

Performance and Resources Committee

30 June 2020, 09:30 to 11:30
Via Skype

Agenda

1. PRELIMINARY MATTERS



P&R_Agenda_30June20_Final.pdf

(1 pages)

1.1. Welcome and apologies

1.2. Declarations of interest

1.3. Minutes from the previous meeting held on 24 February 2020 for approval



P&R_Item_1.3_UNCONFIRMED Minutes_24 Feb
2020.pdf

(17 pages)

1.4. Matters arising from the previous meeting

1.5. Performance and Resources Committee Action Log



P&R_Item_1.5_Action Log_2020-21
(June2020).pdf

(1 pages)

2. ITEMS FOR APPROVAL/RATIFICATION/DECISION

There are no items for inclusion in this section

2.1.

3. ITEMS FOR DISCUSSION

3.1. Performance Overview:



P&R_Item_3.1_PerformanceOverview_June2020_
Final.pdf

(18 pages)

3.2. Commissioning Assurance Overview



P&R_Item_3.2_Commissioning Assurance PR
June20.pdf

(8 pages)

3.3. Workforce Performance Overview



P&R_Item_3.3_Workforce update paper - June
2020.pdf

(14 pages)

3.4. Capital and Estates Update



P&R_Item_3.4_Capital and Estates Update
300620.pdf

(16 pages)

3.5. Financial Performance Month 02



P&R_Item_3.5_Financial Performance Report Mth
2.pdf

(16 pages)



P&R_Item_3.5i_Financial Performance Month
2_Monthly Monitoring Narrative.pdf

(20 pages)



P&R_Item_3.5ii_MMR worksheet.pdf

(10 pages)

3.6. Digital First Update



P&R_Item_3.6_Digital First update.pdf

(6 pages)



P&R_Item_3.6i_Digital First update.pdf

(4 pages)

3.7. Waste Contract Procurement Process

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4. ITEMS FOR INFORMATION

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

5.2. Any other urgent business

5.3. Date of the next meeting:

6 October 2020, Boardroom, Glasbury House, Bronllys Hospital

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

**30 JUNE 2020, 9.30 – 11.30 AM
TO BE HELD VIA SKYPE**



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 24 February 2020, for approval	Attached	Chair
1.4	Matters arising from the previous meeting	Oral	Chair
1.5	Performance & Resources Committee Action Log	Attached	Chair
2	ITEMS FOR APPROVAL/RATIFICATION/DECISION		
	There are no items for inclusion in this section		
3	ITEMS FOR DISCUSSION		
3.1	Performance Overview	Attached	Director of Planning & Performance
3.2	Commissioning Assurance Overview	Attached	Director of Planning & Performance
3.3	Workforce Performance Overview	Attached	Director of Workforce & OD
3.4	Capital & Estates Update	Attached	Associate Director of Capital & Estates
3.5	Financial Performance, Month 02	Attached	Director of Finance & IT
3.6	Digital First Update	Attached	Director of Finance & IT
3.7	Waste Contract Procurement Process	Attached	Director of Workforce & OD
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: • 6 October 2020, Boardroom, Glasbury House, Bronllys Hospital		

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PERFORMANCE & RESOURCES COMMITTEE

UNCONFIRMED

MINUTES OF THE MEETING HELD ON MONDAY 24TH FEBRUARY 2020 LOCATION, BRONLLYS HOSPITAL

Present:

Mark Taylor	IM (Capital and Estate) (Committee Chair)
Mel Davies	IM (Board Vice-Chair)
Ian Phillips	IM (ICT)
Tony Thomas	IM (Finance)

In Attendance:

Vivienne Harpwood	IM (PTHB Chair)
Carol Shillabeer	Chief Executive
Pete Hopgood	Director of Finance and IT
Hayley Thomas	Director of Planning and Performance
Claire Madsen	Director of Therapies and Health Sciences
Rani Mallison	Board Secretary
Jamie Marchant	Executive Director of Primary, Community and Mental Health Service
Vicky Cooper	Assistant Director Digital Transformation and Infomatics

Apologies for absence:

Matthew Dorrance	IM Local Authority
David Collington	CHC

Committee Support:

Liz Patterson	Corporate Governance Manager
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MEETING GOVERNANCE	
P&R/19/57	<p>WELCOME AND APOLOGIES FOR ABSENCE</p> <p>The Chair welcomed everyone to the meeting and confirmed the meeting was quorate. Apologies for absence were noted as recorded above.</p>
P&R/19/58	<p>DECLARATIONS OF INTEREST</p> <p>No declarations of interest were received.</p>
P&R/19/59	<p>MINUTES OF THE PREVIOUS MEETING: 16TH DECEMBER 2019</p> <p>The minutes of the meeting held on 16th December 2019 were AGREED as being a true and accurate record.</p>
P&R/19/60	<p>MATTERS ARISING FROM THE PREVIOUS MEETING</p> <p>P&R/19/51 (Waste Management): Members queried if there would be an opportunity to have sight of the procurement strategy and tender specification as it was drawn up, expressing a desire that there would be an appropriate methodology for assessing quality and risk.</p> <p>Rani Mallison explained Members were seeking assurance that the proper process for putting the waste and recycling contract out to tender.</p> <p>It was AGREED that a summary of progress on the Waste Management contract would be brought to the next meeting of Performance and Resources Committee to provide assurance to Members on the progress of this matter. Action: Assistant Director Facilities and Support Services</p>
P&R/19/61	<p>PERFORMANCE AND RESOURCES COMMITTEE ACTION LOG</p> <p>The Committee RECEIVED the updated Action Log.</p> <p>It was confirmed all the items were complete or that updates had been included on the current agenda.</p>

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ITEMS FOR APPROVAL/RATIFICATION/DECISION

There were not items for approval, ratification or decision at this meeting.

ITEMS FOR DISCUSSION

P&R/19/62

FINANCIAL PERFORMANCE:

• MONTH 10, 2019/20

Pete Hopgood presented the report Financial Performance Report 2019/20 Period 10. This report covered the Revenue position, the Capital Narrative and the Public Sector Policy Payment Narrative.

He advised that at present the outturn was predicted to be an overspend of £597k. Action was being taken to reduce this gap and bring the position to breakeven but it was highlighted that a risk remained. It was hoped that some mitigating actions would result in a balanced outturn.

Ian Phillips drew attention to a capital spend to date of £1.7M against a capital resource limit of £2.9M querying if this was an appropriate level of spend at this stage of the financial year.

Pete Hopgood noted that this was due in part to a programme which had been written off and that the service had been successful in receiving extra allocation from Welsh Government.

Hayley Thomas noted that it was desirable for capital spend to follow a smooth profile but that unexpected events could result in a more uneven position. The impact of the renal dialysis problems last year caused a movement in one direction whilst the success in receiving additional capital resource caused a movement in a different direction.

Tony Thomas asked if the service were claiming as much against capital as was possible.

Pete Hopgood confirmed that all appropriate capital expenditure items were claimed against capital.

Rani Mallison advised Members that the WAO Structured Assessment had commented on the way that Committee received capital and savings reports and that the organisation was committed to reviewing how this information is presented.

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	<p>• DELIVERY OF ANNUAL SAVINGS PROGRAMME</p> <p>Mark Taylor observed that there was a sense good progress had been made on savings in the current year.</p> <p>Pete Hopgood confirmed that fortnightly reports were now being produced on progress of savings and that the focus now was turning towards the savings required for 2020 – 2021.</p>
P&R/19/63	<p>WORKFORCE PERFORMANCE: STAFFING REPORT</p> <p>Julie Rowles presented the report providing an update on the work being undertaken by the Executive Team.</p> <p>There is an ongoing issue attracting and retaining staff in particular clinical staff across Wales and whilst the Powys area had performed well against other areas, there is a particular issue locally with an ageing workforce and a number of retirements expected over the next 5 years. The department have stepped up their activity in relation to recruitment. There has been a particular problem with staffing on the Epynt ward.</p> <p>Tony Thomas queried what impact the Government's ruling on low paid overseas workers post Brexit implementation might have on recruitment for the organisation.</p> <p>Julie Rowles confirmed that there are only small numbers of overseas staff employed in PTHB. Where wards are short staffed agency staff are employed to ensure safe working.</p> <p>Mark Taylor asked if the table outlining upcoming retirements was absolute or cumulative.</p> <p>Julie Rowles confirmed the table showed upcoming retirements on a cumulative basis. Overall approximately a quarter of the workforce would reach retirement age over the next five years. However, it was noted that PTHB had a good record of retaining staff post retirement age.</p> <p>Ian Phillips noted that the inpatient wards had a registered nurse vacancy rate of 31% of which 19% of establishment registered nurses were filled through bank and agency nurses. He sought assurance that the remaining 12% of establishment vacancies remaining</p>

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	<p>unfilled or filled with a Healthcare Support Worker was an appropriate way to fill these establishment posts.</p> <p>Julie Rowles gave assurance that the 12% of vacant posts were being appropriately addressed.</p> <p>Ian Phillips queried how close was the service to closing wards through a lack of qualified staff.</p> <p>Carol Shillabeer advised that staffing decisions were made on a day by day, shift by shift basis. If there was an increase in risk it would be necessary to look for another approach and the paper in front of Committee was the start of a process to look for other options. Wards were mostly staffed with registered nurses and care support staff. The purpose of ward care in Powys is to reable people and it would be necessary to examine the ward teams to ensure that they are appropriate for the type of care that is required. This may go wider than just ward nursing. There are opportunities to examine alternatives and there is no intention to close wards until all other options have been considered. This is a matter which is also considered by the Experience, Quality and Patient Committee and is led by professional judgement. The particular problem faced in Powys was a lack of critical mass.</p> <p>Julie Rowles noted that there were some exciting developments taking place such as the appointment of Assistant Practitioners, flexible routes into the service and apprenticeships.</p> <p>Clare Madson observed that whilst Powys does not have critical mass it may be possible to move patients between traditional style wards and new style wards.</p>
P&R/19/64	<p>DISCRETIONARY CAPITAL PROGRAMME; A) DELIVERY OF 2019/20 – 2020/21 PLAN B) DRAFT 2020/21 – 2021/22 PLAN</p> <p>Hayley Thomas introduced the report which would be considered at the next meeting of Board where proposed schemes for the following year would be examined.</p> <p>Attention was drawn to the breakdown of the £1.431M discretionary capital spend which the first meeting of the Innovative Environment Group has been shared between:</p> <ul style="list-style-type: none"> • Capital works programme, • Equipment,

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- IT, and
- Estates compliance

The management of discretionary spend always requires the retention of a contingency to help with the management of the aging estate.

The report included detail on All Wales Capital Funding with Members already aware of the problems experienced with contractors:

- Llandrindod Wells War Memorial Hospital (LWH) – a draft Programme Business Case was in preparation for Board approval to finish work on this site.
- Machynlleth – design work was ongoing with the intention of submitting a Full Business Case in Quarter 2 of 2020 / 2021.
- Brecon Hospital Carpark – a business case was in preparation.

Tony Thomas queried what the impact of free parking would be on the site.

Hayley Thomas confirmed this was a facility for staff and in Llandrindod Wells the staff carpark was accessed by a coded barrier. It was necessary to have a consistent approach to car-parking which is most contentious for patients and staff. The operation of the patient car-park would require further consideration.

Carol Shillabeer advised that there was potential to use a vehicle recognition number system whereby patients were given a period of free parking after which they would be liable for parking charges. This system is used at the University Hospital of Wales. There are also parking problems evident in Machynlleth and Bronllys where the Head of Estate's and Property was examining the potential to expand the carparking.

Tony Thomas suggested the possibility of working with County Council Car Park Inspectors may be worth exploring.

Vivienne Harpwood noted that this project had appeared to take an excessive length of time which was difficult to explain.

Hayley Thomas confirmed that whilst the time frame was important it was essential that the project progress correctly and that the service were now close to finalising

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the Business Case.

Mark Thomas noted that the proposals in respect of Anti-Ligature are subject to a successful bid for capital funding. If this is unsuccessful how would the organisation meet the requirements identified by the Health and Safety Executive in their January 2019 report?

Hayley Thomas confirmed that the specific requirements in Bronllys had been addressed. The service are confident that Welsh Government recognise the issues faced in this regard and that they will provide the necessary support. If funding was not forthcoming it would be necessary to reprioritise the capital programme.

Carol Shillabeer confirmed that the Executive Committee had this on their programme and Welsh Government had provided support to other organisations across Wales. It was hoped that similar support would be provided in this case.

Hayley Thomas outlined the intention to maximise the priorities for spending Integrated Care Funding through the next year of the Innovative Environment Group. There were two major schemes supported by ICF – the North Powys Project based in Newtown and the Integrated Workforce Hub in Bronllys. There was also a series of general discretionary capital projects with the only project not progressed was the Clean Utility in Knighton. The Welshpool Medical Gases project was complete but had cost more than expected and it was intended to produce a Lessons Learnt from this experience.

It was expected that the fund will be overspent however, the service were in active discussion with Welsh Government and it was noted that additional funding from Welsh Government had been provided to help address the pressures faced.

Mel Davies noted this was an ambitious programme and it was difficult to provide a view.

Hayley Thomas confirmed that any changes to the programme would be discussed by the Executive and then taken to the Board.

Carol Shillabeer noted that the PTHB estate was the oldest estate across Wales which meant the organisation was holding residual risk. The Trade Unions and HSE have

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	<p>raised issues and the amount of work required was far in excess of the funds available.</p> <p>Ian Phillips observed that with the exception of the work required at Bronllys the individual amounts appeared modest and asked if it was possible to approach this in a different way to attract additional funding.</p> <p>Carol Shillabeer advised that this was being undertaken by the Innovative Environments Group. Welsh Government are increasingly providing support to PTHB to progress these issues but it has been necessary for the organisation to expand its capacity to support an increased number of projects. The organisation has increased its ambition to tackle these issues.</p> <p>Tony Thomas queried if there was any funding available from Welsh Government to support an increased use of electric vehicles.</p> <p>Hayley Thomas noted that NHS Wales was pushing partner organisations to support the de-carbonisation agenda but there was no specific fund for support the purchase of electric vehicles.</p> <p>Carol Shillabeer noted there was a requirement for the organisation to be carbon neutral by 2030 which was an extremely challenging target.</p> <p>Julie Rowles noted that it may be necessary to re-examine the expenses policy for pool and lease cars to ensure there were no unintended consequences and staff were not rewarded for travelling more than necessary.</p> <p>Mark Taylor suggested that embedded carbon be considered as an item for inclusion on a Board Development session. Action: Board Secretary.</p> <p>Carol Shillabeer confirmed that the organisation was looking at de-carbonisation in relation to procurement, mobility and buildings.</p>
P&R/19/65	<p>ESTATES COMPLIANCE REPORT</p> <p>Hayley Thomas presented the report outlining progress on the strategy to address the backlog of work required to bring the estate up to a 'satisfactory' standard. The overarching strategy includes the following workstreams:</p> <ul style="list-style-type: none"> • Major Projects – funded by the All Wales Capital

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	<p>Fund. This included Llandrindod Hospital, Machynlleth Hospital and a plan for Ystradgynlais Hospital</p> <ul style="list-style-type: none"> • Discretionary Capital – approximately £1.4M per annum of which £0.47M is ring fenced to support Estates Compliance Risks • Estates planned preventative and reactive maintenance. <p>Attention was drawn to the contingency fund which had been used to fund the replacement of a failing water supply mains and distribution at Bronllys and the creation of a compliant dedicated ICT server room at Welshpool Hospital.</p> <p>The Estates service has traditionally provided a reactive service which was detrimental to the planned work. An Estates Management System has been implemented which had identified a high level of demand for Planned Preventative work leaving little capacity for reactive maintenance. Detailed work was still taking place on understanding exactly what the position is.</p> <p>Priority was given to areas such as water safety and Health and Safety compliance. Requests were routed through a helpdesk but there was a misunderstanding regarding what the service can provide.</p> <p>Tony Thomas asked if the service had liaised with the County Council regarding their joint property service with Kier (Heart of Wales Property Service (HoWPS)).</p> <p>Hayley Thomas advised that liaison with HoWPS has taken place and there is scope to explore what opportunities may be available.</p> <p>A series of risk identification routes are outlined in the report. The service are currently examining these and, in discussion with staff representatives, are looking to consolidate the risks and remove any that are issues rather than risks.</p> <p>There are two Water Improvement Notices from the Health and Safety Executive who will be returning on the 2nd March 2020 to undertake a re-insepection. The service was on track to deliver the requirements set out in both notices.</p> <p>Mark Taylor noted that the service was moving in the right</p>
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	<p>direction but that if the focus was on planned preventative maintenance then general maintenance would decrease which would result in increased demand for reactive maintenance.</p> <p>Hayley Thomas confirmed that the service are in the early stages of looking at achieving the correct balance between planned and reactive maintenance. As capital spend is used to bring buildings up to standard this issue will be addressed but it is a long term approach. There would be a risk in not undertaking planned preventative maintenance.</p>
P&R/19/66	<p>INTEGRATED PERFORMANCE REPORT, QUARTER 3, 2019/20</p> <p>Hayley Thomas introduced the report explaining that the Wales Audit Office Structured Assessment made recommendations regarding the timeliness of performance reports for consideration at Committee. An interim performance report was presented to Board in January 2020 and the service are working on improving the timelines for reports to Committee in 2020 – 21. There would be a focus on the National Outcomes Framework and local measures will be reported to either the Experience, Quality and Safety Committee or Performance and Resources Committee.</p> <p>Julie Rowles drew attention to the decrease in performance of undertaking Personal Appraisal and Development Reviews. This was picked up by the Executive Committee who are taking action to encourage improvement performance of this measure. Attention was also drawn to a slight increase in sickness absence which was thought to be part of the seasonal cycle.</p>
P&R/19/67	<p>INFORMATION GOVERNANCE:</p> <p>Rani Mallison presented the report outlining changes to Information Governance team which had been very recently introduced. A more detailed report would be brought to Committee in the future but the brief report had been presented to this Committee in response to an audit recommendation that Committee are fully sighted on this area.</p> <p>A) KEY PERFORMANCE METRICS</p> <p>Freedom of Information requests:</p>

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113 requests were made for the period 1st September 2020 to 31st December 2020 a decrease of 8.84% on the same period in 2018 -19. Compliance is below the required 90% and there have been two requests for review.

Subject Access requests:

111 requests were made for the period 1st September 2020 to 31st December 2020 which is similar to the same period in 2018 -19. Of these 22 requests breached the timescales required. Some of these requests were particularly complex and the reporting period included the Christmas break.

Information Governance Training

As of 31 December 2019 the Information Governance e-learning mandatory training was at 93%. Welsh Government require all new starters to have completed all mandatory training within six weeks of commencing employment. During the period 1st September 2019 to 31st December 2019 37 new starters had not completed their IG training within this six month period.

Vivienne Harpwood queried the level of Freedom of Information requests received from the media.

Rani Mallison confirmed that during the last quarter this was lower than both individual and company requests which echoed the trend throughout the year.

Mark Taylor queried if making Directors aware of hold-ups in the provision of information had had a positive effect.

Rani Mallison advised that the improvement in performance had been largely driven by strengthening the team. PTHB receive an average amount of requests for the size of the organisation.

B) RECORDS MANAGEMENT IMPROVEMENT PLAN

Rani Mallison presented the report updating Committee on progress addressing the Internal Audit report on Records Management. An updated action plan with revised timescales was presented and the intention to present the Records Management Improvement Plan to Board in March 2020 was outlined. The newly appointed Service Improvement Manager had produced a risk register as part of a risk bases approach to managing this programme.

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	<p>Rani Mallison explained that it was for the Board to approve the Records Management Policy.</p> <p>Carol Shillabeer advised that there was a considerable amount of work to be undertaken in this area and it was important to focus on the key components first. Part of the delay had been in appointing the right Project Management support but this was in place now and a framework would be prepared and an early review undertaken. There would be a timeframe of approximately 3-5 years to look at digitisation but it was important to lay the foundations ahead of digitisation.</p> <p>Mark Taylor noted that all the actions appeared to be in the immediate future. It had taken a long time to get to this point and he queried the appropriateness of the dates outlined in the paper.</p> <p>Rani Mallison explained that the team were currently undertaking a scoping exercise examining where records were held and if they are active or inactive. Some of the work was supported by property and now there was a dedicated Improvement Manager there was capacity to undertake this work.</p> <p>Jamie Marchant confirmed that this work crossed all portfolios and whilst Rani Mallison has taken the lead, corporate working would be essential and it was likely that difficulties would become apparent as the project progressed.</p> <p>Mark Taylor confirmed this was one of the concerns and he was of the view that, at present, the timelines within the improvement plan did not reflect this position.</p> <p>Rani Mallison confirmed that the business cases for Storage and Digitisation were planned for the period 2021 – 2022.</p>
P&R/19/68	<p>SECTION 33 PERFORMANCE</p> <p>Carol Shillabeer introduced the report outlining that this had been presented to the Joint Partnership Board (JPB) in January 2020 where a range of Section 33 agreements had been considered. There had been some discussion regarding the continued appropriateness of retaining that part of the Section 33 agreement relating to carers. This part was a comparatively small amount of money and</p>

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there was a sense at JPB that this could be better undertaken by way of a Memorandum of Understanding. It would be necessary to confirm this at Board.

The JPB recognised that further work was needed in relation to ICT and Digital First.

The Substance Misuse Section 33 was working well and attracted grant funding.

It would be necessary to have a detailed discussion regarding the Reablement Section 33 as it covered a wide remit. Other areas were being developed such as Discharge to Assess and the JPB were keen to undertake this review.

The Care Home and Glan Irfon Section 33s were under examination to ascertain if it was now appropriate to merge these two agreements.

The Community Equipment Service Section 33 carried the most financial risk. There was a considerable amount of funding going into the agreement and it was commonly overspent. Approximately 2 years ago work was undertaken to ascertain if there was a fair split in funding from both partners. The service would be retendered this year and at this point the catalogue would be re-examined. Funding for this service came from the Integrated Care Fund (ICF) and this was signed off at the Regional Partnership Board.

Rani Mallison stressed that it was essential that these agreements were considered at both partners Management Groups to ensure a consistent approach.

Mel Davies noted that Section 33 agreements had been used for approximately a decade and queried if they were the best mechanism for joint working.

Carol Shillabeer advised that there was a misconception that Section 33 agreements related solely to pooled budgets but they were far wider reaching covering an integrated partnership approach to service delivery. Welsh Government were looking at extending those services which could fall under Section 33 agreements and there would be a challenge to both partners as to how to progress this. It would also be necessary to ensure that longstanding Section 33 agreements (for example ICT) were not simply rolled over but were subject to a proper

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	review.
P&R/19/69	<p>ICT PERFORMANCE UPDATE (LOCAL AND NATIONAL)</p> <p>Pete Hopgood introduced Vicki Cooper the newly appointed Assistant Director Digital Transformation and Infomatics</p> <p>Pete Hopgood presented the report explaining that this was the first time ICT performance had been brought together. Updates on four areas were outlined:</p> <p><u>Digital Priorities Investment Fund (DPIF)</u></p> <p>In 2019 -20 PTHB had been awarded £420k from the £50M DPIF split into £280k capital and £240k revenue. This funding must be claimed in full during the period and it was confirmed that this funding would be spent within the required timeframe.</p> <p>Ian Phillips asked what these funds would be spent on.</p> <p>Pete Hopgood confirmed the majority would be spent on infrastructure with the remaining being spent on IT kit.</p> <p><u>Digital Strategic Framework</u></p> <p>This was in preparation and it was intended to have a first draft completed by March 2020 which would be available for wider engagement and comment.</p> <p><u>Programmes and projects</u></p> <p>Progress on national projects was outlined and it was confirmed that the reporting of performance within this report was still under development. A particular problem for PTHB remains relating to the compatibility between the all Wales digital system and the various systems used in England. NWIS do recognise the cross border issue and it is hoped that the North Powys Wellbeing Programme can be used to push to find a solution to this longstanding problem.</p> <p>Vivienne Harpwood advised that she regularly raised the issue of lack of cross-border compatibility at meetings of the Wales Information Governance Board.</p> <p>Mark Taylor noted that the cross-border issue did not only</p>

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affect PTHB.

Pete Hopgood acknowledged this however, the impact was felt keenly in PTHB due to the length of the border shared with England.

Tony Thomas queried why PTHB had only received in the region of 1% of the £50M DPIF.

Pete Hopgood advised that the allocation for the following year was expected to increase as a result of slippage within the current year.

Office 365

All Health Boards have been provided funding of £50k to establish Programme Boards to oversee a move to Office 365. A further £30k has been made available to support this project via unallocated National Spend.

Key performance indicators and Section 33 performance

Pete Hopgood drew attention to the key performance indicators and advised that in future numbers would be provided alongside percentages to give an idea of the scale of work undertaken.

A backlog of 464 outstanding tickets existed, however, approximately 450 related to jobs raised as far back as April 2019. The length of time taken to resolve issues needed investigation.

Pete Hopgood asked Independent Members if there was any particular information they would like to see within the report.

Mel Davies wanted the report to draw attention to where the main risk lay.

Ian Phillips welcomed the report and the acknowledgement that the report would be improved. He welcomed the focus on the strategic framework and wanted to see the whole story articulated including infrastructure, access, systems, data and information. In the first instance he wanted to understand how improvements could be made for staff. He noted the digital agenda was not standalone but needed to run as a theme through all service improvement. The report needed to explain why actions were being taken rather

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	<p>than just how. It was necessary to improve the report ahead of the Strategic Framework to enable the Board to understand the issues faced and why investment in this area was necessary.</p> <p>Ian Phillips requested a Board Development report on Office 365 and Voice. Board Secretary to Action.</p> <p>Ian Phillips noted that there remain 782 laptops still running on Windows 7 which was indicative of serious underperformance and this needed to be addressed urgently. He also noted that the Penetration Test in 2017 had resulted in 37 actions required of which 33 remained outstanding. This was also indicative of underperformance and again needed to be addressed urgently.</p> <p>Carol Shillabeer advised that the organisation was looking forward to the completion of the WCCIS programme. The organisation was trying to raise the profile of this issue and had passed money and authority to the Local Authority under the Section 33 agreement to progress this. The appointment of the new Assistant Director Digital Transformation and Infomatics was welcomed.</p> <p>The organisation have recognised the need to change and there is an opportunity now to effect this change. Urgent work is needed to put the Strategic Framework in place recognising it was necessary to progress this programme at pace but ensuring that it was undertaken properly. The organisation must press for money to be made available to support this programme.</p> <p>Mark Taylor noted that digital connectivity would be integral to the success of the programme but this was outside the remit of the proposals.</p> <p>Carol Shillabeer noted that the AM for Montgomeryshire was leading a group challenging Welsh Government regarding connectivity across Wales. Good connectivity was essential to make this programme a success.</p> <p>Ian Phillips sought assurance that the Strategic Framework would reflect the problems faced by lack of connectivity.</p>
P&R/19/70	COMMITTEE RISK REGISTER

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	Rani Mallison presented the Committee Risk Register for noting.
P&R/19/71	<p>COMMITTEE CHAIR'S ANNUAL REPORT 2019/20</p> <p>Rani Mallison presented the Committee Chair's Annual Report on behalf of Matthew Dorrance.</p> <p>Mel Davies queried the recording of absence and asked if it was possible to note those occasions where apologies were given when Independent Members were on other PTHB business.</p>
ITEMS FOR INFORMATION	
P&R/19/72	<p>COMMITTEE WORK PLAN 2019/20</p> <p>The report provided the Committee with the 2019 – 20 work plan as at February 2020.</p>
OTHER MATTERS	
P&R/19/73	<p>ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND OTHER COMMITTEES</p> <p>No items were noted.</p>
P&R/19/74	<p>ANY OTHER URGENT BUSINESS</p> <p>No urgent business was noted.</p>
P&R/19/75	<p>DATE OF THE NEXT MEETING:</p> <p>29th April 2020, Board Room, Glasbury House, Bronllys Hospital</p>

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Key:

Completed
Not yet due
Due
Overdue

PERFORMANCE & RESOURCES COMMITTEE ACTION LOG 2020/21 (June 2020)



GIG
CYMRU
NHS

Bwrdd Iechyd
Addysgu Powys
Powys Teaching

Minute	Meeting Date	Action	Responsible	Progress Position	Status
P&R/19/60	24 February 2020	Progress on Waste Management Contract to be brought to next meeting of P&R Committee	Assistant Director Facilities and Support Services	Report of the procurement process included on agenda for 30 June 2020 meeting	
P&R/19/64	24 February 2020	Embedded Carbon be considered for item on future Board Development Programme	Board Secretary	To be delayed in-light of COVID-19. To be considered when re-prioritising the Board's Development and Briefing Plan for 2020/21.	
P&R/19/69	24 February 2020	Report on Office 365 to be presented to Board Development	Board Secretary	Update on Digital First included on the agenda for 30 June 2020 meeting.	

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Agenda item: 3.1

Performance & Resources Committee		Date of Meeting: 30 June 2020
Subject :	Performance Overview	
Approved and Presented by:	Director of Planning and Performance	
Prepared by:	Lead Performance Analyst and Assistant Director of Planning	
Other Committees and meetings considered at:	Delivery and Performance Group	

PURPOSE:

This report provides an overview of performance including interim arrangements due to the health board responding to the Covid-19 pandemic and the suspension of Welsh Government Performance reporting.

RECOMMENDATION(S):

The Board are asked to NOTE the content of the report.

Approval/Ratification/Decision	Discussion	Information
x	✓	✓

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

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

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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	✓/x

EXECUTIVE SUMMARY:

This report provides an overview of performance including interim arrangements due to the health board responding to the Covid-19 pandemic and the suspension of Welsh Government Performance reporting.

DETAILED BACKGROUND AND ASSESSMENT:

• Interim Performance Arrangements

During the period January 2020 to March 2020 the health board, its partners, government and communities, had to respond to the Covid-19 pandemic. This required a different approach to governance, planning and performance.

Welsh Government suspended the official performance arrangements at the end of Quarter 3 of 2019/2020 (end of December 2020). The IMTP (Integrated Medium Term Plan) arrangements were also suspended. Local information based on the response to Covid 19 formed the basis of reporting in Quarter 4 and Quarter 1 of 2020/2021.

On the 6th May 2020, Welsh Government published an Operating Framework for Quarter 1 (April 2020 – June 2020) and required a response from the health board, which was submitted on the 18 May 2020. PTHB Board received an update on the Operating Framework and the PTHB response at its meeting on 27 May 2020.

The implementation of the response plan is overseen at GOLD. Two key mechanisms are used for performance analysis and monitoring at GOLD:

- A GOLD Dashboard which provides key metrics in relation to the Powys population and the health board services
- A Phase One Implementation Plan which sets out in detail the workstreams and actions being delivered

Further information on the arrangements for Covid 19 is given in section b) of this report.

As a provider of health care the COVID-19 pandemic has presented a number of challenges to the organisation which are represented in the following disclosures for performance reporting.

Complete performance data is not available for the 2019/20 financial year or the first two months of 2020/21. Nationally performance reporting was suspended from Mid March as a result of the pandemic, further complications for Powys Teaching Health Board revolve around Commissioned care assurance and data. About 70% of outpatient activity occurs out of county in both English and Welsh Commissioned services. Most of these providers stood down their national submissions as described in March, this resulted in complications for the health boards Information team to provide the robust data on patient waits normally available centrally. The further impact on the health board is linked to in-reach service suspensions that play a critical role for provider RTT pathways, including outpatient clinics, diagnostic and day case procedures.

As a National position Welsh Government & NWIS are working to resolve some of the described issues, these improvements link to rapid modernisation of services including virtual appointments, consultant connect etc. Welsh Government are currently reviewing referral to treatment time rules to ensure new ways of working and modes of delivery are reflected in the performance systems. For reporting, data submissions to NWIS are planned (being scoped) to shift to a weekly rather than monthly rota. It should be noted that during the pandemic Powys Teaching Health Board continued to submit the required national submissions including RTT, Diagnostics, Therapies and Mental Health pro-formas. The health board also works closely with Welsh Government and service leads to employ risk stratification techniques and provide required assurance around patients quality and safety of care. Liaising with NWIS and Welsh Government it is expected that data flows will improve from Q2 onwards unless further COVID requirements arise.

Further information on available performance data is given in section c) of this report.

- **Covid 19**

During the period from January 2020 to March 2020 the health board, along with its partners, government and communities, had to respond to the COVID-19 pandemic. This required a different approach to governance, planning and performance and Welsh Government suspended the official performance arrangements and IMTP arrangements at the end of Quarter 3. Local arrangements and subsequently, the publication of the Welsh Government Operating Framework on 6 May 2020 therefore formed the basis of the approach for this period and into Quarter 1 of 2020/2021, based on the response to Covid 19. These are described further below.

A Strategic Gold Group, chaired by the Chief Executive was established to manage the response to the Covid-19 pandemic. This group determined the overall strategy

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and approach for the overall management of the health board's response, with a role to:

- Coordinate strategic decision making and effective use of resources throughout the assessment, treatment and recovery phases; ensuring key supporting roles are covered;
- Ensure strategic oversight of the response to COVID-19 for the health board as a whole;
- To ensure implementation of a tactical plan to deliver the strategic aim and objectives;
- Formulate media handling and public communications strategies, as required and necessary;
- Protect the wellbeing of staff and patients within the health board;
- Decide when the pandemic response arrangements should be stood-down and recovery phase implemented.

The Gold Group was constituted by Executive Directors and includes a Military Liaison Officer and the Director of Adult's & Children's Services, Powys County Council. It met daily up to the end of March and into the first Quarter of 2020/2021.

For Phase 1 (to the end of May 2020) a Central Control & Coordination Function, led by the Director of Planning & Performance, supported the GOLD group and co-ordinated the actions taken to limit the impact on any business continuity disruption and manage the key stages of response (incident management response, recovery and resumption of 'business as usual') to the COVID-19 pandemic. Specifically, the Function coordinated:

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

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

- Co-ordinate implementation of the respective workstream actions contained within the COVID-19 detailed action plan;
- Update and report respective actions contained within the COVID-19 detailed action plan; and

- Identify, manage and escalate key risks associated with implementation.

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

Clinical Response Model

Development, Operational Oversight and Delivery of Clinical Response Model. (An overview of this is provided overleaf).

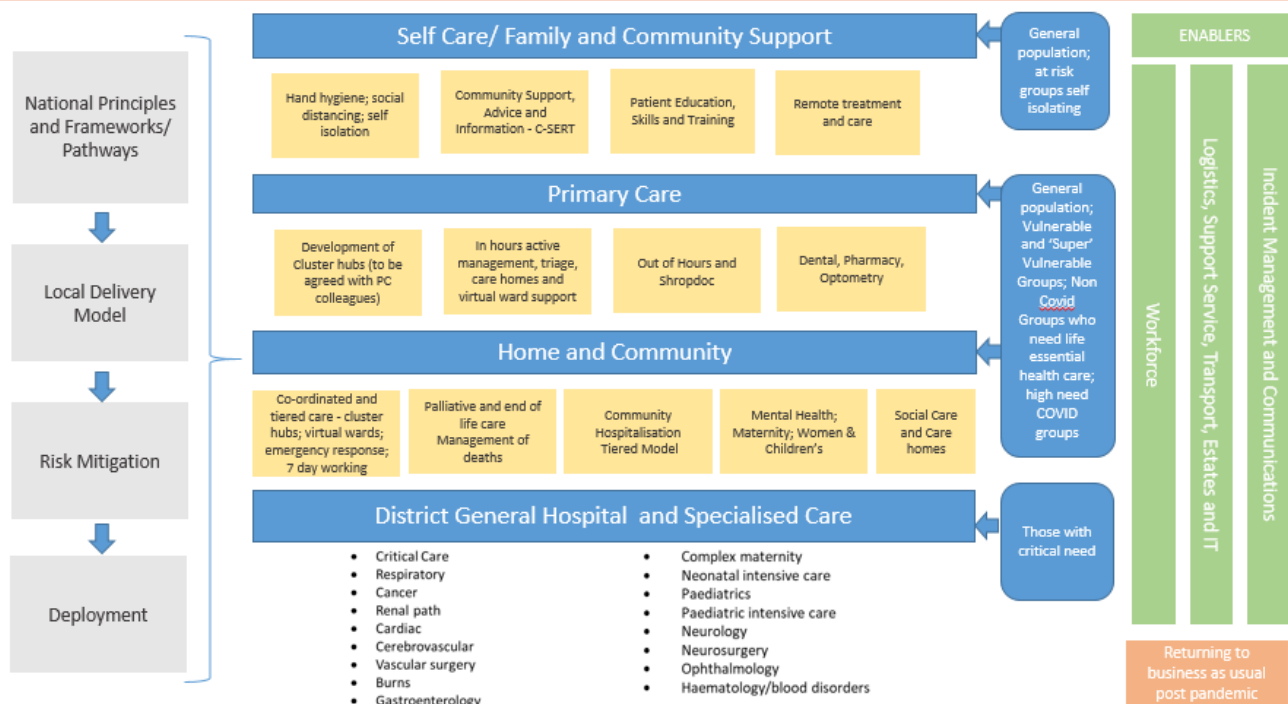
Core Support Services Model

- Operational Oversight of Delivery of Core Support Services Model
- Transport
- Estates
- IT & Information
- Support Services
- Equipment & Procurement

Workforce Model

- Operational Oversight of Delivery of Workforce Model
- Planning
- Recruitment
- Staff Testing
- Redeployment
- Policies / Guidance
- Staff Wellbeing
- Staff Side Partnership link

Model Overview



A Clinical Leadership Group, chaired by the Director of Public Health, provided direction, leadership and guidance to the Strategic (Gold) Group and clinical staff

Performance Overview 30 June 2020

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responding to COVID-19. This includes all aspects of public health and individual patient care, across all settings, including inpatient, community and primary care services. Specifically, the role of the group was to:

- Provide a central route for clinical issues to be raised, considered and responded to within the health board.
- Ensure consistency and accuracy in the clinical advice given to staff.
- Support the local interpretation and implementation of national guidance.
- Provide direction on clinical issues where national guidance is lacking.
- Establish a process for ethical decision making in response to COVID-19.
- Establish mechanisms for signposting and directing staff to the most up to date guidance as and when it is published.

Membership of the Clinical Leadership Group included the Board's Clinical Directors and professional representation from clinical groups across the organisation.

Performance reporting in Quarter 4 (2019/2020) and into Quarter 1 (2020/2021) was therefore set in the context of the COVID response work and reporting was reshaped to provide effective management information within this new context. Key mechanisms developed for this period included a daily GOLD Dashboard shown below and a detailed Implementation Plan for each phase of the Covid response.

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Service status by site or service.

PTHB Hospital Site by Tier	Staff Levels	Bed Status	Oxygen Status	PPE Supplies
Brecon	G	G	N/A	G
Llandrindod Wells	G	G	N/A	G
Welshpool	G	G	N/A	G
Bronllys	G	G	N/A	G
Llanidloes	G	G	N/A	G
Machynlleth	G	G	N/A	G
Ystradgynlais	G	G	N/A	G
Newtown	G	G	N/A	G
Knighton	N/A	N/A	N/A	G
Glan Irfon	G	G	N/A	G
Additional Surge 1				
Additional Surge 2				
Escalation Issues/Comments				
Escalation Commentary - Updated Daily				

PTHB Services - Weekly Position				
Community Nursing	N/A	N/A	N/A	G
W&C @ 27/05/2020	G	N/A	G	G
Mental Health @ 27/05/2020	G	G	N/A	G

Snapshot date: A Date

Date submitted to Gold A Date

PTHB Bed State latest snapshot

Total	Sus C-19	Con C-19	Non C-19	Occupied	Closed	Vacant	Surge <=24h	Surge < 7d	Surge > 7d
146	0	0	76	76	52.1%	0	70	0	0

Powys Patient Flow last 24 hrs

Admissions	Discharged	Death	No. Patients awaiting Transfer/Repatriation
			North
			Mid
			South

Deaths

Cumulative Covid-19 related deaths in PTHB sites

Powys Resident DGH & Specialised Care Services Information

Provider Org.	SATH	WVT	ABUHB	CTM	C&V	SB	HD	Snapshot date:	A Date
Admissions	No data available currently - requires information flow								0
Discharges	No data available currently - requires information flow								0
Cum. COVID D									0

DGH & Specialised Care Services Escalations Issues For Consideration

Escalation Commentary - Updated Daily

GP Surgery Escalation Status

Level 1	Level 2	Level 3	Level 4
0	0	0	0
0	0	0	0
0	0	0	0

Practices at Level 3 or above, and escalation comments

Primary Care PPE Provision - Weekly Snapshot

Gloves	Aprons	Masks	Eye Protection
G	G	G	G

Primary Care staffing type

GP

MDT

Admin

Percentage of staff group absent

Support Services snapshot date

PTHB PPE Provision	BRAG	PTHB Transport	BRAG
PPE availability	G	Patient Transport	G
PPE distribution	G	Non Hospital Transport	G

COVID-19 Testing - All testing figures as at 8:30am current day

Tested Group	Tested	Positives	% Positive
Unique Powys Residents			
Unique PTHB Staff			
Unique Powys Care Home Residents			
Unique Powys Care Home Staff			
Unique Powys other			
Escalation Issues			

NWIS & PTHB Sourced - Pathology & Testing Information

NWIS & PTHB Sourced - COVIDtesting graphical summary

Support Services

BRAG	Support Services	BRAG
Porters	Clinical waste collections	G
Catering	General waste collections	G
Cleaning	Medical Equipment	G
IT Provision	Medicine Supplies	BRAG
Information Provision	Home/Primary Care	G
Oxygen Supplies PTHB Sites	Health Care Sites	G
Oxygen Supplies Home	Surge Capacity Sites	N/A

PTHB Resident Mortality

**Cumulative number of deaths with covid related outcome

Covid related deaths reported since last update

ONS sourced mortality data detail

UK and Wales statistics for COVID infections & deaths - <https://coronavirus.data.gov.uk/>

Area	Total confirmed	New cases last 24hrs	Total confirmed deaths	New deaths last 24hrs
UK				
Wales				

Latest provided data from UK statistics as at A Date

Work is underway currently to respond to the Welsh Government Operating Framework for Q2 (July to September 2020) on 19th June 2020. The health board are required to submit a response to this by 3 July.

This work includes the complex arrangements for the delivery of essential services for our population in relation to PTHB provided services and commissioned providers, across England and Wales. Further detail is included in a separate report being provided to the Committee on the current position in relation to commissioned services.

A 'Learning for the Future' process has also been started in June 2020 which will seek to understand in some depth what has been learnt in this period when the organisation re-engineered its planning and delivery to respond to the pandemic.

There has been extraordinary innovation made in this time, across all organisations, sectors and communities in Powys. The health board has had great support at this challenging time from across the County and beyond, from businesses, partners, community groups and volunteers.

The successful 'flattening of the curve' of the pandemic in Powys in April, May and continuing into June 2020 is the result of an enormous collective effort made by individuals, families, businesses, organisations.

We have seen the third sector become the 'first sector' for many people who have relied on the support from friends, family, village, town and community groups and hundreds of volunteers, co-ordinated in many cases by PAVO who took a lead role in organising the 'C-SERT' response.

The need to respond to, and recover from, the pandemic and its impacts on the economy and society in its wider sense will continue for the organisation, its staff, partners and communities throughout 2020/2021 and beyond.

C) PTHB Provided Services

This section contains summary information on some key areas of performance from the National Outcome framework 2019/20. As described there is limited validated data available for both Provider and Commissioned services. Some measures are limited to the end of March (Q4) position, or excluded whilst awaiting relevant timely data.

Staying Healthy

Information under this domain has been significantly impacted by the COVID pandemic, this information has always required significant national validation work. Of the measures within this domain there have been no updates for smoking, influenza vaccination or any of the various annual national snapshots. Confirmation with Public Health Wales is that the smoking & influenza information should be available before the end of quarter 2.

Childhood immunisation has seen steady improvement through 2019/20, both the measure for '6 in 1' vaccination and MMR dose 2 by age 5 met the trajectories set within the IMTP. The '6 in 1' vaccination rate met the national target every quarter last year and the MMR dose 2 performance improved by an average of 3.5% over four quarters when compared to 2018/19 narrowly missing the national target of 95%, work to improve this performance included public campaigns especially during the height of COVID early in Quarter 4.

Safe Care			
Measures	Targets	Q4 19/20	Q1 20/21
Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	95%	98.4%	
Percentage of children who received 2 doses of the MMR vaccine by age 5	95%	94.1%	

Safe Care

Of the 17 PTHB reportable measures under the safe care domain only nine have had updates within Q4. Performance challenges remain specifically around patient safety and quality, in January 2020 a focus on this area was noted in an interim report, but serious incidents assurance has not met the national target or locally set IMTP trajectory. Broadly performance across other areas of the domain remains robust with good compliance, examples are reducing reported infections, zero never events reported, and compliance against patient safety solutions. One potentially preventable hospital acquired thromboses has been reported during quarter 4 but national reporting has been impacted with clinical review requirements focused on COVID workstreams.

Safe Care						
		Q4 19/20			Q1 20/21	
The number of potentially preventable hospital acquired thromboses	0	1				
Number of Patient Safety Solutions Wales Alerts and Notices that were not assured within the agreed timescale	0	0				
		Jan-20	Feb-20	Mar-20	Apr-20	May-20
Of the serious incidents due for assurance, the percentage which were assured within the agreed timescales	90%	33%	40%	0%		
Number of new never events	0	0	0	0		
Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E-Coli	Local Improvement			2.27		
Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: S.Aureus bacteraemias (MRSA and MSSA)				0		

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Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: C.difficile				14.35		
Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: Klebsiella sp				1.51		
Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: Aeruginosa				0		

Please note infection rates are RAG rated against position compared to last year. PTHB and Velindre are not included within national targets, working towards reduction.

Effective Care

Of the 11 PTHB reportable measures four have had data provided during Q4 2019/20. It should be noted that formal DTOC reporting was stood down from mid-March and is not expected to start until September 2020 although discussions have been started around modernising the assurance solution for delays. The current process involves bi weekly submissions to Welsh Government but this data is not compatible with the National Outcome Framework measure. The performance of PTHB against the DTOC measures was on track to meet the 12 month reduction target for both Mental and Non Mental Health specialties before suspension.

Crude Mortality rate in the health board has consistently increased through 2019/20 to 2.28% in March 2020, this is the highest reported position of any health board in Wales. The measure of reduction from a service perspective will be hard to achieve for PTHB with on site palliative care services, and a reduction in the overall number of admissions whilst linked to increased deaths caused by COVID. The Medical Director is leading a mortality review and will report in due course to the Experience, Quality and Safety Committee.

The health board's Clinical coding compliance and quality remains high regularly exceeding other Welsh health boards.

Effective Care						
		Jan-20	Feb-20	Mar-20	Apr-20	May-20
Number of health board mental health delayed transfer of care	12m <	1	3	DTOC reporting nationally stepped down		
Number of health board non-mental health delayed transfer of care	12m <	20	15			
Percentage of episodes clinically coded within one reporting month post episode discharge end date	95%	100.0%	100.0%	100.0%		

Dignified Care

Of the nine dignified care measures only two have had recent data updates. Performance for both reported measures has not met the national target, although showing an improving trend the R12 number of procedures postponed on the day or day before for non-clinical reasons was reported in March 2020 at 95, the target

required was to have 41 or less postponements at the end of 2019/20, this was not achieved.

The other measure is for the timely response to complaints, quarter 4 performance fell to 44%. This performance does not meet the 80% IMTP trajectory or 75% national target, the health board has failed to meet the target for the last 2 years.

Timely Care

The timely care of patients has seen the most significant impact from the COVID pandemic across the United Kingdom. Across Wales in March a large number of routine RTT, Diagnostic and Therapy services were suspended, urgent or emergency access were exceptions. This suspension impacts waiting times especially, and has created a growing backlog within the patient flow.

To improve patient safety, minimise the adverse impact of COVID, and improve patient outcomes, all waiting lists and services are undertaking clinical risk stratification.

Although planned care services have been challenged, emergency (unscheduled) access times have generally improved, some areas including Ambulance response times and emergency unit performance have seen positive improvements for Powys residents in Commissioned services.

Mental Health performance remained robust through Q4 2019/20, and although the 28-day intervention target has not been met, the health board has seen steady improvement. During the pandemic the vast majority of mental health and learning difficulty services have continued although in a modified workable solution as explained in the next bullet points.

- Community mental health, learning difficulties (LD), CAMHS and crisis work has continued to see both face-to-face (F2F) patients and deliver services via telephone and video conferencing (F2F only used without suitable alternative).
- LPMHSS (MH Primary Care) services have been delivered by telephone – both for initial assessment and for the delivery of talking therapies. During the first two months of the COVID 'lock down' referrals from GPs into the service significantly reduced, which has allowed clinicians to focus on reducing waiting times. At the end of February, the service had a total of 453 people waiting (1 day +) for commencement of therapy – this has now reduced to 134. It should be noted that referrals into this service are now increasing, and they continue to utilise alternative services such as CCBT (Silvercloud) and third sector support to augment our core services.
- Psychology and other talking therapies have continued, via telephone for patients requiring these services.

Due to the need for social distancing, our group work services (e.g. for complex trauma) and day hospital services for older people are temporarily stepped down. The service is actively exploring how group work for complex trauma can be

facilitated via VC, in order to resume this work. In the meantime, the service regularly contacts day hospital patients to maintain communication and ensure their wellbeing – including facilitating home visits by clinicians where this is required.

Eye Care, in March 2020 PTHB was on track to achieve the eye care measure targets but as part of the COVID pandemic all in reach ophthalmology services were suspended. Priority 1 eye care services have been maintained in Q1 2020/21 with support from optometry (community and hospital optometry) for Wet AmD and glaucoma management/risk stratification. In May 2020 the in-reach service returned at a reduced level with continued support from optometry

Powys Teaching Health Board's neurodevelopment service for children prior to COVID had the highest performance position in Wales. With the impact of COVID, the service was suspended and remains so, the health board continues to explore how the assessments can be undertaken on a virtual basis. However, the service has been able to complete the assessment process for several children, by undertaking virtual multi-disciplinary panels, which has resulted in children receiving an outcome to their assessment.

Timely Care						
		Jan-20	Feb-20	Mar-20	Apr-20	May-20
The percentage of patients waiting less than 26 weeks for treatment	95%	97.2%	97.1%	95.9%	90.5%	79.8%
The number of patients waiting more than 36 weeks for treatment	0	0	0	0	24	86
The number of patients waiting more than 8 weeks for a specified diagnostic	0	0	11	22	207	312
The number of patients waiting more than 14 weeks for a specified therapy	0	1	1	6	93	466
The number of patients waiting for a follow-up outpatient appointment.	<= 7298	7778	7364	7173	7108	6832
The number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%.	< 379	274	223	293	346	344
Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for the care or treatments	95%	92.4%	95.1%	94.2%	85.7%	80.3%
Percentage of patients without HRF factor	<= 2.0%	4.0%	4.3%	2.7%	2.0%	3.4%
Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	80%	98.5%	98.0%	97.9%	98.5%	95.5%
Percentage of children and young people waiting less than 26 weeks to start a neurodevelopment assessment	80%	99.0%	100.0%	93.4%	84.2%	71.7%
The percentage of mental health assessments undertaken within (up to	80%	87.4%	89.0%	95.5%	92.8%	

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and including) 28 days from the date of receipt of referral						
The percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	80%	57.4%	62.0%	62.1%	66.0%	
90 % of HB residents who are in receipt of secondary MH services to have a valid CTP	90%	90.6%	89.1%	92.7%	92.0%	
%. of HB residents who have been assessed and sent a copy of their outcome assessment report up to & including 10 working days after the assessment has taken place	100%	100.0%	100.0%	100.0%	100.0%	
Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	95%	99.9%	100.0%	100.0%	100.0%	
Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	0	0	0	0	0	
The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	65%	64.10%	68.20%	Total call figures are available for March & April, nationally no breakdown on red calls monthly.		

Provider RTT & DTW detailed view

Latest RTT and diagnostic performance has as expected shown the significant impact of service suspensions, and during the COVID pandemic period there are key themes appearing. Planned care activity levels have dropped significantly, some diagnostic services have stopped completely like endoscopy, and theatres are not currently undertaking day case operations. Outpatient access has been limited to urgent face to face appointments, but phone triage and referral risk stratification has been undertaken to assess patient impact. A significant shift in follow-up appointments has moved access to phone, or virtual systems and national targets have continued to be met although challenged. Another emerging trend is that referrals to the provider have dropped from circa 600 per week to around 120 per week by the end of May, although this helps reduce the impact of backlog, has the potential for future challenges around patient health and wellbeing.

The latest validated provider RTT position for May is that 79.8% of 3572 patients were waiting less than 26 weeks but 86 patients had waited 36+ weeks (below table shows details of waiters by specialty). In a wider view the picture across Wales for May showed a 430% increase in patients waiting 36 weeks or longer from the same period in 2019, unfortunately validated data for Powys residents is not available from most Commissioned providers at present.

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Source: NWIS		RTT Aggregate Performance - Latest 6 months					
Provider Name		Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020
Powys Teaching Health Board	% of patients waiting < 26 weeks for treatment	97.0%	97.2%	97.1%	95.9%	90.5%	79.8%
	Number of patients waiting < 26 weeks for treatment	3385	3353	3334	3386	3208	2852
	Number of patients waiting 26 - 35 weeks	105	96	98	143	313	634
	Total Patients waiting 36 weeks and over	0	0	0	0	24	86
	Total Patients waiting	3490	3449	3432	3529	3545	3572

RTT Performance by Specialty and Wait Band - May 2020

Source: NWIS				
Snapshot Month: May 2020				
Specialty	Under 26 weeks	26 - 35 weeks	36+ Weeks	Total
100 - GENERAL SURGERY	344	103	16	463
101 - UROLOGY	137	26	6	169
110 - TRAUMA & ORTHOPAEDICS	503	132	8	643
120 - ENT	490	45	4	539
130 - OPHTHALMOLOGY	465	135	30	630
140 - ORAL SURGERY	191	74	10	275
143 - ORTHODONTICS	49	19	2	70
191 - PAIN MANAGEMENT	54	0	0	54
300 - GENERAL MEDICINE	44	0	0	44
320 - CARDIOLOGY	123	32	0	155
330 - DERMATOLOGY	58	23	6	87
410 - RHEUMATOLOGY	69	1	0	70
420 - PAEDIATRICS	47	0	0	47
430 - GERIATRIC MEDICINE	40	23	0	63
502 - GYNAECOLOGY	238	21	4	263
Total	2852	634	86	3572

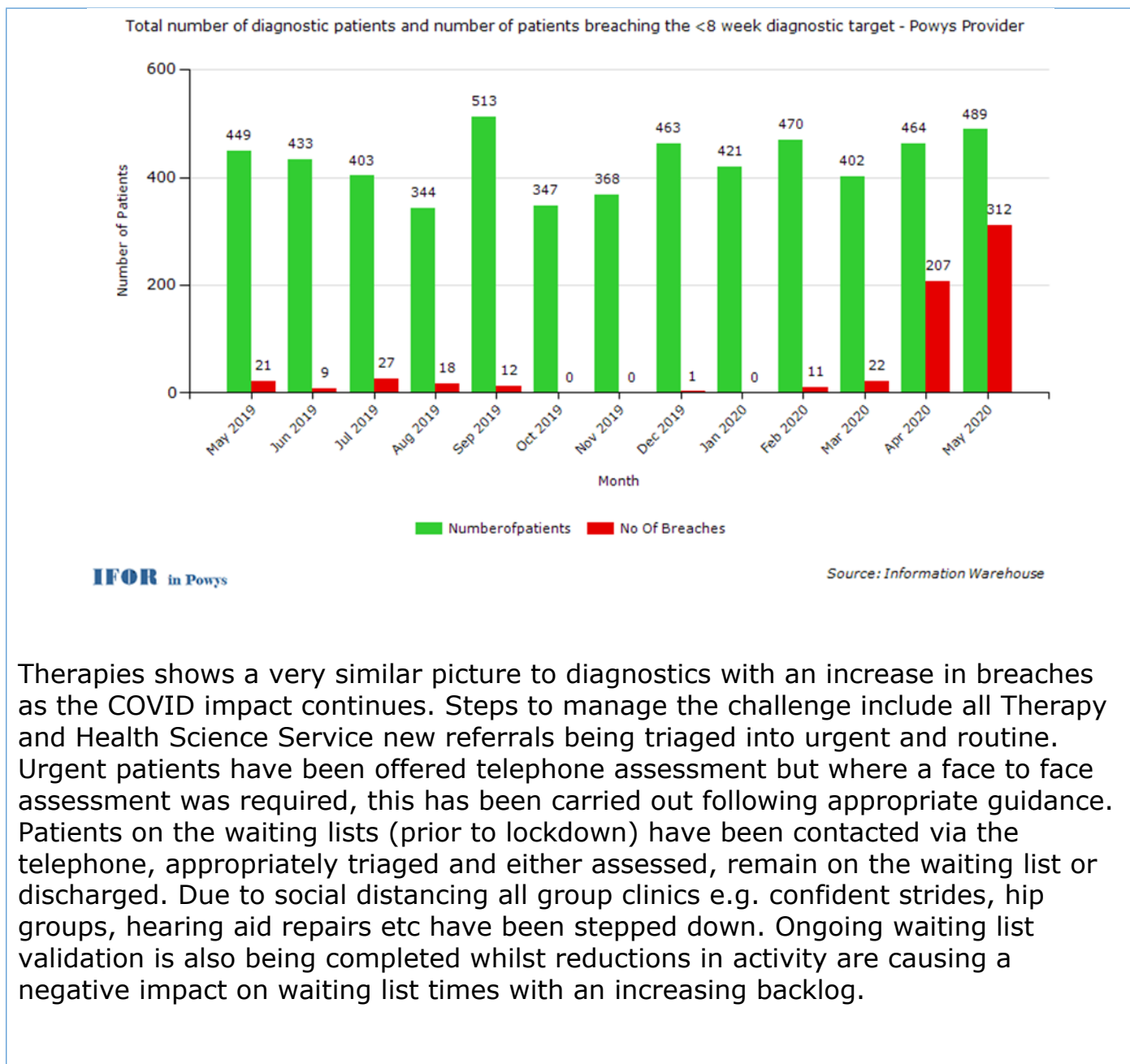
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Diagnostic services have been challenged by COVID with the suspension of Endoscopy services, risk for this service is being proactively managed. All new referrals including urgent suspected cancers (USC) have been risk stratified, virtual reviews are in place for follow up patients, emergency endoscopy pathways into DGHs have continued.

For diagnostic imaging services, the COVID impact has resulted in unavoidable breaches, this challenge to the service has been robustly met with a series of changes. Revisions involve, all referrals across Powys being screened by Radiographers on arrival, urgent suspected cancer (USC) referrals still being performed by sonography services, if clinically appropriate. In the North, referrals requiring Radiologist input are sent to neighbouring Commissioned providers e.g. Hywel Dda and Betsi Cadwaladar. For South Powys in reach services from Morriston continue to attend in Ystradgynlais, and for Brecon War Memorial Hospital (BWMH), Aneurin Bevan (ABUHB) sonographers are attending. Any requests requiring Radiologist input in BWMH are sent to ABUHB for review. All urgent activity undertaken e.g. USC is appropriately spaced to facilitate cleaning between patients and the sufficient patient distancing within waiting facilities, this process ensures robust patient safety during their appointment but has significantly reduced service capacity e.g. activity levels.

Specialty	Sub Spec	Total patients	Patients waiting 8 weeks or longer	% Over 8 week target
Cardiology	Dobutamine Stress Echocardiogram (DSE)	5	3	60.0%
	Echo Cardiogram	35	28	80.0%
Diagnostic Endoscopy	Colonoscopy	51	29	56.9%
	Flexible Sigmoidoscopy	25	12	48.0%
	Gastroscopy	45	34	75.6%
Physiological Measurement	Urodynamic Tests	7	5	71.4%
Radiology - Consultant referral	Non-Obstetric Ultrasound	31	26	83.9%
Radiology - GP referral	Non-Obstetric Ultrasound	290	175	60.3%

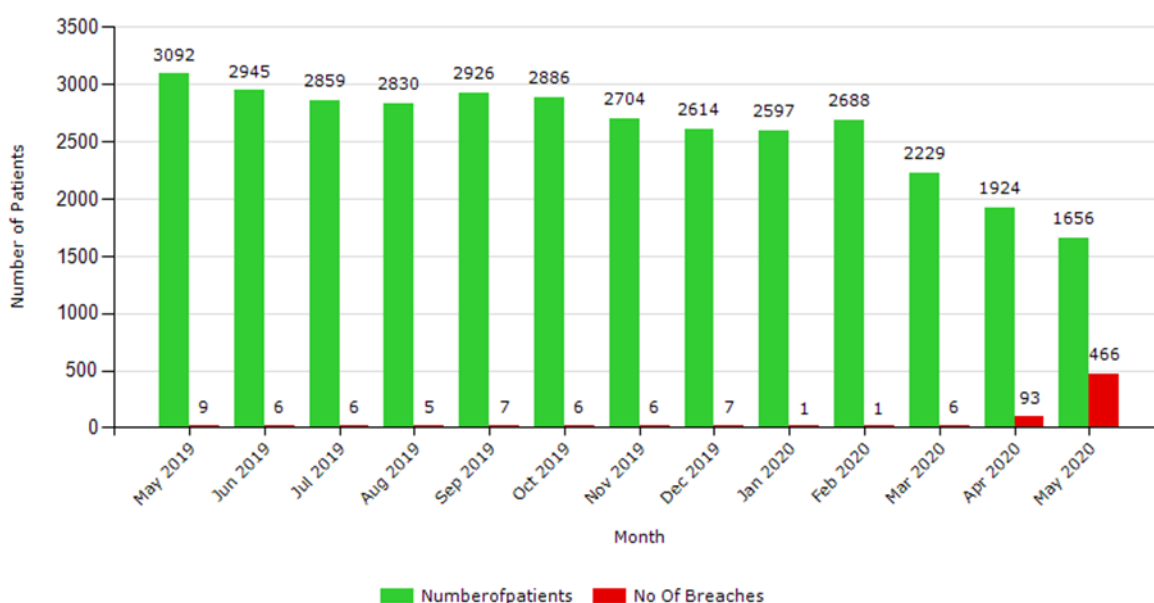
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Specialty	Sub Spec	Total patients	Patients waiting 14 weeks or longer	% Over 14 week target
Audiology (Adult hearing aids)		63	22	34.9%
	Consultant	30	5	16.7%
	GP	106	37	34.9%
Dietetics	Adults	195	80	41.0%
	Paediatrics	19	3	15.8%
Occupational Therapy	Adults	72	3	4.2%
	Learning Disabilities	0	0	0.0%
	Paediatrics	3	0	0.0%
Physiotherapy	Adults	635	142	22.4%
	Paediatrics	23	6	26.1%
Podiatry	Routine	422	166	39.3%
	Urgent	36	0	0.0%
Speech Language	Adults	8	0	0.0%
	Learning Disabilities	0	0	0.0%
	Paediatrics	44	2	4.5%

Total number of therapy patients and number of patients breaching the <14 week therapy target - Powys Provider



IFOR in Powys

Source: WPAS

Commissioned Planned Care

With the suspension of national reporting Powys Teaching Health Board do not have access to the central validated reports that provide Powys resident wait details. This information is expected to become available before the end of quarter 2 this year. Through our ongoing contact with providers we are aware that they are having similar challenges to Powys caused by the COVID pandemic and the increasing backlog is significant across all providers.

Our Staff and Resources

Of the six measures within the domain three have recent data to May 2020. Workforce performance continues to remain good in comparison to the All Wales picture, but the impact of COVID has challenged the health boards ability to meet the national year-end targets. The rolling 12 figure for sickness is reported at 5.07% in May, this rise can be associated with Q4 average monthly increase to around 5+% which is an expected result of increased pressures linked to COVID e.g. confirmed/symptomatic staff etc.

PADR compliance has not met the national target but also faced challenges in Q4 2019/20 and the start of Q1 2020/21, such as a re-deployed workforce, sickness, remote working and recording consistency.

Positives can be drawn from the continued performance of staff undertaking and completing mandatory training. This has now met the national target consistently for the last 5 months."

Our staff and resources						
		Jan-20	Feb-20	Mar-20	Apr-20	May-20
Percentage of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	85%	78%	79%	80%	74%	70%
Percentage of sickness absence rate of staff R12	12 month reduction	4.79%	4.81%	4.88%	4.98%	5.07%
Percentage compliance for all completed Level 1 competencies within the Core Skills and Training Framework by organisation	85%	85%	86%	86%	86%	85%

NEXT STEPS:

Welsh Government published the Operating Framework for on 19th June 2020 and the health board is required to submit its response plan by 3rd July 2020. This will include updated performance monitoring arrangements which will form the basis of future reporting.

The need to respond and recover from the pandemic will continue for the organisation, its partners and communities and wider society throughout 2020/21 and beyond. Work is underway currently to ensure that the response plan for Q2 reflects this complexity and addresses the continuing immediate priorities of responding to Covid 19, alongside the delivery of essential services and planning for the progressive return of routine care with our neighbouring providers including those across our borders. In the long term, this recovery continues to be shaped by our shared Health and Care Strategy, A Healthy Caring Powys.

AGENDA ITEM: 3.2

PERFORMANCE AND RESOURCES COMMITTEE		DATE OF MEETING: 30 June 2020
Subject:	COVID-19: COMMISSIONING ASSURANCE	
Approved and Presented by:	Director of Planning and Performance	
Prepared by:	Assistant Director Commissioning Development	
Other Committees and meetings considered at:	DGH and Specialised Services Workstream April/May/June weekly meetings reporting to PTHB Gold Command on an exception basis.	

PURPOSE:

The purpose of this paper is to:

- explain that it has not been possible to apply the PTHB Commissioning Assurance Framework during the COVID 19 pandemic, but that the monitoring of domains is continuing where possible;
- highlight key risks in relation to Shrewsbury and Telford Hospitals NHS Trust which have been reported to the Experience, Quality and Safety Committee.

RECOMMENDATION(S):

It is recommended that the Performance and Resources Committee DISCUSS this report.

Approval/Ratification/Decision	Discussion	Information
	✓	

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

Strategic Objectives:	1. Focus on Wellbeing	x
	2. Provide Early Help and Support	x
	3. Tackle the Big Four	✓
	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:

An unprecedented scale of change has been necessary in the NHS in order to respond to the COVID-19 pandemic. Health Boards and NHS Trusts have had to respond swiftly to the way forward set out by Government in England and Wales.

This paper explains that the usual commissioning arrangements have not been in place and PTHB has been participating in strategic system command arrangements in Shropshire, Telford and Wrekin and for Herefordshire and Worcestershire covering some of the main District General Hospitals for the Powys population.

The paper provides a high-level overview of the major changes needed and the process for service restoration and recovery. Whilst it has not been possible to operate the Commissioning Assurance Framework (CAF) during this period, monitoring of some domains is continuing where possible.

Shrewsbury and Telford NHS Trust (SaTH) is in special measures and three further inspection reports were issued by the Care Quality Commission (CQC) on the 8th April 2020. A report has been provided to the Experience, Quality and Safety Committee.

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DETAILED BACKGROUND AND ASSESSMENT:

The fast-moving changes within the NHS during the COVID Pandemic have been in response to government statements, letters and frameworks.

On the 13th March 2020 the Minister for Health and Social Care in Wales issued a statement moving the preparations of the NHS from the “contain” phase to the “delay” phase of COVID-19 through a framework of actions including:

1. Suspend non-urgent outpatient appointments and ensure urgent appoints are prioritised
2. Suspend non-urgent surgical admissions and procedures (whilst ensuring access for emergency and urgent surgery)
3. Prioritise use of Non-Emergency Patient Transport Service to focus on hospital discharge and ambulance emergency response
4. Expedite discharge of vulnerable patients from acute and community hospitals
5. Relax targets and monitoring arrangements across the health and care system
6. Minimise regulation requirements for health and care settings
7. Fast track placements to care homes by suspending the current protocol which give the right to a choice of home
8. Permission to cancel internal and professional events, including study leave, to free up staff for preparations.
9. Relaxation of contract and monitoring arrangements for GPs and primary care practitioners.
10. Suspend NHS emergency service and health volunteer support to mass gatherings and events

These actions were designed to allow services and beds to be reallocated and for staff to be redeployed and retrained in priority areas. Access to cancer and other essential treatments such as renal dialysis was to be maintained. The key principle was to keep people safe and to keep patients out of clinical settings if there was no urgent need to attend. The NHS was just emerging from a busy winter period and was facing extremely difficult circumstances.

With no DGH or specialised services within Powys, the health board was having to work with a range of other health boards and NHS Trusts across England and Wales to ensure that the needs of its population were included alongside the resident populations for those areas.

In parallel, the Government in England asked the NHS to free-up the maximum possible inpatient and critical care capacity and to prepare for, and respond to, the anticipated large numbers of COVID-19 patients – including removing routine burdens and moving to block contracts to cover finance.

In England providers moved into regional strategic system command structures so that decisions were being made on a system wide basis as opposed to by individual providers. This meant the role of some providers changed to alleviate pressure elsewhere in the system. For example, Robert Jones Agnes Hunt NHS Trust (RJA) took on more trauma and orthopaedic work from Shrewsbury and Telford Hospitals (SaTH).

PTHB has participated in the strategic system command arrangements in Shropshire, Telford and Wrekin (covering key providers such as SaTH, RJA, Midlands Partnership NHS Trust and Shropshire Community NHS Trust) and for Hereford and Worcestershire including Wye Valley NHS Trust.

On the 6th May 2020 Welsh Government issued an Operating Framework for the first quarter of 2020/21 setting out how essential services should be maintained and plans developed to start to scale up normal business in an environment that still needs to respond to COVID 19.

PTHB has been assessing the availability of essential services across its key providers. As this is a changing picture, and care needs to be taken to not place in the public domain information which would be out of date, the current position at the time of the Performance and Resources Committee will be given in a **presentation**.

Health Boards and NHS Trusts have focused on ensuring that emergency, urgent and essential services are in place. Where possible routine services have been maintained via telephone and virtual means – particularly in relation to out-patient services. Quarter 2 Plans in Wales, and the equivalent in England, will set out the timing for restoring more routine services.

However, there are complex interdependencies. In neighbouring English regions approval to re-instate services has been part of the system command and regional arrangements. This is because there has to be careful prioritisation due to reduced capacity arising from physical distancing; a changed balance of clinical risk for some patients in terms of routine procedures; the impact of delayed demand; staff absence due to shielding and sickness; the availability of PPE and other supplies; anticipated difficulties in Q3 and Q4 through the combination of winter pressures, flu and the continued presence of COVID; and the need to preserve surge capacity.

It has not been possible to operate the PTHB Commissioning Assurance Framework in the usual way during the pandemic. Whilst it has been suspended, monitoring within domains is continuing where possible – and plans are being developed to further strengthen this in Quarter 2.

Access: Most routine activity and performance management arrangements for scheduled and unscheduled care were suspended following the letters

from central governments. PTHB is attempting to monitor key issues in relation to essential services such as Cancer breaches. In line with other health boards it has reported to Welsh Government on access to essential services. Whilst usual information flows have not yet been restored unvalidated data indicates that the number of patients waiting over 52 weeks is increasing. This will have implications in terms of reviewing any potential harm to patients and will also have knock on effects for 2021/2022.

Finance and Activity: The usual financial arrangements are not in place and block funding arrangements are being used (and may be extended during this year). Thus, it is not possible to monitor financial performance and activity against that forecast for 2020/21 as set out in the IMTP, savings plan and LTAs. (Activity patterns have shifted dramatically from those forecast for 2020/21 with the initial significant reduction in emergency activity, increase in critical care and suspension of non-essential services.)

Quality and Safety (& Patient Experience): Where possible quality and safety measures are continuing to be monitored. However, this is not straight forward as, for example, concerns related to the suspension of routine services are linked to a Government direction.

Governance and Strategic Change: A "District General Hospital Log" is being kept to try and record the multiple and complex pathway changes which are taking place during this period.

Maternity Thematic View: This is continuing (but it has not been possible to take forward the planned work with CTMUHB and ABUHB in Quarter 1).

Commissioning Quality Performance and Review Meetings (CQPRMs): are not taking place at present. The main English providers for PTHB are working within the regional system command arrangements described above. Some staff who would usually attend such meetings for providers have been redeployed. Telephone conferences have taken place where possible with providers.

CEO level meetings: CEO level meetings, also involving key executives, have taken place with providers which were escalated prior to COVID (SaTH and WVT). There remain significant concerns in relation to SaTH as set out below.

For the reasons above the Corporate Risk score for commissioned services has been increased to 20. However, the PTHB Phase 2 COVID Response Plan includes developing a plan to reinstate processes such as the CAF where possible.

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SATH

A report has been submitted to the EQS Committee. SaTH is the main provider of District General Hospital (DGH) care for North Powys residents. The Executive Committee and relevant Board Committees have been receiving updates through the CAF Escalation Report since SaTH was placed in special measures.

The CQC's original Inspection Report was published on the 29th November 2018 and is available on the CQC website. The emergency department, critical care and maternity services were of particular concern. The trust had to take action to make all improvements necessary to give patients the standard of safe care they should be able to expect. The CQC told SaTH it must:

- Ensure sufficient and suitably qualified and trained staff are available to care for and protect people from the risk of harm.
- Keep all environments safe for use.
- Review and improve midwifery staffing levels to meet the needs of women and keep women and babies safe.
- Take account of the report from the Royal College of Obstetricians and Gynaecologists' review of current practice in maternity services and formulate action plans to improve the service.
- Review the processes around escalating women who are at high risk so that women who present at the midwifery led unit or day assessment unit receive a medical review without delay.
- Review its policy on reduced foetal movements so there is a clear and defined pathway for midwives and sonographers to follow.
- Ensure complaints are addressed within the timescale laid down by the trust's complaints policy.
- Doctors covering out of hours must have the capability and confidence to review patients at the end of life, including prescribing.
- All records must be safely and securely stored.
- The trust must improve the rates of administering antibiotics within an hour of identifying patients with suspected sepsis.
- Best practice must be followed when preparing, administering and storing medicines.

At that time the CQC found staff to be caring and dedicated and that there were areas of outstanding practice.

Further CQC inspections took place in April 2019 of the Emergency Departments at the Royal Shrewsbury Hospital and the Princess Royal Hospital. The findings, published on the 2nd August 2019, are available on the CQC website. The detail of the conditions imposed were reported to the Performance and Resources Committee on the 6th August 2019. The purpose of the conditions was to ensure that: all children who present to the emergency department are assessed within 15 minutes of arrival; there is effective monitoring of the patient's pathway through the department from arrival; and

that all children who leave the emergency department without being seen are followed up in a timely way by a competent healthcare professional. Strengthened processes were put in place and a retrospective clinical audit carried out.

On the 6th December, 2019, the CQC published a quality report following an unannounced focused inspection of the midwife led unit at Royal Shrewsbury Hospital on the 16th April, 2019. The full report is on the CQC website.

The SaTH CEO received a further letter from the CQC due to the level of concern during its inspection in November, 2019. This was followed by a series of system wide Risk Summits led by NHSE/I, including the CQC, from December 2019, to consider further actions which could be taken focusing on the Emergency Department and consistent application of the Mental Health Act and Mental Capacity Act.

Key findings of the new report: CQC reports were published on the 8th April 2020 based on the inspection in November 2019 and visits in February 2020. The most recent inspection reports are available on the CQC website and have been provided to the EQS Committee. Overall the rating is as follows:

Overall trust quality rating	Inadequate
Are services safe?	Inadequate
Are services effective?	Inadequate
Are services caring?	Requires improvement
Are services responsive?	Inadequate
Are services well-led?	Inadequate

The safe, effective, responsive and well led key questions were all rated as inadequate. The caring key question went down to requires improvement. Royal Shrewsbury Hospital was rated requires improvement. The Princess Royal Hospital was rated as inadequate.

Alongside the CQC and other commissioners PTHB is receiving copies of the weekly reports from SaTH to regulators. The Assistant Director for Quality and Safety has been attending joint assurance meetings. However, during COVID the representation at the Safety Oversight and Assurance Group was restricted and PTHB is seeking reinstatement.

Up until the onset of the COVID period there had also been monthly Commissioning Quality Review Performance Meetings with SaTH and regular CEO level telephone conferences/meetings involving key Executives, the basis of which was a shared risk-based plan.

There has been significant change to the senior executive and professional leadership structure of the trust, including a new Chief Executive who started in February 2020.

A CEO Level meeting took place on the 10th June 2020 involving key executives. At that time the CQC were on site and conducting further unannounced inspections. The CEO and Executives are considering the prospect for improvement and a further report will be made to the EQS Committee.

Conclusion

It has not been possible to continue to apply the PTHB CAF during the COVID pandemic but the monitoring of key domains is continuing where possible.

Three further concerning reports have been published by the CQC in relation to SaTH, which is already in special measures. Further unannounced CQC inspections took place on the 9th and 10th June. A CEO level meeting took place on the 10th June.

The corporate risk score for commissioned services has been increased to 20. The Quarter 2 Plan will include plans to try and restore key commissioning processes where possible.

NEXT STEPS:

The Quarter 2 Plan will include plans to try and restore commissioning processes where possible.

Agenda item: 3.3

Performance and Resources Committee		Date of Meeting 30 June 2020
Subject:	Workforce Performance Overview Report	
Approved and Presented by:	Julie Rowles, Director of Workforce, OD & Support Services	
Prepared by:	Kay Williams, Workforce Intelligence Officer and Karolina Kobylnik, Workforce Strategy, Policy and Performance Manager	
Other Committees and meetings considered at:	n/a	

PURPOSE:

To provide the Performance and Resources Committee with an update on the Workforce data for May 2020.

RECOMMENDATION(S):

The Committee is asked to NOTE and DISCUSS 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	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	✓

EXECUTIVE SUMMARY:

This report provides an update on Powys Teaching Health Board's performance including data on statutory & mandatory training, PADRs, sickness absence, staff in post, turnover, BAME risk assessments and volunteers. More detailed data is included at Appendix 1.

DETAILED BACKGROUND AND ASSESSMENT:

National Outcomes Framework and NHS Wales Performance Framework Dashboard

Performance Measure	WG Target	Current Performance	Previous Month
Percentage of staff completing Statutory & Mandatory Training	85%	85%	86%
Percentage of staff undertaking performance appraisal	85%	69%	73%
Cumulative 12 Month Sickness Absence Rate	4.20%	5.07%	4.93%

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Commentary (Reporting by exception)

Statutory & Mandatory Training: Overall compliance fell by 1% this month to **85%** remaining within the National Target. Compliance has risen by 3% in comparison to May 2019 (82%).

Of the 16 Directorates/Localities within the Health Board, 7 achieved or exceeded the set target. The most recent available NHS Workforce Performance Dashboard available is for February 2020. This shows a reported average of 81% for NHS Wales. Of the 7 Health Boards, Powys recorded the highest performance at that time with 93% (including hosted services).

PADRs: Compliance continues to fall below the set target of 85%, with a further fall to **69%** in May. An instruction was given to Managers at the beginning of April to suspend all business as usual activity, which included the undertaking of PADRs due to COVID-19 preparations, prior to this compliance was at 79%. Compliance has fallen by 7% in comparison to May 2019 (76%). As we return to business as usual Business Partners have begun to monitor compliance and pick up any areas of concern with Managers.

NHS Wales Performance Dashboard reported an average of 71% for February 2020. Of the 7 Health Boards, Betsi Cadwaladr recorded the highest compliance with 78% at that time, followed by Powys THB (including hosted services) with 77%.

Compliance for Medical and Dental is **94%**.

PADR and Mandatory & Statutory Training Reports are provided by the Workforce & OD Department on a monthly basis, updating Managers of their teams' compliance. These reports also enable Business Partners to focus on areas of low compliance, providing support in an effort to improve performance.

Sickness Absence: Actual sickness is currently at a rate of **5.43%** (1.09% short term and 4.35% long term). In comparison to May 2019 (4.31%) sickness is 1.12% higher. A total of 229 episodes were recorded in May, of which 112 were long term and 117 short term. The number of days lost were 2,874 WTE which equates to 93 WTE being absent from work.

To support the Health Board in releasing line managers to focus on clinical activity, a temporary sickness reporting arrangement via the Occupational Health Hub for Covid-19 was introduced. This however has recently been transferred back to the Managers. Covid-19 sickness contributed to the monthly sickness absence rate with 0.21% March, 0.54% April and 0.57% in May. Over this 3-month period, 50 episodes were recorded, with 6 staff remaining absent as of the 4th June. Figures relating to staff Shielding or in Isolation due to Covid-19 for the same period; 3.06% March, 5.82% April and 4.94% May. Again during this period a total of 445 staff recorded as being absent due to Shielding/Isolation. As of the 4th June, 83 were still absent, of which 54 are Shielding, having received a shielding letter from the Chief Medical Officer.

A nationally developed risk assessment template has recently been developed and work is in progress to ensure that all staff who are still socially distancing at home to have a risk assessment completed. The intention is for staff in this category to be supported to return to work safely.

Workforce Business Partners are also working with line managers to identify suitable arrangements for those staff shielding to undertake work from home. Recently 9 staff have been appointed to the new Track and Trace service. They are also exploring opportunities for the remaining staff who, because of their skill set or experience, are currently unable to undertake work from home. To date 28 staff within this category are working from home.

Rolling sickness absence reported at **5.07%** for the month, 0.70% higher compared with May 2019 (4.37%).

Business Partners and HR Advisers have resumed active monitoring of sickness absence with Managers, to identify staff that remain off work and what measures of support can be put in place to enable a return to work.

The most recent available NHS Wales Performance Dashboard reported a rolling absence rate of 5.5% for February 2020. Of the 7 Health Boards, Powys THB (including hosted services) were recorded as having the lowest absence rate with 4.7% at that time.

The National Target for sickness has been set on a month by month basis, with a rate for May 2020 of 4.04% and 4.20% rolling, with an ultimate rolling target of 4.07% to be achieved by September 2020. Including hosted services, the rolling sickness rate for Powys THB 4.98% continues to exceed the set target.

Business Partners and HR Advisors continue to monitor long term sickness cases which are highlighted through a weekly caseload tracker, as well as undertaking reviews on staff in line with the Sickness Absence Policy. They also continue to work proactively with Managers to ensure they are complying with the policy trigger points, along with reporting monthly to the Locality Management Teams on Sickness Absence/Mandatory & Statutory Training and PADR's, identifying areas of concern which require additional intervention and support. Sickness information is subject to change due to late submissions.

To support staff, counselling and Silver Cloud services are available. Additionally, we are in the process of constructing the share point wellbeing platform; delivering on actions from the staff survey findings; and launching the Florence pilot to enable staff to receive the automated well-being text service.

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Local Indicator	Target	Current Performance May - 20	Direction	Previous Month Apr-20	Previous Month Mar-20	Previous Month Feb-20	Previous Month Jan-20	Previous Month Dec-19
Workforce Capacity								
Staff in Post (WTE)		1742.45	↑	1728.31	1709.26	1704.56	1695.28	1665.41
ADH/Overtime Worked (WTE)		18.69	↓	19.15	25.50	17.80	16.77	17.94
Bank Worked (WTE)		46.29	↑	43.19	73.90	69.93	62.03	51.88
Agency (WTE)		19.15	↑	17.38	37.59	46.04	46.06	47.83
Workforce Costs								
Agency Spend		£317k	↓	£319k	£662k	£505k	£551k	£484k
Sickness Absence (Est) Cost		£251k	↑	£247k	£229k	£212k	£233k	£256k
Workforce Compliance								
Monthly Sickness Absence Rate	4.11%	5.43%	↓	5.47%	5.18%	5.08%	5.22%	5.59%
Cumulative 12 month Sickness Absence Rate	4.39%	5.07%	↑	4.98%	4.88%	4.81%	4.81%	4.79%
Statutory & Mandatory Training	85%	85%	↓	86%	86%	86%	85%	84%
PADR Compliance	85%	69%	↓	73%	79%	78%	78%	79%
PADR Compliance (Medical & Dental)	85%	94%	↑	89%	94%	98%	95%	95%

Commentary (Reporting by exception)

Staff in Post: Staff in post has risen by 6.12% (100.44 WTE) over the past 12 months, mainly within Add Prof and Technical (varied) and Students (recruited for COVID-19 duties).

***Overtime/Additional Hours/ Bank/Agency Worked:** There has been a significant fall in use of Agency and Bank Staff throughout Clinical Services in Powys over the last 2 months.

Mental Health has also seen a fall of around 50% over the last 2 months. This has been as a result of redeployment of staff from other areas, Knighton Hospital temporarily closed and staff transferred to Llandrindod. In mental health services a temporary closure of Crug Ward resulted in staff transferring to Ystradgynlais and Llandrindod

hospitals, other internal redeployments took place when some services were stood down, this led to a reduction in the need for bank and agency staff.

Facilities however has seen a rise over the last 3 months of approximately 25%. This was as a result of a high number of staff needing to shield or self-isolate as a result of Covid-19, a high proportion of staff were in the over 70 age category. The service also required more staff to enable 'deep cleans' to take place on a more regular basis.

Agency Spend: Resonating Agency WTE worked Agency spend has seen a fall over the last 2 months. Total spend for the last 12 months is **£5,742,075**.

***Additional Hours/Overtime/Bank & Agency WTE data is obtained through the Health Roster and not ESR. Until all units are implemented onto the Health Roster data may not be in its entirety. Increases may be seen in previous months due to reports being rerun following additional units being added to the E-Roster.**

BAME Risk Assessments

Powys Teaching Health Board (PTHB) acknowledges its duty of care to protect the health and safety of all its employees and support to them during the pandemic, by understanding and responding to their needs and concerns. PTHB undertook risk assessments to comply with the legal, moral and ethical duty, to provide a safe working environment for their employees, based on relevant factors such as race, age, sex, known health risks, factors which are being identified as major determinants in respect of COVID-19 related deaths.

Permanent & Fixed Term:

- 52 completed BAME assessments out of 5;
- 2 people are away from work, but the risk assessment will be completed upon their return, 1 person had a normal risk assessment completed and is working from home, BAME risk assessment is in progress.

Following risk assessment, a number of measures have been taken, including: staff working from home and; actions to minimise contact and training around infection prevention and control, PPE and FIT mask training.

Bank & Locum:

1 out of 7 risk assessments has been completed; section one of the risk assessment completed for 5 bank workers, multiple attempts with 1 bank worker have been made by phone and e-mail, but without a response; this worker is now restricted on the system to prevent them from undertaking shifts until the risk assessment is completed.

Volunteers

As we resume business as usual, our strategic approach to the deployment of volunteers will sit under the Workforce Futures Efficiency and Resourcing group.

To date, a volunteering MoU between PTHB & PAVO has been developed and is now in place for the deployment of Volunteers across PTHB. PTHB's volunteer policy which historically sat with the Director of Nursing, has been reviewed to encompass all volunteer opportunities and now sits within the Director of Workforce, OD & support Services portfolio. Following some recommendations provided at WRPB on the 18th June, this policy will be ready for sign off w/c 22nd June 2020. A further desktop exercise is underway to bring in line existing volunteering initiatives such as Red Kite, League of Friends and EOL.

To date, Mental Health virtual roles have been developed and volunteers sourced to undertake these roles. 9 volunteers are due to undertake their PTHB virtual orientation w/c 22nd June. They will be equipped with I-pads, funded through the Workforce Futures ICF bid, to support them in their roles. A further 'Wayfinding' role is currently being developed to support the social measures required, as part of the reintroduction of services at Llandrindod Hospital, the PTHB pilot site, with the intention of upscaling this across all sites. 15 volunteers are currently being sourced and will shortly undertake their virtual orientation.

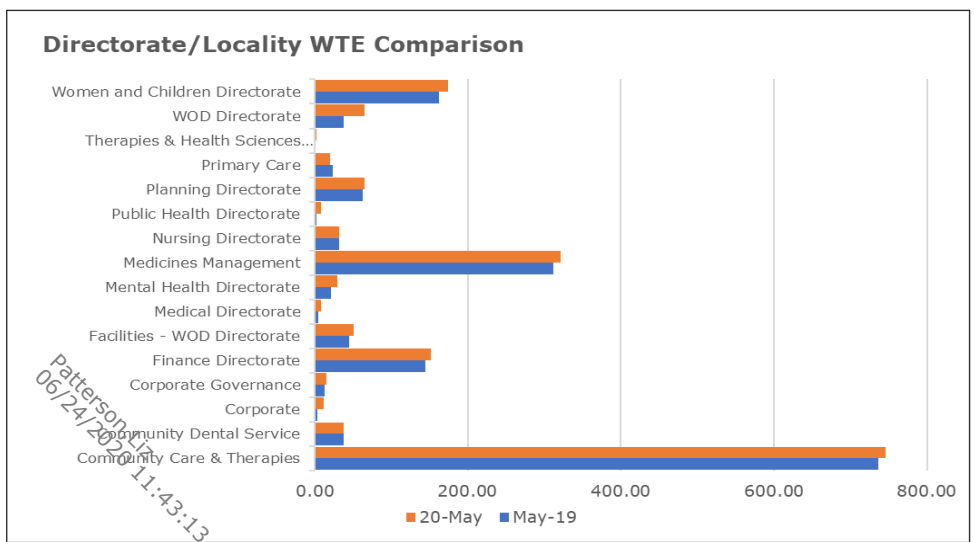
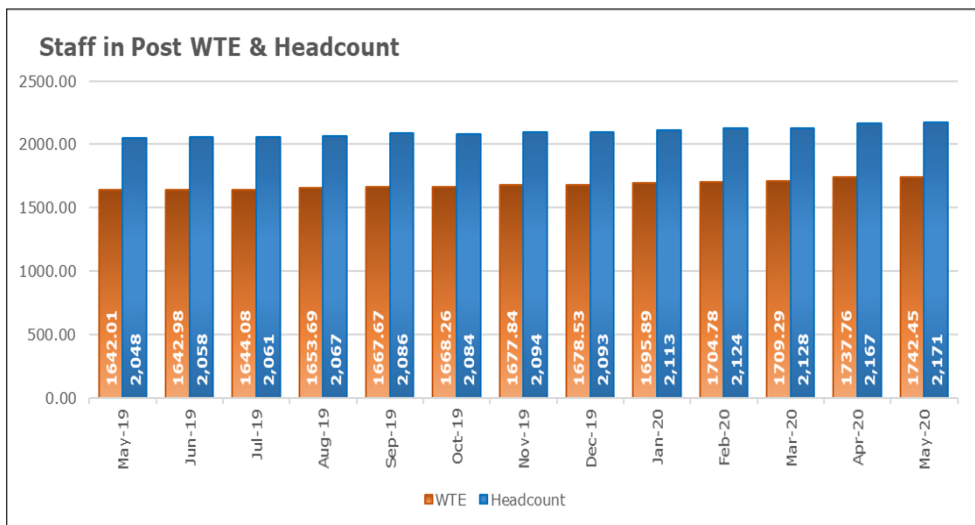
NEXT STEPS:

Regular update reports will continue to be provided to the Performance and Resources Committee.

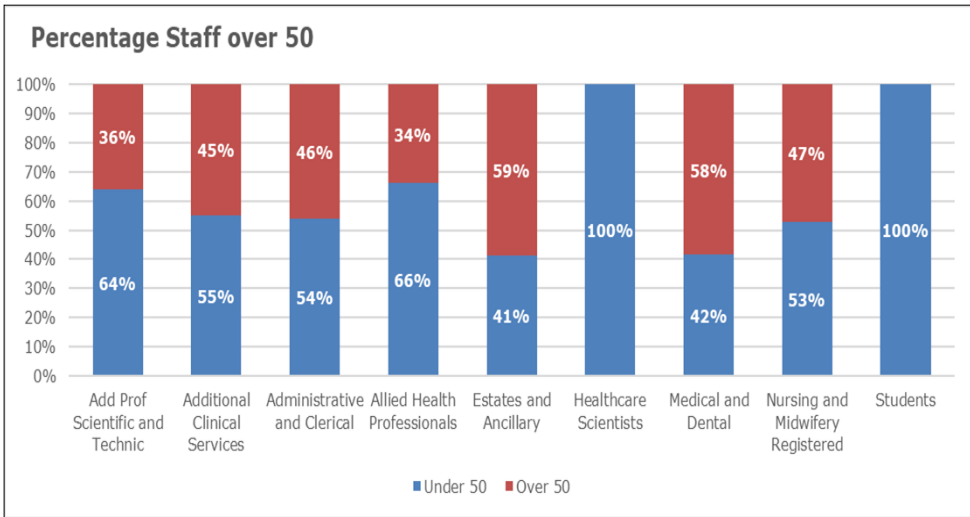
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Workforce Capacity

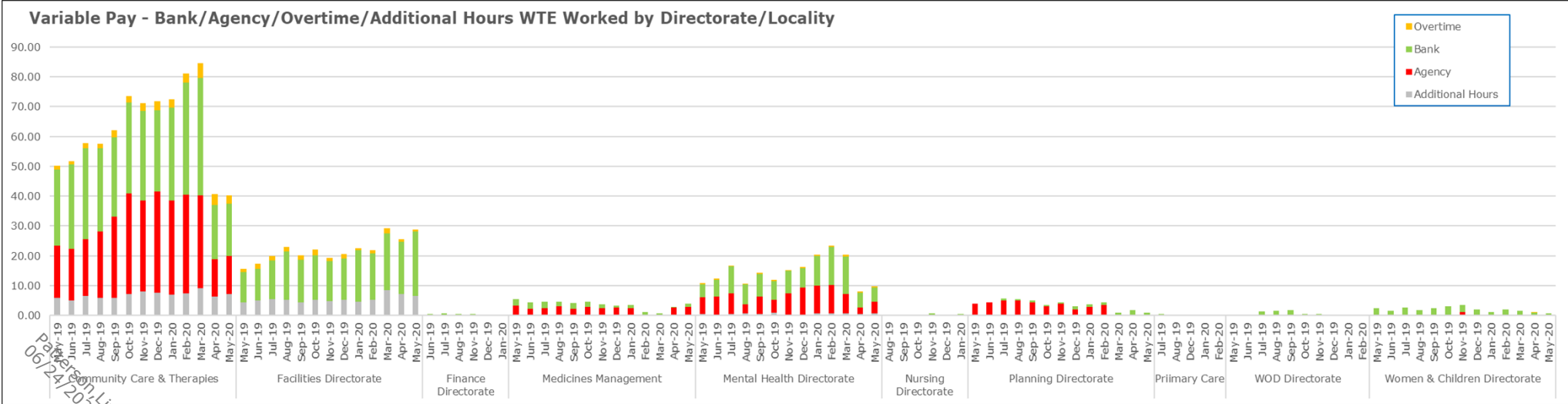
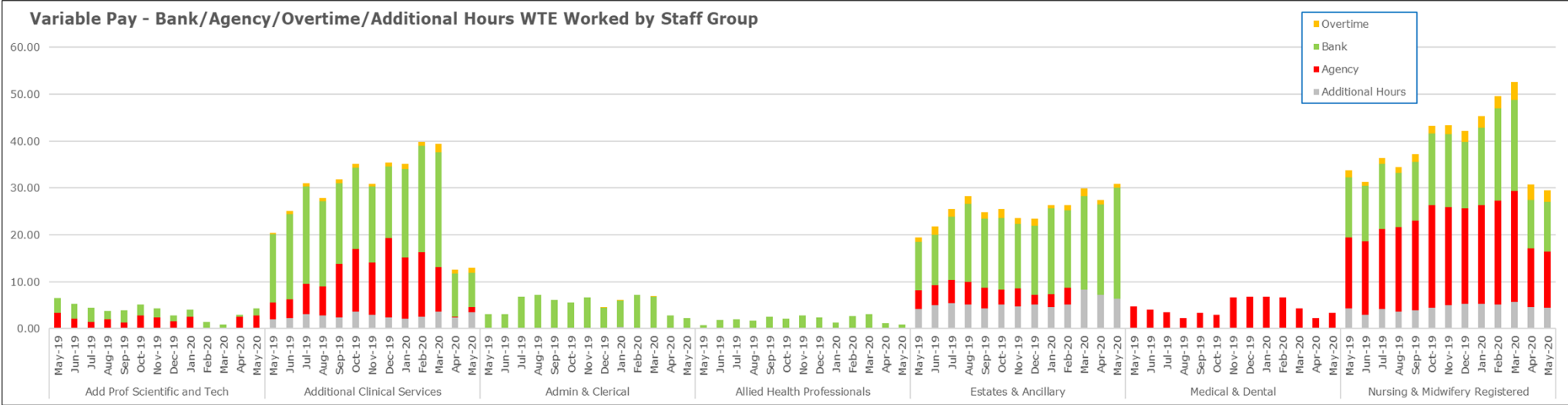
Staff in Post:



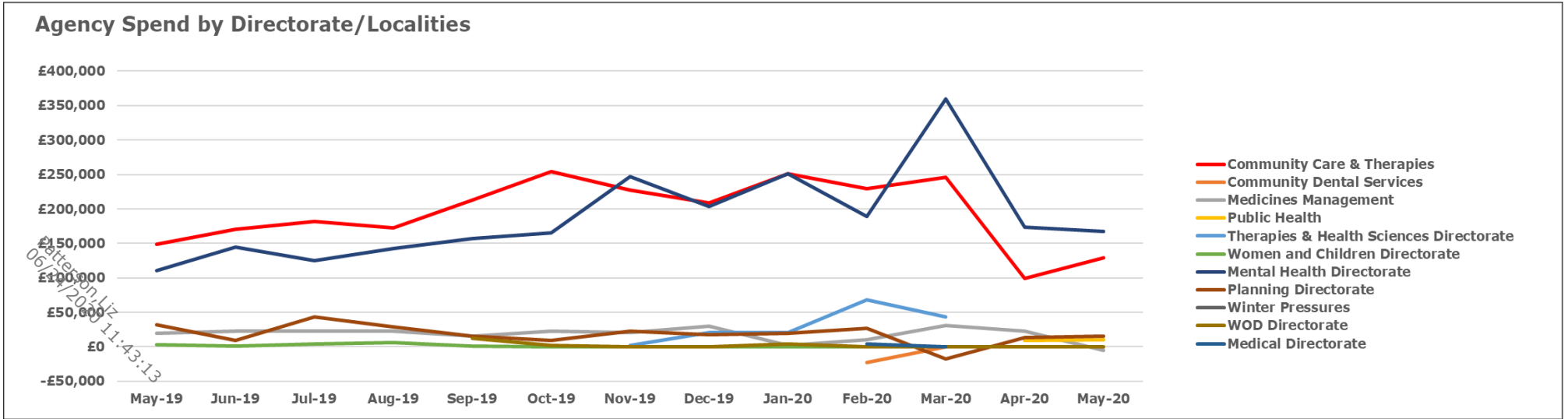
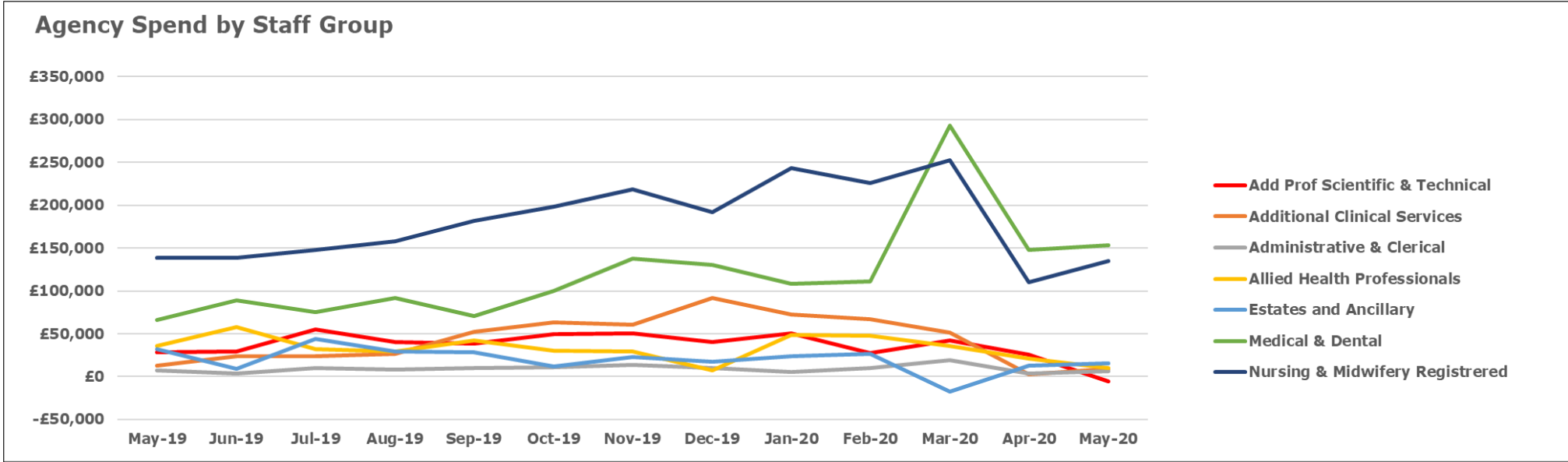
Staff in Post				
Staff Group	WTE May-19	WTE May-20	WTE Variance	% Variance
Add Prof Scientific and Technic	53.81	68.45	14.64	27.20%
Additional Clinical Services	320.99	335.30	14.31	4.46%
Administrative and Clerical	403.80	429.46	25.66	6.35%
Allied Health Professionals	123.66	129.30	5.64	4.56%
Estates and Ancillary	156.11	165.85	9.75	6.24%
Healthcare Scientists	3.13	3.00	-0.13	-4.14%
Medical and Dental	37.33	34.65	-2.68	-7.18%
Nursing and Midwifery Registered	543.18	554.04	10.86	2.00%
Students	0.00	22.40	22.40	100.00%
Grand Total	1642.01	1742.45	100.44	6.12%



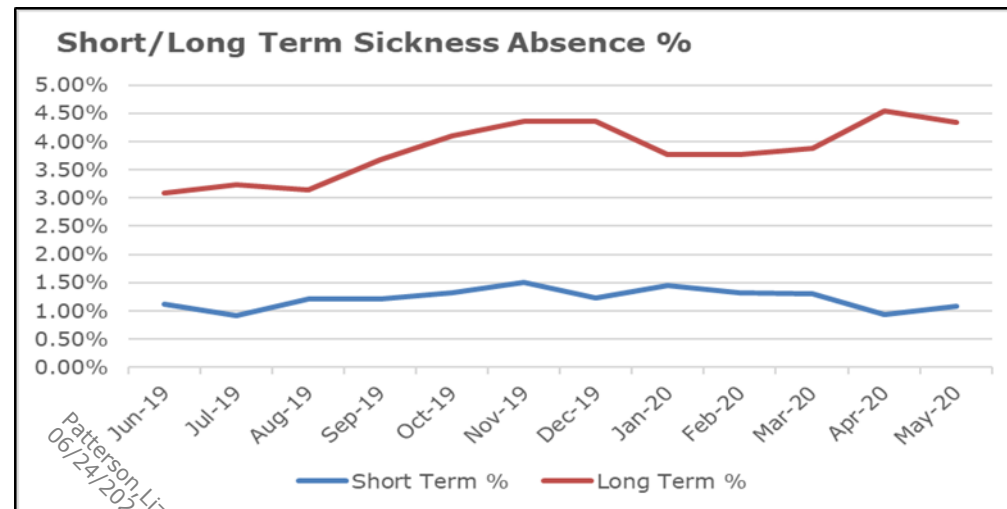
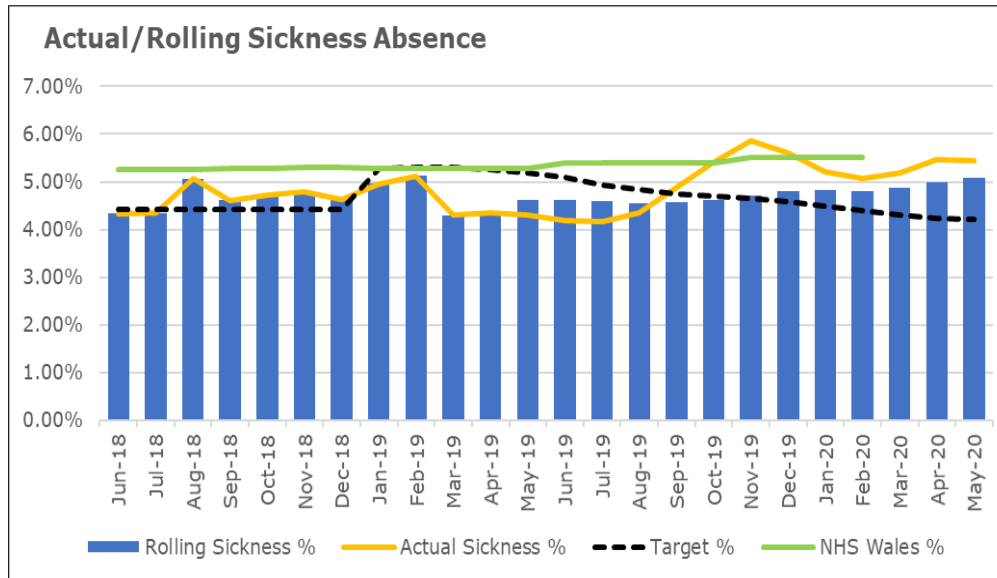
Variable Pay - Agency/Bank/ADH/Overtime WTE Worked



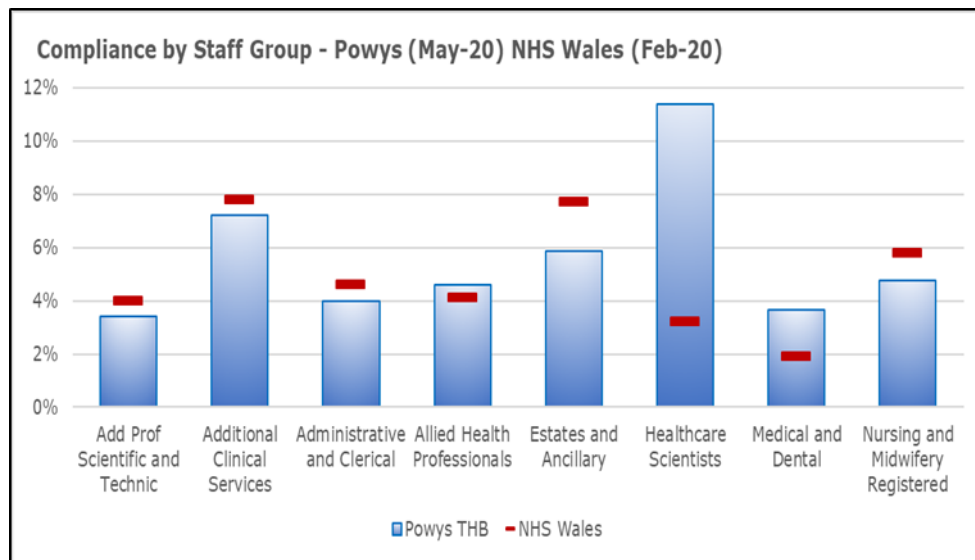
Agency Spend



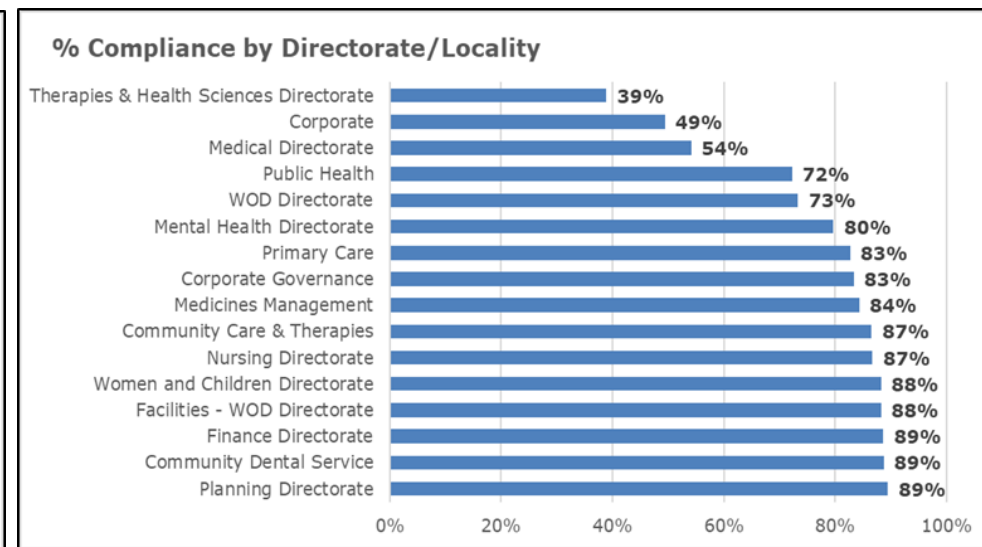
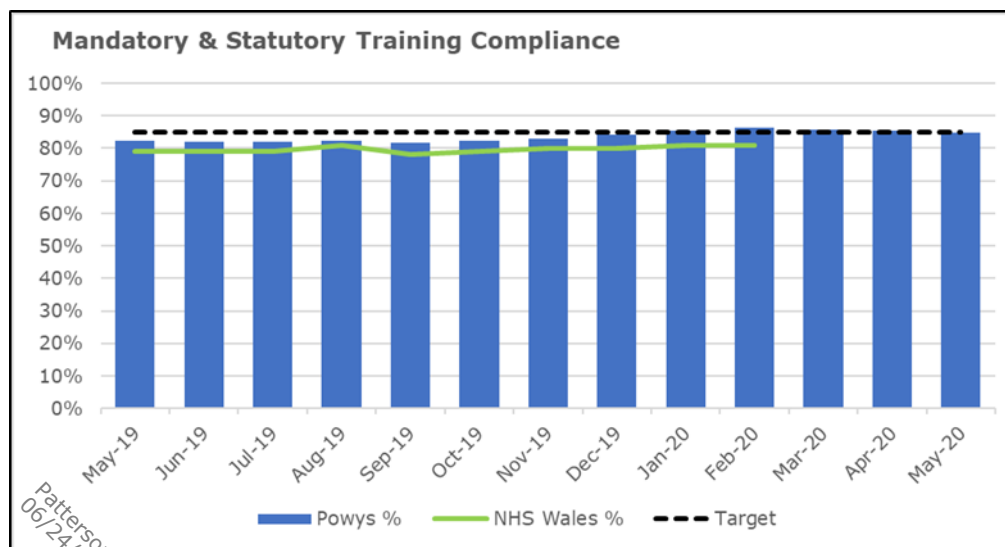
Sickness Absence:



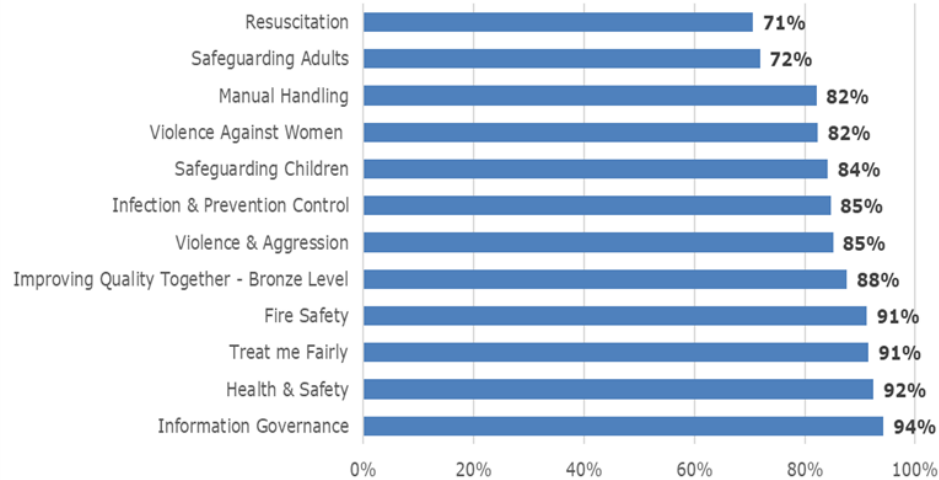
Top 10 Absence Reasons - Jun-19 to May-20				
Absence Reason	Headcount	Abs Occurrences	FTE Days Lost	%
Anxiety/stress/depression/other psychiatric illnesses	220	260	9,024.70	29.2
Other musculoskeletal problems	113	139	3,872.41	12.5
Other known causes - not elsewhere classified	101	113	2,094.52	6.8
Benign and malignant tumours, cancers	17	28	1,810.31	5.9
Chest & respiratory problems	121	131	1,735.31	5.6
Genitourinary & gynaecological disorders	63	83	1,720.59	5.6
Injury, fracture	53	57	1,674.99	5.4
Gastrointestinal problems	335	394	1,540.32	5.0
Back Problems	68	77	1,473.05	4.8
Heart, cardiac & circulatory problems	31	40	1,315.61	4.3



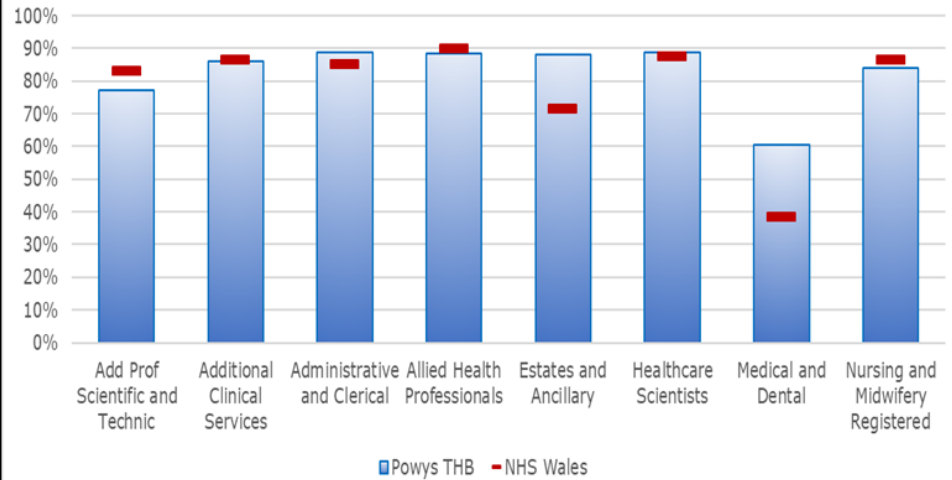
Madatory & Statutory Training:



% Compliance by Module

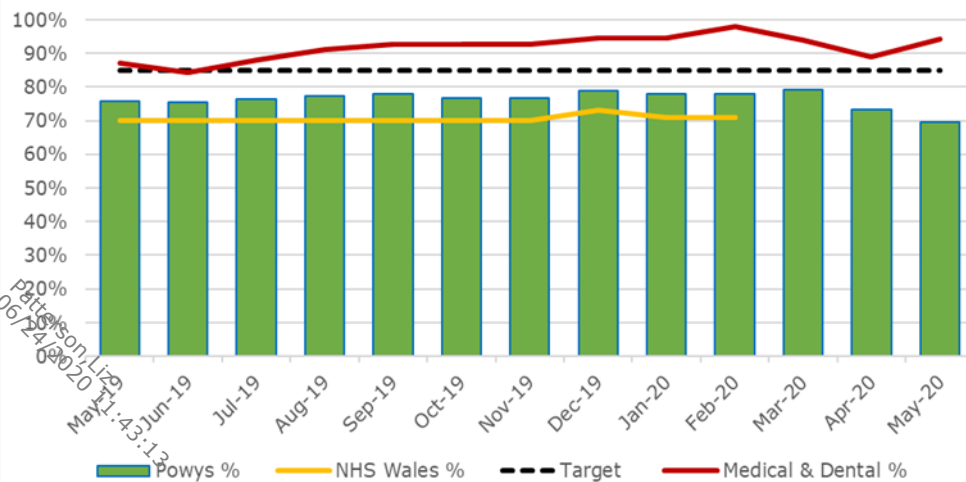


Compliance by Staff Group - Powys (May-20) NHS Wales (Feb-20)

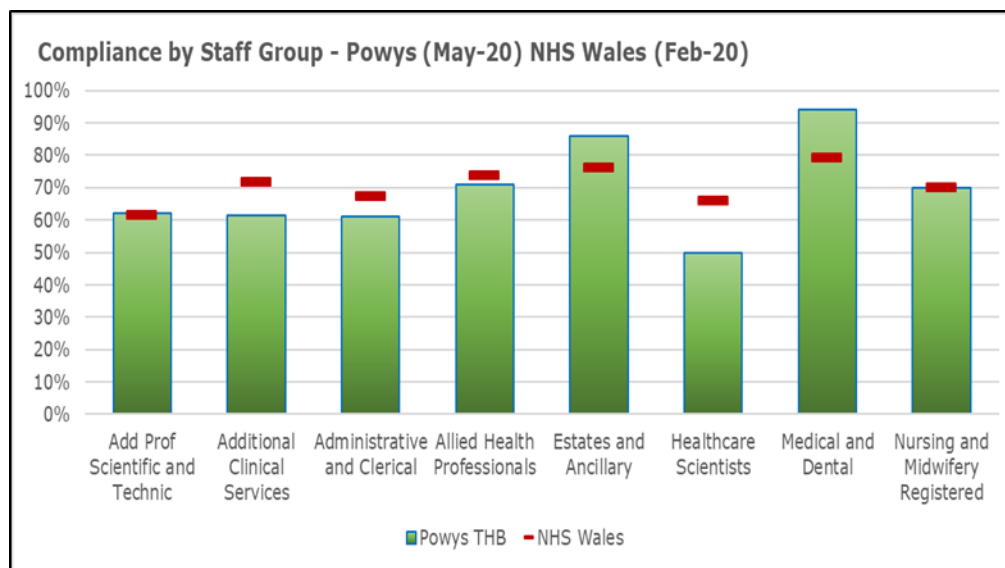


PADR's:

PADR Compliance



Directorate/Locality	Reviews Completed Jun-19 to May-20	Review Overdue	No Review Recorded	Total Assignments	May-20
Community Care & Therapies	617	285	40	942	65%
Community Dental Service	24	14	1	39	62%
Corporate	9	1	3	13	69%
Corporate Governance	10	2	3	15	67%
Facilities - WOD Directorate	176	27	10	213	83%
Finance Directorate	46	3	6	55	84%
Medical Directorate	5	1		6	83%
Medicines Management	16	10	6	32	50%
Mental Health Directorate	242	82	41	365	66%
Nursing Directorate	24	9	2	35	69%
Planning Directorate	56	5	5	66	85%
Primary Care	16	2	6	24	67%
Public Health	3		1	4	75%
Therapies & Health Sciences Directorate	2	1		3	67%
WOD Directorate	31	20	10	61	51%
Women and Children Directorate	181	35	9	225	80%
Grand Total	1458	497	143	2098	69%
Medical Staffing	49	2	1	52	94%
Grand Total	1507	499	144	2150	70%



Key

Green	Currently Meeting Objective/Target
Amber	Missing objective/target but on agreed performance improvement trajectory
Red	Significant risk of not meeting Objective/Target within agreed timescale
= Indicates no change (from previous period reporting)	
✖ Indicates an increase in criticality	
✓ Indicates a decrease in criticality	

Kay Williams – Workforce Information Officer
Workforce & OD Directorate

Agenda item: 3.4

PERFORMANCE AND RESOURCES COMMITTEE		Date of Meeting: 30 June 2020
Subject:	CAPITAL AND ESTATES UPDATE	
Approved and Presented by:	Wayne Tannahill, Associate Director of Capital & Estates	
Prepared by:	Wayne Tannahill, Associate Director of Capital & Estates	
Other Committees and meetings considered at:	Executive Committee: 17 June 2020 Innovative Environment Group: 28 May 2020	

PURPOSE:

To understand the impact of Coronavirus on Capital expenditure in the current financial year, including COVID-19 related project activity, Discretionary Capital Programme of works projects for 2020/2021 and the All Wales Capital Funding (**AWCF**) position in terms of major project activity.

To update on COVID-19 related activity for the Estates department and provide a status report in relation to Health and Safety Executive (**HSE**) related activity.

RECOMMENDATION(S):

It is recommended that the Committee **discuss / approve** the revised Discretionary Capital Programme, 2020/2021.

The position on AWCF and its potential impact on the major project programme of activity is for **discussion**.

Estates activity associated with COVID-19 is identified along with related capital spend and an update on HSE interaction is provided for **information**.

Approval/Ratification/Decision	Discussion	Information
✓	✓	✓

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

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

Discretionary Capital: the Discretionary Capital Programme of works for the expenditure of the recurring £1.431M funding is usually agreed by Board prior to the commencement of each financial year; the capital programme for 2020/2021 had been proposed by Capital Control Group and had been discussed by Executive Committee, but not endorsed, when COVID-19 impacted business as usual. The Discretionary Capital Programme has been reviewed in light of COVID-19 and is brought forward for discussion and approval, having more recently been endorsed at Executive Committee on 17 June 2020 with a recommendation to ensure that a suitable and sufficient contingency sum was retained.

All Wales Capital Funding / Integrated Care Funding (ICF): there are a number of major projects (Machynlleth, Brecon Car Park, North Powys, Llandrindod Phase 2, etc.) where the health board is engaged in active dialogue with Welsh Government (**WG**) in relation to the development of business case submissions. The impact of COVID-19 on programmes of work and the availability of capital funding needs to be discussed.

COVID-19 Expenditure: PTHB Finance have collated and submitted a list of COVID-19 related expenditure to WG in anticipation of additional targeted funding becoming available. This includes significant and essential expenditure incurred / committed for oxygen installations (Vacuum Insulated Evaporators – **VIE**), mechanical ventilation in ward areas and other costs totalling some £1.8M.

The overall capital position needs to be understood in a dynamic and changing situation, where early decision making enables focus on design and tender activity to deliver projects on the ground within financial year constraints. WG advice is that capital will be severely restricted and funding already allocated and committed may be the only funding made available to health boards this financial year.

Estates COVID-19 Activity: activity scheduled and risk assessed at **Appendix D**.

Health and Safety Executive: update on status of legionella Improvement Notices and issue raised in relation to Reporting of Injuries, Diseases and Dangerous Occurrences (**RIDDOR**) for Hand Arm Vibration Syndrome (**HAWS**) and HSE request for further information.

DETAILED BACKGROUND AND ASSESSMENT:

The Capital Review Meeting (**CRM**) with WG which took place on 5 June, with Director of Finance in attendance, indicated that COVID-19 spending on Health and Economy in particular had proven to have a significant financial Impact. The meeting indicated that 'already allocated funding' may be the only capital which maybe available this financial year and there was some discussion about all government departments being required to contribute a reduction to their baseline budgets.

PTHB allocated Capital funding for 2020/21 is set out in the Capital Resource Limit (CRL) at **Appendix A**.

Discretionary Capital: the anticipated programme of works which relates to the £1.431M annual capital allocation has been reviewed in light of discussions at the Innovative Environment Group where factors related to COVID-19 were acknowledged as influencing factors on the potential schemes to be included in the programme of works. An example was given for replacement of windows, some in ward areas, in Newtown, where there was some operational concern raised about undertaking the work at this time. The current situation could be seen as either an opportunity whilst bed numbers are lower than normal, or a heightened risk if work activity clashes with a second wave of COVID-19 admissions. Clearly timing is an important factor and there is a window of opportunity before the emergence of winter pressures.

Proposed Discretionary Capital Programme 2020/2021 outlined at **Appendix B**. This year's capital is impacted by issues related to major project activity as Discretionary Capital carries the risk burden for any cost overrun implications and this is emphasised by the low value of Discretionary allocated to PTHB. Impacts have been an underspend at Machynlleth last

financial year of £235K, and Llandrindod £285K for air handling unit replacement for endoscopy (claim initiated for Design Team reimbursement) and a £50K overspend to complete the project: in total £570K, which has led to the need to defer a series of schemes as set out in Appendix B and limited the potential to maintain a suitable contingency.

AWCF/ICF: the only potential funding which may still be available, as set out by WG in the CRM of 5 June, are the Anti-ligature project (£1.25M) due to risk and the ICF funding for the Bronllys Rural Academy of Learning (£446K).

The position in relation to major schemes capital programme would currently be:-

Project Title	Status
AWCF: Mental Health Pan Powys Anti-ligature	Paper to Exec Group 17 June; WG supportive and seeking confirmation of funding availability £1.25M.
ICF: Bronllys, Rural Learning Academy	£446K allocated: WG seeking assurances funds can be spent this year; £250K available from Mansion House reallocation of funds (for decant of staff from Basil Webb to Monnow Ward) plus separate equipment and ICT bid.
AWCF: Machynlleth Redevelopment	FBC now due for resubmission in Sept/Oct due to COVID-19 delay; start on site was anticipated this financial year subject to WG approval.
AWCF: Llandrindod Phase 2	Programme Business Case in final draft for PTHB review: WG had intended providing phased funding for remedial works and development of back of hospital from this year. Scheme subject to WG approval.
ICF & Regeneration: North Powys Project	Programme Business Case under preparation. Seek suitable partnership approvals and submit to WG.
Community / AWCF: Brecon Car Park	Detailed design commissioned with tender process to follow. £550K raised by community. £450K required from WG and subject to approval to initiate construction activity – did anticipate a summer 2020 start.

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COVID-19 Related Capital Spend: Finance have collated capital costs related to the essential response to COVID-19 and an excerpt of the submission to WG is included for information at **Appendix C**. Overall costs are in the order of £1.886M.

The health board is already committed to a significant programme of works to introduce mechanical ventilation as part of the COVID-19 mitigation of infection risk and there will be limitations in terms of internal resource and tolerance for disruption that may limit ambition for project delivery over the next 3 months.

RISKS: it is clear that Coronavirus will create exceptional financial burdens and will impact significantly and at a number of levels on capital expenditure in health. PTHB is developing an ambitious programme of capital projects and these are well advanced and receiving strong support from WG – it is likely that the current and potential future shortages of capital funding will have the effect of delaying or deferring key project activity. Further work is required to understand and communicate status and assess impact as the situation continues to develop.

In the short term, the limited capital allocated to the health board, particularly of a 'discretionary' nature, becomes even more important in terms of prioritisation decision making. Within the approved list of discretionary capital works, some schemes could be held back for delivery towards the end of the financial year and be deferred if further contingency monies needed to be prioritised for unforeseen activity.

Estates COVID-19 Highlight Report: Estates related activity summarised, documented and risk assessed at Appendix D of this report. Work is ongoing with many of the activities now reaching the stage of project implementation:-

- one of three external oxygen bulk storage tanks installed and operational at Brecon with two further to install in Welshpool and Llandrindod in July
- Significant scheme to introduce mechanical ventilation into ward areas and to support mitigation measures for Aerosol Generating Procedures initiated with design complete and tenders due to be issued
- Social distancing signage to be installed at all sites
- Multiple change areas and showers being refurbished in support of ward staff in COVID-19 areas.

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Oxygen VIE installed Brecon

HEALTH AND SAFETY EXECUTIVE (HSE), WATER IMPROVEMENT

NOTICES. The HSE inspection in November 2019 resulted in two Improvement Notices respect of water safety linked to legionella management. The contravention letter received on 12 December contained a schedule of actions related to 'temperature monitoring and recording' for completion by 28 February 2020 and 'risk assessment' for completion by 30 June 2020. The accompanying 'schedules' identify actions required to comply with the Notices.

Update on progress against each respective Notice, is as follows:-

Water Log Book: Improvement Notice closed by HSE as satisfactory during visit on 2 March 2020.

Risk Assessments: whilst the target date for the completion of an updated Water Risk Assessment for Llandrindod was 30 June, the assessment was commissioned in order to support the development of appropriate monitoring measures for the water log book content. The draft risk assessment for Llandrindod was, therefore, available for early review and comment by the HSE Inspector during their visit of 2 March. The assessment was subjected to detailed scrutiny and some improvements were suggested by the Inspector who went on to say that the document was a reasonable standard and if the improvements were completed they would undertake a simple remote desk check rather than require a revisit in June to close the Notice. The submission was delayed by COVID-19 but has been sent to HSE for consideration in advance of the deadline of end June – response awaited.

HSE: Hand Arm Vibration Syndrome (HAVS). The HSE Inspectors noted their increased vigilance in respect of RIDDOR reports related to HAVS during their visit in November 2019. In a similar timeframe the Occupational Health (OH) Doctor attended a HSE approved course which enabled OH to undertake workforce testing to diagnose HAVS. In March 2020 two members of Estates

staff were tested and found to have low level indicators of HAVS, but were authorised to continue work with suitable monitoring. This, nevertheless, required a RIDDOR submission to be made, resulting in a request by HSE for further information. The response is being compiled and support from the PTHB Health and Safety Team over the past several months now means that a robust risk assessment of all vibration tools and equipment has been made, replacement equipment purchased as required, staff trained and a HSE approved monitoring system deployed. Further updates will be provided as required.

NEXT STEPS:

Performance and Resources Committee approval sought to:-

- Agree the Discretionary Capital Programme schemes for 2020/2021 to allow work to be progressed.
- Support the bid for WG funding for anti-ligature works in the sum of £1.25M.
- Support the development of the Rural Academy of Learning at Bronllys with ICF funding in the sum of £0.446M with an additional £0.250M from Mansion House sale allocated for the refurbishment of part of Monnow Ward for the relocation of staff from Basil Webb building.
- Continue to progress business case development for Machynlleth, North Powys, Llandrindod Phase 2 and Brecon Car Park with papers to be brought forward for specific business case approvals as required.

HSE Inspection Notices / HAVS:

- Confirm closure or further action in relation to Llandrindod Hospital Water Risk Assessment
- Progress Water Risk Assessments for all other PTHB premises within a revised timeframe taking into account COVID 19 impact.
- Continue to seek suitable assurance via Water Safety Group as required
- Develop lessons learned and apply across Estates Compliance areas of activity
- HSE request for information in relation to HAVS RIDDOR submission to be completed with any further updates provided as necessary.

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APPENDIX A: PTHB CAPITAL RESOURCE LIMIT 2020/2021

Powys LHB			Comments
Capital Resource Limit (CRL)	2020/21 Capital Resource Limit (CRL) - 21st May 2020	2020/21	
		£m	
	1) DISCRETIONARY CAPITAL FUNDING [A]	1.431	
	2) CAPITAL PROJECTS WITH APPROVED FUNDING [B]	0.499	
	Sale of Manison House	0.250	
	Pharmacy Equipment	0.040	
	19.20 Slippage (Pharm Equipment - clinical pharmacy at a distance) into 20.21	0.067	
	19.20 Slippage (Digital Priority Investment Fund) into 20.21	0.078	
	19.20 Slippage (19.20 Year End Capital - Dental Equipment) into 20.21	0.042	
	COVID 19 - Digital Devices	0.022	
	TOTAL CRL [C = A+B] (Approved Funding)	1.930	
	3) FORECAST CAPITAL PROJECTS WITHOUT APPROVED FUNDING		
Capital Cash Limit			
	3) Sub Total Forecast Capital Projects Without Approved Funding [D]	0.000	
	4) Total Potential CRL if all Funding Approved [E=C+D]	1.930	
	Capital Cash Limit	2020/21	
		£m	
	TOTAL CRL (Approved Funding)	1.930	
	Less 20/21 cash drawn in 19/20	-0.187	
	1) Capital Cash Limit 2020/21 [A]	1.743	
	Cash Drawn Down:		
	2) Total Capital Cash Drawn Against Limit 2020/21 [B]	0.000	
	[B]	1.743	

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APPENDIX B; PROPOSED DISCRETIONARY CAPITAL PROGRAMME 2020/2021
Discretionary Capital budget 1.431m – proposed amendments described below:

PROJECT DESCRIPTION:	VALUE / COMMENTS:
Equipment budget (ring-fenced)	£150,000
IT Budget (ring-fenced)	£50,000
Ynys Y Plant – access issues & underpinning (Crossover)	£100,000 – Currently proceeding. Essential works required final proposal to be received from structural engineer
MCI Window Replacement	£60,000 – Proceeding
Park Street Clinic Window replacement	£45,000 – Proceeding
Brecon Carpark (detailed design)	£35,000 – Proceeding in order to secure WG funding to progress main scheme
Llanidloes – redesign of Physio gym to create office space	£45,000 – Suggest deferral until surge bed and social distancing policies are taken into account
Sky lights and kitchen Cottage view	£46,000 – Proceeding. Part of wider priority to complete necessary roof works during summer months
IPS Panels Ystradgynlais	£35,000 – Suggest Proceed – scored 9 at CCG
Machynlleth ward electrical upgrade	£47,000 – Currently due to proceed – could review deferral
Replacement Windows Felindre Ward, Bronllys	£63,000 – Assumed WG funding for Anti-ligature Pan Powys could be made available
Llandrindod Reconfiguration AHU	£285,000 -Added as a result design defects of the main scheme overspend - potential to recoup via AWCF and/or legal process
Llandrindod Major Project Overspend	£50,000
Machynlleth Reconfiguration	£235,000 – 2019/20 Underspend
Re-allocation of balance of Mansion House sale monies	£50,000 – Assume this will be deferred
Discretionary Capital Sub Total	£1,138,000

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PROJECT DESCRIPTION: ESTATES COMPLIANCE	VALUE / COMMENTS:
Means of Escape from Theatre, Llan'dod	£31,000 – Assumed WG funding available for LWH phase 2
BMS Upgrade Phase 2	£5,000 – To scope and design scheme only – can be carried forward next year
Theatres Plant	£35,000 – Scope agreed 2019/20 to be completed this FY
Fire compartmentation programme	£60,000 – part of ongoing 5 year rolling programme – suggest Knighton as next site due to current capacity
Water - TMV compliance programme	£60,000 - part of ongoing 5 year rolling programme
Med Gases - vacuum pump replacement. Llandrindod	£15,000 - Assumed WG funding available for LWH phase 2
Ventilation & damper programme	£40,000 – Assumed will progress in parallel to compartmentation programme
Asbestos encapsulation, Boiler House	£15,000 – Continue to manage – suggest deferral
Fire Doors - remedial work and replacement	£25,000 – part of larger programme of works to address fire risks Pan Powys
Air Conditioning	£30,000 – 3 x replacement units; is this still required in light of COVID works
Med Gas pipeline improvement work, Brecon	£15,000 – Assume this can be addressed as part of COVID work
Electrical generator fuel tank upgrade	£25,000 – Propose deferral
Liquid Pollution Mitigation	£65,000 – Propose deferral
Fire alarm; system replacement	£65,000 - Propose deferral
Estates Compliance Sub Total	£225,000
TOTAL PROPOSED DISCRETIONARY CAPITAL 2020/21 SPEND	£1,363,000
Remaining Discretionary Capital 2020/2021 (Contingency)	£68,000 increase by starting some schemes later as further contingency measure

Further items to consider:

- Contingency for emergency works is limited
- Money required to complete essential roof repairs
- Anti-ligature works currently unfunded
- Essential door repairs at YCH currently unfunded
- Resource required to complete revenue, COVID, Charitable, LoF and AWCF jobs

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APPENDIX C; PTHB COVID-19 Related Cost Schedule (part extract)

Brecon	477,000
Additional Bottle Stores	10,000
Asbestos survey and works	1,500
Extra outlets	3,000
Fire	2,000
Fire Alarm Commission	3,000
H&S upgrades	1,000
Hot Clinic	5,500
IPC	500
IT	2,000
Mobile X-Ray	84,000
New Manifold	15,000
Nurse Call	8,000
Oxygen monitors	8,000
Shower units	8,000
Social Distancing	12,500
Swab Stations	5,000
Vent commissioning	9,000
Ventilator	200,000
Vents & Commission	21,000
VIE	75,000
Wash Facilities	3,000
Bronllys	140,230
Additional Bottle Stores	10,000
Asbestos survey and works	1,500
Fire	2,000
H&S upgrades	1,000
IT	2,000
Mortuary Roof	22,230
Nurse Call	4,000
Oxygen monitors	6,000
Services Upgrade	2,000
Shower units	8,000
Social Distancing	12,500
Swab Stations	5,000
Vents & Commission	48,000
Wash Facilities	6,000
Welfare upgrade	10,000

Typical entries for 2 sites only with total overall cost £1.886M

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APPENDIX D: COVID-19 ESTATES COMPLIANCE HIGHLIGHT REPORT

Compliance Activity		COVID-19 summary								Author		Wayne Tannahill- AD of Estates and Property																																																																		
		<table><tr><td></td><td colspan="3">Very Low 1-3</td><td colspan="4">Low 4-8</td><td colspan="3">Moderate 9-12</td><td colspan="4">High 15-25</td><td rowspan="3"> Risk Matrix.docx</td></tr><tr><td></td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>8</td><td>9</td><td>10</td><td>12</td><td>15</td><td>16</td><td>20</td><td>25</td></tr><tr><td>Current Assessment</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>Target Risk Level</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>																	Very Low 1-3			Low 4-8				Moderate 9-12			High 15-25				 Risk Matrix.docx		1	2	3	4	5	6	8	9	10	12	15	16	20	25	Current Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Target Risk Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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What's Changed Since Last Report: <ul style="list-style-type: none">This report has been produced to highlight and summarise Estates Compliance risks that have arisen as a result of the COVID-19 emergency – business as usual risks continue to be reported through the specialist work stream Highlight Reports																																																																														
	Risk Describe the risk – top 5 only		Mitigating action What measures will address the risk identified?				Current Risk Rating Score: Likelihood x Impact = Risk		Indicative Cost £		Current actions				Target Date																																																															
1.	Planned Maintenance: maintain adherence to statutory activity during COVID-19		Identify essential/non essential tasks. Identify availability of suitable resource and specialist contractors. Maintain monitoring and reporting.				2	4	8	N/A		Task list risk assessed to identify statutory / high risk. Low risk activity such as painting, grounds maintenance stood down but subject to review: e.g. grassed areas providing cover for pest activity with reports of incidents noted – consider reinstating / requests for painting wards whilst low occupancy levels. Resource contingency measures identified for Bank / other extra staff.				ongoing																																																														
2.	Estates Helpdesk: maintain service and critical response		Resilience planning for works team, specialist contractors				3	4	12	N/A		Heart of Wales Property Services communications re support staff as schools, etc. closed. Relaxation of Finance guidance to				ongoing																																																														

	with constraints on resource, specialist contractors and materials and spares supply chain	and essential spares and equipment.					open up / speed up appointment of external contractors. Contact made with Suppliers / Building Merchants based on NHS priority. Team also involved in more regular 'deep clean' activities and supporting Social Distancing work.	
3.	Ventilation: NWSSP SES guidance indicates that formal mechanical ventilation is introduced into wards where COVID-19 patients are treated	Meeting held with IPC, Microbiologist, PH & NWSSP to define clinical use / aerosol generating procedures (AGP). Design commissioned for 3 main hospitals. SBAR presented to PTHB Central Coordination Forum (CCF).	4	4	16	£500K+	NWSSP SES Authorising Engineer (Ventilation) advice to install mechanical ventilation in areas where COVID-19 patients will be treated to achieve 6 air changes per hour (ac/hr) in general wards and 12 ac/hr in areas undertaking AGP's. Design work complete Brecon & Welshpool 15 May 2020 with Llan'dod commissioned; work suspended pending 'universal precautions' risk assessment of clinical activity, of which ventilation is one of the mitigating measures. Advice from H&S that guidance is covered under H&S at Work Act and COSHH. Approval to initiate project activity given GOLD June 3 – project planning underway	Autumn 2020
4.	Oxygen: treatment for patients by administering oxygen with pre-COVID-19 capacity insufficient for anticipated patient numbers.	Means of increasing oxygen capacity investigated. Liaison with Welsh Government & NWSSP SES.	3	4	12	£200K+	Vacuum Insulated Evaporator (VIE) identified and installed for Brecon - operational 16 May to enable treatment circa 50 patients at 10L/min. Further VIE surveys with BOC for Llan'dod and Welshpool scheduled w/c 26 May. Bottle delivery frequency increased and concentrators (5L/min) in stock. Enhanced planned maintenance requirements.	July 2020
5.	Fire – oxygen enrichment: concern that oxygen treatments will increase risk of fire in ward environments	Seek guidance from NWSSP SES. Undertake enrichment level assessments (should not exceed 23.5%)	3	2	6	N/A	8 April QC Pharmacist conducted oxygen enrichment testing with levels reaching 21.3% at bed level; report indicates:- <i>The results obtained do not indicate a potential fire risk due to Oxygen enrichment potential from the tests performed.</i>	N/A
6.	Fire – change of use of space: surge activity and other moves for social distancing, etc. go unchecked leading to inappropriate use of space / lack of suitable fire detection	Seek means to identify & flag any change of use / change of occupancy of space for review by Fire Safety Advisors. Ensure appropriate fire measures are applied.	3	3	9	£10K	Fire safety Advisors are reviewing any areas in which change or change of use is identified. Change of use being identified and assessed for Social Distancing – some risks with spare furniture being stored in ad hoc fashion; request made in Fire Safety Group for instances to be highlighted for FSA's.	ongoing

7.	Fire – training: change of use of space, employment of new staff and redeployment of staff into new areas (plus potential oxygen enriched atmosphere) means training of staff is required	Ensure training is delivered to all staff. Ensure fire evacuation drills are undertaken	3	4	12	N/A	Training responsibility transferred from H&S team to Estates 11 June; identify Training Needs Analysis and adapt ways of delivering training where multiple staff in face to face sessions in training rooms now not possible – develop TEAMS package and initiate.	TBA
8.	Electrical loading due to extra COVID-19 activity: review of extra loading risk due to potential installation of multiple bedside oxygen concentrators.	Identify loading from proposed equipment. Identify capacity in each ward or surge area. Calculations to confirm adequacy of supply / measures needed	2	4	8	N/A	Checks undertaken on current equipment and no issues identified with electrical loading. Will continue to review.	ongoing
9.	Water Management: consider impacts of COVID-19 on changes of use in healthcare environments.	Areas of hospitals stood down as non-COVID / vacant pending patient activity – identify, implement and document enhanced flushing regime	2	4	8	N/A	Identify means by which change in use can be identified – made easier by allocation of Estates team to more sites. Advise Water Safety Group and seek advice/approval for any significant issues. Note Water Byelaws requirements for temporary sites such as field hospitals.	ongoing
10.	Change Facilities / Showers: identify need for refurbishment or extra facilities to support enhanced activity levels	Workstream group to be set up to define brief and review proposals. Project team to identify shortfalls. Project initiated as required.	3	3	9	£50K+	Workstream set up including WOD, staff side, Community Clinical Team, IPC, microbiology, Facilities, etc. Project brief developed and work to define activity underway. Simple refurb work initiated where need identified.	TBA
11.	Space Planning: implications on social distancing with HSE oversight in existing estate	Paper to GOLD on social distancing recommendations referencing WG guidance. Provide consistent guidance to managers and support infrastructure for work activity	4	4	16	£15K+	Workstream to be convened to provide guidance and support activity for screens, signs, space planning, etc. Linked to Phase II activity.	asap

12.	Control of Contractors: ensure suitable control measures related to social distancing and other measures are applied	Seek risk assessments and method statements for all works activity in advance. Monitor compliance.	3	4	12	N/A	RAMS specific to COVID are currently being sought and agreed prior to any work activity being instigated.	ongoing
13.	Discretionary Capital - Estates Compliance Projects: impact on programme of works for planned compliance improvement activity	Review contractor and supply chain availability to undertake works. Review ability to work in COVID affected areas. Review infection prevention and control risks	3	4	12	?	Review proposed programme of works and seek stakeholder, Capital Control Group. Innovative Environment Group, exec and P&R Committees guidance.	July
14.	Estates Maintenance Contracts: ensure resilient specification terms & conditions, performance monitoring and procurement compliant.	Maintain schedule of maintenance contracts. Develop robust baseline contract template. Use frameworks wherever possible. Ensure suitable experienced resource available to support work activity.	4	4	16	£?	COVID impact has delayed some key statutory contract renewals, such as Fixed Wire Testing, Ventilation, etc. Ad hoc orders or extensions of existing contracts are being implemented and all discussions are being noted with NWSSP Procurement. Interviews w/c 18 May for contracts support officer in Estates with previous appointments failing to make appropriate progress.	ongoing
15.	Social Distancing: risk of infection if appropriate signage not deployed	Work with Social Distancing group to identify appropriate signage and screens. Installation of signs to meet guidance.	3	4	12	£10K	Signs being deployed in accordance with Project Plan to Llan'dod as exemplar site by 19 June with programme of work for hospitals and other sites by end July. Further work identified to support improved egress routes where one-way systems used, etc. Significant short term resource implications.	August
16.	Phase II COVID-19: resource and capacity issues during return to 'business as usual' during COVID-19 activity	Monitor COVID & non-COVID activity levels - resource and capacity assessments. Ability to return to COVID focus at short notice.	3	4	12	N/A	Shielding and other factors acting as limiting factor during return to normal working. Peaks of workload involving Estates anticipated once staff start returning to work. Pressures anticipated maintaining high priority COVID activity alongside business as usual workload.	ongoing

Other risks	HSE visit schedule to review general COVID preparedness and processes. Department has managed to maintain 70% attendance through initial period of COVID-19 and has redeployed within department to maintain statutory PPM and support COVID specific activity with support from external contractors. Rapidly changing situation and scenarios allowing limited time for detailed preparation and analysis; reliance on specialist advice NWSSP SES, etc.
ACCIDENTS / INCIDENTS	N/A

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Powys THB Finance Department Financial Performance Report Performance and Resources Committee

**Period 02 (May 2020)
FY 2020/21**

Date Meeting: 30th June 2020

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06/24/2020 11:43:13



Subject:	FINANCIAL PERFORMANCE REPORT FOR MONTH 2 OF 2020-21
Approved & Presented by:	Pete Hopgood, Director of Finance
Prepared by:	Sam Moss, Assistant Director of Finance
Other Committees and meetings considered at:	Delivery and Performance, Performance & Resources Committee, Board
PURPOSE:	
This paper provides the Board with an update on the May 2020 (Month 2) Financial Position including Financial Recovery Plan (FRP) delivery.	
RECOMMENDATION:	
It is recommended that the Committee: <ul style="list-style-type: none">DISCUSS and NOTE the Month 2 2020/21 financial position.NOTE that action will be required in 2020/21 to ensure full achievement of any brought forward and in year savings targets.DISCUSS and NOTE the Capital Position.	

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	51	↑
Reported Year To Date financial position – deficit/(surplus) – Amber	98	↑
Planned year end forecast – deficit/(surplus) – Forecast Green	0	→

Capital		
Financial KPIs : To ensure that the costs do not exceed the capital resource limit set by Welsh Government	Value £'000	Trend
Capital Resource Limit	1,930	↑
Reported Year to Date expenditure	114	↑
Reported year end forecast – deficit/(surplus) – Forecast Green	0	→

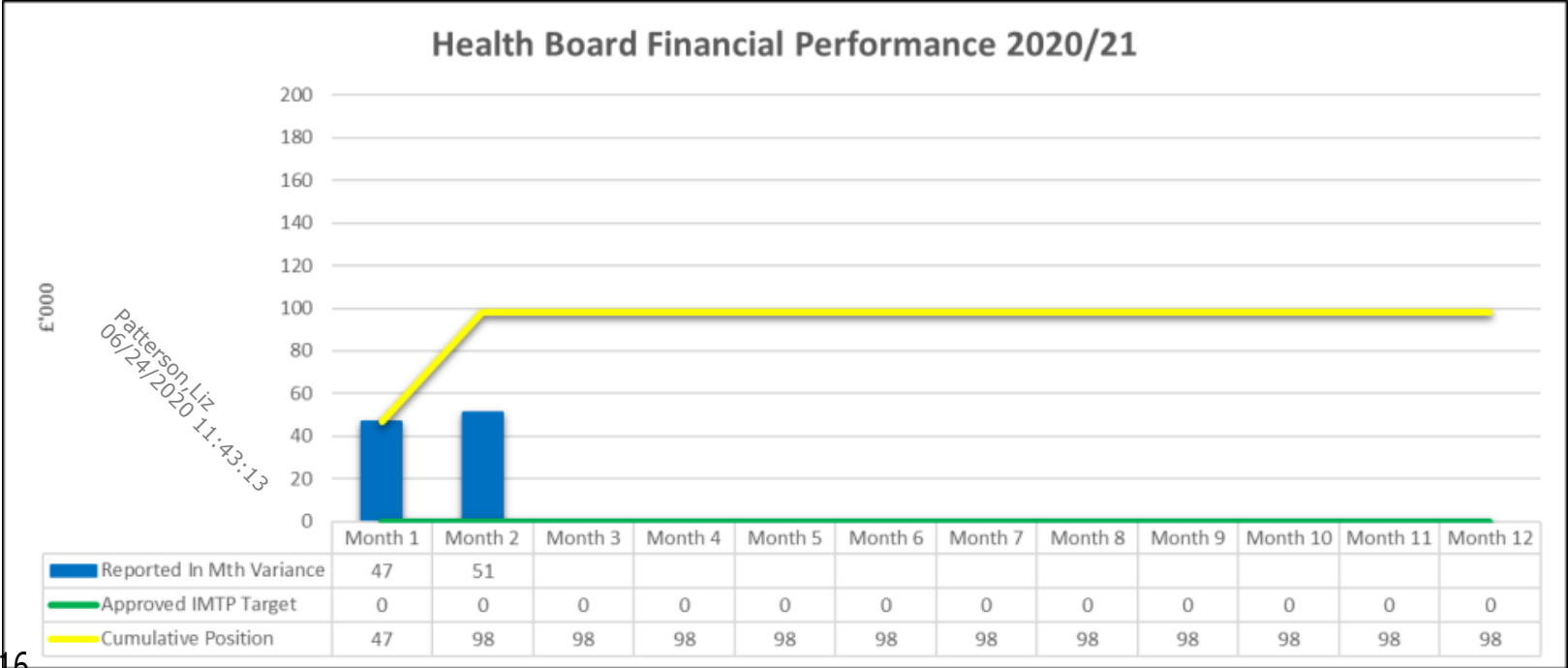
PSPP		
PSPP Target : To pay a minimum of 95% of all non NHS creditors within 30 days of receipt of goods or a valid invoice	Value £'000	Trend
Cumulative year to date % of invoices paid within 30 days (by number) Q1 – Forecast Green	Not provided until end Q1	→

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

At Month 2 for a number of areas no data is available and so it is assumed that in some areas spend will match the IMTP budgets/plan.

Spend in relation to Covid -19 is included in the overall position but is offset by an anticipated allocation for WG, so is not directly contributing to the £0.098m overspend in Mth 2.

Excluding Covid-19 the areas of overspend have been primary care drugs, based on 19/20 trends and CHC costs. The table on the next slide provides an overall summary.



Overall Summary of Variances @ Mth 2 YTD £000's

	BUDGET YTD	ACTUAL YTD	VARIANCE YTD	ANNUAL BUDGET	YEAR END FORECAST
01 - Revenue Resource Limit	(55,849)	(55,849)	0	(324,708)	(324,708)
02 - Capital Donations	(22)	(22)	0	(130)	(130)
03 - Other Income	(952)	(1,004)	(52)	(5,626)	(5,626)
TOTAL INCOME	(56,823)	(56,874)	(52)	(330,463)	(330,463)
05 - Primary Care - (excluding Drugs)	6,591	6,535	(56)	39,548	39,548
06 - Primary care - Drugs & Appliances	4,696	4,910	214	27,810	27,810
07 - Provided services -Pay	13,249	12,843	(406)	76,659	76,659
08 - Provided Services - Non Pay	3,776	3,737	(40)	15,765	15,765
09 - Secondary care - Drugs	168	140	(27)	1,005	1,005
10 - Healthcare Services - Other NHS Bodies	23,152	23,548	397	138,910	138,910
12 - Continuing Care and FNC	2,396	2,481	85	14,168	14,168
13 - Other Private & Voluntary Sector	390	373	(17)	2,340	2,340
14 - Joint Financing & Other	1,812	1,812	(0)	10,701	10,701
15 - DEL Depreciation etc	585	585	0	3,507	3,507
16 - AME Depreciation etc	8	8	0	50	50
18 - Profit/Loss Disposal of Assets	0	0	0	0	0
TOTAL COSTS	56,823	56,973	150	330,463	330,463
TOTAL	0	98	98	(0)	(0)

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Original Plan 2020/21 = £5.5m

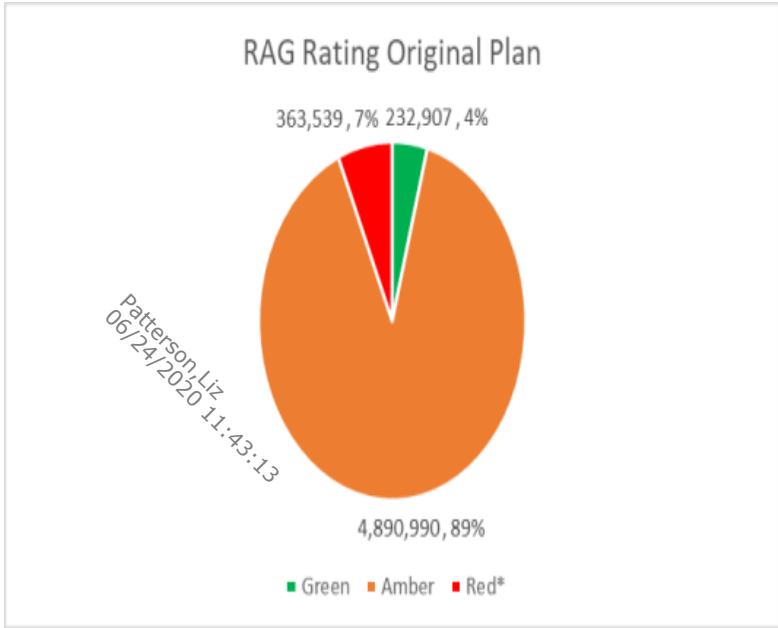
Workstream	Original 2020/21 £
Medicines Mangt	492,339
Pathways	2,629,623
Procurement, Non Pay & CHC	741,558
Workforce Efficiency	1,623,916
Total	5,487,436

Original Target 2020/21 = £5.6m

As result C-19 outbreak a full review of all schemes was undertaken at end May and using information available at time it was assessed that likely delivery would be £1.8m based on number assumptions

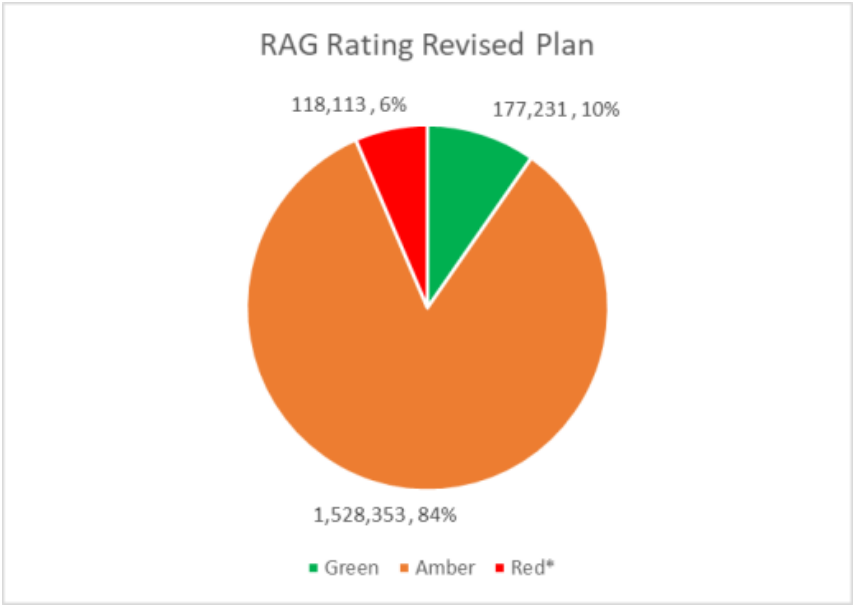
Revised Plan 2020/21 = £1.8m

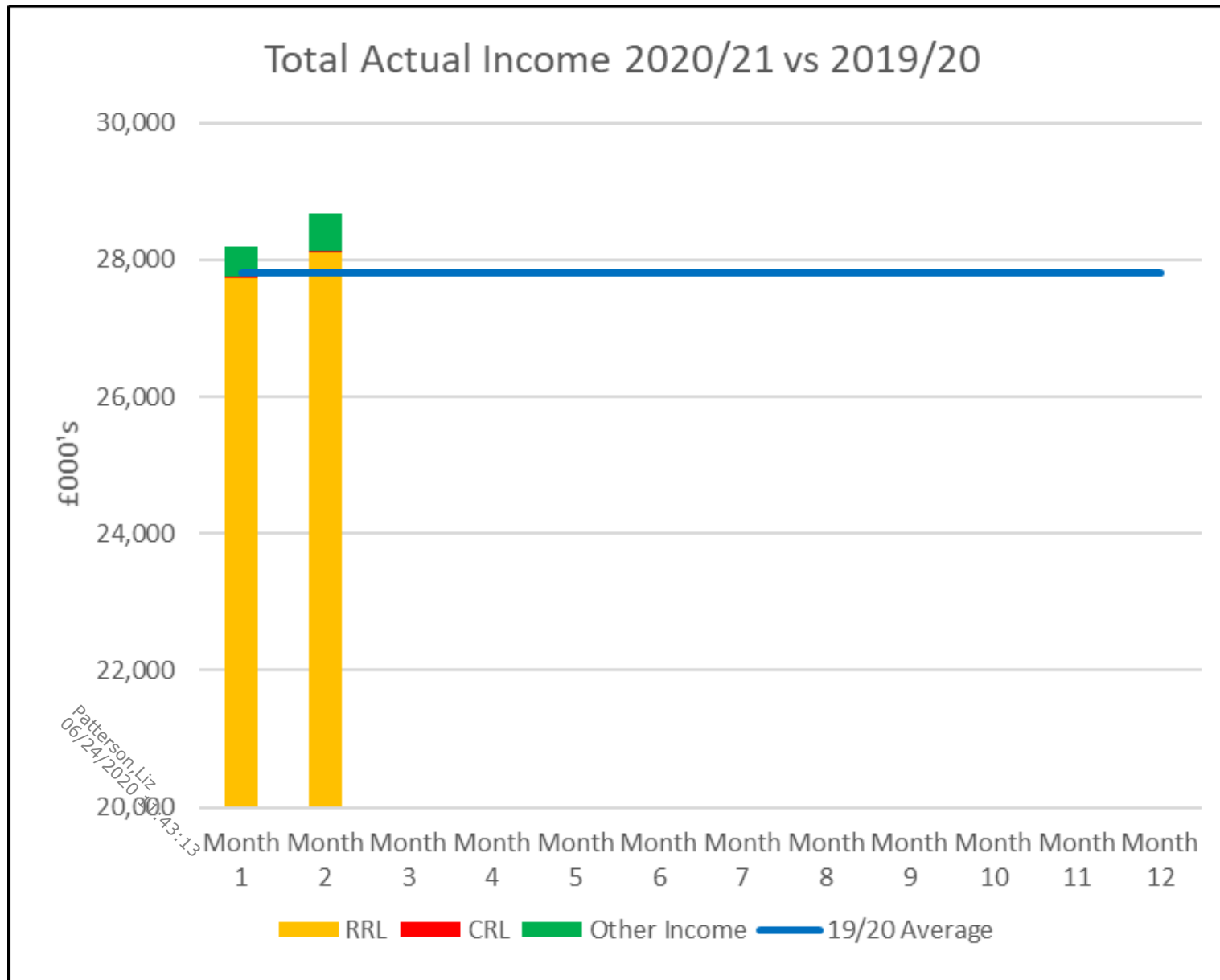
Workstream	Revised 2020/21 £
Medicines Mangt	206,113
Pathways	664,159
Procurement, Non Pay & CHC	333,524
Workforce Efficiency	619,900
Total	1,823,697



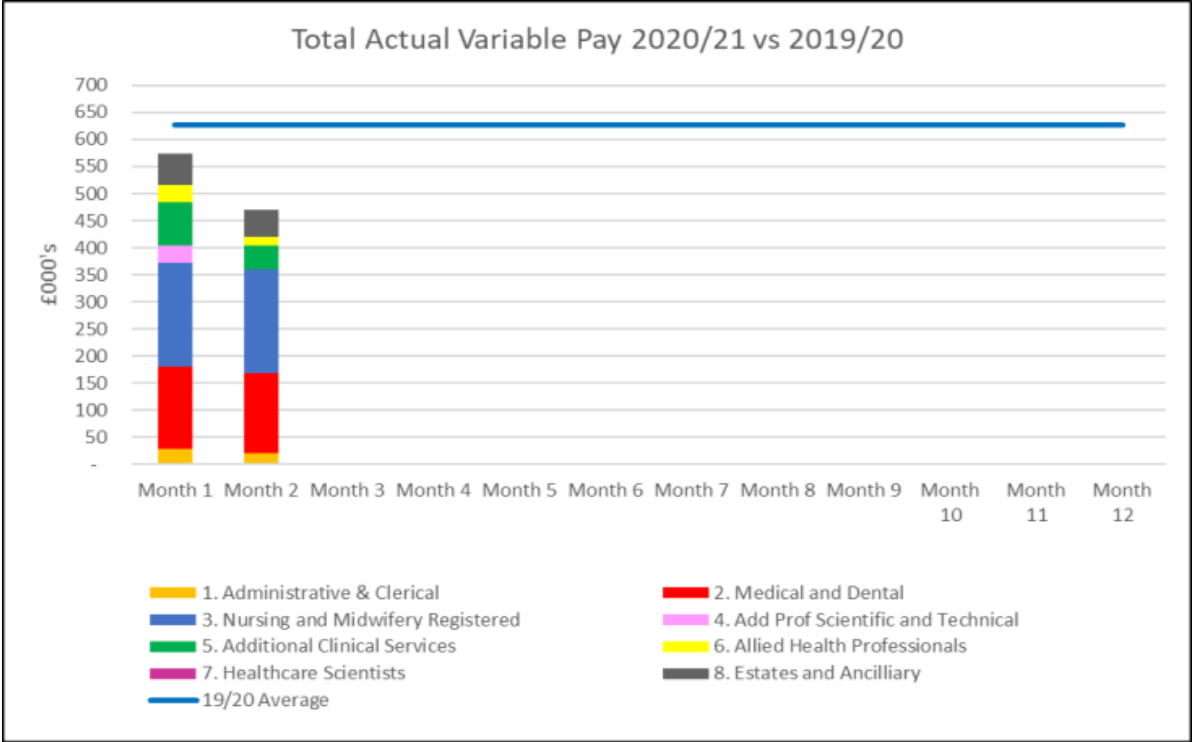
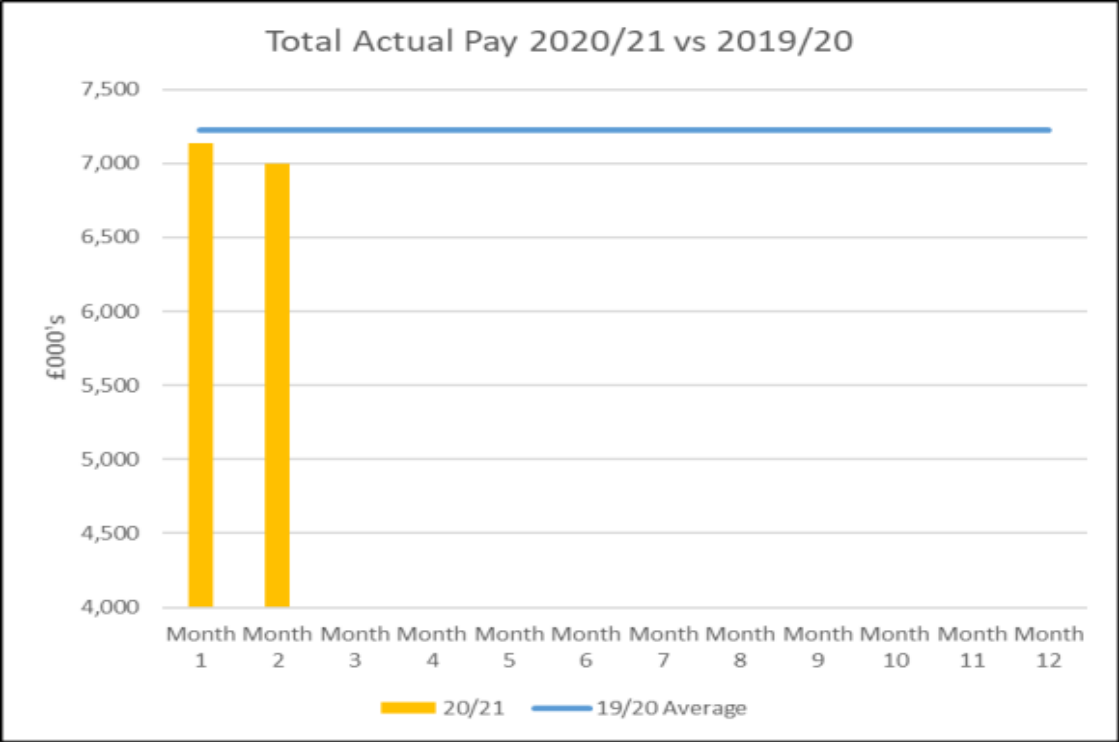
Movement from Original Plan = £3.4m
Current assumption is this will be funded by WG

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



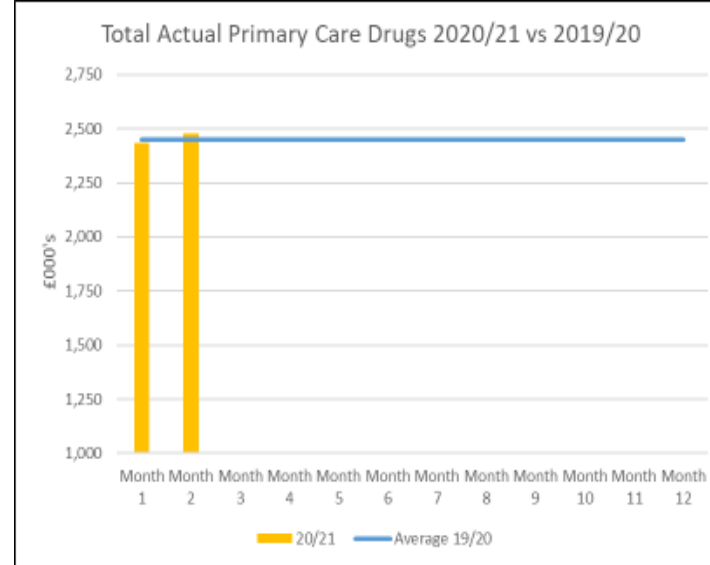
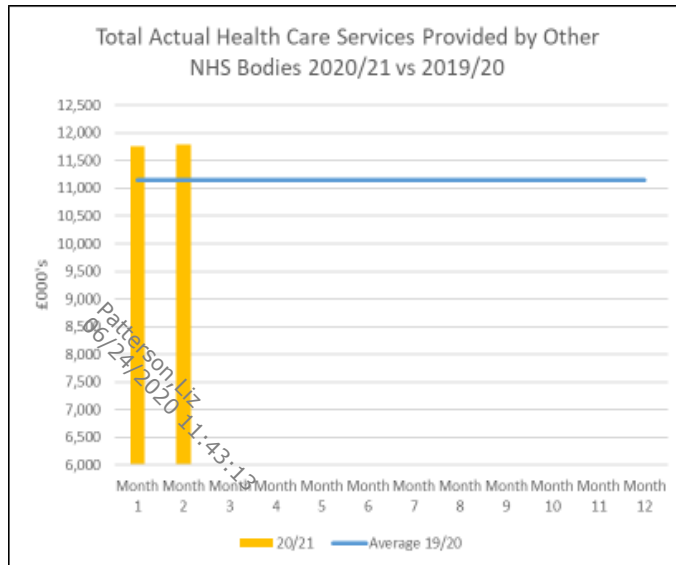
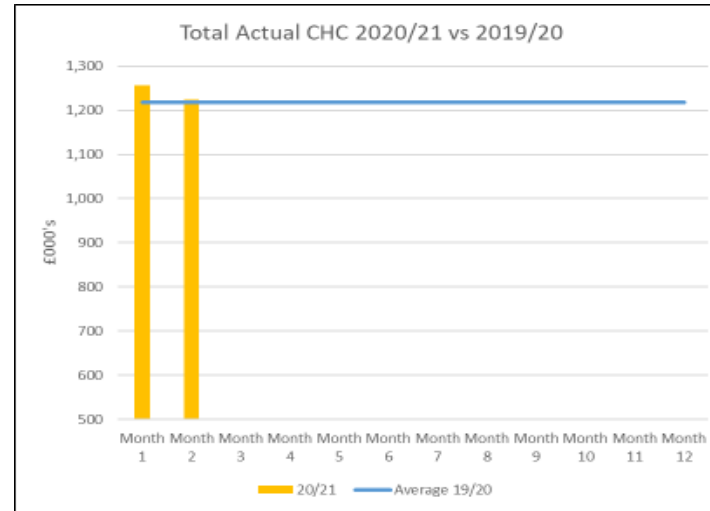
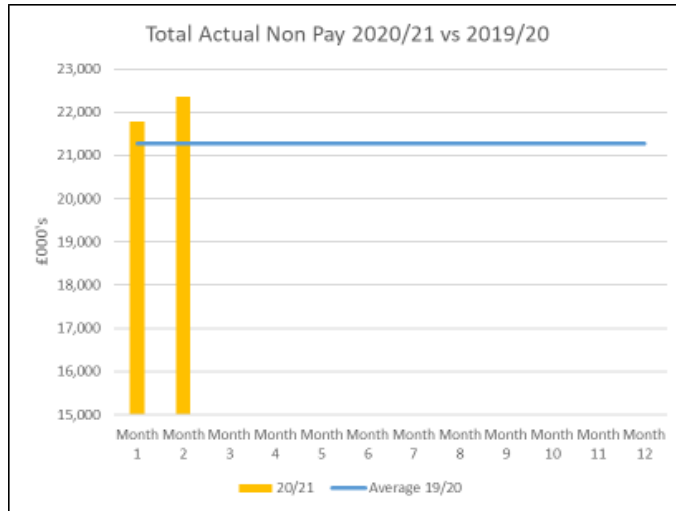


- The total income received in 2020/21 is higher than the average for 2019/20. In the main this will relate to the allocation uplift provided by WG as well as additional in year funding.



- The month 2 YTD pay is showing an underspend of £0.406m against the year to date plan. Underspends are being experienced across most of the service areas.
- Variable pay costs have decreased significantly compared to the 19/20 monthly average based on the Mth 1 and 2 actuals.

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- Actual Non Pay spend in 2020/21 is significantly higher than the average trend from 2019/20. There are 3 key drivers for this increase:
 - Commissioning – currently the LTAs are paid on a Block arrangement as per the guidance from the DoH and WG as a consequence of C-19. This is based on the Mth 9 position for England and Year End Position for Wales plus 25 uplift. Therefore the costs are expected to be higher than 19/20 and this pressure is reported under C-19.
 - ChC - expenditure saw an increase in Mth 1 as a result of additional CHC patients but this has reduced in Mth 2 as a consequence of the number of deaths in month. CHC remains an area of risk for the organisation and is reported as such to WG – see Risk & Opportunity slide.
 - Prescribing – whilst the graph shows that 2020/21 spend was broadly in line with 2019/20 the Health Board has received no accrual Prescribing Data for 2020/21 and so these figures are based on estimates. The Prescribing data is always 2 months in arrears and the first actual 2020/21 data will not be received until the end of June. However there are pressures as a result of No Cheaper Stock Obtainable across the UK but the impact for Powys at this point is unknown. But this is reported as risk to WG – see Risk & Opportunity slide.

Summary Forecast Covid-19 Revenue Expenditure 2020/21

Area	YTD		Q1		2020/21	
	£'000		£'000		£'000	
Pay						
General C-19	266		512		4,725	
TTP	-		197		1,970	
		266		709		6,695
Non Pay						
PC	222		242		422	
PPE	86		247		1,445	
Provider	319		489		2,119	
LTA	397		595		2,377	
TTP	-		65		220	
		1,024		1,638		6,583
Non Delivery Savings		875		1,313		3,664
Reduction Spend	-	161	-	241	-	680
TOTAL		2,004		3,418		16,262

Note – above table excludes any capital costs

Key Assumptions Support Forecast Covid-19 Revenue Expenditure 2020/21

Timeframe

- Costs for 12 month period from April 2020– March 2021

General Assumptions

- Cost June assumed in line with actuals for April and May
- Forecast July 2020 – March 2021 based on flexibility to increase beds up to 199
- Forecast TTP full costs from June onwards – pending further review at end Q1

Pay

- Based on Workforce model required to support 199 beds
- Additional costs included for facilities
- Variable pay costs based on Covid-19 FCP process
- TTP – based on workforce model for testing and clinical tracking for PtHB costs only.

Non Pay

- Equipment excludes any costs in relation to the all Wales procurement process based on the assumption this will be centrally funded
- PPE costed based on current modelling
- LTA pressures are based on current block arrangements compared to IMTP plan
- Other costs identified via Covid-19 Cost Centre (B259)

Summary Submission

Capital Expenditure	£
Surge Capacity Capital Requirement (Financial Tab)	
Additional Bottle Stores	80,000
Asbestos survey and works	12,000
Extra outlets	9,000
Facilities upgrades curtains waste etc	2,000
Fire	16,000
Fire Alarm Commission	6,000
H&S upgrades	8,000
Hot Clinic	23,000
IPC	3,500
IT	8,000
Mortuary Roof	22,230
New Manifold	15,000
Nurse Call	40,000
Oxygen Concentrator	194,700
Oxygen monitors	38,400
Services Upgrade	22,000
Services Upgrades	2,000
Shower units	64,000
Social Distancing	100,000
Swab Stations	30,000
Vent commissioning	9,000
Ventilator	650,000
Vents & Commission	324,000
VIE	75,000
Wash Facilities	39,000
Welfare upgrade	10,000
Sub Total Surge Capacity	1,802,830
Other Capital Funding	
Mobile X-Ray (Equipment Tab)	84,000
30 x Additional Beds (Beds Tab)	36,856
Sub Total Other	120,856
TOTAL	1,923,686

Key Assumptions

- Submission based on the capital requirement for surge capacity within the Health Board's existing NHS premises.
- Submission will form the basis of the capital allocation (CRL) for the Health Board to support C-19.
- Excludes any costs relating to the All Wales procurement and capital process as it is assumed this is funded centrally
- Based on the information received @ 5th June

Submission 2:Capital Requirements @ 5th June



Microsoft Excel
Worksheet

Table 1: Risk Reflected MMR Mth 2

Risk	£ '000	Likelihood
Under delivery of Amber Schemes included in Outturn via Trac	- 1,528	Medium
Continuing Healthcare	- 500	High
Prescribing	- 860	High
Pharmacy Contract	- -	Low
WHSSC Performance	- 500	Medium
Other Contract Performance	- -	Medium
GMS Ring Fenced Allocation Underspend Potential Claw back	- -	Low
Dental Ring Fenced Allocation Underspend Potential Claw back	- 295	Low
Anticipated COVID Allocations not received	- 16,262	Medium
Non-Delivery Underlying Assumptions IMTP	- 1,352	Low
WRP Pressure above 19/20 budget	- 230	Medium
Total	- 21,526	

Table 2: Opportunities Reflected MMR Mth 2

Opportunity	£ '000	Likelihood
Red Pipeline Schemes	118	Medium
Reduction SLA Agreements England	-	Low
Funding Slippage / Divert Funding to C-19	1,617	Medium
Total	1,735	

Note – full details on the risks listed above can be found in the WG Narrative Report attached to Appendix 1

Key Messages

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

- Health Board has an approvable IMTP for 2020/21 which had a number of assumptions detailed in the Resources Plan presented to Board, but in summary:
 - Savings target agreed in IMTP need to be met
 - HB must identify opportunities to support financial position
 - General expenditure to remain at 19/20 level.
- Covid-19 represented a risk to the organisation but the Mth 2 position and current year end forecast exclude the impact of all expenditure either incurred to date or planned to be incurred in the future on the assumption that this will be funded by WG. The MMR submitted on 11th June 2020 forecasts £16.2 m of costs associated with Covid 19 for 2020/21.
- Savings required and agreed by the Board in the IMTP was £5.6m. Whilst there were plans to deliver this the Covid-19 pandemic has had a significant impact of the HB ability to deliver. The assessment undertaken at end April reduced the likely delivery to £31.8m and this could reduce further pending a further reviews during 2020/21.
- There are further potential risks to the position which are detailed on page 9 of the report.

Summary

In summary this paper identifies that:

- PTHB is reporting an over spend at month 1 2019/20 of £0.098M.
- Within the £0.098m is an assumption that the HB will receive £2m of funding from WG to support the Covid-19 pressures.
- PTHB has an assumed £1.8M savings against the target of £5.6M. It is assumed any shortfall as a result of C-19 will be funded by WG.
- PTHB has an Capital Resource Limit of £1.930M and has spend £0.114M.
- PTHB continues to forecast a balanced year end position subject to the actions and risks as identified in the report. But will be undertaking a full assessment the financial position in Q1/2 for expenditure and risks outside of Covid-19.

Powys THB Finance Department

Financial Performance Report - Appendices

Period 02 (May 2020)
FY 2020/21

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Embedded below are extracts from the Period 02 Monthly Monitoring Return submitted to Welsh Government on Reporting Day 9

MMR Narrative



Microsoft Word
Document

MMR Key Tables



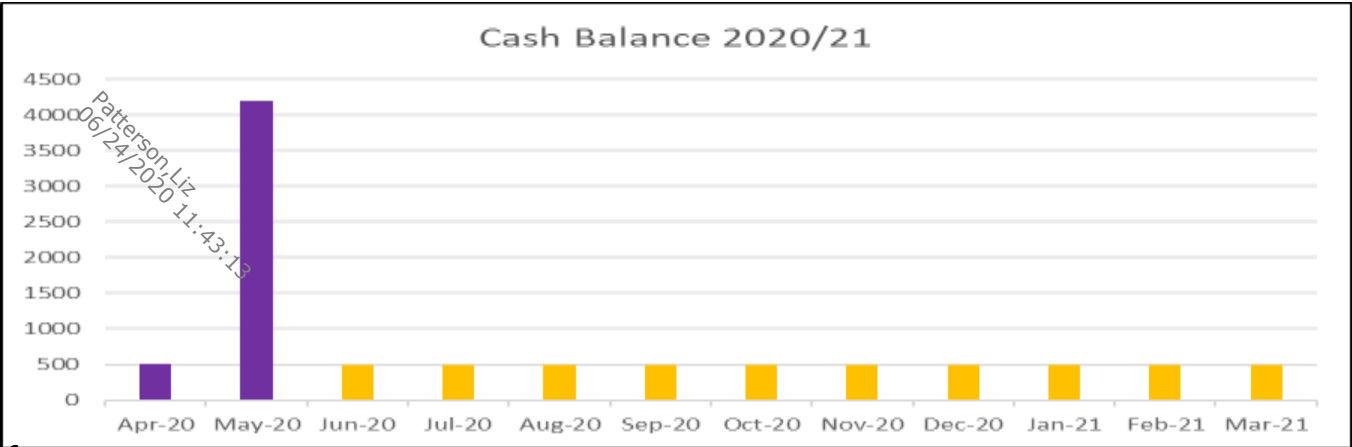
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Scheme	Capital Resource Limit	Annual Planned Expenditure	Expenditure to 31st May 2020
WG CRL FUNDING	£M	£M	£M
Discretionary Capital	1.431	1.431	0.057
Sale of Mansion House	0.250	0.250	0.000
Pharmacy Equipment	0.040	0.040	0.000
19.20 Slippage (Pharm Equipment - clinical pharmacy at a distance) into 20.21	0.067	0.067	0.000
19.20 Slippage (Digital Priority Investment Fund) into 20.21	0.078	0.078	0.031
19.20 Slippage (19.20 Year End Capital - Dental Equipment) into 20.21	0.042	0.042	0.000
Covid-19 Digital Devices	0.022	0.022	0.000
Covid-19	0.000	0.000	0.026
Donated assets - Purchase	0.130	0.130	0.000
Donated assets (receipt)	(0.130)	(0.130)	0.000
TOTAL APPROVED FUNDING	1.930	1.930	0.114

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	Mth 1 £'000	Mth 2 £'000	Mth 3 £'000	Mth 4 £'000	Mth 5 £'000	Mth 6 £'000	Mth 7 £'000	Mth 8 £'000	Mth 9 £'000	Mth 10 £'000	Mth 11 £'000	Mth 12 £'000
OPENING CASH BALANCE	540	504	4193	500	500	500	500	500	500	500	500	500
Receipts												
WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA only	29010	29920	29330	28390	27170	28120	28670	26480	28470	26780	27830	25368
WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only	-120	0	-240	-120	-120	-120	-120	-120	-120	-120	-120	-120
WG Revenue Funding - Other (e.g. invoices)	3744	7	10	10	10	10	10	1000	10	1000	200	3000
WG Capital Funding - Cash Limit - LHB & SHA only	0	0	0	0	0	0	0	0	0	0	0	1721
Income from other Welsh NHS Organisations	838	479	400	400	400	400	400	400	400	400	400	400
Other - (Specify in narrative)	781	462	300	300	300	300	300	300	300	300	300	300
Total Receipts	34253	30868	29800	28980	27760	28710	29260	28060	29060	28360	28610	30669
Payments												
Primary Care Services : General Medical Services	2556	2405	2600	2600	2000	2500	2600	2300	2400	2600	2400	2200
Primary Care Services : Pharmacy Services	1617	571	450	900	0	450	900	0	900	0	450	450
Primary Care Services : Prescribed Drugs & Appliances	1229	1150	1200	1200	1200	1200	1200	1200	1200	1200	1200	1200
Primary Care Services : General Dental Services	382	403	400	400	400	400	400	400	400	400	400	400
Non Cash Limited Payments	130	128	130	80	80	80	80	80	80	80	80	80
Salaries and Wages	6817	6825	6800	6800	6800	6800	6800	6800	6800	6800	6800	6800
Non Pay Expenditure	21558	15697	21913	17000	17280	17280	17280	17280	17280	17280	17280	17818
Capital Payment	0	0	0	0	0	0	0	0	0	0	0	1721
Other items (Specify in narrative)	0	0	0	0	0	0	0	0	0	0	0	0
Total Payments	34289	27179	33493	28980	27760	28710	29260	28060	29060	28360	28610	30669
NET CASH FLOW IN MONTH	-36	3689	-3693	0	0	0	0	0	0	0	0	0
Balance c/f	504	4193	500	500	500	500	500	500	500	500	500	500



Purple = Actual Closing Balance

Yellow = Forecast Closing Balance

DIRECTOR OF FINANCE COMMENTARY

FINANCIAL YEAR 2020/2021

FINANCIAL PERFORMANCE TO MONTH 2 (MAY 2020)

1. Introduction

Powys THB 2020-2023 IMTP was approved by the Board and recognised as approvable by Welsh Government on 19th March 2020. The approvable plan is balanced over the three year period and balanced in year 1 (2020/21). However the plan was completed and approved by the Board prior to the COVID-19 pandemic.

In line with previous years, timely data is not available the first 2-3 months of the year for a number of spend categories and therefore at this stage it has been assumed that spend matches budgets in respect of certain primary care and provider areas, except where actual spend is known or there is a material change from the budget plan profile. The exception to this is Covid-19 where spend is being tracked as part of the internal governance mechanism and expenditure incurred or approved for future months is detailed in Table B3 and further explanations provided in section 8 of this report.

As at month 2, the Health Board is reporting an overspend position year to date of £0.098M and is forecasting a breakeven position at year end. However this position is based on a number assumptions, the key issues detailed below:

- Primary Care Contracts & prescribing remain within the assessed funding envelop as at Mth 1 and in line with the IMTP budget plan as set.
- Principles by which the Health Board removed the underlying deficit in the 2020/21 IMTP remain and there are ongoing opportunities to deliver this.
- Non COVID-19 costs pressures are managed by the Health Board within its funding envelope and is part of the appropriate management of risks and opportunities throughout the year, including any increases in the WRP pressure.
- All COVID-19 expenditure above normal spend levels is funded by Welsh Government, and in Mth 2 this funding is included within the anticipated allocations and for Mth 1-2 within the RRL in Table B.
- Shortfall in the delivery of the savings as a consequence of COVID-19 is funded by Welsh Government, and in Mth 2 this funding is included within the anticipated allocations and for Mth 1-2 within the RRL in Table B.

2. Summary of year to date and year end forecast

As at Month 2 the THB is reporting an over spend of £0.098M with a year-end forecast of breakeven, on the assumption and basis that spend incurred to date for Covid-19 as per table B3 is funded by WG.

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Table 1 – Overall Summary of Month 1 position

Comments on and reasons for the main variances reported in table 2 are outlined below

	BUDGET YTD	ACTUAL YTD	VARIANCE YTD
01 - Revenue Resource Limit	(55,849)	(55,849)	0
02 - Capital Donations	(22)	(22)	0
03 - Other Income	(952)	(1,004)	(52)
TOTAL INCOME	(56,823)	(56,874)	(52)
05 - Primary Care - (excluding Drugs)	6,591	6,535	(56)
06 - Primary care - Drugs & Appliances	4,696	4,910	214
07 - Provided services -Pay	13,249	12,843	(406)
08 - Provided Services - Non Pay	3,776	3,737	(40)
09 - Secondary care - Drugs	168	140	(27)
10 - Healthcare Services - Other NHS Bodies	23,152	23,548	397
12 - Continuing Care and FNC	2,396	2,481	85
13 - Other Private & Voluntary Sector	390	373	(17)
14 - Joint Financing & Other	1,812	1,812	(0)
15 - DEL Depreciation etc	585	585	0
16 - AME Depreciation etc	8	8	0
18 - Profit/Loss Disposal of Assets	0	0	0
TOTAL COSTS	56,823	56,973	150
TOTAL	0	98	98

Line 01- Revenue Resource Limit

The main source of funding is received from WG based on the annual resource allocation letter adjusted for any subsequent allocations together with anticipated allocations.

In summary, the RRL is based on the following levels of confirmed and anticipated allocations.

Table 2 – Summary of RRL allocations

	Allocations Received		Allocations Anticipated		Total £000's
	Recurring £000's	Non Recurring £000's	Recurring £000's	Non Recurring £000's	
Hospital and Health Services (HCHS)					
Initial Allocation	270,605				270,605
Additional Allocations (in year)	0	1,349	0	22,319	23,667
General Medical Services (GMS)					
Initial Allocation	33,454				33,454
Additional Allocations (in year)	0	0	0	206	206
Dental					
Initial Allocation	6,219				6,219
Additional Allocations (in year)	0	0	0	0	0
Pharmacy					
Initial Allocation	4,811				4,811
Additional Allocations (in year)	0	0	0	0	0
TOTAL	315,089	1,349	0	22,525	338,962

Details of anticipated allocations are included within Table E

Line 05 – Primary Care (excluding Drugs)

Line 06 - Primary care – Drugs and appliances

The budgets for primary care drugs and appliances are as outlined within the 3 year IMTP and include increases over the 19/20 budget to reflect assumed inflation and growth. PtHB has assumed additional funding will be forthcoming from WG in respect of any GMS uplifts.

There is limited data available at Month 2 in respect of expenditure levels and therefore the position has been based on 19/20 trend data adjusted for non-recurring items until such time as sufficient 2020/21 data is available. However the PtHB is aware of a potential risk regarding prescribing based on the changes being implemented on No Cheaper Stock Obtainable (NCSO).

Line 07 - Provided Services – Pay

Summary of Pay Spend as at Month 2	
	£000's
Annual Budget (Net of savings)	76,659
Budget (gross year to date)	13,970
Savings Targets b/f (YTD)	(531)
20-21 New Savings Targets (YTD)	(191)
Net Budget YTD	13,249
Spend to date	
Contracted	11,815
Bank	392
Agency	345
Locum	292
Total Spend to date	12,843
YTD VARIANCE	(406)

The month 2 pay position is in line with the budget plan but does not yet deliver the level of underspend required to address the assumption in the IMTP on the removal of the underlying position.

Line 08 - Provided Services – non Pay

As indicated above, the majority of budget areas are accrued in line with the IMTP budget, pending provision of further data and trends in 2020/21.

Line 10 – Healthcare Services provided by other NHS bodies

As a consequence of Covid-19 block arrangements in place until the end of July for English providers and for Quarter 1 for Welsh provider, the value of these block arrangements are above the assumed budget plan levels and the figures included within the IMTP based on Month 8 2019/20 commissioning positions. The value of this cost pressure is reflected in the Covid-19 Table B3.

COMMISSIONING REPORT	Budget YTD. £000's	Actual to Date £000	Variance YTD. £000's
01. WELSH PROVIDERS	6,122	6,138	17
02. ENGLISH PROVIDERS	9,692	9,929	237
03. WHSC	6,730	6,799	69
04. OTHER NHS PROVIDERS	518	591	74
06. PRIVATE PROVIDERS	91	91	0
Grand Total	23,152	23,548	397

Line 12 – Continuing Healthcare and FNC

The 2020-21 budget is in line with 2019-20 and includes assumptions in respect of inflationary and growth increases as outlined in the IMTP. As at Month 2, with the data available the position reflects an in month overspend of £0.026m, which is a reduction of £0.033m from Mth 1, linked to an increase in the number of deaths recorded in May and a reduction in the number of new CHC cases.

Lines 15 and 16 - Depreciation

As at Month 2, the assumption is that spend will match current budgets, which are subject to further review during the financial year.

Line 17 - Non allocated Contingency

The THB is not holding any Non allocated contingencies at 31st May 2020.

3. Ring Fenced and Directed Expenditure

Table 3 below summarises the current level of ring-fenced and directed expenditure allocations

Table 3 – Ring-fenced and Directed Allocations

Details of Ringfenced and Directed Allocations			
	As per Allocation letter	Allocations received in year	Total allocations
	£M	£M	£M
HCHS Allocations			
Learning Disabilities	7.494	0.000	7.494
Depreciation (Table 4 Column 1)	4.468	0.000	4.468
Mental Health Services (Table 2 column 10)	28.964	0.143	29.107
Renal Services	1.876	0.000	1.876
Palliative care funding	0.264	0.000	0.264
Integrated Care Fund	3.841	0.000	3.841
Delivery plan funding (Table 5)	0.000	0.000	0.000
Paramedic banding	0.398	0.000	0.398
Clinical Desk enhancements	0.047	0.000	0.047
Genomics	0.228	0.000	0.228
Critical care funding (including WHSCC funding)	0.024	0.000	0.024
Sub total - HCHS Ringfenced	47.603	0.143	47.746
Directed Expenditure			
Radiotherapy	0.263	0.000	0.263
Community Health Council funding	3.832	0.000	3.832
Assistive Technology (Staff costs)	0.013	0.000	0.013
Sub total - Directed	4.108	0.000	4.108
General Medical Services	33.454	0.000	33.454
TOTAL	85.166	0.143	85.308

As at Month 2, the THB do not anticipate any underspends against the areas shown above.

The following sections of the commentary provides further observations on the submitted Tables

4. Movement of Opening Financial Plan to Forecast Outturn (Table A)

The THB approvable IMTP includes a balanced financial plan for 2020-21 and at this point in the financial year the forecast is to deliver this plan subject to the assumptions detailed in Section 1 of the report.

Excluding Covid-19 pressures and the level of focus and staffing resource this has consumed over the last 12 weeks, it is important that the Health Board has a clear understanding of the financial position (excluding Covid-19). The underlying assumption is that all Covid-19 expenditure and related pressures from non-delivery of savings is met by Welsh Government. A comprehensive review of the forecast financial position (excluding Covid-19) is to be undertaken in Q1/Q2 (depending on timing of key data) to ensure that the THB is on target to deliver a balanced position by 31st March 2021 with appropriate action taken where needed.

5. Risk (Table A2)

Table 4 and 5 below summarise the risks and opportunities reflected in table A2.

Table 4: Risks:

Risk	£ '000	Likelihood
Under delivery of Amber Schemes included in Outturn via Tracker	-1,528	Medium
Continuing Healthcare	-500	High
Prescribing	-860	High
Pharmacy Contract	0	Low
WHSSC Performance	-500	Medium
Other Contract Performance	0	Medium
GMS Ring Fenced Allocation Underspend Potential Claw back	0	Low
Dental Ring Fenced Allocation Underspend Potential Claw back	-295	Low
Anticipated COVID Allocations not received	-16,262	Medium
Non-Delivery Underlying Assumptions IMTP	-1,352	Low
WRP Pressure above 19/20 budget	-230	Medium
Total	-21,526	

Table 5: Opportunities:

Opportunity	£ '000	Likelihood
Red Pipeline Schemes	118	Medium
Reduction SLA Agreements England	0	Low
Funding Slippage / Divert Funding to C-19	1,617	Medium
Total	1,735	

Further details on the assumptions supporting these risks and opportunities are detailed below:

Risks

- Under Delivery of Amber Schemes – section 9 of the report provides an overview of the savings position and the ongoing work to assess each scheme for delivery in 2020/21 given the position NHS is currently in with regard to Covid-19.

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The revised assessment of the delivery of savings in 2020/21, summarised in table 8 currently has £1.5m of amber and £0.118m of red schemes. The point is noted that we should not include Red Schemes but for the finalisation of the opening savings plan unfortunately Covid-19 work took priority and the one red scheme we had to resolve between 12th – 31st March was never finalised. In addition the retirement of the Chief Pharmacist left a gap for 6 weeks. Therefore the £0.118m for the one red remains and we continue to work with medicines management to assess its delivery.

At this point in the financial year all amber category schemes have been included as a risk, and this will continue to be assessed as part of the ongoing review of savings, again detailed in section 9. The key reason we are allocating the delivery of Amber schemes as a risk relates to the fact that 70% of the £1.8m relates to Workforce Efficiency and Pathways, both of which are highly depend on the impact of C-19. Whilst the value of the Green Scheme has moved this is due to the start date now being pushed back because of Covid-19 as opposed to the scheme not being deliverable.

Table 6: Revised Savings Plan by RAG Status

Workstream	Assessment End Mth 1	Assessment End Mth 2
Green	201,569	177,231
Amber	2,828,525	1,528,353
Red*	265,754	118,113
Total	3,295,848	1,823,697

**1 scheme under review New Chief Pharmacy started 1st May 2020*

- Continuing Health Care – during April PtHB had 12 new ChC cases, which was offset unfortunately in May by an increase in deaths. However given the trend in previous years for costs and case numbers to increase we have retained CHC as a risk in 2020/21.
- Prescribing – the £0.860m excludes any impact of increased costs as a result of Covid-19 (any costs that are attributable to Covid-19 will be allocated to table B3 and funding assumed from WG). There continues to be issues with NCSO with the costs for these products increased in April but as we are 2 months in arrears with the data it is difficult to predict the impact of this on the position. This is currently identified as a risk and will be reviewed as further data becomes available for 2020/21.
- Pharmacy Contract – no risk identified to date, to be reviewed based on quarter 1 data.
- WHSSC – At this point PtHB is paying the WHSSC contract at the agreed IMTP level however based on historic activity and performance trends this has been an area of underspend and is the assumption within the IMTP for 2020/21. The update provided by WHSSC to PtHB on 14th May outlined that there was 'Slippage on Planned Investments' with an end of year impact of £0.052m. This

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is significantly less than the value anticipated in the plan and a risk of £0.500m has been highlighted in table A2. WHSSC will be declaring this on Table B3 section D as slippage to support Covid-19 but as PtHB were always assuming an underspend within our plan we have excluded it from our side of the tables.

- Other Contract Performance – as all LTAs with English and Welsh providers are currently on a block arrangement, the financial impact of this is included in table B3 on Covid-19 and relevant funding assumed from WG with no risk identified at this point in the financial year. This will be reviewed should the Covid-19 position and block arrangements change with regard to LTAs.
- GMS – historically the GMS contract in PtHB has significantly overspent against the GMS allocation and there is no forecast change in this for 2020/21, therefore no underspend anticipated.
- Dental – as per the guidance, the PtHB is currently paying the base Dental contract at 80% of its 'standard' value. This means that there is the potential for a £0.295m underspend against the contract, which could be open to WG clawback. This funding is already feeding into the Covid-19 financial position in Mth 2. As this was initially allocated to the overall position in Mth 1 an adjustment has been made to reflect 2 months of this benefit in Table C of B3. If this funding is recovered centrally the Covid-19 position will deteriorate by £0.295m in 2020/21.
- Anticipated Covid-19 – Table B3 details the Covid-19 position as at Mth 2 and the assumptions supporting this is detailed in section 8 of the report. The financial position assumes the net impact of Covid-19 is funded in full by WG. Any change to this assumption would have an impact on the financial position.
- Non Delivery re Underlying Assumptions IMTP – as per the IMTP submitted on 31st January 2020 the health board has established a succession of IMTPs with balanced three year financial plans, which have subsequently received Welsh Government approval. Each IMTP has included an underlying deficit whilst delivering its financial duty in 2016/17, 2017/18, 2018/19 and 2019/20 (subject to audit). In part the underlying deficit has been mitigated each year by utilising non-recurrent opportunities, and whilst the non-recurrent opportunities change year on year the Health Board has recurrently identified these opportunities each year. Recognising that the Health Board identifies approximately £1M to £2M of opportunities year on year in the 2020/21-2022/23 IMTP the underlying deficit was been removed. The removal of the underlying deficit was undertaken on the basis that each year opportunities will continue to arise in the following areas:
 - Pay underspends on provider arm of the Health Board
 - Slippage on funding received
 - Other income above anticipated budgets

The IMTP was based on the underlying position at Mth 8 of 19/20 so any movement from this baseline or the opportunities detailed above will present a significant risk to the Health Board's financial plan.

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Linked to the assumption above the position at the end of Mth 2 is detailed below:

- Pay underspends – the pay position at Mth 8 in 19/20 was underspent by £0.720M YTD or assumed FYE of £1.0M. The pay position in 2020/21 is complicated by the C-19 costs, met by WG but the HB will need to assess whether this level of underspend reported at Mth 8 in 19/20 will be reflected in the 20/21 financial position.
- Slippage on funding received – at the point of completing the IMTP using the Mth 8 data the HB was assuming underspends in various project areas including but not exclusively ICF, Transformation programmes, Rehab and Reablement. Each year the slippage used to support the position will change depending on the projects in place. Given that any underspends are being directed to support Covid-19 there is a significant risk that this could undermine the delivery of a breakeven position for the HB excluding Covid-19 spend.
- Other Income above anticipated budgets – at Mth 8 in 19/20 the Health Board was seeing an over achievement in income of £0.175M YTD and ended 19/20 at £0.670M overachieved. Currently this is in line with 20/21 but will be monitored to ensure delivery to support IMTP.

As it too early in the financial year to identify whether all the opportunities required will be identified in full in 2020/21, £1.4m has been included as a possible risk based on the comments above. This position will need to be reviewed as part of the on-going assessment of the forecast position for 2020/21.

- WRP – At time of completing the IMTP the WRP pressure was £0.577m in 19/20, which was reflected in the IMTP Financial Plan for 20/21. The final outturn for 19/20 reduced to £0.233M. Initial indications are that the WRP could be as high as £0.807M in 20/21 but given the level of uncertainty we have added the growth of £0.230M as a risk at this point in the year to be managed as part of the wider Health Board risks and opportunities.

Opportunities:

- Reduction LTA Agreements with England – this has been reduced to nil and the benefits now reported in Table B3.
- Funding Slippage / Divert Funding Covid-19 – there are a number of funding streams within the Health Board that may underspend and as in previous years the benefits utilised to support the underlying position. The list includes:
 - Additional Cluster Funding
 - Transformation Bid - North Powys

It is these areas that would historically have supported the removal of the underlying deficit. A number of the schemes included in Mth 1 have been removed as there will be no assessed benefit at this point in the Financial Year.

6. Monthly Positions (Table B)

Table B has been completed as required with the YTD figures being presented. These include the Covid-19 expenditure which is broken-down further in table B3.

7. Pay Expenditure Analysis (Table B2)

Table B2 has been completed as required this month.

8. COVID-19 (Table B3) / Field Hospital Submission

Section 7.1: Table B3 Explanation of Spend/Forecast Spend & Operational Planning Assumptions Quarter 1.

Table A Overarching Assumption:

Note – key movements from Mth 1 to Mth 2 are highlighted in green in the sections below. In Mth 1 we are forecasting £12.6m but that has increased following the review of the latest savings position and new estimated costs of Test, Track & Protect.

The Health Board has a number of surge capacity options. 'Surge 1' is to increase the bed capacity from 147 to 199 and 'Surge 2' was to increase from 199 to 268. The information contained within Table B3 is assuming any surge capacity would be at 'Surge 1' levels i.e. 199 beds or 52 beds above standard operating levels.

During April and May no additional surge beds were required and table B3 assumes this will continue through June. The pay costs for June assume the same spend for April and May and no requirement for the surge capacity. From Q2 onwards table B3 assumes that the additional 52 beds may open, as PtHB may be required to flex these additional beds to support capacity requirements due to Covid-19 and reintroduction of core services.

The costs also assume the level of re-introduction of essential services in line with the revised operational plan.

All costs known at Mth 2 that are linked to Covid-19 are assumed to continue for the remainder of 2020/21.

The Mth 1 submission noted that 'no future costs have been built into the forecast for Contact Testing Track & Protect'. However there are now plans in place to support this programme and so from June onwards the cost of the programme, as we currently understand it, are included in Table B3. This programme is estimated to cost approximately £2.1m and is an addition to the Mth 1 forecast. As plans develop or change for this service response, costs will be assessed and added to future submissions.

The Test, Track & Protect has two elements for which PtHB will incur costs:

- The Testing Units of which there will be 3 set up and operating in Powys.
- The Clinical Tracking element of the tracking which will be supported by B7 and B5 clinical staff, paid for by PtHB. For the Clinical Trackers there could be up to 4 teams in operation. The first team is already in operation and is using a mix of those clinical staff currently shielding but able to work from home and

bank. In total if all four teams are required the WTE requirement will be 32.20WTE staff. Currently these are included and costed at A4C rates from June onwards but will be flexed as the service develops.

Any costs associated with the Local Authority element of the Contact Tracing work is excluded from table B3. For information the C-19 Test, Trace and Protect Joint Plan for Powys outlined the requirements for a further 85.28 WTE non clinical staff to support the Tracking process which would be provided by the Local Authority and is in addition to the 32.2WTE for Clinical Tracers detailed above.

In addition, the costs for any future Anti-Body testing have yet to be included but will be added as details are confirmed. Whilst there will be some random testing focusing on school hubs across Wales in June further guidance is awaited on the work going forward.

Non-Pay – for any equipment purchased via the All Wales procurement process costs have been excluded from table B3 on the assumption that it will be funded centrally by WG.

The Health Board has a robust mechanism in place for approving 'additional' spend linked to Covid-19 above £25k, which is detailed in the Covid-19 FCP. Items below £25k are managed via the standard PO process and monitored each month linked to a limited scheme of delegation for approval. For requests over £25k or for requests that cannot be managed via standard PO a request will need to be submitted, reviewed and approved through a formal process. Only at this point will it be recognised and added to future forecast spend for Covid-19 and included on Table B3. Therefore future month forecasts may change pending on the issues/requests identified.

Section A - Pay:

In May the HB saw: (1) an increase in excess hours and O/T above normal levels from the previous 2 years but saw a reduction in its bank costs; (2) continued to have 2 Medical Retire and Return; (3) 3 pharmacy technicians on a 12 month fixed term contract to support Covid-19; and (4) had a number of students join the Health Board. As the bed capacity has not increased and is assumed to remain at normal levels in June, the costs for June are expected to mirror those seen in April and May.

With regard to the Surge Capacity from Q2 onwards, the assumption is based on the flexibility to open up to 52 additional beds as required. In total opening up 52 extra beds would require 120 WTE staff. This would be supported by redeployment of existing staff from other areas of the Health Board as well as additional staff. Using the workforce plans the staffing implications of this increase above the costs already being incurred in April/May and any redeployment opportunities include:

- 13.80 WTE HCSW from Bank taking up fixed term contracts
- 47.71 WTE HCSW either from retire or return, students or agency and have been costs at standard on-contract agency rate (and costs currently on agency line)
- 21 WTE facilities staff which have been costed at mid-point Band 2

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In addition to the surge capacity the Health Board will also be incurring pay cost associated with the Test, Trace and Protect programme which started in PTHB in June, as per the detailed provided above. The staffing requirement for both Testing and Tracings (Clinical Only) includes:

- Clinical Lead and Business Manager for the Hub
- 6 WTE Administrators to support the Hub
- 39 WTE staff to operate the 3 community testing sites within Powys.
- 32.20 WTE clinical trackers (Band 7 and Band 5).

For the Mth 2 submission the full costs of these have been included from June onwards until the 31st March 2020.

Section A - Non Pay

- Accommodation Costs – whilst there is a process for staff to be provided with accommodation no costs have been incurred to date and so it is assumed any spend will be limited at this point.
- Additional Primary Care – Mth 1 submission included the costs for the additional OOH support for a full year. This element of the programme ceased on 31st March. However we are receiving detailed costs for the expenditure incurred by GP's in the first 2 months of 20/21, some of which are assumed to continue.
- CHC – there are ongoing issues regarding the financial sustainability of Care Homes. There are further discussions scheduled to be had via Gold in June, which may impact on forecast going forward for this area, as well as the papers that have been produced for WG.
- Community Equipment – anticipated increase in spend on Section 33 for Community Equipment store to support the WG Discharge Process and the potential increases in discharges. A small value has also been included for ad hoc purchases each month for general equipment via PO's, which will be below the value by which additional approval is required as per the Covid-19 FCP.
- Covid Testing Unit – this line includes an estimate of the kit required to undertake the testing only. Other costs have been allocated to relevant lines as all costs will go to one dedicated Covid-19 Cost Centre. The requirements of the Testing & Tracing work will be refined over the coming months and current costs are based on estimated costs included with the formal paper approved by Gold at the end of May. However no costs have been included for the laboratory element as it is assumed this is being met by PHW.
- Estates – the Health Board has incurred costs in developing Primary care hot clinics in its community hospitals and it is anticipated that minor additional estates costs will be incurred throughout the year.
- M&SE – using the costing data the average general non-pay costs per bed for M&SE is £45.31 per day. This has been used to forecast M&SE from July onwards.
- LTA – the IMTP/budget was based on the estimated forecast costs of commissioning using the data available as at Month 8 in 19/20. The block arrangements for Welsh and English providers has been set (as per guidance) on a different basis to that of the IMTP and so the costs have

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increased above budgetary levels there is cost pressures of £0.198M per month. This is above previous submission levels as the HB has only reached an agreement on the Bock arrangement with Worcester Acute Hospitals NHS Trust, which was slightly higher than anticipated.

- PPE – PtHB has undertaken modelling on the use of PPE kit and this modelling has been used to forecast spend from June onwards.
- Other – there is assumption of increased costs for areas such as uniforms, laundry and utilities related to additional 52 bed capacity.
- Test, Trace & Protect – included within the lines are the identified costs for the delivery of this service from June.

Section B – Savings:

This reflects the work detailed in section 9 below and the movement from the original plan in table 7 compared to the revised plan in table 8, with the shortfall in savings increasing by £1.5m following a further review at the end of May on likely delivery of saving in 2020/21 due to the likely impact of C-19.

Sections - C & D:

To reflect the comments in the Monitoring Return letter and following a review of the SLA with our English providers a 'reduction in SLA with English Providers' has been included in this section. This reflects the estimated benefit from variable element of SLA's held with Wye Valley Trust and Oswestry. These benefits have been reflected in the Mth 2 position as well as potential impact going forward.

In addition, there is a FYE benefit of £295k for reduction of the base Dental Contract by 20% and again this has been reflected correctly within Mth 2 position.

PtHB is also aware that WHSSC will be declaring Slippage on Planned Investments in Table D – this has not be included on the Powys submission and I would refer the read to the WHSSC paragraph in section 5.

Of the additional funding allocated via the RPB, which for Powys was £0.538m, no benefit has yet been assumed in Table D until further work has been undertaken in line with the actions coming from the latest RPB Cross Cutting &Resources Overview Group held on 8th June.

Section 7.2: Field Hospital Submission

PtHB Field Hospital is on hold. However the health Board did incur some initial costs for Architect and Design fees which have been included on the return.

9. Health Board Savings Delivery 2020/21

As per the submission made to WG on 31st January 2020 the IMTP savings requirement for 2020/21 was £5.6m, with the Health Board setting itself a target to identify 75% by the end of Feb and 100% by the end March. At the end of February the Health Board reported identification of 72% of savings proposals against the £5.6m. The Health Board held a Timeout with Executive Directors and Deputy Directors on 12th March and further proposals were discussed, which when reflected

in the savings tracker had the potential for the Health Board to delivery £5.5m of savings (assuming that the majority of the schemes commenced on 1st April). A summary of the £5.5m plan by work stream is provided below:

Table 7: Original Savings Plan by Work stream 2020/21

Workstream	Revised 2020/21 £
Medicines Mangt	492,339
Pathways	2,629,623
Procurement, Non Pay & CHC	741,558
Workforce Efficiency	1,623,916
Total	5,487,436

The delivery of this target and associated schemes was planned to be overseen by Executive Lead work streams for Medicines Management, Pathways, Procurements & Non Pay and Workforce Efficiency, with a clear governance framework supporting, which were due to come into effect from the end of March 2020. As a consequence of the Covid-19 pandemic the work streams are currently on hold.

Although the focus for PtHB has been on Covid-19 pandemic work, the delivery of the £5.5m savings plan has continually been under review by the Finance Team supported by the wider Health Board. The latest review was completed at the end of May based on the information available at that point. The output from this review was that due to the impact of Covid-19 on both PtHB and its provider organisation only £1.8m is likely to be achieved in 2020/21, which is a reduction of £1.5m assessed at the end of April. A breakdown of assessed delivery by work stream is provided in the table below and further narrative on the changes is also detailed below:

Table 8: Revised Savings Plan by Work stream 2020/21

Workstream	Revised 2020/21 £
Medicines Mangt	206,113
Pathways	664,159
Procurement, Non Pay & CHC	333,524
Workforce Efficiency	619,900
Total	1,823,697

The further review undertaken at the end of May and the resulting output from the work was based on a number of key assumptions. These assumptions will be reviewed on a monthly basis going forward as the future impact of Covid-19 becomes clearer, which in turn will impact on the delivery of savings in 2020/21. The main areas of note with regard to this assessment include:

- All areas - each of the live 71 schemes were reviewed at end May to assess the likely timescales on the delivery of schemes if services were to return to 'normal' at end of Q2.
- Pathways – this includes commissioning schemes with other providers and changes to services within Powys, where pathway changes would have a positive impact on the commissioning requirements with other providers. In the Mth 1 report we outlined that even if the block arrangements ended on 1st August/ July there is a risk that 'normal' services would not automatically resume at the end of the block. Following discussions with some of our English providers it is there assumptions that the block will continue post Q1 and

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possibly to the end of the Financial Year. However to be optimistic PTHB is currently assuming that the block arrangements will cease at the end of Q2 but even with services returning to 'normal' in Q3 it is unlikely any schemes will deliver before 1st January. However this assumption poses a further risk as we are assuming schemes will commence in the middle of the winter period which may not be unrealistic.

- Medicine Management - this has been reassessed as part of the wider review of the schemes identified within the work stream and this is the only work stream with a red scheme at this point, as this scheme has yet to be finalised before the C-19 pandemic hit. The new Chief Pharmacist started on the 1st May and so the Finance Team have been working closely with the post holder to review all the schemes to assess likely delivery, timescales and further opportunities. The current assessment is that the scheme identified via the IMTP process will not deliver as per the original timescales and that some schemes may not deliver at all during 2020/21 but we are exploring opportunities to identify additional schemes to replace these and this work will be ongoing over the next 2-3 months.
- Workforce – of the 7 schemes only 1 has commenced in April with the remainder of those due to start in April pushed back further to the end of Q3. The main scheme totalling £1.3m looked at workforce efficiency and had met numerous times to start the programme before the end of March. As workforce changes have been a significant part of the response to Covid-19 the efficiencies are unlikely to be delivered until December at the earliest.
- Procurement – as per the first bullet point the revised timescales and likely deliverability has been undertaken on a scheme by scheme basis using the information available at the time of completing the assessment.

As the response to the Covid-19 situation is changing at pace it will be important that the assessment on the delivery of savings is a continual process, with changes to assumptions and the resulting assessment of delivery detailed monthly to WG and the Board.

10. Welsh NHS Assumptions (Table D)

The THB continues to progress to ensure that LTA's are signed in a timely manner. The lists of proposed contracts and progress against these for 2020/21 are detailed in the table below.

Please note that whilst the Health Board is working to secure signed LTA's these have been superseded by the guidance requesting that all providers in England and Wales are paid on a block arrangement.

For our English providers all of the proposed LTA documentation 2020/21 has been shared with NHS Trust providers for review. But it is understood that NHS Trust providers are not mandated in England to agree /sign contracts with Clinical Commissioning Groups (Main Commissioners) at the moment.

Should the block arrangements end the current LTA documentation may have to be reviewed in totality as providers prevent hospital transmission through social distancing for staff and patients which will significantly impact on capacity and occupancy.

Welsh Providers	Contract Type	Signed by other party	Signed by PTHB	Comment	Latest Activity Received
Swansea Bay UHB	LTA	√	√		
Aneurin Bevan HB	LTA			LTA Documentation 2020/21 not agreed – References to wording re CAF disputed. Escalated to PTHB executive director level for resolution. Finance schedule (2020/21) agreed by ABUHB/PTHB finance departments.	
Cwm Taf Morgannwg HB	LTA			LTA finance schedule (2020/21) shared by CTMUHB (21/04/20) – PTHB finance department reviewing proposal. LTA documentation (2020/21) is agreed in principle by both parties.	
Cardiff & Vale UHB	LTA	√	√		
Hywel Dda HB	LTA	√	√		
Betsi Cadwaladr UHB	LTA	√	√		
Velindre NHS Trust	LTA	√	√		
English Providers					
Wye Valley NHS Trust	LTA				
Robert Jones & Agnes Hunt NHS Trust	LTA				
Sandwell & West Birmingham Hospitals NHS Trust	LTA				
Shropshire Community	LTA				
Shrewsbury & Telford NHS Trust	LTA				
Gloucestershire Hospitals NHS Foundation Trust	LTA				
Worcestershire Acute Hospitals NHS Trust	LTA				
The Royal Wolverhampton NHS Trust	LTA				

Mental Health					
SBUHB	LTA	✓	✓	Mental health activity and associated costs are included in the overarching LTA referenced above. LTA documentation 2020/21 has been signed by both parties.	
ABUHB	LTA			Mental health activity and associated costs are included in the overarching LTA agreements referenced above. ABUHB LTA 2020/21 remains unsigned.	
Midlands Partnership NHS Foundation Trust	LTA			Agreement reached with MPFT, to continue with 19/20 LTA value. To review in Q2.	

Welsh Providers	Contract Type	Signed by other party	Signed by PTHB	Comment	Latest Received	Activity
Swansea Bay UHB	SLA			SLA Finance schedule (2020/21) has been shared (25/03/2020) – PTHB Finance department reviewing proposal. SLA documentation (2020/21) is agreed by both parties.		
Aneurin Bevan UHB	SLA			LTA Documentation (2020/21) not agreed – References to wording re CAF disputed. Escalated to PTHB executive director level for resolution. Finance schedule (2020/21) agreed by both finance departments		
Cwm Taf Morgannwg UHB	SLA			SLA Finance schedule (2020/21) has been shared (21/04/2020) – PTHB Finance department reviewing proposal. SLA documentation (2020/21) is agreed in principle by both parties.		
Betsi Cadwaladr UHB	SLA	✓	✓			
Hywel Dda UHB	SLA	✓	✓			

English Providers	Contract Type	Signed by other party	Signed by PTHB	Comment	Latest Received	Activity
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Wye Valley NHS Trust	SLA				
Shrewsbury & Telford NHS Trust	SLA				

Welsh Providers	Contract Type	Signed by other party	Signed by PTHB	Comment	Latest Received	Activity
Aneurin Bevan UHB	Heads of Agreement (ABUHB Commissioner PTHB Provider)			Unsigned –escalated to PTHB executive directors for resolution (see sections above)		
Betsi Cadwaladr UHB	LTA/(BCUHB Commissioner PTHB Provider)	√	√			
Hywel Dda UHB	LTA/(H DUHB Commissioner PTHB Provider)	√	√			
Swansea Bay UHB	Heads of Agreement LTA/(SBUHB Commissioner PTHB Provider)	√	√			

11. Resource Limits (Table E)

The overall RRL includes £22.525M of anticipated allocations as detailed on Table E.

12. Monthly Cash Flow (Table G)

Table H has been completed and the Health Board is expecting to remain within its cash limit this year and have a closing cash balance of £0.500M.

13. Public Sector Payment Compliance (Table H)

Table I is not required this month.

14. Capital Schemes + Other Developments (Table I and K)

The capital allocation shown below is based on the latest Capital Resource Limit received on 21st May 2020.

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Scheme	Capital Resource Limit	Annual Planned Expenditure	Expenditure to 31st May 2020
WG CRL FUNDING	£M	£M	£M
Discretionary Capital	1.431	1.431	0.057
Sale of Mansion House	0.250	0.250	0.000
Pharmacy Equipment	0.040	0.040	0.000
19.20 Slippage (Pharm Equipment - clinical pharmacy at a distance) into 20.21	0.067	0.067	0.000
19.20 Slippage (Digital Priority Investment Fund) into 20.21	0.078	0.078	0.031
19.20 Slippage (19.20 Year End Capital - Dental Equipment) into 20.21	0.042	0.042	0.000
Covid-19 Digital Devices	0.022	0.022	0.000
Covid-19	0.000	0.000	0.026
Donated assets - Purchase	0.130	0.130	0.000
Donated assets (receipt)	(0.130)	(0.130)	0.000
TOTAL APPROVED FUNDING	1.930	1.930	0.114

Discretionary Capital £1.431M

The discretionary capital limit for the year has been set at £1.431M. From this allocation there is a number of Estates and Statutory Compliance programmes being undertaken with a small amount set aside for Equipment (Medical) purchases. A significant amount of current year discretionary monies is required to be allocated to the All Wales Capital Programme funded scheme at Machynlleth due to delays in delivery of the scheme in 2019/20. An amount of £0.057M has been spent to date.

Sale of Mansion House £0.250M

Within the Capital Resource Limit is the return of monies held by WG for utilisation of the sale proceeds of Mansion House. A capital scheme to utilise this money is currently being drawn up within the THB.

Pharmacy Equipment £0.040M & 1920 Slippage Pharmacy Equipment £0.067M

These schemes span three projects that will be delivered during 2020/21. Two schemes were impacted by COVID 19 and therefore funding has been re-provided in 2020/21. These schemes are intending to modernise pharmacy service through the use of technology. No expenditure has been spent to date.

1920 Slippage Digital £0.078M

A number of deliveries of IT related equipment were impacted by COVID 19 and therefore the funding has been re-provided in 2020/21. An amount of £0.031M has been expended to date.

1920 Slippage Dental Equipment £0.042M

Delivery of Dental equipment in March 2020 was impacted by COVID 19 and continues to be delayed due to the supplier factory being currently closed. No expenditure has been incurred to date

COVID 19 – Digital Devices £0.022M

The THB is in receipt of an allocation of £0.022M for Digital Devices for increased remote working, and patient use devices to address need arising from Covid-19 from the Digital Priorities Investment Fund. The equipment is currently being procured and there is no expenditure to date.

COVID 19 £0.000M

Expenditure to date on COVID 19 related schemes is an amount of £0.026M for the upgrade of the Mortuary Roof at Bronllys Hospital. The THB has yet to receive a Capital Resource Limit Adjustment in respect of the expenditure incurred.

The most recent Capital assessment of Covid-19 submitted to WG on the 5th June showed the assessed value of the capital required at that point to be £1.887m, including equipment.

Donated Assets £0.130M

It is estimated that the THB will receive donated capital assets from League of Friends and the THB Charity within year of £0.130M.

15. Debtors Schedule (Table M)

There is one invoice reported this month that has been outstanding for more than eleven weeks at the end of May. This invoice agreed at year end and payment is expected shortly.

16. General Medical Services (Table N - Quarterly)

Table N is not required this month.

17. General Dental Services (Table O - Quarterly)

Table O is not required this month.

18. Authorisations and Reporting

In instances where either the Chief Executive or Director of Finance are not available, signatories will be provided by their nominated Deputies, these are;

Director of Planning and Performance – Hayley Thomas

Deputy Director of Finance – Sam Moss

This report together with Table's A, A2 and Table B3 will be presented to the Board on the 29th June.

19. Conclusion

In summary this paper identifies that:

- The THB is reporting an over spend at month 2 of £0.098M.
- The THB is forecasting achievement of the financial plan but this is subject to a number of risks to delivery and assumptions as detailed in Section 1.

The financial information reported in the monitoring return aligns to the financial details included within the internal Board papers.

20. Authorisation of Return

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Pete Hopgood
Interim Director of Finance
11th June 2020

Carol Shillabeer
Chief Executive
11th June 2020

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Table A - Movement of Opening Financial Plan to Forecast Outturn

Period : May 20

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Line 12 should reflect the corresponding amounts included within the latest IMTP/AOP submission to WG
Lines 1 - 12 should not be adjusted after Month 1

	In Year Effect £'000	Non Recurring £'000	Recurring £'000	FYE of Recurring £'000
Underlying Position b/fwd from Previous Year - as per 3 year plan (Surplus - Positive Value / Deficit - Negative Value)	0	0	0	0
2 New Cost Pressures - as per 3 year plan (Negative Value)	-13 770	0	-13 770	-13 770
3 Opening Cost Pressures	-13 770	0	-13 770	-13 770
4 Welsh Government Funding (Positive Value)	8 133	0	8 133	8 133
5 Identified Savings Plan (Positive Value)	5 638	0	5 638	5 638
6 Planned Net Income Generated (Positive Value)	0	0	0	0
7 Planned Accountancy Gains (Positive Value)	0	0	0	0
8 Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
9 Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0	0	0
10	0	0	0	0
11 Planning Assumptions still to be finalised at Month 1	0	0	0	0
12 IMTP / Annual Operating Plan	0	0	0	0
13 Reversal of Planning Assumptions still to be finalised at Month 1	0	0	0	0
14 Month 1 Planned Savings - Forecast Underachievement Due To Covid-19	0	0	0	0
15 Month 1 Planned Savings - Other Forecast (Underachievement) / Overachievement	-3 664	-3 664	0	0
16 Additional In Year Identified Savings - Forecast (Positive Value)	0	0	0	0
17 Additional In Year & Variance from Planned Net Income Generated (Positive Value)	0	0	0	0
18 Additional In Year & Variance from Planned Accountancy Gains (Positive Value)	0	0	0	0
19 Additional In Year & Variance from Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
20 Release of Previously Committed Contingencies & Reserves (Positive Value)	0	0	0	0
21 Additional In Year Welsh Government Funding (Positive Value)	0	0	0	0
22 Additional In Year Welsh Government Funding Due To Covid-19 (Positive Value)	16 262	16 262	0	0
23 Operational Expenditure Cost Increase Due To Covid-19 (Negative Value)	-13 278	-13 278	0	0
24 Planned Operational Expenditure Cost Reduction Due To Covid-19 (Positive Value)	680	680	0	0
25 Slippage on Planned Investments/Repurposing of Developmental Initiatives Due To Covid-19 (Positive Value)	0	0	0	0
26 Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	0	0	0	0
27	0	0	0	0
28	0	0	0	0
29	0	0	0	0
30	0	0	0	0
31	0	0	0	0
32	0	0	0	0
33	0	0	0	0
34	0	0	0	0
35	0	0	0	0
36	0	0	0	0
37	0	0	0	0
38	0	0	0	0
39	0	0	0	0
40 Forecast Outturn (- Deficit / + Surplus)	0	0	0	0

[illegible]

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Table A2 - Overview Of Key Risks & Opportunities		FORECAST YEAR END	
		£'000	Likelihood
	Opportunities to achieve IMTP/AOP (positive values)		
1	Red Pipeline schemes (inc AG & IG)	118	High
2	Potential Cost Reduction		
3	Total Opportunities to achieve IMTP/AOP	118	
	Risks (negative values)		
4	Under delivery of Amber Schemes included in Outturn via Tracker	(1 528)	Medium
5	Continuing Healthcare	(500)	High
6	Prescribing	(860)	High
7	Pharmacy Contract	0	Low
8	WHSSC Performance	(500)	Medium
9	Other Contract Performance	0	Medium
10	GMS Ring Fenced Allocation Underspend Potential Claw back	0	Low
11	Dental Ring Fenced Allocation Underspend Potential Claw back	(295)	Low
12	Anticipated COVID Allocations not received	(16 262)	Medium
13	Non-Delivery Underlying Assumptions IMTP	(1 352)	Low
14	WRP Cost Pressure above 19/20 Budget	(230)	Medium
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26	Total Risks	(21 526)	
	Further Opportunities (positive values)		
27	Reduction SLA Agreements England	0	Low
28	Funding Slippage / Divert Funding to C-19	1 617	Medium
29			
30			
31			
32			
33			
34	Total Further Opportunities	1 617	
35	Current Reported Forecast Outturn	0	
36	IMTP / AOP Outturn Scenario	118	
37	Worst Case Outturn Scenario	(19 791)	
38	Best Case Outturn Scenario	1 735	

Powys LHB

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Table B3 - COVID-19 Analysis

A - Additional Expenditure

REF	Enter as positive values	1	2	3	4	5	6	7	8	9	10	11	12
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Pay (Additional costs due to C19)												
2	Establishment & Bank Additional Hours:												
3	Administrative, Clerical & Board Members	0	0	0	0	0	0	0	0	0	0	0	0
4	Medical & Dental	0	0	2	2	2	2	2	2	2	2	2	6
5	Nursing & Midwifery Registered	72	118	131	131	131	131	131	131	131	131	131	131
6	Prof Scientific & Technical	0	0	0	0	0	0	0	0	0	0	0	0
7	Additional Clinical Services	0	0	0	0	0	0	0	0	0	0	0	0
8	Allied Health Professionals	0	0	0	0	0	0	0	0	0	0	0	0
9	Healthcare Scientists	0	0	0	0	0	0	0	0	0	0	0	0
10	Estates & Ancillary	0	0	0	0	0	0	0	0	0	0	0	0
11	Sub total Establishment & Bank Additional Hours	72	118	133	133	133	133	133	133	133	133	133	137
12	Agency:												
13	Administrative, Clerical & Board Members	0	0	0	0	0	0	0	0	0	0	0	0
14	Medical & Dental	0	0	0	0	0	0	0	0	0	0	0	0
15	Nursing & Midwifery Registered	0	0	0	0	0	0	0	0	0	0	0	0
16	Prof Scientific & Technical	0	0	0	0	0	0	0	0	0	0	0	0
17	Additional Clinical Services	0	0	0	192	192	186	192	192	192	192	173	192
18	Allied Health Professionals	0	0	0	0	0	0	0	0	0	0	0	0
19	Healthcare Scientists	0	0	0	0	0	0	0	0	0	0	0	0
20	Estates & Ancillary	0	0	0	0	0	0	0	0	0	0	0	0
21	Sub total Agency	0	0	0	192	192	186	192	192	192	192	173	192
22	Returners (Provide WTE to the right):												
23	Administrative, Clerical & Board Members	0	0	0	0	0	0	0	0	0	0	0	0
24	Medical & Dental	11	11	11	11	11	11	11	11	11	11	11	11
25	Nursing & Midwifery Registered	0	0	0	0	0	0	0	0	0	0	0	0
26	Prof Scientific & Technical	0	0	0	0	0	0	0	0	0	0	0	0
27	Additional Clinical Services	0	0	0	0	0	0	0	0	0	0	0	0
28	Allied Health Professionals	0	0	0	0	0	0	0	0	0	0	0	0
29	Healthcare Scientists	0	0	0	0	0	0	0	0	0	0	0	0
30	Estates & Ancillary	0	0	0	0	0	0	0	0	0	0	0	0
31	Sub total Returners	11	11	11	11	11	11	11	11	11	11	11	11
32	Students (Provide WTE to the right):												
33	Medical & Dental	0	0	0	0	0	0	0	0	0	0	0	0
34	Nursing & Midwifery Registered	0	20	20	20	20	20	20	20	20	20	20	20
35	Prof Scientific & Technical	0	0	0	0	0	0	0	0	0	0	0	0
36	Additional Clinical Services	0	16	16	16	16	16	16	16	16	16	16	16
37	Allied Health Professionals	0	0	0	0	0	0	0	0	0	0	0	0
38	Healthcare Scientists	0	0	0	0	0	0	0	0	0	0	0	0
39	Estates & Ancillary	0	0	0	0	0	0	0	0	0	0	0	0
40	Sub total Students	0	37	37	37	37	37	37	37	37	37	37	37
41	Other Temp Staff (Provide WTE to the right):												
42	Administrative, Clerical & Board Members	0	0	18	18	18	18	18	18	18	18	18	18
43	Medical & Dental	0	0	0	0	0	0	0	0	0	0	0	0
44	Nursing & Midwifery Registered	0	4	97	96	96	96	96	96	96	96	96	96
45	Prof Scientific & Technical	7	7	10	10	10	10	10	10	10	10	10	10
46	Additional Clinical Services	0	0	68	101	101	101	101	101	101	101	101	101
47	Allied Health Professionals	0	0	0	0	0	0	0	0	0	0	0	0
48	Healthcare Scientists	0	0	0	0	0	0	0	0	0	0	0	0
49	Estates & Ancillary	0	0	71	71	71	71	71	71	71	71	71	71
50	Sub total Other Temp Staff	7	11	263	295	295	295	295	295	295	295	295	295
51	Other (specify below and in narrative)												
52		0	0	0	0	0	0	0	0	0	0	0	0
53		0	0	0	0	0	0	0	0	0	0	0	0
54		0	0	0	0	0	0	0	0	0	0	0	0
55													
56	TOTAL ADDITIONAL PAY EXPENDITURE	90	176	443	667	667	661	667	667	667	667	649	671

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119	Other (please specify):	0	0	0	0	0	0	0	0	0	0	0	0
120	Reduction in SLA expenditure with NHS England	0	(112)	(56)	(56)	(56)	(56)	(28)	(15)	(9)	0	0	0
121	Reduction Dental Contract 20%	0	(49)	(25)	(25)	(25)	(25)	(25)	(25)	(25)	(25)	(25)	(25)
122													
123													
124													
125	TOTAL EXPENDITURE REDUCTION (Agrees to Table A)	0	(161)	(80)	(80)	(80)	(80)	(52)	(40)	(33)	(25)	(25)	(25)
		0	0	0	0	0	0	0	0	0	0	0	0

D - Slippage on Planned Investments/Repurposing of Developmental Initiatives due to C19

		1	2	3	4	5	6	7	8	9	10	11	12
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	Enter as Negative values	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
126	Slippage on Planned Investments/Repurposing of Developmental Initiatives (due to C19)												
127	Additional Cluster Funding	0	0	0	0	0	0	0	0	0	0	0	0
128	Discharge Funding (£538k)	0	0	0	0	0	0	0	0	0	0	0	0
129	Transformation Bid - North Powys	0	0	0	0	0	0	0	0	0	0	0	0
130													
131													
132													
133													
134													
135													
136	TOTAL RELEASE/REPURPOSING OF PLANNED INVESTMENTS/DEVELOPMENT INITIATIVES (Agrees to Table A)	0	0	0	0	0	0	0	0	0	0	0	0
137	NET EXPENDITURE DUE TO Covid-19	877	1 126	1 415	1 564	1 596	1 575	1 491	1 497	1 389	1 414	1 134	1 184
		0	0	0	0	0	0	0	0	0	0	0	0

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Period : May 20

Total YTD £'000	Forecast year-end position £'000
0	0
0	24
190	1 500
0	0
0	0
0	0
0	0
0	0
0	0
190	1 524
0	0
0	0
0	0
0	0
0	1 702
0	0
0	0
0	0
0	1 702
0	0
22	132
0	0
0	0
0	0
0	0
0	0
0	0
0	0
22	132
0	0
20	224
0	0
16	179
0	0
0	0
0	0
37	403
0	177
0	0
4	965
14	111
0	975
0	0
0	0
0	705
17	2 934
0	0
0	0
0	0
0	0
266	6 695

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3	3
222	422
0	0
0	0
5	5
0	0
15	25
0	0
0	50
0	0
0	0
0	0
0	33
41	41
0	0
7	461
119	235
0	0
0	4
0	43
0	100
0	40
20	839
0	0
86	1 445
0	0
0	0
0	0
0	0
397	2 377
0	0
1	11
0	175
0	0
84	84
24	124
0	37
0	30
1 024	6 583
1 290	13 278

Total YTD £'000	Forecast year-end position £'000
574	7 489
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
574	7 489

Total YTD £'000	Forecast year-end position £'000
0	0
875	3 664
875	3 664

Total YTD £'000	Forecast year-end position £'000
0	0
0	0
0	0

0	0
(112)	(385)
(49)	(295)
0	0
0	0
0	0
(161)	(680)

Total YTD	Forecast
£'000	year-end position £'000
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
2 004	16 262

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A - WTE of New Staff

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE
22	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
23	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
24	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
25	1,33	1,33	1,33	1,33	1,33	1,33	1,33	1,33	1,33	1,33	1,33	1,33
26	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
27	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
28	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
29	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
30	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
31	1,33	1,33	1,33	1,33	1,33	1,33	1,33	1,33	1,33	1,33	1,33	1,33
32												
33												
34												
35												
36												
37												
38												
39												
40	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
41												
42	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
43	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
44	0,00	0,00	9,40	9,40	9,40	9,40	9,40	9,40	9,40	9,40	9,40	9,40
45	3,00	3,00	3,00	3,00	3,00	3,00	3,00	3,00	3,00	3,00	3,00	3,00
46	0,00	0,00	13,80	13,80	13,80	13,80	13,80	13,80	13,80	13,80	13,80	13,80
47	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
48	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
49	0,00	0,00	21,86	21,86	21,86	21,86	21,86	21,86	21,86	21,86	21,86	21,86
50	3,00	3,00	48,06	48,06	48,06	48,06	48,06	48,06	48,06	48,06	48,06	48,06

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A1 - Major Projects : Change in Bed Numbers Due To C19 (subset of Table A)

		1	2	3	4	5	6	7	8	9	10	11	12
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
REF	Enter as positive values												
98	Major Projects: Bed Capacity (due to C19)												
99													
100													
101													
102													
103													
104													
105													
106													
107													
108													
109													
110	TOTAL MAJOR PROJECTS: ADDITIONAL BED CAPACITY	0	0	0	0	0	0	0	0	0	0	0	0

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Agenda item: 3.6

Performance and Resources Committee		Date of Meeting: 30 June 2020
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 & Informatics	
Other Committees and meetings considered at:	In Part (Digital Delivery Plan) at Executive Committee	

PURPOSE:

The purpose of this paper is to provide a Digital First update to detail ICT performance and activity during quarter 4 of 2019/20 and to detail action and delivery in relation to Digital during the Covid-19 Response. An update is also included on the Digital Delivery plan 2020/21.

RECOMMENDATION(S):

This performance & Resources Committee is asked to DISCUSS and NOTE this update.

Approval/Ratification/Decision	Discussion	Information
x	✓	x

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EXECUTIVE SUMMARY:

The impact of Covid 19 has resulted in increased demand for Digital and ICT services and provided an opportunity to accelerate a number of initiatives and to implement Digital Solutions to support new ways of working. Decisions have been made to implement new ways of working at pace locally and supported at a National level.

The combination of providing new more mobile devices, (e.g. Surface laptop), with new applications such as Microsoft Teams, Attend Anywhere and Consultant Connect has helped to transform work behaviours. This is in line with the Health Board ambition for all Staff to be able to work from any location, any desk and have a full working environment.

Developments and improvements are ongoing but Staff and the people of Powys are and will be able to share information far easier, interact and collaborate face to face and virtually, and will be instrumental in further developing how services are delivered safely and securely.

Powys THB has been instrumental in the drive to collaborate with Local Authority, NWIS, WG and Microsoft Partners to help deliver change at pace and this has resulted in the rapid rollout of devices and applications meaning that staff were ready to start working remotely within days.

DETAILED BACKGROUND AND ASSESSMENT:

1.0 Covid 19 Digital Response

The Digital Journey has progressed significantly during the Covid-19 crisis. This has meant necessary re-prioritisation of projects and tasks to ensure a pragmatic and responsive approach to sustainable service delivery.

Digital transformation has exceeded at pace, and other programmes of work put on hold to release resource and effort to be directed to where it was most needed.

Ensuring that we meet the ICT equipment needs, and given the national and world-wide demands meant seizing early opportunities offered by 3rd party vendors, and fast-tracking decision making with collaboration from Workforce & OD, Information Governance, Local Authority, suppliers and NWIS to secure orders and equipment.

Strong Information and IT Governance has been in place and whilst challenged as 'free' solutions were introduced and used widely in other sectors (e.g. Zoom, Whatsapp, Facetime). During the covid-19 pandemic, the UK has seen an increased threat of Cyber-attack, the amount of Phishing emails has significantly increased but the systems we have in place are detecting and deleting fraudulent or suspicious threats to help mitigate and minimise the risk. Action has been taken to maintain best practice, awareness of Cyber threats to protect our systems, data and network.

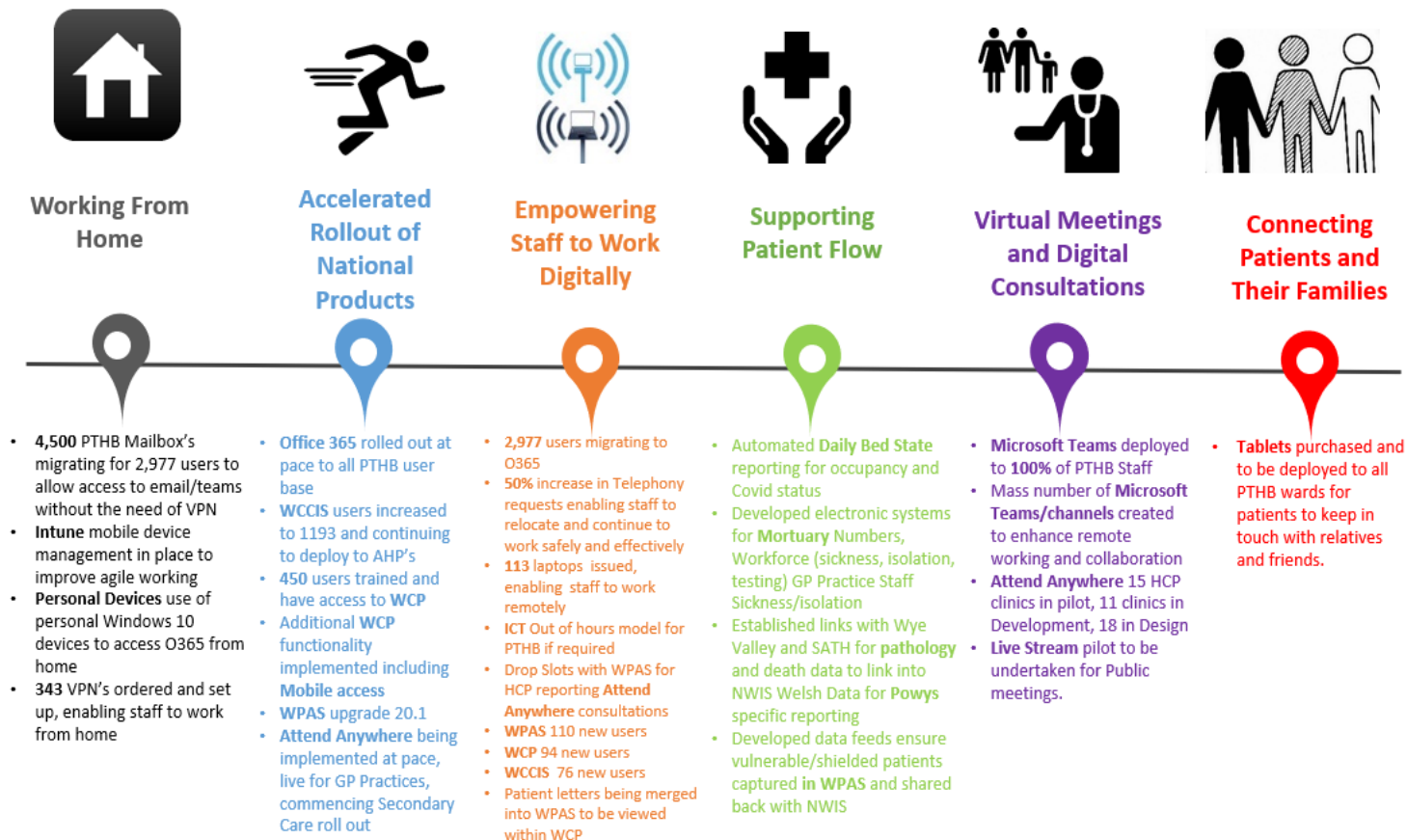
Access to patient information (via Welsh Clinical Portal - WCP) for our 'Cross Border' partners was securely and successfully enabled for out of hours GP services, via the use of O365 secure emails. The VPN network and Internet bandwidth has been significantly improved Nationally with the support of NWIS and third parties (such as BT), by delivering large scale change in days, for operational requests for work that would normally take months to complete.

Rapid deployment of Teams to work collaboratively and stay connected, Attend Anywhere to deliver Video consultations, Consultant Connect and tablets to enable patients to stay connected is included as deliverables to date.

A summary of the key deliverables to date is included below: -

Digital COVID Journey

Setting the Digital Landscape for Health

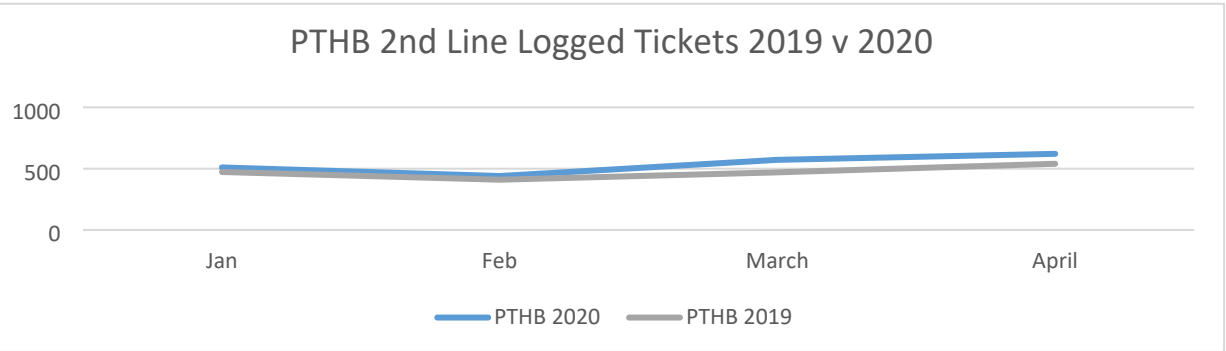
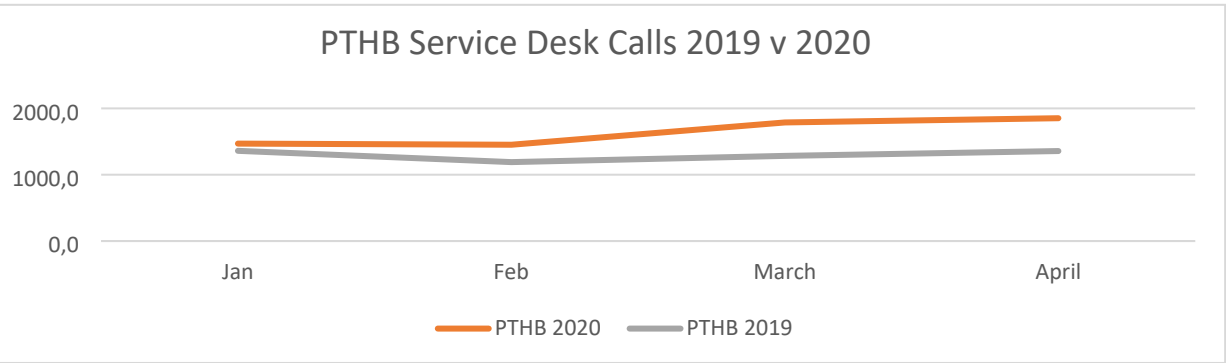


2.0 Key performance Indicators & Section 33 Performance

The table below provides a breakdown of Section 33 ICT performance against key performance indicators for Quarter 4 and provides a trend status from the previous Quarter.

Key performance indicators						
Performance indicator	Target	Qtr4 Performance PCC	Qtr 4 Performance PTHB	Total Qtr 3 performance	Total Qtr 4 performance	Trend (From last qtr)
Service desk % calls answered	96%	89.8%	86.9%	87.7%	88.4%	+0.7%
%completed in sla	96%	90%	85.1%	85.1%	87.7%	+2.6%
% Calls fixed at First time fix	40%	65.5%	83.9%	76%	74.7%	+1.7%
%customer satisfaction	85%	98.3%	96%	93.6%	97.1%	+4.5%

- **30%** increase in calls to service desk compared with the same periods in 2019- See Graph below
- **13%** increase in 2nd line tickets compared with the same periods in 2019- See Graph below



The Business continuity plans have been tested and reviewed and enacted as needed in response to Covid-19. The ICT workforce has quickly adopted new ways of working (across the Health Board and County Council) including the option for an out of hours service model that could be implemented at short notice if required.

The Section 33 working arrangements have strengthened, staff have worked closely and together under

difficult and challenging circumstances, enhancing the team approach and adopting a learning culture.

NEXT STEPS:

3.0 Digital Strategic Framework

The Digital delivery plan for 2020/21has been approved by the Executive Committee and this is included in Appendix 1.

The first draft of the Digital First Strategic Framework will be presented to the Strategy and Planning Committee on 9th July.

4.0 Programmes and Projects

National programmes and Projects are being prioritised in relation to Cross-Border information access, Welsh Admin Portal implementation and the Nursing eDocs project.

Focus will be maintained on the continued implementation and roll out for use of Virtual clinics with the aim of maximising new ways of working through use of available health technology and Digital Solutions. Establishing focus groups to help drive and support ongoing innovation (link to Innovation and Improvement Hub).

A new release of WCCIS is scheduled for release in July, this will bring significant improved functionality to Health and there has been much work done nationally to improve performance and service management processes, Powys has a significant role in leading the implementation and supporting other Health Board’s where required.

Appendix 1



Digital first Delivery Plan

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	1. Staying Healthy	✗
	2. Safe Care	✗

Standards:	3. Effective Care	✓
	4. Dignified Care	✗
	5. Timely Care	✓
	6. Individual Care	✗
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

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Appendix 1

High Level Digital Transformation & Informatics Plan 2020/2021



To support and enable the delivery of the proposed outline programme of work, for Powys Teaching HB (see below plan) in alignment of the Workforce Futures strategy, it may be necessary to adopt a hybrid approach to resource which will consist of utilising the existing Section 33 offering, developing a Digital Team of experts in Business change management and programme delivery, together with commissioning consultancy where benefits include speed of delivery, and specialised technical skills and experience.

With investment to increase resource capacity to deliver the proposed plan, at pace, and digital transformation becoming embraced and embedded within the HB, Powys will aim to lead as a digital exemplar in healthcare technology, to support a Healthier Wales. The focus will be to innovate, sustain and realise benefits to the workforce and the people of Powys.

	Q 1	Q 2	Q 3	Q 4	Notes
DIGITAL CARE					
Office 365 Implementation					
Use of Teams Lite extended to all users for collaboration	●				
Migration of user accounts and mailboxes to O365 (Mid-June)	●				
Use consultancy support for business/technical readiness, OneDrive, Planner, Stream, Forms, Sway, Yammer, Company Communicator.	●	●			
Use consultancy to develop use of SharePoint/Teams for easier access to files/document	●	●			
Use consultancy to develop Team/Intranet sites for Health and Wellbeing	●	●			
Development of Teams for use within a Health Care setting (such as virtual consultation and bed management)			●		
Mobile Working					
Mobile device policy and management Inc BYOD	●				
Enable mobile working through the right equipment	●				
Review Mobile phone service offering		●			

DIGITAL ACCESS					
Telehealth/Tele-care					
	Produce a directory of directorate plans end of June	●			
	Produce guidance for increased adoption		●		
	Research & Development Paper API, Chat bots, Virtual Reality (VR)		●		
WCCIS					
	July Release with additional functionality for referrals		●	●	
	Use of mental health forms			●	
	Use of inpatient functionality for mental health				●
	Commence roll out of Mobile App		●		
	Post WCCIS documents into WCP				●
	Commence planning to migrate to version 6				●
Welsh Clinical Portal (WCP)					
	Access to WCP for mobile users				●
	Complete IG training for new users			●	
	Virtual clinics process and implementation guides			●	
	Provide Cross Border access to WCP		●		
	Extend use into secondary care providers				●
Cross Border Project					
	Develop business case for Cross Border technical infrastructure (NWIS)		●		
Eye Digitalisation Project					
	Stakeholder engagement and FBC sign off	●			
	Staff Recruitment		●		
	Project delivery			●	●
GP & Clinician system use					
	Remote access (end of June)	●			
	Video Calling – Teams/Attend Anywhere/Accurx	●			
	Virtual Clinics & Consultations	●	●		
	Bookings Apps (via O365)		●		
	Consultant Connect	●			
	Crisis Communicator apps for emergency response		●		
	Increased use of WCP	●	●		
	Increase use of WCCG clinical comms between primary/secondary care		●		
	Implement e-referral, discharge & diagnostic information			●	
	Teams for primary care clusters – (End of Sept)		●		
DIGITAL INFRASTRUCTURE AND INTELLIGENCE					
Infrastructure					
	Windows 7 upgrade to Windows 10		●		
	Active Directory & Group Policy cleansing and improvement	●			
	Windows Auto pilot build & Intune config		●		
	Windows Defender ATP		●		

Develop Power BI platform	•			
Data centre & DR review			•	
Telephony Review - Development of the business case end of July	•			
Network - Site by site analysis (End of Sept)	•			
Secure & Managed Print solution – development of business case	•			
Digitisation of Health Records review – options and business case		•	•	
Review of Cyber Security requirements	•			
Software & Asset Management review	•			
Information Services				
Clarify the NDR plan for Powys & Go Live	•			
Revise reporting for Informatics projects		•		
Commence roll out of power BI & stakeholder engagement		•	•	
Application Landscape Governance & Change Management review		•	•	
OFWCMS (Once for Wales Concerns Management System – RLDatix			•	
DBS Win (consolidation of Dental Systems)		•		
North Powys Programme			•	•

Proposed Resource Requirements to support delivery of the Plan

Problem	Solution	Benefit
Improvements required to ensure frequent and meaningful reporting on progress of projects within the Digital Transformation function.	A Digital Programme Manager accountable to the AD of Digital Transformation will be responsible for the delivery of the Digital programme of work to support the overall wider strategic framework, and ensure the projects are managed in line with programme constraints	Performance reporting, and management of a programme plan that underpins delivery of the Digital Strategic Framework.
Internal health technology and solution specific decision making is currently not available to assist with the decision making on the use of technology, such as should we build or buy a solution, what technology platform should we use, how components should be deployed and how solutions should integrate with other systems already in use.	A technical solutions architect will be accountable to the AD of Digital Transformation and be responsible for continuous research into emerging technology and will propose changes to the existing architecture and infrastructure ensuring PTHB has value for money, fit for purpose easy to use solutions that maximise efficiencies and enhance care delivered to the people of Powys through technical digital solutions.	<p>Structured analysis of technical issues, will be undertaken, translating this analysis into technical designs that describe a solution</p> <p>Deeper issues that need fixing will be identified, and planned design changes recommended, working closing with project management to deliver.</p> <p>Opportunities will be sought to collaborate and re-use components or move to cloud technologies where cost efficiencies can be made and it makes business sense.</p> <p>Future proof the architecture landscape for Powys in terms if Digital IT.</p>

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Limited Project Management resource available to deliver the number of planned improvements required to support the Digital Strategic Framework	Increase number of Project Managers to 3 to align to the 3 Digital Headings	Project related reporting and structure will be in place together with stakeholder engagement and robust communications.
There is a gap to support business change for services, available to map processes and realise benefits as services transition from paper to Digital or legacy systems to new modern solutions.	Implement a business change function that will work with programme and project managers to support services through business and process change ensuring benefits driven and successful change procedures.	This will embed a data analyst and benefits realisation function, evidencing improvement and efficiencies relating to digital transformation. Complex data analysis, and initial potential service improvement opportunities
There is no internal Service Management/contract administrative function for ICT systems.	To provide the Digital Transformation & Informatics facilitation support to ensure services are kept informed, gather requirements, and implement best practice. To report on and administrate contracts relating to ICT suppliers	Ensure PTHB service requirements are processed and progressed timely, to collate potential cost improvement areas where Digital efficiencies should be explored. Be champions in the use of technology to support services

Resource Requirements

There are a number of funding stream available to support delivery of the Digital Plan (to enhance resource already in place), these include: -

- Funding to support National Projects - Digital Eye Care and Outpatient Modernisation
- National Funding for Cyber Security
- Digital Investment Fund Projects
- Digital Solutions for North Powys

Business Case is being completed to support the additional investment with appropriate action / proposals to manage across financial years for time limited project funding and delivery of related benefits realisation / efficiency targets.

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Agenda item: 3.7

Performance & Resources Committee		Date of Meeting: 30 June 2020
Subject :	Waste Contract Procurement Process	
Approved and Presented by:	Julie Rowles, Director of Workforce, Organisational Development & Support Services	
Prepared by:	Andrew Cresswell, Assistant Director Facilities & Support Services and Duncan Crawley, Quality Improvement Manager	
Other Committees and meetings considered at:	Nil	

PURPOSE:

The purpose of this paper is to provide assurance to the Committee that the procurement process for the Health Board waste contracts will be adhered to, in line with PTHB and NWSSP policies and procedures. Specifically for the collection and disposal of PTHB's domestic type wastes, which is currently provided by agreement by Powys County Council (PCC), this paper will outline the measures that the procurement process.

RECOMMENDATION(S):

The Performance & Resources Committee is asked to Discuss and Note to content of this paper.

Approval	Discussion	Information
	✓	✓

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PTHB Waste Management Arrangements	Performance and Resources Committee 30 June 2020 Agenda Item 3.7
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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:

Powys County Council (PCC) have provided a waste collection service for PTHB by agreement for many years. Despite this successful arrangement it is recognised that PTHB does not have a formal contract in place and which has not therefore followed the appropriate procurement route. This is substantiated within a recent PTHB Financial Safeguarding internal audit, where it is identified as a recommendation for improvement.

NWWSP procurement policy and procedures are discussed to provide detail on how a fair and transparent process must be adhered too.

DETAILED BACKGROUND AND ASSESSMENT:

BACKGROUND

PCC have provided a waste collection service for PTHB by agreement for many years and this partnership working arrangement has largely worked well and been very successful.

Whilst recognising the benefits of working successfully in close partnership with PCC, it is apparent that PTHB does not have a formal contract in place and which has not therefore followed the appropriate procurement route. This point is substantiated within a recent PTHB Financial Safeguarding internal audit, where it is identified as a recommendation for improvement.

In recognising the shortfall of not having a formal contract in place, a Single Tender Waiver Arrangement has been approved to bridge the gap while the service needs can be tendered formally for.

In tendering for this service, there is likely to be strong market interest in competing for this contract and PTHB have an expectation that PCC will be in a strong position to bid for this contract given their infrastructure, experience and knowledge of PTHB's service requirements. The contract tendering process would seek to be fair and not discriminatory, by framing the specification in a way that encourages innovation rather than defining the solution to PTHB service needs.

North Wales Shared Service Partnership Procurement Services (NWSSP) is responsible for developing the Health Board's procurement policies and procedures and provide the Health Board advice on the practical application of procurement processes. To articulate accurately to the Committee the procurement process for services such as waste contracts, this report is led by the guidance taken from NWSSP and their relevant Policies and Procedures e.g. PTHB - Procurement Guide for Staff and NWSSP Procurement Policy.

GOVERNANCE

It is the role of Procurement Services to act as a centre of excellence and expertise for all procurement and supply chain related services. Their support to PTHB includes professional qualified advice, determining requirements and collaborating with the Health Board on specifications, ensuring that value for money is achieved and managing the awarding of contracts.

Procurement Services has to meet its legal obligations and operate within a set of legal framework for public procurement, including EU and other UK legislation, specific domestic legislation e.g. on corrupt gifts or unfair contract terms, contract and commercial law in general and UK/Domestic case law.

The legal and governing principles guiding public procurement ensure:-

- **Transparency** - *that there is openness and clarity on procurement processes and how they are implemented.*
- **Non-discrimination** – *that there is no discrimination between suppliers or products on grounds of their origin*
- **Fair treatment** – *that suppliers are treated fairly and without discrimination, including in particular equality of opportunity and access to information*
- **Legality**; *that conformation to European Community and other legal requirements are adhered too.*
- **Integrity** – *that there should be no corruption or collusion with suppliers or others.*
- **Effectiveness and efficiency** – *that the HB meets the commercial, regulatory and socio-economic goals of government in a balanced manner appropriate to the procurement requirement.*
- **Efficiency** - *procurement processes should be carried out as cost effectively as possible and secure value for money.*

PTHB have a responsibility to cooperate and comply with these values and too have a responsibility to adhere to the Procurement Policy and other rules and regulations set out within the Health Board's Standing Orders, Financial Instructions and Codes of Conduct and Practice. This includes to consult with Procurement Services on complex and major procurements, such as those in regards to waste collector services.

Assurance is further provided on the application of these standards is scrutinised and reported to the Board by the Health Board's internal audit systems.

WORKING WITH SUPPLIERS

All suppliers should expect that they will be dealt with in line with the above governing principles for public procurement. Relationships with suppliers will be constructive but built on a competitive approach that will lead to cost savings and better quality.

Value for Money – it is the aim to achieve value for money in all procurement activity. Contracts are awarded on the basis of the most economically advantageous tender (MEAT). Awarding contracts on the basis of the most economically advantageous tender provides an opportunity to balance the quality of the services being procured against price and to frame specifications in a way which encourages innovation rather than defining the solution.

Competition – Competition promotes efficiency and effectiveness in public expenditure. Awarding contracts on the basis of value for money following competition contributes to the competitiveness of suppliers.

Services will be acquired by effective competition, including adequate publication of the contract opportunity, unless there are convincing and justifiable reasons to the contrary. The form of competition shall be appropriate to the value and complexity of the services to be acquired.

Both contract notice and contract award will be published in the OJEU where full EC Regulations apply. Where the contract is not required to be awarded through OJEU procedures the degree of advertising will be consistent with EU Treaty Principles and Public Contract Regulations (2015).

In collaboration with NWSSP, the Health Board will seek to keep bidding costs to the minimum necessary for effective competition and remove barriers to participation by, for example small firms, the self-employed and the third sector without discriminating against others. Consistent with legal obligations, any minimum standards required will be proportionate to the contract requirement.

To facilitate compliance with the requirement for adequate publicity, all contracts are to be advertised via www.sell2wales.gov.uk a national procurement website developed by the Welsh Government.

Rules of Engagement – Suppliers to the public sector are expected to maintain high standards of business and professional conduct e.g. in relation to legislative and policy requirements on the environment, equality issues, health and safety, employment and taxation.

Bidders will be required to disclose any recent adverse court or tribunal rulings regarding their business/professional conduct. Where a bidder has failed to comply with relevant legal obligations, consideration will be given to whether the bidder should be excluded from competition on the grounds of unsuitability.

In deciding whether or not a bidder should be excluded, account will be taken of the seriousness of the ruling/offence, whether or not the ruling/offence indicates that the bidder is of poor reputation and whether or not the bidder has taken appropriate action to remedy the problem which was the subject of the ruling.

Procurement Services' staff are expected to practice high standards of corporate and personal conduct as outlined in Standards of Behaviour Framework Policy and Standards of Business Conduct for NHS Staff. All staff are expected to ensure that they understand these Standards and are not in a position where their private interests and NHS duties may conflict. Any relevant interests must be declared in line with Policy.

PROCUREMENT PROCESSES

There is an expectation that all services will be covered by an appropriate contract, purchase order or agreement. The tendering of services requires compliance by staff with the previously mentioned policies and procedures.

Evaluation Criteria - The evaluation criteria for a procurement activity shall be agreed jointly between Procurement Services, the evaluation group and/or Health Board representative. This agreement will be reached prior to the issue of tender documentation. Any criteria that is mandatory or has a minimum standard shall be clearly identified.

The Supplier Qualification Information Database (SQuID) developed by Value Wales will be used as appropriate to help qualify bidders, by use of a pre-qualification questionnaire (PQQ) or with qualifying questions in the invitation to tender (ITT).

The process for establishing and agreeing scores and weightings for evaluation criteria is set out in procedures and will be included within the issued tender documentation.

NHS Terms & Conditions - The NHS Conditions of Contract will form the basis of any contract entered into with suppliers unless otherwise agreed. Copies of current standard terms and conditions are available on the Procurement Services website.

All staff within the Health Board are required to consult with Procurement Services in relation to all procurement issues and particularly on complex and major procurements, including all EU procurement exercises.

CURRENT POSITION

The Health Board is now working with NWSSP to procure a standalone waste collection service for all Health Board buildings. In the meantime, with the agreement of Shared Services, we have issued a 'single tender' to Powys County Council to September 2020, to enable continuity of service whilst the procurement arrangements for household type waste collection proceed.

The draft tender specification is at its final preparations stage for submission and it is reasonable to expect that this tendering process will commence in quarter four of the current financial year. The precise time is determined by NHS Procurement Services and the current unknown impacts of the COVID virus.

Prior to going out formally to tender, further procurement work is required to test the market, to ensure that our specification is realistic and achievable and would have the best chance of providing the best value service to meet our needs. The testing of the market will be led by NWSSP.

NEXT STEPS:

- Complete the draft of the waste specification.
- Test the market to ensure that our specification is realistic and achievable
- Publish the tender documents.