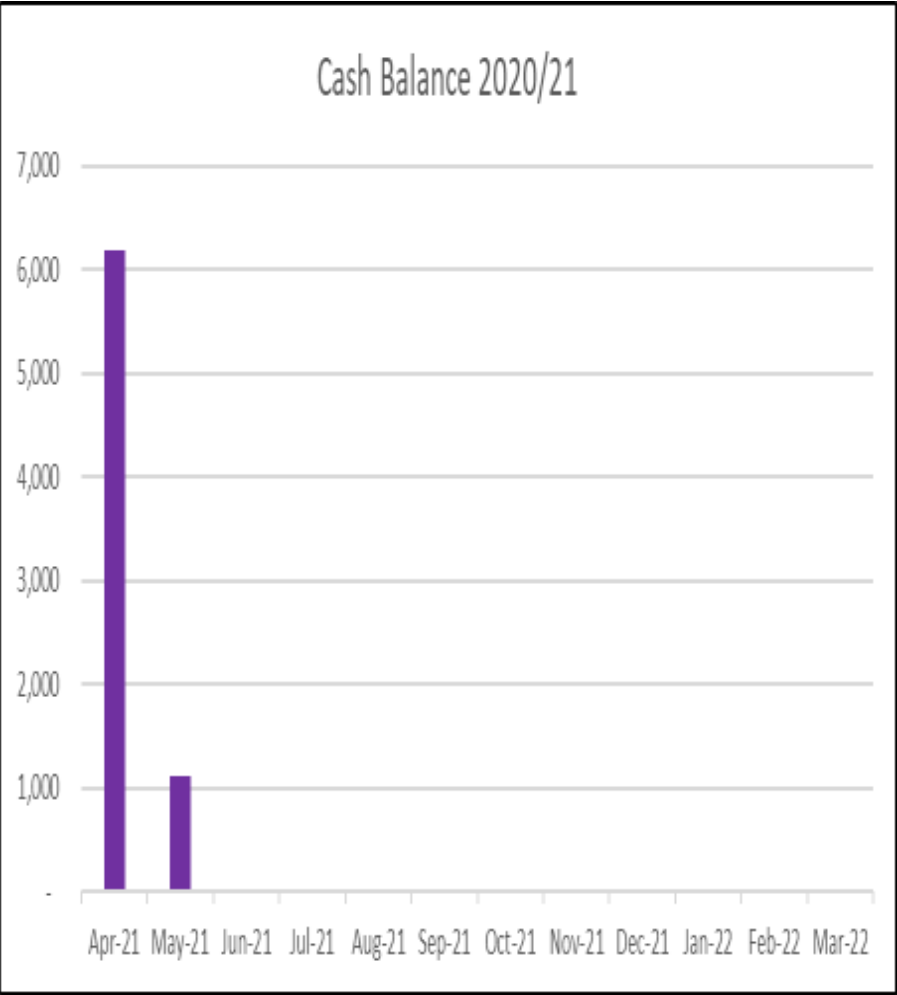


Microsoft Excel
Worksheet

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Scheme	Capital Resource Limit	Annual Planned Expenditure	Expenditure to 31st May 2021
WG CRL FUNDING	£M	£M	£M
Discretionary Capital	1.431	1.431	0.106
Anti Ligature	1.001	1.001	0.027
Machynlleth	9.571	9.571	0.000
National Programmes – Fire	0.557	0.557	0.000
National Programmes – Infrastructure	1.331	1.331	0.000
National Programmes – Decarbonisation	0.332	0.332	0.000
National Programmes – Imaging	0.352	0.352	0.000
Donated assets - Purchase	0.130	0.130	0.000
Donated assets (receipt)	(0.130)	(0.130)	0.000
TOTAL APPROVED FUNDING	14.575	14.575	0.133

	Mth 1	Mth 2	Mth 3	Mth 4	Mth 5	Mth 6	Mth 7	Mth 8	Mth 9	Mth 10	Mth 11	Mth 12
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
OPENING CASH BALANCE	2,627	6,184	1,123	475	539	546	476	506	526	456	476	506
Receipts												
WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA	30,800	25,700	32,500	33,000	26,900	28,300	34,400	25,700	33,000	26,700	28,800	31,133
WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only	- 160	- 160	- 160	- 160	- 160	- 160	- 160	- 160	- 160	- 160	- 160	- 160
WG Revenue Funding - Other (e.g. invoices)	1,551	42	10	10	10	10	10	900	10	1,000	10	1,000
WG Capital Funding - Cash Limit - LHB & SHA only	-	-	200	200	2,363	2,050	1,867	1,813	1,821	1,661	1,215	1,385
Income from other Welsh NHS Organisations	473	281	400	400	400	400	400	400	400	400	400	400
Other	1,064	248	400	400	400	400	400	400	400	400	400	400
Total Receipts	33,728	26,111	33,350	33,850	29,913	31,000	36,917	29,053	35,471	30,001	30,665	34,158
Payments												
Primary Care Services : General Medical Services	2,588	2,262	2,700	2,600	2,000	2,200	2,600	2,400	3,000	3,000	2,400	2,400
Primary Care Services : Pharmacy Services	448	-	500	1,000	-	500	1,000	-	1,000	-	500	1,000
Primary Care Services : Prescribed Drugs & Appliances	1,201	-	1,300	2,600	-	1,300	2,600	-	2,600	-	1,300	2,600
Primary Care Services : General Dental Services	342	433	420	420	420	420	420	420	420	420	420	420
Non Cash Limited Payments	77	169	100	100	100	100	100	100	100	100	100	100
Salaries and Wages	7,443	8,866	7,200	7,200	7,200	7,200	7,200	7,200	7,200	7,200	7,200	7,200
Non Pay Expenditure	18,069	19,312	21,600	18,800	18,800	17,300	21,100	17,100	19,400	17,600	17,500	18,929
Capital Payment	3	130	178	1,066	1,386	2,050	1,867	1,813	1,821	1,661	1,215	1,515
Other items	-	-	-	-	-	-	-	-	-	-	-	-
Total Payments	30,171	31,172	33,998	33,786	29,906	31,070	36,887	29,033	35,541	29,981	30,635	34,164
NET CASH FLOW IN MONTH	3,557	- 5,061	- 648	64	7	- 70	30	20	- 70	20	30	- 6
Balance c/f	6,184	1,123	475	539	546	476	506	526	456	476	506	500



Note – not reported at Mth 2

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Agenda item: 3.3

PERFORMANCE & RESOURCES COMMITTEE		Date of Meeting: 24 June 2021
Subject:	OVERVIEW OF CAPITAL PROGRAMME	
Approved and Presented by:	Hayley Thomas, Director of Planning and Performance	
Prepared by:	Wayne Tannahill, AD Estates & Property	
Other Committees and meetings considered at:	Innovative Environments Group: 20 May 2021 Capital Control Group: 1 June 2021 Project Boards for projects >£0.50M: monthly Estates Capital Team: fortnightly meetings	

PURPOSE:

The paper has been prepared for the Performance and Resources Committee to receive an update on the Discretionary Capital Programme for 2021/2022, with a current status report for major project activity and business cases.

Issues of particular importance or risk are highlighted by exception.

RECOMMENDATION(S):

The position on the 2021/2022 capital spend is provided for **discussion and information**, along with a status report on major capital project activity.

Approval/Ratification/Decision	Discussion	Information
x	✓	✓

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

Strategic Objectives:	1. Focus on Wellbeing	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 delivery of the capital programme was affected by COVID-19 during the 2020/2021 financial year period, impacting the progress of schemes, supplier and contractor costs, availability of materials and access to clinical areas to deliver projects.

These pressures continue, to a lesser extent, into the 2021/22 financial year in terms of a reduced need for direct support to COVID-19, but a potential significant construction industry material supply issue, which could impact availability, cost and project programmes.

On a positive note, the Health Board has benefitted from significant increase in capital allocation in 2021/22 with the Welsh Government (**WG**) committed Capital Resource Limit (**CRL**) at £14.575M, which is already the highest level, by far, for many years and doesn't include potential further project approvals, slippage or other funding streams. This will put pressure on the existing internal capital team resource to deliver against this step change in activity and approval has been given to engage a further three substantive Project Managers, funded by capital monies, to keep pace with the workload.

The following matters will be covered by the paper:

Discretionary Capital Programme 2021/22: overall CRL in excess of £14M inclusive of the £1.431 Discretionary Capital allowance, Q1 sees the initiation of

the Capital Programme schemes agreed at Board and included at **Appendix A** for reference.

Estates Funding Advisory Board (EFAB): PTHB successfully secured £2,218,576 additional funding across a number of technical / specialist areas including; decarbonisation, fire, infrastructure and mental health. This has meant that exceptional items, such as one-off roof repairs previously included in the initial draft Capital Programme, no longer need to be funded by Discretionary Capital, enabling circa £0.455M to be reallocated to other priority schemes in the discretionary programme.

All Wales Capital Funding (AWCF) / Integrated Care Funding (ICF) – major project update: there are a number of major projects including North Powys Programme, Llandrindod Phase 2 and Brecon Car Park where PTHB has developed and submitted business cases to WG. Approval of the Full Business Case was received for Machynlleth in April and works have commenced on site with status for other business cases set out in the detailed section of this paper.

Capital Team Resource: significant increase in capital expenditure in 2021/22 has resulted with the review of capability and capacity of the capital team. The proposal, which has received support by the Innovative Environments Group due to the pressing need for this to be progressed 'in year', for three additional Project Managers, is funded by the capital allocation.

Audit: despite a challenging year in 2020/21, the department secured a 'substantial' assurance from the NWSSP Audit and Assurance, Capital Systems audit. Llandrindod Phase 1 was also audited during Q4 of the 2020/2021 financial year period and has reported a 'limited' assurance, however, some elements of the report remain unresolved. WG also commissioned a Gateway Assurance review on Llandrindod Phase 2 Programme Business Case, which received a positive Amber rating with the outcome report included at **Appendix B**.

DETAILED BACKGROUND AND ASSESSMENT:

Last Financial Year, Discretionary Capital Programme 2020/21: the Capital allocation of £6.6M was spent to within £27K of budget. This spend was higher than normal due to circa £1.9M allocated for COVID-19 related to oxygen bulk storage tank (VIE) provision, installation of ventilation systems at Brecon, Llandrindod and Welshpool hospitals, with significant support from the Estates team. Just over £1M was also awarded from WG capital slippage monies in mid-January and this enabled some essential works to be undertaken, such as the boiler replacement at Ystradgynlais hospital (£220K), as well as equipment replacement, etc. This late allocation of slippage monies posed some challenges with delivery in timeframes but reflects the nature of the funding opportunity. A further £0.44M was allocated from ICF in support of the Health and Care Academy project at Basil Webb, Bronllys.

Current Discretionary Capital Programme 2021/22, 2022/23: The programme of works which relates to the £1.431M annual capital allocation was 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 into the 2021/22 programme of works
- 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 also important to remain agile to respond to changes in priority or opportunities such as alternative funding streams
- The compliance pipeline now includes a number of programmes of work to be delivered over 3-6 years responding to key compliance areas such as fire compartmentation, building management systems (BMS) upgrades and thermostatic mixer valves (TMV) related to water safety compliance. Again, it is important to remain agile with a number of 'reserve' schemes available should additional WG funding become available

The Board approved the 2021/22, 2022/23 discretionary capital programme at its meeting on 31 March 2021 and is included at Appendix A, with consideration for the need for an agile approach, the Capital Programme reflects the positive nature of the changes resulting from the successful EFAB bids outcome in early March.

Powys LHB	
2021/22 Capital Resource Limit (CRL)	2021/22
	£m
1) DISCRETIONARY CAPITAL FUNDING [A]	1.431
2) CAPITAL PROJECTS WITH APPROVED FUNDING [B]	13.144
Anti-ligature	1.001
Machynlleth	9.571
National Programmes – Fire	0.557
National Programmes – Infrastructure	1.331
National Programmes – Decarbonisation	0.332
National Programmes – Imaging	0.352
TOTAL CRL [C = A+B] (Approved Funding)	14.575

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	£1.17K 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 was allocated in 2020/21 with a further £1M committed this financial year.
Blended Funding: AWCF, ICF & Regeneration: North Powys Project	£60M+ overall Programme Business Case submitted. All scrutiny comments responded to with some remaining queries in relation specifically to 'Synergies', 'Digital' and 'Decarbonisation'. Meeting with WG panel to discuss mid-May with updated PBC in June.
Community / AWCF: Brecon Car Park	£1.4M Business Justification Case submitted to WG. Scrutiny comments received 25 May with the team drafting a response.
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. The majority of work was completed in 2020/21 with some residual works having to be picked up via Discretionary Capital.

Machynlleth Redevelopment (All Wales Capital Funding: ringfenced Primary Care Phase 1 funded): £14.9M FBC submitted in November 2020. Full approval was received 24 March 2021 in the sum of £15.188M (including funding allocated in previous years) which also included an extra £256K in respect of a photo voltaic (PV) array to the roof linked to decarbonisation measures. Works have now commenced on site, 17 May 2021, with a 79-week programme.

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Machynlleth: front of hospital improvement / part new build

Llandrindod Wells Reconfiguration (All Wales Capital Funding): the £11-14M Programme Business Case for **Phase 2** has been submitted to WG, with scrutiny feedback received; scrutiny response to be collated and returned. The first Business Justification Case is important to protect the investment from Phase 1 in the front of the hospital and WG are supportive of a submission which largely addresses building fabric and infrastructure services (window replacement, roof repairs, lift replacement, boiler replacement, uplift of main entrance, etc.). Work needs to progress on the development of the BJC as a priority and this was supported by the outcome findings from the Gateway Assurance Review (see below). The work on the further operational and clinical development of the hospital will need to begin, to support further BJC bids in due course to strengthen resilience and services at the Regional Rural Centre.

A **Gateway Review Assessment** was commissioned by WG on the Phase 2 Programme Business Case: the Delivery Confidence Assessment (DCA) for this first Gateway Assurance Review for the Llandrindod Wells Hospital Reconfiguration Project was undertaken between the 28-30 April 2021. An 'amber' status was awarded meaning that the successful delivery of the programme appears feasible, but significant issues already exist requiring management attention. These appear resolvable at this stage and, if addressed promptly, should not present a cost/schedule overrun. The Senior Responsible Officer and Programme Team are aware of these challenges and will address and monitor in action plan format. The full final report is included at **Appendix B**.

Audit: fieldwork for Llandrindod Phase 1 project has been undertaken during Q4, with a 'limited' assurance report NWSSP Audit & Assurance. The time/cost and quality issues experienced on this scheme as a result of a number of factors outside of PTHB control have been well documented.

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Air Handling Unit (AHU) – legal update: The Board was appraised of the issues related to design deficiencies related to the Endoscopy air handling unit and other design deficiencies in September 2019 and the requirement to remedy the defects and initiate a process to reclaim costs expended. On 10 June 2020, the Executive Committee supported the appointment of legal advisors for a cost of up to £12.5K plus VAT to provide initial legal advice with subsequent approval for further expenditure, circa £15K plus VAT to continue the commission with Bevan Brittan to engage expert opinion and provide guidance on the issue of a letter of claim. Current status is that the Principal Designer has been formally put on notice of claim and the expert advice, which has reflected positively on the PTHB position, is being incorporated into a letter of claim along with details the financial value; this will enable an initial claim meeting to take place. If there is no offer of settlement, then a formal process will be entered into - any key decisions on settlement will be brought to the appropriate PTHB forum for agreement.

The project to replace the defective air handling unit has been successfully completed and commissioned, and the endoscopy unit is now available for occupation and use.



Replacement Endoscopy air handling unit in roof top plant room with appropriate access stair

ICF: Bronllys, Health and Care 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 'adaptive of daily living' suite. Work on the Basil Webb, building will be completed in July 2021 with subsequent IT fit out – a bid to ICF for the balance of funding is being considered via Cross Cutting and Resource Oversight Group.

Brecon Car Park: the Business Justification Case was submitted to WG in January 2021, with the scrutiny grid received at the end of May; once the scrutiny grid response has been returned a meeting will be arranged with WG to discuss funding support – the last Capital Review Meeting in May was less

positive than had previously been the case in terms of the likelihood of an early award of funding. The community fund raising has been significant in support of this project and the parking issues continue to be a restrictive factor for service delivery and patient accessibility. The scheme will have a positive impact for electric vehicles and decarbonisation but the initial groundwork on this steeply sloping site would dictate a summer start on site and this would not be practical in the winter period, when access to WG capital slippage support is most likely. The tenders for the project were received at the end of 2020, and whilst the contractors have been contacted and will currently stand by their prices, this is not likely to be the case as time elapses and any potential material shortages become apparent (should be relatively limited on this scheme).

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

In order to maximise this opportunity a number of project bids were developed across the specified topic areas to the value of £5M. PTHB has successfully secured £2,218,576 of additional funding, equating to 6.27% of overall national budget. Approved schemes are: -

- **Fire:** £556K to complete fire compartmentation at Welshpool and Knighton
- **Infrastructure:**
 - Ystradgynlais roof (phased) £968K
 - Brecon roof: £183K
 - Newtown boilers: £180K
- **Decarbonisation:** £331K for 3 Building Management System scheme upgrades. which will improve heating control and monitoring, enabling remote management of building services systems.

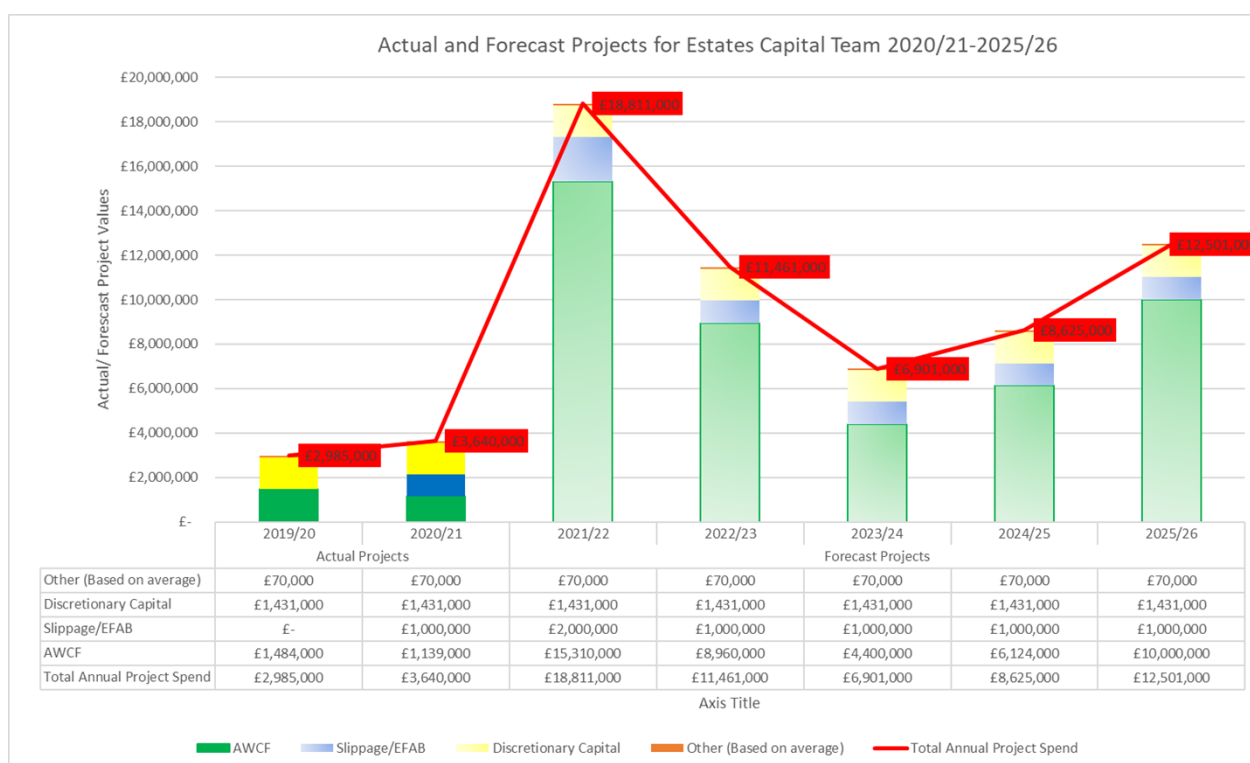
Securing these schemes in these categories will provide significant assistance in accelerating estates compliance programmes of work across the estate and, therefore, act to mitigate targeted risks in a reduced timeframe.

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

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

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Capital Team Resources: due to the significant step change in capital expenditure in 2021/22, and to sustainably support the future ambition of the Capital Programme Pipeline and requirements of the organisation's Health and Care Strategy, it has been necessary to review the capability and capacity of the capital team. The capital team is accountable for the delivery of PTHB's Capital Programme. This includes delivery of our recurrent discretionary programme of £1.431M per annum, but also covers a range of other funding streams including; charitable, League of Friends (**LoF**), Revenue and Welsh Government All Wales Capital Funding (**AWCF**), Integrated Care Funding (**ICF**), etc. The graph below shows the actual and 5 year forward-look forecast programme of activity based on Discretionary Capital (assured), annual Capital slippage and EFAB (predicted) and current business case activity:



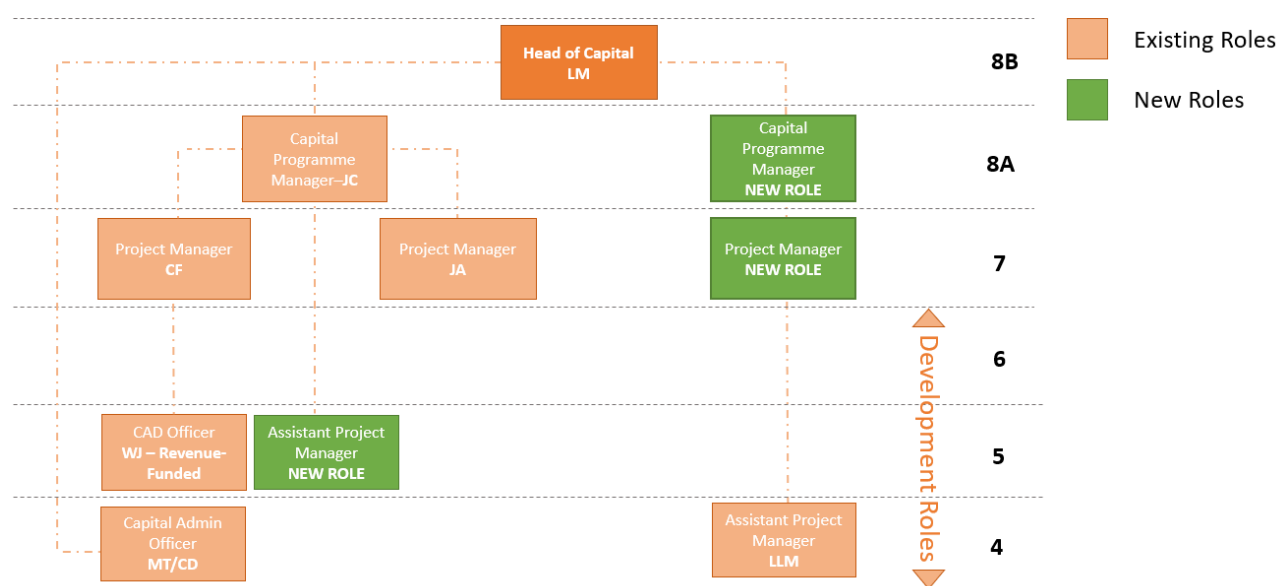
This forecast demonstrates a minimum capital expenditure (over the next 5 years) of circa £7M, with peaks of up to circa £19M. Based on a staff cost allowance of 8% against projects, this would notionally support a minimum staff cost of £560K.

The cost of the existing team is circa £348K per annum and is pitched to align with the historical average pipeline capital income. Further staff are engaged, usually via approved agencies or frameworks to manage periods of enhanced income and activity, although this is not ideal as short term appointees need time to be briefed on Capital Procedures and supported through their initial appointment period. The existing team are working at full capacity as the workload has grown over recent years.

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The new capital structure responds to the planned increase in project activity particularly in relation to major projects with a value of >£500K, which requires further governance arrangements such as the development of a project board to monitor progress and quality. The proposal outlines the additional staff of 1x Band 8a Capital Project Manager, 1x Band 7 Project Manager, and 1x Band 5 Assistant Project Manager resulting in a proposed cost per annum at £510K.

The capital team is not funded from the Estates revenue budget and the structure in terms of permanent staff is dependent on the level of capital investment from Welsh Government, with internal resource costs being an inclusive element of the capital project outturn costs.



Capital Team Structure, incorporating 3 new posts

The Innovative Environments Group supported the immediate recruitment needs for the capital team, in recognition of the significantly increased activity but also in acknowledgment that there is no pressure to staff revenue costs due to staffing costs being capitalised.

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

Risks:

- **Resource:** the Health Board has developed an ambitious programme of capital projects and propose an increase to resources in support. Future department plans need to take account of the particular recruitment challenges due to Powys' rurality and geographical spread. The revised capital team structure, therefore, includes suitable development and

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succession planning opportunities which is an important element of the long-term plan for Capital workforce development.

- **Project Prioritisation:** as further funding is secured or priorities change rapidly due to emerging operational risks (boiler failures, roof leaks, etc.), the pipeline needs to continue to be flexible in terms of prioritisation and reassessment/ re-prioritisation as need demands, whilst also maintaining a suitable governance approach.
- **Pressure on Discretionary Capital:** it remains important to note that any overspend on major capital projects is required to be absorbed by Discretionary Capital funding, which is a comparatively low value when compared to the scale of the major project programme, meaning a relatively small percentage cost pressure would have a significant impact on the discretionary capital programme. PTHB will continue to seek additional contingency level support from WG for major projects in recognition of this risk.
- **Construction industry material shortages:** the significant step up in construction activity in 2021 has coincided with Brexit and coronavirus leading to limited availability of certain material groups (cement, metals, timber, etc.) – this is leading to price increases, shortages and delay in supply which are likely to affect cost and timeframes on projects. Welsh Government have recognised this potential pressure but are yet to advise if any support measures will be put in place – the risk will sit with client organisations for exceptional and unforeseen circumstances of this kind, and this will put significant pressure on contingency allowances.

NEXT STEPS:

- Delivery the Discretionary and EFAB and other capital schemes in financial year, within cost, time and quality constraints.
- Support major project activity for Machynlleth, North Powys, Llandrindod Phase 2 and Brecon Car Park.
- Recruit to additional resource within capital team to enable successful delivery of the step up in project activity within financial year constraints for 2021/22.
- Develop the Innovative Environments Strategic Framework as a priority to provide the context and ambition for capital investment for the health board long term planning.

APPENDIX A; DISCRETIONARY CAPITAL PROGRAMME

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

General Projects

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

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

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

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

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APPENDIX B; OGC Gateway™ Review 0: Strategic assessment



Llywodraeth Cymru
Welsh Government

OGC Gateway™ Review 0: Strategic assessment

Programme Title:	Llandrindod Wells Hospital Rural Resource Centre
IAH ID number:	AH 21/06

Version number:	Final v1.0
Senior Responsible Owner (SRO):	Hayley Thomas
Date of issue to SRO:	30/04/2021
Department/Organisation of the Programme	Powys Teaching Health Board
Review dates:	28/04/2021 to 30/04/2021
Review Team Leader:	Martin Dove
Review Team Members:	Elyssia Dunmore Eldeg Rosser Michelle Wozencraft
Previous Review:	Not applicable – first review
Security Classification:	Official

This assurance review was arranged and managed by:

Welsh Government Integrated Assurance Hub (IAH)

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Cardiff

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1.0 Delivery Confidence Assessment (DCA)

<u>Delivery Confidence Assessment:</u>	Amber
<p>The Delivery Confidence Assessment (DCA) for this first Gateway Assurance Review for the Llandrindod Wells Hospital Regional Rural Centre (LWHRRRC) in Mid-Powys is Amber. This means that successful delivery appears feasible, but significant issues already exist requiring management attention.</p> <p>The Programme Business Case (PBC) BC for the LWHRRRC forms part of Powys Teaching Health Board's (PTHB) Healthy Caring Powys Strategy, as one of a spine of 3 RRCs. It is with Welsh Government for endorsement and as part of the process they have requested additional information from the Health Board. Following this four Business Justification Cases (BJCs) will be prepared. LWH is recognised as being some of the oldest NHS estate in NHS Wales.</p> <p>The first BJC is largely specialist technical estate works to complete and complement the phase 1 development (which finished last year) and ensure compliance with key critical infrastructure requirements (eg lift, boiler, windows, roof, electrical). This will be followed by three BJCs which are needed to complete the process of bringing the whole LWH site up to present day service delivery and fit for purpose healthcare estate standards. This requires integrated healthcare and estate planning, taking into account post-pandemic needs, the growing impact of digital on service delivery, the opportunity for further service repatriation, while reflecting the proportionality of project size and population served.</p> <p>The DCA for this early stage Phase 2 Programme Business Case (PBC) confirms:</p> <ul style="list-style-type: none"> • The need to deliver this programme now. • The strategic fit of the programme with national and PTHB health and care and other strategies and objectives, as part of three RRCs, including Newtown and Brecon, together with the need to complete bringing the whole LWH estate up to a fit for purpose standard for modern health care services. • Continuing stakeholder support, following the completion of phase 1 development, including from interviewees, the Health Board and Welsh Government. • Identification at a high level of the likely content and scope of the work required, recognising that more detailed service planning, requirements and cost identification is needed. • Strong SRO and senior estates and property leadership, supported by a growing capital team, who encourage a learning environment and are building on experiences learned from LWHRRRC phase 1, plans for delivery of Machynlleth Community Hospital and the PBC for Newtown RRC. • Broad estimates of LWHRRRC costs with a range up to £14m, with delivery over 3 to 5 years, with an anticipation of funding availability from Welsh Government, subject to the common challenges of capital availability during the post-pandemic recovery. 	

These indicate that the LWHRRC, while in its start-up phase, is well positioned to move forward. However, there are also a number of significant issues needing attention now, to take forward successful delivery. These include:

- A need to take forward the mobilisation of the programme despite constraints and competing priorities, while recognising the importance of Welsh Government's endorsement of the PBC. This includes actions to: establish more local ownership and leadership for the LWHRRC; develop a more detailed plan for PBC and BJC delivery; mobilise the team, including appointing a project manager and confirming LWH site management and coordination arrangements; and accelerate the preparation of BJC1, which contains a number of key health and safety and essential infrastructure elements and appears to be ready to proceed now.
- A need to mobilise a service planning and change group for LWHRRC and the subsequent BJCs, including a focus on further repatriation, future mental health provision, new digital service and infrastructure requirements, and future use of buildings which are not fit for healthcare use. This will help develop the service and capital and estates balance needed in the programme.
- More detailed work needed to address key financial and commercial issues. There are significant concerns that the 10% project cost financial contingency and lack of optimism bias provision in the PBC is likely to be insufficient to meet the significant delivery risks costs from the extensive refurbishment of a very old hospital in a remote location, taking place in a live clinical environment. There is also a need to consider options and develop a procurement plan across the four BJCs, while also considering the need for early contractor engagement, given the complications and challenges of refurbishment buildability, long distance delivery and supply chain management.
- A need to carefully integrate service planning and project delivery work which is done 'once for Powys' with those elements of delivery which are contained within individual projects. The Integrated Environments Group (IEG) provides the portfolio control of service and capital and estates strategy and delivery. Governance, project delivery and benefits management (eg carbon capture, repatriation and digital) responsibilities need to be clearly defined between IEG and the LWHRRC and other projects.

The SRO and Programme Team are aware of these challenges and the Review Team consider they appear resolvable at this stage, if addressed promptly.

1.1 Delivery Confidence Assessment

The Delivery Confidence Assessment RAG status uses the definitions below.

<u>RAG</u>	<u>Criteria Description</u>
Green	Successful delivery of the programme to time, cost and quality appears highly likely and there are no major outstanding issues that at this stage appear to threaten delivery.
Amber/Green	Successful delivery appears probable. However, constant attention will be needed to ensure risks do not materialise into major issues threatening delivery.
Amber	Successful delivery appears feasible but significant issues already exist requiring management attention. These appear resolvable at this stage and, if addressed promptly, should not present a cost/schedule overrun.

Amber/Red	Successful delivery of the programme is in doubt with major risks or issues apparent in a number of key areas. Urgent action is needed to ensure these are addressed, and establish whether resolution is feasible.
Red	Successful delivery of the programme appears to be unachievable. There are major issues which, at this stage, do not appear to be manageable or resolvable. The programme may need re-baselining and/or overall viability re-assessed.

2.0 Summary of Report Recommendations

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

Ref No.	Recommendation	Urgency (C/E/R)	Target date for completion	Classification
1.	Define and develop governance and delivery responsibilities at IEG portfolio level, RRC Programme level and for each local RRC project	E- Essential	Do by 07/21	1.1
2.	Ensure sufficient levels of contingency and optimism bias are included in the BJCs to reflect the higher scale of delivery cost uncertainty prevalent in work on an old hospital site like LWH	C- Critical	Do now	5
3.	Develop procurement solutions for all BJCs, including consideration of early contractor engagement in design, buildability and programme, recognising the challenges of the remote RRC location	C- Critical	Do now	7.1
4.	Set up a local stakeholder group to encourage local ownership, leadership and vision for the LWHRRRC programme and individual PBC packages	E- Essential	Do by 07/21	2.2
5.	Establish health board wide approaches to benefits management and measurement for benefits such as carbon capture, service repatriation, digital services and wider economic advantages	E- Essential	Do by 07/21	6
6.	Mobilise the team, including the appointment of a project manager, to start the delivery of the LWHRRRC programme, and confirm site management and coordination arrangements	E- Essential	Do by 07/21	8.4
7.	Create a service and change planning group to take forward the design of the LWHRRRC, including a specific focus on service repatriation and new mental health service models	E- Essential	Do by 07/21	12.1
8.	Ensure new digital service and infrastructure service and development requirements are identified and costed in the BJCs	C- Critical	Do now	8.3
9.	Accelerate the development of the BJC1 technical package for the front of the LWHRRRC, including key projects such as the boilers, the lift and windows	C- Critical	Do now	3.1

Ref No.	Recommendation	Urgency (C/E/R)	Target date for completion	Classification
10.	Develop a detailed plan for delivery of the packages in the PBC including critical path analysis, including an Integrated Assurance and Approvals Plan	C- Critical	Do now	10.2

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

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

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

Classification nos. - These refer to the Welsh Government Integrated Assurance Hub's Classification.

3.0 Comments from the SRO

This is an insightful and helpful report and an action plan will be developed to address the recommendations. Further work is being undertaken to test the 'four BJC' approach', therefore this is indicative rather than firm at this stage and will be developed alongside the detailed service planning.

It is helpful that some of the recommendations have considered pan Powys approaches. We will reflect further on the IEG role, Portfolio management, Integrated Assurance and Approvals Plan, definition of digital services and local ownership.

I would like to thank the Gateway Review Team for your insights. I have received positive feedback from colleagues who participated in the review.

4.0 Background

The aims of the programme

The PBC sets out a series of capital projects to complete the development of LWH into a RRC, a key priority of the refreshed Integrated Medium-Term Plan 2019/20-2021/22 (IMTP) based on the objectives of the Health and Care Strategy: A Healthy Caring Powys. This will help address estates compliance issues and ease pressure on the discretionary capital budget, but also allow time for a strategic view of service delivery in the second half of the hospital, and support a phased series of reconfiguration and enhancement project developments. This will act to support and underpin one of the three key RRCs sites in Powys.

The programme follows on from a phase 1 development (which is still in progress) has been categorised into distinct elements, each containing a series of projects which focus on a specific area of the hospital.

The packages are as follows:

- Package 1 up to £4m – Works Required to complete the front Block (Phase 1 includes Basement asbestos removal, Replacement water Tanks, Catering and Kitchen, Lift Refurbishment and Lobby, Improved Plant Access, Main entrance area, Window Replacement, Boiler House Upgrade).

- Package 2 up to £4.5m – Works Required to the remainder of the Hospital (Claerwen ward, MIU refurbishment, Physiotherapy refurbishment, Theatres means of escape)
- Package 3 up to £3m – Upgrade of adjacent properties – adjacent houses (community mental health services), mortuary, ambulance station,
- Package 4 up to £1.3m – External works - Car parking enhancements and others on land adjacent to Hazels.

The driving force for the programme

Investment is required to 'complete' the development of LWH into a 'RRC'. This would also mean developing the site to have minimal backlog maintenance and address estates compliance issues. This will meet key drivers including:

- National Drivers - The Well-being of Future Generations (Wales) Act 2015. The Environment (Wales) Act 2016, with particular reference to the National Climate Change Emergency and how the proposed works will contribute to carbon reduction. A Healthier Wales: our Plan for Health and Social Care Prosperity for All: The National Strategy (Wales). The Social Services and Wellbeing Act (2014).
- Local Drivers Health and Care Strategy: A Healthy Caring Powys. PTHB's Integrated Medium-Term Plan 2019/20-2021/22. PTHB's Environmental policy.
- COVID-19 and upgrading hospital environments to current guidance, i.e. ventilation, oxygen supply and bed spacing. Maximising the use of digital technology to improve access to and delivery of care and support new ways of working.

In response to the strategic drivers outlined above, PTHB is working towards a model of service which aims to: further develop the integrated delivery of community-based health and social care: maximise opportunities to deliver integrated services as close as possible to where people live; make best use of the resources available; reduce commissioning costs for out-of-county providers by striving to bring as many services back into Powys as possible; deliver services in county where it is both safe and appropriate to do so; develop an estate that is fit-for-purpose and better meets service needs; reduce carbon emissions by addressing compliance and backlog maintenance issues and to allow for the effective management of systems; and extend the range and volume of services available.

Key benefits from the programme are to:

- Complete works necessary to develop LWH into a RRC.
- Support Decarbonisation.
- Provide innovative environments which are able to support advancements in digital technology.
- Develop a fit for purpose estate aligned with strategic healthcare needs.

Service benefits include:

- Further enhanced range of local services supporting PTHB's strategy of developing a central spine of RRCs within Powys.
- Improvements to inpatient care based on bed activity and reflect any aspirations for therapeutic and community-based care.
- Improvements to end of life care locally.
- Improvements to Services being delivered from the rear of the hospital including Minor Injuries and Physiotherapy.
- Integrated Mental Health Services – bringing both existing and new staff into a single location aligning with 'A Healthy Caring Powys' as it will provide the opportunity for integrated working between PTHB, Powys County Council (PCC) and the Third Sector.

Estate benefits include:

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- A completed fit for purpose hospital in a strategic location within Powys.
- Develop ward environments to current guidance, in particular those relating to ventilation, oxygen supply and bed spacing in light of COVID-19.
- Further reduction in estates risks and backlog maintenance.
- Significantly reduce compliance risks across the Estate.
- Improve accessibility.
- Significant reduction in carbon footprint.
- More efficient use of space and resources.
- Upgrades to existing infrastructure to support existing and future services.

The procurement/delivery status

As this is a PBC made up of individual projects and/or collections of projects, different procurement arrangements may be implemented at different stages of the development. Contractual arrangements for each package of works will be further developed and confirmed at BJC stage.

Current position regarding previous assurance reviews

This is the first assurance review of this programme.

5.0 Purposes and conduct of the OGC Gateway Review

The primary purposes of a Gateway Review 0: Strategic assessment are to review the outcomes and objectives for the programme (and the way they fit together) and confirm that they make the necessary contribution to Ministers' or the departments' overall strategy.

Annex A gives the full purposes statement for a Gateway Review 0.

Annex B lists the people who were interviewed during the review.

6.0 Acknowledgement

The Review Team would like to thank the SRO, the Programme Team and all interviewees for their support and openness, which contributed to the Review Team's understanding of the Programme and the outcome of this review. Particularly thanks to Anna James-Davies for the excellent organisation of all aspects of this remote review.

7.0 Scope of the Review

This first OGC Gateway Review 0 is at the start-up of the programme. The programme start-up process draws together the justification for the programme based on the policy or organisational objectives that are to be secured, an analysis of the stakeholders whose co-operation is needed to achieve the objectives, and an initial assessment of the programme's likely costs and potential for success.

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8.0 Review Team findings and recommendations

8.1: Policy and business context

Policy context and strategic direction

The PBC developed for the LWH clearly aligns with the PTHB 's aspirations in its Health and Care Strategy. The Llandrindod site is being developed to become one of 3 RRC within the County. The PBC has a focus on ensuring, initially that the estate and infrastructure services and issues are resolved and fit for purpose, with the subsequent phases of the PBC focusing on refurbishing the remaining service areas in the main buildings along with adjacent properties and external areas.

Whilst the scope of the investment required in BJC1 is clear – resolution of the estate's issues, further work is required with service users to clarify the scope of the investment required in BJCs 2-4.

During the review we were advised that critical infrastructure on site had broken down a few weeks ago potentially impacting on patient comfort whilst on site, and this strengthens the case that there is a real need to push forward with BJC 1 in order to, not only protect the investment already made on the site but to, secure patient comfort and dignity. We found that WG were very supportive of this PBC and recognise the need to complete the works on this site.

Governance and delivery

The Programme has an SRO and Programme Board which reports up into the IEG, and then to the Executive and the Board. Our understanding is that Portfolio Level Management of the Programme is undertaken by the IEG. This Group deals with all capital investments and ensures the alignment with the PTHB service strategy. This includes the programme of works is the delivery of the 3 RRCs in the county, with each RRC being a separate project with its own project structure. There is a need to clarify where the responsibility and ownership for certain tasks such as service planning, benefits realisation, sit between the IEG and programme level.

We felt that there was an opportunity for the PTHB to rationalise governance and processes around its implementation of various strategies, the PBC and projects to ensure common messages and themes are mirrored in all. This could avoid duplication and the risk of different approaches being used in different business cases. It was felt that some work could be undertaken at a pan-Powys basis with common approaches to areas such as benefit realisation, and repatriation of services.

The IEG could be the vehicle to manage the portfolio and could ensure alignment and a consistent approach across the RRC and reduce duplication with activities including:

- Ensure a common approach to benefits identification and management.
- Ensuring that lessons learnt are shared.
- Ensure all business cases developed have a common approach to risk, issues and dependency management and key project management activities.

Recommendation 1 - Define and develop governance and delivery responsibilities at IEG portfolio level, RRC Programme level and for each local RRC project

8.2: Business Case and stakeholders

Business case

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PBC endorsement

During the review we confirmed that the early stage PBC documentation prepared and submitted had been well received by Welsh Government. The document has been reviewed by Welsh Government and scrutiny comments sent back to the PTHB for a response. The next step for the PTHB is to respond to these scrutiny comments and await Ministerial endorsement of the PBC. Some of the issues raised in the scrutiny comments (such as the need for a programme plan) have also surfaced during this assurance review. As and when this is received the PTHB need to start submitting their BJC's to complete the works on the LWH site for further Welsh Government scrutiny and approval, subject to the availability of All Wales Capital. It is clear that close relationships with Welsh Government teams have been built to support progression of the PBC and there is clear buy-in and support for the LWHRRC scheme to be prioritised and progressed within Welsh Government.

The scope of the PBC is to complete the works started during Phase 1 and develop the LWH site into one of 3 RRCs within the PTHB. This is a priority for the PTHB and is a key part of the PTHB's recovery and renewal plan. The scope of the PBC and associated projects is to update the building fabric and infrastructure on the site and to review the service provision being delivered from the properties adjacent to the site.

It is currently expected that the delivery of the PBC and associated projects will not increase the revenue costs for the PTHB. Indeed, there may be opportunities to generate savings through carbon reduction, further repatriation of services and review of patient pathways, and enabling patient rapid local access to diagnostic services for earlier condition diagnosis. There may also be wider economic benefits to the local community of completing the projects within this PBC which need to be explored wider.

Capital costing and contingency

The capital costs included in the PBC are estimated high level costs to complete the works commenced in Phase 1 and get the site to a state that will enable service delivery from this site for at least the next 15 years.

During the review when asked about the lessons learnt from the delivery of the Phase 1 works, several individuals raised the risk and uncertainty that working on old buildings can bring with it in terms of time and cost delays. Concerns were raised that a 10% contingency is unlikely to be sufficient to cover the known and unknown risks that could be uncovered on site.

Recommendation 2 - Ensure sufficient levels of contingency and optimism bias are included in the PBC and the BJCs to reflect the higher scale of cost uncertainty prevalent in work on an old hospital site like the LWH

Procurement strategy

During the review we heard that another key lesson to be learnt from the Phase 1 work was to ensure early contractor engagement. If possible, the contractor should be involved in the design, planning and sequencing of the works. Consideration also needs to be given to the procurement solution for the delivery of the PBC. Options to consider could include:

- A single contract to deliver the whole Programme which would provide continuity, consistency, stability and integration within the current Estates team.
- Individual contracts for the delivery of individual BJC's.
- Possible split of one contract for BJC1 and another contract for BJC 2-4.
- Opportunity to engage local businesses and enable local economic benefits.

The procurement solution also needs to consider the available frameworks such as Design for Life, SCAPE, SEWSCAP. The willingness and availability of a contractor to undertake work in the Llandrindod area is also a key factor to consider when developing the procurement solution.

Recommendation 3 - Develop procurement solutions for all BJs, including consideration of early contractor engagement in design, buildability and programme, recognising the challenges of the remote RRC location

Stakeholder management

We found clear evidence from our interviews that there is strong support and buy-in to this programme of work. We also found that there are established and close working relationships with Welsh Government, Senior Level sponsorship and at a service level.

We found clear ownership is in place for the BJC1, given that the scope of work is clearly defined as it is primarily to complete the development of building facilities and refurbishment work from previous phase.

However, consideration needs to be given to identifying local level ownership and leadership (at a service level for each individual BJC from clinical or technical specialists) in order to provide local level engagement and buy-in. The advantage of this approach needs to ensure dedicated time from service owners to define and specify their own service requirements, clarify future services being repatriated, whilst working alongside contractors to delivery future phases, to make best use of resources available.

Recommendation 4 - Set up a local stakeholder group to encourage local ownership, leadership and vision for the LWHRRC programme and individual PBC packages

8.3: Management of intended outcomes

We found substantial lessons were learned from Phase 1 of the build, and positive feedback received from stakeholders on the work completed to date, especially for midwifery with a new birthing unit. We also heard that the new endoscopy building is complete with arrangements now needed to use the facility. The programme, estates and service benefits are set out earlier in this report in the background section.

In addition, strong support was noted for the current Estates Team as being well established and having the skills, capability, credibility and dynamism to deliver the next phase. This is encouraging given the important estates benefits to be realised from the programme.

We found that the programme would benefit from revisiting the benefits within each work package and consideration be given to non-estates related benefits (e.g. sustainability, paper reduction, reduce carbon footprint, reduce technical debt (both maintenance and IT revenue costs), service improvements, environmental and economic), building upon the smarter working, improved digital roll-out as a result of the pandemic. These benefits could be captured as qualitative or quantitative and reviewed as the programme matures. Identifying benefits ownership would should also be considered.

We found that the PTHB should consider and establish a portfolio level approach to benefit identification and management, given that all RRCs are delivering core services albeit of differing scale and size – the common components and core services include: repatriation of services, future shape of

wards following the pandemic, increased demand on mental health services, increase in the use of digital technology for staff and patients, e-learning for staff, digital pathways, multiagency / third party support, new ways of working, ambulatory and medical day care unit, enabling care closer to home. All align to the Healthy Caring Powys strategy.

Recommendation 5 - Establish health board wide approaches to benefits management and measurement for benefits such as carbon capture, service repatriation, digital services and wider economic advantages

8.4: Risk management

The PBC covers risk management at a fairly high level and this will need to be developed in the next stage including the development of BJC specific Risk, Assumptions, Issues, and Dependencies (RAID) logs, which should also be linked to the commercial procurement risks. This is built on the acknowledgement of lessons learned from phase 1, and a recognition of the need to accept a high proportion of risk when renovating, reconfiguring and refurbishing of an extremely old property, which is in operational use.

We heard about a significant number of key risks during this review including:

- Delays to mobilising the programme due to the pandemic, and consequently risks materialising to health and safety, fire and issues (boiler, lifts) given the property and infrastructure age. In addition, the age and condition of the building is not fully reflected in the level of contingency allowance for the programme due to significant unforeseen issues, with the lack of PTHB wide and site Estates Strategy to define the future approach for LWH, including for existing unutilised buildings and those not fit for modern day health care (current mental health facilities).
- Service disruption to staff and patients during the refurbishment of ward area, as the site is operational with limited options to decant or provision of a temporary ward.
- Legacy IT and Telephony infrastructure costs are unknown. Given the drive to become a digital hub and provide technology enable care, investment in technology will be essential and needs to be brought into the BJCs.
- Prioritisation of Newtown RRC ahead of LWHRRC, and hence competing demands for attention and resources, which impacts on the ability to mobilise and draft the first BJC with engagement from service advisors or key stakeholders.
- Contractor engagement and timeliness is critical to the success of this programme given the lessons learned from Phase 1. Remoteness of location brings particular challenges to contractor and supply chain delivery.

As noted above, the approach to RAID management needs to be developed as part of the first BJC.

8.5: Readiness for the next phase – Delivery of outcomes

Programme team and resourcing

The scheme has an engaged and informed SRO, Estates and Leadership team who want to learn lessons and see LWHRRC completed. There has been clear effort in the recovery and development of a core Capital and Estates delivery team, including a full time, in-house Healthcare Planner/Project Manager and securing a future pipeline of capability via apprentices and graduates. Overall, the Estates and Property team are acknowledged as dynamic and delivery-focused.

Recruitment and identification of additional full-time staff, including a named Project Manager, to drive the work forward will be required to meet aspirations of delivery progress before winter 2021/22. We

have found strong support, given lessons learned from Phase 1, for on-site management arrangements to ensure co-ordination of works undertaken and to improve communication with stakeholders.

Recommendation 6 – Mobilise the team, including the appointment of a project manager, to start the delivery of the LWHRRRC programme, and confirm site management and coordination arrangements

Service and change planning

Some engagement with clinical and operational leads has taken place to outline requirements and relationships are also maintained with some functions e.g. Finance. However, there appears to be a need for more joined-up working between the project team and other key functions, including planning and digital, to ensure that all requirements, dependencies and risks are identified and apparent.

The project is currently more Capital and Estates focused, with subsequent phases needing to be more service-led. Requirements to re-validate and undertake service planning for BJCs 2-4 needs to start soon, to avoid delivery delays further down the line. Further service, estates and digital planning and clinical and staff engagement is needed to define the scope of works to be included in BJCs 2-4. During the review, we heard that there were a number of different service areas to consider, including:

- The acuity of inpatients to be treated on the wards.
- The opportunity to further repatriate more complex patients from other sites.
- The level and type of (medical) ambulatory day care services provided.
- The future service model and location of mental health services.
- The continued impact and opportunities of digital health care solutions for outpatients, digital trials for home use.
- Digital meeting rooms for patient care, learning and development.

Recommendation 7 - Create a service and change planning group to take forward the design of the LWHRRRC, including a specific focus on service repatriation and new mental health service models

Digital healthcare and IT infrastructure

The pandemic has accelerated the use of digital technology globally, and we found that across Powys this has enhanced existing services for staff and patient, promoting home working and e-learning as aligned as part of the digital aspects of the PTHB's A Healthy Caring Powys Strategy.

We found that given the age and condition of the hospital, the legacy technology (including technical debt) of outdated computing software and hardware that is still in use would require extensive investment as this doesn't allow for growth to interact with newer systems. This would also need to include the telephony infrastructure. We would recommend a technical study is undertaken, to include an assessment at an early stage of the programme, in order to identify dependences and constraints to delivery. IT infrastructure and network activities requirements are key service enablers and these will need to be defined and costed and included in the BJCs and timelines.

Recommendation 8: Ensure new digital service and infrastructure service and development requirements are identified and costed in the BJCs

Development of BJC1

BJC1 development is critical for access to funding and should contain components relevant for rest of the LWHRRRC work e.g. the procurement strategy. The BJC1 currently remains undeveloped and views within the Project team vary about how long it would take to complete, ranging from 3 to 6 months.

Consideration needs to be given to the Welsh Government BJC approvals timeline (approximately 3 months), as the project seeks to make progress ahead of Winter 2021/22.

Notwithstanding contextual factors (such as elections, COVID -19, and limited discretionary capital) the longer the delay to developing BJC1 and mobilisation, the greater the risk to areas of the hospital already invested in. For example, rooms have already required re-painting due to the delay in replacement of the windows.

We found that a few components of BJC1 have already been completed as a separate priority due to availability of additional short term Welsh Government funding from capital slippage. The possibility should be explored of acceleration of the key Health and Safety risk deliverables e.g. the lift and boilers, ahead of the BJC1 process and timeline. BJC1 is largely estates-based and is still needed irrespective of any other pan-Powys work to align at Portfolio or Programme levels, in order to protect original investment and make the site fit for service use.

Recommendation 9 - Accelerate the development of the BJC1 technical package for the front of the LWHRRRC, including key projects such as the boilers, the lift and windows

Programme plan

A clear plan, shaped by stakeholder input, is required to set out the different programme activities and to enable the identification of delivery Risks, Assumptions, Issues and Dependencies across all phases of the LWH scheme and pan-Powys development.

The LWHRRRC programme is documented in the PTHB's Annual Plan, however, during the review we were unable to identify clear milestones or plans for LWHRRRC BJCs individually, or collectively across the 4 phases. High-level timelines of 3-5 years have been given and appear contingent, to an extent, on the progress made on other PTHB's projects.

The high-level requirements scoped in the BJCs require re-validation, explanation as to how they have been arrived at and also context as to where they sit within the wider service model. Due to the high-risk nature of the work on an aged building, contingency/scenario planning is also suggested to minimise the impact of any issues faced.

It is recognised that the Estates and Property Team has undertaken work to build planning capability and capacity and has also re-developed capital and project management controls to provide additional decision gateway points. However, a LWHRRRC plan is needed as a priority. A plan for assurance needs to be formalised, internally via governance, but also across the life-cycle of the programme via an Integrated Assurance and Approvals Plan (IAAP) to give visibility and increase confidence. There is also an opportunity to use visibility of a LWHRRRC plan to secure buy-in and bring stakeholders on the journey of the development.

Recommendation 10 - Develop a detailed plan for delivery of the packages in the PBC including critical path analysis, including an Integrated Assurance and Approvals Plan

9.0 Next Assurance Review

Gateway 0 Programme Reviews are usually carried out on an annual basis or at critical decision points in the programme life. Consideration should be given to the next review either being a repeat Gateway 0

on the whole programme, or, a Gateway 3, investment decision, ahead of the BJC2 for the most of the rest of site (package 2) being finalised, which will be able to incorporate lessons and experience from the delivery of BJC 1. This is likely to be in the first half of 2022.

ANNEX A

Purposes of the OGC Gateway Review 0: Strategic assessment:

- Review the outcomes and objectives for the programme (and the way they fit together) and confirm that they make the necessary contribution to overall strategy of the organisation and its senior management.
- Ensure that the programme is supported by key stakeholders.
- Confirm that the programme's potential to succeed has been considered in the wider context of Government policy and procurement objectives, the organisation's delivery plans and change programmes, and any interdependencies with other programmes or projects in the organisation's portfolio and, where relevant, those of other organisations.
- Review the arrangements for leading, managing and monitoring the programme as a whole and the links to individual parts of it (e.g. to any existing projects in the programme's portfolio).
- Review the arrangements for identifying and managing the main programme risks (and the individual project risks), including external risks such as changing business priorities.
- Check that provision for financial and other resources has been made for the programme (initially identified at programme initiation and committed later) and that plans for the work to be done through to the next stage are realistic, properly resourced with sufficient people of appropriate experience, and authorised.
- After the initial Review, check progress against plans and the expected achievement of outcomes.
- Check that there is engagement with the market as appropriate on the feasibility of achieving the required outcome.
- Where relevant, check that the programme takes account of joining up with other programmes, internal and external.
- Evaluation of actions to implement recommendations made in any earlier assessment of deliverability.

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ANNEX B

List of Interviewees

The following stakeholders were interviewed during the review.

Name	Organisation and role
Hayley Thomas	SRO, Director of Planning and Performance
Wayne Tannahill	AD, Estates and Property
Sophie Lloyd	Planning Manager
Dr Jon Matson	GP
Pete Hopgood	Director of Finance
Lesley Sanders	Community Services Manager (Mid)
Jason Crowl	Assistant Director of Community Services
Steve Watkins	Estates Officer, Specialist Services
Yvette Hitchin	Senior Project and Cost Manager, Mott Macdonald
Ian Gunney	Interim Deputy Director- NHS Capital, Estates & Facilities, Welsh Government
Mark Taylor	Independent Member
Peter Richards	Finance Business Partner
Louise Morris	Head of Capital
Vicki Cooper	Assistant Director of Digital Transformation and Informatics
Julie Richards	Head of Midwifery and Sexual Health
Carol Shillabeer	CEO

Agenda item: 3.4

PERFORMANCE AND RESOURCES COMMITTEE		DATE OF MEETING: 24 June 2021
Subject:	OVERVIEW OF ESTATES COMPLIANCE AND ASSOCIATED RISK	
Approved and Presented by:	Hayley Thomas, Director Planning and Performance	
Prepared by:	Wayne Tannahill, AD Estates and Property	
Other Committees and meetings considered at:	Innovative Environments Group: 20 May 2021 Risk and Assurance Group: 14 January 2020 Estates Compliance Group: 21 May 2021 Specialist Safety Groups (Fire, Water, etc.): quarterly Local Partnership Forum: 2 July 2019 Estates Compliance Sub Groups: monthly	

PURPOSE:

The purpose of this paper is to provide an update on the status and approach to managing Estates Compliance for the Health Board, to include how risks are captured, assessed and managed; additionally, how this risk is reported at corporate risk register level.

RECOMMENDATION(S):

It is recommended that that Performance and Resource Committee receives the paper on risk associated with Estates Compliance, for discussion and information.

Approval	Discussion	Information
x	✓	✓

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

Strategic Objectives:	1. Focus on Wellbeing	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	✓
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	✓
	8. Governance, Leadership & Accountability	✓

EXECUTIVE SUMMARY:

Management of risk related to Health & Safety and Compliance: the aim of Powys Teaching Health Board is to provide a safe and healthy environment for everyone. This includes employees, patients, visitors, contractors and other members of the public, who come into contact with the organisation. Health and Safety Executive (**HSE**) guidance (HSG 65 "Managing Health and Safety") requires that organisations take a planned and systematic approach to achieving this, by having an effective health and safety management system in place. Statutory Compliance of the estate is an important factor in ensuring risks are managed in a healthcare setting, for a public body, where patients can be at greater risk – further obligations are placed on the Health Board, over and above general HSE guidance in this respect, and these are set out in a series of Health Technical Memorandum and Building Notes (**HTM/HBN**) published by NHS Wales Shared Services Partnership – Specialist Estates Services (**NWSSP-SES**).

Estates Compliance risks can be defined by:-

1. Built Environment: 'backlog maintenance' issues defined as defects related to the building fabric, such as uneven paths, poor drainage, unsafe roofs, failing / faulty boilers, etc. **Issues identified by** survey inspections, audit and fault reporting, with **mitigations** including Reactive Helpdesk for immediate risks and investment in project activity for medium to long term rectification.

2. Management Systems and Processes: statutory boiler inspections, asbestos management, water temperature testing, fire alarm system and evacuation tests, etc. **Issues identified by** specialist inspections, planned

preventative maintenance (PPM) regime, audit and fault reporting, etc. with **mitigations** being the implementation of robust PPM systems, competent specialist maintenance contracts, etc.

The paper sets out the structured approach to assessment and prioritisation of Estates Compliance risk and the challenges around the timelines around demonstrable risk reduction at corporate risk register level.

DETAILED BACKGROUND AND ASSESSMENT:

1. BUILT ENVIRONMENT

Welsh Government (**WG**) require each Health Board to undertake a survey of their estate on a cyclical basis with the most recent Six Facet Survey completed for Powys in 2017. The overall cost of work required over a 10 year programme, to bring the estate up to a 'satisfactory' standard in respect of physical condition, functional suitability, space utilisation, quality, fire/equality act/health and safety and environmental aspects is in the order of £73M.

The Health Board has developed a very clear strategy to address the backlog of work given the limitations of funding and resource capacity by adopting a risk-based approach on a number of levels - this paper gives an overview of risk and sets out the overarching strategy:

- **Major Projects;** formal business case submissions to seek funding from All Wales Capital - Llandrindod, Machynlleth, North Powys (Newtown) schemes all fundamentally address risks in the built environment in an all-encompassing fashion within the footprints of the projects
- **Discretionary Capital;** circa £1.4M per annum, which is allocated for minor new works, refurbishments and equipment; prioritised via the Capital Control Group with cross organisational representation using Project Request Forms. Importantly, WG recognised in early 2021, that there was little movement and reduction in the level of Backlog Maintenance across the Health Boards in Wales and allocated £34M to be used specifically across a number of categories, which would be administered by NWSSP-SES; this pilot initiative has seen £2.2M of additional funding allocated in 2021/22 to address issues of fire, infrastructure and decarbonisation.
- **Estates Planned and Reactive Maintenance;** the core objective for the Estates team is to undertake Planned Preventative Maintenance including statutory compliance checks and maintenance. The balance of time and funds is available to support a reactive service via the Estates Helpdesk but also addressing a number of other means by which work is requested including audit outputs, Datix, etc.

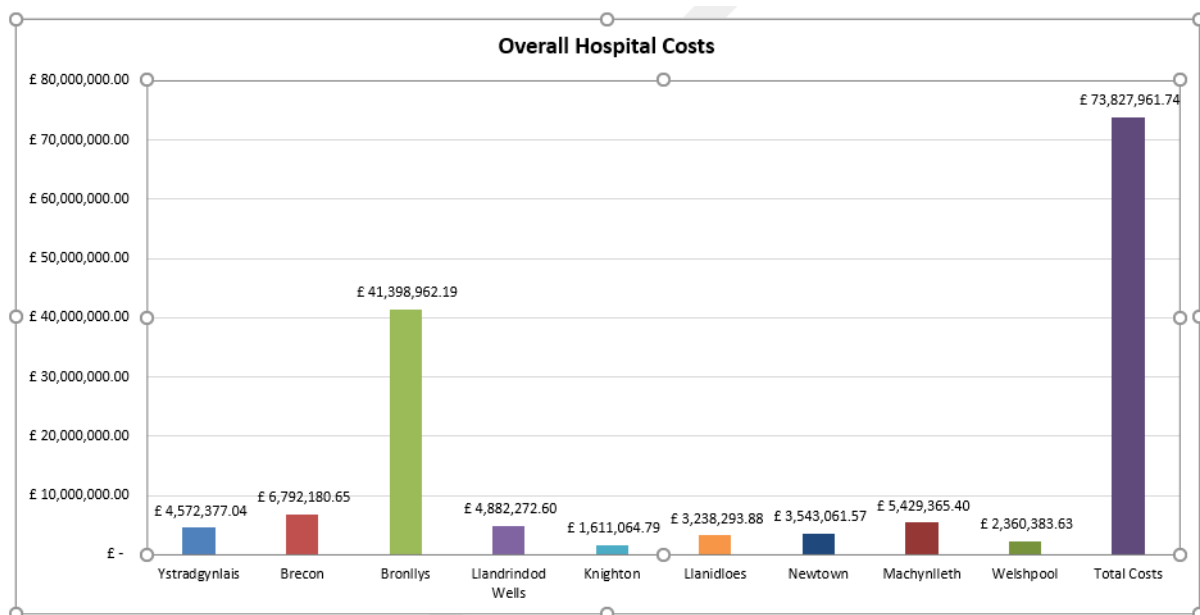
The latest published data in the NHS Estate Dashboard Report 2019/20 indicates that:

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The oldest estate: the pre-1948 average age profile of the estate across Wales is **12%** whilst in Powys the figure is by far the largest in Wales at **38%**

The 'least new' estate: the percentage of new build healthcare properties across Wales, 2005 to present, is **23%** whilst this same percentage for Powys is just **5%**

These statistics help paint a picture of the status of the PTHB estate, which is supported by the most recent Six Facet Survey completed for Powys in 2017, as a Welsh Government requirement for each Health Board to undertake a survey of their estate on a cyclical basis. The overall cost of work required over a 10 year programme to bring the estate up to a 'satisfactory' standard in respect of physical condition, functional suitability, space utilisation, quality, fire/equality act/health and safety and environmental aspects is in the order of £73M.



These statistics of the *oldest* and '*least new*' estate in Wales, coupled with the logistical issues related to a rural setting covering 25% of the footprint of Wales, and with a capital allowance of only £1.431M per annum against a £73M backlog of work activity, sets out the scale of the challenge to achieve a compliant and fit for purpose estate in the very near future.

A multi-layered strategy has been adopted to address the work required and the associated risk at a number of levels and the approach can be described as follows.

Major Projects: it is clear from the statistics that PTHB has been unsuccessful historically in securing major capital investment to update the estate, however, the development of the Health and Care strategy has allowed the Health Board to

provide a supporting narrative for its ambitions going forward, which is helping secure significant capital funding support. The All Wales Capital Fund is held centrally by WG and bids are received from health boards with monies allocated on merit via a formal 'programme & strategic / outline / full business case' model process.

The scheme at Bro Ddyfi Hospital, Machynlleth, for instance was initially driven based on a discussion with WG around Estates Compliance and risk and the current scheme is in excess of £15M for the front half of the hospital. This will address in excess of £3.3M of backlog maintenance in the most dilapidated areas of the hospital and the finished scheme will be fully compliant in all aspects.

The programme of major project activity, whilst undoubtedly disruptive when undertaken in a live hospital environment, is the most impactful way in which we can modernise and reduce risk in significant parts of the PTHB portfolio.

Discretionary Capital: £1.431M capital is allocated annually for individual schemes or equipment in excess of £5,000. Project Request Forms describing requests for new work, refurbishments or equipment are submitted to the Capital Control Group made up of a cross section of staff including staff side representation, who prioritise schemes on a risk basis (assessment criteria: *statutory / health & safety / business critical / audit / other*). The group has worked well since it was convened some 6 years ago and the schemes vary from new X-ray units through to car park improvements, flooring replacement and fire compartmentation.

This 'middle tier' of funding is prioritised within the organisation and is a means by which any department can seek improvements in a structured and transparent way.

One of the more challenging areas for funding are schemes under the capital threshold of £5K but are in themselves more than a few hundred pounds – a number of these £1K to £5K schemes can quickly accumulate and have a significant impact on limited revenue funds.

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Replacement of failing water supply mains and distribution pipework at Bronllys: £31K

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

In order to maximise this opportunity a number of project bids were developed across the specialist areas to the value of £5M. PTHB has successfully secured £2,218,576 of additional funding, equating to 6.27% of overall national budget. Approved schemes are: -

- **Fire:** £556K to complete fire compartmentation at Welshpool and Knighton
- **Infrastructure:**
 - Ystradgynlais roof (phased) £968K
 - Brecon roof: £183K
 - Newtown boilers: £180K
- **Decarbonisation:** £331K for 3 Building Management System scheme upgrades. which will improve heating control and monitoring, enabling remote management of building services systems.

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

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

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

2. MANAGEMENT SYSTEMS AND PROCESSES

Estates Planned and Reactive Maintenance: the focus for the Estates Works team historically has been on providing a reactive service which was very visible to the organisation, however, this was to the detriment of Planned Preventative Maintenance (PPM) activity and statutory checks which did not have robust management reporting to allow transparency of compliance but nonetheless critical tasks. The Causeway / IFM system has been fundamentally refreshed starting with a complete asset survey and asset tagging of all key plant and equipment. The 'tasks' that staff undertake on the plant have also been replaced with up to date industry good practice guidance (SFG20) which we have brought in. This now plots all routine tasks on all assets on a '52-week planner' which issues job sheets on a weekly basis and allows robust management review of activity – it is planned for this to be real-time reporting as the tablet technology we have issued goes live.

Failure to undertake duty of care and statutory checks of gas boilers, fire alarm systems and emergency lighting, water systems, etc. would carry significant risk if there was an incident and no audit trail was evident. These checks are in place to ensure the safety of staff, visitors and patients and also act to support business resilience for critical plant and systems.

The essence of these important changes to ensure there is an emphasis on key statutory and planned maintenance checks is that the balance of work activity has shifted from the level of reactive work that the organisation has benefitted from more recently. Detailed resource plans are now available for every activity for every site and for all trades and what is clear is that we are currently resourced to undertake the full portfolio of PPM activity but that the capacity of the team to undertake reactive tasks is limited. This will enable a discussion around the resource that the organisation may require to undertake a level of reactive work but this will inevitably be limited by affordability.

The key challenge, therefore, is to ensure that the **systems to identify and prioritise risks are as robust as possible.**

It is also clear that with the resources available and the level of backlog maintenance (work we already know needs to be done) running at circa £73M there will be significant volumes of work which will need to be noted but held in abeyance, with requestors notified of status where possible.

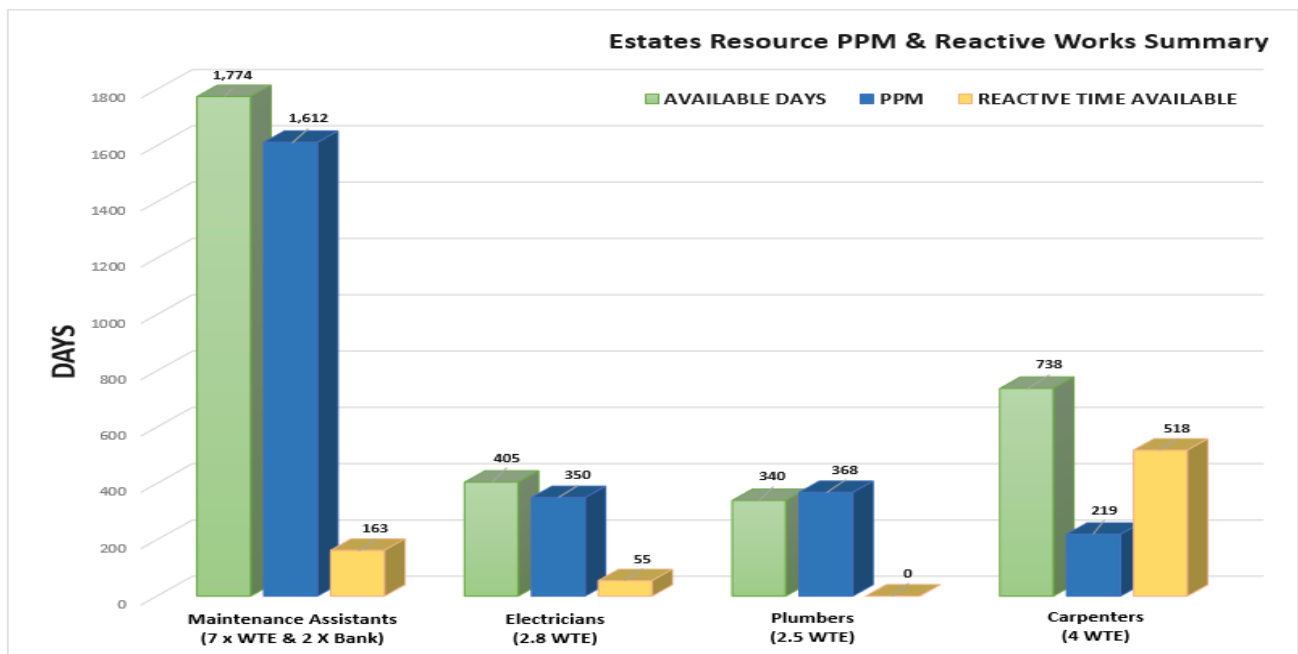
Reactive Maintenance: reactive works for an Estates department is associated with a Helpdesk function; PTHB uses the Causeway/IFM system which has also undergone a fundamental refresh in conjunction with the PPM enhancement. The

updated system is now hosted externally and has automatic system upgrades whilst the previous system was hosted on two PTHB servers which resulted in occasional duplication or loss of data plus the Causeway software updates were unable to be loaded onto the PTHB servers, which gradually eroded system effectiveness and functionality.

The number of calls recorded on the **IFM Helpdesk** fluctuates between 6,000 to 8,000 per annum and represents a broad spectrum of issues from major incidents such as floods through to requests for shelving and flickering light tubes. The relaunch of the Helpdesk system will include clear guidance on the levels of issues and their expected response times, for instance:

- Priority 1; response within 2 hours – flood, loss of power, etc.
- Priority 2; response within 2 days – nurse call, deep clean, etc.
- Priority 3; response within 5 days – fabric repairs to doors, floors, etc.
- Priority 4; planned repairs – painting, minor new work, etc.
- Other; some jobs may be registered but held 'in abeyance'

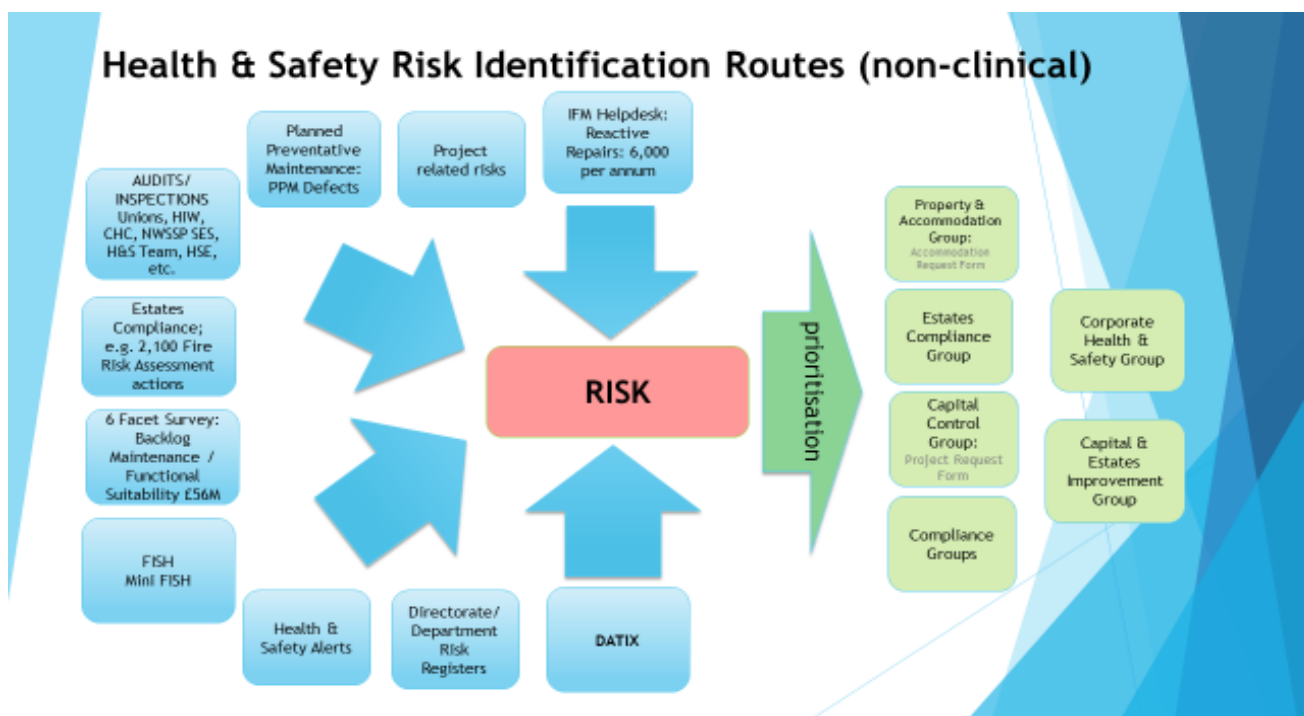
One of the challenges associated with the Helpdesk function is that there is an expectation from staff that any calls will be responded to promptly and once a call is logged, it will be completed. The chart below shows the balance of resource available for reactive work and it is immediately apparent that the volume of reactive activity cannot fully be accommodated by the department – this is evidenced by a residual backlog of calls which sit on the system and remain unaddressed.



Bar Chart Diagramme; Estates Works Team (excl. 3 Painters) showing total available days and PPM workload leaving balance of activity available for Reactive work (in yellow).

Helpdesk activity only paints a part of the picture in terms of the volume of reactive activity which the department needs to respond to; the **Risk Identification** route chart below identifies the various means by which work

requests can be made known to Estates and this is significant and again reinforces the need for a risk-based approach with challenges assessing risk across the range of sources.



The Estates team is building a database to more effectively capture **audit** outcomes, to pick an example of one of the risk workstream sources, as NHS Wales Shared Services Partnership, Audit and Assurance Services alone allocate up to 80 days auditing time to Estates and Property per annum. Recent Unison inspections at Bronllys, Llandrindod and Glan Irfon identified a combined total of 168 concerns and issues and some further discussion in respect of format would help identify key priorities to take away from these important pieces of work.

Risk Prioritisation and Compliance Risk Reporting:

Estates Sub Groups:

There are a number of Sub Groups, outlined in the table below along with a series of higher level compliance groups, which have been set up to manage key areas of activity where risk is recognised as inherent in the activity:

Estates Sub Group	Estates Assurance Manager	Co-ordinating Group	NWSSP-SES support
Fire Safety	Wayne Tannahill	Fire Safety Group	Yes
Water Safety (including Legionella)	Steve Watkins	Water Safety Group	Yes
Control of Asbestos at Work	Cefin Francis	Asbestos Group	No
Electrical Safety Electrical	Steve Watkins	Estates Compliance Group	Yes

Medical Gas	Stuart Lewis / Gareth Jones	Medical Gas Governance Group	Yes
Radon Protection	Wayne Tannahill	Radiation Protection Group	No
Ventilation	Stuart Lewis	Estates Compliance Group	Yes
Health & Safety	Geraint Davies	Estates Compliance Group	No
Construction Projects	Louise Morris	Capital Control Group	Yes
General ; including gas boiler checks, lifting equipment, etc.	As required	Estates Compliance Group	No

Each Sub Group has been convened with a Terms of Reference and formal and regular meetings. The groups are led by individuals with knowledge within each specialist area and the membership is across all levels of the department where the tasks are undertaken to ensure appropriate consultation – this includes members from outside the department where applicable. The Sub Groups are generally of a technical nature and it is appropriate for the often more detailed discussions for each topic area pertaining to specific estates compliance to be undertaken within this setting, with escalation of the activity visible at the appropriate co-ordinating group.

General actions, including training, procedure reviews, response to audits and inspections are managed via the routine Sub Group activity. In addition, the Sub Groups are tasked with identifying the 'top 5' high or significant risks and capturing these in a standard format Highlight Report – these reports act to inform and provide visibility and escalation of risk to the appropriate groups within the organisation.

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Compliance Activity	Choose an item.	Author	Choose an item.																																																											
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Risk	Mitigating action	Current Risk	Indicative	Current actions	Target																																																									
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The risks are identified and assessed by the 'expert' Sub Groups and reviewed regularly adopting a 5x5 matrix scoring approach.

One of the challenges within the estates compliance remit is the overall assessment and prioritisation of a wide range of diverse risks, particularly where resources and funding are finite in terms of the ambition of the Sub Groups to achieve target compliance levels. This overall assessment is undertaken in a balanced, common sense and practical way with each Sub Group tasked with providing prioritised programmes of work and action plans which can be explained in a pragmatic way.

Estates and Property Department Risk Register:

The Sub Group risks are described and scored in a department risk register which is also able to capture broader department risks which may not relate specifically to compliance or health and safety (reputational, financial, etc.) but could relate to a wider issue of resource availability, etc. The departmental risk register is reviewed on a routine basis and informs the directorate and ultimately the corporate risk registers.

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Category	ID	Date Opened	Title	Description of Risk	Initial Impact Assessment	Initial Likelihood Assessment	Initial Risk Score	Original Action Plan	Revised Impact Assessment	Revised Likelihood Assessment	Revised Risk Score	Latest Status / Mitigating Actions	Risk Response	Date of next review	Reporting Committee	Department / Locality	Action Owner
Human Resources/Organisational Development /Staffing/Competence		25.03.16	Staff Resource	Insufficient staff resource to deliver the organisational objective in annual plans; achieve statutory compliance of the estate, also, actioning longstanding audit non conformance, supporting Transformation workload, etc.	Major	Almost Certain	20	Medium term staffing plan agreed with Director P&CC but problems recruiting Estates resource via secondment, NHS Jobs and Frameworks via NWSSP Procurement. Agency staffing required and route to engage being explored. Longer term resource planning mapped to risk and organisational objectives needed.	Major	Likely	16	Ongoing support from Executive to strengthen department senior management team (Business Manager, Head of Estates, Head of Technical Services) with the intention to review broader structure once appointments are made. Known pressure on Estates Works team as emphasis on Planned rather than Reactive maintenance.	Reduce	6 Monthly	Estates Compliance Group	Estates	ADEP
Human Resources/Organisational Development /Staffing/Competence		25.03.16	Staff Training	Failure to meet Annual Plan objectives. Training Budget in department currently £15K Training Matrix produced identifying statutory training, N&S imperatives and core skills for department and Works Team with cost of £52K+.	Major	Almost Certain	20	Work underway to investigate lessening cost impact with joint PCC and Provider training, analysing 20 implications of only training proportion of staff, etc.	Major	Unlikely	8	Budget remains insufficient and required training costs are met within overall funding envelope where essential putting pressure on overall costs for department.	Reduce	6 Monthly	Estates Compliance Group	Estates	ADEP
Impact on the safety of patients, staff or public (physical/psychological harm)		25.03.16	Estates Compliance Funding	Failure to meet Annual Plan for compliance. Insufficient Capital and Revenue funding allocated with uncertainty over additional WG funding targeted at Estates Compliance with aging estate and increasing pressures from reactive breakdowns and failures.	Major	Almost Certain	20	Ongoing discussions with WG with likelihood of extra £0.5M recurring Discretionary funding, but against a backdrop of £68.5M funding requirement, this is unlikely to be effective alongside pressures to target 20 Discretionary on Clinical upgrades, change, etc.	Major	Likely	16	Discretionary Capital funding stream is now £1.43M which is still low; several business cases for major capital from All Wales Capital Fund in pipeline which will help mitigate dependant on successful results. Issue raised by WG which could limit future funding is now internal resource availability.	Reduce	6 Monthly	Estates Compliance Group	Estates	ADEP
Business Objectives		25.03.16	Estates Strategy	No formal Estates strategy in place - needs to be informed by Transformation Programme / Health & Care strategy. Can affect WG confidence to allocate funding.	Major	Likely	16	Work ongoing to provide improved structure for Service provision including discussions with PCC on joint Venture approach. Formative position in terms of the 'built estate' - discussions with Bronllys 16 Wellbeing Group, Llandrindod reconfiguration, etc.	Major	Unlikely	8	Estates Strategy document to be produced by March 2020 to underpin strategy at organisational level but whilst not written, Exec and Board approval process ensures suitable alignment with Health & Care Strategy, MTP, etc.	Reduce	6 Monthly	CEIG	Estates	ADEP
Quality/Complaints/Audit		25.03.16	Audit Non-compliance	Failure to complete audit actions in a timely fashion leading to performance and reputational risk	Major	Almost Certain	20	Good progress on Capital related audits but more substantial progress needed on Estates and Property actions. Approach supports sustainable 'fixed' which is taking longer to feed through to closure of some 'downstream' audit actions. Circa 350 outstanding 20 audit actions, some 9+ years old, in 2013.	Major	Likely	16	Audit non conformance from NWSSP Audit team less than 20 outstanding which is best position in several years. Significant other activity from NWSSP Specialist Estates Services, union, HW/CNC, etc. creating pressure on resource, funding availability, etc.	Reduce	6 Monthly	Audit Committee	Estates	ADEP

A properly trained workforce is essential, as are effective Risk Assessments and Method Statements, before commencing any work activity. We have also learned that procedures should not be aspirational, but reflect the way in which we actually undertake the work tasks and meet suitable and sufficient standards (or exceed these where possible and practical).

Corporate Risk Register (CRR):

The Estates and Property risks are captured and recorded in a directorate and ultimately in a Corporate Risk Register. It is sometimes challenging to transition an operational risk across to a corporate perspective and often this will be subject to a more strategic judgement – this paper helps describe the audit trail to ensure that the risks from top to bottom of the process are visible to all and offer reassurance that a robust approach is adopted at all levels.

DPP	CRR 005	Quality & Safety of Services	The care provided in some areas is compromised due to the health board's estate being non-compliant and not fit for purpose.	4 x 4 = 16	→	Low	4	*	Performance and Resources	Organisational Priorities Underpinning WBO 1 to 4
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The excerpt above is from the corporate risk register and encompasses the wide range of risk associated with the estate.

Several other corporate risk registers have been reviewed from other health boards and this is a common approach in terms of capturing a single estates compliance risk. Some health boards, however, do expand out specific estate's risks such as asbestos, ventilation, fire, etc. and this is a decision at Board level as the register can become quite expansive.

As an example of the complexity of the issues related to a CRR entry, recently, a decision has been made to include 'fire' as a specific and separate risk at CRR level with the risk sitting at a '16' level – the challenges here are related to both 'building fabric' and 'systems/process':

- Fabric: Fire Compartmentation – programmes of work have been put in place for 'fire stopping' of fire compartment walls, repairs and replacement

of fire doors, introduction of fire dampers into ventilation systems. The programme is limited by funding and was anticipated to be 6 years plus: this may now be positively impacted by EFAB funding which will see Welshpool and Knighton fully fire compliant in 2021/22 which is the first time this has been achieved in any of the PTHB sites. Fire compartmentation risk, however, remains a significant issue and could be scored at '16' for each individual site. The reflected scoring at CRR was debated at Risk and Assurance Group and a question posed whether the 16 rating could be reduced at CRR if 'over 50%' of the sites were brought up to standard or even 8 out of 9 of our hospital sites, but the risk being reflected at CRR level was for the risk at any or 'one' site. The balance was seen to be within the associated narrative to ensure that the context of the risk was described adequately with direction of travel and progress also recorded.

- Fire Safety Management Structure: there is significant current effort directed towards defining the structure, without which, it would not be possible to sustainably manage site operational issues such as fire drills, site walkarounds, appointment of Fire Wardens, etc. This is also a '16' risk at CRR, and whilst this will shortly be addressed and positive progress made, the fire compartmentation score of 16 would still be reflected at CRR.

Key Areas where Health & Safety Law applies to the Health Board's operations:

Employers have a duty under the Health and Safety at Work etc. Act 1974 to ensure, so far as reasonably practicable, the health, safety and welfare of their employees at work. People in control of non-domestic premises have a duty towards people who are not their employees but use their premises.

Organisations have a legal duty to put in place suitable arrangements to manage for health and safety. As this can be viewed as a wide-ranging general requirement, HSE encourages a common-sense and practical approach. It should be part of the everyday process of running an organisation and an integral part of workplace behaviours and attitudes.

Successful delivery can rarely be achieved by one-off interventions. A sustained and systematic approach is necessary. This may not require a formal health and safety management system, but whatever approach is used it should contain the steps: **Plan, Do, Check, Act.**

The Estates and Property department activity involves areas of particular risk such as construction projects and estates compliance and fire responsibilities. This requires compliance with Health & Safety legislation as a minimum acceptable standard, with heightened requirements in a healthcare setting due to our involvement with Patients, who can be vulnerable, and as such we also need to also comply with the requirements and safeguards set out in Health Technical Memorandum (HTM) and Health Building Notices (HBN). Compliance needs to be monitored through audits and inspections, as outlined in the Health and Safety at Work etc. Act 1974, the Management of Health and Safety at Work Regulations 1999 and HTM requirements.

The following is an extract from the draft Interim Health and Safety Report (October 2019) which indicates that 3 of the 5 top organisational risks sit within the Estates remit. It is essential, therefore, that adequate and suitable resource and support is made available to manage and address this risk. The organisation has already responded to this with the recognition of the fragility of the senior team in Estates and targeted additional resource available in early 2020 to assist [new Head of Estates post holder January 2020, new Business Manager post holder February 2020 and a Head of Technical Services postholder appointed March 2021].

4. Organisational Risks and Challenges:

The HSE – Monitoring visit November 2019: Potential for formal HSE improvement notices at re-inspection / monitoring visit in November if progress of action plan is not satisfactory

Violence and Aggression - This continues to be the largest number of reported incidents across the organisation and has been for some time. It is essential that staff receive appropriate information, instruction and training so as they are able to de-escalate and deal with such situations.

Fire Safety – The Annual Fire Safety report highlights the need to manage risk and seek funding support for programmes of work to address fire compartmentation defects, fire alarm system renewals, etc. as defined by the Fire Sub Group Compliance Highlight Report. An additional challenge will be the capacity and resources to deliver the required training: Fire Warden, Incident Coordinator, Fire Extinguisher, and Evacuation

Manual Handling – The lifting, handling and moving of patients also presents a significant risk to employees and the organisation, especially as there is a greater number of bariatric patients moving through the system, some with complex health needs. It is vital that the organisation adopts the correct equipment and moving techniques to adapt to these changes. It will be essential that equipment is fit for purpose, inspected and tested as required, to limit the need for manual lifting and moving. As new contracts are awarded they will need to ensure equipment is appropriately, inspected and tested.

Aging Infrastructure – The estate in Powys has 42% of the building stock built pre-1948 (the all Wales average being just 14%) whilst new build post 2005 is only 2% (all Wales average at 20%) which reflects an estate which is the 'oldest' and 'least new' in Wales. The recent six facet survey required by WG to be undertaken on a five year cycle, indicated that the estate needed £73M of investment to bring it up to a reasonable standard.

Statutory Compliance – This covers many areas including Water Safety (Legionella), which was audited by Shared Services in 2017-18. The audit only returned a "Limited Assurance" set against the findings. As reported in the September 2019 Water Safety Group meeting, there still potentially appear to be issues with legionella for the organisation, in particular in and around the servicing and maintenance of TMV's, water sampling, the flushing, descaling and cleaning work that should be undertaken in accordance with the legionella risk assessments/log books.

PTHB Interim Health & Safety Report (October 2019)

SUMMARY: there is a defined and structured approach to manage risk within the PTHB estate at three levels as described in this paper; the commonality between all three is the risk-based approach to best match funding and resource to defined needs:-

- **Major Capital Expenditure;** Llandrindod, Machynlleth, North Powys, etc. projects / business cases the WG / significant progress
- **Discretionary Capital;** £1.43M minor work projects / Project Request Forms to Capital Control Group / works well but funding limited. Important current EFAB pilot scheme (£2.2M) targeted specifically at backlog maintenance / compliance
- **Revenue;** Internal resource and specialist subcontractors / Helpdesk & audit, etc. / limited funds and staff resource

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It is recognised that the volume of work needed to bring an aging estate back into a satisfactory condition and ensure the premises match the strategic ambition and are fit for purpose for a modern healthcare setting is significant.

It is critical, therefore, that a clear and transparent framework, within which the organisation can plan activity, is in place and communicated to stakeholders at all levels. The overall risk level at Corporate Risk Register for CRR 005 is '16' and this reflects multiple factors on multiple compliance areas. A reduction in this overarching assessment would signify a broad based and significant shift in status – reassurance around a positive direction of travel is reflected by 'narrative' and detail within the individual compliance sectors sits in the lower levels of the management assurance structure.

RISK: as described in this paper, the organisation is aware of its responsibilities for Estates Compliance and its obligation to protect patients, staff, contractors, visitors and the wider public. The challenge in terms the aging estate, resource levels and logistics are identified with a plan of action in place and actively being implemented:

- Strengthening of the Estates management team with recruitment to new posts in 2020, including Head of Estates and Estates Officer Specialist Services
- EFAB additional funding stream specifically targeting Estates Compliance and Backlog Maintenance, increasing the £0.477M ringfenced discretionary capital compliance money with an additional £2.2M in 2021/22
- Capital Programme increased significantly over last 6 years from £1M to £3M per annum, to a pipeline of secured funding and active business cases over the next 5 years exceeding £100M
- Defined Estates Compliance groups structure and escalation process, which is risk based

The organisation is also aware of the repercussions in failing to fully adhere to its duties, with two HSE water (legionella) Improvement Notices raised in November 2019, and more recently, a further two HSE Improvement Notices raised in relation to Hand Arm Vibration Syndrome (**HAVS**).

Whilst there is clearly much work still to be done, assurance can be taken from the multiple internal checks, self-audits and scrutiny from the compliance group meetings structure, but also external audits by:

- **NWSSP-SES** (annual per compliance area by Authorising Engineer and technical in nature),
- **NWSSP-Specialist Services Unit** (Internal Audit: one / two compliance areas audited per annum, with recent audits covering fire, asbestos, water, etc.),
- **Fire and Rescue Service, Mid and West Wales** (increased post Grenfell from 1 per annum to 6 in 2019/20)

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- **ISO 14001** (Lloyd's Register annual inspection which also covers PPM compliance)

RECOMMENDATIONS:

- Maintain risk-based approach across all sectors of activity, ensuring appropriate escalation and visibility of risk
- Continue to seek sufficient funds and resource to support an active capital project agenda
- Continue to review and support internal workforce and structure to manage risk and improvement activity
- Refresh Helpdesk process with suitable communications plan to define priorities and set expectations
- Continue to address risks in a coordinated manner across the various major projects, discretionary and reactive approaches; provide demonstrable evidence of activity and improvement
- Reinforce, in conjunction with Health & Safety team support, the responsibilities held by managers where risks that have been highlighted are not immediately addressable by Estates / others and the role of managers to mitigate these risks locally
- Continue to manage risks efficiently within the existing staff, contractor and financial resource limits and identify opportunities to improve funding (e.g. EFAB) or resource levels where possible
- Consider 'deep dive' approach at Committee level to provide greater reassurance within specific compliance sectors

NEXT STEPS:

- Maintain current approach and reinforce narrative messaging around risk-based Estates Compliance activity

Patterson, Liz
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Agenda Item: 3.5

PERFORMANCE AND RESOURCES COMMITTEE		Date of Meeting: 24 June 2021
Subject:	Overview of Support Services Performance and Associated Risks	
Approved and Presented by:	Julie Rowles, Director of Workforce and Organisational Development	
Prepared by:	Andrew Cresswell, Assistant Director, Support Services Duncan Crawley, Service Improvement Manager, Compliance & Quality	
Other Committees and meetings considered at:	Support Services performance is reviewed at Innovative Environments Group	

PURPOSE:

To provide the Performance and Resources Committee with a quality-based performance appraisal of key aspects of Support Services performance. The report specifically covers catering, environmental hygiene, hospital laundry and Covid-19 stores.

RECOMMENDATION(S):

The Committee is asked to note and discuss the content of this report.

Approval/Ratification/Decision	Discussion	Information
	✓	✓

EXECUTIVE SUMMARY:

Support Services plays a critical part in support of clinical services and PTHB’s corporate objectives. Support Services have also been required to establish and enhance services in response to the Covid-19 pandemic.

The department has continued to provide a high standard of support services activity, evidenced through internal audits and external inspections. This report provides an overview of these areas of activity from which assurance can be drawn that Support Services have contributed to improving quality, patient experience and the success of the Covid-19 response in Powys.

DETAILED BACKGROUND AND ASSESSMENT:

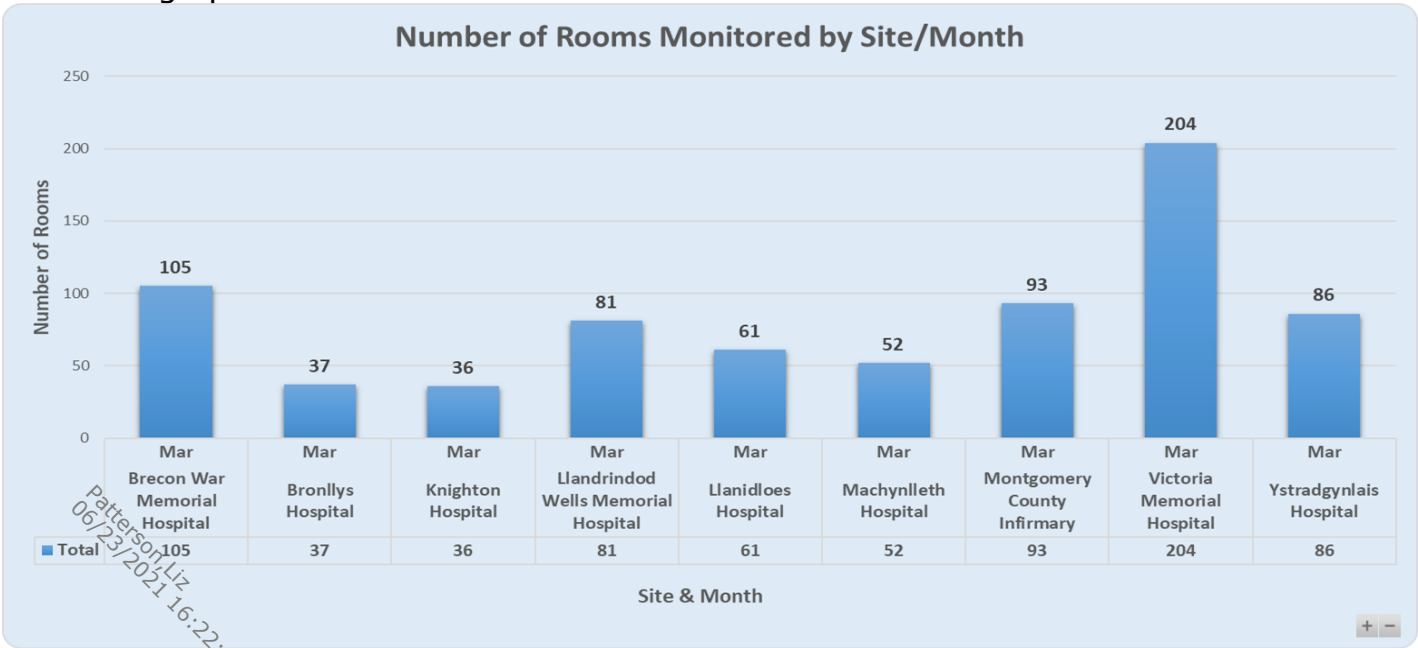
Introduction

Support Services work is centred around helping to maintain clinical service delivery. Whilst delivering the core services of cleaning, catering, laundry, security, waste disposal, transport and logistics etc., Support Services has had an opportunity to demonstrate its capability during the Covid-19 pandemic to enable the Health Board to meet its objectives through full and flexible deployment of its resources.

Contributions to patients’ nutritional care and to infection prevention will also continue to present as core workstreams for Support Services.

Maintaining Clean Environments

Cleaning is an infection control measure. Covid-19 guidance has challenged our cleaning processes and enabled a re-evaluation and of infection control risk areas. To support cleaning processes and to take account of WG Guidance, Environmental Cleanliness Operating Procedures have been developed and approved by IP&C team to take account of cleaning operations.



This last period has seen the introduction of a new ICT capability for monitoring the standards of cleanliness in PTHB environments. This enhancement supports more effective monitoring of environmental cleanliness through handheld devices which allow live reporting into the new "Micad¹ Cleaning Audit" software. Bronllys, & Llandrindod Wells hospitals and Presteigne Medical Centre were 'early adopters' from 4th May and the system is being rolled out across all PTHB sites. The audit looks at 49 cleaning 'domains' from ceilings to medical devices. Each audit item is assessed against a predetermined target score and environmental risk assessment for the area in question.

Below is an example of a summary report produced by the system for the first set of available data. The hospital areas are identified in the first column, and the audits in May indicates whether the area has been assessed as meeting (green) or falling below (red) the set target (target %). This reflects the totality of the audits across the 49 domains in each area, referred to above. Because there is only one month's data the 'average' score is the same as the score in May.

As the year progresses, the audit tool produces cumulative information, increasing in reliability, to provide assurance that standards are met, or to advise managers on where they need to improve. As this is a single month's data in the pilot stage, we have noted the areas that are assessed as a few percentage points below target (red). Support Services Coordinators are acting with their team to bring these areas up to target. We will take further management action if we do not see improvement reflected in the next month's audit report.

Functional Area	Audit Closed	Month No.														Target %	Ave (%)
		1	2	3	4	5	6	7	8	9	10	11	12	13	14		
		May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21		
Bronllys Hospital														90.66		88.33	90.66
BRO Day Hospital Significant Risk (85%) - (1 Audit)	22/05/2021													91.67		85.00	91.67
														91.67		85.00	91.67
BRO Felindre Ward High Risk (95%) - (1 Audit)	18/05/2021													90.32		95.00	90.32
														90.32		95.00	90.32
BRO Glasbury House Low Risk (75%) - (1 Audit)	22/05/2021													86.54		75.00	86.54
														86.54		75.00	86.54
BRO Llewellyn Ward High Risk (95%) - (1 Audit)	18/05/2021													91.67		95.00	91.67
														91.67		95.00	91.67
BRO Out Patients Department Significant Risk (85%) - (1 Audit)	22/05/2021													95.65		85.00	95.65
														95.65		85.00	95.65
BRO Pain & Fatigue Management Significant Risk (85%) - (1 Audit)	22/05/2021													88.10		95.00	88.10
														88.10		95.00	88.10
Llandrindod Wells War Memorial Hospital													-	99.36	-	97	99.36
LWM Birth Centre Very High Risk (98%) - (2 Audits)	19/05/2021													99.33		98.00	99.33
														99.33		98.00	99.33
LWM Minor Injuries Unit High Risk (95%) - (1 Audit)	13/05/2021													98.60		95.00	98.60
														98.60		95.00	98.60
LWM Theatre Very High Risk (98%) - (4 Audits)	11/05/2021													100.00		98.00	100.00
	18/05/2021													99.50		98.00	99.50
														99.75	-	98.00	99.75
Presteigne Medical Centre - Presteigne														95.61		85	95.61
PMC First Floor Significant Risk (85%) - (1 Audit)	18/05/2021													95.61		85.00	95.61
														95.61		85.00	95.61

Maintaining stocks of cleaning materials have been a concern during the Covid-19 pandemic. To help manage this risk we developed a stockholding forecast based upon actual rate of consumption of items which then determines our total number of days' for use in healthcare settings.

supply for each stock item. This provided assurance to Directors and enabled managers to act when stocks held in excess of the need were identified. These were easy to identify through dashboard reporting tables presented to Gold Command. In addition, where shortages were an issue we moved surplus stock between sites to maintain supply.

The Support Services Department assists hospital acquired infection (nosocomial) scrutiny panels with their investigations, providing reports on the standards of cleanliness in the timeline of the investigation into an outbreak and advising on further measures, where indicated, to reduce the risk of a reoccurrence.

Catering Services

Menu system development: Work continues on revising the PTHB patient and staff menu. An inhouse² digital system is being developed to provide enhanced food safety, service performance and management information. Whilst an earlier version has served us well 'Natasha's Law'³ for food labelling, in place from October 2021, creates a requirement for the current system to be enhanced to enable ingredient/allergen information to be more readily accessible. Because of the additional precautions there is a need to restrict menu offerings to those recipes/products that have been signed off for use; and to ensure the accuracy of our information databases on ingredients and the allergens identified within them.

It is expected to have the new menu and system live by August and when work will then focus on developing the system further to include an in-patient bedside meal ordering capability utilising existing ward digital hardware systems.

Recipe: Beef Casserole

BACK TO RECIPE INDEX

Staff Menu Selling Price £2.40

Main Course

Enter required Yield 15

Contains Celery	Contains Cereals containing gluten	Contains Crustaceans	Contains Eggs	Contains Fish	Contains Lupin	Contains Milk	Contains Molluscs	Contains Mustard	Contains Nuts	Contains Peanuts	Contains Sesame seeds	Contains Soya	Contains Sulphur dioxide
No	No	No	No	No	No	No	No	No	No	No	No	No	Yes

Beef Casserole

SUPPLIER CODE	UNIT OF MEASURE	AMOUNT OF MEASURE	INGREDIENTS	METHOD		
50518	Grams	1500	Beef Fresh (Diced)	1. Brown meat in a pan. 2. Add onions, tomato puree, carrots and mushrooms and cook for a few minutes, add seasoning. 3. Mix bouillon and water, and cover meat. Bring to the boil then reduce to simmer, stirring occasionally. 4. Check meat, if tender add diced potatoes 5. Bring back to boil, cook for approx. 20 mins 6. When cooked check liquid content, adjust if necessary, add thickening and gravy browning, check seasoning and consistency.		
4800	Grams	135	Mushrooms Q/F (Sliced)			
450694	Grams	135	Carrots Fresh (Diced)			
10469	Grams	210	Onions Fresh (Diced)			
41032S	Grams	15	Beef Bouillon			
10675	Grams	375	Potatoes Fresh (Diced)			
	mls	135	Water for bouillon			
	mls	675	Water			
NUTRITION REPORT - Portion Size 200 grms						
6.9 grms	Fat					
2.4 grms	Saturates	ALE255	mls	15	Gravy Browning	
12.4 grms	Carbohydrates	47905	Grams	75	Tomato Puree	
2.6 grms	Sugars					
22.5 grms	Protein					
2 grms	Fibre					
0.31 grms	Salt					
Vegetarian Option						
High Energy Option						
Healthy Option						
Lower Potassium Option						
X				X	✓	X

Notes:-
This meal should be served with accompaniments of carbohydrates such as potato, rice or pasta and two portions of vegetables to meet the nutritional standard for a main course (please refer to the All Wales Nutrition and Catering Standards for Food and Fluid provision for hospital inpatients)

³ The UK Food Information Amendment, also known as Natasha's Law, comes into effect from October 2021 and will require all food businesses to provide full ingredient lists and allergen labelling on foods pre-packaged for direct sale on the premises.

Environmental Health Ratings: The Welsh Government has directed health boards to achieve and maintain environmental health ratings of 5 in all hospital catering operations. The inspections are unannounced and are undertaken each year by Powys County Council's Environmental Health Officers

All of PTHB's community hospitals currently hold a rating of 5 with the exception of Machynlleth Hospital which has a rating of 4. The kitchen at Machynlleth Hospital is temporarily relocated to the day hospital whilst the major hospital refurbishment is underway.

Provision of drinking water: A full review of drinking water and dispensers has been completed. A new water dispenser supply and maintenance contract has been completed. The location and installation of water dispensers is overseen by the Water Safety Group. There are now safety assured sources of drinking water throughout all staff and patient areas.

Food Stocks Resilience: The provision of catering for patients and staff has remained a high priority during the pandemic. Because of the risk of potential food shortages during COVID 19 disruption, and Brexit uncertainties, the Health Board has been concerned to ensure that sufficient stocks of food are held to ensure operational resilience.

The key to managing our food stock levels was to understand the rate of consumption of stock and therefore the number of days supply we had at any given time at each site. Referred to as the "food endurance level" we developed a mechanism to calculate this without access to an electronic catering management system. A system was developed to calculate food endurance levels and report on the three main food group categories: -

- Meat, Fish, Cheese and Ready Prepared Meals (Main Choices)
- Potatoes, Rice and Pasta (Carbohydrate Choices)
- Vegetables

The initial target set at Gold Command was to maintain six weeks holding of food without further replenishment. This was a significant achievement with small storage areas for chilled, frozen and dry food stocks.

Directors agreed on 26th March 2021 that local sites would reduce their food stocks to four weeks, and to hire a 40-foot freezer container to hold a further three weeks of frozen goods for PTHB sites. This arrangement has proved successful and it was assuring to know that food supplies would not be a concern.

The additional stock holding of frozen food is now being drawn down by sites to reduce its holding to zero. Directors have agreed a return to 'business as usual' catering stock holding of two weeks, from Monday 14th June 2021.

Hospital Linen Supplies

Of equal importance to food supplies and cleaning materials are stocks of hospital linen.

As hospitals had a higher turnaround of linen due to increased 'surge' patient numbers, linen holdings increased across Welsh Hospitals which had the potential to generate supply shortages. To help mitigate this risk we needed to assure Managers and departments that there was no need to stockpile, but only to maintain sufficient stock.

Using a similar process to food stocks, we developed a stockholding forecast based upon actual consumption rates of items, which can then determine our total number of days' supply in stock.

The NHS Wales Shared Services Committee is currently overseeing a rationalisation of an investment in laundry facilities, with the intention of ensuring national compliance with NHS Wales hospital laundry standards⁴. There are no hospital laundries in PTHB; hospital linen is provided through contracts with neighbouring health boards.

Support Services Risk Register

The Support Services Risk Register is reviewed at monthly Management Team meetings and shared with the Head of Risk & Assurance. There are currently no risks that have been escalated to the Corporate Register.

Support Services Contracts

Whilst Covid-19 placed additional demands on to core business there remained throughout the need to maintain existing contracts and procure new ones. NHS Shared Services procurement have ensured PTHB's adherence to NHS Financial Standing Orders in this work.

We are working with the Estates team and NHS Shared Services to develop plans for our fleet that will help deliver PTHB's commitment to carbon reduction targets.

PTHB's contract for General Waste & Recycling was due to go through a tendering process, supported by NHS Shared Services, in 2020. The Covid-19 pandemic caused a delay to that process. Now that services are returning to their normal activity, NHS Shared Services⁵ has invited PTHB to participate in a tendering process for general waste and a recycling on an 'All Wales' basis. Securing services in partnership with the other Trusts and Health Boards in Wales creates more service resilience, greater accountability and, generally, better value for money. NHS Shared Services have confirmed that they are aiming for the successful tender(s) to begin on 1st April 2022.

Covid-19 Stores

The unprecedented demand for Personal Protective Equipment (PPE) and then Covid-19 Lateral Flow Devices (LFD) has required some adaptive use of PTHB buildings and led to some innovative in-house developments of stock control and reporting systems to enable effective procurement, stock management and distribution.

In regards to PPE the in-house developed system allowed consumption rates of stock items to be calculated and reported to support "just in time" procurement and distribution. Given the large number of delivery points across PTHB, this system took

⁴ HSG (95)18: Hospital laundry arrangements for used and infected linen

⁵ Matthew Lewis, Senior Category Officer

guesswork out of the process and enabled it to be run by a very small team in the Covid-19 store.

It is worthy of note that during a visit by the British Army Logistics Corp it was commented that the set up for PPE arrangements in terms of environment and stock control systems in PTHB was the best they had witnessed in NHS Wales.

In regards to LFD testing, effective procurement, stock management and distribution has been important. Again, an in-house system was developed, firstly to receive requests from staff wishing to participate in the LFD testing program, and then to plan the distribution of the packs of tests to all areas/departments of PTHB. This level of intelligence supports the management of “just in time” procurement of LFD supplies into the Support Services Hub to only hold LFDs supplies at the required level, avoid excessive stockpiles in the stores and to mitigate shortfalls in the national supplies of LFDs.

Review of Hotel Services Rosters

The review is underway with meetings already held with the Supervisors, Coordinators and staff side representatives for Machynlleth, Llanidloes and Ystradgynlais followed by Brecon and Bronllys hospitals. After this which we will pause to review the progress made to date, consolidate the feedback and cost and test any proposals for roster changes with the help of Workforce and Finance colleagues.

On completion of this initial work across all sites, a proposal paper will be submitted for consideration and if acceptable, consultation will commence on sites where changes are required.

Support Services Business Continuity Updates

Given the impacts from Covid-19, an extensive review of Support Services business continuity plans has been undertaken. Key areas added have been the focus on continuity of supplies and the management of staff resources affected by Covid-19.

NEXT STEPS:

1. To develop proposals and plans contributing to PTHB’s decarbonisation targets in relation to fleet and catering operations.
2. To identify any recommendations and actions to take forward on ways that Support Services can continue to improve its contribution to clinical services and PTHB Corporate Objectives.

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Overview of Support Services Performance and
Associated Risks

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	✓

PERFORMANCE AND RESOURCES COMMITTEE		Date of Meeting: 24 June 2021	
Subject:	Preparedness - Liberty Protection Safeguards		
Approved and presented by:	Alison Davies Executive Director of Nursing and Midwifery		
Prepared by	Jayne Wheeler Sexton Assistant Director of Nursing for Safeguarding and Public Protection		
Other Committees and meetings considered at:	Executive Committee		
PURPOSE:			
The purpose of this paper is to:			
<ul style="list-style-type: none">• Update the Performance and Resource Committee on the progress of the Liberty Protection Safeguards (LPS), due to replace the Deprivation of Liberty Safeguards (DoLS) on the 1st April 2022,• Articulate the planning, unknown factors and therefore risks for the health board• Note that a business case will be presented focusing on compliance with legislation related to Deprivation of Liberty in the period before LPS is enacted and during the 12-month period where DoLS and LPS will co-exist			
RECOMMENDATION:			
The Performance and Resource Committee is asked to: discuss the contents of this paper, note the currently unknown facts and therefore risks and note the future presentation of a business case to implement and comply with legislation.			
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:	• Staying Healthy	✓
	• Safe Care	✓
	• Effective Care	✓
	• Dignified Care	✓
	• Timely Care	✓
	• Individual Care	✓
	• Staff and Resources	✓
	• Governance, Leadership & Accountability	✓

EXECUTIVE SUMMARY:

In 2019 the Law Commission's review of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (2009) (DoLS) resulted in new legislation; the Mental Capacity (Amendment) Act 2019 (MC(A)A). This legislation is expected to come into force from 1st April 2022. It will replace the Deprivation of Liberty Safeguards with the new Liberty Protection Safeguards scheme (LPS).

The LPS Code of Practice and Welsh Regulations, which will provide the detail required to support the implementation of LPS, consultation on both documents is expected during June 2021. It is essential that the health board commences planning well in advance of April 2022, due to the scale of the project.

The National, Regional and PTHB's current level of engagement and preparation for LPS is highlighted along with the known challenges and risks to PTHB associated with the current DoLS process and the incoming LPS.

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DETAILED BACKGROUND AND ASSESSMENT:

1. Situation and Background

- 1.1 Following a review of the MCA (2005) in March 2014, The House of Lords Select Committee reported its implementation had not met the expectations that it raised, with particular reference to the ethos of empowering. The Select Committee noted that the Act had suffered from a lack of awareness and understanding amongst key practitioners and organisations, and that the current DoLS system is bureaucratic, underfunded and unable to cope with the demand.
- 1.2 The review led to the Mental Capacity (Amendment) Act 2019 which received Royal Assent on 16 May 2019, the Act provides for the repeal of the Deprivation of Liberty Safeguards (DoLS) contained in the Mental Capacity Act 2005 (MCA), and their replacement with a new scheme called the Liberty Protection Safeguards (LPS).
- 1.3 The intended outcome of LPS is to ensure increased compliance with the law, improve care and treatment for people lacking capacity and to provide a system of authorisation and robust safeguards in a cost-effective manner. In order to achieve this an entirely new approach to depriving someone of their liberty is being designed which will have significant impact on the entire deprivation of liberty process.
- 1.4 In July 2020 the UK Government announced the new legislation will come into force on 1st April 2022. The current DoLS system will run alongside LPS for one year following its commencement to enable those subject to DoLS to be transferred to LPS in a managed way.

2. Assessment

- 2.1 The UK Government are leading on the development of the draft MCA Code of Practice and draft Regulations:
 - I. Welsh Government are facilitating regular working groups under an overarching National Implementation Steering Group to target the significant work required prior to the implementation of LPS.
 - II. NHS Wales is represented at the WG Implementation Group and its subgroups via the National Safeguarding Team (NST).
 - III. The Mid and West Wales Region are represented by members of the Mid & West Wales Safeguarding Board and the Regional MCA Forum. Regionally the MCA Forum has contributed to the LPS Implementation

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- Group and the subgroups, the forum has also provided support between practitioners to navigate through the legislation.
- IV. Powys Teaching Health Board are represented at all these meetings and are part of the group of professionals contributing to the feedback to both UK and Welsh Governments
- 2.2 As part of the UK Governments pre-consultation phase a small group of stakeholders have comprehensively commented of the draft Code and Regulations, the public consultation is scheduled for June 2021, and there is still no firm date for publication. Welsh Government have written to UK Government to express concerns over the timing of the implementing LPS, particularly in terms of workforce development and training.
- 2.3 UK Government have indicated funding the implementation of LPS in Wales will be from existing funding streams. Wales are working with the UK Government to further explore this.
- 2.4 At the request of the Executive Directors of Nursing and Midwifery in Wales the National Safeguarding Team undertook an MCA desktop review to support Health Boards and Trusts preparedness for LPS (Appendix 1), the review highlighted;
- I. Mental Capacity Act Training is made mandatory for all NHS Wales staff and contracted services
 - II. All Health Boards and Trusts to have a Mental Capacity Act Lead
 - III. Additional resources are required for the transition period and the continuation of implementing LPS
 - IV. The NHS Wales Safeguarding Network MCA, DoLS & LPS Task and finish group should continue in order to: provide a collaborative response to the MCA Amendment Act Code of Practice consultation and work with the Welsh Government LPS Implementation Steering Group
- 2.5 PTHB have established 2 groups to the support the implementation of LPS; an Oversight Group Chaired by the Executive Director of Nursing and Midwifery with representation from service groups at Assistant Director level (ToR attached Appendix 2), and a DoLS, MCA and LPS Working Group (ToR attached Appendix 3).
- 2.6 The health board has developed an implementation group to oversee the introduction of LPS and is supported by an operational group tasked with developing and actioning preparations, however as the Welsh

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Regulations and MCA Code of Practice are still not final, the preparations are curtailed and have been focusing on:

- I. Developing scenarios to help illustrate where developments are required in terms of systems processes and learning
- II. Reaching out to PCC colleagues to enable collaboration wherever possible
- III. Mapping staff groups
- IV. Offered MCA training to professional groups
- V. Mapping likely increased demand when LPS introduced
- VI. Completed training needs analysis for Welsh Government
- VII. Shared an introduction video to LPS
- VIII. Influence at the National LPS and Regional LPS groups

3. Health Board's current position regarding MCA and DoLS

- 3.1 For some time, the number of DoLS applications have exceeded the health board's capacity to satisfy it, and this situation is unlikely to be resolved within existing arrangements. In April/May 2021, application rates averaged 12.6 per week, compared to 7.7 per week during 2020-2021.
- 3.2 In March 2021, NHS Wales Shared Services Partnership Audit and Assurance Services completed a Deprivation of Liberty Safeguards follow up review of the 2019/20 'Limited' Assurance DoLS Report. The Internal Audit Report 2020/21 (Appendix 4) gave the health board reasonable assurance. The report acknowledged the progress made over the past 18 months following on from the previous DoLS audit. It highlighted the significant increase in the number of DoLS requests throughout 2020/21. The auditors also commented it is likely that the suite of resources and training programmes has contributed to the increase, creating a gap between demand and the capacity to undertake DoLS assessments, demonstrated by the large number of assessments still pending each quarter, describing the lack of Best Interest Assessors as causing a bottle neck.
- 3.3 In the past 12 months, a focused offer to practitioners to improve their knowledge on the Mental Capacity Act progressed as MCA training too became mandatory and explored ways to manage the DoLS backlog. Table 1 illustrates the current demand which will further increase significantly when LPS is implemented, given the expansion it will create in terms of individuals and settings included.

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Table 1: DoLS activity: Q1, Q2 Q3, Q4 2020/21, April & May 2021

	Q1 2020 /21	Q2 2020 /21	Q3 2020/ 21	Q4 2020/ 21	April 2021	May 2021
PTHB Monthly DoLS Figures						
Referrals for the period	82	99	113	107	54	47
Urgent Referrals for the period	74	87	102	83	43	44
Number of Standard/Renewal Referrals for the period	8	12	11	24	11	3
No Withdrawn/not granted	52	85	76	88	39	35
No Allocated to Internal BIAs	18	20	21	17	8	4
No Allocated to External BIAs	2	4	2	45	0	1
Number Granted	13	18	15	23	10	8
Total Outstanding Applications	30	25	46	19	45	52

3.4 The Health Board currently has an establishment of 1 WTE Best Interest Assessor, with only 0.5 WTE being available to provide services for the next 12 months, this means there is capacity to undertake 4 assessments per month. Pre Covid, support with Best Interest Assessments was also provided by staff within the health board who held the BIA qualification, this is no longer available and unlikely to be reinstated, given the recourses required for renewal and recovery, leaving a further gap in the DoLS process, adversely affecting legislative compliance and sustainability to deliver within the health board. There are strict requirements in terms of education and training for the BIA role and therefore a longer term, sustainable solution that builds critical mass, is required, to ensure preparedness for LPS.

3.5 As a short-term solution, during February and March 2021 additional resource from Welsh Government was used to purchase 45 Best Interests Assessments from an external agency. These assessments were used to reduce the outstanding assessments to 19, however, during April and May 2021 the numbers have again risen to 45 and 52 respectively. Currently Powys County Council (PCC) provides DoLS administration for the health board. Following the increase in assessments purchased in February and March, PCC charged PTHB for the extra administrative work associated with the increase. The

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partnership with PCC works well as PTHB do not employ a DoLS Coordinator, continuation of this agreement will require consideration from both PCC and PTHB once the LPS Welsh Regulations and MCA Code of Practice is published.

- 3.6 Based on current application rates, it is estimated that a further 30 to 35 assessments each month will be required before the implementation and implications of LPS, which will increase post implementation. The number of outstanding DoLS assessments awaiting a Best Interest Assessment is currently a risk on the Safeguarding and Nursing Risk Register as failure to meet statutory timescales amounts to the illegal detention of an individual, which carries a risk of legal challenge and financial penalty. The current risk score is 20 (Likelihood 5 x Impact 4) as is being escalated to the Executive Team for consideration.

4. Emerging risks: assessment of known and currently unknown factors regarding LPS

- 4.1 The health board's preparation for LPS is challenging due to the level of unknown and unconfirmed factors, these are detailed below in Table 2:

Table 2: Assessment of known and Unknown Factors Regarding the Implementation of LPS on 1st April 2022

Known Factors	Currently Unknown Factors
There will be a new MCA Code of Practice and LPS Welsh Regulations. The Code and Regulation will be subject to a 12-week public consultation when developed.	No fixed date for the Code and Regulations, preparation time dependent on release and must be in a place to proceed by April 2022.
There will be a workforce and Training Strategy for LPS in Wales. All forward facing staff will require LPS training, plus training required for the role of Assessor and pre-authoriser. BIAs will be offered to complete a conversion course to an AMCP	The resourcing, mode, frequency type and delivery of training, assessment of competency and ongoing CPD related to it.

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LPS will apply in new and different settings including care homes, NHS hospital, education facilities – including day and residential schools and sixth form colleges, independent hospitals, a person's own home, supported living.	Clarification re. which agency leads in which setting plus level of increased demand for the health board.
Known Factors	Currently Unknown Factors
The new processes for LPS are designed to facilitate integration of the MCA within everyday practice. Staff will need to; identify patients who may lack capacity and whose care arrangements amount to a deprivation of liberty; arrange or undertake the assessments and consultations that were previously carried out by the BIAs / Medical Assessor; These will be an appropriate professional who have the experience and knowledge needed to complete the assessments (Nurse, OT, SW, GP, Dr), identify an Approved Person to support the patient / request an Independent Mental Capacity Advocate (IMCA) where required; submit the assessments to the responsible body for authorisation.	<p>The model the health board will need to establish to deliver as it will be predicated on:</p> <ul style="list-style-type: none"> • The agreement of professional bodies at a UK level for some staff groups in relation to taking on roles required by the LPS • additionality in relation to knowledge skills and expertise required for staff in groups familiar with DoLS • level of preparation for staff groups likely to become involved with LPS and currently unfamiliar with DoLS • seniority of professional to undertake the capacity assessment • the availability of national role descriptors <p>The undertaking of the role of Mental Health Assessor, removed from LPS but requirement for assessment remains.</p>
LPS inclusive of young people aged 16 and above (DoLS applies to 18 yrs plus).	Level of preparation for staff groups likely to become involved with LPS.
There will be a 12-month transition period from where the DoLS scheme and LPS will run concurrently. This is because all existing DoLS will remain in place until they expire.	Unclear if additional funding available to manage the DoLS process which will be further impacted upon if the Health Board has a significant backlog.

The health board is required to comply with current legislation related to DoLS and to implement the LPS in April 2022.

The outcome of a business case due to be presented to Executive Committee inclusive of the need for Mental Health Capacity Act Lead to support and enable implementation, DoLS assessors and administrative functions.

NEXT STEPS:

The LPS Implementation and Operational Groups are established, and engaged/informed by national and regional work, meeting regularly and taking forward as much as possible in the absence of the Code and Regulations.

In order to for health board to mitigate the risk of a further increase in the backlog of unauthorised DoLS, have a dedicated and expert resource to lead on the MCA and prepare and manage the successful implementation of LPS, an options appraisal and business case is under development and will be submitted to the Investment Benefits Group on 29 June 2021 and then will be subsequently presented to the Executive Committee for consideration.

Appendix 1 – National Safeguarding Team MCA Desktop Review



APPENDIX 1 Final
MCA Desktop Review

Appendix 2 – PTHB LPS Oversight Group terms of reference



APPENDIX 2 Draft
ToR LPS Oversight Gr

Appendix 3 – PTHB MCA, DoLS ABD LPS Working Group terms of reference



APPENDIX 3 MCA
DoLS LPS Transition V

Appendix 4 – PTHB DoLS Internal Audit May 2021



APPENDIX 4
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Agenda item: 3.7

**PERFORMANCE AND RESOURCES
COMMITTEE**

**Date of Meeting:
24 June 2021**

Subject :	Dental Services in Powys
Approved and Presented by:	Jamie Marchant, Executive Director Primary Care, Community and Mental Health & Dr Warren Tolley, Associate Dental Director
Prepared by:	Dr Warren Tolley, Associate Dental Director
Other Committees and meetings considered at:	Executive Committee 2 nd June 2021

PURPOSE:

The purpose of this paper is to provide the Performance and Resources Committee with an update on current dental services in Powys including impact of the pandemic and plans for recovery of services as well as future strategic plans

RECOMMENDATION(S):

The Performance and Resources Committee is asked to note and discuss the detailed update on dental services across Powys as provided to the Executive Committee previously

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

EXECUTIVE SUMMARY:

Dental services across Wales have been particularly affected by the pandemic, and whilst there has been significant disruption there have been opportunities to develop new ways of working and accelerate the learning from contract reform. Maintaining access will be a key priority in the coming months ensuring that the resource is used effectively focusing on those with the most need. Under contract reform, General Dental Services (GDS) have the opportunity to focus on prevention and need rather than chasing units of dental activity. This step up in prevention and the development of care pathways will allow better utilisation of dental care professionals ensuring that skill mixing becomes embedded as part of GDS. New technology like Attend Anywhere is also being embraced by some of the profession and gaining acceptance.

Ventilation improvements, urgent and new patient access have all improved, but there remains significant challenges in managing waiting lists for specialist services, combined with patient expectations and the uncertainty that the pandemic continues to bring.

DETAILED BACKGROUND AND ASSESSMENT:

Dentistry can be divided into three services, namely the Hospital Dental Service (HDS), Community Dental Service (CDS) and General Dental Services (GDS).

The three services fundamentally manage specific areas of dentistry, however due to the nature of Powys a hybrid model is in place in many of the areas. The following table summarises the overall PTHB dental provision.

Hospital Dental Service (HDS) (referral only service)	Community Dental Service (CDS) (Hybrid of CDS, HDS & GDS)	General Dental Services (GDS).
Consultant orthodontic led sessions <i>(ref:2.1 below)</i>	Restorative Services in Endodontics <i>(ref:3.1 below)</i>	22 independent contractors
Specialist Orthodontic Services <i>(ref:2.2 below)</i>	Special Care Dentistry or complex needs patients <i>(ref:3.2 below)</i>	Specialist orthodontic Services <i>(ref:2.2 below)</i>
Oral and Maxillofacial Services <i>(ref:2.3 below)</i>	Paediatric Dentistry, including inhalation sedation <i>(ref:3.3 below)</i>	Emergency Access contract
Various LTAs for specialist procedures; e.g. surgical ortho, oral rehab, head & neck cancer, Paediatric GA	Domiciliary care <i>(ref:3.4 below)</i>	Urgent access in hours
	Designed to Smile <i>(ref:3.5 below)</i>	Urgent out of hours service
	Gwen am Byth - Care Home Programme <i>(ref:3.6 below)</i>	
	GDS Managed Practice: Builth Wells	
	GDS Managed Practice: Machynlleth	

There are a range of services commonly called specialist dental services and are provided by a range of providers in GDS, CDS and HDS. The map below details the services available across Powys which are directly provided by PTHB.

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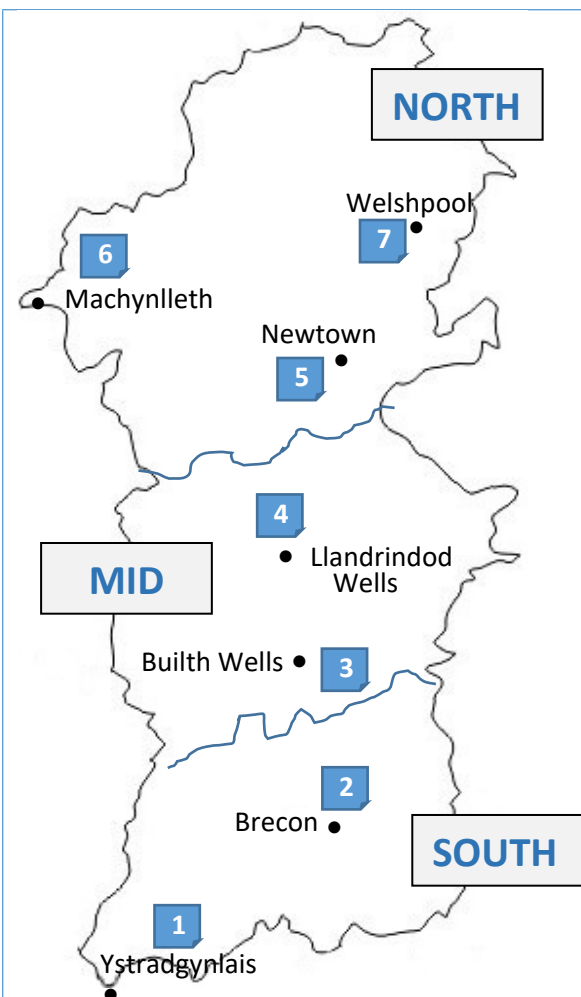
Dental Services in Powys

- 1. Ystradgynlais Hospital – Surgery Size, 2 Chairs**
Provides routine special care, vulnerable children and a course of treatment for GDS patients who are unable to access a GDP

- 2. Brecon Hospital – Surgery Size, 4 Chairs**
Specialist special care, paediatrics, sedation, restorative, endodontics, oral surgery, orthodontics and foundation training practice

- ### 3 Builth Wells, Glan Irfon – Surgery Size 3 Chairs

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1. Hospital Dental Services

The HDS is a specialist service and access for patients is on a referral only basis. Although in Powys there is no district general hospital, a hospital type service does take place within the community hospitals along with referral out of county when necessary.

In practice this consists of a service level agreement with Cwm Taf Morgannwg UHB (CTMUHB) which provides visiting consultant oral surgeon and consultant orthodontic led sessions based in Brecon War Memorial Hospital.

In addition to the services available within Powys, there are various LTA's with other providers such as Shropshire and Telford Hospital Trust (SATH)

Access to the services not based within Powys are generally reserved for treatments that cannot be safely carried out within a primary and community setting, for example surgical orthodontic patients, oral rehabilitation patients following trauma, head and neck cancer patients, paediatric patients requiring a general anaesthetic etc. All dentists can refer directly to these providers if the clinical condition is unsuitable for a Powys based service.

1.1 Consultant orthodontic led sessions

a) Service provision:

The orthodontic pathway for patients consists of visiting consultant orthodontic sessions and also specialist orthodontist services in place.

The consultant orthodontic led sessions are provided through the visiting consultant LTA with CTMUHB for South Powys residents. North Powys residents are referred to SATH.

The consultant led service is usually reserved for more complex cases requiring an MDT approach such as orthognathic surgical cases. Waiting list validation ensures transfer of suitable patients for specialist practice. Often the majority of patients can be transferred to specialist practice. Following recent waiting list validation, the list reduced from 73 to 37 patients over 26 weeks for assessment.

b) Current situation: (as at April 2021)

<i>Provider</i>	<i>No: of patients</i>	<i>RTT wait</i>
<i>PTHB (using CTMUHB clinicians)</i>	<i>37</i>	<i>>26 weeks</i>

c) Recovery of Service:

Patients are being reviewed to ensure that any wait is not detrimental to their dental health.

Nationally milder cases which are eligible for NHS orthodontics but score a 3 on the index of treatment needs (IOTN) will have their treatment delayed unless capacity allows. It is estimated that IOTN cases make up around 10% of all orthodontic cases

The consultant has increased the length of the session to accommodate more patients. Extra sessions have been offered by the consultant as waiting list initiatives. These will be scheduled for June/July.

Future relaxation of any social distancing requirements may also improve patient throughput.

1.2 Specialist Orthodontic Services

Service provision:

PTHB has four specialist personal dental service (PDS) contracts contracted to carry out orthodontics for Powys patients and are based in mid and north Powys. These contracts are monitored through the general dental services contract management process (a PDS contract unlike a general service contract is time limited, but the duration is normally 1 to 5 years).

The terms and conditions and acceptance criteria for orthodontic contracts is standardised across Wales and only children 18 or below at the age of referral are accepted.

In 2010 the average wait time for specialist orthodontic services was in excess of 4 years. PTHB investment using non- recurring funding, stricter referral acceptance criteria and more recently the use of the electronic referral system has all contributed in ensuring that a prudent health care approach has been followed by the health board.

As a result of these measures there has been a large reduction in assessment and review appointments, abandoned treatment and inappropriate referrals. All of these factors can result in reduced access to those that are of greatest need. The annual contract value for all specialist PDS contracts in Powys for 2021/22 is £558,888.56.

Current situation:

Access to all four of these services is good with the average referral to treatment time between 4 to 8 weeks. These services are not subject to formal RTT

The PDS payment system for orthodontics pays the provider for the treatment in full when the treatment commences, hence the majority of 20/21 has been completing patients who were already under active treatment as opposed to seeing new patients.

The WG letter issued on the 30th March 2021 provides guidance for orthodontic contracts for the 21/22 financial year. As per Welsh Government direction, currently Orthodontic practices are receiving 90% of their annual contract value (ACV).

Recovery of service:

Orthodontists will focus on prioritising their cases and starting treatment on those with the greatest need. The metric used will be to count case starts instead of units of orthodontic activity. This will be monitored by the GDS Monitoring Group.

Prior to the pandemic access to primary care services in Powys was good with most patients being seen within weeks of the referral to start treatment. The number of referrals into the speciality has drastically reduced during 20/21, however unlike other health boards there was not a significant waiting list prior to the pandemic. It is not easy at this stage to assess the potential future demand.

1.3 Oral and Maxillofacial Services**Service provision:**

Powys patients have access to two services that work in collaboration.

South Powys is provided by the consultant oral surgery service through the SLA with CTMUHB. All patients that can be treated safely in a primary and community care environment are managed within Powys.

For north Powys, this was previously a consultant led service up until June 2020 when the visiting consultant maxillofacial surgeon left Powys to take up a sabbatical in the USA. This arrangement was through a direct arrangement with the visiting consultant and was separate from the cost per case arrangement with SATH. As a result of this, the north Powys service has not been able to review patients referred for treatment above tier 2 and these are referred to SATH. The tier 2 patients are treated by members of the CDS team.

Tier 2 level of complexity includes treatments suitable for a dentist with enhanced skills in oral surgery, but is below the complexity suitable for a specialist or consultant level of expertise.

As mentioned both the Powys based north and south services work in collaboration by making use of staff with enhanced skills in oral surgery to reduce waiting times for patients. Recent audits have demonstrated that in excess of 80% of all referrals into the service can avoid the need to travel to their nearest district general hospital for treatment and is an excellent example of how there can be a safe prudent health care approach by shifting care from secondary to a local primary and community care service so long as appropriate skill mixing and governance arrangements are in place.

Current position:

The visiting consultants to south Powys from CTMUHB have both retired and returned, therefore this arrangement is fragile and future consultants based in CTMUHB are not likely to have the time or inclination to provide outreach clinics in South Powys.

The service is subject to Referral to Treatment Times. The April position shows 353 patients on the list of which 184 are waiting over 36 weeks and 57 are at stage 4 over 52 weeks.

The priority is to address the long waits at stage 4 (ie treatment) and general lists are being scoped up for June onwards in Llandrindod. In terms of the south Powys service we expect restoration of surgeon presence in the coming month or so. Firm timelines will be developed during June.

Where the service is unable to treat in a clinically appropriate time frame, alternative options have been sourced. A small group of patients who required Botox for chronic myofascial pain which is time sensitive and thus a service has been commissioned for consultant support from Cardiff Dental Hospital. The commissioning team have approached other oral surgery providers, but they are unable to accept patients at the moment who require routine elective oral surgery procedures

Recovery of Service:

Both the north and south services continue to triage the patients based on their clinical need and urgent cases are made a priority.

The general dental practitioners have also been asked to stabilise patients that they have referred in for extractions to ensure that patients are comfortable in the interim.

The service in North Powys has removed patients from the South Powys list who are suitable for tier two complexity and if the patients are willing to travel. Llandrindod Wells Dental Department is to open on the 1st June which will reduce the travel distance for South Powys patients and make the offer of being seen in Llandrindod Wells rather than Newtown more attractive.

In view of the fragility of the south service and the loss of the maxillofacial consultant in North Powys and the potential significant increase in costs if North Powys oral surgery patients have to travel to an English provider to access treatment, recruitment has commenced for a PTHB employed Community Consultant Oral Surgeon based within Powys. Interviews are currently being arranged for the candidates who have been successfully shortlisted. This approach has been approved by the Royal College of Surgeons and is supported by the Chief Dental Officer and aligns with Welsh Government policy of prudent health care.

Successful recruitment of a consultant oral surgeon will mean that in excess of 85% of all referrals into the service will have care provided within Powys, this will ensure that waiting lists and access is timely. Successful recruitment would mean that a new consultant is in post by late summer at the earliest.

2. Community Dental Services (CDS)

The CDS within Powys is in effect a hybrid of the HDS and GDS. The CDS includes both specialist dental services and salaried GDS. The CDS provides access to those who are unable to find a dentist, accepts referrals for oral surgery, special care, paediatric, dental anxiety, and restorative dentistry. In addition, it provides domiciliary care, delivers the care home programme, designed to smile and carries out periodic epidemiology surveys.

2.1 Restorative Services including Endodontics ***Service provision:***

The endodontic service is supported by a specialist endodontist employed within the CDS following the successful passing of both Royal College examinations Dr Gareth Thomas gained entry onto the specialist list for endodontics in 2020. This means that endodontics problems of tier 3 level of complexity can now be accepted into the service

PTHB CDS employs a Senior Dental Officer in restorative dentistry who is competent to accept tier two level of complexity. Tier two are treatment at a level of complexity that are suitable for a dentist with enhanced skills. In practice in excess of 80% of all referrals are managed by the senior dental officer reducing the need for patients to travel and access a consultant in restorative dentistry.

Endodontics is a mono speciality of restorative dentistry and deals with teeth that require root canal therapy treatment including surgical procedures. Dr Warren Tolley set up the service in 2014 following completion of enhanced skill training. The service has virtual consultant support from SBUHB as a service level agreement. Patients in Powys previously had little access to such treatment and if they were successful in being placed on a waiting list, the average time to wait was in excess of 4 years. Children that required complex endodontic treatment often as a result of trauma would have to travel large distances. In excess of 70% of all referrals into the restorative speciality are for patients requiring treatment for endodontic or periodontal problems. This reduces the burden on consultant services based within district general hospitals and allows them to focus on reconstructive works for example cancer, trauma and patients with facial deformities. Other Health Boards are also looking at developing specialist endodontic services.

Current position:

Restorative services have seen less impact due to a significant reduction in the number of referrals. The endodontic service currently has 107 patients waiting for their initial assessment. It is however likely that there could be a surge of referrals following continued recovery of general dental services.

Recovery of Service:

Waiting lists continue to be validated and patients are seen based on priority with patients stabilised when clinically appropriate to do so.

As recovery continues, communication with the patients will remain essential in managing their waiting time.

Clinical staff are now being asked to compile lists of outstanding treatment, with estimates on the number of appointments to complete the treatment, this will be used to ensure that surgery space is used efficiently

2.2 Special Care Dentistry

Service provision:

The CDS accepts all referrals for special care dentistry. Special care patients include a wide range of patients with varying complex needs for example patients with cognitive impairment, disabilities of varying degrees, social issues, learning difficulties etc. The CDS has Senior Dental Officers with enhanced skills and also a part-time specialist in special care dentistry.

Special care dentistry unlike some of the other dental specialities means that patients referred into the service by a variety of sources often end up becoming patients of the community dental service for ongoing care due to the difficulties and specialist expertise required to manage them. It is common for other health and social care workers to refer special care patients into the service, as mentioned previously such referrers do not have access to the all Wales electronic referral management system and these referrals will not be reflected in the data.

Current position:

Special care referrals have also reduced but unlike the other specialist areas, special care patients once referred become regular patients of the community dental service.

Recovery of Service:

Waiting lists continue to be validated and patients are seen based on priority with patients stabilised when clinically appropriate to do so.

As recovery continues, communication with the patients will remain essential in managing their waiting time.

Clinical staff are now being asked to compile lists of outstanding treatment, with estimates on the number of appointments to complete the treatment, this will be used to ensure that surgery space is used efficiently including the introduction of team briefs and debriefs to support the workforce.

2.3 Paediatric Dentistry

PTHB CDS has Senior Dental Officers with enhanced skills who are able to accept paediatric referrals. Links have been established with neighbouring health boards who employ specialists in paediatric dentistry and these are available for telephone advice. In addition, a dialogue has been opened up with SBUHB to explore the possibility of one of their specialists providing 2 sessions every 2 months in South Powys. This would add to the governance arrangements of the current service and prevent some of the more complex paediatric referrals having to travel out of county. Based on the current need for Powys this level of commitment would seem satisfactory and there is one specialist who is happy to visit through this type of arrangement.

The vast majority of the paediatric referrals are for anxiety and these are managed using behavioural techniques and conscious sedation with nitrous oxide known as inhalation sedation. The service assesses all potential general anaesthesia referrals in order to attempt alternative techniques and reduce the number of paediatric general anaesthesia if possible. If the child does require a general anaesthetic, access for Powys patients is mainly provided by Parkway which is a private hospital in Swansea. There is currently a tender waiver in place for 12 months to allow Powys to continue to use the service for a finite number of patients.

Current position:

Paediatric referrals have seen a steady flow, but waiting lists for treatment under sedation have increased from 4 to 5 months to 12 months. This has been further complicated by a reduction in hours of a dental therapist and a dental therapist who was on maternity leave during most of 2020. The reduction in available chairs due to covid requirements has also compounded the problem.

The Parkway cost per case has significantly increased following the pandemic causing a potential budgetary pressure. Access for paediatric GA via a neighbouring district hospital is even more difficult now due to the effects of the pandemic because waiting times and patient backlogs have increased resulting in there being no capacity for patients outside of their own Health Board or Trust. The commissioning team will continue to explore alternative NHS providers

Recovery of Service:

Commissioning of additional paediatric dental general anaesthesia will be required when referrals increase to pre-pandemic levels. That said the numbers requiring a paediatric GA are likely to be no more than 50 to 100 cases per year

Waiting lists continue to be validated and patients are seen based on priority with patients stabilised when clinically appropriate to do so.

As recovery continues, communication with the patients will remain essential in managing their waiting time.

Clinical staff are now being asked to compile lists of outstanding treatment, with estimates on the number of appointments to complete the treatment, this will be used to ensure that surgery space is used efficiently including the introduction of team briefs and debriefs to support the workforce.

2.4 Domiciliary care

Referrals for domiciliary care are also accepted within the CDS. Simple dentistry is possible because the service has invested over the years in obtaining portable equipment. More complex treatment, mostly extractions, have to be carried out within the surgery for safety reasons. The service is however flexible and a blended approach can be done to avoid unnecessary travel especially when this is traumatic for the patient for example elderly frail patients residing in remote rural locations and the nearest community dental clinic is a two hour round trip or hospital travel is required which can involve long waits.

Current position:

The current wait for a new patient non-urgent domiciliary visit is around 4 weeks

Recovery of Service:

Waiting lists continue to be validated and patients are seen based on priority with patients stabilised when clinically appropriate to do so.

Referral to treatment times

There are no formal waiting times for restorative dentistry, paediatric and special care dentistry based within the community dental service.

2.5 Designed to Smile

This initiative is delivered by the CDS team and is an oral health improvement programme which targets primary mainly 3 to 5 year olds. The setting can include both schools and nurseries and the resource focuses on the most vulnerable children in the most deprived areas. The programme consists of a supervised tooth brushing programme and bi annual fluoride varnish application.

Current position:

The programme was suspended in March 2020 under Welsh Government direction and continues to be suspended as a result of the pandemic

Recovery of Service:

It is planned for the service to re-start in Autumn depending on Covid-19 status at that time.

2.6 Gwen am Byth (Care Home Programme)

This programme is funded by Welsh Government (WG) with the aim of improving oral health amongst people who reside in care and nursing homes. The programme aims to raise awareness and train care home staff in oral health care. The CDS delivers the training to care home staff.

Current position:

The programme was suspended in March 2020 under Welsh Government direction and continues to be suspended apart from some remote training delivered online

Recovery of Service:

It is planned for the service to re-start in Autumn in line with WG guidance.

Specific Note Regarding Children:

In Powys children have had the option of being seen in CDS and GDS. The CDS focuses on vulnerable children and children who have been referred in (usually because of management problems). There used to be two data collections systems for children and only the 'GDS FP17W' system allowed individual tracking. Children

seen in the CDS were collected on a different data system that had no individual patient identifier's so it was possible for duplication or for children who were being seen within the CDS not to be counted in the national GDS figures.

The CDS now uses the FP17W data collection system, but the data was corrupted due to IT issues and children seen in the CDS were not captured since April 2020, this was due to the claims being rejected as a result of the software not being updated, this has now been rectified. Hence the data in Powys could be showing a reduction in access may not necessarily be accurate.

The Designed to Smile programme targets children in the lower deprivation quartiles because it is known that deprivation is closely associated with tooth decay, but the geography of Powys and its rural nature means that local pockets of deprivation can be masked and so local knowledge is also used to target the settings. This programme is a supervised tooth brushing programme for those under the age of 5 and includes twice yearly high strength fluoride application.

Powys CDS has close links with Health Visitors who help identify 0 to 3's with caries or fall into the vulnerable group and have a simple referral pathway to send these children into the CDS. In addition, children in special schools are also targeted and cared for as these come under the CDS remit.

3. General Dental Services (GDS)

Service Provision:

GDS, colloquially referred to as high street dental practices, provide primary dental services. The vast majority of patients accessing dental care access these services in comparison to HDS or CDS. There are two managed general dental practices based within the CDS, located in Glan Irfon Builth Wells and Machynlleth Health Centre. The remaining 22 practices are independent contractors. GDS practices are contracted to provide a certain amount of NHS activity and the Health Board monitors the delivery of the NHS services within the legal framework of the general dental services contract through the GDS Monitoring Group and PTHB Commissioning Assurance Framework. Assurance on contract delivery is provided to PTHB executive committee as a separate reporting mechanism.

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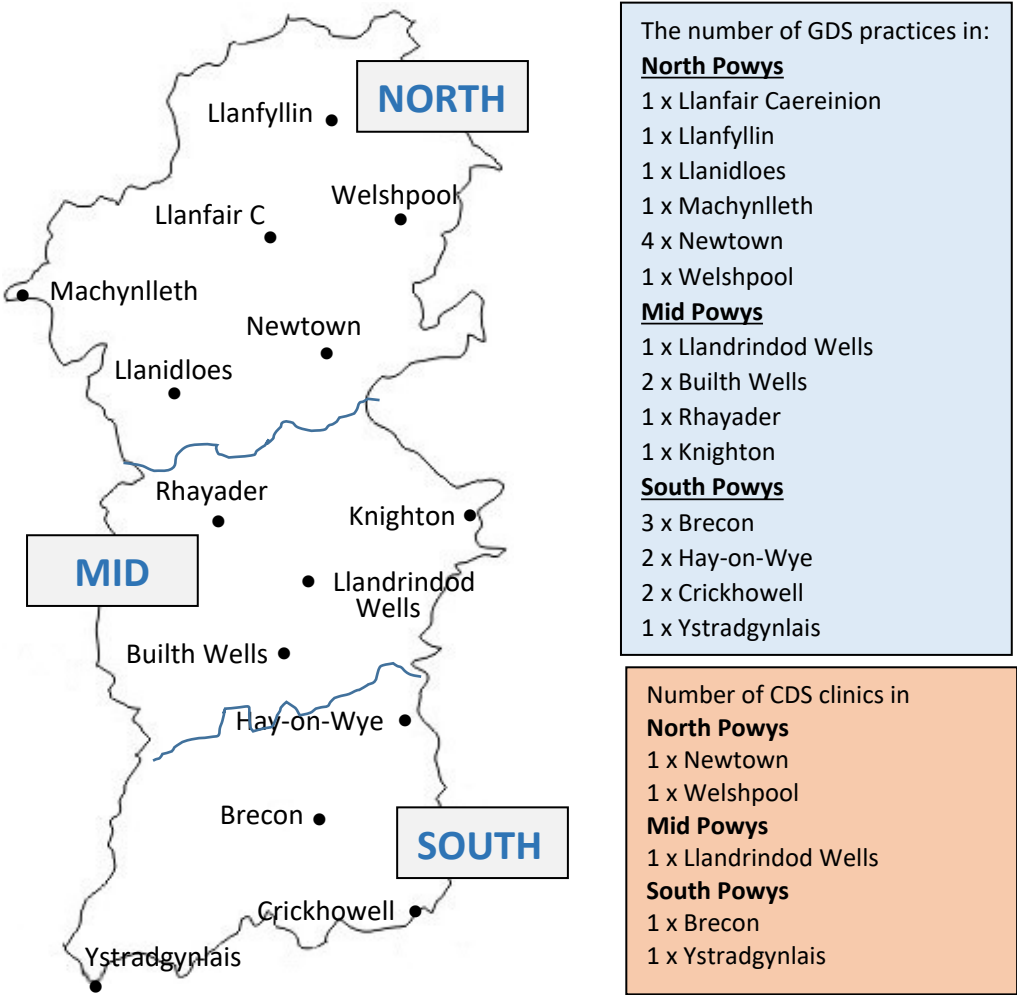
Whilst the traditional mechanisms in the contract of ACV, patient charge revenue and units of dental activity are not in place in the same manner, it is worth noting as context the basis of the GDS contract. Each of the contract holders are assigned an annual number of units of dental activity (UDA) to be completed in each financial year. Unlike general medical services, NHS dental treatment is not free at the point of delivery and patients who are not exempt are required to pay a proportion of the cost of their dental treatment. This is known as the patient charge revenue (PCR), this is deducted from any payments made to the contract holder regardless if the charge has been collected or not, in other words the provider is responsible for collecting and in addition is liable for any bad debts as a result. The PCR also has implications for the health board. On an annual basis WG set an estimate of the amount of PCR that each health board will collect and this element of the annual GDS sum is deducted from Health Board allocations. If a Health Board exceeds the PCR then it is an advantage to the Health Board, but if it receives less it will have to make up the shortfall. In reality for Powys the annual PCR has been stable.

Each contract is assigned a UDA value which in Powys ranges from £24 per UDA to £35 per UDA this was calculated prior to the introduction of the current contract in 2006 using a complex formula factoring in historical activity prior to 2006. The variance in UDAs means that some practices are getting paid significantly more per year for providing the same level of activity. The UDA contract additionally means that a dental practice is focused on achieving a target which at the same time results in a reluctance to accept patients with higher needs mainly because a provider generates the same number of UDAs for one filling than for 10 fillings on one course of treatment.

Practices that have patients with higher levels of disease will find it more challenging to achieve their UDA target, yet in reality they may have actually provided more treatment over a year than a colleague with lower needs patients. Practices that do not meet their UDA target subject to a 5% tolerance are required to pay back the underperformance. This UDA target culture means that providers tend to look after a nominal group of patients who have more predictable disease levels with the incentive to look after those more regularly with lower needs. Hence there is strong argument to be made that the UDA metric is not a good measure of access. The GDS contract is a recurrent contract so long as the provider achieves within the 5% rule their annual UDA target the contract will carry forward into a new period. There are a few significant reasons that a health board can terminate a contract such as serious quality and safety concerns or fraudulent behaviour.

In most cases there needs to be a breach of contract performance/delivery over two consecutive years relating to the same issue that cannot be rectified before a health board is in a position to start unilaterally reducing a contract. This general process provides a contract holder with business stability, but the flip side is that it can take on average 3 years before any contract reduction can be re-invested within Powys and in the interim access to dental care can reduce. This risk has been reduced steadily over the last several years by eventually re-investing funds into a salaried service in areas that are difficult to recruit to or not financially viable due to population density for an independent single-handed surgery.

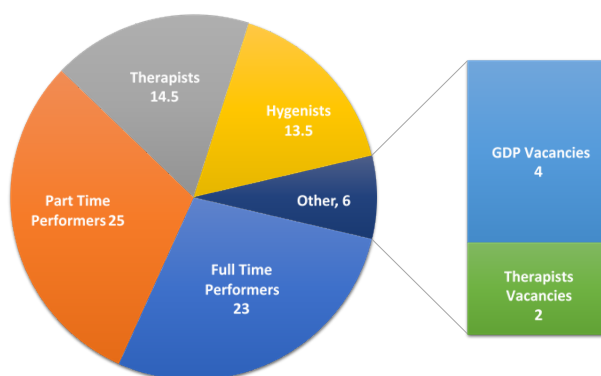
Many contractors provide private dentistry in what is known as a mixed economy practice. Two of the providers have child only contracts which means that they only provide NHS treatment for those under 18 years of age, and therefore are predominantly private. The map below shows the current location of both CDS and GDS practices across Powys.



Weekend urgent out of hours provision is in place with My Dentist who alternate access across the county on a Saturday and Sunday (Builth Wells and Newtown). At the start of the pandemic additional cover was provided by the CDS to manage potential Covid positive patients. The CDS service to support the existing out of hours ran from March 2020 until 2nd January 2021. The CDS were not required to see any Covid positive patients during that time.

GDS work force data:
The chart below represents the head count rather than whole time equivalents (*data extracted from Annual Quality Assurance Scheme (QAS) for 2020/2021*)

Approximate numbers of Skillmix at Powys Dental Practices



Recruitment and vacancies have actually improved during the pandemic especially with the main 'corporate provider' within Powys (i.e. 'My Dentist') which owns many practices across the UK. Unfortunately for the health board My dentist has a policy which allows freedom of movement of associate dentists within the company if a vacancy exists hence the stability of the workforce in Powys can be changeable.

Routine dentistry ceased on 23rd March 2020 as part of the national campaign to reduce community transmission of Covid-19 and to conserve levels of PPE. GDS in Wales remained open for face to face contacts if absolutely required but all aerosol generating procedure (AGPs) activity was limited to the Covid-19 urgent dental centres based within the CDS.

In April 2020 the normal payments to practices based on UDA achievement was suspended and all practices had their monthly payments against their Annual Contract Value (ACV) reduced to 80%.

The all Wales Standard Operating Procedure for enhanced infection control measures was implemented and allowed dental teams to operate safely protecting both themselves and the patients.

Strict criteria was introduced for undertaking AGP's in particular stringent requirements for surgeries to be adequately ventilated *Note: the current maximum fallow time between patients being 30 minutes although with good air changes per hour (above 10) this can be reduced to no less than 10 minutes.*

The community dental service was particularly hard hit because all of the surgeries in the Glan Irfon CDS site were windowless meaning that AGP's could not be carried out safely, in addition the refurbishment of Llandrindod Wells dental clinics was delayed due to the national lockdowns and minor works in Welshpool was halted due to work scheduled to be completed during the first national lockdown. In summary for most of 2020, five community dental services chairs were either out of action or limited to non AGP dentistry.

In July 2020 the ACV was increased to 90% for those practices providing AGPs. General dental services were provided with a Welsh Government grant to improve ventilation within their premises. A total of £26,000 was received from WG and this

was offered out to practices on a pro-rata basis, linked to a practices ACV, with the maximum offer to the largest contract holder being £3,893 (My Dentist, Welshpool). PTHB match funding was offered against the grant as per the approach of other health boards across Wales. My Dentist have declined the grant as they had previously invested in air scrubber ventilation; therefore, it is anticipated that only up to £16k of the grant will be accessed by practices.

In September 2020, the ACV was set at 100% to those practices providing AGP's and urgent slots for patients unable to access a dentist. This was a PTHB initiative to manage urgent dental demand. Practices who did not offer additional urgent slots remained at 90%. The Chief Dental Officer gave health boards flexibility to increase contracts from 90 to 100% to support this model.

Current situation:

As part of the recovery programme Welsh Government has continued to suspend the normal contract monitoring metrics (UDA's)

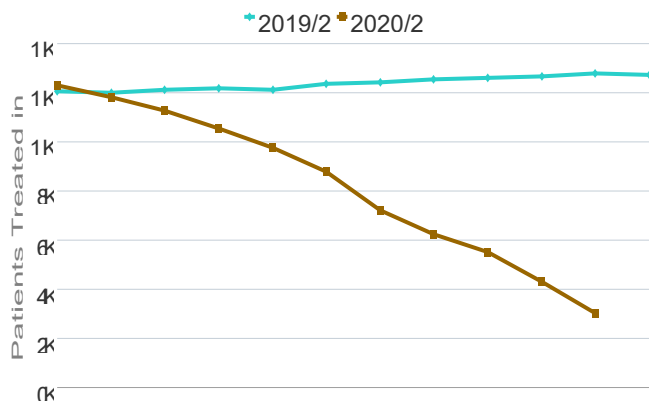
Contract reform is also currently suspended with the intention of starting again in the Autumn, the learning from contract reform is being used to recover general dental services.

The pandemic has provided Dental Branch within Welsh Government the opportunity to accelerate some of the ambitions of contract reform. All contractors are required to undertake an Assessment of Clinical Oral Risk and Need (ACORN) on all patients who have completed a course of treatment. This is submitted electronically and the data is reviewed by the GDS monitoring group to see the need of the practices patients and importantly to monitor that recall intervals are being applied appropriately, for example that patients who are green and have low needs are recalled yearly instead of 6 monthly. This of course has the potential to free up space within the practice for higher needs patients. Further efficiencies continue to be built into completing the needs assessment form by encouraging skill mixing and using Attend Anywhere to fill in parts of the ACORN prior to the patient physically attending the practice.

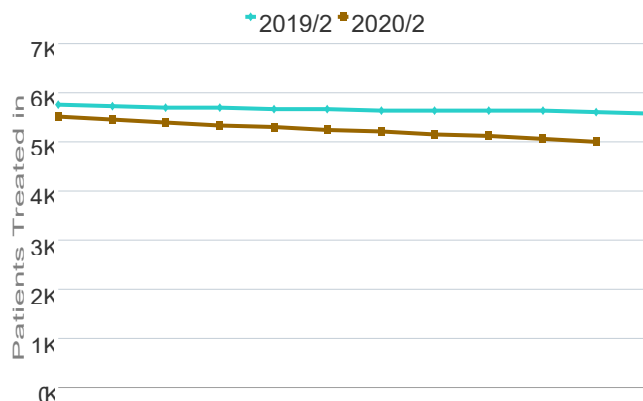
The graph below shows access activity in 2019/2020 compared to 2020 and 2021, despite recruitment difficulties in 19/20 access was fairly steady for adults plateauing at just under 60K and with child access increasing reaching 12K. The brown line clearly demonstrates the reduced patient numbers as a result of the pandemic and because adults are measured over 24 months as opposed to children who are measured over 12 months the effect is more dramatic in children.

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This chart shows, by year, the 12 month child patient list



This chart shows, by year, the 24 month adult patient list



All practices across Powys apart from two small child only contracts have either improved ventilation or are in the process of improving ventilation within their surgeries. Many of the practices have or are installing extractor type fans, others in combination with windows/natural ventilation have installed air scrubbers as a means to improve the natural ventilation within the clinical environment.

The Llanfyllin Dental Practice is relocating his dental service to Llansantffraidd due to ventilation constraints and to re-establish a full GDS provision to its patients. It is expected that this restored service will be in place in July 2021 subject to refurbishments.

The managed dental practice in Glan Irfon has had mechanical ventilation installed.

Two of the dental surgeries in Brecon Hospital have also had mechanical ventilation installed with optimum air changes per hour.

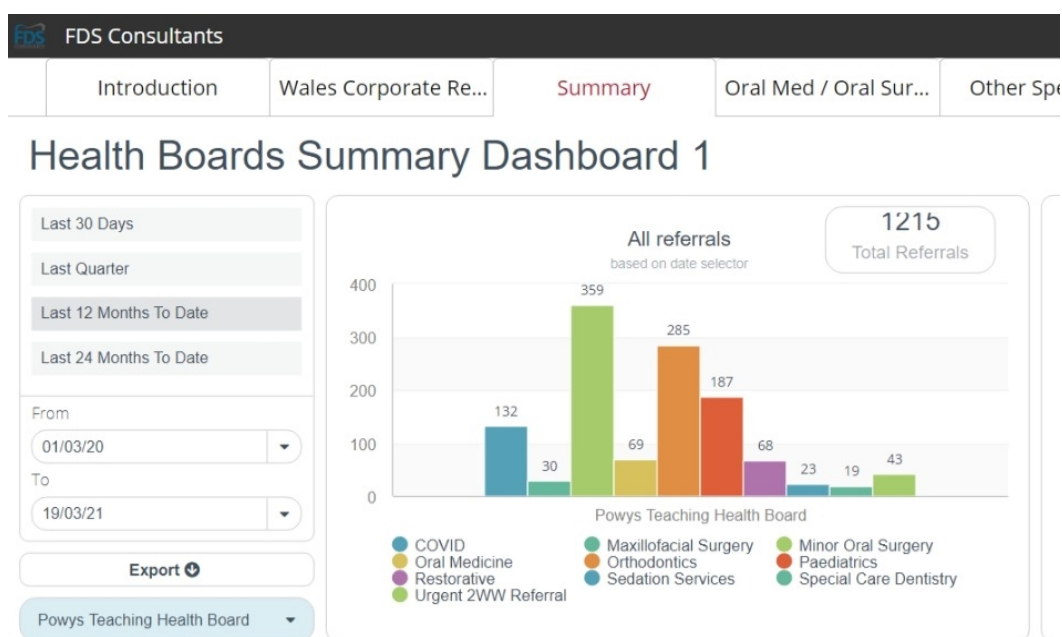
The refurbishment of the dental department in Llandrindod Wells Community Hospital is almost complete and by chance had mechanical ventilation already installed which can provide optimum air changes per hour.

The managed practice in Machynlleth is unable to provide AGPs due to the surgery layout, however following advice from a consultant microbiologist and applying the all Wales Standard Operating Procedures it has been possible to utilise the mobile dental unit to provide AGP procedures for Machynlleth patients

As of May 2019, all referrals sent by primary care dental practitioners were required to be sent using the new all Wales electronic referral management system. This has improved the quality of referrals and enabled the tracking of the referral. The referring dentist can upload additional useful diagnostic information such as clinical photographs and radiographs. The system also ensures that all the minimum information is completed before the primary care practitioner can send the referral.

It should be noted that the electronic referral-based system doesn't capture all referrals, this is because referrals are also accepted from health and social care professionals other than dentists and they currently do not have access to the electronic referral system. Regular reports are now available on referrals made to aid the health boards in planning services and understanding the need in a particular area. In addition, the reports can help with training requirements, for example by helping identify a performer who may need upskilling.

In the first year of use PTHB received 2027 referrals into its specialist dental services, with an average monthly referral rate of 202.7. The dash board below shows the number of referrals received for 20/21 which has reduced as a result of the pandemic



Recovery of service:

Practices are making good progress to improve ventilation and reduce the fallow times, however it is likely that the current all Wales IPC requirements will remain for the remainder of the year and if some degree of social distancing is still required then dental patient throughput will still be significantly reduced as many of the practices do not have sizeable waiting rooms or the infrastructure to safely allow patients in and out of the building without reducing patient throughput to some degree.

It is estimated that even with the minimum fallow time if the current enhanced IPC requirements remain in place throughput will be at around 35 to 45 percent of pre-pandemic levels of activity.

The latest Chief Dental Officer letter dated 18/02/2021 has introduced further metrics as part of the ongoing Covid-19 payments and continued suspension of UDA's during quarter 1 and 2, 2021. The national alert level for dentistry is amber with dental practices able to provide treatment to all of the patients and where capacity allows they can additionally prioritise recalls as well. To support the recovery of services, the expectations are laid out as follows:

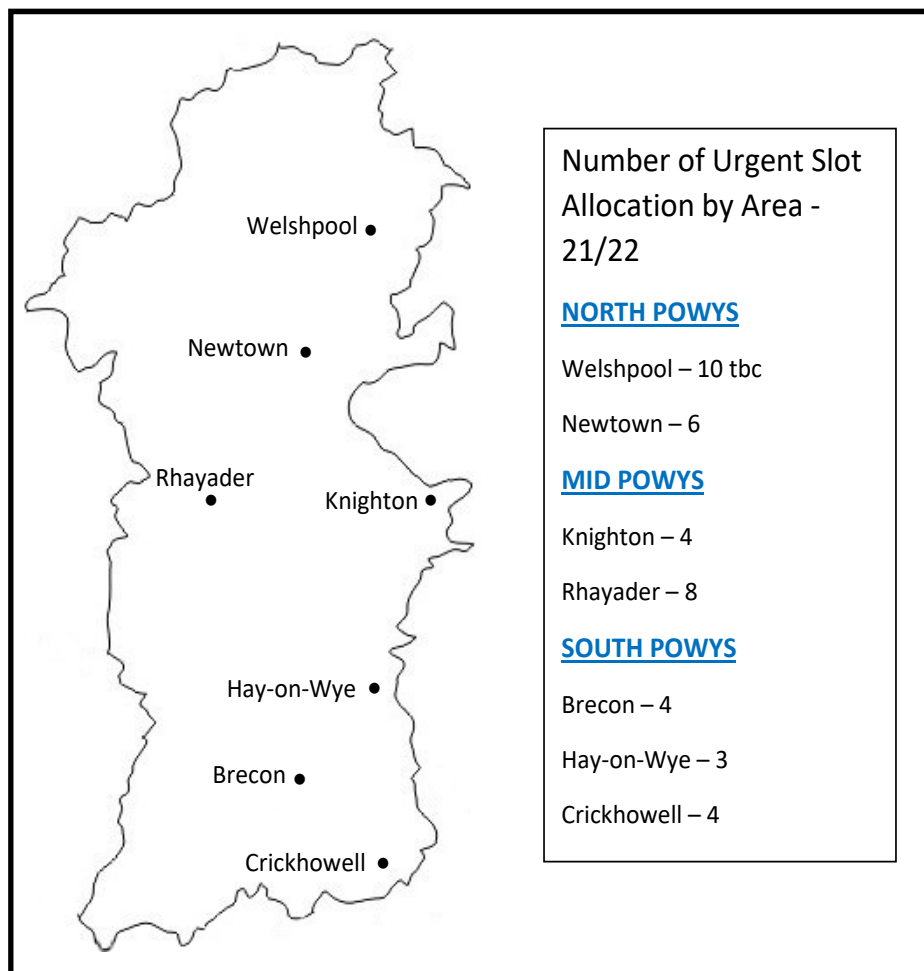
- Continue to undertake AGPs in accordance with the All Wales SOP Guidance
- 90% ACV payments will remain in place if AGPs and other requirements are met e.g. completed course of treatment obtained from ACORN data. (If a practice falls below the PTHB average this will trigger conversation between PTHB and the contractor.)

Further reduction to ACVs can be made if practices are not undertaking AGPs, not complying with their contractual requirements (e.g. not maintaining opening hours). The default position if a practice is compliant but is not undertaking any AGPs, a maximum of 70% ACV will be paid.

- Fluoride varnish to be applied to 80% all risk groups (amber and red adults/children) (Quarter 1 measure).
- In addition to any local agreed URGENT referrals, all NHS providers are asked to accept at least two new patients weekly, per £165k of contract value. (New patients being defined as a patient who has not been seen in the practice in the previous 24 months, or 12 months for children) (Quarter 2 measure).

Across Powys practices have agreed to provide urgent appointments and then offer the patients ongoing care (not all the slots were used in the financial year 2020/2021, therefore many of the providers have agreed to convert the slots into new patient access instead of being subject to financial claw back). The table below shows the urgent slots patients can now access a dentist in 2021. This additional access has also been possible because of the successful recruitment of additional performers by My dentist in Welshpool, Newtown and Llandrindod Wells. Practices will again receive 100% of their contract value if they agree to provide a set number of urgent slots and ongoing care to support urgent dental access across Powys. The following number of urgent access slots has been agreed for Quarter 1 and Quarter 2.

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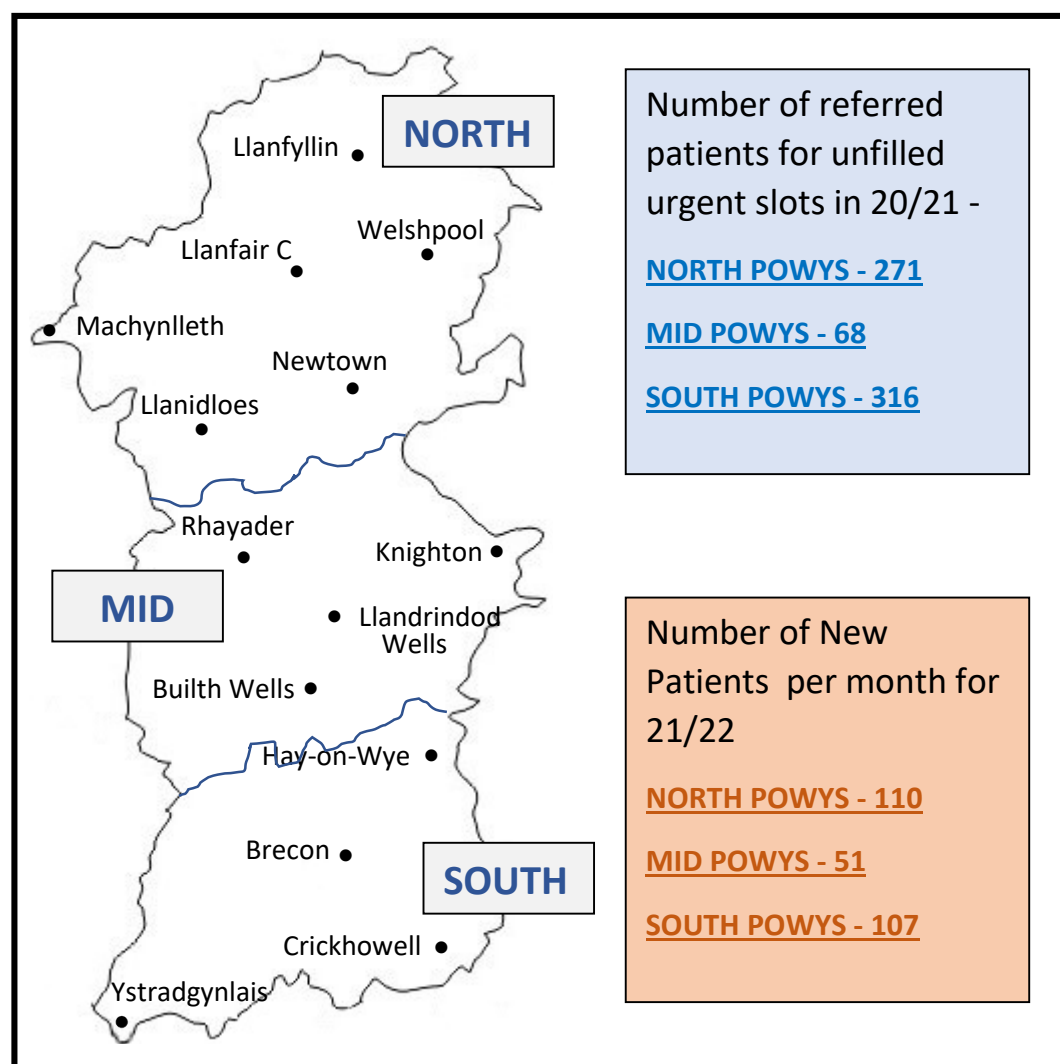
In addition to this and as of 1st April PTHB has successfully awarded a contract to an existing practice in Rhayader following a tendering process for urgent access. There are a significant number of patients who tend to only access dental treatment on an ad-hoc basis when in pain or have an obvious problem. Mid Powys was the preferred location to provide the best catchment area and this provides additional 8 urgent slots per week to provide definitive treatment to sort out the patient's urgent problem associated with that particular tooth.

Strengthening urgent and general access across GDS will reduce the number of excess GDS urgent patients accessing the CDS and allow CDS to focus on referral patients and core CDS patients while at the same time still providing a safety net should the urgent access sessions get exceeded within the GDS.

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General Dental Service access continues to be a priority with pockets of reduced access across the county, in particular north Powys. As we progress out of the pandemic both the urgent and new patient access provision appears to be adequate to meet patient demand. This will continue to be closely monitored by the Primary Care GDS Monitoring group and the general dental Services CAF process. Post pandemic, the consideration of additional access will need to be prioritised. As an initial step in achieving this it is planned that the Llanfair Caereinion new development will include accommodation for an additional dental chair therefore offering increased access to north east Powys.

The map below shows the current available spaces available as a result of the unused slots and also the number of spaces available per month as a result of the 2 new patients per 165K contract value. The principles of contract reform especially by ensuring that patients with lower need are recalled less frequently



Reduced patient throughput has caused a massive drop in Patient Charge Revenue, although this is increasing through service recovery, it is still well below pre-pandemic levels. The risk to the health board continues to be mitigated as being a Covid expense and future clarification on PCR levels will be required by WG.

4. Training and Education

PTHB currently has three foundation training posts, two are based within the CDS and one is based in a general dental practice in Ystradgynlais. All UK graduates are required to complete one year of foundation training before they are eligible to work independently within the general dental services and gain a performer number.

In addition to the foundation post the CDS also has a dental core trainee also known as a career development post. This post is for someone who has completed foundation training but wishes to gain further skills. The current post consists of providing 3 days routine dentistry, one day gaining oral surgery skills and the 5th day is a study day.

Powys CDS has also provided more broader training and in 2019 put on a rural study day for local dentists and their teams. It had support from dental post grad (now part of Health Education and Improvement Wales - HEIW) and the Chief Dental Officer also spoke at the conference.

In 2019 a bespoke hands on course was provided in Glan Irfon and the topic was endodontics, once again this was in collaboration with HEIW who supplied administrative support and refreshments. Feedback was positive. Unfortunately, the pandemic has halted further progress.

Provisional conversations have also taken place with Cardiff Dental School exploring the possibility of dental therapist students being placed within the CDS potentially from 2022/23.

The training posts described have already demonstrated that exposing young dentists and dental care professionals to rural Powys can help with recruitment and retention of dental staff.

NEXT STEPS:

To continue to monitor the recovery of services against patient demand and RTT waiting times to ensure pathways are meeting the dental needs of patients.

A GDS CAF Annual Report will be produced for end Q1 (subject to year end data) which will provide more detail on GDS position.

A further update on GDS access and waiting lists for access will be provided to the Executive Committee 6 months into the year when ACORN data is available and will be presented as a mid-year review of the position.

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Performance & Resources Committee		Date of Meeting: 24 June 2021
Subject :	Workforce Key Performance Overview	
Approved and Presented by:	Julie Rowles, Director of Workforce, OD & Support Services	
Prepared by:	Eleanor Davies, HR Manager Natasha Clowes, Resourcing & Operations Manager Kay Williams, Workforce Intelligence Officer	
Other Committees and meetings considered at:	Workforce Efficiency Group	

PURPOSE:

The purpose of this paper is to provide an update in relation to key workforce performance indicators across the organisation. The report highlights strengths in performance and areas where the organisation is developing a focussed approach to improve performance via the Workforce Efficiency Group and the Executive Committee.

The detailed performance report has been included in **Appendix 1** for reference.

RECOMMENDATION(S):

The Performance & Resources Committee is asked to DISCUSS AND Note the updated position for workforce performance and the actions taken via the management team to improve performance trajectories.

Approval/Ratification/Decision	Discussion	Information
x	✓	✓

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

Strategic Objectives:	1. Focus on Wellbeing	✓/x
	2. Provide Early Help and Support	✓/x
	3. Tackle the Big Four	✓/x
	4. Enable Joined up Care	✓/x
	5. Develop Workforce Futures	✓
	6. Promote Innovative Environments	✓/x
	7. Put Digital First	✓/x
	8. Transforming in Partnership	✓/x
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	✓
	8. Governance, Leadership & Accountability	✓/x

EXECUTIVE SUMMARY:

At a high level, the table below shows a comparison of April 2021 & May 2021 performance alongside the last quarter (averaged). Further analysis across the areas outlined below has been included within the paper, with a particular focus on bank and agency usage, which has seen a steady increase over the last 12 months.

Local Indicator	Current Performance May-21	Previous Month April-21	Monthly Direction	Q4 20-21 Average	Quarterly Direction
Workforce Capacity					
Staff in Post (WTE)	1864.17	1845.98	↑	1822.82	↑
Rolling Turnover %	11.33%	10.85%	↑	10.85%	↑
Joiners (WTE)	17.04	45.59	↓	31.94	↓
Leavers (WTE)	22.96	15.31	↑	15.16	↑
Variable Pay					
ADH/Overtime Worked (WTE)	17.32	18.10	↓	24.85	↓
Bank Worked (WTE)	52.98	54.93	↓	68.03	↓
Agency Worked (WTE)	50.90	46.53	↑	36.78	↑
Bank and Agency Total (WTE)	103.88	101.46	↑	104.81	↓
Locum & Agency Spend	£776k	£689k	↑	£622k	↓
Workforce Compliance					
Monthly Sickness Absence Rate	5.44%	4.52%	↑	4.84%	↑
Cumulative 12-month Sickness Absence Rate	4.85%	4.85%	↔	4.99%	↓
Staff Appraisal Compliance *	70%	68%	↑	65.33%	↑

Staff Appraisal Compliance (Medical & Dental)	39%	42%	↓	53.33%	↓
Statutory & Mandatory Training **	79%	78%	↑	78.00%	↑

* Staff Appraisal national target 85%

** Statutory & Mandatory training target 85%

DETAILED BACKGROUND AND ASSESSMENT:

1. Workforce Capacity

Powys Teaching Health Board currently employs 2,317 staff (1864.17 WTE). In the last 12 months, the number of staff employed by the Health Board has increased by approximately **124 WTE** (an increase of **7.12%**). This is reflective of the increase in workforce requirements within Test, Trace Protect and Mass Vaccination of which **96.52 WTE** of the total WTE employed by the Health Board can be attributed.

Staff in Post				
Staff Group	WTE May-20	WTE May-21	WTE Variance	% Variance
Add Prof Scientific and Technic	69.45	74.36	4.91	7.08%
Additional Clinical Services	334.28	384.46	50.18	15.01%
Administrative and Clerical	430.46	500.79	70.33	16.34%
Allied Health Professionals	129.04	132.13	3.09	2.39%
Estates and Ancillary	165.05	168.73	3.67	2.23%
Healthcare Scientists	3.00	5.00	2.00	66.67%
Medical and Dental	34.85	33.26	-1.59	-4.56%
Nursing and Midwifery Registered	551.33	565.44	14.11	2.56%
Students	22.8		-22.80	100.00%
Grand Total	1,740.26	1864.17	123.91	7.12%

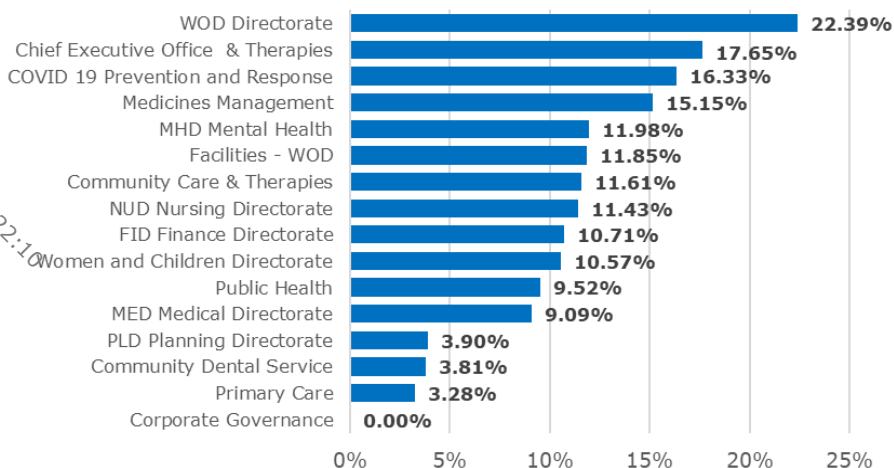
Over the last 12 months, the Health Board has seen the most significant increases in WTE employed in the following staffing groups:

- Additional Clinical Services
- Administrative and Clerical
- Health Care Scientists

1.1 Turnover

At the end of May 2021, the Health Board had a rolling turnover of **11.33%**, which shows an increase of **1.32%** when compared with the same period 12 months ago (**10.01%**). However, this rate falls to **8.52%** when age retirements are excluded (69 headcount, **51.59 WTE** – almost half of these leavers were from the Nursing and Midwifery staffing group).

Rolling Turnover by Directorate



Performance and Resources
Committee 24 June 2021
Agenda Item 3.8

It is noted that although Workforce and OD Directorate appear to have a high turnover (reflected in previous table), this is affected by the high number of students in place during the pandemic who have now left (10 students in total). In those areas where the turnover is highest, the three main reasons for leaving have been included below:

- Unknown/unspecified
- Voluntary resignation – promotion
- End of Fixed term contract

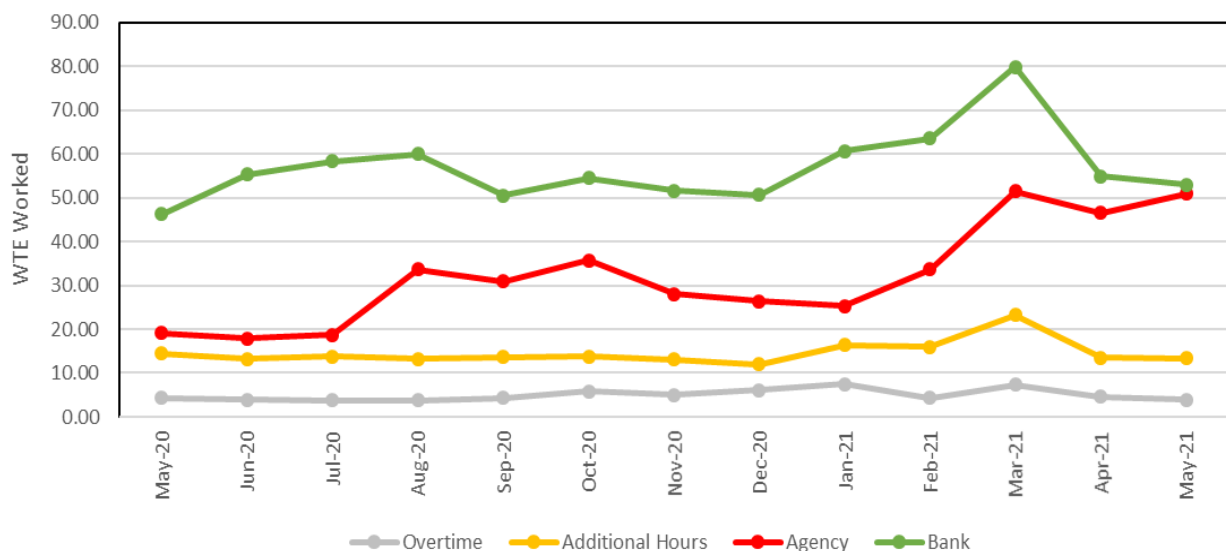
Turnover within the organisation has increased by **7.65 WTE** since reporting in April 2021. As highlighted in the previous report, it is anticipated that the Health Board may continue to see increases in turnover in the coming months, due to an increased level of fixed term contracts (particularly within the COVID-19 Prevention and Response Directorate) and a potential increase in retirements. In May 2019, turnover within the organisation was **12.00%**. Therefore, the current organisational turnover still remains below pre-pandemic performance.

2. Variable Pay

The Health Board saw an increase in variable pay usage throughout March 2021. Although levels decreased in April 2021 there has been a small increase in May 2021. Variable pay usage throughout May 2021 remains lower than the average monthly usage in the previous quarter (Jan – March).

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Total Agency/Bank/Additional Hours/Overtime WTE Worked



2.1 Bank and Agency Usage

During the last 12 months the Health Board has seen an ongoing increase in the use of bank and agency. Predominately, the Health Board sees the most significant use of bank and agency in Nursing Wards, Mental Health, Facilities and TTP & MV.

Across both Mental Health and Facilities, there has been a reduction in the WTE bank and agency requests in May 2021 when compared with May 2020. However, the PTHB has seen an increase in the number of requests within the Nursing Ward areas.

A comparative assessment of bank and agency across usage within the Ward areas in May 2020 and May 2021 was undertaken, which demonstrates an increase in the use of bank and agency over the last 12 months as detailed in the table below:

	May 2020	May 2021	Difference
Bank and Agency Usage	23.97	57.59	33.62
Vacancies	34.12	31.03	3.09

Analysis of the reasons for bank and agency requests show that predominately, they are identified as:

- Vacancies
- Long term sickness
- Additional Dependency – COVID-19
- Specialing / Enhanced care

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This increase is scrutinised via the Workforce Efficiency Group and Delivery & Performance Group of the Health Board. Focussed attention will also be given to rostering effectiveness and performance. It is anticipated that the current establishments will be reviewed to ensure they remain fit for purpose, based on clinical demand. The rostering benefits realisation framework has been refreshed to enable a renewed focus in this area.

Summary

Analysis of bank and agency usage has identified that further work with services is necessary to ensure:

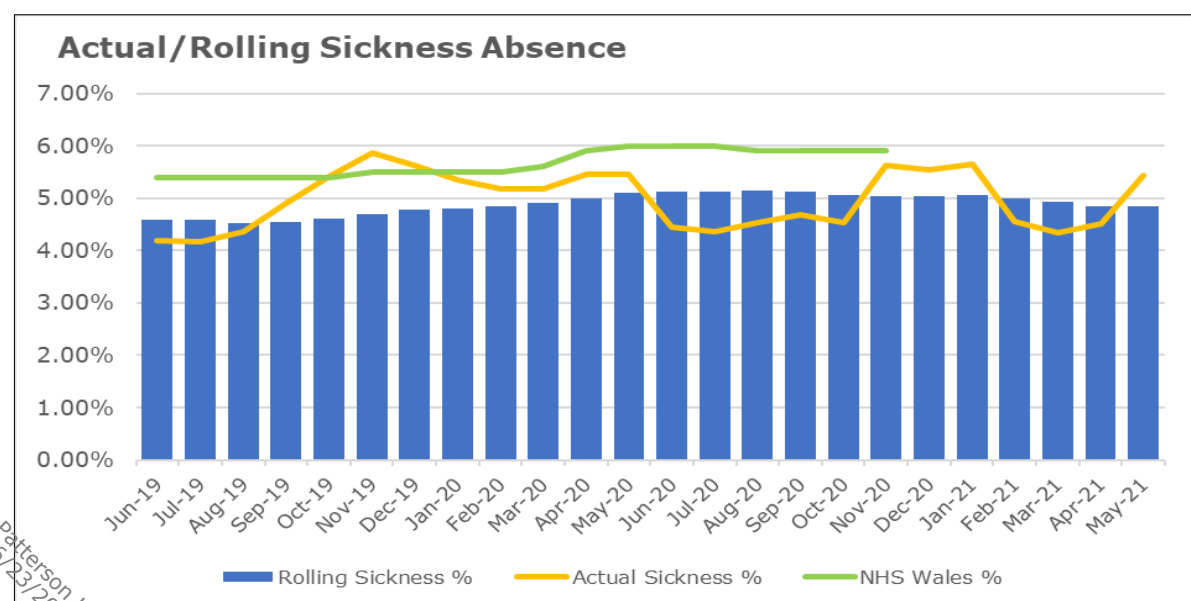
- Timely recording of requests, particularly where they relate to known vacancies or long-term absence
- Accurate recording of reasons for requests is essential to provide meaningful information to address gaps
- Further understanding is necessary as to what is impacting upon such a significant increase in demand

3. Workforce Compliance

The key workforce compliance areas are sickness absence, PADRs and statutory and mandatory training. Across our key workforce compliance areas, in comparison to the previous quarter (on average), the health board has seen a slight improvement. A summary across each of the key workforce metrics has been included within this paper for information and discussion.

3.1 Sickness Absence

Sickness absence monitoring continues to inform ongoing activity to support staff to remain well and in work. Comparatively, actual and rolling sickness absence in **May 2021 are both slightly lower than in May 2020** with an actual rate of **5.44%** and a rolling rate of **4.85%**.



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In the last 3 months, rolling sickness absence across the Health Board has remained below **5%**. At a directorate level, rolling sickness absence was below 5% with the exception of:

- Facilities: 6.32%
- Community Care & Therapies: 5.78%
- Nursing Directorate: 5.54%
- Mental Health Directorate: 5.40%

Although the Nursing Directorate absence % is above the target of 5%, it is worth noting that there is currently only one employee who is on long-term sick leave. The Business Partner team are continuing to work with managers to support long-term sickness management. Since January 2021 there has been a reduction of 0.20% in long term absence rates.

3.1.1 Sickness Absence Reasons

As a Health Board, we continue to see Anxiety, Stress and Depression as the main reason for long term sickness absence, accounting for **31%** of absence throughout May 2021. HR Business Partner and Advisors will continue to work with managers to support and ensure that stress risk assessments are undertaken as appropriate, in line with the Managing Attendance at Work policy.

The Health Board is currently reviewing its provision for counselling services and support, to ensure that staff are able to access services that support their wellbeing.

Demand for this service has increased by 79% in the number of referrals since the pandemic began. As a whole the Health Board is reviewing the wellbeing offer available to staff, with the aim of ensuring this remains fit for purpose to support the staff of PTHB to remain well and in work.

3.2 PADR

The completion of PADR's has been challenging over the last 12 months particularly during the period in which COVID-19 was prevalent. In May 2021, **70%** of staff employed by the Health Board had a PADR recorded in ESR, this is an increase of **1%** in comparison to April 2021.

In order to support the Health Board to ensure all staff have a PADR undertaken and this is recorded on ESR, the WOD Business Partner team undertook a more focussed approach to monitoring PADR compliance. Since the last reporting period, as demonstrated in the table below, increases to PADR compliance has been seen across most areas:

Directorate/Locality	Apr-21	May-21	Monthly Improvement
Chief Executive Office inc. Therapies	80%	85%	5%
Community Care & Therapies	70%	74%	4%
Community Dental Service	51%	59%	8%
Corporate Governance	93%	88%	-5%
FID Finance Directorate	66%	74%	8%

Facilities - WOD	86%	84%	-2%
MED Medical Directorate	71%	71%	0%
MHD Mental Health	59%	58%	-1%
Medicines Management	14%	13%	-1%
NUD Nursing Directorate	66%	68%	2%
PHD Public Health Directorate	26%	41%	15%
PLD Planning Directorate	65%	74%	9%
Primary Care	50%	65%	15%
WOD Directorate	85%	88%	3%
Women and Children Directorate	79%	73%	-6%
COVID 19 Prevention and Response	19%	24%	5%

Managers continue to receive regular PADR compliance reports directly. Ongoing areas of concerns will be escalated to the appropriate senior managers.

3.3 Statutory and Mandatory Training

Statutory and Mandatory training compliance was **79%** as of May 2021 which is a small increase compared to the previous month.

Comparatively, PTHB's compliance rate in May 2021 is **6% lower** than the same period last year. Of the 16 Directorates within the Health Board, **5 have achieved or exceeded the 85%** set target as outlined in the chart below:



Whilst statutory and mandatory training has been monitored during the period in which COVID 19 was prevalent, a more targeted approach is necessary. The Workforce & OD team will continue to work with managers to improve statutory and mandatory training compliance. Particular focus will be given to those areas who are below the current organisational compliance rate of **79%**.

NEXT STEPS:

The Executive Committee will:

- Ensure continued support to Managers to improve compliance across all areas
- Review the provision of support to employees as part of the review of the overall wellbeing offer.

Appendix 1: Workforce Performance Charts

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Workforce and OD Directorate Performance Reporting

31st May 2021

1. Key Performance Indicators 6 Month Analysis Overview:

Local Indicator	Target	Current Performance May-21	Direction	Previous Month Apr-21	Previous Month Mar-21	Previous Month Feb-21	Previous Month Jan-21	Previous Month Dec-20
Workforce Capacity								
Staff in Post (WTE)		1864.17	↑	1845.98	1845.34	1815.69	1807.44	1762.71
Rolling Turnover %		11.33%	↑	10.85%	10.64%	11.17%	10.75%	10.82%
Joiners (WTE)		17.04	↓	45.59	32.89	17.32	45.60	12.44
Leavers (WTE)		22.96	↑	15.31	16.76	14.36	14.37	13.11
Variable Pay								
ADH/Overtime Worked (WTE)		17.32	↓	18.10	30.53	20.18	23.85	18.07
Bank Worked (WTE)		52.98	↓	54.93	79.88	63.59	60.62	50.65
Agency Worked (WTE)		50.90	↑	46.53	51.47	33.61	25.25	26.42
Total Bank & Agency		103.88	↑	101.46	131.35	97.2	85.87	77.07
Agency Costs								
Locum & Agency Spend		776k	↑	689k	927K	£517k	£423k	£488k
Workforce Compliance								
Monthly Sickness Absence Rate		5.44%	↑	4.52%	4.34%	4.55%	5.64%	5.55%
Cumulative 12-month Sickness Absence Rate		4.85%	↔	4.85%	4.93%	5.00%	5.05%	5.03%
Staff Appraisal Compliance	85%	70%	↑	68%	65%	65%	66%	69%
Staff Appraisal Compliance (Medical & Dental)	85%	39%	↓	42%	51%	50%	59%	59%
Statutory & Mandatory Training	85%	79%	↑	78%	79%	77%	78%	79%

Workforce Capacity

Powys THB currently employ **2,317** staff (**1,864.17** WTE) (**Chart 1**). Since May 2020 this figure has risen by **147** headcount which equates to **123.91 WTE** a rise of 7.12% (Table 1).

- The last 12 months saw 344 (274.74 WTE) employees join the organisation and 254 (190.19 WTE) leave (**Chart 4**), which gives a cumulative WTE of 84.55 WTE.
- This has resulted in a rolling turnover at the end of May of **11.33%**, which shows an increase of 1.32% when compared with the same period 12 months ago (10.01%) (**Chart 2**). The rate falls to 8.52% when age retirements are excluded (69 headcount, 51.59 WTE).

Chart 1: Staff in Post WTE / Headcount

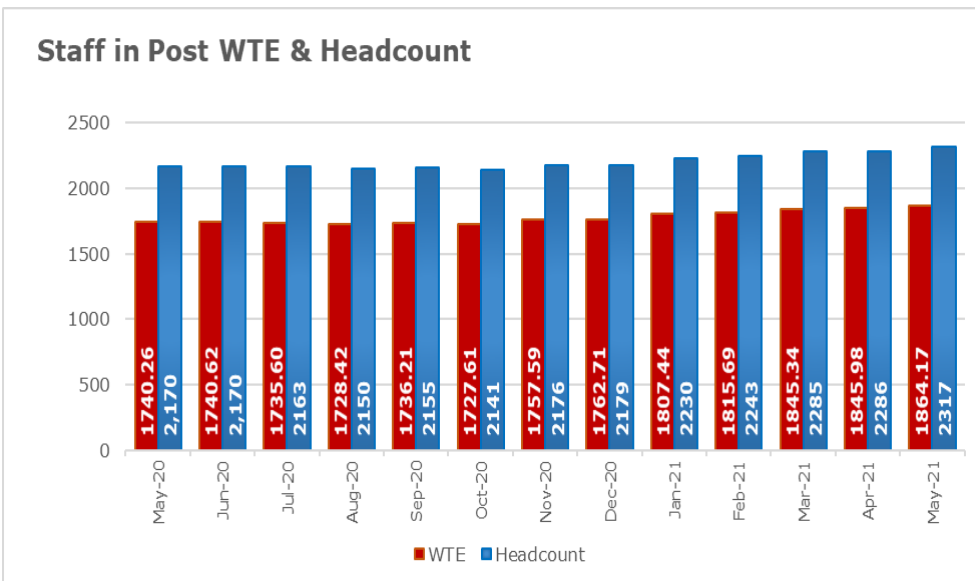


Table 1: Staff in Post Annual Comparator by Staff Group

Staff in Post				
Staff Group	WTE May-20	WTE May-21	WTE Variance	% Variance
Add Prof Scientific and Technic	69.45	74.36	4.91	7.08%
Additional Clinical Services	334.28	384.46	50.18	15.01%
Administrative and Clerical	430.46	500.79	70.33	16.34%
Allied Health Professionals	129.04	132.13	3.09	2.39%
Estates and Ancillary	165.05	168.73	3.67	2.23%
Healthcare Scientists	3.00	5.00	2.00	66.67%
Medical and Dental	34.85	33.26	-1.59	-4.56%
Nursing and Midwifery Registered	551.33	565.44	14.11	2.56%
Students	22.8		-22.80	100.00%
Grand Total	1,740.26	1864.17	123.91	7.12%

NB: In May 2020, second year student nurses were deployed to help with the Health Boards response to the Covid-19 pandemic. This was a temporary arrangement, with students returning to their students by October 2020. Which attributes to the annual decrease in May 2021.

Chart 2: Organisational Turnover

Chart 3: Turnover by Directorate

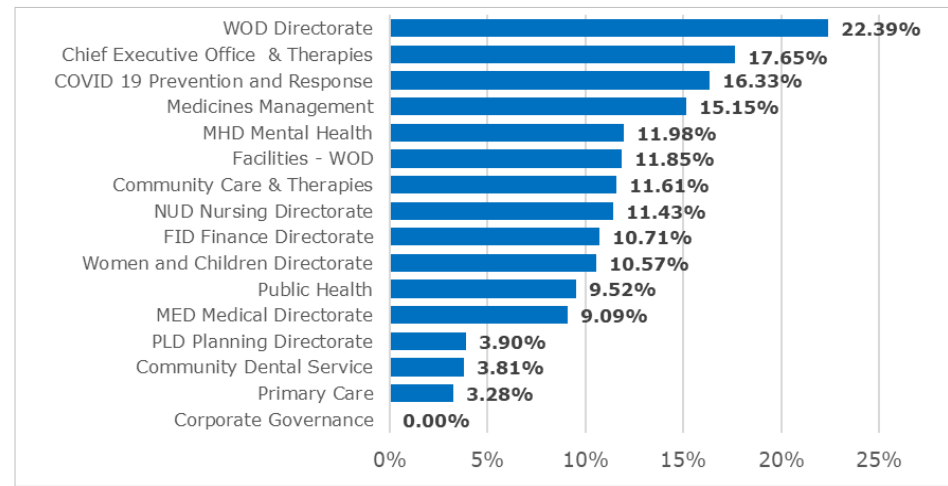
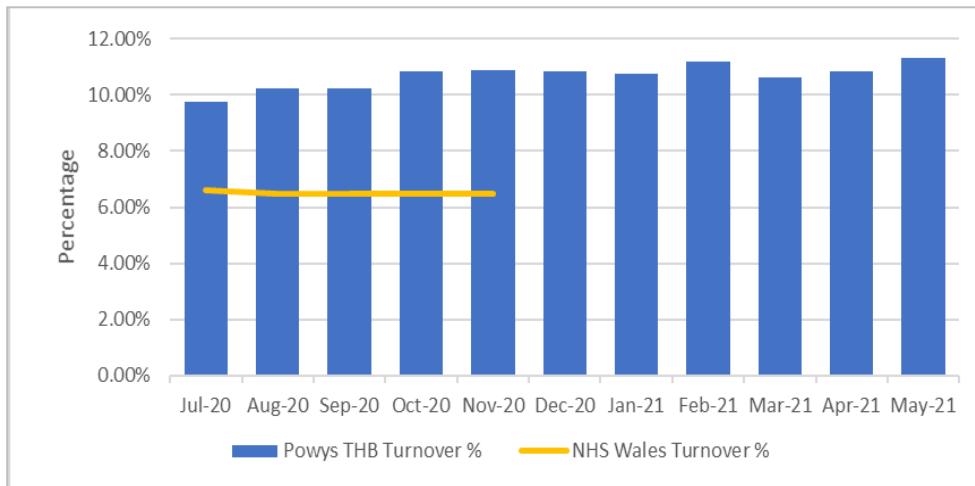


Chart 4: Leavers & Joiners WTE

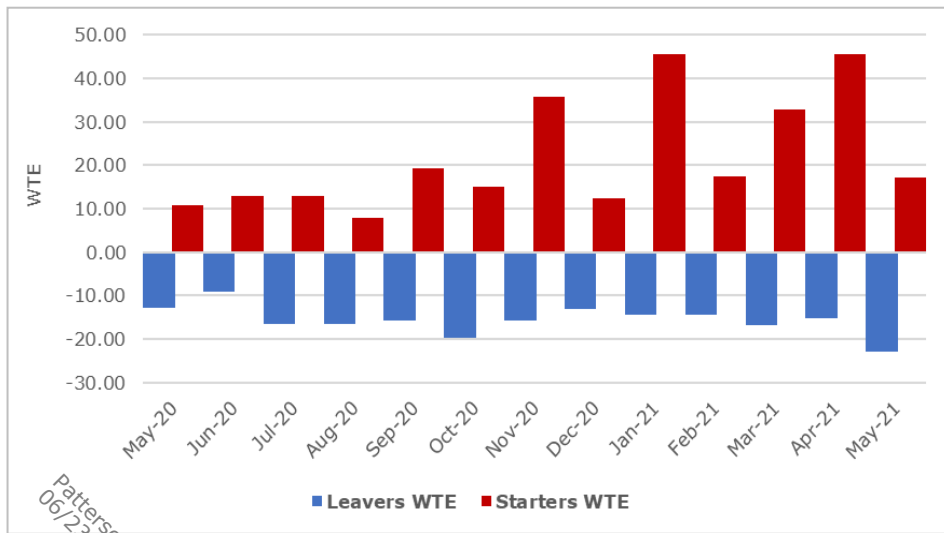


Table 2: Stability Index by Staffing Group

		Index
Add Prof Scientific and Technic	Headcount	84.88%
Additional Clinical Services	Headcount	86.47%
Administrative and Clerical	Headcount	91.03%
Allied Health Professionals	Headcount	86.71%
Estates and Ancillary	Headcount	88.99%
Healthcare Scientists	Headcount	100.00%
Medical and Dental	Headcount	81.82%
Nursing and Midwifery Registered	Headcount	86.35%
Students	Headcount	8.00%

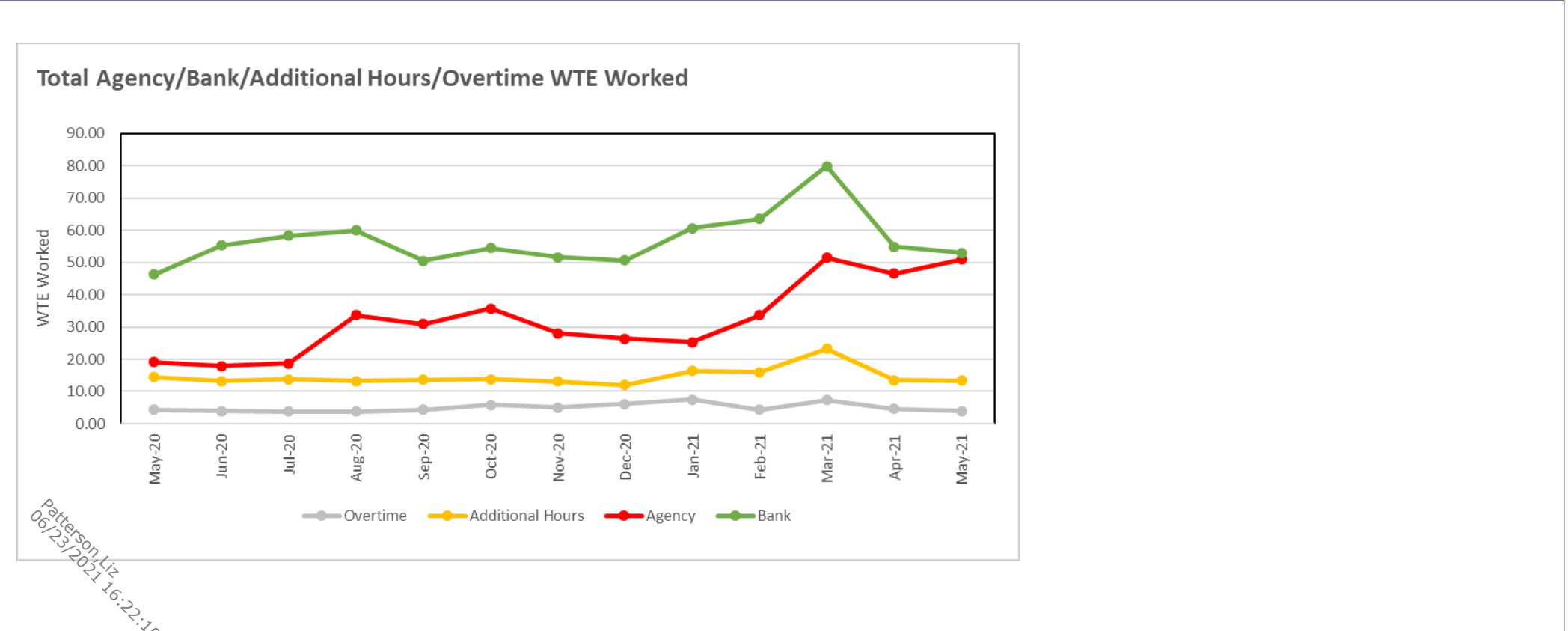
Bank, Agency, Overtime & Additional Hours (WTE)

Over the last 12 months, the health board has seen a **5.27%** increase (Chart 5) in the use of variable pay (Bank, Agency, Overtime and Additional Hours).

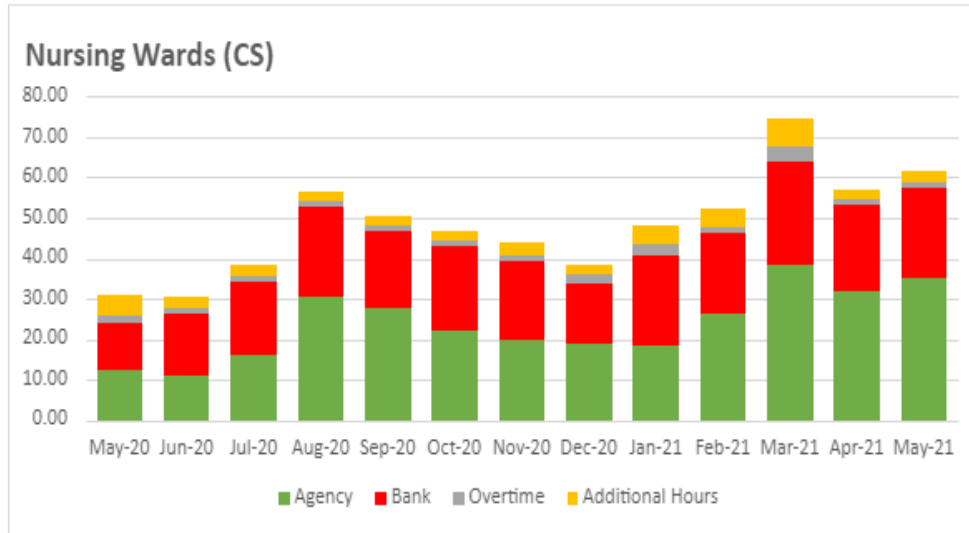
- Nursing Ward usage has increased by **30.33 WTE** when compared to May 2020
- Mental Health Ward usage has increased by **0.40 WTE** when compared to May 2020
- Facilities have reduced by **5.11 WTE** when compared to May 2020
- TTP and MV services have utilised **6 WTE** in agency staffing in May 2021

NB: All data is reported from the Health Roster System, where areas are not recording information via health roster, WTE cannot be reported.

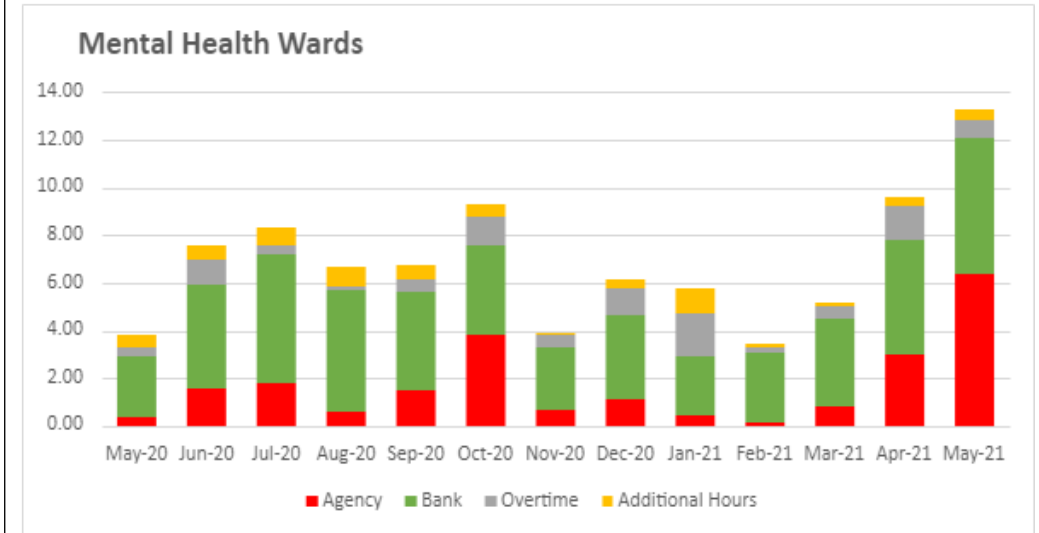
Chart 5: Total WTE Worked (12 months)



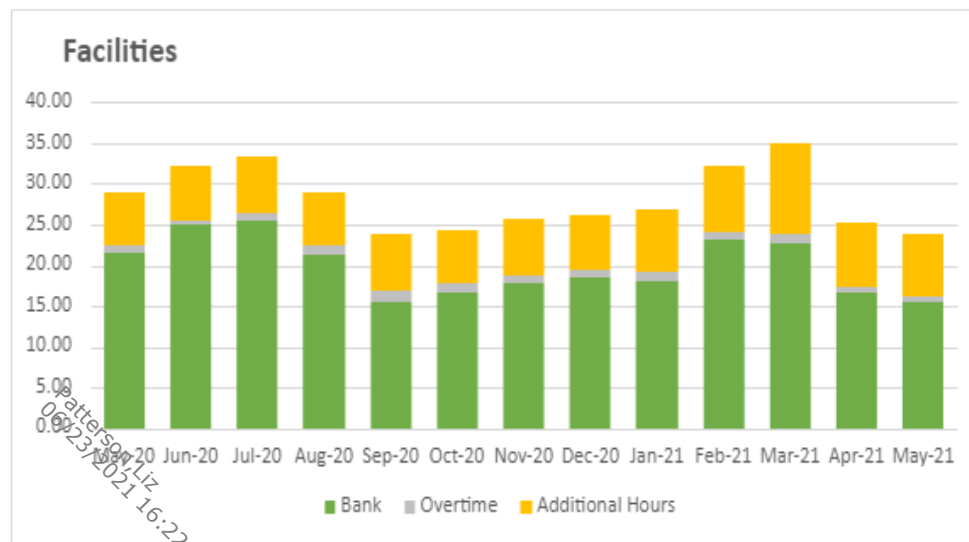
**Chart 6: Bank, Agency, OT & Add. Hrs (WTE)
Nursing (Inpatient Wards – Community Services)**



**Chart 7: Bank, Agency, OT & Add. Hrs (WTE)
Mental Health (Inpatient Wards)**



**Chart 8: Bank, Agency, OT & Add. Hrs (WTE)
Facilities**



**Chart 9: Bank, Agency, OT & Add. Hrs (WTE)
Mass Vaccination**

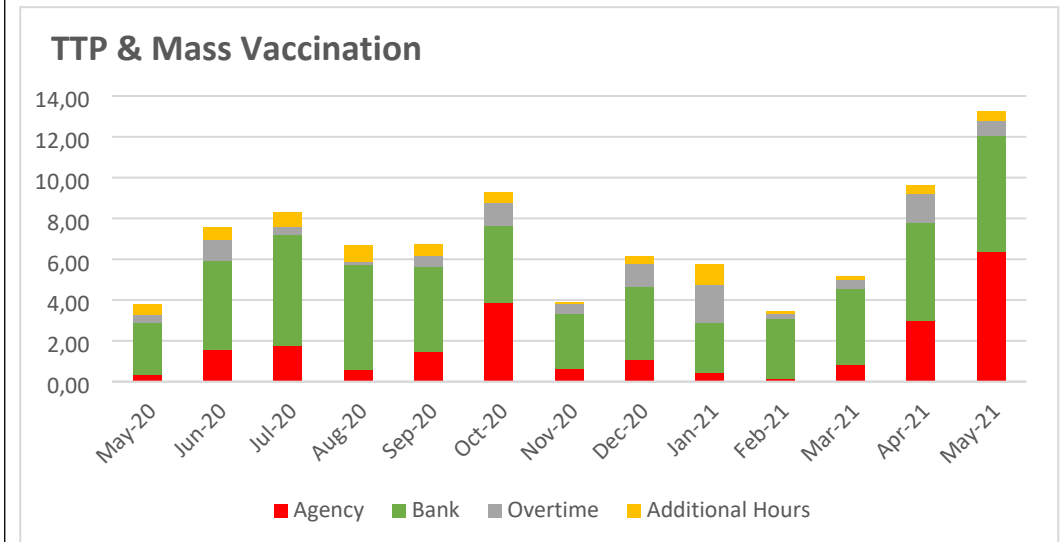
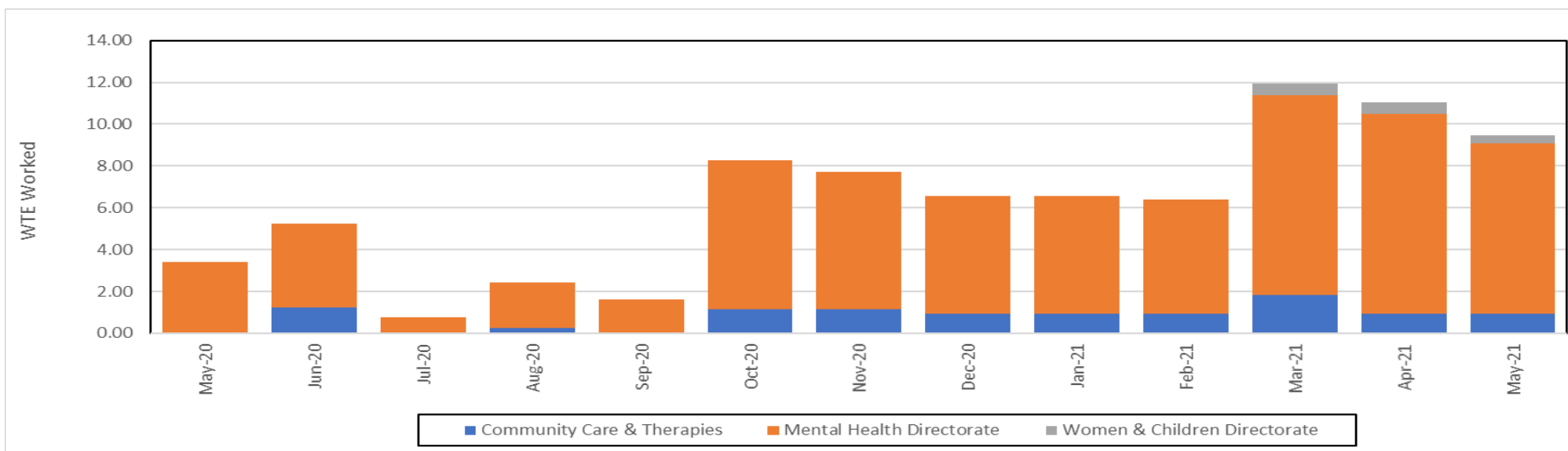


Chart 10: Medical Locum WTE by Directorate



Agency & Locum Spend

Total Locum and Agency spend for the last 12 months was **£7,020,905** (77% On Contract and 23% Off). In comparison to the previous 12 months £5,296,932 (75% On Contract, 25% Off), there has been a rise of over 33% (£1,723,973).

- Spend in the last month was £776k (69% On Contract and 31% Off) with Nursing being accountable for 46% (£319k) of which 65% was Off Contract.
- Medical was accountable for 40% all of which was On Contract ,and Nursing 39%, of which 58% was off contract.
- 36% of agency spend is attributed to Medical cover whilst 47% of agency spend is Nursing Cover.

NB: Agency costs are provided by the Finance Department and do not necessarily correlate with the WTE worked by month, due to late submissions of invoices.

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Chart 11: Health Board Agency & Locum Spend (On and Off Contract)

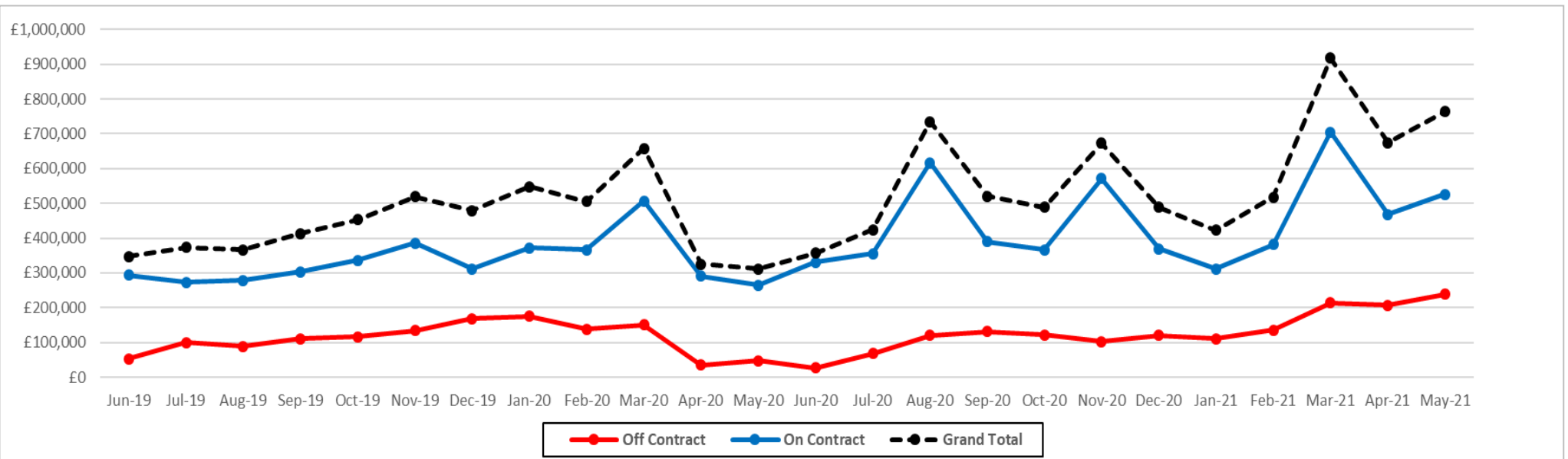
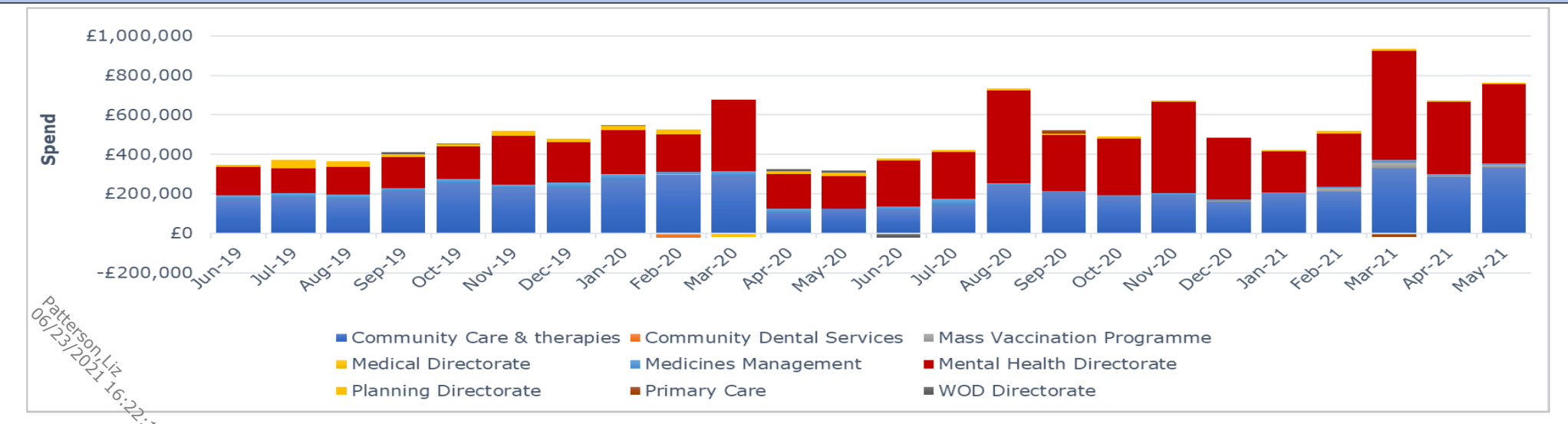
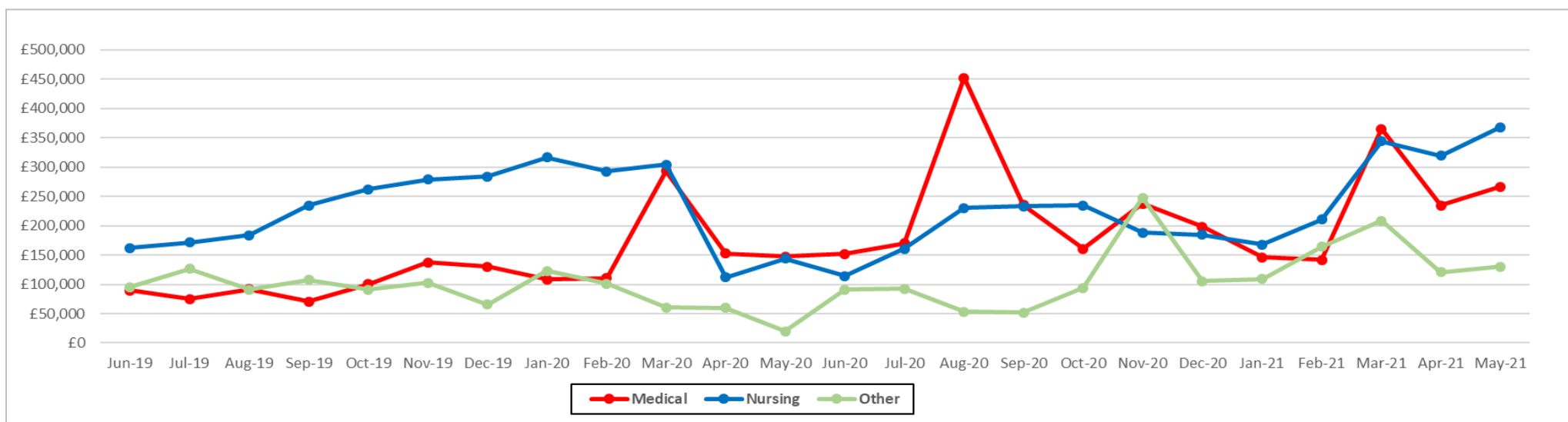


Chart 12: Health Board Agency & Locum Spend (By Directorate)



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Chart 13: Health Board Agency & Locum Spend (By Service)



WORKFORCE COMPLIANCE:

Sickness Absence:

- Actual sickness absence has **increased above 5%** for the first time since January 2021. Rolling Sickness absence remains below 5% at **4.85%** in May 2021, and is lower than rolling sickness absence in May 2020 (5.09%).
- A total of 272 episodes of sickness were recorded in the month (105 long term and 167 short term), with a loss of 3,223 WTE days, which is equivalent of an estimated 104 WTE's being absent from work.
- **54%** of staff have completed a risk assessment on ESR.

PADR:

- PADR compliance has increased by 2% this month. However, is 1% lower than performance in the previous year (May 2020: 69%).
- The compliance rate for medical and dental continued to fall for the third month in a row to **39%**.
- **3 Directorates** have achieved or exceeded the 85% target.

Statutory & Mandatory Training:

- There has been little change to organisational compliance in respect of statutory and mandatory training which increased this month by 1%.
- 5 Directorates have achieved or exceeded the 85% target.

Chart 14: Long Term / Short Term Actual Absence Rates

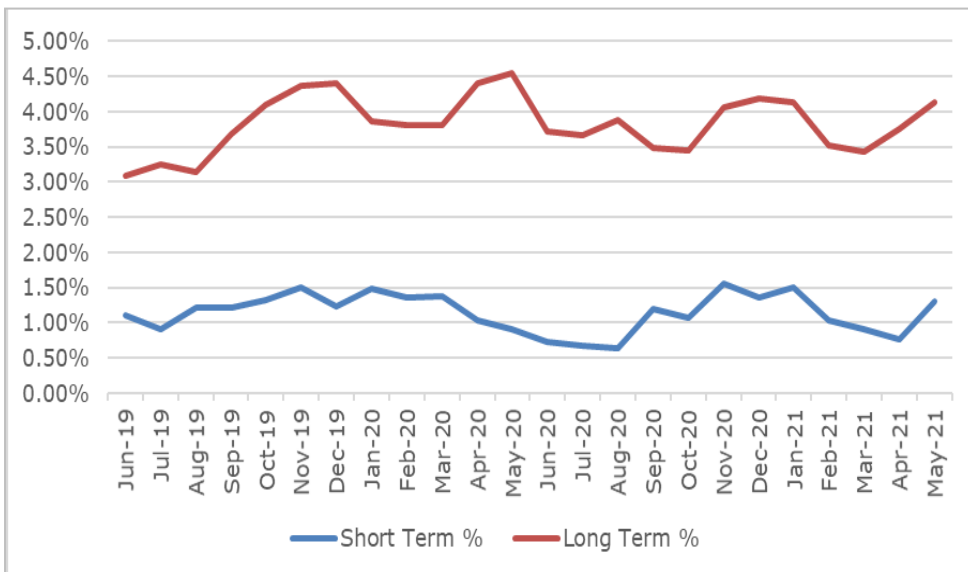


Chart 15: Actual / Rolling Sickness Absence

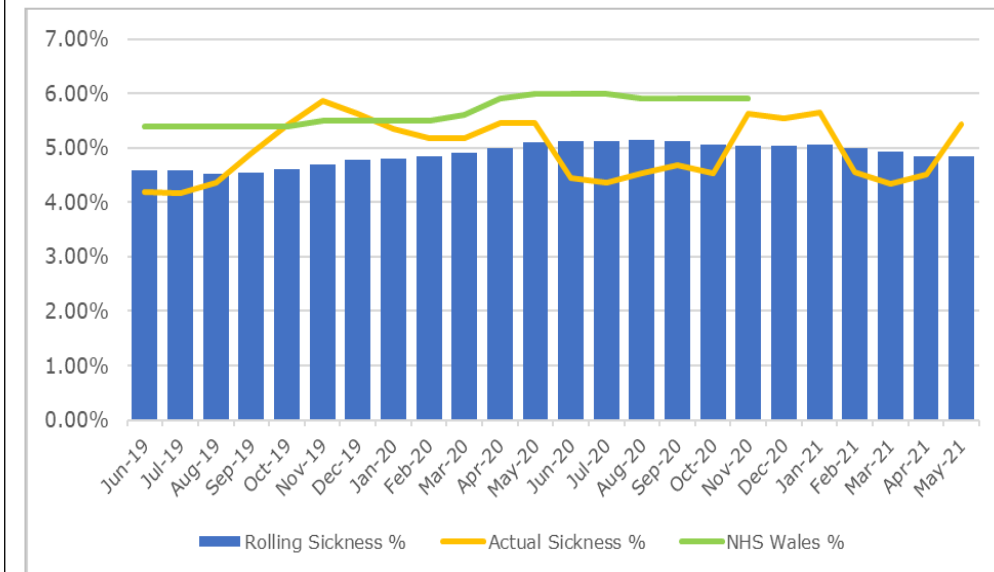


Chart 16: Directorate Rolling Absence:

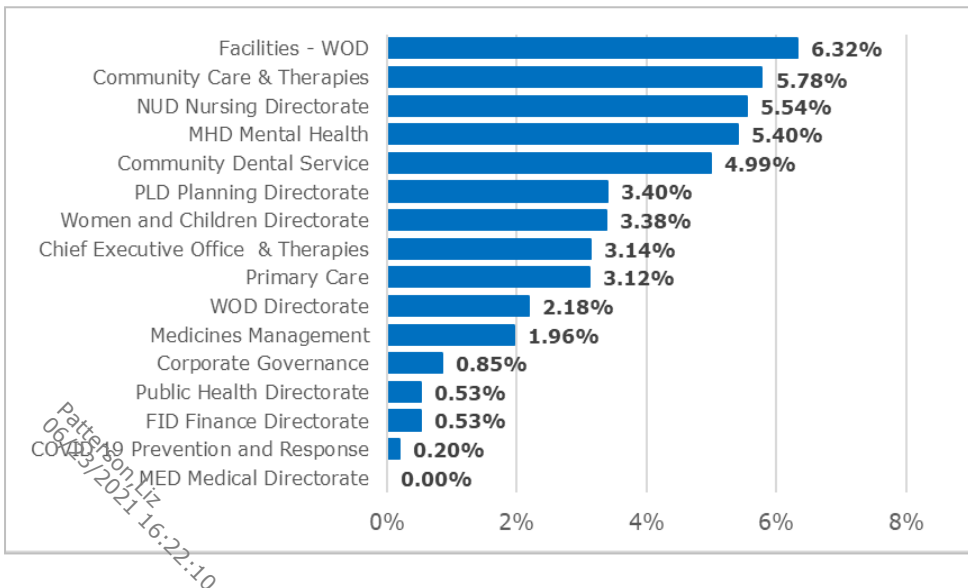


Table 3: Rolling Sickness by Staff Group (Annual Comparator)

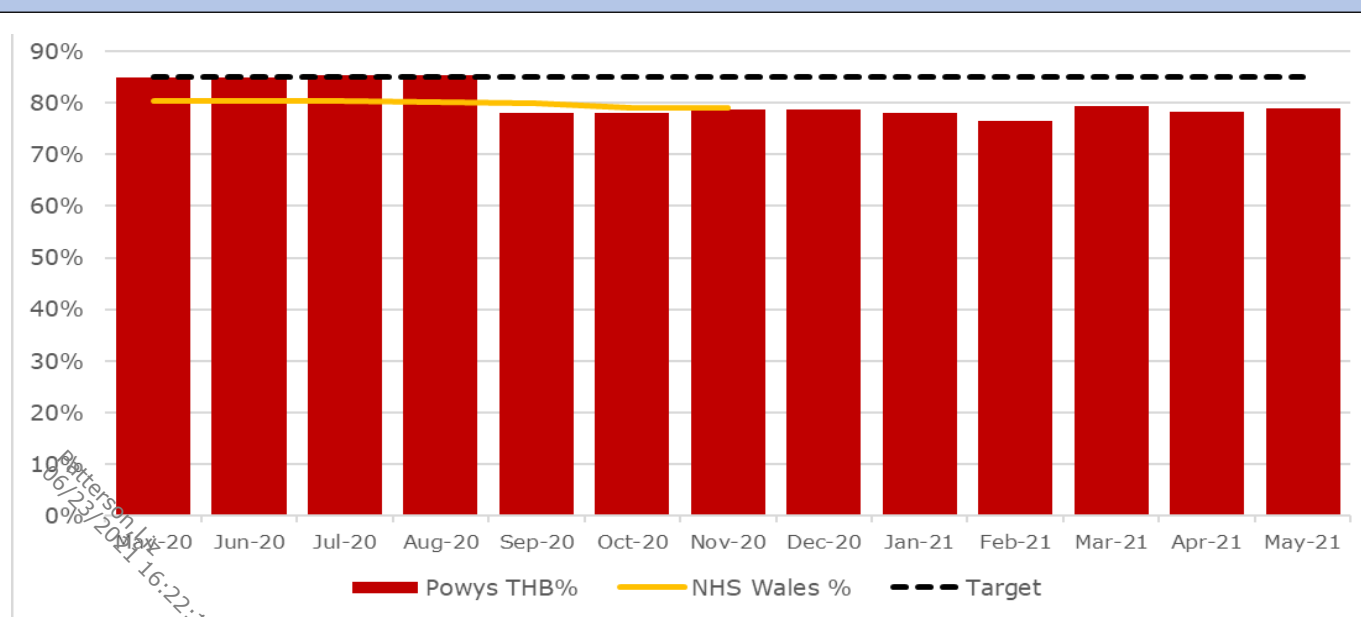
Staff Group	Rolling Sickness	
	May-20	May-21
Add Prof Scientific and Technic	3.64%	3.69%
Additional Clinical Services	7.34%	7.24%
Administrative and Clerical	3.97%	2.98%
Allied Health Professionals	4.61%	2.91%
Estates and Ancillary	5.85%	6.89%
Healthcare Scientists	11.40%	0.81%
Medical and Dental	3.40%	3.19%
Nursing and Midwifery Registered	4.78%	5.07%
Students	0.00%	2.74%
Grand Total	5.09%	4.85%

Table 4: Top 10 Absence Reasons (May 21)

Absence Reason	Headcount	Abs Occurrences	FTE Days Lost	%
Anxiety/stress/depression/other psychiatric illnesses	55	55	986.94	30.9
Other musculoskeletal problems	21	21	352.03	11.0
Other known causes - not elsewhere classified	21	21	267.95	8.4
Gastrointestinal problems	36	36	258.83	8.1
Injury, fracture	11	11	194.35	6.1
Heart, cardiac & circulatory problems	10	10	190.82	6.0
Genitourinary & gynaecological disorders	11	11	169.31	5.3
Back Problems	12	12	160.92	5.0
Benign and malignant tumours, cancers	6	6	128.10	4.0
Chest & respiratory problems	10	11	120.84	3.8

Table 5: All Wales COVID Risk Assessment (ESR Completion)

All Wales Covid-19 Risk Assessment	
Level	Headcount
1 - Low Risk (Score 0-3)	1068
2 - High Risk (Score 4-6)	82
3 - Very High Risk (Score 7-11)	42
Level not Entered	51
Grand Total	1243

Statutory & Mandatory Training:**Chart 17: Health Board Mandatory & Statutory Training Compliance**

NB: NHS wales data is not available post Nov 2020

Chart 18: Mandatory & Statutory Training Compliance by Staff Group

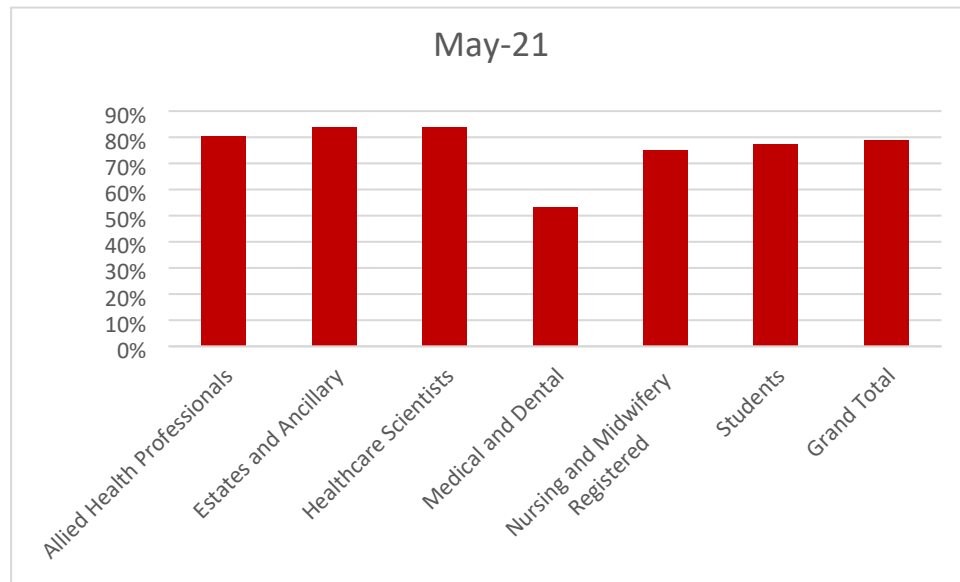
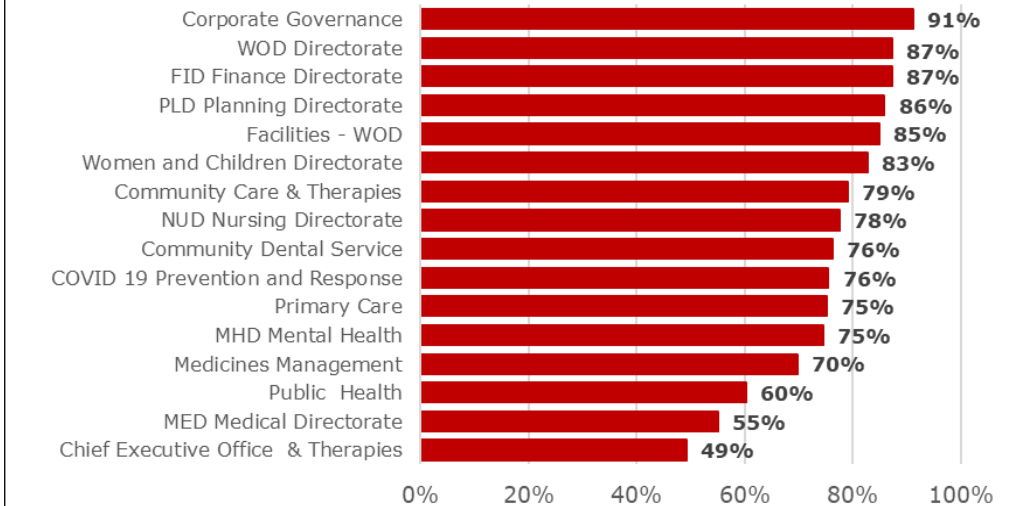


Chart 19: Mandatory & Statutory Training Compliance by Directorate



Performance Appraisal Development Reviews:

Chart 20: Health Board PADR Compliance

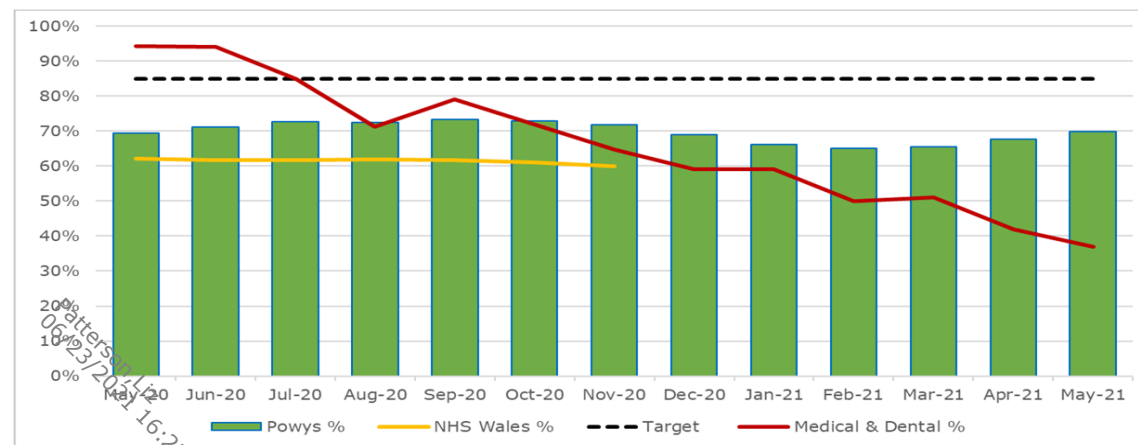


Chart 21: PADR Compliance by Staff Group

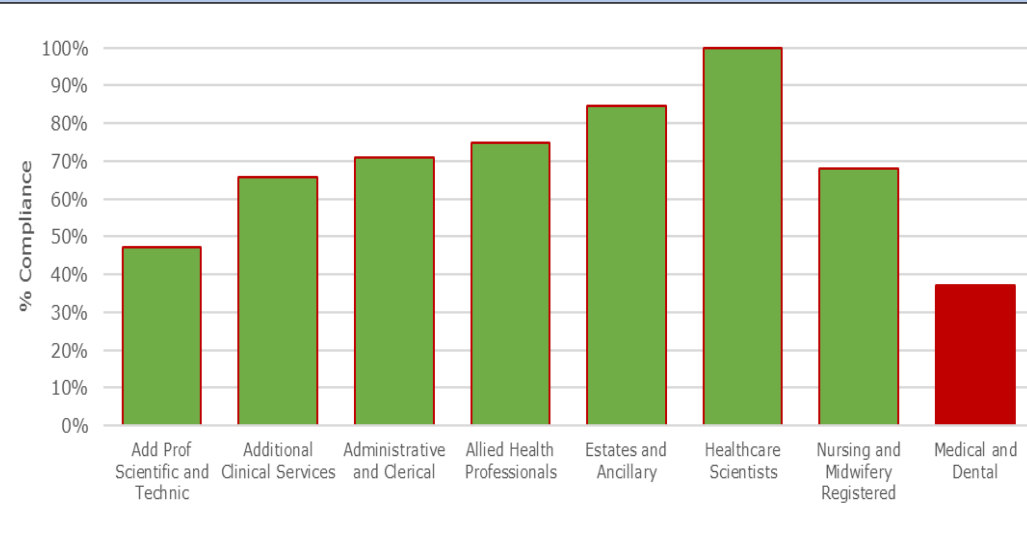
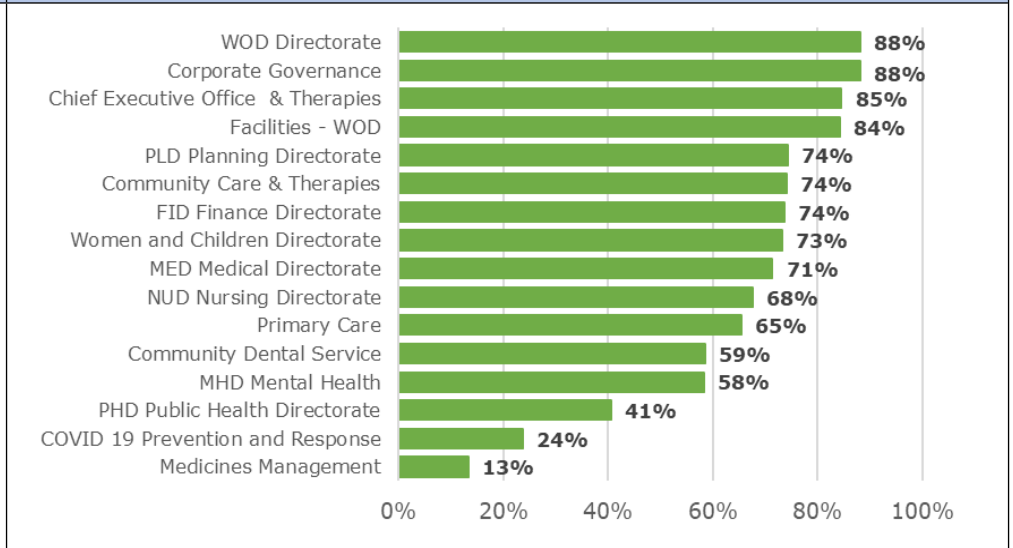


Chart 22: PADR Compliance by Directorate



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Agenda item: 3.9

PERFORMANCE AND RESOURCES COMMITTEE		Date of Meeting: 24 June 2021
Subject:	Digital First - Update	
Approved and Presented by:	Pete Hopgood – Director of Finance and IT Services	
Prepared by:	Vicki Cooper – Assistant Director of Digital Transformation and Informatics	
Other Committees and meetings considered at:	N/A	

PURPOSE:

The purpose of this report is to provide a Digital First update and to detail progress and performance within Digital Transformation & Informatics including Section 33 ICT performance activity to date including delivery against the Digital First plan for this financial year.

RECOMMENDATION(S):

The Performance and Resources Committee is asked to DISCUSS and NOTE this report.

Approval/Ratification/Decision	Discussion	Information
x	✓	✓

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EXECUTIVE SUMMARY:

This report details current delivery against the Health Boards agreed Digital Plan for 2021/22 is as included in the paper.

DETAILED BACKGROUND AND ASSESSMENT:

The Digital Journey has continued to progress through the covid-19 pandemic with a key area of focus being the support of the Mass Vaccination Programme.

Key developments include: -

- 1) **OpenEyes Digitalisation Programme** - this is now resourced for PTHB and the Project Board established. Configuration underway to allow storage of images centrally and this will provide improved condition analysis benefitting patients by allowing data to be viewed via the EPR OpenEyes solution. National funding has been secured for the procurement of new devices to be used and staff training on those devices is underway. Next steps will be to pilot OpenEyes in secondary care, potentially Brecon or Llandrindod.
- 2) **National Data Resource (NDR)** - this is progressing within the region (PTHB/BCUHB/WAST) to further develop integration of data sources. Locally the new Cancer MDS is aligned to the data warehouse for reporting. There has been a lot of work on locally developed dashboards now the new infrastructure is in place, and a sample of those can be seen in Appendix 1
- 3) PTHB has been successful in securing funding to further promote and implement **Attend Anywhere** across patient facing services, this will now form part of a business change and transformation programme to continually improve services through the use of Digital building on the successes to date.
- 4) The **Mobile Phones** review has been completed and as a result, investigations conclude there are Mobile Phones that are no longer required or in use, staff also may have forwarded the number to a personal device and turned the mobile device off. There is work now underway to identify those connections no longer required and encouragement for those staff who may chose to use their personal device, via the BYOD policy, and as such will generate significant savings expected to be realised in Q2 and Q3.
- 5) **Cyber Staff Training** on Cyber Security and GDPR awareness is available via ESR, and Managers are asked to encourage staff to take the course.
- 6) The **Welsh Clinical Portal (WCP) access** is now available to visiting Consultants from commissioned Health Trusts external to Wales, working within Powys, allowing access to the Welsh held data for the patient and a step towards the much-needed Cross Border challenge of data flow and access. There are strict governance processes in place for access to Welsh data which is being controlled via IG & Digital Transformation and Informatics.

- 7) The **WCCIS** application support team are aiming to plan the final rollout of CareDirector within PTHB, and to continue to test the Mobile App functionality and begin a development programme to improve the system for Health and Social care. There is continued pressure relating to performance issues, but this is escalated to the highest level nationally and local and national teams are working closely with the supplier to resolve and improve response times for our end users.
- 8) **Microsoft O365** Licensing is a significant investment for PTHB and is reliant on a number of important tasks to ensure the HB is getting value for money and return on investment.

To ensure PTHB is not over subscribed on licenses, file stores are being cleansed within our infrastructure and a review of our joiners, leavers and change process will create a consistent role-based approach to access IT devices and systems. Ensuring leavers are removed from the licensing will follow a WoD and IG approved workflow to ensure they are categorised and managed appropriately. Work identified with Leavers will release license savings of approx. £59k which can be purchased by another HB's who maybe under licensed.

There are further O365 apps in development such as Power Automate to support web forms and work flow, and the bookings app developed to be used for booking desks in shared offices.

The Pain Management and Fatigue Service are championing the use of O365 to automate much of the administrative and manual paper work relating to the work flow required to support patient contact.

- 9) The Infrastructure review recommendations as part of the **North Powys Programme** to secure funding to implement an Internet Breakout solution has been successful, this will support a secure link to the Cloud in readiness for an Azure Landing zone to be configured and the migration of on-Premise data centre systems migration to cloud hosting. This will align to the decommissioning of PSBA 2025 and aim to utilise cloud and Teams Voice telephony configuration for a fully mobile solution, able to be used on any device.

SharePoint discovery and mapping is underway with a new project being put in place to plan and manage the movement of Network Shared Drives into SharePoint as well as the creation of a new Intranet. Moving data will reduce the cost of pending upgrades to the current server infrastructure reaching end of life in 2022.

Data Warehouse Migration has been progressing with refining existing data, ensuring continued data cleansing activities, and updates to the APC and Outpatient MDS submissions.

Brecon Switchboard Call Management Solution was successfully implemented, this is a new way of working for the Switchboard team who embraced the change and now have a resilient solution to the critical telephony services provided at Brecon Hospital.

Digital First Plan 21/22 - Progress to date

Delivery status against the Digital First Plan is detailed below, there are completed tasks, however some are yet to start but will be shown as on track below.

Delivery against the Plan

Organisational Priority	Organisational Delivery Objective	Milestones	RAG
Enablers	Digital First	Digital Care	
		<ul style="list-style-type: none"> Use consultancy to develop use of SharePoint/Teams for easier access to files/documents. 	
		Q1 Consultancy initiated (Complete)	
		Q2 Discovery work and migration mapping (In Progress)	
		Digital Access	
		<ul style="list-style-type: none"> Develop Telehealth/Telecare offering for health & social care 	
		Q2 Research and Development towards the offering in partnership with the North Powys Programme (In Progress)	
		<ul style="list-style-type: none"> Commence roll out of WCCIS Mobile App 	
		Q3 Commence rollout dependant on functionality release and user acceptance testing (In Progress)	
		<ul style="list-style-type: none"> Diagnostics results available in Welsh Results Reporting Service (WRRS) 	
		Q2/Q3 Business Case completed with DHCW, awaiting approval to commence work (In Progress)	
		<ul style="list-style-type: none"> Patient referrals to English NHS hospitals stored in Welsh Patient Referral Service (WPRS) 	
		Q2/Q3 Business Case completed with DHCW, awaiting approval to commence work (In Progress)	
		<ul style="list-style-type: none"> Discharges letters from English hospitals back to Wales, to be added to WCRS 	
		Q2/Q3 Business Case completed with DHCW, awaiting approval to commence work (In Progress)	
		<ul style="list-style-type: none"> Outpatient clinic letters from English hospitals back to Wales, to be added to WCRS 	
		Q2/Q3 Business Case completed with DHCW, awaiting approval to commence work (In Progress)	
		<ul style="list-style-type: none"> Images from English hospitals, to be stored in the Welsh Imaging Archive Service (WIAS) 	
		Q2/Q3 Business Case completed with DHCW, awaiting approval to commence work (In Progress)	
		<ul style="list-style-type: none"> The Welsh GP record to be available to NHS clinicians in England, treating Welsh patients 	
		Q2/Q3 Business Case completed with DHCW, awaiting approval to commence work (In Progress)	
		<ul style="list-style-type: none"> WNCR Implementation 	
		Q1 Key stakeholders engaged, project team in place (Complete)	
		Q2 Implementation and Roll Out (In Progress)	
		<ul style="list-style-type: none"> Eye Digitalisation Programme Delivery 	
		Q1 Key stakeholders engaged, project team in place (Complete)	
		Q2/Q3/Q4 – Implementation (In Progress)	
		Digital Infrastructure & Intelligence	
		<ul style="list-style-type: none"> Telephony review - development of business case 	
		Q1 Review commenced to inform recommendations (In Progress)	
		Q2/Q3 Options appraisal and draft Business Case to be completed (In Progress)	
		<ul style="list-style-type: none"> Secure and managed print solution - development of business case 	
		Q1 Review commenced to inform recommendations (In Progress)	
		Q2/Q3 Options appraisal and Draft Business Case to be completed (In Progress)	
		<ul style="list-style-type: none"> Digitisation of Health Records review - options and business case 	
		Q2 Review commenced to inform recommendations (In Progress)	
		Q3 Options appraisal to be completed (In Progress)	
		<ul style="list-style-type: none"> OFWCMS Once for Wales Concerns Management System - RLDatix 	
		Q1 Delay with system functionality and testing – go live pushed back to Q2 in line with national programme (In Progress)	
		<ul style="list-style-type: none"> North Powys Programme 	
		Q1 Infrastructure review to support the design requirements ie Internet breakout/Azure readiness (Complete)	

Application Support for National Systems

PTHB has an Application Support team external of the S33 ICT agreement. The team are responsible for providing access to clinical teams, providing clinical system training and support,

Current developments include:

- WCCG Upgrade deployed to all users including Cross border
- Covid-19 Electronic Test Requesting (ETR) deployed to all general inpatient wards
- A pilot ward is live with the Bed Management module within Welsh PAS
- Welsh Admin Portal Go-Live scheduled wc 14/06/21 to replace the secondary care use of WCCG
- Welsh Nursing Care Record (WNCR) pilot ward scheduled for 21/06/21
- Bringing the Welsh Immunisation Solution (WIS) into BAU for further vaccination recording and monitoring

Future developments include:

- Cross Border Clinician access to Welsh Clinical Portal
- Increase the use of WCCG/WAP for therapy referrals to achieve 100% electronic GP referrals to the HB
- Introduce Welsh Clinical Portal Mobile into general use with midwifery being the pilot group
- Continue rollout of Bed Management and Welsh Nursing Care Record

The Application support service desk performance is shown in Appendix 2

Section 33 (ICT Support Provision)

The Section 33 agreement has been reviewed and amendments agreed. The Service Desk, End User Services and Infrastructure services continue to provide Business as Usual support and through the improvements aimed to be delivered by the Digital Delivery Plan, we aim to reduce the number of calls made to the ICT support, as we improve the infrastructure and ways of working in terms of Digital Access and Digital Infrastructure within the HB.

With Cyber threats ever present there are key updates below specific to Cyber Security

Cyber Security NIS Regulations

DCHW Cyber Resilience Unit have been tasked with processes and setting up assurance frameworks for taking Health Boards through NIS Compliance, currently we are in Critical system scoping stages before undertaking the Cyber Assurance Framework assessments against critical infrastructure. Working group established to work on this, including representative from Civil contingencies.

Welsh Government Cyber Resilience Funding

Funding bid was submitted to WG for Phishing Awareness Campaign material, Pen Testing and IPS Licenses for remaining unsupported Systems. Awaiting ordering via Shared Services

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Cyber Security Incidents

There have been no Cyber Security Incidents reported or detected during April/May

The Key Performance Indicators in relation to the S33 SLA are available in **appendix 3**.

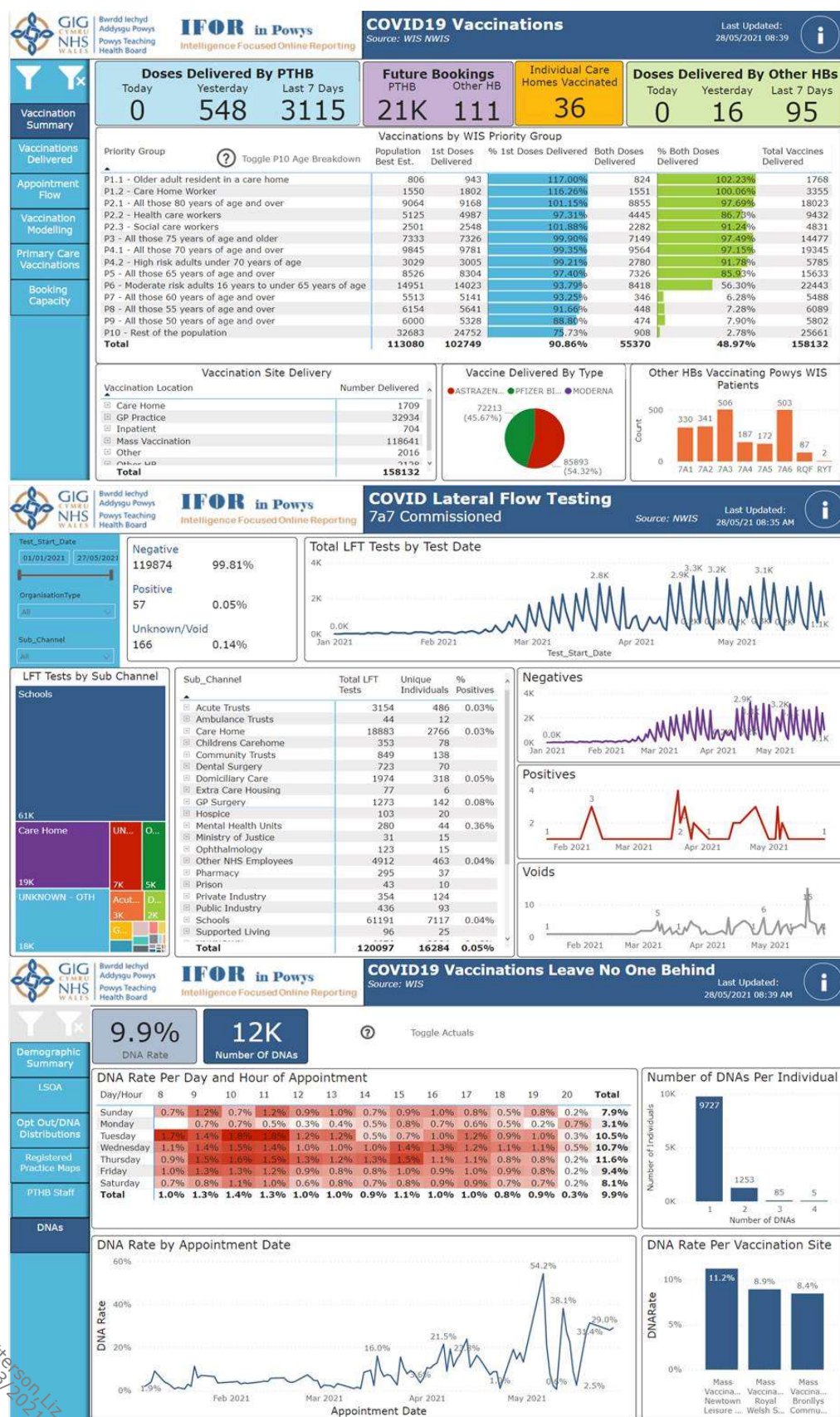
THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

Strategic Objectives:	1. Focus on Wellbeing	✓
	2. Provide Early Help and Support	✓
	3. Tackle the Big Four	x
	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	x
	2. Safe Care	x
	3. Effective Care	✓
	4. Dignified Care	x
	5. Timely Care	✓
	6. Individual Care	x
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

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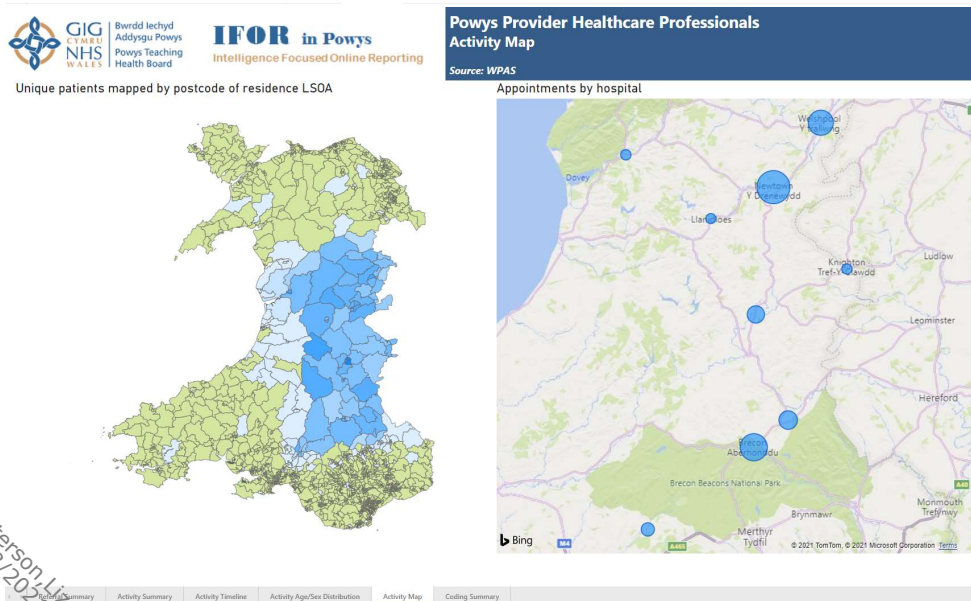
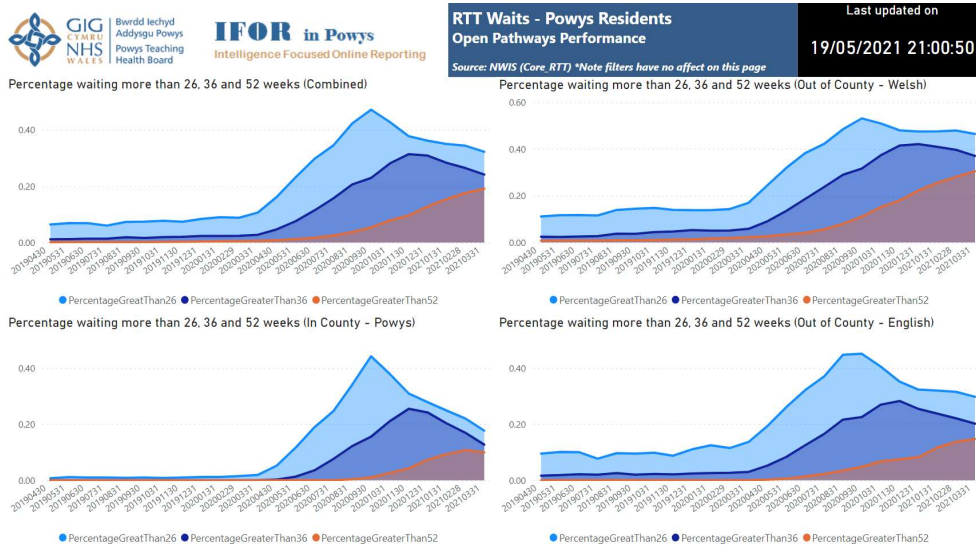
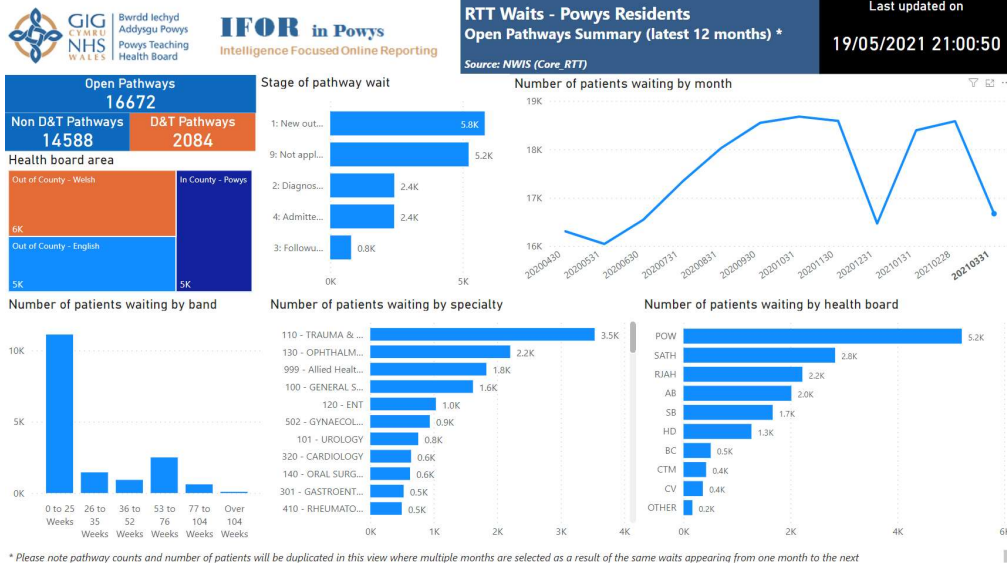
Appendix 1 Development of Power Bi Dashboards

Covid19 Power BI Reports



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RTT Power BI Dashboard

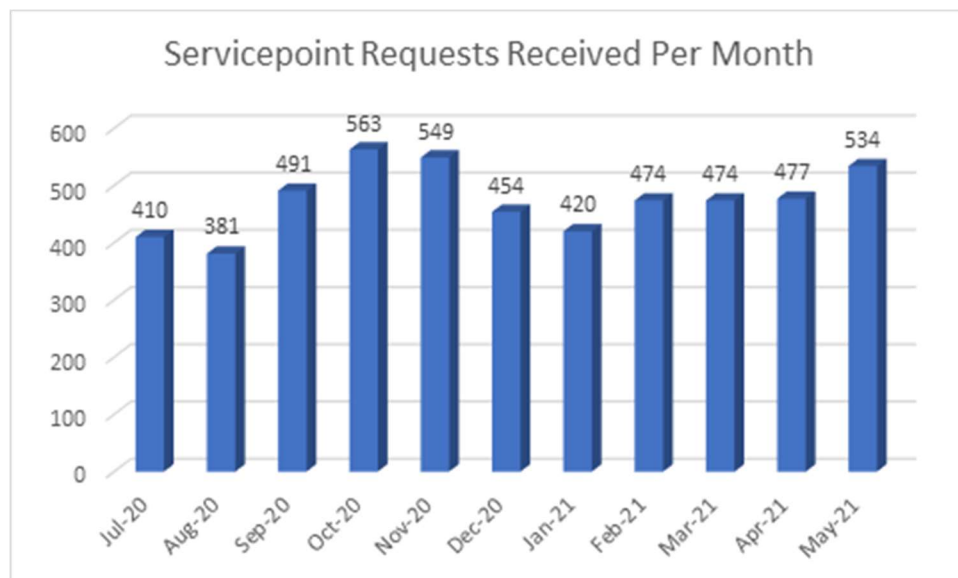


Appendix 2 PTHB Informatics Application Support

Service Support – Applications

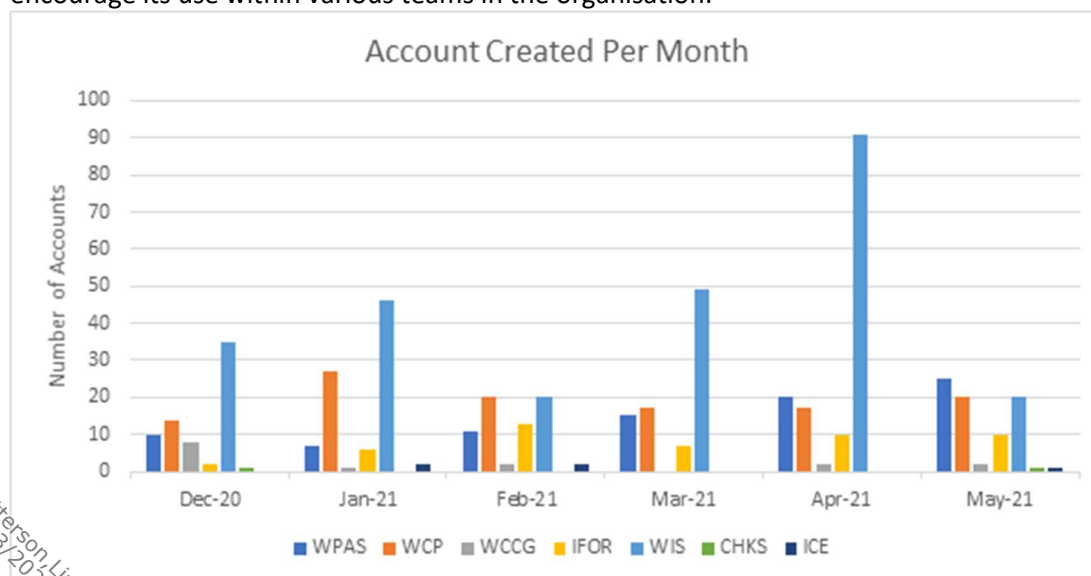
The below graph shows the number of support calls received over the last 12 months for the various applications supported by the informatics team via our online call logging system ServicePoint. These support calls vary in complexity from simple account unlocking to setup of additional services within Welsh PAS.

There is a seasonal drop in calls around the Christmas period which is expected due to a lower number of staff in the office due to annual leave.



The informatics team are also responsible for the creation and maintenance of accounts within the various applications, below is a highlight of the total number of accounts created over the last six-month period by application.

As is evident some applications have very low requirements for new accounts due to a low user base such as CHKS. Others have seen a large spike in activity due to the system being adopted widely in the organisation in a short timescale, this is most evident with WIS but also WCP as the team encourage its use within various teams in the organisation.



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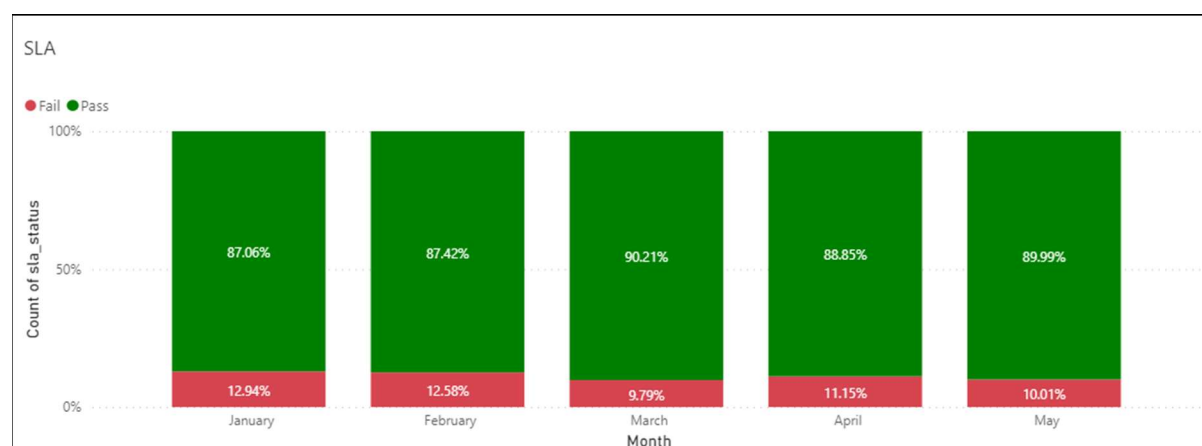
Appendix 3 S33 Service Level Agreement KPI's

1. SLA - All teams

Overall, all SLA KPIs targets have been met in the first 2 months of FY 2021.

All figures and graphs from this report can be accessed via the PowerBI Dashboard [PTHB Tickets - Power BI](#)

Performance Indicators 2020/2021	Target	April	May	June	Qtr1	Quarterly Trend
Service Desk % Calls answered	80%	79.2%	86.6%	N/A	N/A	↑
% completed in SLA	75%	88.9%	90%	N/A	N/A	↑
% customer satisfaction	85%	96%	100%	N/A	N/A	↑



Open in Power BI

PTHB Tickets

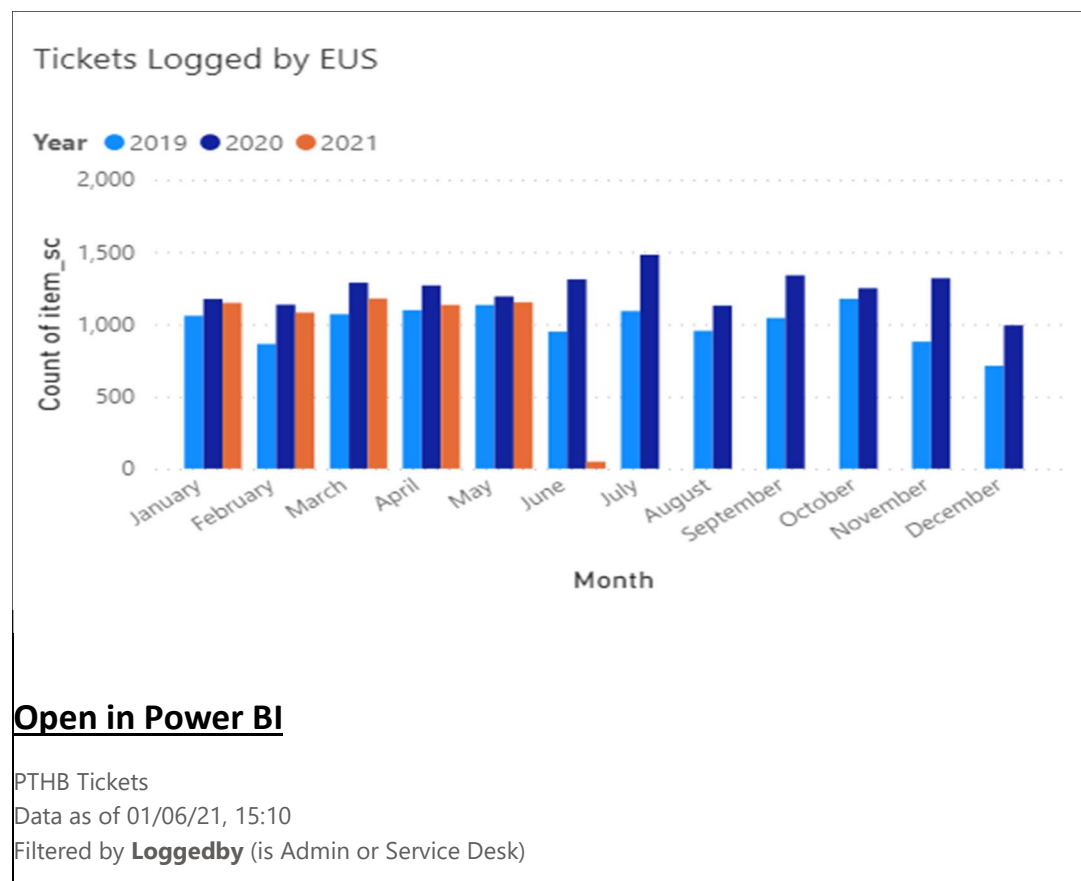
Data as of 01/06/21, 15:10

Filtered by **Year** (is 2021), **CompanyName** (is Powys Teaching Health Board), **sla_status** (is Fail or Pass), **Team** (is 2nd Line, EUS, PC Support, or WCCIS), **SectionDeptName** (is PtHB)

Patterson, Liz
06/23/2021 16:22:10

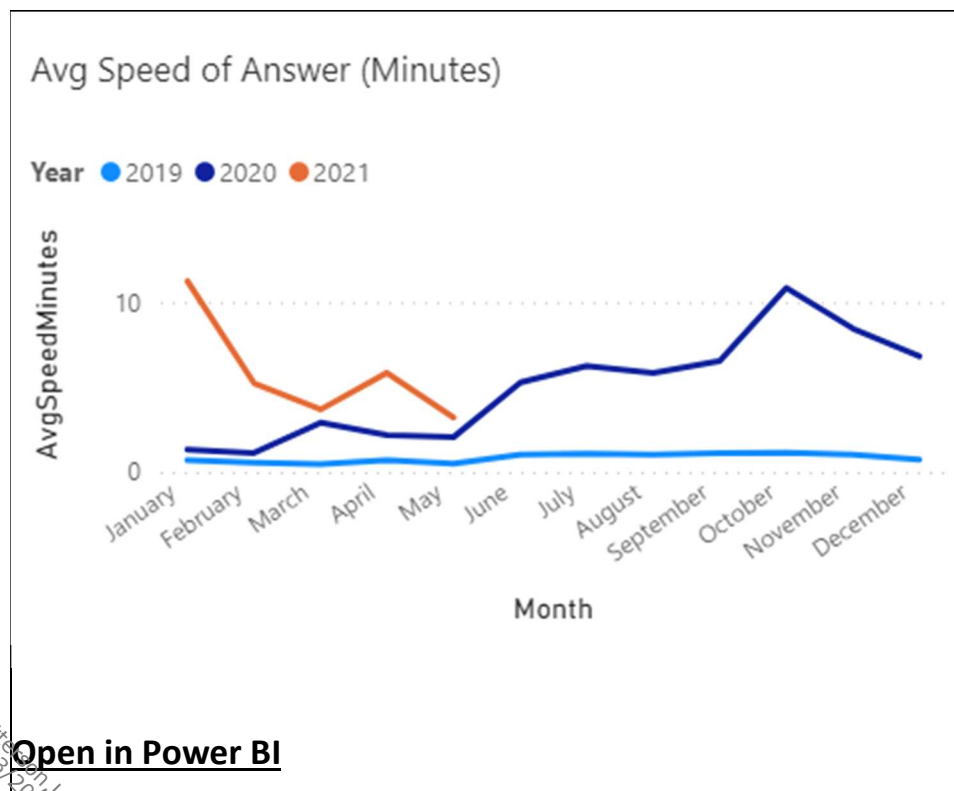
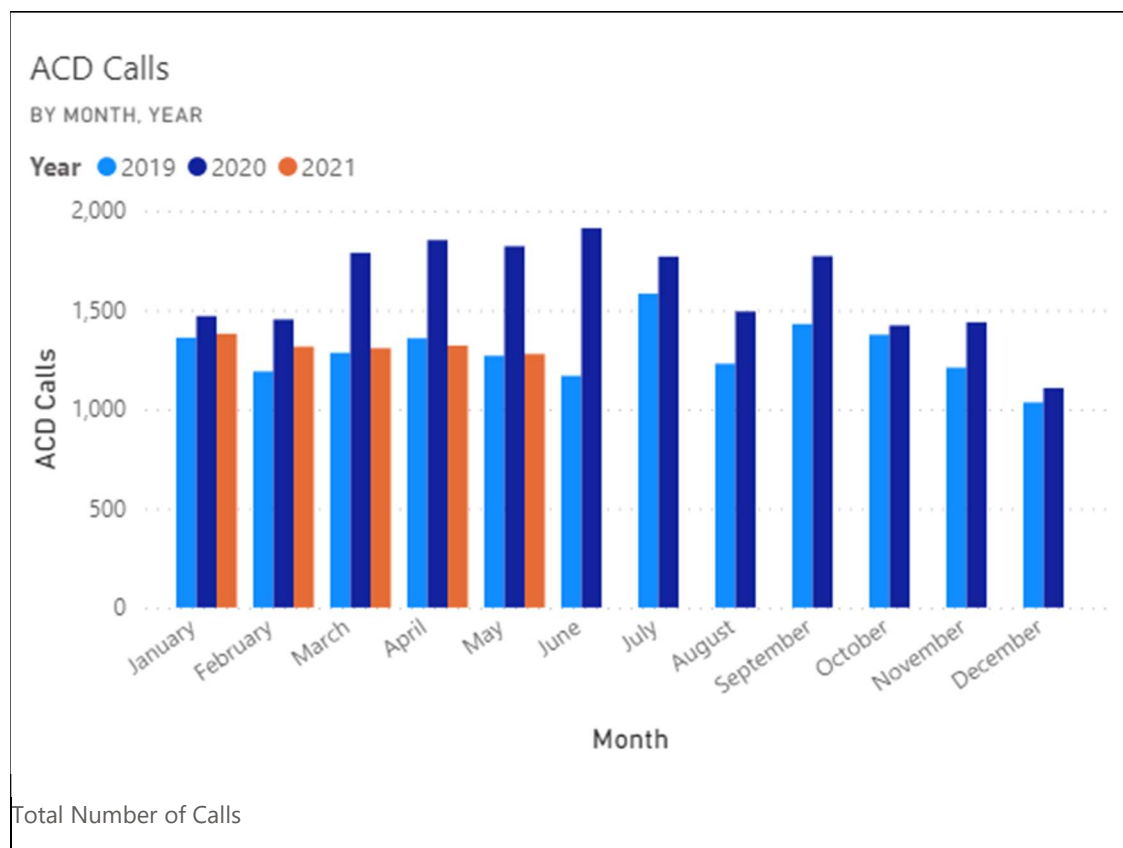
2. End User Services

Although the number of calls being made to the Service Desk has remained high (although lower than Qtr1 2020) the End User Services (EUS) team have reduced the average speed of answer and the number of abandoned calls. Reduced staff sickness levels have played a part in this.



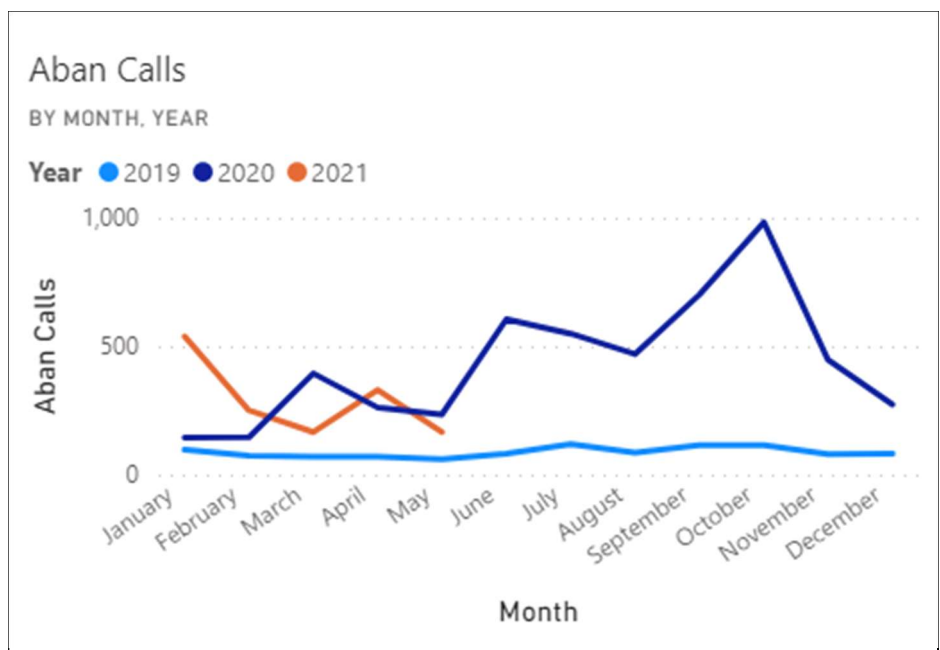
Patterson, Liz
06/23/2021 16:22:10

PTHB Telephone stats - All Call-Centre Distribution Calls (ACD)



Patricia
06/23/2021 16:22:10

PTHB Tickets
Data as of 01/06/21, 15:55
Filtered by **Year** (is 2019, 2020, or 2021), **Split Skill** (is LHB Support)



Open in Power BI

PTHB Tickets
Data as of 01/06/21, 15:55
Filtered by **Year** (is 2019, 2020, or 2021), **Split Skill** (is LHB Support)

Patterson, Liz
06/23/2021 16:22:10