

Experience, Quality & Safety Committee

06 November 2020, 13:00 to 14:00
Microsoft Teams

Agenda

1. PRELIMINARY MATTERS



EQS_Agenda_6_November_2020.pdf

(1 pages)

1.1. Welcome and apologies

1.2. Declarations of interest

2. ITEMS FOR APPROVAL/RATIFICATION/DECISION

2.1. South Powys Pathways Programme



EQS_Item_2.1_South Powys Pathways Update
03.11.20.pdf

(14 pages)

3. ITEMS FOR DISCUSSION

4. ITEMS FOR INFORMATION

5. OTHER MATTERS

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

5.1.1. Any other urgent business

5.1.2. Date of next meeting:

3 December 2020, Microsoft Teams, Bronllys Hospital

McLellan Holly
11/05/2020 14:44:37

**POWYS TEACHING HEALTH BOARD
EXPERIENCE, QUALITY & SAFETY
COMMITTEE**



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

**6 NOVEMBER 2020,
13:00 – 14:00
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
2	ITEMS FOR APPROVAL/RATIFICATION/DECISION		
2.1	South Powys Pathways Programme	Attached	Chief Executive & Director of Planning and Performance
3	ITEMS FOR DISCUSSION		
	There are no items for inclusion in this section.		
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	Date of the Next Meeting: • 3 December 2020, Microsoft Teams, Bronllys Hospital		

McLellan, Holly
11/05/2020 14:44:37



AGENDA ITEM: 2.1

EXPERIENCE, QUALITY AND SAFETY COMMITTEE		DATE OF MEETING: 6 November 2020
Subject:	SOUTH POWYS PATHWAYS PROGRAMME UPDATE	
Approved and Presented by:	Chief Executive & Director of Planning and Performance	
Prepared by:	Assistant Director Commissioning Development	
Other Committees and meetings considered at:	Executive Committee Strategic Planning and Commissioning Group 4 th November 2020	

PURPOSE:

This paper updates the Board about the South Powys Pathways Programme, following the announcement of the accelerated opening of The Grange University Hospital in Aneurin Bevan University Health Board.

RECOMMENDATION(S):

The Committee is asked to:

- i) NOTE the report;
- ii) and ENDORSE the way forward.

Approval/Ratification Decision	Discussion ✓	Information
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McLellan Holly
11/05/2020 14:44

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

EXECUTIVE SUMMARY

This paper updates the submission to the Board on the 30th September 2020 and the verbal update provided by the Chief Executive Officer at the Board meeting on the 22nd October, 2020. In particular, it provides updated information in relation to risk management and readiness. It also confirms the PTHB assumptions about expected Powys patient flows (in Phase 1) following the accelerated opening of The Grange University Hospital (GUH).

Before the COVID-19 pandemic Powys Teaching Health Board (PTHB) had established a South Powys Pathways Programme Board. Chaired by the CEO, involving the Welsh Ambulance Service NHS Trust (WAST), Cwm Taf Morgannwg University Health Board (CTMUHB) and Aneurin Bevan University Health Board (ABUHB). The Programme Board had been convened to prepare for changes: anticipated under the South Wales Programme; in response to the opening of GUH in Spring 2021; and under the Powys Health and Care Strategy.

The winter of 2020/21 will be extremely difficult due to the COVID 19 pandemic. This year has been one of unprecedented challenge for all and civil contingency arrangements remain in place. GUH is key to ABUHB's COVID winter response and approval was given on the 27th August 2020 to bring forward the GUH opening to the 17th November, 2020.

Responding to the early opening of the Grange was identified as a key strategic priority for the whole board of PTHB. Following the announcement PTHB amended the scope and phasing of its Programme Board to focus, in Phase 1, on the changes needed in a compressed timescale to emergency and urgent care flows.

Following public consultation five health boards and WAST had approved, in 2014, recommendations in relation to the future configuration of consultant-led maternity and

neonatal care, inpatient children's services and emergency medicine (A&E) for South Wales and South Powys. Under this Prince Charles Hospital (PCH) in Merthyr Tydfil was recognised as being of strategic importance for South Powys offering the nearest District General Hospital (DGH) for the majority of the South Powys population.

The opening of GUH results in changes to Nevill Hall Hospital (NHH) DGH in Abergavenny which becomes a "Local General Hospital". Whilst it will continue to provide a range of outpatient, diagnostic, admission and day case surgical services for South Powys patients it will no longer be the closest DGH with a Consultant led Emergency Department and for emergency admission (including paediatrics).

In summary, the assumptions and expected patient flows for PTHB are:

- There should be alignment with the outcomes of the South Wales Programme
- "Time critical" journeys by WAST (usually "Reds" and "Amber 1s") will be to the closest District General Hospital (DGH) with an Emergency Department (ED). For most of South Powys this will be Prince Charles Hospital (PCH).
- PCH is also the closest DGH for most South Powys WAST calls classified as "Amber 2s, 3s and Greens" (helping to ensure ambulances are away from Powys for the least time possible).
- Once the changes at NHH in Abergavenny take place, the closest DGH ED for the majority of patients who are "walk-ins" from South Powys will be PCH.
- PCH will be the main DGH ED and hospital for paediatric emergency flows for most of South Powys.
- Powys GPs may refer adults, fitting the clinical criteria, in hours, to the NHH MAU.
- Powys patients will use the PTHB Minor Injury Units (MIUs) where appropriate
- PTHB will work closely with CTMUHB to accelerate movement of patients back to Powys from the PCH ED and wards.

DETAILED BACKGROUND AND ASSESSMENT:

South Wales Programme

Prior to the pandemic the South Powys Programme Board was preparing for the planned changes under the South Wales Programme. The outcomes of the South Wales Programme were approved by PTHB (in February 2014) and by the other South Wales Health Boards with WAST. This involved a five-site model for consultant led emergency medicine, maternity, neonatal and inpatient children's care. In the approved model PCH in Merthyr Tydfil was recognised as being of strategic importance for South Powys offering the nearest DGH for the majority of the South Powys population.

The five sites were University Hospital of Wales Cardiff; Morriston Hospital, Swansea; the Grange, Cwmbran; Prince Charles Hospital, Merthyr Tydfil and Princess of Wales Hospital, Bridgend. The modelling assumptions of the South Wales Programme were as follows for Emergency Medicine and Acute General Paediatrics and Obstetrics.

Emergency Medicine and Acute General Paediatrics:

- Where the service delivery model is NOT changing, flows will remain unchanged – for both local and regional services
- Where service delivery model IS changing, patients will access the most quickly accessible appropriate hospital based on:
 - the service model
 - the travel time based on average car journey time
 - point of incident if conveyed by emergency ambulance or area of residence if self-presenting.

The approach was adopted by all partners prior to consultation and confirmed as a principle that WAST would adopt before and after consultation.

Obstetrics:

- Flow assumptions based on patient choice.
- In cases where women are delivering in an MLU or at home but require an intra-partum transfer, assumed transfer to the Obstetrics unit associated with their booking hospital except in the case of Category 1 emergency intra-partum transfer (0.03%) when they will be taken to the nearest regional hospital.

Clinical Futures

ABUHB first undertook engagement and consultation on a new service model almost a decade before the South Wales Programme, in 2005. Clinical Futures was launched in 2007 and set out a vision for “the development of sustainable services that can deliver appropriate access and excellent standards of care”. This fed into the development of the South Wales Programme and the agreement on the five-site model noted above. This included the building of the new Specialist and Critical Care Centre in Cwmbran (‘The Grange’). It also included associated changes across services, pathways and other ABUHB hospital sites to form a network of Local General Hospitals. These include Nevill Hall Hospital, the Royal Gwent Hospital and Ysbyty Ystrad Fawr. A key feature of the Clinical Futures model is the inter site transfers within Gwent involving WAST. A Flow Centre will provide pre-hospital streaming.

Annex 1 summarises the changes which will take place in ABUHB with the opening of GUH, focusing on NHH in Abergavenny as this is where the majority of the activity involving Powys patients takes place. PTHB patients will continue to access a range of outpatient, diagnostic, routine admission and day case services there.

South Powys Pathways Programme Phase 1

The early opening of GUH will alter some of the provision at NHH, notably in relation to emergency and urgent services. At the point there is no longer a consultant led Emergency Department on the NHH site, this will have immediate implications for the clinical decisions made by the front-line staff of the Welsh Ambulance Service when, in a time critical emergency, they need to take the patient to the nearest DGH with a consultant-led Emergency Department. For the majority of the South Powys population this will become PCH within the CTMUHB. The conveyance by ambulance to the nearest DGH will be clinical decisions made by the Welsh Ambulance Service based on an

evidence based clinical protocol. However, emergency and urgent patient flows to the nearest DGH also include patients who self-present and GP referrals.

Thus, the focus of Phase 1 of the PTHB Programme is the changes in *emergency and urgent care flows* needed in response to the accelerated opening of GUH due to the COVID winter of 2020/21 (Quarters 3 and 4).

The South Powys Pathways Programme Board is aligned with wider organisational governance processes within the health board. Other health boards representatives report within their Board governance arrangements. (The Clinical Futures Programme itself is managed within ABUHB.) There is clinical involvement including Executive Directors and Cluster Leads. Phase 1 is supported by workstreams focusing on engagement and communication; patient flows; and operational arrangements. (A maternity workstream has also been established, led by the Executive Director for Nursing and Midwifery, but this work is being undertaken in a longer timescale.)

Risk Management: A programme risk register, which is reflected in the corporate risk register, is in place. (The overall corporate risk was initially scored at 15, although some individual risks were as high as 20 at first.)

A summary of the actions which have been taken to manage risk, within the risk based plan, are summarised below. (Some actions have helped to reduce more than one risk.)

Summary of actions already taken to mitigate risk

Since the announcement the following action has been taken:

- Scope of PTHB Programme Board (already also involving WAST, CTMUHB & ABUHB) revised - with 5 Programme Board meetings held
- PTHB led clinical summits;
- PTHB Task & Finish Groups on Expected Patient Flows;
- PTHB led meeting involving the four Medical Directors in relation to the WAST clinical protocol;
- Confirmation of CTMUHB, WAST and ABUHB expectations
- PTHB Board updates;
- Implementation of extensive PTHB Communication and Engagement Plan—including weekly meetings with PTHB Community Health Council (CHC); and briefing of staff, the South and Mid Clusters, county councillors, town councillors and third sector; and a household drop arranged;
- PTHB & CTMUHB operational meetings between counterparts established (including for women and children services) with a commitment to rapid learning and problem solving from any issues arising;
- CTMUHB provision of admission arrangements summary for PTHB GPs and clinicians;
- ABUHB Flow Hub summary provided;
- PTHB working closely with WVT and providing updates;
- PTHB continuing CAF assessments (most recently on the 21.10.20);
- PTHB Q3 and Q4 Plan submitted reflecting change;

- Assured CTMUHB Q3 & Q4 Plan & Winter Protection Plan includes capacity for the change;
- Winter protection plans submitted and being implemented (including Flu vaccination, cross-border arrangements and surge/contingency arrangements);
- Maternity workstream meetings underway;
- PTHB therapies actions incorporated into Programme Plan to assist with flow;
- PTHB clinical review of each of the most admitted (emergency) patients to NHH last year focusing on paediatrics and respiratory patients (other specialties also identified) to ensure treatment and care plans in place.

Wider:

- Funding allocated to Powys Local Authority for hospital based social workers and enhanced domiciliary care which should assist with flow from the DGH.
- Existing WG investment in CTMUHB in line with South Wales Programme. Further Ministerial announcement of investment in PCH, including recognition of the importance of PCH to South Powys patients.
- COVID surge plans in place (including field hospitals CTMUHB);
- Wales COVID "Fire-Break" until 09.11.20

Action underway ahead of 17th November 2020

- PTHB CEO letters to counterparts confirming PTHB Board position on 06.11.20
- Continue to monitor COVID context
- Continuing PTHB & CTMUHB operational meetings to implement operational workstream actions (admission avoidance and accelerated discharge, optimal use of PTHB MIUs, meeting between clinical counterparts and on care of the elderly)
- Information to Police, Mental Health and Shrop Doc
- Confirm NEPTS & community transport arrangements
- Winter protection plans being implemented
- Clarify potential impact of revised 111 "call first arrangements"
- Remaining service specific queries to ABUHB
- PTHB CEO meetings with Cluster and staff immediately before/ after change
- Continue to carefully monitor impact (including any unplanned pathway changes)

Other action

- The impact of the Firebreak in Wales on the rate of COVID 19 infections should be clearer by the 9th November.
- The outcome of a meeting of the South East Wales Planning Forum confirming readiness (involving Directors of Planning) should be known on the morning of the 6th November 2020.
- ABUHB readiness assessment to be shared and "Go/No Go" communicated

At the Programme Board on the 2nd November, 2020, there was only one remaining residual risk score of 15 (target score 12): *The system risks of winter pressures are exacerbated due to Covid19 and the timing of early opening of the Grange.*

The early opening of GUH should reduce risk in a COVID winter and the table above has set out all the PTHB Programme Board actions in association with system partners to mitigate risk. However, implementation whilst managing the impact of the second COVID peak of the pandemic is a challenge for all those involved. The impact of the "Fire-Break" in Wales, which is attempting to reduce the rate of new infections, should be clearer by the 9th November.

Engagement and Communication: An extensive communication plan is being implemented, for which additional resources have been secured. PTHB is using multiple channels and platforms to inform Powys residents including programmes of PR activity; stakeholder engagement; proactive and reactive media engagement; and proactive and reactive digital engagement. A leaflet is being delivered to all households and businesses in the postcodes affected by this change in Powys.

Potential Patient Flows Analysis

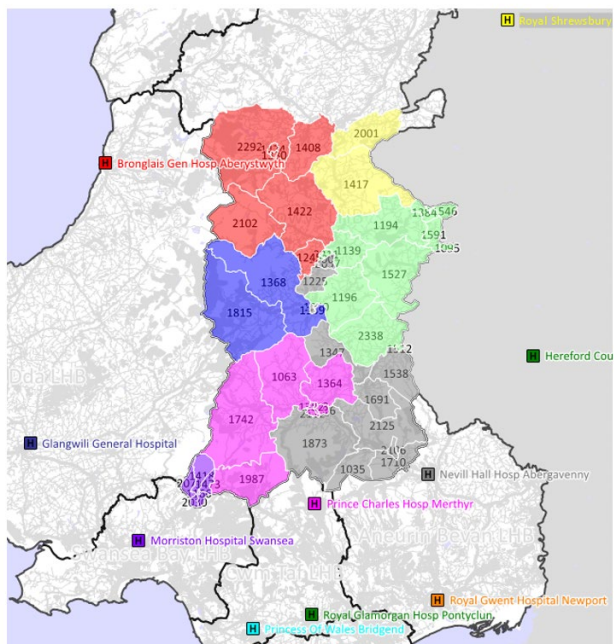
In summary the analysis in relation to Powys shows:

- For most of South Powys PCH becomes the closest DGH
- Currently there are 9 Powys Local Super Output Areas (LSOAs) which are closest in travel time to PCH
- Once the GUH opening and associated changes have taken place there will be 19 PTHB LSOAs which will be closest to PCH in travel time
- For all of Powys there are an average of 915 ambulance conveyances per month
- For the 19 LSOAs which are closest in travel time to PCH the maximum additional PTHB conveyances to PCH per month will be about 150 (pre-COVID) the equivalent of up to 5 patients per day (97 post-COVID)
- PTHB "walk-ins" to the Nevill Hall Hospital Emergency Department in 2019 were just under 60% of the PTHB ED activity
- If a 5 minute tolerance is applied there is a possibility of an additional 6 LSOAs flowing into PCH (in addition to the 19). This would be an additional 170 maximum conveyances from Powys to PCH (5 or 6 patients per day)

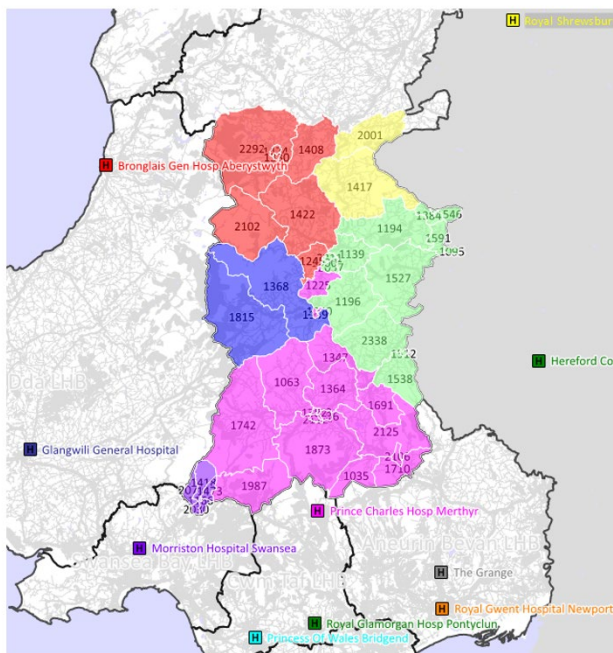
The expected changes are summarised in the maps below:

McLellan Holly
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Current Hospital Configuration
(pre-GUH and changes to NHH)



Future Hospital Configuration
(GUH open and associated hospital changes complete in NHH)



#	Hospital	#	Hospital
1	Bronglais, Ambergystwyth (BH)	6	Morrison, Swansea (MH)
2	Hereford (HH)	7	Prince of Wales, Bridgend (POWH)
3	Glangwili, Carmarthen (GH)	8	Royal Glamorgan, Pontyclun (RGLH)
4	Prince Charles, Merthyr Tydfil (PCH)	9	Royal Gwent, Newport (RGH)
5	Grange, Cwmbran (GUH)		

Source: Optima Modelling Software

Scope: Based on closest hospital by travel time (not distance) using Lights & Sirens using LSOA

Work has been undertaken on “minimum” and “maximum” positions in terms of patient flows. Other influencing factors include:

- LSOAs in North Powys are not affected by the accelerated opening of The Grange.
- Some LSOAs in South Powys will continue to be conveyed to or to attend DGHs in Swansea Bay University Health Board.
- The main DGH for the LSOAs in Mid Powys is Wye Valley NHS Trust (WVT) and Powys is not seeking change to this. PTHB works very closely with WVT and the Clinical Commissioning Group covering Hereford and is keeping them informed. An analysis testing the impact of tolerances of 5 mins and 10 minutes in travel times showed this would result in greater flows to the DGH in Hereford. This position is not being pursued strategically. WAST has also reaffirmed this position to WVT. It is recognised that conveyance by ambulance to the nearest DGH will be a clinical decision made by the Welsh Ambulance Service.
- Travel time may be subject to road and weather conditions.
- Travel time for patients to an MIU is also important.
- The likely impact of parallel changes is not yet known, particularly in relation to NHS 111 "Phone first".

An analysis has been undertaken of the “pre-GUH” PTHB emergency flows to NHH in order to help understand the potential revised flows. PTHB Emergency Department activity at NHH has been broken down by age, in/out of hours (aligning to MAU opening hours) and by presenting problem – for the calendar years 2018 and 2019. The figures for 2019 are summarised in the table below.

Data summaries for PTHB responsible patients seen in and out of hours in NHH ED (2019). (This sets Out of Hours as 10pm – 8am in line with the NHH model once GUH is open.)

Row Labels	IN	OUT	Grand Total
01 - Priority One - Immediate	10	6	16
02 - Priority Two - Very Urgent	693	258	951
03 - Priority Three - Urgent	1631	613	2244
04 - Priority Four - Standard	838	130	968
05 - Priority Five - Non Urgent	28	1	29
06 - See and Treat	85	7	92
Grand Total	3285	1015	4300

Row Labels	IN	OUT	Grand Total
0-15	534	116	650
16-17	68	29	97
18-64	1365	449	1814
65+	1318	421	1739
Grand Total	3285	1015	4300

- There were 4,300 PTHB patient *attendances* at the Nevill Hall Hospital (NHH) Emergency Department (ED) in 2019
- There were 3285 attendances “in hours” and 1015 “out of hours”.
- This included 650 children and young people below their 16th birthday (with a further 97 below their 18th birthday)
- For children below their 16th birthday there were 534 attendances in hours and 116 out of hours. For those aged 16-17 there were 68 emergency attendances in hours and 29 out of hours.
- Overall about 43% of PTHB emergency attendances to NHH have converted to emergency *admissions*
- PTHB emergency *admissions* to NHH in total in 2019 were 3,265 (including emergency admissions which were not via the ED) out of a total of 4704 PTHB admissions to that hospital. This was 69% of the total PTHB admission to NHH.
- PTHB paediatric emergency *admissions* to NHH were
 - 484 under 16 years out of 520 total admissions
 - 516 under 18th birthday out of 560 total admissions
- PTHB figures are for the “responsible” health board i.e. Powys residents and some English residents registered with GPs in Wales
- Wales works on residence
- ED is the responsibility of the host health board.

There are differences in approach which have led to some challenges in comparing and assimilating data sets. WAST data (2019) uses the patient’s residence. Data produced by CTMUHB on WAST conveyances uses the point of incidence rather than point of patient residence and all activity in NHH (not just Powys activity) in 2018.

ABUHB data (produced by Lightfoot) is based on Powys GP practice data in 2019. PTHB data sets are a combination of GP practice and responsible health board.

Analysis from ABUHB (via Lightfoot) shows that there are currently 5-25 daily A&E attendances to ABUHB originating from Powys (of which 85% are from South Powys). 94% of the attendances are to NHH. ABUHB (Lightfoot) estimate that in 2018/19 the Grange would have handled 80% of the NHH Powys ambulance arrivals; 56% of the NHH Powys walk-ins; and 67.8% of GP emergency admission referrals. (This does not consider the impact of the WAST protocol, but helps to indicate the activity which would continue to require a DGH.)

The table below attempts to estimate the continued flow of PTHB patients to the Medical Assessment Unit at NHH. The PTHB dataset for the MAU did not allow a breakdown between "in" and "out" of hours. The PTHB ED "in/out of hours" usage proportions have been used as a proxy.

There have been a number of clinical summits to clarify the clinical criteria and arrangements for the MAU. The MAU does not include children and young people, it only covers certain clinical criteria and it has specific hours of operation.

Through discussion in the South Powys Cluster it has emerged that Crickhowell GP practice is the most likely to continue to use the MAU at NHH. Crickhowell is 19.8% of the current PTHB MAU activity there. An in/out of hours split of existing activity would result in 272 PTHB Crickhowell MAU admissions per year remaining at NHH. (However, if the Lightfoot estimate that GUH would handle 67.8% of GP admissions translates across to the MAU (i.e. 32% remaining at NHH) the figure could be as low as 88 MAU admissions if just Crickhowell refers.

Assumption / Split Indicators	Numerator	Denominator	Assumptions / Splits	
Crick MAU % of All MAU	356	1798	19.8%	
In Hours ED % (In hours Total/All ED Total)	3285	4300	76.4%	
% GP emergency admission referrals remaining at NHH (based on Lightfoot assump)	67.8%	100%	32.2%	
MAU Logic based on assumption of those that would have gone through MAU on basis of being emergency admission over 16, excluding spec gynae, obstetrics and				
Method A apply assumptions to both Crickhowell and all Pracs in full		(MAU All * 0.764)	(MAU All * 0.322)	(MAU In * 0.322)
	MAU All Hours	MAU In Hours	GP Emergency Remaining NHH All Hours	GP Emergency Remaining NHH In Hours
Crickhowell	356	271.9674419	114.632	87.57351628
All Pracs	1798	1373.588372	578.956	442.2954558
Method B apply assumptions to all Pracs in full and apply the 19.8% Crick MAU split		(All Pracs Totals above * 0.198)		
Crickhowell	356	271.9674419	114.632	87.57351628

PTHB has been seeking to understand any significant changes in flow to PCH from ABUHB as a result of the opening of GUH, as CTMUHB will need to be able to manage

the impact of all flows. CTMUHB has provided a summary of its understanding of this. It is expected that the additional time critical flows to PCH from Gwent will be 8% (0.5 case per day). There would be an attempt to manage the risk in relation to "walk-ins" (which would be approximately an additional 4 ED attendances per day – resulting in 2 additional admissions) through public communication, 111 and call first. Overall it understood the aim is status quo of the existing flows, with just the addition of the new time critical WAST flows.

The South Wales Programme considered the situation of an obstetric emergency and the assumptions are set out earlier in the paper. PTHB provides its own maternity led services. In relation to the accelerated GUH change PTHB has been assured by ABUHB that women currently booked for obstetric care in NHH will be able to continue that care within ABUHB. PTHB has established a separate maternity workstream under the South Powys Pathways Programme. At present there are approximately 12 births per year of PTHB women in CTMUHB per year. Whilst PTHB is not seeking to make a strategic change to obstetric care within ABUHB in Phase 1, individual choice will be a factor.

Conclusion and Summary of PTHB Assumptions

PTHB is working closely with other health bodies on the accelerated opening of GUH, which is needed as part of the ABUHB COVID winter response. Civil contingency arrangements are in place and the compressed timescale of the opening, whilst also managing the active pandemic, is a significant challenge for all those involved. PTHB has been working intensively with system partners to ensure the necessary arrangements are in place for its patients and to mitigate risk. It has also been working to ensure continued alignment with the outcome of the South Wales Programme, as endorsed by its Board on the 13th February 2014 following public consultation.

During Q3 and Q4 PTHB will monitor the situation very closely with system partners, to track the actual patient flows, in order to continue to mitigate risk and to ensure continuing assurance about experience, quality and safety.

NEXT STEPS:

The PTHB Board Committees will be updated about the progress of the South Powys Programme Board. There will be regular monitoring of: patient flows with system partners; patient experience; and the clinical impact. The operational group established will provide a conduit for problem solving and learning. There will also be regular continuing contact with the CHC. The Phase 2 plan will be developed.

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

IMPACT ASSESSMENT

Equality Act 2010, Protected Characteristics:				
	No impact	Adverse	Differential	Positive
Age	✓			
Disability	✓			
Gender reassignment	✓			
Pregnancy and maternity	✓			
Race	✓			
Religion/ Belief	✓			
Sex	✓			
Sexual Orientation	✓			
Marriage and civil partnership	✓			
Welsh Language	✓			
This paper has explained the work underway, under the South Powys Programme, to prevent an unintended adverse impact on South Powys patients arising from the accelerated opening of the Grange University Hospital.				
Risk Assessment:				
	Level of risk identified			
	None	Low	Moderate	High
Clinical			✓	
Financial			✓	
Corporate			✓	
Operational			✓	
Reputational			✓	
This paper has explained the work underway, under the South Powys Programme, to manage the risks associated with the accelerated opening of the Grange University Hospital. Intense work is underway to ensure system readiness. A risk based plan is being implemented.				

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Annex 1

The services which will be at GUH from 17 November are summarised below:

Acute Services:

- Anaesthetics
- Critical care
- Cardiology
- Surgery
- Acute Medicine
- ENT
- Max Fax
- Gastroenterology
- Trauma
- Vascular
- Respiratory
- Stroke
- Emergency Department
- Haematology

Women & Children's services:

- Paediatrics
- Maternity
- Neonatology

Support Services:

- Pharmacy
- Radiology
- Theatres
- Pathology
- Phlebotomy

Misc. services / functions:

- MH Liaison
- Inter-site Transport
- Pre-Hospital Streaming
- Outreach
- Social Work
- Hospital @ Night

Services not going into the GUH but dependent on the system working effectively:

- Palliative Care
- PACU
- COTE
- Diabetes & Endocrinology
- Gynaecology

Nevill Hall Hospital (NHH)

Following a series of clinical summits PTHB's understanding of the services which will continue at NHH is summarised below.

- Minor Injuries Unit (MIU)
- Medical Assessment Unit (MAU, 8.00am and 10pm - selected take in hours)
- Diagnostics (X-ray, CT, MRI, Mammography, ultrasound, nuclear medicine, outpatient appointments)
- Fracture Clinics
- Pathology (Haematology, Biochemistry, Point of care testing, Coagulation, Special Chemistry Immunology)
- Planned operations (elective – day case, day surgery, outpatient appointments)
- Children's routine outpatient appointments (& Phlebotomy)
- Paediatric colposcopy
- Midwife led maternity services (Midwife Led Unit -MLU) Birthing Pool

- Antenatal Care
- Post Natal Care
- Fetal medicine
- Neonatal Clinics
- Cancer (development of radiotherapy at NHH by 2023)
- Critical care out-reach
- Trauma and Orthopaedics (Routine outpatient services, diagnostics, local fracture clinics, routine/elective day surgery, routine procedures, elective clinics)
- Ear Nose and Throat (Outpatient appointments, routine and elective procedures, specialist audiology services)
- Vascular (elective unit, outpatient appointments, day case)
- Urology (routine day-case surgery and procedures and outpatients, Flexible Cystoscopy, day cases)
- Ophthalmology (routine day case surgery and procedures)
- Oral and Maxillofacial Surgery (minor procedures under local anaesthetic and minor oral surgery)
- Gynaecology & Sexual Health (outpatients, routine procedures and surgery day cases, sexual health services, ultrasound, urodynamic diagnostics, ambulatory care, colposcopy)
- Cardiology (outpatient appointments and diagnostics, consultant in-reach and heart failure clinics)
- Dermatology
- Gastroenterology (outpatients, elective endoscopy, Gastro Ambulatory Care Unit, infusion service and in-reach)
- Respiratory (outpatient, sleep service, routine procedures, asthma care, pulse oximetry, Lung Function Testing, Cancer rapid access clinic, general in-patient beds, Bronchoscopy, pleural procedures, TB service)
- Stroke (outpatient appointments, in-reach)
- Neurology (outpatients, inpatient neurology advice and/or review)
- Care of the elderly (in-patient beds, medical assessment and frail elderly unit, Out-patient clinics)
- Diabetes (in-patient beds, in-reach to assessment units/ ambulatory care and wards outpatient clinics)
- Mental Health (Adult crisis liaison service, Older adult service, Learning Disability liaison service)

McLellan Holly
11/05/2020 14:44