

Performance and Resources Committee

Thu 06 May 2021, 14:00 - 16:00

Microsoft Teams

Agenda

14:00 - 14:00
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1. PRELIMINARY MATTERS

 P&R_Agenda_May21_Final.pdf (2 pages)

1.1. Welcome and apologies


1.2. Declarations of interest

1.3. Minutes from the previous meeting held on 22 February 2021, for approval

 P&R_Item_1.3_Minutes_22_February_2021 UNCOMFIRMED.pdf (11 pages)

1.4. Matters arising from the previous meeting

1.5. Performance and Resources Committee Action Log

 P&R_Item_1.5_Action Log_2021-22 (May2021).pdf (1 pages)

14:00 - 14:00
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2. ITEMS FOR APPROVAL/RATIFICATION/DECISION

There are no items for inclusion in this section


14:00 - 14:00
0 min

3. ITEMS FOR DISCUSSION

3.1. Overview of work taken forward on behalf of PTHB via NHS Wales Shared Services Partnership


3.2. PTHB Annual Report (Draft) and End of Year Performance 2020/21

 P&R_Item_3.2_Draft Annual Report_Performance Report_May2020.pdf (5 pages)

 P&R_Item_3.2a_Annual Report_Performance Report_20_21_P&R_060521.pdf (63 pages)

3.3. Integrated Performance, 2021/22 a) Performance Report, April 2021 b) Draft Annual Plan Minimum Data Set Overview

 P&R_Item_3.3a_Performance Overview_May2021_FinalV2.pdf (33 pages)


 P&R_Item_3.3b_PlanningMinimumDataset_20210429.pdf (5 pages)

 P&R_Item_3.3bi_CoreActivity_Appendix1_20210428.pdf (20 pages)

3.4. Financial Performance Report


3.5. Commissioning Assurance Framework

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 P&R_Item_3.5_CAF Escalation Report April 2021.pdf (17 pages)

3.6. Nurse Staffing Levels Act Report

 P&R_Item_3.6_PRC_NSLA Report_Final_260421.pdf (10 pages)


 P&R_Item_3.6i_Appendix 1_NSLA Paper_Minimum Staffing Levels Poster.pdf (2 pages)

3.7. Workforce Highlight Report


 P&R_Item_3.7_Workforce Performance Report March 2021.pdf (16 pages)


3.8. Health & Safety Report: Hand Arm Vibration at Work

 P&R_Item_3.8_HSE HAVs report April 2021.pdf (10 pages)

 P&R_Item_3.8i_Appendix 1 - HAVS Action Plan.pdf (8 pages)

 P&R_Item_3.8ii_Appendix 2 - Notification of Contravention March 2021.pdf (6 pages)

 P&R_Item_3.8iii_Appendix 3 - Improvement Notice Reg 8 March 2021.pdf (4 pages)

 P&R_Item_3.8iv_Appendix 4 - Improvement Notice Reg 8 March 2021.pdf (3 pages)

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4. ITEMS FOR INFORMATION

There are no items for inclusion in this section

14:00 - 14:00

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5. OTHER MATTERS

5.1. Items to be brought to the attention of the Board and other Committees

5.2. Any other urgent business

5.3. Date of the next meeting: 24 June 2021

NB.

Performance and Resources Committee Members will also be invited to attend the Audit, Risk and Assurance Committee meeting on the 8 June 2021 to jointly consider the Annual Report 2020-21 (Annual Performance Report, Annual Accountability Report and Annual Financial Statements).

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



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

**6 MAY 2021, 14:00 – 16:00
TO BE HELD VIA MICROSOFT TEAMS**

AGENDA

Item	Title	Attached /Oral	Presenter
1	PRELIMINARY MATTERS		
1.1	Welcome and Apologies	Oral	Chair
1.2	Declarations of Interest	Oral	All
1.3	Minutes from the previous meeting held on 22 nd February 2021, for approval	Attached	Chair
1.4	Matters arising from the previous meeting	Oral	Chair
1.5	Performance & Resources Committee Action Log	Attached	Chair
2	ITEMS FOR APPROVAL/RATIFICATION/DECISION		
	There are no items for inclusion in this section		
3	ITEMS FOR DISCUSSION		
3.1	Overview of work taken forward on behalf of PTHB via NHS Wales Shared Services Partnership	Presentation	Director of Finance and Corporate Services, NWSSP
3.2	PTHB Annual Report (Draft) and End of Year Performance 2020/21	Attached	Director of Planning and Performance
3.3	Integrated Performance, 2021/22 a) Performance Report, April 2021 b) Draft Annual Plan Minimum Data Set Overview	Attached	Director of Planning and Performance
3.4	Financial Performance Report	Attached	Director of Finance and IT
3.5	Commissioning Assurance Framework	Attached	Director of Planning and Performance
3.6	Nurse Staffing Levels Act Report	Attached	Director of Nursing and Midwifery
3.7	Workforce Highlight Report	Attached	Director of Workforce and OD
3.8	Health & Safety Report: Hand Arm Vibration at Work	Attached	Director of Workforce and OD
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	Oral	Chair
5.2	Any Other Urgent Business	Oral	Chair

5.3	<p>Date of the Next Meeting:</p> <ul style="list-style-type: none"> • 24 June 2021, Microsoft Teams <p>NB.</p> <p>Performance and Resources Committee Members will also be invited to attend the Audit, Risk and Assurance Committee meeting on the 8 June 2021 to jointly consider the Annual Report 2020-21 (Annual Performance Report, Annual Accountability Report and Annual Financial Statements).</p>
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Powys Teaching Health Board is committed to openness and transparency, and conducts as much of its business as possible in a session that members of the public are normally welcome to attend and observe.

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

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

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

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POWYS TEACHING HEALTH BOARD

UNCONFIRMED

PERFORMANCE & RESOURCES COMMITTEE MEETING HELD ON MONDAY 22 FEBRUARY 2021 VIA MICROSOFT TEAMS

Present:

Mark Taylor
Melanie Davies
Ian Phillips
Tony Thomas

Independent Member (Chair)
Independent Member
Independent Member
Independent Member

In Attendance:

Claire Madsen
Hayley Thomas
Kate Wright
Lucie Cornish
Mark McIntyre
Pete Hopgood
Rani Mallison
Wayne Tannahill

Director of Therapies and Health Sciences
Director of Planning and Performance
Medical Director
Assistant Director Therapies & Health Science
Deputy Director Workforce and OD
Director of Finance and IT
Board Secretary
Head of Estates and Property

Observers:

David Collington
Elaine Matthews

Community Health Council
Audit Wales

Apologies for absence:

Carol Shillabeer
Jamie Merchant

Chief Executive
Director of Primary, Community Care and
Mental Health

Committee Support:

Holly McLellan

Senior Administrator / Personal Assistant

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MEETING GOVERNANCE	
P&R/20/33	<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/20/34	<p>DECLARATIONS OF INTEREST</p> <p>No declarations of interest were received.</p>
P&R/20/35	<p>MINUTES OF THE PREVIOUS MEETING: 6 OCTOBER 2020</p> <p>The minutes of the meeting held on 6 October 2020 were AGREED as being a true and accurate record subject to the following amendment:</p> <p>Page 8 should read <i>'...this is not clearly articulated in the property strategy strategic property framework.'</i></p>
P&R/20/36	<p>MATTERS ARISING FROM THE PREVIOUS MEETING</p> <p>It was confirmed that no new independent member had been appointed at this stage.</p> <p>The Committee Chair noted that P&R/20/21 'CONTINUING HEALTH CARE ANNUAL REPORT 2019-20' had received resubmitted comments, the Committee Chair was scheduled to meet with the Director of Nursing and Midwifery and Director of Primary, Community Care and Mental Health to discuss. The Committee Chair requested the time scale be confirmed and an interim update be presented at Performance & Resources Committee on 6 May 2021.</p>
P&R/20/37	<p>PERFORMANCE AND RESOURCES COMMITTEE ACTION LOG</p> <p>The Board Secretary provided the following update:</p> <ul style="list-style-type: none"> P&R/20/12 - Waste Management Procurement Process was deferred until appropriate timing on the contract had been established. Procurement had been postponed during the COVID-19 pandemic as an appropriate disposal system would be required. An environmental review was to follow.

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	The Committee RECEIVED the updated Action Log.
ITEMS FOR APPROVAL/RATIFICATION/DECISION	
There were no items for approval, ratification or decision at this meeting.	
ITEMS FOR DISCUSSION	
P&R/20/38	<p>FINANCIAL PERFORMANCE:</p> <ul style="list-style-type: none"> • MONTH 10,2020/21 • DELIVERY OF ANNUAL SAVINGS <p>The Director of Finance and IT presented the previously circulated report and advised that PTHB was reporting an under spend at month 10 for FY 2020/21 of £0.045M. The Financial Forecast to 31 March 2021 was to maintain a balanced plan based on the assumption. That the Health Board would remain within the funding envelope provided by Welsh Government for Covid-19. PTHB were projected to achieve £0.5M savings against the target of £5.6M. The £5.1M shortfall was being met from the £15.5M Covid funding from Welsh Government. Any further deterioration in the position would impact on the funding available to support Surge and the baseline winter plan. PTHB had a Capital Resource Limit of £3.6M and had spent £2.4M to date. £1.2m of the spend to date related to Covid-19 capital spend, in line with the profiles supplied to Welsh Government.</p> <p><i>Substantial savings were identified every year, however, neither seem to be achieved or achievable. Should Powys Teaching Health Board be more realistic when setting out savings goals?</i></p> <p>The Director of Finance and IT responded that PTHB's history of performance in previous years had been very good. It had been part of PTHB's ability to provide a balanced position. COVID-19 had been a key contributing factor, the impact had been identified in monthly papers and was presented to the Strategy & Planning and Performance & Resources Committees yearly. Savings goals were discussed and signed off at appropriate governance stages. Rebalancing of risk share arrangements had been signed off in the Integrated Medium Term Plan (IMTP). Block contract arrangements had limited the sharing of patient pathways. A new target would not be set for 2021/22. PTHB's new Proficiency Framework has previously been brought through.</p>

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	<p>The latest forecast cost of COVID-19 included the additional cost of Annual Leave provision.</p> <p><i>Are the Variable Wage Costs related to COVID-19?</i> The Director of Finance and IT confirmed the Variable Wage Costs were COVID-19 related and the paper identified the budgetary pressures.</p> <p><i>If PTHB had historically reported an underlying deficit were finances really in balance?</i> The Director of Finance and IT advised that that this was used as a reference of how PTHB's financial forecast was built. There would always be an element of variability in spending.</p> <p><i>What level of confidence was there that PTHB would deliver its break-even position?</i> The Director of Finance and IT noted there was a high level of confidence subject to any variables. Budget Setting Principles had previously been brought to Board which picked up on historic levels and realigning resources to value and identifying where this was delivering the best outcomes.</p> <p><i>How would PTHB intend to deal with the overspend in Continuing Healthcare (CHC)?</i> The Director of Finance and IT identified that there were known historic pressures in the area and a workstream is examining this area. The best value of care and the right outcome for those people is a key priority and is fully recognised in work plans and work streams along with learning from best practice. Care Home funding was increased by an additional £75 per person per week.</p> <p>The Director of Planning and Performance queried whether additional content around bench marking would provide assurance. The Committee Chair agreed.</p> <p>The Committee DISCUSSED and NOTED the Month 10 2020/21 financial position. NOTED that actions would be required in 2020/21 to deliver a balanced position on 31 March 2021. NOTED and APPROVED Covid-19 Revenue position in main report and the Capital and TTP and Mass Vaccination positions detailed in appendix 1. NOTED additional risks on delivery of balance position at 31 March 2021.</p>
P&R/20/39	WORKFORCE PERFORMANCE REPORT

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	<p>The Director of Workforce, OD & Support Services presented the previously circulated paper and advised there were significant complexities and challenges faced in relation to staffing. The Workforce & OD team continued to support services to identify staffing requirements which included:</p> <ul style="list-style-type: none"> • Community Services • Test, Trace, Protect • Mental Health • Medical Staffing • Women & Children's Service • Facilities <p>An update had also been included in relation to staff who were shielding.</p> <p><i>What governance processes are in place for assurance to be given in respect of the significant increase of absentees due to shielding?</i></p> <p>The Deputy Director Workforce and OD confirmed there was an understanding of the number of staff who originally required shielding. Of this cohort a number had re-entered the work place with appropriate risk assessment although this was not deemed appropriate for all staff. Work had been carried out to ensure those working from home had meaningful work to undertake. Staff who had received the vaccine were still required to work from home under current guidance. Consideration was being taken of those who were clinically high risk and did not want the COVID-19 vaccine. Line managers were keeping in contact with their staff.</p> <p><i>It is of vital importance that useful employment is found for staff whilst shielding.</i></p> <p>The Deputy Director Workforce and OD responded that national guidelines were being followed, there was confidence that there would be guidance to bring staff back into the workplace when it was safe. Work had been undertaken with Line Managers to ensure the correct resources were available.</p> <p>The Deputy Director Workforce and OD noted recruitment changes were visible from week to week. The overall position showed there had not been instances where cover could not be found.</p> <p>In respect of the Test, Trace and Protect Service the Deputy Director Workforce and OD advised that 1 post had been filled and applications had been received for the</p>
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30 hour per week role. There had been significant interest in remaining vacancies. PHTB was in a strong position to fill all necessary roles. Mass vaccination had been the most challenging in resourcing requirements due to an initial required dependency on registrants. The deficit had been narrowed and would further decrease following the employment of non-experienced vaccinators. A sustainable position would be established in PTHB's COVID-19 mass vaccination centres. No major issues had been identified in Mental Health. Corporate Risk was up to date as of the date of the report.

The Committee Chair raised concern in staff resilience and opportunity for staff to recharge. This area would be escalated to Board to assess a restructure and change to our staffing profiles. The escalation to Board would not manage current risk, but look at innovation moving forwards.

Action: Committee Chair - staff resilience to be escalated to Board.

The Director of Planning and Performance raised the importance of taking a different approach to the model in order to have a sustainable skill mix going forward. There was opportunity to look broadly across team mixing and how staffing risks would be taken forward.

The Executive Director of Finance and IT noted that identifying where deficit areas needed to link to current capacity and activity should be a key area in the paper. If PTHB were at full establishment there should be an increase in activity.

Would be possible to have a breakdown of staffing numbers on the table on pg 3 and it appears that the number of fixed term appointments compared to full time are disproportionate?

The Director of Planning and Performance noted that the intention was to have a buffer of remaining fixed term staff to fulfil roles in Test, Track and Protect. Individuals in the service could be encouraged into taking a substantive vacancy in PTHB's core services. The current position is due to the current uncertainty in funding.

The Committee NOTED the paper and further resolved that whilst the risk rating was currently considered acceptable by the Director of Workforce & OD, that there were a number of areas where wider organisational

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	<p>change was likely to be required to address areas of concern. Including recruitment, retention and recovery from the pandemic and future staffing structures. As such it was considered appropriate that this matter be ESCALATED to the Board for more in depth consideration.</p>
P&R/20/40	<p>DISCRETIONARY CAPITAL PROGRAMME: DELIVERY OF 2020/21 – 2021/22 PLAN AND DRAFT 2021/22 – 2022/23 PLAN</p> <p>The Assistant Director of Estates & Property presented the previously circulated report and advised the overall capital position had been affected by COVID-19 during the 2020/2021 financial year period, which had impacted on the progress of schemes, supplier and contractor costs, availability of materials and access to clinical areas to deliver projects. In addition, the department had experienced internal staff resource impacts, including availability of the Capital and Estates resource, who had been instrumental in supporting COVID-19 project activity, which had not been envisaged at the start of the 2020/2021 financial year.</p> <p>The position, at Quarter 4 and looking forward to the 2021/2022 financial year, was more positive, reflecting on achievements under significant pressures in the current financial year and acknowledging substantial funding opportunities moving forward.</p> <p>It was noted that since the Assistant Director of Estates & Property's appointment there had been a dramatic improvement in spending. Audit, Risk and Assurance Committee were very satisfied with work undertaken by the Assistant Director of Estates & Property.</p> <p>The quality of the paper was commended and the capacity available in 2021/22 was queried. The Assistant Director of Estates & Property responded that capacity needed to be kept in line with aspirations, a significant amount of funding was expected in the coming years. If PTHB did receive extra capital funding it would be possible to employ more people in substantive roles. Strong appointments were being made to the core team.</p> <p><i>What was the deadline for money in terms of slippage to be spent.</i></p> <p>The Assistant Director of Estates & Property stated it would be necessary for slippage to be spent during this financial year. Schemes had been identified where the</p>

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	<p>ground work had been done and equipment had been identified for procurement.</p> <p><i>If PTHB committed to such projects would there be a danger of overrun?</i></p> <p>The Assistant Director of Estates & Property responded that Welsh Government expected that any funding for overrun would come out of the discretionary capital fund.</p> <p>The Committee RECOMENDED the Discretionary Capital Programme go to Board for final ratification and approval.</p>
P&R/20/41	<p>INFORMATION GOVERNANCE:</p> <p>A) KEY PERFORMANCE METRICS</p> <p>The Board Secretary presented the previously circulated report and advised the paper had been developed to show compliance against key information governance (IG) performance indicators. The Committee was asked to note the reporting period was 1 September to 31 December 2020.</p> <p><i>Was there an escalation programme for long term staff illness?</i></p> <p>The Board Secretary confirmed that active follow-up was taking place. Work on records management would help build resilience.</p> <p><i>The Electronic Staffing Record (ESR) learning course for the Key Performance Metrics was one of the longest modules, would it be possible to break the course up or make it more interactive and engaging?</i></p> <p>The Board Secretary noted that it was a national module but a task and finish group was being set up to improve the module.</p> <p>The Committee NOTED the paper.</p> <p>B) IG TOOLKIT</p> <p>The Medical Director presented the previously circulated paper which informed the Performance & Resources Committee of the Health Board's performance against the Welsh Information Governance (IG) Toolkit assessment for the period 2019-2020. During this submission the IG Toolkit was in Pilot Phase and the Covid-19 pandemic meant key staff/services were not available to progress certain areas of work. An IG Toolkit Improvement Plan had been developed which highlighted those areas of work</p>

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	<p>required to improve the current score and assurance level in readiness for the 2020-21 submission.</p> <p>In 2018, data protection legislation had been strengthened with the UK adoption of the General Data Protection Regulation (GDPR) EU 2016/679 and Data Protection Act (2018). To update the current assessment, the Caldicott Principles into Practice (C-PiP), a review was undertaken by the national Information Governance Management Advisory Group (IGMAG) to determine if it still met requirements to assess IG compliance under the new legislation. The review concluded that the C-PiP assessment no longer provided sufficient assurance. A new assessment was developed, the Welsh IG Toolkit for Health Boards and Trusts (the toolkit), to replace the C-PiP assessment.</p> <p>The toolkit (2019 – 2020) was launched in 2019 as a pilot, incorporating the new legislation, good practice, the Caldicott Principles, and was aligned with the NHS Digital (England) toolkit to provide assurance for appropriate cross border information sharing. The toolkit was an annual online self-assessment that enables organisations in NHS Wales to measure their level of compliance against national Information Governance Standards and data protection legislation.</p> <p>Health Boards and Trusts had the opportunity to agree on amendments to the toolkit made throughout this first pilot year, and future reviews would be undertaken periodically on a national level. It should be noted that while Health Boards no longer use the C-PiP to measure IG compliance, it was still available for Health Board use. Recent communications with Information Governance leads had confirmed completion would be required where there were Section 251 agreements in place or CAG approvals were required. The IG Team had received confirmation that the completion of the C-PiP assessment was not required for the 2019/2020 submission as neither of these were in place within the Health Board. This position would be reviewed for the 2020/2021 submission.</p> <p>The Board Secretary noted this would be a helpful tool for the Board to check. and confirmed the pilot was still running but noted it would move into core business, in terms of monitoring improvement actions as they go through the committees and would be built in to the annual development plan.</p>
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	<p>Will Committee receive an update on Records Management?</p> <p>The Board Secretary confirmed there was a Records Management Improvement Plan, an update would be brought forward. The Committee Chair and Director of Finance and IT had a meeting scheduled regarding the digitalisation of records.</p> <p>The Committee DISCUSSED and NOTED the paper.</p>
P&R/20/42	<p>COMMISSIONING ASSURANCE FRAMEWORK</p> <p>The Director of Planning and Performance presented the previously circulated paper which provided the Performance & Resources Committee with a view of providers in Special Measures (including Shrewsbury and Telford Hospitals NHS Trust) or scored as Level 4 under the PTHB Commissioning Assurance Framework.</p> <p>The report highlighted providers in Special Measures or scored as Level 4 following the January 2021 PTHB Internal Commissioning Assurance Meeting (ICAM). There were:</p> <ul style="list-style-type: none"> • 2 providers with services in Special Measures. • 1 provider at Level 4. <p>The report also provided an update in relation to:</p> <ul style="list-style-type: none"> • Shrewsbury and Telford Hospitals NHS Trust (SaTH), including the publication of the first Ockenden Report. • Essential Services. • The deteriorating position in relation to referral to treatment times (RTT) times and the programme of work needed for renewal and recovery. <p>In the period covered by this report the NHS had been responding to the second COVID-19 peak; winter; mass vaccination; and the EU exit.</p> <p><i>It is necessary to make progress on the issue of block contracts, from an assurance stand point. There were 2,000 patients on waiting lists which would have an impact for years.</i></p> <p>The Director of Planning and Performance responded that there were positives and negatives to block contracts. There was an ongoing timing conversation around how best to put in arrangements whilst stabilising the system. The scale of the problem around waiting times was increased by the number of patients already on waiting</p>

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	<p>lists. The Director of Planning and Performance noted the need for a national and regional discussion around how to tackle waiting lists.</p> <p>The Committee DISCUSSED the paper and the Committee Chair noted the paper would be further discussed in Board Development on 23 February 2021.</p>
P&R/20/43	<p>COMMITTEE CHAIR'S ANNUAL REPORT 2019/20</p> <p>The Committee Chair presented the previously circulated paper which provided the Performance & Resources Committee with an overview of the Chair's Annual Report.</p> <p>The Committee Chair thanked all members for work contributed and thanked the Executive Team for bringing through timely and accurate reports.</p> <p>The Committee RECEIVED and DISCUSSED the paper.</p>
ITEMS FOR INFORMATION	
P&R/20/44	There were no items for information.
OTHER MATTERS	
P&R/20/45	<p>ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND OTHER COMMITTEES</p> <p>No items were noted.</p>
P&R/20/46	<p>ANY OTHER URGENT BUSINESS</p> <p>No other urgent business was raised.</p>
P&R/20/47	<p>DATE OF THE NEXT MEETING:</p> <p>6 May 2021 from 14:00 – 17:00, via Microsoft Teams.</p>

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Key:

Completed
Not yet due
Due
Overdue

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



GIG
CYMRU
NHS

Bwrdd Iechyd
Addysgu Powys
Powys Teaching

Minute	Meeting Date	Action	Responsible	Progress Position	Status
P&R/20/12	30 June 2020	Waste Management Procurement Process. Assurance to be provided to IMs that quality, reliability and reduction in environmental impact would be appropriately weighted in procurement process	Director of Workforce and OD	Waste Management Procurement Process was deferred until appropriate timing on the contract had been established. Procurement had been postponed during the COVID-19 pandemic as an appropriate disposal system would be required. An environmental review was to follow.	

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Agenda item: 3.2

Performance and Resources Committee		Date of Meeting: 06 May 2021
Subject :	PTHB Annual Report – Performance Report	
Approved and Presented by:	Director of Planning and Performance	
Prepared by:	Assistant Director of Planning	
Other Committees and meetings considered at:	Delivery and Performance Group	

PURPOSE:

To present the Committee with a Draft Annual Report – Performance Report for consideration and feedback prior to being finalised for approval at PTHB Board on 10 June 2021 and submitted to Welsh Government on 11th June 2021.

This forms part 1 of the Annual Report 2020/2021, the Accountability Report (part 2) and Financial Statements (part 3) are considered separately by the Audit, Risk and Assurance Committee.

RECOMMENDATION(S):

The Performance & Resources Committee is asked to consider the draft Annual Performance Report 2020-21 and provide any feedback to inform the final development of its content, ahead of submission to Welsh Government as a draft on 07 May 2021.

Approval/Ratification/Decision	Discussion	Information
	✓	✓

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

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

EXECUTIVE SUMMARY:

This provides the Committee with a draft of the Annual Report – Performance Report for consideration and feedback prior to being finalised for approval at PTHB Board on 10 June 2021 and submitted to Welsh Government on 11th June 2021.

This forms part 1 of the Annual Report 2020/2021, the Accountability Report and Financial Statements are considered separately by the Audit, Risk and Assurance Committee.

The purpose of the Performance section of the Annual Report is set out in the guidance provided in the NHS Wales 2020-21 Manual for Accounts, to provide information on Powys Teaching Health Board, its main objectives and strategies and the principle risks that it faces.

In response to the Covid-19 pandemic, the reporting requirements have been reviewed and streamlined whilst ensuring all regulatory matters are met and the report provides information to reflect the position of the NHS body within the community and provide public accountability.

There is no requirement to submit a performance analysis section, sustainability report or a separate Annual Quality Statement for 2020-21.

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However, given the importance of these elements of reporting, PTHB has used information available to provide as full a picture of the year as possible. This is provided in the performance overview.

The main features of the report flow from the Planning, Delivery and Performance Framework and demonstrate how the organisation has delivered against that framework and how the organisation adapted during the year to respond to the pandemic.

A Forward Look is also provided which connects the Annual Report to the Draft Annual Plan for 2021/ 22 which was agreed at PTHB Board on 31 March 2021 and submitted to Welsh Government on the same day.

Highlights of individual and team achievements are included throughout the report and a roll call of the Staff Appreciation Certificates, to show some examples of the incredible dedication shown throughout the year.

DETAILED BACKGROUND AND ASSESSMENT:

Background

Purpose and Requirements

The purpose of the Performance section of the Annual Report as set out in the guidance provided in the NHS Wales 2020-21 Manual for Accounts is to provide information on Powys Teaching Health Board, its main objectives and strategies and the principle risks that it faces.

The requirements are based on the matters required to be dealt with as set out in Chapter 4A of Part 15 of the Companies Act 2006, as adapted in the Financial Reporting Manual and NHS Wales Guidance Manual.

In response to the Covid-19 pandemic, the reporting requirements have been reviewed and streamlined whilst ensuring all regulatory matters are met and the report provides information to reflect the position of the NHS body within the community and provide public accountability.

There is no requirement to submit a performance analysis section, sustainability report or a separate Annual Quality Statement for 2020-21. However, given the importance of these areas in providing a full picture of the year for the health board, detailed information is provided where it is available in the performance overview.

For 2020-21 a Performance Report is required to provide an overview in line with a revised recommended approach set out in the Annex 7 of the NHS Wales guidance, reflecting the need to respond to the Covid-19 pandemic with a clear focus on quality, innovative practice and clinical leadership in the face of the challenges.

Key Areas covered by the report

The main features of the report flow from the organisation's [Planning, Delivery and Performance Framework](#) and demonstrate how the organisation

has delivered against that framework and how the organisation adapted during the year to respond to the pandemic.

The report provides an update on [Powys and its population](#), in the context of the impacts of the Covid pandemic and the [role of the health board](#) in response.

The Planning and Delivery Framework is set out noting the impact of the pandemic and the way the health board adapted to respond to the [Four Harms](#) and taking a [dual track approach](#) in line with the recommendations of the World Health Organisation, underpinned by delivery principles defined at PTHB Strategic Gold Command'

The [Integrated Performance Approach](#) is also outlined in a similar way noting the developments of new forms of tracking to ensure surveillance of the Covid-19 pandemic and the health and care system in response to provide the necessary assurance through to Committees of the Board and the Board on the quality and safety of services, access to care, improvement and delivery against the board's strategic objectives, in a complex and changed operational environment.

A [Performance Overview](#) section sets out in detail the health board's work over the year. Whilst a performance analysis was not required this year in recognition of the changes in the national reporting requirements due to the pandemic response, information is provided where it was locally available, to give as full a picture as possible of the challenges and achievements.

This is set out to meet the requirements of the updated and amended guidance, to give information on:

- the planning and delivery of safe, effective and quality services for Covid care
- the planning and delivery of safe, effective and quality services for non Covid care including Essential healthcare

Performance against the key areas of the [NHS Outcomes Framework](#) is included to the year-end using the most recent available data at the time of the report being shared.

[Quality and Patient Experience](#) is a feature throughout the report as it informs each area of work. In addition, a specific section giving the key indicators in relation to quality monitoring is provided. It should be noted that there is no requirement for an Annual Quality Statement for the year 2020/21 and the key information is included instead in this report.

Information is included on the enabling areas of work notably:

- Communications and Engagement
- Equalities and Welsh Language
- Workforce
- Digital
- Partnerships
- Innovative Environments

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Whilst there is no requirement for a [sustainability](#) report this year, it is a high priority for the health board and information is included as it shows progress in a number of key areas including decarbonisation, environmental management and the Future Generations Act.

A [Forward Look](#) is also provided which connects the Annual Report to the Draft Annual Plan for 2021/ 22 which was agreed at PTHB Board on 31 March 2021 and submitted to Welsh Government on the same day.

Highlights of [individual and team achievements](#) are included throughout the report and a roll call of the Staff Appreciation Certificates, to show some examples of the incredible dedication shown throughout the year.

NEXT STEPS:

Feedback is welcomed and will inform the final version for approval at PTHB Board on 10 June 2021 and submission to Welsh Government on 11 June 2021.

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DRAFT Performance Report

For the Annual Report 2020 – 2021

Draft for Performance and Resources Committee

6 May 2020

McLellan Holly
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Foreword – Statement of Chief Executive

This has been an extraordinary year. The global pandemic has turned all of our lives upside down and made us live and work very differently. This is true of the way in which the development and delivery of health care has taken place.

A focus on urgent and emergency care, including for those with the Covid-19 virus, enabling essential service to continue to operate whilst changing some of them to ensure safety in a Covid environment and establishing new services such as testing and tracing and the vaccination service has been critical.

The achievement of health services and other public, voluntary and third sector services over the last year has been incredible; supported and underpinned by tremendous partnership and strength of community.

This Annual Report is different to previous years as it is set in the context of this extra-ordinary experience for the health board, its partners and the population it serves. It reflects both the significant challenges faced during 2020 – 2021, which continue into 2021 – 2022, but also the wave of innovation that has been seen in response.

Whilst the year has been challenging and staff have faced fatigue and extra-ordinary emotional and physical demands – there has been incredible collaboration, determination and drive seen across all teams. This report showcases the individuals and services that have gone above and beyond to deliver healthcare this year.

This includes the wide range of ways in which services adapted and flexed to meet their patients' needs, through different working patterns, changes to physical environments, new types of equipment and infection control and the use of digital and other means to keep clinics and services open. The report describes how essential healthcare was continued using new and alternative ways of working.

It also includes the hugely successful efforts to deliver entirely new forms of health service – the set up of Test, Trace and Protect in partnership with Powys County Council and the Covid-19 Vaccination programme. Both of these have been crucial steps forward in reducing both the transmission and the risk of serious disease and death from the virus. We are proud to have performed exceptionally well in delivering these new services this year.

However, it must be acknowledged that services have been disrupted through the pandemic and both staff and patients/service users have needed to be flexible and patient. Whilst the use of digital technology, phone and email access and provision has increased the ability of the health service to support patients; 'face to face' services have had to change to accommodate the safety measures required. This has meant that the numbers of people being seen has been more limited, sometimes leading to longer waiting times and making access to care and support more difficult. Some people may also not have come forward to access advice when they have had worrying symptoms where in 'ordinary' times they would have been less hesitant to seek support.

All of these issues are critical and our approach to mitigate these risks through the year, working closely with partners locally, regionally and nationally, are described in this report. The forward look section also sets out the ongoing

planning for our critical priorities moving forward that will have the greatest positive impact for the people of Powys.

This Report is informed by a thorough reflection of what has been learnt by the health board during the pandemic so far, where there have been areas of positive development and where improvement is needed. It shares the work started in 2020 and continuing through 2021 to fully understand and respond to the impact the pandemic has had on the population of Powys. There are truly enormous needs that are identified globally as a result of the pandemic and this report sets out some of the work we have already begun to understand what that has meant during 2020 and going forward for our own communities.

The year has also brought an incredible amount of innovation and this is the foundation for our recovery from the pandemic and the renewal of our services and transformation programmes. So much has been learned during the year, some of which has been surprising, highly valuable and to be embraced. The health service with partners and specifically with patients/service users/carers/citizens and communities has developed better ways of providing access to high quality healthcare in many cases, providing more rapid support and a focus on people's own homes and lives rather than the constraints of services and buildings, and these are highlighted throughout this report.

The agility and drive shown by the health service and partners has been astonishing but for very many people especially NHS staff the challenges of the last year, and the prospect of the work needed for recovery and renewal, must seem exhausting. Staff across the NHS and no doubt in other partner sectors are tired. Their unstinting work, in extremely difficult circumstances, has led to a greater need than ever before to put wellbeing at the heart of being able to recover and renew. Whilst as Chair and Chief Executive we have taken the opportunity many times to say thank you to staff across local health services, we are also sharing as many notes of appreciation as possible in this report including the 'roll-call' of staff awards through the year.

Whilst some processes such as the requirement for Integrated Medium Term Plans were suspended to respond to the pandemic as a nation, our core Values and Principles, developed by our workforce and stakeholders, resonated stronger than ever.

This report describes how the long term health and care strategy 'A Healthy, Caring Powys', developed with the people of Powys has remained an important anchor for us this year and stands us in remarkably good stead moving forward.

If you are reading this report, as a staff member or colleague in a partner organisation, a resident, a patient, a carer, a volunteer, a local business or a combination of these – **thank you** for all you have done and I hope this report captures a glimpse into the incredible efforts you have made for Powys this year.



Professor Vivienne Harpwood (Chair)



Carol Shillabeer (Chief Executive)

McLellan Holly
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Requirements and Context

Requirements for 2020-21

The purpose of the Performance section of this Annual Report as set out in the guidance provided in the NHS Wales 2020-21 Manual for Accounts is to provide information on Powys Teaching Health Board, its main objectives and strategies and the principle risks that it faces.

The requirements are based on the matters required to be dealt with as set out in Chapter 4A of Part 15 of the Companies Act 2006, as adapted in the Financial Reporting Manual and NHS Wales Guidance Manual.

In response to the Covid-19 pandemic, the reporting requirements have been reviewed and streamlined whilst ensuring all regulatory matters are met and the report provides information to reflect the position of the NHS body within the community and provide public accountability. There is no requirement to submit a performance analysis section, sustainability report or a separate Annual Quality Statement for 2020-21. However, information is provided where it is available in the performance overview.

For 2020-21 a Performance Report is required to provide an overview in line with a revised recommended approach set out in the Annex 7 of the NHS Wales guidance, reflecting the need to respond to the Covid-19 pandemic with a clear focus on quality, innovative practice and clinical leadership in the face of the challenges.

The main features of the report flow from the organisation's Planning, Delivery and Performance Framework and demonstrate how the organisation has delivered against that framework and how the organisation adapted during the year to respond to the pandemic.

Powys and its population

The health board develops its plans based on an assessment of the needs of the **Powys population** which takes into account environmental, social and economic issues and the role of the health board in its community.

Powys is one of the most rural counties in the UK. Whilst the county is large, covering approximately 25% of the landmass of Wales, it has only 5% of the population. The county has a strong network of small towns and villages with a high level of community commitment and a strong voluntary sector.

Unemployment is low; however, Powys has a low-income economy with low average earnings and house prices that are high when compared to other areas in Wales. Five areas (Lower Super Output Areas) are among the most deprived 30% in Wales, clustered around the main market towns with higher residential populations.

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There are generally good health outcomes in the County and people live longer and spend more years in good health than the national average, eating a healthier diet and being more physically active.

The Powys Public Service Board Well-being Assessment, carried out prior to the pandemic, reported a strong sense of community and satisfaction with life, with 83% reporting that they felt they belonged to their local area, compared to 75% in Wales as a whole. See *Powys Well-being Assessment for further detail and sources* <https://en.powys.gov.uk/article/5794/Full-Well-being-assessment-analysis>

However, whilst general health is good, there are issues that have informed our long-term strategy prior to the pandemic and there is now the impact of the pandemic itself to be taken into account.

The population in Powys is older compared to the rest of Wales and the proportion of older people is growing. The working age adult population is smaller compared to Wales and it is predicted that the number of young people and working age adults will decrease, whilst the number of older people will increase. It is predicted that there will be an 8% decline in the Powys population by 2039.

The most recent population assessment showed that 1 in 5 people still smoke, 1 in 4 children are overweight or obese on entering school and 6 in 10 adults are overweight or obese. Health inequalities amongst people living in the most deprived areas of Powys are significant; a child born in the most deprived area lives approximately 10 years (boys) to 14 years (girls) less than a child born in the least deprived area.

The latest evidence regarding the impact of the Covid-19 pandemic (direct and indirect) on the population shows that the impacts will be felt in societies for many years to come, health inequalities will widen, unless this risk is mitigated, and there is evidence of a complex effect on health behaviour, with both positive and negative impact.

There will be differing effects between population groups, and with increased unemployment, there is evidence that longstanding illness would be expected to increase gradually. There would be a higher increment in the percentage of adults with limiting longstanding illness compared to adults with any long-standing illness which would have implications for healthcare services. It may result in c. 900,000 more adults of working-age in the UK developing chronic health conditions.

Based on current unemployment predictions, there is evidence that the percentage of working-age adults with chronic health conditions is projected to increase following the up to the end of 2022/23, with a higher increment for mental health and endocrine/metabolic problems:

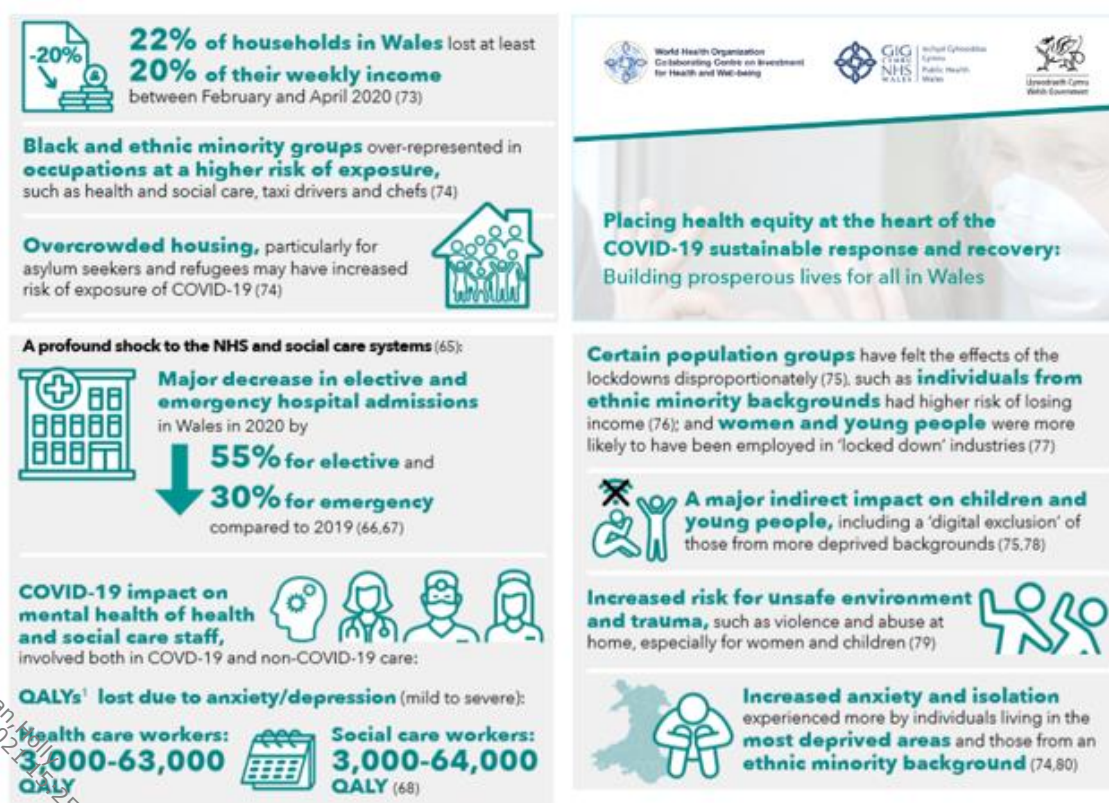
The proportion of working-age adults limited a lot by long-standing illness is projected to increase from 18.1% in 2019/20, to 24.4% in 2022/23. For Powys, this is 4,719 more adults.

- The proportion of working-age adults with musculoskeletal problems is projected to increase from 17.1% in 2019/20, to 19.4% in 2022/23. *For Powys, this is 1,723 more adults.*
- The proportion of working-age adults with heart and circulatory problems is projected to increase from 12.8% in 2019/20, to 15.5% in 2022/23. *For Powys, this is 2,023 more adults.*
- The proportion of working-age adults with respiratory problems is projected to increase from 8.2% in 2019/20, to 10.6% in 2022/23. *For Powys, this is 1,797 more adults.*
- The proportion of working-age adults with endocrine and metabolic problems is projected to increase from 7.9% in 2019/20, to 10.9% in 2022/23. *For Powys, this is 2,247 more adults.*
- The proportion of working-age adults with mental health problems is projected to increase from 8.8% in 2019/20, to 11.9% in 2022/23. *For Powys, this is 2,322 more adults.*

Source: Planning Ahead: Evidence Relating to the Impact of the Pandemic
(Catherine Woodward, February 2021)

Various sources refer to a 'syndemic' impact, meaning there is a cumulative effect for those with existing health conditions and a social gradient in how this is experienced. Research points to particular impacts on children and young people and vulnerable groups, and a correlation across inequalities, including ethnicity, gender, age and sexuality.

The report 'Placing health equity at the heart of the Covid-19 sustainable response and recovery' (The Welsh Health Equity Status Report, 2021) sets out the wider socio-economic impact in Wales:



The report emphasises the profound interdependence between population and community well-being and a window of opportunity to accelerate new approaches to healthier, more resilient people, societies and economies.

The Kings Fund have identified insights from recovery work globally noting that recovery will span 10 to 15 years and will not be linear. Their key finding is that recovery should focus on understanding what individuals and communities need to cope with the impacts of a disaster, and be in a better position to withstand the next one. There are four priority areas: Mental Health; Community need; Not leaving anyone behind; Collaboration.

The World Health Organisation have suggested that there will be different stages of impacts on populations following the pandemic and there is evidence emerging continually on population well-being of relevance to Powys that has informed the health board's work during the year and the development of its Annual Plan for 2021-22 and review of the Population Assessment which will be taking place in the year ahead.

The role of the health board

The health board has a unique role as both a commissioner and a direct provider of healthcare for the residents of Powys. The health board budget is around £300 million a year; with 50% spent on services that we commission; 30% on directly provided services and 20% on primary care through contractors including 16 General Practices and Out of Hours services; 22 Dental Practices and 5 health board primary care dental services as well as Community Dental Services located across Powys as part of community services; 23 Pharmacies and 16 Optometrists. Services are also provided through agreements with the Third Sector.

PTHB directly provides healthcare services through its network of community services and community hospitals, with a range of consultant, nurse and therapy led outpatient sessions, day theatre and diagnostics in community based facilities.

The Integrated Medium Term Plan (IMTP) for 2019/20 (developed prior to the start of the Covid-19 pandemic) was set in the context of the shared long term Health and Care Strategy for Powys, '[A Healthy Caring Powys](#)' which itself is informed by the [Powys Well-being Assessment](#).

'A Healthy Caring Powys' is framed around eight well-being objectives that were developed following extensive engagement with the public, service users and carers, stakeholders and staff.

They consist of four core well-being objectives:

- Focus on Well-being
- Early Help and Support
- Joined Up Care
- Tackling the Big Four

And four enabling objectives:

- Workforce Futures
- Digital First
- Innovative Environments
- Transforming in Partnership

Whilst the unprecedented situation of the Covid-19 pandemic led to some changes in the planning and delivery framework for 2020-21 (set out in more detail in the following section), the long-term health and care strategy and the well-being objectives noted above continued to provide the foundation for the health board's medium and long term view. This remains the 'golden thread' for the organisation's strategy and can be seen in the forward look to 2021/22 described in more detail below.

This is reflected in the way the organisation has measured progress during the year through its Integrated Performance approach. This has been similarly adapted in response to the changes resulting from the Covid-19 pandemic (set out in more detail in the following section).

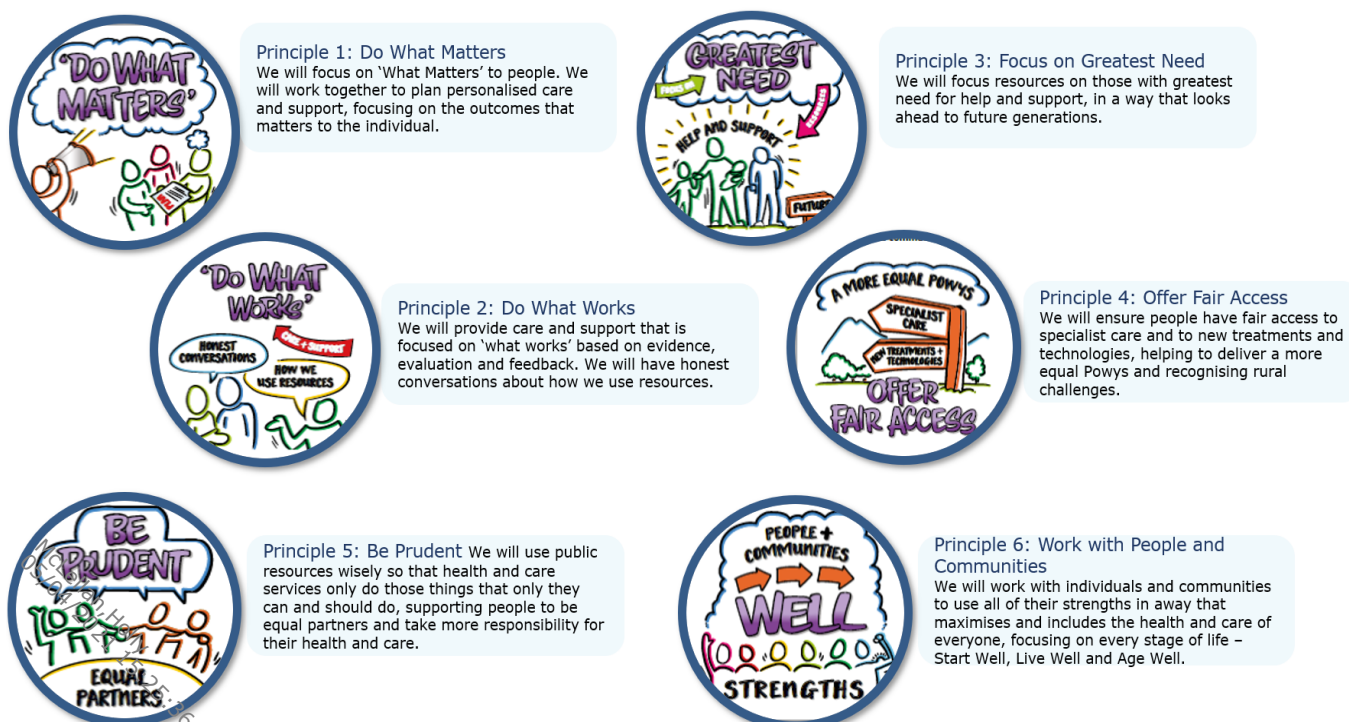
The health board has defined the **Values** that underpin the organisation's structure, processes, people and culture.

These have been developed by people who work in the health board and its stakeholders.

They resonated even more strongly throughout 2020-21 and will be part of the organisational well-being and development for 2021/2022 and beyond.



A set of **principles** were also developed with staff, partners, patients, carers and stakeholders as part of the Health and Care Strategy. These also came to the fore during 2020-21, setting the parameters for the delivery of safe and effective care and the agreement of meaningful priorities going forward.



Planning and Delivery Framework 2020-21

Responding to the impact of the Covid-19 pandemic

The Integrated Medium Term Plan (IMTP) for 2019/ 20 was developed prior to the start of the Covid-19 pandemic, however the requirement for Integrated Medium Term Plans was subsequently suspended by Welsh Government in March 2020 due to the Covid-19 pandemic and replaced by a requirement for quarterly planning.

The **Quarterly Plans** developed and implemented by the health board during 2020 – 2021 were focused on the Covid response and the maintenance of essential healthcare, in line with Welsh Government and UK Government requirements and guidance from the World Health Organisation and clinical bodies in this context.

A **Strategic Gold Group**, chaired by the Chief Executive was established in March 2020 to manage the response to the Covid-19 pandemic. This included the development of a Covid-19 **Clinical Response Model** and **Support Services Model** as core components for the Planning and Delivery Framework in Quarter 1 (April to June 2020).

This was shaped around a '**Five Step**' approach supporting individual action to stay home and save lives; self-care and family / community support; the provision of essential **primary and community care** including the community hospital model and acute and specialist care.

Aros Adref Achub Bywydau <i>Mae pob un ohonom yn rhannu cyfrifoldeb i leihau lledaeniad yr haint</i>		Stay Home Save Lives <i>We all share a responsibility to reduce the spread of infection</i>
Hunanofal, Teuluoedd a Chefnogaeth <i>Rydym yn cefnogi pobl i gynnal eu hiechyd a'u lles</i>		Self Care, Families and Support <i>We are working in partnership to support people to maintain their health and wellbeing</i>
Gofal Sylfaenol Ym Mhowys <i>Rydym yn galluogi mynediad lleol i iechyd a gofal yn eich cymunedau lleol</i>		Powys Primary Care <i>We are enabling local access to primary care within your local communities</i>
Gofal Cymunedol Ym Mhowys <i>Rydym yn cynyddu'r gwelyau a'r sgiliau ym Mhowys i ddarparu gofal lleol</i>		Powys Community Care <i>We are increasing beds and skills in Powys to provide local care</i>
Partneriaethau gofal aciwt ac arbenigol <i>Mae gennym berthnasoedd cryf ag ysbytaï cyfagos ar gyfer mynediad at ofal aciwt ac arbenigol i bobl Powys</i>		Acute and Specialist Care Partnerships <i>We have strong relationships with neighbouring hospitals for acute & specialist care for the people</i>

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This reflected the unique circumstances of Powys as both a **provider** and a **commissioning organisation** and responded to the requirements of the Welsh Government Operating Framework in that context.

This provided the foundation for the Phase 2 Plan in Quarter 2 which focused on delivery in the period July to September 2020. This plan also took a longer view, to the recovery from the pandemic and the progression of the **long term health and care strategy** which is shared across partners in Powys. In addition to the newly described priorities for the immediate Covid response, it described the work being re-started on key strategic priorities including the re-shaping of the North Powys Well-being Programme; the response to the opening of The Grange Hospital which became the South Powys Programme and continued partnership working with Powys County Council, the Regional Partnership Board (RPB), the third sector and other health boards and systems in NHS Wales and NHS England.

Quarterly plans throughout 2020 – 2021 were set in the context of the **wider impacts** potentially being experienced during the pandemic. PTHB framed the delivery of healthcare in this period around the '**Four Harms**' set out by Welsh Government in the context of the pandemic:

- Harm from the Covid-19 pandemic itself
- Harm from the reduction in non-Covid activity
- Harm from the risk of an overwhelmed health and social care system
- Harm from the lockdown or wider societal actions

This reflected the **dual track** approach recommended by the World Health Organisation, based on a 'proceed with caution' principle, remaining ready to provide care needed to prevent, diagnose, isolate and treat Covid-19 (Track 1) and addressing accumulated demand from services that were paused to reduce exposure to and provide care for during outbreak peaks (Track 2).

This was underpinned by **delivery principles** defined at PTHB Strategic Gold Command:

- The use of agile planning to respond to Covid-19
- Planning using 30, 60 and 90 day cycles
- A stepped approach based on robust modelling, R value, early warnings.
- A dual track approach - continuous review and assessment to balance the delivery of Covid and Non Covid healthcare.
- A collaborative approach building on regional working across Powys including the Local Resilience Forum, Silver Command structures cross border, Powys Regional Partnership Board and Powys Public Services Board.

An evidence based approach, utilising national and international learning, policy and practice and our own 'Learning for the Future' exercise.

The health board planning and delivery framework built on **strong partnerships** with Powys County Council and other key partners in regional resilience forums across Dyfed Powys, Shropshire Telford and Wrekin and Herefordshire and Worcestershire as well as Welsh Government. The third sector collaborations were also of key importance and for many people across Powys became the first line of response and support, particularly for people isolating or shielding.

This ensured that the existing focus on **well-being**, the **wider determinants** of health and a clear emphasis on **quality of care** were maintained in the health board's approach during a challenging year.

It also enabled a progressive review and re-evaluation of the wider impacts, challenges and opportunities, as part of the planning and delivery cycle.

This was particularly helpful in the development of the **Winter Protection Plan** which encompassed the Quarter 3 and Quarter 4 period from October 2020 to the end of March 2021. This had a greater focus on recovery, learning from the widespread innovations adopted during the initial response to the pandemic, and how this would contribute to the long term ambition of 'A Healthy Caring Powys'.

There were examples of acts of kindness throughout the year both from the community to the staff and from the staff themselves.

This year instead of their usual Secret Santa, the Primary Care Department donated their money to fill a trolley for the Llandrindod Wells food bank.

They also had some money left over which has been donated to 'Helping our Homeless Wales' towards a sleep pod for a homeless person.



Local businesses showed their support in many ways. The Primrose Pharmacy in Talgarth helped to promote the SilverCloud offer for people in Powys to support mental wellbeing by including it in their Christmas window.

Donations through the year gave teams a boost, such as the Tesco team in Llandrindod Wells who gave Fruit Hampers to Powys Midwives to recognise their support to Powys families during the year.



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Integrated Performance Approach

The way in which **performance** was measured was also adapted in 2020/2021 in line with changes to the national framework in response to the Covid-19 pandemic. An integrated approach was maintained with significantly new components to deliver the necessary **intelligence and surveillance** required by the newly established Strategic Gold Command. This included a Dashboard of the position on the Covid-19 pandemic and the health and care system response.

The NHS Wales Performance framework was suspended in Quarter one, however PTHB continued to report an overview of the key performance indicators against the **National Outcome Framework** where available.

Delivery against quarterly plans was overseen using an **Implementation Plan** overseen at Strategic Gold Group. This tracked the key actions in each of the areas of the 'Four Harms' and the delivery of the Five Step model and its key workstreams.

A new element of reporting was introduced to track delivery of **essential healthcare** across both PTHB provided services and commissioned services and a log of service changes due to the pandemic was maintained throughout 2020/2021 and continues in use into 2021/2022.

This system of reporting and review continued to provide the necessary assurance through to Committees of the Board and the Board on the quality and safety of services, access to care, improvement and delivery against the board's strategic objectives, in a complex and changed operational environment.



Performance Overview

Planning and delivery of safe, effective and quality services for Covid care

Clinical Response Model and Support Services Model

During the first phase of the response to Covid-19 the health board worked at pace to adapt its planning and delivery to life-essential and critical services and produced a **Clinical Response Model** and **Support Services Model** as part of the revised plan for Quarter 1. This continued to provide the basis of planning and delivery safe, effective and quality services for Covid care throughout 2020/21. Key achievements included:

- Development and implementation of overarching clinical response model and supporting flow charts for each of the components in the five steps:
 - Supporting individual action to stay home and save lives
 - Self Care / Family and Community Support
 - Primary Care
 - Community Care and Community Hospital model
 - Acute and Specialised Care
- Development of Support Services Model incorporating:
 - Planning
 - Strategic Commissioning
 - Engagement and Communication
 - Estates
 - Facilities / Support Services
 - Finance
 - Information and Clinical Coding
 - Information Communication Technology (ICT)
 - Workforce
 - Corporate Governance
 - Equipment and Procurement
- The health board participated in system resilience arrangements across Dyfed Powys Local Resilience Forum and civil contingency and system resilience arrangements in Shropshire, Telford and Wrekin; Herefordshire and Worcestershire, and wider NHS Wales.
- Review and refresh of operational and tactical plans was carried out as national guidance and requirements changed including clinical directives and changes in the guidance to support those at risk / shielding / clinically vulnerable.
- Development of plans for surge scenarios utilising the national modelling intelligence and local information. Preparations for the initial phases included consideration of field hospital provision and

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preliminary preparations; subsequent intelligence and review confirmed surge plans were feasible within PTHB capacity.

- The modelling of activity for service delivery and the community hospital bed model was continuously tested and refined. There was a decrease in the utilisation across all beds throughout 2020 and it was possible to manage Covid and non Covid demands utilising PTHB bed stock with a level of contingency against the potential risks over the winter period or in the event of any Covid surges.

Covid-19 Prevention and Response Plan

A Covid-19 Prevention and Response Plan was developed in August 2020 which is now regularly reviewed and updated to ensure any changes in national policy with regards to Covid-19 response, testing and tracing are implemented. It encompassed:

- Prevention messages and activities related to the general population.
- Prevention messages, support and enforcement in high risk settings such as hospitality, manufacturing, hairdressing and food processing.
- Prevention & Response related activities in care homes, community hospitals, schools and other closed settings.
- Covid-19 Testing
- Covid-19 Contact Tracing
- Covid-19 Mass Vaccination
- Incident Management

The plan ensured measures were taken in Powys to prevent the spread of the virus through public messaging and through drawing on evidence of areas of high transmission risk. It provided a framework for managing the identification and response to local cases and clusters.

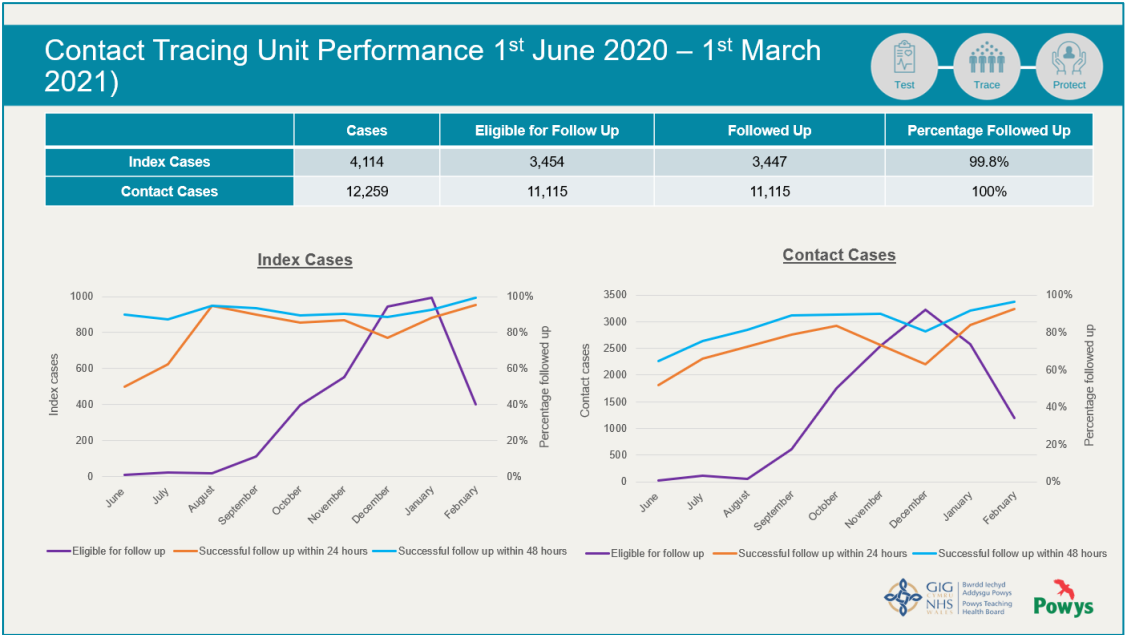
This has included ensuring residents are able to access testing as part of pre-operative procedures in District General Hospitals and community hospitals and local adoption of the additional means of testing as they became available such as the rollout of testing of asymptomatic staff with lateral flow devices and antibody serology testing clinics.

A particular focus was maintained on key settings including schools, care homes, community hospitals, supported living, extra care housing and complex community cases.

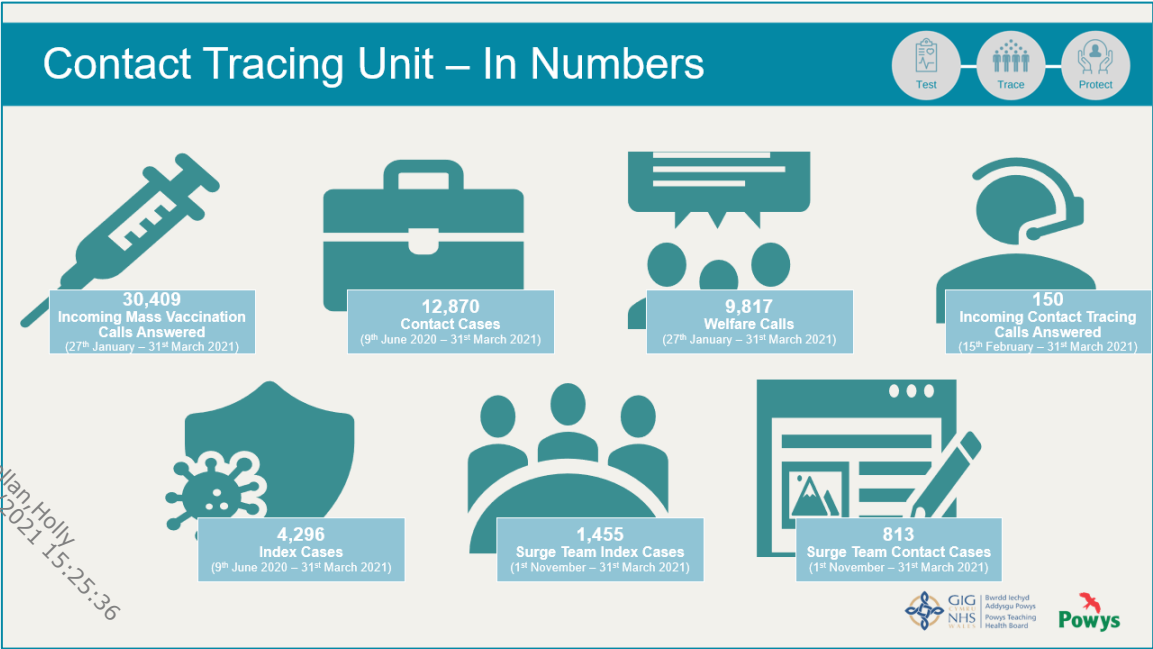
Test Trace and Protect

A Test Trace and Protect Programme was developed by PTHB in Partnership with Powys County Council in June 2020 and continues into

2021/2022. The scale of the challenge was significant, with the Service being established from the bottom up in a very short period of time. During Autumn 2020 the challenge presented by the pandemic was immense, and the service grew with a large recruitment effort and Powys County Council became responsible for the Contact Tracers. A new structure implemented in December 2020 with three Contact Tracer and three Contact Advisor teams formed, each with an individual Team Leader, and the Implementation of a support structure.



The Powys Contact Tracing Unit has consistently been in the top performing teams in Wales (even during the Winter peak). The performance of the Contact Tracing Unit from inception to 1st March 2021 is exceptional and at year end **99.8% of Index Cases were followed up and 100% of Contact Cases were followed up.**



The Covid-19 Testing Workstream was also established and oversaw arrangements for Covid-19 testing, including developments such as Lateral Flow Testing for asymptomatic staff, Covid-19 antibody (serology) testing, and Local Testing Centres. The Testing Strategy was updated in October 2020 to encompass all new testing developments and continues into 2021/22.

Number of Covid-19 tests carried out across the Health Board area:

Total as of 12/04/2021	Tested	Tested Positive	% Tested
Unique Powys Residents	36442	4234	11.62%
Unique PTHB Staff	1550	278	17.94%
Unique Powys Care Home Combined	5138	666	20.92%
*Unique Powys Care Home Residents	3183	359	11.28%
*Unique Powys Care Home Staff	1902	145	7.62%
Unique Powys Other (Not included in above: Powys Tested/Powys GP)	6573	779	11.85%

Key achievements in 2020/21:

- Partnership Programme established including Strategic Oversight Group, Joint Operational Management Group, Testing and Tracing Workstreams
- Local demand and capacity modelling completed
- Development and implementation of the testing plan and pathway, results notification system and tracking of metrics
- Joint agreement developed for management of staff and operational policy
- Established Covid-19 testing administration hub & testing workforce
- Implementation of changes to testing policy and eligibility as required
- Transition between military and contractors for Mass Testing Units
- Resource in place with correct skill mix to conduct the contact tracing role
- Local Contact Tracing Reporting Dashboard created
- Information Technology hardware and software for testing and contact tracing services in place; installation of infrastructure for Broadband and Powys Network
- Information strengthened with regards to Powys residents testing and deaths related to Covid-19 deaths
- The Powys team were one of the main supports to the national Surge Team for tracing during the winter of 2020
- As of March 31st 2021, the Powys Contact Tracing Unit have assisted the national effort by completing 1455 Index Cases and 813 Contact Cases from the Surge Team

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Covid-19 Vaccination Programme

Powys Teaching Health Board set up its Covid-19 vaccination programme at scale and at pace, going live in Mass Vaccination Centres in December 2020, firstly at Bronllys in South Powys and then Newtown, Builth Wells, across all GP practices in the County and mobile vaccination for care homes and those who were unable to leave their homes, and the first pop up vaccination site in Ystradgynlais.

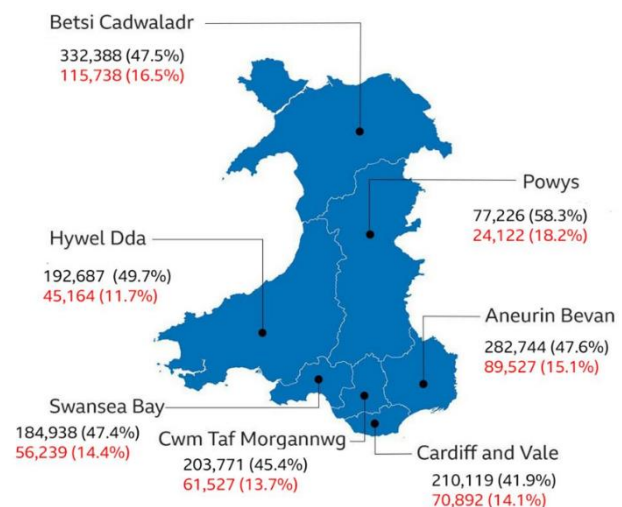
The health board has had consistently good performance in delivery of vaccinations – having the highest rates in Wales and England for first and second doses.

At the end of March 2021, 93% of people in Priority Groups 1-9 have received their first dose. This represents 72% of the total adult population.

All residents of care homes for older adults, and all PTHB inpatients have been offered vaccination. Second dose vaccination has been delivered to 78% of care home residents.

Covid-19 vaccination progress

First and **second** doses by health board



Source: Public Health Wales, 8 April. Data up to 4 April

BBC

Vaccination Heroes: PAVO Volunteers



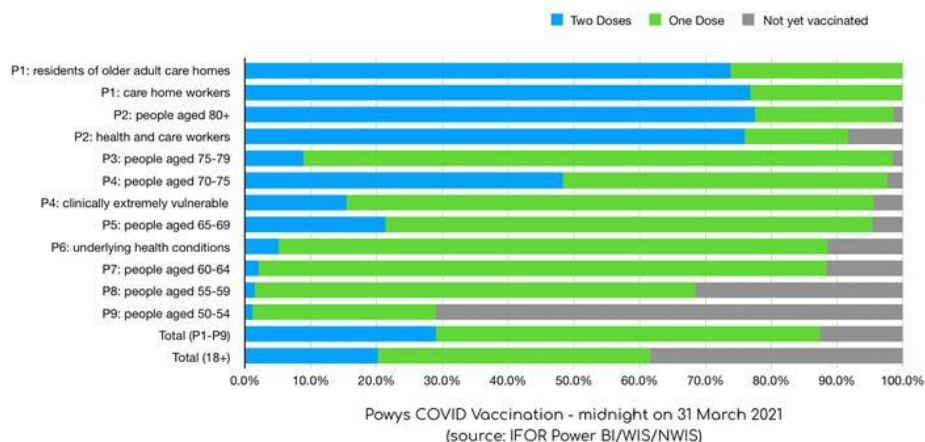
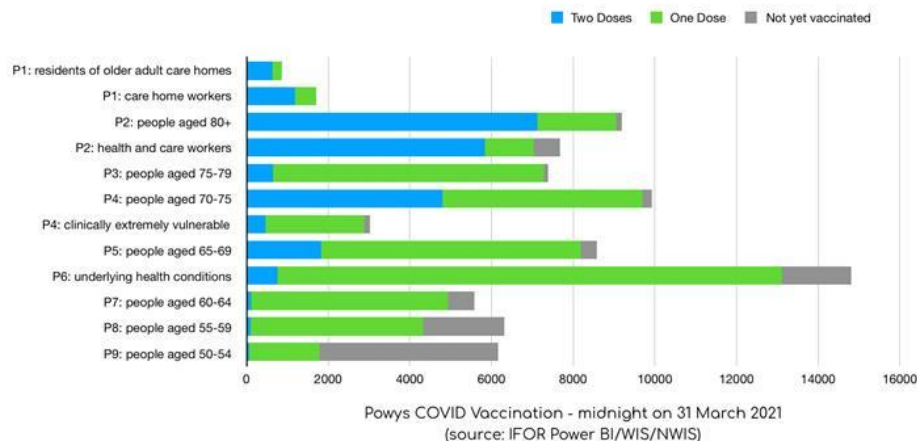
There are a huge number of people who have been involved to get us to this point, with a small army of volunteers helping to ensure that those coming for vaccination know where they are going, what they need to do, and generally helping to ensure that the process of vaccinating hundreds of people each day here in Powys is as smooth as it can possibly be. Gail and Gavin are just two of the amazing volunteers, organised by PAVO, "We all want to get through this as quickly as possible so that we can return to normal. The more people that can help make that happen, the better. Everyone is really positive, they are all over the moon that we are at this point." Gavin has been helping ensure people arrive and park in the right place "Everyone has been really friendly, it's been a real pleasure to be able to help".

Powys has achieved all key Milestones in the NHS Wales Covid-19 Vaccination Programme to date and is on track to deliver the remainder:

Priority Groups 1-4 – by Mid February: **ACHIEVED**

Priority Groups 5-9 – by Mid April: **ACHIEVED**

Rest of the adult population – by 31 July: **ON SCHEDULE**



Duke of Cambridge shares a message of thanks to PTHB staff

During the coronavirus pandemic, HRH The Duke of Cambridge has been holding "virtual visits" to the NHS across the country by making telephone calls to NHS staff involved in the COVID-19 response. Chief Pharmacist Jacqui Seaton received a call from Buckingham Palace on Thursday 18 February, and was put through to The Duke for a one-to-one chat. Jacqui says: "He was genuinely interested in staff welfare and wanted to know about staff morale. We talked about the roller coaster of emotions and how everyone supported each other." Jacqui was able to share the progress and challenges in delivering the vaccination programme in a rural area like Powys, and highlight the real team effort. "This was such a privilege and something that will stay with me forever", adds Jacqui, "and The Duke wanted me to make sure I shared his thanks to everyone involved in the vaccination programme in Powys."

Covid-19 Recovery and Rehabilitation

The health board's approach to people recovering from Covid-19 is focused on providing care and support as close to home as possible, tailored to meet an individual's specific needs. This is being achieved by providing integrated rehabilitation services for the range of longer-term effects such as fatigue, breathlessness, heart, physical or psychological impacts, whether as a result of Covid-19 or other pre-existing conditions.

The Post Covid Syndrome service has been in place since January 2021 supported by the Pain and Fatigue Management Service. In addition to the already established multi-disciplinary team it includes the input of a GP and an Advanced Practitioner to support the care being provided.

The Service have also developed a range of resources including a webpage which links to the NHS Wales Covid Recovery App <https://pthb.nhs.wales/services/painandfatiguemanagement/covid-recovery-and-rehabilitation/> and a module for the Invest in Your Health service dedicated to Managing Breathlessness.

- Cough
- Reduced fitness and muscle strength
- Joint pain and muscle aches
- Weight gain
- Low mood
- Weight loss
- Breathlessness
- Voice and swallowing problems
- Brain fog
- Stress and anxiety
- Fatigue
- Sleep problems



- + Install the NHS Wales COVID Recovery App
- + Set personalised goals based on your symptoms
- + Review educational videos to support you in achieving your goals
- + Monitor and record your progress over the next 12 weeks

The Health Board has been key to the development of services throughout Wales and has been represented at a number of national groups including the All Wales Covid Recovery Operational Group.

Owen Hughes, Head of Pain and Fatigue Management has presented at a number of conferences and events on the impact of COVID and its recovery including the International Chronic Pain Virtual Summit 2020 in June 2020.

Planning and delivery of safe, effective and quality services for Non-Covid care / Delivery of Essential Services

A plan for **Essential services** was implemented with national definitions of service prioritisation applied to local provision. A local decision-making approach was implemented with mapping and risk assessment of essential clinical guidance issued by Welsh Government / UK Government and clinical bodies and a tracking system for patient management.

PTHB maintained essential healthcare for its directly provided services, using new and alternative ways of working to counteract the reduction in physical space and capacity arising from the Covid-19 infection control measures and to offer virtual / remote service provision where possible.

Powys provided **essential services**, maintained in line with national guidance as at the End Year Performance Report in March 2021:

No Powys provider essential service is unavailable or suspended.

Access to primary care services

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

Urgent cancer treatments

All available diagnostics and first outpatient appointments.

Life Saving Medical Services

- Stroke Care (Stroke ~~Rehabilitation~~ service) Diabetic Care (specialist nursing team)
- Diabetic Care (Emergency podiatry services)
- Neurological conditions
- Rehabilitation (Community Physiotherapy & Occupational Therapy)

Life-saving or life-impacting paediatric services

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

Termination of Pregnancy: provided by British Pregnancy Advisory Service (BPAS)

Maternity Services: Community midwifery and obstetric ultrasound

Other infectious conditions (sexual non-sexual): Public Health

Wales supported testing; Urgent services for patients

Mental Health, Learning Disability Services and Substance Misuse

- Inpatient Services at varying levels of acuity
- Community MH services
- Substance Misuse services that maintain stability

Renal care-dialysis: Provided by Renal network services

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

Blood and Transplantation Services: provider service to testing & transfusion continued.

Palliative Care: community / inpatient care

Diagnostics: diagnostic services for X-Ray, Ultrasound Inc. Obstetric and Cardiac echo, | Endoscopy, Phlebotomy and Urodynamic testing

Therapies: essential therapies including, Occupational therapy, Physiotherapy, Dietetics, Podiatry and Speech and language therapy

In addition Mental Health, NHS Learning Disability Services and Substance misuse Crisis Services including perinatal care running as normal operation

Emergency Ambulance Services provided by WAST also reported running as normal operation

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Primary and Community Care

- Primary and Community Care was central to the delivery of the Clinical Support Model through the year.
- Extensive **redeployment** was carried out to deliver the Clinical Response Model and significant work on **quality, safety and infection control measures** including provision and use of personal protective equipment (PPE), environmental and estates adaptations for social distancing and prevention of nosocomial spread.
- All **primary care contractors** adapted their delivery of service and ways of working to maintain access for patients; for example:
 - **General Practice** remained open throughout the year and introduced a total triage service as the first point of contact for patients. This involved utilising technology to support virtual consultations with the patient such as Attend Anywhere and Consultant Connect with secondary care to access specialist advice when required. Face to face consultations were offered based on clinical judgement and clinical prioritisation.
 - All **General Dental Practices** have remained open and have steadily increased the access offer from advice and assessment to undertaking Aerosol Generating Procedures (AGPs), for example tooth extractions and fillings. Patient footfall is reduced however the majority of Powys practices offer emergency appointments to new patients who are unable to access a dentist. The introduction of Attend Anywhere is supporting advice and assessment.
 - **Optometry** Telephone and video review offered to determine Covid-19 status and level of eye care needed. Prioritisation and scheduling of appointments were considered against clinical need and presenting symptoms relative to the risk of sight loss and harm to the patient. More latterly all services are being offered, in line with prioritisation of the management of urgent and essential appointments.
 - **Pharmacy** had a pivotal role through the year being an essential service and access point for both Covid and non Covid related advice and medication. Latterly, the pharmacy team have also been central to the successful development and delivery of the Covid-19 Vaccination Programme.

Dr Rafia Jamil was a finalist in the Welsh Pharmacy Awards 2020 for Management of Diabetes in GP Practice and Community Pharmacy as part of the Powys Mid-Cluster Pharmacy Team.



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- The health board also has a key role in **patient flow** across a complex network of healthcare systems in both England and Wales and maintained a good response to supporting system flow through a challenging winter period via the delivery of the **Winter Protection Plan**. This encompassed the home first ethos and ways of working which were particularly important during the pandemic, with a focus on discharge to recover and assess and the virtual hospital model in addition to the community bed base itself.
- Support plans were developed for **care homes** including testing, primary care and therapy input particularly focused on support for respiratory needs, the management of Section 33 arrangements and implementation of the Commissioning Assurance Framework.
- **Estates and equipment** were redesigned; improvements included the development and installation of enhanced oxygen supply and ventilation systems in line with the community hospital model.
- Changes to services as both a provider and a commissioner were tracked throughout the year to ensure that any **service or pathway changes** were logged and arrangements put in place for Powys residents to ensure these were understood and communicated.
- This included regular **communication with key stakeholders** including briefings with the Community Health Council and local politicians, cabinet members and partner organisations and enhanced information for the public including the patient services contact centre.
- Increased use of **social media** to support access to healthcare for non Covid health as well as the promotion of Covid related support.



The Patient Services/Contact Centre staff set up and operated a mass vaccination booking line during January 2021.

They answered 1000s of calls and queries from the first week of operation ensuring a successful launch of the vaccination programme.

Patient Services across the health board have worked extremely hard during the pandemic, to assist with public and patient queries and direct people to support.

- Online programmes and video content such as Living Well with Pain and Fatigue; virtual pulmonary rehabilitation and digital arts and craft. Innovation across **Therapies and Allied Health Professional** teams: Delivery of **rehabilitation and recovery care** and support for those with **Long Covid** with the development of a specific pathway.

- Redesign of Podiatry service approved August 2020 focused on actively involving users with their own foot care, clinics adapted for Covid restrictions and new booking and records system.
- Pulmonary Rehabilitation Team successfully implemented virtual technology to deliver their service to patients, resulting in successful outcomes and positive patient experience:
 - 86% of patients who attended the virtual programme felt it enabled them to feel more confident in how they manage their condition and 100% would recommend it to other people.
- Audiology team implemented a postal service for hearing aid repairs which was well received as a prompt, efficient and caring service and have introduced virtual sessions and adapted clinic environments:
 - "Thank you for sending me a new hearing aid!
What an amazingly prompt service – it really is much appreciated"
- Muscular Skeletal Physiotherapy and CMATs (Community Musculoskeletal Assessment and Treatment) Team used Attend Anywhere and telephone calls to provide advice and support to patients and webpage with links to self-management techniques.
- Dietetics used Attend Anywhere and electronic patient records and worked hard to recover their waiting times to normal service levels.
- Speech and Language Therapy team used Attend Anywhere and adapted clinics to keep seeing those patients who needed face to face support and successfully introduced the Augmentative Alternative Communication service during this period.
- Radiology team ensured a safe environment and worked flexibly to cover the service and recover back to normal business.
- Flexible and adaptable response of community therapy teams including pilot of 7 day working and on call system to support rehabilitation pathways.
- Reinstatement of delivery for **children's well-being** including the Child Wales programme, Health Visiting, paediatric and phlebotomy services and wider partnership 'Start Well' programme.

A unique collection of Circus Kits have been developed for Powys Schools following the success of the Bach a Iach Foundation Phase project in north Powys, supported by Welsh Government Transformation Funding. Online practical sessions have been delivered to maintain support.



District General Hospital and Specialised Care

The **Commissioning Assurance Framework** (CAF) was suspended during the first Covid peak, but work was undertaken through the year to incrementally restore the approach. A comprehensive assessment was undertaken throughout the year of essential healthcare in commissioned services, and the latest snapshot is provided below.

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

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

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

2020/21 was challenging in terms of commissioned services as multiple pathway changes took place in response to the pandemic; capacity across District General Hospital care was reduced with service suspensions for non-essential elective care whilst emergency care for Covid-19 was increased across all hospitals particularly at peak periods. Also preparation had to be made for the exit from the European Union.

Key areas of focus during 2020:

South Powys Programme: PTHB established a South Powys Programme to prepare for the earlier opening of the Grange University Hospital (GUH) and associated changes at Nevill Hall Hospital in November 2020 by Aneurin Bevan University Health Board. PTHB worked intensively to ensure a safe change in emergency patient flows in line with the South Wales Programme where Prince Charles Hospital was recognised as being of strategic importance for South Powys as a District General Hospital.

Shrewsbury and Telford Hospitals NHS Trust (SaTH) This remained a Board level priority; the Trust remained in special measures by the Care Quality Commission (CQC) with Section 31 Notices imposing conditions on the regulated activity. Work has been undertaken through the Commissioning Assurance Framework, including Maternity Assurance.

The Trust entered into an Improvement Alliance with the University Hospitals Birmingham NHS Foundation Trust (UHB) and implemented a "Getting to Good" improvement plan with a focus on quality and patient experience, governance and culture. A committee has been established to drive actions arising from the publication in December 2020, of the *"Emerging Findings and Recommendations from the Independent Review of Maternity Services at the Shrewsbury and Telford Hospital NHS Trust"* (known as the "Ockenden Report"). PTHB is a member of this Committee and the work continues into 2021/22.

Cwm Taf Morgannwg University Health Board (CTMUHB): CTMUHB's maternity services were placed in special measures following the publication of a review in April 2019 conducted by the Royal College of Obstetricians and Gynaecologists (RCOG) and the Royal College of Midwives (RCM).

PTHB has strengthened its monitoring of maternity services through a Maternity Assurance Framework and there has been strengthened liaison about progress. The PTHB Chief Executive and key executives met the chair and members of the Independent Maternity Services Oversight Panel (IMSOP) in January 2021 about the progress being made.

The most recent IMSOP report was published on 25 January 2021 (which is the first report of the Clinical Review Programme and the first of three thematic reports). The Panel has recognised that CTMUHB had been open, transparent and compassionate, also identifying that over the past two years significant improvements have been achieved and progress made against the 70 recommendations of the original RCOG & RCM report.

PTHB also worked closely with the Welsh Health Specialised Services Committee to ensure access to essential specialist services and on the development of the Integrated Commissioning Plan for 2021/22.

Key Areas of Performance against NHS Outcomes Framework

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

2020/21 NHS Outcome Framework Summary - Key Measures - Provider				Performance			Welsh Government Benchmarking (*in arrears)	
No.	Abbreviated Measure Name	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
1	Percentage of babies who are exclusively breastfed at 10 days old	Annual Improvement	2019/20	49.8%		52.4%	1st	35.3%
2	'6 in 1' vaccine by age 1	95%	Q3 20/21	96.2%	98.5%	95.8%	4th	95.2%
3	2 doses of the MMR vaccine by age 5	95%	Q3 20/21	91.8%	94.4%	91.3%	5th	92.1%
4	Attempted to quit smoking - Cum	5%	Q2 20/21	1.58%		1.44%	6th	1.65%
5	CO-validated as quit at 4 weeks - Cum	40%	Q4 19/20	36.4%	42.3%	37.7%	6th	41.6%
6	Standardised rate of alcohol attributed hospital admissions	4 quarter reduction trend	Q2 20/21	517.8	278.5	354.2	4th	364.3
7	Percentage of people who have been referred to health board services who have completed treatment for alcohol misuse	4 quarter improvement trend	Q3 20/21	69.8%	48.6%	71.4%	2nd	64.0%
8a	Flu Vaccines - 65+	75%	2019/20	65.5%		67.1%	6th	69.4%
8b	Flu Vaccines - 65+ at risk	55%	2019/20	43.1%		44.3%	3rd	44.1%
8c	Flu Vaccines - Pregnant Women	75%	2019/20	85.7%		93.3%	1st	78.5%
8d	Flu Vaccines - Health Care Workers	60%	2019/20	64.3%		64.3%	3rd	58.7%
9a	Uptake of cancer screening for: bowel	60%	2018/19	56.2%		58.3%	1st	57.3%
9b	Uptake of cancer screening for: breast	70%	2018/19	73.7%		69.1%	7th	72.8%
9c	Uptake of cancer screening for: cervical	80%	2018/19			76.1%	1st	73.2%
10a	MH Part 2 - % residents with CTP <18	90%	Jan-21	68.8%	95.2%	95.2%	3rd	83.2%
10b	MH Part 2 - % residents with CTP 18+	90%	Jan-21	90.7%	91.3%	92.3%	2nd	86.2%
11	% People aged 64+ who are estimated to have dementia that are diagnosed by GP	Annual improvement	2019/20	44.7%		42.4%	7th	53.1%

- The percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1 met the nationally set target. Even with the challenge of Covid-19 e.g. access to vaccinators through lockdowns and low numbers within the cohort requiring vaccination, resident levels of vaccination have been maintained in line with the target, and Wales.
- The percentage of children who received 2 doses of the measles mumps & rubella (MMR) vaccine by age 5 has not met the national target. This fall in performance is significant from Q2 and below national average, although at a similar level to the previous year. It is expected that low cohort number variation, and the impacts of Covid-19 will have played a part in this drop, further work around this reduction will be carried out as detailed data becomes available.
- Smoking cessation services have shown that the uptake in those residents attempting to quit smoking (1.44%) is lower than at the same period last financial year (1.58%). In regards to patients being CO-validated the Covid-19 pandemic has stopped this work being carried out within Pharmacies and the data is not available.
- Reviewing the uptake of influenza vaccination in Powys at the end of 2019/20 we can clearly see that increased uptake has occurred on all measures except healthcare workers, which has remained constant at 64.3%.

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- This is expected to be associated with the national drive and awareness of the Covid related risk and prevention.
- Where the national target has not been met for +65 years and <65 years at risk we are benchmarked closely to the national average or slightly above.
- Pregnant women and staff uptake were very good in comparison nationally.
- The new cancer screening measures added for 2020/21 show that in 2018/19 Powys Teaching Health Board had similar uptake to screening as the national picture.
- For the uptake of bowel screening 58.3% of residents ranked us 1st in Wales for uptake and with improving trend.
- Breast screening services had a 69.1% uptake ranking us 7th with a national average of 72.8% (lowest in Wales). Further work is being undertaken with Public Health Wales to assess this position.
- Cervical screening performance for 2018/19 placed Powys 1st with 76.1% significantly higher than the all Wales average of 73.2%.
- Of the patients estimated to have dementia, over the age of 64, with a GP diagnosis has reduced in Powys to 42.4%. This compares to the national average of (53.1%), Powys Teaching Health Board ranks 7th overall in Wales.

Through intensive, person centred support the **Dementia Home Treatment Team** have achieved a significant reduction in older adult mental health in-patient admissions and improvements in the quality of life for those living with dementia and their carers. They presented at the Wales International Dementia Conference in February 2021 to share how the team maintained a needs led service through the pandemic, as part of the Dementia Action Plan. With flexible, individualised services to remain in their preferred place of residence with an emphasis on positive risk taking and least restrictive practice.



The Mental Health Part 2 measure focuses on the Care Treatment Plan (CTP) compliance for health board patients. Monthly performance in the +18 category has continued to meet the target in January 2021 (92.3%). For the <18 measure the health board has met the national target with 95.2% compliance in January. PTHB has an improved position ranking 3rd and 2nd respectively.

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

2020/21 NHS Outcome Framework Summary - Key Measures - Provider				Performance			Welsh Government Benchmarking (*in arrears)	
No.	Abbreviated Measure Name	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
17	% of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS	100%	2019/20			56.3%	5th	59.70%
18	Percentage of children regularly accessing NHS primary dental care within 24 months	4 quarter improvement trend	Q2 20/21	62.8%	60.5%	57.9%	6th	63.8%
20	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	65%	Feb-21	68.2%	61.1%	70.1%	3rd	64.4%
22	MIU % patients who waited <4hr	95%	Feb-21	100.0%	100%	99.8%	1st*	74.2%
23	MIU patients who waited +12hrs	0	Feb-21	0	0	0	1st*	5,462
32	Number of diagnostic breaches 8+ weeks	0	Feb-21	11	147	160	1st*	56,619
33	Number of therapy breaches 14+ weeks	0	Feb-21	1	108	59	1st*	4,094
34	RTT patients waiting less than 26 weeks (excluding D&T)	95%	Feb-21	97.1%	63.2%	66.1%	1st*	51.6%
35	RTT patients waiting over 36 weeks (excluding D&T)	0	Feb-21	0	1063	863	1st*	221,849
36	Number of patients waiting for a follow-up outpatient appointment	<=5581	Feb-21	7320	6142	6250	1st*	754,816
37	Number of patient follow-up outpatient appointment delayed by over 100%	< 290	Feb-21	223	501	480	1st*	202,329
38	Percentage of ophthalmology R1 patients who are waiting within their clinical target date (+25%)	95%	Feb-21	95.1%	64.2%	61.1%	1st*	42.7%
Local	Percentage of patient pathways without a HRF factor	<= 2.0%	Feb-21	4.3%	0.9%	0.4%		
39	Rate of hospital admissions with any mention of self-harm from children and young people per 1k	Annual Reduction	2019/20	4.45		4.86	5th	4
40	CAMHS % waiting <28 days for OPA	80%	Feb-21	84.4%	84.4%	71.9%	3rd*	47.1%
41a	MH Part 1 - Assessments <28 days <18	80%	Jan-21	97.1%	97.8%	97.1%	1st	No national compliance figure available
41b	MH Part 1 - Assessments <28 days 18+	80%	Jan-21	85.2%	97.7%	96.6%	1st	
42a	MH Part 1 - Interventions <28 days <18	80%	Jan-21	100.0%	100.0%	89.3%	4th	
42b	MH Part 1 - Interventions <28 days 18+	80%	Jan-21	51.4%	95.2%	76.7%	6th	
43	Children/Young People neurodevelopmental waits	80%	Feb-21	100.0%	52.6%	60.0%	2nd*	27.8%
44	Adult psychological therapy waiting < 26 weeks	80%	Feb-21	98.0%	93.1%	94.8%	2nd*	58.0%
45a	Number of health board delayed transfer of care for: Mental Health	12m↓	Feb-20	6	< 5	< 5	2nd	63
45b	Number of health board delayed transfer of care for: Non Mental Health	12m↓	Feb-20	29	15	20	1st	20
46a	HCAI - E.coli per 100k pop cum	TBC	Feb-21			3.30	PTHB is not nationally benchmarked for infection rates	
46b	HCAI - S.aureus bacteraemia's (MRSA and MSSA) per 100k pop cum	TBC	Feb-21			0.83		
46c	HCAI - C.difficile per 100k pop cum	TBC	Feb-21			4.95		
47a	HCAI - Klebsiella sp per 100k pop cum	TBC	Feb-21			1.65		
47b	HCAI - Aeruginosa per 100k pop cum	TBC	Feb-21			0.83		
48	Number of potentially preventable hospital acquired thromboses	4 quarter reduction trend	Q2 2020/21	0	0	0	1st	6

Unscheduled Care

- Minor Injury Unit (MIU) access compliance remains excellent, Powys consistently provides a rapid and comprehensive service via its MIU's.
- National Delayed Transfers of Care (DTOC) reporting remains suspended, the health board continues to track performance locally and there is a strong operational focus on managing flow. Assurance is carried out in a weekly capacity snapshot with Welsh Government.

Ambulance Services

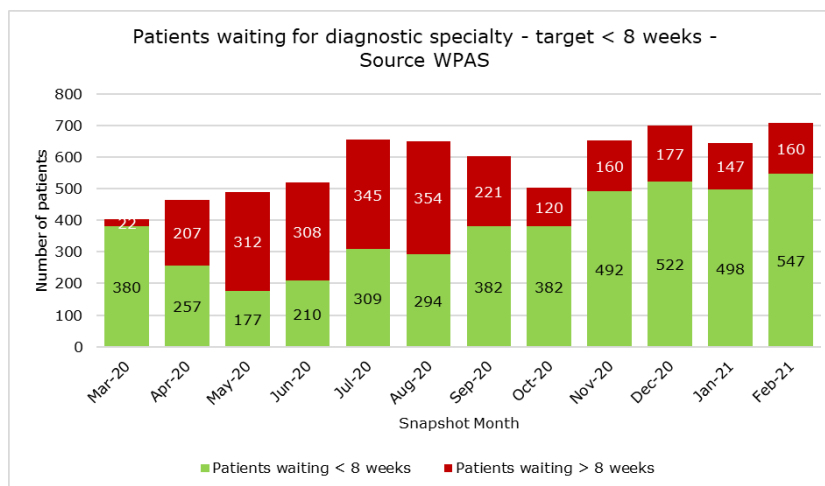
- Welsh Ambulance Services Trust (WAST) monthly performance against Red 8-minute calls met the target for the first time since May 2020 at

the time of the end of year. February performance showed improvement to 70.1%, this exceeded the all Wales average of 64.4%.

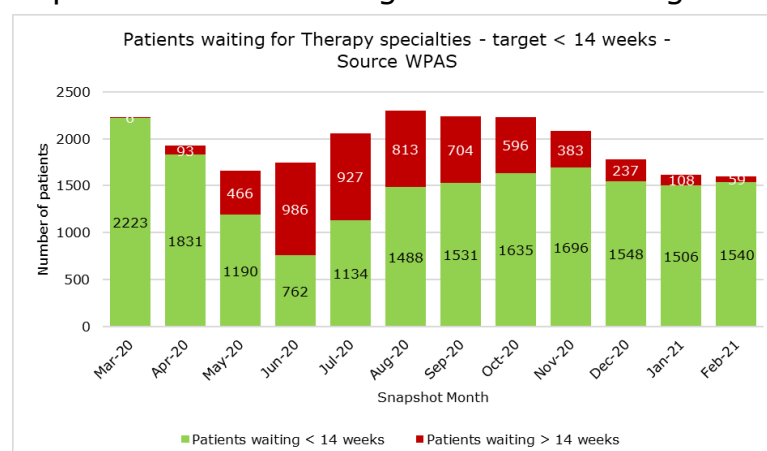
- Ongoing challenges including geography, ambulance handover times at District General Hospitals and other complications including low number variation can cause fluctuations against the compliance target in Powys.

Diagnostic Performance

- Diagnostic performance, the latest validated position for patients waiting over 8 weeks increased in February to a total of 160 patients breaching target, in context this is an improvement against the total waiters (707) with 77.4% waiting less than 8 weeks.



- Specialties including Endoscopy, Cardiology, and Urodynamics have all been affected by Covid constraints on reduced clinical capacity.
- Therapies performance has improved since June 2020, as at February 2021 fifty nine patients were waiting 14 weeks or longer.



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- In context it should be noted that total waiting patients has fallen by 40.5% when compared to February 2020, this can be attributed to key variables including a reduction in muscular skeletal (MSK) referrals as a result of Covid-19 (limiting sporting injuries etc.) and a new referral triage system for podiatry effectively managing demand.
- Continued areas of challenge are Podiatry due to the Covid impact on ventilation and cleaning, with circa 50% reduction in throughput.
- To ensure safe care, on receipt all referrals are risk assessed with urgent patients receiving their care within recommended best practice, however small numbers of long waits for routine diagnostics remain.
- The health board continues to work with in-reach service providers, Regional Plans, and the National Endoscopy Programme, developing recovery plans to optimise patient care pathways and enhance service restoration. Further waiting list initiatives include temporary staff to deliver additional sessions, ongoing waiting list validation and the use of virtual solutions and new ways of working.

A Powys project 'Creating a digital solution to enhance clinical effectiveness and improve patient outcomes' has been awarded as 'Highly Commended' at this year's National Bladder & Bowel UK Enuresis Awards. Judges were impressed with the co-production approach for a new mobile-Health App for Children and Young People with Bladder and Bowel issues. This offers patients and their families a digital platform to capture diagnostic data on their smartphones and is then shared in real-time, directly to the clinician's dashboard. In addition to its diagnostic aid, it helps children and young people to recognise their own symptoms and guides them towards self-managing their condition.

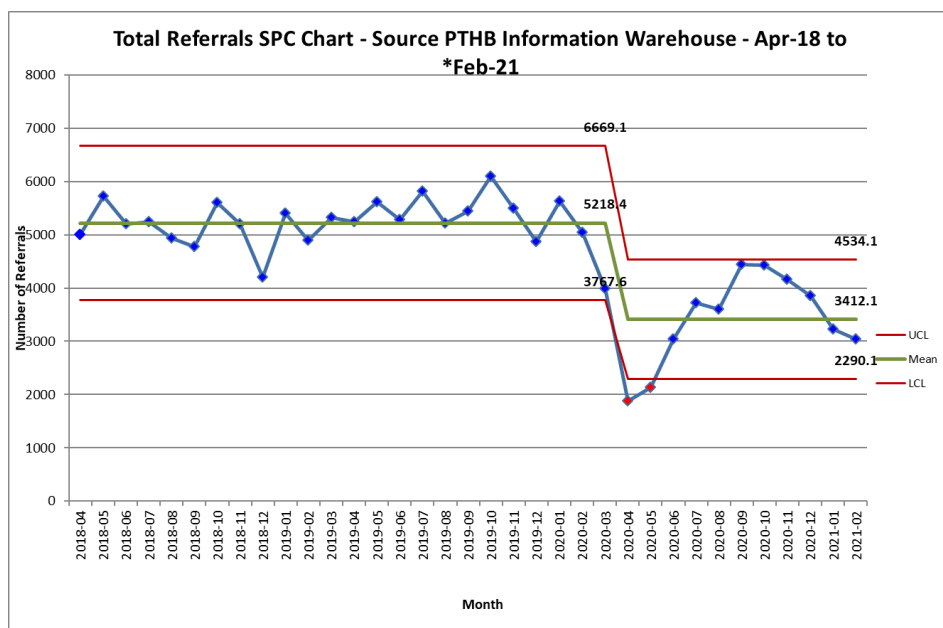
Referral to Treatment (RTT) – Timely Care

Powys has a complex set of healthcare pathways spanning England and Wales. Powys residents access District General Hospital and Specialist Care from a range of providers with the largest activity into Shropshire and Herefordshire.

Significant changes in demand were seen in 2020; Powys experienced the changes in demand that have been seen across Wales and the rest of the UK.

Communications were developed nationally and locally to promote access and demand was restoring. By September 2020 referrals counts had returned to 92% but further lockdown(s) impacted on this.

The table below shows the significant initial drop in referral demand in the first wave of the pandemic, the restoration up to September 2020 and the impact of the second wave:



*February 2021 data is not currently complete

Health board essential services have been maintained, with circa 30% reduced capacity and with alternative means of delivery such as digital.

However Powys has significant complexity in commissioned services and waiting times are increasing across providers as a clear impact of service suspensions due to Covid-19, the fragility in some specialist diagnostics and capacity bottlenecks especially for aerosol generating procedures.

The latest validated provider position for February is improved with 66.1% of 3362 patients waiting less than 26 weeks (excluding Diagnostics & Therapies).

The number of patients that had waited 36+ weeks decreased to 863, of these a total of 544 are waiting longer than 52 weeks.

Tables summarising RTT performance as a provider:

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

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

The Commissioned RTT position for our residents mirrors the local challenge, a large cohort of patients remains in the system as back log.

All providers are challenged to restore capacity with urgent cases taking the clinical priority. All providers are engaged in ongoing work to minimise patient harm include risk stratification of new and existing waiters, to ensure appropriate access to treatment and management.

The table below summarises Commissioned RTT performance for residents waiting under 26 weeks and the number waiting longer than 36 weeks for definitive treatment within English and Welsh services.

Commissioned RTT Position (Excluding D&T)

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

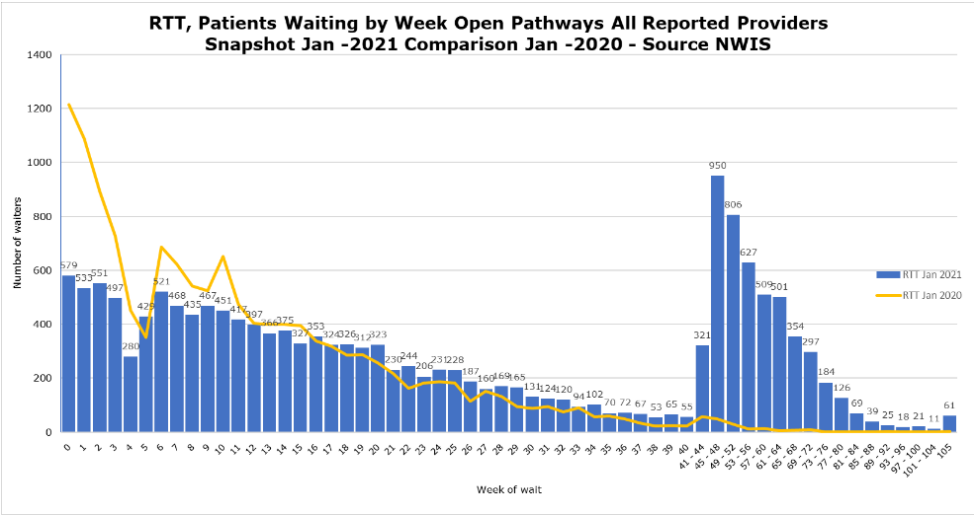
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Source NWIS	Jan-21	
English Providers	% of Powys residents < 26 weeks for treatment	Patients waiting 36+ weeks
English Other	69.6%	11
Shrewbury & Telford Hospital	69.4%	589
Robert Jones & Agnes Hunt Orthopaedic & District Trust	63.9%	584

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

The numbers of long waiters and backlog across Welsh and English providers has continued to remain and is now expected to increase following the suspension of routine and some urgent pathways in the second peak and this is the focus of national, regional and local planning going into 2021/22 including the PTHB Draft Annual Plan 2021/22.

The following provides a snapshot of the number of people waiting in time categories across all providers.



It is also noted that work continued with NWIS (NHS Wales Information Service) and English providers to enhance the wait information detail and validation process for the cross-border flows, particularly in relation to long waiters.

Follow-up (FUP) outpatient measure performance is facing similar challenges and not meeting the 20% reduction target from the March 20 baseline, and has seen an increase in total waiters. Follow up patients are

waiting longer due to the capacity challenges arising from the Covid-19 situation, including the need for risk stratification of priority patients.

The health board is engaged with the **national programmes** for various essential services, and working with Welsh Government to scope and adopt transformation plans to modernise the patient pathways.

A summary of key performance information in **specific pathways** is provided below:

Cancer

- The Covid-19 pandemic has impacted cancer services across Wales, with outpatients, diagnostics, surgery and treatments the key areas that affect Powys residents in both provider and commissioned services.
- Performance reporting during February showed that 19 Urgent Suspected Cancer (USC) referrals were received, and during the same period 13 patients were downgraded following a cancer referral. The compliance for downgrade within the recommended 28-day period has continued to remain high at 76.9%.
- Welsh provider performance saw compliance against the Urgent Suspected Cancer (USC) pathway for November at 100% for 6 patients completing pathways in this month.
- The Non-Urgent Suspected Cancer (NUSC) performance for the same period was 75% of 8 patients compliant within the 31-day target, with two breaches.
- For our main English providers via direct breach reporting, four breaches were reported in Wye Valley NHS Trust during December 2020. Within SATH four 62-day breaches were reported to the health board for January 2021. All English breaches had a root cause analysis carried out to provide assurance of care pathways.
- As a provider of endoscopy diagnostics, the health board has maintained a zero-backlog position.

The Improving Cancer Journey was launched in Powys and is a partnership programme between Macmillan, Powys County Council and the health board. It aims to develop a sustainable, integrated community model of health and care for people living with cancer in Powys. At the heart of the programme is a holistic needs assessment for those having cancer treatment and their carers, to gain a better understanding and to meet needs. It is being taken forward with the Wales Cancer Network and neighbouring organisations in both England and Wales including the third sector, NHS and local authorities.

IMPROVING THE CANCER JOURNEY IN POWYS

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Eye Care

- Essential service provision in Powys has remained robust when compared to the All Wales performance this year. However a second peak of Covid-19 and in reach service fragility has resulted in service retraction resulting in reduced capacity.
- The performance has been challenged and has dropped slightly for Month 11 to 61.1%. All Wales performance for the previous period was 42.7% and Powys continues to rank 1st in Wales.
- Performance for patient pathways without health risk factor has improved significantly reducing to 0.4%, and the health board has the best in Wales cataract performance, forecasting no patients beyond 52 weeks.
- Attend Anywhere is now in place in Community Optometry in PTHB and further roll out is underway for Hospital Optometry and the Eye Care Liaison Officer (Royal National Institute for the Blind).
- The health board has made a successful bid to get equipment to enhance eye care services from the Welsh Eye Care Digital Programme, which is part of the National Digital EPR (Electronic Patient Record) for Eye care.
- Eye care transformation bids have also been developed in line with the North Powys Wellbeing Programme. The health board has also completed the first nurse injector, trained to support WET AMD (Age-related Macular Degeneration) services in Brecon.

Mental Health, Substance Misuse and Neurodevelopment

- Mental Health and Learning Disability Services in Powys were largely maintained and Mental Health performance has remained robust in 2020/21 even with the challenge of Covid-19. Part 1 measures for assessments have consistently met target. (As have the Part 2 measures noted in previous section).
- Interventions under 18s have also been compliant against the 80% target, however interventions for +18 patients has fluctuated missing the target in January at 76.7%, this performance is being addressed staff appointments to vacant positions within the team.
- Local Primary Mental Health Service referrals have increased as expected and in line with recorded national levels of stress created through the multiple impacts of the pandemic.
- Referrals across Adult and Children and Adolescent Mental Health Services also increased considerably.
- Services continue to see patients via face to face meetings where presenting need demands, with telephone and videoconferencing to meet routine need in place.
- Inpatient wards have operated effectively throughout the pandemic.

- Psychology and other talking therapies have continued via telephone and in addition, Attend Anywhere has commenced.
- Engagement and communication has been aligned to business continuity planning.
- Letters were circulated to all patients to highlight how services were open as normal with some changes to the way in which they are being delivered.
- Following this, a set of posters and leaflets were devised using easy to read infographics to underpin messages and share with partners across sectors and social media.
- During Quarter 4, mental health services developed a proactive approach to managing concerns, namely through early contact with people who raise concerns to understand better the issues being raised and to ensure immediate action is taken where possible to put improvements in place and share learning.
- Throughout February and March 2021, Mental Health Partnership Participation Officers have supported 'Self Injury Awareness' sessions with mental health and minor injury unit staff learn from an expert by experience and the Suicide and Self-Harm Prevention Coordinator is exploring further trauma informed training.
- Aligning and improving services for people who misuse services and experience mental illness has continued to be a priority for our services during the pandemic, and this work will continue in partnership with the Area Planning Board into 2021/22 with the creation of new posts to support people with co-occurring mental health and substance misuse challenges.
- Neurodevelopmental waits (children and young people) shows significant improvement from Q2 & Q3 with 60% compliance following the implementation of a robust improvement plan. This is better than the All Wales average of 27.8% in January.

Saundra Lloyd and Catherine Davies from the learning disabilities team worked with partners in Improvement Cymru, Hywel Dda University Health Board and Swansea Bay University Health Board to develop a Primary Care Training Pack. This is a resource for those in primary services supporting people with learning disabilities. "This started out as a training pack for GP practices, but we realised health screening services, dental practices and outpatient departments would also benefit".

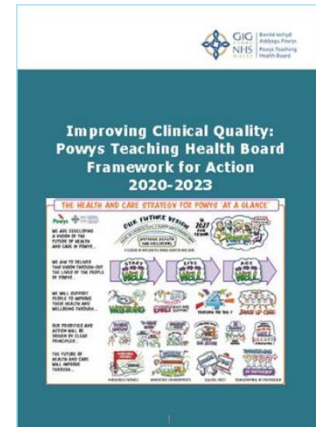


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Quality and Patient Experience

This section provides a summary of patient experience and concerns, complaints, patient safety incidents, serious incidents and claims, including trends, over the last financial year.

For the health board, quality of services for the population is its key focus, with includes services provided and commissioned from other healthcare providers in Wales and England.



Quality is a core component of the health boards strategic direction and, following an internal review of arrangements in relation to clinical quality governance, a Clinical Quality Framework was developed to further improve and assure the quality of clinical services (2020 to 2023).

The implementation plan was presented to, and approved by the Experience Quality and Safety Committee in June 2020 and a report detailing its status was presented in November 2020 and March 2021.

The opportunity to progress has been predicated on the capacity and capacity of the workforce at every level within the health board, in the context of managing the Powys response to the Covid-19 pandemic. Whilst overall implementation of the Clinical Quality Framework Implementation Plan has been adversely affected throughout the year as a result of the Covid-19 pandemic, progress has been made and/or maintained in most of the goals. An 'at a glance' summary of status in relation to each of the activities identified for year 1, have been reported to the Experience Quality and Safety Committee at regular intervals during the year.

The Clinical Quality Framework contributes to the wider Organisational Development Strategic Framework, the role of which is to focus on improving the effectiveness of the health board and to support the alignment, delivery and improvement approach across all areas.

The implementation of the Clinical Quality Framework remains a priority for Board and a quality assurance process, using commissioning assurance frameworks, is key to understanding the quality of care, with an escalation process where this is indicated.

This approach has been taken in relation to services provided by the Shrewsbury and Telford NHS Trust during the last year and will be used proactively to articulate the quality assessment of maternity and neonatal services within Cwm Taf Morgannwg University Health Board, in relation to the proposed changes as per the South Wales Programme. The development of an internal provider commissioning assurance framework continues, along with a framework for care homes, in partnership with Powys County Council.

Patient experience

There are a number of individual approaches across services provided by the health board to capture patient experience, and work undertaken to gather the experience of Powys residents who use services commissioned from other health boards and trusts. Developing a strategic approach to patient experience that is person, rather than service or organisation specific, remains an ambition during 2021-2022.

Whilst the patient experience group was temporarily deferred during the second wave of coronavirus during quarters 3 and 4, work is underway for a patient experience system enabling collation of electronic feedback. This approach to capturing patient experience feedback from Powys residents regardless of where they access services is essential, given the variety of health care providers for the population of Powys. An options appraisal will take into account the national patient experience strategy which is expected during 2021.

Putting Things Right

'Putting Things Right' is the way Powys residents can raise concerns and know they are being listened to and their concerns are taken seriously. This is underpinned by the principles of 'being open' and is set out in health board policy underpinned by legislation, regulations and standards.

If a patient remains dissatisfied with a response to a concern investigated by the health board, the complainant has the right to raise the matter the **Public Services Ombudsman for Wales** who determines whether to pursue a full investigation. During the period of April 2020 to 28 February 2021, the health board have received 7 PSOW enquiries, and responded to 7 of the recommendations made by the PSOW, with a further 7 enquiries notified that are not being investigated.

The health board was issued a Special Report by the Public Service Ombudsman for Wales in October 2020, as a result of poor complaints handling in relation to a complaint raised. The report is available on both the Public Service Ombudsman for Wales and the health board websites. Following on from the report, an independent review was undertaken regarding the ability and capacity to deal with complaints in an effective and timely way, including whether additional training should be undertaken. The final report received in February 2021 has been reported to the Experience Quality and Safety Committee in March 2021.

An internal review is due to report imminently and will enhance and triangulate the findings, ensuring the focus of improvements is real and sustained change and increased compliance.

The recommendations will be reported to Quality Governance Group and subsequently the Experience Quality & Safety Committee. To support continuous improvement, a training programme is emerging and implementation commenced.

Concerns

Informal concerns, often termed 'on the spot' concerns, usually relate to relatively easy to address issues which can be resolved quickly and ideally by the next working day. All concerns, informal and formal, are required to be acknowledged within two working days. Our internal target for the acknowledgement of informal concerns is 100%.

During 2020-2021, the health board received 234 formal complaints, mostly relating to access to services, communication and attitude, as well as care and treatment. and has demonstrated improvement in timely management, reaching a 69.4% compliance with the 30-day target, compared with 28.2% compliance in the previous 12 months.

Incident reporting

An incident is defined as an event that occurs in relation to NHS funded services and care resulting in unexpected or avoidable death, harm or injury to patient, carer, staff or visitor. The health board reported 3623 incidents during 2020 – 2021 across all provided services. Themes include patient behaviour which may be abusive, violent, disruptive or self harming, access, appointments, admission, transfer, discharge arrangements, accidents including falls, care monitoring including pressure ulcers.

A **serious incident** is defined as an incident that occurred during the provision of NHS funded healthcare. During 2020-21, the health board reported 56 of serious incidents.

The focus on developing an effective and efficient response to serious incident management is becoming embedded, with robust arrangements within each of the service groups, enabling multi-disciplinary review and shared learning.

Plans to introduce a 'swarm' model in relation to incidents of in-patient falls and pressure damage, will help strengthen the timeliness and robustness of investigation and learning.

The organisations performance in relation to serious incident management is scrutinised by the Chief Executive Officer weekly and by the Experience Quality and Safety Committee.

Compliments

The health board also receives and records compliments which are received in a number of formats including cards, letters and verbal compliments. A total of 281 compliments were recorded in the year but it should be noted that this will not be the full picture as by their nature they are often informally received. There has also been an increasing use of social media particularly on the Covid-19 vaccination service. Examples of compliments include recognition of staff who have assisted patients in

the community especially during the pandemic, communicating changes and requirements in relation to service access, equipment and advice.

Learning

The health board's first 'Learning from Experience Group', chaired by the Director of Clinical Strategy, took place in March 2021. The groups create the opportunity to discuss and triangulate quality issues, and how organisation can maximise learning.

Key areas of focus include the quality of data and analysis; timely decision making; site based multi-disciplinary learning and the possibility of a Powys Quality and Safety learning event in the Autumn of 2021. This group will review learning on issues of quality and safety to inform the strategic direction.

Opportunities to share lessons and promote wider learning have been taken in year, through the Patient Experience Steering Group and Powys announcements and via the All Wales CoRSEL Learning Update.

During quarter 4, root cause analysis training was provided to a group of senior leaders and managers, with the aim of reasserting 'what good looks like' in terms of professional inquiry, investigation and analysis. Live webinar training provided by NHS Wales Shared Services Legal & Risk Services, generated good attendance and engagement. Training from the Public Service Ombudsman for Wales is also being explored.

The focus on learning has increased throughout the year as demonstrated in reports generated for the Experience Quality and Safety Committee and other forums. Additionally, the plan for clinical audit has been implemented and progress reported during December 2020.

Infection control

For the safety and quality measures around infections PTHB continues to report low levels of incidence, the health board is not nationally benchmarked.

Compliance with the Nurse Staffing Levels (Wales) Act 2016

The Nurse Staffing Levels (Wales) Act 2016 places a general duty on all health boards to provide sufficient nurses to care for patients sensitively in all areas they provide or commission.

To oversee this work a new Nurse Staffing Act Group has been formed and this will oversee the implementation of the All Wales approaches, establishment review, quality indicators and assurance of staffing compliance within commissioned services.

Action taken to ensure there are sufficient nurses to care for patients sensitively as required by the Act encompasses:

- Strong, consistent, visible senior nursing leadership via the Professional Head of Nursing and team.
- Regular review of staffing levels using professional judgement, triangulated with nursing metrics, for example, rate of pressure ulcers, falls, medication errors, safeguarding referrals, patient and staff experience, expressed through incident reporting, concerns, staff survey and soft intelligence, for example, morale.
- Effective rostering accommodating the acuity and complexity of patient need, alongside efficient absence management, proactively in relation to annual leave, reactively in relation to sickness and at least daily review of staffing levels.
- Workforce and Organisational Development led programmes of recruitment and workforce efficiency.

Y Bannau Ward at Breconshire War Memorial Hospital took part in the pilot for the digitisation of patient notes as part of the Welsh Nursing Care Record in February 2021. This award winning work is transforming the documentation used by nurses and the learning will be rolled out across our hospitals in Powys.



Safeguarding

Targeted support for **safeguarding** has also been implemented this year, recognising the increased risk linked the the pandemic and the restrictions on family and social life.

This has included the establishment of an operational group and completion of the Safeguarding Maturity Matrix Self-Assessment Tool; updating of safeguarding policies in line with updated All Wales Procedures; training and awareness raising, focus on domestic abuse in referral and workforce processes; online resources for Violence Against Women, Domestic Abuse and Sexual Violence.

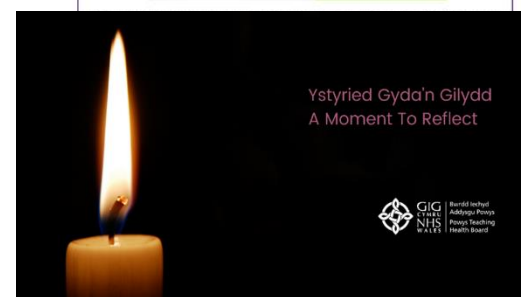
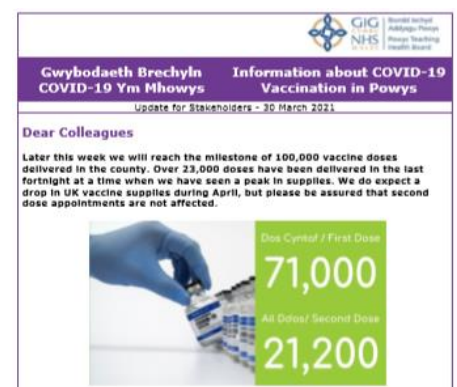
PTHB Midwifery Team have partnered with Brecon & District Mind to research the needs of men becoming parents. A study funded with Integrated Care Funding (ICF) looked at how men transition and what changes they encounter and whether they feel their needs are met. The emerging themes have informed the design of support, from inclusion in antenatal education to specific mental health support. Recommendations on 'Becoming Dad' have been shared with providers of maternity and health visiting to promote the involvement of fathers.



Communications and Engagement

A significant amount of communications and engagement activity was carried out during the year to support access to services and promote the new ways of working, in addition to the continuation of key strategic developments such as the PTHB website. Achievements included:

- Promotion of key **Covid-19 messages and campaigns**: Stay Home, Save Live, Social Distancing, Hand Hygiene, Keep Wales Safe.
- **Covid-19 vaccination** engagement and communication plan
- **Test Trace and Protect** engagement and communication plan
- Development of online **directory** of PTHB Essential Services
- Promotion of the all-Wales **SilverCloud** offer
- Development and delivery of a local programme of engagement and communication for the changes to hospital services in Gwent and the **early opening of the Grange** (South Powys Project).
- Completion of the health board **website migration**, ensuring compliance with the Public Sector Bodies (Websites and Mobile Applications) (No.2) Accessibility Regulations 2018.
- Commencing a programme for **intranet migration**, to deliver a new platform ready for the retirement of intranet Cascade and ensuring compliance with the Public Sector Bodies (Websites and Mobile Applications) (No.2) Accessibility Regulations 2018.
- Support for the **national communication plans** for winter including Help Us Help You and seasonal flu vaccination.
- Supporting the development and submission of the Programme Business Case for the **North Powys Wellbeing programme** and new integrated model of health and wellbeing.
- Ongoing engagement in temporary, interim and ongoing **service change** both for our own provider services and those we commission from neighbouring health boards (e.g. South East Wales vascular services, North Wales nuclear medicine).
- Weekly briefings with the **Community Health Council** (CHC) have been maintained, with formal committee arrangements including CHC Services Planning Committee now re-established.
- Delivery of "A Healthier Wales" engagement offer and work to maintain and re-establish the PTHB **continuous engagement** approach with a focus on diversity and inclusion to promote health inequalities.



Strong **stakeholder collaboration** has been important throughout 2020:

- Participation in **cross-border arrangements** included system resilience and response structures in Shropshire, Telford and Wrekin and Herefordshire and Worcestershire to ensure needs of Powys residents included in plans and built into the demand modelling of District General Hospital providers.
- Long Term Agreement / Service Level Agreements revised in light of the pandemic and civil contingencies; graduated re-introduction of **commissioning arrangements** including the Commissioning Assurance Framework including the arrangements for maternity assurance – continuing into the Draft Annual Plan for 2021/22.
- Arrangements for **vulnerable groups** including the clinically vulnerable and children out of county clarified and maintained with robust liaison through system arrangements as noted above.



Powys Community Health Council undertook two patient experience surveys during 2020 on Dental Services and GP access during the Covid-19 pandemic.

These recognised that delivery changed very quickly in March 2020 in response to the pandemic. Both reports note positive comments about patients' experience and the importance of these front line services. There were difficulties noted and some were feeling put off from making contact at all.

50% of respondents expressed a preference for face to face and about 25% would be happy to use remote consultation going forward (GP Access).



Equalities and Welsh Language

PTHB delivered a **Welsh Language and Equality Annual Work Plan** for 2020-2021, building on the **Strategic Equality Plan**. Key achievements:

- Joint Neurodiversity Network between PTHB and Powys County Council to provide support to staff with various additional learning needs.
- Gender Stakeholder Network to raise awareness of gender identity; investment in specialist trans voice therapy.
- Implementation of the Menopause Policy and Virtual Menopause Cafes
- Links into the Gypsy Roma Traveller Stakeholder Group; Tros Gynnal Plant Cymru Officers and key staff within PCC Housing Department.
- Virtual senior management group to consider Welsh Government's Black and Minority Ethnic (BAME) Covid Socioeconomic Subgroup Report and take actions including BAME staff group links, awareness training for staff, promoting the Covid-19 Risk Assessment Tool, and recruiting BAME Outreach PAVO (Powys Association of Voluntary Organisations) Volunteers.
- Participation in Online Pride Cymru and LGBT (Lesbian, Gay, Bisexual and Transgender) Cymru events; promotion of 'Coming Out' Day in October 2020.
- Sensory Loss Awareness Month promoted in November 2020; investment in personal amplifiers for patients; same day hearing aid repair and replacements services introduced for inpatients; increase in remote hearing aid adjustment with the assistance of Action on Hearing Loss; ECLO (Eye Care Liaison Officer) services improved to support those with sight loss as a result of the Covid-19 pandemic.
- A 'Leaving No-one Behind' action plan as part of the Covid-19 Vaccination programme to reduce health inequalities.

Significant improvements have also been made to increase our capacity to deliver **bilingual services** to Welsh speaking service users:

- Bilingual recruitment procedures
- Introduction of departmental Welsh language action plans
- Monitoring and supporting compliance with the standards by service
- Development of a new impact assessment policy and tool
- Welsh language resources for staff; Awareness and Training on the Standards and 'Active Offer'.
- Welsh speakers staff network; work to pair welsh speaking patients with welsh speaking clinicians.
- Leading a bilingual workstream for the Additional Learning Needs
- Sign up to the 'Leading a Bilingual Country' programme

Further information is available in the Annual Monitoring Reports for Equality and Welsh Language available here:

<https://pthb.nhs.wales/about-us/key-documents/equality-and-welsh-language/>

Workforce

Workforce planning, redeployment and recruitment and training was critical to the Covid-19 response and essential healthcare in the first phase of the pandemic and the subsequent establishment of the Test, Trace and Protect and Immunisation programmes.



Collaboration and partnership was central to the successful workforce planning and delivery in 2020-21, with new and increased activity in key areas including a significant programme of volunteering, partnership agreements and trade union engagement. There was close working with Powys County Council, the Military, Mid Wales and West Fire and Rescue Service and staff side representatives.

The [NHS Staff Survey 2020](#) was offered to all staff and the health board had the highest response rate across health boards in Wales of 29% and the highest engagement score. The results were positive overall, with significant improvements in areas such as engagement and motivation, whilst recognising a need for a continued focus on culture, communication, management and team working. The need for time out to reflect, recover and build working relationships was highlighted.

Staff motivation and enthusiasm

- 93% of staff were happy to go the extra mile
- 80% said they were enthusiastic about their role which is a 7% improvement
- 63.3% stated they look forward to going to work
- There has been a decline of 8.1% of those feeling they are able to make changes, from 77% in 2018 to 68.9%
- 59.9% take time out to reflect and learn, a decline of 3.1 % since 2018

Friends and family recommendation

- Respondents were 4.2% less happy with the standard of care if offered to a friend or relative - from 63% in 2018 to 59.9%

Bullying and harassment

- 91.4% of staff stated they had not been bullied, abused or harassed by their line manager, an improvement of 8.4% from 2018
- 90% reported they had not experienced bullying, abuse or harassment by a member of the public
- However only 45.6% of staff believed that the organisation manages bullying, harassment or abuse effectively

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Compliance with Statutory and Mandatory Training uptake, personal appraisals and reviews and sickness absence was impacted during the year as a result of the changes due to Covid-19. Work is in place to steadily return to pre Covid performance levels during the first quarters of 2021.

No	Abbreviated Measure Name	Target	Latest	12 mth previous	Previous Period	Current
53	Performance Appraisal (PADR)	85%	Mar-21	79%	65%	65%
55	Core Skills Mandatory Training	85%	Mar-21	86%	77%	79%
57	R12 Sickness Absence	12mth<	Mar-21	4.91%	4.99%	4.93%

An enhanced well-being offer for staff became a key priority in 2020-21, with targeted action in response to the New Ways of Working evaluation, Staff Survey results and staff engagement including Staff Side engagement.


With the development of a dedicated wellbeing staff portal, wellbeing workshops offering dietary advice and stress management were available to staff, as well as increased access to our dedicated Counselling service.


Working in partnership with the Trade Unions and our Charitable Funds Committee, has allowed the creation of Wellbeing hubs at all our sites offering free refreshments and digital display screens, for staff to view organisational news, updates, Powys announcements and messages.

Do you take your 15-minute Wellbeing Break?


All PTHB staff are entitled to a daily 15-minute wellbeing break in addition to statutory breaks.

You can't use this 15 minutes to start work late, leave early or extend your lunch, but you can use them at other times.







Go for a walk




Connect with others




Stand up from your desk, do some stretches




Just take some time out for you



Practice some mindfulness



Sit and relax



Have something to eat and grab a cuppa

If you are struggling to take your 15-minutes daily, please speak to your line-manager to ensure that it is planned into your day.

More information on wellbeing can be found on the PTHB Wellbeing SharePoint pages via the intranet

Whilst face to face staff engagement events had to cease, the increased digital capability enabled events such as live briefings from the Chief Executive and a staff Facebook group, in addition to the newsletter, twitter and other virtual ways for staff to share their work and opinions.

Partnership with Trade Unions has also been strong, with collaboration on the well-being initiatives and staff feedback and communication channels. The Local Partnership Forum has provided a formal advisory group ensuring action is considered and taken in response to feedback. This has included health and safety matters and the development of recovery and renewal priorities as part of the organisation's forward planning.

A flagship scheme of the Regional Partnership Board, the **Health and Care Academy** for Powys was progressed in 2020/21 and will increase local access to education, training and development across the health and social care sector.

Operating as a hub and spoke model, it will offer state of the art practical, academic and digital learning opportunities with an Academy Hub building offering a modern learning environment, expanded apprenticeships and the launch of the Kick Start Scheme.

The model has been developed as a partnership approach with our RPB, Local Authority and third sector partners, and aligns with "A Healthier Wales" and our own Health and Care Strategy "A Healthy Caring Powys".

It will offer programmes for each 'school' area, and a recognisable brand as an exemplar of rural, professional and clinical health and care education.



Apprentice Successes

Shannon and Kristy started on the first intake of Healthcare Support Worker Apprentices in Brecon hospital and both have been successful in securing full-time roles and are working to finish off their qualifications. Callum and Lisa became Business Administration Apprentices in Workforce and Organisational Development. Through the Pandemic both were seconded to help with Test, Trace, Protect stepping up above and beyond their role. Both have now secured roles, Lisa in the administration team, and Callum as a supervisor in Bronllys Mass Vaccination Centre.



"I am really enjoying the apprenticeship programme, everyday I'm learning new skills as well as meeting lots of new people"

"Health & Social Care is a career for life, you can progress and build on your skills through the apprenticeship programme"

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Digital

Digital rollout was a high priority in 2020-21, and will remain a significant focus. The digital delivery of care and enabling of remote working was accelerated significantly during the year.



A huge increase in **agile working** was supported in 2020, enabling new ways of working to be embedded to support sustainable delivery of healthcare. This included the rollout of Office 365 (O365) with user adoption support and training and technical knowledge transfer, and the migration of shared and personal drives to drive agile file sharing and directories. The working from home strategy was delivered and innovations including Bring Your Own Device policy approved and mail migrations completed. Virtual conferencing platforms were quickly made available and clinical information systems expedited for use to support delivery.

Strong **partnership** between the health board and the County Council underpinned this transformation in ICT (Information and Communication Technology). Building on nearly a decade of joint working teams worked together on IT support and call handling for programmes including Test, Trace and Protect and Covid-19 Vaccination.

Attend Anywhere (a tool for online appointments) was implemented with positive feedback from both patient experience and clinical practice. Whilst not suitable for all contacts, it provided a new means of support for some patients, who reported for example that video calls can help them feel more connected, it can feel less judgemental and more comfortable, as well as much more convenient than travelling to appointments. There is a clear need to build the infrastructure, capacity and equipment to develop in this area.

There are now 250 consultations being done weekly by Attend Anywhere
2500 consultations took place between June 2020 and December 2020

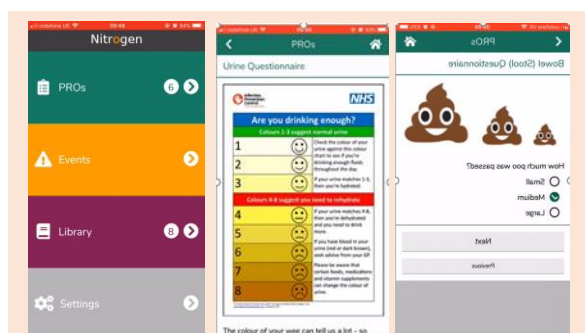
Of these, 42% were Therapies, 34% Mental Health, 13% Women and Children, 5% Secondary Care, 3% Pain and Fatigue Management, 1% Virtual Wards, 1% Public Health, Community Dentistry < 1%

The health board also went live with **Consultant Connect** in May 2020 (a tool for clinicians to connect virtually for advice and support) and this has been highly regarded in the areas where it is established. It has helped to reduce unscheduled admissions and referrals, enabling patients to have support as early as possible, with more rapid access to specialist advice. It has helped bridge the gap, which has been widening as a result of the pandemic, between the GP and the consultant pathway for the patient.

There is a wealth of **learning** from the acceleration of the digital rollout which supported staff in working in different ways and enabled care to continue to be delivered where otherwise it would not have been possible to do so.

Some of the examples of the local delivery programme during Covid-19 include:

- Rapid expansion of the SilverCloud online Cognitive Behavioural Therapy (CBT) offer for residents and staff to offer self-referral.
- Introduction of a new self-management app (My mHealth) to support people with long term conditions.
- Offering MyDiabetes and MyHeart apps to patients on diabetes and cardiac specialist nurse caseloads to access rehabilitation / exercise / diet programmes in tandem with support from their clinician.
- These can be accessed on almost any device that connects to the internet, including smart-phones, laptops, tablets, and even smart TVs.



The acceleration of online support including a range of 'apps', online platforms and text based solutions is featured throughout this Annual Report; this year has shown that some new types of support can offer increased benefits in relation to self management and the understanding and tracking of symptoms and a more active real time response to help prevent conditions worsening. There is ongoing evaluation to learn from virtual service offers.

Learning from Virtual Consultations

- Not suitable for certain types of appointments; restrictions on clinical examination and interaction; cognition difficulties and other disability considerations
- Low uptake of physical appointments as telephone consultations replace them
- High rates of DNA due to patients having connectivity and technical issues
- Poor audio quality and or screen clarity
- Some clients need face to face appointments due to cognition issues
- A better-quality platform required
- Training needs including software/ recording of details on new system
- Time taken up explaining how the system works to patients
- New types of interface leading to communication difficulties if patients call from holiday/ from bed
- Possible safeguarding issues if clients feel unable to disclose information from home
- Further development of functionality to consider includes the ability to run groups or breakouts and being able to export session as clinical record

Other achievements:

Delivery of WCCIS (Welsh Community Care Information System) for key operational services to support essential care.

Release testing and implementation for Welsh Clinical Portal (WCP) and Welsh Clinical Communication Gateway (WCCG) and associated hardware.

Start of the ophthalmology digitalisation programme.

Partnership work to support connectivity in rural Powys. Further alignment with the National Digital Health and Care Wales plan is also being progressed.

Innovative Environments

A huge acceleration in physical environments was required during 2020 to respond to the pandemic. Innovative environments is about both the physical and thinking space and great progress has been made in agile working and environments for care, with services delivered from laptop screens, drive throughs and mobile units.



The Powys Lymphoedema Service worked with Tenovus to provide a mobile clinic, to provide assessment and therapy. This helped ensure continued assessment, which is important to help prevent cellulitis and maintain independence, also reducing hospital admissions. The team have also set up a service online, using Anytime, Anywhere as an alternative to telephone consultations.

Community lymphoedema therapist Portia Wilson also won the Case Report competition at the British Lymphology Society Annual Conference 2020. Her article: "Engaging with patients to make exercise and movement more meaningful: a case report" was published in the British Journal of Community Nursing Chronic Oedema Supplement, October 2020.

Significant milestones were achieved in capital developments as well as estates improvements, ventilation and oxygen supply, signage, markings and wayfinding to support new and safe ways of accessing physical sites.

The **Discretionary Capital** Programme supported IT and equipment purchases and projects to enhance clinical space and improve compliance.

Machynlleth Well-being Project: Full Business Case approved.

Bronllys Health and Care Academy progressed in 2020/21 with first phase anticipated completion in Quarter 1 of 2021/22.

Brecon Car Park: Business Justification Case submitted

North Powys Well-being Programme: Reshaped during 2020 in partnership; Strategic and Outline Business Case scheduled in 2021/22.

Llandrindod Wells Hospital: £11M Programme Business Case for Phase 2 submitted to Welsh Government.

Covid Response: Oxygen supply to wards, mechanical ventilation, shower and change facilities, one way systems for hot clinics, conversion of spaces and installation and equipment works for testing and vaccination.

PTHB started work on an Innovative Environments Strategic Framework in 2020/21 which takes into account the momentum and learning from Covid-19, shaping and describing how innovative environments support recovery through a holistic integrated model of care. National work to develop a Primary Care Estates Strategy will also be incorporated.

Sustainability and the Future Generations Act

Whilst a sustainability report is not mandatory for 2020-21 it is a high priority for the health board and information is provided in this section where it was available.

The health board recognises the value of sustainability as a central organising principle within the Welsh Government and public sector bodies in Wales. It also recognises that there is an immediate need to tackle climate change by reducing CO₂e emissions and ensuring measures are implemented to adapt to the changing environment.

The imperative for change was reinforced by the 'climate emergency' declaration by Welsh Government on 29 April 2019.

The main legislative drivers for change within the health board in respect of the environment are:

- The Environment (Wales) Act 2016
- Well-being of Future Generations (Wales) Act 2015

Under the Environment Act two major targets have been set for the public sector which are:

- 1) Zero Waste to Landfill (target to achieve: 2050)
- 2) Decarbonisation of the public sector (target to achieve: 2030)

The health board have established an Environment and Sustainability Group (ESG) to provide strategic direction, consistency and transparency in management of environmental issues and implement a structured approach to sustainability. This encompasses:

- Energy and Water
- Waste
- Sustainable Transport
- Buildings and Biodiversity
- Procurement

The group is also working to reduce the health board's impact on the environment and comply with legislation by implementing the Environment Policy and Environment Management Systems (EMS). This delivers against the three key principles of Sustainable Development:

- 1) Environment
- 2) Economic
- 3) Social

The health board has the following sites, footprint and land area:

Aggregated sites include Clinics:	9
Hospital sites:	9
Total Estate Site Footprint	40,108 m ²
Total Estate Site Land Area	7525 Hectare
Total full-time equivalent Staff Employed	1979

Delivery Plans

During this reporting year delivery plans have been produced for Sustainable Transport, Communications and Grounds maintenance which take forward the environmental management and sustainable development objectives. Additionally, this is the first year of reporting against the Section 6 Biodiversity Plan and the estates department has developed a Wellbeing of Future Generations delivery plan to embed more sustainable practices as a trial before rolling out to the organisation. The health board has continued to develop its ISO14001 (2015), environmental management system and monitoring.

Decarbonisation

In 2021 NHS Wales Shared Services published a 53-point *NHS Wales Decarbonisation Strategic Delivery Plan 2020-2030* which commits to reducing carbon emissions by 34%. PTHB drafted an Environment and Decarbonisation framework during 2020 which also considers work by Powys Public Service Board and its Powys Decarbonisation Strategy.

Key achievements during 2020-21:

- ISO14001 retention of accreditation.
- Major capital schemes including significant investment into energy efficiency, renewable technologies and biodiversity loss mitigation.
- Reprioritisation of the Environment and Sustainability Group to include all parts of the organisation represented by senior staff
- Staff side environmental group (Green Bees)
- Environment and Decarbonisation Framework development
- Wellbeing of Future Generations act delivery plan and pilot
- Significant contributions to business case writing to ensure step change towards an environmentally sustainable model of care
- Standard specification for products and materials to ensure the best and least environmentally impactfully goods are used
- Continual support for the Public Service Board (PSB) and the active participation for 'A Carbon Positive Powys Strategy' development
- Review of printer/scanner fleet and recommendations to reduce environmental impacts

Further initiatives and actions:

The Environment and Sustainability Group continues to support initiatives to reduce CO₂e emissions, including, an increased diversion of waste from landfill; an improvement in the estate's biodiversity; major capital schemes with significant carbon reduction initiatives and environmental measures throughout projects; the development of procurement procedures; finalise and deliver the Sustainable Transport Strategy; bring systems in line with carbon emission reporting and develop offsetting measures; rollout the Future Generations Delivery Plan approach across further teams.

Commentary on greenhouse gas emissions

Greenhouse Gas (GHG) emissions are one of the sustainability performance indicators that are most requested by stakeholders. The Greenhouse Gas Protocol set the benchmark for reporting GHG and established three categories of emissions (Scope 1, Scope 2 & Scope 3)

Scope 1 Direct GHG, defined as 'emissions from sources that are owned or controlled by the organisation', such as onsite combustion of fossil fuels and mobile combustion through transport

Scope 2 Energy Indirect GHG, defined as 'emissions from the consumption of purchased electricity, steam, or other sources of energy'

Scope 3 are also referred to as Other Indirect GHG, and are defined as 'emissions that are a consequence of the operations of an organisation, but are not directly owned or controlled by the organisation' including employee commuting, business travel, third-party distribution and logistics, production of purchased goods and emissions from the use of sold products

All gas, electric and water figures are taken from actual records and validated through internal systems. Any account not covering a full year at the time of reporting have been given pro-rata, this will be updated and published if the full year figures differ significantly, in line with the Annual Report guidance for this year.

Greenhouse Gas Emissions		2018-19	2019-20	2020-21
Non-Financial Indicators (1,000 tCO2e)	Total Gross Emissions	4.611	4.174	4.271
	Total Net Emissions	4.611	4.174	4.271
	Gross Emissions Scope 1 (direct)	Gas: 2.539 Oil: 0.182	Gas 2.300 Oil 0.200	Gas 2.794 Oil 0.217
	Gross Emissions Scope 2 & 3 (indirect)	Electric 0.987 Business travel 0.903	Electric 0.932 Business travel 0.742	Electricity 0.797 Business travel 0.463
Related Energy Consumption (million KWh)	Electricity: Non-renewable	3.468	3.653	3.417
	Electricity: Renewable	0.200	0.200	No data
	Gas	13.965	12.509	13.714
	LPG	N/A	N/A	N/A
	Other	Oil 0.669	Oil 0.641	Oil 0.698
Financial Indicators (£million)	Expenditure on Energy	Electric 0.527 Gas: 0.457 Fuel oil 0.040 Total 1.024	Electric 0.690 Gas 0.410 Fuel oil 0.034 Total 1.134	Electric 0.609 Gas 0.416 Fuel oil 0.000 Total 1.025

	CRC License Expenditure (2010 onwards)**	N/A	N/A	N/A
	Expenditure on accredited offsets (e.g. GCOF)**	N/A	N/A	N/A
	Expenditure on official business travel	1.061	1.089	1.089

The health board is migrating electric accounts to a supplier guaranteeing green electricity (REGO certified). Electricity is not reported as zero emissions as the electricity mix supplied to the UK includes renewable electricity so it would be considered double counting if we were to do so.

No carbon offsetting has been undertaken or procured during 2020-21 Powys Teaching Health Board continues to repatriate services back to the organisation, which in the medium to long-term will have an effect on patient numbers and energy demands.

Emissions from transportation include all NHS owned and private vehicles business mileage and does not include private home to work commute. Welsh Ambulance millage figures undertaken on behalf of PTHB have also been included. A significant reduction has been seen for transport as well as gas and electric use, likely to be the result of COVID restrictions.

The UK Governments GHG Conversion Factors for Company Reporting has been used for all CO₂e conversion calculations.

Commentary on waste

Waste		2018-19	2019-20	2020-21
Non-financial indicators (tonnes)	Total waste	371.61	374.27	No data
	Landfill	General waste 165.55 Medical 000.00 Total 165.55	General waste 140.83 Medical 022.36 Total 163.19	No data
	Reused /Recycled	General 096.33 Medical 000.00 Total 096.33	General 118.04 Medical 023.79 Total 141.83	No data
	Composted	Food 010.79	Food 011.24	No data
	Incinerated with energy recovery	General 000.00 Medical 098.94 Total 098.94	General 000.00 Medical 034.42 Total 034.42	No data
	Incineration without energy recovery	0.0	0.0	No data
Financial indicators (£million)	Total disposal cost	£0.132	£0.186	No data
	Landfill	General 0.065	General 0.067	No data

		Medical 0.000 Total 0.065	Medical 0.022 Total 0.076	
	Reused/ recycled	General 0.014 Medical 0.000 Total 0.014	General 0.039 Medical 0.013 Total 0.039	No data
	Composted	Food 0.003	Food 0.003	No data
	Incinerated with energy recovery	General 0.000 Medical 0.050 Total 0.050	General 0.000 Medical 0.063 Total 0.063	No data
	Incinerated without energy recovery	N/A	N/A	No data

Commentary on water usage

Water conservation is balanced against water safety.

The figures below are based on pro-rata accounts available at the time of reporting. Additionally, a number of accounts are rateable accounts and not a true reflection of water used.

This year a significant maintenance issue was identified with a third parties' equipment causing wasted water and is in resolution. The result of this and potentially water use for washing hands due to COVID, explains the increase from 2019-20 which is within the expected fluctuations due to environmental and service change.

Finite Resource Consumption			2018-19	2019-20	2020-21
Non-Financial Indicators (000m ³)	Water Consumption (Office Estate)	Supplied	43.410	33.458	41.206
		Sewerage	30.900	25.404	30.756
		Abstracted	N/A	N/A	N/A
		Per FTE	0.025	0.018	0.020
	Water Consumption (Non-Office Estate)	Supplied	Not available	Not available	Not available
		Abstracted	Not available	Not available	Not available
	Water Supply Costs (Office Estate)		0.071	0.051	0.066
Financial Indicators (£million)	Sewerage Supply Costs (Office Estate)		0.064	0.056	0.053
	Water Supply Costs (Non-Office Estate)		N/A	N/A	N/A

Partnership

Powys has a complex set of inter-dependencies across England and Wales which were reflected in its planning and delivery framework during 2020/2021 and continue to be a key consideration in the Draft Annual Plan 2021/22.



The key partnerships and transformation programmes were reviewed in the second half of the year, with a focus on recovery and renewal efforts in the County in the context of the pandemic.

The Powys Regional Partnership Board, Powys Public Services Board and Mid Wales Joint Committee for Health and Care were progressively re-established from the summer and autumn of 2020.

The **Powys Regional Partnership Board** Priorities continue to be shaped around a life course approach with Cross Cutting Themes and strategic outcomes and include:

- The North Powys Well-being Programme - reshaped against emerging evidence. A Strategic Demand and Capacity analysis is continuing into the first quarter of 2021/22 and will inform the work of the Regional Partnership Board and the health board.
- Workforce Futures and the Powys Health and Care Academy
- Extra Care Development, Brecon
- Start Well – Children’s Zone for families with complex needs (Newtown); Children on the Edge of Care, Integrated Autism Service; Emotional health and wellbeing including Missing Middle support; Safer accommodation to support children and young people with complex needs.
- Live Well – Community Connectors; Home support; Dementia Home Treatment; Access Support (Disability Powys).
- Age Well – Befriending; Digital Social Care; Micro Enterprise Development; Enhanced Brokerage; Right sizing care packages; Integrated Commissioning Practice.
- Cross cutting – Carers; Assistive Technology; Social Value Forum; Welsh Language; Workforce; PAVO Engagement; RPB Operations/Development Programme.

PTHB and Powys County Council worked with PAVO (Powys Association of Voluntary Organisations, through the Powys Regional Partnership Board, to establish a **Community Sector Emergency Response Team** (C-SERT).

This brought together county organisations that offer volunteer support and emergency response services alongside partners from Powys County Council and Powys Teaching Health Board.

- Through C-SERT, the PAVO Community Connector service coordinated thirteen community support networks across Powys, the recruitment of volunteers to maintain vital services for vulnerable and isolated people, such as prescription delivery; and the provision of information to the voluntary sector, including advice and support on funding and grants during Covid-19.
- This helped to maximise the value of the significant increase in volunteering and community support across Powys, with a new understanding of the role and value of volunteers.
- Work is continuing to build on this collaboration for example trialling the use of 'Anchor Buddies' in the community mental health team in Brecon, with volunteers able to help mental health service users who have expressed anxiety about re-entering social situations.

The **Public Services Board** also continued the agreed 12 well-being steps in its Well-being Plan 'Towards 2040' with a greater emphasis on three key steps: Digital infrastructure; Decarbonisation; Sustainable environments.

The **Mid Wales Joint Committee for Health and Care** is a regional approach brings together the Mid Wales Health Boards, in collaboration with cross border organisations in particular in Shropshire/ Telford and Herefordshire/Worcestershire. For 2021/22 the priority areas have been reviewed with advice from the Mid Wales Clinical Advisory Group. These include ophthalmology, urology, cancer, respiratory, dental, rehabilitation, digital, hospital based care and cross border workforce.

The PTHB programmes for **Tackling the Big Four** (the four main causes of ill health in Powys) including Breathe Well, Cancer, Circulatory and Mental Health were also progressively reviewed and reintroduced into quarterly planning and delivery in the latter part of the year and has informed the Draft Annual Plan for 2021/22.

A drive through spirometry service was launched in February 2021, to address a backlog in respiratory diagnosis or review. Powys County Council provided the car park at their headquarters in the centre of the County and the service launched in February 2021. Patients arrive by car and have a full clinical history and spirometry test taken on site. The results are shared back with their GP. The clinics also give an opportunity to train physiologists of the future, with placements providing direct observational and practical skills.



Forward Look 2021/22

Looking forward, the Annual Plan for 2021 – 2022 has been drafted based on a thorough consideration of the learning, reflections and evidence base in relation to the needs of the Powys population and the challenges and opportunities ahead. It was developed following a six step process:

STEP 1: Assess the learning and reflections on the course of the pandemic and how the health board and partnerships responded

STEP 2 Understand the latest evidence on the impact of the pandemic (direct and indirect) for the population, taking account of national and international horizon scanning/ evidence

STEP 3 Assess the position in relation to access to health services, including extended waiting times being experienced by a significant number of patients

STEP 4 Identify critical priorities and outcomes for 2021/22 and potentially beyond

STEP 5 Develop proposals to meet those outcomes, recognising investment may be required

STEP 6 Formulate an Annual Plan for 2021/22

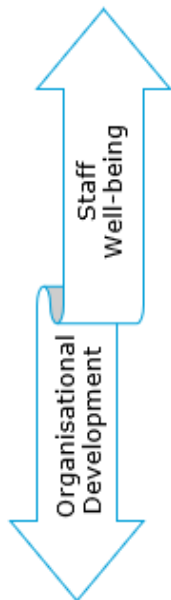
Annual Plans for 2021/22 were required to be submitted in Draft form at the end of March 2021, in recognition of further work to be carried out in the first quarter of 2021/22 to align plans nationally and regionally and to take account of the financial allocations which will be determined by Welsh Government in Quarter 1.

The scale of the challenge in relation to people waiting for diagnostics, treatment and care and the backlog created by service changes in response to the pandemic is a critical new dimension and will inform all transformation programmes and priorities going forward.

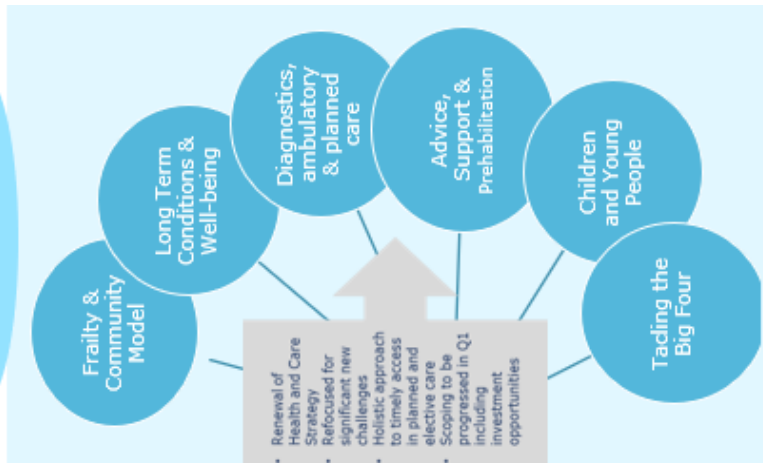
This is a challenge which will not be met by existing approaches or existing resources, it will require radical new solutions founded in a value based healthcare approach, nationally, regionally and locally. The health board has started important work led by Clinical Executives as part of the Annual Plan on renewal priorities. These are informed by the evolving learning and evidence and seek to respond not only to the immediate problems of visibly longer waiting times and backlogs in healthcare, but to understand the experience for people who are waiting for care, in the context of lives which are fundamentally changed now and for the future.

These will be taken forward as part of the recovery from the impacts of the pandemic across society, on the communities and individuals of Powys and on healthcare itself.

The Draft Annual Plan 2021/2022 also provides further detail on the ongoing delivery of Covid care and Non Covid care including essential healthcare– see overleaf for the Draft Plan on a Page.



Renewal



Essential Healthcare

Wellbeing and Prevention

Health Improvement and Promotion; Childhood Immunisation and Flu; Screening; Third Sector

Primary and Community

- Essential Healthcare
- Planned and Routine Care
- Urgent and Emergency Care
- Primary Care & Cluster Plans

Regional DGH and Specialist

- Alignment with Neighbouring / System Plans
- Alignment with NHS Wales and NHS England Recovery Planning and Clinical Frameworks

Covid Response

Covid Prevention and Response

Test, Trace and Protect
Management of Outbreaks and Incidents and high risk settings
Data and Surveillance
Regional resilience arrangements
Communication

Covid Vaccination Programme

Delivery in line with National modelling and supply in Mass Vaccination Centres, Primary Care and other settings as required
Local Clinical Model, Clinical Delivery and Handling
Booking and Administration

Enablers



Roll Call of Staff Appreciation

All staff have shown incredible dedication this year – this ‘roll call’ of the Staff Certificates of Appreciation is included to show just some examples of individual and teams – thank you all:

Jo Hughes for her pivotal role in the Health Emergency Coordination Centre

Alex Oakey for excellent support with Office 365, patient stories and technologies

Catherine Arnold for her exemplary team leadership

Sue Cox for her kindness, compassion and support for the team.

Clare Evans for her support to the team during these challenging times.

Rhian Price Evans for her commitment to the safety and support of patients.

Amy Prosser for always going above and beyond for patients.

Claire Powell for her unfailing work to establish the vaccination centres.

Donna Bale for her calm, professional dedication throughout the pandemic.

Fiona Jones for her superb service to clients and staff.

Adrian Osborne for being the voice of the health board in the Stay Well Facebook group

Jane Butler for her selflessness and commitment to patients, families and peers

Kerry Crosfield for support for volunteers and patient experience in our mass vaccination centres

Alwen Lewis for support to families and those with children with challenging behaviours

Lynn Williams for the can-do, upbeat and approachable attitude she brings to a very complex role.

Sue Pearce for being a tireless advocate for patients, leading major improvements in of care

Sue Pardoe Bouchard for support as a clinical supervisor and extra shifts overnight and at weekends

Rachel Carton for kindness and competence to her patients especially through these tough times

Samantha Gibbs for her steadying presence, always going above and beyond for her patients

Anna Marie Price for her great motivational support for all the executive PAs

Kim Lewis for her creative, enthusiastic and can-do approach and a drive-through spirometry service

Vic Deakins for her personal support and being an incredible colleague to work with

Sarah Williams for always going the extra step and for her support for the bereaved

Louise Vavere for being a vital contact point for staff, parents, families, carers, schools and the team

Mandy Mills for her dedication in establishing the mass vaccination centres

Jenny Spreafico for fantastic leadership on the monumental task of competencies for vaccinators

Claire Hughes for tremendous support on the task of signing off competencies for vaccinators

Gaz Davies for excellent support including for the storage of oxygen cylinders

Geraint Davies who says “it’s amazing what a small team can achieve under the right leadership”

Anne-Marie Mason for her flexible and willing approach to the apprenticeship programme and the recruitment & training of vaccinators

Treena Davies for her flexible approach during Covid including setting up the wellbeing hubs

Jessica Hughes for her support and leadership to maternity services in Powys

Linda Aldridge for her attitude and proactivity to fight against this virus has been unbelievable

Suzanne Cox Sue goes above and beyond and is making a huge difference

Lucie Dingwall for working with incredible integrity and professionalism within the information team

Claudia O'Shea for recognition for all of her hard work on unscheduled care and her can-do approach

Suzanne Pardoe Bouchard for her valuable senior management to women’s and children’s service

Zara Aberley for providing responsive and efficient business support to the women’s and children’s team

Emma McGowan for her approach can do attitude and professionalism

Helen Covington for her dedication, flexibility, behaviours and values

Rachel Bartley-Morris for her commitment and dedication to her role in the midwifery team

Shelly Higgins for making an outstanding contribution to Powys Maternity services

Jane Price, Parkinson’s nurse for being so dedicated to her role and also a compassionate colleague



Roll Call of Staff Appreciation



Team Certificates of Appreciation

The **Bronllys Catering Team** for generous servings delivered with warmth, big smiles and sincerity

Ty Illtyd Community Mental Health Team for supporting each other and thinking outside the box

Powys Day Surgery and Endoscopy Team for their flexible approach to redeployment and their hard work to restart safe services

Estates Helpdesk Team (Jane and Bernie) for their calm, polite, smooth and efficient service especially dealing with a significant increase in calls

The **Twymyn Unit team** for their tremendous support for each other and their patients

Our **Wayfinding volunteers** for giving up their own time to provide such wonderful support

The **Quality & Safety IPC Team** for coming together as a new team to support high standards

Owen Hughes, Michelle Price, Jeremy Tuck, John Morgan and Lucie Cornish for coming together to design, implement and run a Covid-recovery service for Powys

Powys Community Dental Service at Park Street Clinic in Newtown for their excellent work to maintain a safe urgent dental service through Covid

The **Contact Centre Team** for their professional and flexible support to the dietetics and podiatry service and additionally to physiotherapy MSK during Covid

Builth Wells District Nursing Team for their resilience and cheerful determination

The **Clinical Education Team** for outstanding efforts on the training programme for vaccination

The **Estates Works Team** for all their efforts and instrumental role in setting up vaccination centres

The **Resourcing Team for Mass Vaccination** for a massive recruitment programme

The **Covid-19 Booking Hub** for their flexibility, commitment and willingness in create a service that deals with thousands of appointments every week

The **Workforce and OD Resource and Training Team** for supporting the development, resourcing and support to mass vaccination delivery models at an unprecedented pace

The **Workforce and OD Health and Wellbeing Team** for health and wellbeing initiatives

The **HCA's from the Parkinson's Clinic** for their commitment and dedication

The Quality and Safety Team for the work on safe, effective and compassionate

The Llandrindod District Nursing Team for their incredible palliative care for complex patients

The Medicines Management Team for outstanding contribution and dedication

The Continuing Health care team for going above and beyond providing support out of hours

The **Powys Sexual Health Team** for being flexible and responsive and embracing the opportunities

The Knighton and Presteigne DN's for commitment and dedication to patients and team members

Long Service Awards

Shirley Ann Whitney, Rachel Jane Price, Stephen Hawker, Rebecca Mary Burns, Melanie Suzanne Dooley, Gaynor Jones, Alison Margeret Lewis, Marion Morris, Enid Mair Stephens, Debra Jones, Joanna Jane Love, Denise Watkins, Virginia Jones, Peter Charles Carver, June Jeanette Harley, Gethin Evans, Julie Diane Richards, Dr David Anian Pal, Helen Margaret Rees- Harris, Elaine Jane Taylor, Sarah Jane Wheeler, Nikki Smith, Debbie Lewis, Lynnette Watkins, Desmond Kitter, Rowena Clegg



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Agenda item: 3.3a

Performance and Resource		Date of Meeting: 6 May 2021
Subject:	Performance Overview against National Outcome Framework – Month 12, 2020/21	
Approved and Presented by:	Director of Planning and Performance	
Prepared by:	Performance Manager	
Other Committees and meetings considered at:	Delivery and Performance Group	

PURPOSE:

This report provides a brief update on the changes to the NHS Delivery Framework 2020/21 and the latest performance position for Powys Teaching Health Board at Month 12, and a high-level overview of COVID, Test, Trace and Protect and mass vaccination performance.

RECOMMENDATION(S):

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

Approval/Ratification/Decision	Discussion	Information
x	✓	✓

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

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

EXECUTIVE SUMMARY:

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

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

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

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

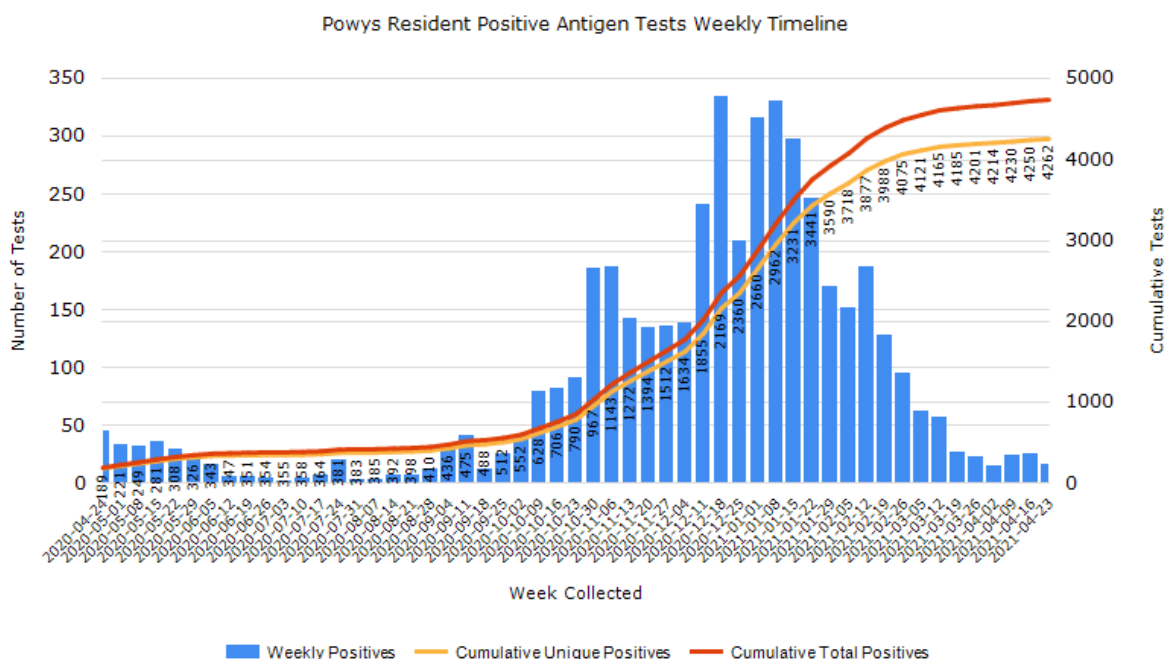
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DETAILED BACKGROUND AND ASSESSMENT:

COVID-19 Update

Powys Resident Positive Cases

The latest Powys position on COVID infection rates shows that the number of reported positive cases on a weekly basis has fallen from the peaks of December and January. Cumulatively **4262** unique patients have tested positive since the start of the pandemic in March 2019.

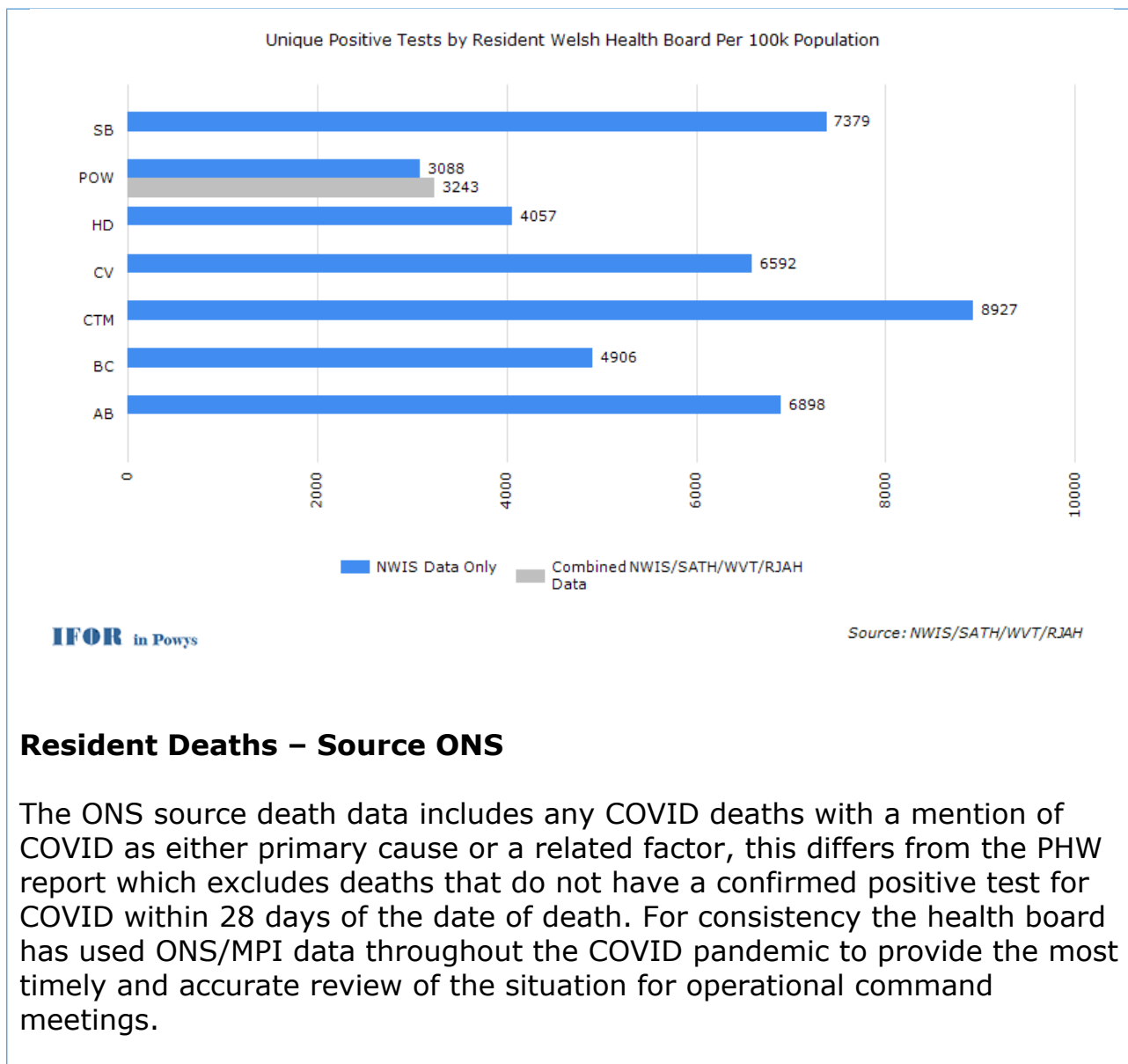


IFOR in Powys

Source: NWIS/SATH/WVT/RJAH

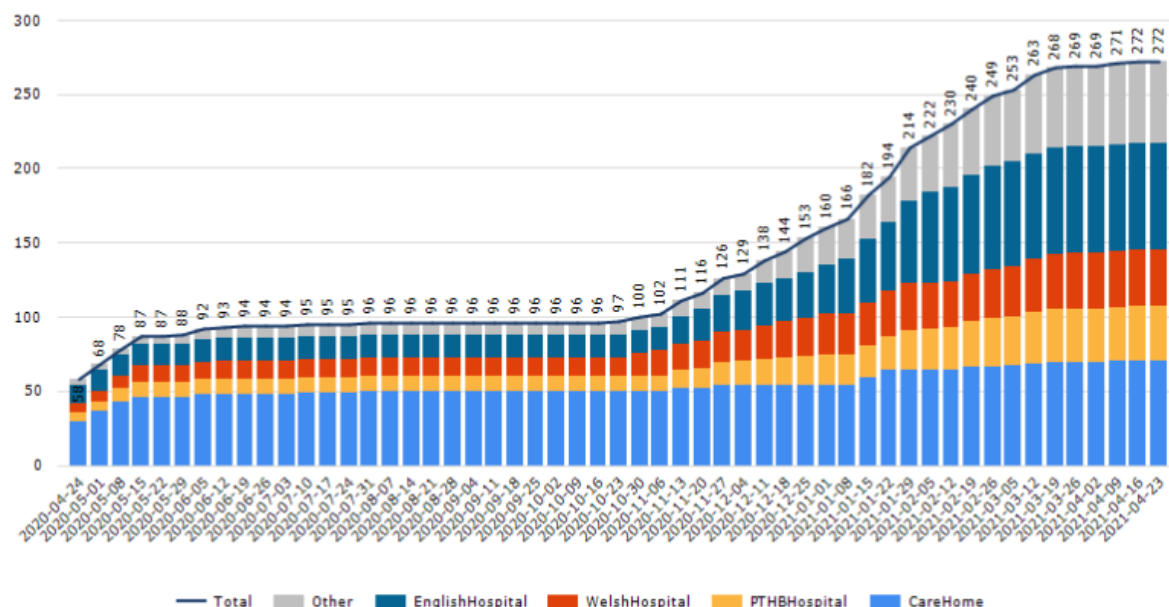
*N.B Incomplete data for week 23/04/21.

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



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Covid Deaths Weekly Cumulative Timeline



IFOR in Powys

Source: ONS

In Powys the cumulative total deaths from COVID is **272** since the pandemic started, this is the latest snapshot (23/04/2021). From the end of October which marked the start of the second rise in infections we could see a steady rise in deaths, this has plateaued over the last 6 weeks inline with infection rate reduction.

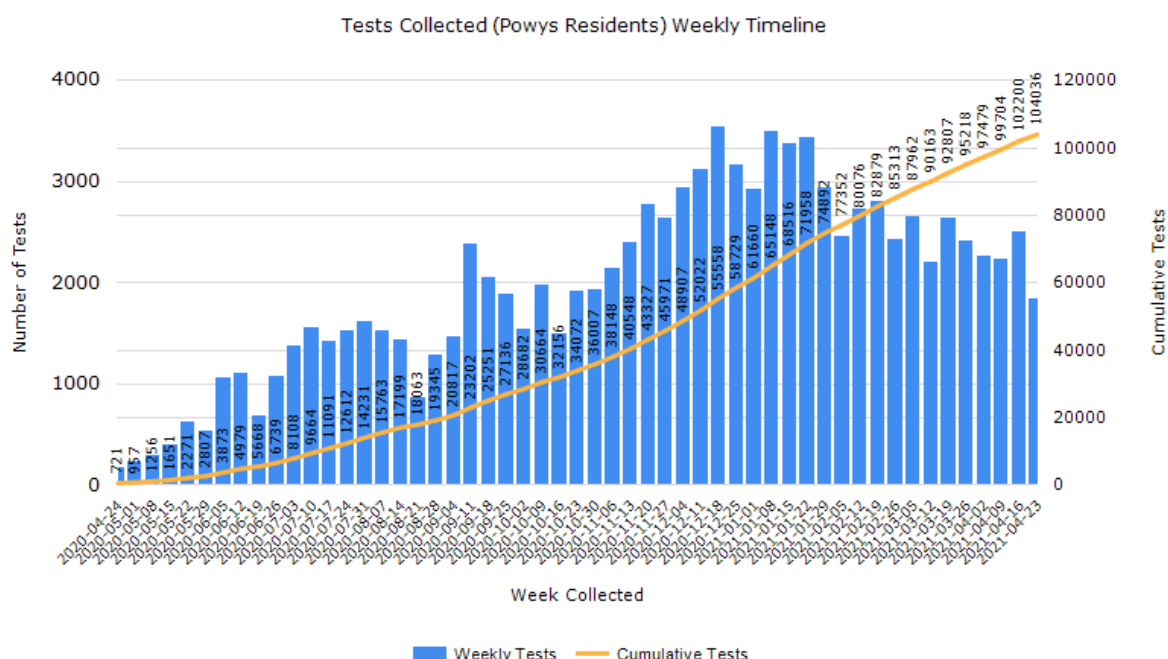
TEST, TRACE, PROTECT

The COVID-19 seven-day case incidence rate for the period 9th to 16th of April was **15.1 cases per 100,000 population**. The test positivity rate for the same period was **1%** (new cases).

Approximately **506** tests were performed on Powys residents during the week ending 16th March. A timeline of weekly testing is shown below.

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

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IFOR in Powys

Source: NWIS/SATH/WVT/RJAH

*N.B Incomplete data for week 23/04/21.

Between the 9th and 16th of April, **35 new positive cases** were identified for contact tracing, of the **35 cases 19** were eligible for follow up, of which **94.7%** were followed up within 24 hours and **94.7%** were contacted within 48hrs. Contact tracing identified **75 total** contacts but only **70** were eligible to contact, of which **91.4%** were followed up within 24 hours and **94.3%** within 48hrs.

Data source: PTHB Information Team

MASS VACCINATION PROGRESS

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

Powys Teaching Health Board has provided a total of **125,698** doses of vaccine since the week starting the 07/12/2020.

- **88,602 1st doses**
- **37,096 2nd doses**

Data is accurate as of 23/04/2021 08:43am – Source WIS).

In line with the Vaccination Strategy for Wales the Powys responsible JCVI cohorts in Milestone 1 (P1.1 to P4.2) having a 1st dose of vaccine met the mid-February deadline, and currently Milestone 2 has been completed with everyone in priority groups 1 – 9 being offered a vaccination, including mop-up and recall processes for any potentially missed residents.

NHS DELIVERY FRAMEWORK PERFORMANCE

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

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

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

PTHB Performance

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

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

A brief introduction to statistical process control charts (SPC)

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

SPC charts

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

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

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

Key of SPC chart icons



Key of SPC chart dots


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

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

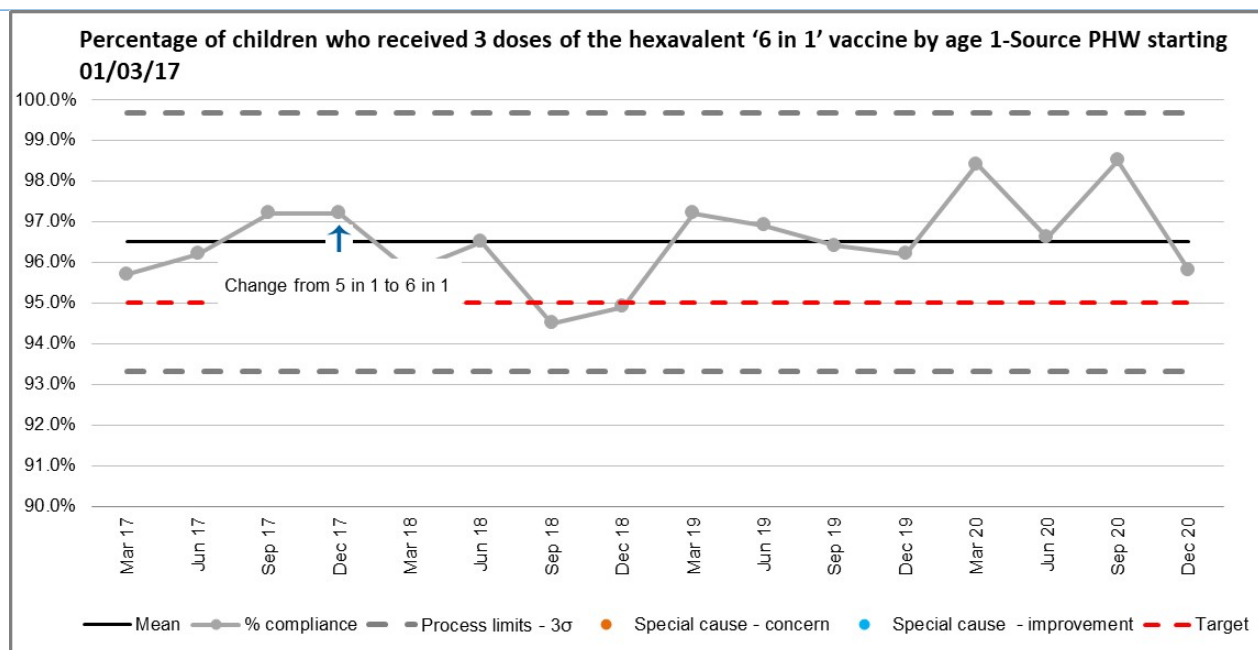
Please find below a table of the outcome measures for aim 1:


2020/21 NHS Outcome Framework Summary - Key Measures - Provider				Performance			Welsh Government Benchmarking (*in arrears)	
No.	Abbreviated Measure Name	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
1	Percentage of babies who are exclusively breastfed at 10 days old	Annual Improvement	2019/20	49.8%		52.4%	1st	35.3%
2	'6 in 1' vaccine by age 1	95%	Q3 20/21	96.2%	98.5%	95.8%	4th	95.2%
3	2 doses of the MMR vaccine by age 5	95%	Q3 20/21	91.8%	94.4%	91.3%	5th	92.1%
4	Attempted to quit smoking - Cum	5%	Q2 20/21	1.58%		1.44%	6th	1.65%
5	CO-validated as quit at 4 weeks - Cum	40%	Q4 19/20	36.4%	42.3%	37.7%	6th	41.6%
6	Standardised rate of alcohol attributed hospital admissions	4 quarter reduction trend	Q3 20/21	517.8	278.5	348.0	5th	349.6
7	Percentage of people who have been referred to health board services who have completed treatment for alcohol misuse	4 quarter improvement trend	Q3 20/21	69.8%	48.6%	71.4%	2nd	64.0%
8a	Flu Vaccines - 65+	75%	2019/20	65.5%		67.1%	6th	69.4%
8b	Flu Vaccines - 65+ at risk	55%	2019/20	43.1%		44.3%	3rd	44.1%
8c	Flu Vaccines - Pregnant Women	75%	2019/20	85.7%		93.3%	1st	78.5%
8d	Flu Vaccines - Health Care Workers	60%	2019/20	64.3%		64.3%	3rd	58.7%
9a	Uptake of cancer screening for: bowel	60%	2018/19	56.2%		58.3%	1st	57.3%
9b	Uptake of cancer screening for: breast	70%	2018/19	73.7%		69.1%	7th	72.8%
9c	Uptake of cancer screening for: cervical	80%	2018/19			76.1%	1st	73.2%
10a	MH Part 2 - % residents with CTP <18	90%	Feb-21	75.0%	95.2%	92.0%	3rd	82.3%
10b	MH Part 2 - % residents with CTP 18+	90%	Feb-21	89.0%	92.3%	91.6%	2nd	85.5%
11	% People aged 64+ who are estimated to have dementia that are diagnosed by GP	Annual improvement	2019/20	44.7%		42.4%	7th	53.1%

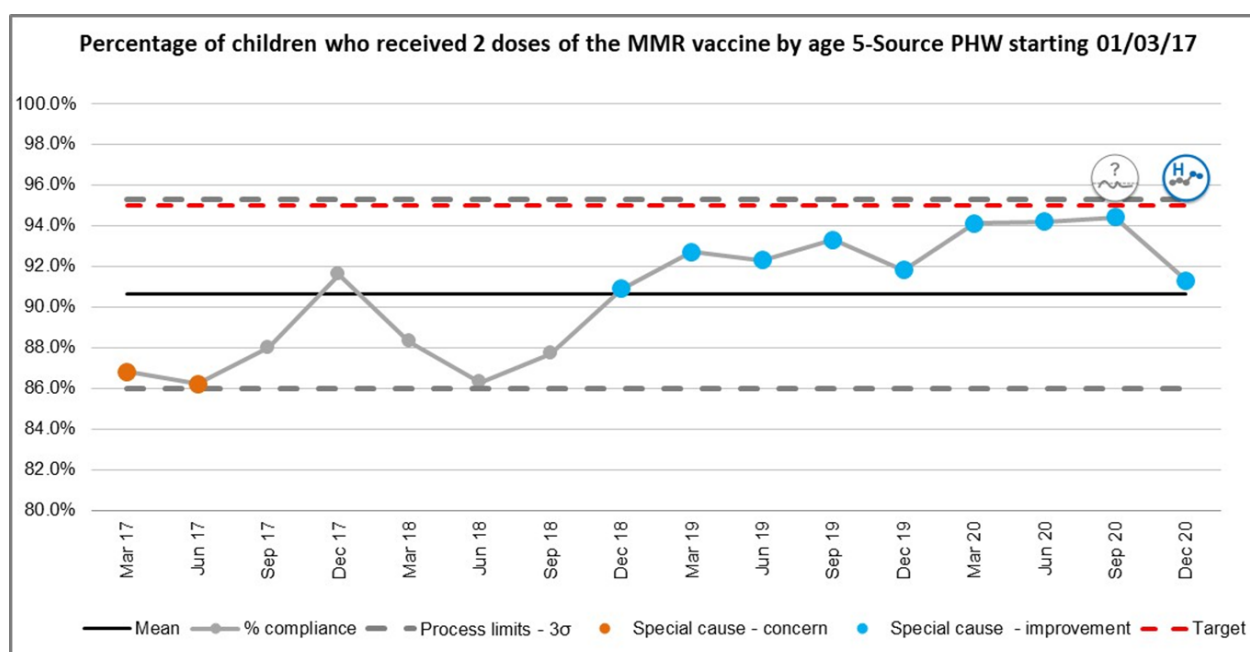
Childhood immunisations

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

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



Smoking cessation

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

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

Influenza Vaccinations

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

Cancer Screening

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

Mental Health Part 2

The Mental Health Part 2 measure focuses on the Care Treatment Plan (CTP) compliance for health board patients. As part of the 2020/21 framework revisions all Mental Health is reported within two distinct age categories, under 18, and 18+. Monthly performance for CTP's in the +18 category has continued to meet the target in February 2021 (91.6%). For the <18 measure the health board has also met the national target with 92.0% compliance in February. When compared to the national ranking, PTHB has provided an improved position ranking 3rd and 2nd respectively.

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


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

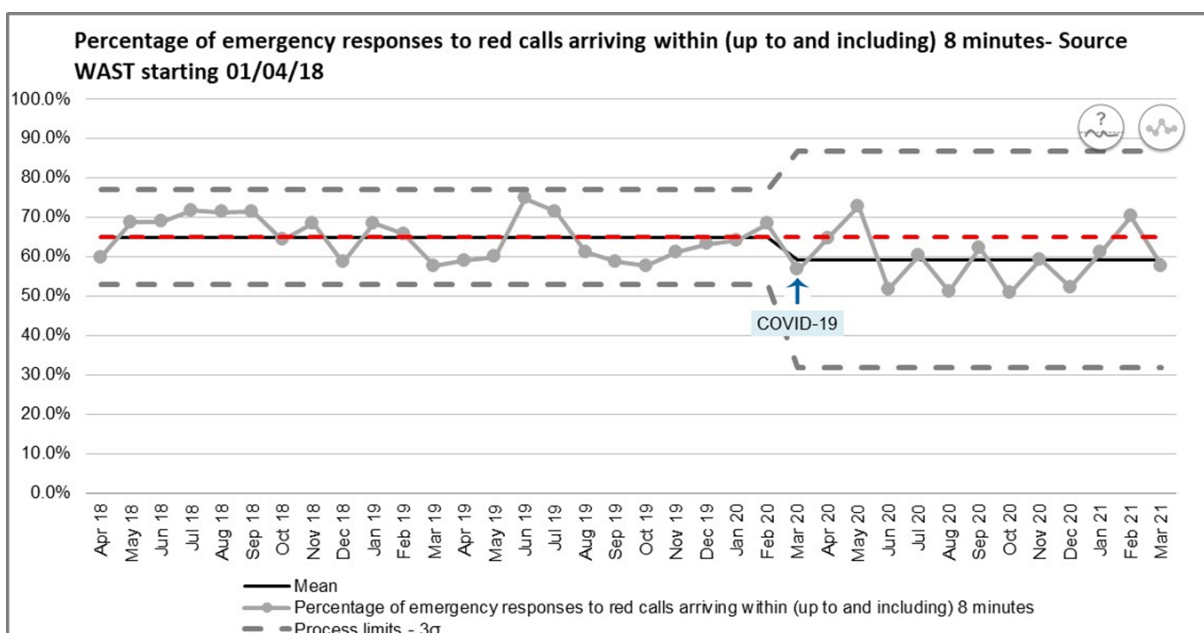
2020/21 NHS Outcome Framework Summary - Key Measures - Provider				Performance			Welsh Government Benchmarking (*in arrears)	
No.	Abbreviated Measure Name	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
17	% of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS	100%	2019/20			56.3%	5th	59.70%
18	Percentage of children regularly accessing NHS primary dental care within 24 months	4 quarter improvement trend	Q2 20/21	62.8%	60.5%	57.9%	6th	63.8%
20	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	65%	Mar-21	56.6%	70.1%	57.5%	5th	62.5%
22	MIU % patients who waited <4hr	95%	Mar-21	100.0%	99.8%	100.0%	1st*	74.2%
23	MIU patients who waited +12hrs	0	Mar-21	0	0	0	1st*	4,768
32	Number of diagnostic breaches 8+ weeks	0	Mar-21	22	160	181	1st*	48,136
33	Number of therapy breaches 14+ weeks	0	Mar-21	6	59	30	1st*	4,129
34	RTT patients waiting less than 26 weeks (excluding D&T)	95%	Mar-21	95.9%	66.1%	71.4%	1st**	51.6%
35	RTT patients waiting over 36 weeks (excluding D&T)	0	Mar-21	0	863	690	1st**	217,655
36	Number of patients waiting for a follow-up outpatient appointment	<=5581	Mar-21	7173	6250	6705	1st*	748,769
37	Number of patient follow-up outpatient appointment delayed by over 100%	< 290	Mar-21	293	480	510	1st*	199,704
38	Percentage of ophthalmology R1 patients who are waiting within their clinical target date (+25%)	95%	Mar-21	94.2%	61.1%	64.7%	1st*	43.5%
Local	Percentage of patient pathways without a HRF factor	<= 2.0%	Mar-21	2.7%	0.4%	0.6%		
39	Rate of hospital admissions with any mention of self-harm from children and young people per 1k	Annual Reduction	2019/20	4.45		4.86	5th	4
40	CAMHS % waiting <28 days for OPA	80%	Mar-21	93.5%	71.9%	93.8%		
41a	MH Part 1 - Assessments <28 days <18	80%	Feb-21	93.3%	97.1%	97.3%	2nd	No national compliance figure available
41b	MH Part 1 - Assessments <28 days 18+	80%	Feb-21	87.8%	96.6%	99.1%	1st	
42a	MH Part 1 - Interventions <28 days <18	80%	Feb-21	95.7%	89.3%	96.2%	2nd	
42b	MH Part 1 - Interventions <28 days 18+	80%	Feb-21	56.6%	76.7%	88.5%	5th	
43	Children/Young People neurodevelopmental waits	80%	Mar-21	93.4%	61.4%	66.5%	2nd*	29.7%
44	Adult psychological therapy waiting < 26 weeks	80%	Mar-21	97.9%	95.3%	96.4%	2nd*	60.0%
45a	Number of health board delayed transfer of care for: Mental Health	12m↓	Feb-20	6	< 5	< 5	2nd	63
45b	Number of health board delayed transfer of care for: Non Mental Health	12m↓	Feb-20	29	15	20	1st	20
46a	HCAI - E.coli per 100k pop cum	TBC	Mar-21			3.78	PTHB is not nationally benchmarked for infection rates	
46b	HCAI - S.aureus bacteraemia's (MRSA and MSSA) per 100k pop cum	TBC	Mar-21			0.76		
46c	HCAI - C.difficile per 100k pop cum	TBC	Mar-21			5.29		
47a	HCAI - Klebsiella sp per 100k pop cum	TBC	Mar-21			1.51		
47b	HCAI - Aeruginosa per 100k pop cum	TBC	Mar-21			0.76		
48	Number of potentially preventable hospital acquired thromboses	4 quarter reduction trend	Q2 2020/21	0	0	0	1st	6

* Benchmark provided from previous period (national benchmark outdated)

**Ranking for RTT nationally includes D&T Specialties

Unscheduled Care

WAST Red ≤ 8 -minute ambulance response time performance did not meet the target during March (57.2%), ranking 5th against 62.5% national average. This measure has only exceeded the 65% target twice during 2020/21. The impact of COVID has adversely affected compliance with mean performance falling to 59.2%, this measure continues to have common cause variation  and will not meet the target consistently without a system change as shown within the chart below.



Minor injury units (MIU)


Unscheduled care performance for Powys provided services e.g. minor injury units (MIU) has remained consistently good throughout 2020/21, the health boards assurance is that MIU's exceeded the required target every month for patients waiting less than 4 hrs, and zero patients waited 12+ hours during the 2020/21 financial year. It should be noted that the COVID impact resulted in a 51% reduction in total attendances when compared to 2019/20.

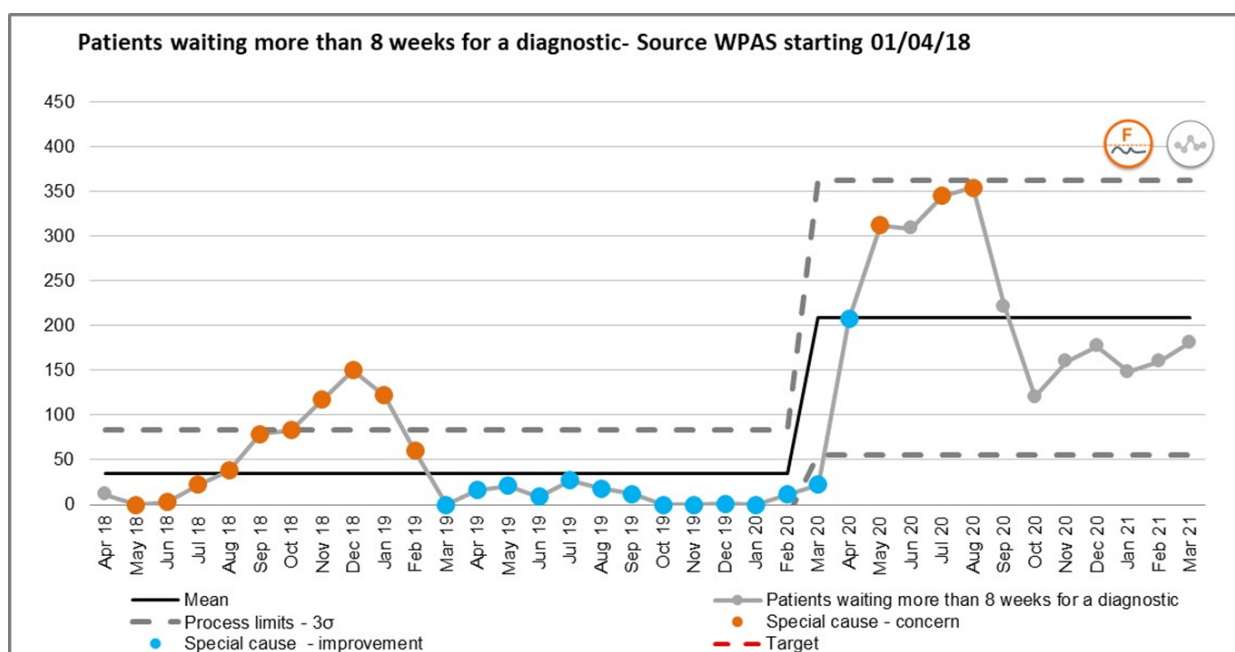
Planned Care

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

Diagnostics


The latest March position shows an increased 181 patients breaching the 8 weeks wait target, key specialties not meeting the target include diagnostic endoscopy & non-obstetric ultrasound. When looking at long term trends and

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

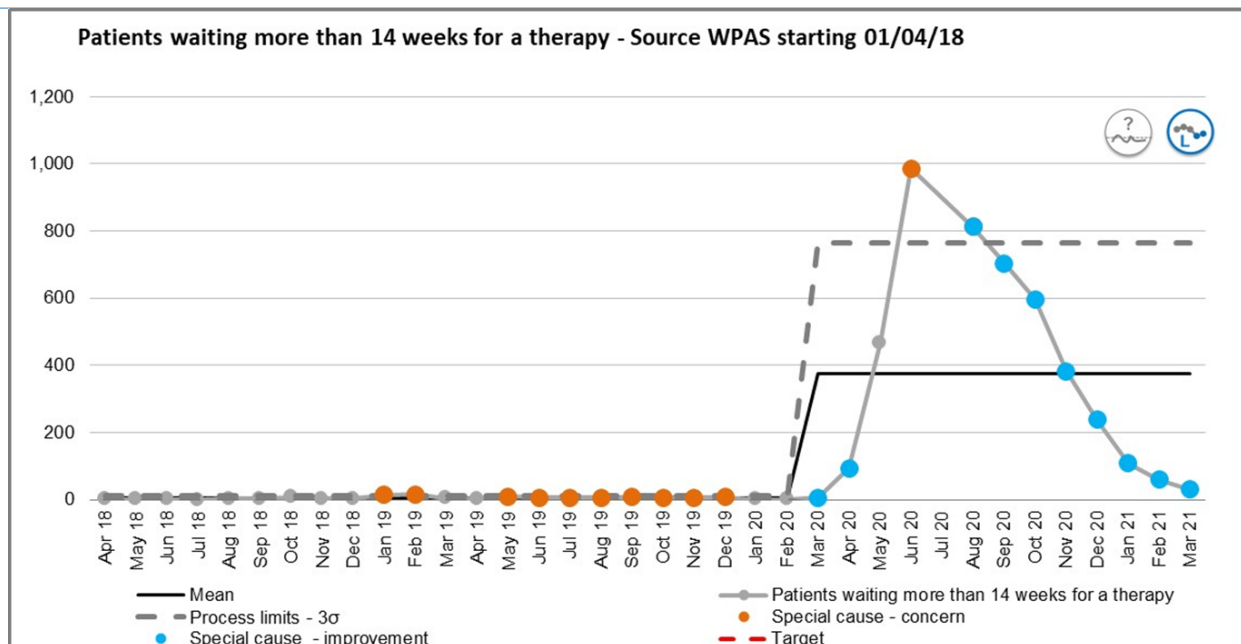


Therapies


The latest March position for therapies shows continued improvement reducing to 30 breaches of the <14 week wait target. SPC shows an

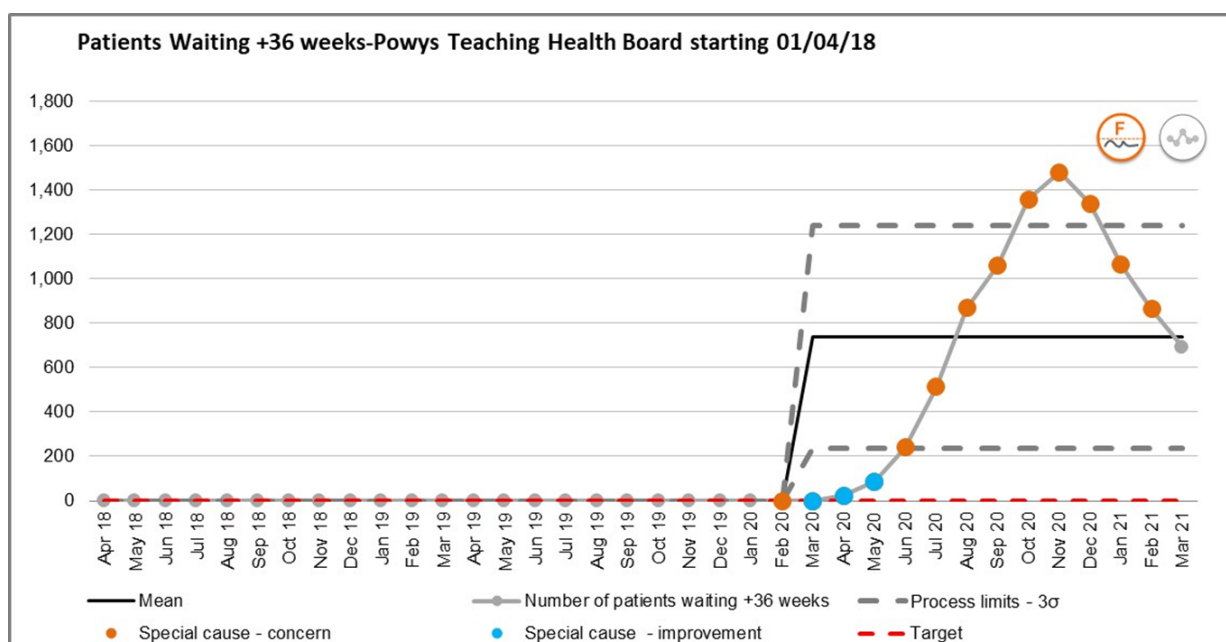
improving trend since July  but the service as expected has not met the national target during 2020/21. Initiatives including a new podiatry triage system, waiting list validation, and use of temporary staff to increase list capacity have had a positive impact. The overall waiting list has also increased slightly during March although remains 16% less than March 2020.

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Powys Provider Referral to Treatment (RTT)

The Powys provided RTT waits position for March has improved with 77.4% of 3419 patients waiting less than 26 weeks on an open pathway (excluding diagnostics and therapies). The number of patients waiting over 36 weeks has decreased to 690, of those 536 are waiting longer than 36 weeks (part of the original suspension cohort). The SPC chart below shows that although consistently failing  to meet the target there is defined improvement for this cohort of long waiters, prior to COVID PTHB had never breached 36 weeks.



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

Tables summarising RTT performance as a provider – source DHCW:

Snapshot Month: Mar-2021	Powys Provider RTT - Waits Open Pathway (exc. D&T)					
Specialty	0 to 26 Weeks	26 to 35 Weeks	36 to 52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Grand Total
100 - GENERAL SURGERY	274	34	4	55	3	370
101 - UROLOGY	90	16	15	5		126
110 - TRAUMA & ORTHOPAEDICS	367	59	47	170	7	650
120 - ENT	316	45	40	17		418
130 - OPHTHALMOLOGY	640	63	14	18		735
140 - ORAL SURGERY	128	27	12	160	12	339
143 - ORTHODONTICS	17	4		27	5	53
191 - PAIN MANAGEMENT	68					68
300 - GENERAL MEDICINE	68	5	2	1		76
320 - CARDIOLOGY	82	10	10	9		111
330 - DERMATOLOGY	21					21
410 - RHEUMATOLOGY	77	8	2	1		88
420 - PAEDIATRICS	11					11
430 - GERIATRIC MEDICINE	47	5	6	38	2	98
502 - GYNAECOLOGY	234	13	2	4	2	255
Grand Total	2440	289	154	505	31	3419

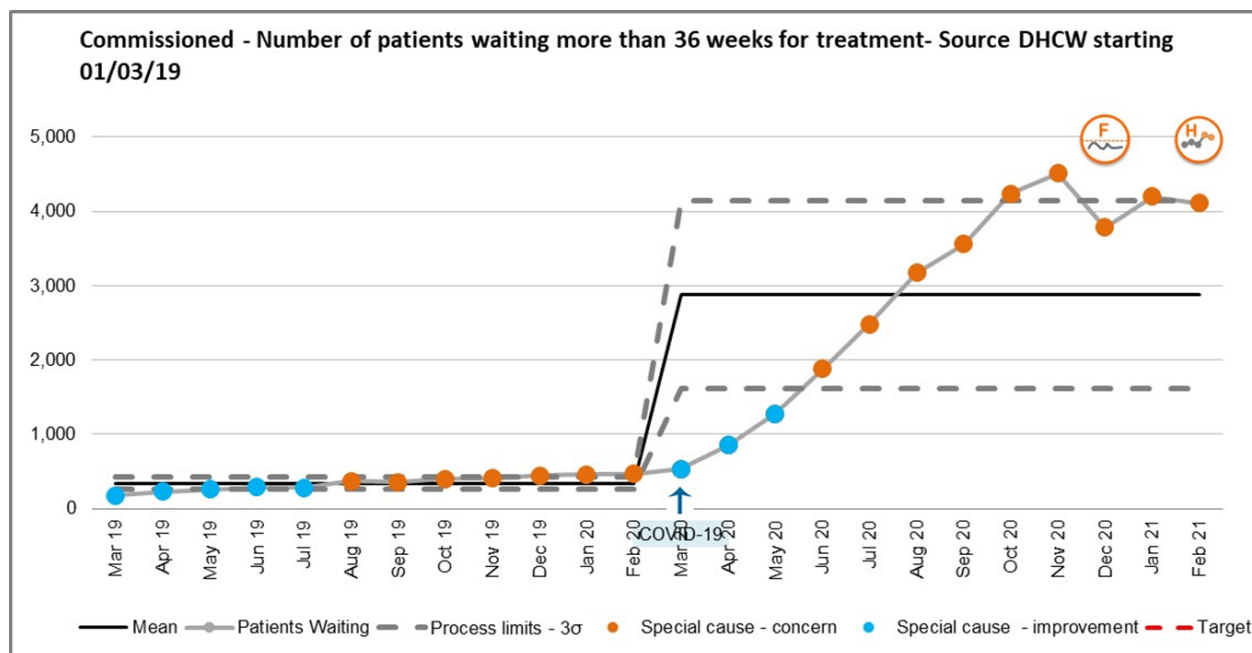
The continuing challenge into the new financial year will be this cohort of patients and the increasing new referral rate, for the provider these longer waits are found predominately in general, and oral surgery, and T&O. At a high-level Powys Teaching Health Board mirrors the position across Wales and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


Commissioned Services Referral to Treatment (RTT)


The position of commissioned RTT waits for Powys residents does not show the same improvement as the provider for long waits. The combined February position exc. D&T, and for open pathways displays that 59.7% of 13,413 patients wait under 26 weeks on an RTT pathway, and 4016 patients wait

longer than 36 weeks (this is the latest snapshot to include both English and Welsh providers).

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



The above SPC chart clearly shows the impact of service suspensions which started at the end of March 2020. The impact of this suspension and further backlog is universal across the commissioned system affecting all specialties and providers. At a high-level health care is failing  to meet the target

with ongoing special cause variation , as the number of breaches remain close to the upper control limit. If improvement does not occur during quarter 1 there will be a required further shift change. Finally, without significant system changes the cohort of long waiters is unexpected to reduce quickly. National work streams linked to outpatient transformation, and initiatives are ongoing and the provider fully engages with the process. The commissioning assurance process continues in Powys to assess and ensure the best possible care for residents and all long waiters are risk stratified by the relevant care provider.

Commissioned Provider wait details by week bands

Since the previous performance document to board work has been successfully completed with the main English providers, this now allows granular long wait reporting e.g. +52 weeks and beyond. This information is now being made available for use within the commissioning assurance process and operational teams. The below summary tables show the position of Powys main commissioned care providers against the refreshed week wait bands. Please note that DHCW (NWIS) individual weeks waits reporting stops at 104 weeks, patients waiting over this are amalgamated into an over 104

weeks band. The latest snapshot for Welsh Providers is March 2021 and February 2021 for English.


Table of Providers

Commissioned RTT - Waits Open Pathway Snapshot March 2021 (exc. D&T)								
Source DHCW	% < 26 weeks	Patients waiting by band						
Main Welsh Providers		0 to 26 Weeks	26 to 35 Weeks	36 to 52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	Grand Total
Aneurin Bevan Local Health Board	56.4%	1055	179	136	379	120	2	1871
Betsi Cadwaladr University Local Health Board	44.0%	224	36	42	143	53	11	509
Cardiff & Vale University Local Health Board	52.8%	191	26	34	82	27	2	362
Cwm Taf Morgannwg University Local Health Board	40.5%	168	44	34	117	45	7	415
Hywel Dda Local Health Board	57.3%	728	143	82	237	76	4	1270
Swansea Bay University Local Health Board	44.8%	721	176	115	403	135	61	1611
Grand Total	51.1%	3087	604	443	1361	456	87	6038

Commissioned RTT - Waits Open Pathway Snapshot February 2021 (exc. D&T)								
Source DHCW	% < 26 weeks	Patients waiting by band						
Main English Provider Groups		0 to 26 Weeks	26 to 35 Weeks	36 to 52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	Grand Total
English Other	76.5%	166	11	19	18	3		217
Robert Jones & Agnes Hunt Orthopaedic & District Trust	64.6%	1344	179	225	291	42		2081
Shrewsbury & Telford Hospital NHS Trust	69.9%	1872	245	172	356	32		2677
Wye Valley NHS Trust	65.8%	1748	330	275	256	46	2	2657
Grand Total	67.2%	5130	765	691	921	123	2	7632

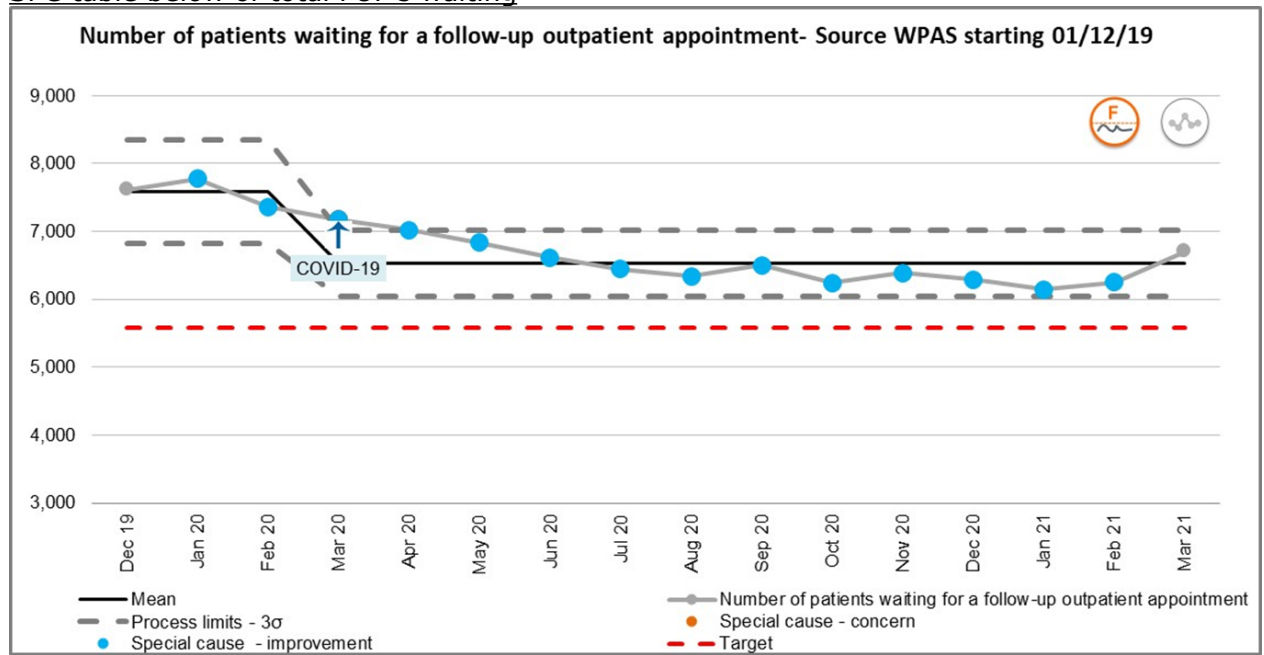
The commissioned RTT position for our residents in Welsh providers is significantly challenging with two of our three main providers Aneurin Bevan UHB and Swansea Bay LHB having a considerable over 52-week backlog. The position of the English providers is more positive with a slight reduction in long waiters through quarter 4, showing potentially a quicker system recovery than Wales albeit they were less challenge pre-COVID.


Follow-ups

Follow-up (FUP) outpatient measure for total waiting is not meeting the 20% reduction target from the March 20 baseline, it has been noted that the existing target is not compatible with the actual state of service, and this has been raised with the outpatient transformation workstream. PTHB has managed its total patients waiting FUP position well during COVID with relatively good levels of activity via non-face to face contact, and undertaken list validation all working towards reducing the total waiters. Although March-21 has seen an increase of patients on a FUP pathway (above COVID mean) the trend for the last 12 months is improving in line with national guidelines. Challenges remain with service overall capacity, and clinic slots prioritising clinically at risk patients, the health board will not meet its target of total FUP reduction  without a system or target change.

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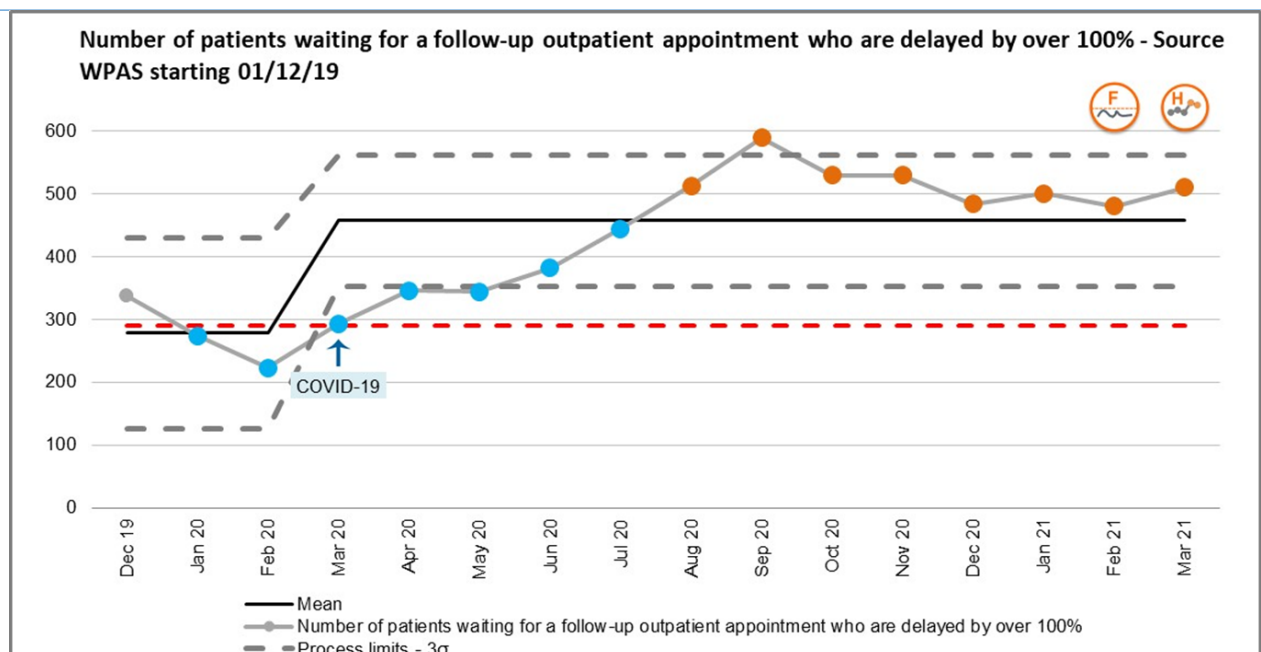
SPC table below of total FUP's waiting



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

SPC table below of FUP's waiting over 100%

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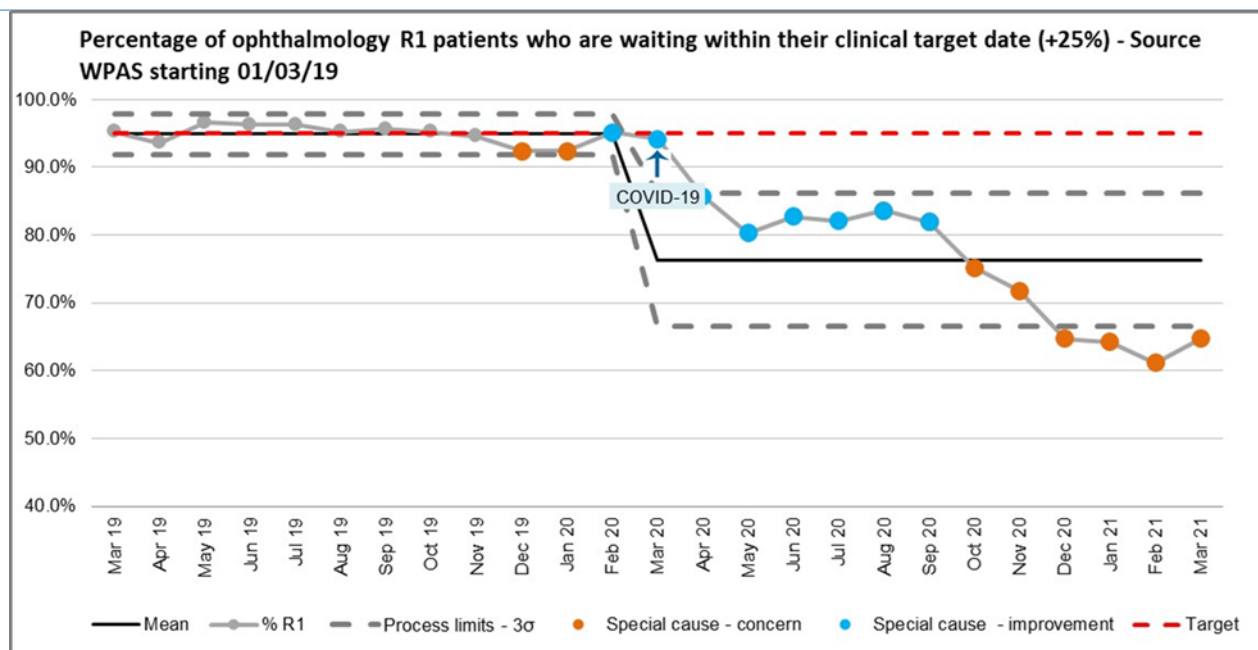


Eye Care

As an essential service the Eye Care provision in Powys has remained robust when compared to the All Wales performance this year. However as predicted in Quarter 2, a second peak of COVID and in reach service fragility has resulted in Ophthalmology service retraction resulting in reduced capacity, this impact has continued through Q3 & Q4. The performance has been challenging and remains a special cause for concern consistently failing to meet the target. There has been slight improvement in March to 64.7% but at present this is not a trend. All Wales performance for the previous period was 43.5% and Powys continues to rank 1st in Wales.

SPC chart of R1 measure

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For the local HRF measure “Percentage of patient pathways without an HRF factor” performance has remained strong exceeding the <2% target, reporting 0.6% for March.

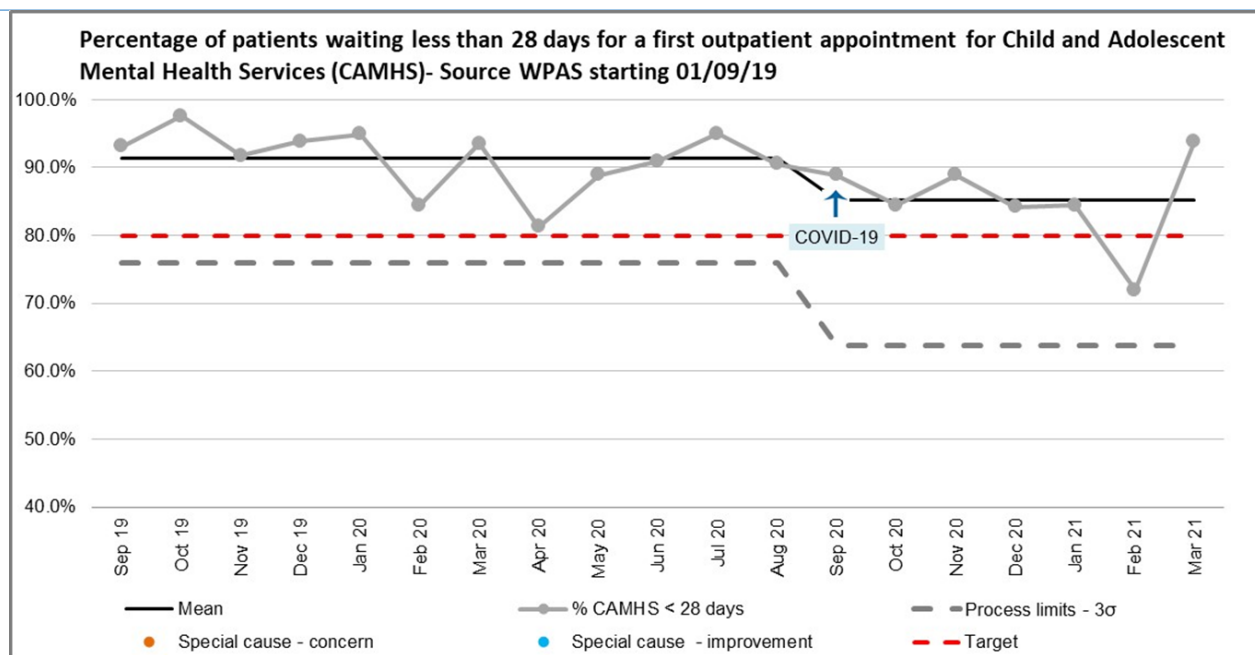
Mental Health

Mental Health performance has remained robust in 2020/21 even with the challenge of COVID. The latest performance in February is showing that part 1 measures for assessments and interventions for both the +18 and under 18 age ranges is meeting the 80% target. The health board benchmarks well against the rest of Wales either in 1st or 2nd place compared to other health boards. Currently there is no All Wales average available due to submission delays in one provider.


CAMHS

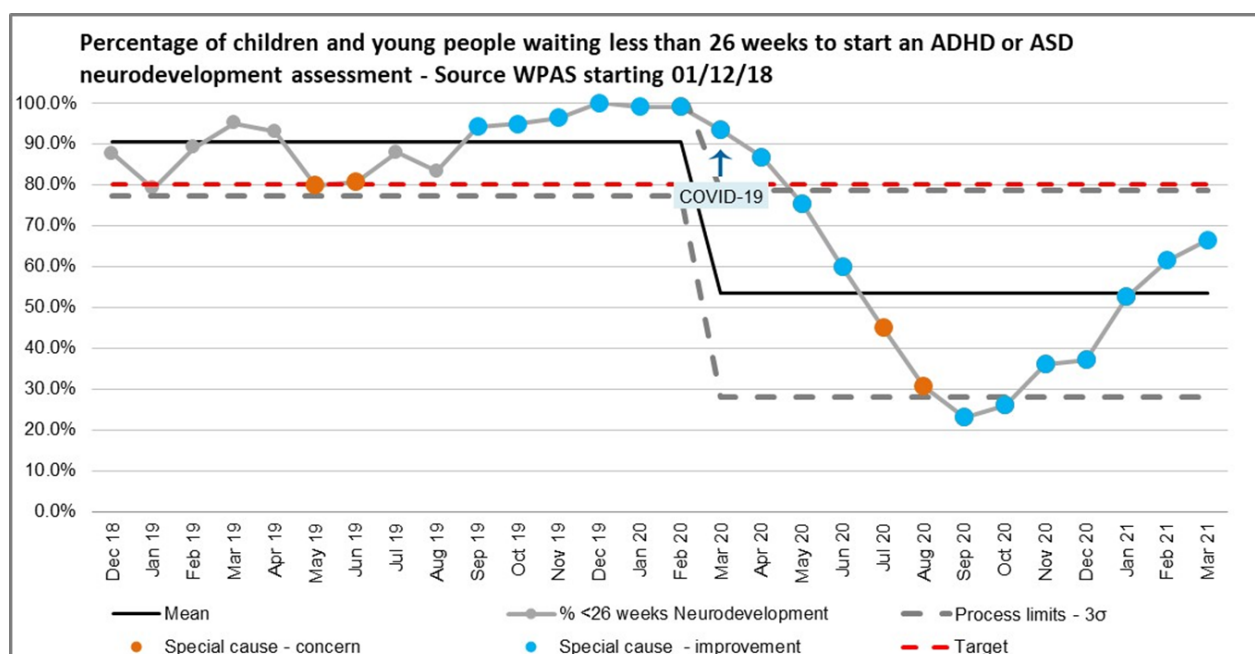
The CAMHS measure performance has met the target in March improving to 93.8%. Recent validation work for the waiting list has resulted in a significant improvement. The service was impacted by COVID but performance remains within expected limits, no special cause for concern.

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Neurodevelopmental waits (children and young people)

Due to the impact of COVID the service was suspended, and has been significantly affected. Implementation of a robust recovery plan in quarter 3 has shown to be very effective. The latest data shows a 7-point consecutive trend of improvement  although still missing the 80% target, performance in March was 66.5%. This is better than the All Wales average of 29.7% in February.



Adult psychological therapy waiting < 26 weeks

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Powys continues to have robust performance against this measure with 96.4% compliance in March, this compares to an All Wales average of 60% (February period). The health board has consistently exceeded the 80% target for the 2020/21 financial year.

Health Care Acquired Infections

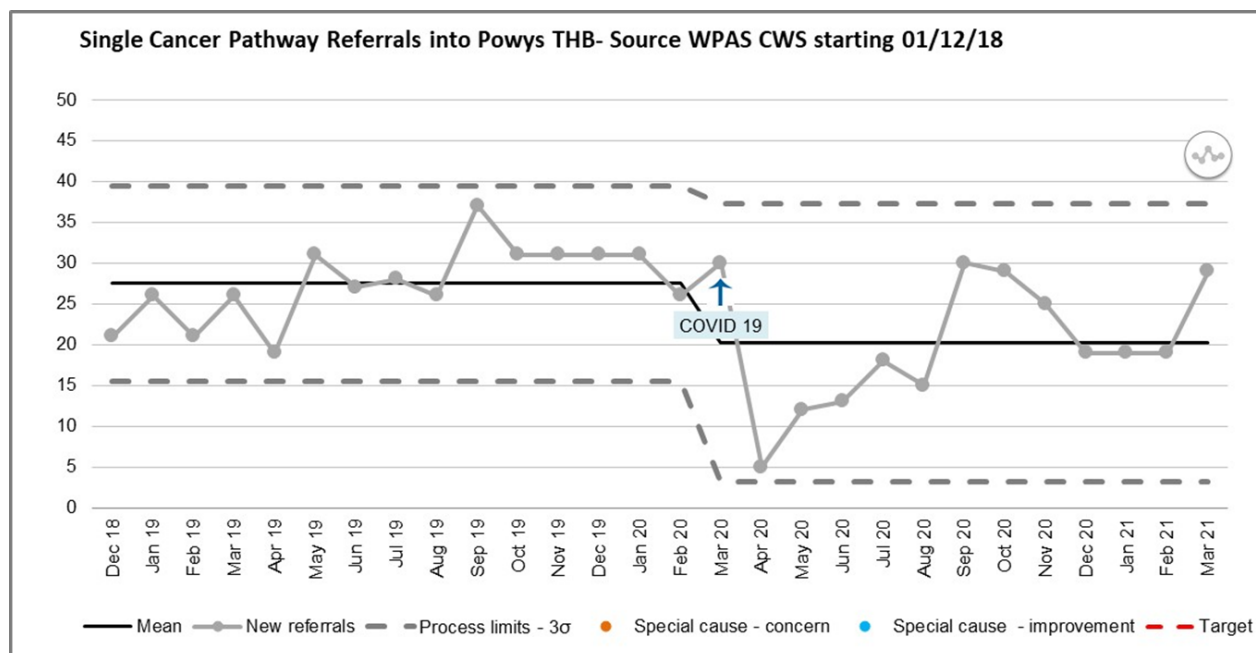
For the safety and quality measures around infections PTHB continues to report low levels of incidence, the health board is not nationally benchmarked. Data is now available for the complete 2020/21 financial year, the below bullet points will clarify a year on year comparison by infection.

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

Cancer

The COVID pandemic continues to significantly challenge cancer services across Wales, this disruption due to capacity impacts for outpatients, diagnostics, surgery and treatments are the key challenges that affect Powys residents in both provider and commissioned services. Significant work both nationally and locally has been undertaken to minimise patient harm. As a provider of USC endoscopy diagnostics, the health board has maintained a zero-backlog position. Although PTHB does not carry out acute care e.g. treatment we are still responsible for reporting our part of the cancer pathway as agreed with Welsh Government. The below SPC chart shows the number of USC referrals into Powys as a provider since the health board started reporting the replacement cancer measure. The start of COVID in

Wales resulted in a significant drop in Powys GP referrals into the service, this mirrored the All Wales picture for cancer, the mean average for referrals remains at present seven per month below pre covid levels, there are no special causes for concern during quarter 4.



During March **29** Urgent Suspected Cancer (USC) referrals were received, and during the same period **15** patients were downgraded following a cancer referral. The compliance for downgrade within the recommended 28-day period has continued to remain high at **73.3%**.

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

Cancer - Welsh provider performance

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

Cancer - English provider performance

For our main providers via direct breach reporting, six breaches were reported in Wye Valley NHS Trust during January 2021. Within SATH two 62-day breaches were reported to the health board for February 2021. All

English breaches had a root cause analysis carried out to provide quality and safety assurance.

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

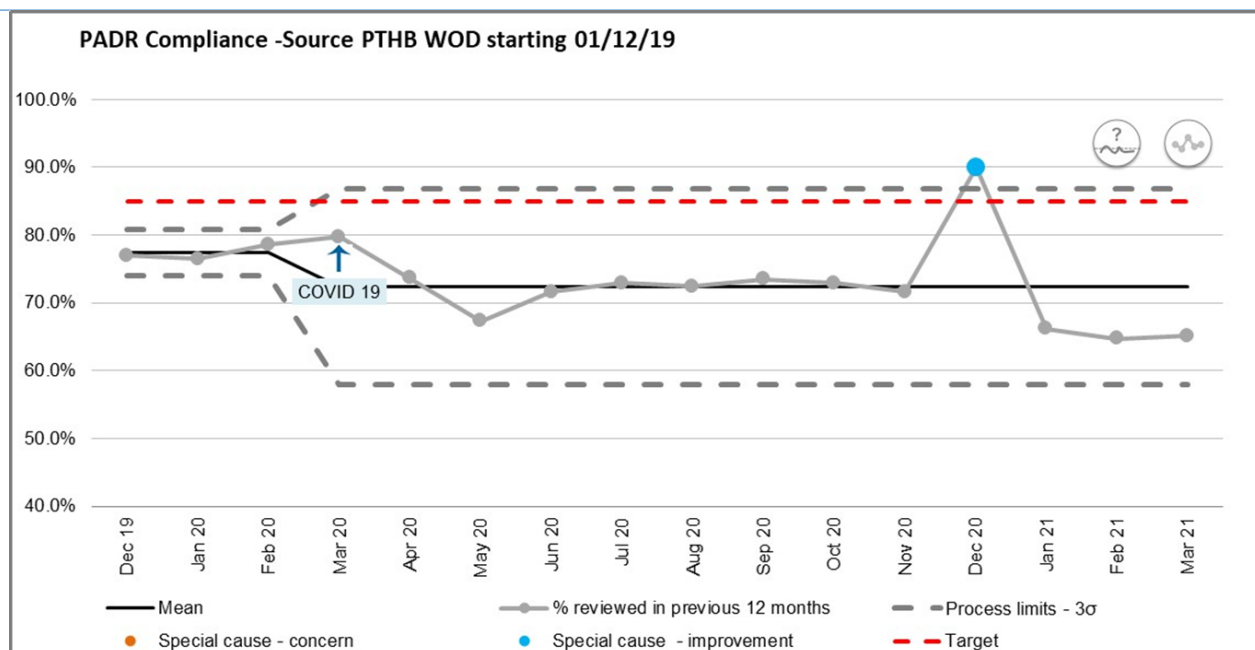
Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable.

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

2020/21 NHS Outcome Framework Summary - Key Measures - Provider				Performance			Welsh Government Benchmarking (*in arrears)	
No.	Abbreviated Measure Name	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
50	Percentage satisfied or fairly satisfied about the care that is provided by their GP/family doctor (16+)	Annual Improvement	2019/20	93.1%		87.9%	5th	88.60%
53	Performance Appraisals (PADR)	85%	Mar-21	80.0%	65.0%	65.0%	3rd (Jul-20)	62.7% (Jul-20)
55	Core Skills Mandatory Training	85%	Mar-21	85.7%	76.5%	79.2%	2nd (Jul-20)	80.0% (Jul-20)
57	(R12) Sickness Absence	12m↓	Mar-21	4.89%	4.97%	4.93%	3rd (Jul-20)	5.97% (Jul-20)
60	Concerns & Complaints	75%	Q3 20/21	28.2%	50.0%	69.4%	7th	71.9%

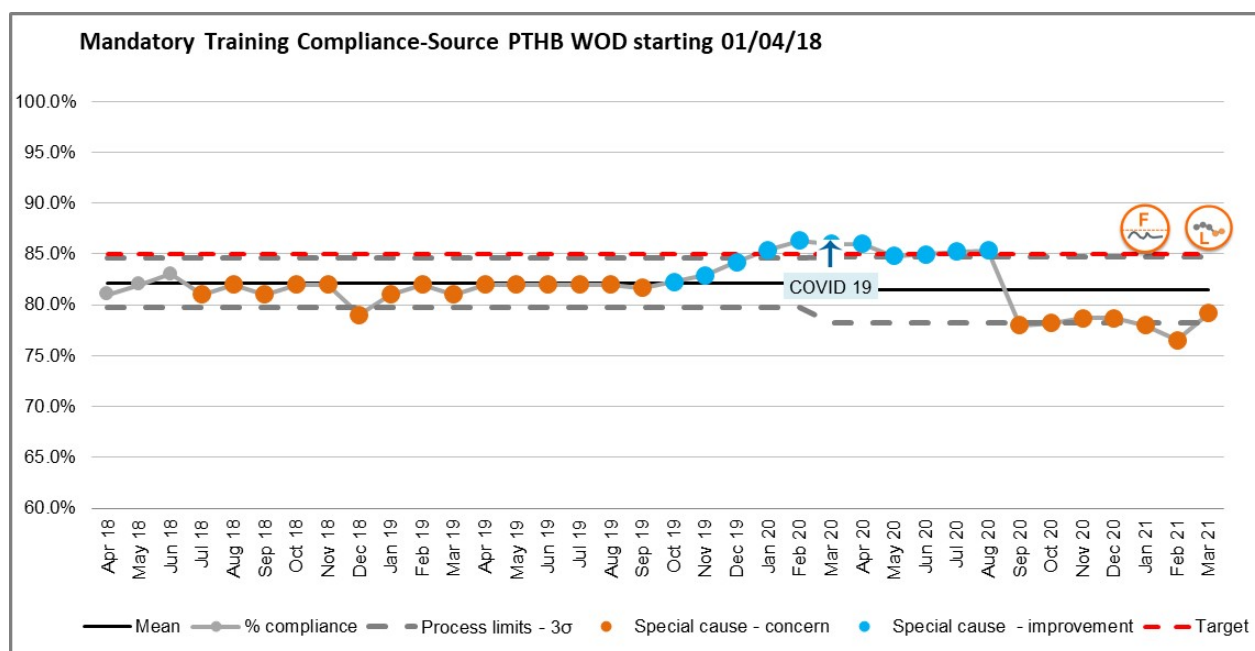
Personal appraisal and development reviews (PADR)

The health board has achieved 65% compliance in March for staff to have a personal appraisal and development review in the previous 12 months. Although benchmarking positively against the All Wales average, the health board has met the target once since December 2019. Recent performance shows only 1 of 15 directorates meeting/exceeding target, Workforce & OD Department review the data on a monthly basis enabling Business Partners to focus on areas of low compliance, providing support in an effort to improve performance.



Mandatory core skills training

For March the health board has missed the 85% target, it should be noted that performance has improved to 79.2% as a result of proactive work with managers to improve compliance. Although improved this is still a special cause for concern, the last 7 months mean that without a system change compliance is unlikely.



Sickness

The rolling 12 figure for sickness is reported at 4.93% in March, this is a slight improvement monthly and meets the rolling 12-month reduction target. Actual monthly sickness has fallen to a reported rate of 4.48% (0.93% short term and 3.55% long term). The top 3 reasons for sickness include anxiety, depression and musculoskeletal problems. There is a continued focus by the Business Partners and HR Advisors in monitoring and reviewing long term sickness cases. These are highlighted through a fortnightly caseload tracker. The Business Partners are also exploring opportunities to return staff to work in a different capacity where possible. They continue to work proactively with managers to ensure they are complying with the policy trigger points, along with reporting monthly to the Directorates on Sickness Absence.

Concerns & Complaints

The health board's compliance to complaints that receive a final reply within 31 days has remained non-compliant against target. In Q3 we have seen improvement and the health board was 69.4% compliant (local data) against the 75% national target. In comparison to other health boards in Wales, PTHB ranks below the national average of 71.9%.

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


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

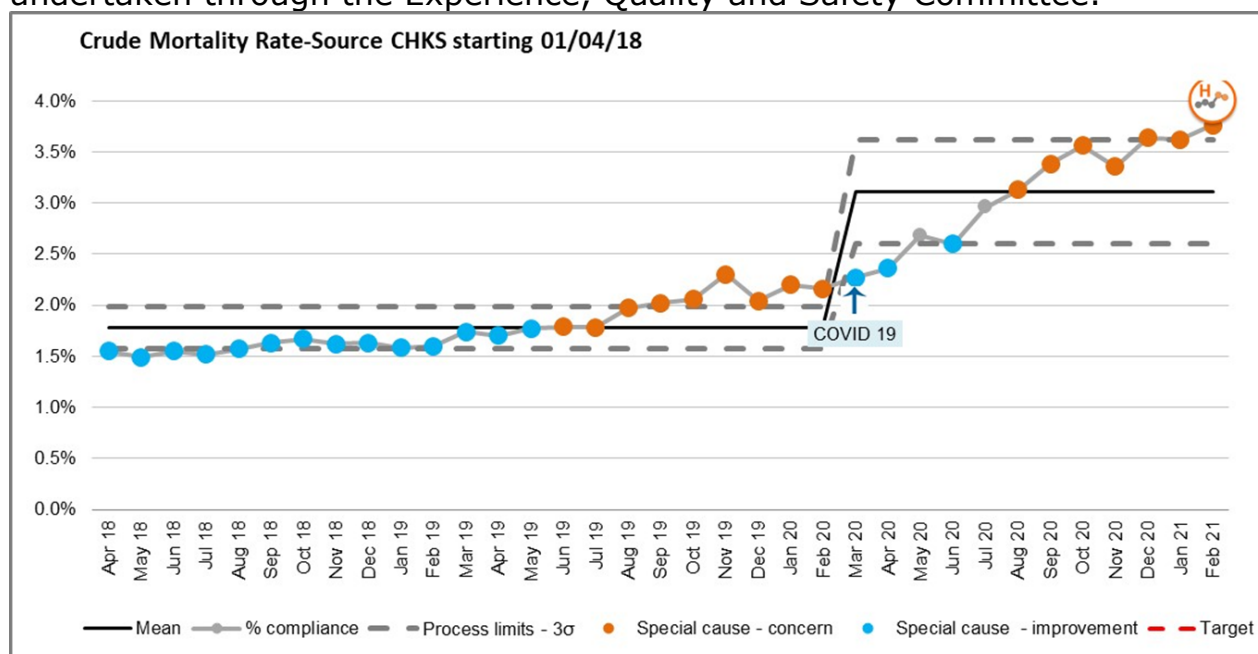
2020/21 NHS Outcome Framework Summary - Key Measures - Provider				Performance			Welsh Government Benchmarking (*in arrears)	
No.	Abbreviated Measure Name	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
61	Number of patients recruited in Health and Care Research Wales clinical research portfolio studies	11	Q2 20/21			1	9th	6,378
62	Number of patients recruited in Health and Care Research Wales commercially sponsored studies	1	Q2 20/21			0	5th	73
63	Crude hospital mortality rate (74 years of age or less)	12m↓	Feb-21	2.16%	3.62%	3.76%	Not applicable	1.58%
68	New medicine availability where clinically appropriate, no later than 2 months from the publication of the NICE Final Appraisal	100%	Q2 20/21	96.1%	96.6%	96.7%	6th	98.3%
69	Total antibacterial items per 1,000 STAR-PUs	221.6↓	Q2 20/21	226.9	199.6	198.2	1st	230.6
70	Number of patients age 65 years or over prescribed an antipsychotic	Quarter on quarter reduction	Q2 20/21	474	478	497	1st	10,205
72	Opioid average daily quantities per 1,000 patients	4 quarter reduction trend	Q2 20/21	4063.3	4001.2	3964.8	2nd	4390.4
76	R12 Number of procedures postponed for specified non-clinical reasons	<=81 Mar-21	Mar-21	95	16	7	1st*	5,398
77	Agency spend as a percentage of the total pay bill	12m↓	Feb-21	7.5%	5.7%	6.9%	10th*	4.20%
78	Percentage of clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme	Annual improvement	2019/20	93.80%		95.9%	2nd	93.9%

Health Care Research

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

Mortality

Crude Mortality rate in the health board has increased slightly in February (3.76%). This is the highest reported position of any health board in Wales although PTHB is not benchmarked by Welsh Government as a non-acute care provider. This measure and achieving the reduction target is within the current climate unviable for Powys Teaching Health Board due to the service provided for inpatient care. Predominately the deaths of this under 75-year age group are linked to cancer diagnosis and our services are used to support palliative care pathways. Another complication when measuring crude mortality is that during COVID, regular admissions e.g. day case etc have significantly reduced (lower denominator) this can be seen in the SPC chart flagging special cause for concern . Detailed Mortality reporting is undertaken through the Experience, Quality and Safety Committee.



Medicines and prescribing

- Powys performance in relation to new medicines availability has improved slightly to 96.7% (Q2 2020/21). This does not meet the required performance level of 100% for new medicines recommended by AWMSG and NICE being made available within 2 months of publication of NICE Final Appraisal Determination or the AWMSG appraisal but is an improvement when compared to the equivalent time period 12 months prior.

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

Non-clinical procedures postponements

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

Agency Spend

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

Clinical Coding

Powys Teaching Health Board normally provides excellent compliance to coding requirements e.g. 99+%, however in December, 79.3% of records were coded with a valid primary diagnosis code within the required target. This reduction is linked to COVID 19 pressure in staffing and notes access. For coding accuracy during 2019/20 the health board improved to 95.9% where it ranks 2nd in Wales, the national average is 93.9%.

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

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

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NEXT STEPS:

COVID

Successful vaccination rollout has been key to the reduction of infection, and hospitalisation protecting the at-risk groups as a priority. Managing this ongoing risk, including a potential third wave of COVID during 2021/22 will require continued strategic & operational management ensuring the health board is aligned to Welsh Government intelligence, and policy.

Service restoration and backlog management

Significant challenge remains with the ongoing impact of service suspension last year. Restoration and recovery of service will be a lengthy process, and to make a significant impact service change is required at both national, and health board level. Further work is described in the health board's annual report on the renewal priorities set to support service restoration and backlog management.

In summary for 2020/21, the health boards ability to mitigate the challenges over the past 12 months have been key, utilising robust operational planning and management, regular operational delivery and coordination groups, commissioned services coordination and especially workforce and volunteers willing to go the extra mile to provide care and support. Hopefully with the proactive vaccination delivery and national measures put in place, the risk of a 3rd wave of COVID will be reduced thus enabling the focus to switch back to planned care, patient access, and reduction of backlog.

Appendix 1

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

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

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

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

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

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

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

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

Essential Services currently unavailable or suspended including restorative actions.

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

Essential Services maintained in line with national guidance:

Access to primary care services

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

Urgent cancer treatments

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

Life Saving Medical Services

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

Life-saving or life-impacting paediatric services

- Immunisations and vaccinations
- Screening (Blood Spot)
- Screening (Hearing)
- Screening (New Born) – Provider births only

- Screening (6-week physical exam)
- Community Paediatric service for children with additional/continuous health care needs

Maternity Services

- Community midwifery and obstetric ultrasound service

Termination of Pregnancy

- Service provided by British Pregnancy Advisory Service (BPAS)

Other infectious conditions (sexual non-sexual)

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

Mental Health, NHS Learning Disability Services and Substance Misuse

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

Renal care-dialysis

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

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

- Service continued throughout COVID with no flagged challenges

Blood and Transplantation Services

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

Palliative Care

PTHB continues to provide both community and admitted patient care

Diagnostics

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

Therapies

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

Essential Services running with reported normal operation

Mental Health, NHS Learning Disability Services and Substance misuse

- Crisis Services including perinatal care

Emergency Ambulance Services

- Service provided by WAST

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

McLellan Holly
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GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

2021/22 Planning Minimum Data Set – Core Activity

Agenda Item 3.3b

McLellan Holly
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The Finance and Delivery Unit (FDU) Planning MDS

This document consists of 16 individual work sheets covering all aspects of the Healthboard, these include:

- Finance e.g. Revenue Plan, Income Assumptions, Capital, Expenditure etc.
- COVID preparations e.g. TTP, Vaccination, Bed Plans
- Workforce
- Screening Activity – [Public Health Wales](#)
- Core Activity in both Primary and Secondary care.

This slide set focuses on Core activity, which is further subdivided by:

- Delivery of essential services in primary & community care
- Mental Health
- Acute Care – Unscheduled care
- Elective Care
- Outsourced activity – [currently not applicable to PTHB](#)
- Cancer Care
- Diagnostics
- Ambulance – [these have been set centrally by WAST](#)

The health board currently has submitted a draft for the time period April 2021 to March 2022, and will be submitting a final version in June 2021.

Core Activity Metric's

Of the total **85** metrics:-

- **9** – Metrics are NcA (Not currently available) e.g. cannot access actual data or provide a trajectory.
- **41** – Metrics are NaP (Not applicable to PTHB), these are predominately diagnostics not undertaken in the provider.
- **16** – Metrics and trajectory provided centrally by WAST.

PTHB cannot set trajectories for **9** 'potentially' applicable PTHB requested metrics. Key challenges are, data availability, either held externally or information flow challenges. It should be noted that the metrics requested have no, or limited supporting methodology. As a result information to populate activity or propose trajectories is in some cases limited.

Examples of key challenges

- Three metrics linked to the smoking, smokers with conditions e.g. CHD, PAD, Stroke, TIA or hypertension. These metrics are linked to GP contract data which is currently unavailable via QoF.
- Optometry measures – data is not available with the breakdown required e.g. requires revised metric/methodology – information stored by NWSSP requiring potential national solution.
- No. of advanced care plans in place for palliative care – currently not captured electronically e.g. will take significant scope & capacity for manual patient notes review.
- Health boards trajectories may not align if compared across Wales without comprehensive methodology e.g. National Outcome Framework measures follow methodologies that ensure comparative data reporting.

How we set the trajectories

Traditionally the health board trajectories have been set in the IMTP aligning to Welsh Government's requirements against the National Outcome Framework. These national measures are predominately focused on secondary care where the health board has long term data, and performance to base future trajectories on.

For the minimum data set metrics the trajectories are set utilising various sources with multiple complexity including significant multi team discussions to confirm position.

*It should be noted that COVID variance, and resulting impact has risk e.g. surge of referrals into service with potential latent demand. An example would be patients not accessing primary care due to COVID fear which could lead to late diagnosis of serious health challenges.

Trajectory confidence

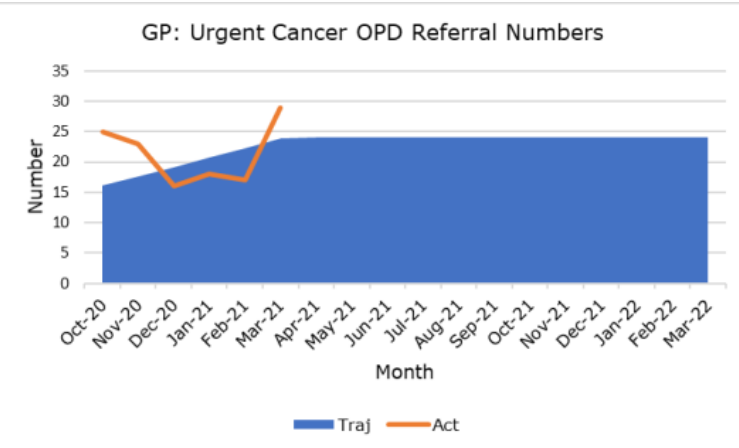
With the existing secondary care metrics e.g. diagnostics, mental health, and outpatients the health board has historic data to analyse trends, plus the experience of operational leads to provide a robust view of the next 12 months*

Trajectories requiring further development

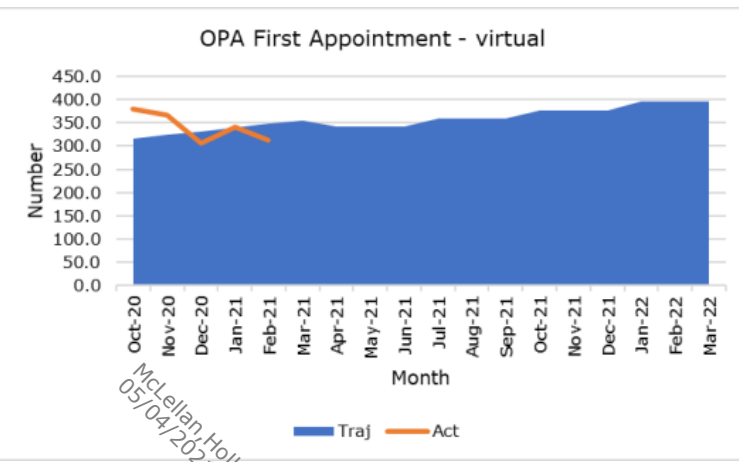
- Dental – service provided trajectories (data held outside PTHB data warehouse limiting analysis)
- Optometry – NWSPP held contract data, does not align to metrics e.g. trajectory based off total claims submitted by Ophthalmic Practice. For accuracy this will need further review.

Examples of trajectories

Below are several examples of set trajectories, and actuals against metric data.



GP sourced urgent cancer referrals trajectory uses a historic trend data from the PTHB cancer waits tracker, the profile shows a return to pre COVID average, from the Q3 submission. It should be noted as a metric this will require ongoing review to assess surge, as a result of delayed presentation, and should prove a useful early warning indicator for post pandemic health challenges.



Virtual New Outpatient appointments is a key driver for the Welsh Government outpatient transformation strategy. Due to the impact of COVID, & suspension of services the trajectory has been based on average activity for 5 months, with an expected growth by quarter through to March 2022. As virtual solutions predominately rolled out during pandemic, metric projections will mature as longer term data, and service impact can be made available.

For further details on all measures please refer to the appendix



Powys LHB
Please fill in the lightly yellow shaded cells.
This section collects information in respect of the core activity that organisations' aim to deliver over the coming
This is not intended to be an exhaustive list as organisations narrative plans will provide context and detail on w
DELIVERY OF ESSENTIAL SERVICES IN PRIMARY & COMMUNITY CARE
METRIC
% of Babies six week check complete
% of patients aged 15 or over who are recorded as current smokers who have a record of an offer of support and treatment within the preceding 27 months
% of patients with any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 15 months
% of current smokers with any of the following conditions: CHD, PAD, stroke/TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses who have an offer of support and treatment within the preceding 15 months
METRIC
Dental: Number of Aerosol Generating Procedures
Dental: Number of courses of treatment
Optometry: Acute eye care presentations (EHEW band 1)
Optometry: Low vision service (Care home residents) - number of patients accessing the service - new patients (as per EHEW Band 1).
Optometry: Low vision service (Care home residents) - number of patients accessing the service - follow up patients (as per EHEW Band 1).
Optometry: number of patients seen
GP: In hours GP demand vs capacity: No. of GP practices at escalation levels 3 and 4
GPS demand vs capacity: No. of community pharmacy services at escalation levels 3 and 4
GP: Ambulatory sensitive conditions referral numbers (interface with secondary care)
GP: Urgent Cancer OPD referral numbers
GP: Urgent non-Cancer OPD referral numbers
GP: Total number of referrals for termination of pregnancy
Community: Total number of tests relating to sexual health conditions (Syphilis and Chlamydia)
METRIC
Number of admissions where the primary diagnostic reason for admission is exacerbation of COPD or asthma
Number of COPD/asthma patients managed by the community team/pulmonary rehab team
METRIC
Optometry: number of practices open at least 75% of normal pre Covid-19 hours

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METRIC
DES for Care Homes – compliance rate (%)
No. of advanced care plans in place for palliative care
Number of whole system clinical pathways available for Primary Care clinicians to use
Number of patients who die in the community (planned deaths – e.g. having used rapid discharge/ palliative care teams / community resources etc.)
MENTAL HEALTH
METRIC
Number of Part 1a and 1b referrals
Number of Mental Health Crisis referrals (Crisis Resolution Home Treatment)
Number of Child and Adolescent Mental Health (CAMHS) Crisis referrals and assessments
Number of Memory assessment service (MAS) referrals and assessments
Part 2 duty - % of total caseloads with a valid care and treatment plan (%)
ACUTE CARE - UNSCHEDULED CARE
METRIC
A&E Attendances
Emergency admissions
ELECTIVE CARE
METRIC
OPA First appointment - face to face
OPA First appointment - virtual (non face to face)
OPA Follow up - face to face
OPA Follow up - virtual (non face to face)
Compliance with eye care measure for new and follow up patients (%)
Number of inpatient procedures
Number of day case procedures
OUTSOURCED ACTIVITY
METRIC
Number of inpatient procedures
Number of day case procedures
CANCER CARE
METRIC
Anticipated new referrals
Number of cancer patients starting treatment
Single cancer pathway performance (62 day) (% compliance with)

DIAGNOSTICS
METRIC
Cardiology:
Blood Pressures Monitoring
Cardiac CT
Cardiac MR
Diagnostic Angiography
Diagnostic Electrophysiology
Dobutamine Stress Echocardiogram
Echo
Heart Rhythm Recording
Myocardial Perfusion Scanning
Stress Test
Trans Oesophageal Echocardiogram
Endoscopy:
Bronchoscopy
Colonoscopy
Cystoscopy
Flexi sigmoidoscopy
Gastroscopy
Imaging:
Fluoroscopy
Neurophysiology:
Electromyography
Nerve Conduction Studies
Radiology:
Barium Enema
Non-cardiac CT
Non-cardiac MR
NOUS
Nuclear Medicine
Physiological Measure:
Urodynamic Tests
Vascular Technology
AMBULANCE
METRIC
Goal 2 (signposting, information & assistance) Forecasting 111 online & symptom checker impacts or web hits
Goal 2 (signposting, information & assistance) Predicted levels of 111 resolution without referral to ED (%)
Goal 3 (preventing unnecessary attendance & admission) What are the predicted levels of hear & treat to prevent conveyance/attendance/admission
Total incident volume
No. of which relates to fallers
No. of which relates to Breathing difficulties
No. of which originate from Care and Nursing homes
No. of which relates to Mental health (Psychiatric Call only)

% of which relates to Fallers
% of which relates to Breathing difficulties
% of which originate from Care and Nursing homes
% of which relates to Mental health (Psychiatric Call only)
% of falls incidents resulting in conveyance to an Emergency Department
% of Breathing difficulties incidents resulting in conveyance to an Emergency Department
% of Care and Nursing Home residents conveyance to an Emergency Department
% of Mental health (Psychiatric Call only) conveyance to an Emergency Department

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g twelve months including Primary & Community Care, Mental Health, Cancer, Acute Care, Diagnostic ider organisational deliverables.			
FY % 31/03/2020	FY % 31/03/2021	APR	MAY
1. Esse			
84,0%	94% @ Q3 2020		
OoF Smok002 - 51.42%	NcA		
QoF Smok004 - 93.17%	NcA		
QoF Smok005 - 64.01%	NcA		
FY as @ 31/03/2020	FY as @ 31/03/2021	APR	MAY
N/A	6 220	1 000	1 000
53 219	15 131	1 448	2 940
3 222		269	269
261		22	22
NcA			
30 720		2 560	2 560
11	5	5	4
NcA	2	2	1
42	37	4	4
286	188	24	24
1 250	610	59	68
	15	2	2
850	450	41	41
FY as @ 31/03/2020	FY as @ 31/03/2021	APR	MAY
36	17	4	4
Comparative data available	891	689	689
FY as @ 31/03/2020	FY as @ 31/03/2021	APR	MAY
NcA			

FY as @ 31/03/2020	FY as @ 31/03/2021	APR	MAY
100%	100%	100%	100%
NcA			
NcA			
119	146 @ 28/02/2021	NcA	
FY as @ 31/03/2020 No's	FY as @ 31/03/2021	APR	MAY
2 526	1 912	120	120
956	928	70	70
40	54	5	5
1 566	1 600	120	120
91,8%	92,0%	93,0%	94,0%
FY as @ 31/03/2020	FY as @ 31/03/2021	APR	MAY
NaP	NaP		
266	195	20	20
Ave. Volumes per Month 2019/20	Ave. Volumes per Month 2020/21	APR	MAY
1 771	658	877	877
40	305	342	342
3 798	1 488	1 551	1 551
641	1 845	1 926	1 926
95%	77%	50%	50%
NaP	NaP		
44	34	50	50
Ave. Volumes per Month 2019/20	Ave. Volumes per Month 2020/21	APR	MAY
NaP	NaP		
NaP	NaP		
FY as @ 31/03/2020	FY as @ 31/03/2021	APR	MAY
348	207	24	24
NaP			
NaP			

Backlog @ 31/03/2020	Backlog @ 31/03/2021	APR	MAY
No. px waiting > 8 weeks			
NaP			
NaP			
NaP			
NaP			
NaP			
NaP			
1	25	14	14
NaP			
NaP			
NaP			
NaP			
NaP			
2	27	30	30
	1		
1	3	10	10
-	26	40	40
NaP			
NaP			
NaP			
NaP			
NaP			
NaP			
15	48	320	320
NaP			
NcA			
NaP			
FY 31/03/2020	FY 31/03/21	APR	MAY
WAST			
86,7%	85,7%	85,2%	85,6%
4,8%	5,5%	5,2%	5,2%
20 815	18 501	1 802	1 787
2 382	2 286	204	181
2 231	1 287	177	160
-	-	-	-
836	767	57	73

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11,4%	12,4%	11,3%	10,1%
10,7%	7,0%	9,8%	8,9%
-	-	-	-
4,0%	4,1%	3,2%	4,1%
% conveyance, by co			
46,9%	53,2%	44,7%	48,6%
62,3%	79,0%	65,3%	67,3%
-	-	-	-
40,2%	44,2%	42,9%	33,8%

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tics and Ambulance Services against key priorities areas.			
JUN	JUL	AUG	SEP
%			
ential prevention of adverse outcomes against tier 1 targets			
90%+			90%+
JUN	JUL	AUG	SEP
No's			
2. Responsive urgent care			
1 000	1 000	1 000	1 000
2 365	5 522	4 184	4 171
269	269	269	269
22	22	22	22
2 560	2 560	2 560	2 560
3			
1	-	-	-
4	4	4	4
24	24	24	24
77	86	95	104
2	2	2	2
41	41	41	41
JUN	JUL	AUG	SEP
No's			
3. Essential management of chronic conditions			
4	4	4	4
689	689	689	689
JUN	JUL	AUG	SEP
No's			
4. Timely diagnosis of new problems			

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JUN	JUL	AUG	SEP
No's			
5. Proactive management			
100%	100%	100%	100%
JUN	JUL	AUG	SEP
No's			
Mental Health			
120	160	160	160
70	90	100	100
5	9	9	8
120	150	150	150
95,0%	95,0%	95,0%	95,0%
JUN	JUL	AUG	SEP
No's			
1. Unscheduled Care Activity			
20	20	20	20
JUN	JUL	AUG	SEP
No's			
2. Elective Care Activity			
877	921	921	921
342	359	359	359
1 551	1 520	1 520	1 520
1 926	1 887	1 887	1 887
50%	60%	60%	60%
50	50	50	50
JUN	JUL	AUG	SEP
No's			
3. Outsourced Activity			
JUN	JUL	AUG	SEP
No's			
Cancer			
24	24	24	24

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JUN	JUL	AUG	SEP
Activity			
Diagnostics Anticipated Activity			

14	14	14	14

30	30	30	30
10	10	10	10
40	40	40	40

320	320	320	320

JUN	JUL	AUG	SEP
No's			
Ambulance			
83,1%	83,3%	84,7%	83,6%
5,0%	4,8%	5,8%	4,8%
Incident volume			
1 803	1 840	1 974	1 742
197	232	227	219
165	185	152	188
-	-	-	-
75	73	80	63

% Incident Volume			
11,0%	12,6%	11,5%	12,6%
9,1%	10,1%	7,7%	10,8%
-	-	-	-
4,1%	3,9%	4,0%	3,6%
ndition, of patients to Emergency Departments (verified incident demand)			
47,7%	49,8%	40,1%	53,3%
67,1%	64,6%	58,4%	63,0%
-	-	-	-
38,4%	35,2%	56,4%	38,7%

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Forecast Profile			
OCT	NOV	DEC	JAN
		90%+	
OCT	NOV	DEC	JAN
1 000	1 000	1 000	1 000
4 513	4 074	3 674	4 081
269	269	269	269
22	22	22	22
2 560	2 560	2 560	2 560
-	-	1	2
4	4	4	4
24	24	24	24
104	104	104	104
2	2	2	2
41	41	41	41
OCT	NOV	DEC	JAN
4	4	4	4
689	689	689	689
OCT	NOV	DEC	JAN

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OCT	NOV	DEC	JAN
100%	100%	100%	100%
Forecast Profile			
OCT	NOV	DEC	JAN
150	150	150	150
90	90	75	75
7	6	6	6
140	140	140	130
95,0%	95,0%	95,0%	95,0%
Forecast Profile			
OCT	NOV	DEC	JAN
20	20	20	20
OCT	NOV	DEC	JAN
967	967	967	1 015
377	377	377	396
1 490	1 490	1 490	1 460
1 850	1 850	1 850	1 813
70%	70%	70%	75%
80	80	80	100
OCT	NOV	DEC	JAN
OCT	NOV	DEC	JAN
24	24	24	24

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OCT	NOV	DEC	JAN
ty no's			

14	14	14	14

30	30	30	30
10	10	10	10
40	40	40	40

320	320	320	320

OCT	NOV	DEC	JAN
84,9%	85,0%	87,2%	87,5%
6,7%	6,1%	6,9%	6,2%
1 781	1 746	1 990	1 719
216	196	249	182
196	177	279	203
-	-	-	-
78	80	65	88

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12,1%	11,2%	12,5%	10,6%
11,0%	10,1%	14,0%	11,8%
-	-	-	-
4,4%	4,6%	3,3%	5,1%
53,1%	46,9%	44,4%	42,1%
56,8%	65,3%	64,5%	70,2%
-	-	-	-
51,3%	34,6%	37,5%	40,7%

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FEB	MAR	Total
	90%+	
FEB	MAR	Total
1 000	1 000	12 000
4 168	4 569	45 708
269	269	3 222
22	22	261
		-
2 560	2 560	30 720
		12
2	1	10
4	4	48
24	24	288
104	104	1 113
2	2	24
41	41	492
FEB	MAR	Total
4	4	48
689	689	8 268
FEB	MAR	Total
		-

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FEB	MAR	Total
100%	100%	
		-
		-
		-
FEB	MAR	Total
150	150	1 740
75	75	980
6	6	78
130	130	1 620
95,0%	95,0%	
FEB	MAR	Total
		-
20	20	240
FEB	MAR	Total
1 015	1 015	11 340
396	396	4 422
1 460	1 460	18 061
1 813	1 813	22 428
75%	75%	8
		-
100	100	840
FEB	MAR	Total
		-
		-
FEB	MAR	Total
24	24	288
		-

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10,0%	11,5%	
10,8%	14,9%	
-	-	
4,5%	3,4%	
49,0%	43,4%	
57,8%	49,8%	
-	-	
34,8%	34,6%	

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AGENDA ITEM: 3.5

PERFORMANCE AND RESOURCES COMMITTEE		DATE OF MEETING: 6 May 2021
Subject:	COMMISSIONING ESCALATION REPORT	
Approved and Presented by:	Director of Planning and Performance	
Prepared by:	Assistant Director Commissioning Development	
Other Committees and meetings considered at:	Scores were considered on the 17 th February 2021 at the Internal Commissioning Assurance Meeting. However, this report contains information received after that date.	

PURPOSE:

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

RECOMMENDATION(S):

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

Approval/Ratification/Decision	Discussion	Information
	✓	

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

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

EXECUTIVE SUMMARY:

This report highlights providers in Special Measures or scored as Level 4 following the February 2021 PTHB Internal Commissioning Assurance Meeting (ICAM). At the time of the last meeting there were:

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

The report also provides:

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

DETAILED BACKGROUND AND ASSESSMENT:

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

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

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

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

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

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

Level 4								
Provider	Quality & Safety			Patient Experience	Access	Finance (Cost & Activity)	Change in Level Status	Governance & Strategic Change
Wye Valley NHS Trust	Dec 2020	Jan 2021	Feb 2021	December 2020 January 2021 February 2021	December 2020 January 2021 February 2021	No Score – Block Agreement	↔	Not Rated

Shrewsbury and Telford Hospitals NHS Trust (SATH)

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

- Pressure area care
- Falls
- Nursing documentation
- Learning from previous incidents
- Mental Capacity Act and Deprivation of Liberty Safeguards

- End of life care
- the oversight of audits and the improvement of outcomes
- the culture.

A full report was considered by the Experience, Quality and Safety Committee on the 15th April, 2021, the key points of which are summarised below.

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



PRH CQC Inspection
Published March 2021

In summary the findings were that effective handover systems were in place; the service made sure staff were competent for their roles; doctors, nurses and other healthcare professionals worked together as a team to benefit patients; the service planned and provided care in a way that met the needs of local people and the communities served; people could access the service when they needed it and received the right care promptly; leaders operated effective governance processes; staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service; leaders and teams used systems to manage performance effectively; they identified and escalated relevant risks and issues and identified actions to reduce their impact; they had plans to cope with unexpected events; and staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

However: the service did not have enough anaesthetists with the right intensive care qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. The risks posed by this were mitigated with the use of general anaesthetic staff out of hours. Staff did not always recognise and report incidents relating to anaesthetic staffing. This meant managers could not effectively identify and take action to respond to anaesthetic staffing risks. Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. However, the senior leadership team were not always visible and approachable in the service for patients and staff. Medical staff at the Princess Royal Hospital did not always feel respected, supported and valued. However, they were focused on the needs of patients receiving care. Some medical staff did not always feel that the service had an open culture where staff could raise concerns without fear.

Unannounced Inspection February 2021: The CQC carried out a further unannounced inspection on the 24th February, 2021, resulting in a Section 31 Notice on the 26th February, 2021, imposing conditions on SaTH.

Key areas of concern were in relation to children and young people with mental health needs, learning disabilities and behaviours that challenge. A paper was considered by the SaTH Board on the 8th April, 2021 and can be viewed via the following link: [07-Mental-Health-Report.pdf](#). The Trust took immediate action in relation to the first two conditions and submitted improvement action to the CQC in relation to the remaining four by the 12th March.

A key condition was that the provider must not admit patients; (a) under the age of 18 who present with isolated acute mental health needs (b) who do not have physical health needs that require inpatient assessment and treatment. It has been confirmed that children and young people with co-occurring mental health and physical health needs can be admitted to the DGH (in line with NICE guidance).

A contingency plan has been put in place by PTHB in response including: reviewing the care and treatment plans to avoid unnecessary admissions; access for young people (aged 16 years and above) who require admission for their mental health needs to an age bed at Bronllys hospital, whilst awaiting a specialist Child and Adolescent Mental Health Service (CAMHS) bed; and access for children under the age of 16 to Wrexham Maelor Hospital while awaiting transfer to a specialist CAMHS bed.

Previous reports to PTHB Board Committees have explained the work undertaken through escalated CEO level meetings, the Commissioning Assurance Framework, the Maternity Assurance Framework and system level meetings in England. SaTH was included as one of PTHB organisational Board level priorities during Quarter 3 and 4 of 2020/2021. In addition, SATH has been placed in an "Improvement Alliance" with the University Hospitals Birmingham NHS Foundation Trust (UHB) to help improve the quality and safety of its services. Work is underway within the trust including a "Getting to Good" improvement plan; a renewed focus on governance and culture; a revised Board Assessment Framework (BAF); and integrated performance reports.

Ockenden: Following the publication on the 10th December, 2020, of the *"Emerging Findings and Recommendations from the Independent Review of Maternity Services at the Shrewsbury and Telford Hospital NHS Trust"* (known as the first "Ockenden Report") SaTH has established a new committee to drive forward actions arising from the report. The Ockenden Report Assurance Committee (ORAC) will meet monthly in public. PTHB will be represented through the Director of Nursing and Midwifery.

The first Ockenden Report contains local actions which are specific requirements for SaTH, together with immediate and essential actions for all NHS providers. The responses from all PTHB's providers to the first report Ockenden report will be collated to form the basis of a separate report to PTHB Experience, Quality and Safety Committee.

Cwm Taf University Health Board (CTMUHB)

Following CTMUHB's maternity services being placed in special measures an Independent Maternity Services Oversight Panel (IMSOP) was appointed, reporting to the Minister on a quarterly basis.

The most recent IMSOP report was published on 25 January 2021 (which is the first report of the Clinical Review Programme and the first of three thematic reports). Key factors in the Clinical Review Report were the diagnosis and/or the recognition of the high-risk status of the woman, the treatment provided and clinical leadership. Poor communication with women or between health professionals was also a common theme.

Special measures had followed the publication of a review in April 2019 conducted by the Royal College of Obstetricians and Gynaecologists (RCOG) and the Royal College of Midwives (RCM). The Panel recognised that CTMUHB had been open, transparent and compassionate, also identifying that over the past two years significant improvements have been achieved and progress made against the 70 recommendations of the original RCOG & RCM report.

The PTHB CEO and key executives also met the chair and members of the IMSOP in January 2021 about the progress being made. More detailed reports on maternity services are provided to the Experience, Quality and Safety Committee.

Essential Services - Commissioned Services

Following Government statements, frameworks and letters, from March 13th 2020 onwards, non-essential routine services were suspended as part of the response to the pandemic. These actions were designed to allow services and beds to be reallocated and for staff to be redeployed and retrained in priority areas. Access to cancer and other essential treatments such as renal dialysis was to be maintained. Unfortunately, during the second COVID-19 peak providers have again had to suspend some elective services – in some cases this has included essential services. PTHB is monitoring the position in relation to the provision of essential services across its providers, which is summarised in the table below.

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

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

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

Referral to Treatment Times (RTT)

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

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

Addressing this situation will be a key focus of the approach to renewal in the annual plan for 2021/2022. A whole system approach rooted in “value based healthcare” is needed, so that there is shared decision making and clear evidence of the benefit/outcomes of interventions. The approach will need to span prevention and local alternatives within Powys; demand and capacity planning – including working with partners on regional and national solutions; and patient experience, quality and safety including risk stratification, clinical and harm reviews, equity, the ethical framework, concerns and redress. Communication with patients will be key.

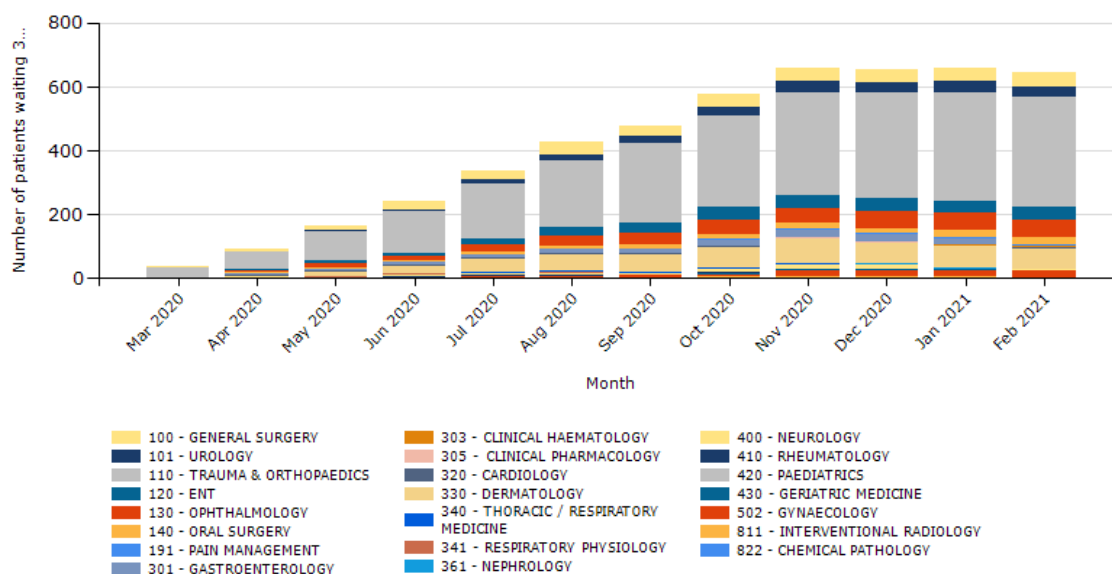
There are now around 3000 Powys patients waiting more than 52 weeks for treatment. Maintaining equity across the Powys population will be a challenge given the differing rates of progress across providers.

February 2021			
Provider	% of Powys residents waiting <26 weeks for treatment (Target 95%)	Patients waiting 36-51 weeks	Patients waiting 52 weeks and over
Aneurin Bevan UHB	55.9%	204	442
Betsi Cadwaladr UHB	36.7%	78	178
Cardiff & Vale UHB	50.0%	54	101
Cwm Taf Morgannwg UHB	39.4%	52	150
Hywel Dda UHB	57.3%	99	287
Powys Teaching Health Board	66.3%	309	525
Swansea Bay UHB	43.6%	186	538
January 2021			
Provider	% of Powys residents waiting <26 weeks for treatment (Target 95%)	Patients waiting 36-51 weeks	Patients waiting 52 weeks and over
Robert Jones & Agnes Hunt	63.9%	316	268
Shrewsbury & Telford Hospital	69.4%	265	324
English Other	69.6%	<5	8
December 2020			
Wye Valley Trust	65.7%	441	178

Aneurin Bevan UHB

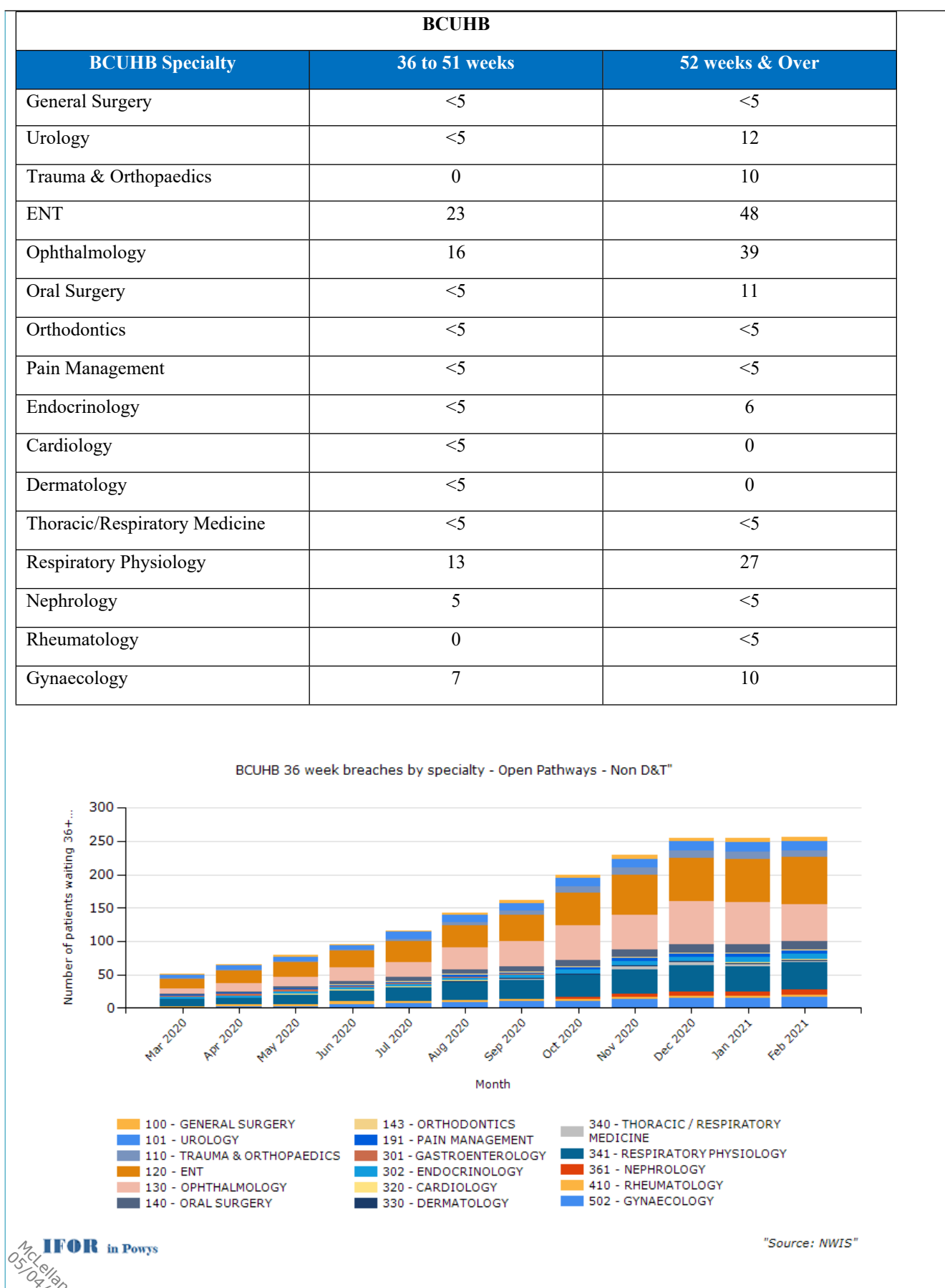
Specialty	36 to 51 weeks	52 weeks & Over
General Surgery	17	26
Urology	14	20
Trauma & Orthopaedics	75	270
ENT	9	33
Ophthalmology	15	38
Oral Surgery	9	11
Pain Management	<5	0
Gastroenterology	5	<5
Clinical Haematology	<5	0
Clinical Pharmacology	<5	0
Cardiology	<5	0
Dermatology	37	30
Neurology	<5	0
Geriatric Medicine	<5	<5
Gynaecology	15	8
Interventional Radiology	0	<5
Chemical Pathology	0	<5

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



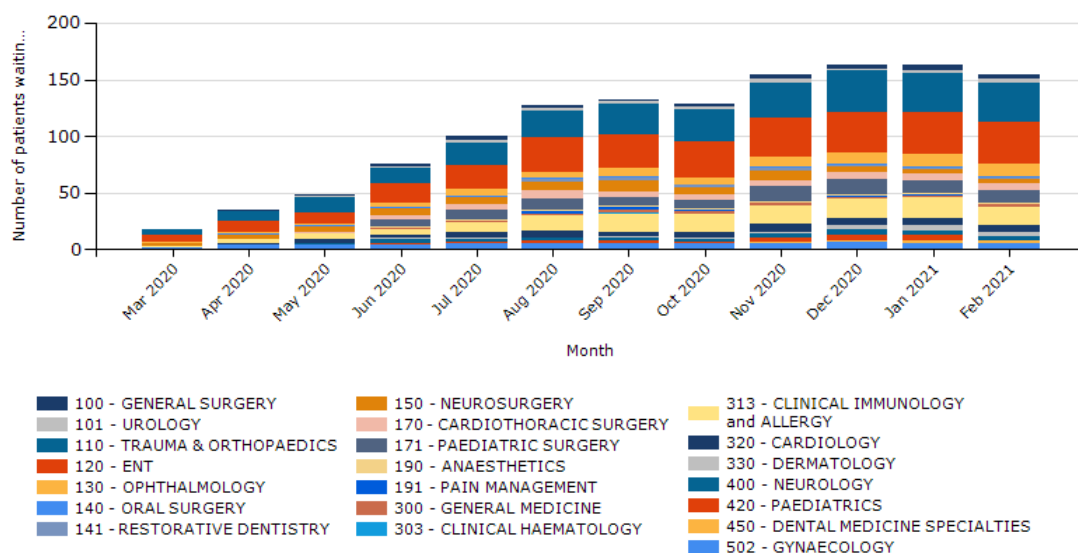
IFOR in Powys

"Source: NWIS"



CVUHB Specialty	36 to 51 weeks	52 weeks & Over
General Surgery	<5	<5
Urology	<5	<5
Trauma & Orthopaedics	15	20
ENT	9	28
Ophthalmology	<5	7
Oral Surgery	<5	0
Restorative Dentistry	0	<5
Neurosurgery	<5	<5
Cardiothoracic Surgery	<5	<5
Paediatric Surgery	<5	7
Anaesthetics	0	<5
General Medicine	0	<5
Clinical Immunology and Allergy	<5	14
Cardiology	<5	<5
Dermatology	<5	<5
Neurology	<5	<5
Dental Medicine Specialties	<5	0
Gynaecology	<5	<5

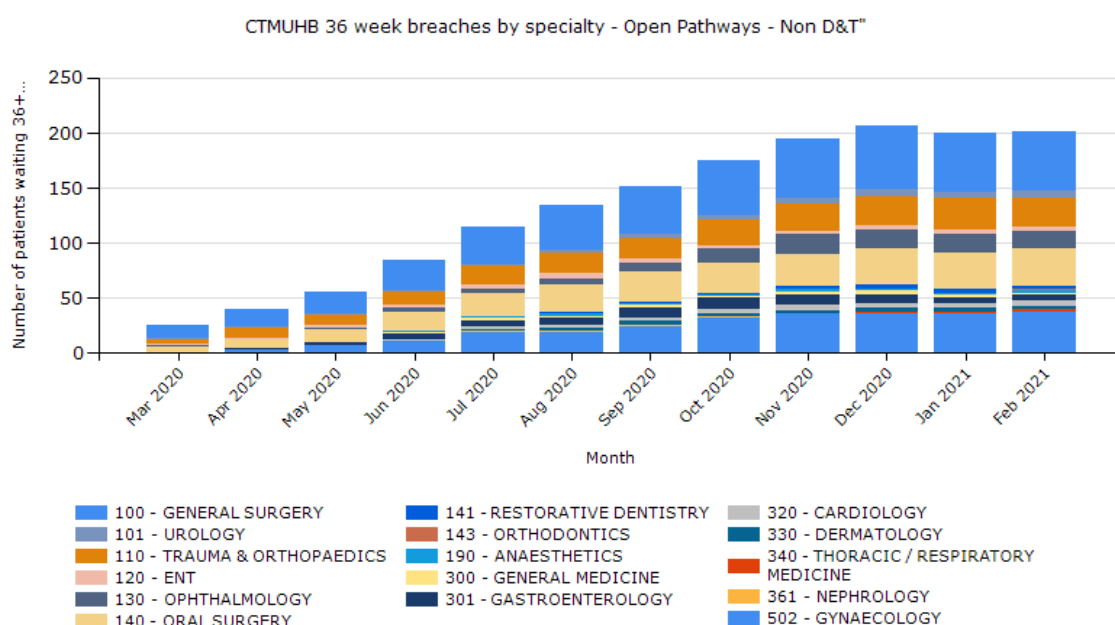
CVUHB 36 week breaches by specialty - Open Pathways - Non D&T"



"Source: NWIS"

IFOR in Powys

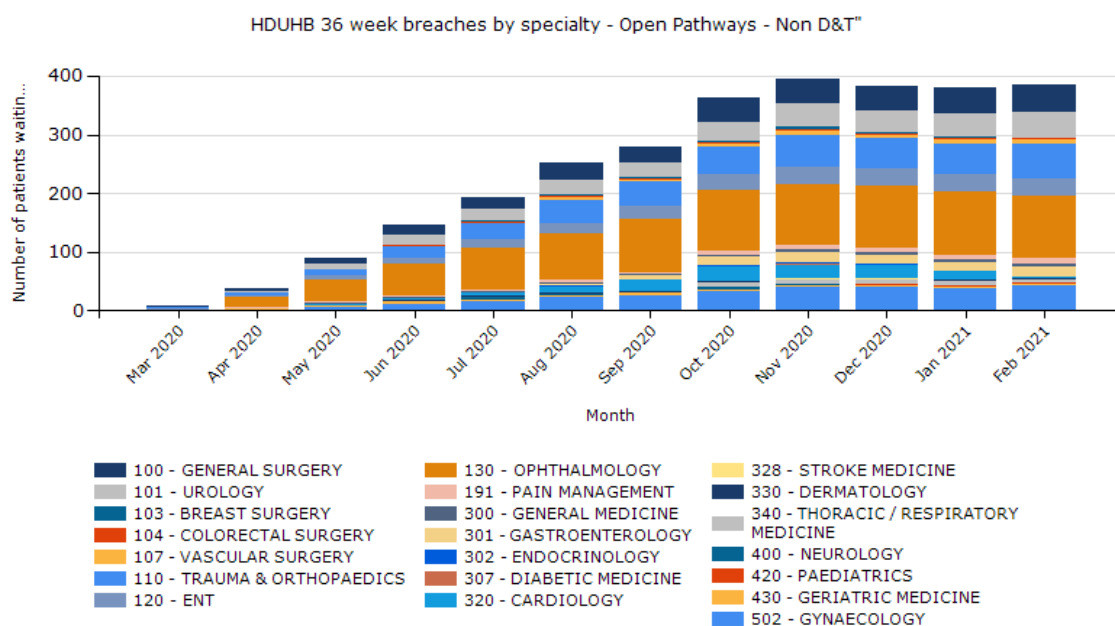
CTMUHB Specialty	36 to 51 weeks	52 weeks & Over
General Surgery	9	45
Urology	<5	<5
Trauma & Orthopaedics	6	21
ENT	<5	<5
Ophthalmology	5	10
Oral Surgery	8	27
Restorative Dentistry	<5	<5
Orthodontics	<5	0
Anaesthetics	0	<5
General Medicine	<5	0
Gastroenterology	<5	<5
Cardiology	<5	<5
Dermatology	0	<5
Thoracic/Respiratory Medicine	<5	0
Gynaecology	7	31



IFOR in Powys

"Source: NWIS"

HDUHB Specialty	36 to 51 weeks	52 weeks & Over
General Surgery	15	32
Urology	18	26
Colorectal Surgery	<5	<5
Vascular Surgery	<5	5
Trauma & Orthopaedics	20	40
ENT	5	25
Ophthalmology	13	94
Pain Management	<5	6
General Medicine	<5	<5
Gastroenterology	8	9
Cardiology	<5	<5
Dermatology	0	<5
Thoracic/Respiratory Medicine	<5	5
Paediatrics	0	<5
Geriatric Medicine	<5	<5
Gynaecology	11	31



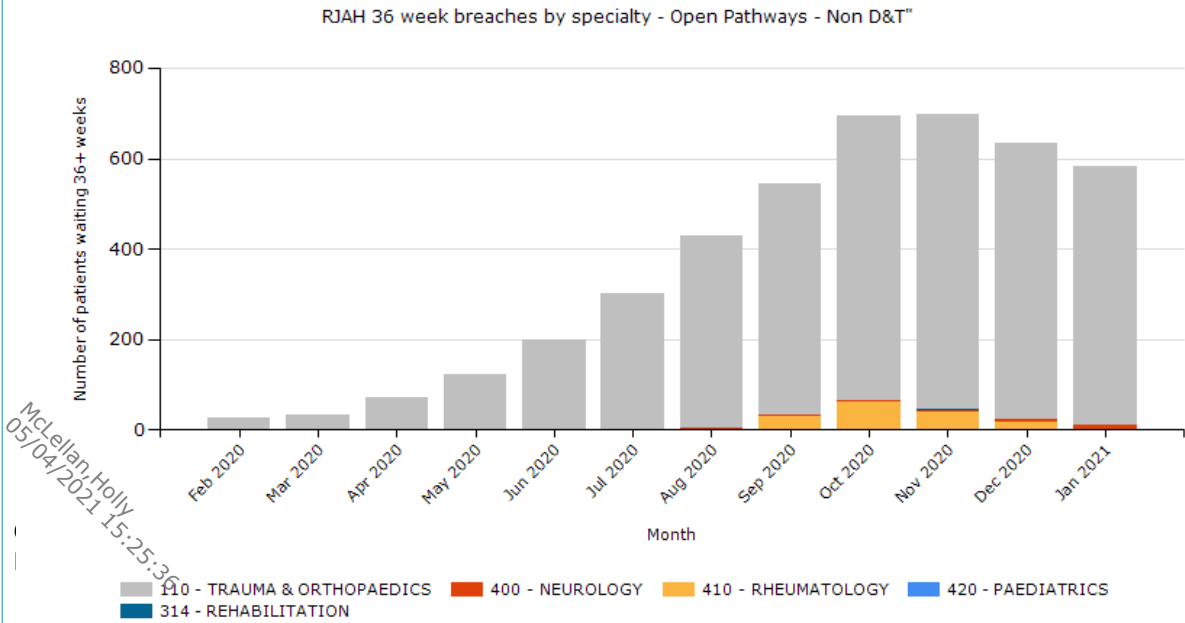
IFOR in Powys

"Source: NWIS"

SBUHB Specialty	36 to 51 weeks	52 weeks & Over
General Surgery	34	79

Urology	9	24
Trauma & Orthopaedics	27	175
ENT	13	50
Ophthalmology	21	90
Oral Surgery	<5	10
Restorative Dentistry	<5	0
Orthodontics	<5	<5
Plastic Surgery	7	25
Cardiothoracic Surgery	0	<5
General Medicine	<5	<5
Gastroenterology	24	23
Cardiology	7	9
Dermatology	15	7
Thoracic/Respiratory Medicine	<5	5
Neurology	<5	<5
Paediatric Neurology	<5	0
Gynaecology	12	35

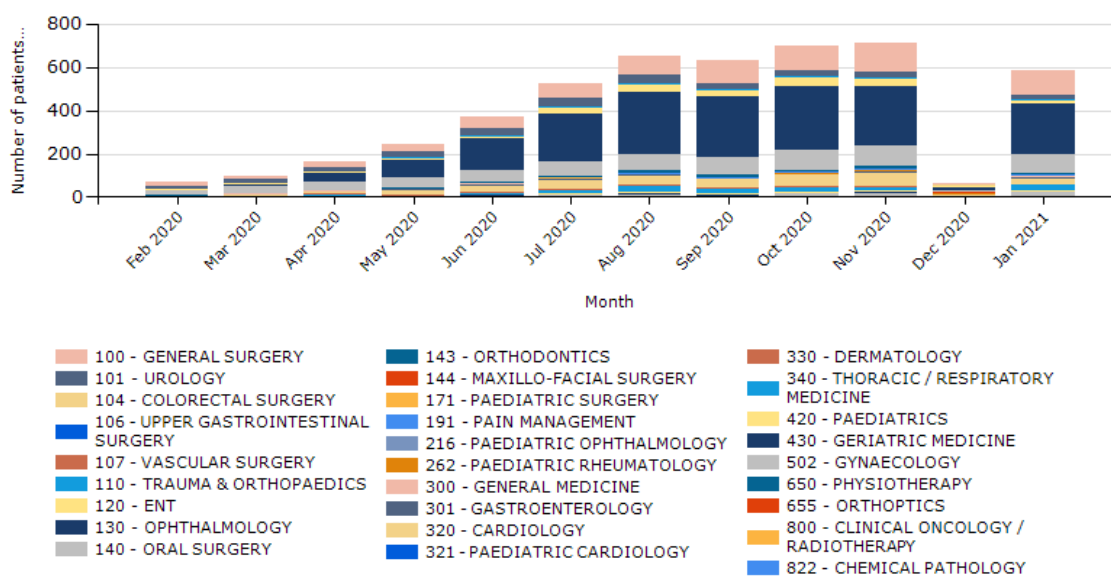
RJAH Specialty	36 to 51 weeks	52 weeks & Over
Trauma & Orthopaedics	307	267
Neurology	7	<5
Rheumatology	<5	0



Committee
January 2021
Item 3.5

SATH Specialty	36 to 51 weeks	52 weeks & Over
General Surgery	42	71
Urology	11	9
Trauma & Orthopaedics	<5	<5
ENT	11	8
Ophthalmology	79	155
Oral Surgery	30	59
Orthodontics	<5	<5
Paediatric Surgery	<5	0
Pain Management	6	<5
General Medicine	7	<5
Gastroenterology	6	<5
Cardiology	26	0
Thoracic/Respiratory Medicine	23	<5
Paediatrics	<5	0
Geriatric Medicine	<5	0
Gynaecology	14	13
Orthoptics	<5	0

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



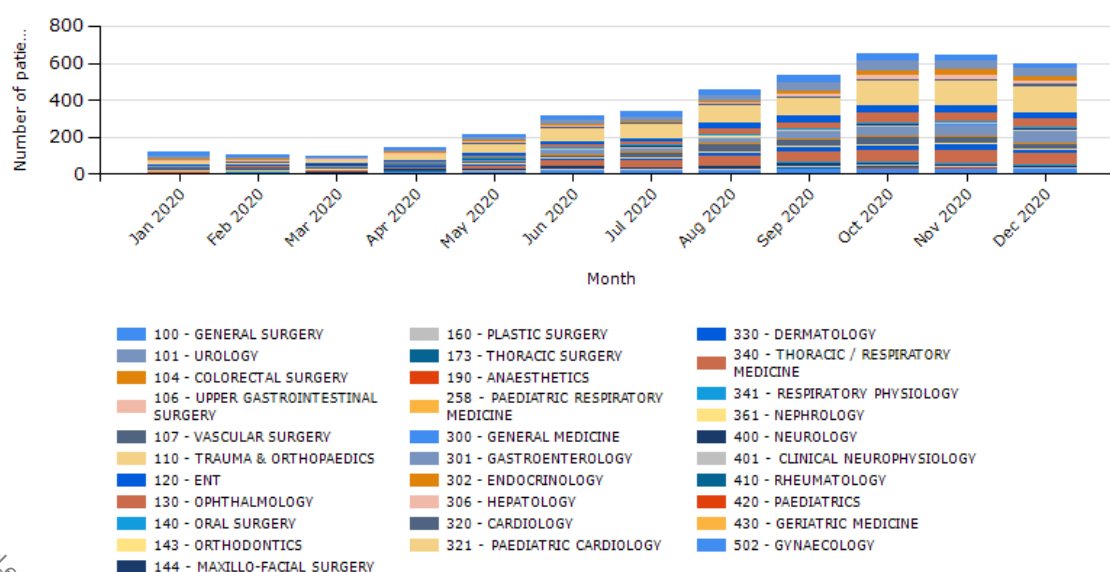
IFOR in Powys

"Source: NWIS"

WVT Specialty	36 to 51 weeks	52 weeks & Over
General Surgery	14	13
Urology	39	10

Breast Surgery	12	<5
Colorectal Surgery	16	<5
Upper Gastrointestinal Surgery	18	5
Vascular Surgery	8	<5
Trauma & Orthopaedics	85	60
ENT	24	10
Ophthalmology	29	14
Oral Surgery	0	<5
Orthodontics	<5	0
Maxillo-Facial Surgery	7	5
Plastic Surgery	<5	0
General Medicine	<5	0
Gastroenterology	58	9
Endocrinology	<5	0
Hepatology	<5	0
Cardiology	29	<5
Paediatric Cardiology	<5	<5
Dermatology	23	<5
Thoracic/Respiratory Medicine	37	26
Respiratory Physiology	<5	0
Neurology	<5	<5
Clinical Neurophysiology	<5	0
Rheumatology	<5	0
Paediatrics	<5	0
Geriatric Medicine	<5	0
Gynaecology	20	12

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



"Source: NWIS"

Conclusion

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

There have been two unannounced CQC inspections at SaTH this year. The report of the first inspection took place in January 2021 and was published on the 3rd of March 2021. SaTH has set up an Ockenden Report Assurance Committee which will meet in public.

The Independent Maternity Services Oversight Panel (IMSOP) in relation to CTMUHB's maternity services has recognised that significant improvements have been made against the 70 recommendations in the review (published in 2019) conducted by the Royal College of Obstetricians and Gynaecologists and the Royal College of Midwives.

PTHB is monitoring the maintenance of essential services during the pandemic. In terms of elective services there continues to be a deterioration in the number of Powys patients waiting over 52 weeks, which will be a key focus of the process of renewal set out in the annual plan for 2021/22.

NEXT STEPS:

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

Agenda item: 3.6

PERFORMANCE AND RESOURCE COMMITTEE		DATE OF MEETING: 6 May 2020	
Subject:	Annual Report: Nurse Staffing Levels (Wales) Act 2016		
Approved and Presented by:	Alison Davies, Executive Director of Nursing & Midwifery		
Prepared by:	Marie Davies, Deputy Director of Nursing		
Other Committees and meetings considered at:	Nurse Staffing Act Group		
PURPOSE:			
The purpose of this paper is to report Powys Teaching Health Board’s compliance with Nurse Staffing Levels (Wales) Act 2016 as it applies to this health board and others in Wales from which Powys residents receive healthcare. The paper also provides commentary on the status of nurse staffing in NHS Trusts in England, who are commissioned by Powys Teaching Health Board but not directly subject to Welsh legalisation and identifies the areas of proposed extension of the Act which will influence the way in which nursing and health visiting services are developed and provide into the future.			
RECOMMENDATION:			
The Performance and Resource Committee is asked to DISCUSS the content of the paper ahead of consideration at Board.			
Approval/Ratification/Decision		Discussion	Information
		✓	

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

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

EXECUTIVE SUMMARY:

The Nurse Staffing Levels (Wales) Act 2016 became law in March 2016. It requires health service bodies to have regard for the provision of appropriate nurse staffing levels, and to ensure there are sufficient nurses to care for patients sensitively. Powys Teaching Health Board does not have any section 25B wards and therefore is not currently mandated to report (under section 25E of the Act) against this requirement.

The Health Board does have a commissioning responsibility to assure themselves that services providing secondary care adults inpatient medical and surgical wards, does comply with the Nurse Staffing Act in Wales, and also that the requirements of Safe Staffing for trusts in England are met. This report sets out the assurance from commissioned providers in meeting these requirements and in assuring general safety of patients resulting from adequate nurse staffing levels, both under the requirements set out above. The general principles of the Act are also considered for Powys Teaching Health Board provided services.

The data generated from board reports, performance, workforce, quality and incident reports and the minutes of the quality review meetings, illustrates the status of nurse staffing within Welsh Health Boards, and English NHS Trusts from whom the health board commission healthcare for the population of mid and north Powys.

Of note, the Care Quality Commission has applied an inadequate rating to staffing within Shrewsbury and Telford NHS Trust, who are subject to a high degree of external scrutiny and support, with recovery plan in place. It is reported that establishment reviews for all in-patient adult ward areas have been undertaken, including triangulation with quality, safety and acuity data. The NHS Improvement National Lead for Safer Staffing is supporting the trust with this work.

Within Powys, there are a number of ways in which the health board strive to ensure there are sufficient nurses to care for patients sensitively as required by the Act. Nursing sensitive quality indicators are regularly reported to the Experience Quality and Safety Committee. Following interrogation of the incident reporting system and the ways in which the health board strive to ensure there are sufficient nurses to care for patients sensitively, the Performance and Resource Committee can take a reasonable amount of assurance in relation to compliant with the Nurse Staffing levels (Wales) Act 2016 for commissioned services.

In 2020, a Nurse Staffing Act Group was established, with the aim of greater coordination and oversight focussing on commissioned services in Wales, commissioned services in England, generating data and intelligence that assists in demonstrating the level of compliance within directly provided services and extension of the Act. The group will report quarterly into the Quality Governance Group and the Experience Quality and Safety Committee.

DETAILED BACKGROUND AND ASSESSMENT:

1. Overarching national context

- 1.1 Based on the evidence demonstrating clear links between staffing levels, patient safety and service quality, the Nurse Staffing Levels (Wales) Act 2016 became law in March 2016. It requires health service bodies to have regard for the provision of appropriate nurse staffing levels, and to ensure there are sufficient nurses to care for patients sensitively. The former applies to acute medical and surgical wards and can be monitored in Welsh health boards commissioned to provide health care to Powys residents.

- 1.2 There is currently no law in England which gives clear responsibility or accountability for workforce planning and supply. Trusts are however expected to be compliant with the requirements of NHS England, the CQC, and the NQB Guidance in relation to the Hard Truths response to the Francis Inquiry.
<https://www.england.nhs.uk/wp-content/uploads/2013/04/nqb-guidance.pdf> Demonstration of compliance is achieved through a description of the work that has taken place since the last 6-month Safe Staffing declaration report with regards to ward-based nurse staffing levels in the Trust and an analysis of staffing, patient safety, patient experience and financial information. The Care Quality Commission also require staff to be '*fit and proper staff*' who provide care and treatment appropriate to their role.
- 1.3 Midwifery services in Wales and England use Birthrate Plus as a method for calculating the required numbers of midwives to meet need in relation to defined standards and models of care, and to local workforce planning needs.
- 1.4 The Nurse Staffing Levels (Wales) Act, places upon NHS organisations, a duty to use a triangulated approach to calculate the nurse staffing levels in adult acute medical and surgical inpatient areas, take all reasonable steps to maintain the nurse staffing levels and report compliance in maintaining the nurse staffing levels as a means of providing assurance to the public, the Board and Welsh Government.
- 1.5 The Chief Nursing Officer issued a letter on the 24 March 2020 in relation to the implications of COVID 19 on compliance with the Nurse Staffing Levels (Wales) 2016, whereby it is noted that health boards may wish to indefinitely defer the annual report scheduled to be presented to Board in May 2020. Subsequently this was presented to Board in September 2020. The annual report for 2020-21 is fulfilled through this report.

2. Extension of the Nurse Staffing Levels (Wales) Act 2016

As part of the All Wales Nurse Staffing Programme there are five work streams, aimed at devising an evidence-based approach to determine the appropriate nurse staffing levels within their area of speciality. There is also growing consideration of the multidisciplinary teams' role in providing safe, quality care, hence this is a key focus in each of the workstreams.

- 2.1 **Adult acute inpatient medical and surgical inpatient settings:** although in place, further work about dependency levels and minimum staffing information is ongoing. A model poster for staffing levels has been produced and is attached as **Appendix 1**. Currently this is being adapted for use in Powys inpatient areas, and will form part of the information available to patients and families on the Ward Quality Board displayed at the entrance of each ward location.
- 2.2 **Paediatric inpatient settings:** the first completion of the interim paediatric nurse staffing principles template has been undertaken, based on data included in the healthcare management system. The second duty of the Nurse Staffing Levels (Wales) Act 2016 to paediatric inpatient wards is extended on the 1st October 2021. The first annual assurance will be presented to boards in May 2022.
- 2.3 **Mental Health:** The COVID19 pandemic has adversely affected progress. A new workstream chair and vice chair have been appointed and the mental health project lead post is advertised and is required as a priority to support and accelerate this workstream. Draft staffing principles have been developed, the workstream plan and timescales are being revised. A professional judgement audit is taking place in May 2021 for four weeks to include Powys inpatient Ward areas.
- 2.4 **Health Visiting:** there are 4 subgroups (Welsh levels of care, quality indicators, professional judgement, user engagement) to progress aspects of the work on behalf of the wider group. Each subgroup will determine the actions required and timeframes to ensure momentum. Local workshops are being planned for 2021, when the project lead will be in post, to progress the work in further developing the Welsh Levels of Care tool. A literature review has identified 20 possible quality indicators covering broad themes and public health priorities, Healthy Child Wales Programme and childhood outcomes. The service-user engagement sub-group also recommended some changes to principle 3 which is around user engagement to include a greater emphasis on working with fathers.
- 2.5 **District Nursing:** The Powys Executive Nurse Director has been identified as sponsor. A new chair, vice chair and project lead were appointed in 2020. Membership and Terms of Reference have been revised and sub groups will be set up to focus on progress aspects of the work on behalf of the wider group. Priorities include review and analyse the draft Welsh Levels of Care, consider multi-disciplinary team working and alignment with cluster working.

To help enable these workstreams an Intra NHS Data Disclosure Agreement that has been devised and agreed by the Health Board to support the sharing and use of information by NHS Wales, who are involved in the delivery of the All Wales Nurse Staffing Programme.

3. Compliance with the Nurse Staffing Levels (Wales) Act 2016

- 3.1 The Nurse Staffing Levels (Wales) Act 2016 places a general duty on all health boards to provide sufficient nurses to care for patients sensitively in all areas they provide or commission. It also places a specific second duty to calculate and maintain the nurse staffing level for adult acute medical inpatient wards and adult acute surgical inpatient wards. The latter does not apply to directly provided services in Powys, but remains an essential element for consideration of compliance with the Act, in relation to Welsh health boards who provide care for Powys residents. This forms a core element of the Long-Term Agreements and reviewed through Clinical Quality Performance Review meetings.
- 3.2 Powys Teaching Health Board does not have any section 25B wards and therefore is not mandated to report (under section 25E of the Act) against this requirement. However, the Health Board does need to ensure commissioned services comply with the act and the principle of ensuring nurse staffing levels within the Welsh NHS are sufficient to provide safe, effective and high-quality nursing care at all times.
- 3.3 The Powys Teaching Health Board Commissioning Assurance Framework is used to assess nurse staffing in commissioned services as it is a continuous assurance process that aims to provide confidence to internal and external stakeholders and the wider public. The resulting CAF report is a risk-based approach, which include soft intelligence and information on emerging provider issues that could pose a risk to Powys Teaching Health Board.
- 3.4 Due to unprecedented nature of Covid-19 pandemic there has been a need to review the models of nursing care across all Trusts services and staff have been and remain under a significant pressure. As a result of the Covid-19 pandemic NHS Trusts continues to experience significant and unprecedented challenges, which are impacting upon the delivery of services commissioned by Powys Teaching Health Board for Powys residents.
- 3.5 **Welsh Health Boards:** Data generated through Board reports and minutes from Clinical Quality Review meetings in relation to Welsh Health Boards, identifies a range of actions taken in relation to calculating the nurse staffing level on section 25B wards during the reporting period, including recalculation through to the establishment of a planning cell to monitor and manage risks in line with section 25A and 25B.

All health boards are using the triangulated approach on section 25B wards and systems in place to inform patients of the status regarding compliance. The extent to which the nurse staffing levels have been maintained, the process for maintaining the nurse staffing level and the actions taken if the level is not maintained, are all well-articulated, with slight variation across health boards.

During the pandemic Powys Teaching Health Board reviewed all registered nursing staff with specialised skills, such as critical care to be redeployed to neighbouring District General Hospitals, this approach created significant challenges associated with ensuring appropriate staffing levels where in place during a period where capacity needed to increase. Different ways of working to support District General Hospitals were explored including improving rehabilitation transfers; securing Continuing Health Care funding to be able to discharge Powys patients to their own residents or care homes and the involvement of multidisciplinary team/allied health professionals and a wider range of support worker. The ability to upskill nursing staff within Powys Teaching Health Board workforce to be able to undertake specialised care within the resident home, care homes and community hospitals helped to reduce pressure on District General Hospitals.

During the COVID-19 pandemic there has been a need to review the models of nursing care across all Health Boards. services and staff have been and remain under a significant pressure. Powys Teaching Health Board have been and are currently communicating with Welsh Health Boards and monitoring waiting lists for urgent cases and ensuring patient safety across all aspects of care.

No serious incidents of complaints were detected where the failure to maintain nurse staffing appeared to be a factor.

- 3.6 **NHS Trusts in England:** The data generated from Board reports, performance, workforce, quality and incident reports and the minutes of the Clinical Quality Review meetings, illustrate the status of nurse staffing within English NHS Trusts from whom the health board commission healthcare for the population of mid and north Powys.

All eight NHS English Trusts, Powys Teaching Health Board commission services from, have developed safe care systems which is utilised in all inpatient areas to assess and record patient acuity/dependency levels and flex staffing accordingly. They report a safe establishment/staffing levels agreement within the individual trusts and wards, however during the pandemic there have been

difficulties to meet the figures required currently without the support of supplementary staffing.

The Deputy Director of Nursing in Shrewsbury and Telford NHS Trust has conducted establishment reviews for all in-patient adult ward areas during the month of January 2020 to assess current budgeted establishments whilst triangulating with quality and safety data and acuity data. This has provided an understanding of the workforce requirements for individual ward areas and help determine if the over filling of shifts is a necessity. Oversight is being provided by the NHSI National Lead for Safer Staffing. Fill rates of Registered Nurses have improved overall since June 2019. The Trust recognised that they need to increase staffing levels particularly in areas where workforce fragility persists, such as the Emergency Department.

Actions taken in relation to calculating the nurse staffing levels was evident including reference to reviews of inpatient nursing acuity and dependency and reports made confirming Trusts as meeting the required minimum safe staffing levels, along with reductions in agency use, and retirement activity.

Of note and as reported via the Experience Quality and Safety Committee, the Care Quality Commission has applied an inadequate rating to staffing within Shrewsbury and Telford NHS Trust, who are subject to a high degree of external scrutiny and support, with recovery plan in place. It is reported that establishment reviews for all in-patient adult ward areas have been undertaken, including triangulation with quality, safety and acuity data. Oversight is being provided by the NHSI National Lead for Safer Staffing.

Each NHS Trust identifies the means by which patients are informed of nurse staffing establishments and the extent to which the nurse staffing levels have been maintained, for example, active recruitment, longstanding agency contracts and robust approach to induction of temporary staff. The process for maintaining the nurse staffing level and actions taken when the nurse staffing level was not maintained are also reported upon. The quality of services provided by those commissioned to do so is monitored via the Commissioning Assurance Frameworks, which form the basis of regular, scheduled dialogue with executive and other teams.

Bi-annual reports was suspended by NHS Improvements/England due to COVID 19. However, some Trusts have continued to provide rota filled rates and Care Hours Per Patient Day figures. During COVID 19 Powys Teaching Health Board explored different ways of working to support District General Hospitals, this included, improving rehabilitation transfers, securing Continuing Health Care funding to

be able to discharge Powys patients to their own residents or care homes, this included the involvement of multidisciplinary team/allied health professionals and a wider range of support worker. Upskilling nursing staff within Powys Teaching Health Board workforce to be able to undertake specialised care within the resident home, care homes and community hospitals and reduce pressure on District General Hospitals.

The Quality and Safety Team attend the Trust Clinical Quality Review Meetings chaired by the Clinical Commissioning Group, this allowed for any concerns related Powys residents to be raised and actioned without delay. Powys Teaching Health Board have been and are currently communicating with Trusts and monitoring waiting lists for urgent cases and ensuring patient safety across all aspects of care.

No Trusts have reported harm to patients due to unsafe staffing levels 2020/2021, however in 2021/2022 Like other health boards/trusts, there has been a fundamental lack of capacity (both staffing and physically) to treat the backlog of patients caused by the COVID-19 pandemic within the routine surgical procedure, outpatient and follow ups, harm reviews have been introduced across all NHS trusts.

3.7 Powys Teaching Health Board: Within Powys, there are a number of ways in which the health board strive to ensure there are sufficient nurses to care for patients sensitively as required by the Act, these include:

- Strong, consistent, visible senior nursing leadership via the Professional Heads of Nursing and Midwifery.
- Regular review of staffing levels using professional judgement, triangulated with nursing metrics, for example, rate of pressure ulcers, falls, medication errors, safeguarding referrals, patient and staff experience, expressed through incident reporting, concerns, staff survey and soft intelligence, for example, morale
- Ward Quality Dashboards on Ifor are being further developed.
- Effective rostering accommodating the acuity and complexity of patient need, alongside efficient absence management, proactively in relation to annual leave, reactively in relation to sickness and at least daily review of staffing levels
- Workforce and Organisational Development led programmes of recruitment and workforce efficiency

- Nursing sensitive quality indicators are regularly reported to the Experience Quality and Safety Committee, including hospital acquired pressure damage (grade 3, 4 and unstageable), falls resulting in serious harm or death medication related never events and complaints about nursing care resulting in patient harm.
- Following interrogation of the incident reporting system using the criteria 'all community hospitals, Powys', does this incident concern Nursing Care (Y), Incident date 01 April 2020 to 31 March 2021, nurse staffing levels were not found to be a contributory factor in any incident reports generated.

Based on the above and the ways in which the health board strive to ensure there are sufficient nurses to care for patients sensitively, the Board can take a reasonable amount of assurance in relation to compliance with the Nurse Staffing levels (Wales) Act 2016.

In 2020, a Nurse Staffing Act Group has been established, with the aim of greater coordination and oversight focussing on commissioned services in Wales, commissioned services in England, generating data and intelligence that assists in demonstrating the level of compliance within directly provided services and extension of the Act. Although this work was minimised through the winter, the group is now meeting and will report into the Quality Governance Group and the Experience Quality and Safety Committee quarterly.

NEXT STEPS:




- A bi-annual nursing establishment review is now underway to optimise the nursing contribution to the provision of safe, quality care. This work, along with a wider emphasis on workforce, will help inform the implementation of Workforce Futures.
- The ongoing development of the Nurse Staffing Act Group, led by the Deputy Director of Nursing, bringing coordination and oversight to this agenda. The group will report into the Quality Governance Group and the Experience Quality and Safety Committee on a quarterly basis.
- The Director of Nursing continues to lead the all Wales workstream for district nursing and the senior nursing team will contribute to the remaining workstreams.
- The Health Board is supporting the adoption of Malinko, a District Nursing E-Scheduling System in 2021-22.
- The Commissioning Assurance Framework will continue to mature to provide assurance of safe nurse staffing levels in commissioned services.

Ward Name

Date Nurse Staffing
Level presented to Board

The Health Board is required to ensure that patients are informed of the nurse staffing level on each adult acute medical and surgical ward and of the date that the nurse staffing level was presented to the Board. The information below shows the total number of registered nurses and health care support workers (HCSW) that are required to provide the care on this ward 24 hours a day, 7 days a week; and also the number of registered nurses and HCSW's that are planned for each shift.

REQUIRED ESTABLISHMENT (total number of nursing staff required to provide 24/7 care)	Registered Nurses	HCSW	Total

		Planned Roster:						
		Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning Shift 	Registered Nurses							
	Health Care Support Workers							
Afternoon shift 	Registered Nurses							
	Health Care Support Workers							
Night 	Registered Nurses							
	Health Care Support Workers							

In addition to the nursing staff on the planned roster above you may see other healthcare staff on the ward who undertake specific duties to support the delivery of patient care - for example a physiotherapist or rehabilitation assistant.

If you have any questions or feedback about nurse staffing levels speak to the nurse in charge.




An information leaflet with Frequently Asked Questions relating to nurse staffing levels is available in English and Welsh.

Enw'r Ward

Dyddiad y cyflwynwyd
Lefel Staff Nyrsio i'r Bwrdd

Mae'n ofynnol i'r Bwrdd Iechyd sicrhau bod cleifion yn cael gwybod am y lefel staff nyrsio ar bob ward feddygol a llawfeddygol aciwt i oedolion ac o'r dyddiad y cyflwynwyd y lefel staff nyrsio i'r Bwrdd. Mae'r wybodaeth isod yn dangos y cyfanswm nifer y nyrsys cofrestredig a gweithwyr cymorth gofal iechyd (HCSW) y mae'n ofynnol iddynt ddarparu'r gofal ar y ward yma 24 awr y dydd, 7 diwrnod yr wythnos; a hefyd nifer y nyrsys a HCSW cofrestredig sydd ar y gweill ar gyfer pob shift.

SEFYDLU ANGENRHEIDIOL (cyfanswm y staff nyrsio sy'n ofynnol i ddarparu gofal 24/7)	Reg Nyrsys Cofrestredig	Gweithwyr Cymorth Gofal Iechyd	Cyfanswm

		Rhestr wedi'i chynllunio:						
		Llun	Mawrth	Mercher	Iau	Gwener	Sadwrn	Sul
Sifft bore 	Nyrsys Cofrestredig							
	Gweithwyr Cymorth Gofal Iechyd							
Sifft prynhawn 	Nyrsys Cofrestredig							
	Gweithwyr Cymorth Gofal Iechyd							
Nos 	Nyrsys Cofrestredig							
	Gweithwyr Cymorth Gofal Iechyd							

Yn ychwanegol at y rhestr ddyletswyddau a gynlluniwyd, efallai y byddwch yn gweld staff gofal iechyd eraill ar y ward sydd yn ymgymryd â dyletswyddau penodol i gefnogi darpariaeth gofal cleifion - er enghraifft ffisiotherapydd neu gynorthwydd adsefydlu.

Os oes gennych unrhyw gwestiynau neu adborth am lefelau staff nyrsio, siaradwch â'r prif nyrs.

Mae taflen wybodaeth gyda Chwestiynau Cyffredin am lefelau staff nyrsio ar gael yn Saesneg a Chymraeg.



Agenda item: 3.7

PERFORMANCE & RESOURCES COMMITTEE	Date of Meeting 6 May 2021	
Subject:	Workforce Analysis Report – March 2021	
Approved and Presented by:	Julie Rowles, Director of Workforce, OD & Support Services	
Prepared by:	Kay Williams, Workforce Intelligence Officer	
Other Committees and meetings considered at:	N/A	
PURPOSE:		
To provide the Performance & Resources Committee with an update on the Workforce data up until year end, 31 st March 2021. This report focuses on the generic workforce performance indicators of the Health Board and provides a year end position against these indicators.		
RECOMMENDATION(S):		
The Committee is asked to: <ul style="list-style-type: none">Recognise areas where performance against the key performance metrics has been impacted by Covid-19 in the last 12 monthsAgree future reporting against these areas which provide assurance in relation to performance recovery		
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	✓
	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:

At the last Performance and Resourcing Committee on 22nd February 2021, an in-depth performance report was provided on recruitment and the staffing challenges of the Health Board. This included an update on the recruitment approaches over the last twelve months.

This report provides an update on Powys Teaching Health Board's overall workforce performance, including data on statutory & mandatory training, PADRs, sickness absence, staff in post, turnover and volunteers. It provides a year end position across a range of workforce performance areas, identifying areas where performance will need a focused approach to ensure improved compliance against target over the next twelve months.

Powys Teaching Health Board

DRAFT Workforce and OD Directorate Performance Reporting

March 2021

Performance Reporting for Committees and Board

Local Indicator	Target	Current Performance Mar-21	Direction	Previous Month Feb-21	Previous Month Jan-21	Previous Month Dec-20	Previous Month Nov-20	Previous Month Oct-20
Workforce Capacity								
Staff in Post (WTE)		1829.06	↑	1816.49	1809.28	1764.19	1759.99	1734.34
Rolling Turnover %		10.41%	↓	11.08%	10.70%	10.76%	10.82%	10.78%
Joiners (WTE)		22.03	↑	16.32	45.60	12.44	35.68	15.10
Leavers (WTE)		14.20	↑	13.96	14.37	13.11	15.77	18.97
Over Contract Hours								
ADH/Overtime Worked (WTE)		30.53	↑	20.18	23.85	18.07	18.11	19.61
Bank Worked (WTE)		79.88	↑	63.59	60.62	50.65	51.67	54.56
Agency Worked (WTE)		45.97	↑	33.61	25.25	26.34	27.90	35.55
Agency Costs								
Locum & Agency Spend		927K	↑	£517k	£423k	£488k	£674k	£489k
Workforce Compliance								
Monthly Sickness Absence Rate		4.48%	↓	4.66%	5.62%	5.45%	5.59%	4.51%
Cumulative 12-month Sickness Absence Rate		4.93%	↓	4.99%	5.04%	5.01%	5.03%	5.05%
Statutory & Mandatory Training	85%	79%	↑	77%	78%	79%	79%	78%
Staff Appraisal Compliance	85%	65%	↔	65%	66%	69%	72%	73%
Staff Appraisal Compliance (Medical & Dental)	85%	51%	↑	50%	59%	59%	65%	72%

Commentary (Reporting by exception)

Workforce Capacity

In the last 12 months staff in post has risen by 6.98% (119.36 WTE), with the main increase being within Admin & Clerical and Additional Clinical Services (**Table 1**). This increase is mainly due to the 70.28 WTE staff appointed to cover TTP and Mass Vaccination. (**Chart 2**).

Over the last 12 months a total of 251.10 WTE joined the organisation and 173.27 WTE have left (**Chart 3**). This has resulted in a rolling turnover for March 2021 of **10.41%**, which has increased marginally when compared with the same period last year (10.52%) (**Chart 4**). The rate falls to 7.74% when age retirements are excluded (60 headcount, 45.19 WTE). In addition to this there were 8 (6.34 WTE) who chose to Retire and Return. These figures do not account for internal movement or the 23 Bank staff that were appointed to substantive posts (15.94 WTE).

Chart 1

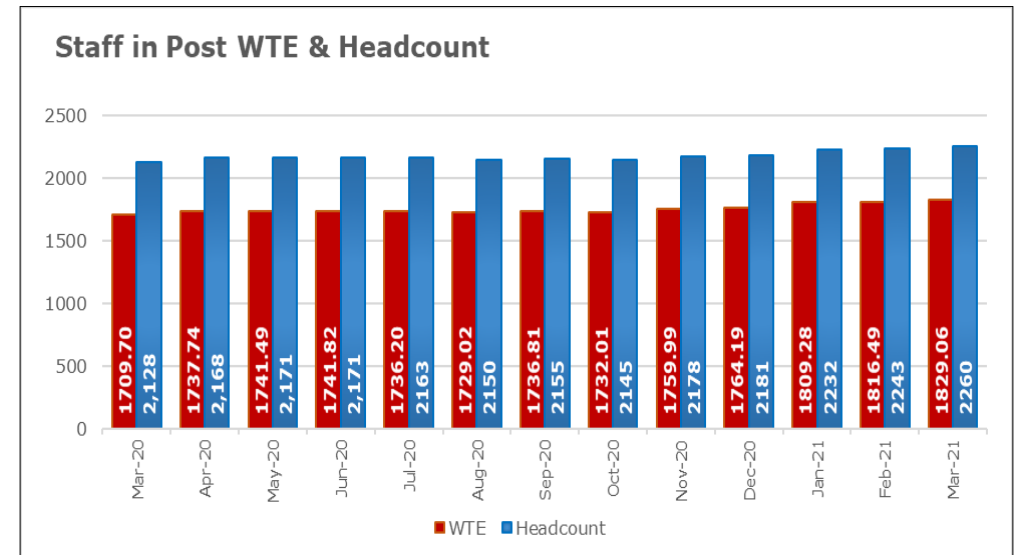


Table 1

Staff in Post				
Staff Group	WTE Mar-20	WTE Mar-21	WTE Variance	% Variance
Add Prof Scientific and Technic	65.77	73.66	7.89	11.99%
Additional Clinical Services	328.27	365.33	37.05	11.29%
Administrative and Clerical	430.83	483.88	53.05	12.31%
Allied Health Professionals	125.59	137.90	12.30	9.80%
Estates and Ancillary	166.56	166.13	-0.43	-0.26%
Healthcare Scientists	2.00	4.00	2.00	100.00%
Medical and Dental	34.85	34.44	-0.41	-1.18%
Nursing and Midwifery Registered	555.82	562.33	6.51	1.17%
Students		1.40	1.40	100.00%
Grand Total	1,709.70	1829.06	119.36	6.98%

Chart 2

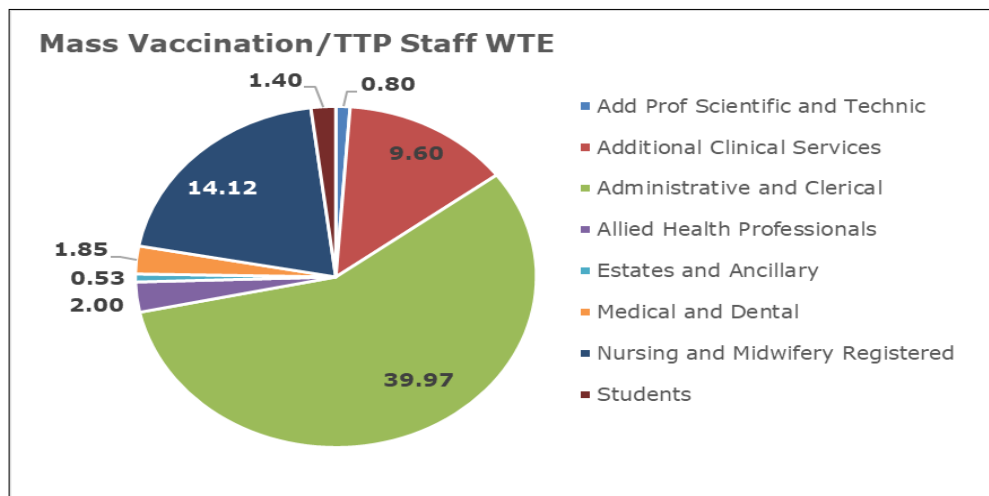


Chart 3

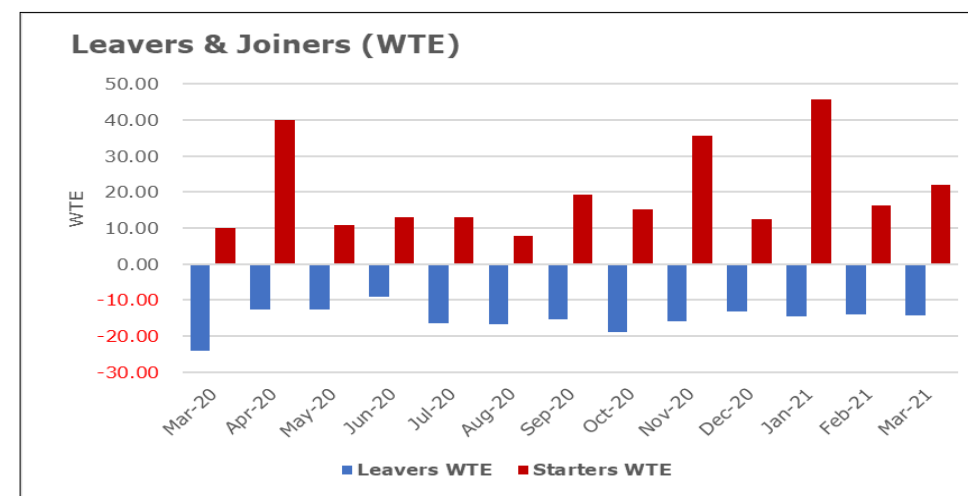
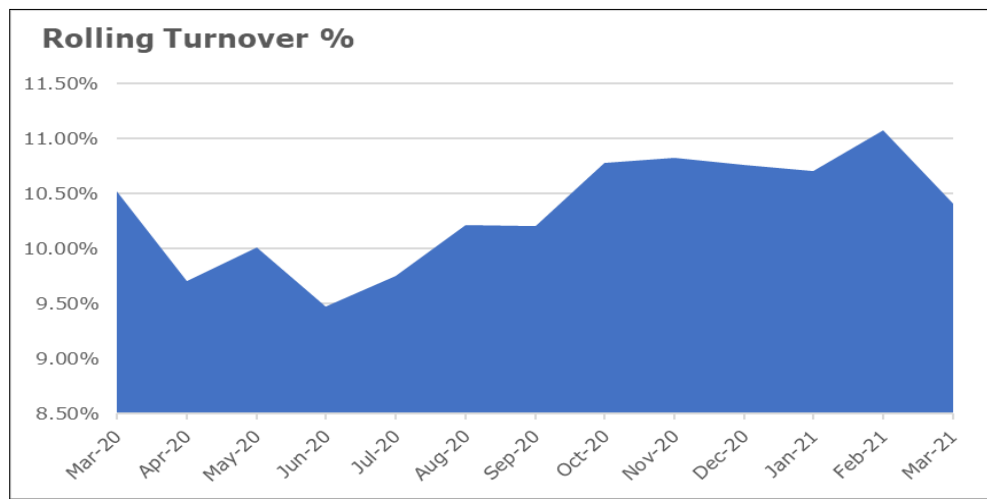


Chart 4



Over Contract Hours

Bank Worked - Use of Bank has increased in the last 3 months, mainly due to a rise in annual leave and long term sickness due to Covid-19. March rose considerably to 79.88 from 65.59 WTE in February (Chart 5). The majority of use is within Nursing (43.83 WTE), largely due to mass vaccination, vacancies, specialising, high patient acuity and shielding due to Covid-19, predominantly.

Agency Worked – Use of Agency in March also rose considerably when compared with February, from 33.61 to 49.57 WTE (**Chart 5**). The majority of use was again predominantly within Nursing (39.55 WTE) mainly in the South and North due to vacancies, specialising, sickness and shielding due to Covid-19.

Medical Agency rose from 6.38 WTE in February to 10.02 WTE in March. This was mainly due to March being a 5 week month, vacancies and annual leave. Vacancies - OAMH Consultant and OAMH Specialty Doctor have been appointed to and the successful applicants are due to commence in May. The job descriptions for 6 OAMH Psychiatrist vacancies have received approval from the Royal College and are due to be advertised by the end of April 2021.

Temporary Staffing Unit: The unit continues to proactively support services across the health board. In particular in the response to Covid-19/winter pressure staffing initiatives. A major focus being on the recruitment of immunisation staff for the mass vaccinations service. The service was also stepped up to provide weekend cover over the height of the pandemic. The TSU continue to provide weekend cover.

Chart 5

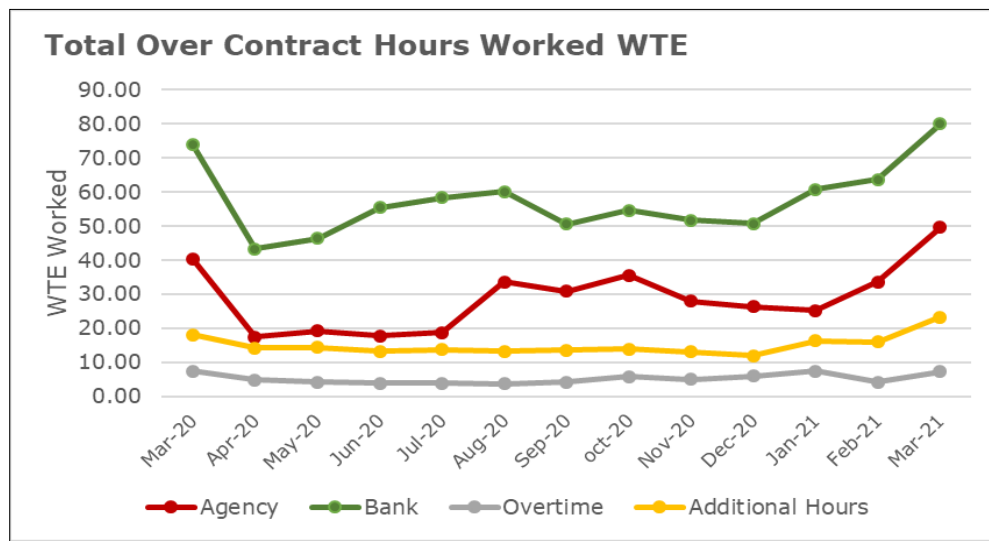
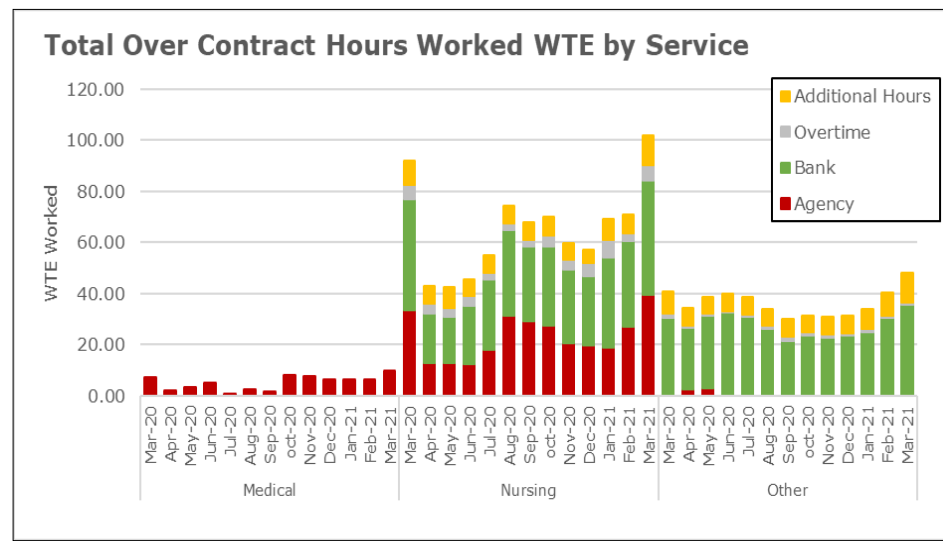


Chart 6

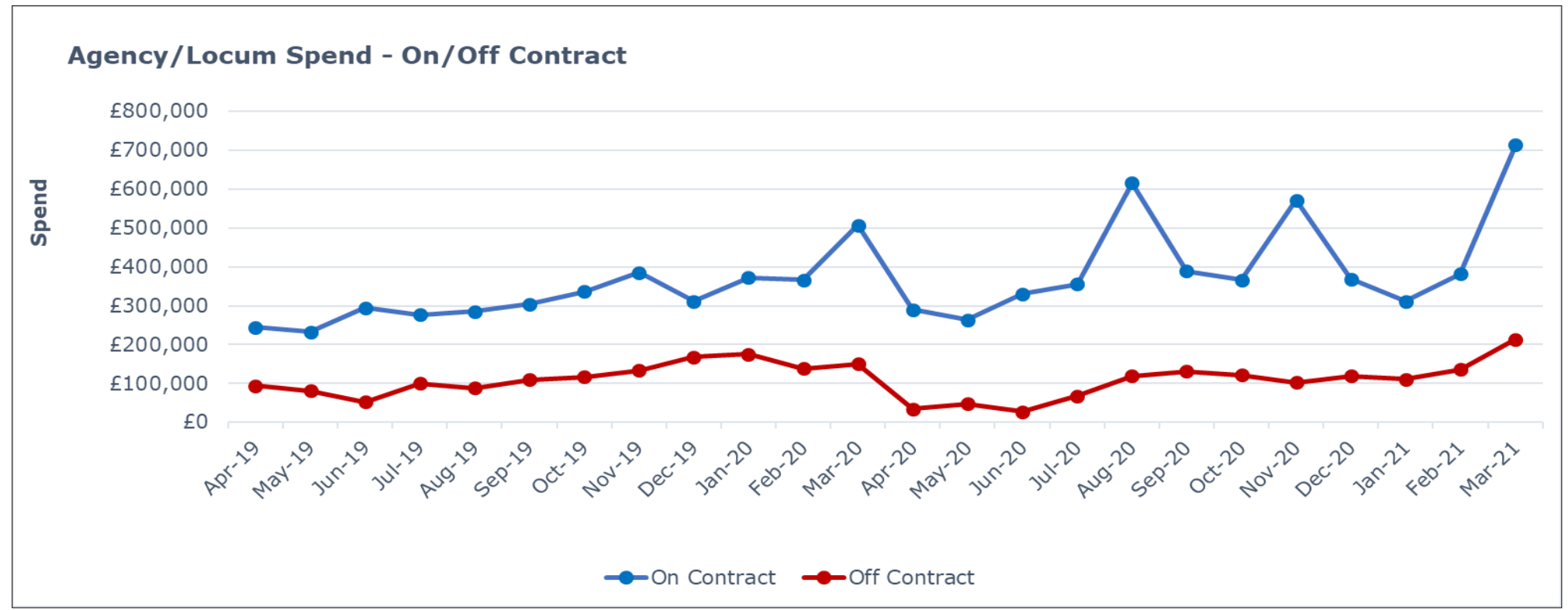


Agency & Locum Costs

Locum and Agency spend for the last 12 months was **£6,192,314** (80% On Contract and 20% Off). In comparison to the previous 12 months £5,327,428 (74% On Contract, 26% Off), there has been a rise of over 16% (£864,866). Spend in the last month however has risen considerably by nearly £410k in comparison to the previous month, this was mainly within Medical staffing and Nursing, mainly due to the use of Off Contract Agency.

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

Chart 7



McLellan Holly
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Workforce Compliance

Sickness Absence

Actual sickness has seen a fall over the last two months with a rate of **4.48%** in March 2021 (0.93% short term and 3.55% long term), 0.70% lower in comparison to March 2020 (5.18%) (**Chart 8**). A total of 215 episodes of sickness were recorded in the month (82 long term and 133 short term), with a loss of 2,460 WTE days, which is equivalent of an estimated 79 WTE's being absent from work. Top two reasons for absence were Anxiety, Stress and Depression with 38 episodes reported and accountable for nearly 20% of all sickness. This is followed by Other Musculoskeletal Problems with 24 episodes, and accountable for 14% (**Table 3**). Sickness absence due to Covid-19 contributed 0.38% to the sickness rate for the month, with 10 recorded sickness absences of which 8 employees are currently still absent, all of which are long term.

Rolling sickness rate for March 2021 reported at **4.93%** (1.03% short term and 3.90% Long Term), 0.02% higher when compared with March 2020 (**4.91%**). A total of 31,542 WTE days were lost over the last 12 months, with 1,694 episodes recorded (391 long term and 1303 short term). Covid-19 was responsible for 0.52% of the rolling rate, with 168 episodes recorded.

The latest available NHS Wales Performance Dashboard reported a rolling absence rate of 5.9% for October 2020. Of the 7 Health Boards, Powys THB (including hosted services) were recorded as having the lowest rate with 4.9% (including hosted services) at that time.

Risk Assessments - In October 2020, the national risk assessment was made available to staff via ESR. As of the 31st March 2021 1045 (46%) of the 2260 staff in post have a risk assessment recorded on ESR. However, 41 of these staff have not entered a risk level (**Table 4**).

In light of the current context of significantly lower cases across Wales, the Chief Medical Officer has reviewed the advice to people who were clinically extremely vulnerable and shielding. As a result, shielding measures were paused with effect from the 01 April 2021. Recognising the range and complexity of conditions on the 'shielded list' the pragmatic approach agreed Nationally is for these individuals to automatically be scored 7 on the COVID-19 Workforce Risk Assessment Tool and placed in the Very High Risk group. In light of this updated advice, managers, working with WOD and Occupational Health, have been asked to review risk assessments to facilitate discussions enabling staff to return to work. Of the 28 staff who were isolating/shielding in March, a significant proportion have been able to return to work, leaving 9 currently still absent. In addition, there are a further 9 staff working from home.

The National All Wales rolling sickness target of 4.07% was set as part of the 3 year pay agreement to be achieved by September 2020. There is still a commitment to deliver an ongoing reduction in the rates of sickness absence until the rates in Wales at least equal the sickness absence rates of comparable staff groups in England with an aspiration to achieve a rolling (12 month) sickness absence rate at or around 4%.

Business as usual activity has resulted in a greater focus by the Business Partners and HR Advisors in monitoring and reviewing long term sickness cases which are highlighted through a fortnightly caseload tracker. The Business Partners continues to explore opportunities to return staff to work in a different capacity where possible. They continue to work proactively with managers to ensure they are complying with the policy trigger points, along with reporting monthly to the Directorates on Sickness Absence. ***Sickness information is subject to change due to late submissions.**

Chart 8

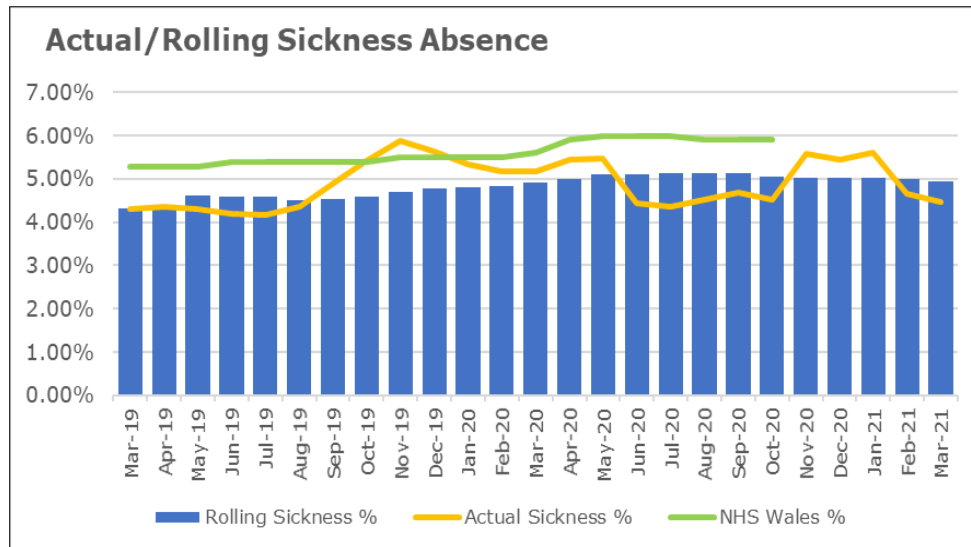


Chart 9

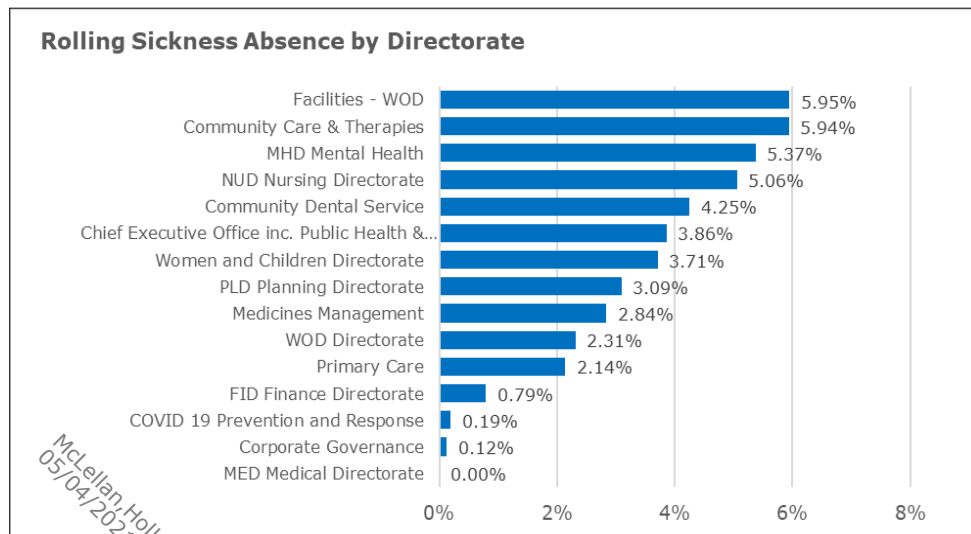


Chart 10

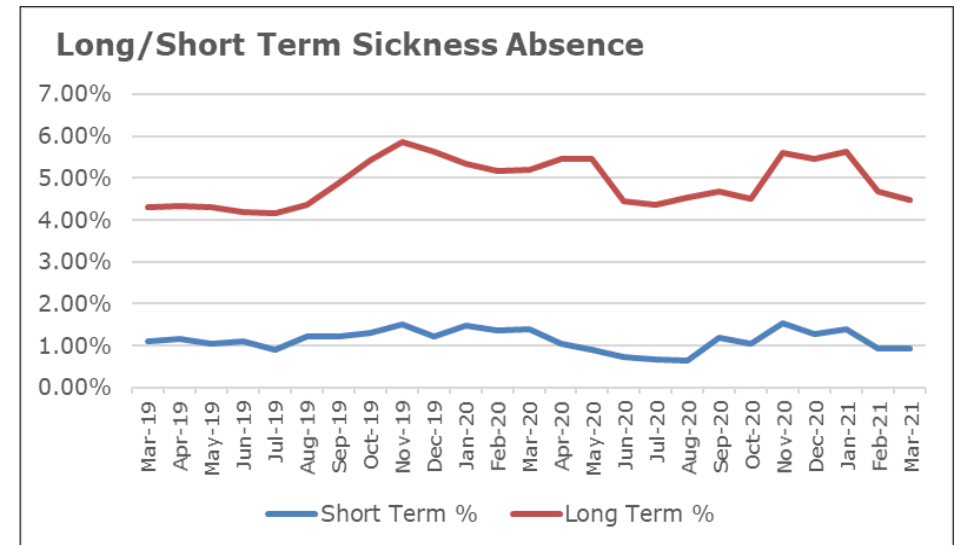


Table 2

Staff Group	Rolling Sickness	
	Mar-20	Mar-21
Add Prof Scientific and Technic	3.69%	3.84%
Additional Clinical Services	6.83%	7.36%
Administrative and Clerical	3.89%	3.19%
Allied Health Professionals	3.99%	3.08%
Estates and Ancillary	5.85%	6.38%
Healthcare Scientists	22.27%	0.90%
Medical and Dental	2.92%	2.92%
Nursing and Midwifery Registered	4.73%	5.14%
Students	0.00%	2.13%
Grand Total	4.91%	4.93%

Table 3

Top 10 Absence Reasons - March 2021				
Absence Reason	Headcount	Abs Occurrences	FTE Days Lost	%
Anxiety/stress/depression/other psychiatric illnesses	35	38	483.31	19.5
Other musculoskeletal problems	24	24	350.45	14.2
Other known causes - not elsewhere classified	29	29	291.11	11.8
Injury, fracture	12	12	208.74	8.4
Infectious diseases	10	10	198.32	8.0
Gastrointestinal problems	16	17	156.40	6.3
Heart, cardiac & circulatory problems	8	8	148.75	6.0
Back Problems	15	15	138.23	5.6
Benign and malignant tumours, cancers	6	6	116.49	4.7
Chest & respiratory problems	8	9	112.04	4.5

Mandatory & Statutory Training

Although compliance remains below 80% the rate has risen to **79%** in March 2021 (**Chart 10**). However in comparison to March 2020 (86%) compliance has fallen by 7%. HR Advisors continue to send reports to managers and provide support to increase compliance for statutory and mandatory training. Whilst this has been monitored during the period in which Covid-19 was prevalent, a more focused approach is now being taken. Of the 15 Directorates within Powys THB, only 4 have achieved or exceeded the 85% set target (**Chart 11**).

The latest available NHS Workforce Performance Dashboard for October 2020 shows a reported average of 79% for NHS Wales. Of the 7 Health Boards, Powys THB continues to record the second highest performance at that time with 87% (including hosted services) (**Chart 14**). This percentage is based on the 10 modules Skills for Health Core Skills and Training Framework (CSTF) at the minimum level of statutory and mandatory training compliance required, which is Level 1, where locally compliance is based on the competencies and level of training that staff need for their role.

Table 4

All Wales Covid-19 Risk Assessment	
Level	Headcount
1 - Low Risk (Score 0-3)	906
2 - High Risk (Score 4-6)	65
3 - Very High Risk (Score 7-11)	33
Level not Entered	41
Grand Total	1045

Chart 13

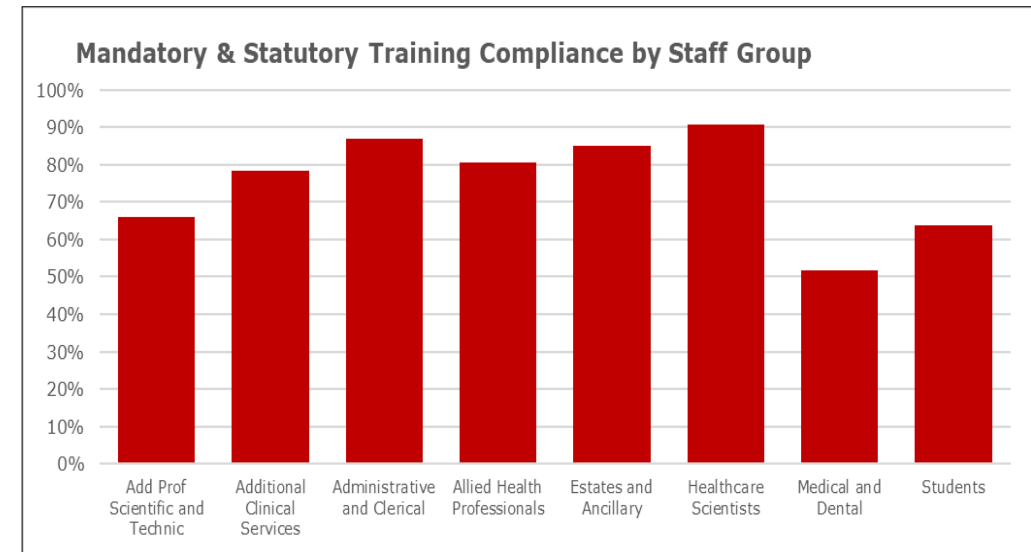


Chart 11

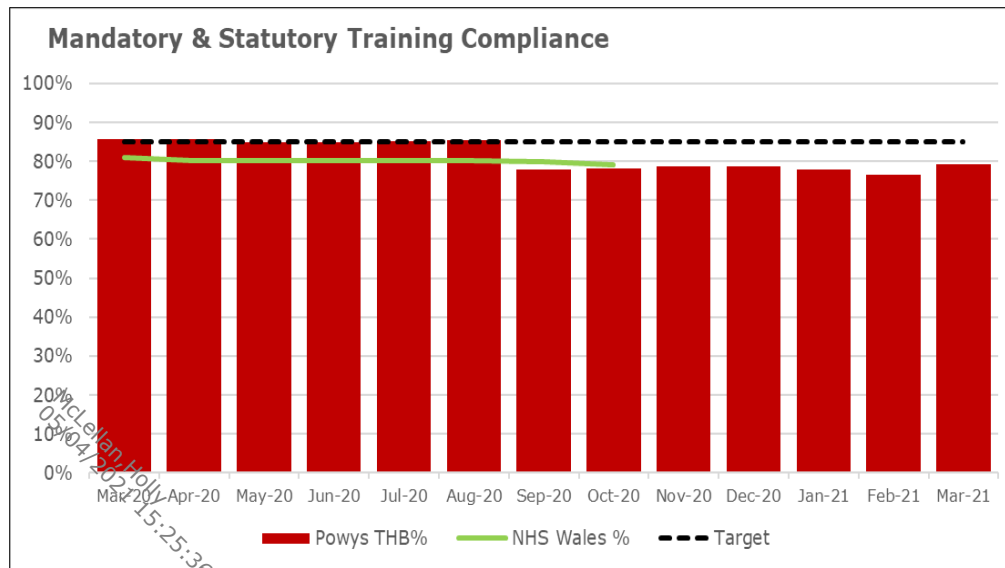


Chart 12

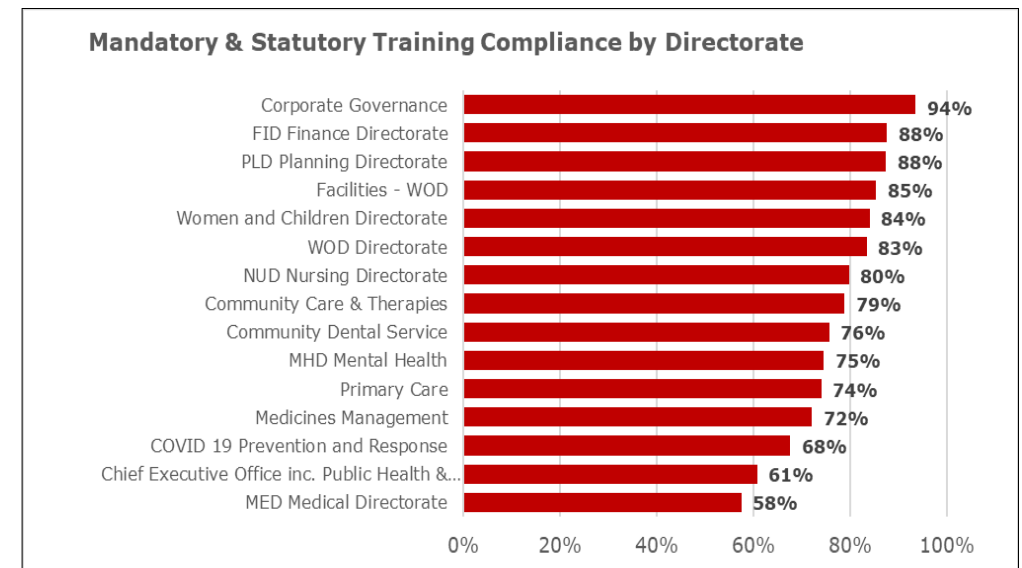
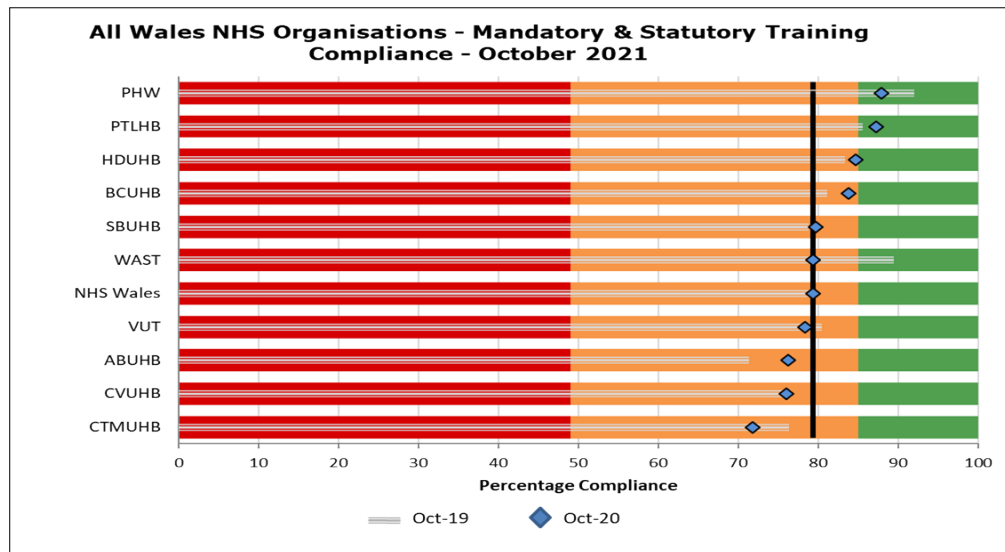


Chart 14



Staff Appraisals

Compliance has remained unchanged this month at a rate of **65%**. Compared with March 2020 (79%) compliance has fallen by 14% (**Chart 15**). Of the 15 Directorates within Powys THB, only 1 has achieved or exceeded the 85% set target (**Chart 16**).

In recognition of the increasing pressures on the Medical service the Chief Medical Officer extended the 'approved missed' appraisal period to the end of March 2021. This resulted in Medical and Dental appraisals falling to **51%** in March 2021 (**Chart 17**). From 1st April, there will be a return to appraisal with virtual appraisal continuing to be an acceptable option until the end of 2021, which will have a positive effect on future compliance.

NHS Wales Performance Dashboard reported an average of 61% for October 2020. Of the 7 Health Boards, Powys THB reported 4th highest performance at that time with 70% (including hosted services) (**Chart 18**).

Staff Appraisals 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.

Chart 15

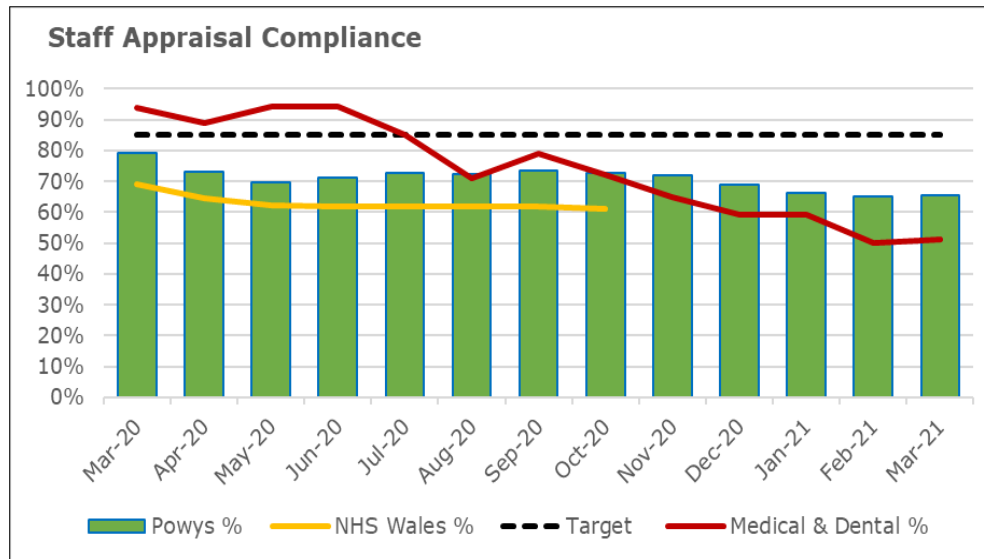


Chart 16

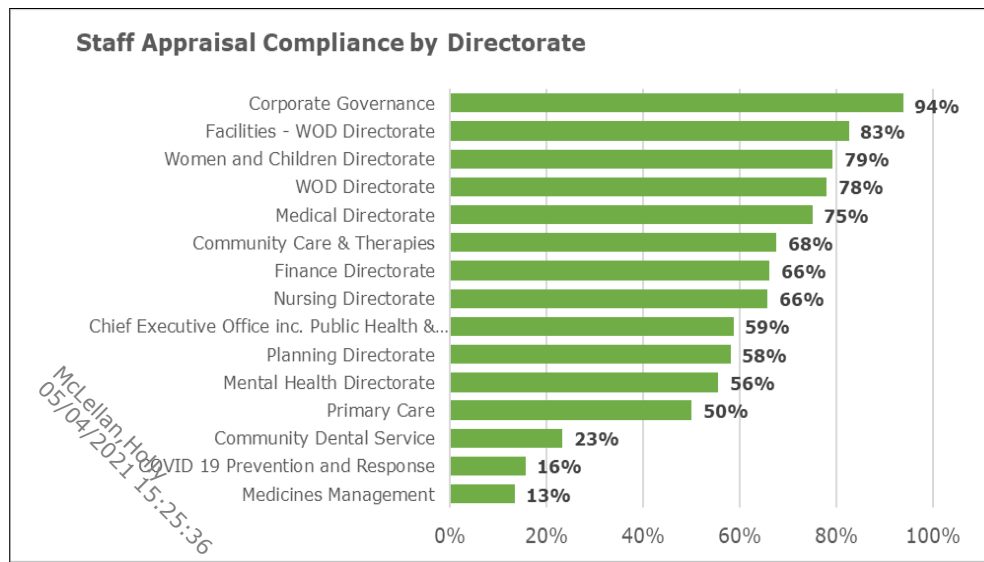


Chart 17

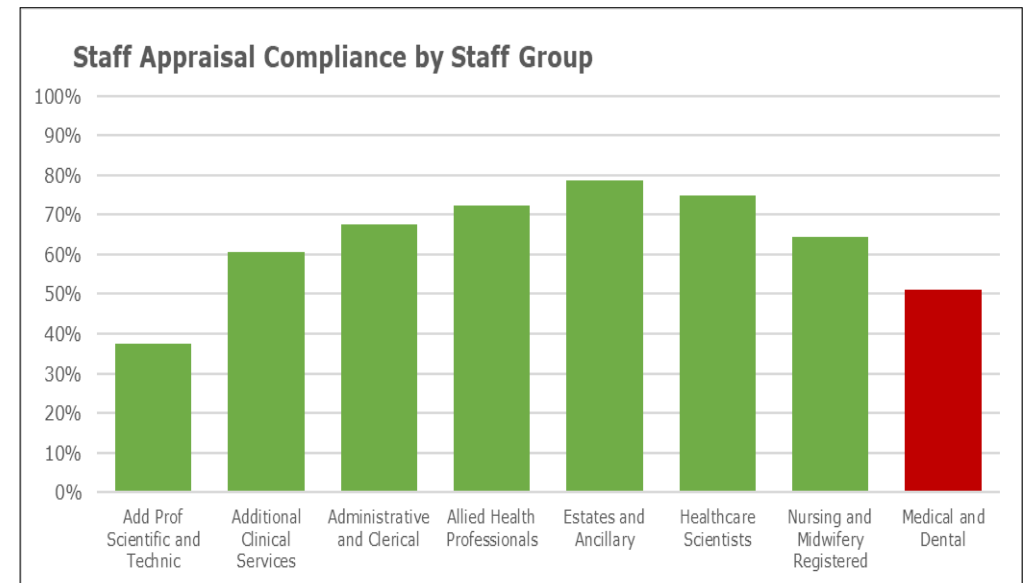
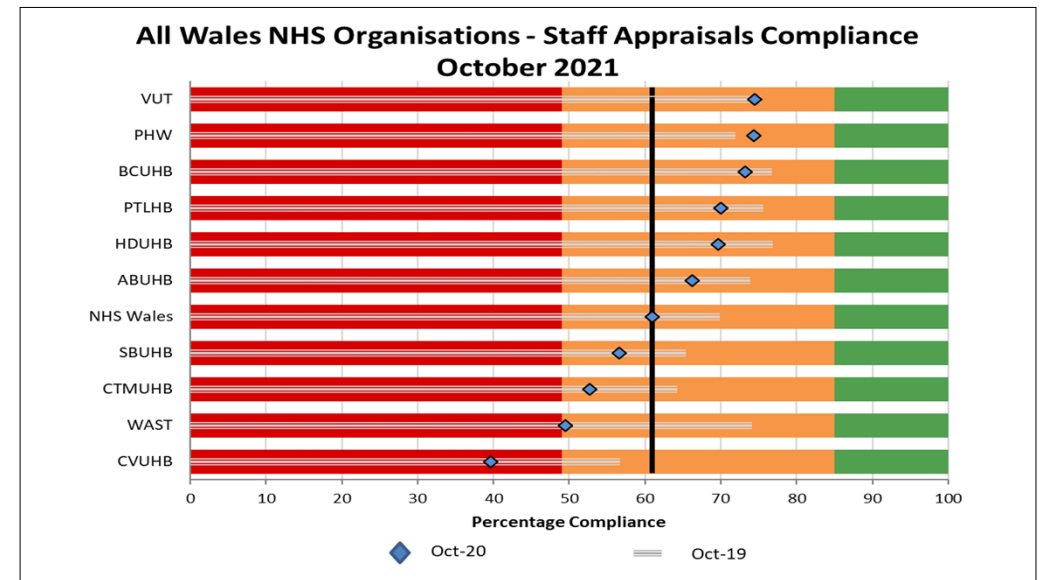


Chart 18



McLellan Holly
05/04/2021 15:25:36

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05/04/2021 15:25:36



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Agenda item: 3.8

PERFORMANCE & RESOURCES COMMITTEE		Date of Meeting: 6 May 2021
Subject:	Health & Safety Executive Intervention & Investigation: The Control of Vibration at Work Regulations 2005	
Approved and Presented by:	Julie Rowles, Director of Workforce, OD & Support Services	
Prepared by:	Anthony Holt, Senior Health & Safety Officer Andrew Cresswell, Assistant Director: Health & Safety and Support Services	
Other Committees and meetings considered at:	Executive Committee – 21 st April 2021	

PURPOSE:

The purpose of this paper is to provide the Performance & Resources Committee with assurance and overview in relation to the Health & Safety Executive (HSE) investigation to date, relating to compliance with the Control of Vibration at Work Regulations 2005 and the prevention of Hand Arm Vibration Syndrome (HAVS).

An improvement Action Plan in response to the HSE Improvement Notices forms part of this paper and readers are advised to refer to this too. PTHB must comply with the actions in the plan by 30th April 2021.

The actions and interventions required, as part of the current Improvement Notices, some of which are likely to require financial investment as identified within this report.

Progress against the action plan is moving quickly. Further actions will be completed between the time of writing this report and the Performance and Resources Committee on 6th May 2021. An update detailing the additional

actions completed between submission of this report and 5th May 2021 will be tabled at the Committee.

RECOMMENDATION(S):

The Committee is asked to:

- 1. NOTE the Action Plan agreed by the Executive Committee (see Appendix 1)**
- 2. Note the HSE Notice of Contravention, Improvement Notices and their content (see Appendices 2, 3, 4)**
- 3. Note that the HSE are continuing to undertake further investigations in PTHB relating to HAVS. This may result in additional financial penalties.**
- 4. Note that an additional proactive Action Plan will be developed specifically for Support Services Department, which sits outside of the Improvement Notices, to include a wider cost benefit analysis of the ground maintenance work on three community hospital sites.**
- 5. To note the potential for civil claims against PTHB by those diagnosed with vibration related disease.**

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

Hand Arm Vibration Syndrome (HAVS), commonly manifests as 'vibration white finger' or carpal tunnel syndrome. HAVS is caused by the transfer of vibration from hand held or guided vibratory work equipment/tools, through an operative's hands and arms. Over time and through excessive vibration exposure, causing damage to the nerves and restricting blood flow to the hands and fingers.

HAVS is most commonly associated with the use of equipment from the construction and grounds maintenance sectors, such as; percussion drills, breakers, strimmer's, mowers, hedge-cutters and blowers. Some level of vibration can be found in other sectors too, such as cleaning through the use of buffers, polishers and scrubber dryers, but these are recognised by the HSE as relatively low risk, compared to the equipment used within construction, grounds maintenance or heavy industry sectors.

Any case of HAVS with a confirmed diagnosis from a specialist Occupational Health Physician is reportable to the HSE under the Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 2013 (RIDDOR).

During 2020 five employees in PTHB's Estates department were identified during routine health surveillance as displaying symptoms of Hand Arm Vibration Syndrome. This was due to exposure from the day to day use of vibratory tools and work equipment. These employees were referred to PTHB's Occupational Health Consultant, who after tests confirmed a diagnosis of HAVS, which has resulted in these cases being reported to the HSE under RIDDOR.

These cases relate to vibration exposure through work over a number of years. There is currently one case proceeding to a Civil claim against the organisation.

Following the RIDDOR submissions, HSE informed PTHB that they would be commencing an investigation into how the organisation has complied with the Control of Vibration at Work regulations, which came into being in 2005.

Whilst the HSE continue their investigations, they issued a Notice of Contravention and two Improvement Notices on 2nd March 2021, which

identify material breaches of the regulations, which require compliance by 30th April 2021. These are provided in the attached Appendices.

The detailed Action Plan sets out a methodical approach to ensuring PTHB are able to comply with the regulations and assess the risk of vibration exposure.

The HSE will seek to serve a fee for the two current Improvement Notices and it is anticipated that this could range from £5k to in excess of £15k.

DETAILED BACKGROUND AND ASSESSMENT:

In May 2020, PTHB's Health & Safety Team were informed that during routine health surveillance one of the Estates Operatives had been diagnosed with Hand Arm Vibration Syndrome (HAVS) due to exposure to vibration at work over a number of years. This diagnosis was reported to the HSE, as an Occupational Disease, in line with RIDDOR requirements.

In June 2020, a further two Estates Operatives were diagnosed and these were also reported to the HSE.

Since then there have been a further two cases within Estates, which have also been reported, following diagnosis in November 2020 and in January 2021.

The HSE contacted PTHB in June 2020, advising of their intention to investigate the case of HAVS reported in May and requested further details in relation to this case. As part of their investigation process, the HSE requested voluntary statements from those who had been diagnosed with HAVS, along with Managers from the Estates Department and staff from Support Services, who had also been identified during the initial investigation process as using vibratory equipment. To date the HSE have taken voluntary statements from:

- 4 x employees from the Estates Team
- 2 x Estates Managers
- 2 x employees from Support Services

During the investigation process, the HSE identified material breaches in the Control of Vibration at Work Regulations 2005, within the organisation.

The HSE will seek to serve a fee for the two current Improvement Notices. It is anticipated that this could range from £5k to in excess of £15k, based on their hourly rate of £156 per hour.

As part of the investigation process the HSE have issued a Notice of Contravention (full details attached at Appendix 2), along with the following two Improvement Notices against the organisation. These notices must be complied with by 30th April 2021:

1. HSE Notice 1 (JB0 20321/01) - All hospital sites operated by Powys Teaching Health Board - *You have failed to provide all employees with suitable and sufficient information, instruction and training where your risk assessment indicates a risk to your employee's health, and where they are exposed to vibration whilst at work (improvement notice appendix).*
2. HSE Notice 2 (JB0 20321/02) - Estates Department at Bronllys Hospital, Bronllys, Brecon, LD3 0LU - *You have failed to ensure that any person who carries out work in connection with your duty under the Control of Vibration at Work Regulations 2005 (as amended), has received suitable and sufficient information, instruction and training (improvement notice appendix).*

The Improvement Notices relate to:

- Identifying who has managerial responsibility for employees who work with vibrating tools and equipment, in both Estates and Support Services.
- Ensuring those managing vibration at work are suitably trained to discharge these duties, both within Estates and Support Services.
- Ensuring those in Support Services using vibratory work equipment are suitably trained regarding the hazards associated with their use, and potential ill health effects from vibration exposure and how the risk is to be managed within the service.

Internal Health and Safety advice and support work has been undertaken in relation to HAVS and the Control of Vibration of Work Regulations 2005, prior the HSE intervention in June 2020.

The Health and Safety Team identified some potential shortfalls in relation to the Control of Vibration at Work Regulations 2005 and HAVS. Work had started to address the identified issues in early 2020, which included:

1. Developing and implementing an organisational wide HAVS Policy, to inform and guide department Managers in how to assess the risk associated with the use of vibratory work equipment. Methods and

actions to take to reduce the levels of exposure and manage any risk posed to staff who use and operate such equipment and ensure compliance with the Regulations. This policy was signed off by the Executive Management Team in April 2020.

2. Within Estates, an action plan was produced and implemented identifying where work was required with recommendations to address shortfalls in the Estates vibration exposure risk management procedures and to ensure compliance with the Regulations, which include:

- Undertaking a full tool audit within Estates.
- Assessing the risk of vibratory equipment within the workplace.
- Calculating vibration exposure for the equipment used within Estates.
- Implementing a system for monitoring daily vibration exposure.
- Implementing a regime of tool servicing and maintenance.
- Equipment Procurement (identifying and purchasing low vibration equipment going forward)
- Annual HAVS surveillance by Occupational Health.
- HAVS Awareness training for operatives (toolbox talk)

During the investigation the HSE have acknowledged that a great deal of progress has been made by PTHB and, in particular, the Estates department since early 2020, in relation to compliance with the Control of Vibration at Work Regulations 2005.

The organisation will move closer to compliance with the Regulations once the current Improvement Notices have been complied with by the 30th April 2021.

It has to be noted that although the organisation has been served with the two Improvement Notices, the HSE continue with their investigation into how, or if the organisation has complied with these regulations since their implementation in 2005 and what has led to five members of staff being diagnosed with vibration related injuries.

In order to meet the HSE compliance deadline of 30th April a detailed Action Plan has been developed, to ensure we have a planned approach to achieving the required actions and activities. (See attached Appendix 1)

Key themes and actions set out within the Action Plan:

1. Identify departments within PTHB who use vibratory work equipment.

A desk top exercise has been undertaken by the Health and Safety Team to review departments across the organisation, to identify where vibratory equipment is in use and could pose a vibration risk to employees.

The desk top exercise identified the following departments in addition to the Estates Department and Support Services, which form part of the HSE Improvement Notices:

- Dentistry – The Clinical Director for Dentistry was contacted via email with regard to vibratory equipment. His response confirmed that vibration is not assessed as a risk within the department.
- Operating theatres – This department was discounted due to the minimal use of vibratory equipment for operations undertaken within PTHB. Typically, these include endoscopy, cataract and minor day surgery. No major or specialist operations such as hip or knee replacements are undertaken on PTHB sites.

Going forward if processes change and managers identify vibration as a hazard as part of their risk assessment process, they will be supported by the H&S Team, to ensure robust control measures are implemented to mitigate and vibration exposure risks.

2. Cessation of Support Services staff carrying out Grounds Maintenance using vibratory equipment.

The greatest risk identified within the Support Services department has been the use of vibratory equipment, in specific garden maintenance tasks by Porters.

As a result, this work has now ceased. It has been temporarily contracted to Powys County Council who have a specialist team to undertake this work. Support Services are undertaking a wider cost benefit analysis with a view to undertaking a tendering exercise with specialist contractors. It is estimated that this work could attract tenders of up to £15k per year.

3. Identify Management Responsibilities.

Departments have identified the MANAGERS/Supervisors who will be designated with HAVS Management responsibility going forward within their departments, and for ensuring work place vibration exposure is suitably managed to ensure compliance with the Regulations.

4. Delivery of appropriate information, instruction and training for identified staff and managers.

Two levels of HAVS training have been identified to comply with the HSE Improvement Notices:

- a. Managers - HAVS Management Training for those designated with HAVS management responsibility.

Three sessions of HAVS Essentials Management Training have been procured and delivered to Managers/Supervisors from Estates and Support Services by an IOSH Accredited Training Provider (HAVI). The courses were delivered on the 7th, 13th & 15th April at a cost of approximately £3000, and the following attended:

- 6 x Managers/Supervisors from Estates
- 17 x Manager/Supervisors from Support Services

- b. Operatives – A HAVS Awareness Training for employees who operate vibratory work equipment.

This training will be delivered within the existing capabilities and capacity of the Health and Safety Team. A HAVS Awareness Training Session has been developed by one of the Senior Health and Safety Officers and is ready for delivery. The HAVS awareness training will be delivered via 10 Microsoft “Teams” sessions online. The 10 sessions that have been booked AND ARE AVAILABL can accommodate 150 attendees, giving sufficient capacity to ensure all those identified by departments as using vibratory work equipment are able to attend. The dates for the courses are 22nd, 23rd, 26th and 27th April, so delivery ensures compliance with the HSE Improvement Notice deadline of April 30th.

5. Provide and review Vibration Calculations for equipment used.

The Estates Team are currently in the process of having all vibratory work equipment measured and tagged by a competent company, to

ensure accurate “in-use” vibration magnitude measurements are identified.

The company are currently working on the last batch of equipment to be measured and tagged and this equipment will be back within the estates department week ending 23rd April.

Operational Estates staff will be provided with an update on vibration measurement and calculation via toolbox talk, which will be delivered by Estates Managers and Supervisors, week ending 23rd April.

The review of vibration magnitudes in line with the HSE’s recommendations and Improvement Notices will ensure the department going forward can through risk assessment identify the correct levels of vibration exposure for work tasks and ensure suitable control measures can be implemented, to prevent exposure over the safe limits set out in the Regulations.

At the time of writing and with the actions already taken as outlined above, PTHB is on track to meet the deadline of the 30th April for compliance with the two HSE Improvement Notices.

As the HSE continue to undertake further investigations, an additional Action Plan will be drawn up which will sit outside the 30th April Improvement Notice, in order to demonstrate a proactive approach to improving our HAVS identification and management specifically within the Support Services function.

This additional action plan will include further detailed work on the following areas:

- Undertake a full audit of all equipment that poses a vibration risk to Support Services employees
- Policy and process for the procurement and purchase of low vibratory work equipment
- Implement a regime of tool maintenance
- Information
- Ensure the risk of vibration exposure for task undertaken within Support Services are suitably risk assessed
- Vibration Monitoring - monitoring and reviewing exposure levels on a regular basis
- Health Surveillance- identify any support services staff that have been exposed to the use of vibrating tool to check and ensure they are not suffering from ill health effects from past exposure.

NEXT STEPS:

- To ensure satisfactory compliance with the two HSE Improvement Notices by 30th April 2021
- To meet the financial penalty outcome of the intervention fee (*up to* £15K), associated training costs (*circa* £3.5K) and potential out sourcing of grounds maintenance (*up to* £15K).
- To co-operate and support the HSE with their ongoing HAVS investigation and await the detailed findings;
- To develop and agree a detailed action plan specifically for Support Services to continue to assess the risk of vibration exposure from cleaning equipment;
- To undertake a wider cost benefit analysis of the ground maintenance work.


PTHB Hand Arm Vibration Action Plan:

APPENDIX 1

Objective: To address the issues identified in the HSE'S Notice of Contravention and the 2 Improvement Notices, to ensure compliance with The Control of Vibration at Work Regs 2005

Notice 1 - (JB0 20321/01) - All hospital sites operated by Powys Teaching Health Board - You have failed to provide all employees with suitable and sufficient information, instruction and training where your risk assessment indicates a risk to your employee's health, and where they are exposed to vibration whilst at work.


Notice 2 - (JB0 20321/02) - Estates Department at Bronllys Hospital, Bronllys, Brecon, LD3 0LU - You have failed to ensure that any person who carries out work in connection with your duty under the Control of Vibration at Work Regulations 2005 (as amended), has received suitable and sufficient information, instruction and training.

Area	No	Actions Required	Lead Director/s	Lead Person/s	Start Date	Completion Date	Expected Outcome	Update/Comments
		HSE Notice 1 (JB0 20321/01) - All hospital sites operated by Powys Teaching Health Board - You have failed to provide all employees with suitable and sufficient information, instruction and training where your risk assessment indicates a risk to your employee's health, and where they are exposed to vibration whilst at work.						
	1	Identify departments within PTHB who use vibratory work equipment: Identify departments within PTHB whose employees are using vibratory work equipment whilst at work, other than Support Services and Estates.	Director of Workforce and OD	Senior Health & Safety Officer	10/03/2021	30/04/2021 Complete 01/04/2021	To ensure all departments within the organisation who use vibratory work equipment are identified	<p>Exposure to vibration at work through the use of vibratory equipment (i.e. impact drills, saws, strimmer's, leaf blowers, mowers etc.) doesn't affect many of the departments within the organisation, due to the nature of their work within the organisation.</p> <p>Following evaluation by the H&S Team, the only department other than Estates and Support Services that may have been affected was Dentistry. A check has been made with Dentistry and confirmation received from the Dental Director that vibration exposure it's not an issue for dentistry, none of the equipment vibrates that would be of occupational concern.</p> <p> RE_ Hand Arm Vibration - Dentistry</p> <p>The information above and assessment that has taken place doesn't mitigate the need for services/departments to ensure their work activities are thoroughly risk assessed, and</p>


Area	No	Actions Required	Lead Director/s	Lead Person/s	Start Date	Completion Date	Expected Outcome	Update/Comments
								where required vibration exposure is identified as a hazard the HAVS Policy HSP-004 is followed, and suitable control measures put in place to mitigate and manage the risk. Where required further advice and guidance can be sort from H&S.
	2	Cessation of Support Services carrying out Grounds Maintenance: 2.1 - Confirm in writing the cessation of Support Service Staff undertaking Grounds Maintenance Work;	Director of Workforce and OD	Head of Support Services	10/03/2021	30/04/2021 <u>Complete 09/04/2021</u>	To Ensure all grounds works has ceased within Support Services and prevent staff accessing and using grounds equipment.	2.1- Support Services have ceased the use of vibratory equipment for grounds maintenance activities across the three community hospital sites where porters previously carried out these tasks.
		2.2- Confirm in writing who will be carrying out ground's maintenance work on behalf of Support Services.	Director of Workforce and OD	Head of Support Services	10/03/2021	30/04/2021 <u>Complete 09/04/2021</u>		2.2- Grounds maintenance work that involves vibratory equipment has been temporarily been contracted out to Powys County Council on the three community hospital sites in question. Support Services are undertaking a wider cost benefit analysis with a view to undertaking a tendering exercise with specialist contractors. It is estimated that this work could attract tenders of up to £15k per year.
		2.3- Remove all Support Services ground maintenance equipment to secure storage.	Director of Workforce and OD	Head of Support Services	10/03/2021	30/04/2021 <u>Complete 09/04/2021</u>		2.3- Site Supervisors have been instructed to retain the equipment in secure Stores whilst consideration is made for disposal in line with environmental sustainability principles.
	3	Management Responsibility: Identify who has managerial responsibility within Support Services for employees who work with vibratory tools and equipment within Support Services.	Director of Workforce and OD	Head of Support Services	10/03/2021	30/04/2021 <u>Complete 09/04/2021</u>	To identify suitable persons and designate them with responsibility for the management of HAVS within the department.	Operational management will be held by the Support Services Managers for North and for South Powys respectively. Overarching responsibility is held by the Assistant Director: Health & Safety and Support Services.


Area	No	Actions Required	Lead Director/s	Lead Person/s	Start Date	Completion Date	Expected Outcome	Update/Comments
	4	<p>Training:</p> <p>4.1 – Identify a training provider for HAVS Management training, that includes the following:</p> <p>a. knowledge of the work processes in the industry concerned and familiarity with compliance in respect of control of vibration risks;</p> <p>b. an understanding of the purpose of risk assessment and how to identify potential risk control measures, determine how the Vibration Regulations apply based on exposure, and form a view on the reasonable practicability of the actions that could be taken;</p> <p>c. an understanding of how to obtain and interpret information on vibration risks, including the limitations of manufacturers' declared emission values and the sources of alternative information about the likely vibration emitted by the equipment in use;</p> <p>d. the ability to assess daily exposures from information on vibration magnitudes and exposure durations;</p> <p>e. where measurements of hand arm vibration are made, competence in measurement and interpretation of those measurements;</p> <p>f. the ability to record their findings and decisions, and explain them to others;</p> <p>g. an understanding of their own limitations, whether of knowledge, experience or resources.</p>	Director of Workforce and OD	Head of Support Services	10/03/2021	<p>30/04/2021</p> <p>Complete 18/03/2021</p>	To ensure those with management responsibilities are sufficiently trained to plan and assess the safe use of vibratory work equipment, vibration levels to prevent employees being exposed to potentially harmful levels of vibration whilst at work.	<p>4.1- Anthony Holt has contacted HAVI and secured accredited HAVS Management Essentials training for staff on the 7th, 13th and 15th April. These courses are now on ESR for staff to book onto. Managers have been advised of the dates via email (18/03/21) and been provided with a course workbook and copy of the HAVS policy for delegates (AH Action - Complete)</p>

Area	No	Actions Required	Lead Director/s	Lead Person/s	Start Date	Completion Date	Expected Outcome	Update/Comments
		4.2 – Procure HAVS Management training and roll out training program.	Director of Workforce and OD	Senior Health & Safety Officer	10/03/2021	30/04/2021 Complete 15/04/2021	To ensure employees who are potentially exposed to vibration risks are provided with suitable information, instruction and training regarding HAVS.	4.2- HAVS Management Essentials training for Supervisors & Managers has been procured and was delivered by an accredited external provider on the 7 th , 13 th and 15 th April. 17 x Support Services Managers/Supervisors attended the training, in accordance with those nominated by Senior Management.
		4.3 – Identify staff members across the organisation who require HAVS Awareness training.	Director of Workforce and OD	Head of Support Services	10/03/2021	30/04/2021 Complete 09/04/2021		4.3- There will be a need for up to 9 members of Staff per community hospital site (total 81) to have HAVS awareness training using floor polishers/scrubbers.
		4.4 - Develop a workplace/toolbox HAVS Awareness talk to employees who are using vibratory work equipment, course content to cover the following: a) which work equipment and processes cause vibration risks and their respective levels of risk. b) how their personal daily exposures compare with the exposure action and the limit values. c) what symptoms of ill health they should look out for, to whom they should report them and how they should report them. d) what control measures you have taken and/or plan to introduce to reduce risks. e) the use of personal protective equipment where required, e.g. special clothing required to keep the body and/or hands warm.	Director of Workforce and OD	Senior Health & Safety Officer	10/03/2021	30/04/2021 Complete 17/04/2021	HAVS Awareness toolbox talks to be delivered to staff to give them an understanding if HAVS and the ill health effects associated with vibration exposure along with the control measured PTHB are implementing to prevent this with Q&A. Once complete staff ESR records to be updated.	4.4- A HAVS Awareness Courses for employees using vibratory work equipment has been developed by Anthony Holt (Senior Health & Safety Officer). This will be delivered via a PowerPoint presentation through Microsoft Teams.

Area	No	Actions Required	Lead Director/s	Lead Person/s	Start Date	Completion Date	Expected Outcome	Update/Comments
		<p>f) what training is in place and/or you plan for operators, supervisors and managers in their respective roles to ensure control of exposure, e.g. through correct selection, use and maintenance of equipment or restriction of exposure times.</p> <p>g) what health surveillance has been provided and/or will be provided, how you are going to provide it and why it is important, as well as the overall findings (in anonymous form).</p> <p>h) Employees are expected to:</p> <p>i) follow instructions they are given on safe working practices.</p> <p>ii) report problems with their equipment, such as unusually high vibration levels.</p> <p>iii) co-operate with your programme of control measures and health surveillance.</p>						
		<p>4.5 – Deliver HAVS Awareness Training to staff who use vibratory work equipment.</p>	Director of Workforce and OD	Senior Health & Safety Officer	10/03/2021	30/04/2021		<p>4.5- Ten HAVS Awareness Courses for employees using vibratory work equipment have now been arranged for the 22nd, 23rd, 26th & 27th April.</p> <p>These sessions will be delivered via Teams. Each course is able to facilitate 15 employees (total places available 150). Courses will be available through ESR and will be recorded on the employees training record.</p> <div>  <p>HAVS Awareness Training Sessions .rr</p> </div>

Area	No	Actions Required	Lead Director/s	Lead Person/s	Start Date	Completion Date	Expected Outcome	Update/Comments
		HSE Notice 2 (JB0 20321/02) - Estates Department at Bronllys Hospital, Bronllys, Brecon, LD3 0LU - You have failed to ensure that any person who carries out work in connection with your duty under the Control of Vibration at Work Regulations 2005 (as amended), has received suitable and sufficient information, instruction and training.						
	5	Management Responsibility: Identify who has managerial responsibility for employees who work with vibratory tools and Equipment within the Estates Department	Director of Planning & Performance	Head of Estates & Estates Officer	10/03/2021	30/04/2021 Complete 18/03/2021	To identify suitable persons and designate them with responsibility for the management of HAVS within the department.	All Estates Specialist Officers, Maintenance Officers and Chargehands will receive formal training. The lead officer for HAVS will be Stuart Lewis & Gareth Jones will be deputy lead officer (Estates Specialist Officers)
	6	Training- 6.1- Identify a training provider for HAVS Management training, that includes the following: a. knowledge of the work processes in the industry concerned and familiarity with compliance in respect of control of vibration risks; b. an understanding of the purpose of risk assessment and how to identify potential risk control measures, determine how the Vibration Regulations apply based on exposure, and form a view on the reasonable practicability of the actions that could be taken; c. an understanding of how to obtain and interpret information on vibration risks, including the limitations of manufacturers' declared emission values and the sources of alternative information about the likely vibration emitted by the equipment in use; d. the ability to assess daily exposures from information on vibration magnitudes and exposure durations; e. where measurements of hand arm vibration are made, competence in	Director of Planning & Performance	Head of Estates & Estates Officer	10/03/2021	30/04/2021 Complete 18/03/2021	To ensure those with management responsibilities are sufficiently trained to plan and assess the safe use of vibratory work equipment, vibration levels to prevent employees being exposure to potentially harmful levels of vibration whilst at work.	6.1- Anthony Holt has contacted HAVI and secured accredited HAVS Management Essentials training for staff on the 7 th , 13 th and 15 th April. These courses are now on ESR for staff to book onto. Managers have been advised of the dates via email (18/03/21) and been provided with a course workbook and copy of the HAVS policy for delegates (AH Action - Complete) a, Tasks and work activities have been identified b, Currently ongoing and process in place, the training in section 6.1 will help to strengthen this process c, Currently ongoing, the training in section 6.1 will help to strengthen the existing process d, Existing process in place recorded by operatives, audited Maintenance Officer/Chargehands and Estates Officer Specialist e, Existing process in place, the training in section 6.1 will help to strengthen this process

Area	No	Actions Required	Lead Director/s	Lead Person/s	Start Date	Completion Date	Expected Outcome	Update/Comments
		<p>measurement and interpretation of those measurements;</p> <p>f. the ability to record their findings and decisions, and explain them to others;</p> <p>g. an understanding of their own limitations, whether of knowledge, experience or resources.</p>						<p>f, Currently ongoing, the training in section 6.1 will help to strengthen this process</p> <p>g, Ongoing training and toolbox talks</p>
		6.2- Procure HAVS Management training and roll out the training program.	Director of Planning & Performance	Head of Estates & Estates Officer	10/03/2021	30/04/2021 Complete 15/04/2021		<p>6.2- HAVS Training purchased previously but has not been delivered due to COVID-19, HAVI Monitors have also been purchased.</p> <p>HAVS Management Essentials training for Supervisors & Managers has been procured and was delivered by an accredited external provider on the 7th, 13th and 15th April.</p> <p>6 Managers/Supervisors from Estates attended the training, in accordance with those nominated by Senior Management.</p>
	7	<p>Vibration Calculations</p> <p>7.1- Check all vibration calculation, in line with measured readings or the HSE L140 schedule</p>	Director of Planning & Performance	Head of Estates & Estates Officer	10/03/2021	30/04/2021 Complete 19/03/2021	<p>To check all vibration magnitude calculation in line with real time measured data that is available, to ensure the calculations are reflective of the vibration exposure experienced by employees while using the equipment and are not underestimating the vibration exposure for the equipment while in use.</p> <p>Update calculations as required and inform staff of all changes.</p>	<p>7.1- Anthony Holt has contacted the HSE Inspector and confirmed the sources of vibration magnitude to be used when calculating vibration exposure – a confirmation emailed was sent to Estates Officers on the 19/03/21 (AH Action – Complete)</p> <p> HSE - Vibration Measurements.msg</p>

Area	No	Actions Required	Lead Director/s	Lead Person/s	Start Date	Completion Date	Expected Outcome	Update/Comments
			Director of Planning & Performance	Head of Estates & Estates Officer	10/03/2021	30/04/2021	To provide staff with information on any changes in vibration values for the equipment they use.	
		7.2- Update vibration magnitude calculations & documentation.				<u>In Progress, will be complete by HSE target date</u>		7.2- The Estates department have contracted Tools UK to service, inspect all vibratory work equipment used within the department. The company are measuring vibration levels of all tools "in-use" for the various situations they are used in and are tagging all equipment (red, amber, green) in line with the measured "in-use" vibration levels.
		7.3- Update staff on changes in vibration magnitude calculations.	Director of Planning & Performance	Head of Estates & Estates Officer	10/03/2021	30/04/2021		7.3- All operatives have been provided with an updated toolbox talk by Estates Managers/Supervisors in relation to the revised equipment vibration levels.
	8	Deliver HAVS Awareness Training update to staff who use vibratory work equipment.	Director of Workforce and OD	Senior Health & Safety Officer	10/03/2021	30/04/2021	HAWS Awareness toolbox talk (update) to be delivered to staff to give them an understanding if HAVS and the ill health effects associated with vibration exposure along with the control measured PTHB are implementing to prevent this with Q&A to Once complete staff ESR records to be updated.	8. Ten HAVS Awareness Courses for employees using vibratory work equipment have now been arranged for the 22 nd , 23 rd , 26 th & 27 th April. These sessions will be delivered via Teams. Each course is able to facilitate 15 employees (total places available 150). Courses will be available through ESR and will be recorded on the employees training record.  HAVS Awareness Training Sessions .rr

Powys Teaching Health Board
Glasbury House
Bronllys Hospital
Bronllys
Brecon
LD3 0LU

Reference 4641431

Cyfarwyddiaeth Gweithrediadau
Maes

Mr Joe Boast

Awdurdod Gweithredol
Iechyd a Diogelwch
Llawr 3
Ty'r Rhaglaw
Stryt Y Rhaglaw
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<http://www.hse.gov.uk/>

HM Principal Inspector of Health and
Safety
Mrs Emily Osborne

Field Operations Directorate

Mr Joe Boast

Health and Safety Executive
3rd Floor,
Regent House,
Regent Street,
Wrexham,
LL11 1PR

Tel: 02030284098
E-mail: joe.boast@hse.gov.uk

<http://www.hse.gov.uk/>

HM Principal Inspector of Health
Safety
Mrs Emily Osborne

FAO Mrs Carol Shilabeer, Chief Executive

Tuesday 02ND March 2021

Dear Carol,

HEALTH AND SAFETY AT WORK ETC ACT 1974

I am currently investigating 5 reports submitted to the Health and Safety Executive (HSE) on 28/05/20, 05/06/20, 09/11/20 and 07/01/21, with regards to 5 employees being diagnosed with hand arm vibration syndrome.

During my investigation, I have obtained several voluntary statements from employees and have received documentation relating to the control of vibration in your workplace. This investigation continues to progress, with further statements arranged.

Although my investigation is still ongoing, I have identified contraventions of health and safety law. This letter explains what was wrong, why it was wrong and what you need to do to put things right. Please e-mail or write to me with your progress on these matters by 30/04/21.

It is important that you deal with these matters to protect people's health and safety. If you do not understand what action to take, then please contact me or my Principal Inspector and we will explain further.

You will have to pay a fee because I have identified contraventions of health and safety law which are material breaches. The enclosed section on Fee for Intervention provides further information.

Section 28(8) of the Health and Safety at Work etc Act 1974 requires me to inform your employees about matters affecting their health and safety. I am enclosing a second copy of this letter which you should bring to the attention of your employees. I am also sending a copy of this letter to Trade Union representatives

You will find information and advice about health and safety on our website <http://www.hse.gov.uk/>

Yours faithfully

McLellan Holly
05/04/2021 14:25:36



Joe Boast
HM Inspector of Health and Safety

McLellan Holly
05/04/2021 15:25:36

MATERIAL BREACHES – NOTIFICATION OF CONTRAVENTIONS

I have identified the following contraventions of health and safety law and these now require your attention. You must take action on them to comply with your legal duties. I have also given you the reasons for my opinion as to why you are contravening or have contravened health and safety law.

Improvement Notice JB020321/01

1. The Control of Vibration at Work Regulations (as amended) 2005, Regulation 8 (1)

Regulation 8 (1) states if your risk assessment indicates that there is a risk to the health of your employees who are, or who are liable to be exposed to vibration, or are likely to be exposed to vibration, you shall provide these employees with suitable and sufficient information, instruction and training.

During my investigation, I have identified that training was provided to your employees working in the estates department with regards to the control of vibration, via a toolbox talk in 2017, and a PowerPoint presentation in 2020.

The toolbox talk provided in 2017 was insufficient and did not cover the following important areas:

- What are the respective levels of risk when using handheld power tools,
- Information regarding personal daily exposure levels, the exposure action value, and any limit values.
- What control measures were identified to reduce the risk of exposure.
- Any plan to reduce the risk of exposure
- If health surveillance had been provided and/or will be provided, how it was going to be provided and why it was important.

In addition, although the training provided in 2020, appears to be more comprehensive. This training was only provided to staff working within the estates department.

I have identified that other employees who do not work in the estates department, also work with vibratory tools, where there is a risk to their health, for example Porters carrying out ground's maintenance tasks.

You now need to ensure that all employees who work with vibrating tools, where there is a risk to their health, receive adequate information, instruction and training on this topic. Your employees need to fully understand the level of risk they may be exposed to, how it is caused and the possible health effect.

I have made this topic the requirement of the attached Improvement Notice (Serial number JB020321/01), which requires you to take the actions outlined in the Notice schedule.

I have discussed these actions with Mr Anthony Holt and we have agreed a compliance date which will expire on 30th April 2021. I will consider an extension to this date, if required.

Compliance date: Friday 30th April 2021

Improvement Notice JB020321/02

2. The Control of Vibration at Work Regulations (as amended) 2005, Regulation 8 (4)

McLellan J. Kelly
05/04/2021 15:25:36

Regulation 8 (4) states – that any person, whether or not your employee, who carries out work in connection with your duties under the Vibration at Work Regulations, has suitable and sufficient information, instruction and training.

During my investigation, I have identified that managerial staff have received no training with regards to the control of vibration. Your managerial staff advised that although they are aware of hand arm vibration syndrome, they have never received any form of training.

In addition, the person who conducted the risk assessment had received assistance from Mr Holt (Senior Health and Safety Officer). However, the lack of structured training, resulted in this individual seeking manufacturers vibration data, rather than utilising information from the Health and Safety Executives website.

You must provide suitable and sufficient information, instruction and training, to anyone who helps you to comply with your duties under the Control of Vibration Regulations. This should include those persons with operation responsibility for the management of vibration exposure and compliance with the Regulations.

I have made this topic the requirement of the attached Improvement Notice (Serial number JB020321/02), which requires you to take the actions outlined in the Notice schedule.

I have discussed these actions with Mr Anthony Holt and we have agreed a compliance date which will expire on 30th April 2021. I will consider an extension to this date, if required.

Compliance date: Friday 30th April 2021

Important information about Improvement Notices

You should read the Notice, Serial Number JB020321/01 and Serial Number JB020321/02 and the accompanying notes on the rear of the Notice carefully. The action you take to comply will be measured against the content of the Notice and Schedule. Failure to comply with the requirements of a Notice is a criminal offence which could result in imprisonment or a fine.

You should comply with the Improvement Notice by the compliance date. In limited circumstances, this date can be extended if there are good reasons why you cannot comply. If you wish to request an extension you should write to me before the Notice expires, setting out your reasons.

Additional Information

Details of sufficient information, instruction and training can be found in HSE guidance document entitled: Hand-arm vibration, L140

- Guidance on hand-arm vibration [Hand-arm vibration - L140 \(hse.gov.uk\)](https://www.hse.gov.uk/l140/)

McLellan Holly
05/04/2021 15:25:36

Other Material Breaches

3. The Control of Vibration at Work Regulations (as amended) 2005, Regulation 5

Regulation 5 states – An employer who carries out work which is liable to expose their employees to risk from vibration, shall make a suitable and sufficient assessment of the risk created by that work to the health and safety of those employees. The risk assessment shall identify the measures that need to be taken to meet the requirements of the Control of Vibration at Work Regulations.

During my investigation, I obtained a risk assessment carried out on all handheld power tools used within the estates department. The method used to calculate the vibration magnitude was not relevant and did not represent the way in which your employees plan to use that handheld power tool.

The vibration magnitude in many work processes can be highly variable. It can be affected by the condition of the machine, the material being worked, the operator's technique and how it was measured. It is therefore necessary to find a value (or range of values) to represent the magnitude of vibration to which the hand is exposed during the work process.

The method used to calculate the vibration magnitude represented in your current risk assessment, only considered manufacturers data and information from a website called tool checker.

I now require you to conduct a suitable and sufficient risk assessment of all handheld power tools which expose employees to the risk of vibration.

One way to achieve this is to use your HAVI monitoring equipment to obtain the vibration levels of your handheld power tools and compare your readings with information provided on the HSE website.

HSE provides a hand-arm vibration exposure calculator to assist employers calculate daily exposures quickly and easily. This vibration calculator can be found on the HSE website or via the link, [Hand arm vibration at work \(hse.gov.uk\)](https://www.hse.gov.uk/vibration/atwork/).

Compliance date Friday 30th April 2021

McLellan Holly
05/04/2021 15:25:36

FFI AM YMYRRAETH

Rheoliadau Iechyd a Diogelwch a Niwclear (Ffioedd) 2016, Rheoliadau 22 a 23

Bydd HSE yn adfer y costau mae'n eu tynnu am y gwaith mae'n ei wneud mewn cysylltiad â thoriadau ar ddeddfau iechyd a diogelwch sy'n doriadau perthnasol. Mae toriad perthnasol yn rhywbeth mae Arolygydd yn ystyried ei fod yn ddigon difrifol bod angen iddynt eich hysbysu ohono mewn ysgrifen.

Mae'r ffi wedi'i seilio ar faint o amser roedd rhaid i'r Arolygydd ei dreulio yn nodi'r toriad, yn eich helpu i'w unioni, yn ymchwilio ac yn cymryd camau gorfodi. Mae hyn yn cynnwys y gost am yr holl ymweliad, gyda gwaith cysylltiedig arall.

Weithiau gall Arolygydd benderfynu ysgrifennu atoch ynghylch materion nad ydynt yn doriadau perthnasol. Mae hyn yn cynnwys unrhyw faterion a restrir fel 'Cyngor'. Ni fydd HSE yn adfer costau am yr amser mae'n ei gymryd i wneud hyn.

Rydym yn anfon anfonebau allan bob dau fis a bydd gennych 30 diwrnod i dalu. Efallai byddwch yn derbyn mwy nag un anfoneb os yw'r gwaith a wnaed gan yr Arolygydd yn cwmpasu mwy nag un cyfnod anfonebu.

Gallwch herio'r anfoneb. Gallwch ganfod gwybodaeth bellach ynghylch ffioedd am ymyrraeth a manylion ynghylch sut i herio anfoneb yn y daflen HSC14 – Pan fydd arolygwr iechyd a diogelwch yn galw – Beth i'w ddisgwyl pan fyddwn yn ymweld â'r busnes, ar <http://www.hse.gov.uk/pubns/welsh/hsc14w.pdf>.

Hefyd mae gwybodaeth bellach ar gael ar wefan HSE yn <http://www.hse.gov.uk/fee-for-intervention/>

FEE FOR INTERVENTION

Health and Safety and Nuclear (Fees) Regulations 2016, Regulations 22 and 23

HSE will recover the costs that it incurs for the work it does in relation to contraventions of health and safety law which are material breaches. A material breach is something an Inspector considers is serious enough that they need to inform you of it in writing.

The fee is based on the amount of time that the Inspector has had to spend identifying the breach, helping you to put it right, investigating and taking enforcement action. This includes the cost for the whole visit, along with other associated work.

Sometimes an Inspector may decide to write to you about matters which are not material breaches. This includes any matters listed as 'Advice'. HSE will not recover costs for the time it takes to do this.

We send out invoices every two months and you will have 30 days to pay. You may receive more than one invoice if the work done by the Inspector covers more than one invoicing period.

You can dispute the invoice. You can find further information about fee for intervention and details of how to dispute an invoice in the leaflet HSC14 - *When a health and safety inspector calls – What to expect when we visit your business*, at <http://www.hse.gov.uk/pubns/hsc14.pdf>.

Further information is also available on HSE's website at <http://www.hse.gov.uk/fee-for-intervention/>

McLellan Holly
05/04/2021 15:25:36

Health and Safety at Work etc Act 1974, Sections 21, 23 and 24

Serial Number **JB020321/01**

Improvement Notice

Name **Powys Teaching Health Board**

Address **Glasbury House, Bronllys Hospital, Bronllys, Brecon LD3 0LU**

Trading as

I, *(Inspector's full name)* **Joe Boast**

one of Her Majesty's Inspectors of Health and Safety, being an Inspector appointed by an instrument in writing made pursuant to section 19 of the said Act and entitled to issue this Notice

of **Regent House, Regent Street, Wrexham, LL11 1PR**

Telephone number **02030285093**

hereby give you notice that I am of the opinion that at

(Location of premises or place of activity) **All hospital sites operated by Powys Teaching Health Board**

you, as **An employer**

are contravening the following statutory provisions :

Health & Safety at Work etc. Act 1974, Section 2(1)
The Control of Vibration at Work Regulations 2005 (as amended), Regulation 8(1)

The reasons for my said opinion are :

You have failed to provide all employees with suitable and sufficient information, instruction and training where your risk assessment indicates a risk to your employees health, and where they are exposed to vibration whilst at work.

and I hereby require you to remedy the said contraventions or, as the case may be, the matters occasioning them, by

30/04/21

and I direct that the measures specified in the Schedule which forms part of this Notice shall be taken to remedy the said contraventions or matters

Signature



Date **02/03/21**

This is not a relevant notice for the Environment and Safety Information Act 1988

Signature



Date **02/03/21**

NOTES

1. Failure to comply with this Improvement Notice is an offence as provided by section 33(1)(g) of the Health and Safety at Work etc Act 1974 and section 33(2) and Schedule 3A of this Act renders the offender liable on summary conviction, to imprisonment for a term not exceeding 6 months in England and Wales and 12 months in Scotland, or to a fine, or both, or, on conviction on indictment, to imprisonment for a term not exceeding 2 years, or a fine, or both.
2. An Inspector has power to withdraw an Improvement Notice or extend the period specified in the notice, before the end of the period specified in it. If you wish this to be considered you should apply to the Inspector who issued the notice, but you must do so before the end of the period given in it. Such an application is not an appeal against this notice.
3. The issue of this notice does not relieve you of any legal liability for failing to comply with any statutory provision referred to in the notice or to perform any other statutory or common law duty resting on you.
4. You can appeal against this notice to an Employment Tribunal. Details of the method of making an appeal can be found on the GOV.UK website at <https://www.gov.uk/employment-tribunals/make-a-claim>. An appeal can either be submitted online at the above website address, or by downloading form ET1 and posting it to either the Employment Tribunal Central Office (England and Wales), PO Box 10218, Leicester, LE1 8EG; or Employment Tribunal Central Office (Scotland), PO Box 27105, Glasgow, G2 9JR.

If you do not have access to the Internet, contact the person who issued the Notice and ask to be supplied with a hard copy of form ET1 and guidance T420: Making a claim to an Employment Tribunal.

Time limit for appeal

A notice of appeal must be presented to the Employment Tribunal within 21 days from the date of service on the appellant of the Notice, or Notices, appealed against, or within such further period as the tribunal considers reasonable in a case where it is satisfied that it was not reasonably practicable for the notice of appeal to be presented within the period of 21 days.

The entering of an appeal suspends the Improvement Notice until the appeal has been determined or withdrawn, but does not automatically alter the date given in this notice by which the matters contained in it must be remedied.

The rules for the hearing of an appeal are given in The Employment Tribunals (Constitution and Rules of Procedure) Regulations 2013 (SI 2013 No 1237).

Public availability of information on all enforcement notices

1. The Health and Safety Executive (HSE), for its own purposes, records and monitors trends in the enforcement action it takes, and in the convictions and penalties imposed by the Courts. It is HSE's policy that this information should be brought to the public's attention. HSE also has a statutory obligation under the Environment and Safety Information Act 1988 to maintain a public register of certain notices. Details from this notice will therefore be stored on an electronic database, which is available on HSE's Website (www.hse.gov.uk).
2. Information on a notice will not be entered onto the database until after the right of appeal against the notice has expired. Where a notice is withdrawn or cancelled on appeal no entry will be made. Entries relating to notices served on individuals will be kept on the database for a period of 5 years from the date of issue. Notices served on individuals under the age of 18 will be removed sooner.
3. Information will be withheld where, in HSE's belief, its disclosure would:
 - cause harm or prejudice; or
 - be in breach of the law.
4. Personal information is dealt with in accordance with the Data Protection Act 1998. Where disclosure of personal information would be incompatible with the Act it will not be included on the database.
5. If you are not satisfied with the information contained in the entry you have a further right to appeal to the HSE in the first instance.

Serial Number **JB020321/01**

Schedule

To comply with this Improvement Notice you should take the following measures:

Either

1. Ensure relevant information is provided by way of instruction and training to all employees who work with vibration tools.

Regulation 8(2) details that the following topics should be covered in the information, instruction and training provided to employees. This information includes -

- a) which work equipment and processes cause vibration risks and their respective levels of risk
- b) how their personal daily exposures compare with the exposure action and the limit values
- c) what symptoms of ill health they should look out for, to whom they should report them and how they should report them
- d) what control measures you have taken and/or plan to introduce to reduce risks
- e) the use of personal protective equipment where required, eg special clothing required to keep the body and/or hands warm
- f) what training is in place and/or you plan for operators, supervisors and managers in their respective roles to ensure control of exposure, eg through correct selection, use and maintenance of equipment or restriction of exposure times
- g) what health surveillance has been provided and/or will be provided, how you are going to provide it and why it is important, as well as the overall findings (in anonymous form).
- h) Employees are expected to:
 - i) follow instructions they are given on safe working practices
 - ii) report problems with their equipment, such as unusually high vibration levels
 - iii) co-operate with your programme of control measures and health surveillance

OR

McLellan Holly
05/04/2021 15:25:36

-
2. Take any other equally effective measures to remedy the said contravention.

McLellan Holly
05/04/2021 15:25:36

Serial Number **JB020321/02**

Improvement Notice

Name **Powys Teaching Health Board**

Address **Glasbury House, Bronllys Hospital, Bronllys, Brecon, LD3 0LU.**

Trading as

I, *(Inspector's full name)* **Joe Boast**

one of Her Majesty's Inspectors of Health and Safety, being an Inspector appointed by an instrument in writing made pursuant to section 19 of the said Act and entitled to issue this Notice

of **Regent House, Regent Street, Wrexham, LL11 1PR**

Telephone number **02030285093**

hereby give you notice that I am of the opinion that at

(Location of premises or place of activity) **Estates Department at Bronllys Hospital, Bronllys, Brecon, LD3 0LU.**

you, as **an employer**

are contravening the following statutory provisions :

Health & Safety at Work etc. Act 1974, Section 2(1)
The Control of Vibration at Work Regulations 2005 (as amended), Regulation 8(4)

The reasons for my said opinion are :

You have failed to ensure that any person who carries out work in connection with your duty under the Control of Vibration at Work Regulations 2005 (as amended), has received suitable and sufficient information, instruction and training.

and I hereby require you to remedy the said contraventions or, as the case may be, the matters occasioning them, by

30/04/21

and I direct that the measures specified in the Schedule which forms part of this Notice shall be taken to remedy the said contraventions or matters

Signature



Date **02/03/21**

This is not a relevant notice for the Environment and Safety Information Act 1988

Signature



Date **02/03/21**

NOTES

1. Failure to comply with this Improvement Notice is an offence as provided by section 33(1)(g) of the Health and Safety at Work etc Act 1974 and section 33(2) and Schedule 3A of this Act renders the offender liable on summary conviction, to imprisonment for a term not exceeding 6 months in England and Wales and 12 months in Scotland, or to a fine, or both, or, on conviction on indictment, to imprisonment for a term not exceeding 2 years, or a fine, or both.
2. An Inspector has power to withdraw an Improvement Notice or extend the period specified in the notice, before the end of the period specified in it. If you wish this to be considered you should apply to the Inspector who issued the notice, but you must do so before the end of the period given in it. Such an application is not an appeal against this notice.
3. The issue of this notice does not relieve you of any legal liability for failing to comply with any statutory provision referred to in the notice or to perform any other statutory or common law duty resting on you.
4. You can appeal against this notice to an Employment Tribunal. Details of the method of making an appeal can be found on the GOV.UK website at <https://www.gov.uk/employment-tribunals/make-a-claim>. An appeal can either be submitted online at the above website address, or by downloading form ET1 and posting it to either the Employment Tribunal Central Office (England and Wales), PO Box 10218, Leicester, LE1 8EG; or Employment Tribunal Central Office (Scotland), PO Box 27105, Glasgow, G2 9JR.

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Public availability of information on all enforcement notices

1. The Health and Safety Executive (HSE), for its own purposes, records and monitors trends in the enforcement action it takes, and in the convictions and penalties imposed by the Courts. It is HSE's policy that this information should be brought to the public's attention. HSE also has a statutory obligation under the Environment and Safety Information Act 1988 to maintain a public register of certain notices. Details from this notice will therefore be stored on an electronic database, which is available on HSE's Website (www.hse.gov.uk).
2. Information on a notice will not be entered onto the database until after the right of appeal against the notice has expired. Where a notice is withdrawn or cancelled on appeal no entry will be made. Entries relating to notices served on individuals will be kept on the database for a period of 5 years from the date of issue. Notices served on individuals under the age of 18 will be removed sooner.
3. Information will be withheld where, in HSE's belief, its disclosure would:
 - cause harm or prejudice; or
 - be in breach of the law.
4. Personal information is dealt with in accordance with the Data Protection Act 1998. Where disclosure of personal information would be incompatible with the Act it will not be included on the database.
5. If you are not satisfied with the information contained in the entry you have a further right to appeal to the HSE in the first instance.

Schedule

To comply with this Improvement Notice you should take the following measures:

Either take step 1 and 2 or step 3,

1. Identify who has managerial responsibility for employees who work with vibration tools and equipment.
2. Ensure that the following relevant information is communicated to these employees. This information includes –
 - a. knowledge of the work processes in the industry concerned and familiarity with compliance in respect of control of vibration risks;
 - b. an understanding of the purpose of risk assessment and how to identify potential risk control measures, determine how the Vibration Regulations apply based on exposure, and form a view on the reasonable practicability of the actions that could be taken;
 - c. an understanding of how to obtain and interpret information on vibration risks, including the limitations of manufacturers' declared emission values and the sources of alternative information about the likely vibration emitted by the equipment in use;
 - d. the ability to assess daily exposures from information on vibration magnitudes and exposure durations;
 - e. where measurements of hand arm vibration are made, competence in measurement and interpretation of those measurements;
 - f. the ability to record their findings and decisions, and explain them to others;
 - g. an understanding of their own limitations, whether of knowledge, experience or resources.

OR

3. Take any other equally effective measures to remedy the said contravention.

McLellan Holly
05/04/2021 15:25:36