

Strategy and Planning Committee

09 July 2020, 10:00 to 12:00
Via Skype

Agenda


1. Preliminary Matters

 S&P_Agenda_09 July 2020_Final.pdf (1 pages)

1.1. Welcome and Apologies


1.2. Declarations of Interest

1.3. Minutes from the previous meeting held on the 16 January 2020 (for approval)

 S&P_Item_1.3_Mins_16 Jan 2020.pdf (9 pages)

1.4. Matters arising from previous minutes

1.5. Committee Action Log


 S&P_Item_1.5_Action Log_July2020 v2 for admincontrol.pdf (6 pages)

2. Strategic Planning and Strategic Change

2.1. Strategic Planning

2.1.1. WG Operating Framework and Q2 plan

 S&P_Item_2.1_Master Draft Q2 Plan_v1.20.pdf (96 pages)

 S&P_Item_2.1a_Master Draft Q2 Plan_Appendix1_SupportingDocuments.pdf (27 pages)

2.2. Strategic Change

2.2.1. The Grange University Hospital, Aneurin Bevan UHB

 S&P_Item_2.2a_ABUHB update 09.07.2020.pdf (6 pages)


 S&P_Item_2.2ai_ABHB Public Board 30 June 2020 extract only.pdf (22 pages)


2.2.2. PTHB Podiatry Services - consultation and engagement outcome

 S&P_Item_2.2b_Cover-Podiatry.pdf (35 pages)

 S&P_Item_2.2bi_Appendix_A_EngagementReport.pdf (56 pages)

 S&P_Item_2.2bii_Appendix_A1-EngagementFeedbackSummary.pdf (15 pages)

 S&P_Item_2.2biii_Appendix_B_Powys_CHC_response.pdf (87 pages)

 S&P_Item_2.2biv_Podiatry_AppendixC_Equality Impact Assessment Outcome Summary.pdf (23 pages)

3. Statutory Partnerships

3.1. Partnership Overview to include

3.1.1. Regional Partnership Board

3.1.2. North Powys Wellbeing Programme update

 S&P_Item_3.1a_North Powys July 2020.pdf (4 pages)

Partnership
07/09/2020 09:50:11

4. Other matters

4.1. Committee Chair's Annual Report 2019/20



S&P_Item_4.1_Strategy and Planning Annual
Report 2019-20 draft.pdf

(27 pages)

4.2. Items to be brought to the attention of the Board and/or other Committees

4.3. Any other urgent business

4.4. Date of next meeting:

22 October 2020, Boardroom, Glasbury House, Bronllys Hospital

POWYS TEACHING HEALTH BOARD
STRATEGY & PLANNING COMMITTEE

9 JULY 2020, 10:00AM – 12.00PM,
VIA SKYPE



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

AGENDA

Item	Title	Attached /Oral	Purpose	Presenter
1	PRELIMINARY MATTERS			
1.1	Welcome and Apologies	Oral	Information	Chair
1.2	Declarations of Interest	Oral	Information	All
1.3	Minutes from the Previous Meeting held on 16 January 2020 (for approval)	Attached	Approval	Chair
1.4	Matters Arising from Previous Meetings	Oral	Discussion	Chair
1.5	Committee Action Log	Attached	Discussion	Chair
2	STRATEGIC PLANNING & STRATEGIC CHANGE			
2.1	Strategic Planning: a) WG Operating Framework & Q2 Plan	Attached	Discussion	Director of P&P
2.2	Strategic Change: a) The Grange University Hospital, Aneurin Bevan UHB b) PTHB Podiatry Services – Consultation and Engagement outcome	Attached Attached	Discussion Discussion	Director of P&P Director of T&HS
3	STATUTORY PARTNERSHIPS			
3.1	Regional Partnership Board: a) North Powys Wellbeing Programme update	Attached	Discussion	Director of P&P
4	OTHER MATTERS			
4.1	Committee Chair's Annual Report 2019/20	Attached	Information	Board Secretary/ Committee Chair
4.2	Items to be Brought to the Attention of the Board and/or Other Committees	Oral	Discussion	Chair
4.3	Any Other Urgent Business	Oral	Discussion	Chair
4.4	Date of the Next Meeting: • 22 October 2020, Boardroom, Glasbury House, Bronllys Hospital			

Patterson, Liz
07/09/2020 08:50:16

POWYS TEACHING HEALTH BOARD
STRATEGY & PLANNING COMMITTEE

UNCONFIRMED

MINUTES OF THE MEETING HELD ON 16 JANUARY 2020
BOARD ROOM, GLASBURY HOUSE, BRONLLYS HOSPITAL

Present:

Trish Buchan	IM (Third Sector) (Committee Chair)
Professor Viv Harpwood	IM (PTHB Chair)
Ian Phillips	IM (ICT)
Mark Taylor	IM (Capital & Estates)
Owen James	IM (Community)

In Attendance:

Hayley Thomas	Director of Planning & Performance (Exec Lead)
Julie Rowles	Director of Workforce, OD & Support Services (joined the meeting at 11.15 am)
Stuart Bourne	Director of Public Health
Pete Hopgood	Director of Finance & IT (Designate)
Sam Ruthven-Hill	Assistant Director (Planning)
Jamie Marchant	Director of Primary, Community and Mental Health Services
Caroline Evans	Head of Risk & Assurance

Observer:

Elaine Matthews	Wales Audit Office
Osian Lloyd	Internal Audit

Apologies for Absence:

Carol Shillabeer	Chief Executive
Katrina Rowlands	Interim Director of Nursing
Rani Mallison	Board Secretary

Person: Liz
07/09/2020 08:50:16

MEETING GOVERNANCE	
S&P/19/40	<p>WELCOME AND APOLOGIES FOR ABSENCE</p> <p>Trish Buchan welcomed everyone to the meeting and NOTED that there was a quorum present.</p> <p>Apologies for absence were noted as recorded above.</p>
S&P/19/41	<p>DECLARATIONS OF INTEREST</p> <p>Trish Buchan declared that her husband is a citizen member of the Powys Regional Partnership Board, which was relevant for the following agenda items: 2.1; 2.3; and 2.4.</p> <p>No other interests were declared.</p>
S&P/19/42	<p>MINUTES OF THE PREVIOUS MEETING: 1 OCTOBER 2019</p> <p>The Chair informed the Committee that an updated version of the minutes had been circulated previously.</p> <p>The minutes of the last meeting of the Committee held on 1 October 2019 were AGREED as being true and accurate record.</p>
S&P/19/43	<p>MATTERS ARISING FROM THE PREVIOUS MEETING</p> <p>S&P/19/37: Ian Phillips asked if there is an update on NWIS.</p> <p>Pete Hopgood stated there is no update at this point in time, but it will be brought to Committee as soon as it is available.</p> <p>Action: Director of Finance and IT</p>
S&P/19/44	<p>COMMITTEE ACTION LOG</p> <p>The Committee RECEIVED and discussed the Action Log as recorded below:</p> <p>S&P/19/29: Hayley Thomas informed the Committee that this is to be discussed on the agenda under item 2.4. There is now a formal Programme Board in place, which is co-chaired by the two CEOs that oversee delivery of the Programme. PTHB Vice-Chair and PCC Cabinet members are involved in the programme in terms of oversight.</p> <p>S&P/19/33: Hayley Thomas stated that this action is now complete.</p> <p>S&P/19/38: The Committee Chair stated that the three horizon workshop will provide the unique opportunity to look forward, and the Committee agreed that the workshop should be held before the end of the financial year.</p>

Patterson, Liz
07/09/2020 08:50:16

S&P/19/05.1: The Committee Chair requested that the Action Log articulates that this relates to Aneurin Bevan University Health Board.

Action: Corporate Governance Team

Hayley Thomas stated that a formal programme needs to be established, with a detailed plan developed. This will be presented to Executive Committee in February, and will be presented to the next Strategy and Planning Committee in April.

Action: Director of Planning & Performance

S&P/19/12: The Committee Chair stated that the colour is incorrect, as the RPB outcome framework has not yet been circulated.

Action: Corporate Governance Team

S&P/19/18: Hayley Thomas informed the Committee in respect of the North Powys Wellbeing Programme that a detailed plan is required to develop the Strategic Outline Programme, which is scheduled for April. This will be circulated to Members.

Owen James asked what the high level actions are, and the milestones that need to happen that will inform the risk register.

Hayley Thomas informed the Committee that the model of care needs to be tested and assessed against the work that is being carried out at the moment.

Ian Phillips stated this is a massive opportunity to transform services, and that we need to understand how we are going to achieve that transformation. The point was made that it would be helpful to have a conversation outside the meeting to discuss how we move forward.

The Committee Chair confirmed that this will be discussed further under item 2.4.

Hayley Thomas stated that there are two additional documents she would share: -

1. Detailed governance paper
2. Critical path

Item 2 is a live working document which will be circulated to Committee members.

Action: Director of Planning & Performance

ITEMS FOR ASSURANCE

Patterson, Liz
07/09/2020 08:50:16

S&P/19/45	<p>REGIONAL PARTNERSHIP BOARD: AGE WELL PROGRAMME UPDATE</p> <p>It was confirmed that Jamie Marchant has recently taken over as Chair of the Age Well Partnership under the auspices of the RPB. Jamie Marchant presented an update to the Committee on the Age Well Partnership. The Partnership is responsible for Strategic oversight of the relevant 'Age Well' actions many of which are funded through the Integrated Care Fund. It was requested that Committee members provide feedback on what they would like to see as assurance moving forward.</p> <p>Membership of the partnership will be updated to include representation from the Live Well Programme to ensure closer alignment of the two programmes.</p> <p>Viv Harpwood queried if there is any hard data collected in respect of patient outcomes. Jamie Marchant stated that the Age Well group will closely monitor outcomes and outlined some recent successes in addressing winter pressures.</p> <p>Ian Phillips stated there is considerable overlap with PSB, and that it would be helpful to have a conversation outside of the meeting, to discuss the interdependencies and understand how all work streams sit together.</p> <p>Action: Director of Primary, Community and Mental Health Services / Independent Member (ICT)</p> <p>Trish Buchan stated it would be helpful to receive presentations sooner in future (circulated with the agenda), and suggested it would be helpful to have a critical appraisal of where we are in the RPB programmes e.g. is ICF investment being effectively spent? Is the funding making a difference and are older people and staff benefiting from changes?</p> <p>Action: Director of Primary, Community and Mental Health Services</p>
S&P/19/46	<p>STRATEGIC CHANGE REPORT</p> <p>Hayley Thomas presented the report, which provides an update on the following strategic change programmes: -</p> <ol style="list-style-type: none"> 1. Stocktake 2. NHS Future Fit (Shrewsbury and Telford Hospitals) 3. Herefordshire & Worcestershire STP and Stroke Programme 4. Aneurin Bevan University Health Board (ABUHB) Clinical Futures <p>Hayley Thomas informed the Committee that it was agreed at Executive Committee yesterday, that 'Integrated out of Hours Primary and Community Care Services in Powys' does not need to be in the stocktake.</p>

Patterson, Liz
07/09/2020 08:50:16

	<p>Owen James asked if there is any update on what ABUHB has planned in terms of consultation. Hayley Thomas stated that ABUHB do not have any plans at this point regarding consultation but engagement planning is taking place and there is a Communication and Engagement Work Stream in ABUHB which Adrian Osborne is a member.</p> <p>A discussion was held at the recently held Strategic Planning and Commissioning Group about how best to establish the programme to understand the impact in Powys and PTHB will re-visit engagement and discussions with the public in due course.</p> <p>Hayley Thomas stated it was agreed in Executive Committee that this is a priority, and that we need to prioritise planning resource for how we respond to the Grange in February. A detailed briefing is expected after approval of the Programme Plan in February.</p> <p>Action: Director of Planning & Performance</p> <p>Ian Phillips requested an update on Future Fit. Hayley Thomas stated that Department of Health capital funding has been identified but with the impact of the extended timetable, inflation, etc., the financial gap is significant between the funding available and the costs of the scheme. Work is being undertaken to identify how that gap can be reduced.</p> <p>Action: Director of Planning & Performance</p> <p>Trish Buchan queried the continued presence of Dyfi Valley on the report. It was confirmed that this will be taken to the next meeting of Executive Committee for discussion.</p> <p>Action: Director of Planning & Performance</p>
S&P/19/47	<p>PUBLIC SERVICES BOARD UPDATE</p> <p>Stuart Bourne presented the report to the Committee. A Public Services Board (PSB) was established in Powys in 2015/16 in accordance with the Well-being of Future Generations (Wales) Act (2015). The PSB published a well-being assessment in 2017, and a well-being plan in 2018 as required under the Act. The well-being plan is based around 12 well-being steps. An annual report covering progress in the first year of implementation of the 12 steps was published in July 2019.</p> <p>Stuart Bourne informed that Committee that Appendix 1 provides an update made to the PSB in December, that provides progress made on steps 11 and 12 (North Powys Programme). The North Powys Programme has been delegated by the PSB to the RPB.</p> <p>Owen James highlighted that strictly speaking the PSB steps are much wider than the North Powys Programme but reflected there is a need for the PSB to prioritise.</p>

Patterson, Liz
07/09/2020 08:50:16

	<p>Stuart Bourne stated that performance monitoring is still at an early stage though recently a performance monitoring framework has been developed.</p> <p>Clarity on reporting arrangements between the various partnerships (Public Services Board, Regional Partnership Board, North Powys Wellbeing Programme) and the Committee was discussed.</p> <p>Stuart Bourne reflected that the Three Horizons Workshop may provide a vehicle by which these issues can be considered. Hayley Thomas stated that there is significant work being undertaken on the ground to deliver priorities but we need to ensure appropriate reporting with the right level of detail to provide assurance to this Committee. Hayley Thomas referenced the work being undertaken on the Partnership Governance Framework by the Board Secretary which will assist with clarifying arrangements.</p> <p>Action: Director of Planning & Performance/Board Secretary to provide a position paper (substantive item) on the Partnership Governance Framework</p>
S&P/19/48	<p>NORTH POWYS WELLBEING PROGRAMME UPDATE</p> <p>Hayley Thomas presented the report, which provides an update on the progress of the North Powys programme over the past 6 months, and shared the outputs of key pieces of work during this period.</p> <p>Hayley Thomas requested feedback from the Committee about what it would like to see going forward.</p> <p>It was suggested that the focus should be on staff and how they work with the community and other agencies.</p> <p>Action: Director of Planning & Performance to ensure it is a key focus in the programme as it progresses.</p>
ITEMS IN DEVELOPMENT	
S&P/19/49	<p>INTEGRATED MEDIUM TERM PLAN 2020-2023, INCLUDING:</p> <ul style="list-style-type: none"> • FINANCIAL PLAN; • WORKFORCE PLAN; AND • ANNUAL PLAN <p>Hayley Thomas presented the report, which provides the final draft version of the IMTP and the associated Annual Plan. PTHB has a strong track record with an approved and balanced IMTP for the fifth year in succession.</p> <p>Hayley Thomas informed the Committee the document is a work in progress, with further work undertaken yesterday at</p>

Patterson, Liz
07/09/2020 08:50:16

	<p>Executive Committee. The IMTP will be presented to Board at the end of January for final sign-off. The following two areas were highlighted: -</p> <ol style="list-style-type: none"> 1. Quality Framework will be presented to Board for approval at end of January; and 2. WHSSC Integrated Commissioning Plan will be presented to Board at end of January for approval. <p>Owen James requested that we include stronger reference to the Charitable Funds Committee. Hayley Thomas stated we can strengthen the reference. Action: Independent Member (Community) / Director of Finance, Information and IT</p> <p>Owen James identified that the old structure had been incorporated on page 93. Action: Director of Planning & Performance</p> <p>Trish Buchan noted that the Quality Assurance section of the report requires strengthening. Action: Director of Planning and Performance</p> <p>Trish Buchan expressed her thanks to the Planning Team for ongoing commitment to producing the IMTP.</p>
S&P/19/50	<p>WHSSC INTEGRATED COMMISSIONING PLAN (ICP) Hayley Thomas presented the WHSSC ICP for Specialised Services for 2020-23, which was considered by the WHSSC Joint Committee on 6 January 2020. As a supporting organisation within NHS Wales, WHSSC has a duty to develop a three year ICP for Specialised Services on an annual basis. The ICP revealed additional costs to PTHB over and above the expected figures due to the impact of the risk share. Hayley Thomas shared an additional handout that had not been circulated with the agenda, as this summarised conversation held earlier that morning. The handout provided detail on the next steps being taken by WHSSC and PTHB to clarify the situation.</p> <p>Trish Buchan requested that the WHSSC ICP is escalated to Board within the Chair's report and that the Committee Chair of Performance and Resources and the Independent Member (Finance) be advised of the financial plan prior to Board on 29 January. Pete Hopgood agreed that the presentation would be circulated post Committee. Action: Director of Finance and IT</p>
S&P/19/51	<p>TACKLING THE BIG FOUR: CANCER Wyn Parry provided a presentation to the Committee, which outlines the work being undertaken on Cancer: one of the Big Four within the Health and Care Strategy. An overview was</p>

Patricia J. Liz
05/19/2020 08:50:16

	<p>provided of the Single Cancer Pathway, Committee Members were also assured that notwithstanding Powys patients are receiving treatment from a number of different providers they are being treated equitably.</p> <p>Wyn Parry outlined work being undertaken to progress the Improving Cancer Journey in Powys. This is a strategic partnership with PCC, PTHB and Macmillan Cancer Support that aims to focus on the holistic needs of patient with cancer.</p> <p>Mark Taylor questioned whether there were opportunities through Charitable Funds to facilitate improved access to scanning services.</p> <p>Wyn Parry agreed that Item will return to the Committee with an update in due course.</p> <p>Action: Medical Director/Board Secretary</p>
S&P/19/52	<p>COMMITTEE RISK REGISTER</p> <p>The Head of Risk & Assurance presented the report, which provides an update on the development of the Committee Risk Register.</p> <p>Trish Buchan requested that in future cover papers should relate to the Committee risks and effectiveness of mitigating actions.</p> <p>Action: Head of Risk & Assurance</p>
ITEMS FOR NOTING	
S&P/19/53	<p>TOGETHER FOR MENTAL HEALTH DELIVERY PLAN 2019-2022</p> <p>The Committee RECEIVED and NOTED the plan.</p>
S&P/19/54	<p>COMMITTEE WORKPLAN 2019/20</p> <p>The Committee RECEIVED the workplan, which outlines planned pieces of work and any amendments made since the last meeting.</p> <p>Mark Taylor questioned where Discretionary Capital Programme would be discussed. Hayley Thomas stated that the Discretionary Capital Programme will be circulated to Committee members prior to the Board as a meeting is not taking place until after the March Board meeting. Hayley Thomas agreed to meet with Mark Taylor separately to discuss the discretionary Capital programme.</p> <p>Action: Director of Planning & Performance and Independent Member – Capital & Estates, to meet prior to March Board meeting.</p>
OTHER MATTERS	
S&P/19/55	<p>MATTERS FOR ESCALATION TO THE BOARD</p> <ul style="list-style-type: none"> • WHSSC Integrated Commissioning Plan • IMTP <p>The Committee Chair noted that the Board should be aware of the need for clarity over how it receives assurance in respect of</p>

Patterson, Liz
07/09/2020 08:50:16

	Partnership Work Programmes in respect of the RPB, PSB and other partnership programmes.
	<p>ANY OTHER URGENT BUSINESS</p> <p>The Chair suggested she would like to see cover papers providing a more critical analysis of the subject under discussion, particularly where the Committee is being provided with assurance.</p>
S&P/19/56	<p>DATE OF NEXT MEETING</p> <p>23 April 2020 at 10.00am</p>

Patterson, Liz
07/09/2020 08:50:16

STRATEGY & PLANNING COMMITTEE
ACTION LOG 2019/20 (January 2020)

Minute	Meeting Date	Action	Responsible	Progress Position	Completed
S&P/19/29	01-Oct	North Powys Wellbeing Programme Board updated governance arrangements will be shared with members.	Director of Planning and Performance	09 July 2020 - Item on agenda for update. 16 January 2020 - Item on agenda – to be kept as a key focus in the work programme as it progresses.	
S&P/19/38	01-Oct	A 3 Horizons workshop is to be scheduled for early in 2020.	Board Secretary	09 July 2020 - Delayed in light of COVID-19. To be re-prioritised to Q4 for consideration. 16 January 2020 - To be scheduled for March/April 2020.	
S&P/19/05.1 [Action Log bf. FP&P/18/100] Patterson.Liz 07/09/2020 08:50:16	02-May-19	Analysis of impact of Transforming Clinical Futures (Aneurin Bevan University Health Board).	Director of Planning and Performance	09 July 2020 - ABHB Board Paper on The Grange University Hospital included on the agenda. 16/01/2020 - Formal Programme to be established with detailed plan to be developed, presented to Executive Committee in February and brought to next S&P in April 2020. 01/10/2019 The official programme will be completed as a desk top assessment with the pathway to be tested with Primary and Secondary Care Clinicians. Regular updates will continue to be provided going forward. 2 May 2019 - Analysis of impact on PTHB patients to be brought forward when ABUHB had published a final report.	

S&P/19/12	24-Jun-19	RPB had recently considered an Outcomes Framework, which when complete could be considered by this Committee.	Chief Executive	<u>01 October 2019</u> - A partnership update of the outcomes framework will be provided to the Committee when available. (As of 16 January 2020 had not been shared with S&P Committee).	
S&P/19/18	24-Jun-19	North Powys Wellbeing Programme – a high level critical path would be available for review at the next meeting.	Director of Planning & Performance	<u>09 July 2020</u> - Item now replaced by action SP/19/29. <u>01 October 2019</u> The model of care has been approved with a programme business case for consideration, the Critical Path will be signed off end of October 2019. Previous and revised slides will be shared with members prior to the next meeting on 16 January 2020. <u>16 January 2020</u> - Detailed Governance Paper and Critical path to be shared.	
S&P/19/45a	16-Jan-20	Conversation between Director of Primary, Community Care and Mental Health and IM for ICT re work of Age Well Programme and PSB.	Director of Primary, Community Care and Mental Health	<u>09 July 2020</u> - It is proposed that this action is closed as an action to be taken outside of the Committee's remit.	
S&P/19/45b	16-Jan-20	Presentations to be circulated with the agenda.	Director of Primary, Community Care and Mental Health	<u>09 July 2020</u> - Wherever possible presentations will be made available with agenda and papers. This applies to the Board and all committees.	
S&P/19/46a	16-Jan-20	Update on ABUHB proposals.	Director of Planning and Performance	<u>09 July 2020</u> - Replaced by action S&P/19/05.1	
S&P/19/46b	16-Jan-20	Update on Future Fit to S&P Committee.	Director of Planning and Performance	<u>09 July 2020</u> - Deferred in light of COVID-19.	

S&P/19/46c	16-Jan-20	Dyfi Valley to be discussed at Executive Committee.	Director of Planning and Performance	<u>09 July 2020</u> - Complete.	
S&P/19/47	16-Jan-20	Position paper on Partnership Governance Framework.	Director of Planning and Performance	<u>09 July 2020</u> - Partnership Governance Framework developments have been delayed to Q4 in light of COVID-19.	
S&P/19/49	16-Jan-20	Stronger reference to Charitable Funds Committee and in the Quality Assurance Section. Amend p 93.	Director of Planning and Performance	09 July 2020 - IMTP approved by Board January 2020.	
S&P/19/51	16-Jan-20	Tackling the Big 4 paper to be brought back to Committee in due course.	Medical Director	<u>09 July 2020</u> - Deferred in light of COVID-19.	
S&P/19/52	16-Jan-20	Committee cover papers to relate to the committee risks and effectiveness of mitigating actions.	Head of Risk and Assurance	09 July 2020 - this is an action included within the Board's Annual Governance Programme and applies to all reports for Board and its committees. It is proposed that this action is closed as progress on the Annual Governance Programme is overseen by the Audit, Risk & Assurance Committee.	
S&P/19/54	16-Jan-20	Discretionary Capital Programme to be circulated to Members and Director of Planning and Performance and IM for Capital and Estates to meet to discuss this prior to March Board meeting.	Director for Planning and Resources	09 July 2020 - Discretionary Capital Programme considered by Performance & Resources Committee, July 2020.	

Patterson, Liz
07/09/2020 09:15

Key:
Completed
Not yet due
Due

Overdue

Patterson, Liz
07/09/2020 08:50:16

STRATEGY & PLANNING COMMITTEE
ACTIONS CLOSED AT PREVIOUS MEETINGS

Minute	Meeting Date	Action	Responsible	Progress Position	Completed
S&P/19/05.2 [Action Log bf. FP&P/18/95]	02-May-19	Update on Grange Hospital.	Director of Planning and Performance	<u>01 October 2019</u> Strategic Change update reports presented to Board at each meeting.	
S&P/19/05.3 [Action Log bf. FP&P/18/80]	02-May-19	WHSCC Specialised Care & Patient Flows - 6.monthly updates.	Director of Planning and Performance	<u>30 October 2019</u> Integrated Commissioning Plan Scheduled into Committee Workplan.	
S&P/19/05.4 [Action Log bf. MH&LD/10/11c]	02-May-19	Update for IMs on Start well, Live Well and Age Well.	Director of Planning and Performance	<u>30 October 2019</u> Reports scheduled into Committee Workplan.	
S&P/19/12	24-Jun-19	Condition of the PTHB Estate: a condition survey had been undertaken and was currently being evaluated. This would inform future priorities for backlog maintenance and capital approvals, which would be reported via the Capital & Estates Group to the Performance and Resources Committee.	Board Secretary	<u>30 October 2019</u> Innovative Environments Strategic Framework scheduled into Committee Workplan.	

Patterson.Liz
07/09/2020 08:50:16

S&P/19/05.5 [Action Log bf. IG/18/29]	02-May-19	Alignment of PTHB & Powys CC ICT Strategy.	Director of Finance & IT	<u>2 May 2019</u> Briefing provided at Board Development 03/09/19. Framework scheduled for Board in November 2019. <u>10 January 2019</u> Action carried forward pending review of the digitally enabled care programme (Digital First).	
S&P/19/33	01-Oct-19	Welsh Government Planning Guidance will be shared with Committee members when published.	Director of Planning and Performance	<u>16 January 2020</u> Confirmed complete.	
S&P/19/30	01-Oct-19	The Together for Mental Health Annual Statement will be provided to members at the 16 January 2020 meeting.	Director of Primary, Community Care and Mental Health Services	<u>16 January 2020</u> Item on agenda – received and noted.	
S&P/19/50	16-Jan-20	WHSSC Integrated Commissioning Plan presentation to be circulated.	Director of Finance and IT	Circulated by email 20 January 2020.	

Key:
Completed
Not yet due
Due
Overdue

Patterson, Liz
07/09/2020 08:50:16

Quarter 2 Operational Plan

FINAL DRAFT
7 July 2020

Patterson, Liz
07/09/2020 08:50:16

Contents

Introduction & Strategic Context	Page
Introduction	3 - 4
Strategic context & overview	5
Planning Framework	6
Welsh Government Operating Framework	7
Learning for the Future	8
Governance	9 - 10
Managing COVID-19 Implementation	11
Headline Metrics	12 - 13
Test, Trace & Protect	
Overview	14 - 15
Workstream Summary & Quarter 2 Actions	16 - 18
Harm from COVID-19 Itself	
Overview	19 - 21
Managing COVID-19	22
Surge Planning & Modelling	23 - 26
Bed Capacity	27
Managing COVID-19 Implementation	28
Care Homes	29
Rehabilitation & Recovery	30 - 31
Achievements & Priorities	32

Harm from Overwhelmed NHS & Social Care System	Page
Overview and Context	33 - 35
Digital	36 - 37
North Powys Well-being Programme	38
The Grange Opening & South Powys Pathways	39
Capital Programme	40
Innovative Environments	41
Health, Safety & Well-being	42
Workforce	43 - 46
Achievements & Priorities	47
Harm from Reduction in Non-COVID Activities	
Overview and Performance	48 - 54
Primary Care & Out of Hours	55 - 58
Women & Children's Service	59
Unscheduled Care & Winter Preparedness	60 - 61
DGH, Specialised and Whole System	62 - 63
Essential Services	64 - 69
Routine Services	70 - 74
Big Four	75 - 79
Achievements & Priorities	80

Harm from Wider Societal Actions/ Lockdown	
Overview	81 - 82
Partnership and Social Care Interface	83
Safeguarding	84
Third Sector	85 - 86
Communications and Engagement	87 - 89
Achievements and Priorities	90

Finance & Risk Management	
Finance	91 - 94
Risk Management	95 - 96

Supporting Documents	
Implementation Plan	Appendix 1
Well-being Objectives & Priorities	
Annual Plan	
Corporate Risk Register	
Covid-19 Risk Register	

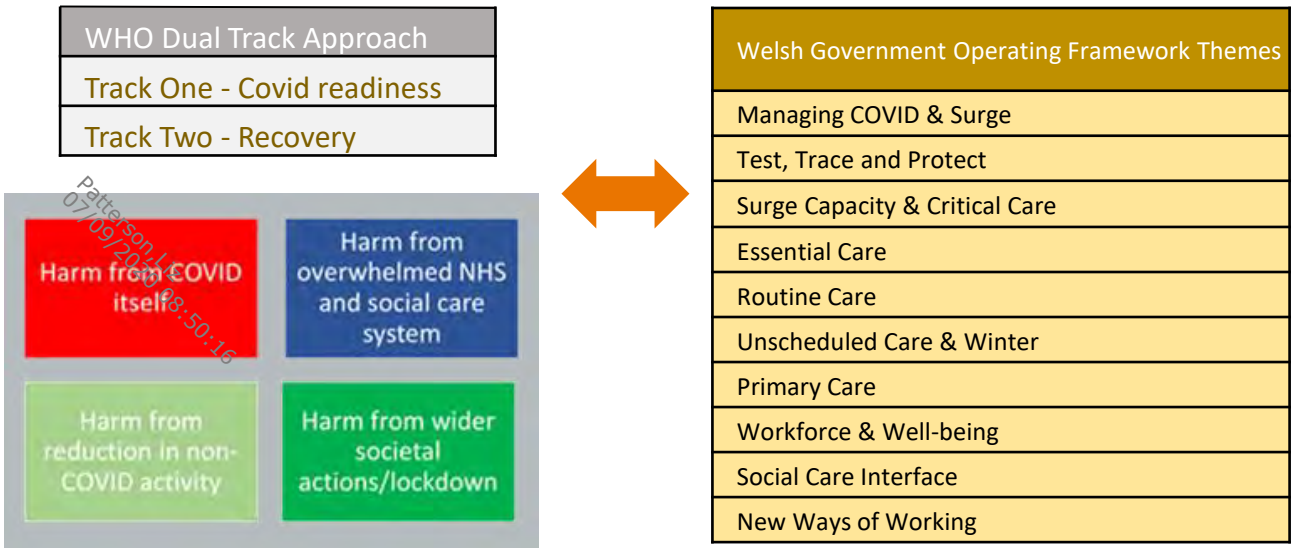
Introduction & Strategic Context

Patterson, Liz
07/09/2020 08:50:16

Introduction to Q2 Plan

This Plan is for the period July 2020 - September 2020 (Quarter 2). It builds on the Phase 2 Response Plan developed for Quarter 1 signed off by PTHB Board on 27 May 2020. This Plan is currently DRAFT and will be considered at PTHB Strategy & Planning Committee on 9 July and approved by the Board on 29 July.

It forms the PTHB response to the Welsh Government Operating Framework for Quarter 2. The health board's planning continues to be framed by the four types of harm. The framework recognises the high degree of uncertainty in the months ahead, especially as we enter the phase of easing lockdown. The framework recognises the importance of the Test, Trace and Protect Programme in controlling the R value.



Underpinned by Planning Framework:

- Agile planning 60 day cycle
- Stepped approach based on robust modelling, R value, early warnings.
- Early warning system, continuous review and assessment to ensure balance COVID and Non COVID system
- Partnership approach RPB/PSB alignment
- Evidence base, national and international learning, policy and practice.

This plan builds on our Phase 2 approach which was signed off by our Board in May 2020. Our plan for Quarter 2 (July - September 2020) responds in more depth to the changing circumstances relating to the Covid-19 pandemic and reflects the need for a dual track approach, continuing to respond to Covid-19 as well as rebuilding healthcare in the context of the impact of the pandemic.

Whilst the numbers of people directly affected by the Covid-19 infection in Powys were amongst the lowest in Wales and the UK, there were people who suffered from the illness and those who are continuing to deal with the longer term health consequences. Very sadly there were lives lost in Powys due to Covid-19 and our thoughts are with the families, friends and communities who are dealing with this loss.

Our thanks go to everyone in our own health and care teams in Powys and those in our neighbouring providers and ambulance services who worked so hard at this difficult time. Acknowledgement is also given to the third sector who for many in our communities became the first line of response and support, particularly for people isolating or shielding. We are also thankful for continued strong partnership 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 people of Powys experienced great sacrifices to 'lockdown' and continue to deal with the consequences for their families, businesses and lives. Whilst it is difficult to understand the complex impact of the pandemic at this early stage, it is clear that hundreds of people in Powys alone have been saved from the worst effects of this disease to date, whilst knowing that lives have been changed in many ways.

The lives of the people of Powys are inextricably woven into England as well as Wales. Our residents have had the added complexity of differing lockdown restrictions particularly in recent weeks. There is a particularly complex set of impacts to be worked through in relation to healthcare for our residents. The greatest proportion of the Powys health spend is in England, followed by other providers in Wales. Our own provided services are a much smaller component. This plan therefore reflects our role as a commissioner as well as a provider and sets out the mechanisms we are using to work with our partners in managing risk and assurances for our population.

A whole system approach is at the heart of our plan for both the management of Covid-19 and the progressive return of essential and routine care. Powys is a component of many other system plans with recovery of suspended services taking place across multiple providers over many months and years. The reimagining of a new and appropriately adapted public life in the continuing context of the pandemic, is a long term challenge for all of society.

We already have a shared health and care strategy, 'A Healthy Caring Powys' and this longer term vision was born from extensive engagement with our communities, staff and partners. The basis of this strategy remains a foundation stone as we review and learn from the pandemic experience and ensure that well-being, prevention and long term planning is part and parcel of our role as a health board and our contribution to the future of our county. The following diagram maps how the health board's response to the pandemic and its approach to recovery maps to 'A Healthy Caring Powys'.

Powys Planning Framework - Delivery and Recovery Aligned to Long Term Strategy

		Delivery, recovery and learning as part of our long term strategy to return to ‘A Healthy Caring Powys’							
		Focus on Well-being	Early Help and Support	Tackling the Big Four	Joined Up Care	Workforce Futures	Digital First	Innovative Environments	Transforming In partnership
World Health Organisation ‘Dual Track’ Approach	Track One - Covid readiness	●	●		●	●	●	●	●
	Track Two - Recovery	●	●	●	●	●	●	●	●
Welsh Government Operating Framework - Four Harms	Harm from Covid	●	●		●	●		●	●
	Harm from an overwhelmed health and care system					●	●	●	●
	Harm from reduction in Non-Covid activity	●	●	●	●	●	●	●	●
	Harm from lockdown	●							●
Welsh Government Operating Framework - Themes	Managing COVID & Surge	●			●	●	●	●	●
	Test, Trace and Protect	●	●						●
	Surge Capacity & Critical Care		●		●	●		●	●
	Essential Care	●	●	●	●	●	●	●	●
	Routine Care	●	●	●	●	●	●	●	●
	Unscheduled Care & Winter		●	●	●	●	●	●	●
	Primary Care	●	●	●	●	●	●	●	
	Workforce & Well-being	●	●	●	●	●	●	●	
	Social Care Interface					●			●
	New Ways of Working					●	●	●	●

Patterson-Liz
07/09/2020 08:50:16

Welsh Government Operating Framework

This plan is structured around the guidance for the Welsh Government Quarter 2 Operational Framework and the following table outlines the content within the plan that meets the minimum requirements.

WG Minimum Requirements	Q2 Plan Section
Test, Trace and Protect Plans	Test, Trace and Protect Section
Progress update on compliance with Essential Services and key quality and safety issues	Harm from Non Covid Section
Progress on implementation of guidance on infection prevention and control, including environmental factors and social distancing	Harm from an Overwhelmed System Section
Refreshed surge capacity plans based on updated modelling assumptions – to include NHS surge as well as ongoing requirements for field hospitals and independent sector facilities.	Harm from Covid Section
Update on unscheduled care and planning for winter preparedness	Harm from Non Covid Section
Progress update regarding routine services, including paediatrics	Harm from Non Covid Section
Workforce plans including use of additional temporary workforce.	Harm from an Overwhelmed System Section
Support plans for care homes and social care interface	Harm from Covid and Harm from Wider Societal Actions & Lockdown Sections
Financial implications	Finance and Risk Section
Risks to delivery and mitigations	Finance and Risk Section
Mechanisms for stakeholder engagement, including staff side and Community Health Councils	Harm from Wider Societal Actions & Lockdown Section

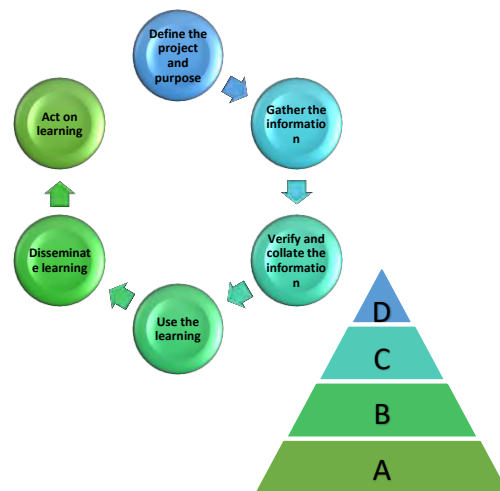
Learning for the Future

As a Health Board, we have a desire to develop a culture of learning, of openness to change and sharing knowledge to support services that are constantly adapting.

“Learning for the Future” provides a platform to:

- Identify key changes made in response to COVID-19
- Evaluate the impact of these changes on staff, service users, digital and leadership
- Capture our organisational learning and ascertain the sustainability of these changes post-COVID-19
- Conduct the evaluation within a short timeframe to facilitate acting upon lessons learnt prior to the arrival of the ‘new normal’.

We will seek to understand in some depth what has been learnt in this period when the organisation re-engineered its planning and delivery to respond to the pandemic. There has been extraordinary innovation made in this time, across the whole system by organisations, sectors and communities in Powys. The health board has had great support at this challenging time from across the County and beyond, from businesses, partners, community groups and volunteers.



	Tier	Who	How
D	1:1	PTHB CEO; Execs; Senior stakeholder from across Powys.	1:1 semi structured conversation.
C	Deepening Thematic Insights	Newly defined groups to discuss at thematic level. TBD by the thematic review of Tiers A&B this may include targeted areas of work such as Care Homes and Community Connectors	Focus groups via Skype/Teams.
B	Deepening Insights: Conditions and Context	Individuals or Team level focus groups / natural groups Partners (selection of question suite)	Questionnaire (can be used a focus group schedule).
A	Broad Capture	All PTHB staff	Questionnaire (Smart Survey online and hard copy).

Activity	M	June (w/c)					July (w/c)				August (w/c)				
	25	1	8	15	22	29	6	13	20	27	3	10	17	24	31
Agree approach to capturing lessons learnt															
Engage CEO and Directors															
Engage project team															
Develop info gathering tools & comms plan															
Engage partners and external stakeholders															
Initiate comms – targeting Heads of/ & widespread															
Information collection stage (P1)				AB	AB	CD	CD								
Collate and verify information (P1)															
Analyse information (P1)															
Use information (P1)															
Draft lessons learned report (P1)															
Disseminate lessons learned (P1)															+
Act on lessons learned from P1															+
Repeat information collection stage (P2)										AB	AB	CD	CD		
Collate and verify information (P2)															
Analyse information (P2)															
Use information (P2)															+
Draft lessons learned report (P2)															+
Disseminate lessons learned (P2)															+

ABCD indicates tier of gathering implemented
+ indicates that this activity will extend beyond the dates in the Gantt chart

Governance – National, Regional and Local Response Structures

The health board's response to the COVID-19 pandemic required a different approach to governance, planning and performance. The health board participated in national, regional and local response structures including

- National COVID -19 Preparedness and Response Framework for the health and social care system in Wales
- Dyfed Powys Local Resilience Forum
- Shropshire and Telford Silver Arrangements
- Hereford and Worcester Silver Arrangements

Local Response Structure During Quarter 2

A **Strategic Gold Group**, chaired by the Chief Executive was established to manage the response to the Covid-19 pandemic. This group determines the overall strategy and approach for the overall management of the health board's response, with a role to:

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

The Gold Group is constituted by Executive Directors and includes a Military Liaison Officer and the Director of Adult's & Children's Services, Powys County Council. It met daily initially and now meets weekly during quarter 2.

A **Clinical Leadership Group**, chaired by the Director of Public Health, provided direction, leadership and guidance to the Strategic (Gold) Group and clinical staff responding to COVID-19. This includes all aspects of public health and individual patient care, across all settings, including inpatient, community and primary care services. Specifically, the role of the group was to:

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

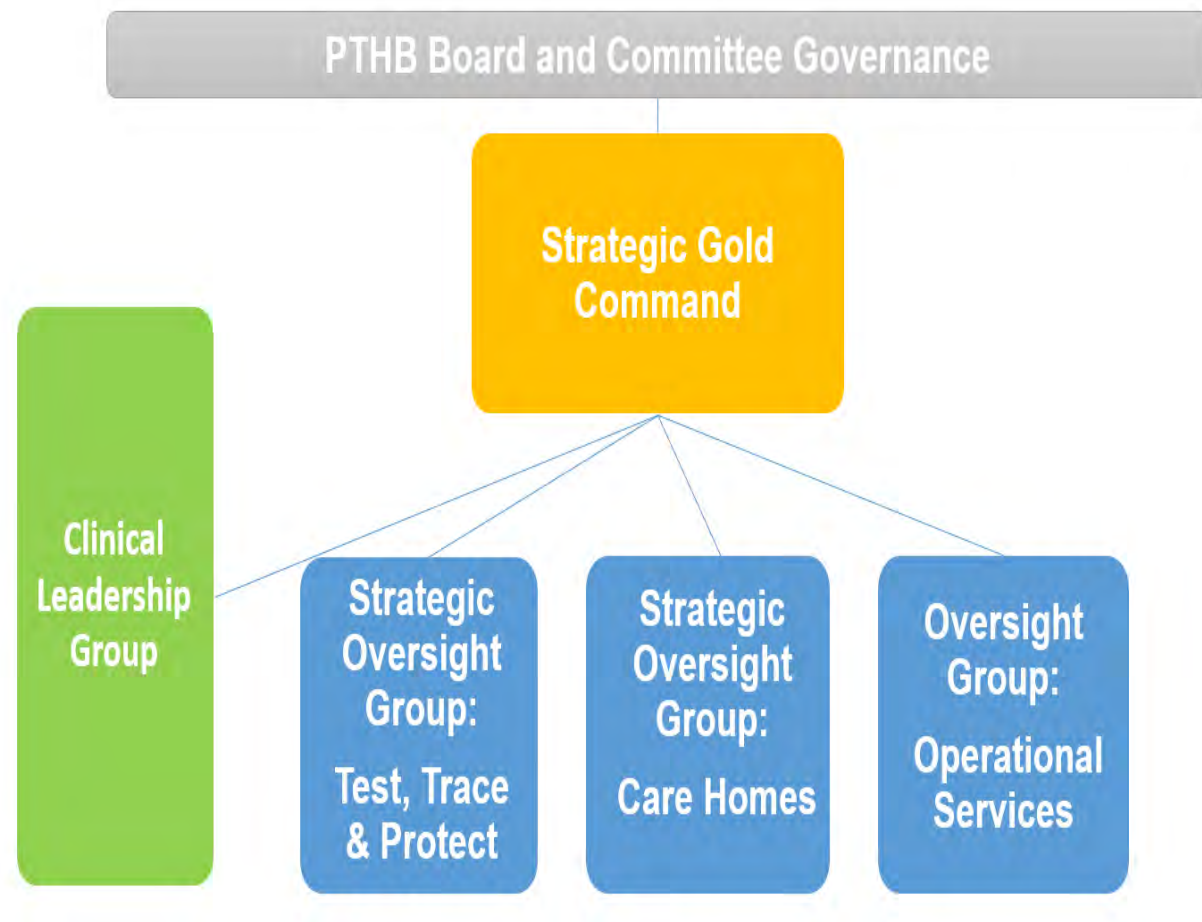
Membership of the Clinical Leadership Group included the Board's Clinical Directors and professional representation from clinical groups across the organisation

Management of the response to COVID continues to be overseen by Gold with reporting via the re-established Board and Committee structure as appropriate.

For Phase 2 of COVID-19 GOLD is continuing to meet weekly supported by three Strategic Oversight Groups and the Clinical Leadership Group.

The Strategic Oversight Groups are led by nominated Executive leads, to deliver actions in the Phase 2 Implementation Plan and identify, manage and escalate progress, issues or risks to Gold weekly as appropriate.

- Strategic Oversight Group Operations led by the Director of Primary, Community Care and Mental Health
- Strategic Oversight Group Care Homes led by the Director of Nursing
- Strategic Oversight Group Test Trace Protect led by the Director of Public Health



Managing COVID-19 Implementation

Performance reporting within the health board has been reshaped to provide effective management information within this new context. Key mechanisms include a GOLD Dashboard and a detailed Implementation Plan (As illustrated below, this is updated weekly, the most recent version is provided as an Appendix to this Plan).

HIGH LEVEL MASTER IMPLEMENTATION PLAN: TEST, TRACE, PROTECT

Ref	Action	Executive Lead	AD / Operational lead(s)	Q1	Q2	Q3	Q4	Deadline	Status	Comm
1. Leadership and Management										
11	Establish next phase Test and Trace governance and oversight arrangements	DPH	Stuart Bourne					08/05/20	B	
12	Appoint operational, clinical and informatics leads for the next phase of testing	CEO/DPH	Stuart Bourne					11/05/20	B	Operational Lead in Post. Clinic
13	Appoint operational lead for community contact tracing	CEO	Jo Vhale (PCC)					08/05/20	B	
14	Produce a plan for next stage testing and tracing that describes the local contribution to inpatient, critical worker, closed settings and symptomatic general population testing, as well as contact tracing requirements	DPH	Stuart Bourne, Alison Merry, Nicola Benge					22/06/20	G	
15	Create a local demand and capacity model for the next stage testing pathway	DPH	Will King					20/05/20	G	To commence v10/17May
2. Expert Advice and Guidance										
21	Operating model for Regional Response Cell in place and Cell established to provide an expert advice function for contact tracing services and wider health protection response.	DPH	Alison Merry					18/05/20	B	
22	Links with national health protection support and advice in place.	DPH	Stuart Bourne, PCC					18/05/20	B	
3. Testing										
31	Establish a test strategy for closed settings that describes how and when testing will be delivered.	DPH	Service Manager & Clinical Lead Nicola Benge					12/06/20	A	Care home testing to be complete reflects consent arrangements exceed the timeframe. In addition developed to include enhance
32	Extend electronic test requesting for COVID-19 samples to inpatient areas	DPCCMH	Service Manager & Clinical Lead Andrew Cresswell					26/06/20	A	
33	Ensure demand for critical worker test requests and results is coordinated prior to national test booking and home sampling being available for Powys residents.	DPH	Nicola Benge					30/05/20	B	National test booking has gone live
34	Establish COVID-19 testing administration hub	DPH	Andrew Cresswell					ASAP	A	Revise of paper required to include additional admin function associated with antibody testing - due for submission to Gold T1 6.20
35	Ensure any changes to testing policy and eligibility are implemented quickly.	DPH	Service Manager & Clinical Lead Nicola Benge					Ongoing	G	
36	Develop a plan for adding antibody (serology) testing to existing antigen testing model.	DPH	Andrew Cresswell, Nicola Benge					30/06/20	A	Awaiting info from WG Liaison ongoing
37	Gain agreement on proposals to extend existing static coronavirus testing unit (CTU) capacity to 200-400 tests/day	DPH	Andrew Cresswell					10/06/20	A	
37.1	Upscale static testing units as required	DPH	Andrew Cresswell					30/06/20	B	Upscaling not required at present - for ongoing monitoring
38.1	To develop an operating model for MTUs once military response is extracted	DPH								
39	Establish internal laboratory testing capability within 2x hospital sites	DPH						30/06/20	A	In discussions with PHV. Need to identify sites upon which to set up courier top testing facilities
39.1	Ensure critical worker test results reporting is managed prior to automated test booking and results platform being launched.	DPH	Nicola Benge					Ongoing	B	Online test booking for key workers now in place as of end May '20.
39.1	Establish an internal test booking and results service with sufficient capacity schedule tests and report results promptly.	DPH	Andrew Cresswell					ASAP	A	
312	Establish a test recording and reporting process that provides information on testing activity for all eligible groups.	DPH						12/06/20	G	

As can be noted in the example dashboard above, a complex set of metrics and position updates are used in the GOLD dashboard, to ensure that progress and any areas requiring attention or escalation are efficiently highlighted, enabling key strategic decisions to be made at Gold and cascaded for action by lead Executives.

Headline COVID-19 Metrics

Public Health Wales
Rapid COVID-19 surveillance
Confirmed case data (NHS Wales laboratories only)



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

Data correct as of:

28 Jun 2020 13:00

Cases and tests, by Local Authority of residence

		New cases	Cumulative cases	Cases per 100,000 population	Testing episodes	Testing per 100,000 population	Positive proportion
Aneurin Bevan University Health Board	Blaenau Gwent	0	347	497.8	2,909	4,172.8	11.9%
	Caerphilly	1	718	396.6	6,335	3,499.6	11.3%
	Monmouthshire	2	357	379.2	3,005	3,192.0	11.9%
	Newport	0	856	558.4	5,550	3,620.3	15.4%
	Torfaen	0	351	377.2	3,397	3,650.8	10.3%
Betsi Cadwaldr University Health Board	Anglesey	2	378	540.3	3,549	5,072.8	10.7%
	Conwy	0	656	559.8	6,369	5,435.2	10.3%
	Denbighshire	1	713	747.9	5,759	6,041.1	12.4%
	Flintshire	0	523	336.1	4,366	2,806.0	12.0%
	Gwynedd	1	541	435.7	5,878	4,733.5	9.2%
	Wrexham	2	820	602.4	6,114	4,491.4	13.4%
Cardiff and Vale University Health Board	Cardiff	1	2,231	612.5	14,799	4,062.9	15.1%
	Vale of Glamorgan	0	728	550.8	6,092	4,609.4	12.0%
Cwm Taf Morgannwg University Health Board	Bridgend	1	554	382.4	6,076	4,193.9	9.1%
	Merthyr Tydfil	97	529	879.0	3,627	6,026.6	14.6%
	Rhondda Cynon Taf	2	1,783	742.5	11,002	4,581.7	16.2%
Hywel Dda University Health Board	Cardiff	1	771	411.1	9,159	4,883.0	8.4%
	Ceredigion	1	58	79.5	1,976	2,707.1	2.9%
	Pembrokeshire	0	285	227.9	5,050	4,038.2	5.6%
Powys Teaching Health Board	Powys	0	300	226.5	4,092	3,089.5	7.3%
Swansea Bay University Health Board	Neath Port Talbot	0	629	440.1	6,144	4,299.3	10.2%
	Swansea	0	1,279	518.9	10,212	4,143.4	12.5%
	Unknown location	3	182		4,177		4.4%
	Wales total*	115	15,589	496.7	135,637	4,321.5	11.5%
	Resident outside Wales	1	128		913		14.0%

Headlines on cases:

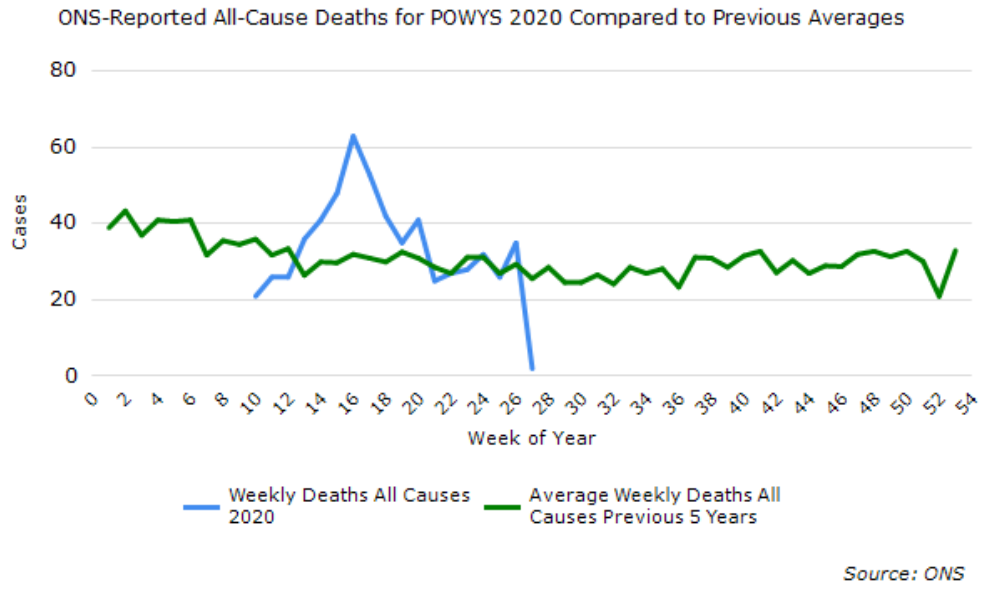
NB – Wales data only; further cases of Powys patients in English Hospitals (hence cases and testing will be higher)

2nd lowest county cases/100,000 population

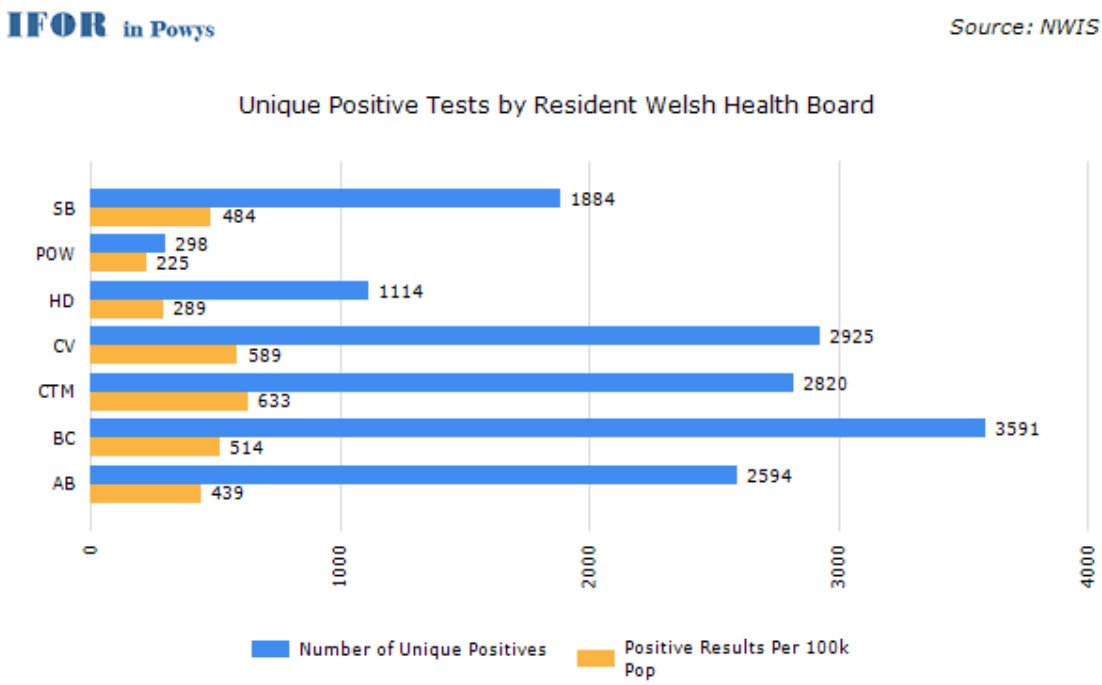
6th lowest county testing episodes

3rd lowest county on positive cases/proportion to testing

Headline COVID-19 Metrics



The graphic shown here weekly deaths for the Powys population averaged over a five year period (green line) and the number of deaths for the Powys population from all causes for 2020 (blue line). This indicates that in the early part of 2020 there was a spike in the number of deaths as compared to that seen in normal years, consistent with the covid peak that occurred at that time. Since that peak, the number of deaths has stabilised in line with the average. Note that for the most recent time point (the last point on the blue line) data are incomplete because of the timelag in reporting.



The graphic shown here indicates the number (blue bars) and rates (orange bars) of unique positive tests for health boards in Wales. Powys has both a low overall number of positive tests and a low rate of unique positive tests as compared to other health boards in Wales. This data does not include test results from tests carried out in England, which tends to disproportionately affect the Powys population. Crosschecking using English data has confirmed however that the effect of adding in English data does not change the overall picture presented here.

PTHB Framework for Phase 2 Response Planning

Test, Trace and Protect

Test, Trace and
Protect

Harm from COVID
itself

Harm from
overwhelmed NHS
and social care
system

Harm from
reduction in non-
COVID activity

Harm from wider
societal
actions/lockdown

Patterson, Liz
07/09/2020 08:50:16

Test, Trace and Protect Overview

This plan builds on our Phase 2 approach and Test, Trace and Protect (TTP) continues as a core workstream.

This work is being taken forward jointly with Powys County Council and led by the Chief Executives of those organisations and the Director of Public Health/Director of Public Protection. We are also grateful for the collaboration with the military on setting up the testing sites and assistance with equipment and supply management.

The plan provides detail of the components being taken forward within the workstream which include a focus on overall leadership and management to ensure delivery at the required pace and level of co-ordination.

The service model for TTP has three tiers, with the national, regional and local teams working in partnership. Expert advice is built into the programme of work from a national and regional perspective as well as the leadership locally of the Director of Public Health for Powys.

A testing programme has been developed, refined and is now established and in use. National test booking and home testing is in place. Reporting and recording systems are in place. It is supported by a rolling programme of communications and engagement.

Powys is developing its testing programme to respond to the unique characteristics of the county, which is largely rural, with small market towns and a very dispersed population many of whom live in remote and isolated rural areas. The changing nature of the governmental restrictions in relation to population movement and location are also taken into account in the planning processes. Static, mobile and remote testing methods are being deployed.

Community contact tracing has been set up with Powys County Council and whilst it is experiencing low volumes of activity currently, there are deployment plans which can be upscaled for changes in demand going forward, working closely with workforce teams regarding recruitment and redeployment.

All care homes including those for children and people with learning difficulties have received testing for staff and residents and a rolling programme of testing is in place for care home staff.

A clinical lead role at a senior manager level has been successfully recruited to provide expert operational and clinical oversight.

Supporting mechanisms have been put in place at great pace including information governance and communications plans and a joint ICT and telephony system for customer support.

Test, Trace and Protect

Leadership & Management	Expert Advice & Guidance	Testing	Contact Tracing	Enablers	Outcomes and Experience
<ul style="list-style-type: none"> Strategic Oversight Group – CEO PCC & PtHB Joint Operational Management Group Testing Workstream 	<ul style="list-style-type: none"> Regional Response Cell in operation providing expert advice function for testing, contact tracing services and wider health protection response Ensure links with national health protection support and advice 	<ul style="list-style-type: none"> Static testing units and mobile testing in line with national strategy (CTU) capacity to 200-400 tests/day Establish internal laboratory testing capability Mobile testing provision for closed settings and community testing utilising 3xMTUs Inpatient testing for community hospitals Antibody testing for keyworkers 	<ul style="list-style-type: none"> Community Contact Tracing Teams established in partnership with PCC Regional Response Cell with generalist and specialist consultant capacity in place 	<ul style="list-style-type: none"> Establish workforce to deliver national testing strategy ICT hardware and software plan Establish, implement recording and reporting mechanisms Ongoing military liaison for mobile testing maintained 	<ul style="list-style-type: none"> Monitor outcomes Provide Testing reporting metrics for performance management Testing strategy for ongoing provision for closed settings

Population Groups:

- Closed settings
- Inpatients
- Key workers and members of their household
- General Population

Key Gaps / Risks/ Mitigation:

- Staffing of testing units
- Specialist public health capacity to support regional response cell
- Withdrawal of military support for mobile testing
- Delays to national systems and platforms
- Lack of IT hardware for staff to work remotely
- Services being re-established reduces opportunities for redeployment

Partnership working with PtHB and Powys County Council:

- Clinical Leads and Testing service developed by PTHB
- Tracing service managed by PCC
- SOG membership – PTHB & PCC: CEOs, Executive Directors, Programme Management Staff
- Support staff provided by both host organisations
- MoU in development
- Joint Information Governance and Communications Plans developed
- Joint ICT and telephony systems for customer support

Patterson, Liz
07/09/2020 08:50:16

Service Activity

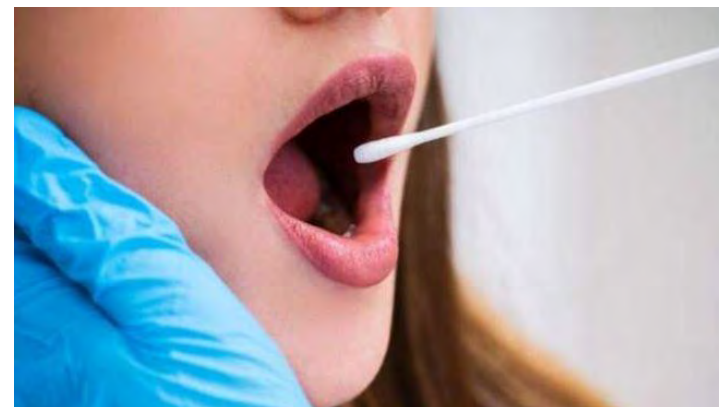
Test, Trace Protect commenced at the beginning on June. To date, the community contact tracing team in Powys has contact traced 28 COVID-19 positive cases among Powys residents, as well as more than 20 positive cases from BCUHB as part of mutual aid arrangements. Each positive case is currently generating an average of 3-4 contacts. Over 5,000 tests have been performed, with approximately 300 positive results. The Powys positivity rate is 5.5% against a Wales average of 8.4%.

Produce plans which describe the approach to testing in the following settings:

- - Schools
- - Care homes
- - Community hospitals (including patients and staff)
- - Supported living
- - Extra care housing
- - Complex community cases
- Create a local TTP reporting dashboard
- Extend electronic test requesting for COVID-19 samples to inpatient areas
- Establish COVID-19 testing administration hub & testing workforce
- Develop plans for antibody (i.e. serology) testing in accordance with WG requirements
- To develop an operating model for MTUs once military resource is extracted
- Improve the timeliness of results reporting
- Establish internal laboratory testing capability within 2 x hospital sites
- Expand the contact tracing workforce as required
- Develop the capability of the CRM system for surveillance purposes
- Improve the capacity of the Regional Response Cell

National Principles and Frameworks

- Test, Trace Protect
- UK Testing Strategy
- Public Health Wales Protection Response Plan
- NHS Wales National COVID-19 test approach
- Key critical workers testing policy: coronavirus (COVID-19)



Summary of Quarter One Achievements & Quarter Two Priorities

Q1 Achievements:

- A fully costed model and governance plan developed for the Test, Trace and Protect Service
- Recruitment and training of staff required for the service to go live, drawn for a pool of re-deployed staff
- Anti-body testing undertaken with school staff
- Test booking available on national platform supported by local booking processes and data management system
- Contact tracing service established
- Regional Response Cell established to provide expert advice
- Text-based results notification system in place
- Delivery of public communications and targeted communications with key stakeholders e.g. enclosed settings

Q2 Priorities:

- Embed operating procedures across the County
- Further development of static and mobile testing facilities to meet demand
- To provide serology testing in line with WG guidance
- Establish internal laboratory testing capability
- To improve capacity within the regional response cell
- Increase contact tracing capacity in line with demand
- Further development of in-patient testing
- Ongoing Communications efforts to increase Test, Trace and Protect awareness
- Further development of data/surveillance intelligence to identify trends/outbreaks

Test, Trace and
Protect

Harm from COVID
itself

Harm from
overwhelmed NHS
and social care
system

Harm from
reduction in non-
COVID activity

Harm from wider
societal
actions/lockdown

PTHB Framework for Phase 2 Response Planning

Harm from COVID itself

Test, Trace and
Protect

**Harm from COVID
itself**

Harm from
overwhelmed NHS
and social care
system

Harm from
reduction in non-
COVID activity

Harm from wider
societal
actions/lockdown

Patterson, Liz
07/09/2020 08:50:16

Harm from COVID itself - Overview

This plan builds on our Phase 2 approach and the response to the Covid-19 pandemic, to prevent transmission and infection, minimising the more severe impacts of the illness for some and long term consequences of the disease, and to save lives.

Whilst the curve has 'flattened' and the incidence and prevalence of Covid-19 has reduced to proportionately low levels in Powys, it is still present both in the County itself and in the areas that Powys residents are increasingly travelling to, as workplaces, schools and other spaces are opened up and restrictions are progressively lifted. Whilst the current impact of the disease is at a low level and past an initial peak, it remains a highly infectious disease in its make up. Similarly while it presents as a mild or asymptomatic infection in many people, it has proven to have had wider impacts than first predicted in terms of those people in the community who may be at higher risk.

As the pandemic has progressed, the scientific advisory bodies and public health assessments have raised the risks not only to those with existing health conditions, and of an older age, but also the disproportionate impact experienced by those from black, Asian, and minority ethnic communities. As the understanding of the pandemic increases there is more of a focus on economic and social as well as demographic factors, and the interrelationship between these. This developing intelligence informs not only the service planning of the health board but also workforce and health and safety.

Powys developed a five step plan for managing Covid which reinforced the need for an enormous collective effort across communities and organisations. It is thanks to the high level of compliance with the lockdown that Powys has seen a flattening of the curve to date.

However, there have been particular areas where the disease has spread to small clusters in Powys including care homes and more recently some workplaces and that requires actions of partners locally, regionally and nationally in response, and will continue to be a high priority in the next phase.

A Gold Command function was established in March 2020 in Powys and the Covid Clinical Response and Support Services Models were quickly developed and put in place. Gold now meets weekly to continue to oversee planning and implementation and is able to scale back up to more frequent meetings as required.


The response now is very different to the initial phase which was focused on responding to an imminent peak of high infection, high community need and hospitalisation and potentially high fatalities. Thankfully, due to the huge efforts across Powys, that has not been required to date. Surge plans are still in place, ready for utilisation if they are required and those are outlined in this plan, based on revised modelling assumptions. Powys is a component of multiple system and provider plans in relation to the use of field hospitals and DGH provision and that 'whole system' continues to form the heart of our plan.

The next section outlines the core components of the plan for 'harm from COVID itself' however it must be read in conjunction with the whole plan as all of the healthcare provision of the health board and its partners used by Powys residents are now set in the long term context of the pandemic and the need to keep staff, patients and environments as safe as possible.

Powys developed a five step plan for managing Covid which reflects the uniqueness of our County, harnesses the community effort and reinforces the need for collective action and a wider focus on well-being:

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 gyliau 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 ysbytai 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>


Each step is detailed on the PTHB website which provides further information on each step, including links to support and resources for those shielding or requiring tests.




Stay local and keep Powys safe:



- always observe social distancing
- wash your hands regularly
- if you are meeting one other household, stay outdoors and stay local
- work from home if you can

Stay at home if you or anyone you live with has symptoms.





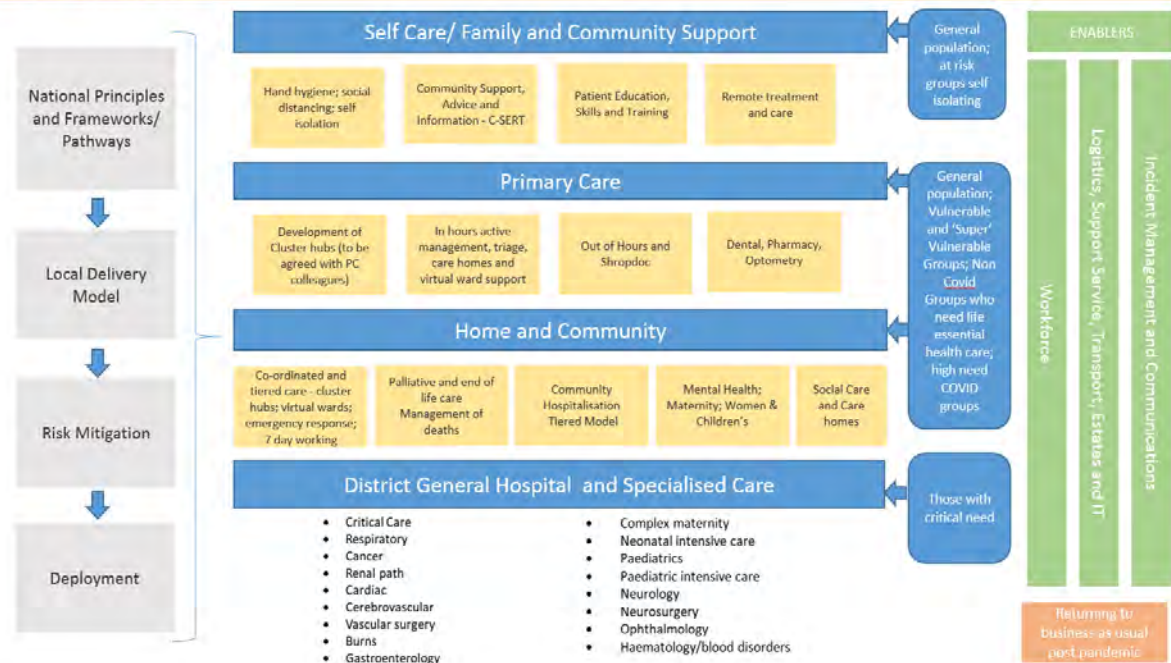
For more information about Staying Local and Keeping Wales Safe, visit:
gov.wales/coronavirus and phw.nhs.wales/coronavirus



Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

A Clinical Response Model and Support Services Model was developed quickly in response to COVID-19 and has continued to be adapted and used proportionately as the presentation of the pandemic has evolved.

Model Overview



Core Support Services Response Model

This is the Core Support Services Response Model which will support the Clinical Response Model. It will be used to help prioritise resource allocation and deployment across the organisation for the following services / teams:

- Planning
- Strategic Commissioning
- Engagement and Communication
- Estates
- Support Services
- Finance
- Information and Clinical Coding
- Information Communication and Technology (ICT)
- Workforce
- Corporate Governance
- Equipment & Procurement

The model has been updated to reflect phase 2 of COVID-19 and new WG Planning Guidance.

- A series of supporting flow charts were also developed for management of Covid and Surge - further detail on the following slide
- Revised modelling has been carried out and the planning of services (in following sections of this plan) take into account the revised demand assumptions and capacity requirements, including a revised bed model for both core operations and surge.

- A series of supporting flow charts were developed for management of Covid-19 at peak levels and in extremis and these are available as management tools which can be adapted and re-instigated if further increases or surges take place.
- Revised modelling has been carried out and the planning of services (in following sections of this plan) take into account the revised demand assumptions and capacity requirements.
- A revised bed model has been developed based on the refreshed modelling for both core operations and surge capacity.
- Work has been completed to plot bed plans for each hospital site in accordance with Welsh Government guidance to support conversion of areas where necessary for surge use.
- The surge bed model is based on key assumptions in relation to levels of clinical requirements for quality and safety and adequate disease response, particularly in relation to ventilation and oxygen requirements.
- Existing agreements are in place for Powys residents in terms of access to key partner DGH provision for acute needs and similarly for access to field hospital provision in extremis if that was required.
- Collaborative work undertaken with PCC and Military to identify potential surge facility sites pan Powys; Community Surge Facility plan developed and appraised and available to revisit; progressed to lease approval stage and design procurement routes identified. Estimated time to stand up circa 6 weeks, if required.
- PTHB patients continue to be factored into other health boards' and appropriate English providers' surge planning via on-going engagement through regional and national arrangements.

Modelling & Surge Planning – as a Commissioner

The modelling that underpins the health board's COVID demand plans has been provided by Welsh Government. The Health Board is using the Warwick model and local short-term modelling to guide the assessments. This is being sense-checked against updated national modelling as it is received. It should be noted that the COVID Technical Advisory cell state that the models do not represent the full range of possible outcomes and no likelihood is attached to any of the scenarios at this stage and the timings and scales of peaks in infection and demand on healthcare, are subject to significant uncertainty.

The bed modelling is based on key planning assumptions in relation to levels of clinical requirements for quality and safety and adequate disease response, particularly in relation to Critical Care (ventilation), Non Invasive Ventilation and Oxygen requirements.

Neighbouring providers of acute and specialised services in England and Wales have included the expected COVID-19 demand on services for the Powys population within their respective demand and capacity plans. Existing agreements are in place for Powys residents in terms of access to key partner DGH provision for acute needs and similarly for access to field hospital provision in extremis if that was required.

Based on the reduced transmission of the virus during the summer months, the reduction in the R rate to below 1 and the cautious approach in Wales to easing lockdown, the Health Board is not expecting a surge in Q2.

Field Hospital Capacity and Use of Independent Sector

The bed capacity modelling suggests that the level of surge capacity secured through Field Hospitals will not be used in this quarter across our commissioned services for COVID-19 demand. This will need to be further tested once we are able to review the detail in all providers' plans across England and Wales. For example, Swansea Bay UHB have indicated that they will be working through the potential to rationalise their two Field Hospitals onto a single site. The opportunity for this to be used as a regional solution, including a regional workforce model, will be explored.

Further regional discussions are required with all our partners regarding their plans and the health board will be advocating for potential a regional approach to assess field hospitals and use of the independent sector in the context of winter planning and increasing routine activity. The health board is assured that the Powys population demand will be included in those regional assessments and access to the provision secured if that was required.

Powys Population Critical Care demand by Provider

	Critical Care	Acute Beds
All Wales Scenario	350	5,000
Powys total*	14.8	211
Breakdown by Provider **		
AB	3.2	46
BCU	0.2	3
C&V	0.2	3
CTM	0.4	6
Hdda	1.3	19
Swansea	1.4	20
SATH	6.7	95
WVT	1.3	18
English Other	0.1	1
* Based on Powys total population		
** Powys does not provide critical care beds		
Source - J:\Finance\Information Flows\Covid19\Modelling\Modelling projections\WG Q2 plan\200610 RWC by LHB final (to send) v2		

The table opposite is based on the table shared on 24 June – “COVID Capacity Planning” by Welsh Government.

Based on outputs from the Technical Advisory Cell modelling where the Rt value is 1.1 for 3 months. The Powys population requirements for critical care and acute beds is projected using population expected flows to neighbouring providers.

The assessment sets out our interpretation of the COVID only capacity that would be required if a second peak eventuality occurred, the position is based on national modelling outputs and is intended to provide contingency cover.

Although we do not envisage the levels of COVID 19 activity reaching the volumes stated in the short term we are using the system planning assumptions to ensure we are collectively prepared if a second peak were to materialise, particularly as we head into a winter period.

Patterson, Liz
07/09/2020 08:50:16

Demand, Capacity and Surge Planning Assumptions – Powys Community Hospitals

In order to develop an understanding of potential Covid and non-Covid demand within Powys as it evolves, we used a method based on the principle of scaling the demand seen in the first wave (April), taking account of projections and contingency. Further work is underway to test and refine the bed modelling for workforce and service planning purposes.

Specifically the method used:

- Actual bed usage based on returns sent from PTHB to NWIS
- Future COVID estimate of demand based on actual COVID bed usage of 11 (in April) with scaling factors of 1.5, 2 and 3 to look at potential demand.
- Future non-COVID estimate of demand based on actual low of 57 in April and actual ‘normal’ average activity of 148 pre-COVID.
- A reasonable worst-case scenario based on the ‘high’ estimates for COVID & Non-COVID bed usage.

Bed usage - Actual			
	COVID	Non-Covid	Total
Before COVID outbreak	0	148	148
Apr-20	11	57	68
May-20	11	68	79
Jun-20	13	74	87
Jul-20	4	96	99

Note that PTHB Non-COVID demand is not driven by Elective activity; rather it is driven by Step Up/Down care provision.

PTHB future COVID demand based on peak value during previous outbreak i.e. 11.4 and scaling up by factors of 1.5, 2 & 3.

COVID future demand	
Scaling factor	COVID bed usage
1.5	20
2	26
3	39

PTHB future Non-COVID demand is based on 3 scenarios - Low: historical low demand in April 2020; High: based on historical bed occupancy numbers; Mid: half way between Low and High

Non-COVID future demand	
Low scenario -	57
Mid-point scenario -	102
High-point scenario -	148

PTHB worst case give total of 187 beds. This compares with a Surge 1 Capacity of 180 (see slide “**Bed Capacity – incorporating COVID-19 Guidance for Bed Spacing**”). As noted on bed capacity slide, "further work being undertaken to identify any further areas for additional capacity."

Reasonable Worst Case Scenario	
COVID	39
Non-COVID	148
Total	187

Source: J:\Finance\Information Flows\Covid19\Modelling\Modelling projections\WG Q2 plan\Sitreps_Download from NWIS Datahub 6 July

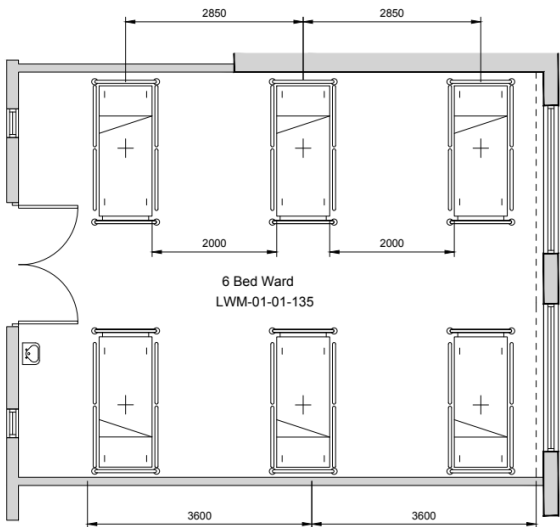
Field Hospital Capacity in Powys

Collaborative work undertaken with PCC and Military to identify potential surge facility sites pan Powys during phase one of our response has been completed. A Community Surge Facility plan has been developed and appraised and is available to revisit at the Royal Welsh Showground site, Builth Wells. This facility progressed to lease approval stage and design procurement routes were identified. Estimated time to stand up circa 6 weeks, and this is available if required during a super surge scenario.

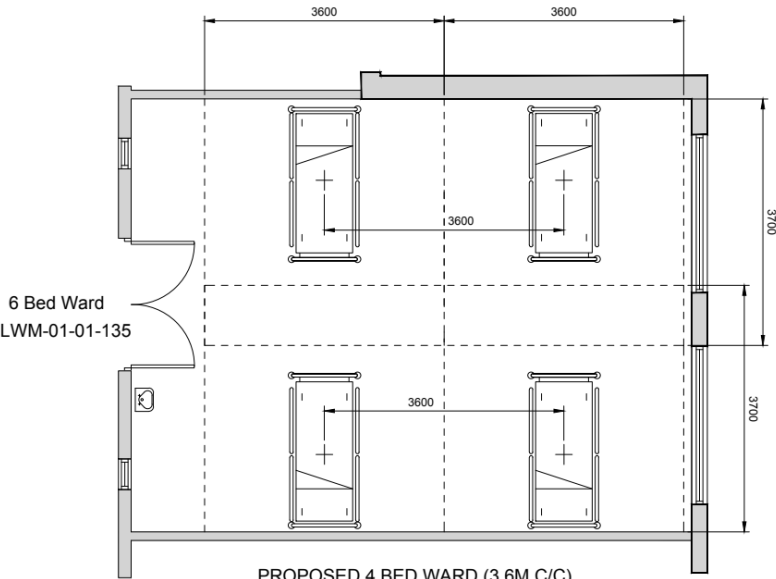
Bed Capacity – incorporating COVID-19 Guidance for Bed Spacing

PTHB: Community Hospital Bed Numbers	Core beds	Surge 1 - Capacity
Brecon	30	37
Llandrindod Wells	21	26
Welshpool	17	24
Bronllys	15	19
Llanidloes	11 (14 August)	17
Machynlleth	14	16
Ystradgynlais	20	22
Newtown	15	19
TOTALS	143 (146 August)	180

- For Powys bed capacity, a revised bed model has been developed based on the refreshed modelling for both core operations and surge requirements.
- Work has been completed to plot bed plans for each hospital site . Community hospital bed capacity has been assessed across 8 sites, in accordance with ‘COVID-19 Guidance for Bed Spacing in Healthcare Settings’. This has seen, for instance, 6 bed wards capacity reduced to 4 bed to meet guidance.
- Overall circa 26 beds have been lost from our Q1 surge plan to meet recent WG guidance.
- There are currently 143 beds open and functional and plans are in place to surge to 180 bed capacity as required, with further work being undertaken to identify any further areas for additional capacity.
- This compares to a reasonable worst case demand scenario of 187 beds (see previous slide).



TYPICAL EXISTING 6 BED WARD



PROPOSED 4 BED WARD (3.6M C/C)

Managing COVID-19 Implementation

HIGH LEVEL MASTER IMPLEMENTATION PLAN: TEST, TRACE, PROTECT										
Ref	Action	Executive Lead	AD / Operational lead(s)	Q1	Q2	Q3	Q4	Deadline	Status	Comments
1. Leadership and Management										
1.1	Establish next phase Test and Trace governance and oversight arrangements	DPH	Stuart Bourne					08/05/20	B	
1.2	Appoint operational, clinical and informatics leads for the next phase of testing	CEO/DPH	Stuart Bourne					11/05/20	B	Operational Lead in Post. Clinical lead taking up post 15.6.20
1.3	Appoint operational lead for community contact tracing	CEO	Jo Wheale (PCC)					08/05/20	B	
1.4	Produce a plan for next stage testing and tracing that describes the local contribution to inpatient, critical worker, closed settings and symptomatic general population testing, as well as contact tracing requirements.	DPH	Stuart Bourne, Alison Merry, Nicola Benge					22/06/20	G	
1.5	Create a local demand and capacity model for the next stage testing pathway	DPH	Will King					20/05/20	G	To commence w/o 17 May.
2. Expert Advice and Guidance										
2.1	Operating model for Regional Response Cell in place and Cell established to provide an expert advice function for contact tracing services and wider health protection response	DPH	Alison Merry					18/05/20	B	
2.2	Links with national health protection support and advice in place.	DPH	Stuart Bourne, PCC					18/05/20	B	
3. Testing										
3.1	Establish a test strategy for closed settings that describes how and when testing will be delivered.	DPH	Service Manager & Clinical Lead Nicola Benge					12/06/20	A	Care home testing to be complete by 12.6.20. Amber rating reflects consent arrangements for LD and Children is likely to exceed the timeframe. In addition, a broader plan is being developed to include enhanced settings e.g. schools
3.2	Extend electronic test requesting for COVID-19 samples to inpatient areas	DPCCMH	Service Manager & Clinical Lead / Andrew Creswell					26/06/20	A	
3.3	Ensure demand for critical worker test requests and results is coordinated prior to national test booking and home sampling being available for Powys residents.	DPH	Nicola Benge					30/05/20	B	National test booking has gone live

GOLD SITREP DASHBOARD - DEV V2.5										
Service status by site or service.										
PTHB Hospital Site by Tier										
Brecon										
Llandrindod Wells										
Welshpool										
Bronllys										
Llanidloes										
Machynlleth										
Ystradgynlais										
Newtown										
Knighton										
Glan Irfon										
Additional Surge 1										
Additional Surge 2										
Escalation Issues/Comments										
> Knighton currently closed, patients transferred to Llandrindod										
PTHB Services - Weekly Position										
Community Nursing										
W&C @ 27/05/2020										
Mental Health @ 27/05/2020										
GP Surgery Escalation Status										
Snapshot Date: 02/06/2020										
North Powys										
Mid Powys										
South Powys										
Practices at Level 3 or above, and escalation comments										
Primary Care PPE Provision - Weekly Snapshot										
Primary Care staffing type										
Percentage of staff group absent										
PTHB Bed State latest snapshot										
Total										
Sus C-19										
Con C-19										
Non C-19										
Occupied										
Closed										
Vacant										
Surge <=24h										
Surge <7d										
Surge >7d										
Powys Patient Flow last 24 hrs										
Admissions										
Discharged										
Death										
No. Patients awaiting Transfer/Repatriation										
North										
Mid										
South										
Deaths										
Cumulative Covid-19 related deaths in PTHB sites										
Powys Resident DGH & Specialised Care Services Information										
Provider Org.										
SATH										
WVT										
ABUHB										
CTM										
CRV										
SB										
HD										
Snapshot date: 03/06/2020										
BCU										
Other										
Totals										
Admissions										
Discharges										
Cum. COVID D										
DGH & Specialised Care Services Escalations Issues For Consideration										
Further change to shielding arrangements. CMOs seeking consistent cross-border approach. Further WG letter expected.										
Follow-up of cross-border CPAP outside hospital continuing - all providers contacted but additional information needed from SATH (SBAR to follow)										
CTMUHB some level 1 scores for essential services - including endoscopy.										
WVT has restarted routine referral process should now be broadly compliant with WG requirements (to check examples)										
Renal: Llandrindod unit too small for positive and negative patients. Travelling times too great to alternative English providers for WAST Col compliance. Renal Network working on alternative location involving HCUHB. (SBAR to follow)										
Following up respective commissioning responsibilities in complex cross-border case.										
PCC Nursing & Residential Home Flows										
Snapshot date: 03/06/2020										
Care Home bed availability - total										
Planned adult social care discharges from community										
Residential bed availability (as part of the total)										
Actual adult social care discharges from community										
EMI Residential bed availability (as part of the total)										
Number of safeguarding alerts										
Nursing Bed availability (as part of the total)										
Number of Care Home Providers with workforce short										
EMI Nursing bed availability (as part of the total)										
Number of care homes unable to accept new Clients										
Further Carehome information										
Cumulative Covid-19 related death where place of death listed as Care/Residential or Nursing Home (ONS/MPI source - Non PCC sites)										
Escalation Issues										

Management of the response to COVID continues to be overseen by Gold with reporting via the re-established Board and Committee structure as appropriate

The key mechanisms for monitoring delivery are the Gold dashboard which is now compiled on a weekly basis and the Implementation Plan which is also updated weekly at Gold

The Implementation Plan is framed around our Phase 2 approach and encompasses all key actions for the supporting workstreams.

There are three specific delivery groups which report into Gold command:


- Strategic Oversight Group Operations
- Strategic Oversight Group Care Homes
- Strategic Oversight Group Test Trace Protect

Support Plans for Care Homes

Action	PTHB Response
COVID-19 testing protocol in place for residential care settings which is consistent with Welsh Government policy	All care homes in Powys have received testing for staff and patients with an ongoing programme established
Monitor primary care input into care homes in line with the DES Community therapy teams to support respiratory need within nursing homes	Powys Assessment of Optimal & Consistent Primary Medical Care in Care Homes was undertaken in May 2020. Contract negotiations currently underway on revisions to and the re-introduction of the care homes DES
Community therapy teams to support respiratory need within nursing homes	Remit of the Respiratory Team widened to provide advice and support to care homes
Agree process of transition from Covid escalation to BAU through Section 33 for Residential and Care Homes	The transition from the joint PTHB / PCC Care Home Workstream is underway for completion in Q2
Implement Commissioning Assurance Framework for Care Homes as set out in Section 33	On Track to be delivered in Q2

Escalation Matrix

Risk Escalation level	Situation	Status
0 No infection	Standard operating processes are functioning and not compromising the service Care Settings should have in place standard operating procedures for individual residents with suspected and confirmed COVID-19 infection, including appropriate infection control precautions to protect staff and residents.	Accept
1 Incident Moderate/ manageable pressure	Standard operating processes are functioning as efficiently as possible and not significantly compromising the service An incident of COVID-19 is a situation where there may only be one suspected or confirmed case of coronavirus present. An incident of COVID-19 will require immediate action so that the individual is isolated and that precautions can be put in place to prevent the spread of the virus.	Tolerate
2 Outbreak Significant Pressure	Enhanced support required with senior managers and Heads of Service working together across the whole care system to provide appropriate support An Outbreak of COVID-19 is when there are three or more suspected or confirmed cases in a setting (triggering the need to notify C1W/PHW)	Collaborate
3 Extreme Pressure	Requires crisis intervention from external support to continue service provision	Intervene
4 Service Failure	Nursing / residential care home ceases to be able to continue to provide care and requires contingency such as transfer of residents to an alternative setting and/or external operation of the service	Contingency



Integrated Monitoring, Assurance & Escalation of Nursing & Residential Care Homes During the COVID19 Pandemic

Document Reference No:	Integrated Monitoring, Assurance & Escalation of Nursing & Residential Care Homes During the COVID19 Pandemic	
Version No:	1.5	
Issue Date:	April 2020	
Review Date:	October 2020	
Author:	Director of Nursing & Midwifery PTHB Assistant Director Quality & Safety, PTHB Section 33 Pooled Funds Manager PCC	
Document Owner:	Assistant Director Quality & Safety, PTHB Section 33 Pooled Funds Manager PCC	
Accountable Executive:	Director of Nursing & Midwifery PTHB Director of Social Services PCC	
Approved By:	Gold Command PTHB	
Approval Date:	April 2020	
Document Type:	Policy	
Scope:	Non-clinical The policy applies to staff within PTHB and PCC who provide services to care homes.	

The latest approved version of this document is online.
If the review date has passed please contact the Author for advice.

Powys Teaching Health Board is the operational name of Powys Teaching Local Health Board
Bwrdd Iechyd Addestu Powys yw enw gweithredol Bwrdd Iechyd Lleol Addestu Powys

Powys Assessment of Optimal & Consistent Primary Medical Care in Care Homes May 2020

Recommended Solutions:

The Welsh Government Task and Finish group have set out the below recommendations to offer a solution to the above identified issues, and also to ensure good practice in Care Homes.

3. Recommendations for the Local Health Board				
Table of Recommendations from the Care Home Task and Finish Group:	Action	Responsible Lead	Assessment	BRAC
LHBs should agree and implement a national escalation framework for care homes	RFBs, C1W and CFW should agree and implement a simple national escalation framework for care homes by 15 th June 2020.	Directors of Primary & Community Care	Joint Care Home Response Escalation Matrix agreed and implemented	
LHBs should ensure that they are monitoring care homes daily (e.g. deaths, admissions, infection rates, escalation levels)	RFBs, C1W, PHW and CFW should agree and implement a simple 'look once' monitoring system for care homes by 15 th June 2020	Directors of Primary & Community Care	Daily MDT takes place. Care homes assessed and monitored against Joint Care Home Response Escalation Matrix Escalations reported through to Exec Oversight Group	

Purpose:

To deliver appropriate and timely rehabilitation to meet the needs of the Powys people to enable them to return to their optimal level of independence and well-being.

Rehabilitation
and Recovery
Pathways

- Implement rehabilitation pathways to support Acute COVID19 pathways
- Implement rehabilitation pathways for the new normal.
- Equitable access to the service
- Work in partnership with individuals to promote self-management & well-being
- Target environment that optimises best outcome for the individual
- Utilise newly gained skills & commit to new ways of working developed during pandemic
- Discharge to recover, rehabilitate & assess - D2RRA – facilitate timely discharge from hospital.

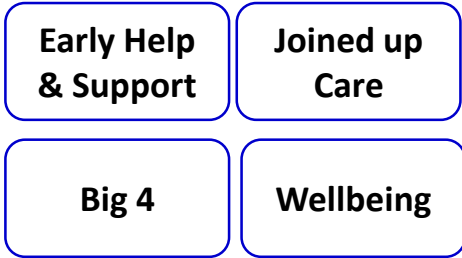
Patient Groups:

- **Post COVID:** There is likely to be an increased demand in rehabilitation in all settings due to the COVID pandemic
- **Planned care**
- **Those who avoided accessing during pandemic now at greater risk of disability & ill health**
- **Those socially isolated or shielding**

Healthy Caring Powys

Person Centered Stepped Care

- Enable me to Start well live well age well
- Enable me to stay well & support myself
- Assess & monitor me closely
- Step up my care & keep me at home
- Give me good care not in my own home
- Step down my care & get me home



Rehabilitation and Recovery – High Level Actions for Q2

Key considerations:

- Opportunities for advances in technology/smarter ways of working e.g. offers the specialists to work remotely not locally/virtual Clinics (Attend Anywhere)/Consultant Connect etc.
- Staffing models – mapping skills – new roles – bespoke training packages.
- There are areas of particular challenge e.g. Right sizing community services
- There is a reliance on interdisciplinary team working
- Requires integration across specialist and generalist services
- Requires strong leadership for transformational change
- Identify and involves all to maximise opportunity for multiagency integration / all areas equal – increasing demand is everyone's business!

Actions:

- Rehabilitation Framework for Powys – scope model, components and pathways
- Review Task & Finish Group TOR – extend membership
- Outline programme plan / phasing and risk register
- Gather baseline data / outcome measures
- Map pathways start to finish
- Rehab programmes for long term conditions supported by technology
- Pulmonary rehab trials

National Principles and Frameworks:

Healthier Wales 2018

A Health Caring Powys: Health & Care Strategy 2017-2027

National Clinical Plan for Wales 2019

Workforce futures –A strategic framework for Powys Health &Care workforce Jan2020

Rehabilitation: a framework for continuity and recovery 2020 to 2021

Key Gaps / Risks/ Mitigation:

- Complexity and scope of rehabilitation reach
- Timescales
- Capacity
- No current dataset of existing demand for or impact of rehabilitation services – impact on accurate modelling for current and future demand
- Move to 7 day working
- Culture change
- Costs
- Rehab Workforce/recruitment/skillset
- Geographic area
- Minimise spread of infection.

Multi Professional Multi Agency Integrated Care Pathways

Q1 Achievements:

- Clinical Response Model developed and implemented
- Support Services Model developed and implemented
- Suite of Clinical Flow Charts produced to support new ways of working
- Clinical Leadership Group established to support decision making
- Verification of death processes implemented in line with WG Guidance
- Rehabilitation pathways implemented to support COVID-19 and other pathways
- Integrated rapid review and escalation process developed for closed settings
- Primary care and community therapies in place to support closed settings
- Self-Assessment of Children's Homes Practice in relation to COVID-19
- Self-Assessment of Mental Health & LD Homes Practice in relation to COVID-19
- Early Warning system - 'triggers' / escalation plan linked with R value, surveillance data and other intelligence developed

Q2 Priorities:

- To ensure Clinical Response Model and Support Services continues to be in place to support COVID-19, adapted for use proportionately and as part of the wider plan
- Capacity remodelled and bed model adapted to continue to support hospital discharge, step up and step down
- To continue the transition of residential and care homes back to restored status via S33
- To implement a Commissioning Assurance Framework for Care Homes as set out in S33
- Further implementation of Early Warning system

Test, Trace and
Protect

**Harm from COVID
itself**

Harm from
overwhelmed NHS
and social care
system

Harm from
reduction in non-
COVID activity

Harm from wider
societal
actions/lockdown

PTHB Framework for Phase 2 Response Planning

Harm from overwhelmed NHS and social care system

Test, Trace and
Protect

Harm from COVID
itself

**Harm from
overwhelmed NHS
and social care
system**

Harm from
reduction in non-
COVID activity

Harm from wider
societal
actions/lockdown

Patterson, Liz
07/09/2020 08:50:16

Harm from overwhelmed NHS and Social Care System - Overview

This plan builds on our Phase 2 approach which included the management of risks and impacts arising from an overwhelmed NHS and Social Care system. The initial short term risks for the system were focused on the potential for hospitals, as well as primary and community health and social care becoming overwhelmed by a peak in Covid demand itself.

As the weeks have progressed and the lockdown measures have seen the 'flattening of the curve' a different and longer term set of challenges arise across health and care systems which re-directed their operational and support services into the management of the pandemic response.

Routine care was suspended across the UK as part of the Government response and essential care pathways were also curtailed and changed across systems.

As Powys is both a commissioner and a provider of healthcare, our plan deals with the whole system from the perspective of our residents, who access care in England and Wales, across multiple systems and providers.

We have prioritised the management of risk and assurance across this complex set of systems and taken part in the local resilience and emergency planning responses in Dyfed Powys and wider NHS Wales, Shropshire, Telford and Wrekin and Herefordshire and Worcestershire, as well as the arrangements in both England and Wales for specialised care. Our plan therefore reflects that complexity and the section on DGH and regional arrangements provides further detail.

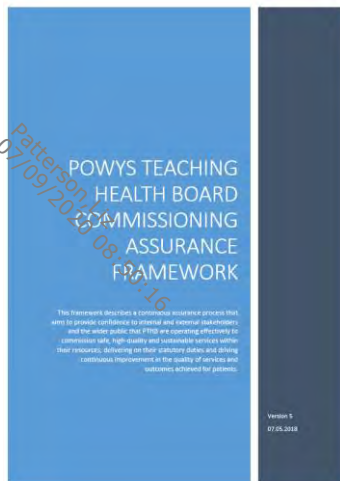
Quality and safety have been the lynchpin throughout this period of fast change and adaptation and arrangements for staff and patient protection and workforce well-being will continue to be of critical importance. Works on our estates coupled with use of digital technologies will be used to achieve a new balance of physical presence and alternative methods of delivery. This work is essential to ensure that our own provided services are not overwhelmed and we are able to continue our collaborations with neighbouring providers wherever possible.

As the system challenge is now known to be longer term in nature, with multiple providers planning progressive returns of services over months and up to two years in the future, the health board will renew and reframe its own long term strategy to ensure the risks are minimised as far as possible.

We already have a shared health and care strategy with a long term vision of 'A Healthy Caring Powys' which is the foundation to rebuild our approach in Powys. Key to this strategy is the flagship North Powys Well-being Programme. This will be reviewed in the light of the new and very different environment and the changes in pathways and services over the next two years.

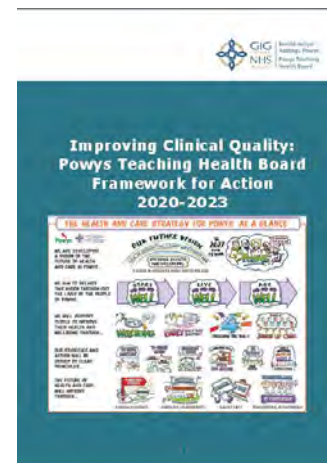
There is also an important piece of work for Powys in responding to the opening of the Grange hospital by Aneurin Bevan University Health Board and the impact on South Powys pathways particularly those relating to provision at the Nevill Hall Hospital in Abergavenny. This work will recommence during Quarter 2.

- **Access:** Most routine activity and performance management arrangements for scheduled and unscheduled care were suspended following the letters from central governments. PTHB is monitoring key issues in relation to essential services such as Cancer breaches. In line with other health boards it has reported to Welsh Government on access to essential services.
- **Waiting Times:** Whilst usual information flows have not yet been restored unvalidated data indicates that the number of patients waiting over 52 weeks is increasing. This will have implications in reviewing any potential harm to patients and will also have effects for 2021/2022.
- **Quality and Safety (& Patient Experience):** Where possible quality and safety measures are continuing to be monitored, subject to Government direction regarding the reporting of these concerns in both NHS Wales and NHS England.
- **Governance and Strategic Change:** A “District General Hospital Log” is being kept to record the multiple and complex pathway changes taking place.
- **Commissioning Quality Performance and Review Meetings (CQPRMs):** are not taking place at present. The main English providers for PTHB are working within the regional system command arrangements.
- It is planned to reinstate processes such as the Commissioning Assurance Framework and Clinical Quality Framework in 2020/2021 where possible and safe to do so, subject to government and provider body/ wider system arrangements.



PTHB Commissioning Assurance Framework

It is planned to progressively recover the Commissioning Assurance Framework which will include a response to COVID-19



PTHB Clinical Quality Framework

It is planned as part of the overall recovery to re-establish the introduction of the PTHB Clinical Quality Framework to realise a vision of “*Systematic, clinically-led, continuous and sustained, year-on-year improvement in the quality of clinical care provided by Powys Teaching Health Board.*”

The Digital Journey has progressed significantly during the Covid-19 crisis. This has meant necessary re-prioritisation of projects and tasks to ensure a pragmatic and responsive approach to sustainable service delivery. Digital transformation has excelled at pace, and other programmes of work put on hold to release resource and effort to be directed to where it was most needed.

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

Strong Information and IT Governance has been in place and whilst challenged as 'free' solutions were introduced and used widely in other sectors (e.g. Zoom, Whatsapp, Facetime). During the covid-19 pandemic, the UK has seen an increased threat of Cyber-attack, the amount of Phishing emails has significantly increased but the systems we have in place are detecting and deleting fraudulent or suspicious threats to help mitigate and minimise the risk. Action has taken to maintain best practice, awareness of Cyber threats to protect our systems, data and network. Access to patient information (via Welsh Clinical Portal - WCP) for our 'Cross Border' partners was securely and successfully enabled for out of hours GP services, via the use of O365 secure emails. The VPN network and Internet bandwidth has been significantly improved.

Nationally with the support of NWIS and third parties (such as BT), by delivering large scale change in days, for operational requests for work that would normally take months to complete. Rapid deployment of Teams to work collaboratively and stay connected, Attend Anywhere to deliver Video consultations, Consultant Connect and tablets to enable patients to stay connected is included as deliverables to date. A summary of the key deliverables to date is included below: -



Digital COVID Journey

Setting the Digital Landscape for Health



Working From Home



- **4,500** PTHB Mailbox's migrating for 2,977 users to allow access to email/teams without the need of VPN
- **Intune** mobile device management in place to improve agile working
- **Personal Devices** use of personal Windows 10 devices to access O365 from home
- **343** VPN's ordered and set up, enabling staff to work from home



Accelerated Rollout of National Products



- **Office 365** rolled out at pace to all PTHB user base
- **WCCIS** users increased to 1193 and continuing to deploy to AHP's
- **450** users trained and have access to **WCP**
- Additional **WCP** functionality implemented including **Mobile access**
- **WPAS** upgrade 20.1
- **Attend Anywhere** being implemented at pace, live for GP Practices, commencing Secondary Care roll out



Empowering Staff to Work Digitally



- **2,977** users migrating to O365
- **50%** increase in Telephony requests enabling staff to relocate and continue to work safely and effectively
- **113** laptops issued, enabling staff to work remotely
- **ICT** Out of hours model for PTHB if required
- Drop Slots with **WPAS** for HCP reporting **Attend Anywhere** consultations
- **WPAS** 110 new users
- **WCP** 94 new users
- **WCCIS** 76 new users
- Patient letters being merged into **WPAS** to be viewed within **WCP**



Supporting Patient Flow



- **Automated Daily Bed State** reporting for occupancy and Covid status
- Developed electronic systems for **Mortuary Numbers**, **Workforce** (sickness, isolation, testing) **GP Practice Staff** **Sickness/isolation**
- Established links with **Wye Valley** and **SATH** for **pathology** and death data to link into **NWIS** **Welsh Data** for **Powys** specific reporting
- Developed data feeds ensure vulnerable/shielded patients captured in **WPAS** and shared back with **NWIS**



Virtual Meetings and Digital Consultations



- **Microsoft Teams** deployed to **100%** of PTHB Staff
- Mass number of **Microsoft Teams/channels** created to enhance remote working and collaboration
- **Attend Anywhere** 15 HCP clinics in pilot, 11 clinics in Development, 18 in Design
- **Live Stream** pilot to be undertaken for Public meetings.



Connecting Patients and Their Families

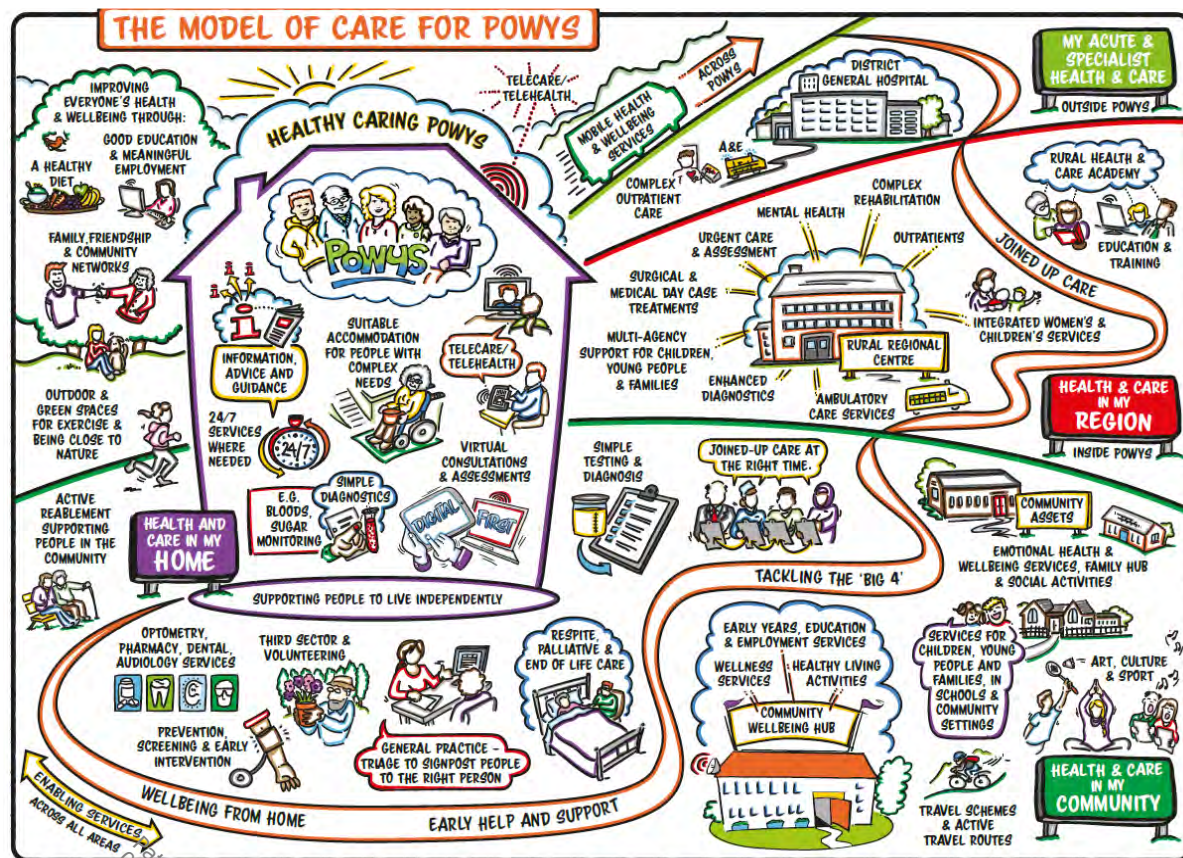


- **Tablets** purchased and to be deployed to all PTHB wards for patients to keep in touch with relatives and friends.

Patterson, Liz
07/09/2020 08:50:16

New Ways of Working: Re-shaping the North Powys Well-being Programme

Purpose: To test and deliver a new model of care in North Powys and support effective learning and transfer Pan Powys



Context and key considerations:

New / changing baseline position

Limited operational team capacity

Ability to secure capital in a timely way

Limited transformation funding until March 2021

Engagement /co-production virtually

Prior to COVID19, Powys established the North Powys Wellbeing Programme to deliver a new model of care which includes the development of a new multi-agency wellbeing campus. The programme utilises transformation funding to deliver both short term and long term transformation change across the whole system. After a period of engagement the model of care was approved by Cabinet and PTHB Board during Quarter 1. The programme has been suspended during the pandemic, but early discussions have commenced, with a view to formally recommencing the programme in July 20.

Opportunities

- Review and potentially re-focus acceleration for change priorities to support 'recovery model'. Evaluate and implement new models of care with potential focus on wellbeing, third sector, rehabilitation personalised care/re-shaping social care offer, digital technology and strengthening local service provision to support external provider plans.
- Baseline and start to test new models in Newtown with focus on wellbeing, joint working and pooling resource to improve service user outcomes.
- Re-position the PBC to focus on broader economic recovery from COVID19 and pandemic future proofing across the multi-agencies – school, housing, social care, health and third sector i.e. outdoor classrooms, single rooms, patient flows.
- Look for opportunities to undertake more detailed service design work (required for the business case) in line with the recovery model.
- Publicise and promote the model of care with public, communities, staff and other stakeholders in north Powys, through highlighting and building on the new ways of working that have been delivered so far during COVID19.
- Streamline governance, strengthen delivery via RPB sub groups and implement agile working.
- Support with embedding an ethos of change within communities in north Powys.

Challenges

- Ability to focus on longer term service planning/change during a crisis.
- Impact of Covid-19 on pace and future delivery of programme is currently unknown, suggest taking a risk based approach.
- Engaging with public, communities, staff and key partners remotely.
- Ability to secure funding.
- Limited operational resource across the partnership due to the need re-focus resource to support the pandemic.

Purpose

As a consequence of COVID, the new Grange Hospital opening has been escalated with services planned for delivery from November 2020. With the original opening planned for March 2021, this is expected to accelerate planned service changes and developments.

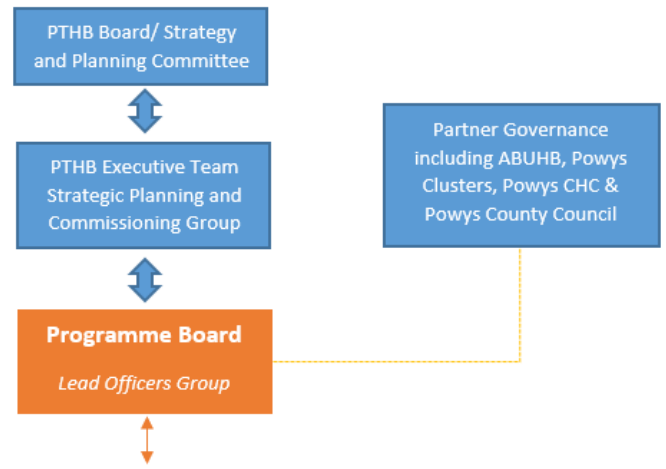
In Quarter 2, the health board will re-establish arrangements planned prior to COVID19, to develop a planned response to the ABUHB Clinical Futures Programme and focus on the impacts, risks and opportunities for Powys residents in the South and Mid areas of the county.

Key considerations:

Powys residents access a range of planned and unscheduled care services provided by ABUHB, mainly at Nevill Hall Hospital site or through outreach services provided by ABUHB in Powys

It was recognised that Prince Charles Hospital would become the nearest hospital for a significant proportion of Powys patients and it is therefore of strategic importance to South Powys.

There are key interdependencies across and between ABUHB, Cwm Taf Morgannwg University Health Board and the other health boards in the South Wales system in relation to the wider regional flows and transition to the new hospital network model.



Pathway Review and Options to be organised into Workstreams:		
Acute / A&E Unscheduled Care	General Surgery Planned Care	Women & Children's
Including: <ul style="list-style-type: none">• Accident and Emergency• Acute medical take• Trauma – subject to separate arrangements• Emergency admissions for conditions to be picked up as part of that condition pathway	Including: <ul style="list-style-type: none">• General surgery• Orthopaedics• Ophthalmology• Cardiology• Respiratory• Diabetes• Care of the Elderly	<ul style="list-style-type: none">• Obstetrics• Neonatal• Gynaecology• Paediatrics <p><i>NB interdependency with NHS Wales regional workstream</i></p>
Wider system considerations – interconnected patient flows resulting from the South Wales Programme implementation (e.g. CTMUHB configuration proposals).		
Clinical Quality – assurance of continuity of quality of care; patient experience and outcomes in relation to any proposed pathway developments.		
Data Quality and Baseline Dataset – joint work with ABUHB to validate data and agree baseline data assumptions, to address discrepancies in data sources.		
(At implementation stage) – Readiness assessment to inform phasing of actions across Powys system and wider system(s); Managed Transition and Handover		

New Ways of Working: Innovative Environments – Capital Programme



Llandrindod Wells Hospital

- Development of Programme Business Case for Phase 2 – first draft approved by Project Board with early overview and positive informal feedback from WG
- Executive approval for Endoscopy AHU replacement by Q3
- Proceed with contractual claim process with Design Team to replenish £280k overspend related to Endoscopy AHU and associated issues

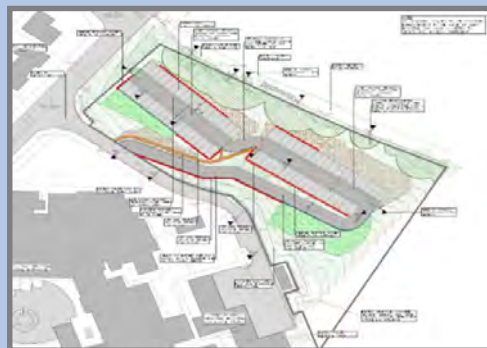


North Powys Wellbeing Programme

- Innovative Environment Workstream involving health and care, education and housing jointly developing Programme Business Case
- Programme Business Case well advanced; the workstream and consultant team will continue work to complete, seeking suitable stakeholder approvals and submit to WG – Q2 2020/21
- Focus on key benefits and what synergies a campus approach would deliver, promote decarbonisation agenda and COVID-19 review

Machynlleth Wellbeing Project

- Funding approved by WG to engage Wilmott Dixon to proceed to pre-construction stage
- Review of design undertaken – identifying opportunities to simplify phasing & buildability
- Next Steps:
- Hold stakeholder focused project relaunch meeting Q2 2020/21
- Resubmission of Full Business Case Q3 2020/21 incorporating COVID-19 lessons learned and enhanced decarbonisation elements



Brecon Car Park

- Currently progressing detailed design to enable Business Justification Case to be submitted to WG for funding; £550K has been raised by the community, with £450K required from WG to initiate construction activity.

Bronllys Rural Health & Care Academy of Learning

- Proposals to develop Basil Webb building at Bronllys Hospital to provide a Rural Academy of Learning: design development Q2 2020/21
- ICF funding £0.446M secured
- Car parking review to determine phased programme for improving and expanding car parking arrangements on site



New Ways of Working: Innovative Environments

Collaboration with Powys County Council – ICT Services

Estates are working with ICT across both Powys Teaching Health Board and Powys County Council to trial ICT works being completed by the Heart of Wales Property Services. The process will be agreed and rolled out during Q2

Mechanical Ventilation

All design work is complete for ward environments, to support mitigation measures for Aerosol Generating Procedures. A contractor will be appointed for commencement of works as a matter of urgency in Q2

Testing Stations

Works underway to support Covid - 19 Testing Stations in hospital sites (Bronllys / Welshpool) in addition to work to identify and lease fixed external sites such as Royal Welsh Showground.

Maintenance Contracts

Thirty key maintenance contract areas are being scoped and specified in conjunction with Procurement Services. A new contract template has been prepared, and will be rolled in Q2 for new contracts, this includes the ability to performance manage contractors

Social Distancing

Working with social distancing and new workstyles group to roll out approved Covid - 19 signage across estate including supporting measures for reception and office desk screens; implementation target early August.

External Oxygen Bulk Storage Tanks (VIEs)

Working to high specification requirements; installation work is complete in Brecon and will be fully completed in Welshpool and Llandrindod Wells Q2. Estates will continue to manage the enhanced planned maintenance requirements



Health and Safety

Water log book notice and water risk assessment for Llandrindod signed off by HSE. Management and control systems introduced for Hand Arm Vibration Syndrome (HAVS): RIDDOR reports to HSE with ongoing exchange of data

Helpdesk Refresh

This has been delayed during Covid -19 activity, work programme to be refreshed and commence in Q2

Control of Contractors

Processes will be finalised in Q2 with health & safety team

Shower and Change Facilities

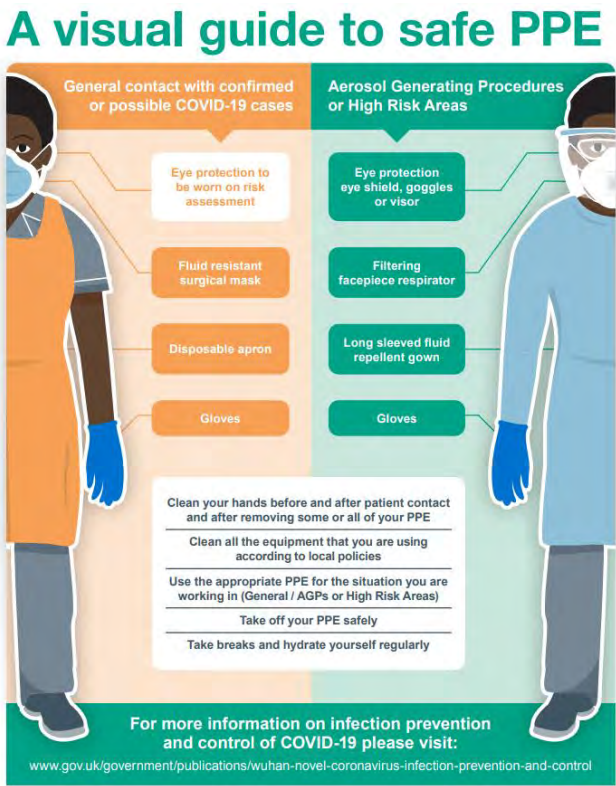
Refurbishment

Ensuring staff are able to access suitable and sufficient changing facilities in support of Covid -19 on sites has been a priority; already good progress in refurbishing changing facilities; project work scheduled for further enhancement of four hospital sites during Q2.



PPE

- Two main stores locations for PPE
- PPE Training sessions being carried out.
- Ongoing programme to ensure PTHB staff are fitted for FFP3 masks where required by a registered Fit2fit trainer
- Review how best to support FFP3 mask fitting where required for closed environments, supported living and patients in their own home
- Continue to ensure sufficient PPE equipment is delivered in a timely way to the areas where it is required from a centralised store
- Continue staff training in the correct use and disposal of PPE
- Establish need for additional PPE where required for the influenza vaccine campaign



Social Distancing

The development of an agreed social distancing guidance for staff and managers has been developed with a check and monitoring plan in place to ensure compliance with the guidance.



Recommended PPE for healthcare workers by secondary care inpatient clinical setting, NHS and independent sector

Setting	Context	Disposable Gloves	Disposable Plastic Apron	Disposable fluid-repellent coverall/gown	Surgical mask	Fluid-resistant (Type IIR) surgical mask	Filtering face piece respirator	Eye/face protection ¹
Acute hospital inpatient and emergency departments, mental health, learning disability, autism, dental and maternity settings	Performing a single aerosol generating procedure ^{2a} on a possible or confirmed case ² in any setting outside a higher risk acute care area ²	✓ single use ³	✗	✓ single use ³	✗	✗	✓ single use ³	✓ single use ³
	Working in a higher risk acute care area ² with possible or confirmed case ²	✓ single use ³	✓ single use ³	✓ sessional use ³	✗	✗	✓ sessional use ³	✓ sessional use ³
	Working in an inpatient, maternity, radiology area with possible or confirmed case ² – direct patient care (within 2 metres)	✓ single use ³	✓ single use ³	✗	✗	✓ sessional use ³	✗	✓ sessional use ³
	Working in an inpatient area with possible or confirmed case ² (not within 2 metres)	✗	✗	✗	✗	✓ sessional use ³	✗	✓ risk assess sessional use ³
	Working in an emergency department/acute assessment area with possible or confirmed case ² – direct patient care (within 2 metres)	✓ single use ³	✓ single use ³	✗	✗	✓ sessional use ³	✗	✓ sessional use ³
	All individuals transferring possible or confirmed case ² (within 2 metres)	✓ single use ³	✓ single use ³	✗	✗	✓ single or sessional use ³	✗	✓ risk assess single or sessional use ³
	Operating theatre with possible or confirmed case ² – no AGPs ²	✓ single use ³	✓ single use ³	✓ risk assess single use ³	✗	✓ single or sessional use ³	✗	✓ single or sessional use ³
	Labour ward/area – 2nd/3rd stage labour vaginal delivery (no AGPs) – possible or confirmed case ²	✓ single use ³	✓ single use ³	✓ single use ³	✗	✓ single or sessional use ³	✗	✓ single or sessional use ³
	Inpatient care to any individuals in the extremely vulnerable group undergoing shielding ²	✓ single use ³	✓ single use ³	✗	✓ single use ³	✗	✗	✗

Staff changing and shower facilities

Ensuring that staff are able to access changing facilities on site has been a priority for our estates teams, and with this in mind there has been some great work underway in refurbishing our changing facilities.

Patterson, Liz
07/09/2020 08:50:16

The workforce is the health board's most valuable asset and the well-being of staff is a key priority. We continue to work towards the Workforce Futures Strategic Framework for Powys, alongside our Regional Partnership Board partners. We have recognised that our response to the pandemic and our ability to recover relies upon the efforts across the whole system including the vital role volunteers, carers and communities play.

Our priorities revolve around:

Workforce Planning, Recruitment, and Deployment – attracting and maintaining and valuing a diverse workforce in sufficient numbers and with appropriate skills. Education and development continues to be a priority and the use of new digital technologies and new ways of working.

Staff Wellbeing – In support of staff wellbeing, the Health Board continues to focus on the staff testing programme of testing for staff and continued risk-assessment of vulnerable groups to ensure workplace safety with a particular focus on BAME colleagues. We continue to encourage staff to utilise annual leave regularly as this will be key in the sustainability of our workforce from a well-being perspective and part of ensuring our winter preparedness. We have invested in enhanced psychology counselling and the online Silver Cloud CBT service, which we are leading the roll out across Wales.

Working in Partnership

Strong partnership working with trades unions has enabled the health board to respond at pace to implementing new ways of working, and we are grateful for the support of our partners in adapting to a rapidly changing environment, working alongside us to protect the health and wellbeing of staff and the Powys population.

Social Distancing/Health and Safety

Ensuring social distancing and health and safety requirements are implemented for staff and patients has been a key area of focus, and clear guidance has been developed and cascaded in consultation with staff side across clinical and non-clinical areas. This work is essential to enable the health board to recover and restart non COVID activity at its sites.

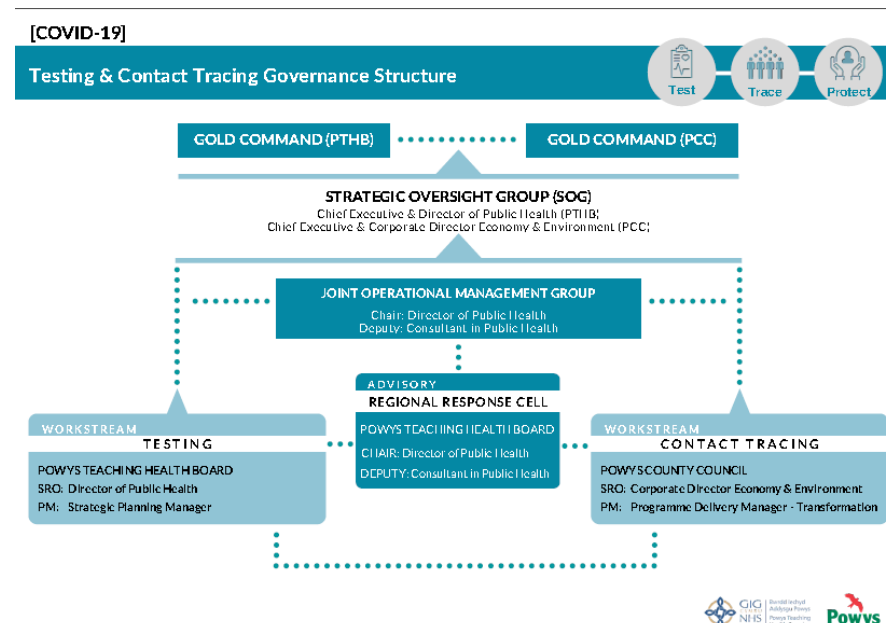
Workforce Planning, Recruitment and Deployment

- Staffing remodelled in line with clinical response and bed capacity
- Recruitment of 55 HCSW and 10 RN Bank staff to support our flexible workforce between 26 March and 31 May 2020
- Redeployment list in use to maximise flexibility
- Training focused on upskilling for redeployment
- Working with Powys County Council to resource Test Trace and Protect on a sustainable basis – redeployment of 13 clinical staff who are either shielding or socially distancing.
- Focused workforce planning, recruitment and induction for new starters
- Strengthened approach to the deployment of volunteers
- 681 Clinical and 80 non clinical staff have attended a training session between 26 March and 31 May 2020 ; a total of 1002 training sessions!



Staff Testing

- Testing a priority for staff members who are symptomatic. This will be accessed from the mass testing sites in Builth Wells and Newtown. Staff to be advised to book their tests directly with the Covid-19 Administration Hub in order to expedite the appointment, and to alert Occupational Health of their symptoms.
- Liaison with Shared Services to review courier arrangements in order to improve delivery time to laboratories to achieve the best possible turn around for test results.
- Staff able to receive their test results by SMS text.
- Staff can receive advice on antigen testing from PTHB's Occupational Health Department and from the Clinical Lead for the testing service.
- Antigen testing for PTHB staff who are not symptomatic under review by Public Health.
- Direction from Welsh Government regarding antibody testing for PTHB staff under review by Public Health; as PTHB does not provide A&E and other health care services categorised as 'high risk'.



Social Distancing/Health & Safety

- Work programme relating to social distancing developed to protect staff wellbeing
- Development of a 'New Workstyles'/Agile working Programme including work around themes:
 - Supporting Homeworking
 - Signage and Markings
 - Staff, Clinical and Public Areas
 - Policy and Guidance Documents
 - Check and Monitoring
 - Digital ways of working – this theme is cross-referenced to the digital planning work

Staff Well-being

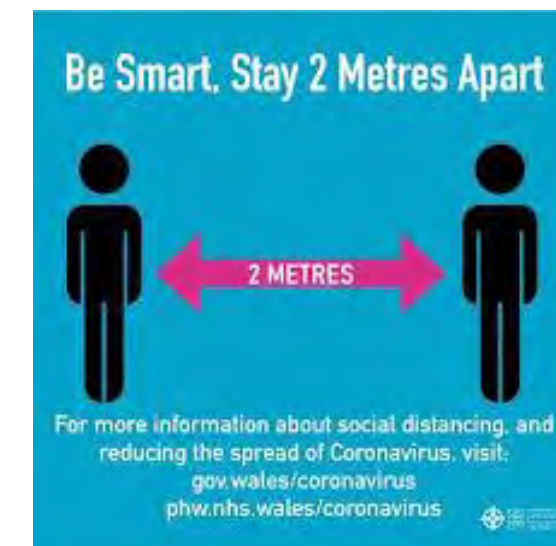
- The Occupational Health (OH) service plays a pivotal role in supporting staff in dealing with the pandemic response and Covid-19 symptomatic staff
- Construction and roll-out the share point well-being platform
- BAME risk assessments in place in line with national approach
- Delivery on the actions from the recent staff survey
- Launch of the Florence Pilot to enable staff to receive the automated well-being messages service
- Encouraging staff to take annual leave throughout the year to avoid a build up on untaken leave during the latter part of the leave year

Staff-side Liaison/Staff Engagement – Partnership Working

- Regular bi-weekly meetings between the Executive Team and Staff Side colleagues will continue to take place
- Resumption of the Workforce Policy and Review Group with a focus on review of any local policies in line with response to COVID-19
- Continuation of pre-existing consultation arrangements



Recommended PPE items	Explanation
✓ Disposable gloves	Single use to protect you from contact with patient's body fluids and excretions.
✓ Disposable plastic apron	Single use to protect you from contact with patient's body fluids and excretions.
✓ Fluid-resistant surgical mask	Fluid-resistant surgical masks can be used continuously when providing care, until you take a break from duties (e.g. to drink water, for your break, lunch or end of shift). The mask is worn to protect you, the care worker, and can be used while caring for a number of different patients. You should not touch your face (mask straps etc) or put it aside or remove it. If you are working in a room with other people living their care, you should remove and dispose of your mask when leaving the room after a shift. You should remove and dispose of this mask if it becomes damaged, soiled, dirty, or uncomfortable to use. You must fit a new mask when you start your shift after a break.
Eye protection	Eye protection may be needed for some patients/conditions where there is risk of splashes or secretions from the patient's mouth, nose, hands or from any fluids reaching the eyes (e.g. during for domestic care or respiratory support) or when they may be aerosolised. Use of eye protection should be discussed with your manager and you should have access to eye protection (such as goggles). If you are provided with goggles, then you should be given instructions on how to clean and store them between shifts. Eye protection can be used continuously while providing care, until you need to take a break from duties or you leave the room after a shift.



Workforce Indicators

The Health Board continues to monitor key workforce indicators such as sickness absence rates, training and performance appraisal compliance.

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

Statutory & Mandatory Training

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

PADR's

Compliance continues to fall below the set target of 85%, with a further fall to 69% in May. An instruction was given to managers at the beginning of April to suspend all business as usual activity, which included the undertaking of PADR's due to COVID-19 preparations, prior to this compliance was at 79%. As we return to business as usual Business Partners have begun to monitor compliance and pick up any areas of concern with managers.

Sickness Absence

Actual sickness is currently at a rate of 5.43% (1.09% short term and 4.35% long term). In comparison to May 2019 (4.31%) sickness is 1.12% higher. Covid-19 sickness contributed to the monthly sickness absence rate with 0.21% March, 0.54% April and 0.57% in May.

Over this 3-month period, 50 episodes were recorded, with 6 staff remaining absent as of the 4th June.

Q1 Achievements:

- Review of phase 1 core support model to align with phase 2 Clinical Response Model undertaken
- Digital opportunities explored with Office 365 rollout, Attend Anywhere and Consultant Connect being rolled out for further roll out in Q2; switchboard capacity increased to ensure support line in place
- Infection control training programmes for specific staff groups in clinical / non clinical areas implemented
- Staff Psychological Wellbeing support services agreed via the Wellbeing Hub
- Medical and non medical leadership arrangements reviewed
- Agreed protocol to support workforce in independent sector areas developed
- Risk assessments undertaken for ALL staff including BAME; who have underlying conditions identified, in line with national guidance
- The provision of advice and guidance relating to Infection Prevention Control (IPC) along with training in personal protective equipment (PPE) provided; social distancing implemented based on national guidance
- Primary care hot sites in place when triggered by practice demand
- Bulk oxygen storage procured for key sites to improve oxygen capacity
- Social distancing measures implemented across Powys

Q2 Priorities:

- Ongoing review of medical and non medical leadership arrangements (for future bed state)
- Transport plan underdevelopment to support Clinical Response Model Phase 2 Continued roll out of Office 365, Attend Anywhere and Consultant Connect
- Explore opportunities for further digital acceleration i.e. virtual clinics
- Capture lessons learnt
- Continue to monitor and provide wellbeing support for staff who are Shielding or Socially Distancing at home as they are identified in the at risk category.
- Continued implementation of the Digital Journey
- Reshaping the North Powys Well-being Programme to deliver the Powys Model of Care
- Responding to the opening of The Grange and the changes to South Powys pathways
- Delivery of the Capital priorities in the context of Covid and Non Covid delivery

Test, Trace and
Protect

Harm from COVID
itself

**Harm from
overwhelmed NHS
and social care
system**

Harm from
reduction in non-
COVID activity

Harm from wider
societal
actions/lockdown

PTHB Framework for Phase 2 Response Planning

Harm from reduction in non-COVID activity

Test, Trace and Protect

Harm from COVID itself

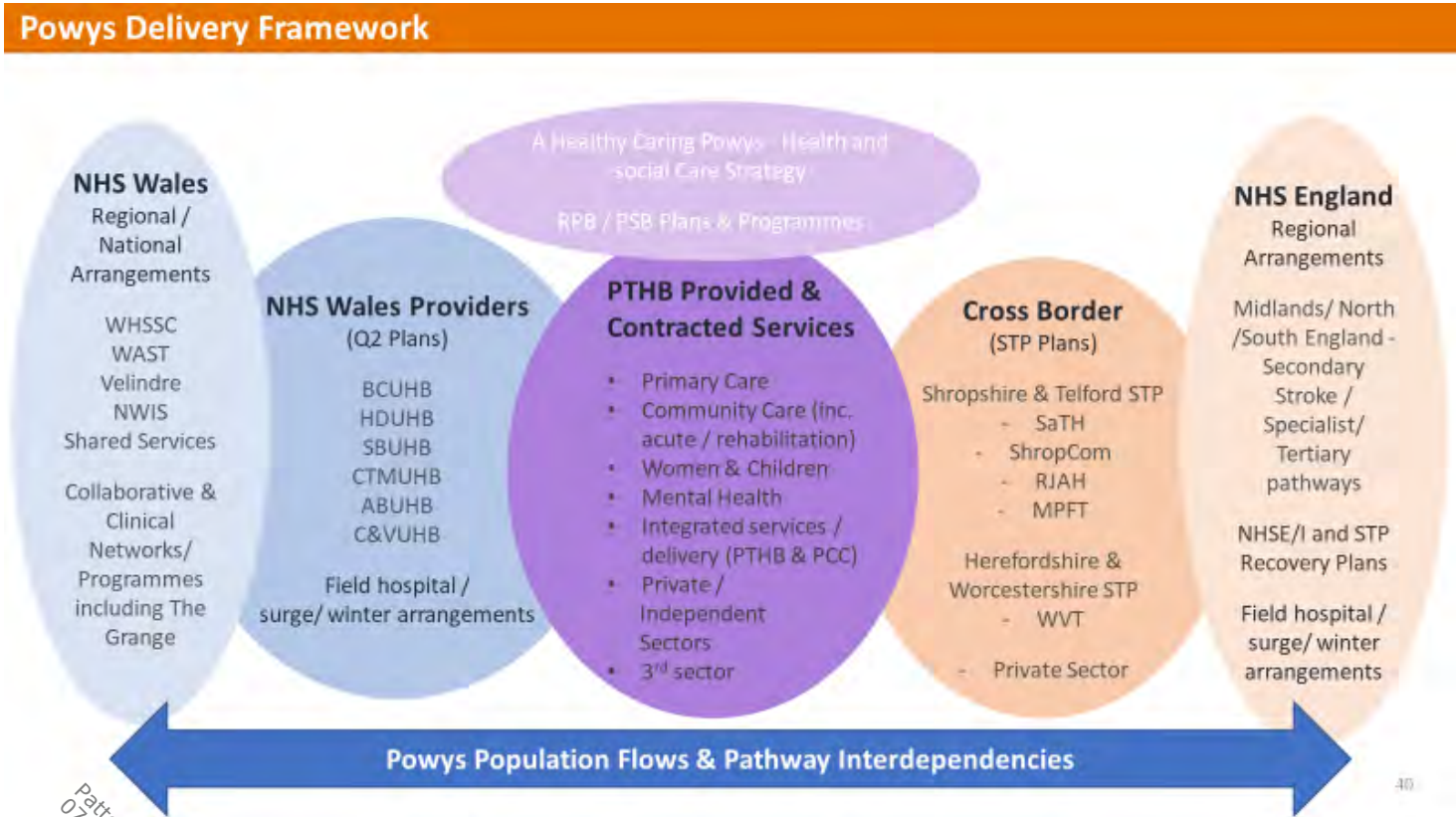
Harm from overwhelmed NHS and social care system

Harm from reduction in non-COVID activity

Harm from wider societal actions/lockdown

Patterson, Liz
07/09/2020 08:50:16

The Plan for Powys has a unique and complex context as shown out below:



This section of the plan provides an overview across these multiple systems as follows:

- PTHB Provided Services - Primary and Community
- Unscheduled Care and Winter preparedness
- DGH Specialised and Whole System

The plans for tackling the ‘Big Four’ in Powys are also outlined in this section.

These are the four largest contributors to ill health in Powys and form the heart of clinical transformation ambitions in our shared long term health and care strategy, A Healthy Caring Powys.

Together, these components form the heart of our Q2 plan. No one part of the system can be seen in isolation, as Powys residents pathway’s span across both English and Welsh systems of care as well as across multiple providers.

The timely care of patients has seen the most significant impact from the COVID-19 pandemic across the United Kingdom. Across Wales in March a large number of routine RTT, Diagnostic and Therapy services were suspended, urgent or emergency access were exceptions. This suspension impacts waiting times especially, and has created a growing backlog within the patient flow. The following table summarises the latest available performance for timely care measures for Powys as a provider.

Timely Care						
		Jan-20	Feb-20	Mar-20	Apr-20	May-20
The percentage of patients waiting less than 26 weeks for treatment	95%	97.2%	97.1%	95.9%	90.5%	79.8%
The number of patients waiting more than 36 weeks for treatment	0	0	0	0	24	86
The number of patients waiting more than 8 weeks for a specified diagnostic	0	0	11	22	207	312
The number of patients waiting more than 14 weeks for a specified therapy	0	1	1	6	93	466
The number of patients waiting for a follow-up outpatient appointment.	<= 7298	7778	7364	7173	7108	6832
The number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%.	< 379	274	223	293	346	344
Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for the care or treatments	95%	92.4%	95.1%	94.2%	85.7%	80.3%
Percentage of children and young people waiting less than 26 weeks to start a neurodevelopment assessment	80%	99.0%	100.0%	93.4%	84.2%	71.7%

Patterson, Liz
07/09/2020 08:50:16

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

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

The neurodevelopment service for children prior to COVID had the highest performance position in Wales. With the impact of COVID, the service was suspended . However, the service has been able to complete the assessment process for several children, by undertaking virtual multi-disciplinary panels, which has resulted in children receiving an outcome to their assessment.

Planned care activity levels have dropped significantly, some services have stopped completely like day case operations. Outpatient access has been limited to urgent face to face appointments, but phone triage and referral risk stratification has been undertaken to assess patient impact. A significant shift in follow-up appointments has moved access to phone, or virtual systems.

Another emerging trend is that referrals to the provider have dropped from circa 600 per week to around 120 per week by the end of May, although this helps reduce the impact of backlog, has the potential for future challenges around patient health and wellbeing.

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

PTHB Provided Services – Performance Position – Timely Care

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

RTT Performance by Specialty and Wait Band - May 2020

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

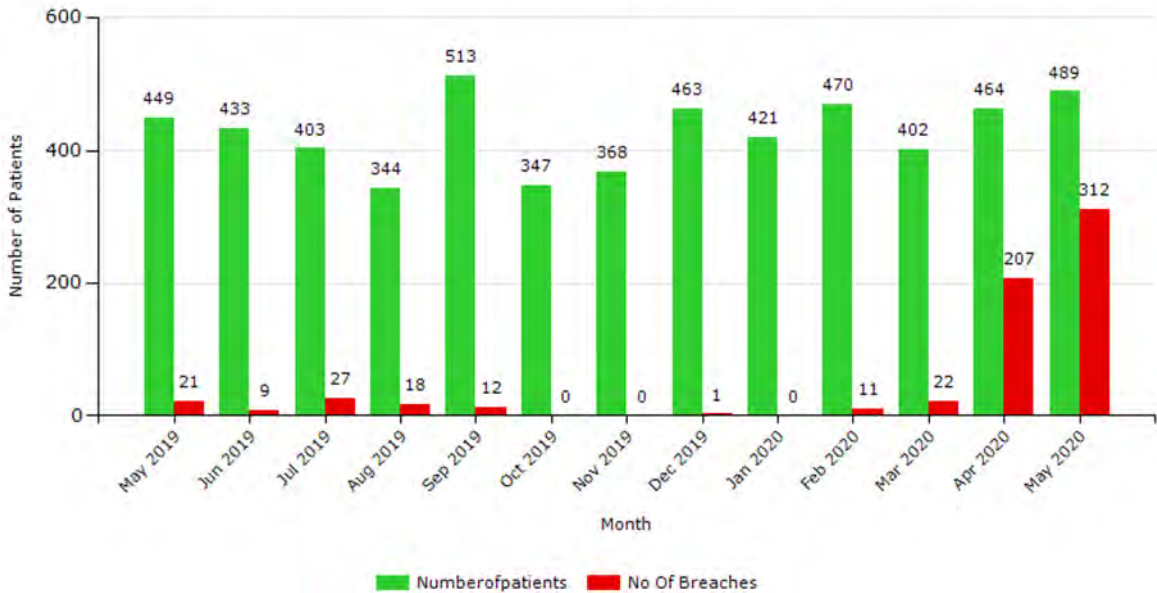
Patterson, Liz
07/09/2020 08:50:16

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

For diagnostic imaging services, the COVID impact has resulted in unavoidable breaches, this challenge to the service has been robustly met with a series of changes. Revisions involve, all referrals across Powys being screened by Radiographers on arrival, urgent suspected cancer (USC) referrals still being performed by sonography services, if clinically appropriate.

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

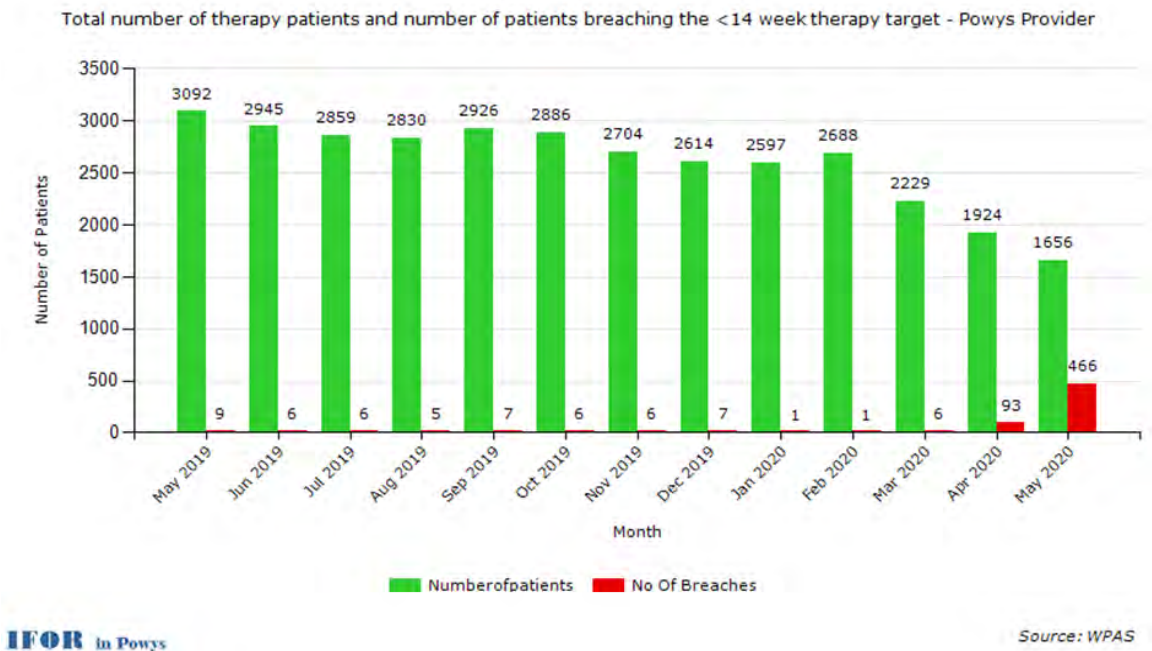
Total number of diagnostic patients and number of patients breaching the <8 week diagnostic target - Powys Provider



Therapies shows a very similar picture to diagnostics with an increase in breaches as the COVID impact continues. Steps to manage the challenge include all Therapy and Health Science Service new referrals being triaged into urgent and routine. Urgent patients have been offered telephone assessment but where a face to face assessment was required, this has been carried out following appropriate guidance.

Patients on the waiting lists (prior to lockdown) have been contacted via the telephone, appropriately triaged and either assessed, remain on the waiting list or discharged. Due to social distancing all group clinics e.g. confident strides, hip groups, hearing aid repairs etc have been stepped down. Ongoing waiting list validation is also being completed whilst reductions in activity are causing a negative impact on waiting list times with an increasing backlog.

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



General Medical Services (GMS)

- 100% of practices are undertaking triage consultations through a combination of approaches, including Attend Anywhere, AccuRx (Emis enabled system) and phone. The use of remote consultations will be continued to support GMS recovery and enhanced service delivery
- Post Covid-19 Recovery plan for GMS issued on 5th June
- Plans are underway with GP practices to reintroduce Enhanced Services (DES/NES/LES) through a phased approach between 1 July 2020 and 30th September 2020
- Individual Enhanced Services review being undertaken to consider adapting specifications to enable the enhanced services to continue to be delivered as efficiently and effectively as possible to reflect Covid-19. Initial priority areas are Diabetes; Minor Injuries; LARCs; INR/NOACs; Near Patient Testing and Additional Clinical Services.
- Statement of understanding agreed between PTHB & LMC supporting future enhanced service delivery via telephone or video consultation reviews, using face to face only where clinically necessary based on clinical judgement (awaiting outcome from the national review of the future Design and Delivery of Enhanced Services in Wales to inform this further)
- Protected time being provided to all practices in July to enable them to develop plans for recovery implementation, both at individual and cluster level with a focus on safety netting those at risk and people who are symptomatic
- Practice review of Premises and accommodation changes/upgrades (required to deliver safe services) being undertaken
- Joint Flu Task & Finish group established to deliver 20/21 flu programme inc. possible patient cohort expansion.
- 100% care home coverage continues via Patients in Care Home LES (Local Enhanced Service). A 3 month LES has been implemented to ensure ongoing equitable coverage to care homes whilst longer term arrangements are finalised.



Urgent Primary Care Out of Hours

PTHB commissions out of hours primary care through an arrangement with Shropdoc.

Shropdoc Covid Management Service (CMS) introduced to support both in hours and OOH with the management of Covid patients – highly effective in providing support to patients requiring ongoing management.

The Covid Management Service stopped on 30th May, due to reduced referrals into the CMS, however this can be re-established quickly should the future need arise.

Weekly reporting confirms there is 100% shift cover which is a significant achievement.

Out of hours cover to Care Homes continues to be a priority area including robust arrangements for verification of death.



Patterson, Liz
07/09/2020 08:50:16

Optometry

- Optometry commenced Amber phase on 22nd June.
- All practices open and 75% of practices will have recommenced their pre-Covid services by w/c 29th June.
- Domiciliary Enhanced Eye Care Service will continue to be commissioned during the amber phase with two providers (one North Powys, one South Powys) to provide urgent eye care in patients' homes.
- The remote optometrist prescribing service has been established by utilising skilled workforce in Brecon who can be contacted by practitioners across the county.
- The roll out of Attend Anywhere – pilot in five primary care optometry sites providing urgent eye care services.



Dentistry

- Dental services moving towards Amber phase of de-escalation.
- From July 1st all General Dental Practices will be expected to provide a face to face appointment for patients experiencing problems
- Urgent access for patients will continue within the Community Dental Service.
- Facilitating and encouraging general dental services to provide AGPs, rather than referring into an Urgent Dental Centre. This will be achieved by supplying appropriate PPE (FFP3) and fit testing.
- The number of practices that can be supported by the HB will be dependent on:-
- Ability of the practice to comply with the national SOP issued
- Speed of roll out of fit testing
- Supply of appropriate PPE
- Independent contractor workforce considerations
- Hospital, Community, and Primary Care dentistry will have prioritised case loads to ensure that patients with the most need will be seen first. This will be based on clinical judgement
- Supporting practices with the collection of the ACORN data and sharing the learning from contract reform
- Virtual updated and Q&A sessions being provided to GDPs.



Community Pharmacy

- All community pharmacies continue to be accessible to the public, with optional flexible opening in line with WG recommendations.
- All enhanced services available, with the exception of those considered high risk and suspended (Sore Throat Test & Treat, Inhaler Review Service).
- Remote consultations enabled for all services. Attend Anywhere active in one Powys pharmacy, with WG considering wider roll out.
- Significantly reduced number of people accessing Emergency Contraception enhanced service.
- Other enhanced service activity levels returning to pre-COVID levels.
- Delivery of medication to shielded patients continues where required, via pharmacy delivery service, local volunteers, national volunteer scheme or Royal Mail.
- New pharmacy online escalation tool operational. One pharmacy at level 3, all others at level 1 or 2. PPE requests being successfully managed via escalation tool.
- Planning for flu service ongoing, with COVID specific amendments to training requirements and service provision introduced for 2020/21. Pharmacies and care homes supported to collaborate re vaccination of care home staff.
- PTHB participating in All Wales community pharmacy winter planning exercise.



Patterson, Liz
07/09/2020 08:50:16

Midwifery & Maternity

Midwifery and Maternity USS have COVID-19 SOPs based on RCM and RCOG guidance to support the new ways of working. They have been operating as an Essential service through COVID-19 period and supported with the sufficient workforce and PPE. The service has currently completed the relevant Social Distance H&S risk assessments to support the environments that they are operating from.

Sexual Health

Sexual Health have supporting clinical guidelines for the revised reproductive health services to also support them operating as an Essential service through COVID-19 period. Revised services include on line Test and Post for STI testing, Midwife Led COVID-19 contraceptive schemes and Pills by Post Home Termination of services. The Sexual Health need to support to operate out of bespoke clinical environments for level 2 treatment of positive STI's, increase the availability of Long Acting Contraception and face to face appointments for women who don't meet the criteria for below 10 week gestation for ToP home service.

Health Visiting/ Healthy Child Wales Programme

Health Visitors deliver the Healthy Child Wales programme and whilst this programme was initially directed by Welsh Government to be scaled back at the height of the Covid19 crisis, it was restored at the end of May. However many contacts are provided on a virtual basis, with face to face contacts provided on a risk assessed basis.

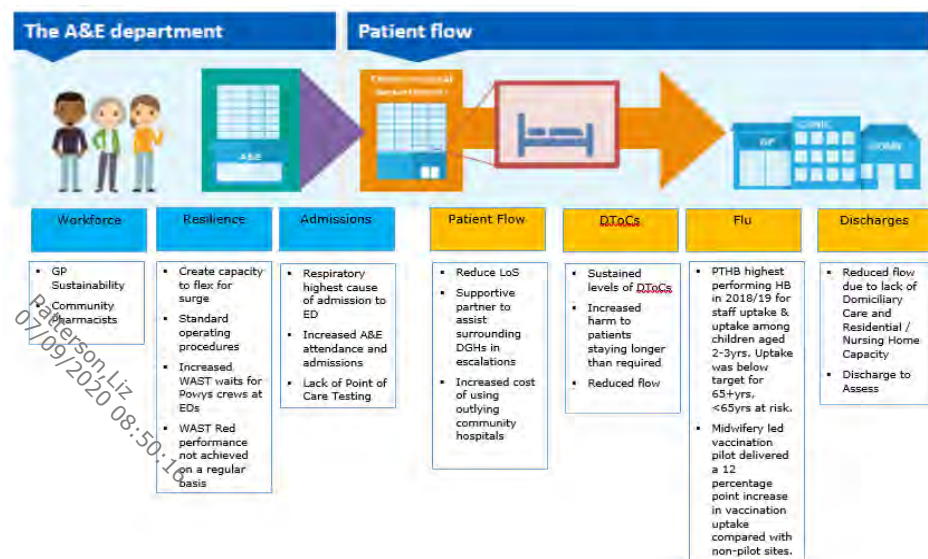
School Nursing

Whilst school nursing continued to provide statutory safeguarding work during Covid19, with schools re-opening at the end of May, the school nursing service is being reinstated

Unscheduled Care and Winter Preparedness

The Powys Winter Resilience Plan:

- Prior to Covid 19, Powys area was demonstrating the benefits of the robust planning and preparation in the Winter Plan 2019/20 in managing the winter pressures
- Will reflect a whole system approach to the commissioning and delivery of services over the forthcoming winter period and additionally will now be a key component of the delivery of COVID-19 response and surge readiness
- Will build upon lessons learnt internally and externally over recent years and during the pandemic response including new ways of working
- Will identify the potential risks and issues and will set out options and solutions to mitigate against them.
- Will be based on close collaboration with Powys GPs and other primary care contractors, Powys County Council, Welsh Ambulance Services Trust and PAVO (Powys Association of Voluntary Organisations)
- Will take into account complex inter-dependencies with neighbouring providers. Due to Covid-19 this will now be taken forward in line with the Recovery planning processes for Essential and Routine services.
- In England, Recovery plans are being agreed on a regional and sub regional footprint which will incorporate the winter preparedness arrangements.
- We will work closely with partners to implement a robust flu response programme albeit in a Covid-19 environment



Cross Reference within this Q2 Plan

Refer to Primary Care section for response in relation to General Practice in particular as the foundation stone of winter preparedness

Refer to Essential Services / Routine Care section for response in relation to planned & unscheduled care (Provider & Commissioned)

Refer to Social Care Interface section which includes actions in relation to Care Homes


Refer to COVID-19 Management section for clinical response model and surge readiness


Refer to Workforce section for workforce supply arrangements and staff protection


Refer to Estates section for detail regarding environmental considerations including distancing / physical spaces


Unscheduled Care and Winter Preparedness


Key actions which will be maintained for Winter 2020/2021 (in addition to those cross referenced in other sections):


Patient Flow Coordination Unit	
	<ul style="list-style-type: none">Centralised co-ordination hub to promote a single point of access for partnersHealth and social care service monitoring demand and capacity across Powys to ensure effective patient flow.Maintain and update the dashboard that identifies areas of pressure both within the health board and externally, and supports the identification of alternative pathways for discharge with a clear home-first ethos.Monitor escalation levels throughout Wales alongside SATH and WVT to ensure that any Powys capacity is clinically prioritised.Supports wards with the effective management of DToC, reduced Length of Stay and Length of Delay, together with a process of levelled discharges; Setting local targets and monitoring performance.


Third Sector Support	
	<ul style="list-style-type: none">The 13 Community Connectors work with the individual to find out what matters to them and to connect them to support and services from the third sector that can help them to maintain independence and improve their wellbeing. This can also include admission avoidance if support is put in place is done so in a timely manner.The service currently provides 5 day a week service and does not provide personal care. Patients are connected to the relevant services in their community wherever possible. This could be a wide range of commissioned and non commissioned service.The focus is getting the referral at the right time to enable support to be put in place to avoid reaching crisis point and ultimately hospital admission.


Winter Communications Plan	
	<ul style="list-style-type: none">Implement communication plan to ensure patient awareness and expectation is matched to the local offer across Powys.'Choose Well' and self-care messages will be distributed via social media


Out of Hours	
	<ul style="list-style-type: none">GP Out of Hours provision will be sustained and the escalation plan revised in conjunction with 111


Advanced Paramedic Practitioners (APPs)	
	<ul style="list-style-type: none">Work in collaboration with WAST to ensure best use of Advanced Paramedic Practitioners (APPs)


Avoidable Call Reduction & DGH Conveyance Avoidance	
	<ul style="list-style-type: none">Working collaboratively with WAST to focus on residential homes and community teams to develop pathways to reduce avoidable call outs in cases where patients can be safely reviewed by the Community Team, e.g. iStumble.

Better utilisation of Minor Injuries Units (MIU)	
	<ul style="list-style-type: none">Expanding the use of MIU as a first point of call for WAST to access, assess and avoid DGH transfer if safe and feasible.

Advanced Care Planning	
	<ul style="list-style-type: none">Local focus on a model for delivery of advance care planning (ACP) to support the management of people in care homes;To continue to develop and deploy Stay Well at Home Plans or the My Winter Health Plan which are communicated and supported by primary care practitioners, social care, public service and third sector partners;

Community Pharmacy	
	<ul style="list-style-type: none">The Community Pharmacy Common Ailments Scheme is available in 96% of community pharmacies in Powys (1 remaining pharmacy unable to meet premises requirements).The emergency medicines supply enhanced service is available from 22 pharmacies, all of who are utilising the Choose Pharmacy EMS module.19 pharmacies have indicated their intention to provide the NHS flu vaccination service in 2019/20.10 pharmacies have undertaken training and accreditation to offer a new national respiratory review service.Contractors remain keen to engage in service delivery but recruitment, retention and workload pressures present a significant challenge to unfolding the full potential associated into wider primary care systems.

Discharge to Access	
	<ul style="list-style-type: none">Implementation of the Powys 'Discharge to Access' model. The intention will be to provide more rapid access to community based health and care and therefore reduce length of stay, ensure timely discharge and avoid admissions as appropriate, using the Virtual Ward.Development of a proposal to describe options that help keep people at home without reliance of social services.

Flexing of Bed Capacity	
	<ul style="list-style-type: none">PTHB will deploy beds in a tactical way, flexing bed capacity up and down when required across the whole winter period and across the hospitals/wards. There will also be a focus on virtual ward capacity through the Patient Flow Coordination Unit.

Q1 Achievements

- PTHB demand built into the work of providers across regions (England and Wales)
- PTHB daily involvement in system command arrangements in neighbouring English regions
- DGH & Specialised Work-Programme
- Work with multiple providers to ensure cancer pathways accessible
- Constant work on referral processes across multiple providers
- Work to try and map & ensure access to essential services across multiple providers
- DGH Log of multiple pathway changes
- Skeleton CAF whilst performance management suspended, block contracts etc. & escalated joint Executive team meetings
- Ensuring vulnerable children placed away from home part of COVID-19 management actions
- Fast-tracking of key BIG 4 actions (Specialist Respiratory Physiologist appointed; 328 apps rolled out)
- Work on voluntary sector and independent sector stability
- Safety of renal and other specialised pathways

Q2 Key Risks / Issues:

- Complexity of pathway changes and restoration across multiple providers and specialities across three main regions (Shropshire, Telford and Wrekin; Hereford and Worcester; Wales)
- Growing lists of people waiting 52+ across providers
- Variation and inequity in being able to access essential and routine services
- Risks for suspected cancer/cancer patients if pathways not coherent & working across multiple providers
- Block contracts, funding approaches England and Wales, need to prevent risk of paying twice
- Deteriorating risks at Shrewsbury and Telford NHS Trust superimposed by COVID-19
- PTHB patients travelling into regions services with higher R values
- Complex cross-border issues/cases - differences in guidance/policy
- Instability of third sector and care sector



Workforce Implications:

- Investment to focus on ensuring whole-system pathways work for patients with suspected cancer/cancer (to providers in England and Wales)
- Investment needed for Breathe Well Programme
- Investment to focus on third sector stability
- Investment in specialised pathway lead – due to complexity risks within current pathways

DGH, Specialised & Whole System

Workstream Actions for Q2	COVID Harm	Overwhelmed NHS/Care system	Reduction in Non-COVID	Societal Actions
Ensure PTHB demand built into the modelling for main DGH providers	✓	✓	✓	
Ensure participation in cross-border & regional planning arrangements	✓		✓	
Ensure whole system access to Essential Services, including mapping of health board NHS Trust provision, ensuring assurance arrangements in place and working to secure access if areas of concern	✓		✓	
Liaison with main provider DGHs (15 x 5 health economies across England & Wales) to understand and log any key pathway changes	✓	✓	✓	
Develop plans for re-establishing commissioning arrangements and transition from Silver and Gold command, including plans for re-establishing commissioning processes	✓	✓	✓	
Ensure whole system maternity assurance arrangements in place	✓	✓	✓	
Understand provider plans for re-establishing access to routine DGH services, including referral management and identification of areas of inequity of access for Powys population	✓	✓	✓	✓
Ensure appropriate discharge arrangements in place in line with government guidance	✓			
Ensure joint planning with WAST in place	✓	✓	✓	
Manage interface with existing private providers Powys - and access to Essential Services	✓		✓	
Work with WHSSC to ensure appropriate Powys access to essential services	✓	✓	✓	
BIG 4: ensure access to Essential Services and fast-track next actions within Transformation Programmes	✓	✓	✓	
Clarify access to specialised services for super vulnerable	✓			
Maintain arrangements for vulnerable children out of county	✓			
Preparing for next phase of services Q3, Q4	✓	✓	✓	✓

The World Health Organisation (WHO) advises that countries should identify essential services that will be prioritised in their efforts to maintain continuity of service delivery during the pandemic. WHO advises the following high-priority categories should be included:

- Essential prevention for communicable diseases, particularly vaccination;
- Services related to reproductive health, including care during pregnancy and childbirth;
- Care of vulnerable populations, such as young infants and older adults;
- Provision of medications and supplies for the ongoing management of chronic diseases, including mental health conditions;
- Continuity of critical inpatient therapies;
- Management of emergency health conditions and common acute presentations that require time-sensitive intervention;
- Auxiliary services, such as basic diagnostic imaging, laboratory services, and blood bank services.

As a result, Welsh Government established an Essential Services Group, comprised of members from all health boards and, through the work of the Group, has published the *Maintaining Essential Health Services during the COVID 19 Pandemic Framework*. The framework, along with guidance issued underneath it, is designed to support clinical decision-making in relation to the assessment and treatment of individual patients. Essential services should remain available across NHS Wales during the outbreak and all decisions about individual care must ultimately be made by clinicians, in discussion with patients and their families and in the best interests of each individual. However, the framework does not mandate that specific interventions must be provided to all patients, where that is not in their overall interest.

Definition of Essential Services as per Welsh Government Framework

The identification of services considered as 'essential', in this context, includes consideration of the following factors:

- Level of impact of any interruption to services on mortality and significant longer-term morbidity (i.e. the degree of harm) and avoidable morbidity in life shortening illness (palliative and end of life care)
- Degree of the time sensitivity of interventions (noting that some services may not be essential in the immediate short term, but may become so over longer periods)
- Value of interventions in value-based healthcare.

Services deemed as essential and which must continue during the COVID-19 pandemic are broadly defined as services that are **life-saving** or **life impacting** i.e. where harm would be significant and irreversible, without a timely intervention.

Irreversible for purposes of palliative and end of life care will include anything that will not realistically improve within the remaining life span.

The slides that follow provide the position on PTHB and Commissioned Essential Services, extracted from the Welsh Government Return July 2020.

This return is made in accordance with the Welsh Government *Maintaining Essential Health Services during the COVID 19 Pandemic Framework* and the specific definitions set out in service/condition guidance issued under the framework.

All health boards and trusts within Wales are required to complete a proforma, provided by the Welsh Government Delivery Unit, detailing a score for the service status of each Essential Service area using the key below:

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
Immediate services able to be delivered	3
Normal services continuing	4

As PTHB commissions the majority of services for its patients from other health boards, as well as NHS trusts in England, the Essential Services status scores submitted by PTHB represent the overall position for **services available to Powys patients**, i.e. PTHB-provided services and commissioned services in other health boards in Wales and relevant English NHS trusts.

The first set of Essential Services status scores from health boards and trusts were required by the Delivery Unit and Welsh Government by 15 May 2020. Since the first submission, the Essential Services Group wishes to gather greater assurance from health boards about the Essential Services that they are providing. The second submission has been requested in two parts; health boards and trusts in Wales were required to submit their Essential Services status scores by 3 July 2020, and further capacity and waiting list information will be submitted by 24 July 2020 in order to provide assurance of the services being delivered.

PTHB submitted its Essential Services return for directly provided services on 3 July 2020 deadline and those follow.

The submissions from other health boards will be shared with PTHB, alongside information from relevant NHS trusts in England, in order for PTHB to complete the proforma from a commissioner perspective, this will be added to the Final Q2 Plan.

Patterson, Liz
07/09/2020 08:50:16

Essential Services – PTHB Services

Essential Service Area	PTHB as a provider
Primary Care	
General Medical Services	2
Community Pharmacy Services	3
Red Alert urgent/emergency dental services	2
Optometry Services	2
Community Nursing & Allied Health Professionals Services	2
Community Nursing	2
Physiotherapy	2
Community Services D2RA	3
Occupational Therapy	2
111/Out of Hours Services	4
Safeguarding	
Safeguarding Services	3
Urgent Eye Care	
Urgent Eye Care	
Urgent Surgery	
Urgent Surgery	
Urgent Cancer Treatments	
Urgent Cancer Treatments	
Life-saving Medical Services	
Interventional Cardiology	
Acute Coronary Syndromes	
Gastroenterology	
Stroke Care	2
Diabetic Care	2
Diabetic Care (Diagnosis of new patients)	2
Diabetic Care (DKA / hyperosmolar hyperglycaemic state)	2
Diabetic Care (Severe hypoglycaemia)	2
Diabetic Care (Newly diagnosed patients especially where insulin control is poor)	2
Diabetic Care (Diabetic Retinopathy and diabetic maculopathy)	
Diabetic Care (Emergency podiatry services)	2

Essential Service Area	PTHB as a provider
Neurological Conditions	3
Rehabilitation	2
Life-saving or life-impacting paediatric services	
Paediatric intensive care & transport	
Paediatric and neonatal emergency surgery	
Urgent paediatric cardiac surgery	
Urgent paediatric illness	
Immunisations & vaccinations	2
Screening (Blood spot)	2
Screening (Hearing)	
Screening (New born)	2
Screening (6-week physical exam)	2
Community paediatric services for children	3
Termination of pregnancy	3
Other infectious conditions (sexual / non-sexual)	
Other infectious conditions (sexual / non-sexual)	2
Urgent infectious services for patients	
Maternity services	
Maternity services	3
Neonatal services	
Surgery for neonates	
Isolation facilities for COVID19+ neonates	
Usual access to neonatal transport & retrieval services	
Mental Health, NHS Learning Disability Services and Substance misuse	
MH Crisis Services including perinatal care	4
MH Inpatient Services	4
Community MH services	4
Substance Misuse services	4
Renal Care	
Renal care - dialysis	

N.B. the gaps relate to areas where PTHB commissions services. Other health boards' responses will be shared with PTHB in order for PTHB to submit status scores for the Essential Services that PTHB commissions

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
Immediate services able to be delivered	3
Normal services continuing	4

Essential Services – PTHB Services

Essential Service Area	PTHB as a provider
Urgent supply of medications	
Urgent supply of medications	4
Blood and Transplantation Services	
Blood and Transplantation Services	
Blood & blood components	
British Transplant Society	
Transplantation Services	
Stem Cell transplantation services	
Solid organ services	
Platelet Services	
Palliative Care	
Palliative Care	2
Emergency Ambulance Services	
Emergency Ambulance Services	
Supporting Services (for maintaining Essential Services)	
Diagnostics	
X-ray (Dept / Port)	2
Ultrasound	2
CT colonography	
CT	
MRI	
CT Angiogram	
Endoscopy / bronchoscopy	1
Physiological testing	
Electrocardiogram	
Electroencephalogram	
Electromyography	
Microbiology	
Pathology	
Haematology	
Biochemistry	
Phlebotomy	2

Essential Service Area	PTHB as a provider
Point of care testing	
Therapies	
Occupational Therapy	2
Physiotherapy	2
Dietetics	2
Podiatry	2
Speech and Language Therapy	2
Service capacity	
Capacity to admit	3
Critical Care / HDU / ITU	
Emergency patient transport (transfers)	
Patient transport (non-emergency)	3
Onward referral capacity	2
Outpatient-type consultation	2
Specialist Review	
Surgery / theatres	2
Max-fax	
Mortuary	2
Cancer chemotherapy / radiotherapy	
Staffing / workforce	2
Secondary / tertiary services	
Infection prevention and control	2
Cath lab procedures	
Pharmacy: hospital	
Pharmacy: community	3
Tangible capacity	
Physical space	2
Staffing/workforce	2
Consumables: drugs	4
Consumables: blood	
Consumables: devices	2
Consumables: other	

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
Immediate services able to be delivered	3
Normal services continuing	4

Patterson, Liz
07/09/2020 08:50:16

Essential Services – Commissioned Services

NB This is the submission for Q1. The submissions from other health boards for Q2 will be shared with PTHB, alongside information from relevant NHS trusts in England, in order for PTHB to complete the proforma from a commissioner perspective, this will be added to the Final Q2 Plan.

Q1 Essential Services Service Status Scores

Essential Service Area	PTHB Return submitted	Welsh Health Boards' Scores							
		BCUHB	HDUHB	SBUHB	CTMUHB	C&VUHB	ABUHB	Velindre	PHW
Primary Care	2	2	2	2	2	2	2	0	0
General Medical Services	2	3	2	2	3	2	2	0	0
Community Pharmacy Services	2	2	2	2	3	2	2	0	0
Red Alert urgent/emergency dental services	2	2	2	2	2	2	2	0	0
Optometry Services	2	2	2	2	2	2	2	0	0
Community Nursing & Allied Health Professionals Services	2	2	2	3	2	2	2	0	0
111/Out of Hours Services	4	2	0	3	3	2	4	0	0
Safeguarding Services	2	3	0	3	2	2	3	0	2
Urgent Eye Care	2	2	0	3	2	2	2	0	0
Urgent Surgery	2	2	2	2	2	2	3	0	0
Urgent Cancer Treatments	2	2	2	2	0	2	2	3	2
Life-saving Medical Services	2	3	2	2	3	2	4	0	0
Interventional Cardiology	2	2	2	2	2	2	3	0	0
Acute Coronary Syndromes	2	2	2	2	2	2	4	0	0
Gastroenterology	2	2	2	4	3	2	2	0	0
Stroke Care	2	2	2	3	3	2	3	0	0
Diabetic Care	2	2	2	3	3	2	3	0	0
Diabetic Care (Diagnosis of new patients)	2	2	2	3	3	2	3	0	0
Diabetic Care (DKA / hyperosmolar hyperglycaemic state)	2	2	2	3	3	2	4	0	0
Diabetic Care (Severe hypoglycaemia)	2	2	2	3	3	2	4	0	0
Diabetic Care (Newly diagnosed patients especially where insulin control is problematic)	2	2	2	3	3	2	3	0	0
Diabetic Care (Diabetic Retinopathy and diabetic maculopathy)	2	0	2	2	3	2	2	0	2
Diabetic Care (Emergency podiatry services)	2	0	2	3	3	2	2	0	0
Neurological Conditions	2	2	2	2	2	2	2	0	0
Rehabilitation	2	2	2	3	4	2	2	0	0
Life-saving or life-impacting paediatric services	2	4	2	2	2	2	4	0	0
Paediatric intensive care & transport	2	4	2	2	0	2	4	0	0
Paediatric and neonatal emergency surgery	2	4	2	0	0	4	4	0	0
Urgent paediatric cardiac surgery	2	4	2	0	0	4	4	0	0
Urgent paediatric illness	2	4	2	2	2	4	4	0	0
Immunisations & vaccinations	2	2	2	2	2	4	4	0	2

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
Immediate services able to be delivered	3
Normal services continuing	4

Patterson, Liz
07/09/2020 08:50:16

Essential Services – Commissioned Services

NB This is the submission for Q1. The submissions from other health boards for Q2 will be shared with PTHB, alongside information from relevant NHS trusts in England, in order for PTHB to complete the proforma from a commissioner perspective, this will be added to the Final Q2 Plan.

Q1 Essential Services Service Status Scores

Essential Service Area	PTHB Return submitted	Welsh Health Boards' Scores							
		BCUHB	HDUHB	SBUHB	CTMUHB	C&VUHB	ABUHB	Velindre	PHW
Screening (Blood spot)	2	4	2	2	2	4	4	0	2
Screening (Hearing)	2	4	2	2	2	4	4	0	2
Screening (New born)	2	4	2	2	2	4	4	0	0
Screening (6-week physical exam)	2	4	2	2	2	3	4	0	0
Community paediatric services for children	3	3	2	3	2	3	3	0	0
Termination of pregnancy	3	2	2	3	2	4	3	0	0
Other infectious conditions (sexual / non-sexual)	3	2	2	4	2	2	3	0	0
Urgent infectious services for patients	2	2	2	2	2	2	3	0	0
Maternity services	3	2	3	4	4	3	3	4	0
Surgery for neonates	2	4	2	0	4	3	4	0	0
Isolation facilities for COVID19+ neonates	2	4	2	2	4	3	4	0	0
Usual access to neonatal transport & retrieval services	2	4	2	2	0	3	4	0	0
MH Crisis Services including perinatal care	4	2	2	2	2	3	4	0	0
MH Inpatient Services	4	2	2	4	2	3	4	0	0
Community MH services	4	2	2	2	2	3	2	0	0
Substance Misuse services	4	4	2	2	2	3	3	0	0
Renal care - dialysis	2	3	0	2	0	4	4	0	0
Urgent supply of medications	3	2	0	3	4	4	2	4	0
Blood and Transplantation Services	1	0	0	4	0	2	0	3	0
Blood & blood components	2	2	0	4	0	2	0	3	0
British Transplant Society	1	0	0	0	0	2	0	0	0
Transplantation Services	1	1	0	0	0	2	0	3	0
Stem Cell transplantation services	1	2	0	0	0	2	0	3	0
Solid organ services	1	2	0	0	0	2	0	0	0
Platelet Services	2	2	0	4	0	2	0	3	0
Palliative Care	2	3	2	2	3	3	3	3	0
Emergency Ambulance Services	2	0	0	0	0	4	4	0	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
Immediate services able to be delivered	3
Normal services continuing	4

Patterson, Liz
07/09/2020 08:50:16

Re-establishing routine services is dependent on balancing routine services with the maintenance of essential services and the changing profile in the incidence of COVID-19. The Health Board, supported by demand and capacity planning has assessed services against the following key requirements:

Workforce –workforce requirements including delineation and current position regarding any dependency on clinical staff employed by other HBs or Trusts, for local service provision

New Ways of Working -in line with the principle to ensure maximal local use of assistive technology (including “digital”) to reduce face to face patient contact to clinically essential minimum levels; Arrangements for clinical prioritisation/triage; Management of “urgent” referrals/cases; Patient safety netting arrangements.

Environmental/Space – in line with “Operational Guide for the Safe Return of Healthcare Environments to Routine Arrangements following the Initial COVID-19 response” (Welsh Government; May 2020) Considerations include but are not limited to implementation of the operational guidance (above), to provide assurance across the eight components of the guidance:

Infection Prevention Control/Personal Protective Equipment - Assurance that the service operating environment has been reviewed and adapted to ensure compliance with the national infection control and social distancing requirements
Assurance that the relevant national IPC and PPE guidance is being followed, encompassing review and assurance (including audit) arrangements; Specific assurance regarding Aerosol Generated Procedures

Clinical Guidance - service will operate under the PTHB Clinical Quality Framework arrangements, the main additional considerations are arrangements to ensure the local implementation and review of the NHS Wales clinical guidance for essential services

(<http://howis.wales.nhs.uk/sitesplus/407/home>); Any medicines supply and/or consumables issues

The following slide provides a summary of the comprehensive assessment for services undertaken within Powys against the checklist and outlines the planned start date for re-establishing services. It should be noted that the health board relies upon securing in reach services from a range of providers across England and Wales and there is further discussion required to confirm the availability of the workforce and in reach capacity.

The health board will sustain essential outpatient, diagnostic and therapy services, and safely re-establish routine work during COVID 19 by maximising new ways of working. Social distancing requirements has had a significant impact on available capacity therefore every opportunity will be take to maximise new ways of working. For example, the proportion of digitally/telephone enabled consultations will increase significantly to minimise the number of face to face appointments.

The reinstatement of day case activity within Powys is wholly reliant upon securing n reach workforce from neighbouring providers and further work will be undertaken during quarter 2 to develop a plan to reinstate day case surgery.

Patterson, Liz
07/09/2020 08:50:16

Summary Assessment of Routine Services

A restart date across services for those not in full operation during the Phase 1 response to Covid-19 has been set for August 2020. The detailed schedule for each service and site is being agreed at PTHB Executives during July 2020.

Planned Care	Workforce	New Ways of Working	IPC/PPE (incl AGP)	Environmental /Space	Clinical Guidance
General Ophthalmology					
WET AMD					
Orthopaedics					
Rheumatology					
Urology					
Max Fax/Oral					
ENT					
Gen Surgery					
Endocrinology					
Cardiology					
Gynae					
Respiratory					
Dermatology					
Clinical Haematology					
Paediatrics					

GREEN: No outstanding issues; **AMBER:** Some outstanding issues, but remediable and plan in progress; **RED:** Significant outstanding issues remain unresolved

Therapies	Workforce	New Ways of Working	IPC/PPE (incl AGP)	Environment al/Space	Clinical Guidance
Podiatry					
Radiography – X-Ray /Plain Film					
Radiography – Ultrasound Ystrad and Newtown					
Radiography – Ultrasound BCUHB/ABU					
Audiology – Powys					
Audiology – SBHB and BCUHB					
Physiotherapy					
Dietetics					
SALT					

Women & Children's	Workforce	New Ways of Working	IPC/PPE (incl AGP)	Environmenta l/Space	Clinical Guidance
Community Paediatrics					
Paediatric Nursing					
Midwifery					
Sexual Health					
Paediatric and 14+ Physio					
Paediatric, Transition & LD OT					
Children's SALT					
USS Maternity					

Routine Services – Demand and Capacity Modelling

Demand and capacity modelling is currently being undertaken to assess the impact of COVID and future service restarts.

The table shows initial modelling utilising activity derived demand for outpatient in-reach services.

The demand has been derived using 12 months average activity prior to COVID e.g. March 2019 to February 2020.

Capacity is displayed against two cohorts.

- New ways of working e.g. Virtual chat (Attend Anywhere), telephone and other remote systems.
- Face to face services e.g. Outpatient appointments

Predicting the health board's capacity is challenging with numerous service complications. These include, fragile in-reach outpatient services, clinician availability, suitability and availability of digital solutions and the provision of correct environmental space to allow social distancing and flow management over multiple sites. The estimated total impact of COVID on capacity has been advised by clinical leads and service operational teams. This data will require ongoing review in line with national guidance and impacts to the COVID strategy.

Specialty / Service	Monthly Derived Demand - New & FUP	Capacity through new ways of working inc digital	Capacity Face to Face	Capacity total predicted requirement	Estimated reduction in capacity (%)
Ophthalmology	301	0	121	121	-60%
Ophthalmology - WET AMD	111	0	100	100	-10%
Orthopaedics	159	79	48	127	-20%
Rheumatology	120	48	48	96	-20%
Urology	59	35	18	53	-10%
Max Fax/Oral	62	0	19	19	-70%
ENT	224	78	67	145	-35%
General Surgery	166	33	33	67	-60%
Endocrinology	11	9	1	10	-10%
Cardiology	60	6	36	42	-30%
Gynaecology	192	0	38	38	-80%
Dermatology	45	18	14	32	-30%
Clinical Haematology	11	8	3	11	0%

Source: WPAS

The table shows, that assuming digital solutions are implemented across key specialties, the health board will be challenged by significant reduction in available capacity. This will impact wait times with further complications around diagnostics delaying pathways.

The impact of back log from Q4 2019/20 is being undertaken across all services within the risk stratification, waiting list validation and referral flow workstreams. Although there has been a reduction in referrals from primary care, assessing this impact and others including ROTT (removal other than treatment e.g. death) is ongoing.

Routine Services – Demand and Capacity Modelling

Diagnostic services have been challenged by COVID and are especially impacted by the suspension or significant challenges of any aerosol generating procedures (AGP). Procedures with this risk are across multiple specialties including Endoscopy, Radiology, Respiratory, Dental and many more.

With the Covid pandemic Powys suspended Endoscopy services, but risk for this service is being proactively managed. All new referrals including urgent suspected cancers (USC) have been risk stratified, virtual reviews are in place for follow up patients, emergency endoscopy pathways into DGHs have continued.

A pilot in Powys for USC patient diagnostics will start on the 22nd of July, this is limited initially to 10% of routine capacity, the pilot will last 4 weeks.

For diagnostic imaging services, the COVID impact has resulted in unavoidable breaches. All referrals received into the service have been screened by Radiographers. Activity has continued at a reduced level focusing on emergency/USC patients. Capacity of the service aims to meet 50% of original pre covid demand, this is limited by patient distancing, cleaning between appointments and availability of in-reach services.

New Ways of Working

With the advent of new ways of working including digital solutions it should be highlighted that some services will be able to retain robust levels of capacity. Therapies as an example are expecting specialties such as physiotherapy to provide an 80/20 split of digital solutions/ face to face for new patients and 60/40 for follow up appointments. Further work to understand the capacity impact is ongoing to enable services to best meet future challenges.

Q1 Achievements:

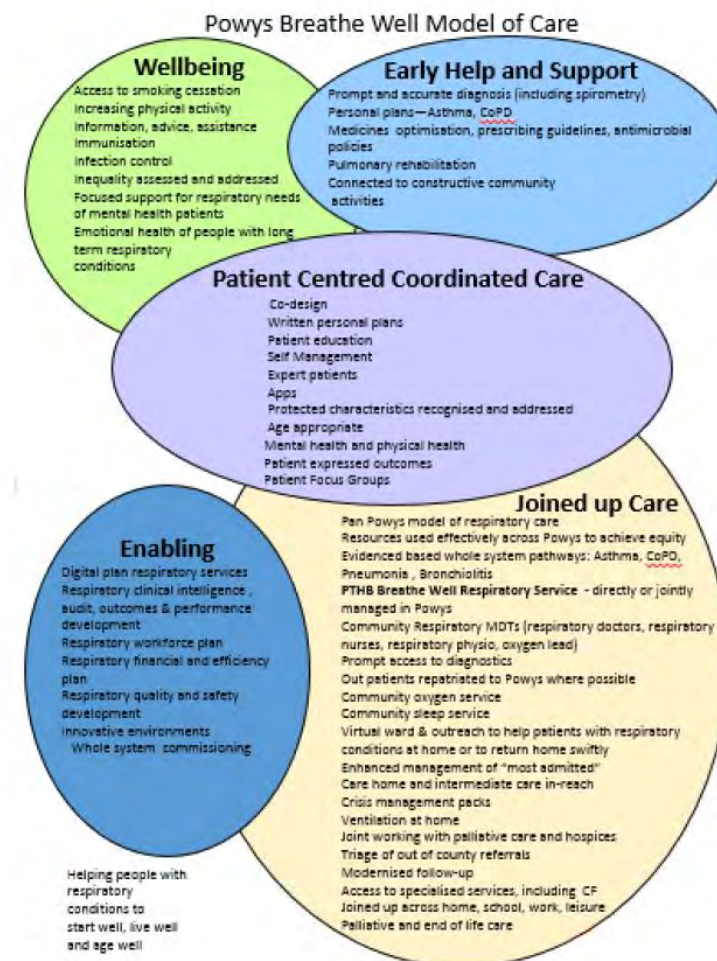
- Fast tracked appointment to PTHB Specialist Respiratory Physiologist post in May 2020.
- Sought assurance of steps taken by commissioned providers for patients with domiciliary NIV / CPAP to ensure patients are aware of potential COVID19 risks from aerosol generating devices
- Liaised with colleagues in RHIG in relation to forthcoming national respiratory apps for patients.

Q2 Actions:

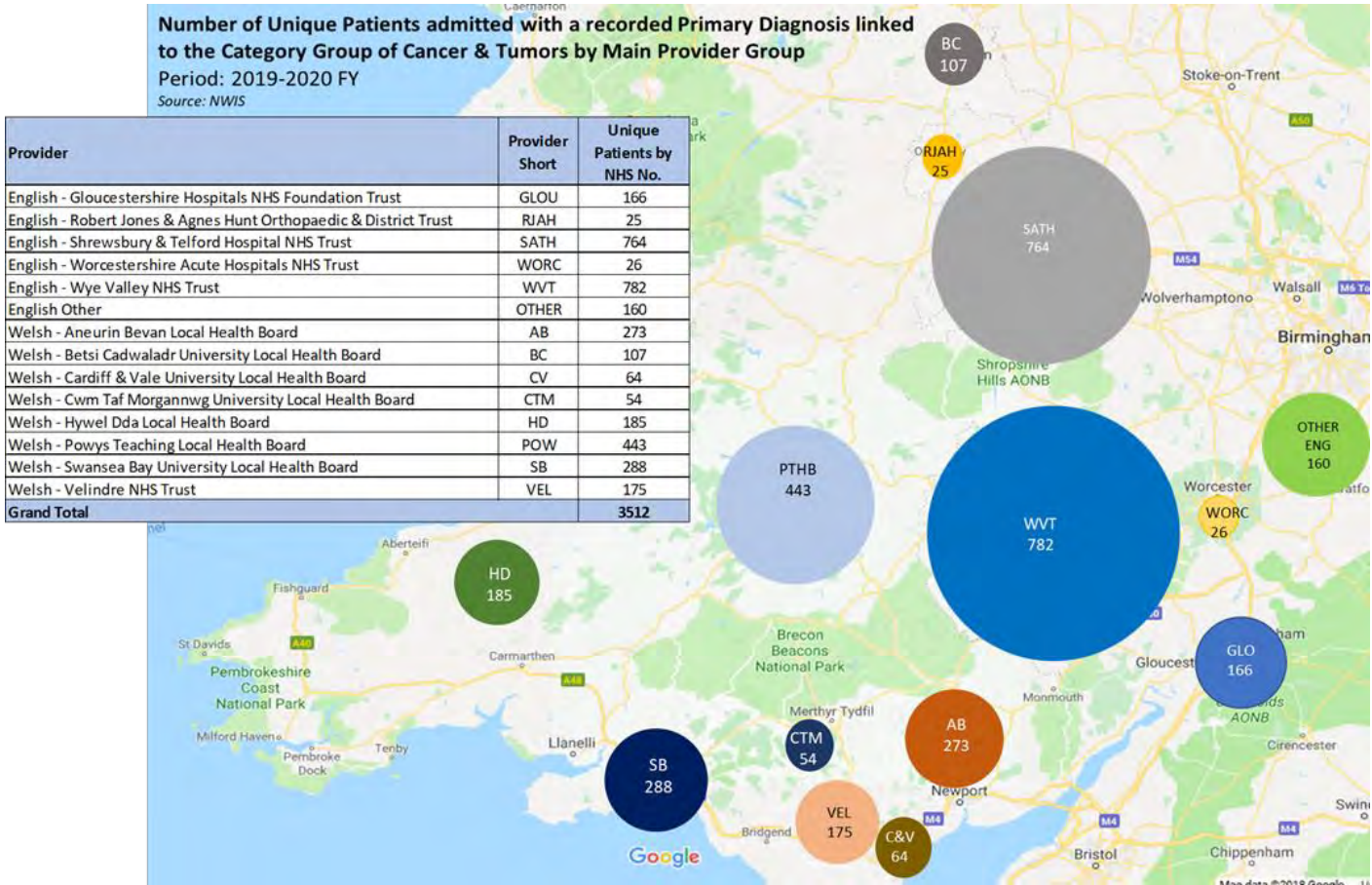
- Support roll out of the RHIG respiratory apps (COPD & Asthma) and related PTHB workforce implications
- Implement the roll out of COVID-19 respiratory guidelines within PTHB in the context of PTHB providing Covid-rehabilitation for Powys patients within county, following patients receiving their acute Covid-related treatment outside of Powys
- Ensure access to essential respiratory pathways for Powys patients
- Consider how and when the joint respiratory pilot with WAST can be reinstated
- Develop plans for the reinstatement of the Breathe Well programme alongside the other Big Four programmes
- Ensure new ways of working are included wherever possible
- Agree the approach to address the backlog of respiratory follow ups
- Develop plans for PTHB Sleep / Respiratory Physiology Service

Key Risks / Issues:

- Equity of access to respiratory services for Powys may differ depending on how and when essential services are resumed
- Continuing to ensure that the Powys context is understood by all stakeholders



Cancer arrangements for the PTHB population, span England and Wales. As a highly rural area, with no DGH, patients receive cancer services in 12 acute/DGH providers across both England and Wales – with some outpatient and diagnostic provision locally.



Patterson, Liz
07/09/2020 08:50:16

Q1 Achievements:

- Participating in work with the Wales Cancer Network to map and monitor access to essential services
- Links established with HBs and WHSSC to map and monitor pathway changes and access to services
- Working with English Providers to map and monitor access to essential services
- Initiated discussions between the Wales Cancer Network and the West Midlands Cancer Alliance for more holistic view of services for the Powys population
- FIT testing in place for prioritising patients on the USC referral route for the colorectal cancer pathway
- Swab testing in place for patients going into acute care in WVT
- Improving the Cancer Journey Programme paused due to Covid 19

Key Risks / Issues:

- Lower referral numbers could impact on cancer stage presentation
- Impact of reduced capacity across cancer pathways (diagnostic and treatment) associated with social distancing
- Impact of reduced capacity for regional surgical and oncological treatments provided by regional centres
- Uncertainty / number of variables and assumptions associated with demand and capacity modelling
- Patient choice around accessing treatment
- Challenges around obtaining management information at population rather just health board level

Working with

**MACMILLAN
CANCER SUPPORT**



GIG
CYMRU
NHS
WALES

Rhwydwaith
Cancer Cymru
Wales Cancer
Network

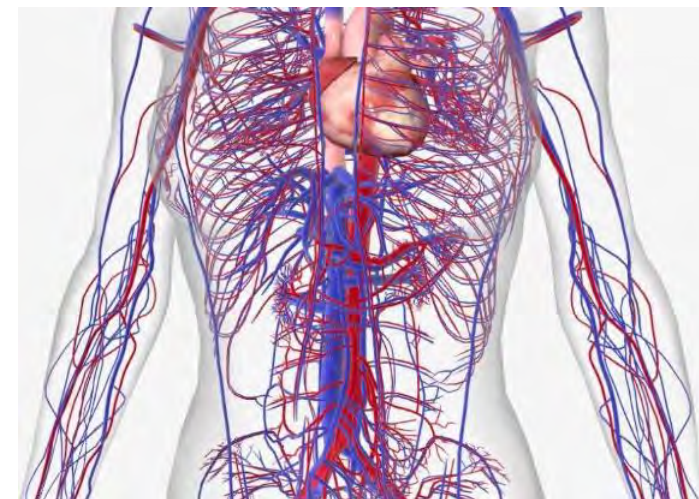
Q2 Actions:

- Continue to work closely with HBs, WHSSC, WCN, English Providers and West Midlands Cancer Alliance to map and monitor access to essential services
- Highlight concerns and work on regional solutions where needed
- Identify new ways of working to be implemented
- Focus on patient engagement and use of information systems to encourage and engage with public to give them confidence to access services
- Reinstatement of Improving the Cancer Journey Programme
- Plan for reinstatement of Cancer Transformation Programme in Q3

Patterson, Liz
07/09/2020 08:50:16

Q1 Achievements:

- Rapid deployment of My mHealth apps to specialist nurse caseload at pace – 288 MyDiabetes, 37 MyHeart. This included:
 - ✓ communicating with clinical colleagues
 - ✓ acquiring software training and cascade training colleagues
 - ✓ developing call script
 - ✓ performance data capture and collation
 - ✓ calling patients to offer the service
 - ✓ describing product features the potential benefits to taking it up
 - ✓ troubleshooting issues as contacted by patients
 - ✓ referring patients to GP and specialist nurses for urgent clinical advice
 - ✓ maintaining lessons learned log;
- Development of obesity framework in line with evidence base for reducing risk of circulatory disease.
 - ✓ communicating with clinical colleagues



Q2 Actions:

- Implement next steps for MyDiabetes and MyHeart apps
- Continue to map access to essential stroke, heart and diabetes pathways
- Continue to highlight any concerns in relation to access to essential services and seek regional solutions
- Continue to ensure new ways of working being used where possible
- Continue to contribute to fast track obesity framework development and implementation

Key Risks / Issues:

- Connectivity and digital literacy limiting uptake of digital services
- Alignment of Powys provider services with essential services provided outside Powys as part of the whole system (e.g. cardiac rehabilitation, stroke follow-ups, TIA care)
- Alignment of Welsh and English essential services guidance.

Q1 Achievements:

- Detailed assessment on current position to assess backlog undertaken
- Tracking system in place for patient management (waiting lists)
- Phasing plan for essential services agreed
- Health board and NHS Trust provision of essential services mapped to highlight any areas of concern for the Powys population – to continue into Q2
- Participation in WG's Essential Services Group

Q2 Priorities:

- Ongoing tracking for patient management (waiting lists)
- Phasing plan for essential and routine services to be implemented
- Restoration of provided services to agreed 'switch on' date of 1 August 2020
- Ensure PTHB demand is built into the modelling for main DGH providers
- Maintain participation in regional planning arrangements
- Ensure Whole System Access to Essential Services
- Liaison with main provider DGHs to understand and log any key pathway changes
- Phased re-establishment of commissioning and monitoring arrangements with providers
- Phased re-introduction of fragile services and strategic change management mechanisms
- Reinstatement of prior approval and validation processes in line with phased approach
- BIG 4 ensure access to essential services and fast-track next actions within Transformation Programmes to re-instate agreed activities for Cancer, Mental Health, Circulatory, Respiratory

Test, Trace and
Protect

Harm from COVID
itself

Harm from
overwhelmed NHS
and social care
system

Harm from
reduction in non-
COVID activity

Harm from wider
societal
actions/lockdown

PTHB Framework for Phase 2 Response Planning

Harm from wider societal actions / lockdown

Test, Trace and
Protect

Harm from COVID
itself

Harm from
overwhelmed NHS
and social care
system

Harm from
reduction in non-
COVID activity

**Harm from wider
societal
actions/lockdown**

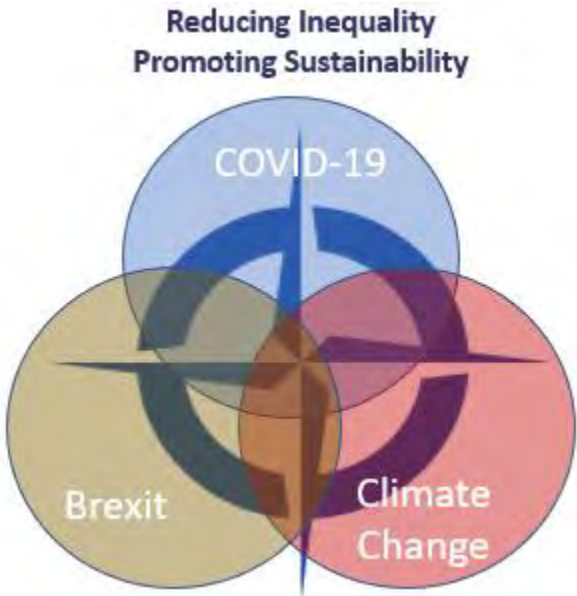
Patterson, Liz
07/09/2020 08:50:16

As the response to the pandemic shifts into a very different phase with a much longer term perspective, our plans will equally need to be longer term in nature. The health board already produced an Integrated Medium Term Plan for 2020 - 2023 which whilst suspended, in order to respond to the pandemic, still provides a basis for the longer term strategic approach. The wider themes of climate change, sustainability and well-being as well as the more immediate challenges relating to Brexit were all articulated in our medium term plan.

In addition, in Powys we already have a shared long term Health and Care Strategy and a set of Well-being Objectives which were formed following extensive engagement with our communities and partners in Powys. Whilst this will need to be revisited, reimagined and reset into the new context, it provides a foundation stone for recovery of healthcare, adapted and revitalised for the future.

Collaborative working has always been core to the way of working in Powys and we have strong partnerships including the Regional Partnership Board, Public Services Board and Mid Wales Joint Committee for Health and Social Care. These are re-establishing and providing crucial spaces for wider reflection and learning across the region. These forums will be helpful in ensuring that system wide impact assessments are written into our longer term renewal of plans and strategies.

The turnaround and pace required to assess and articulate the complex and interrelated plans for covid, essential and routine care still require the greatest amount of effort for the Q2 planning round but there is an aspiration that planning for Q3 and beyond will be able to start to shift into a more future focused and wider remit. This will take into account both local learning, including the intelligence we are currently gathering as part of the 'Learning for the Future' exercise and research and policy including those from Public Health Wales.



Monitoring and responding to broader public health issues emerging from the COVID-19 Pandemic

Professor Mark A. Bellis

GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru | Public Health Wales

Canolfan Gyhoeddus Sefydliad Iechyd y Ffynnon Fawr | Public Health Wales

World Health Organization Collaborating Centre for Health and Well-being

A Health Impact Assessment of the 'Staying at Home and Social Distancing Policy' in Wales in response to the COVID-19 pandemic

Executive Summary

Liz Green, Laura Morgan, Sumina Azam, Laura Evans, Lee Parry-Williams, Louisa Petchey and Mark A Bellis.

- Ongoing communication and engagement with the Powys Community Health Council; feedback from patients, service users and carers fed into the clinical response model and service planning
- Ongoing work with third sector partners and implementation of C-SERT (Community Service Emergency Response Team) including an enhanced Community Connector Service
- Stakeholder engagement built into communication and engagement planning throughout - examples provided on separate slides
- Partners working together to consider and re-establish the work programmes of the key mechanisms including the Regional Partnership Board and Public Services Board
- PTHB Committee and Board structure re-established including the Strategic Planning and Commissioning Group which oversees the management of strategic change and partnership programmes



PTHB have developed a monthly newsletter to ensure staff are aware and up to date on some key issues surrounding Violence Against Women, Domestic Abuse and Sexual Violence. This newsletter will contain key information for staff on issues including:

- Publicity regarding "Home is not always a safe space" to staff and wider population
- Increase awareness of referral process for support to victims of Domestic Abuse
- Continue to promote VAWDASV Group 1 (all staff) Training online for staff – this is now aligned on ESR for all staff and a programme of work is ongoing to insure increased compliance following a slight drop during the COVID-19 pandemic
- Offer VAWDASV Group 2 (Targeted front line staff) Ask and Act training to workforce via skype to ensure training takes place while social distancing measures are in place and staff are unable to attend classroom sessions
- Fully engaged with the Regional Safeguarding Board
- The Safeguarding Group is focused and functioning with a strategic focus with Terms of Reference in place
- Promotion of the Domestic Abuse Intervention Hub



Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Safeguarding Team Newsletter

Violence Against Women Domestic Abuse and Sexual Violence

Contents

- Violence Against Women Domestic Abuse and Sexual Violence (VAWDASV)
- VAWDASV Training
 - group 1 e Learning
 - group 2 Ask & Act
- 10 principles of Ask and Act
- MARAC
- Daily Domestic Abuse Call (DDAC)
- Safe lives risk assessment
- Domestic abuse during lock down
- Domestic abuse intervention hub (pilot)

Violence Against Women Domestic Abuse and Sexual Violence (VAWDASV)

Domestic abuse and sexual violence are crimes and should be reported to the police. The police take domestic abuse and sexual violence seriously and will be able to protect you

- 1 in 4 females and 1 in 6 males are victims of domestic abuse, this means as a Health Board employee you could potentially have a disclosure made to you.
- Domestic abuse affects the whole family
- The most prevalent types of domestic abuse and sexual abuse occurs in relationships however, it can also occur between family members
- Individuals may experience abuse for a period of time after they have left their partner

The live fear free helpline provides help and advice to:

- Anyone experiencing domestic abuse or sexual violence
- People who know someone who needs help
- Practitioners seeking professional advice

Live fear free helpline 0808 80 10 800

Direct email: info@livefearfreehelpline.wales

Text: 07860077333

Type Talk 1800108088010800

available 24 hours a day 7 days a week

Visit the live fear free website for more information: www.welshwomensaid.org.uk

You are not alone Everyone has the right to be safe and live free from fear

PTHB safeguarding team can offer advice and support

All of our details can be located on the Safeguarding intranet page PTHR | Safeguarding Team

PTHB VAWDASV safeguarding information can be located at: <http://www.powysthb.wales.nhs.uk/domestic-abuse-advice>

What to do if you're worried about a child or adult in your community

We all have an important role to play in helping to protect children, young people and adults from harm. You should not try to sort the matter out yourself, or confront any individual. DO NOT WORRY ABOUT BEING MISTAKEN. It is better to tell someone who knows about protecting children, young people or adults than it is to say nothing.

How can you help?

If you have concerns about the welfare of a child or young person in your community please don't hesitate to share your worries. You can talk confidentially to a member of our team at:

- **Front Door** (Powys Children's Services and Early Help Service): 01597 827 666
- If you are looking for information and advice for adult services you can contact a member of our team at:
- **ASSIST** (Powys Adult Care and Support): 0345 602 7050

Out of hours numbers: 01597 825275 / 0845 0544847

If you're a parent struggling in these really difficult times and feel you need some additional support, you can call our Early Help service directly on 01597 827 666.

If you're worried about a friend, family member or neighbour could be experiencing domestic abuse during these difficult times then we're here to help.

If you are living in a situation where you do not feel safe, we, and other organisations are here to help.

HELPLINES:

- **Child Sexual Abuse Services**, South Powys: 01898 625 344 / www.casafines.org.uk
- **Montgomery Family Clinic** (Central/North Powys): 01686 629 314 / www.familyclinic.co.uk
- **The National Domestic Abuse Helpline**: 0800 2009 202 / www.nationaldomesticabusehelpline.org.uk
- **Live Fear Free**: 0808 8010 800 or for a more discreet option, text 07958 00 77 333 / www.govwales/live-fear-free

What if a child, young person or adult tells me that they're being abused?

- Show that you are listening and that you are taking the matter seriously
- Do not down what you have heard saying the exact words where possible
- Explain that you will need to share what you have been told with someone who knows about protecting children, young people and adults
- Call ASSIST or Front Door on the numbers above and tell them what you know


What should I do if I am worried about someone's behavior towards a child, young person or adult?

- Don't discuss your concerns or leave it to someone else to take action
- Call ASSIST or Front Door on the numbers above and tell them what you know

If you have concerns outside of office hours, contact 01597 825275 / 0845 0544847

Powys

Domestic Abuse Intervention Hub Pilot



What is the Domestic Abuse Hub?

The Domestic Abuse Hub is an online Cognitive Behavioural Therapy (CBT) based intervention that helps people tackle problem thinking and behaviour. Within the programme, the participant will explore the following:

- Healthy Relationships
- Unhelpful Beliefs
- Male "Privilege"
- Minimising, Blaming and Denial
- Intimidation
- Using Threats
- Economical Abuse
- Using Children
- Using Isolation

What is the background the Domestic Abuse Hub?

The Intervention Hub has been developed by a team of probation professionals in consultation with a Clinical Psychologist. Our programmes are primarily based on utilising Cognitive Behavioural Therapy (CBT) but they also incorporate other theoretical models including:

- Mindfulness
- Dialectical Behaviour Therapy (DBT)

How does it work?

Our programmes have been carefully designed to cater for all learning styles. We achieved this by including into our programmes:

- Audio bars for those with reading difficulties
- Visual content such as videos and diagrams
- Written instructions
- Case examples
- Skills practice
- Downloadable content

How effective are the programmes?

CBT ID are the only company that have tested CBT based approaches with an offender population in England and the Isle of Man. To date our average results have been:

- 71% showed a positive change in pre and post questionnaire scoring (measuring change in thinking and attitudes)
- 78% of users would recommend it
- 73% of users report that they found it useful

What happens when you finish the programme?

When the user finishes the programme, a post programme report measuring any changes is sent to the email address that has been provided. This will also include all the information input into the programme.

At the end of the programme, the user will also be able to download a certificate of completion and access all the worksheets from all the sessions for a period of 6 months (from the point of completion).

For further information, go to <https://www.interventionhub.com>

The pilot will commence on 1st July 2020 and end 3 months later where a full evaluation will take place regarding its effectiveness.

Gofyn a Gweithredu
Ask and Act



Ongoing partnership working via the Community Service Emergency Response Team (C-SERT) consisting of PAVO, key third sector organisations, PCC, RPB, PTHB, chaired by PAVO with the following key responsibilities:

- Offer volunteer support and emergency response services
- Establish/enhance existing community support networks via community connectors and divert capacity from non-essential services to essential services
- Supporting co-ordination/registration/management of volunteers
- Information and Engagement – ensuring the correct information and validated advice is in place, including self-care initiatives
- Third sector transport

Q1 Achievements:

- Established regular COVID-19 risk & assurance meetings with key Third Sector providers commissioned
- Set up and maintained a tracking spreadsheet to monitor assess operational/staffing/service user risks and service gaps during COVID19 outbreak
- Proactively worked with Providers and Health Board staff to resolve Hospice Care service access/supply issues for PPE
- Circulated key updates to referring clinicians which detailed any key changes to third sector service provision to take account of COVID19
- Secured the continuation of additional funding for home from hospital service activity to cover the anticipated surge in activity during COVID19
- Introduction of a fortnightly PAVO COVID-19 e-bulletin to giving a round up of news and information regarding and relating to COVID19



WHAT IS THE COMMUNITY CONNECTOR SERVICE?

The Service helps people in Powys (aged 18+) and their families or carers, to access community-level services and activities that will help them maintain independent lives and which help prevent their circumstances deteriorating to a point where they might need higher level health or social care services.

The service can also help support people when they return to home from hospital by helping other Third Sector services, such as Red Cross, identify additional local services that may be needed.



Q2 Priorities:

- To continue facilitating COVID-19 risk assurance meetings with key Third Sector providers – reducing the frequency of these meetings in line with the prevalence of the COVID-19 outbreak
- To issue Third Sector Agreement documentation 2020/21 to Providers to help stabilise confidence across the sector
- To identify and progress service initiatives developed by third sector providers during COVID-19 that enhance service user outcomes and service delivery e.g. virtual support and advice
- To gradually reintroduce face to face support activities (where appropriate) alongside virtual approaches in line with service specifications
- To continue monitoring the level of service referrals, service capacity and service user demand, re-focussing service provision as appropriate

Key Risks / Issues:

Working with partners in the Regional Partnership Board and Public Service Board context, we will work in partnership with the Third sector on the

- continued financial stability/fragility of third sector providers during COVID-19/long term – reduction of core fundraising activities, temporary closure of charity shops (employed staff) etc. impacting on the funding of core infrastructure costs
- unavailability of staff due to sickness absence/shielding etc., which can potentially impact on third sector providers' ability to accept new referrals and maintain existing support packages
- unavailability of Personal Protective Equipment for front line staff in the Third Sector – necessity to withdraw essential support/activities for COVID-19 positive service users
- ongoing changes to COVID-19 national infection /control measures (social distancing), differences between national government /devolved government policy, deployment of the Government's furlough process etc., impacting on the capacity of third sector providers to deliver the contracted service /activity commissioned
- delays of planned service developments, service efficiencies etc. which could potentially impact on plans for modernising the services delivered

Communications and Engagement

The health board's approach to communications is set out in its Communications and Engagement Framework, with individual SOPs for internal communication, external communication, and stakeholder communication.

Key priorities for strengthened internal communication have included the establishment of an all-staff Facebook group, digital screens for rapid dissemination of current messages across multiple health & care sites, daily bulletins dedicated to the COVID-19 response, dedicated intranet zone with the latest policy and guidance, "Ask the Chief Executive" bulletin board, management SITREP arrangements with information cascade, and a daily digest of the latest policy & announcements from Welsh Government and other key partners.

Key priorities for strengthened external communication have included dynamic and interactive social and digital approaches reflecting national campaigns (e.g. Keep Powys Safe; Test, Trace, Protect) and local priorities (e.g. ensuring the public receive accurate and timely communication about how the Health Board is working to respond to COVID19 how they will receive care and treatment and access the services required within Powys and in neighbouring health economies). The differences in policy and guidance between Wales and England have posed an additional layer of complexity for managing communications across Powys for those accessing treatment and care across the border. Significant progress has been made to established the new health board website which was soft launched at the end of Q2, providing a modern platform that improves Welsh Language compliance and accessibility in web communication.

Key priorities for stakeholder engagement and communication have included maintaining contact with communication with our main stakeholders and engagement groups by virtual means. In particular briefings have been held weekly with Powys Community Health Council (CHC), as well as briefings at key stages with elected members and with Powys County Councillors. Whilst work continues on technological solutions to enable the public to attend meetings of the Board, we have continued with publication of papers, interactive live-tweeting, and rapid publication of summaries to maintain openness in decision-making. A large number of service have had to adapt, change and implement new ways of working in response to the pandemic across our provider and commissioned services and a log of these issues / changes has been kept and updated on a continuous basis and shared with the CHC.

A revised Communication and Engagement Framework is being developed for the next phase. This will be agreed with the CHC during Q2 to enable progress to be made on communicating and engaging with the public by digital means on service changes for example the planned earlier opening of The Grange by Aneurin Bevan UHB.

Other priorities for Q2 include: maintaining our Test, Trace, Protect communications in order to stop the spread and keep Powys Safe; plans to provide communication and guidance on how we will be restoring non COVID activity; reassurance and ambient messaging on social distancing in health settings; resumption of development work to support the delivery of the "A Healthier Wales" continuous engagement offer; development of a new Sharepoint-based intranet with phase one focused on staff wellbeing and engagement; and, completion of the health board website including close down of the legacy Cascade website.

Communications and Engagement

A clear narrative to build and maintain confidence in the NHS response

Balanced focus across the four harms:



Delivery of our strategic priorities:



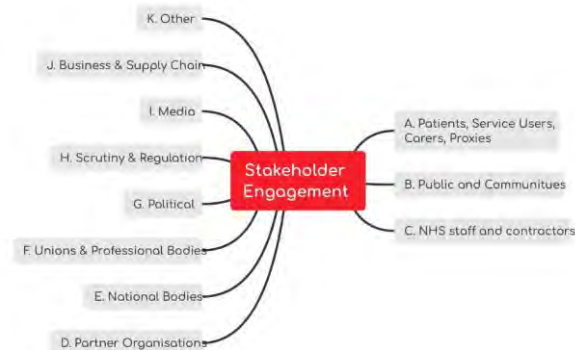
Multi-channel internal communications to inform, engage, and deliver benefits



Social, digital, media, and public communication with call-to-action and strong visual brand based on national campaign



Critical stakeholders identified with engagement activity in place



Strategic Communication

Internal Communication

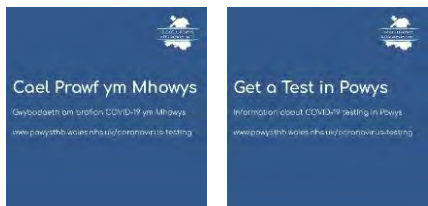
External Communication

Stakeholder Engagement

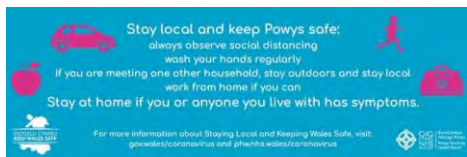
Communications and Engagement

Harm from COVID itself

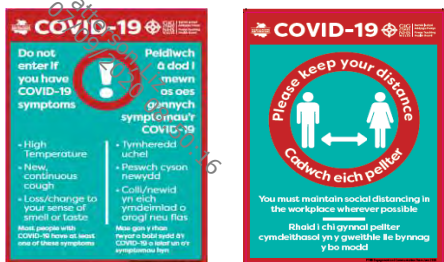
Deliver proactive and reactive comms support for Test Trace Protect



Continue to reinforce national guidance to Keep Powys Safe



Ensure local design & fulfilment of print and digital materials to support social distancing



Harm from overwhelmed NHS and social care system

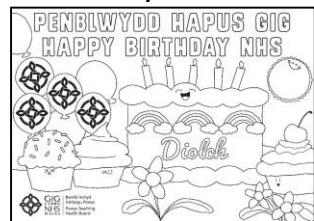
Launch a new website to provide improved and accessible platform



Develop new intranet platform with first phase focused on well-being

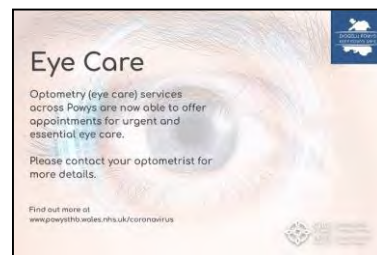


Continue activities focused on goodwill & discretionary support, e.g. NHS birthday



Harm from reduction in non-COVID activity

Publicise improved availability of essential services & resumption of routine

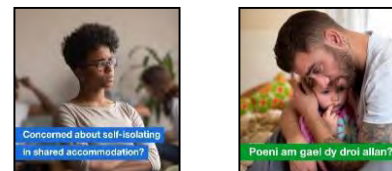


Ensure local delivery of national campaigns to support service uptake, symptoms etc.



Harm from wider societal actions/lockdown

Ensure local delivery of national campaigns to address wider harms



Maintain strong local focus on emotional and mental health, e.g. Online CBT



Continue to focus on third sector support and community resilience, e.g. C-SERT



Balanced focus across the Four Harms

Q1 Achievements:

- PTHB governance arrangements and engagement and communication mechanisms reviewed and implemented to support Phase 2
- PTHB Risk assessment undertaken to support delivery of phase 2
- Re-established RPB/PSB arrangements
- Launch of monthly VAWDASV Newsletter to share publicity and raise awareness of domestic abuse and “Home is not always a safe space”
- Regional Safeguarding Board fully engaged
- Safeguarding Group is re-focused and functioning with a strategic focus
- Phased assessments for an re-introduction to Healthy Child Wales Programme
- Increased support to Children's Homes in Powys in relation to infection prevention and control
- Soft launch of new PTHB website

Q2 Priorities:

- Phased reintroduction of A Healthy Caring Powys to reset and renew shared long term strategy and revitalise plans to increase population health and wellbeing in Powys
- Further recovery of of RPB/PSB/MWJC mechanisms and forums for regional rebuilding
- Implement rehabilitation pathways to support any harm from lockdown
- Review of Community sector emergency response arrangements (C-SERT)
- Continue to promote VAWDASV Training and offer Ask and Act programme to staff
- Work in partnership to respond to community sector resilience challenges and opportunities
- Delivery of communication strategies for Keep Powys Safe, Test Trace Protect, operational services, care homes and other key priorities
- Conclude website implementation, and deliver phase one of staff intranet
- Refreshed engagement approach in place with CHC and other stakeholders for Clinical Futures and other service change programmes

Test, Trace and
Protect

Harm from COVID
itself

Harm from
overwhelmed NHS
and social care
system

Harm from
reduction in non-
COVID activity

**Harm from wider
societal
actions/lockdown**

Finance and Risk Management

Patterson, Liz
07/09/2020 08:50:16

Finance and Risk Management - Overview

Covid-19 Financial Plan

- Details provided are financial impact of Covid-19 above the assessed financial plan reported in the 2020/21-2022/23 IMTP submitted on 31st January 2020
- Financial forecast is based on the reported Mth 2 Covid-19 position updated for movements between Day 9 Reporting of Mth 2 and the completion of this assessment at 25th June 2020. Further updates will be provided as part of Mth 3 WG MMR.
- As per table on next slide the forecast for Covid-19 at 25th June 2020 was **£18.972m**.

Key Assumptions

- Full details on the key assumptions linked to the forecast are provided in full in the Mth 2 WG MMR submitted on 11th June
- Key areas of note include:
 - Costs are for 12 months from April 20 – March 21
 - Additional Capacity based on the ability of the HB to flex-up the bed numbers based on the C-19 surge requirements
 - TTP costings based on the agreed staffing models of up to 3 testing sites and 4 teams clinical tracing teams
 - Included within the wider HB financial forecast is the cost of resuming essential services, which will be in line with original IMTP budgets.

Key Pressures & Risks

- Key areas of note include:
 - LTA Block arrangements have been assessed as being in place for full year for English and Welsh providers (although only an agreement to end Q2 at present)
 - Savings identified by HB by end March are reviewed monthly to assess actual delivery as a consequence of LTA Block arrangements and changes linked to Covid-19
 - At end of June PtHB received £0.7m of funding from WG for Q1 (pay only) against the anticipated spend of £3.7m at end Q1 (pay & non pay)
 - Further assessment to be undertaken in next 1-2 months on PC Prescribing and the potential increases in cost and volume

Update:

Further update on the actual position at end Q1 and revised forecast for information received between 25th June to 13th July will be included in the Mth 3 WG MMR due for submission on 13th July.

Summary Forecast Covid-19 Revenue Expenditure 2020/21 @ Mth 2 (Finance Table 1)

Area	YTD		Q1		2020/21	
	£'000		£'000		£'000	
Pay						
General C-19	266		524		4,847	
TTP	-		181		1,814	
		266		706		6,661
Non Pay						
PC	222		242		603	
PPE	86		253		1,505	
Provider	319		654		3,952	
LTA	397		701		2,807	
TTP	-		85		311	
		1,024		1,936		9,177
Non Delivery Savings		875		1,328		3,814
Reduction Spend	-	161	-	241	-	680
TOTAL		2,004		3,728		18,972

Principles Supporting Forecast Covid-19 Revenue Expenditure 2020/21

- Capital - the costings in the table opposite ONLY include the revenue. Capital was provided to WG on 5th June 2020. Return embedded below:



Microsoft Excel
Worksheet

- Table 1 is based on the submission made to WG as part of the Monthly Monitoring Process on 11th June updated for material changes from this date to 25th June.
- Full details on the assumptions at Mth 2 are included in the narrative report submitted as part of the Monthly Monitoring Process on 11th June.
- Key changes included since 11th June 2020:
 - Recognition of the loss of income on the Dental Contract linked to Patient Charges
 - Updated plan for delivery of the TTP programme presented to Gold on 17th June
 - Changes to English blocks agreements
 - Updated Saving position following review at end June 2020.

Summary COVID-19 Revenue Forecast 2020/21 @ 26th June 2020

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

General Assumptions

- Costs for 12 month period from April 2020– March 2021
- Additional Capacity based on the ability of the HB to flex-up the bed numbers based on the C-19 surge requirements
- TTP costings based on the full staffing models agreed by HB 17th June

Non Pay

- Equipment excludes any costs in relation to the all Wales procurement process based on the assumption this will be centrally funded
- PPE costs based on current modelling and actuals based on WHS Feed
- LTA pressures are based on full year block arrangements in place compared to IMTP planning assumptions as at end November 2019.
- Other costs identified via Covid-19 Cost Centres (B259 & B456)

Savings

- IMTP required = £5.6m
- Planned schemes at 12th March = £5.4m
- Each month the planned schemes are reviewed and assessed against current C-19 situation.
- At End June assumed that of £5.6m IMTP target only £1.8m could be delivered, with further reviews required through 2020/21.
- Key issue for Powys as a commissioner of services is Block LTA arrangements in place in England & Wales
- Health Board continues to look for other opportunities to release efficiencies to offset shortfall

Pay

- Additional Capacity to flex-up beds could include costs for following based on bed numbers required linked to surge:
 - Temporary Fixed Term Bank Contracted Staff = 13.80wte
 - Temporary Fixed Term Students = 11 wte
 - Additional HCSW (costed agency rates) = 47.71
 - Additional Hours and Bank above standard operating rates
- TTP programme costs are based on the following staffing establishments and only include costs incurred by Health:

Testing	WTE
Clinical Lead	1.00
Admin Hub	7.00
Testing phase 1	20.70
Testing Phase 2	10.35
Total	39.05

Clinical Trackers	WTE
Trackers #	21.24
Total	21.24
<i>#WTE after redeployment existing staff</i>	

- Other staff costs include:
 - Longer term staffing requirement for the PPE Hubs (Bronllys/Newtown) = 4.5 wte
 - Additional fixed term Pharmacy posts to support wider C-19 issues

Risk Management arrangements were adapted to respond to the context of the response to the COVID-19 pandemic and the implementation of the Gold Command approach.

The Risk approach centred around three key risk areas:

- 1) Strategic Risks which threaten the organisation's ability to achieve the Board's objectives (Corporate Risk Register) reported to Board
- 2) Risks which threaten the organisation's ability to respond to COVID-19 (COVID-19 Risk Register) reported to Strategic Gold Group
- 3) Risks which threaten operational delivery (Directorate Risk Registers), reported to Executive Committee

A COVID Risk Register was developed for use alongside the Corporate Risk Register - further detail is included on the next slide including the alignment and review carried out by PTHB Board in May 2020.

Patterson, Liz
07/09/2020 08:50:16

COVID-19 Risk Register

- A COVID-19 Risk Register is maintained and updated at Strategic GOLD Group, which sets out the key areas of risk directly relating to the health board's preparations and response to COVID-19.
- The current Risk Register is aligned to the health board's Phase 2 response to COVID-19, in particular the four Harms identified.
- The Phase 2 Plan has been developed as part of the complex system-wide work to mitigate the impact of the pandemic in Powys.
- The Four Harms framework is used throughout the Plan to identify the key harm areas and mitigations.
- A copy of the COVID-19 Phase 2 Risk Register is attached in the Supporting Documents section.

COVID-19 RISK HEAT MAP: July 2020

There is a risk that...

Impact	Catastrophic	5		<ul style="list-style-type: none"> We do not have the required level of equipment and supplies to achieve implementation of the Clinical Response Model – Including Beds, General Equipment, PPE Supplies and Oxygen 		
	Major	4	<ul style="list-style-type: none"> Arrangements for the deceased are insufficient and compromised 	<ul style="list-style-type: none"> The need to monitor oxygen supply arrangements and how we identify whether we are reaching capacity 	<ul style="list-style-type: none"> Modelling assumptions to inform planning and response arrangements are not robust Infection, Prevention and Control arrangements are not robust and effective COVID-19 may be transmitted in the workplace The total quantum for funding for addressing COVID-19 across Wales remains fluid and uncertain People with COVID-19 do not come forward for testing and pass on infection to others 	
	Moderate	3		<ul style="list-style-type: none"> Governance arrangements required to effectively respond to COVID-19 are not robust and embedded We do not have sufficient leadership and management capacity to design, lead and support the response to COVID-19 The organisation does not have effective planning in place to recover from COVID-19 response 	<ul style="list-style-type: none"> Insufficient strategic delivery and benefits realization and/or loss of reputation due to ineffective communications and engagement arrangements We do not have sufficient workforce capacity to achieve implementation of the Clinical Response Model Our workforce does not have the required skills and expertise required to achieve implementation of the Clinical Response Model 	
	Minor	2		<ul style="list-style-type: none"> Clinical outcomes for patients are compromised 		
	Negligible	1				
	Likelihood	1	2	3	4	5
		Rare	Unlikely	Possible	Likely	Almost Certain

Corporate Risk Register

- The Corporate Risk Register (CRR) is maintained and updated at Risk & Assurance Group and Executive Committee, and approved by the Board.
- A review of the CRR in light of the COVID-19 response was carried out with Executives, to reflect the impact of the pandemic. The following risks have been updated: -
 - The risk that '*some commissioned services are not sustainable or safe, and do not meet national targets*' was increased from '**Likely**' to '**Almost Certain**'.
 - The risk of '*fragmented and unsustainable service models as a result of population changing need and service reconfiguration of neighbouring NHS bodies*' was increased from '**Possible**' to '**Likely**'.
- A copy of the CRR is attached in the Supporting Documents section.

CORPORATE RISK HEAT MAP: July 2020

There is a risk that...

Impact	Catastrophic	5				
	Major	4		<ul style="list-style-type: none"> The health board does not meet its statutory duty to achieve a breakeven position ICT systems are not robust or stable enough to support safe, effective and up to date care The health board is unable to attract, recruit and retain staff to some medical and clinical roles, principally registered nurses and doctors Effective governance arrangements are not embedded across all parts of the health board Resources (financial and other) are not fully aligned to the health board's priorities 	<ul style="list-style-type: none"> The care provided in some areas is compromised due to the health board's estate being non-compliant and not fit for purpose Fragmented and unsustainable service models as a result of population changing need and service reconfiguration of neighbouring NHS bodies Potential adverse impact on business continuity and service delivery arising from a pandemic outbreak of an infectious disease (COVID-19) 	<ul style="list-style-type: none"> Some commissioned services are not sustainable or safe, and do not meet national targets
	Moderate	3			<ul style="list-style-type: none"> The health board does not comply to the Welsh Language standards, as outlined in the compliance notice Services provided are fragile, not sustainable, and impact on PTHB ability to achieve National Outcome Framework measures 	
	Minor	2				
	Negligible	1				
	Likelihood	1	2	3	4	5
		Rare	Unlikely	Possible	Likely	Almost Certain

Q2 Operational Plan


Appendix 1

Supporting Documents

Supporting Documents	Page
Quarter 2 Implementation Plan	2 - 7
Wellbeing Objectives and Priorities 2020/21	8
Annual Plan 2020/21	9 - 24
Corporate Risk Register	25
COVID-19 Risk Register	26

Patterson, Liz
07/09/2020 08:50:16

Q2 Implementation Plan

TEST, TRACE, PROTECT								
								
Ref	Action	Executive Lead	AD / Operational lead(s)	Q2	Q3	Q4	Deadline	Status
1. Leadership and Management								
1.4	Produce a plan for next stage testing and tracing that describes the local contribution to inpatient, critical worker, closed settings and symptomatic general population testing, as well as contact tracing requirements.	DPH	Stuart Bourne, Alison Merry, Nicola Bengie					G
1.5	Create a local demand and capacity model for the next stage testing pathway	DPH	Will King					G
2. Expert Advice and Guidance								
3. Testing								
3.2	Extend electronic test requesting for COVID-19 samples to inpatient areas	DPCCMH	Service Manager & Clinical Lead / Andrew Cresswell				20/07/20	R
3.4	Establish COVID-19 testing administration hub	DPH	Andrew Cresswell				30/09/20	G
3.5	Ensure any changes to testing policy and eligibility are implemented quickly.	DPH	Service Manager & Clinical Lead / Nicola Bengie				Ongoing	G
3.6	Develop a plan for adding antibody (i.e. serology) testing to existing antigen testing model.	DPH	Andrew Cresswell, Nicola Bengie				Ongoing	A
3.6.1	Citizens requiring testing as part of preoperative procedure DGH & Community Hospitals	DPH	Nicola Bengie				Ongoing	A
3.7	To develop an operating model for MTUs once military resource is extracted	DPH	Andrew Cresswell				Dependent on WG	A
3.8	Improve the timeliness of results reporting	DPH	Luke Garthwaite					A
3.9	Establish internal laboratory testing capability within 2 x hospital sites	DPH	Andrew Cresswell					A
3.12	Establish a test recording and reporting process that provides information on testing activity for all eligible groups.	DPH						G
4. Tracing								
4.3	Adequate resource in place with correct skill mix to conduct the contact tracing role	Corporate Director PCC						G
4.7	Develop and submit funding requirements to WG	Corporate Director PCC						G
4.8	Full establishment of CCTTs to be in place	Corporate Director PCC						G
5. Outcomes and Experience								
5.1	Established testing pathway in place	DPH	Nicola Bengie					G
5.2	Static and Mobile testing established	DPH						G
5.3	In-house (micro) lab testing in place	DPH					31/07/20	G
5.4	Results notification systems in place	DPH	Nicola Bengie					G
5.6	Testing reporting metrics in place for performance management	DPH						G
6. Enablers - Workforce, ICT, Logistics								
6.1	Workforce in place for staff Testing and Contact Tracing services	DPH						G
6.2	IT hardware and software for Testing and Contact Tracing services in place	DoF	Vicky Cooper					G
6.7	Memorandum of understanding to be developed	DPH	Emma King, Nicola Williams, Vicky Malcolmson, Jo Weale					G

STATUS MONITORING	
Blue - Complete	
Red - Behind schedule	
Amber - At risk/issues present	
Green - On track	

Q2 Implementation Plan

HARM FROM COVID




Ref	Action	Executive Lead	AD / Operational lead(s)	Q2	Q3	Q4	Deadline	Status
1. Phase 1 Clinical Response Model								
1.1	Arrange verification of death on a sustainable basis in collaboration with care homes and PCC	TBC	TBC				TBC	
1.2	Review processes to support those at risk of shielding in the longer term	DPCCMH					TBC	G
2. Rehabilitation and Recovery Pathways								
2.1	Implement rehabilitation pathways to support Acute COVID19 and other pathways	DPCCMH / DoTH	Vic Deakins					G
3. Care Homes and Enhanced Settings								
3.4	Capacity in place to support hospital discharge process in relation to step up and step down beds	DPCCMH / DoC&A	Jason Crowl				Ongoing	G
3.8	Ensure COVID-19 testing protocol in place for residential care settings which is consistent with Welsh Government policy	DPH						G
3.9	Monitor primary care input into care homes in line with the DES	DPCCMH	Jayne Lawrence					B
3.10	Community therapy teams to support respiratory need within nursing homes	DPCCMH / DoTH	Vic Deakins					B
3.11	Develop an NHS Wales perspective on care home sustainability	CEO						G
3.13	Implement Commissioning Assurance Framework for Care Homes as set out in Section 33	DoC&A/DoN					31/07/20	G
4. Early Warning System and Modelling								
4.1	Develop Early Warning system - 'triggers' / escalation plan linked with R value, surveillance data and other intelligence	DPH					TBC	G
4.2	Implement Early Warning system	DPH					Ongoing	G

STATUS MONITORING	
Blue	- Complete
Red	- Behind schedule
Amber	- At risk/issues present
Green	- On track

Patterson, Liz
07/09/2020 08:50:16

Q2 Implementation Plan

HARM FROM AN OVERWHELMED HEALTH AND CARE SYSTEM								
								
Ref	Action	Executive Lead	AD / Operational lead(s)	Q2	Q3	Q4	Deadline	Status
1. Planning and Operating Framework								
1.1	Review and deliver primary care specific response in line with W/G guidance (every four weeks)	DPCCMH					Ongoing	G
1.2	Review medical and non medical leadership arrangements on each site to clarify future clinical leadership (for existing bed state)	DPCCMH / Clinical Execs					31/07/20	A
1.3	Review of pathways /flows for COVID and Non COVID in community hospitals and agreement on streaming	DPCCMH					TBC	G
1.4	Implement social distancing based on national guidance in line with the agile working programme	DPCCMH/DWOD/DoPP	Sarah Powell				Feb-21	G
1.5	Primary care hot sites in place when triggered by practice demand	DPCCMH					Ongoing	B
1.6	Strategic planning framework in place to support a flexible and agile approach to balance COVID and Non COVID	DPCCMH/DPH/DoPP						G
2. New Ways of Working								
2.1	Agree approach to capturing lessons learnt and evaluation of new practice in Phase 1 and Phase 2	MD						G
2.2	Sustaining best practice and new ways of working	ALL EXECS					Ongoing	G
3. Core Support Services								
3.3	Transport plan developed to support Clinical Response Model Phase 2 (COVID/Non COVID)	DWOD	Andrew Cresswell					G
3.4	Ongoing management of equipment for Clinical Response model P1 and P2	DoF	Helen Kendrick				Ongoing	G
3.5	Ongoing management of consumables for Clinical Response model P1 and P2	DoF	All areas				Ongoing	G
3.6	Ongoing management of medicine supplies distributed for Clinical Response model P1 and P2	DPCCMH	Jacqui Sexton				Ongoing	G
3.7	Community Hospital Model - Hospital Oxygen Supply & Ventilation System in place	DoPP	Wayne Tannahill					G
3.8	Home Model - Oxygen Supply distributed in place	DPCCMH	Jacqui Sexton				Ongoing	G
3.10	Remote working and Office 365 implemented	DoF	Vicki Cooper				30/07/20	G
3.11	Attend Anywhere implemented	DoF	Vicki Cooper				30/09/20	G
3.12	Consultant Connect implemented	DoF	Vicki Cooper				30/07/20	G
3.13	Explore opportunities for further digital acceleration i.e. virtual clinics	DoF	Vicki Cooper				30/07/20	G
3.15	Installation of consistent social distancing signage and markings across all PTHB sites	DoPP	Wayne Tannahill				24/07/20	G
4. Workforce								
4.1	Assessment of workforce supply for the next 3, 6, and 9 months to include additional temporary workforce	DWOD	Mark McIntyre				Quarterly	G
4.1a	Maintain our redeployment register in order to step up the Clinical Model should bed capacity need to be stepped up	DWOD	Mark McIntyre				Ongoing	G
4.1b	Ensure staff identified for potential redeployment have the necessary skills and orientation should the clinical model need to be stepped up.	DWOD	Mark McIntyre				Ongoing	G
4.2	Capture lessons learnt	MD	Amanda Edwards				Ongoing	G
5. Health & Safety								
5.2	Continue to monitor and provide wellbeing support, including undertaking risk assessments, for staff who are Shielding or Socially Distancing at home as they are identified in the at risk category.	DWOD	Mark McIntyre				Ongoing	G
5.5	Regular review of staff engagement	DWOD	Sarah Powell				Ongoing	G
5.7	Ensure the Infection Prevention Control Group re-focusses and resets the strategic direction across the health board	DoN	Katrina Rowlands				TBC	G

STATUS MONITORING	
Blue - Complete	
Red - Behind schedule	
Amber - At risk/issues present	
Green - On track	

Q2 Implementation Plan

HARM FROM REDUCTION IN NON-COVID ACTIVITY



Ref	Action	Executive Lead	AD / Operational lead(s)	Q2	Q3	Q4	Deadline	Status
1. Planning Non COVID Services								
1.2	Tracking system in place for patient management (waiting lists)	DPCCMH	ADs				Ongoing	G
1.3	Apply national definitions of service prioritisation to local provision and agree local decision making approach.	DPCCMH	ADs				Ongoing	G
1.4	Agree phasing plans for essential services	DPCCMH	ADs					G
1.5	Implement 'essential services' phasing plan	DPCCMH	ADs				01/08/20	G
1.6	Agree phasing plans for restoring normal and routine services (where capacity exists)	DPCCMH	ADs				TBC	G
1.7	Implement 'routine services' phasing plan	DPCCMH	ADs				TBC	
2. Regional, DGH and Specialist Services								
2.1	Ensure PTHB demand is built into the modelling for main DGH providers	DoPP	Clare Lines				Ongoing	G
2.2	Maintain participation in cross-border arrangements and strengthen information sharing Deaths/positive tests	DoPP	Clare Lines				Ongoing	G
2.3	Maintain participation in regional planning arrangements	DoPP	Clare Lines				Ongoing	A
2.4	Ensure Whole System Access to Essential Services	DoPP	Clare Lines				TBC	A
SUB TASK	Map health board and NHS Trust provision of essential services to highlight any areas of concern for the Powys population (include access to centrally collected information for all Welsh Health Boards)	DoPP	Clare Lines				TBC	G
SUB TASK	Ensure assurance arrangements in place for access to essential services	DoPP	Clare Lines				TBC	A
SUB TASK	Work with Welsh Government and other health boards to secure access if areas of concern	DoPP	Clare Lines				TBC	G
SUB TASK	Continue to participate in WG's Essential Services Group	DoPP	Clare Lines				Ongoing	G
SUB TASK	Mapping & risk assess essential guides issued by Welsh Government for Powys population	DoPP	Clare Lines				Ongoing	G
2.5	Liaison with main provider DGHs (15 x 5 health economies across England & Wales) to understand and log any key pathway changes	DoPP	Clare Lines				Ongoing	G
2.6	Develop plan for re-establishing commissioning arrangements and transition from Silver and Gold command	DoPP	Clare Lines				TBC	G
SUB TASK	Develop plan for re-establishing CQPRMs	DoPP	Clare Lines				TBC	G
SUB TASK	Agree way forward on 20/21 LTA and SLA approach when activity, types of services provided, performance arrangements, risk etc. will be significantly affected by plans to reduce hospital transmission etc.	DoPP	Clare Lines				TBC	G
SUB TASK	Develop graduated plan for reinstating Commissioning Assurance Framework	DoPP	Clare Lines				TBC	G
SUB TASK	Ensure whole system maternity assurance arrangements in place	DoN/DoPP	Clare Lines				TBC	G
SUB TASK	Develop revised financial plan for DGH services	DoF/DoPP	Clare Lines				TBC	G

STATUS MONITORING	
Blue - Complete	
Red - Behind schedule	
Amber - At risk/issues present	
Green - On track	

Person: Liz
07/09/2020 08:50:16

Q2 Implementation Plan

HARM FROM REDUCTION IN NON-COVID ACTIVITY



Ref	Action	Executive Lead	AD / Operational lead(s)	Q2	Q3	Q4	Deadline	Status
SUB TASK	Develop plan for re-establishing Fragile Services Log	DoPP	Clare Lines				Ongoing	G
SUB TASK	Ensure plan to reinstate full Prior Approval process	DoPP	Clare Lines				TBC	G
SUB TASK	Ensure plan to reinstate full validation process	DoPP	Clare Lines				TBC	G
2.7	Understand provider plans for re-establishing access to routine DGH services	DoPP	Clare Lines				TBC	G
2.8	Ensure appropriate discharge arrangements in place in line with government guidance	DoPP	Clare Lines				Ongoing	G
2.9	Ensure joint planning with WAST in place	DoPP	Clare Lines				Ongoing	G
2.10	Manage interface with existing private providers Powys - and access to essential services	DoPP	Clare Lines				Ongoing	A
2.11	Work with WHSSC to ensure appropriate Powys access to essential services	DoPP	Clare Lines				Ongoing	G
2.12	BIG 4: ensure access to essential services and fast-track next actions within Transformation Programmes to re-instate agreed activities for Cancer, Mental Health, Circulatory, Respiratory	DoPP	Clare Lines				Ongoing	A
2.13	Clarify access to specialised services for super vulnerable	DoPP	Clare Lines				Ongoing	G
2.14	Maintain arrangements for vulnerable children out of county	DoPP	Clare Lines				Ongoing	G
2.15	Preparing for next phase of services Q2, Q3, Q4	DoPP	Clare Lines				TBC	G
2.16	Confirm revised NHS Wales reporting requirements and statutory performance reporting requirements	DoPP	Clare Lines				TBC	G
2.17	Confirm revised NHS England reporting requirements and statutory performance reporting requirements	DoPP	Clare Lines				TBC	G
2.18	Consider backlog of treatment for Powys patients in external providers	DoPP	Clare Lines				TBC	R
2.19	Develop transition plan for re-instating commissioning processes	DoPP	Clare Lines				TBC	G
2.20	Ensure system winter planning in place in line with any national guidance	DPCCMH					TBC	G


STATUS MONITORING	
Blue - Complete	
Red - Behind schedule	
Amber - At risk/issues present	
Green - On track	

3. Powys Provider - Essential Services

3.1	GP - to continue to respond to W/G re what parts of the contract to be reinstated	DPCCMH	Jayne Lawrence				Ongoing	G
3.2	Dental - to continue to respond to W/G re what parts of the contract to be reinstated	DPCCMH	Jayne Lawrence / Warren Tolley				Ongoing	G
3.3	Ophthalmology - to continue to respond to W/G re what parts of the contract to be reinstated	DPCCMH	Jayne Lawrence / Paul Cottrell				Ongoing	G
3.4	Pharmacy - to continue to respond to W/G re what parts of the contract to be reinstated	DPCCMH	Jacqui Sexton				Ongoing	G

Patterson, Liz
07/09/2020 08:50:16

Q2 Implementation Plan

HARM FROM LOCKDOWN								
								
Ref	Action	Executive Lead	AD / Operational lead(s)	Q2	Q3	Q4	Deadline	Status
1. Leadership and Management								
1.1	Review and implement PTHB revised governance arrangements to support Phase 2	CEO/BS	Corp Gov Mgr.					G
1.3	CHC Communication and engagement discussions (in line with guidance)	DoPP					Ongoing	G
1.4	Monthly review of communication and engagement	DoPP	Adrian Osbourne				Ongoing	G
1.5	PTHB Risk assessment undertaken to support delivery of phase 2	CEO/BS	Head Risk & Assurance					G
1.6	Review and update SAGE planning assumptions in line with national, regional and local context	DPH					Ongoing	G
1.7	Share and update phase 2 plan to reflect broader partnership discussions	DoPP						G
1.8	Re-establish RPB/PSB arrangements	CEO	RPB Coordinator					G
1.9	RPB/PSB Recovery Plan	DPH						A
2. Safeguarding & Vulnerable Groups								
2.1	RPB to understand and address lockdown impact on vulnerable groups	CEO	RPB Coordinator					G
2.2	Public Service Board to understand and address impact of lockdown on society/economy	DPH						G
2.3	Set targets to share publicity regarding "Home is not always a safe space" to staff and wider population	DoN					Ongoing	G
2.4	Increase awareness of referral process for support to victims of Domestic Abuse - workforce and wider population	DoN					Ongoing	G
2.5	Continue to promote Group 1 VAWDASV Training online for staff - agree targets for uptake	DoN					Ongoing	G
2.6	Offer VAWDASV Group 2 Ask and Act training to workforce - agree targets for training	DoN					Ongoing	G
2.8	Review arrangements for CHC to support phase 2	DoN					Ongoing	G
2.10	Ensure the Safeguarding Group is re-focused and functioning with a strategic focus	DoN						G
2.11	Implement rehabilitation pathways to support any harm from lockdown and other pathways	DPCCMH / DoTH	Vic Deakin/Owen Hughes				01/09/20	G
3. Children Wellbeing								
3.1	Phased assessments for an re-introduction to Healthy Child Wales Programme	DPCCMH					30/09/20	G
4. Emotional Health and Wellbeing								
4.1	Review of C-SERT	DoTH						G

STATUS MONITORING	
Blue - Complete	
Red - Behind schedule	
Amber - At risk/issues present	
Green - On track	

Patterson, Liz
07/09/2020 08:50:16

Well-being Objectives and Priorities 2020/2021

<p>Core Well-being Objective 1</p> <p>FOCUS ON WELLBEING</p>  <p>PRIORITIES</p> <ul style="list-style-type: none"> • Wider Determinants of Health • Health improvement & Disease Prevention • Supporting Communities and Carers 	<p>Core Well-being Objective 2</p> <p>EARLY HELP AND SUPPORT</p>  <p>PRIORITIES</p> <ul style="list-style-type: none"> • Primary and Community Care • Cluster Working • Connecting Communities
<p>Core Well-being Objective 3</p> <p>TACKLING THE BIG FOUR</p>  <p>PRIORITIES</p> <ul style="list-style-type: none"> • Mental Health • Cancer • Respiratory Conditions • Circulatory Disease 	<p>Core Well-being Objective 4</p> <p>ENABLE JOINED UP CARE</p>  <p>PRIORITIES</p> <ul style="list-style-type: none"> • North Powys Well-being Programme • Unscheduled Care and Out of Hours • Planned Care • Specialised Care • Quality and Citizen Experience
<p>Enabling Well-being Objective 1</p> <p>DEVELOP WORKFORCE FUTURES</p>  <p>PRIORITIES</p> <ul style="list-style-type: none"> • Designing, Planning and Attracting Workforce • Leading the Workforce • Engagement and Well-being • Education, Training and Development • Partnership and Citizenship 	<p>Enabling Well-being Objective 2</p> <p>PROMOTE INNOVATIVE ENVIRONMENTS</p>  <p>PRIORITIES</p> <ul style="list-style-type: none"> • Research Development and Innovation • Capital Programme and Estates • Facilities
<p>Enabling Well-being Objective 3</p> <p>PUT DIGITAL FIRST</p>  <p>PRIORITIES</p> <ul style="list-style-type: none"> • Digital Care • Digital Access • Digital Infrastructure & Intelligence 	<p>Enabling Well-being Objective 4</p> <p>TRANSFORMING IN PARTNERSHIP</p>  <p>PRIORITIES</p> <ul style="list-style-type: none"> • Good Governance • Financial Management • Partnership, Planning, Performance and Commissioning

Key	
Red rated actions	Milestone considered to be deliverable or can be started in Quarter 1
Amber rated actions	Milestone considered to be deliverable or can be started in Quarter 2
Green rated actions	Milestone considered to be deliverable or can be started in Quarters 3 and 4

FOCUS ON WELLBEING			
PRIORITY	EXECUTIVE LEAD	KEY MILESTONES	MEASURES
Wider Determinants of Health			
1.1 Implement the Powys Wellbeing Plan as a partner of the Public Service Board			
<ul style="list-style-type: none"> Implement the Powys Wellbeing Plan (Public Service Board) 	Director of Public Health	This is a long term partnership plan, tracked by the Public Service Board	<ul style="list-style-type: none"> Refer to the Powys (PSB) Wellbeing Plan
Health Improvement and Disease Prevention			
1.2 Implement the health improvement and disease prevention programme			
<ul style="list-style-type: none"> Implement the health improvement and disease prevention programme Implement Sexual Health Improvement Plan Implement Substance Misuse Strategy as a partner in the Substance Misuse Partnership 	Director of Public Health	<p>Key milestones to be agreed in Q4 2019/20 as part of 2020/21 annual delivery plan and will include:</p> <ul style="list-style-type: none"> Review current specialist stop smoking service (Q4 2019/20 and Q1 2020/21) Develop plans (Q1 and Q2 2020/21) and start implementation of plans (Q3 2020/21 and beyond) for future sustainable model for stop smoking service Review Tobacco Control Action Plan to include specific actions for 2020/21 and beyond regarding smoke free hospital sites and no-smoking mental health units Continue to progress work developed with 2 GP practices (Haygarth and Presteigne) Finalise costed business case for Level 2 and 3 obesity services/pathway (Q4 2019/20 and Q1 2020/21) Subject to funding, develop action plans to establish new obesity services at Level 1, 2 and 3 (Q2 2020/21) and commence delivery (Q3/4 2020/21). Further roll-out of Level 1, 2 and 3 services in 2021/22-2022/23 subject to funding Develop an action plan (Q4 2019/20) and commence delivery (Q1 2020/21) of Foundation Phase Bach a lach in North Powys (project runs until Q4 2020/21) Review Healthy Weight Action Plan to ensure alignment with Healthy Weight: Healthy Wales and 2020-2022 HW:HW Delivery Plan (Q4 2019/20 and Q1 2020/21) 	<ul style="list-style-type: none"> % adults who smoke (PHOF25) % adult smokers who make a quit attempt via smoking cessation services (cumulative data) (NOF) Adolescents who smoke (PHOF20) Children age 5 of healthy weight (PHOF32) Adolescents of healthy weight (PHOF33) Working age adults of healthy weight (PHOF38a) Physical activity in adolescents (PHOF_19) Adults meeting physical activity guidelines (PHOF24) Uptake of the influenza vaccination (NOF05) Uptake of Childhood Vaccinations (NOF02/03) Attainment of influenza vaccination targets (NOF) % of children who have had 3 doses of 6in1 vaccination by age 1 year (NOF2) % of children x 2 doses of MMR by age 5 years (NOF3) Vaccination rates at age 4 (PHOF30) % adults who smoke (PHOF25)

Patterson-Liz
07/09/2020 08:50:16

		<ul style="list-style-type: none"> Continue to promote physical activity for children and young people through the Healthy Schools and Healthy Pre-schools Scheme and through Bach a lach Review physical activity-related actions as part of review of Healthy Weight Action Plan ((Q4 2019/20 and Q1 2020/21) – see “Healthy Body Weight” above 	<ul style="list-style-type: none"> Adults meeting physical activity guidelines (PHOF24) The gap in life expectancy at birth between the most and least deprived (PHOF04) and the gap in healthy life
PRIORITY	EXECUTIVE LEAD	KEY MILESTONES	MEASURES
Health Improvement and Disease Prevention (Continued)			
1.2 Implement the health improvement and disease prevention programme (Continued)			
		<ul style="list-style-type: none"> Development (Q4 2019/20 and Q1 2020/21) and implementation (Q1 2021/22) of local measles and mumps elimination plan Evaluation of “MECC for Flu” programme introduced in 2019/20 (Q4 2020/21) Develop 2021/22 flu immunisation plans (Q2/Q3 2020/21) Implement 2021/22 flu immunisation plans (Q3/Q4 2020/21) Continue to promote level 1 and 2 Making Every Contact Count training and embed MECC approach in practice (Q1-Q4 2020/21 and 2021/22 onwards) Continue to promote Invest in Your Health (Q1-Q4 2020/21 and 2021/22 onwards) Substance Misuse Partnership strategy - refer to full plan for detailed delivery (hyperlink in IMTP Appendix) Implementation of Sexual Health Improvement Plan – refer to full plan for detailed delivery (hyperlink in IMTP Appendix) 	<ul style="list-style-type: none"> expectancy between the most and least deprived (PHOF05) Adolescents using alcohol (PHOF21) Teenage pregnancies (PHOF27)
Supporting Communities and Carers			
1.3 Deliver Community and Carers Support as per RPB Plan			
<ul style="list-style-type: none"> Delivery of Carers Support as per plan agreed with RPB partners 	Director of Nursing	<ul style="list-style-type: none"> Providing leadership to facilitate multi agency working through the Carers Steering Group Engagement in Carers Trust Wales national work 	<ul style="list-style-type: none"> Census data in relation to Carers in Powys – estimates of numbers of unpaid carer roles Measures of Carers Support uptake / participation in schemes and initiatives

EARLY HELP AND SUPPORT			
PRIORITY	EXECUTIVE LEAD	KEY MILESTONES	MEASURES
Primary and Community Care			
2.1 Implement the transformation programme for primary and community care			
<ul style="list-style-type: none"> Scope and implement delivery of anticipated Transformation funding to support extended roles and models of care Implement support to manage an extended Managed Practice portfolio including temporary support to independent practices to support sustainability Support practices to achieve national access standards. Identify solutions, utilising digital support Review governance arrangements and wider strategic context of Enhanced Service delivery across Powys Support Clusters to achieve the QAIF targets, in particular the Quality Improvement (QI) element Review resources into mental health e.g. HCSWs Continue to work collaboratively with Community Resource Teams (CRT) to ensure safe and effective care in line with national work and policy refine OOH model through wider MDT working 	Director of Primary, Community & Mental Health	<ul style="list-style-type: none"> Extended role Gap Analysis and workforce development/ transformation plan completed (Q1); Commence implementation of transformation plan Q2 – 4) Implement PTHB Access Forum (Q1) Quarterly review of GP access standards achievement (Q1- 4) QAIF, Quality Improvement Project Cluster Peer Review Q1 QAIF achievement (Q3) 	<ul style="list-style-type: none"> Primary Care measures Delivery milestones 2020-21 GP contract National Access standards – Group 1 & 2 GP Contract - QAIF achievement
<ul style="list-style-type: none"> Expand managed dental service at Builth Wells to improve patient access Maintain and expand the development of specialist dental services based within the community dental service. Identify areas of need across Powys that could be supported by the mobile dental unit. Scope and cost the implementation implications following the WHTM01-05 decontamination review Develop workforce plan to implement Gwen am Byth care home programme 	Director of Primary, Community & Mental Health	<ul style="list-style-type: none"> Extended GDS access arrangements for mid Powys (Q1) Deployment of mobile dental unit in relevant location (Q1) Decontamination improvements required costed (Q1) Expansion of Specialist dental services scoped 	<ul style="list-style-type: none"> Dental Access rates/ UDA achievement Delivery milestones 2020-21 WHTM01-05 decontamination requirements Gwen am Byth Care home programme
<ul style="list-style-type: none"> Focus on patient safety, use of medicines, promoting prevention and self care, ensuring legal compliance Further develop the Non-Medical Prescriber workforce to improve safe access. Multi professional Medical Gases Group will ensure robust policy and standard operating procedures Continue improvement against the National Prescribing Indicators, focus on antimicrobial stewardship 	Director of Primary, Community & Mental Health	<ul style="list-style-type: none"> At least 1 additional High Street Pharmacist Prescriber (Q4) Action plan with PCC for domiciliary care Medicines awareness support (Q1) Your medicines Your Health campaign (by Q2) Implement plan for integrated medicines support between community pharmacy and hospital pharmacies, in Powys, to align to Pharmacy: Delivering a Healthier Wales (by Q2) 	<ul style="list-style-type: none"> Delivery milestones 2020-21 GP Contract - QAIF achievement National prescribing indicator targets Care Home DES
<ul style="list-style-type: none"> Improved proactive care for those with complex needs Care Plans in place for individuals deemed high risk Extended roles deployed within and between Practices Take up of enhanced services contracts across Clusters Evaluate and extend Community Resource Teams 	Director of Primary, Community & Mental Health	<ul style="list-style-type: none"> Top 3% at risk identified by Practice (Q1); Plans (Q2) Complex needs Specialist Advisors in Clusters (Q3) Evaluate Neighbourhood Nursing Pilot (Q2) Plan for extended Teams complete (Q3) 	<ul style="list-style-type: none"> % of people with learning disabilities who have an annual health check (NOF_08) Planned care access measures

PRIORITY	EXECUTIVE LEAD	KEY MILESTONES	MEASURES
Primary and Community Care (Continued)			
2.1 Implement the transformation programme for primary and community care (continued)			
<ul style="list-style-type: none"> Support Community Pharmacy developments, including uptake of services and integration within clusters Enable Community pharmacies to deliver the Common Ailments Scheme to maximise access across Powys Develop medicines management support to care homes Implement digital technology, such as the Medicines Transcribing electronic Discharge system, Work with Social Services to improve the safety of medicines support for cared for patients Build on the 4 independent prescriber community pharmacists active in Powys. Develop further use of pharmacy skills such as the IP Pharmacist undertaking clinics for osteoporosis 	Director of Primary, Community & Mental Health	<ul style="list-style-type: none"> 'Grow our own' pharmacy professionals (1 pharmacy technician (Q1), 2 Pharmacists (Q3)) Define Powys Medicines Safety Officer Role (Q1) Implement Medical Gas Policy provider units (Q1) Implement revised Medicines Policy and procedures (by Q2) Initiate Community Pharmacy IP service for respiratory care in Hay area (by Q2) Report on Common Ailments service, and data capture for patients converted to self care. (Q1) Map the Care Homes Medicines management support, and produce an issues document (by Q2) Implement digital technology supporting access to medicines and to lifestyle advice (by Q2) 	<ul style="list-style-type: none"> As above
Cluster Working			
2.2 Deliver Cluster IMTPs (Integrated Medium Term Plans)			
Delivery of Cluster IMTPs (full documents in IMTP Appendix)	Director of Primary, Community & Mental Health	<ul style="list-style-type: none"> As per Cluster IMTPs (full documents in IMTP Appendix) (NOTE - NEED TO REVIEW) 	<ul style="list-style-type: none"> GP Contract - QAIF achievement' National Access standards National prescribing indicators
Connecting Communities			
2.3 Delivery of Start Well, Live Well and Age Well Programmes			
<ul style="list-style-type: none"> Delivery of Nursing Directorate Actions including: <ul style="list-style-type: none"> Neighbourhood Nursing model Volunteering development Adverse Childhood Experiences (RPB Plan) Dementia Plan DOLS Plan Delivery of Women and Children's Actions including: <ul style="list-style-type: none"> Maternity Vision Healthy child Wales and First 1000 Days Bach Bach Infant Feeding Action Plan 	Director of Nursing	<ul style="list-style-type: none"> Neighbourhood Nursing project is due to be complete April 2020 to be evaluated Q2 Volunteering Development – Framework to be developed with WOD Q2 Dementia Action Plan – reporting timeframes Q1 and Q3 DoLS Plan – 1 outstanding action to be completed Q1 As per the Maternity & Neonatal Network Plan (annual programme) All Wales Infant Feeding Strategic Action Plan (annual programme) Continue with the delivery of the HCWP (annual programme) Delivery of the Community Paediatric remodelling Project (annual programme) 	<ul style="list-style-type: none"> A sense of community (PHOF_14) People reporting that they feel a part of their community (SSWB_08) % registrations of children on Child Protection Registers (SSWB_27) Specific Project Plan based measures 10 day Primary Birth Visit (NOFF Framework)
Connecting Communities			
2.3 Delivery of Start Well, Live Well and Age Well Programmes			
<ul style="list-style-type: none"> Implementation of ACC Pathway (paediatric therapy) Community paediatrics 	Director of Nursing (see above – need to sort acct)	<ul style="list-style-type: none"> Development of the local ACC Pathway in line with the Welsh Health Circular (annual programme) 	

THE BIG FOUR			
PRIORITY	EXECUTIVE LEAD	KEY MILESTONES	MEASURES
Mental Health			
3.1 Deliver Mental Health Services Programme			
Organic Mental Health and Older Adult Mental Health: <ul style="list-style-type: none"> Evaluate the newly introduced Dementia Home treatment Team model in South Powys (refer to Early Help and Support Section for detail) Develop and implement options for improvement of physical health care to Mental Health inpatients living with organic conditions. 	Director of Primary, Community & Mental Health	<ul style="list-style-type: none"> Q4 Evaluation of first 18 Months of full operation of the South Powys DHTT Q1: work with Medical Director and GPs to develop model for Physical health input into Inpatient settings. Q1-4 Deliver the T4MH strategy and achieve the milestones set out in the strategy. (re-prioritise key COVID supporting actions) Q1-2 Complete recruitment of staff to the ED service. Q1-3 Develop options for a Crisis House/Sanctuary provision in North Powys. Q1-4 Complete recruitment of staff and develop the rural model of EIP for Powys. Q1-2 Complete engagement with stakeholders on change of s136 pathway to Felindre Ward (Pan Powys). Q1-2 complete introduction of new Personality disorder pathway and design of SPA. Q1-4 Implementation of the Powys Maternal and Infant MH Plan, and achievement of milestones. (re-prioritise key COVID supporting actions) 	<ul style="list-style-type: none"> Mental well-being among adults (PHOF_03b) Mental health access measures (NOF_11/30/46/72/73) Treatment Plans in place (NOF_83) Timely receipt of outcome assessment reports (NOF_84) Mental well-being among adults (PHOF_03b) Mental health access measures (NOF_11/30/46/72/73)
Adult and Functional Mental Health: <ul style="list-style-type: none"> Continue to deliver the Together for Mental Health Strategy. Continue to implement the improvement trajectory to secure compliance with all parts of the Mental Health Measure Implement the agreed developments to the Eating Disorder Service- including recruitment & training of specialist staff. In partnership with the third Sector, explore the development of a Crisis House/Sanctuary Provision for North Powys. Implement the new service model for Early Intervention in Psychosis. Complete consultation with stakeholders on centralisation of the s136 suite to Felindre Ward for all Powys patients. Extend the South Powys Crisis and Home Treatment Team operational geographical area to include Ystradgynlais. Develop and implement options for improvement of physical health care to Adult Functional inpatients. Complete the implementation of the Personality Disorder/ Complex Trauma pathway in North Powys. Design and implement the Single Point of Access for Psychology 	Director of Primary, Community & Mental Health		
Perinatal Mental Health: <ul style="list-style-type: none"> Implement the Powys Maternal and Infant Mental Health plan, as part of the Start Well Programme to include recommendations for the First 1000 Days work stream. 	Director of Primary, Community & Mental Health		
CAMHS <ul style="list-style-type: none"> Deliver the CAMHS improvement plan (arising from the CAMHS review). Implement the Early intervention in Psychosis (all age model). Implement the development of an age appropriate bed for 16-17 years olds at Felindre Ward. Deliver the national Together for Children and Young People programme. 	Director of Primary, Community & Mental Health	<ul style="list-style-type: none"> Q1-4 Deliver the CAMHS improvement plan and achieve agreed milestones. (re-prioritise key COVID supporting actions) Q1 develop options for the development of an age appropriate bed at Felindre for 16-17 year olds and gain capital funding. 	<ul style="list-style-type: none"> Mental well-being among children and young people (PHOF_37b)

PRIORITY	EXECUTIVE LEAD	KEY MILESTONES	MEASURES
Cancer			
3.2 Implement the Powys Cancer Transformation Programme			
<ul style="list-style-type: none"> Implementation of Cancer Transformation Programme: Analysis of population need, evidence and opportunities; Programme Plan Implementation of the Improving Cancer Journey (ICJ) including governance framework, pathway development and engagement, focusing on the experience of the cancer pathway and treatment Full implementation of the Single Cancer Pathway building on successful tracking development in 2019/20 and rapid diagnosis via JAG accredited theatre in Brecon for endoscopy procedures; further strengthening of early diagnosis with SCP bid for Joint consultants; ensuring appropriate access to MRI and CT scanning with timely receipt of reports and onward referral including pathways for urgent assessment working with acute providers Ensure appropriate access to MRI & CT scanning with timely receipt of reports to ensure timely onward referral Training and development including Macmillan Framework to support clinical leadership development; GP Practice cancer champions; GP oncology and palliative care education programme Upscale information provision, accessibility and awareness including work with third sector partners, neighbourhood schemes and community connectors and workplace communication mechanisms Commissioning Assurance Framework in place to robustly manage performance of directly provided and commissioned services and use of commissioning intelligence to inform Cancer Transformation Programme See End of Life Plan in Appendix for palliative care programme My life, My Wishes launched, Adopt and Spread supported by Bevan Commission Cross reference to Focus on Well-being section for health improvement programmes and campaigns including smoking cessation, substance and alcohol misuse, healthy weights, physical activity and immunisation, promotion of healthy lifestyles; targeted screening campaigns Refer to the End of Life Delivery Plan in the Appendix for palliative care 	Medical Director	<p>Q1 20/21</p> <ul style="list-style-type: none"> Transformation Programme Plan agreed ICJ Launch & Programme Plan sign off Good Practice / Evidence Review Monitor robust management of SCP, adoption of optimal pathways Monitor theatre nurse scheme <p>Q2 20/21</p> <ul style="list-style-type: none"> Needs assessment & review of existing services and pathways Engagement on pathway experience Robust management of SCP, adoption of optimal pathways Monitor SCP theatre nurse scheme <p>Q3 20/21</p> <ul style="list-style-type: none"> ICJ engagement phase management of SCP, adoption of optimal pathways where appropriate Monitor SCP scheme for theatre nurses funded by WG Further milestones to be defined in Q1 and Q2 following plan sign off <p>Q4 20/21</p> <ul style="list-style-type: none"> Final Powys Model of Care for cancer; feasibility of options – further milestones to be determined Robust management of SCP measure in PTHB, adoption of optimal pathways where appropriate Monitor SCP scheme for theatre nurses funded by WG <p>2021/22 – 2022/2023</p> <ul style="list-style-type: none"> Implement further phases of Cancer Transformation Plan (detailed work to be conducted in Phase 1 to identify longer term programme actions and milestones) 	<ul style="list-style-type: none"> Cancer access targets Hospital activity data Population needs Screening uptake Training activity Measures relating to health inequalities (Powys Well-being Assessment)

PRIORITY	EXECUTIVE LEAD	KEY MILESTONES	MEASURES
Respiratory			
3.3 Deliver the Breathe Well Programme			
<ul style="list-style-type: none"> Implement phase 2 of the Breathe Well Programme: <ul style="list-style-type: none"> Complete the programme impact assessment Complete the risk mitigation of the proposals Respiratory model for Powys will be completed by March 2020 and the Phase 2 plan finalised for implementation in 2020-23 Service specification developed and approved, with preferred option(s) identified and agreed Develop workforce model with the model of care and service specification <ul style="list-style-type: none"> Implications for LTAs and SLAs identified Deliver and evaluate Respiratory Response Team pilot project with WAST Work with RHIG (Respiratory Health Implementation Group) to strengthen asthma plans for children & young people; physiology and sleep services. 	Medical Director	<p>Q1 20/21</p> <ul style="list-style-type: none"> Implement Phase 2 Service specification approved WAST pilot project implemented Workforce model <p>Q2 20/21</p> <ul style="list-style-type: none"> Phase 2 Centenary Workforce model including joint appointments Transition of LTAs & SLAs WAST pilot evaluated Winter plan <p>Q3 20/21</p> <ul style="list-style-type: none"> Phase 2 Children & young people's asthma plans strengthened Winter plan implementation Review workshop Patient Forums Phase 3 development & embed in next IMTP <p>Q4 20/21</p> <ul style="list-style-type: none"> Phase 2 completion Children & young people's asthma plans strengthened Winter plan implementation Strengthened intelligence and performance reporting <p>2021/22 – 2022/23</p> <ul style="list-style-type: none"> Implementation of Phase 3 of Breathe Well Programme (detailed programme actions and milestones to be determined by work carried out in Phase 2) 	<ul style="list-style-type: none"> Hospital / primary care / clinic activity Referrals for pulmonary rehab Smoking cessation COPD related measures Oxygen variation
Circulatory			
3.4 Implement the Powys Circulatory Conditions Programme			
<ul style="list-style-type: none"> Fully scope and finalise plan for Circulatory Clinical Change Programme, to include value based analysis of opportunities and evidence and establishment of Programme mechanisms Implement Phase 1 of the Circulatory Programme Detailed actions to be agreed as part of Phase 1; to include model of care and development of specification(s)/ workforce models Programme encompasses the Powys implementation of the National Delivery Plans for Stroke, Diabetes and Heart/ Cardiac and the development of the relevant action plans as detailed in the IMTP 	Director of Public Health	<p>2020/21 Q1</p> <ul style="list-style-type: none"> Finalise scope for Phase 1 Establish Programme mechanisms Agree and commence Comms / Engagement <p>2020/21 Q2</p> <ul style="list-style-type: none"> Baseline and needs assessment Engagement with users, stakeholders, professionals <p>Further milestones to be defined in Q1 and Q2 following analysis</p>	<ul style="list-style-type: none"> Population health outcomes Powys Outcomes Patient experience / Patient Reported Outcomes Quality measures Service activity and performance

JOINED UP CARE			
PRIORITY	EXECUTIVE LEAD	KEY MILESTONES	MEASURES
NORTH POWYS WELL_BEING PROGRAMME			
4.1 Deliver the North Powys Well-being Programme (Phase 2) and the Powys Model of Care			
Implementation of North Powys Programme Plan agreed at Regional Partnership Board and delivery against Welsh Government Transformation Fund commitments – refer to IMTP Appendix for hyperlink to further detail.	Director of Planning and Performance	As per North Powys Well-being Programme Plan	<ul style="list-style-type: none"> As per North Powys Well-being Programme Plan
CARE CO-ORDINATION AND URGENT CARE			
4.2 Deliver the Powys Unscheduled Care Programme			
4.3 Deliver the Out of Hours model			
Delivery of Unscheduled Care Programme - as set out in detail on page 54 of this section	Director of Primary, Community & Mental Health	As per Unscheduled Care Programme (Review in relation to COVID Response Plan Phase 2)	<ul style="list-style-type: none"> Delayed Transfers of Care (DTC) Reablement measures Emergency admissions 111 service measures Ambulance service measures
PLANNED CARE			
4.4 Deliver the Planned Care Programme			
Delivery of Planned Care Programme – as set out in detail on page 56-57 of this section	Director of Primary, Community & Mental Health	As per Planned Care Programme (Review in relation to COVID Response Plan Phase 2)	<ul style="list-style-type: none"> Nos waiting more than 8 weeks for a specified diagnostic (NOF_59) Referral to Treatment Life satisfaction among older people (PHOF_37b) Nos. with anticipatory care plans
SPECIALISED CARE			
4.5 Deliver the WHSSC Integrated Commissioning Plan (PTHB contribution)			
<ul style="list-style-type: none"> Implement WHSSC Integrated Commissioning Plan with annual planning and review of PTHB activity Tracking and responding to NHS England programmes for specialised care and assessing impact for Powys patients 	Director of Planning and Performance	As per WHSSC ICP (Review in relation to COVID Response Plan Phase 2)	<ul style="list-style-type: none"> LTAs signed Other measures as per WHSSC ICP
QUALITY AND CITIZEN EXPERIENCE			
4.6 Deliver the Annual Quality Work Programme			
Implementation of Quality Work Programme, shaped around the Clinical Quality Framework – as set out on pages 60 - 61 of this section – also refer to IMTP Appendix for hyperlink to full Clinical Quality Framework	Director of Nursing	As per Clinical Quality Framework Work Programme Q1-Q4	<ul style="list-style-type: none"> Refer to Clinical Quality Framework

WORKFORCE FUTURES			
PRIORITY	EXECUTIVE LEAD	KEY MILESTONES	MEASURES
Deliver the Workforce Futures Framework			
5.1 Implement the Powys Workforce Futures Strategic Framework (theme 1)			
Designing, Planning and Attracting the Workforce	Director of Workforce and Organisational Development	<p>Q1 - Implementation of Phase 2 of the Organisational Change Process</p> <p>Q1 - Begin roll out of the e-community rostering system.</p> <p>Q1 - Commence implementation of the Workforce Futures Strategic Framework.</p> <p>Q2 - Implement Standard Operating Procedures for internal operational workforce planning.</p> <p>Q3 - Implement an approach to succession planning.</p> <p>Q3 - Develop a brand and approach for resourcing including a website.</p> <p>Yr 2 - 2021-22 - Implementation of new roles; widening access to employment opportunities to those leaving care and those with advanced learning needs</p> <p>Yr3 - 2022-23 - To be developed in line with the National Workforce Futures Programme</p>	<ul style="list-style-type: none"> % of reduction in the overall vacancy level, Recruitment timeframes are consistent with national targets % of OCP completed within agreed timescales, % of timely responses within the Action Point, E-Rostering Insight tool reflects rostering compliance with PTHB policies.
5.2 Implement the Powys Workforce Futures Strategic Framework (theme 2)			
Leading the Workforce	Director of Workforce and Organisational Development	<p>Q3 - Implement a cultural development programme based upon the Compassionate Leadership Model.</p> <p>Q4 - Evaluate PTHB Manager's Programme.</p> <p>Q2 - Roll out Assistant Director/Senior Manager Leadership Development</p> <p>Yr2 - 2021-22 - To be developed in line with the National Workforce Futures Programme</p> <p>Yr3 - 2022-23 - To be developed in line with the National Workforce Futures Programme</p>	<ul style="list-style-type: none"> % of Managers completing the management development programme Improved staff survey scores for management section
5.3 Implement the Powys Workforce Futures Strategic Framework (theme 3)			
Engagement and Well-being	Director of Workforce and Organisational Development	<p>Q1 - Implement a targeted internal staff survey</p> <p>Q2 - Submit application for funding of 2 Workforce Health Intervention Co-coordinators focused on Healthy weights and stress management</p> <p>Q2 - Stress Management Toolkit and Policy Review</p> <p>Q3 - Implement an engagement framework through Chat2Change.</p> <p>Q4 - Strengthen assurance and compliance for Health and Safety</p> <p>Q4 - Chat2Change in house PULSE survey on stress and well-being</p> <p>Yr2 and 3 - 2021-22 - To be developed in line with the National Workforce Futures Programme</p>	<ul style="list-style-type: none"> Improved staff Survey scores, Workforce Performance measures (NOF 91-95).

Patterson, Liz
07/09/2020 08:50:16

PRIORITY	EXECUTIVE LEAD	KEY MILESTONES	MEASURES
5.4 Implement the Powys Workforce Futures Strategic Framework (theme 4)			
Education and Training	Director of Workforce and Organisational Development	<p>Q2 - Partner with Aberystwyth University to design a new nursing degree, which will meet needs of the rural health board.</p> <p>Q4 - Evaluate the success of the first phase of the Apprentice Academy.</p> <p>Q4 - Implement a talent management approach for HCSW to access Nursing/Therapies.</p> <p>Q4 - Design an Access route to Healthcare Student Academy.</p> <p>Q2 - Develop a training framework that meets all statutory and mandatory training needs.</p> <p>Q2 - Launch the approach to clinical simulated training.</p> <p>Yr2 – 2021-22 - To be developed in line with the National Workforce Futures Programme</p> <p>Yr 3 – 2022-23 - Laying the foundations for a Health and Care faculty in Powys, that offers a wide range of practical, academic and digital learning opportunities for employed staff, volunteers and carers</p>	<ul style="list-style-type: none"> % of training DNA rates % of Statutory and Mandatory Training compliance
5.5 Implement the Powys Workforce Futures Strategic Framework (theme 5)			
Partnership and Citizenship	Director of Workforce and Organisational Development	<p>Q1 - Develop the approach to volunteering and work experience.</p> <p>Q1 - Develop the business case to deliver the Rural Academy of Learning.</p> <p>Q1 - Implement an agreed joint approach to work experience for secondary aged children in conjunction with Powys County Council.</p> <p>Yr 2 - 2021-22 - A shared recruitment platform which automatically matches skill mix opportunities for all employees across health & social care.</p> <p>Yr 3 – 2022-23 - Have a workforce which will include more carers and volunteers working in partnership with paid staff, who all feel valued and engaged in their work.</p>	<ul style="list-style-type: none"> Uptake on the work experience programme Approval of rural academy of learning

Patterson, Liz
07/09/2020 08:50:16

INNOVATIVE ENVIRONMENTS			
PRIORITY	EXECUTIVE LEAD	KEY MILESTONES	MEASURES
Research, Development and Innovation			
6.1 Implement Innovation and Improvement Framework			
<ul style="list-style-type: none">Fully establish the Innovation Research & Improvement Hub & implement 20/21 programme.	Medical Director	<ul style="list-style-type: none">Implementation Q1	<ul style="list-style-type: none">To be worked up in detail in Q1
Capital Programme and Estates			
6.2 Deliver the Capital and Estates Programme			
<ul style="list-style-type: none">Deliver agreed Long Term Estates Strategy	Director of Planning and Performance	<ul style="list-style-type: none">As per agreed Estates Strategy (to be produced and agreed at PTHB Board March 2020)	<ul style="list-style-type: none">Condition of Estate SurveyEFPMS dataProject specific measures
<ul style="list-style-type: none">Implement Priority Projects: Llandrindod Wells Community Hospital; Machynlleth Community Hospital; Ystradgynlais Community Hospital; Llanfair Caereinion Medical Practice (third party revenue scheme); North Powys Regional Rural Centre.	Director of Planning and Performance	<ul style="list-style-type: none">As per agreed Project Plans	
<ul style="list-style-type: none">Implement IMTP and Discretionary Capital Programme including management of business cases as appropriate.	Director of Planning and Performance	<ul style="list-style-type: none">As per agreed programme and project plans (Review in relation to COVID Response Plan Phase 2)	
<ul style="list-style-type: none">Improve environmental sustainability; implementation of ISO14001	Director of Planning and Performance		
<ul style="list-style-type: none">Maintenance and compliance in line with standards and in accordance with an agreed risk based approach.	Director of Planning and Performance		
Facilities			
6.3 Deliver Facilities modernisation programme			
<ul style="list-style-type: none">Deliver Facilities modernisation improvements including review of waste and recycling; pool car, lease car and taxi policies and catering.	Director of Workforce and Organisational Development	<ul style="list-style-type: none">As per agreed work programme	<ul style="list-style-type: none">To be worked up in detail in Q1

Patterson-Liz
07/09/2020 08:50:16

DIGITAL FIRST			
PRIORITY	EXECUTIVE LEAD	KEY MILESTONES	MEASURES
Digital Care			
7.1 Develop and implement a Digital Strategic Framework			
Support self-management of citizens who have long term conditions to remain active.	Director of Finance	Delivery of agreed Telehealth and Telecare work programme – this work is detailed in multiple Directorate plans and leads and timescales will be confirmed in the Directorate Planning February – March 2020	Access/ availability / Utilisation and take up
Digital Access			
7.2 Implement the systems to improve digital access			
Fully implement the WCCIS system across Powys to support care coordination. Lead: Powys ICT	Director of Finance	Services/ processes live on WCCIS according to phasing detail to be agreed / Project Plan	WCCIS utilisation and access
Fully implement the WCP system across Powys to provide the national Electronic Patient Record.	Director of Finance	Implement MTeD- MTeD rollout completed	The completion of these milestones will result in increased electronic access to Patient information via WCP and less reliance on paper Case Notes. WCP utilisation figures
		Q2 - Implement WGPR- To provide Cross Border Access to WGPR for RHAJ, SaTH, WVT	
		Implement WRRS To have implementation completed (including Cross Border Test Results feeding in to the WRRS)	
		Q3 - Implement WCRS- To have "Nursing eDocs" and "WPAS Clinic Letters" projects complete	
		Q3 - Implement WPRS- To implement Welsh Admin Portal (all Providers) and Electronic Grading of Referrals (Welsh Providers only).	
The Cross Border WCP Project	Director of Finance	Implement WIAS- National Image Archive will be available in Powys providing easy access to PACS images	WCP utilisation figures
		Q2 - To provide cross border access to WCP for staff at RJA, SaTH and WVT	
The Cross Border WCCG Project	Director of Finance	Further progress is dependent upon the success of the Cross Border Business Case Plan and milestones tbc	The number of Discharge Summaries and Clinic Letters sent electronically
Eye Digitisation Programme	Director of Finance	Yr 3 2022-23 - PTHB working with National Programme Lead & BCUHB as Regional partner to develop implementation programme. There has been an implementation delay nationally 6 months+ links to national eye care measure	
Activity- Primary Care: - Implement electronic referral, discharge and diagnostic information across Powys GP practices.	Director of Finance	Project 1 WCCG: • All Powys Practices using WCCG for sending referrals – complete.	Project 1: WCCG Utilisation Figures Project 2: GPTR Utilisation Figures

PRIORITY	EXECUTIVE LEAD	KEY MILESTONES	MEASURES
Digital Access			
7.2 Implement the systems to improve digital access			
<p>Project 1 WCCG: Encourage GP Practices to use WCCG for clinical communications between Primary and Secondary Care, i.e. referrals, discharge summaries, clinic letters.</p> <p>Project 2 GPTR: Where feasible, implement the national GPTR in Powys (GP Test Requesting and Reporting)</p>		<ul style="list-style-type: none"> All Powys Practices using WCCG for receiving Clinic Letters and Discharge Summaries – complete 2020/21 milestones: Reduce the number of referrals sent on paper to as close to zero as feasible. Increase the number of Discharge Summaries and Clinic letters received electronically to as close to 100% as feasible. <p>Project 2 GPTR: Further progress with GPTR is dependent upon the success of the Cross Border business case to fund NWIS technical resource Plan/Milestones tbc</p>	
Digital Infrastructure and Intelligence			
7.3 Improve ICT infrastructure and business intelligence			
Improve business intelligence capability to include demand and capacity, Power BI, commissioning reporting with WHSSC and the use of the CHKS intelligence	Director of Finance	Q4 and ongoing into 21/22/23 (dependant on O365 with Power BI) - To be detailed within Directorate work plan – opportunity / resources to be defined in Q1	Project measures to be confirmed post Q1
Improve ICT infrastructure through improving information storage, server hosting, security and disaster recovery, back up and archiving capabilities. Data centre – A programme of work to review the risk associated with our current data centres and assess each risk and the options of mitigation.	Director of Finance	Q2 - Produce a Concept and Business case for each risk to understand viable options. Q3 - On approval Commence design phase - Scoping and specification of requirements. Q4 - Tender, evaluation and Award Implementation	Business Case Approval Specification sign off Tender Award Implementation
Increase flexibility for accessing information and systems (anytime/anywhere/any device) including improved connectivity e.g. mobile coverage, broadband, Wi-Fi and modem, agile ready with integration by design. PTHB Voice – Provide a suitable and modern telephony platform with integrated unified communication tools.	Director of Finance	Q1 - Produce Business Case to confirm scope and understand potential options Q2 - Approval of Business Case Q3 - Agree Project Plan Q4 - Develop specification of requirements Tender, evaluation, contract awarded Implementation	Concept Approval Business Case and Plan approval Contract Award New telephony system adopted by users. Reduced telephony bills.
Microsoft 365 (O365) – Roll out key features of the O365 Suite and provide access to an array of digital tools to enable improved ways of working	Director of Finance	Q1 - Agree Programme at National Level Q1 - Agree Programme at Local Level Q2 - Identify Projects and Prioritise into a High-Level Plan Q4 - Create concept and Business case for each Project Yr 2 2021-22 - Implementation of each Project	National Programme Approved Local Programme Approved High-level Plan Created Business Cases Approved O365 Applications being utilised by PTHB Staff
Windows 10 – Modernisation of fundamental ICT Infrastructure to provide a platform for Digital modernisation and transformation	Director of Finance	Q1 - Approve Project Plan Q2 - Implementation	Approve Plan Complete estate of Windows 10 devices

TRANSFORMING IN PARTNERSHIP			
PRIORITY	EXECUTIVE LEAD	KEY MILESTONES	MEASURES
Good Governance			
8.1 Deliver Annual Governance programme			
Develop and deliver an Annual Governance Programme: <ul style="list-style-type: none"> Finalise and embed a Partnership Governance Framework Implement a Decision Rights Framework, aligned to the Board's Scheme of Delegation and Reservation of Powers Implement an Information Governance Improvement Plan Embed an improved Framework for the development and approval of Policies and Written Control Documents Implement a Legislative Compliance Framework Deliver programme of development for an effective unitary board Conduct Welsh Language self-assessment and implement plan 	Board Secretary	<ul style="list-style-type: none"> Delivery of Annual Governance Framework (see IMTP appendix for hyperlink to full plan with detail of milestones and timescales) 	<ul style="list-style-type: none"> Audit compliance GDPR compliance Findings of welsh language audit & needs assessment to determine further measures / baseline
Financial Management			
8.2 Deliver the Financial Strategy in line with Efficiency Framework			
<ul style="list-style-type: none"> Approval of a balanced IMTP/ financial balance 20/21 – 22/23 Delivery of Financial strategy to include reprioritisation; delivery of savings and cost improvements; management of financial risk Securing investment to accelerate/ upscale transformation 	Director of Finance	<ul style="list-style-type: none"> Approval of IMTP Q1 Detailed financial monitoring and reporting (Q1-4) including JET 	<ul style="list-style-type: none"> Approval of IMTP Financial balance / financial reports
Partnership, Planning, Performance and Commissioning			
8.3 Deliver key partnership plans			
<ul style="list-style-type: none"> Delivery of key Partnership Plans including RPB Area Plan and Health and Care Strategy; MWJC Strategic Intent Management of strategic change including <ul style="list-style-type: none"> NHS Future fit (Shrewsbury and Telford Hospitals) Clinical Futures (Aneurin Bevan UHB) 	Director of Planning and Performance	<ul style="list-style-type: none"> Strategic Planning and Commissioning cycle including Executive Committee Group and Strategic Change Steering Group (Q1-4) Strategic Planning Stocktake produced quarterly Communications/ Engagement Report produced quarterly Communications and Engagement Plans for live programmes Individual Programme / Project Plans for key live programmes will set out detail for each (Eg. NHS Future Fit/ ABUHB Clinical Futures) 	<ul style="list-style-type: none"> Quarterly Stocktake produced Detailed Comms Plans Delivery of CHC Actions

PRIORITY	EXECUTIVE LEAD	KEY MILESTONES	MEASURES
Partnership, Planning, Performance and Commissioning (Continued)			
8.4 Deliver continuous planning, performance and commissioning			
<ul style="list-style-type: none"> Deliver continuous cycle of planning, performance and Commissioning Review and strengthen whole system continuous engagement Approval of Trajectories & Integrated Performance Framework Strengthened approach to Planning & Commissioning aligned to delivery of Health & Care Strategy including; big four; commissioning intelligence; Cross Border Network; Section 33; Third Sector, referral alternatives and cross directorate planning support 	Director of Planning and Performance	<ul style="list-style-type: none"> IMTP Production and Approval Q1 IPR Produced quarterly; JET Q1 – Q4 Commissioning Assurance Framework and CQPRMs Agreement of commissioning intentions and sign off LTAs Quarterly CAF; Service Fragility Log 	<ul style="list-style-type: none"> Approval of IMTP Delivery of key products IPR reports Signed LTAs

Patterson, Liz
07/09/2020 08:50:16

PRIMARY CARE CLUSTERS		
<p>North Cluster</p> <p>North Powys Primary Care Cluster is comprised of 7 GP Practices with population of 64,000 people.</p>	<p>Mid Cluster</p> <p>The Mid Powys Cluster comprised of 5 GP Practices with a population of 29,500 people.</p>	<p>South Cluster</p> <p>The South Cluster is comprised of 4 GP practices with a population of 45,580 people.</p>
<p>Priorities 2020-23</p> <ul style="list-style-type: none"> • Further integration of community connectors attached to each practice • Implement local sexual health services / pathway • Increase use of Florence to support self-management of chronic conditions • Clinically led practice triage rollout across practices • Partnership with Wrexham University of Glyndwr to promote nursing placements • Identify factors that make recruiting GPs into some areas of Powys challenging and develop strategies to increase recruitment • Develop telehealth and telecare in partnership with PTHB, the RPB and the Digital First Programme 	<p>Priorities 2020-23</p> <ul style="list-style-type: none"> • Further integration of community connectors attached to each practice • Development of Cluster Health Champion role • Redesign Respiratory pathways and services, in partnership with PTHB and the Breathe Well Programme • Increase use of Florence to support self-management of chronic conditions • Review mental health pathway for young people • Develop Cluster approach to remote GP support • Develop cluster pharmacy team and Cluster Practice Nurse role • Develop telehealth and telecare in partnership with PTHB, the RPB and the Digital First Programme 	<p>Priorities 2020-23</p> <ul style="list-style-type: none"> • Development of GPs with Extended Roles (GPwERs) in Cardiology, Dermatology • Primary care pain management to focus on medication reduction and early intervention • Development of service for Intrauterine contraception (IUCD) to respond to fragility of in reach service • In-house Physiotherapy plus further integration with triage services • Roll out of Primary Care Transformation through Telephone first, Physiotherapy, OT, Pharmacist, Community and third sector services • Integration of services, pathways and patient education to increase service knowledge and access

Patterson-Liz
07/09/2020 08:50:16



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board



Corporate Risk Register May 2020

Corporate Risk
Register May 2020

Patterson, Liz
07/09/2020 08:50:16



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

COVID-19 Risk Register

Phase 2

July 2020



COVID-19 Risk
Register Phase 2

Patterson, Liz
07/09/2020 08:50:16

Patterson, LJ
07/09/2020 08:50:16

STRATEGY & PLANNING COMMITTEE		Date of Meeting: 9 th July 2020
Subject :	ABUHB Clinical Futures Programme Update - planned early opening of the Grange University Hospital	
Approved and Presented by:	Director of Performance and Planning	
Prepared by:	Planning Manager	
Other Committees and meetings considered at:	None	

PURPOSE:

This paper provides an update on the Clinical Futures Programme in Aneurin Bevan University Health Board (ABUHB). ABUHB agreed at its July Board meeting the case for the early opening of the Grange University Hospital in November 2020 as a key part of the Health Board's operational plan for 2020/21, including increased resilience during the winter period and any further responses to Covid-19. (Appendix 1)

RECOMMENDATION(S):

The Committee is asked to NOTE and DISCUSS the content of the report and the enclosed case for the early opening of The Grange Hospital.

Approval/Ratification/Decision	Discussion	Information
	✓	✓

Patterson, Liz
07/09/2020 08:50:16

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:

Aneurin Bevan University Health Board sets out the case for the early opening of the Grange University Hospital in November 2020 and form a key part of ABUHB's operational plan for 2020/21, including increased resilience during the winter period and any further responses to Covid-19. (Appendix 1)

ABUHB approved the case at its June 2020 meeting and are in the process of seeking approval from Welsh Government, including the associated capital and revenue funding.

Prior to COVID-19, Powys Teaching Health Board established a Programme to develop a planned response to the ABUHB Clinical Futures Programme and focus on the impacts, risks and opportunities for Powys residents in the South and Mid areas of the county. Progress on this programme has been impacted by the work being paused in March 2020 due to the need to redeploy staff resources to support Powys's response to the COVID-19 pandemic.

As a consequence of COVID-19, the new Grange Hospital opening has been expedited with services planned for delivery from November 2020. With the original opening planned for March 2021, this accelerates planned service changes and developments.

Patterson, Liz
07/09/2020 08:50:16

This paper sets out the next steps Powys Teaching Health Board will take to understand the impact of this decision on Powys flows and to work in partnership with ABUHB to determine the health board's response as a Commissioner in both the short and medium term.

There will be significant work required to manage communications and engagement to ensure the public understand the proposed changes and how to access services safely. The Health Board will work closely with ABUHB, Powys Community Health Council and key stakeholders to design a revised communication and engagement approach to respond to the impact of working on service change matters alongside continuing to respond to the COVID-19 pandemic.

DETAILED BACKGROUND AND ASSESSMENT:

ABUHB CLINICAL FUTURES

In 2005, Aneurin Bevan University Health Board (ABUHB) first undertook engagement and consultation on a new service model and "Clinical Futures" was launched in 2007. It set out ABUHB's vision for "the development of sustainable services that can deliver appropriate access and excellent standards of care".

Clinical Futures is a long term programme with a broad scope that includes the transformation of services provided by ABUHB across primary, secondary, specialist and critical care. It includes the development of The Grange University Hospital as a Specialist Centre for Critical Care which is due for completion in 2021.

More care would be provided direct to patients in their homes, GP surgery or community. This would be supported by a network of hospitals and a newly built Specialist and Critical Care Centre in Cwmbran, "The Grange" which was planned to open in March 2021.

When the Grange University Hospital opens, the role of Nevill Hall as a Local District General Hospital will include:

- Midwife-led maternity care
- Minor injury services
- Acute medicine
- Outpatient and diagnostic services
- Inpatient beds

In addition, there are plans for a cancer satellite unit including radiotherapy services in partnership with Velindre NHS Trust on the Nevill Hall site.

Patterson, Liz
07/09/2020 08:50:16

Earlier Opening of the Grange University Hospital

The development of the Grange University Hospital (GUH) reached a level of surge capacity readiness on 27th April 2020 when the site became ready to support the ABUHB COVID bed expansion for an initial level of 384 beds. In order to achieve this level of readiness, there was a partial handover of the GUH to the Health Board and a segregation of the site to allow technical commissioning to continue in areas not yet in the possession of the Health Board.

The Grange University Hospital (GUH) is a full specialist and critical care centre, with an original opening date of March 2021. Due to COVID-19 forecasts and planning for the coming winter, the opening date has been expedited to be brought forward to maximise operating capability of the GUH in November 2020. This would centralise many acute services, as per the Clinical Futures plan, and would assist with addressing the challenges in an already stretched workforce during winter. Service modelling and workforce planning has taken place and an options appraisal is presented by ABUHB. Financial implications have been analysed in tandem with service planning to ensure known costs are revised where applicable as well as identifying new costs as a result of managing the impact of COVID-19. (Appendix 1)

There are many risks identified through the option appraisal and work is being undertaken to mitigate the risks for the preferred option to ensure successful delivery of the earlier opening of the Grange. These include a requirement to have an inter-site patient transport system in place for October/ November to ensure patients can be safely and quickly 'stepped up' and 'stepped down' to the appropriate site.

Aneurin Bevan Health Board met on 30th June 2020, to discuss the case for the early opening of The Grange University Hospital. The Health Board has supported the proposal for the early opening as part of the operational planning process and winter preparations during the COVID-19 pandemic. Therefore, it is proposed that the new facility will now open during November 2020.

The proposal for early opening of the hospital will now be submitted to Welsh Government for consideration and final approval, including seeking to secure additional capital and revenue funding to enable the proposed opening of the new hospital ahead of schedule.

It is recognised if Welsh Government provide support for the proposal for early opening, this will require a range of additional and accelerated work by the Health Board and its partners. This will particularly be important with regard to communications and engagement and ensuring that partners and service users are aware of the changes to services and where and how services will be accessed in the future, following the opening of The Grange University Hospital.

Patterson
07/09/2020 08:50:16

As soon as feedback is received from Welsh Government with regard to proposals for early opening, ABUHB will make contact with Powys Teaching Health Board to further outline plans and to agree next steps.

Key Considerations for Powys

ABUHB have produced a set of 46 clinical pathways for Clinical Futures which set out their current developments and options for services that will be provided at the Grange and the local general hospital sites, which includes Nevill Hall Hospital.

Powys residents access a range of planned and unscheduled care services provided by ABUHB, mainly at Nevill Hall Hospital site or through outreach services provided by ABUHB in Powys. Powys residents are primarily using eleven of these 46 pathways. The eleven primary pathways are listed below:

- Accident and Emergency
- Trauma and Orthopaedics
- Acute Medical Admissions
- General Surgery
- Care of the Elderly
- Gastroenterology
- Respiratory
- Paediatric
- Obstetrics
- Cardiology
- Clinical haematology

The scale of usage varies widely from very small numbers to several hundreds in specific condition pathways; the highest volume usage is for the Accident and Emergency Department, with around 4000 Powys residents attending Nevill Hall Hospital A&E annually (pre COVID data). During the pandemic, there has been a significant reduction in referrals and emergency attendances.

A review of the above pathways had commenced including clinical engagement and leadership, to assess the impact and opportunities, in line with the Powys Health and Care Strategy, however the programme was delayed due to the need to redirect staff capacity and resource to support the health board's response to the COVID-19 pandemic.

The planning assumptions for the South Wales Programme were based on geographical factors initially and the modelling reflected the 'nearest' hospital site for patients once the changes take place. Sensitivity analysis was also carried out to take into account community preferences and transport flows. It was recognised that Prince Charles Hospital would become the nearest hospital for a significant proportion of Powys patients and it is therefore of strategic importance to South Powys.

Patterson
07/09/2021 16:50:16

There are key interdependencies across and between ABUHB, Cwm Taf Morgannwg University Health Board and the other health boards in the South Wales system in relation to the wider regional flows and transition to the new hospital network model as set out in the South Wales Programme.

In light of the expedited decision to open the Grange in November 2020, Powys Teaching Health Board will work in partnership with NHS partners to assess the options against a short term (November 2020) planning horizon and for the longer term.

Communications and engagement activities are critical to ensure that partners and service users are aware of the changes to services and where and how services will be accessed in the future, following the opening of the Grange University Hospital. The communications and engagement plans will need careful management across the health and care systems.


The health board will re- establish the South Powys Programme arrangements during July and will participate in the ABUHB Clinical Futures Communications and Engagement workstream. A Powys Communications and Engagement Plan will be designed and implemented to communicate proposed changes to the population, working closely with Powys Community Health Council and other partners. Discussions are planned at the next Brecon and Radnorshire CHC Local Committee and the CHC Services Planning Committee.

NEXT STEPS:

The following steps will be undertaken:

- Establish South Powys Programme Board during July 2020.
- Complete an assessment of the impact of proposed changes to pathways/patient flows during July/August.
- Work in partnership with ABUHB and Cwm Taf Morgannwg UHB regarding service capacity and options for short and medium term patient pathways and flows in line with the South Wales Programme outcomes.
- Design a communications and engagement plan that is appropriate for implementation during the COVID-19 pandemic.
- Discuss with the CHC Committees the ABUHB decision to open The Grange Hospital early and next steps.
- Provide an update on progress to the Committee at each meeting.

Patterson, Liz
07/09/2020 08:50:16

 <p> Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board </p>	<p style="text-align: right;"> UHB Board Monday 30th June, 2020 Agenda Item: XX </p>
Aneurin Bevan University Health Board	
<p> Grange University Hospital (GUH) November Early opening in response to COVID June 2020 </p> <p> Sponsored by: Director of Planning, Digital & IT Prepared by: The Clinical Futures Programme </p>	
<p>Supplementary Papers Attached:</p> <p> Appendix 1 – GUH early opening options appraisal Appendix 2 – Key dependencies to deliver the acute GUH model Appendix 3 - GUH recurrent costs </p>	
Purpose of the Report	
<p> This paper sets out the case for an early opening of the Grange University Hospital in November 2020 and will form a key part of the Health Board's operational plan for 2020/21, including increased resilience during the winter period and any further responses to Covid-19. </p> <p> Subject to the Board supporting the recommended option, the Health Board will seek approval from Welsh Government, including the associated capital and revenue funding. </p>	
Section 1 - Background and Context	
<p> The Grange University Hospital is currently scheduled to open in March 2021 and the Health Board has previously shared detailed plans setting out the operational commissioning period on taking control of the building from the supply chain partner, Laing O'Rourke, originally planned for September 2020. </p> <p> As part of the Health Boards response to the Covid-19 pandemic and predicted first peak, the Grange University Hospital successfully formed part of its initial surge plans to enable additional capacity if required to meet high levels of demand for acute beds. In April and May 2020, the Health Board was handed a significant proportion of the GUH, including the inpatient wards (including Critical Care, Cardiac Care Unit) as well as the Children's Assessment Unit, Pathology, Pharmacy and the Receipt and Distribution area. As stated above this has formed an important component of the Health Board's initial and ongoing contingency response to COVID and provided the opportunity to operationally commission these areas early including equipment fit out, stocking up and orientation. </p>	

Due to the COVID-19 pandemic there has also been a number of service changes initiated across the Health Board, many of which were enabled by the Clinical Futures service models developed in readiness for the new system once the GUH opens and some services have centralized as part of this response. The Health Board continues to monitor public health demand data and whilst currently developing the Quarter 2 plan the outlook for the winter of 2020/21 is likely to be particularly challenging with a further potential COVID surge.

As part of its ongoing plans to increase resilience during the winter period and potential further peaks in COVID infections, the Health Board undertook a series of internal discussions and engagement events to consider and assess the options for the use of the GUH. An option appraisal paper and recommendation was considered at the Clinical Futures Delivery Board, with a presentation made to the Planning & Strategic Change Committee, prior to formal consideration by the Board.

Subject to the Board approving the recommended option, the Health Board will formally seek approval from Welsh Government, as part of implementing its operational plan – including COVID response – for the 2020/21 financial year. This includes seeking approval and securing additional capital and revenue funding.

Section 2 - Options appraisal for opening the GUH

The Health Board conducted a clinically led options appraisal in order to conclude how it could open the hospital early to best support patients. There were 3 configurations for how it could open the GUH in November:

1. As a low acuity step down facility – akin to the model proposed to start on 27th April to support the initial COVID bed expansion
2. As an elective site – To allow different levels of elective surgery to take place away from the current acute hospital sites
3. As a specialist and critical care centre (preferred) – aligned to the future model for the GUH with some interim variations, centralising many acute services onto one specialist site.

The detail of these options and the optional appraisal criteria and scoring is included as Appendix 1. Appendix 2 provides a summary of the key dependencies.

The option appraisal concluded that option 3 was the preferred option, with the following benefits being identified:

- Service sustainability – increased resilience for services such as women and children's services,
- One single, large critical care unit providing greater workforce resilience through centralization and flexible surge capacity,

- Extra flexibility of providing 75% single rooms to treat seriously ill/ infectious patients during the winter period and potential COVID peak,
- Additional oxygen capacity to ventilate patients requiring full critical care or using CPAP,
- Ability to take advantage of the planned benefits of service and pathways changes earlier , and
- Earlier centralization of services – such as Emergency Department, critical care, operating theatres, anaesthetics and women and children’s services – to provide economies of scale and make better use of resources.

Opening the GUH, based on option 3 enables a more phased way of delivering the future planned model in March 2020, as there will be some interim variations in November 2020, prior to the full model being commissioned in March 2021.

Section 3 - Delivery of ‘Option 3’ by November 2020 – key risks

Following agreement on the preferred option and the agreed configuration by which to open the GUH early, based on delivering maximum benefits to patients and staff, the following assessment has been undertaken regarding key areas of feasibility to ensure due diligence has been conducted, key risks highlighted and mitigation measures identified and put in place.

The key areas and risks to be addressed are:

- Build and commissioning,
- Workforce,
- Inter-site patient transport,
- Communications and Engagement,
- Procurement, and
- Financial implications.

Section 3.1 - Build and commissioning

The Health Board have been working very closely with Laing O’Rourke (LOR) as the hospital build supply chain partner and Gleeds the project managers. Following a reassessment of the Programme, having accelerated completion of the ward areas in April and May 2020 and work has been undertaken to assess the deliverability of opening the full hospital early.

The current forward programme provided by LOR state that in order to deliver an operational hospital by Monday 16th November 2020, LOR would complete works by 24th September and then focus on the Radiology fit out and CAT 3 Laboratory work. It is intended to continue to work collaboratively during the commissioning periods to enable Health Board access and handover of various areas prior to the 24th September where possible.

The Radiology Fit Out Programme is being developed as part of this plan and is a key risk area that will require careful monitoring with contingency measures in place.

Section 3.2 - Workforce & OD Assessment

The following table outlines the key Workforce & OD tasks by month leading to November 2020.

Area of work	2020						
	May	Jun	Jul	Aug	Sep	Oct	Nov
Workforce & OD activity	DEADLINE - GUH transitional workforce plans defined	Hot-spot areas - re-assessment - to support change	Staff Consultation period - 1 month	Review & respond to comments	Early opening Staff 1-2-1s - allocating staff / selection process	Update ESR and Rosters for November date	
		Consultation start - 15th June for both October and March dates		Re-issue consultation document - 1st Aug		Formal letters - sent out to staff	
						1-2-1s for March 2021 where applicable	
	Job planning / roster development						
	IP2 recruitment campaign to meet early opening						

The Health has identified a range of workforce risks, including: and has a

- Ability to recruit to the required levels to support service models.
- Supply of staff due to sickness, shielding of vulnerable groups, Test, Trace and Protect (TTP).
- Delays in delivery of training programs.
- Reduced timescales and capacity of managers and Trade Unions to engage in 1:1s, slotting in of staff and undertake job planning.
- Impact on COVID 19 on staff physical and mental wellbeing.

A number of actions have been identified to manage these risks, including:

- An assessment has been undertaken of the full Clinical Futures acute medical model and adjusted to support the four medical take model in November 2020,
- Ongoing assessment of the nursing workforce required, acknowledging the changing circumstances. Solutions will include early identification and planned use of overseas and newly qualified nurses, along with increased use of bank and agency staff.
- Medical recruitment is being undertaken for a number of key specialities with mitigation plans identified where appropriate.
- Pathology staffing arrangements will be flexed to support the new system, until full staffing levels are secured.
- The operating theatre workforce plan will be reassessed against theatre capacity and anticipated should there be a further peak in COVID demand.
- Estates and facilities workforce plans have been developed but will require formal sign-off and approval.
- Approved recruitment will need to be brought forward for additional pharmacy staff to support the 7 day model.
- There is likely to be some variation, in the interim, to the four site ANP hospital at night model to ensure that safe services can be delivered whilst recruitment is undertaken.

Paterson, Liz
 07/09/2020 08:50:16

The workforce risk assessment is based on extensive work undertaken operational divisions and the Clinical Leadership Forum. Achieving the mitigating actions identified will be important to implement the early opening of the Grange University Hospital.

Section 3.3 - Inter-site patient transport

Having a robust inter-site patient transport service is critical to ensure patient safety in a system with a central specialist and critical care centre working with satellite local general hospital sites. The work to achieve this is being accelerated and some aspects of the service will be transitional (i.e. 12 months) as the system is tested and users of services are educated.

A clinically led group has undertaken work to understand the patient 'step up' and 'step down' transfer volumes and resource (the vehicle and crew) needed to move patients between sites, when the GUH opens. A definition of step up and step down transfers is provided below:

- Step up – When patients on eLGH sites deteriorate or patients present to an eLGH and are very ill or injured beyond what that eLGH site can treat, they will be transferred via suitable transport and transfer resource to the GUH within the agreed response time.
- Step down – When patients who have been treated at the GUH are well enough to no longer require to be there, but require a further hospital recovery period, they will be transferred via appropriate transport to their local eLGH or community hospital for onward recovery.

A GUH Commissioning Transport Group with representatives from the Welsh Ambulance Service NHS Trust (WAST), the National Collaborative Commissioning Unit and the Health Board now meet weekly, with the aim of finalising commissioning requirements based on a WAST inter-site transport proposal submitted in March 2020. This final inter-site model will define exactly how a transport system will work for the benefit of patients to ensure a smooth system running. The aim will be to make sure there is a steady and efficient flow of patients around the acute hospital system.

There has been positive recent progress, working with WAST colleagues, and it will be key that agreement is reached and where appropriate elements of the new model are tested – via a pilot approach – to ensure they can operate effectively prior to the November opening.

A further paper, focusing on inter-site patient transport, is planned to be presented to the Board providing further details, actions and assurance on this key element of the overall hospital network model.

Patterson, Liz
07/09/2020 08:50:19

Section 3.4 - Communications & Engagement Plan

The Health Board has a dedicated Communications and Engagement Work stream in place to ensure that citizens and staff of the organisation understand our Clinical Futures Programme and the changes to our hospital and wider primary and community based system of care and support. A key part of its work will be supporting the introduction of the GUH in November 2020 and to enable citizens to know where and how they will access services in the future.

This Work stream has been tasked with planning and coordinating the Health Board's communications and engagement activity and to link closely with our partners and stakeholders. The plans and activities of the Work stream will ensure that the citizens of Gwent, as well as our neighboring organisations, understand the changes we are making are vital to the success of the model and will result in patients presenting to the right hospital site or accessing the right service on the basis of the 'right place, first time'.

There are a number of key products and focus areas identified by the Programme, on which we will be specifically focusing as part of the communication and engagement plans:

- *Minor Injury Units at the enhanced Local General Hospitals* – An information campaign to highlight the service you can expect to receive at a Minor Injury Unit compared to when you may be taken to the Emergency Department at the GUH.
- *Women and Children's services* - Communication of the centralization of services such as paediatric inpatient services. Information provided on where women can give birth and the options available to them within Gwent.
- *Social media videos and live sessions* – Being able to ensure senior clinicians can talk directly to the public on a variety of topics is important and the Health Board will continue to prominently use clinical voices. There has been a dramatic increase in social media communication and engagement following the Health Board's significant use of our social media platforms during the COVID-19 Pandemic and the Health Board has innovated through increased use of new approaches such as 'Facebook Live'. These approaches will ensure a regular rhythm of question and answer sessions on a range of services in the coming months. This will help further support engagement, where currently we are not able to go out into communities to engage citizens due to the COVID-19 Pandemic restrictions.
- *Outline the range of services available before a member of the public reaches hospital* – Reinforcing virtual services, primary care solutions and advice services such as the '111' service will ensure citizens are going to the right place first time and not presenting at a hospital sites unnecessarily.
- *Engaging with our partners* – Ensuring that our neighboring Health Boards, Local Authorities, Third Sector and other partners such as the Community Health Council understand the coming changes and will help us cascade information to a wider group of individuals and interests.

- *Ensuring those without social media/internet access are communicated with* – The use of leaflets and posters to be sent out and placed in strategic locations (e.g. supermarkets, GP surgeries) for the public to see. These will play a big part in ensuring that those without social media access can gain the latest information of the coming changes and how they can and should access services.
- *Internal communication to staff* – With staff consultation now underway it is very important that regular updates on the progress of the GUH are regularly communicated. Orientation videos will provide staff with an understanding what the new hospital will be like to work in and how they will be engaged and receive information going forward.

Section 3.5 - Procurement issues

To meet the procurement timeframes for a November 2020 early opening of GUH, NWSSP Procurement Services are currently engaging with the market to understand the current lead time position. The impact of COVID on some supply chains has also resulted in longer lead times. Experience from the April early opening preparations and current discussions with suppliers is that supply chain lead times have been significantly extended and are unpredictable resulting in a high level of risk if orders are not placed quickly. In some cases, suppliers are reluctant to guarantee deliveries for a specified timeframe and any further COVID peaks, before November 2020, could further impact delivery.

Every effort will be made to complete a full procurement exercise, however the Health Board may need to consider an increased requirement to make direct awards where appropriate. Where this is absolutely essential a balance of risk will need to be considered along with securing value for money and any potential legal challenge from suppliers.

To mitigate these risks, the GUH procurement team will use suppliers on a Framework wherever possible and will work closely with clinical services around specifications and justification of suppliers, including use of available benchmark prices.

Section 3.6 – Financial Assessment

The financial assessment has:

1. modelled the revenue financial implications of the options for using the GUH during the 2020/21 financial year, and
2. provides an updated assessment of the recurrent revenue costs, and
3. an assessment of the additional capital costs and funding required.

The Health Board's IMTP 2020/21 submission excluded the transitional costs of moving to the GUH. A request for transitional funding was made separately to Welsh Government seeking funding of £13.5m (2020/21) and £11.5m (2021/22) based on the GUH becoming fully operational in March 2021. Since this time, the Health Board has responded to the

Covid-19 pandemic, including bringing forward the temporary and partial availability of the GUH.

The financial modelling is based on the service and workforce plans that are available at this time, taking account of the temporary and partial availability of the GUH from the end of April 2020. It incorporates the Health Board's COVID plans during 2020/21 and the transition to using the GUH. Any further changes to service and workforce models, particularly those which have an additional cost, will need to be considered through the Health Board's governance arrangements – Clinical Futures Delivery Board and the full Board.

Financial assessment of options during 2020/21

The financial modelling is based on the GUH site being available, albeit not currently operational. On this basis, the financial appraisal of the options being considered is as follows:

- Option 1 - continued use as step down facility – operational monthly cost of circa £3.2m – 384 beds (est. £270 per bed day).
- Option 2 – elective site – this was discounted at an early stage through the clinical engagement sessions undertaken and the scoring methodology used. The option was not developed any further and therefore no detailed financial appraisal has been undertaken.
- Option 3 – specialist and critical care facility closely aligned to the fully operational GUH service model – monthly cost of circa £3.5m – 464 beds estimated (est. £245 per bed day).

Taking Option 1, the Health Board has submitted COVID financial plans (up to end October) which identify a financial deficit of £41m. The financial risk range that has been reported also identifies a further potential cost of c£22m for the period November to March assuming the GUH is used for surge capacity (384 beds) and utilising other hospital sites.

Taking Option 3, the financial modelling for the period November 2020 to March 2021 has been revised, based on GUH providing 464 beds, with less reliance on other hospital sites for surge capacity. So, in addition to the £41m financial deficit forecast for the period April to October 2020, this results in a further potential cost of £17.4m for the period November 2020 to March 2021.

Taking the non-financial scoring of each option – which favours Option 3 in terms of service sustainability, effective use of bed capacity, alignment to Clinical Futures plan and workforce deliverability – and financially modelling the service and workforce assumptions, this would indicate that Option 3 results in a lower revenue cost than Option 1 and supports Option 3 as the preferred option. The financial modelling doesn't include sensitivity analysis, however the financial impact of service and workforce risks materialising is considered to be greater under Option 1, based on the non-financial analysis of both options.

These are costs which exceed the Health Board's current revenue funding. Therefore, if this option is supported by the Board then funding approval would be required from Welsh Government.

Recurrent revenue position

Through the Clinical Future Delivery Board and the Board, the financial implications have been reported as service and workforce models have been developed. This has included a request to prioritise and commit funding where needed – the Board has previously approved investment in clinical services (March 2019 and January 2020) where £6.5m was allocated (£10.5m recurrently) as part of the 2020/21 IMTP and budget setting.

As the service and workforce plans near finalisation, the recurrent full year running costs are now estimated to be £28.9m, assuming £1.7m planned savings are delivered. Taking account of the funding which has been allocated, the residual recurrent cost has increased from £15.2m (February 2020) to £16.6m.

As elements of the delivery models are still being progressed (e.g. nursing and FM workforce, patient transport), further financial risks have been identified and will need to be fully challenged and considered in terms of prioritising future funding allocations and savings required.

The recurrent financial implications are summarised in the following table, with a more detailed analysis in Appendix 3.

Category	February Recurrent (£'000)	June Recurrent (£'000)
Gross costs	28,243	28,860
Savings	(2,474)	(1,723)
Net	25,769	27,137
Board approved funding (IMTP 20-21)	(10,528)	(10,528)
Total	15,241	16,609
Further risks	6,022	4,701
Revised total	21,263	21,310

To this extent, the recurrent financial position will need to be addressed as part of next year's IMTP priorities, delivery of savings and other efficiencies and where appropriate a request for transitional support for costs incurred in 2021/22 financial year.

Capital funding implications

A detailed assessment of the likely change in capital costs has been undertaken, as a result of bringing forward the opening of the GUH and acknowledging that the temporary availability of the GUH by April 2020 has resulted in a re-prioritisation of work and some delays in the completion of the hospital construction.

In addition to construction costs, the updated assessment includes equipment transfers and the impact of COVID on purchasing essential equipment. In total, the Health Board would be seeking an additional c£2.5m capital funding – based on capital funding allocations identified and secured to date.

There is also a significant list of essential equipment linked to equipment transfer and impact of COVID for which the confirmation of funding has yet to be finalized. Early confirmation on the funding source is required to enable rapid procurement for high risk items and not impact on the early opening plan.

Section 4 – Recommendations

The Board is asked to:

- Support the proposal for the early opening of the GUH for November 2020 as part of the Health Boards operational planning process and winter response to COVID. In doing so, to approve submission of the case to Welsh Government to secure formal approval and associated capital and revenue funding.
- Confirm that Option 3 - specialist and critical care centre - is the preferred option to establish in November 2020, acknowledging there will be some interim variations to commissioning the full model in March 2021. This includes requesting transitional revenue funding and capital funding to meet the additional financial costs identified to deliver this model.
- Note the risks and actions identified in relation to delivering key workforce requirements
- Note the current status and future requirement to approve an agreed inter-site patient transport model with WAST.
- Acknowledge that there may be an increased requirement to make Direct Award to some equipment suppliers, where an appropriate balance of risks has been considered alongside securing value for money and potential legal challenges, in order to ensure that equipment is delivered and operational for a November 2020 opening of GUH.
- Note the recurrent revenue financial position, those investments which have already been approved by the Board, the emerging revenue costs identified and the need to consider and where appropriate seek further funding approval from the Board.
- Acknowledge the need to increase communications activities to ensure staff and local communities are made aware of the proposed changes.
- Note the key risks will be closely managed and monitored through the Health Board and Delivery Board Programme delivery arrangements.

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	There is a thorough risk section provided within section 7 of this paper.
Financial Assessment	A financial assessment has been provided within the Health Board for both the capital and revenue impacts. A summary is shared within section 3.6 of this paper.
Quality, Safety and Patient Experience Assessment	Some of the key benefits supporting the GUH opening are centred on improving quality, safety in our system and a better patient experience throughout pathways.
Equality and Diversity Impact Assessment (including child impact assessment)	Equality impact assessments were carried out supporting the Full Business Case of the GUH.
Health and Care Standards	Service models are designed to meet relevant standards of care set out by various clinical bodies.
Link to Integrated Medium Term Plan/Corporate Objectives	<i>The Clinical Futures programme has input to the latest IMTP</i>
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working <i>This section should demonstrate how each of the '5 Ways of Working' will be demonstrated. This section should also outline how the proposal contributes to compliance with the Health Board's Well Being Objectives and should also indicate to which Objective(s) this area of activity is linked.</i>	<i>The Clinical Futures Programme and opening of the GUH contributes directly to the wellbeing of Gwent's future generations by ensuring sustainability of healthcare and standards.</i>
Glossary of New Terms	Outlined within the paper.

Patterson, Liz
07/09/2020 08:50:16

Appendix 1 – GUH early opening options appraisal

At the April 2020 Clinical Futures Delivery Board three options were presented at a summary level – outlining the ‘pros’ and ‘cons’ for each option. These are explored in more detail below and scored against the following scoring criteria. The scoring criteria was supported and signed off by the Operational Divisional Directors and the Deputy Medical Directors in conjunction with the Clinical Futures team:

No.	Criteria	Description
1.	Sustainability of services once open	The ability to which the option acts to stabilise fragile services across Gwent to ensure patient safety.
2.	Ensuring maximum use of bed capacity	The extent to which the option ensures maximum bed capacity is utilised to meet potential surge scenarios.
3.	Alignment to the Clinical Futures plan	The ability to which the option conforms to meeting the Clinical Futures plan consulted and communicated on.
4.	The deliverability of the option with current workforce	The ability to adequately resource the option assuming only a small amount of recruitment before November 2020.

Each scoring criteria has been scored out of 10 against the following description:

Score	Description
8 – 10	<i>Exceptional level</i> – Very positive and presents no key issues at all
6 – 8	<i>Positive level</i> – Meets most aspects of criteria
4 – 6	<i>Mediocre level</i> - Mixed level of confidence presented
2 – 4	<i>Poor level</i> - Low confidence, requiring urgent action or workarounds
0 – 2	<i>Disastrous level</i> - Very low confidence with little sign of effective delivery to this criteria

Option 1 – Low acuity step down facility @ GUH

Description

A low acuity model akin to the one proposed to start on 27th April to support the initial COVID bed expansion.

There would be no specialist services in place at the facility and patients would be 'stepped down' to the GUH from other acute sites for recovery before being discharged.

Benefits

This option would present the lowest level of clinical risk and is the least challenging to deliver. There would be no movement of services and the sequence of moves to operationalise the hospital would be less complex.

Depending on the acuity of patients, there would not be a high level of support services required. For example, Pharmacy could support the site using 'ward boxes' prepared and transported from RGH. Mobile X-ray machines would be used, some of which were ordered as part of the COVID response.

Depending on the level of demand, the bed numbers could be increased by 'doubling up' in rooms on floors 0, 1 and 2. This bed base could support primary and community with potential rehab and re-ablement.

Dis-benefits

Utilising this option would result in not taking advantage of what the GUH site can offer the Health Board as a purpose built specialist and critical care centre. There are other options for a low acuity step down facility both locally and regionally and if extra capacity was required to introduce a large amount of bed capacity, with patients with lower acuity, then centres such as 'Dragon's heart' in Cardiff would be better suited.

The option would not solve the current fragility of women and children's services, which are at risk of becoming more unstable and could require an emergency centralisation if the services deteriorated further.

Other specialist services such as Critical Care and ED would continue to be stretched across two acute sites.

Scoring

No.	Criteria	Score out of 10
1.	Sustainability of services once open	2
2.	Ensuring maximum use of bed capacity	8
3.	Alignment to the Clinical Futures plan	1
4.	The deliverability of the option with current workforce	8

Patterson, Liz
07/09/2020 08:50:16

Total score out of 40:	19
<p>Conclusion</p> <p>Although this option was appealing to meet the initial predicted COVID spike for the 27th April 2020, this option would not provide the Health Board with adequate benefits through the winter of 2020. It would be the most straightforward to implement and it can be enabled in this way if required with a short notice period if COVID demand indicated it was required over the summer months.</p> <p><i>This option is not recommended</i></p>	

Option 2 – Elective site @ GUH

<p>Description</p> <p>Opening the GUH as a 'clean' elective surgery site only whilst current acute sites continue with their current emergency and COVID-focused models.</p> <p>In order to enable this function a variant of a Post Anaesthetic Care Unit (PACU) would have to be established within the Critical Care department in the building to allow safe recovery of patients.</p>
<p>Benefits</p> <p>The benefit of this model would mean that the Health Board would have the ability to run a completely separate clean elective site with an element of diagnostics support. With rigid protocols around COVID testing, this site would be able to be completely clean as there would be no COVID flows through the hospital.</p> <p>This model would be an easy one to articulate and communicate to the public. Evidence suggests the public are currently fearful of attending hospital sites due to the perception of acquiring the COVID virus.</p> <p>This model could be set up and closed down with relative ease dependent on the elective demand.</p>
<p>Dis-benefits</p>

Patterson
07/09/2020 08:50:16

This use of the GUH would not solve the sustainability issues of the fragile women and children's services and would still leave specialist services split over multiple sites and under pressure.

There would be a significant imbalance of beds to theaters and it is estimated that despite the GUH's ability to open c. 560 beds (incl. trolleys and cots) during normal running (aside from COVID stretch), this option would only utilize some of the theatres suite (dependent on how much elective operating is being done), and 2 ward space maximum.

Ultimately, the capability to operate a clean elective site could be delivered from a range of other estate options within the Health Board and this should not be restricted to only considering the GUH.

In the current climate there is still uncertainty over to what extent elective services will be running, in terms of the range of offering or the throughput that can be delivered. Much of this will be governed by the future prevalence of COVID and any national responses to the virus.

If there is a future major prevalence of COVID, based on recent experience, the likelihood is that the majority of elective procedures would be cancelled. Theatres staff would once again be required to support an increased critical care and therefore it is a high risk strategy assuming that a separate elective site could be supported, including the requirement to staff a separate PACU and two separate critical care departments at RGH and NHH.

Scoring

No.	Criteria	Score out of 10
1.	Sustainability of services once open	2
2.	Ensuring maximum use of bed capacity	2
3.	Alignment to the Clinical Futures plan	2
4.	The deliverability of the option with current workforce	5
Total score out of 40:		11

Conclusion

Despite being an initially appealing proposition, this option would not make best use of a purpose built specialist and critical care facility. The

forward COVID predictions indicate that planning a large scale elective site would be a high risk strategy due to staff being required to cover critical care and the overall COVID demand.

This option is not recommended

Option 3 – Specialist and critical care @ GUH

After detailed analysis conducted by the Clinical Futures and Medical Directors' team, 'Option 3 Specialist and critical care facility' has been defined as the following hospital model:

<p><i>Acute Services:</i></p> <ul style="list-style-type: none"> • Anaesthetics • Critical care • Cardiology • Surgery • Acute Medicine • ENT • Max Fax • Gastroenterology • Trauma • Vascular • Respiratory • Stroke • Emergency Department • Haematology 	<p><i>Women & Children's services:</i></p> <ul style="list-style-type: none"> • Paediatrics • Maternity • Neonatology <p><i>Support Services:</i></p> <ul style="list-style-type: none"> • Pharmacy • Radiology • Theatres • Pathology • Phlebotomy
<p><i>Misc. services / functions:</i></p> <ul style="list-style-type: none"> • MH Liaison • Inter-site Transport • Pre-Hospital Streaming • Outreach • Social Work • Hospital @ Night 	<p><i>Services not going into the GUH but dependent on the system working effectively:</i></p> <ul style="list-style-type: none"> • Palliative Care • PACU • COTE • Diabetes & Endocrinology • Gynaecology

The following services will not be included within the GUH early opening model:

<ul style="list-style-type: none"> • Chemical Pathology • Dermatology • Elective Surgery • Neurology • Eyes • Pain 	<ul style="list-style-type: none"> • Pre-assessment • Resus training • Rheumatology • Elective Orthopaedics • Urology
--	--

Description

Option 3 would be a variant on the original 'SCCC – March 2021' model centralising many acute services onto one purpose built site. This hospital model would then continue to develop into 2021 to reach a final point aligned to the Clinical Futures Plan.

Benefits

There are significant benefits to this option, many of which are aligned to the case for change and why the GUH FBC was approved in 2016. The purpose of this model is vitally important in terms of ensuring safety and sustainability of the delivery of acute care.

The fragility of the Health Board's specialist services cannot be underestimated, which include Women and Children's services. This has been a major risk area over the last few years, requiring a lot of attention and planning work. This option would resolve these risks and bring key services under one roof in a modern, purpose-built environment.

Utilising the GUH in this configuration would make the most appropriate use of the facility and align to the consulted and communicated Clinical Futures model. The hospital has 75% single rooms, designed to help prevent and isolate the spread of infection. This feature would be of paramount importance in another COVID spike situation.

The hospital site would enable medical workforce efficiency incl. the co-location of Critical Care, Anaesthetics and other specialisms.

Finally, the ability to deliver the acute model at the GUH was always going to present challenges. Opening the hospital under option 3 would enable a phased way of delivering this model with a reduced acute demand. This is opposed to trying to deliver this in March when winter demand is high and COVID could still be prevalent.

Dis-benefits

This option is the most complex to deliver, when judged against the previous two options. The workforce requirement is greater and there would need to be a far bigger operational commissioning level of detail required.

Inter-site patient transport would be required, which is still in discussion with WAST. Therefore the high patient risk 'step up' transport needs to be worked through at pace to find a suitable model agreed by both ABUHB and WAST.

There were initial concerns from Critical Care Consultants regarding the single room layout within the GUH due to the impact this would have on ability to safely surge if required. An acceptable surge solution has now been agreed for GUH. .

Scoring

No.	Criteria	Score out of 10
1.	Sustainability of services once open	9
2.	Ensuring maximum use of bed capacity	9
3.	Alignment to the Clinical Futures plan	9
4.	The deliverability of the option with current workforce	5
Total score:		32

Option scores compared:

No.	Criteria	Step down	Elective	Acute
1.	Sustainability of services once open	2	2	9
2.	Ensuring maximum use of bed capacity	8	2	9
3.	Alignment to the Clinical Futures plan	1	2	9
4.	The deliverability of the option with current workforce	8	5	5
Total score:		19	11	32

Patterson
07/09/2020 08:50:16

Appendix 2 - Key dependencies

The following table outlines the different dependencies linked to the Grange University Hospital and their timelines.

Dependency / variable / considerations	Description	Level of confidence / mitigations to meet November opening
<i>Inter-site Patient Transport</i>	The setup of a robust inter-site patient transport system to enable step up and step down patient transfers between the Grange University Hospital and eLGHS.	<ul style="list-style-type: none"> • Positive options for 'Step down' service • Surplus ambulances now in the system following COVID impact on WAST fleet replacement policy • Transfer Practitioner role to support patient transfers • 'Step up' transfer still remains a big risk for the programme
<i>Pathology model incl. blood sciences lab</i>	Ensuring a suitable whole system Pathology model including blood sciences / biochemistry services.	In order to meet a November deadline a temporary Biochemistry hot lab would be established at the GUH. This would allow the tender exercise to continue with an aspiration to bring this online by March 2021. There are a number of risks to Pathology providing a holistic service across all sites. This includes ensuring a robust transport service, the LIMs 2016 system being delayed and additional costs.
<i>Clinical Workforce</i>	The ability to meet the minimum required clinical workforce to staff all hospitals safely.	The direction has been to build a workable model with the realistic staff the Health Board has available. Additional recruitment stemming from Investment Panel 2 will support this. Ongoing work is taking place to build workforce plans.
<i>Local General Hospital reconfiguration</i>	Any required changes required in the eLGHS in advance of the Grange University Hospital opening.	The eLGH projects defined as required for 'GUH day 1' include the provision of space for surgical specialties as well as laminar flow. Additionally the provision of the Emergency Pregnancy Assessment Unit (EPAU) at RGH.
<i>Hospital Sterilisation</i>	The requirement for a HSDU on the	The HSDU will not be operational until c. June 2021. In the absence of this there

Appendix 2 - Key dependencies

The following table outlines the different dependencies linked to the Grange University Hospital and their timelines.

Dependency / variable / considerations	Description	Level of confidence / mitigations to meet November opening
<i>and Decontamination Unit (HSDU)</i>	Llanfrechfa site next to the Grange University Hospital.	is a temporary requirement to establish an expanded HSDU service at RGH as well as conduct some endoscopy cleaning work at the GUH.
<i>Road signage</i>	The changes / additions required to road signage in Gwent to correctly signpost hospitals.	The road signage scheme is progressing well, working to a March 2021 rollout. However there are early plans to put in place either a permanent or temporary signage solution to correctly signpost hospital sites from November onwards.
<i>Procurement and fit of specialist equipment</i>	Incl. Pharmacy, Omnicell etc.	<p>There is currently an unknown risk of COVID instigated delays in the supply chain which could impact delivery timeline of equipment. Although this cannot yet be quantified in detail, the programme team are working hard to understand and bring forward timelines where possible. In addition, if work can be conducted by LOR to save time at a later stage then this is being explored.</p> <p>There are also workaround options. E.g. if Omnicell wasn't available for Pharmacy then there would be an option to resort to using traditional drugs cabinets on a temporary basis, as planned for the 27th April opening.</p>
<i>IT</i>	Delivering the required IT and telephony requirements to allow the GUH to operate.	<ul style="list-style-type: none"> • Network and Wi-Fi already being rolled out within GUH. • Public Wi-Fi system established. • All desktop machines ordered and being installed as required. 900 laptops ordered for COVID

Patterson, Liz
07/09/2020 08:50:16

Appendix 2 - Key dependencies

The following table outlines the different dependencies linked to the Grange University Hospital and their timelines.

Dependency / variable / considerations	Description	Level of confidence / mitigations to meet November opening
		<p>requirements to support agile working.</p> <ul style="list-style-type: none"> • Vocera badges procured to meet the requirement with a specific project manager in place. • Mobile Telephony system at risk of not delivering in time but this is being investigated and is not essential to open the GUH on day one.

Patterson, Liz
07/09/2020 08:50:16

Appendix 3 - GUH recurrent costs

Category	February Clinical Futures Delivery Board Recurrent (£'000)	June Clinical Futures Delivery Board Recurrent (£'000)
Operational Commissioning	-	-
Workforce and Human Resources support	-	-
Clinical Investment Panel staffing forecast	9,777	9,478
Clinical Investment Panel staffing - early opening	-	-
Pre-assessment streaming / transport hub (additional requirement)	751	1,041
Utilities and facilities management - non-pay	5,956	5,353
Utilities and facilities management - pay	2,230	2,391
Nursing workforce (under review)	4,110	3,658
Other workforce	462	679
Equipment and IT	1,244	1,515
Other non-pay and associated expenditure	-	-
Pathology	-	-
Interdependent and transport	3,713	4,746
Excess Travel	-	-
Assumed Savings	(2,474)	(1,723)
Sub-total	25,769	27,137
Board approved funding (IMTP 20-21)	(10,528)	(10,528)
Total	15,241	16,609
Further risks:-		
Patient flow activity impact (shown in Feb within sub-total)	3,101	3,101
Hospital Management	500	500
Discharge/transfer lounge	1,321	500
NEPTS	tbc	
Non-patient transport	tbc	
A&C/Divisional Non-pay	500	
HSDU	600	600
Revised total	21,263	21,310

Notes:

1. Costs exclude further investment in 'Level 1' out of hospital services.
2. Savings levels remain significantly below those assumed within the approved Full Business Case. It will be important that savings opportunities and performance improvement are reviewed as part of the Health Board's IMTP.
3. The COVID pandemic situation has resulted in new ways of working and provides opportunities to deliver sustained improvement across the healthcare system.

Patterson, Liz
07/09/2020 08:50:16

BOARD MEETING VERSION 1.1, 1 July 2020		Date of Meeting: 29 July 2020
Subject :	To consider the outcome of engagement on the "Meeting the Challenges in Podiatry Services in Powys: Redesigning Services for the Future"	
Approved and Presented by:	<ul style="list-style-type: none"> Claire Madsen, Director of Therapies and Health Science Jamie Marchant, Director of Primary Care, Community and Mental Health Services 	
Prepared by:	<ul style="list-style-type: none"> Adrian Osborne, Assistant Director (Engagement and Communication) Victoria Deakins, Head of Therapies (Community Services) 	
Other Committees and meetings considered at:	<ul style="list-style-type: none"> Powys CHC Executive Committee, 26 May 2020 and by electronic consideration on 24 June 2020 PTHB Executive Committee, 3 June 2020 PTHB Executive Committee, 1 July 2020 PTHB Strategy and Planning Committee, 9 July 2020 	

PURPOSE:

This paper provides the Board with an update on engagement on the future shape of podiatry services in the county, and seeks approval for the implementation of a new model of safe and sustainable services subject to the views of the Community Health Council.

Patterson, Liz
07/09/2020 08:50:16

RECOMMENDATION(S):

The Board is asked:

- a) To RECEIVE and NOTE the Engagement Report (Appendix A and Annexes), the response from the Community Health Council (Appendix B) and the Equality Impact Assessment (Appendix C)
- b) To RECEIVE and RATIFY the recommendation for the future model of podiatry services in the county.
- c) To RECEIVE, REVIEW and APPROVE the proposed mitigations that should be put in place if the recommendation is approved.
- d) To RECEIVE, REVIEW and APPROVE the proposed approach to patient and stakeholder communication if the recommendation is approved.
- e) To RECEIVE and NOTE the assurance provided against the NHS Wales Engagement guidance and the Gunning Principles

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	✓

Patterson, Liz
07/09/2020 08:50:16

INTRODUCTION:

This paper provides the Board with an update on engagement on the future shape of podiatry services in the county, and seeks approval for the implementation of a new model of safe and sustainable services subject to the views of the Community Health Council.

BACKGROUND:

Podiatry is a field of healthcare devoted to the study and treatment of conditions affecting the lower limbs.

The role of the Podiatrist is to assess, treat and advise patients with foot health disorders in order to maintain and maximise their quality of life. This encourages a healthy active life with feet that function normally and without discomfort.

The service works to best practice and evidence based guidelines and adheres to the policies and guidance of the Society of Chiropodists and Podiatrists.

In Powys, the podiatry service works with people of all ages but play a particularly important role in helping older people to stay mobile and, therefore independent.

The PTHB podiatry services include:

- Treatment of the high risk foot, including diabetic foot care, calluses
- Specialist footwear and falls prevention
- Musculoskeletal podiatry and biomechanics service (gait and foot functional problems)
- Nail surgery (or "nail avulsion")
- Wound care (local wound care support is also available through Leg Clubs)

The PTHB podiatry service does not offer personal care defined as toe nail cutting and skin care, including the tasks that healthy adults would normally be expected to carry out as part of their everyday personal hygiene. Local community and voluntary services including Simply Nails (Age Cymru) and CAMAD provide local toe nail cutting and foot care clinics across the county.

The PTHB podiatry service is available by self-referral to enable patients to self-manage their care. It also receives referrals from GPs, consultants, other health professionals, and local toe nail cutting services.

The service is provided in community clinic locations and a domiciliary service is also provided for people who are housebound and in residential & nursing care.

The team includes:

- Podiatrists, who are autonomous healthcare professionals who aim to improve the mobility, independence and quality of life for their patients. They assess, diagnose and treat people with problems of the feet, ankles and lower limbs. Our podiatrists are healthcare professionals registered with the Health and Care Professions Council (HCPC). This is a regulatory body that requires staff to keep their skills and knowledge up to date to enable them to work safely and effectively.
- Podiatry assistants, who are responsible for providing foot care and treatment under the supervision of a registered podiatrist (e.g. applying dressings, cutting nails where this would not normally be expected to be carried out by the patient as part of their everyday personal hygiene).

Our podiatrists also work as part of a wider multidisciplinary team, both within the NHS and wider partners. This includes:

- Working with Tissue Viability Specialist Nursing to provide care for wounds.
- Working with other therapists, including physiotherapists, to provide assessment, treatment and therapy for musculoskeletal conditions.
- Working with diabetes nursing to provide holistic care for people with diabetes who are at greater risk of foot and wound problems.
- Working with the wider nursing, therapy and social care team to ensure that foot and lower limb care forms part of wider joined-up care for patients, and to raise awareness of preventative and early intervention steps that all colleagues can take to reduce the risk of lower limb problems.
- Working with third sector and community partners who support the lower limb and foot health, including Leg Clubs, Simply Nails (provided by Age Concern¹), CAMAD Foot Care Clinic² and other local toenail cutting services

Patterson
07/09/2021
13:36

¹ Information about Simply Nails is available from the Age Concern website at <https://www.ageuk.org.uk/powys/our-services/footcare/>

² Information about the CAMAD Foot Care Clinic is available from the CAMAD website at <http://www.camad.org.uk/community-support/footcare>

In addition to PTHB podiatry services, there has been some in-reach from neighbouring health boards. Specifically, Betsi Cadwaladr University Health Board (BCUHB) temporarily provided a service in Machynlleth.

During 2017/18 there were just over 5000 patients on the caseload of PTHB podiatry services. New and follow-up attendances are summarised in the table below:

	New Appointments	Follow Up Appointments	Total Appointments (new and follow up) as % of all Powys
Brecon & Crickhowell ³	574	2595	17.2%
Bronllys	82	421	2.7%
Builth Wells	289	1558	10.0%
Knighton	68	965	5.6%
Llandrindod Wells	262	1454	9.3%
Llanfair Caereinion	12	59	0.4%
Llanidloes	68	539	3.3%
Machynlleth	96	404	2.7%
Newtown & Llanfyllin ⁴	350	2280	14.2%
Presteigne	33	386	2.3%
Rhayader	37	237	1.5%
Welshpool	417	2971	18.3%
Ystradgynlais	324	1992	12.5%
All Powys	2612	15861	18473

The main challenges facing PTHB Podiatry Services include:

- Recruitment and Retention – There are national recruitment and retention challenges, and these are keenly felt in rural and remote areas such as Powys due to our distance from large population centres, academic institutions etc. We face significant challenges in recruiting and retaining a suitably qualified and experienced podiatry workforce. The service has been affected by ongoing vacancies despite repeated recruitment campaigns, leading to pressure on the service, pressure on staff, and inconvenience for patients (e.g. unplanned cancellation of clinics).
- Training, Supervision, Mentorship, Isolated Clinical Practice – The rural nature of Powys means that professionals may experience extended

³ During this period the Brecon & Crickhowell activity was recorded together on the Welsh Patient Administration System and it is not possible to disaggregate the data between the Brecon and Crickhowell locations.

⁴ During this period the Newtown & Llanfyllin activity was recorded together on the Welsh Patient Administration System and it is not possible to disaggregate the data between Llanfyllin and the two Newtown locations (Montgomery County Infirmary and Park Street Clinic).

periods of isolated clinical practice, with reduced ability for peer-to-peer contact. This can affect the ability to mentor and supervise work, to exchange best practice, and support each other to maintain the highest standards of evidence-based service delivery. Too much activity is currently undertaken in single-chair clinic settings, and there are opportunities to improve peer support, exchange of best practice and clinical governance by moving to more two chair facilities. This would improve the opportunities for junior staff / new graduates who would gain the support of a clinical specialist on site and therefore if the patient requires a second opinion they would be available on site rather than waiting to make another appointment at a different site.

- Patient Experience and Waiting Times – Recruitment challenges have contributed to high cancellation rates for clinics as staff not available. There are also deficiencies in the overall booking and appointment system, particularly in relation to follow-up care, which can cause frustration for patients when booking subsequent appointments.
- Prudent healthcare delivery – The sparsely populated nature of Powys means that demand for clinic appointments in smaller population centres can be low, resulting in unbooked sessions when specialist staff could be seeing patients in areas of high demand. There are tensions in providing local accessibility versus making best use of the time of clinical staff to meet demand across the whole area of Powys. Travel time forms part of the working day for NHS staff, and where a podiatrist is travelling 30 minutes from their base to provide a clinic this results in 4 appointments being unavailable due to staff travel. For a weekly clinic, over a year this is equivalent to 200 appointments being unavailable due to staff travel.
- Governance – With a sparsely distributed workforce there are challenges in putting in place, and complying with, service policies and protocols that help to ensure and assure that patients consistently receive a high standards of care that complies with health and care standards and relevant guidance such as NICE Clinical Guideline NG19 for the management and prevention of foot problems for patients with diabetes. There are also challenges associated with safe and timely transfer of patient notes to multiple clinic locations – this creates risks both of suboptimal care (e.g. if the podiatrist does not have access to the patient notes at the time of intervention) and information governance (e.g. safe transit of patient-identifiable information).
- Service Development – Over the last two years the service has had to focus on reactive management of vacancies in order to maintain a level of service delivery which has significantly affected the opportunities for developing the service. The service has needed to prioritise the delivery of community clinics for patients, and therefore has been unable to

Patterson, J.
07/09/2020 08:50:16

participate in specialist groups such as Diabetes Delivery Group and All Wales initiatives (e.g. development of foot screening tool).

What have we heard from patients and carers?

We know from our patients that the delivery of care as close to home as possible is important to them, particularly given the rural nature of Powys with its challenges in access to travel and transport. As a result, we are keen to ensure that we develop a sustainable model for the future that maintains as much podiatry provision as possible within the county rather than needing to rely on external or neighbouring service providers.

We have also heard frustrations about the cancellation of clinics, and also about the system for booking follow-up care. Currently, clinics are booked six weeks in advance, with new clinic sessions released each Monday morning. As a result, there is a rush of calls each Monday morning to secure a clinic booking, and if unsuccessful the patient needs to call again the following Monday.

Examples of patient feedback in a patient survey in 2017 in response to the question "Are you happy with the current podiatry booking process (booking via phone)?" included:

No, I have to wait too long between appointments - not able to book an appointment when I'm there to forget to book appointments

No - it is very difficult to make another appointment. Line is often busy and sometimes there are no appointments available

Not happy! The only time to make a booking is at 8:30am on one Monday a month. If you miss that you have to wait another month

We know from our patients that the delivery of care as close to home as possible is important to them, particularly given the rural nature of Powys with its challenges in access to travel and transport.

I am told to ring 6 weeks in advance to make my next appointment. I have to phone first thing on the Monday morning at 8:30 to be sure of getting an appointment, any time before 9 I can try to get through for about 20mins as you are "experiencing a large number of calls". As soon as possible after 9 I eventually get through only to be told that you don't have the dates for the particular week I request. In fact, once I was told to call back the following Monday, which I did, only to be told all the appointments had gone. I am still told every time that you don't yet have the dates and have been fitted in a week earlier or with a different podiatrist. I have often commented that it is easier to buy on-line tickets for a rock concert the moment they are released than to make a podiatry appointment.

Patterson, Liz
07/09/2020 09:50:16

What have we heard from staff?

A peer professional review by a neighbouring health board reflected on the Band 5⁵ podiatry role in Powys and highlighted a lack of clinical supervision and development due to the demand on the small podiatry team who predominately work in isolated clinics across Powys. It was felt that this had contributed to Band 5 podiatrists leaving the health board rather than taking Band 6 opportunities within the service.

As part of the exit interview process, podiatrists who have left the service have stated that the amount of travel they have had to do within the working day from base to clinics has contributed in their decision to leave the service.

The current challenges are placing pressures on our staff, who aspire to provide the highest standards of evidence-based patient care. Feedback suggests that these pressures are contributing to staff turnover and absence, which then have the effect of further increasing pressures. Staff also highlight the challenges of frequent lone working which reduce the opportunities for mentoring, supervision and peer support. This also reduces opportunities for "grow your own" approaches through the development of local staff into more specialised roles.

Feedback also indicates that staff feel that patient care would benefit from increased opportunities for multi-disciplinary engagement, with access to other health and care professionals (e.g. tissue viability nursing, diabetes nursing) to support the delivery of holistic, integrated care for patients.

Our podiatry workforce is based on 11.1 whole time equivalent (WTE) but due to vacancies and sickness absence the directly employed workforce is 5.1WTE. Some of this gap is filled with locum/agency support but this still leaves a workforce gap particularly in the north of Powys.

What steps have been taken to address the challenges?

There have been repeated efforts to recruit to the podiatry workforce in Powys, but unfortunately these have not been successful in addressing the underlying vacancy rate. This has included open recruitment to attract podiatrists to Powys, as well as reliance on agency and locum staff.

Internal audits have been undertaken in order to identify key challenges and to agree actions to strengthen the service.

We have worked with neighbouring health boards to sustain the service – for example, Betsi Cadwaladr University Health Board temporarily provided one clinic per week in Machynlleth, which has now returned to PTHB provision.

⁵ Agenda for Change is the grading and pay system for the majority of NHS staff including podiatrists. Posts have an allocated pay band depending on the skills, qualifications and experience required for the role. Band 5 is the starting salary band for NHS podiatrists.

In 2018 the difficult decision was made to temporarily reduce the number of locations of podiatry clinic sites from 16 (in 15 towns) to 12 (in 11 towns). This step was taken in order to increase the overall number of available clinical hours to provide direct treatment and care by reducing the number of staff hours spent travelling.

The table below provides an overview of clinic locations before and after this temporary change.

Clinic Location	Types of Clinic	2017/18 Locations	Post Sep18 Locations
Llanfyllin GP Practice	Community Podiatry	✓	✗
Llanfair GP Practice	Community Podiatry	✓	✗
Welshpool Health Centre Clinic	Community Podiatry Specialist Podiatry (Wound Care)	✓	✓
Machynlleth Hospital	Community Podiatry	✓	✓
Newtown Hospital / Newtown Park Street Clinic	Community Podiatry at Newtown Hospital Specialist Podiatry (Wound Care, Musculoskeletal, Nail Surgery) at Newtown Park Street Clinic	✓	✓
Llanidloes Hospital	Community Podiatry	✓	✓
Knighton Hospital	Community Podiatry	✓	✓
Rhayader GP Practice	Community Podiatry	✓	✗
Presteigne GP Practice	Community Podiatry	✓	✗
Llandrindod Wells Hospital	Community Podiatry	✓	✓
Glan Irfon, Builth	Community Podiatry Specialist Podiatry (Wound Care, Musculoskeletal)	✓	✓
Bronllys Hospital	Community Podiatry	✓	✓
Brecon Hospital	Community Podiatry Specialist Podiatry (Wound Care, Musculoskeletal, Nail Surgery)	✓	✓
Crickhowell GP Practice	Community Podiatry	✓	✓
Ystradgynlais Hospital	Community Podiatry Specialist Podiatry (Wound Care, Musculoskeletal)	✓	✓

Patterson, Liz
07/09/2020 08:50:16

It has also been necessary to make some further temporary changes given the ongoing staffing challenges. This has included the recent reduction of the service in Crickhowell from weekly to monthly.

By reducing the number of clinics we have maintained new appointments within the referral to treatment time target of 14 weeks. Currently, the longest wait across Powys for a new appointment is 12 weeks.

A new graduate who joined Powys in September 2019 has been able to experience the benefit of a two chair clinic in Brecon Hospital and Glan Irfon, supporting their training, supervision and developments.

These changes have helped us to address some of our challenges, but the service remains fragile and further action is needed.

What further steps are we considering?

Here in Powys we have developed a health and care strategy which sets out a shared vision for a healthy, caring Powys. Work is now under way to translate this strategy into a "model of care" for the future.

The current "model of care" for podiatry services is not fit for the present or future, and changes are needed.

Reflecting on the opportunities and challenges for podiatry in Powys we are developing a "model of care" for podiatry that aims to secure a thriving future for this vital service, focusing on Doing What Matters, Doing What Works, Focusing on the Greatest Need, Offering Fair Access, Being Prudent and Working with the Strengths of People and Communities.

Patterson, Liz
07/09/2020 08:50:16

Proposed model of care for podiatry services in Powys



Intended benefits of proposed model of care

The benefits of this model include:

Focus On Wellbeing	Strengthened focus on foot health promotion through support from our registered podiatrists to Simply Nails staff and volunteers to enable them to provide advice and support to maintain positive foot health.
Early Help and Support	Community podiatry service across the county is stabilised, helping to ensure improved access to timely podiatric advice for people with diabetes, musculoskeletal problems and other conditions requiring lower limb care. Improved booking systems for follow-up care help to ensure timely care and reduce the progression of conditions.

Tackling The Big four	Clearer pathway in place to support patients at risk of foot and lower limb problems due to circulatory diseases and diabetes, helping to reduce the risk of complications.
Joined Up Care	<p>More opportunities to provide multi-disciplinary holistic care and one-stop care, and easier for podiatrists to access specialist advice from co-located staff at community wellbeing hubs and rural regional centres e.g. tissue viability nurses, diabetes nurses etc.</p> <p>Greater continuity of care for patients who are more likely to see the same podiatrist through their care journey and/or received care under their supervision.</p> <p>Improved quality of care in “two-chair” environment as podiatrists have greater opportunity to work in an environment with face-to-face demonstration and observation, and junior staff will have greater opportunities to access a second opinion.</p> <p>Improved workload management enables the service to maintain the domiciliary care offer for those who need it.</p>
Workforce Futures	<p>Support us to address the significant recruitment and retention challenges currently facing the service. As well as improving care, this model aims to improve the working experience for podiatrists making the PTHB role more attractive to applicants and reducing staff turnover.</p> <p>More specialist staff time is available for direct patient care, with reduced travel.</p> <p>Greater opportunities for mentoring, supervision and peer-support with more staff working more regularly in two-chair environments that help them to exchange skills and best practice and to support trainees, graduate entry and podiatry assistants.</p> <p>More opportunities to review team skill-mix due to greater use of two-chair clinics.</p>
Innovative Environments	<p>Strengthen the regional/specialist tier of the service (e.g. nail surgery, which requires an appropriate surgical environment and multiple staff) so that this is maintained in the county, thus reducing the risk that the service is further destabilised resulting in more patients needing to travel further for specialist podiatry.</p> <p>Reduce the number of storage locations or patient notes, reducing information governance risk and reducing the risks that the notes will be not be available.</p>

Patterson, Liz
07/09/2020 08:50:16

Digital First	<p>Improve booking systems to improve access to timely follow-up care.</p> <p>Signpost the availability of online services for those who are able to access them, including websites and apps that support positive foot health.</p>
Transforming in Partnership	<p>Maintain and strengthen vital partnerships including with the third sector for the local delivery of nail cutting and foot care services.</p> <p>Continue to strengthen multidisciplinary partnerships between podiatrists and other health and care professionals.</p>

Given the ongoing challenges facing podiatry services, and the opportunity to develop a safe and sustainable model for the future, the executive team agreed in discuss plans for a period of engagement with the Powys Community Health Council.

A number of options for future clinic site configuration were identified for assessment:

- Option 1: Return to 16 community site locations (in 15 towns)
- Option 2: Maintain current community site locations
- Option 3: Develop new hub and spoke model for community and specialist podiatry services

	Advantages	Disadvantages
Option 1: Return to 16 community site locations (in 15 towns)	Does not increase travel to clinic site. Returns to previous service model.	<p>Not feasible or deliverable due to the continued recruitment and retention challenges facing the service.</p> <p>Current challenges remain including delays, cancellations, isolated practice etc.</p>
Option 2: Maintain current community site locations	Maintains current status quo	<p>Not feasible or deliverable due to the continued recruitment and retention challenges facing the service.</p> <p>Current challenges remain including delays,</p>

Patterson, Liz
07/09/2020 08:50:16

		cancellations, isolated practice etc.
Option 3: Develop new hub and spoke model for community and specialist podiatry services	<p>Feasible and deliverable.</p> <p>More attractive to potential applicants.</p> <p>Potential to address current challenges including delays, cancellations, isolated practice etc.</p>	Increase in travel for some patients

The lead directors' assessment was that that neither Option 1 nor Option 2 was feasible or deliverable due to the continued recruitment and retention challenges facing the service. Put simply, we do not have sufficient staff to deliver this configuration and there is a risk that the service will decline and the future delivery of NHS podiatry services in Powys could be under threat.

We therefore proposed to pursue Option 3 by developing a new hub and spoke model for community and specialist podiatry services.

We looked carefully at a number of factors in order to make recommendations on the proposed future locations of community podiatry clinics, including:

- Pattern of service utilisation.
- Geography and availability of alternative services.
- Opportunities for co-location and access to members of the wider multi-disciplinary team in order to support the delivery of integrated and holistic care (e.g. diabetes, tissue viability, physiotherapy).

The engagement document therefore recommended that the clinics be consolidated to the hospital and health & care centre locations across Powys wherever possible, which would mean that the community clinics would not resume in Rhayader, Presteigne, Llanfair Caereinion and Llanfyllin (following temporary closure in September 2018) and additionally would discontinue in Crickhowell⁶.

⁶ A weekly single-chair clinic is currently provided in Crickhowell. Each clinic offer 14 appointments, but not all appointment sessions are booked and at times it has been necessary to reprioritise podiatry staffing to other clinics in areas of higher demand to make best use of podiatrist time. Between April and December 2019, there were 232 podiatry appointments in Crickhowell.

Region	Community	Community Podiatry Clinic	Specialist Podiatry Services
North Powys	Welshpool <i>Health Centre Clinic</i>	✓	Wound Care
	Machynlleth <i>Bro Ddyfi Hospital</i>	✓	
	Newtown ⁷ <i>Montgomery County Infirmary / Park Street Clinic</i>	✓	Wound Care Musculoskeletal Nail Surgery
	Llanidloes Llanidloes Memorial Hospital	✓	
Mid Powys	Knighton <i>Knighton Hospital</i>	✓	
	Llandrindod Wells <i>Llandrindod Wells War Memorial Hospital</i>	✓	
	Builth Wells <i>Glan Irfon</i>	✓	Wound Care Musculoskeletal
South Powys	Bronllys <i>Bronllys Hospital</i>	✓	
	Brecon <i>Breconshire War Memorial Hospital</i>	✓	Wound Care Musculoskeletal Nail Surgery
	Ystradgynlais <i>Ystradgynlais Community Hospital</i>	✓	Wound Care

The engagement document identified that this site configuration would:

- Maintain the range of specialist podiatry services across the county with no changes, with a specialist centre for wound care and musculoskeletal podiatry available in each region, and a specialist centre for nail surgery in Newtown and Brecon.
- Strengthen the community podiatry clinic sites, and increase the number of sites operating as two-chair facilities, but with a reduction from the 2018 configuration of 16 locations (in 15 towns) to a new configuration of 11 locations (in 10 towns).
- Reduce the time spent by podiatrists on travel between multiple sites, enabling this to be used for patient clinics.

Patterson, Liz
07/09/2020 08:46

⁷ The Community Podiatry Clinic is in Montgomery County Infirmary and the Specialist Podiatry Clinic is in Park Clinic. Longer term facilities to be agreed as part of the development of the proposed Community Wellbeing Hub and Rural Regional Centre in Newtown through the North Powys Wellbeing Programme.

- Maintain outreach services such as domiciliary visits for the housebound and nursing & residential home, and training for staff and volunteers of community-based services such as Simply Nails.
- Provide a stronger foundation from which to maintain and build the service, including greater opportunities to participate in service development (e.g. diabetes, foot assessment tool).

Engagement with Key Stakeholders

In discussion with Powys Community Health Council, a period of engagement was planned and implemented. This is set out in more detail in Appendix A.

A comprehensive engagement plan was put in place offering a variety of channels and materials to raise awareness, enable people to find out more, and provide an opportunity for individuals and stakeholders to make their views known. This included production and distribution of an electronic engagement document and online survey, production of a summary document and questionnaire for use in podiatry clinic settings, online materials including an engagement web page, use of digital and social media, and distribution of information to a wide range of stakeholders identified in the engagement plan.

The engagement period was due to take place from 17 February 2020 to 29 March 2020, but the emerging impact of Coronavirus (COVID-19) led to an extension of the engagement period until 12 May 2020 to allow more time to respond. Whilst reduction in social contact during March 2020, and the subsequent lockdown restrictions from 23 March 2020, the significantly extended engagement period mitigates against the reduced opportunities for face to face contact.

Engagement Findings

In response to this engagement, we received 17 survey responses (R1 to R17) via the online portal where the questionnaire was marked as complete, although three respondents (R7, R9, R14) had not provided any response information within their response.

When asked to identify whether they were responding in an individual capacity:

- One respondent identified as a County Councillor (R3)
- One respondent identified as a member of a PPG (R5)
- One respondent identified as a self-employed foot health practitioner (R13) and declared this as a financial interest

- One respondent identified as a Health Focus Group (R17)

Alongside the 17 responses which were marked as complete on the survey portal, a further 60 survey responses were started but not completed and were logged as “partial responses” (P1 to P60). Comments relating to the engagement questions were only recorded in two of these questionnaires (P12 and P57).

In addition to this we logged 8 letters or calls (O1 to O8) that were not received through the online portal.

This included three members of PTHB staff, Age Cymru Powys, the Welsh Government Chief Allied Health Professions Advisor, a member of the public, a Town Council, and a representative from Newtown Access Group Accessibility Powys.

All responses were received through the medium of English.

Responses were mapped against the key challenges facing podiatry services and our strategic principles:

Assessment Domain	Strategic Principles	Examples of Feedback
Recruitment and Retention	Do What Works	<p>“Make the job a job more people want to do” (R3)</p> <p>“To achieve job satisfaction at the highest level” (R4)</p> <p>“Promotion opportunity for existing staff” (R5)</p> <p>“Be positive and focus on making work attractive” (R10)</p> <p>Facilitate child friendly working hours and encourage mature entry” (R11)</p> <p>“Hub and spoke model more workable in view of staff shortage” (R15)</p> <p>“Recruitment in this area is very challenging and we need a service model that is realistic and creates an attractive work offer” (R16)</p> <p>“In my mind the only way is to get more podiatrists” (O3)</p> <p>Promote podiatry as a career option in schools (O5)</p> <p>“The Council is of the view that workforce recruitment and retention seems to be a fundamental problem so welcomes efforts to improve working conditions and urges the Board to consider how the workforce might feel better valued through remuneration, job satisfaction and opportunities for ‘upskilling/multiskilling’.” (O7)</p>

Patterson, Liz
07/09/2020 08:50:16

Training, Supervision, Mentorship		<p>"Taking students, maybe retain them when trained" (R5)</p> <p>"Promote training opportunities at nearby universities and colleges (R12)</p>
Patient Experience and Waiting Times	Do What Matters Offer Fair Access	<p>Don't have "two wound centres in North Powys only 10 miles apart i.e. Newtown and Welshpool" (R1)</p> <p>A number of respondents identified the need for regular appointments: "As a diabetic I feel I should have regular appointments with the podiatrist" (R2)</p> <p>"Cancel the phoning up on Monday morning and make and agree the next appointment at the appointment you are attending in that day" (R4)</p> <p>"Easier to get an appointment" (R5)</p> <p>"Improve community bus service" (R5)</p> <p>Would improve "booking and appointment system" (R6)</p> <p>"Look at travel possibilities linked to various proposed sites e.g. if buses only run on Tuesday and Thursday then those are the days to have clinics. Coincide with farmers markets" (R10)</p> <p>"Maintain service in Crickhowell ... Lots of people do not have private transport, price of taxi prohibitive and lack of public transport." (R11)</p> <p>"Ensure clinic is easily accessible with nearby car parking" (R12)</p> <p>Need "greater clarity around the reach-out to support for communities who will be losing their local clinics, and how services like third sector and leg clubs can support" (R16)</p> <p>"Work with community transport providers" (R16)</p> <p>Need to improve "booking system" (R17)</p> <p>"The forms that are currently used ... are not user friendly. The current system of re-booking appointments over the phone is problematic" (O6)</p> <p>"To assure that clinics will be accessible for all and otherwise that a home visit will be arranged." (O8)</p>
Prudent Healthcare Delivery	Be Prudent	<p>Like "prevention work" (R6)</p> <p>"consider giving the assessed patient a 'voucher' that they can use in their local private provider that they would supplement" (R10)</p> <p>"Promote services of foot health practitioners within the area, easing the strain on NHS" (R13) – "Professionals have a lack of belief and confidence in the abilities of a Foot Health Practitioner" (R13)</p>

Patterson, Liz
07/09/2020 08:50:16

		<p>"Foot health practitioners would like to learn from [podiatrists] and complement the service they provide" (O6)</p> <p>Provide better "advice to patients given in group settings or leaflets sent out prior to appointments" (R15)</p> <p>"After first appointment, telephone contact may be helpful and reduce need for face to face appointments" (R15)</p> <p>"Following a cancelled appointment I went private. They were much more proactive in giving advice on foot-care and prevention of callus formation. Leaflets would be good." (R15)</p> <p>"Ascertain availability of community based foot care services – podiatry services were removed from LD6 area with no alternative community-based activity." (R17)</p> <p>Introduce prioritisation process, not able to self refer "they should be referred by GP", stricter discharge process (O3)</p>
Governance	Focus on Greatest Need Offer Fair Access	"Better governance" (R5)
Service Development	Do What Works Work with the Strengths of People and Communities	<p>Bring on new groups to help e.g. beauticians (R3)</p> <p>"Use a room in doctors surgeries as a consultation room" (R4)</p> <p>In Machynlleth, employ podiatrists from Tywyn and Bronglais areas (R4)</p> <p>"The staff did receive some training a couple of years ago with a podiatrist for nail cutting and basic foot care but I think this is something we could discuss and maybe take forward" (R6)</p> <p>Challenges "stasis, entrenched attitudes" (R10)</p> <p>Overcome isolation through "integrated approach to working in multidisciplinary teams, encouraging district nurses/physios/podiatrists to be a team for a distinct area. Provide the team with the core resource to deliver across professional boundaries – such as direct IT links during consultation" (R10)</p> <p>"Closer working with other services, physiotherapy, orthotics would improve quality of service" (R12)</p> <p>"Much better coordination of multidisciplinary care for podiatry patients based on skilled and sustainable workforce" (R16)</p>

Patterson, Liz
07/09/2020 08:50:16

		<p>"Work with third sector, leg clubs, community connectors and other local partners to identify ways to improve the local community offer. Consider outreach to leg clubs and/or 'foot club' model" (R16)</p> <p>Offer to be involved in the redesign of podiatry services (O1)</p> <p>"As part of your consideration I would like to ask you to explore how this [Patient Activation Measure] might be built into your own thoughts and options]" (O2)</p> <p>"There is certainly an opportunity to work alongside the third sector in terms of raising awareness of good foot health care as a preventative measure to help reduce the strain of the podiatry service" "there are opportunities in terms of upskilling our volunteers and utilising private Foot Health Practitioners, nursing staff and care agencies" (O6)</p> <p>"With additional funding Age Cymru Powys could increase the number of clinics" (O6)</p>
--	--	--

The engagement responses also identified a range of potential impacts in relation to the equality protected characteristics, Welsh Language and carers. An outline equality impact assessment was included in the original engagement document, and this has been updated to reflect the findings during the engagement period (see Appendix C).

The key issues identified in the Equality Impact Assessment include:

	No impact	Adverse	Differential	Positive	
Age			X		Respondents to the consultation raised issues where they believed adverse impacts would result from the proposed changes to the podiatry services. The negative impacts described primarily focussed on increased travel, the cost of this and the lack of public transport to support increased travel or limiting the ability to make certain appointment times.
Disability			X		
Gender reassignment	X				
Pregnancy and maternity	X				The groups of people specifically noted to likely experience adverse effects on increased travel were related to age (primarily older people but it was also raised that this could be an issue affecting young people who might need to take time out of school to attend appointments) and people with a disability.
Race	X				
Religion/ Belief	X				
Sex	X				
Sexual Orientation	X				Alongside this some balancing factors were noted. For example, the unsustainability of the current model has an adverse impact on accessibility and timeliness of appointments.
Marriage and civil partnership	X				
Welsh Language	X				In summary it was felt that the proposal must acknowledge the impact for people who do not have
Rurality			X		

Deprivation			X		access to a car or good public transport (this could therefore apply across all groups)
Carers			X		

Age and Disability: In addition to travel, examples of other potential impacts on older people and those with disabilities were highlighted in the consultation feedback from organisation representatives, these included:

- The forms that are currently used for referrals to Podiatry, were described as 'not user friendly' and 'very confusing for older people'.
- The system of re-booking appointments over the phone was described as 'problematic – as there are a lot of older people that have hearing problems, so they are less likely to make the call. There are lot more that have memory problems making it difficult for them to remember to rebook an appointment'.
- It was raised that 'there is not enough thought given around accessibility for vulnerable older and disabled people' and the physical accessibility of sites and locations.

Additional issues were raised, that although were not linked to specific groups in terms of impacts they affect the service as a whole. These include the recruitment and retention of podiatry staff and the provision of information around foot care and foot health promotion.

Response from the Powys Community Health Council

The response from the Powys Community Health Council is included at Appendix B. In summary:

- The CHC agreed that the engagement has been adequate in relation to content and time allowed, and made observations in relation to the impact of COVID-19 and the identification of options.
- The CHC agreed that the engagement has been adequate with regard to Powys CHC being consulted at the inception.
- The CHC agreed that the engagement undertaken has been adequate in relation to the frequency with which Powys CHC has been consulted throughout the proposal and decision making process.
- The CHC agreed that they have had sufficient information and data to be able to assess the impact of these proposed changes – and noted the low level of public responses.
- The CHC agreed that, had they felt that there were other options to consider, then they had sufficient opportunity to raise these with the PTHB during the process (and at the earliest opportunity)
- The CHC recorded a number of observations which are set out below.

Patterson, Liz
07/09/2020 08:52:16

- The CHC agreed to Option 3 subject to (a) receiving assurances added to the draft mitigation plan (contained within Annex 6 to the CHC response and (b) monthly updates being provided by PTHB to the Executive Committee members of Powys CHC.
- The CHC agreed that the proposals for this substantial change to health services would be in the interests of health services in its area – subject to the points under Question 7 being actioned

CHC members made a number of observations:

- Problems of booking repeat appointments have been raised in the past and really should have been addressed ahead of the consultation on re-configuration of the service.
- Does foot health promotion need more than leaflets in clinics and information on websites? Certainly engaging the MDT in this would be beneficial. We believe that there should be wider public engagement on foot health.
- No mention of parking - parking will be a problem. It is already very tight in the Newtown and Welshpool clinics, and the extra activity there must be putting increased pressure on parking. There must be parking pressures elsewhere too.
- Suggest looking at possibility of catering for 'multiple appointment' with other clinics/consultants to minimise the number of journeys.
- Needs to include better communication and facilitation on the use of NEPTs.
- Concern about difficulties in accessing Community Transport.
- Concern about the dependability/ vulnerability/ sustainability of public transport in rural areas.
- Concern re. impact of COVID-19 on already stretched public transport services ie viability going forward.
- Need to enable other (third sector) services not only in delivery of basic care but also in identification of need. This comes out very clearly in the response from Age Cymru.
- Welcome the MDT approach, together with closer working with Leg Clubs and the 3rd Sector.
- Fully endorse the ambition to improve the provision of domiciliary visits.

Further observations are included in Annex 6 to the PTHB response which includes comments in relation to potential mitigations.

Consideration of Options and Assessment Criteria

Have new options emerged during the engagement period?

No new feasible options have emerged during the engagement period that were not identified in the original engagement document.

Has the assessment of the options changed as a result of the engagement feedback?

Based on the engagement feedback the advantages and disadvantages of the options have been strengthened:

	Advantages	Disadvantages
Option 1: Return to 16 community site locations (in 15 towns)	Does not increase travel to clinic site. Returns to previous service model.	Not feasible or deliverable due to the continued recruitment and retention challenges facing the service. Current challenges remain including delays, cancellations, isolated practice etc.
Option 2: Maintain current community site locations	Maintains current status quo	Not feasible or deliverable due to the continued recruitment and retention challenges facing the service. Current challenges remain including delays, cancellations, isolated practice etc.
Option 3: Develop new hub and spoke model for community and specialist podiatry services	Feasible and deliverable to provide a sustainable service. More attractive to potential applicants, to ensure a sustainable workforce Provide improved quality and safety for services for patients Potential to address current challenges which include: Recruitment and Retention;	Increase in travel for some patients

Patterson, Liz
07/09/2020 08:50:16

	Training, Supervision, Mentorship; Patient Experience and Waiting Times; Prudent Healthcare Delivery; Governance; Service Development.	
--	--	--

Based on the feedback from engagement, Option 3 remains the preferred option although with strengthened mitigations to address the issues and risks identified through engagement and equality impact assessment.

Can the key issues affecting the safety and sustainability of the podiatry services be adequately addressed, and how will we know if intended benefits are being realised?

The need to review the service model through engagement with stakeholders was driven by a number of challenges facing the safety and sustainability of podiatry services in the county.

- Recruitment and Retention
- Training, Supervision, Mentorship, Isolated Clinical Practice
- Patient Experience and Waiting Times
- Prudent Healthcare Delivery
- Governance
- Service Development

During the engagement period, other emerging factors included:

- We successfully recruited a new Professional Head of Podiatry, who is keen to support the health board to deliver a safe and sustainable service that addresses the historical challenges. They will commence in post on 1 July 2020.
- The emergence of COVID-19 as a public health emergency has temporarily and significantly affected the way that routine services have been delivered by the NHS. The implementation of any decision following engagement will need to recognise the ongoing uncertainties associated with COVID-19 and the impact this has on the development and delivery of mitigation actions.

Following engagement our updated assessment of the potential benefits of Option 3 is as follows:

Patricia Jones
07/09/2020 08:50:16

	Intended Benefits
Recruitment and Retention	<p>Option 3 will ensure a more attractive recruitment offer that reduces the number of vacancies in the service and helps to stabilise service delivery.</p> <p>Option 3 will allow the service to review the skill mix and support new graduates from University by introducing double clinics in some venues.</p>
Training, Supervision, Mentorship, Isolated Clinical Practice	<p>Option 3 will significantly reduce the level of isolated clinical and practice, and increase the scope for supervised practice to develop junior staff and new graduates.</p> <p>This in turn will support the overall quality, safety and sustainability of the service</p>
Patient Experience and Waiting Times	<p>Option 3 will support us to reduce variation for patients including by reducing waiting times and reducing clinic cancellations. Alongside the implementation of Option 3 we also aim to improve the appointment system which we know has been a source of frustration for patients. We recognise that it will increase the travel for patients in areas where clinics are discontinued and we welcome views on how we can mitigate the impact of this. Option 3 will also help us to ring-fence capacity to maintain the provision of a domiciliary care service for those with a clinical need</p>
Prudent Healthcare Delivery	<p>Option 3 will support us to reduce the number of unbooked sessions, and the amount of clinical time lost due to travel. This will increase the overall amount of time that our podiatrists spend with patients.</p> <p>It will provide the foundations for a strengthened "one stop shop" approach which will enable us to reduce multiple visits for patients with more complex needs, bringing their services together in one clinic (e.g. diabetes and podiatry).</p>
Governance	<p>Option 3 will support us to ensure that the service is delivered in accordance with service policies and protocols, including NICE Clinical Guideline NG19.</p>
Service Development	<p>Option 3 will support us to develop the service and improve service standards through increased two-chair operation, improved mentoring and supervision, and reduced isolated clinical practice. It will also help us to maintain and strengthen our multi-disciplinary approach through working relationships between podiatrists and</p>

Patterson, Liz
07/09/2020 08:50:16

	<p>other professional roles including district nursing, tissue viability nursing, and diabetes nursing.</p> <p>We can also consider the adoption of learning from our experiences during COVID-19 including telephone triage and Attend Anywhere (Video Consultation) where appropriate.</p> <p>Enhancing the working relationship with Third Sector (e.g. Age Cymru and CAMAD) remains a key factor in delivering these benefits.</p>
--	--

If Option 3 is approved by the Board, implementation will be supported by a mitigation plan reflecting the issues raised during engagement and in the Equality Impact Assessment.

Reference	Action	Responsibility	Deadline
M1 Explore public transport routes and	Scope out bus routes across Powys to enable services / clinics to be planned around transport availability.	Service Development Manager for T&HS	12 th August 2020
M2 community transport & NEPTS available for patients to access Podiatry clinics	<p>Contact PAVO for a list of community transport available and publicise to podiatry patients.</p> <p>Work with WAST to publicise NEPTS offer for podiatry patients.</p>	Service Development Manager for T&HS	12 th August 2020
M3 Strengthen partnerships with the third sector to increase the availability of local community delivery & early intervention with appropriate	To work with commissioning to further develop Simply Nail Service and wider third sector partnerships	Head of Podiatry	30 th September 2020

training and support			
M4 Expand skills across community workforce (e.g. Leg Club) to provide early help and support	To work with District Nurses and other community partners	Head of Podiatry	30th November 2020
M5 Strengthen multidisciplinary working (e.g. diabetes, tissue viability) to deliver opportunities to provide one-stop-shop services including targeted work with those current experiencing multiple visits to multiple professionals	To work with Diabetes Lead	Head of Podiatry	30 th September 2020
M6 Streamline booking and appointment system including use of electronic records to extend choice of appointment	To work with Contact Centre	Planned Care Lead / Head of Podiatry	30 th September 2020
M7 Strengthen digital offer including virtual consultations where appropriate	To work with ICT and digital lead	Head of Podiatry	30 th September 2020
M8 Strengthen foot health promotion offer and develop and deliver proposed model of care	To establish and embed proposed model of care across the podiatry pathway	Head of Podiatry	31 st December 2020
M9 Strengthen physical accessibility of services	To work with partners to continue to improve physical	Head of Podiatry	31 st December 2020

	access and reduce barriers to access		
--	--	--	--

Board Decision Making

In making a decision, the Board should take into account the management recommendation from the lead Directors, the outcome of engagement, the views of the Community Health Council, and the Equality Impact Assessment.

Management Recommendation

The Board is recommended to approve Option 3 subject to the delivery of a mitigation plan to address key impacts, and subject to the views of the Community Health Council that formal consultation is required in accordance with Paragraph 31 of the NHS Wales Guidance for Engagement and Consultation on Changes to Health Services which states:

"There may be some cases where, exceptionally, the view is that a more formal consultation is required. A key issue to be determined as to whether formal consultation is required is whether the change is substantial or not. In general substantial change should be the subject of formal consultation though it may not be appropriate where the proposal is not controversial."

Outcome of the engagement

The key issues from engagement are summarised above with further details available in Appendix A and its suite of Annexes.

Views of the Community Health Council

The Executive Committee of the Community Health Council considered the outcome of engagement initially at its meeting on 26 May 2020 and subsequently through electronic consideration by their members. Their report is available at Appendix B.

Equality Impact Assessment on the recommendation

The key impacts and mitigations identified through the Equality Impact Assessment process are summarised above and full details are available in the Equality Impact Assessment at Appendix C.

The Board is asked:

- a) To RECEIVE and NOTE the Engagement Report (Appendix A and Annexes), the response from the Community Health Council (Appendix B) and the Equality Impact Assessment (Appendix C)

Patterson, Liz
07/09/2020 08:50:16

- b) To RECEIVE and RATIFY the recommendation for the future model of podiatry services in the county.
- c) To RECEIVE, REVIEW and APPROVE the proposed mitigations that should be put in place if the recommendation is approved.

Notification to Patients and key stakeholders

If the Board approves the management recommendation and the proposal is agreed for implementation, key activities will include:

- Stakeholder Bulletin: Following the decision of the Board a stakeholder bulletin will be prepared for issue from the Chief Executive to the Community Health Council and other key stakeholders to notify them of the decision and the next steps.
- Patient Leaflet: The Health Board will develop a patient leaflet which will be provided to patients through face to face appointments with their podiatrist.
- Syndication and Social Media: The decision will also be shared widely through social media channels and with local organisations and networks including third sector organisations (via PAVO), town and community councils, primary care contractors including neighbouring GP practices and others as set out in the stakeholder analysis in the consultation plan (Appendix A).
- Formal updates: Updates on implementation and mitigation will be provided to the Powys Community Health Council Executive Committee.

Alternatively, the Board may require further engagement in which case a plan for the next phase of engagement will be developed and delivered.

The Board is asked:

- d) To RECEIVE, REVIEW and APPROVE the proposed approach to patient and stakeholder communication if the recommendation is approved.

Overall Assurance against NHS Wales Guidance on Engagement and Gunning Principles

Executive review against the NHS Wales Guidance on Engagement indicates that the Board can take adequate assurance that the requirements of the policy have been met, as follows:

01/09/2020 08:50:16

Explain why the change is necessary and provide clear evidence	The reason for change is set out in Section 4 of the engagement document
Include a clear vision of the current service	A description of the current service is included in Section 3 of the engagement document
Explain the consequences of maintaining the status quo	Section 7 summarises options for change including "no change" and sets out the advantages and disadvantages
Include information on outcomes for service users	Section 4 sets out the reasons for change including impact on service users
Demonstrate how services will in future be provided within an integrated service model	Section 6 describes a proposed future model of care, including how the service will fit within wider health and care services
Set out clearly the evidence for any proposal to concentrate services on a single site	It is proposed that this will remain as a multi-site services but on fewer sites than in 2018 due to a number of drivers for change which are summarised in Section 4. A number of options are identified and assessed in Section 7 and Section 8.
Include the evidence of support from clinicians	This is a clinically-led proposal developed by our Community Services team – suggest that introduction includes executive endorsement from clinical and operational executive members?
If the case for change has been prompted by clinical governance issues, show how these have been tested through independent review	Is there further information we can add to demonstrate independent clinical review?
Show which options were considered during the engagement phase	A number of options are set out in Section 7.
Explain any risks and how they will be managed	Section 8 identifies a range of impacts and risks that have been identified, and proposes steps to address this

Give a clear picture of the financial implications	The workforce and financial impact is set out in Section 8 – this is intended to be a revenue neutral change.
Spell out who will be affected by the proposals.	The engagement document sets out the impact – broadly on service users of podiatry services, and identifying the proposed change in model, as well as providing an integrated impact assessment in Section 8.
Explain how any change and benefit will be evaluated after implementation	Intended benefits are set out in Section 8.
Be available in a range of formats	The document was available in English & Cymraeg, and available as a printed document and online. It was shared through a range of channels including online, social media, newsletter articles, press releases.
Be signed off by the Board	This is a requirement for consultation documents and is not always required for engagement documents which can be signed off at Executive level subject to delegated authority being in place
Set out how sustainable staffing will be achieved	The proposal is driven by the need for sustainable staffing, and aims to put in place a service model that both stabilises service delivery for patients but also provides a more attractive recruitment offer for staff.
If the case for change has been prompted by clinical governance issues, show how these have been tested through independent review	Our podiatry services have been reviewed in response to recommendations made internal audit.
Executive review against the Gunning Principles indicates that the Board can take adequate assurance that the requirements have been met, as follows:	
Consultation must be at a time when proposals are at a formative stage	This engagement process aims to support decision making on the future model of podiatry following a sustained period during which the service has faced sustainability and staffing challenges which have resulted in temporary changes to services

There must be sufficient information to permit intelligent consideration and response	The engagement document met the requirements of the NHS Wales guidance on engagement and consultation as outlined above, and was supported by a comprehensive engagement plan
There must be adequate time for consideration and response	The timeframe for agreement was agreed through discussion with the Powys Community Health Council, and the engagement period was significantly extended during COVID-19.
The product of consultation must be conscientiously considered when making a decision	This paper and its Appendices support conscientious consideration by members of the Board, including an equality impact assessment process to ensure that equality considerations underpin any decision by the Board.

The Board is asked:

- e) To RECEIVE and NOTE the assurance provided against the NHS Wales Engagement guidance and the Gunning Principles

Risk Management

This situation presents the Health Board with a number of risks as detailed below along with the proposed mitigation:

- Risk: Lack of action by the Health Board leads to failure of podiatry services in the county and worse outcomes, safety and access for local residents.
Mitigation: Delivery of sustainable model for podiatry services in line with the vision set out in the Health and Care Strategy for Powys.
- Risk: Insufficient identification of potential impacts leads to worse outcomes for patients
Mitigation: Equality Impact Assessment process undertaken and work is under way to develop detailed mitigation plan to respond to key impacts.
- Risk: Insufficient compliance with PTHB policy requirements and/or national requirements for engagement and consultation increases the likelihood that the decision-making process is insufficient
Mitigation: Assurances against the NHS Wales engagement guidance are set out above.

NEXT STEPS:

- The decision of the Board will be notified to the Community Services department, the Community Health Council(s) and key stakeholders via the Chief Executive Officer.
- Other steps to communicate and engage with patients and stakeholders will be taken as outlined above, subject to the views of the Board.
- An implementation and mitigation plan will be developed and delivered. Oversight will be provided through the Director of Primary Care, Community and Mental Health Services.

Patterson Liz
07/09/2020 08:50:16

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

IMPACT ASSESSMENT				
Equality Act 2010, Protected Characteristics:				
	No impact	Adverse	Differential	Positive
Age			X	
Disability			X	
Gender reassignment	X			
Pregnancy and maternity	X			
Race	X			
Religion/ Belief	X			
Sex	X			
Sexual Orientation	X			
Marriage and civil partnership	X			
Welsh Language	X			
Rurality		X		
Deprivation		X		
Carers		X		
<p align="center">Statement</p> <p>An Equality Impact Assessment has been undertaken and is included at Appendix C. Summary impacts are set out in the report along with proposed mitigation actions.</p> <p>Respondents to the consultation raised issues where they believed adverse impacts would result from the proposed changes to the podiatry services. The negative impacts described primarily focussed on increased travel, the cost of this and the lack of public transport to support increased travel or limiting the ability to make certain appointment times.</p> <p>The groups of people specifically noted to likely experience adverse effects on increased travel were related to age (primarily older people but it was also raised that this could be an issue affecting young people who might need to take time out of school to attend appointments) and people with a disability. Alongside this some balancing factors were noted. For example, the unsustainability of the current model has an adverse impact on accessibility and timeliness of appointments.</p> <p>In summary it was felt that the proposal must acknowledge the impact for people who do not have access to a car or good public transport (this could therefore apply across all groups)</p>				
Risk Assessment:				
	Level of risk identified			
	None	Low	Moderate	High
Clinical		X		
Financial		X		
Corporate		X		
Operational		X		
Reputational		X		
<p align="center">Statement</p> <p>The implementation of a sustainable model for podiatry services in Powys will reduce clinical and operational risk as identified in the intended benefits of the proposed model. A number of differential impacts have been identified (e.g. in relation to access and travel), and a mitigation plan has been developed to address these and support the delivery of intended benefits.</p>				

02/09/2020 08:50:16
Liz

Supporting Documents

Appendix A

Meeting The Challenges in Podiatry Services in Powys: Redesigning Services for the Future - Engagement Plan and Report

Annex A: Summary of Engagement Feedback

Appendix B

Powys CHC response to PTHB - Meeting the Challenges in Podiatry Services in Powys: Redesigning Services for the Future

Appendix C

Equality Impact Assessment (EIA) Outcome Summary Report for Meeting the Challenges in Podiatry Services in Powys: Redesigning Services for the Future

Patterson, Liz
07/09/2020 08:50:16



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Meeting The Challenges in Podiatry Services in Powys: Redesigning Services for the Future - Engagement Plan and Report -

Version 4, 24/06/2020

This document reports on the local engagement plan for
“Meeting the Challenges in Podiatry Services in Powys: Redesigning Services for the Future”.

Patterson, Liz
07/09/2020 08:50:16

About this Document

- This document reports on the Engagement Plan for “Meeting the Challenges in Podiatry Services in Powys: Redesigning Services for the Future”
- This document is intended for colleagues in PTHB, and colleagues in the CHC (and other local partner organisations as agreed) who are supporting the planning and delivery of engagement.
- It enables us to share the engagement materials with your teams, organisations and networks. It enables us to present the engagement proposals at meetings and events and seek feedback. It also records activity undertaken as part of the engagement.
- Further information is available from the Engagement and Communication Team, Powys Teaching Health Board, Bronllys Hospital, Bronllys, Brecon, Powys LD3 0LS – powys.engagement@wales.nhs.uk

Contents

- [Section 1: Overview](#)
 - [Section 2: Local Stakeholder Analysis](#)
 - [Section 3: Local Activity Plan](#)
 - [Section 4: Engagement Materials](#)
 - [Section 5: Response and Analysis Process](#)
 - [Section 6: Contact Details](#)
-
- *The Lead Directors for this engagement are: Claire Madsen (Director of Therapies and Health Science) and Jamie Marchant (Director of Primary Care, Community and Mental Health Services)*
 - *The Lead Manager for this engagement is: Victoria Deakins (Head of Therapies, Community Services)*
 - *The Lead Clinician for this engagement is: Victoria Deakins (Head of Therapies, Community Services)*
 - *The Engagement and Communication Lead for this engagement is: Mandy Mills (Engagement Officer)*

High Level Assessment: Service Change (1)

Overall	
Explain why the change is necessary and provide clear evidence	The reason for change is set out in Section 4 of the engagement document
Include a clear vision of the current service	A description of the current service is included in Section 3 of the engagement document
Explain the consequences of maintaining the status quo	Section 7 summarises options for change including “no change” and sets out the advantages and disadvantages
Include information on outcomes for service users	Section 4 sets out the reasons for change including impact on service users
Demonstrate how services will in future be provided within an integrated service model	Section 6 describes a proposed future model of care, including how the service will fit within wider health and care services
Set out clearly the evidence for any proposal to concentrate services on a single site	It is proposed that this will remain as a multi-site services but on fewer sites than in 2018 due to a number of drivers for change which are summarised in Section 4. A number of options are identified and assessed in Section 7 and Section 8.
Include the evidence of support from clinicians	This is a clinically-led proposal developed by our Community Services team – suggest that introduction includes executive endorsement from clinical and operational executive members?

Patterson, Liz
07/09/2020 08:50:16

Last Updated: 19/05/20

High Level Assessment: Service Change (2)

If the case for change has been prompted by clinical governance issues, show how these have been tested through independent review	Is there further information we can add to demonstrate independent clinical review?
Show which options were considered during the engagement phase	A number of options are set out in Section 7.
Explain any risks and how they will be managed	Section 8 identifies a range of impacts and risks that have been identified, and proposes steps to address this
Give a clear picture of the financial implications	The workforce and financial impact is set out in Section 8 – this is intended to be a revenue neutral change.
Spell out who will be affected by the proposals.	The engagement document sets out the impact – broadly on service users of podiatry services, and identifying the proposed change in model, as well as providing an integrated impact assessment in Section 8.
Explain how any change and benefit will be evaluated after implementation	Intended benefits are set out in Section 8.
Be available in a range of formats	It is intended that the document will be available in English & Cymraeg, and available as a printed document and online. It will be shared through a range of channels including online, social media, newsletter articles, press releases.
Be signed off by the Board	This is a requirement for consultation documents and is not always required for engagement documents which can be signed off at Executive level subject to delegated authority being in place
Set out how sustainable staffing will be achieved	The proposal is driven by the need for sustainable staffing, and aims to put in place a service model that both stabilises service delivery for patients but also provides a more attractive recruitment offer for staff.

Patterson, Liz
07/09/2020 08:50:16

Last Updated: 19/05/20

High Level Assessment: Other

Requirement	Commentary
	No other assurance criteria have been identified

Patterson, Liz
07/09/2020 08:50:16



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Section 1 Overview

Patterson, Liz
07/09/2020 08:50:16

Last Updated: 19/05/20

Overview of this document

- The original engagement plan was developed to summarise plans for a period of 6 weeks engagement from 17 February 2020 to 29 March 2020 on the future delivery of podiatry services by Powys Teaching Health Board.
- This engagement was prompted by a number of factors affecting the sustainability of safe podiatry services in the county.
- The plan set out the proposed approach to engagement, the key stakeholders, the engagement materials available, and how the responses will be analysed and used to inform future decisions.
- Towards the end of the engagement period, the UK entered a period of “lockdown” from 23 March 2020 in response to Coronavirus (COVID-19). Engagement was therefore kept open for continued feedback via email and online to allow further opportunity for comment.
- The engagement period finally closed on 12 May 2020 – a period of over 11 weeks.
- This document therefore reports on the engagement as originally envisaged in the engagement plan, and on additional activity undertaken to extend the engagement period to 12 May 2020.

03/05/2020 08:50:16
Liz

Impact and Interdependencies

- This engagement relates to services for people in Powys with a clinical need for community and specialist podiatric services. Key audiences will include users of podiatry services, people with diabetes, people with lower limb tissue viability issues (e.g. Leg Club users).
- Other engagement and consultation processes taking place which may have interdependencies including:
 - There are inter-relationships with the ongoing engagement on the North Powys Wellbeing programme.

Patterson, Liz
07/09/2020 08:50:16

Local Engagement Plan Objectives

- The objectives of our engagement plan were:
 - To explain and seek views on the challenges facing podiatry services, the steps that have already been taken to respond to these challenges, and the options being considered for addressing the challenges in the longer term
 - To share information with service users, the public in Powys and wider stakeholders in order to gather views that will help us to make the best decisions on the way forward for podiatry services in Powys
 - To address the requirements of the NHS Wales Guidance on Engagement and Consultation, the Community Health Council Regulations in relation to consultation in Powys, and ensure a Welsh Language Active Offer .
 - To identify positive and negative impacts of the proposals – with particular reference to equality protected characteristics, carer responsibilities, deprivation, rurality and Welsh Language – and to use these insights to refine the proposal and consider potential mitigation actions that can be delivered by the health board or other partners to reduce negative impact.
 - To develop and agree a report on engagement in Powys that can support decision making on the future of podiatry services.
 - To engage with Powys Community Health Council
 - To identify learning that will support us to continue to strengthen systems and processes for continuous engagement, identifying areas of best practice and opportunities for improvement
 - *And additionally, to extend the engagement period for a further six weeks during the lockdown period for Coronavirus (COVID-19).*

Timeline

The timeline has been as follows:

- 21 January 2020: SBAR discussed by Powys Community Health Council Executive Committee
- 21 January 2020: Discussion of SBAR and draft Engagement Document between PTHB and Powys Community Health Council at Services Planning Committee
- 6 February 2020: Discussion of updated Engagement Document and draft Engagement Plan between PTHB and CHC representatives
- 17 February 2020: Start of Engagement Period
- TBC early March: Internal Mid-Term Review
- 29 March 2020: Original end of Engagement Period
- 12 May 2020: Extended engagement period ended on 12 May 2020
- 26 May 2020: Powys CHC Executive Committee
- 29 June 2020: Meeting of the Board of Powys Teaching Health Board

Patterson, Liz
07/09/2020 08:50:16

Last Updated: 19/05/20



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Section 2

Local Stakeholder Analysis

Patterson, Liz
07/09/2020 08:50:16

Overview

This section provides:

- A summary of our key stakeholders:
 - A: Patients, Service Users, Carers, Customers, Customer Proxies
 - B: Public and Communities
 - C: PTHB Staff and Contractors
 - D: Partner Organisations
 - E: National Bodies
 - F: Unions and Professional Bodies
 - G: Political
 - H: Scrutiny and Regulation
 - I: Media
 - J: Business and Supply Chain
 - K: Other
- An outline of our proposed activity with each stakeholder group

Last Updated: 19/05/20

Sector	Audiences	Impact / Influence
A: Patients, Service Users and Carers, Customers and Customer Proxies	Current users of podiatry services	Engage closely
	Diabetes Service User and Carer Forums	Engage closely
	Local third sector organisations working with people with diabetes	Keep informed
	Targeted equalities and impact assessment work:	(via all activity)
	• Age	
	• Sex	
	• Gender Reassignment	
	• Pregnancy & Maternity	
	• Disability	
	• Sexual Orientation	
	• Marriage and Civil Partnership	
	• Religion or Belief	
	• Race	
	• Carers	
	• Deprivation	
	• Rurality	
	• Welsh Language	
	Local third sector organisations working with carers	Keep informed

Patterson, Liz
07/09/2020 08:50:16



Audience	Proposed Activity	Who	Activity Log
A: Patients, Service Users and Carers, Customers and Customer Proxies	Podiatrists to engage with podiatry service users during the engagement period with a particular focus on geographies where there is a proposal to make permanent the temporary changes that have been in place and those geographies where additional changes are proposed: <ul style="list-style-type: none"> summary of proposals short MECC questionnaire (how would these proposals affect you, what steps could be taken to mitigate the impact) full engagement document available on request 	Engagement and Communication Team	Information shared by AO with all staff via Powys Announcements on 15/02 with request to share and engage with service users
		Community Services team	Vic Deakins engaging with podiatry team MECC questionnaire produced by Adrian Osborne and shared with Vic Deakins for local use
	Information about the engagement shared with PAVO and CREDU for distribution via their networks	Engagement and Communication Team	Engagement information sent by AO to PAVO and CREDU on 16/02 with request to share through their networks
	Engage with District Nurses to raise awareness via Leg Clubs	Community Services team	Information shared via Powys Announcements
	Offer presentation to Diabetes Service User and Carer Forums	Community Services team	NB the Diabetes Service User and Carer Forums are not meeting during the engagement period but information will be shared via planning team and diabetes nursing
		Engagement and Communication Team	Information sent by AO to Mike Griffiths to Sally Ann Jones for distribution to the Groups on 16/02

Patterson, Liz
07/09/2020 08:50:16



Sector	Audiences	Impact / Influence
<p>B: Public and Communities</p> <p>Patterson, Liz 07/09/2020 08:50:16</p>	Public and communities:	Keep Informed
	<ul style="list-style-type: none"> Public and Communities across Powys 	
	PTHB Health Forums in:	Engage Closely
	<ul style="list-style-type: none"> All Health Forums in Powys 	
	PAVO Community Connectors:	Keep Informed
	<ul style="list-style-type: none"> All Community Connectors in Powys 	
	Town and Community Council areas:	Keep Informed
	<ul style="list-style-type: none"> All Town & Community Councils in Powys 	
	Local community networks and organisations:	Keep Informed
	<ul style="list-style-type: none"> All Community networks and organisations in Powys 	
	Social media channels (e.g. hyperlocal):	Keep Informed
	<ul style="list-style-type: none"> PTHB social media channels 	



Audience	Proposed Activity	Who	Record of Activity
B: Public and Communities	Share information about the engagement via social media channels and PTHB website	Engagement and Communication Team	Information went live on 16/02 ready for start of engagement. Posts on PTHB Facebook page on 17/02
	Send information about the engagement to Health Focus Groups in Powys – offer to attend those Groups in affected areas taking place during the engagement period	Engagement and Communication Team	Information distributed by AO to HFG key contacts on 16/02 NB where Health Focus Groups / PPGs are meeting during the engagement period these are listed in the Activity Log. Those that are not meeting will receive information via distribution.
	Send information about the engagement to Town and Community Councils in Powys	Engagement and Communication Team	Information distributed by AO on 16/02
	Send information about the engagement to PAVO Community Connectors in Powys	Engagement and Communication Team	Information distributed by AO on 16/02
	Share information via community networks	All partners to be encouraged to share information via their networks	Shared with partners for onward syndication
	Reactive – respond to requests to attend Health Focus Groups with priority to Llanfyllin, Rhayader and Crickhowell (areas with HFGs where changes are proposed)	Community Services Team	Shared with HFG members
	Information will be available at existing continuous engagement events	Engagement and Communication Team	Reduction of continuous engagement programme during Coronavirus
	CHC will be asked to share information at their programme of continuous engagement events	Powys CHC	Information distributed by AO to CHC on 14/02
Patterson, Liz 07/09/2020 08:50:16			

Sector	Audiences	Impact / Influence
C: PTHB Staff and Contractors	PTHB Board, IMs and Executive Team	Engage Closely
	PTHB Staff	
	• All staff	Keep Informed
	• Podiatry Staff	Engage Closely
	• Diabetes Nurses	Engage Closely
	• District Nurses / Leg Clubs	Engage Closely
	• Tissue Viability Nurses	Engage Closely
	• Heads of Nursing and Midwifery	Keep Informed
	• Heads of Therapies and Health Sciences	Keep Informed
	Primary Care	
	• General Practice across Powys	Keep Informed
	• Community pharmacy in Powys	Keep Informed
	Cluster	
	• All three clusters	Engage Closely
	PTHB Partnership Forum	Keep informed

Patterson, Liz
07/09/2020 08:50:16

Audience	Proposed Activity	Who?	Activity Log
<div>C: PTHB Staff and Contractors</div> <div> <div>Patterson, Liz</div> <div>07/09/2020 08:50:16</div> </div>	Issue information to all PTHB staff via Powys Announcements (launch of engagement plus mid term reminder)	Engagement and Communication Team	Information distributed by AO on 15/02
	Ensure all podiatry staff are aware, and that they have information to enable them to engage with service users	Community Services Team / E&C Team	Powys Announcement issued by AO on 15/02
	Ensure all DNs / Leg Clubs are aware, and that they have information to enable them to engage with service users	Community Services Team / E&C Team	Powys Announcement issued by AO on 15/02
	Ensure all Diabetes Nurses are aware, and that they have information to enable them to engage with service users	Community Services Team / E&C Team	Powys Announcement issued by AO on 15/02
	Ensure all Tissue Viability Nurses are aware, and that they have information to enable them to engage with service users	Community Services Team / E&C Team	Powys Announcement issued by AO on 15/02
	Share information with PTHB Partnership Forum	Engagement and Communication Team / Director of Therapies and Health Science / Director of Primary Care, Community & Mental Health Services	Information sent to LPF by AO on 15/02
	Share information with General Practice and Community Pharmacy in Powys	Primary Care Team / E&C Team	Information sent to Primary Care for onward distribution by AO on 15/02
	Share information with Clusters and offer to attend cluster meeting	Community Services Team / E&C Team	Information sent to Primary Care for onward distribution by AO on 15/02
	NB attend clinical / professional meetings as appropriate and/or brief appropriate representative to share the proposals	Community Services Team / E&C Team	
	Board Members	Engagement and Communication Team / Director of Therapies and Health Science / Director of Primary Care, Community & Mental Health Services	Information sent via Powys Announcement to all staff on 15/02 and also included in "The Week" to Board Members

Sector	Audiences	Impact / Influence
D: Partner Organisations	Partnerships	Keep Informed
	• Public Service Board, Regional Partnership Board, Age Well Partnership, Live Well Partnerships, Start Well Partnership	
	Powys County Council	Keep Informed
	• Adult Social Care	
	Powys Association of Voluntary Organisations (and via PAVO to local third sector)	Keep Informed
	Age Cymru and CAMAD – partners in the delivery of nail cutting services	Engage Closely
	Leg Clubs	Keep Informed
	Mid Wales Joint Committee	Keep Informed
	Third Sector Organisations:	Keep Informed
	• Via PAVO	

Patterson,Liz
07/09/2020 08:50:16



Audience	Proposed Activity	Who?	Activity Log
D: Partner Organisations	Meet with Age Cymru and CAMAD to discuss the proposals and engage with them in the future model	Community Services Team	Check with Victoria Deakins
	Email the engagement materials to key partners listed on previous page – PCC, PAVO, PSB, RPB (and via RPB to Age Well, Live Well, Start Well)	Engagement and Communication Team	Information sent to RPB secretariat for onward distribution by AO on 16/02
			Information sent to PCC CEO and DoSS by AO on 16/02
			Information sent to PAVO CEO by AO on 16/02
			Information sent by AO to MWJC PPI group and secretariat on 18/02

Patterson, Liz
07/09/2020 08:50:16



Sector	Audiences	Impact / Influence
E: National Bodies	Welsh Government:	
	• Welsh Government Therapies leadership (Ruth Crowder)	Keep Informed
	• Welsh Government Health and Social Care comms team (Steve Robbins)	Keep Informed

Patterson, Liz
07/09/2020 08:50:16

Audience	Proposed Activity	Who	Activity Log
E: National Bodies	Ensure that Welsh Government therapies leadership (Ruth Crowder) is aware	Engagement and Communication Team / Director of Therapies and Health Science	Information sent by AO to Ruth Crowder on 15/02
	Ensure that Welsh Government comms team is aware	Engagement and Communication Team	Information sent by AO to WG Comms on 15/02

Patterson, Liz
07/09/2020 08:50:16

Sector	Audiences	Impact / Influence
F: Unions and Professional Bodies	PTHB Partnership Forum	Keep Informed

Patterson, Liz
07/09/2020 08:50:16

Audience	Proposed Activity	Who?	Activity Log
F: Unions and Professional Bodies	Email the engagement information to the stakeholders listed on the previous page – Partnership Forum	E&C Team / Director of Therapies and Health Science / Director of Primary Care, Community & Mental Health Services	Information sent to LPF by AO on 15/02

Patterson, Liz
07/09/2020 08:50:16

Sector	Audiences	Impact / Influence
G: Political	Assembly Members	
	• All constituency AMs and regional AMs)	Keep Satisfied
	Members of UK Parliament	
	• All MPs	Keep Satisfied
	Powys County Councillors	
	• All Powys County Councillors	Keep Satisfied

Patterson, Liz
07/09/2020 08:50:16

Audience	Proposed Activity	Who?	Activity Log
G: Political	Email the engagement document to AMs, MPs, Powys County Councillors – offer phone call or meeting if they need further information, keep lines of communication open, update them on “no surprises” basis	E&C Team / Director of Therapies and Health Science / Director of Primary Care, Community & Mental Health Services	Information sent by AO to Russell George, Kirsty Williams, Helen Mary Jones, Neil Hamilton, Joyce Watson, Eluned Morgan on 16/02
			Information sent by AO to Craig Williams and Fay Jones on 16/02
			Information sent by AO to all Powys County Councillors on 16/02

Patterson, Liz
07/09/2020 08:50:16

Sector	Audiences	Impact / Influence
H: Scrutiny and Regulation	Powys Community Health Council	Engage Closely

Patterson, Liz
07/09/2020 08:50:16



Audience	Proposed Activity	Who?	Activity Log
H: Scrutiny & Regulation	Offer to attend meeting of CHC to present the proposals	E&C Team / Director of Therapies and Health Science / Director of Primary Care, Community & Mental Health Services	Draft proposals presented to CHC Exec/SPC in January Information sent to CHC by AO on 14/02 Presentation to CHC Executive on 26 May
	Share information with Chair / Clerk of PCC Health and Care Scrutiny Committee	E&C Team / Director of Therapies and Health Science / Director of Primary Care, Community & Mental Health Services	Information sent by AO to all PCC Councillors on 16/02 and also separate note to Clerk

Patterson, Liz
07/09/2020 08:50:16

Sector	Audiences	Impact / Influence
I: Media	Newspapers	Keep Informed
	• Powys County Times, Brecon & Radnor Express, Mid Wales Journal)	
	• Y Blewyn Glas [Machynlleth], Plu'r Gweunydd [North Montgomeryshire], Golwg [national]	
	Radio	Keep Informed
	• BBC Radio Wales, Heart FM	
	• Iaith Gymraeg e.g. BBC Radio Cymru	
	Online	
	• Local online outlets	

Patterson, Liz
07/09/2020 08:50:16

Audience	Proposed Activity	Who?	Activity Log
I: Media	Share information with local media	Engagement and Communication Team	Issued to local media on 19/02

Patterson, Liz
07/09/2020 08:50:16

Sector	Audiences	Impact / Influence
J: Business and Supply Chain	Not applicable	

Patterson, Liz
07/09/2020 08:50:16

Audience	Proposed Activity	Who?	Activity Log
J: Business & Supply Chain	No activity identified	Not applicable	Not applicable

Patterson, Liz
07/09/2020 08:50:16

Sector	Audiences	Impact / Influence
K: Other	Other	

Patterson, Liz
07/09/2020 08:50:16

Audience	Proposed Activity	Who?	Activity Log
K: Other	No activity identified	Not applicable	Not applicable

Patterson, Liz
07/09/2020 08:50:16





GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Section 3

Local Activity Plan

Patterson, Liz
07/09/2020 08:50:16

PTHB Activity Schedule: January 2020

Date	Event / Activity	Audience	Responsibility / Status
21 January	SBAR submitted to Powys CHC Executive Committee	H: Scrutiny and Regulation	Jamie Marchant / Adrian Osborne COMPLETE
21 January	Discuss SBAR at Powys CHC Services Planning Committee	H: Scrutiny and Regulation	Hayley Thomas / Adrian Osborne / Jason Crowl COMPLETE

Patterson, Liz
07/09/2020 08:50:16

PTHB Activity Schedule: 1 to 17 February 2020

Date	Event / Activity	Audience	Responsibility / Status
1 February	Updated Engagement Document and Engagement Plan issued for review by Jamie Marchant, Claire Madsen, Hayley Thomas, Victoria Deakins, Adrian Osborne, Jason Crowl	Process	COMPLETE – shared with colleagues by AO
	Review and endorsement by PTHB CEO	Process	COMPLETE
6 February	Review of updated document and engagement plan with Powys CHC	Powys CHC	COMPLETE AO sent updated engagement document and engagement plan to CHC Chief Officer
11 Feb	Powys Announcement issued to PTHB staff to trail the forthcoming engagement period	PTHB staff	COMPLETE – Powys Announcement issued
14 Feb	Engagement document due back from translation	Process	COMPLETE
16 Feb	Finalise EN and CY versions of engagement document for publication and distribution	Process	COMPLETE
16 Feb	Create and publish website	Process	COMPLETE
17 Feb	Launch of Engagement Period	Process	COMPLETE
17 Feb	Powys Announcement to all staff announcing engagement period and sharing engagement documents	PTHB Staff	COMPLETE – Powys Announcement issued
17 Feb	Issue Engagement document to stakeholders as per stakeholder analysis	All as per stakeholder analysis	COMPLETE

Patterson, L.
07/09/2020 08:50:16

PTHB Activity Schedule: 17-29 February 2020

Date	Event / Activity	Audience	Responsibility / Status
Launch	Issue information to staff to ask to share with patients and service users	A	AO - COMPLETE
Launch	Issue to PAVO and Credu to ask to share with networks	A	AO - COMPLETE
Launch	Send to Diabetes Forums key contacts to ask to share with members	A	AO - COMPLETE
Launch	Send to HFG key contacts for ask to share with members	B	AO - COMPLETE
Launch	Add to website and social media	B	AO - COMPLETE
Launch	Issue information to all staff via Powys Announcements	C	AO - COMPLETE
Launch	Issue to Staff Side representatives	C	AO - COMPLETE
Launch	Issue to Primary Care Team for distribution to GPs and Clusters	C	AO - COMPLETE
Launch	Issue to PCC key contacts, PAVO, Credu, RPB	D	AO - COMPLETE
Launch	Issue to WG Key contacts	E	AO - COMPLETE
Launch	Issue to PTHB Partnership Forum	F	AO - COMPLETE
Launch	Issue to AMs	G	AO - COMPLETE
Launch	Issue to MPs	G	AO - COMPLETE
Launch	Issue to PCC Councillors	G	AO - COMPLETE
Launch	Issue to Powys CHC	H	AO - COMPLETE
Launch	Issue to PCC Health & Care Scrutiny Committee	H	AO - COMPLETE
Launch	Issue to media	I	AO - COMPLETE

PTHB Activity Schedule: March to May 2020

Date	Event / Activity	Audience	Responsibility / Status
March	During March the UK entered a period of heightened response to Coronavirus (COVID-19) and face-to-face opportunities for engagement reduced in order to restrict the spread of the virus. Online engagement continued, with the online survey portal remaining open for comment	All	PTHB Engagement and Communication Team
29 March	(Original end date for engagement)		EXTENDED DUE TO CORONAVIRUS
1 May	Discussion with CHC regarding closure of engagement	CHC	HT/AO - COMPLETE
2 May	Social media and digital activity to announce that engagement will end on 12 May ("ten days left")	All	PTHB Engagement and Communication Team-COMplete
5 May	Social media and digital activity to announce that engagement will end on 12 May ("five days left")	All	PTHB Engagement and Communication Team-COMplete
11 May	Social media and digital activity to announce that engagement will end on 12 May ("one day left")	All	PTHB Engagement and Communication Team-COMplete
12 May	End of Engagement (extended during Coronavirus (COVID-19))	Process	COMPLETE
13 May	Engagement responses sent to CHC Chief Officer	Process	AO - COMPLETE
13 May	Engagement responses sent to Lead Directors	Process	AO – Sent to Lead Directors, Lead Clinician
14 May	Review meeting – AO, VD, KL	Process	
26 May	Powys CHC Executive Committee	Process	



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Section 4

Engagement Materials

Patterson, Liz
07/09/2020 08:50:16

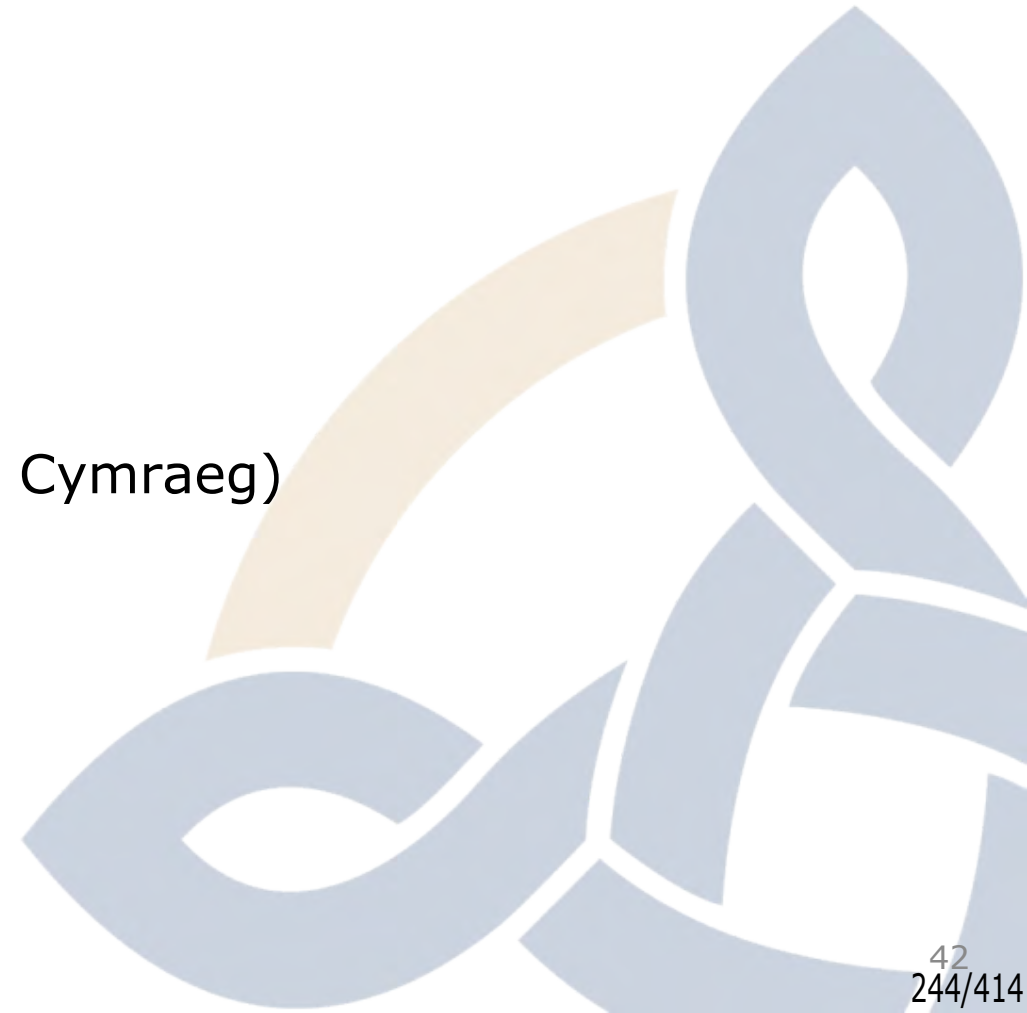
Last Updated: 19/05/20

Overview

The following section can be used to embed (or link to) copies of your main engagement materials.

Provide a summary list here, e.g.

- Engagement Document (English and Cymraeg)
- Questionnaire (English and Cymraeg)
- Web Page (English and Cymraeg)
- Covering Letter (English and Cymraeg)
- Short Questionnaire for podiatry clinics (English and Cymraeg)
- Staff Bulletin (English)
- Social Media Materials



Engagement Document

EN & CY

- ❖ An Engagement Document is available in Cymraeg and English

 **GIG Cymru NHS Wales** Bwrdd Iechyd Addysgu Powys Powys Teaching Health Board

Ateb yr Heriau mewn Gwasanaethau Podiatreg ym Mhowys:
Ailddylunio Gwasanaethau ar gyfer y Dyfodol

THE HEALTH AND CARE STRATEGY FOR POWYS 'AT A GLANCE'

OUR FUTURE VISION
In 2027, we will have a vision of the future of health and care in Powys.

WE ARE DEVELOPING A VISION OF THE FUTURE OF HEALTH AND CARE IN POWYS...

WE ARE TO DELIVER THIS VISION THROUGHOUT THE LIVES OF THE PEOPLE OF POWYS...


WE WILL SUPPORT PEOPLE TO IMPROVE THEIR HEALTH AND WELLBEING THROUGH...

OUR PRIORITIES AND ACTION WILL BE DRIVEN BY OUR PRINCIPLES...

THE FUTURE OF HEALTH AND CARE WILL IMPROVE THROUGH...

Yn Ceisio'ch Barn Chi
17 Chwefror 2020 i 29 Mawrth 2020

Ymgysylltiad Podiatreg BIAP, Chwefrodod 2020

 **GIG Cymru NHS Wales** Bwrdd Iechyd Addysgu Powys Powys Teaching Health Board

Meeting the Challenges in Podiatry Services in Powys:
Redesigning Services for the Future

THE HEALTH AND CARE STRATEGY FOR POWYS 'AT A GLANCE'

OUR FUTURE VISION
In 2027, we will have a vision of the future of health and care in Powys.

WE ARE DEVELOPING A VISION OF THE FUTURE OF HEALTH AND CARE IN POWYS...

WE ARE TO DELIVER THIS VISION THROUGHOUT THE LIVES OF THE PEOPLE OF POWYS...

WE WILL SUPPORT PEOPLE TO IMPROVE THEIR HEALTH AND WELLBEING THROUGH...

OUR PRIORITIES AND ACTION WILL BE DRIVEN BY OUR PRINCIPLES...

THE FUTURE OF HEALTH AND CARE WILL IMPROVE THROUGH...

Seeking Your Views
17 February 2020 to 29 March 2020

PTHB Podiatry Engagement, February 2020

Patterson, Liz
07/09/2020 08:50:16

Questionnaire

EN & CY



A survey questionnaire is available from www.smartsurvey.co.uk/s/powyspodiatry and printed copies are available below

Ateb yr Heriau mewn Gwasanaethau Podiatreg ym Mhowys: Ailddylunio Gwasanaethau ar gyfer y Dyfodol

Cwblhewch yr holiadur hwn ar-lein yn www.smartsurvey.co.uk/s/podiatregpowys

1. Cyflwyniad

Rydym yn ceisio barn ar y ffordd yr ydym yn darparu gwasanaethau podiatreg ym Mhowys yn y dyfodol. Galiwch ddarganfod mwy yn ein dogfen ymgysylltu sydd ar gael ar ein gwefan drwy www.llapowys.cymru.nhs.uk/ymgyysylltu-a-podiatreg

Mae'r ddogfen ymgysylltu yn esbonio'r cyfleoedd a'r heriau sy'n wynebu'r gwasanaeth, y camau rydym ni eisoes wedi'u cynrydoli i fynd i'r afael â'r heriau, y materion rydym ni'n dal i'w hwynebu, a chysigion ar gyfer y dyfodol. Mae amon angen eich barn fel y gallwn wneud y penderfyniadau gorau er mwyn cynnal gwasanaethau podiatreg ym Mhowys. Os hoffech gael y wybodaeth hon mewn iaith neu fformat amgen, cysylltwch â ni drwy powys.engagement@wales.nhs.uk

Llenwch yr arolwg hwn erbyn 29/03/2020

*Ddiolch.
Tîm Ymgysylltu a Chylfatrebu, Bwrdd Iechyd Addysgu Powys, Ysbyty Bronllys, Bronllys, Aberhonddu, Powys LD3 0LS*

Bydd yr holl ymatebion yn cael eu rhannu â Chyngor Iechyd Cymuned Powys a gellir eu gwneud yn gyhoeddus, felly tynnwch sylw at unrhyw wybodaeth gyfrinachol neu ddeunydd arall nad ydych am gael ei gyhoeddi. Er enghraifft, trwy gynnwys y wybodaeth mewn cromfachau a'i marcio'n gyfrinachol: [CYFRINACHOL: gylid'r wybodaeth yr ydych am ei darparu i ni na ddylid ei chyhoeddi yn dilyn]

Peidiwch â chynnwys gwybodaeth feddygol andanoch chi'n hun neu berson arall a allai eich adnabod chi neu'r person hwnnw.

2. Amdanoch chi

1. Ydych chi'n byw ym:

☐ Mhowys

☐ Arall (nodwch os gwelwch yn dda)

Meeting the Challenges in Podiatry Services in Powys: Redesigning Services for the Future

This questionnaire can be completed online at www.smartsurvey.co.uk/s/powyspodiatry

1. Introduction

We are seeking views on the way we deliver podiatry services in Powys in the future.

You can find out more in our engagement document which is available from our website at www.powyshb.wales.nhs.uk/podiatry-engagement. The engagement document explains the opportunities and challenges facing the service, the steps we have already taken to address challenges, the issues we still face, and proposals for future.

We need your views so that we can make the best decisions in order to maintain podiatry services in Powys.

If you would like this information in an alternative language or format please contact us at powys.engagement@wales.nhs.uk

Please complete this survey by 29 March 2020.

Thank you.
Engagement and Communication Team, Powys Teaching Health Board, Bronllys Hospital, Bronllys, Brecon, Powys LD3 0LS

All responses will be shared with the Powys Community Health Council and may be made public, so please highlight any confidential information or other material that you do not wish to be made public. For example, by including the information in brackets and marking it as confidential: [CONFIDENTIAL: followed by the information you wish to provide to us that should not be made public]

Do not include medical information about yourself or another person that could identify you or that person.

2. About You

1. Do you live in:

☐ Powys

☐ Other (please specify):

Patterson, Liz
07/09/2020 08:50:16

❖ A dedicated web page has been established on the health board website:

❖ EN: www.powysthb.wales.nhs.uk/podiatry-engagement

❖ CY: www.biapowys.cymru.nhs.uk/ymgysylltu-a-podiatreg

Patterson, Liz
07/09/2020 08:50:16

Public and Stakeholder Bulletin

EN & CY

- ❖ A public and stakeholder bulletin is available to raise awareness of the engagement with partners.

English OverleafBwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

**Ateb yr Heriau mewn Gwasanaethau Podiatreg ym Mhowys: Ailddynllunio Gwasanaethau ar gyfer y Dyfodol
Yn Ceisio'ch Barn Chi
17 Chwefror 2020 i 29 Mawrth 2020**

Annwyl Gyfaill

Mae Bwrdd Iechyd Addysgu Powys yn ceisio barn ar y ffordd yr ydym yn darparu gwasanaethau podiatreg ym Mhowys yn y dyfodol.

Gallwch ddarganfod mwy yn ein dogfen ymgysylltu sydd ar gael ar ein gwefan drwy www.biapowys.cymru.nhs.uk/ymgysylltu-a-podiatreg neu Tim Ymgysylltu a Chyfathrebu, Bwrdd Iechyd Addysgu Powys, Ysbyty Bronllys, Bronllys, Aberhonddu, Powys LD3 0LS (powys.engagement@wales.nhs.uk / 01874 712486)

Mae'r ddogfen ymgysylltu yn esbonio'r cyfleoedd a'r heriau sy'n wynebu'r gwasanaeth, y camau rydyn ni eisoes wedi'u cymryd i fynd i'r afael â'r heriau, y materion rydyn ni'n dal i'w hwynebu, a chynigion ar gyfer y dyfodol.

Mae arnom angen eich barn fel y gallwn wneud y penderfyniadau gorau er mwyn cynnal gwasanaethau podiatreg ym Mhowys.

Os hoffech gael rhagor o wybodaeth, neu os hoffech gael y wybodaeth hon mewn iaith neu fformat amgen, cysylltwch â'r Tim Ymgysylltu a Chyfathrebu, Bwrdd Iechyd Addysgu Powys, Ysbyty Bronllys, Bronllys, Aberhonddu, Powys LD3 0LS (powys.engagement@wales.nhs.uk / 01874 712486)

Rydym yn croesawu eich barn erbyn 29 Mawrth 2020.

Gallwch rannu eich adborth gan ddefnyddio'r holiadur yn y ddogfen ymgysylltu, neu ddefnyddio ein harolwg ar-lein drwy www.smartsurvey.co.uk/s/PodiatregPowys

Diolch yn fawr

Claire Madsen
Cyfarwyddwr Therapiau a Gwyddorau Iechyd, Bwrdd Iechyd Addysgu Powys

Jamie Marchant
Cyfarwyddwr Gwasanaethau Gofal Sylfaenol, Cymunedol ac Iechyd Meddwl, Bwrdd Iechyd Addysgu Powys

Patterson, Liz
07/09/2020 08:50:16

Covering Letter

EN & CY

❖ A covering letter is available to launch the consultation and provide summary information (e.g. providing a short version of the information that can be shared in podiatry clinics, Leg Clubs etc.).

Annwyl Gyfaill	Dear Colleague
Ateb yr Heriau mewn Gwasanaethau Podiatreg ym Mhowys: Aiddynllunio Gwasanaethau ar gyfer y Dyfodol	Meeting the Challenges in Podiatry Services in Powys: Redesigning Services for the Future
Mae Bwrdd Iechyd Addysgu Powys yn ceisio barn ar y ffordd yr ydym yn darparu gwasanaethau podiatreg ym Mhowys yn y dyfodol.	Powys Teaching Health Board is seeking views on the way we deliver podiatry services in Powys in the future.
Gallwch ddarganfod mwy yn ein dogfen ymgysylltu sydd ar gael ar ein gwefan drwy www.biapowys.cymru.nhs.uk/ymgysylltu-a-podiatreg	You can find out more in our engagement document which is attached and also available from our website at www.powysthb.wales.nhs.uk/podiatry-engagement
Mae'r ddogfen ymgysylltu yn esbonio'r cyfleoedd a'r heriau sy'n wynebu'r gwasanaeth, y camau rydyn ni eisoes wedi'u cymryd i fynd i'r afael â'r heriau, y materion rydyn ni'n dal i'w hwynebu, a chynigion ar gyfer y dyfodol.	The engagement document explains the opportunities and challenges facing the service, the steps we have already taken to address challenges, the issues we still face, and proposals for future.
Mae arnom angen eich barn fel y gallwn wneud y penderfyniadau gorau er mwyn cynnal gwasanaethau podiatreg ym Mhowys.	We need your views so that we can make the best decisions in order to maintain podiatry services in Powys.
Os hoffech gael rhagor o wybodaeth, neu os hoffech gael y wybodaeth hon mewn iaith neu fformat amgen, cysylltwch â ni drwy powys.engagement@wales.nhs.uk	If you would like to discuss this further, or if you would like this information in an alternative language or format please contact us at powys.engagement@wales.nhs.uk
Rydym yn croesawu eich barn erbyn 29 Mawrth 2020.	We welcome your views by 29 March 2020.
Gallwch rannu eich adborth gan ddefnyddio'r holiadur yn y ddogfen ymgysylltu, neu ddefnyddio ein harolwg ar-lein drwy www.smartsurvey.co.uk/s/PodiatreePowys	You can share your feedback using the questionnaire in the engagement document, or using our online survey at www.smartsurvey.co.uk/s/PodiatreePowys
Diolch yn fawr	Thank you
Claire Madsen, Cyfarwyddwr Therapiau a Gwyddorau Iechyd, Bwrdd Iechyd Addysgu Powys	Claire Madsen, Director of Therapies and Health Sciences, Powys Teaching Health Board
Jamie Marchant, Cyfarwyddwr Gwasanaethau Gofal Sylfaenol, Cymunedol ac Iechyd Meddwl, Bwrdd Iechyd Addysgu Powys	Jamie Marchant, Director of Primary Care, Community and Mental Health Services, Powys Teaching Health Board


Patterson, Liz
07/09/2020 08:50:16

Short Questionnaire

EN & CY



A short questionnaire has been created for podiatrists to use in their clinics to gather rapid feedback from patients, particularly those who will be most affected by the proposals (e.g. Rhayader, Crickhowell, Presteigne, Llanfair Caereinion, Llanfyllin).


Patient Questionnaire		Bwrdd Iechyd Addysgu Powys Powys Teaching Health Board
Meeting the Challenges in Podiatry Services in Powys: Redesigning Services for the Future		
Seeking Your Views		
17 February 2020 to 29 March 2020		
<p>Dear Patient</p> <p>Powys Teaching Health Board is seeking views on the way we deliver podiatry services in Powys in the future.</p> <p>You can find out more in our engagement document which is available from the team here today, from our website at www.powysthb.wales.nhs.uk/podiatry-engagement or from the Engagement and Communication Team, Powys Teaching Health Board, Bronllys Hospital, Bronllys, Brecon, Powys LD3 0LS (powys.engagement@wales.nhs.uk and 01874 712486).</p> <p>The engagement document explains the opportunities and challenges facing the service, the steps we have already taken to address challenges, the issues we still face, and proposals for future.</p> <p>We need your views so that we can make the best decisions in order to maintain podiatry services in Powys.</p> <p>We welcome your views by 29 March 2020.</p> <p>In order to help us gather feedback, we are using the short questionnaire overleaf to seek the views of patients and their family & carers at our clinic today. Please leave your completed form with the team here today, or send it to Engagement and Communication Team, Powys Teaching Health Board, Bronllys Hospital, Bronllys, Brecon, Powys LD3 0LS.</p> <p>If you would like to provide more detailed feedback then you can use the longer questionnaire in the engagement document, or our online survey at www.smartsurvey.co.uk/s/powyspodiatry</p> <p>Thank you</p> <p><i>Claire Madsen</i> Director of Therapies and Health Sciences, Powys Teaching Health Board</p> <p><i>Jamie Marchant</i> Director of Primary Care, Community and Mental Health Services, Powys Teaching Health Board</p>		

Patterson, Liz
07/09/2020 08:50:16

Last Updated: 19/05/20

❖ A “Powys Announcement” staff bulletin has been issued to launch the engagement period, and reminders will be issued during the engagement period.

Patterson, Liz
07/09/2020 08:50:16



Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Cyhoeddi Powys
Powys Announcement

Cyhoeddwyd / Issued
14/02/2020
Diwedd / Expires
29/03/2020

Seeking Your Views on Podiatry
Services

Powys Teaching Health Board is seeking views on the way we deliver podiatry services in Powys in the future.

Engagement is taking place from 17 February 2020 to 29 March 2020.

You can find out more in our engagement document which is attached and also available from our website at www.powysthb.wales.nhs.uk/podiatry-engagement

The engagement document explains the opportunities and challenges facing the service, the steps we have already taken to address challenges, the issues we still face, and proposals for future.

We need your views so that we can make the best decisions in order to maintain podiatry services in Powys.

Information will also be shared via our social media channels, and we would be grateful for the help of colleagues across Powys Teaching Health Board to share this information with your patients, service users, local networks and communities across Powys.

Please contact the Engagement and Communication Team at powys.engagement@wales.nhs.uk if you need further information including printed copies of the engagement document

We welcome all views by 29 March 2020.

You can share your feedback using the questionnaire in the engagement document, or using our online survey at www.smartsurvey.co.uk/s/powyspodiatry

Checklist:

All PTHB managers and team leaders should:

- ☒ Share this information with your teams as appropriate – a printed copy is attached.

All PTHB colleagues can:

- ☒ Share your views as part of this engagement on the future of podiatry services in Powys
- ☒ Get in touch if you can help us with this engagement process to redesign podiatry services in Powys.

Further Information:

This Powys Announcement has been shared on behalf of Claire Madsen (Director of Therapies and Health Sciences), Jamie Marchant (Director of Primary Care, Community and Mental Health Services) and Victoria Deakins (Head of Therapies, Community Services).

Get in touch with the Engagement and Communication Team at powys.engagement@wales.nhs.uk if you can help with the engagement process

Digital Materials

EN



Digital materials were used at various points in the engagement to raise awareness via social and digital channels

This poster is for the 'Meeting the Challenges in Podiatry Services in Powys: Redesigning Services for the Future' engagement. It features the GIG CYMRU NHS WALES logo and the Powys Teaching Health Board name. The main text is in Welsh and English, stating the dates 17 Chwefror 2020 tan 12 Mai 2020 (17 February 2020 to 12 May 2020). The poster is divided into two columns: 'Dweud Eich Dweud' (Say what you say) and 'Have Your Say'. The left column says 'Deg diwrnod tan i'r ymgysylltu gau, am hanner nos ar 12 Mai 2020' (Ten days until the engagement ends at midnight on 12 May 2020). The right column says 'Ten days until the engagement ends at midnight on 12 May 2020'. At the bottom, it provides the website www.biapowys.cymru.nhs.uk/ymgysylltu-a-podiatreg and www.powysthb.wales.nhs.uk/podiatry-engagement.

This poster is for the 'Meeting the Challenges in Podiatry Services in Powys: Redesigning Services for the Future' engagement. It features the GIG CYMRU NHS WALES logo and the Powys Teaching Health Board name. The main text is in Welsh and English, stating the dates 17 Chwefror 2020 tan 12 Mai 2020 (17 February 2020 to 12 May 2020). The poster is divided into two columns: 'Dweud Eich Dweud' (Say what you say) and 'Have Your Say'. The left column says 'Pum niwrnod tan i'r ymgysylltu gau, am hanner nos ar 12 Mai 2020' (Five days until the engagement ends at midnight on 12 May 2020). The right column says 'Five days until the engagement ends at midnight on 12 May 2020'. At the bottom, it provides the website www.biapowys.cymru.nhs.uk/ymgysylltu-a-podiatreg and www.powysthb.wales.nhs.uk/podiatry-engagement.

Patterson, Liz
07/09/2020 08:50:16



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Section 5

Response and Analysis Process

Patterson, Liz
07/09/2020 08:50:16

Response Process – written / individual responses

- ❖ A survey questionnaire is included in the Engagement Document
- ❖ The survey questionnaire is also available from the engagement website, and can also be completed online via Smart Survey
- ❖ All responses will be shared with the Powys Community Health Council.
- ❖ A shorter questionnaire will be available for rapid feedback from podiatry patients in clinic sessions

Patterson, Liz
07/09/2020 08:50:16

Response Process – recording group activities

- ❖ An Event Capture Form will be used to capture group feedback from events, presentations etc. Individual attendees should also be encouraged to complete an individual questionnaire.
- ❖ Where possible, group events (e.g. Health Focus Groups) should also be used to assess whether there is any differential equality impact for the nine protected characteristics (age, sex, sexual orientation, pregnancy & maternity, gender reassignment, race, religion or belief, marriage & civil partnership, disability) as well as Carers, Deprivation, Rurality and Welsh Language.
- ❖ All event capture forms will be shared with the Powys Community Health Council.

Patterson, Liz
07/09/2020 08:50:16

Analysis Process

- ❖ Response to the engagement will be analysed by the Community Services Team who will produce:
 - ❖ An engagement report
 - ❖ An equality impact assessment
 - ❖ A recommendation on the next steps following engagement

Patterson, Liz
07/09/2020 08:50:16



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Section 6

PTHB Contact Details

Patterson, Liz
07/09/2020 08:50:16

PTHB Contact Details

❖ If you have questions about this Engagement, please contact:

- ❖ Victoria Deakins, Head of Therapies, Community Services, Powys Teaching Health Board
- ❖ Engagement and Communication Team, Powys Teaching Health Board, Bronllys Hospital, Bronllys, Brecon, Powys LD3 0LS – powys.engagement@wales.nhs.uk

Patterson, Liz
07/09/2020 08:50:16

Meeting the Challenges in
Podiatry Services in Powys:
Redesigning Services for the Future
Summary of Engagement Feedback
Version 2.1, 30 June 2020

Patterson.Liz
07/09/2020 08:50:16

About the Engagement

Engagement on the future shape of podiatry services in Powys Teaching Health Board was planned from 17 February 2020 to 29 March 2020. During the engagement period, the impact of Coronavirus (COVID-19) began to affect delivery, and particularly from 23 March 2020 when UK-wide restrictions were introduced to reduce the spread of infection.

The engagement was therefore kept open for comment on an ongoing basis until an extended closure date of 12 May 2020.

More information about the engagement process and delivery is available in the Engagement Report.

About the Respondents

In response to this engagement, we received 17 survey responses (R1 to R17) via the online portal where the questionnaire was marked as complete, although three respondents (R7, R9, R14) had not provided any response information within their response.

When asked to identify whether they were responding in an individual capacity:

- One respondent identified as a County Councillor (R3)
- One respondent identified as a member of a PPG (R5)
- One respondent identified as a self-employed foot health practitioner (R13) and declared this as a financial interest
- One respondent identified as a Health Focus Group (R17)

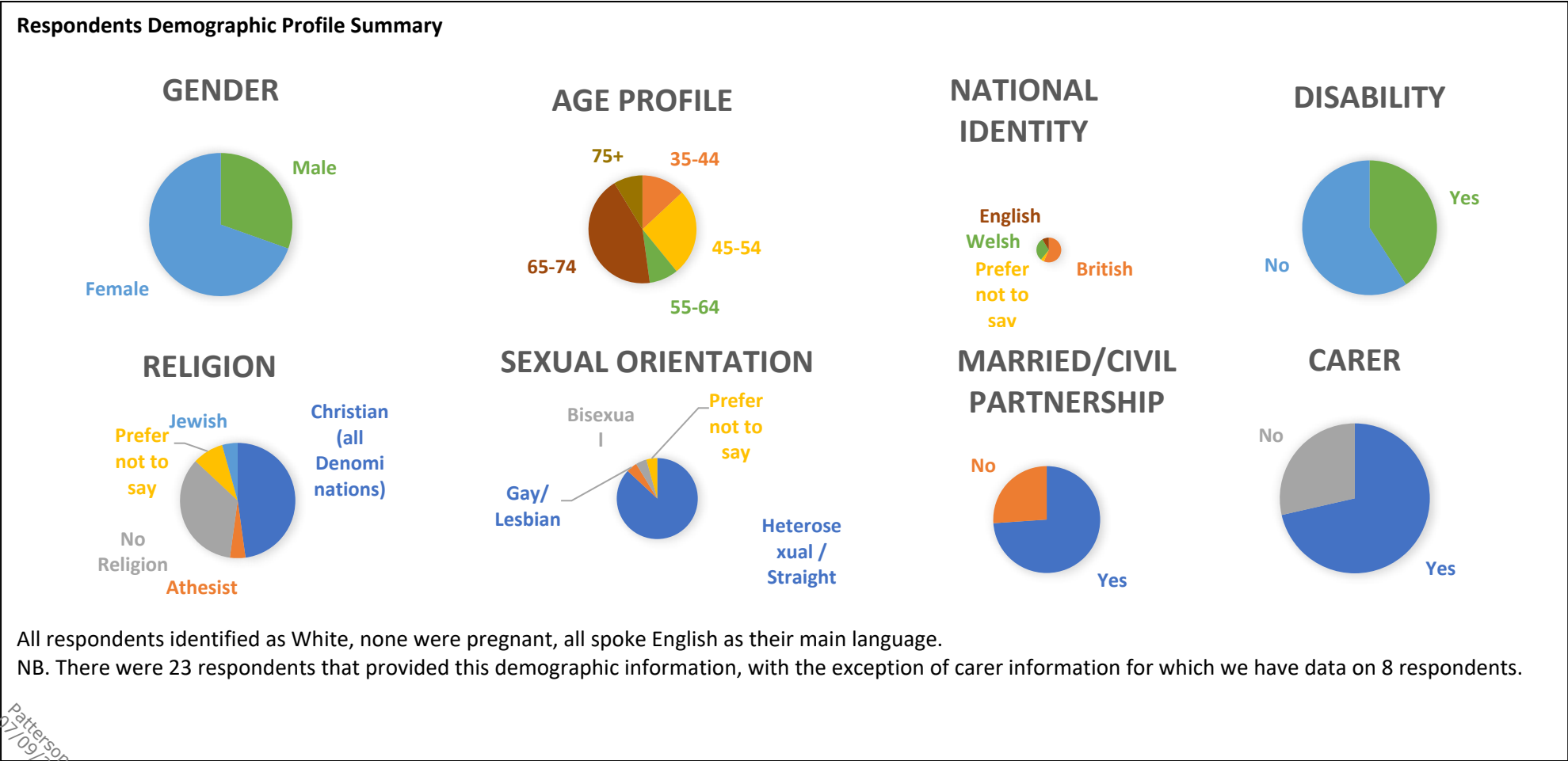
Alongside the 17 responses which were marked as complete on the survey portal, a further 60 survey responses were started but not completed and were logged as “partial responses” (P1 to P60). Comments relating to the engagement questions were only recorded in two of these questionnaires (P12 and P57).

In addition to this we logged 8 letters or calls (O1 to O8) that were not received through the online portal.

This included three members of PTHB staff, Age Cymru Powys, the Welsh Government Chief Allied Health Professions Advisor, a member of the public, a Town Council, and a representative from Newtown Access Group Accessibility Powys.

All responses were received through the medium of English.

Respondents



Response Themes

Issues raised in the responses have been mapped against the benefits realisation themes identified in the engagement document:

Assessment Domain	Strategic Principles	Examples of Feedback
Recruitment and Retention	Do What Works	<p>"Make the job a job more people want to do" (R3)</p> <p>"To achieve job satisfaction at the highest level" (R4)</p> <p>"Promotion opportunity for existing staff" (R5)</p> <p>"Be positive and focus on making work attractive" (R10)</p> <p>Facilitate child friendly working hours and encourage mature entry" (R11)</p> <p>"Hub and spoke model more workable in view of staff shortage" (R15)</p> <p>"Recruitment in this area is very challenging and we need a service model that is realistic and creates an attractive work offer" (R16)</p> <p>"In my mind the only way is to get more podiatrists" (O3)</p> <p>Promote podiatry as a career option in schools (O5)</p> <p>"The Council is of the view that workforce recruitment and retention seems to be a fundamental problem so welcomes efforts to improve working conditions and urges the Board to consider how the workforce might feel better valued through remuneration, job satisfaction and opportunities for 'upskilling/multiskilling'." (O7)</p>
Training, Supervision, Mentorship		<p>"Taking students, maybe retain them when trained" (R5)</p> <p>"Promote training opportunities at nearby universities and colleges (R12)</p>

Appendix A – Annex 1: Summary of Engagement Feedback
Version 2.1, 30 June 2020

<p>Patient Experience and Waiting Times</p>	<p>Do What Matters Offer Fair Access</p>	<p>Don't have "two wound centres in North Powys only 10 miles apart i.e. Newtown and Welshpool" (R1)</p> <p>A number of respondents identified the need for regular appointments: "As a diabetic I feel I should have regular appointments with the podiatrist" (R2)</p> <p>"Cancel the phoning up on Monday morning and make and agree the next appointment at the appointment you are attending in that day" (R4)</p> <p>"Easier to get an appointment" (R5)</p> <p>"Improve community bus service" (R5)</p> <p>Would improve "booking and appointment system" (R6)</p> <p>"Look at travel possibilities linked to various proposed sites e.g. if buses only run on Tuesday and Thursday then those are the days to have clinics. Coincide with farmers markets" (R10)</p> <p>"Maintain service in Crickhowell ... Lots of people do not have private transport, price of taxi prohibitive and lack of public transport." (R11)</p> <p>"Ensure clinic is easily accessible with nearby car parking" (R12)</p> <p>Need "greater clarity around the reach-out to support for communities who will be losing their local clinics, and how services like third sector and leg clubs can support" (R16)</p> <p>"Work with community transport providers" (R16)</p> <p>Need to improve "booking system" (R17)</p> <p>"The forms that are currently used ... are not user friendly. The current system of re-booking appointments over the phone is problematic" (O6)</p>
---	--	--

Patterson.Liz
07/09/2020 08:50:16

Appendix A – Annex 1: Summary of Engagement Feedback
Version 2.1, 30 June 2020

		"To assure that clinics will be accessible for all and otherwise that a home visit will be arranged." (O8)
Prudent Healthcare Delivery	Be Prudent	<p>Like "prevention work" (R6)</p> <p>"consider giving the assessed patient a 'voucher' that they can use in their local private provider that they would supplement" (R10)</p> <p>"Promote services of foot health practitioners within the area, easing the strain on NHS" (R13) – "Professionals have a lack of belief and confidence in the abilities of a Foot Health Practitioner" (R13)</p> <p>"Foot health practitioners would like to learn from [podiatrists] and complement the service they provide" (O6)</p> <p>Provide better "advice to patients given in group settings or leaflets sent out prior to appointments" (R15)</p> <p>"After first appointment, telephone contact may be helpful and reduce need for face to face appointments" (R15)</p> <p>"Following a cancelled appointment I went private. They were much more proactive in giving advice on foot-care and prevention of callus formation. Leaflets would be good." (R15)</p> <p>"Ascertain availability of community based foot care services – podiatry services were removed from LD6 area with no alternative community-based activity." (R17)</p> <p>Introduce prioritisation process, not able to self refer "they should be referred by GP", stricter discharge process (O3)</p>
Governance	Focus on Greatest Need Offer Fair Access	"Better governance" (R5)

Appendix A – Annex 1: Summary of Engagement Feedback
Version 2.1, 30 June 2020

<p>Service Development</p>	<p>Do What Works Work with the Strengths of People and Communities</p>	<p>Bring on new groups to help e.g. beauticians (R3)</p> <p>"Use a room in doctors surgeries as a consultation room" (R4)</p> <p>In Machynlleth, employ podiatrists from Tywyn and Bronglais areas (R4)</p> <p>"The staff did receive some training a couple of years ago with a podiatrist for nail cutting and basic foot care but I think this is something we could discuss and maybe take forward" (R6)</p> <p>Challenges "stasis, entrenched attitudes" (R10)</p> <p>Overcome isolation through "integrated approach to working in multidisciplinary teams, encouraging district nurses/physios/podiatrists to be a team for a distinct area. Provide the team with the core resource to deliver across professional boundaries – such as direct IT links during consultation" (R10)</p> <p>"Closer working with other services, physiotherapy, orthotics would improve quality of service" (R12)</p> <p>"Much better coordination of multidisciplinary care for podiatry patients based on skilled and sustainable workforce" (R16)</p> <p>"Work with third sector, leg clubs, community connectors and other local partners to identify ways to improve the local community offer. Consider outreach to leg clubs and/or 'foot club' model" (R16)</p> <p>Offer to be involved in the redesign of podiatry services (O1)</p> <p>"As part of your consideration I would like to ask you to explore how this [Patient Activation Measure] might be built into your own thoughts and options]" (O2)</p> <p>"There is certainly an opportunity to work alongside the third sector in terms of raising awareness of good foot health care as a preventative measure to help reduce the strain of the</p>
----------------------------	--	--

Patterson, Liz
07/09/2020 08:50:16

Appendix A – Annex 1: Summary of Engagement Feedback
Version 2.1, 30 June 2020

		<p>podiatry service” “there are opportunities in terms of upskilling our volunteers and utilising private Foot Health Practitioners, nursing staff and care agencies” (O6)</p> <p>“With additional funding Age Cymru Powys could increase the number of clinics” (O6)</p>
--	--	---

Patterson Liz
07/09/2020 08:50:16

In their response, Age Cymru Powys suggested a few scenarios for joined up care:

- Example of the “Joined-up Care”, is that whilst checking the lower limb of Mrs X, the Age Cymru Powys (ACP) Simply Nails (SN) co-ordinator noticed a blemish on the lateral side of her right leg. On questioning the patient, it became clear that Mrs X had knocked her leg against a table, over a few months ago, and it wouldn’t heal. The co-ordinator asked the patient if she could remove the plaster, and in doing so uncovered a nasty looking wound. The patient was insistent that by “home care” it would get better. However, after gentle persuasion, the SN co-ordinator was able to ask the persuade the client to have the district nurse have a quick look at it. The district nurse applied some iodine and a plaster over the wound and asked the patient to come back again in a weeks’ time, to enable the district nurses to monitor the progress of the wound (if unattended the wound could have easily ulcerated). Not only had the ACP SN co-ordinator picked up on the abrasion, she was also able to ask probing questions with regards to the living circumstance of the patient, if she had fallen in the last three months and how much home help/if any she was getting.
- Second example: Mrs Y attends the ACP SN clinic with her husband, every month. Mrs Y has Dementia and her husband is her sole carer. The ACP SN co-ordinator noticed on the top of a patient’s left Hallux, a large blister, un-beknown to the patient, and was concerned about the way it looked. ACP SN co-ordinator checked patient’s foot-wear and inside the shoe and could see no apparent reason as to why the blister had appeared. The ACP Co-ordinator felt comfortable enough to ask the PTHB pod, (who was working in the next room) and ask her for advice. The PTHB pod came and inspected the blister, applied iodine and appropriate dressing, and informed Mrs Ys’ husband to visit the district nurses, who were in the same building that day, and they would be able to monitor the blister, to ensure that it didn’t become infected.
- Third example ACP SN co-ordinator had built a rapport with a regular Mrs Z. Mrs Z mentioned in conversation that they were struggling to come to SN clinic on a regular basis due to funds. SN co-ordinator mentioned that ACP could help to check if Mrs Z was receiving the correct benefits. SN co-ordinator spoke to ACP I&A Officer, who in turn visited Mrs Z, at a later date, and was able to increase Mrs Z’s Attendance Allowance from the lower rate to the higher rate, as well as sign posting her to Care & Repair who helped with fitting railings outside the home.

Patterson, Liz
07/09/2020 08:50:16

Advantages and Disadvantages of the Three Options

Respondents were asked to identify advantages and disadvantages of the three options.

	Advantages	Disadvantages
Option 1	<p>"Reach more people"</p> <p>"Keep this option"</p> <p>"Keeps service local"</p> <p>"wider coverage which is better for patients in terms of accessing the service given the rurality of Powys and the problems this presents in terms of limited public transport links"</p> <p>"Many people can attend the clinics. This won't say that the buildings which are being used at the moment are always accessible for all disabilities."</p> <p>"Easier to attend local services"</p>	<p>"Parking, public transport"</p> <p>"Older disabled patients should not be expected to travel any further than they already do"</p> <p>"Governance"</p> <p>"Scrapping Crickhowell"</p> <p>"Not viable"</p> <p>"Not viable"</p> <p>"Knighton"</p> <p>"I totally agree that there is insufficient staffing to maintain this"</p> <p>"Inability to book appointments"</p>
Option 2	<p>"People know where they are going and can get there"</p> <p>"Keep to this but make it more flexible"</p> <p>"Access Crickhowell"</p> <p>"Minimal change"</p> <p>"wider coverage which is better for patients in terms of accessing the service given the rurality of Powys"</p>	<p>"Better appointment systems"</p> <p>"Not viable"</p> <p>"Not viable"</p> <p>"I totally agree that there is insufficient staffing to maintain this"</p> <p>"Disabled people have difficulties to attend clinics."</p>

Patterson.Liz
07/09/2020 08:50:16

Appendix A – Annex 1: Summary of Engagement Feedback
Version 2.1, 30 June 2020

	<p>and the problems this presents in terms of limited public transport links"</p> <p>"Not available in LD6 area – no alternative community based services"</p>	<p>"Transport, difficulty booking and availability of appointments"</p>
Option 3	<p>"Bringing other agencies in."</p> <p>"Improved governance"</p> <p>"Clearer service model and more attractive working opportunity"</p> <p>"Looks like a good compromise"</p> <p>"Consolidating the clinics to hospitals and health & care locations across Powys is a great solution. This would enable Age Cymru Powys and other third sector organisations, community groups to broad their coverage of the areas that NHS podiatry will no longer cover".</p> <p>"No alternative community based services"</p>	<p>"not getting other agencies involved"</p> <p>"Crickhowell Llangattock disadvantaged"</p> <p>"Further travel"</p> <p>"Funding for extra resource to support [additional third sector services]"</p> <p>"Increase of travel is simply not acceptable, many disabled people have got problems to travel."</p> <p>"Transport difficulties"</p>

Patterson, Liz
07/09/2020 08:50:16

Equality Impacts of the Preferred Option

Respondents were asked to identify advantages and disadvantages of the preferred option (Option 3).

	Advantages	Disadvantages
General Comments (e.g. where respondents included the comment in all categories)	<p>"Maintains a viable service in the county"</p> <p>"The Council is of the view that the proposed model may offer a better service if the clients are able to travel to the clinics by car or public transport."</p>	<p>"The main issue is increased travel."</p> <p>"Whilst it will increase travel the alternative is an unsustainable service that cannot be delivered which is worse"</p> <p>"The council is of the view that the proposed model increases the amount of travel to attend a clinic, but some clients may not have good access to car or public transport."</p>
Age	"Easier Access to Appointments"	<p>"More travelling x 2"</p> <p>"Distance for kids taken out of school"</p> <p>"Having to travel to Brecon. Do not drive and very few/irregular bus services."</p> <p>"If elderly travel more difficult"</p> <p>"Elderly people need the service in their community or at home."</p>
Disability	<p>"Easier Access to Appointments"</p> <p>"Depends on accessibility at the site"</p>	<p>"More travelling x 2"</p> <p>"Depends on accessibility at the site"</p> <p>"Having to travel to Brecon. Do not drive and very few/irregular bus services."</p> <p>"Wheelchair users transport issues"</p> <p>"Disabled people might need a more specialised service in the hospital, disabled accessible service locally or at home."</p> <p>"Further to travel, availability of transport and appointments"</p>
Gender Reassignment	No specific comments	No specific comments
Marriage and Civil Partnership	No specific comments	No specific comments

Appendix A – Annex 1: Summary of Engagement Feedback
Version 2.1, 30 June 2020

Pregnancy and Maternity	No specific comments	"More travelling"
Race	No specific comments	No specific comments
Religion or Belief	No specific comments	No specific comments
Sex	No specific comments	No specific comments
Deprivation	No specific comments	"More travelling" "Cost of travelling x 22" "Poor bus service limiting travel" "People will find that they have to go private while they cannot afford it."
Rurality	No specific comments	"More travelling" "Cost of travel" "Travel issues" "Not here Crickhowell Llangattock and surrounding area a large hub" "Clients who are living rural won't request proper footcare any longer, because they do not want to travel further." "Ease of accessing services"
Carers	No specific comments	"Travel issues" "Time and inconvenience" "Carers will get frustrated, because their clients won't get proper footcare."
Welsh Language	No specific comments	"Not everywhere in Powys is Welsh spoken well, which can give staffing issues. It is important that you have got Welsh speaking staff in areas where more Welsh is spoken."

A very detailed response from Age Cymru Powys included particular mitigations for the disadvantages, including relating to their Simply Nails service:

- Will PTHB be working with local community transport schemes?

Appendix A – Annex 1: Summary of Engagement Feedback
Version 2.1, 30 June 2020

- Would it be possible to coordinate the clinics with the day hospitals, thus saving the patient's multiple journeys?
- Appointment times would need to be considered for those patients not having to travel further.
- Improve the current booking system to make it more user friendly
- Improve the referral form to make it simpler and clearer
- The consideration given to travel appears to assume travel by car, and further account needs to be taken of ability/inability of clients to travel by current (and future) public transport services
- The effect of losing clinics will only be offset if there is a better service provided at the remaining clinics

Specific suggestions from Age Cymru in relation to the Simply Nails service included

- Expansion of Simply Nails to additional locations
- Enhanced referral pathway from podiatry to Simply Nails for more patients including diabetes, blood thinners, steroids
- Enable direct referrals from GPs to Simply Nails for clients with diabetes etc.
- Greater focus on positive foot health promotion
- Induction and ongoing training with PTHB podiatry for Simply Nails volunteers
- Consider foot health practitioner clinics

Other suggestions for mitigating impacts include:

- "Community engagement, liaise with local groups to advise and discuss the needs of the community, services were withdrawn from LD6 with no prior warning or consultation, ascertain locally based community services"
- "Liaise with local groups i.e. GP surgery, health focus group, leg club. Leg Club was set up at end of 2019. What provision is there for review of people with diabetes, those how need emergency treatment and the residents of the two care homes in LD6"

Comments on the Process:

"Bit of a pointless question when you've told us option 1 & 2 are not feasible" (about advantages / disadvantages of Option 1) (R6)

"How is this useful for patients. We just need a podiatry service not a difficult survey form" (R8)

"Engagement period too short" (O4)

Partial Responses:

60 online surveys were commenced but not completed.

Two partial responses included comments relating to the engagement questions:

- “Increasing links with Schools of Podiatry and offering work experience, secondments.” (P12)
- “Would like podiatry treatment in Powys as currently done in England” (P57)

Patterson, Liz
07/09/2020 08:50:16



Report:	Powys CHC response to PtHB - Meeting the Challenges in Podiatry Services in Powys: Redesigning Services for the Future
Date:	29 th June 2020
Author:	Katie Blackburn, Chief Officer
Attachments	Paper (and all attachments/ evidence) distributed to the members of Powys CHC Executive Committee on 24 th June 2020 for electronic consideration by Executive Committee members by 28 th June 2020.
Annex 1	Paper prepared by Chief Officer for Executive Committee
Annex 2	Consultation Document (shared with Executive Committee)
Annex 3	Engagement Feedback (shared with Executive Committee)
Annex 4	Equality Impact Assessment (shared with the Executive Committee)
Annex 5	Summary of responses received from Executive Committee members) relating to Regulations and Guidance
Annex 6	Comments from Executive Committee members against mitigation plan

Patterson, Liz
07/09/2020 08:50:16

1. Introduction

1.1 Executive Committee members were asked to electronically consider the consultation documents, and to feedback to the Chief Officer given the restrictions of COVID-19.

1.3 These were sent to:

- Frances Hunt: Chair, Powys CHC
- Dr. David Collington: Vice Chair, Powys CHC
- Dr. Anthea Wilson: Chair, Montgomeryshire Local Committee
- Cllr. David Jones: Vice Chair, Montgomeryshire Local Committee
- Jacqui Wilding: Chair, Radnorshire and Brecknock Local Committee
- Geoffrey Davies: Vice Chair, Radnorshire and Brecknock Local Cttee
- Katie Blackburn: Chief Officer
- Andrea Blayney: Deputy Chief Officer (non-voting)

1.4 Comments were received from 6 members (quorate), this response to PtHB was prepared in line with these comments.

1 Consultation

[in relation to s.27 The Community Health Councils (Constitution, Membership and Procedures)(Wales)(Amendments) Regulations 2015]

Question 1: Does the Executive Committee of Powys CHC consider that the consultation has been adequate in relation to content and time allowed?

Decision: Content – members unanimously agreed, however, it was felt that the consultation materials were quite specific in ‘dismissing’ options 1 & 2 and some respondents did question whether this was a consultation; COVID-19 has obviously considerably impacted on the consultation process; the number of responses is disappointing, however, additional time was allowed; it not clear how much more could have be done in the circumstances given the restrictions on any further outreach activity post March 2020.

Patterson,Liz
07/09/2020 08:50:16

Time allowed – it was unanimously agreed that the consultation has been adequate in relation to time allowed, COVID-19 has obviously considerably impacted on the consultation process; the number of responses is disappointing, however, additional time was allowed; it not clear how much more could have be done in the circumstances given the restrictions on any further outreach activity post March 2020.

Question 2: Does the Executive Committee of Powys CHC consider that the consultation has been adequate with regard to Powys CHC being consulted at the inception?

Decision: Unanimously agreed that the consultation undertaken has been adequate with regard to Powys CHC being consulted at the inception.

Question 3: Does the Executive Committee of Powys CHC consider that the consultation has been adequate in relation to the frequency with which Powys CHC has been consulted throughout the proposal and decision making process?

Decision: Unanimously agreed that the consultation undertaken has been adequate in relation to the frequency with which Powys CHC has been consulted throughout the proposal and decision making process.

2 Impact

[In relation to s.40:Guidance for Engagement and Consultation on Changes to Health Services]

Question 4: Does the Executive Committee of Powys CHC consider that they have had sufficient information and data to be able to assess the impact of these proposed changes?

Decision: Unanimously agreed that members had sufficient information and data to be able to assess the impact of these proposed changes. However, the low level of responses from patients and the public is of concern.

Question 5: Does the Executive Committee of Powys CHC consider that, had it felt that there were other options to consider then it had sufficient opportunity to raise these with PTHB during the process (and at the earliest opportunity)?

Decision: Members unanimously agreed that, had they felt that there were other options to consider, then they had sufficient opportunity to raise these with the PTHB during the process (and at the earliest opportunity).

3 Consideration of comments received, including any observations by Powys CHC.

[In relation to s.41:Guidance for Engagement and Consultation on Changes to Health Services]

Question 6: Having considered the comments received from Powys respondents, does the Executive Committee of Powys CHC wish to record any observations?

Observations recorded from the discussions include:

- Problems of booking repeat appointments have been raised in the past and really should have been addressed ahead of the consultation on re-configuration of the service.
- Does foot health promotion need more than leaflets in clinics and information on websites? Certainly engaging the MDT in this would be beneficial. We believe that there should be wider public engagement on foot health.
- No mention of parking - parking will be a problem. It is already very tight in the Newtown and Welshpool clinics, and the extra activity there must be putting increased pressure on parking. There must be parking pressures elsewhere too.

- Suggest looking at possibility of catering for 'multiple appointment' with other clinics/consultants to minimise the number of journeys.
- Needs to include better communication and facilitation on the use of NEPTs.
- Concern about difficulties in accessing Community Transport.
- Concern about the dependability/ vulnerability/ sustainability of public transport in rural areas.
- Concern re. impact of COVID-19 on already stretched public transport services ie viability going forward.
- Need to enable other (third sector) services not only in delivery of basic care but also in identification of need. This comes out very clearly in the response from Age Cymru.
- Welcome the MDT approach, together with closer working with Leg Clubs and the 3rd Sector.
- Fully endorse the ambition to improve the provision of domiciliary visits.

[To Note: these and other comments are included against the draft Mitigation Plan – Annex 6]

Patterson, Liz
07/09/2020 08:50:16

The Recommendation

[In relation to s.42: Guidance for Engagement and Consultation on Changes to Health Services]

Question 7: Does the Executive Committee of Powys CHC agree with Option 3 (the PTHB preferred option) as outlined in the consultation document?

Decision: Unanimously agreed the proposal contained within Option 3 subject to:

- i) receiving assurances added to the draft mitigation plan (contained within Annex 6).
- ii) Monthly updates being provided by PTHB to the Executive Committee members of Powys CHC

Question 8: Is the Executive Committee of Powys CHC satisfied that the proposals for this substantial change to health services would be in the interests of health services in its area?

Decision: Unanimously agreed that the proposals for this substantial change to health services would be in the interests of health services in its area – subject to the points under Question 7 being actioned.

Powys CHC retains the right to refer (under s27(7)(9)) until satisfactory assurances are received from PTHB.

Patterson, Liz
07/09/2020 08:50:16



Report	Meeting the Challenges in Podiatry Services in Powys: Redesigning Services for the Future
Author	Katie Blackburn, Chief Officer, Powys CHC
Date	24 th June 2020
Status	For information, discussion and decision

Note:

The Chief Officer of Powys CHC has prepared this briefing on the basis of:

- o Consideration of the comprehensive analysis undertaken by PTHB including:
 - The outcome reports
 - The responses
 - The engagement documents

Patterson, Liz
07/09/2020 08:50:16

1. Background:

1.1 *The service:*

The PTHB podiatry services include:

- Treatment of the high risk foot, including diabetic foot care, calluses
- Specialist footwear and falls prevention • Musculoskeletal podiatry and biomechanics service (gait and foot functional problems)
- Nail surgery (or “nail avulsion”)
- Wound care (local wound care support is also available through Leg Clubs)

The PTHB podiatry service does not offer personal care defined as toe nail cutting and skin care, including the tasks that healthy adults would normally be expected to carry out as part of their everyday personal hygiene. Local community and voluntary services including Simply Nails (Age Cymru) and CAMAD provide local toe nail cutting and foot care clinics across the county.

The PTHB podiatry service is available by self-referral to enable patients to self-manage their care. It also receives referrals from GPs, consultants, other health professionals, and local toe nail cutting services.

The service is provided in community clinic locations and a domiciliary service is also provided for people who are housebound and in residential & nursing care.

Patterson, Liz
07/09/2020 08:50:16

1.2 Demand for services:

During 2017/18 there were just over 5000 patients on the caseload of PTHB podiatry services. New and follow-up attendances are summarised in the table below:

	Follow Up Appointments	Follow Up Appointments	Follow Up Appointments
Brecon and Crickhowell *	574	2595	17.2%
Bronllys	82	421	2.7%
Builth Wells	289	1558	10.0%
Knighton	68	965	5.6%
Llandrindod Wells	262	1454	9.3%
Llanfair Caereinion	12	59	0.4%
Llanidloes	68	539	3.3%
Machynllyth	96	404	2.7%
Newtown and Llanfyllin *	350	2280	14.2%
Presteigne	33	386	2.3%
Rhyader	37	237	1.5%
Newtown	350	2280	14.2%
Welshpool	417	2971	18.3%
Ystradgynlais	324	1992	12.5%
All Powys	2612	15861	18473

*Numbers cannot be disaggregated

1.3 Recent changes to provision

In 2018, the difficult decision was made to temporarily reduce the number of locations of podiatry clinic sites from 16 (in 15 towns) to 12 (in 11 towns).

This step was taken in order to increase the overall number of available clinical hours to provide direct treatment and care by reducing the number of staff hours spent travelling.

The table below provides an overview of clinic locations before and after this temporary change.

Clinic Location	Types of Clinic	2017/18 Locations	Post Sept 2018 Locations
Llanfyllin GP Practice	Community Podiatry	Y	N
Llanfair GP Practice	Community Podiatry	Y	N
Welshpool Health Centre Clinic	Community Podiatry Specialist Podiatry (Wound Care)	Y	Y
Machynlleth Hospital	Community Podiatry	Y	Y
Newtown Hospital / Newtown Park Street Clinic	Community Podiatry at Newtown Hospital Specialist Podiatry (Wound Care, Musculoskeletal, Nail Surgery) at Newtown Park Street Clinic	Y	Y
Llanidloes Hospital	Community Podiatry	Y	Y
Knighton Hospital	Community Podiatry	Y	Y
Rhayader GP Practise	Community Podiatry	Y	N
Presteigne GP Practice	Community Podiatry	Y	N
Llandrindod Wells Hospital	Community Podiatry	Y	Y
Glan Irfon Builth	Community Podiatry Specialist Podiatry (Wound Care, Musculoskeletal)	Y	Y
Bronllys Hosptital	Community Podiatry	Y	Y
Brecon Hospital	Community Podiatry Specialist Podiatry (Wound Care, Musculoskeletal, Nail Surgery)	Y	Y
Crickhowell GP Practice	Community Podiatry	Y	Y

Ystradgynlais Hospital	Community Podiatry Specialist Podiatry (Wound Care, Musculoskeletal)	Y	Y
------------------------	---	---	---

1.4 Travel Time Analysis:

	16 Site Model in 2017/18		Proposed 11 Site Model from 2020/21	
	Number	%	Number	%
0-15	4353	85%	3606	71%
15-30	673	13%	1272	24%
30-45	33	0.7%	178	3.5%
45-60	2	0.04%	5	0.09%
60+	2	0.04%	2	0.04%
	5063		5063	

The proportion of patients within 30 minutes of their nearest community podiatry clinic would reduce from 98% to 95%. The main areas moving outside the 30 minute travel time bands would be northern Montgomeryshire and out of county patients in northern ABUHB.

1.5 Challenges facing PtHB:

The main challenges facing PTHB Podiatry Services include:

- **Recruitment and Retention** – There are national recruitment and retention challenges, and these are keenly felt in rural and remote areas such as Powys due to our distance from large population centres, academic institutions etc. We face significant challenges in recruiting and retaining a suitably qualified and experienced podiatry workforce. The service has been affected by ongoing vacancies despite repeated recruitment campaigns, leading to pressure on the service, pressure on staff, and inconvenience for patients (e.g. unplanned cancellation of clinics).
- **Training, Supervision, Mentorship, Isolated Clinical Practice** – The rural nature of Powys means that professionals may experience extended periods of isolated clinical practice, with reduced ability for peer-to-peer contact. This can affect the ability to mentor and supervise work, to exchange best practice, and support each other to maintain the highest standards of evidence-based service delivery. Too

much activity is currently undertaken in single-chair clinic settings, and there are opportunities to improve peer support, exchange of best practice and clinical governance by moving to more two chair facilities. This would improve the opportunities for junior staff / new graduates who would gain the support of a clinical specialist on site and therefore if the patient requires a second opinion they would be available on site rather than waiting to make another appointment at a different site.

- **Patient Experience and Waiting Times** – Recruitment challenges have contributed to high cancellation rates for clinics as staff not available. There are also deficiencies in the overall booking and appointment system, particularly in relation to follow-up care, which can cause frustration for patients when booking subsequent appointments.

- **Prudent healthcare delivery** – The sparsely populated nature of Powys means that demand for clinic appointments in smaller population centres can be low, resulting in unbooked sessions when specialist staff could be seeing patients in areas of high demand. There are tensions in providing local accessibility versus making best use of the time of clinical staff to meet demand across the whole area of Powys. Travel time forms part of the working day for NHS staff, and where a podiatrist is travelling 30 minutes from their base to provide a clinic this results in 4 appointments being unavailable due to staff travel. For a weekly clinic, over a year this is equivalent to 200 appointments being unavailable due to staff travel.

- **Governance** – With a sparsely distributed workforce there are challenges in putting in place, and complying with, service policies and protocols that help to ensure and assure that patients consistently receive a high standards of care that complies with health and care standards and relevant guidance such as NICE Clinical Guideline NG19 for the management and prevention of foot problems for patients with diabetes. There are also challenges associated with safe and timely transfer of patient notes to multiple clinic locations – this creates risks both of suboptimal care (e.g. if the podiatrist does not have access to the patient notes at the time of intervention) and information governance (e.g. safe transit of patient identifiable information).

- **Service Development** – Over the last two years the service has had to focus on reactive management of vacancies in order to maintain a level of service delivery which has significantly affected the opportunities for developing the service. The service has needed to

prioritise the delivery of community clinics for patients, and therefore has been unable to participate in specialist groups such as Diabetes Delivery Group and All Wales initiatives (e.g. development of foot screening tool).

2. Timeline:

- 21 January 2020: SBAR discussed by Powys Community Health Council Executive Committee
- 21 January 2020: Discussion of SBAR and draft Engagement Document between PTHB and Powys Community Health Council at Services Planning Committee
- 6 February 2020: Discussion of updated Engagement Document and draft Engagement Plan between PTHB and CHC representatives
- 17 February 2020: Start of Engagement Period
- 29 March 2020: Original end of Engagement Period
- 12 May 2020: Extended engagement period ended on 12 May 2020

3. Analysis of Responses

In response to this engagement, 17 survey responses were received via the online portal where the questionnaire was marked as complete, although three respondents had not provided any response information within their response.

When asked to identify whether they were responding in an individual capacity:

- One respondent identified as a County Councillor
- One respondent identified as a member of a PPG
- One respondent identified as a self-employed foot health practitioner and declared this as a financial interest
- One respondent identified as a Health Focus Group

Alongside the 17 responses which were marked as complete on the survey portal, a further 60 survey responses were started but not completed and were logged as "partial responses".

In addition to this 8 letters or calls were logged. These included three members of PTHB staff, Age Cymru Powys, the Welsh Government Chief Allied Health Professions Advisor, a member of the public, a Town Council, and a representative from Newtown Access Group Accessibility Powys.

All responses were received through the medium of English.

The attached Engagement Feedback document summarises the responses. (Appendix 3).

4. Consultation Options and feedback:

Option 1 - Return to 16 community site locations (in 15 towns) – see pages 3 / 4 above

Option 2 - Maintain current community site locations– see pages 3 / 4 above

Option 3 - Develop new hub and spoke model for community and specialist podiatry services [PtHB's preferred option]

		Podiatry Community Clinic	Specialist Podiatry Services
North Powys	Welshpool Health Centre Clinic	Y	Wound Care
	Machynllyth Bro Dyfi Hospital	Y	
	Newtown Montgomery County Infirmary / Park Street Clinic	Y	Wound Care Musculoskeletal Nail Surgery

Patterson, Liz
07/09/2020 08:50:16

		Podiatry Community Clinic	Specialist Podiatry Services
	Llanidloes Llanidloes Memorial Hospital	Y	
Mid Powys	Knighton Knighton Hospital	Y	Wound Care Musculoskeletal
	Llandrindod Wells Llandrindod Wells War Memorial Hospital	Y	
	Builth Wells Glan Irfon	Y	
South Powys	Bronllys Bronllys Hospital	Y	Wound Care Musculoskeletal Nail Surgery
	Brecon Breconshire War Memorial Hospital	Y	
	Ystradgynlais Ystradgynlais Community Hospital	Y	Wound Care

Patterson, Liz
07/09/2020 08:50:16

Respondents were asked to identify advantages and disadvantages of the three options.

	Advantages	Disadvantages
Option 1 Return to 16 community site locations (in 15 towns)	<p>"Reach more people"</p> <p>"Keep this option"</p> <p>"Keeps service local"</p> <p>"wider coverage which is better for patients in terms of accessing the service given the rurality of Powys and the problems this presents in terms of limited public transport links"</p> <p>"Many people can attend the clinics. This won't say that the buildings which are being used at the moment are always accessible for all disabilities."</p> <p>"Easier to attend local services"</p>	<p>"Parking, public transport"</p> <p>"Older disabled patients should not be expected to travel any further than they already do"</p> <p>"Governance"</p> <p>"Scrapping Crickhowell"</p> <p>"Not viable"</p> <p>"Not viable"</p> <p>"Knighton"</p> <p>"I totally agree that there is insufficient staffing to maintain this"</p> <p>"Inability to book appointments"</p>
Option 2 Maintain current community site locations Patterson.Liz 07/09/2020 08:50:16	<p>"People know where they are going and can get there"</p> <p>"Keep to this but make it more flexible"</p> <p>"Access Crickhowell"</p> <p>"Minimal change"</p>	<p>"Better appointment systems"</p> <p>"Not viable"</p> <p>"Not viable"</p> <p>"I totally agree that there is insufficient staffing to maintain this"</p> <p>"Disabled people have difficulties to attend clinics."</p>

	Advantages	Disadvantages
	<p>"wider coverage which is better for patients in terms of accessing the service given the rurality of Powys and the problems this presents in terms of limited public transport links"</p> <p>"Not available in LD6 area – no alternative community based services"</p>	<p>"Transport, difficulty booking and availability of appointments"</p>
<p>Option 3</p> <p>Develop new hub and spoke model for community and specialist podiatry services</p>	<p>"Bringing other agencies in."</p> <p>"Improved governance"</p> <p>"Clearer service model and more attractive working opportunity"</p> <p>"Looks like a good compromise"</p> <p>"Consolidating the clinics to hospitals and health & care locations across Powys is a great solution. This would enable Age Cymru Powys and other third sector organisations, community groups to broad their coverage of the areas that NHS podiatry will no longer cover".</p> <p>"No alternative community based services"</p>	<p>"not getting other agencies involved"</p> <p>"Crickhowell Llangattock disadvantaged"</p> <p>"Further travel"</p> <p>"Funding for extra resource to support [additional third sector services]"</p> <p>"Increase of travel is simply not acceptable, many disabled people have got problems to travel."</p> <p>"Transport difficulties"</p>

Patterson, L.J.
07/09/2020 08:50:16

5. Role of Powys CHC Executive Committee:

s.19(1)(b)(i) The Community Health Councils (Constitution, Membership and Procedures)(Wales)(Amendments) Regulations 2015

s.19(1)(b)(i) A Council.....(b) must give the Executive Committee responsibility for taking or delegating to another committee formed under these Regulations all final decisions on the exercise of the Council's functions, including, but not limited to –

(i) Responding to all consultations on health services within the district of a council;

s.27 (7) The Community Health Councils (Constitution, Membership and Procedures)(Wales)(Amendments) Regulations 2015

s.27(7)(a) To confirm whether or not Powys CHC considers that the consultation has been adequate in relation to content or time allowed

s.27(7)(b) To confirm whether or not Powys CHC considers that the consultation has been adequate with regard to Powys CHC being consulted at the inception

s.27(7)(c) To confirm whether or not Powys CHC considers that consultation has been adequate in relation to the frequency with which Powys CHC has been consulted throughout the proposal and decision-making process

Guidance for Engagement and Consultation on Changes to Health Services (The Guidance) s. 40-43

40. Individually and collectively, the primary task of CHCs is to assess the impact of proposed changes on health services not to take a partisan role. If a CHC considers that there are other options to the proposal to be consulted upon by the responsible NHS body it should inform the NHS body at the earliest stage. The NHS should provide assistance to the CHC in considering such options.

Patterson, Liz
07/09/2020 08:50:16

41. At the end of the consultation period, the CHC should have the opportunity to consider all comments received and record its own observations on them.
42. If the CHC agrees to the proposals in the consultation, the NHS body may proceed to implement its proposals subject to any other approvals or consents that may be required. The Welsh Assembly Government, local Assembly Members, the local council(s) and local Members of Parliament should be informed of this and a notice inserted in the local press informing the public that the proposals are to be implemented following CHC agreement. In normal circumstances it is considered that this stage should be reached within 4-6 weeks after the end of the public consultation period.
43. Where a CHC is not satisfied that proposals for substantial changes to health services would be in the interests of health services in its area or believes that consultation on any such proposal has not been adequate in relation to content or time allowed, it may take further action as set out in Section 7.

6. Conclusion

Given the current situation re. COVID-19, members are asked to electronically complete:

- i) Annex 4 – questions relating to the Regulations, and
- ii) Annex 5 – comment on the draft PtHB mitigation Plan

The deadline for comments, observations and issues is 3pm on Sunday 28th June 2020.

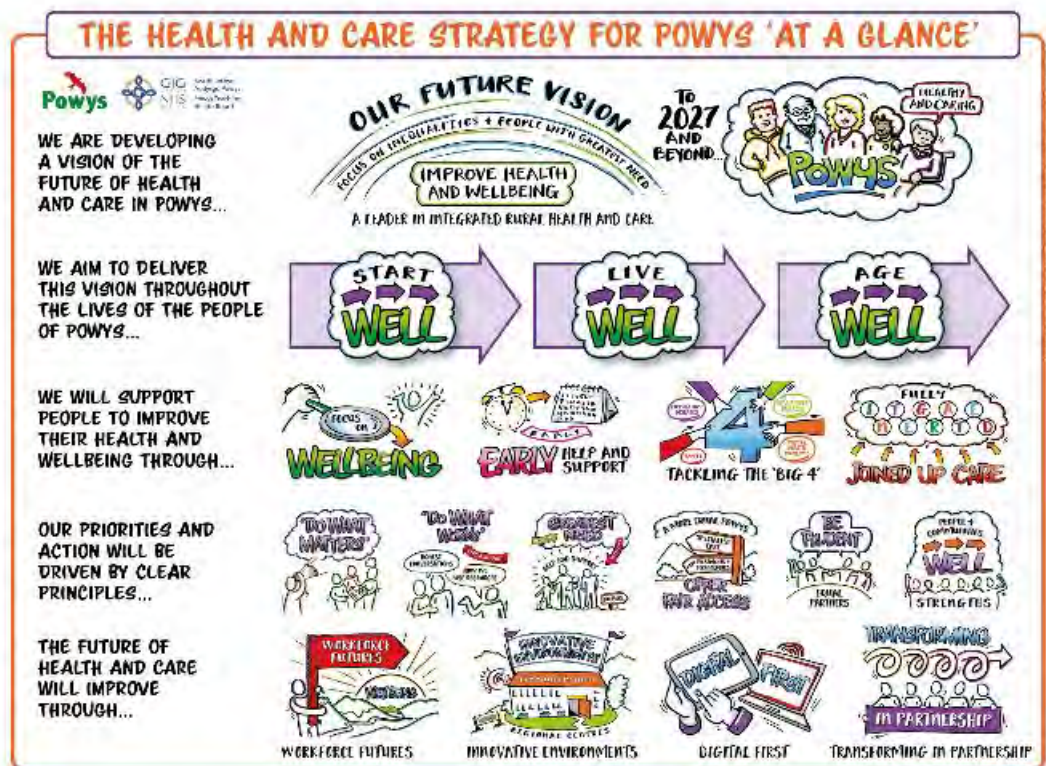
Patterson, Liz
07/09/2020 08:50:16



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Meeting the Challenges in Podiatry Services in Powys: *Redesigning Services for the Future*



Seeking Your Views

17 February 2020 to 29 March 2020

1. Introduction

This document seeks views from our stakeholders (the public, patients and patient support groups, professionals in the health service, partner organisations), on the way we deliver podiatry services in Powys in the future.

This document explains the opportunities and challenges facing the service, the steps we have already taken to address challenges, the issues we still face, and proposals for future. It seeks your views so that we can make the best decisions in order to maintain podiatry services in Powys.

Through the document you will see a number of questions on which we are seeking your feedback, and a questionnaire is provided at the back of the document for you to share your comments.

We are committed to making the best decisions for our patients. This means we really need your views by 29 March 2020.

Thank you,

Jamie Marchant, Director of Primary Care,
Community & Mental Health Services

Claire Madsen, Director of
Therapies and Health Science

2. About Powys Teaching Health Board

Powys Teaching Health Board (PTHB) is a statutory local health board responsible for meeting the health and wellbeing needs of the people of Powys, mid Wales. As a rural health board with around 133,000 people living across an area that at 2000 square miles is a quarter of Wales, we provide as many services as possible locally. This is mainly through GPs and other primary care services, community hospitals and community services.

The rural nature of Powys means that we don't have a District General Hospital in the county, so we work closely with other organisations in Wales and England who provide these services for the people of Powys. We always strive to bring as many services back into Powys as possible including assessment and follow ups after treatment. The health board also works closely with Powys County Council and the voluntary sector to meet the needs of the community.

More information about the health board and our services is available from our website at www.powysthb.wales.nhs.uk

3. About the PTHB Podiatry Service

Podiatry is a field of healthcare devoted to the study and treatment of conditions affecting the lower limbs.

The role of the Podiatrist is to assess, treat and advise patients with foot health disorders in order to maintain and maximise their quality of life. This encourages a healthy active life with feet that function normally and without discomfort.

The service works to best practice and evidence based guidelines and adheres to the policies and guidance of the Society of Chiropodists and Podiatrists.

In Powys, the podiatry service works with people of all ages but play a particularly important role in helping older people to stay mobile and, therefore independent.

The PTHB podiatry services include:

- Treatment of the high risk foot, including diabetic foot care, calluses
- Specialist footwear and falls prevention
- Musculoskeletal podiatry and biomechanics service (gait and foot functional problems)
- Nail surgery (or "nail avulsion")
- Wound care (local wound care support is also available through Leg Clubs)

The PTHB podiatry service does not offer personal care defined as toe nail cutting and skin care, including the tasks that healthy adults would normally be expected to carry out as part of their everyday personal hygiene. Local community and voluntary services including Simply Nails (Age Cymru) and CAMAD provide local toe nail cutting and foot care clinics across the county.

The PTHB podiatry service is available by self-referral to enable patients to self-manage their care. It also receives referrals from GPs, consultants, other health professionals, and local toe nail cutting services.

The service is provided in community clinic locations and a domiciliary service is also provided for people who are housebound and in residential & nursing care.

The team includes:

- Podiatrists, who are autonomous healthcare professionals who aim to improve the mobility, independence and quality of life for their patients. They assess, diagnose and treat people with problems of the feet, ankles and lower limbs. Our podiatrists are healthcare professionals registered with the Health and Care Professions Council (HCPC). This is a regulatory body that requires staff to keep their skills and knowledge up to date to enable them to work safely and effectively.
- Podiatry assistants, who are responsible for providing foot care and treatment under the supervision of a registered podiatrist (e.g. applying dressings, cutting nails where this would not normally be expected to be carried out by the patient as part of their everyday personal hygiene).

Our podiatrists also work as part of a wider multidisciplinary team, both within the NHS and wider partners. This includes:

- Working with Tissue Viability Specialist Nursing to provide care for wounds.

- Working with other therapists, including physiotherapists, to provide assessment, treatment and therapy for musculoskeletal conditions.
- Working with diabetes nursing to provide holistic care for people with diabetes who are at greater risk of foot and wound problems.
- Working with the wider nursing, therapy and social care team to ensure that foot and lower limb care forms part of wider joined-up care for patients, and to raise awareness of preventative and early intervention steps that all colleagues can take to reduce the risk of lower limb problems.
- Working with third sector and community partners who support the lower limb and foot health, including Leg Clubs, Simply Nails (provided by Age Concern¹), CAMAD Foot Care Clinic² and other local toenail cutting services

In addition to PTHB podiatry services, there has been some in-reach from neighbouring health boards. Specifically, Betsi Cadwaladr University Health Board (BCUHB) temporarily provided a service in Machynlleth.

During 2017/18 there were just over 5000 patients on the caseload of PTHB podiatry services. New and follow-up attendances are summarised in the table below:

	New Appointments	Follow Up Appointments	Total Appointments (new and follow up) as % of all Powys
Brecon & Crickhowell ³	574	2595	17.2%
Bronllys	82	421	2.7%
Builth Wells	289	1558	10.0%
Knighton	68	965	5.6%
Llandrindod Wells	262	1454	9.3%
Llanfair Caereinion	12	59	0.4%
Llanidloes	68	539	3.3%
Machynlleth	96	404	2.7%
Newtown & Llanfyllin ⁴	350	2280	14.2%
Presteigne	33	386	2.3%
Rhayader	37	237	1.5%
Welshpool	417	2971	18.3%
Ystradgynlais	324	1992	12.5%
All Powys	2612	15861	18473

¹ Information about Simply Nails is available from the Age Concern website at <https://www.ageuk.org.uk/powys/our-services/footcare/>

² Information about the CAMAD Foot Care Clinic is available from the CAMAD website at <http://www.camad.org.uk/community-support/footcare>

³ During this period the Brecon & Crickhowell activity was recorded together on the Welsh Patient Administration System and it is not possible to disaggregate the data between the Brecon and Crickhowell locations.

⁴ During this period the Newtown & Llanfyllin activity was recorded together on the Welsh Patient Administration System and it is not possible to disaggregate the data between Llanfyllin and the two Newtown locations (Montgomery County Infirmary and Park Street Clinic).

4. What challenges are facing PTHB Podiatry Services?

The main challenges facing PTHB Podiatry Services include:

- Recruitment and Retention – There are national recruitment and retention challenges, and these are keenly felt in rural and remote areas such as Powys due to our distance from large population centres, academic institutions etc. We face significant challenges in recruiting and retaining a suitably qualified and experienced podiatry workforce. The service has been affected by ongoing vacancies despite repeated recruitment campaigns, leading to pressure on the service, pressure on staff, and inconvenience for patients (e.g. unplanned cancellation of clinics).
- Training, Supervision, Mentorship, Isolated Clinical Practice – The rural nature of Powys means that professionals may experience extended periods of isolated clinical practice, with reduced ability for peer-to-peer contact. This can affect the ability to mentor and supervise work, to exchange best practice, and support each other to maintain the highest standards of evidence-based service delivery. Too much activity is currently undertaken in single-chair clinic settings, and there are opportunities to improve peer support, exchange of best practice and clinical governance by moving to more two chair facilities. This would improve the opportunities for junior staff / new graduates who would gain the support of a clinical specialist on site and therefore if the patient requires a second opinion they would be available on site rather than waiting to make another appointment at a different site.
- Patient Experience and Waiting Times – Recruitment challenges have contributed to high cancellation rates for clinics as staff not available. There are also deficiencies in the overall booking and appointment system, particularly in relation to follow-up care, which can cause frustration for patients when booking subsequent appointments.
- Prudent healthcare delivery – The sparsely populated nature of Powys means that demand for clinic appointments in smaller population centres can be low, resulting in unbooked sessions when specialist staff could be seeing patients in areas of high demand. There are tensions in providing local accessibility versus making best use of the time of clinical staff to meet demand across the whole area of Powys. Travel time forms part of the working day for NHS staff, and where a podiatrist is travelling 30 minutes from their base to provide a clinic this results in 4 appointments being unavailable due to staff travel. For a weekly clinic, over a year this is equivalent to 200 appointments being unavailable due to staff travel.
- Governance – With a sparsely distributed workforce there are challenges in putting in place, and complying with, service policies and protocols that help to ensure and assure that patients consistently receive a high standards of care that complies with health and care standards and relevant guidance such as NICE Clinical Guideline NG19 for the management and prevention of foot problems for patients with diabetes. There are also challenges associated with safe and timely transfer of patient notes to multiple clinic locations – this creates risks both of suboptimal care (e.g. if the podiatrist does not have access to the patient notes at

the time of intervention) and information governance (e.g. safe transit of patient-identifiable information).

- Service Development – Over the last two years the service has had to focus on reactive management of vacancies in order to maintain a level of service delivery which has significantly affected the opportunities for developing the service. The service has needed to prioritise the delivery of community clinics for patients, and therefore has been unable to participate in specialist groups such as Diabetes Delivery Group and All Wales initiatives (e.g. development of foot screening tool).

What have we heard from patients and carers?

We know from our patients that the delivery of care as close to home as possible is important to them, particularly given the rural nature of Powys with its challenges in access to travel and transport. As a result, we are keen to ensure that we develop a sustainable model for the future that maintains as much podiatry provision as possible within the county rather than needing to rely on external or neighbouring service providers.

We have also heard frustrations about the cancellation of clinics, and also about the system for booking follow-up care. Currently, clinics are booked six weeks in advance, with new clinic sessions released each Monday morning. As a result, there is a rush of calls each Monday morning to secure a clinic booking, and if unsuccessful the patient needs to call again the following Monday.

Examples of patient feedback in a patient survey in 2017 in response to the question "Are you happy with the current podiatry booking process (booking via phone)?" included:

No, I have to wait too long between appointments - not able to book an appointment when I'm there to forget to book appointments

No - it is very difficult to make another appointment. Line is often busy and sometimes there are no appointments available

Not happy! The only time to make a booking is at 8:30am on one Monday a month. If you miss that you have to wait another month

We know from our patients that the delivery of care as close to home as possible is important to them, particularly given the rural nature of Powys with its challenges in access to travel and transport.

I am told to ring 6 weeks in advance to make my next appointment. I have to phone first thing on the Monday morning at 8:30 to be sure of getting an appointment, any time before 9 I can try to get through for about 20mins as you are "experiencing a large number of calls". As soon as possible after 9 I eventually get through only to be told that you don't have the dates for the particular week I request. In fact, once I was told to call back the following Monday, which I did, only to be told all the appointments had gone. I am still told every time that you don't yet have the dates and have been fitted in a week earlier or with a different podiatrist. I have often commented that it is

easier to buy on-line tickets for a rock concert the moment they are released than to make a podiatry appointment.

What have we heard from staff?

A peer professional review by a neighbouring health board reflected on the Band 5⁵ podiatry role in Powys and highlighted a lack of clinical supervision and development due to the demand on the small podiatry team who predominately work in isolated clinics across Powys. It was felt that this had contributed to Band 5 podiatrists leaving the health board rather than taking Band 6 opportunities within the service.

As part of the exit interview process, podiatrists who have left the service have stated that the amount of travel they have had to do within the working day from base to clinics has contributed in their decision to leave the service.

The current challenges are placing pressures on our staff, who aspire to provide the highest standards of evidence-based patient care. Feedback suggests that these pressures are contributing to staff turnover and absence, which then have the effect of further increasing pressures. Staff also highlight the challenges of frequent lone working which reduce the opportunities for mentoring, supervision and peer support. This also reduces opportunities for "grow your own" approaches through the development of local staff into more specialised roles.

Feedback also indicates that staff feel that patient care would benefit from increased opportunities for multi-disciplinary engagement, with access to other health and care professionals (e.g. tissue viability nursing, diabetes nursing) to support the delivery of holistic, integrated care for patients.

Our podiatry workforce is based on 11.1 whole time equivalent (WTE) but due to vacancies and sickness absence the directly employed workforce is 5.1WTE. Some of this gap is filled with locum/agency support but this still leaves a workforce gap particularly in the north of Powys.

Engagement Question 1	Are there other opportunities and challenges that we have not identified above?
-----------------------	---

5. What steps have been taken to address the challenges?

There have been repeated efforts to recruit to the podiatry workforce in Powys, but unfortunately these have not been successful in addressing the underlying vacancy rate. This has included open recruitment to attract podiatrists to Powys, as well as reliance on agency and locum staff.

Internal audits have been undertaken in order to identify key challenges and to agree actions to strengthen the service.

⁵ Agenda for Change is the grading and pay system for the majority of NHS staff including podiatrists. Posts have an allocated pay band depending on the skills, qualifications and experience required for the role. Band 5 is the starting salary band for NHS podiatrists.

We have worked with neighbouring health boards to sustain the service – for example, Betsi Cadwaladr University Health Board temporarily provided one clinic per week in Machynlleth, which has now returned to PTHB provision.

In 2018 the difficult decision was made to temporarily reduce the number of locations of podiatry clinic sites from 16 (in 15 towns) to 12 (in 11 towns). This step was taken in order to increase the overall number of available clinical hours to provide direct treatment and care by reducing the number of staff hours spent travelling.

The table below provides an overview of clinic locations before and after this temporary change.

Clinic Location	Types of Clinic	2017/18 Locations	Post Sept 2018 Locations
Llanfyllin GP Practice	Community Podiatry	✓	✗
Llanfair GP Practice	Community Podiatry	✓	✗
Welshpool Health Centre Clinic	Community Podiatry Specialist Podiatry (Wound Care)	✓	✓
Machynlleth Hospital	Community Podiatry	✓	✓
Newtown Hospital / Newtown Park Street Clinic	Community Podiatry at Newtown Hospital Specialist Podiatry (Wound Care, Musculoskeletal, Nail Surgery) at Newtown Park Street Clinic	✓	✓
Llanidloes Hospital	Community Podiatry	✓	✓
Knighton Hospital	Community Podiatry	✓	✓
Rhayader GP Practice	Community Podiatry	✓	✗
Presteigne GP Practice	Community Podiatry	✓	✗
Llandrindod Wells Hospital	Community Podiatry	✓	✓
Glan Irfon, Builth	Community Podiatry Specialist Podiatry (Wound Care, Musculoskeletal)	✓	✓
Bronllys Hospital	Community Podiatry	✓	✓
Brecon Hospital	Community Podiatry Specialist Podiatry (Wound Care, Musculoskeletal, Nail Surgery)	✓	✓
Crickhowell GP Practice	Community Podiatry	✓	✓
Ystradgynlais Hospital	Community Podiatry Specialist Podiatry (Wound Care, Musculoskeletal)	✓	✓

It has also been necessary to make some further temporary changes given the ongoing staffing challenges. This has included the recent reduction of the service in Crickhowell from weekly to monthly.

By reducing the number of clinics we have maintained new appointments within the referral to treatment time target of 14 weeks. Currently, the longest wait across Powys for a new appointment is 12 weeks.

A new graduate who joined Powys in September 2019 has been able to experience the benefit of a two chair clinic in Brecon Hospital and Glan Irfon, supporting their training, supervision and developments.

These changes have helped us to address some of our challenges, but the service remains fragile and further action is needed.

Engagement Question 2	Are there other steps that we could take to address our workforce challenges?
-----------------------	---

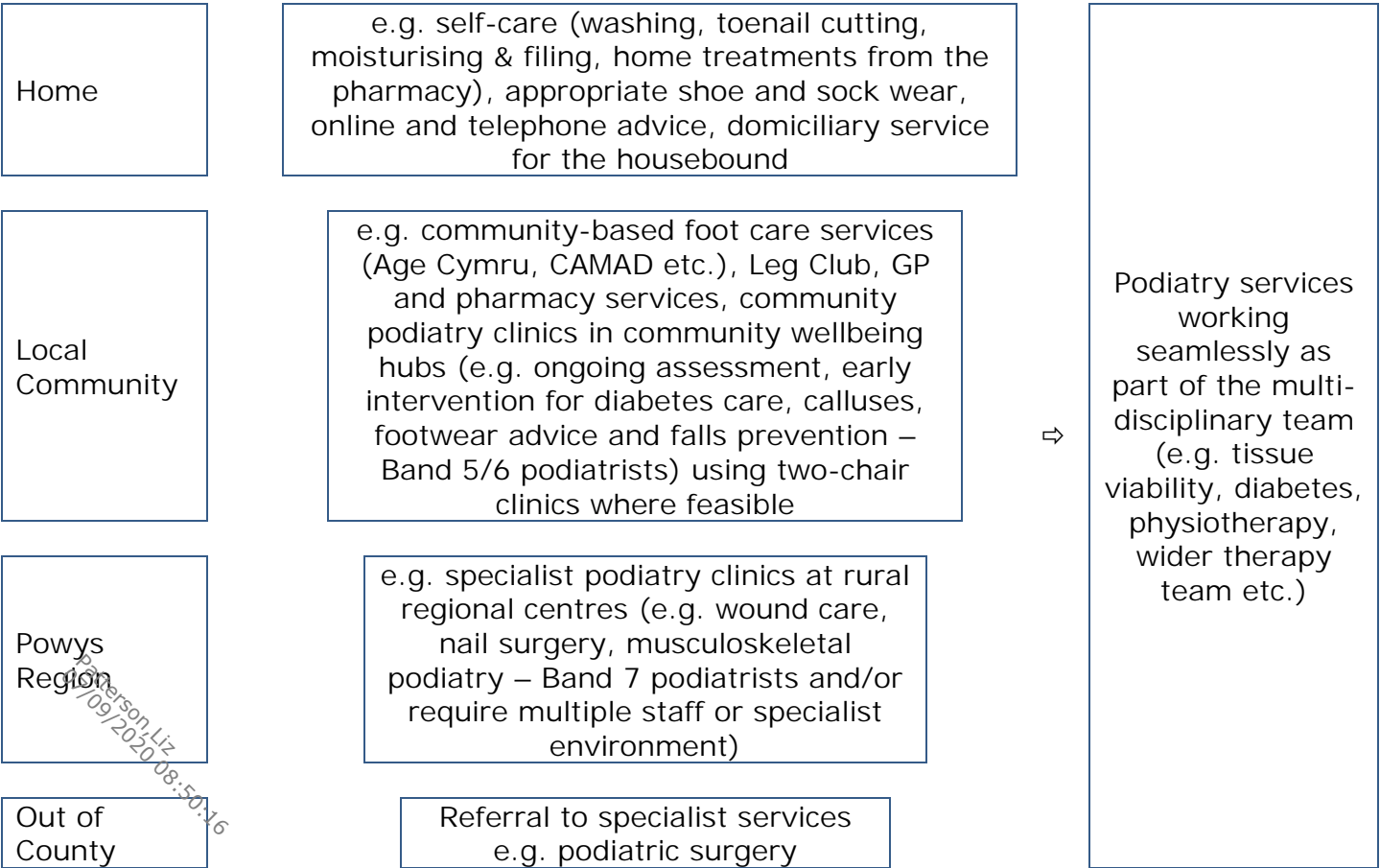
6. What further steps are we considering?

Here in Powys we have developed a health and care strategy which sets out a shared vision for a healthy, caring Powys. Work is now under way to translate this strategy into a “model of care” for the future.

The current “model of care” for podiatry services is not fit for the present or future, and changes are needed.

Reflecting on the opportunities and challenges for podiatry in Powys we are developing a “model of care” for podiatry that aims to secure a thriving future for this vital service, focusing on Doing What Matters, Doing What Works, Focusing on the Greatest Need, Offering Fair Access, Being Prudent and Working with the Strengths of People and Communities.

Proposed model of care for podiatry services in Powys



Intended benefits of proposed model of care

The benefits of this model include:

Focus On Wellbeing	Strengthened focus on foot health promotion through support from our registered podiatrists to Simply Nails staff and volunteers to enable them to provide advice and support to maintain positive foot health.
Early Help and Support	Community podiatry service across the county is stabilised, helping to ensure improved access to timely podiatric advice for people with diabetes, musculoskeletal problems and other conditions requiring lower limb care. Improved booking systems for follow-up care help to ensure timely care and reduce the progression of conditions.
Tackling The Big four	Clearer pathway in place to support patients at risk of foot and lower limb problems due to circulatory diseases and diabetes, helping to reduce the risk of complications.
Joined Up Care	<p>More opportunities to provide multi-disciplinary holistic care and one-stop care, and easier for podiatrists to access specialist advice from co-located staff at community wellbeing hubs and rural regional centres e.g. tissue viability nurses, diabetes nurses etc.</p> <p>Greater continuity of care for patients who are more likely to see the same podiatrist through their care journey and/or received care under their supervision.</p> <p>Improved quality of care in "two-chair" environment as podiatrists have greater opportunity to work in an environment with face-to-face demonstration and observation, and junior staff will have greater opportunities to access a second opinion.</p> <p>Improved workload management enables the service to maintain the domiciliary care offer for those who need it.</p>
Workforce Futures	<p>Support us to address the significant recruitment and retention challenges currently facing the service. As well as improving care, this model aims to improve the working experience for podiatrists making the PTHB role more attractive to applicants and reducing staff turnover.</p> <p>More specialist staff time is available for direct patient care, with reduced travel.</p> <p>Greater opportunities for mentoring, supervision and peer-support with more staff working more regularly in two-chair environments that help them to exchange skills and best practice and to support trainees, graduate entry and podiatry assistants.</p> <p>More opportunities to review team skill-mix due to greater use of two-chair clinics.</p>
Innovative Environments	Strengthen the regional/specialist tier of the service (e.g. nail surgery, which requires an appropriate surgical environment and multiple staff) so that this is maintained in the county, thus reducing the risk that the service is further destabilised resulting in more patients needing to travel further for specialist podiatry.

	Reduce the number of storage locations or patient notes, reducing information governance risk and reducing the risks that the notes will be not be available.
Digital First	Improve booking systems to improve access to timely follow-up care. Signpost the availability of online services for those who are able to access them, including websites and apps that support positive foot health.
Transforming in Partnership	Maintain and strengthen vital partnerships including with the third sector for the local delivery of nail cutting and foot care services. Continue to strengthen multidisciplinary partnerships between podiatrists and other health and care professionals.

Engagement Question 3	What do you like about the proposed model? What would you improve?
-----------------------	--

7. Options for Change

At the heart of this model of care is the need for a stable community and specialist podiatry service.

Currently the service is very fragile and based on an interim clinic site configuration, creating uncertainty and anxiety for both patients and staff. A decision is urgently needed on the future clinic configuration so that the service can move forward, and so that recruitment can proceed based on a confirmed and attractive employment offer.

We have therefore considered a number of options for future clinic site configuration:

- Option 1: Return to 16 community site locations (in 15 towns)
- Option 2: Maintain current community site locations
- Option 3: Develop new hub and spoke model for community and specialist podiatry services

	Advantages	Disadvantages
Option 1: Return to 16 community site locations (in 15 towns)	Does not increase travel to clinic site. Returns to previous service model.	Not feasible or deliverable due to the continued recruitment and retention challenges facing the service. Current challenges remain including delays, cancellations, isolated practice etc.
Option 2: Maintain current community site locations	Maintains current status quo	Not feasible or deliverable due to the continued recruitment and retention challenges facing the service.

		Current challenges remain including delays, cancellations, isolated practice etc.
Option 3: Develop new hub and spoke model for community and specialist podiatry services	<p>Feasible and deliverable.</p> <p>More attractive to potential applicants.</p> <p>Potential to address current challenges including delays, cancellations, isolated practice etc.</p>	Increase in travel for some patients

Engagement Question 4	What do you think are the main advantages & disadvantages of Options 1 to 3?
-----------------------	--

Based on our initial assessment we feel that neither Option 1 nor Option 2 is feasible or deliverable due to the continued recruitment and retention challenges facing the service. Put simply, we do not have sufficient staff to deliver this configuration and there is a risk that the service will decline and the future delivery of NHS podiatry services in Powys could be under threat.

We therefore propose to pursue Option 3 by developing a new hub and spoke model for community and specialist podiatry services.

We have looked carefully at a number of factors in order to make recommendations on the proposed future locations of community podiatry clinics, including:

- Pattern of service utilisation.
- Geography and availability of alternative services.
- Opportunities for co-location and access to members of the wider multi-disciplinary team in order to support the delivery of integrated and holistic care (e.g. diabetes, tissue viability, physiotherapy).

We recommend that the clinics are consolidated to the hospital and health & care centre locations across Powys wherever possible, which would mean that the community clinics would not resume in Rhayader, Presteigne, Llanfair Caereinion and Llanfyllin (following temporary closure in September 2018) and additionally would discontinue in Crickhowell⁶.

Patterson, Liz
07/09/2020 08:50:11

⁶ A weekly single-chair clinic is currently provided in Crickhowell. Each clinic offer 14 appointments, but not all appointment sessions are booked and at times it has been necessary to reprioritise podiatry staffing to other clinics in areas of higher demand to make best use of podiatrist time. Between April and December 2019, there were 232 podiatry appointments in Crickhowell.

Region	Community	Community Podiatry Clinic	Specialist Podiatry Services
North Powys	Welshpool <i>Health Centre Clinic</i>	✓	Wound Care
	Machynlleth <i>Bro Ddyfi Hospital</i>	✓	
	Newtown ⁷ <i>Montgomery County Infirmary / Park Street Clinic</i>	✓	Wound Care Musculoskeletal Nail Surgery
	Llanidloes Llanidloes Memorial Hospital	✓	
Mid Powys	Knighton <i>Knighton Hospital</i>	✓	
	Llandrindod Wells <i>Llandrindod Wells War Memorial Hospital</i>	✓	
	Builth Wells <i>Glan Irfon</i>	✓	Wound Care Musculoskeletal
South Powys	Bronllys <i>Bronllys Hospital</i>	✓	
	Brecon <i>Breconshire War Memorial Hospital</i>	✓	Wound Care Musculoskeletal Nail Surgery
	Ystradgynlais <i>Ystradgynlais Community Hospital</i>	✓	Wound Care

This site configuration would:

- Maintain the range of specialist podiatry services across the county with no changes, with a specialist centre for wound care and musculoskeletal podiatry available in each region, and a specialist centre for nail surgery in Newtown and Brecon.
- Strengthen the community podiatry clinic sites, and increase the number of sites operating as two-chair facilities, but with a reduction from the 2018 configuration of 16 locations (in 15 towns) to a new configuration of 11 locations (in 10 towns).
- Reduce the time spent by podiatrists on travel between multiple sites, enabling this to be used for patient clinics.
- Maintain outreach services such as domiciliary visits for the housebound and nursing & residential home, and training for staff and volunteers of community-based services such as Simply Nails.
- Provide a stronger foundation from which to maintain and build the service, including greater opportunities to participate in service development (e.g. diabetes, foot assessment tool).

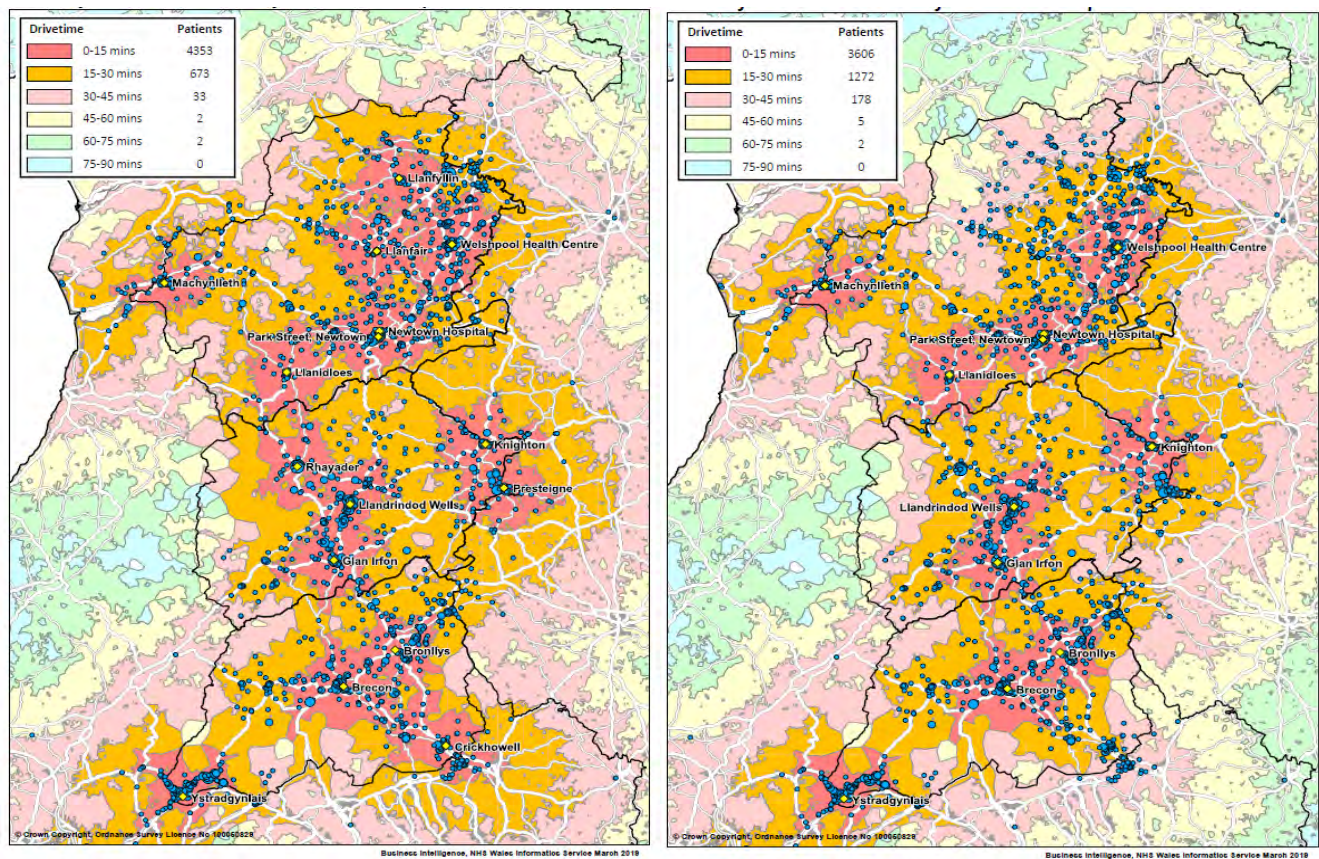
Patterson, Liz
07/09/2020 08:50:11

⁷ The Community Podiatry Clinic is in Montgomery County Infirmary and the Specialist Podiatry Clinic is in Park Clinic. Longer term facilities to be agreed as part of the development of the proposed Community Wellbeing Hub and Rural Regional Centre in Newtown through the North Powys Wellbeing Programme.

8. Impact of Option 3

Experience and Equality Impact

The maps below indicate the drive time for patients to their nearest community podiatry clinic based on the site configuration in 2017/18 (left) and the proposed 11 location option (right).



	16 Site Model in 2017/18		Proposed 11 Site Model from 2020/21	
	Number	Percentage	Number	Percentage
0-15 minutes	4353	85%	3606	71%
15-30 minutes	673	13%	1272	24%
30-45 minutes	33	0.7%	178	3.5%
45-60 minutes	2	0.04%	5	0.09%
60 minutes +	2	0.04%	2	0.04%

The proportion of patients within 30 minutes of their nearest community podiatry clinic would reduce from 98% to 95%. The main areas moving outside the 30 minute isochrones (travel time bands) would be northern Montgomeryshire (e.g. Llanwddyn) and out of county patients in northern ABUHB.

As part of this work we are undertaking an equality impact assessment which assesses the impact on patients and service users. This includes assessment of the impact for people with a range of characteristics. A high level assessment has been undertaken to date, and this engagement seeks feedback to help us strengthen this assessment so that key impacts can be identified, and where appropriate that mitigating actions can be identified.

Impact Assessment	Commentary
All factors	<p>This proposal has the potential for a generally positive impact across all impact assessment dimensions as it will help to stabilise a service that is currently very fragile. Patients are experiencing delays and cancellations due to the lack of availability of podiatry staff. This may result in missed opportunities for prevention and early intervention to reduce podiatric problems from developing or progressing. As outlined above there are also risks associated with isolated practice (e.g. training, mentoring, supervision) which may have an adverse impact on patient experience, safety and outcomes. By reducing isolated practice we aim to improve our systems for ensuring the best outcomes and experience for patients. More patients will need to travel further, but this will be for a more reliable service that is more soundly based on clinical need.</p> <p>Ensuring a sustainable podiatry service in Powys will help to maintain this vital service in-county, reducing the need to travel outside the county for routine care.</p>
Age	<p>Overall, older people are more likely to have more significant podiatric needs (for example, linked to diabetes, tissue viability, musculoskeletal conditions)</p> <p>Older people in some parts of Powys will now need to travel further to access a community podiatric clinic, but will have access to a more reliable and less fragile service.</p>
Disability	<p>People may have podiatric needs associated with their disability and/or may have a disability associated with podiatric problems.</p> <p>People with a disability in some parts of Powys will now need to travel further to access a community podiatric clinic, but will have access to a more reliable and less fragile service. People who are housebound will continue to have access to a domiciliary care services.</p>
Gender reassignment	No specific impact has been identified in relation to gender reassignment.
Marriage and civil partnership	No specific impact has been identified in relation to marriage and civil partnership.
Pregnancy and Maternity	No specific impact has been identified in relation to pregnancy and maternity.
Race	No specific impact has been identified in relation to race.
Religion or belief	No specific impact has been identified in relation to religion or belief.
Sex	No specific impact has been identified in relation to sex.
Deprivation	People with diabetes are likely to have greater need for podiatric services, and higher prevalence of diabetes is associated with higher levels of deprivation. Based on the 2014 Welsh Index of Multiple Deprivation, there is one Lower Super Output Area (LSOA) in Powys

	in the most deprived 10% in Wales (Ystradgynlais 1), two in the next decile (Newtown South and Welshpool Castle) and six in the 30% decile (Newtown Central 1, Newtown East, Newtown Central 2, Welshpool Gungrog 1, Llandrindod East / Llandrindod West, Brecon St John 2). This proposal will maintain services in those areas with the highest levels of deprivation in Powys.
Rurality	People in some parts of rural Powys will now need to travel further to access a community podiatric clinic, but will have access to a more reliable and less fragile service. People who are housebound will continue to have access to a domiciliary care service.
Carers	Rural carers can face particular challenges, and a reduction in the number of clinic sites will mean that some people will now need to travel further to access a community podiatric clinic, but will have access to a more reliable and less fragile service. People who are housebound will continue to have access to a domiciliary care service.
Welsh Language	The areas of Powys with the highest proportion of Welsh Language speakers are Machynlleth, Ystradgynlais, Llanfair Caereinion and Llanfyllin. This proposal will result in the closure of the clinics in Llanfair Caereinion and Llanfyllin. However, people will have access to a more reliable and less fragile service. There will also be reduced isolated practice – in a single-handed service there are fewer opportunities to meet individual language preferences, whereas with a strengthened service and an increase in two-chair clinics there is more scope to build Welsh Language access into the service model. Improved booking and appointment systems also increase the opportunity to offer patients an appointment in their language of preference if a member of staff with appropriate skills is available.

The main potential negative impact is therefore the increase in travel for some patients. Key mitigation actions include:

- Continue to work with third sector partners to maintain access to local toenail cutting and footcare clinics, leg clubs, Community Connectors, Befrienders and other sources of community support.
- Continue to promote positive foot health, and utilise the wider workforce for prevention and early intervention.
- Continue to provide a domiciliary service for eligible patients.
- Implement the proposal for a more robust, reliable and sustainable service model that reduces delays and cancellations for patients.
- Deliver overall improvements in the service that strengthen outcomes, experience and safety – for example, through reduced isolated practice, improved mentoring and supervision, increased two-chair practice, improved access to support from the wider multi-disciplinary team (e.g. for specialist advice).

Engagement Question 5	What positive or negative impact will Option 3 have for the people of Powys?
-----------------------	--

Workforce and Financial Impact

No savings or cost reductions are planned as a result of these proposals. Instead, it is proposed to use the existing service budget to ensure a more reliable service and address the current challenges and fragility.

This also means that we propose to restore the services to its establishment of 11.1 whole time equivalent, with the new service model providing a more attractive recruitment offer that will enable us to reduce the current level of vacancies and stabilise the service.

Some capital investment is anticipated in order to increase the availability of two-chair environments across the county, and to improve the overall attractiveness of the service to potential applications.

Overall Intended Benefits

The overall intended benefit of these proposals include:

- Recruitment and Retention: Option 3 will ensure a more attractive recruitment offer that reduces the number of vacancies in the service and helps to stabilise service delivery.
- Training, Supervision, Mentorship, Isolated Clinical Practice: Option 3 will significantly reduce the level of isolated clinical and practice, and increase the scope for supervised practice to develop junior staff and new graduates. This in turn will support the overall safety and sustainability of the service.
- Patient Experience and Waiting Times: Option 3 will support us to reduce variation for patients including by reducing waiting times and reducing clinic cancellations. Alongside the implementation of Option 3 we also aim to improve the appointment system which we know has been a source of frustration for patients. We recognise that it will increase the travel for patients in areas where clinics are discontinued and we welcome views on how we can mitigate the impact of this. Option 3 will also help us to ring-fence capacity to maintain the provision of a domiciliary care service for those with a clinical need.
- Prudent Healthcare Delivery: Option 3 will support us to reduce the number of unbooked session, and the amount of clinical time lost due to travel. This will increase the overall amount of time that our podiatrists spend with patients.
- Governance: Option 3 will support us to ensure that the service is delivered in accordance with service policies and protocols, including NICE Clinical Guideline NG19.
- Service Development: Option 3 will support us to develop the service and improve service standards through increased two-chair operation, improved mentoring and supervision, and reduced isolated clinical practice. It will also help us to maintain and strengthen our multi-disciplinary approach through working relationships between podiatrists and other professional roles including district nursing, tissue viability nursing, and diabetes nursing.

9. What do I need to do?

Once you have read this document, we would be grateful for your feedback.

A feedback form is provided at the end of this document, this is also available as a separate document from our website at www.powysthb.wales.nhs.uk/podiatry-engagement or on request by contacting Engagement and Communication Team, Powys Teaching Health Board, Bronllys Hospital, Bronllys, Brecon, Powys LD3 0LS (powys.engagement@wales.nhs.uk).

You can also provide your feedback via our online form at www.powysthb.wales.nhs.uk/podiatry-engagement

You can provide feedback in an individual capacity or on behalf of an organisation, and all feedback needs to reach us by 29 March 2020.

All feedback we receive will also be shared with the Powys Community Health Council, which is a statutory independent body to represent the interests of patients and the public in the NHS.

You can also share your feedback direct with the Powys Community Health Council who can be contacted as follows:

Powys Community Health Council

Brecon Office: 1st Floor, Neuadd Brycheiniog, Cambrian Way, Brecon LD3 7HR
Telephone: 01874 624206
Email: enquiries.powyschc@wales.org.uk

Newtown Office: Room 204, Ladywell House, Newtown, SY16 3JB
Telephone: 01686 627632
Email: enquiries.powyschc@wales.org.uk

What Happens Next?

This period of engagement ends on 29 March 2020.

Following the end of engagement we will analyse the responses we have received and use these to review and refine the proposals set out in this document.

A recommendation on the next steps will be developed. This will be discussed with the Powys Community Health Council so that we can make a decision on the best way forward for maintaining podiatry services in Powys.

Patterson, Liz
07/09/2020 08:50:16

Meeting the Challenges in Podiatry Services in Powys: Your Views Count



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Deadline for comments

Please complete and return your form to powys.engagement@wales.nhs.uk or to the address below by 29 March 2020

Your Postcode (this helps us to understand the range of responses across the county):

I am replying on behalf of:
(please tick one)

Myself (individual)

Organisation

If you are responding on behalf of an organisation, please state the name:

Please declare any financial or other relevant interests you have in relation to the provision of podiatry services in Powys:

Notes:

- Please answer the questions on the following pages (you can add extra pages if you need more space).
- All responses will be shared with the Powys Community Health Council and may be made public, so please underline and highlight any confidential information or other material that you do not wish to be made public.
- Do not include medical information about yourself or another person that could identify you or that person.
- Completed forms can be returned by 29 March 2020 to Engagement and Communication Team, Powys Teaching Health Board, Bronllys Hospital, Bronllys, Brecon Powys LD3 0LS or by email to powys.engagement@wales.nhs.uk
- This survey can be completed online at www.smartsurvey.co.uk/s/powyspodiatry

<p>Engagement Question 1: In Section 4 we have highlighted the Opportunities and Challenges facing PTHB Podiatry Services. Can you think of other opportunities and challenges?</p>		
Opportunities:		
Challenges:		
<p>Engagement Question 2: In Section 5 we have highlighted the steps that we have already taken. Can you think of other steps we can take to address our workforce challenges?</p>		
<p>Engagement Question 3: In Section 6 we have described the proposed model of care for PTHB Podiatry Services in future. What do you like about the proposed model? What would you improve?</p>		
I like ...		
I would improve ...		
<p>Engagement Question 4: In Section 7 we have described different options for implementing the proposed model. What other advantages and disadvantages should we take into account?</p>		
	Advantages	Disadvantages
Option 1: Return to 16 community site locations (in 15 towns)		
Option 2: Maintain current site locations		

Option 3: Develop new hub and spoke model		
Engagement Question 5: We are proposing to implement Option 3 (Develop new hub and spoke model). What positive or negative impact will Option 3 have on different sectors of the community?		
	Positive Impact	Negative Impact
Age		
Disability		
Gender Reassignment		
Marriage and Civil Partnership		
Pregnancy and Maternity		
Race		
Religion of Belief		
Sex		
Deprivation		
Rurality		

Carers		
Welsh Language		
What steps could be taken to reduce negative impacts?		
Are there any other comments you would like to make about these proposals for addressing the challenges facing podiatry services in Powys?		
Use this space to share with us any information about you that you feel is relevant to your response – for example, information about equality issues, disability or illness etc. (please note that this information will be used to help us understand the impact of these proposals on different parts of our community. It will be kept confidential and will not be published).		

Patterson, Liz
07/09/2020 08:50:16

Meeting the Challenges in Podiatry Services in Powys: Redesigning Services for the Future

Summary of Engagement Feedback

Version 1.0, 19 May 2020

Patterson.Liz
07/09/2020 08:50:16

About the Engagement

Engagement on the future shape of podiatry services in Powys Teaching Health Board was planned from 17 February 2020 to 29 March 2020. During the engagement period, the impact of Coronavirus (COVID-19) began to affect delivery, and particularly from 23 March 2020 when UK-wide restrictions were introduced to reduce the spread of infection.

The engagement was therefore kept open for comment on an ongoing basis until an extended closure date of 12 May 2020.

More information about the engagement process and delivery is available in the Engagement Report.

About the Respondents

In response to this engagement, we received 17 survey responses (R1 to R17) via the online portal where the questionnaire was marked as complete, although three respondents (R7, R9, R14) had not provided any response information within their response.

When asked to identify whether they were responding in an individual capacity:

- One respondent identified as a County Councillor (R3)
- One respondent identified as a member of a PPG (R5)
- One respondent identified as a self-employed foot health practitioner (R13) and declared this as a financial interest
- One respondent identified as a Health Focus Group (R17)

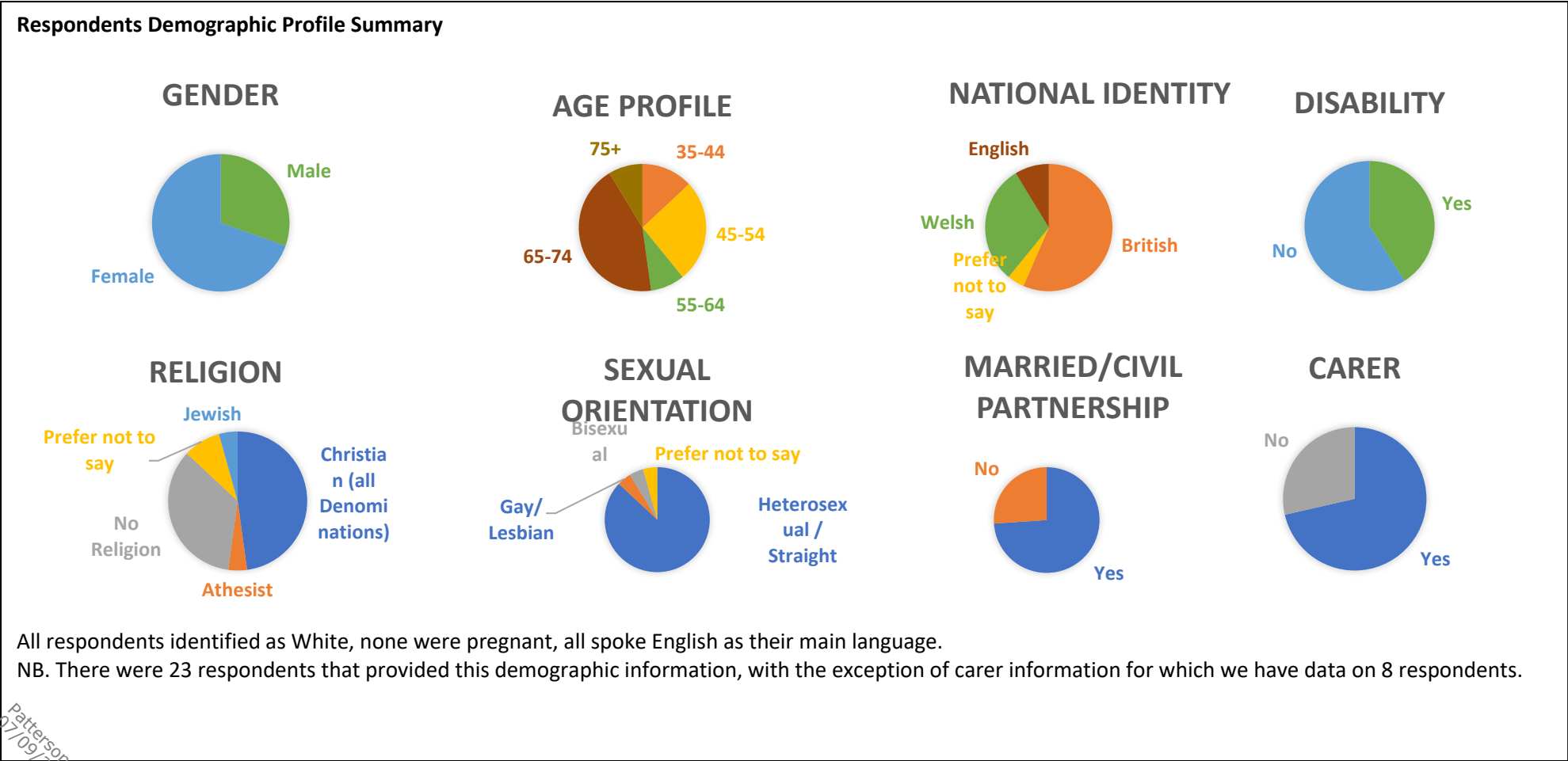
Alongside the 17 responses which were marked as complete on the survey portal, a further 60 survey responses were started but not completed and were logged as “**partial responses**” (P1 to P60). **Comments relating to the engagement questions were only recorded in two of these questionnaires (P12 and P57).**

In addition to this we logged 8 letters or calls (O1 to O8) that were not received through the online portal.

This included three members of PTHB staff, Age Cymru Powys, the Welsh Government Chief Allied Health Professions Advisor, a member of the public, a Town Council, and a representative from Newtown Access Group Accessibility Powys.

All responses were received through the medium of English.

Respondents



Patterson, Liz
07/09/2020 08:50:16

Response Themes

Issues raised in the responses have been mapped against the benefits realisation themes identified in the engagement document:

Assessment Domain	Strategic Principles	Examples of Feedback
Recruitment and Retention	Do What Works	<p>"Make the job a job more people want to do" (R3)</p> <p>"To achieve job satisfaction at the highest level" (R4)</p> <p>"Promotion opportunity for existing staff" (R5)</p> <p>"Be positive and focus on making work attractive" (R10)</p> <p>Facilitate child friendly working hours and encourage mature entry" (R11)</p> <p>"Hub and spoke model more workable in view of staff shortage" (R15)</p> <p>"Recruitment in this area is very challenging and we need a service model that is realistic and creates an attractive work offer" (R16)</p> <p>"In my mind the only way is to get more podiatrists" (O3)</p> <p>Promote podiatry as a career option in schools (O5)</p> <p>"The Council is of the view that workforce recruitment and retention seems to be a fundamental problem so welcomes efforts to improve working conditions and urges the Board to consider how the workforce might feel better valued through remuneration, job satisfaction and opportunities for 'upskilling/multiskilling'." (O7)</p>
Training, Supervision, Mentorship		<p>"Taking students, maybe retain them when trained" (R5)</p> <p>"Promote training opportunities at nearby universities and colleges (R12)</p>

<p>Patient Experience and Waiting Times</p>	<p>Do What Matters Offer Fair Access</p>	<p>Don't have "two wound centres in North Powys only 10 miles apart i.e. Newtown and Welshpool" (R1)</p> <p>A number of respondents identified the need for regular appointments: "As a diabetic I feel I should have regular appointments with the podiatrist" (R2)</p> <p>"Cancel the phoning up on Monday morning and make and agree the next appointment at the appointment you are attending in that day" (R4)</p> <p>"Easier to get an appointment" (R5)</p> <p>"Improve community bus service" (R5)</p> <p>Would improve "booking and appointment system" (R6)</p> <p>"Look at travel possibilities linked to various proposed sites e.g. if buses only run on Tuesday and Thursday then those are the days to have clinics. Coincide with farmers markets" (R10)</p> <p>"Maintain service in Crickhowell ... Lots of people do not have private transport, price of taxi prohibitive and lack of public transport." (R11)</p> <p>"Ensure clinic is easily accessible with nearby car parking" (R12)</p> <p>Need "greater clarity around the reach-out to support for communities who will be losing their local clinics, and how services like third sector and leg clubs can support" (R16)</p> <p>"Work with community transport providers" (R16)</p> <p>Need to improve "booking system" (R17)</p> <p>"The forms that are currently used ... are not user friendly. The current system of re-booking appointments over the phone is problematic" (O6)</p>
---	--	--

Patterson, Liz
07/09/2020 08:50:16

		"To assure that clinics will be accessible for all and otherwise that a home visit will be arranged." (O8)
Prudent Healthcare Delivery	Be Prudent	<p>Like "prevention work" (R6)</p> <p>"consider giving the assessed patient a 'voucher' that they can use in their local private provider that they would supplement" (R10)</p> <p>"Promote services of foot health practitioners within the area, easing the strain on NHS" (R13) – "Professionals have a lack of belief and confidence in the abilities of a Foot Health Practitioner" (R13)</p> <p>"Foot health practitioners would like to learn from [podiatrists] and complement the service they provide" (O6)</p> <p>Provide better "advice to patients given in group settings or leaflets sent out prior to appointments" (R15)</p> <p>"After first appointment, telephone contact may be helpful and reduce need for face to face appointments" (R15)</p> <p>"Following a cancelled appointment I went private. They were much more proactive in giving advice on foot-care and prevention of callus formation. Leaflets would be good." (R15)</p> <p>"Ascertain availability of community based foot care services – podiatry services were removed from LD6 area with no alternative community-based activity." (R17)</p> <p>Introduce prioritisation process, not able to self refer "they should be referred by GP", stricter discharge process (O3)</p>
Governance	Focus on Greatest Need Offer Fair Access	"Better governance" (R5)

<p>Service Development</p>	<p>Do What Works Work with the Strengths of People and Communities</p>	<p>Bring on new groups to help e.g. beauticians (R3)</p> <p>"Use a room in doctors surgeries as a consultation room" (R4)</p> <p>In Machynlleth, employ podiatrists from Tywyn and Bronglais areas (R4)</p> <p>"The staff did receive some training a couple of years ago with a podiatrist for nail cutting and basic foot care but I think this is something we could discuss and maybe take forward" (R6)</p> <p>Challenges "stasis, entrenched attitudes" (R10)</p> <p>Overcome isolation through "integrated approach to working in multidisciplinary teams, encouraging district nurses/physios/podiatrists to be a team for a distinct area. Provide the team with the core resource to deliver across professional boundaries – such as direct IT links during consultation" (R10)</p> <p>"Closer working with other services, physiotherapy, orthotics would improve quality of service" (R12)</p> <p>"Much better coordination of multidisciplinary care for podiatry patients based on skilled and sustainable workforce" (R16)</p> <p>"Work with third sector, leg clubs, community connectors and other local partners to identify ways to improve the local community offer. Consider outreach to leg clubs and/or 'foot club' model" (R16)</p> <p>Offer to be involved in the redesign of podiatry services (O1)</p> <p>"As part of your consideration I would like to ask you to explore how this [Patient Activation Measure] might be built into your own thoughts and options]" (O2)</p> <p>"There is certainly an opportunity to work alongside the third sector in terms of raising awareness of good foot health care as a preventative measure to help reduce the strain of the</p>
----------------------------	--	--

Patterson, Liz
07/09/2020 08:50:16

		<p>podiatry service” “there are opportunities in terms of upskilling our volunteers and utilising private Foot Health Practitioners, nursing staff and care agencies” (O6)</p> <p>“With additional funding Age Cymru Powys could increase the number of clinics” (O6)</p>
--	--	---

Patterson.Liz
07/09/2020 08:50:16

In their response, Age Cymru Powys suggested a few scenarios for joined up care:

- Example of the "Joined-up Care", is that whilst checking the lower limb of Mrs X, the Age Cymru Powys (ACP) Simply Nails (SN) co-ordinator noticed a blemish on the lateral side of her right leg. On questioning the patient, it became clear that Mrs X had knocked her leg against a table, over a few months ago, and it wouldn't heal. The co-ordinator asked the patient if she could remove the plaster, and in doing so uncovered a nasty looking wound. The patient was insistent that by "home care" it would get better. However, after gentle persuasion, the SN co-ordinator was able to ask the persuade the client to have the district nurse have a quick look at it. The district nurse applied some iodine and a plaster over the wound and asked the patient to come back again in a weeks' time, to enable the district nurses to monitor the progress of the wound (if unattended the wound could have easily ulcerated). Not only had the ACP SN co-ordinator picked up on the abrasion, she was also able to ask probing questions with regards to the living circumstance of the patient, if she had fallen in the last three months and how much home help/if any she was getting.
- Second example: Mrs Y attends the ACP SN clinic with her husband, every month. Mrs Y has Dementia and her husband is her sole carer. The ACP SN co-ordinator noticed on the top of a patient's left Hallux, a large blister, un-beknown to the patient, and was concerned about the way it looked. ACP SN co-ordinator checked patient's foot-wear and inside the shoe and could see no apparent reason as to why the blister had appeared. The ACP Co-ordinator felt comfortable enough to ask the PTHB pod, (who was working in the next room) and ask her for advice. The PTHB pod came and inspected the blister, applied iodine and appropriate dressing, and informed Mrs Ys' husband to visit the district nurses, who were in the same building that day, and they would be able to monitor the blister, to ensure that it didn't become infected.
- Third example ACP SN co-ordinator had built a rapport with a regular Mrs Z. Mrs Z mentioned in conversation that they were struggling to come to SN clinic on a regular basis due to funds. SN co-ordinator mentioned that ACP could help to check if Mrs Z was receiving the correct benefits. SN co-ordinator spoke to ACP I&A Officer, who in turn visited Mrs Z, at a later date, and was able to increase Mrs Z's Attendance Allowance from the lower rate to the higher rate, as well as sign posting her to Care & Repair who helped with fitting railings outside the home.

Patterson.Liz
07/09/2020 08:50:16

Advantages and Disadvantages of the Three Options

Respondents were asked to identify advantages and disadvantages of the three options.

	Advantages	Disadvantages
Option 1	<p>"Reach more people"</p> <p>"Keep this option"</p> <p>"Keeps service local"</p> <p>"wider coverage which is better for patients in terms of accessing the service given the rurality of Powys and the problems this presents in terms of limited public transport links"</p> <p>"Many people can attend the clinics. This won't say that the buildings which are being used at the moment are always accessible for all disabilities."</p> <p>"Easier to attend local services"</p>	<p>"Parking, public transport"</p> <p>"Older disabled patients should not be expected to travel any further than they already do"</p> <p>"Governance"</p> <p>"Scrapping Crickhowell"</p> <p>"Not viable"</p> <p>"Not viable"</p> <p>"Knighton"</p> <p>"I totally agree that there is insufficient staffing to maintain this"</p> <p>"Inability to book appointments"</p>
Option 2	<p>"People know where they are going and can get there"</p> <p>"Keep to this but make it more flexible"</p> <p>"Access Crickhowell"</p> <p>"Minimal change"</p> <p>"wider coverage which is better for patients in terms of accessing the service given the rurality of Powys"</p>	<p>"Better appointment systems"</p> <p>"Not viable"</p> <p>"Not viable"</p> <p>"I totally agree that there is insufficient staffing to maintain this"</p> <p>"Disabled people have difficulties to attend clinics."</p>

Patterson, Liz
07/09/2020 08:50:16

	<p>and the problems this presents in terms of limited public transport links"</p> <p>"Not available in LD6 area – no alternative community based services"</p>	<p>"Transport, difficulty booking and availability of appointments"</p>
Option 3	<p>"Bringing other agencies in."</p> <p>"Improved governance"</p> <p>"Clearer service model and more attractive working opportunity"</p> <p>"Looks like a good compromise"</p> <p>"Consolidating the clinics to hospitals and health & care locations across Powys is a great solution. This would enable Age Cymru Powys and other third sector organisations, community groups to broad their coverage of the areas that NHS podiatry will no longer cover".</p> <p>"No alternative community based services"</p>	<p>"not getting other agencies involved"</p> <p>"Crickhowell Llangattock disadvantaged"</p> <p>"Further travel"</p> <p>"Funding for extra resource to support [additional third sector services]"</p> <p>"Increase of travel is simply not acceptable, many disabled people have got problems to travel."</p> <p>"Transport difficulties"</p>

Patterson.Liz
07/09/2020 08:50:16

Equality Impacts of the Preferred Option

Respondents were asked to identify advantages and disadvantages of the preferred option (Option 3).

	Advantages	Disadvantages
General Comments (e.g. where respondents included the comment in all categories)	<p>"Maintains a viable service in the county"</p> <p>"The Council is of the view that the proposed model may offer a better service if the clients are able to travel to the clinics by car or public transport."</p>	<p>"The main issue is increased travel."</p> <p>"Whilst it will increase travel the alternative is an unsustainable service that cannot be delivered which is worse"</p> <p>"The council is of the view that the proposed model increases the amount of travel to attend a clinic, but some clients may not have good access to car or public transport."</p>
Age	"Easier Access to Appointments"	<p>"More travelling x 2"</p> <p>"Distance for kids taken out of school"</p> <p>"Having to travel to Brecon. Do not drive and very few/irregular bus services."</p> <p>"If elderly travel more difficult"</p> <p>"Elderly people need the service in their community or at home."</p>
Disability	<p>"Easier Access to Appointments"</p> <p>"Depends on accessibility at the site"</p>	<p>"More travelling x 2"</p> <p>"Depends on accessibility at the site"</p> <p>"Having to travel to Brecon. Do not drive and very few/irregular bus services."</p> <p>"Wheelchair users transport issues"</p> <p>"Disabled people might need a more specialised service in the hospital, disabled accessible service locally or at home."</p> <p>"Further to travel, availability of transport and appointments"</p>
Gender Reassignment	No specific comments	No specific comments
Marriage and Civil Partnership	No specific comments	No specific comments

Pregnancy and Maternity	No specific comments	"More travelling"
Race	No specific comments	No specific comments
Religion or Belief	No specific comments	No specific comments
Sex	No specific comments	No specific comments
Deprivation	No specific comments	"More travelling" "Cost of travelling x 22" "Poor bus service limiting travel" "People will find that they have to go private while they cannot afford it."
Rurality	No specific comments	"More travelling" "Cost of travel" "Travel issues" "Not here Crickhowell Llangattock and surrounding area a large hub" "Clients who are living rural won't request proper footcare any longer, because they do not want to travel further." "Ease of accessing services"
Carers	No specific comments	"Travel issues" "Time and inconvenience" "Carers will get frustrated, because their clients won't get proper footcare."
Welsh Language	No specific comments	"Not everywhere in Powys is Welsh spoken well, which can give staffing issues. It is important that you have got Welsh speaking staff in areas where more Welsh is spoken."

A very detailed response from Age Cymru Powys included particular mitigations for the disadvantages, including relating to their Simply Nails service:

- Will PTHB be working with local community transport schemes?

- Would it be possible to coordinate the clinics with the day hospitals, thus saving the patient's multiple journeys?
- Appointment times would need to be considered for those patients not having to travel further.
- Improve the current booking system to make it more user friendly
- Improve the referral form to make it simpler and clearer
- The consideration given to travel appears to assume travel by car, and further account needs to be taken of ability/inability of clients to travel by current (and future) public transport services
- The effect of losing clinics will only be offset if there is a better service provided at the remaining clinics

Specific suggestions from Age Cymru in relation to the Simply Nails service included

- Expansion of Simply Nails to additional locations
- Enhanced referral pathway from podiatry to Simply Nails for more patients including diabetes, blood thinners, steroids
- Enable direct referrals from GPs to Simply Nails for clients with diabetes etc.
- Greater focus on positive foot health promotion
- Induction and ongoing training with PTHB podiatry for Simply Nails volunteers
- Consider foot health practitioner clinics

Other suggestions for mitigating impacts include:

- "Community engagement, liaise with local groups to advise and discuss the needs of the community, services were withdrawn from LD6 with no prior warning or consultation, ascertain locally based community services"
- "Liaise with local groups i.e. GP surgery, health focus group, leg club. Leg Club was set up at end of 2019. What provision is there for review of people with diabetes, those how need emergency treatment and the residents of the two care homes in LD6"

Comments on the Process:

"Bit of a pointless question when you've told us option 1 & 2 are not feasible" (about advantages / disadvantages of Option 1) (R6)

"How is this useful for patients. We just need a podiatry service not a difficult survey form" (R8)

"Engagement period too short" (O4)

Partial Responses:

60 online surveys were commenced but not completed.

Two partial responses included comments relating to the engagement questions:

- “Increasing links with Schools of Podiatry and offering work experience, secondments.” (P12)
- “Would like podiatry treatment in Powys as currently done in England” (P57)

Patterson, Liz
07/09/2020 08:50:16

Equality Impact Assessment (EIA) Outcome
Summary Report for

Meeting the Challenges in Podiatry Services in Powys: Redesigning Services for the Future

Draft Version 2.2, 19 May 2020

Patterson, Liz
07/09/2020 08:50:16

Contents

EIA Outcome Overview	3
1. Introduction	4
1.1 What is the purpose of an EIA?	4
1.2 Description of proposal subject to this EIA	4
1.2.1 Rationale for the proposal 'Meeting the Challenges in Podiatry Services in Powys: Redesigning Services for the Future'	4
2. Approach to conducting this EIA	6
2.1 Organisation and service context	6
2.2 Current demand	6
2.2.1 Access & Appointment provision:	7
3. Engagement	8
3.1 Engagement plan	8
3.2 Engagement Materials	12
4. Findings from the Engagement and Consultation Activity	14
4.1 Equality Impacts identified during the consultation	16
5. Mitigation of potential negative impacts	18
6. Summation/Conclusion	20
7. Next Steps	21
7.1 Application of this EIA	21
7.2 Implementing the mitigations action plan	21
7.3 Monitoring and evaluation	21

Patterson Liz
07/09/2020 08:50:16

EIA Outcome Overview

IMPACT ASSESSMENT				
Equality Act 2010, Protected Characteristics:				
	No impact	Adverse	Differential	Positive
Age		x		
Disability		x		
Gender reassignment	x			
Pregnancy and maternity	x			
Race	x			
Religion/ Belief	x			
Sex	x			
Sexual Orientation	x			
Marriage and civil partnership	x			
Welsh Language	x			
<p>Respondents to the consultation and engagement events raised concerns that the proposed changes to the Podiatry Services might mean increased travel time, increased travel costs and particular inconveniences where public transport – which is described as limited and irregular in places – would cause problems in getting to appointments. These concerns were raised with potentially adverse effects for older people and people with disabilities. Mitigating actions are described in this EIA report.</p>				
Risk Assessment:				
	Level of risk identified			
	None	Low	Moderate	High
Clinical				
Financial				
Corporate				
Operational				
Reputational				
<p>Statement</p> <p>A supporting narrative for any risks identified that may occur if a decision is taken will be added here in the version presented to PTHB Board on 29 June so that it can reflect PTHB management recommendation and CHC feedback</p>				

Patterson, Liz
07/09/2020 08:50:16

1. Introduction

1.1 What is the purpose of an EIA?

The undertaking of an Equality Impact Assessment is a statutory duty and ensures that equality and human right principles are identified and considered in decisions and actions. It involves:

- I. Anticipating or identifying consequences of the proposal on individuals or groups.
- II. Making sure negative effects are eliminated or minimised.
- III. Maximising opportunities for promoting positive effects

1.2 Description of proposal subject to this EIA

In response to a number of factors affecting the sustainability of safe podiatry services in Powys a proposal was developed around meeting the challenges faced by the Podiatry Services in Powys and redesigning services for the future. It is this proposal **Meeting the Challenges in Podiatry Services in Powys: Redesigning Services for the Future** that was subject to this EIA.

1.2.1 Rationale for the proposal 'Meeting the Challenges in Podiatry Services in Powys: Redesigning Services for the Future'

Following an internal audit of the Podiatry Service (2018) that returned a response of 'no assurance', a comprehensive Action Plan was created and implemented which included the requirement to review of the existing sites from which Podiatry is delivered across Powys. In September 2018, due to staff shortages, the Podiatry clinics sites were realigned to deliver from 12 sites where there were previously 16. This was necessary to ensure greater efficiencies in delivery.

This proposal presents a model of delivery from 10 sites going forward, with positive outcomes envisaged for patients, staff, the service and organisation including:

- Equitable and timely treatment by enabling changes to the clinic template
- Equity in the availability of appointments
- Increased continuity of care from the same therapist
- Improving quality of treatment through the introduction of "two chair clinics", which further provides the opportunity for reviewing and optimising team skill mix
- Improving pathway and clinical safety, by ensuring junior staff have the support of clinical specialists on site
- Improving overall supervision and mentorship and the ability to support new graduates within the workforce safely
- Improving recruitment and retention of Podiatry staff

Patterson, Liz
07/09/2020 08:50:16

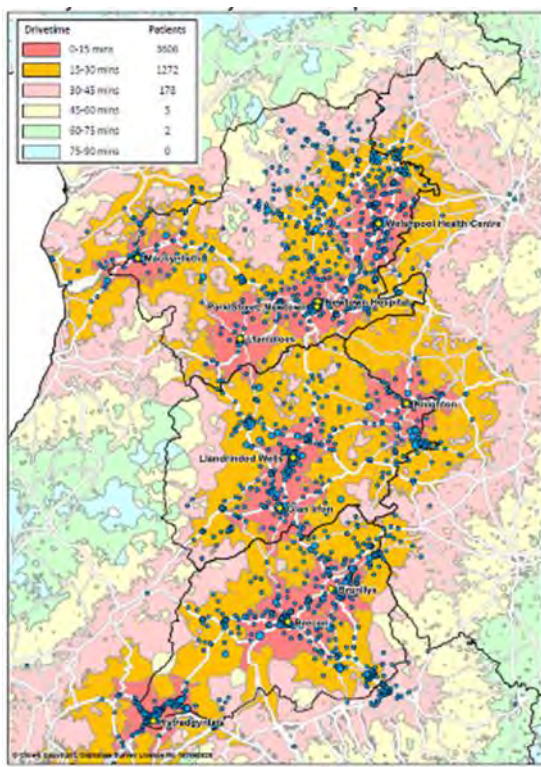
- Reducing staff travel time to clinic sites enabling increased time available for appointments
- Reducing the number of locations where patient records are held which will ensure safer management of patient records in line with GDPR because it reduces the risks associated with transferring patient records across sites.

The following locations are proposed as the sites to provide Podiatry services going forward:

North	Mid	South
Welshpool (two chair clinic)	Knighton	Brecon (two chair clinic)
Newtown	Glan Irfon	Bronllys
Llanidloes	Llandrindod Wells (two chair clinic)	Ystradgynlais (two chair clinic)
Machynlleth		
(No service from Llanfyllin and Llanfair).	(No service from Presteigne and Rhayader)	(No service from Crickhowell)

The isochrone map below illustrates the proposed ten locations and confirms that the majority of patients would not have to travel over 30 minutes to their appointment with 71% of patients travelling under 15 minutes.

Map 1: Podiatry Caseload travel to appointment time against new proposed locations



Time Travel	Current Model	Proposed Model
0-15 minutes	85%	71%
15-30 minutes	13%	25%
30-45 minutes	0.7%	3.5%
45-60 minutes	0.04%	0.09%
60 minutes +	0.04%	0.04%

Patterson, Liz
07/09/2020 08:50:16

2. Approach to conducting this EIA

PTHB has a duty to ensure the sustained delivery of safe podiatry services to the Powys resident population by the most effective and efficient means possible, having regard to local needs and circumstances. This EIA forms part of the evidence required by the PTHB Board to make decisions on any service model changes and the future of PTHB services.

This EIA assessment was conducted to assess the potential impact of the above proposal. The process for gathering feedback via consultation and engagement is described below.

This assessment has been undertaken by the PTHB Podiatry Service and considers the possible effects of the proposed model changes on service users (current and future) in need of podiatry services across Powys. It was undertaken utilising resources and information provided from the Podiatry Services and staff, patients, service users, staff and relevant stakeholders.

The aims of this EIA were to:

- I. Consider the impact and effect of the proposed model changes to groups of people, including - patient's/service users, - staff - individuals with protected characteristic (as defined by the Equality Act 2010) - and other relevant stakeholders
- II. Identify both positive and negative impacts that the proposed changes will have
- III. Propose potential mitigations to minimise or eliminate negative impact/affects
- IV. Propose opportunities to maximise and promote the positive effects of the proposed changes to the service model

The following areas were considered when undertaking the EIA:

2.1 Organisation and service context

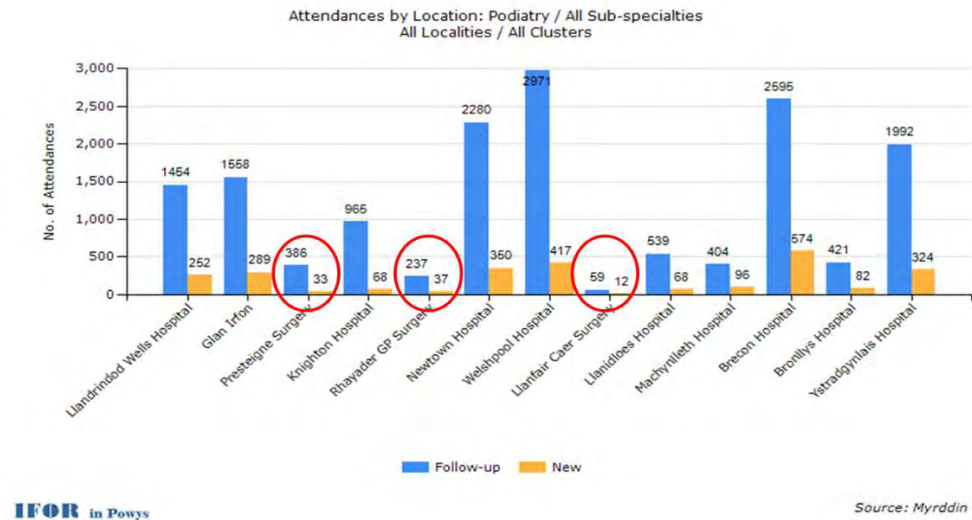
The organisational and service context is described above. The current model is under review in response to an internal audit and increasing demand against a reduced workforce capacity. Recruitment challenges are noted, as are concerns regarding the ongoing sustainability of the service in its current structure.

2.2 Current demand

The graph below shows the breakdown of attendances (both new and follow up) for all current locations and highlights in particular the small number of patients seen in Presteigne, Rhayader and Llanfair Caereinion.

Patterson, Liz
07/09/2020 08:50:16

Draft Equality Impact Assessment Report: Meeting the Challenges in Podiatry Services
Draft Version 2.2, 19 May 2020



NB:

*Llanfyllin activity is included within Newtown and Crickhowell within Brecon, due to the way the recording is set up on the Welsh Patient Administration System (WPAS).

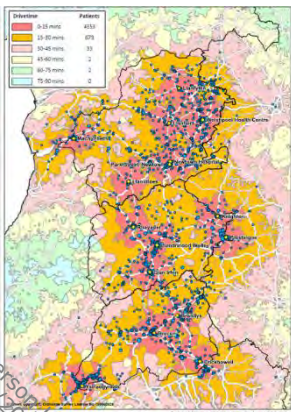
**Machynlleth currently receives its Podiatry service from Betsi Cadwaladr University Health Board, via an SLA that is reviewed regularly.

2.2.1 Access & Appointment provision:

PTHB offer self-referral to the community Podiatry service as well as referrals directly from consultant, GPs and health colleagues. Appointments for Core Community Podiatry, Nail Avulsion and Domiciliary Visits are managed centrally through the Call Centre whilst wound care provision is managed at the individual sites by Podiatric staff.

Map 2 below highlights the sites across Powys where patients are seen currently. It shows that the majority of patients (86%) travel under 15 minutes to their appointment. Only a very small number of patients (less than 0.08%) had to travel over 45 minutes.

Map 2: Podiatry Caseload with current locations and travel to appointment times:



Time Travel	Current Model
0-15 minutes	85%
15-30 minutes	13%
30-45 minutes	0.7%
45-60 minutes	0.04%
60 minutes +	0.04%

3. Engagement

A robust approach to engagement with key stakeholders, was sought with the commitment that responses would be analysed and used to inform future decisions. The Podiatry Service in PTHB have worked closely with Powys Community Health Council (CHC) to undertake a formal consultation process. Originally the engagement was scheduled over a period of 6 weeks from 17th February 2020 to 29th March 2020, however, towards the end of the engagement period, the UK entered a period of “lockdown” from 23 March 2020 in response to Coronavirus (COVID-19). Engagement was therefore kept open for continued feedback via email and online to allow further opportunity for comment. The engagement period finally closed on 12 May 2020 – a period of over 11 weeks.

The following sections detail the engagement plan (3.1) and the materials used (3.2).

3.1 Engagement plan

The podiatry service followed NHS Wales published guidance on engagement and consultation on changes to health services. This is available from the NHS Wales website at <http://www.wales.nhs.uk/sitesplus/documents/829/NHS%20Wales%20Guidance%20on%20Engagement%20and%20Consultation.pdf>

This engagement related to services for people in Powys with a clinical need for community and specialist podiatric services. Key audiences included users of podiatry services, people with diabetes, people with lower limb tissue viability issues (e.g. Leg Club users).

The objectives of the engagement plan were:

- I. To seek views on the challenges facing podiatry services, to explain the steps that have already been taken to respond to these challenges and present the options being considered for addressing the challenges in the longer term
- II. To share information with service users, the public in Powys and wider stakeholders in order to gather views that will help us to make the best decisions on the way forward for podiatry services in Powys
- III. To meet the requirements of the NHS Wales Guidance on Engagement and Consultation, the Community Health Council Regulations in relation to consultation in Powys and ensure a Welsh Language Active Offer.
- IV. To identify positive and negative impacts of the proposals – with particular reference to equality protected characteristics, carer responsibilities, deprivation, rurality and Welsh Language – and to use these insights to refine the proposal and consider potential mitigation actions that can be delivered by the health board or other partners to reduce negative impact.**
- V. To develop and agree a report on engagement in Powys that can support decision making on the future of podiatry services.
- VI. To engage with Powys Community Health Council
- VII. To identify learning that will support us to continue to strengthen systems and processes for continuous engagement, identifying areas of best practice and opportunities for improvement
- VIII. And additionally, to extend the engagement period for a further six weeks during the lockdown period for Coronavirus (COVID-19).

Patterson, Liz
07/09/2020 08:50:16

The timeline for engagement was as follows:

- 21 January 2020: SBAR discussed by Powys Community Health Council Executive Committee
- 21 January 2020: Discussion of SBAR and draft Engagement Document between PTHB and Powys Community Health Council at Services Planning Committee
- 6 February 2020: Discussion of updated Engagement Document and draft Engagement Plan between PTHB and CHC representatives
- 17 February 2020: Start of Engagement Period
- TBC early March: Internal Mid-Term Review
- 29 March 2020: Original end of Engagement Period
- 12 May 2020: Extended engagement period ended on 12 May 2020
- 26 May 2020: Powys CHC Executive Committee
- 29 June 2020: Meeting of the Board of Powys Teaching Health Board

Below is an outline of the engagement and consultation activity:

Sector	Audiences	Impact / Influence	
A: Patients, Service Users and Carers, Customers and Customer Proxies	Current users of podiatry services	Engage closely	
	Diabetes Service User and Carer Forums	Engage closely	
	Local third sector organisations working with people with diabetes	Keep informed	
	Targeted equalities and impact assessment work:	(via all activity)	
	• Age		
	• Sex		
	• Gender Reassignment		
	• Pregnancy & Maternity		
	• Disability		
	• Sexual Orientation		
	• Marriage and Civil Partnership		
	• Religion or Belief		
	• Race		
	• Carers		
	• Deprivation		
• Rurality			
• Welsh Language			
	Local third sector organisations working with carers	Keep informed	
Audience	Proposed Activity	Who	Activity Log
A: Patients, Service Users and Carers, Customers and Customer Proxies	Podiatrists to engage with podiatry service users during the engagement period with a particular focus on geographies where there is a proposal to make permanent the temporary changes that have been in place and those geographies where additional changes are proposed: <ul style="list-style-type: none">summary of proposalsshort MECC questionnaire (how would these proposals affect you, what steps could be taken to mitigate the impact)full engagement document available on request	Engagement and Communication Team	Information shared by AO with all staff via Powys Announcements on 15/02 with request to share and engage with service users
		Community Services team	Vic Deakins engaging with podiatry team MECC questionnaire produced by Adrian Osborne and shared with Vic Deakins for local use
	Information about the engagement shared with PAVO and Credu for distribution via their networks	Engagement and Communication Team	Engagement information sent by AO to PAVO and Credu on 16/02 with request to share through their networks
	Engage with District Nurses to raise awareness via Leg Clubs	Community Services team	Information shared via Powys Announcements
	Offer presentation to Diabetes Service User and Carer Forums	Community Services team	NB the Diabetes Service User and Carer Forums are not meeting during the engagement period but information will be shared via planning team and diabetes nursing
		Engagement and Communication Team	Information sent by AO to Mike Griffiths to Sally Ann Jones for distribution to the Groups on 16/02

Patterson, Liz
07/09/2020 08:50:16

Draft Equality Impact Assessment Report: Meeting the Challenges in Podiatry Services
Draft Version 2.2, 19 May 2020

Sector	Audiences	Impact / Influence	
B: Public and Communities	Public and communities:	Keep Informed	
	• Public and Communities across Powys		
	PTHB Health Forums in:	Engage Closely	
	• All Health Forums in Powys		
	PAVO Community Connectors:	Keep Informed	
	• All Community Connectors in Powys		
	Town and Community Council areas:	Keep Informed	
	• All Town & Community Councils in Powys		
Local community networks and organisations:	Keep Informed		
• All Community networks and organisations in Powys			
Social media channels (e.g. hyperlocal):	Keep Informed		
• PTHB social media channels			
Audience	Proposed Activity	Who	Record of Activity
B: Public and Communities	Share information about the engagement via social media channels and PTHB website	Engagement and Communication Team	Information went live on 16/02 ready for start of engagement. Posts on PTHB Facebook page on 17/02
	Send information about the engagement to Health Focus Groups in Powys – offer to attend those Groups in affected areas taking place during the engagement period	Engagement and Communication Team	Information distributed by AO to HFG key contacts on 16/02 NB where Health Focus Groups / PPGs are meeting during the engagement period these are listed in the Activity Log. Those that are not meeting will receive information via distribution.
	Send information about the engagement to Town and Community Councils in Powys	Engagement and Communication Team	Information distributed by AO on 16/02
	Send information about the engagement to PAVO Community Connectors in Powys	Engagement and Communication Team	Information distributed by AO on 16/02
	Share information via community networks	All partners to be encouraged to share information via their networks	Shared with partners for onward syndication
	Reactive – respond to requests to attend Health Focus Groups with priority to Llanfyllin, Rhayader and Crickhowell (areas with HFGs where changes are proposed)	Community Services Team	Shared with HFG members
	Information will be available at existing continuous engagement events	Engagement and Communication Team	Reduction of continuous engagement programme during Coronavirus
	CHC will be asked to share information at their programme of continuous engagement events	Powys CHC	Information distributed by AO to CHC on 14/02
Sector	Audiences	Impact / Influence	
C: PTHB Staff and Contractors	PTHB Board, IMs and Executive Team	Engage Closely	
	PTHB Staff		
	• All staff	Keep Informed	
	• Podiatry Staff	Engage Closely	
	• Diabetes Nurses	Engage Closely	
	• District Nurses / Leg Clubs	Engage Closely	
	• Tissue Viability Nurses	Engage Closely	
	• Heads of Nursing and Midwifery	Keep Informed	
	• Heads of Therapies and Health Sciences	Keep Informed	
	Primary Care		
	• General Practice across Powys	Keep Informed	
	• Community pharmacy in Powys	Keep Informed	
	Cluster		
	• All three clusters	Engage Closely	
	PTHB Partnership Forum	Keep informed	

Patterson, Liz
07/09/2020 08:50:16

Draft Equality Impact Assessment Report: Meeting the Challenges in Podiatry Services
Draft Version 2.2, 19 May 2020

Audience	Proposed Activity	Who?	Activity Log
C: PTHB Staff and Contractors	Issue information to all PTHB staff via Powys Announcements (launch of engagement plus mid term reminder)	Engagement and Communication Team	Information distributed by AO on 15/02
	Ensure all podiatry staff are aware, and that they have information to enable them to engage with service users	Community Services Team / E&C Team	Powys Announcement issued by AO on 15/02
	Ensure all DNs / Leg Clubs are aware, and that they have information to enable them to engage with service users	Community Services Team / E&C Team	Powys Announcement issued by AO on 15/02
	Ensure all Diabetes Nurses are aware, and that they have information to enable them to engage with service users	Community Services Team / E&C Team	Powys Announcement issued by AO on 15/02
	Ensure all Tissue Viability Nurses are aware, and that they have information to enable them to engage with service users	Community Services Team / E&C Team	Powys Announcement issued by AO on 15/02
	Share information with PTHB Partnership Forum	Engagement and Communication Team / Director of Therapies and Health Science / Director of Primary Care, Community & Mental Health Services	Information sent to LPF by AO on 15/02
	Share information with General Practice and Community Pharmacy in Powys	Primary Care Team / E&C Team	Information sent to Primary Care for onward distribution by AO on 15/02
	Share information with Clusters and offer to attend cluster meeting	Community Services Team / E&C Team	Information sent to Primary Care for onward distribution by AO on 15/02
	NB attend clinical / professional meetings as appropriate and/or brief appropriate representative to share the proposals	Community Services Team / E&C Team	
	Board Members	Engagement and Communication Team / Director of Therapies and Health Science / Director of Primary Care, Community & Mental Health Services	Information sent via Powys Announcement to all staff on 15/02 and also included in "The Week" to Board Members
Sector	Audiences		Impact / Influence
D: Partner Organisations	Partnerships		Keep Informed
	• Public Service Board, Regional Partnership Board, Age Well Partnership, Live Well Partnerships, Start Well Partnership		
	Powys County Council		Keep Informed
	• Adult Social Care		
	Powys Association of Voluntary Organisations (and via PAVO to local third sector)		Keep Informed
	Age Cymru and CAMAD – partners in the delivery of nail cutting services		Engage Closely
	Leg Clubs		Keep Informed
	Mid Wales Joint Committee		Keep Informed
	Third Sector Organisations:		Keep Informed
	• Via PAVO		
Audience	Proposed Activity	Who?	Activity Log
D: Partner Organisations	Meet with Age Cymru and CAMAD to discuss the proposals and engage with them in the future model	Community Services Team	Check with Victoria Deakins
	Email the engagement materials to key partners listed on previous page – PCC, PAVO, PSB, RPB (and via RPB to Age Well, Live Well, Start Well)	Engagement and Communication Team	Information sent to RPB secretariat for onward distribution by AO on 16/02
			Information sent to PCC CEO and DoSS by AO on 16/02
			Information sent to PAVO CEO by AO on 16/02
			Information sent by AO to MWJC PPI group and secretariat on 18/02
Sector	Audiences		Impact / Influence
E: National Bodies	Welsh Government:		
	• Welsh Government Therapies leadership (Ruth Crowder)		Keep Informed
	• Welsh Government Health and Social Care comms team (Steve Robbins)		Keep Informed
Audience	Proposed Activity	Who	Activity Log
E: National Bodies	Ensure that Welsh Government therapies leadership (Ruth Crowder) is aware	Engagement and Communication Team / Director of Therapies and Health Science	Information sent by AO to Ruth Crowder on 15/02
	Ensure that Welsh Government comms team is aware	Engagement and Communication Team	Information sent by AO to WG Comms on 15/02
Sector	Audiences		Impact / Influence
F: Unions and Professional Bodies	PTHB Partnership Forum		Keep Informed

Patterson, Liz
07/09/2020 08:50:16

Draft Equality Impact Assessment Report: Meeting the Challenges in Podiatry Services
Draft Version 2.2, 19 May 2020

Audience	Proposed Activity	Who?	Activity Log
F: Unions and Professional Bodies	Email the engagement information to the stakeholders listed on the previous page – Partnership Forum	E&C Team / Director of Therapies and Health Science / Director of Primary Care, Community & Mental Health Services	Information sent to LPF by AO on 15/02
Sector	Audiences	Impact / Influence	
G: Political	Assembly Members	Keep Satisfied	
	• All constituency AMs and regional AMs)		
	Members of UK Parliament	Keep Satisfied	
	• All MPs		
	Powys County Councillors		
	• All Powys County Councillors	Keep Satisfied	
Audience	Proposed Activity	Who?	Activity Log
G: Political	Email the engagement document to AMs, MPs, Powys County Councillors – offer phone call or meeting if they need further information, keep lines of communication open, update them on “no surprises” basis	E&C Team / Director of Therapies and Health Science / Director of Primary Care, Community & Mental Health Services	Information sent by AO to Russell George, Kirsty Williams, Helen Mary Jones, Neil Hamilton, Joyce Watson, Eluned Morgan on 16/02
			Information sent by AO to Craig Williams and Fay Jones on 16/02
			Information sent by AO to all Powys County Councillors on 16/02
Sector	Audiences	Impact / Influence	
H: Scrutiny and Regulation	Powys Community Health Council	Engage Closely	
Audience	Proposed Activity	Who?	Activity Log
H: Scrutiny & Regulation	Offer to attend meeting of CHC to present the proposals	E&C Team / Director of Therapies and Health Science / Director of Primary Care, Community & Mental Health Services	Draft proposals presented to CHC Exec/SPC in January Information sent to CHC by AO on 14/02 Presentation to CHC Executive on 26 May
	Share information with Chair / Clerk of PCC Health and Care Scrutiny Committee	E&C Team / Director of Therapies and Health Science / Director of Primary Care, Community & Mental Health Services	Information sent by AO to all PCC Councillors on 16/02 and also separate note to Clerk

3.2 Engagement Materials

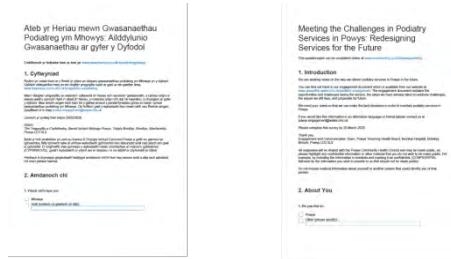
The engagement document was available in English and Welsh.



A survey questionnaire was available online via smart survey and via printed copies.

Patterson, Liz
07/09/2020 08:50:16

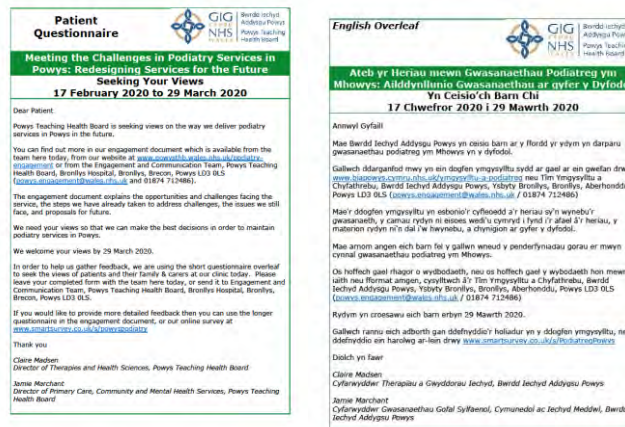
Draft Equality Impact Assessment Report: Meeting the Challenges in Podiatry Services Draft Version 2.2, 19 May 2020



A dedicated web page was established on the health board website:

- EN: www.powyshtb.wales.nhs.uk/podiatry-engagement
- CY: www.biapowys.cymru.nhs.uk/ymgysylltu-a-podiatreg

A public and stakeholder bulletin was available to raise awareness of the engagement with partners.



A short questionnaire was created for podiatrists to use in their clinics to gather rapid feedback from patients, particularly those who will be most affected by the proposals (e.g. Rhayader, Crickhowell, Presteigne, Llanfair Caereinion, Llanfyllin).

Various social media platforms were utilised to promote the consultation and keep the public informed of progress and timeframes.

Patterson, Liz
07/09/2020 08:50:16

4. Findings from the Engagement and Consultation Activity

Ref: *Aim I: Consider the impact and effect of the proposed model changes to groups of people*

Aim II: to identify both positive and negative impact that the proposed changes will have

In total 77 responses were commenced on-line of which 17 were marked as “completed” (in that the survey questionnaire was followed through to the final question, even if no comments were submitted) and 60 “partial” (in that the survey questionnaire was not followed through to the final question).

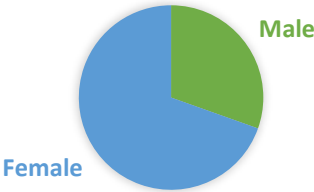
A further 8 responses were received via other means such as through letters, email and over the phone.

As part of the consultation process respondents were invited to provide information about their equality characteristics, including age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation, carer responsibilities and Welsh Language. Information about the equality profile of consultation respondents can be found below in summary box below.

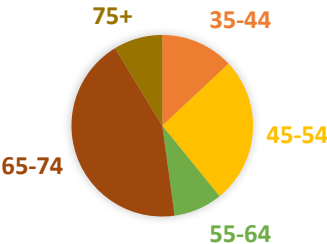
Patterson, Liz
07/09/2020 08:50:16

Respondents Demographic Profile Summary

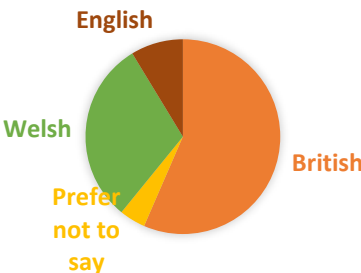
GENDER



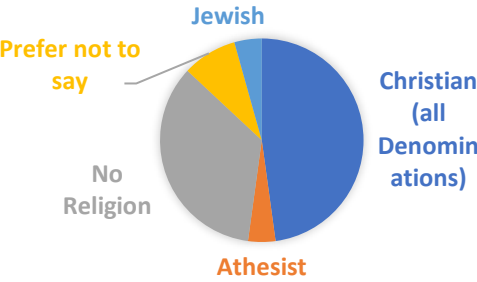
AGE PROFILE



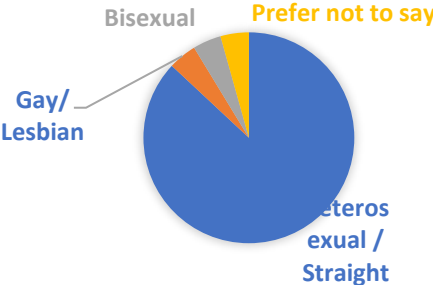
NATIONAL IDENTITY



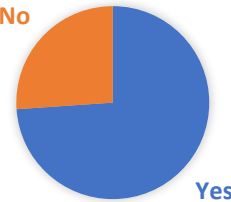
RELIGION



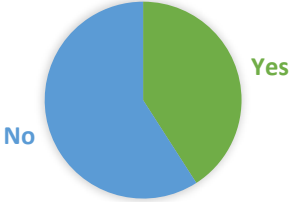
SEXUAL ORIENTATION



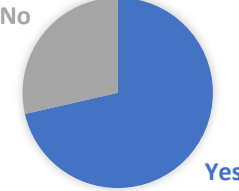
MARRIED/CIVIL PARTNERSHIP



DISABILITY



CARER



All respondents identified as White, none were pregnant, all spoke English as their main language.
NB. There were 23 respondents that provided this demographic information, with the exception of carer information for which we have data on 8 respondents.

The next section presents the key issues raised by the respondents to the engagement and consultation activity and specifically focuses on the equality impacts identified through the consultation process.

4.1 Equality Impacts identified during the consultation

Overall impact themes arising in the consultation feedback are summarised below with reference to equality-specific impacts. These include:

	No impact	Adverse	Differential	Positive	
Age			X		Respondents to the consultation raised issues where they believed adverse impacts would result from the proposed changes to the podiatry services. The negative impacts described primarily focussed on increased travel, the cost of this and the lack of public transport to support increased travel or limiting the ability to make certain appointment times.
Disability			X		
Gender reassignment	X				
Pregnancy and maternity	X				The groups of people specifically noted to likely experience adverse effects on increased travel were related to age (primarily older people but it was also raised that this could be an issue affecting young people who might need to take time out of school to attend appointments) and people with a disability.
Race	X				
Religion/ Belief	X				
Sex	X				
Sexual Orientation	X				
Marriage and civil partnership	X				
Welsh Language	X				
Rurality			X		Alongside this some balancing factors were noted. For example, the unsustainability of the current model has an adverse impact on accessibility and timeliness of appointments.
Deprivation			X		
Carers			X		

Age and Disability

In addition to travel, examples of other potential impacts on older people and those with disabilities were highlighted in the consultation feedback from organisation representatives, these included:

- The forms that are currently used for referrals to Podiatry, were described as ‘not user friendly’ and ‘very confusing for older people’.
- The system of re-booking appointments over the phone was described as ‘problematic – as there are a lot of older people that have hearing problems, so they are less likely to make the call. There are lot more that have memory problems making it difficult for them to remember to rebook an appointment’.

Patterson, Liz
07/09/2020 08:50:16

- It was raised that ‘there is not enough thought given around accessibility for vulnerable older and disabled people’ and the physical accessibility of sites and locations.

Additional issues were raised, that although were not linked to specific groups in terms of impacts they affect the service as a whole. These include the recruitment and retention of podiatry staff and the provision of information around foot care and foot health promotion.

Patterson Liz
07/09/2020 08:50:16

5. Mitigation of potential negative impacts

Ref: *Aim III: To propose potential mitigations to minimise or eliminate negative impact/affects*

The table below provides a brief outline of the mitigation action and activity that is under considered to either further investigate or address the issues and concerns raised through the consultation and engagement process.

Issue or concern raised	Suggested areas of exploration for mitigation
Increased travel requirements	<p>The roll out of Attend Anywhere will, where clinically appropriate, offer appointments virtually and remove the need for travel.</p> <p>The ways in which the proposed model will strengthen the capacity to undertake domiciliary visits to eligible patients.</p> <p>Strengthening working relationships and developing a MDT approach with the Third Sector e.g. diabetes nurses, district nurses, physiotherapists, Leg Clubs.</p> <p>Scoping possible support options in areas with no clinic or where support from the Third Sector can be utilised and optimised for the benefit of service users</p>
Travel complicated by lack of public transport (affecting time needed to travel, convenience and limiting ability to access sites / appointment times)	<p>Mapping the main public transport routes and timetables to align and optimise accessibility to clinics/appointments</p> <p>Community Transport and scoping the capacity available to support patients if required.</p> <p>Options available through Third Sector charitable transport links</p>
Cost of travel	<p>Consider options for planning clinic times around availability of public transport and community transport and/or work with community transport providers to consider options for addressing current gaps</p> <p>Review promotion and awareness of NEPTS information for patients who may be eligible for NEPTS and other transport support</p>
Physical accessibility of sites and locations	<p>Work with Accessibility Cymru to assess accessibility and limitations of clinic locations. Through reducing the number of locations, as per the proposal, additional capacity will be released to focus on these issues and service provision to working in different ways with wider resources available.</p>

Forms/Leaflet (not user friendly / confusing)	All forms/leaflets will be reviewed and amended as appropriate to ensure they are more user friendly.
Re-booking appointments over the phone	A full review of the booking process is underway and options for an improved system are under appraisal.
Recruitment and retention of Staff	The new model proposed will provide greater opportunities, improved supervision and mentoring and provide junior staff with the support of clinical specialists on site.
Foot health promotion	A review of the leaflets currently available will commence to ensure appropriate leaflets available in all clinics. Information available on the internet will be refreshed.
Podiatry pathway	The service will review their clinical pathways in line with the One Wales taxonomy for inpatient and community podiatry Consider options for self-management tools e.g. Florence text messaging, Patient Activation Measure (PAM) Expand training to wider Multi-Disciplinary Team e.g. Foot screening tool for inpatients.

Patterson, Liz
07/09/2020 08:50:16

6. Summation/Conclusion

This EIA and the processes around consultation and engagement have helped identify the possible impacts and develop mitigations to eliminate and reduce these impacts, subsequent discriminations and promote equality of opportunity through the implementation of the proposed changes to the podiatry services. The most prevalent concerns raised centred on the negative impacts caused by increased travel times and the inconvenience and limited access this will cause, particularly for those that rely on public transport. This, although specifically noted to impact on older people, people with disabilities and those people living in areas of deprivation or rurality, it was raised that this could potentially affect people from any of the protected characteristic groups.

It should be noted that we acknowledge that this EIA has been conducted prior to the implementation of any service changes and unforeseen impacts may occur during or after the implementation phase. We therefore commit to monitoring and evaluating for these throughout the lifespan of the service (see 7.3).

Patterson, Liz
07/09/2020 08:50:16

7. Next Steps

7.1 Application of this EIA

This EIA will form part of the suite of evidence used by the PTHB Board to review and make decisions regards the future of the podiatry services and the implementation of any service changes.

7.2 Implementing the mitigations action plan

Subject to CHC and management feedback on the equality impacts and mitigation actions, this section will be updated for presentation to PTHB Board on 29 June to include a table showing the high level action plan for the mitigations (include action, timeframe and responsible person/s)

Reference	Action	Responsibility	Deadline

7.3 Monitoring and evaluation

Once decisions are made about the future of the podiatry series, a monitoring and evaluation plan will be developed to capture and evaluate quality, performance, benefits gained, value as well as service user experience and outcomes. The exact metrics and KPIs will depend on the model implemented. However, appropriate measures will be put in place at the start of the implementation phase to ensure any unforeseen impacts on equality groups are picked up as early as possible. At a minimum an interim evaluation will take place at 6 months and a full evaluation of the new service model at 1 year post initial implementation.

The monitoring and evaluation plan will be developed in response to CHC feedback and management recommendation, and will be added here in the version presented to PTHB Board on 29 June.

Patterson, Liz
07/09/2020 08:50:16

Podiatry Consultation Review

Regulations

In relation to s.27(7) of The Regulations [see Chief Officers Report]

Does the Executive Committee of Powys CHC consider that the consultation has been adequate in relation to content and time allowed?

Yes = 6 members (quorate)

No = 0 members

No response = 1

Comments/ Observations:

COVID-19 has obviously considerably impacted on the consultation process; the number of responses is disappointing, however, additional time was allowed; it not clear how much more could have be done in the circumstances given the restrictions on any further outreach activity post March 2020.

The consultation materials were quite specific in 'dismissing' options 1 & 2 and some respondents did question whether this was a consultation; it is possible that this approach could have been a factor in the low response rate.

Does the Executive Committee of Powys CHC consider that the consultation has been adequate with regard to Powys CHC being consulted at the inception?

Yes = 6 members (quorate)

No = 0 members

No response = 1

Comments/ observations:

Does the Executive Committee of Powys CHC consider that consultation has been adequate in relation to the frequency with which Powys CHC has been consulted throughout the decision making process?
<p>Yes = 6 members (quorate)</p> <p>No = 0 members</p> <p>No response = 1</p>
Comments

In relation to s.40 of The Guidance [see Chief Officers Report]

Does the Executive Committee of Powys CHC consider that they have had sufficient information and data to be able to assess the impact of these proposed changes on the residents of Powys?
<p>Yes = 6 members (quorate)</p> <p>No = 0 members</p> <p>No response = 1</p>
<p>Comments/ observations:</p> <p>The low level of responses from patients and the public is of concern.</p>

Does the Executive Committee of Powys CHC consider that, had it felt that there were other options to consider then it had sufficient opportunity to raise these with PTHB during the process (and at the earliest opportunity)?
<p>Yes = 6 members (quorate)</p> <p>No = 0 members</p> <p>No response = 1</p>
Comments

In relation to s.41 of The Guidance [see Chief Officers Report]

Having considered the comments received from Powys respondents, does the Executive Committee of Powys CHC wish to record any observations?

Yes = 6 members (quorate)

No = 0 members

No response = 1

Comments

Problems over booking repeat appointments have been raised in the past and really should have been addressed ahead of the consultation on re-configuration of the service.

In relation to s.42 of The Guidance [see Chief Officers Report]

Is the Executive Committee of Powys CHC satisfied that the proposals for this substantial change to health services would be in the interests of health services in its area?

Yes = 6 members (quorate)

No = 0 members

No response = 1

Comments

The changes will undoubtedly make access to the service more difficult for Powys residents. However, PTHB make a strong case that other models are not sustainable in terms of not only the quality of service delivered but also in their ability to recruit and retain staff.

Liz Peterson
07/09/2020 08:50:16

Patterson Liz
07/09/2020 08:50:16

Powys Community Health Council

Comments on draft PtHB Mitigation Plan

Issue or concern raised	Suggested areas of exploration for mitigation	CHC Comments
Increased travel requirements	<p>The roll out of Attend Anywhere will, where clinically appropriate, offer appointments virtually and remove the need for travel.</p> <p>The ways in which the proposed model will strengthen the capacity to undertake domiciliary visits to eligible patients.</p> <p>Strengthening working relationships and developing a MDT approach with the Third Sector e.g. diabetes nurses, district nurses, physiotherapists, Leg Clubs.</p> <p>Scoping possible support options in areas with no clinic or where support from the Third Sector can be utilised and optimised for the benefit of service users</p>	<p>Need to enable other (third sector) services not only in delivery of basic care but also in identification of need. This comes out very clearly in the response from Age Cymru.</p> <p>Welcome the MDT approach, together with closer working with Leg Clubs and the 3rd Sector.</p> <p>Re rollout of Attend Anywhere, what proportion of appointments can be delivered remotely? [Podiatry seems a very "hands-on" discipline].</p> <p>Fully endorse the ambition to improve the provision of domiciliary visits.</p>

Patterson, Liz
07/09/2020 08:50:16

<p>Patterson, Liz 07/09/2020 08:50:16</p>		<p>Reassurance needed that training plans are in place/ supported for volunteer workers - the reliance on volunteers is strongly advocated – but assurance that training and support are in place.</p> <p>More detail re. what is going to achieved by better MDT working?</p> <p>What are the 'support options' being considered for the Third Sector?</p> <p>Concern about difficulties in accessing Community Transport.</p> <p>Concern about the dependability/ vulnerability/ sustainability of public transport in rural areas.</p> <p>Concern re. impact of COVID-19 on already stretched public transport services ie viability going forward.</p>
---	--	---

Issue or concern raised	Suggested areas of exploration for mitigation	CHC Comments
Travel complicated by lack of public transport (affecting time needed to travel, convenience and limiting ability to access sites / appointment times)	<p>Mapping the main public transport routes and timetables to align and optimise accessibility to clinics/appointments</p> <p>Community Transport and scoping the capacity available to support patients if required.</p> <p>Options available through Third Sector charitable transport links</p>	Needs to include better communication and facilitation on the use of NEPTs.
Cost of travel	<p>Consider options for planning clinic times around availability of public transport and community transport and/or work with community transport providers to consider options for addressing current gaps</p> <p>Review promotion and awareness of NEPTS information for patients who may be eligible for NEPTS and other transport support</p>	Suggest looking at possibility of catering for 'multiple appointment' with other clinics/consultants to minimise the number of journeys.

Patterson, Liz
07/09/2020 08:30:16

Issue or concern raised	Suggested areas of exploration for mitigation	CHC Comments
Physical accessibility of sites and locations	Work with Accessibility Cymru to assess accessibility and limitations of clinic locations. Through reducing the number of locations, as per the proposal, additional capacity will be released to focus on these issues and service provision to working in different ways with wider resources available.	No mention of parking - parking will be a problem. It is already very tight in the Newtown and Welshpool clinics, and the extra activity there must be putting increased pressure on parking. There must be parking pressures elsewhere too.
Forms/Leaflet (not user friendly / confusing)	All forms/leaflets will be reviewed and amended as appropriate to ensure they are more user friendly.	Does it need more than leaflets in clinics and information on websites? Certainly engaging the MDT in this would be beneficial. Suggest wider public engagement on foot health.
Re-booking appointments over the phone	A full review of the booking process is underway and options for an improved system are under appraisal.	This has long been a critical issue with the service and has been over particular concern for those needing diabetic foot care.
Recruitment and retention of Staff	The new model proposed will provide greater opportunities, improved supervision and	

	mentoring and provide junior staff with the support of clinical specialists on site.	
Issue or concern raised	Suggested areas of exploration for mitigation	CHC Comments
Foot health promotion	<p>A review of the leaflets currently available will commence to ensure appropriate leaflets available in all clinics.</p> <p>Information available on the internet will be refreshed.</p>	Does foot health promotion need more than leaflets in clinics and information on websites? Certainly engaging the MDT in this would be beneficial. We believe that there should be wider public engagement on foot health.
Podiatry pathway	<p>The service will review their clinical pathways in line with the One Wales taxonomy for inpatient and community podiatry</p> <p>Consider options for self-management tools e.g. Florence text messaging, Patient Activation Measure (PAM)</p> <p>Expand training to wider Multi-Disciplinary Team e.g. Foot screening tool for inpatients.</p>	

Patterson Liz
07/09/2020 08:50:16

They appear to be quite indecisive with lots of aspects reliant on "scoping" which surely there should be a great deal of information as this isn't been a recent difficulty! Eg considering expanding training to MDT this should be definite with a timeframe and targeted eg All District Nurses / Physio's etc!

Good to note the booking system & leaflets will be reviewed - however still no actual date or timeframe when these will be complete and implemented?? for either?

Patterson, Liz
07/09/2020 08:50:16

Equality Impact Assessment (EIA) Outcome
Summary Report for

Meeting the Challenges in Podiatry Services in Powys: Redesigning Services for the Future

Draft Version 4.1, 1 July 2020

Patterson, Liz
07/09/2020 08:50:16

Contents

EIA Outcome Overview	3
1. Introduction	4
1.1 What is the purpose of an EIA?	4
1.2 Description of proposal subject to this EIA	4
1.2.1 Rationale for the proposal 'Meeting the Challenges in Podiatry Services in Powys: Redesigning Services for the Future'	4
2. Approach to conducting this EIA.....	6
2.1 Organisation and service context.....	6
2.2 Current demand	6
2.2.1 Access & Appointment provision:	7
3. Engagement	8
3.1 Engagement plan	8
3.2 Engagement Materials	12
4. Findings from the Engagement and Consultation Activity	14
4.1 Equality Impacts identified during the consultation	16
5. Mitigation of potential negative impacts	18
6. Summation/Conclusion	20
7. Next Steps	21
7.1 Application of this EIA	21
7.2 Implementing the mitigations action plan	21
7.3 Monitoring and evaluation	21

Patterson Liz
07/09/2020 08:50:16

EIA Outcome Overview

IMPACT ASSESSMENT				
Equality Act 2010, Protected Characteristics:				
	No impact	Adverse	Differential	Positive
Age			X	
Disability			X	
Gender reassignment	X			
Pregnancy and maternity	X			
Race	X			
Religion/ Belief	X			
Sex	X			
Sexual Orientation	X			
Marriage and civil partnership	X			
Welsh Language	X			
Rurality			X	
Deprivation			X	
Carers			X	
<p>Respondents to the consultation raised issues where they believed adverse impacts would result from the proposed changes to the podiatry services. The negative impacts described primarily focussed on increased travel, the cost of this and the lack of public transport to support increased travel or limiting the ability to make certain appointment times.</p> <p>The groups of people specifically noted to likely experience adverse effects on increased travel were related to age (primarily older people but it was also raised that this could be an issue affecting young people who might need to take time out of school to attend appointments) and people with a disability.</p> <p>Alongside this some balancing factors were noted. For example, the unsustainability of the current model has an adverse impact on accessibility and timeliness of appointments.</p> <p>In summary it was felt that the proposal must acknowledge the impact for people who do not have access to a car or good public transport (this could therefore apply across all groups)</p>				
Risk Assessment:				
	Level of risk identified			
	None	Low	Moderate	High
Clinical		X		
Financial		X		
Corporate		X		
Operational		X		
Reputational		X		
<p>Statement</p> <p><i>The implementation of a sustainable model for podiatry services in Powys will reduce clinical and operational risk as identified in the intended benefits of the proposed model. A number of differential impacts have been identified (e.g. in relation to access and travel), and a mitigation plan has been developed to address these and support the delivery of intended benefits.</i></p>				

Patterson, Liz
07/09/2020 08:50:16

1. Introduction

1.1 What is the purpose of an EIA?

The undertaking of an Equality Impact Assessment is a statutory duty and ensures that equality and human right principles are identified and considered in decisions and actions. It involves:

- I. Anticipating or identifying consequences of the proposal on individuals or groups.
- II. Making sure negative effects are eliminated or minimised.
- III. Maximising opportunities for promoting positive effects

1.2 Description of proposal subject to this EIA

In response to a number of factors affecting the sustainability of safe podiatry services in Powys a proposal was developed around meeting the challenges faced by the Podiatry Services in Powys and redesigning services for the future. It is this proposal **Meeting the Challenges in Podiatry Services in Powys: Redesigning Services for the Future** that was subject to this EIA.

1.2.1 Rationale for the proposal 'Meeting the Challenges in Podiatry Services in Powys: Redesigning Services for the Future'

Following an internal audit of the Podiatry Service (2018) that returned a response of 'no assurance', a comprehensive Action Plan was created and implemented which included the requirement to review of the existing sites from which Podiatry is delivered across Powys. In September 2018, due to staff shortages, the Podiatry clinics sites were realigned to deliver from 12 sites where there were previously 16. This was necessary to ensure greater efficiencies in delivery.

This proposal presents a model of delivery from 10 sites going forward, with positive outcomes envisaged for patients, staff, the service and organisation including:

- Equitable and timely treatment by enabling changes to the clinic template
- Equity in the availability of appointments
- Increased continuity of care from the same therapist
- Improving quality of treatment through the introduction of "two chair clinics", which further provides the opportunity for reviewing and optimising team skill mix
- Improving pathway and clinical safety, by ensuring junior staff have the support of clinical specialists on site
- Improving overall supervision and mentorship and the ability to support new graduates within the workforce safely
- Improving recruitment and retention of Podiatry staff

Patterson, Liz
07/09/2020 08:50:16

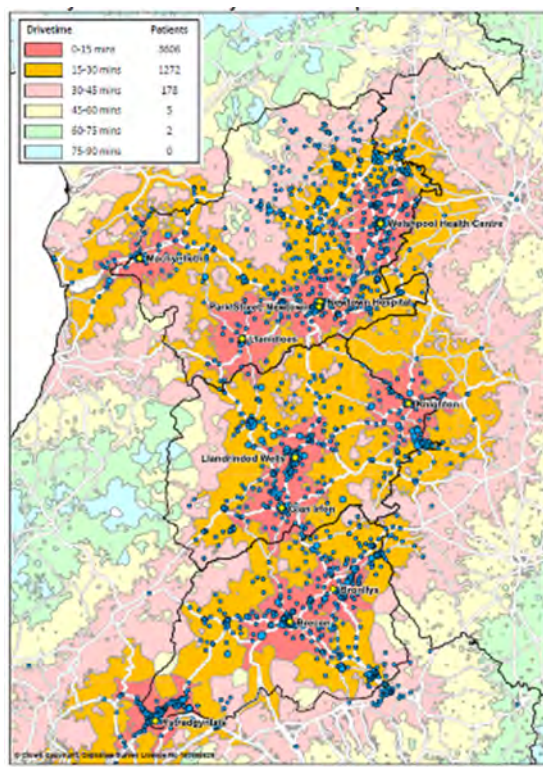
- Reducing staff travel time to clinic sites enabling increased time available for appointments
- Reducing the number of locations where patient records are held which will ensure safer management of patient records in line with GDPR because it reduces the risks associated with transferring patient records across sites.

The following locations are proposed as the sites to provide Podiatry services going forward:

North	Mid	South
Welshpool (two chair clinic)	Knighton	Brecon (two chair clinic)
Newtown	Glan Irfon	Bronllys
Llanidloes	Llandrindod Wells (two chair clinic)	Ystradgynlais (two chair clinic)
Machynlleth		
(No service from Llanfyllin and Llanfair).	(No service from Presteigne and Rhayader)	(No service from Crickhowell)

The isochrone map below illustrates the proposed ten locations and confirms that the majority of patients would not have to travel over 30 minutes to their appointment with 71% of patients travelling under 15 minutes.

Map 1: Podiatry Caseload travel to appointment time against new proposed locations



Time Travel	Current Model	Proposed Model
0-15 minutes	85%	71%
15-30 minutes	13%	25%
30-45 minutes	0.7%	3.5%
45-60 minutes	0.04%	0.09%
60 minutes +	0.04%	0.04%

Patterson, Liz
07/09/2020 08:50:16

2. Approach to conducting this EIA

PTHB has a duty to ensure the sustained delivery of safe podiatry services to the Powys resident population by the most effective and efficient means possible, having regard to local needs and circumstances. This EIA forms part of the evidence required by the PTHB Board to make decisions on any service model changes and the future of PTHB services.

This EIA assessment was conducted to assess the potential impact of the above proposal. The process for gathering feedback via consultation and engagement is described below.

This assessment has been undertaken by the PTHB Podiatry Service and considers the possible effects of the proposed model changes on service users (current and future) in need of podiatry services across Powys. It was undertaken utilising resources and information provided from the Podiatry Services and staff, patients, service users, staff and relevant stakeholders.

The aims of this EIA were to:

- I. Consider the impact and effect of the proposed model changes to groups of people, including - patient's/service users, - staff - individuals with protected characteristic (as defined by the Equality Act 2010) - and other relevant stakeholders
- II. Identify both positive and negative impacts that the proposed changes will have
- III. Propose potential mitigations to minimise or eliminate negative impact/affects
- IV. Propose opportunities to maximise and promote the positive effects of the proposed changes to the service model

The following areas were considered when undertaking the EIA:

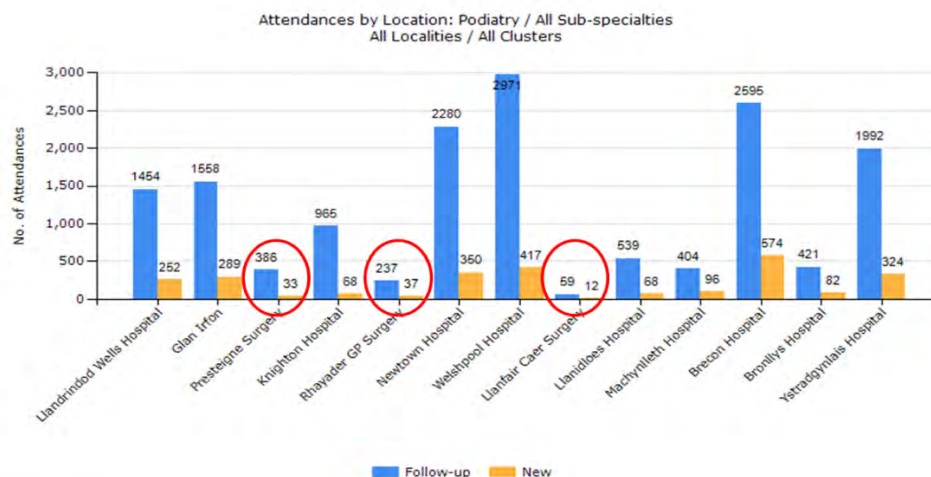
2.1 Organisation and service context

The organisational and service context is described above. The current model is under review in response to an internal audit and increasing demand against a reduced workforce capacity. Recruitment challenges are noted, as are concerns regarding the ongoing sustainability of the service in its current structure.

2.2 Current demand

The graph below shows the breakdown of attendances (both new and follow up) for all current locations and highlights in particular the small number of patients seen in Presteigne, Rhayader and Llanfair Caereinion.

Patterson, Liz
07/09/2020 08:50:16



IFOR in Powys

Source: Myrddin

NB:

*Llanfyllin activity is included within Newtown and Crickhowell within Brecon, due to the way the recording is set up on the Welsh Patient Administration System (WPAS).

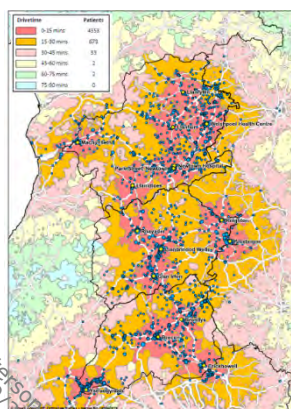
**Machynlleth currently receives its Podiatry service from Betsi Cadwaladr University Health Board, via an SLA that is reviewed regularly.

2.2.1 Access & Appointment provision:

PTHB offer self-referral to the community Podiatry service as well as referrals directly from consultant, GPs and health colleagues. Appointments for Core Community Podiatry, Nail Avulsion and Domiciliary Visits are managed centrally through the Call Centre whilst wound care provision is managed at the individual sites by Podiatric staff.

Map 2 below highlights the sites across Powys where patients are seen currently. It shows that the majority of patients (86%) travel under 15 minutes to their appointment. Only a very small number of patients (less than 0.08%) had to travel over 45 minutes.

Map 2: Podiatry Caseload with current locations and travel to appointment times:



Time Travel	Current Model
0-15 minutes	85%
15-30 minutes	13%
30-45 minutes	0.7%
45-60 minutes	0.04%
60 minutes +	0.04%

3. Engagement

A robust approach to engagement with key stakeholders, was sought with the commitment that responses would be analysed and used to inform future decisions. The Podiatry Service in PTHB have worked closely with Powys Community Health Council (CHC) to undertake a formal consultation process. Originally the engagement was scheduled over a period of 6 weeks from 17th February 2020 to 29th March 2020, however, towards the end of the engagement period, the UK entered a period of “lockdown” from 23 March 2020 in response to Coronavirus (COVID-19). Engagement was therefore kept open for continued feedback via email and online to allow further opportunity for comment. The engagement period finally closed on 12 May 2020 – a period of over 11 weeks.

The following sections detail the engagement plan (3.1) and the materials used (3.2).

3.1 Engagement plan

The podiatry service followed NHS Wales published guidance on engagement and consultation on changes to health services. This is available from the NHS Wales website at <http://www.wales.nhs.uk/sitesplus/documents/829/NHS%20Wales%20Guidance%20on%20Engagement%20and%20Consultation.pdf>

This engagement related to services for people in Powys with a clinical need for community and specialist podiatric services. Key audiences included users of podiatry services, people with diabetes, people with lower limb tissue viability issues (e.g. Leg Club users).

The objectives of the engagement plan were:

- I. To seek views on the challenges facing podiatry services, to explain the steps that have already been taken to respond to these challenges and present the options being considered for addressing the challenges in the longer term
- II. To share information with service users, the public in Powys and wider stakeholders in order to gather views that will help us to make the best decisions on the way forward for podiatry services in Powys
- III. To meet the requirements of the NHS Wales Guidance on Engagement and Consultation, the Community Health Council Regulations in relation to consultation in Powys and ensure a Welsh Language Active Offer.
- IV. To identify positive and negative impacts of the proposals – with particular reference to equality protected characteristics, carer responsibilities, deprivation, rurality and Welsh Language – and to use these insights to refine the proposal and consider potential mitigation actions that can be delivered by the health board or other partners to reduce negative impact.**
- V. To develop and agree a report on engagement in Powys that can support decision making on the future of podiatry services.
- VI. To engage with Powys Community Health Council
- VII. To identify learning that will support us to continue to strengthen systems and processes for continuous engagement, identifying areas of best practice and opportunities for improvement
- VIII. And additionally, to extend the engagement period for a further six weeks during the lockdown period for Coronavirus (COVID-19).

Patterson, Liz
07/09/2020 08:50:16

The timeline for engagement was as follows:

- 21 January 2020: SBAR discussed by Powys Community Health Council Executive Committee
- 21 January 2020: Discussion of SBAR and draft Engagement Document between PTHB and Powys Community Health Council at Services Planning Committee
- 6 February 2020: Discussion of updated Engagement Document and draft Engagement Plan between PTHB and CHC representatives
- 17 February 2020: Start of Engagement Period
- TBC early March: Internal Mid-Term Review
- 29 March 2020: Original end of Engagement Period
- 12 May 2020: Extended engagement period ended on 12 May 2020
- 26 May 2020: Powys CHC Executive Committee
- 29 June 2020: Meeting of the Board of Powys Teaching Health Board

Below is an outline of the engagement and consultation activity:

Sector	Audiences	Impact / Influence	
A: Patients, Service Users and Carers, Customers and Customer Proxies	Current users of podiatry services	Engage closely	
	Diabetes Service User and Carer Forums	Engage closely	
	Local third sector organisations working with people with diabetes	Keep informed	
	Targeted equalities and impact assessment work:	(via all activity)	
	• Age		
	• Sex		
	• Gender Reassignment		
	• Pregnancy & Maternity		
	• Disability		
	• Sexual Orientation		
	• Marriage and Civil Partnership		
	• Religion or Belief		
	• Race		
	• Carers		
	• Deprivation		
• Rurality			
• Welsh Language			
Local third sector organisations working with carers	Keep informed		
Audience	Proposed Activity	Who	Activity Log
A: Patients, Service Users and Carers, Customers and Customer Proxies	Podiatrists to engage with podiatry service users during the engagement period with a particular focus on geographies where there is a proposal to make permanent the temporary changes that have been in place and those geographies where additional changes are proposed: • summary of proposals • short MECC questionnaire (how would these proposals affect you, what steps could be taken to mitigate the impact) • full engagement document available on request	Engagement and Communication Team	Information shared by AO with all staff via Powys Announcements on 15/02 with request to share and engage with service users
		Community Services team	Vic Deakins engaging with podiatry team MECC questionnaire produced by Adrian Osborne and shared with Vic Deakins for local use
	Information about the engagement shared with PAVO and Credu for distribution via their networks	Engagement and Communication Team	Engagement information sent by AO to PAVO and Credu on 16/02 with request to share through their networks
	Engage with District Nurses to raise awareness via Leg Clubs	Community Services team	Information shared via Powys Announcements
	Offer presentation to Diabetes Service User and Carer Forums	Community Services team	NB the Diabetes Service User and Carer Forums are not meeting during the engagement period but information will be shared via planning team and diabetes nursing
		Engagement and Communication Team	Information sent by AO to Mike Griffiths to Sally Ann Jones for distribution to the Groups on 16/02

Patterson, Liz
07/09/2020 08:50:16

Draft Equality Impact Assessment Report: Meeting the Challenges in Podiatry Services
Version 4.0, 30 June 2020

Sector	Audiences	Impact / Influence	
B: Public and Communities	Public and communities:	Keep Informed	
	• Public and Communities across Powys		
	PTHB Health Forums in:	Engage Closely	
	• All Health Forums in Powys		
	PAVO Community Connectors:	Keep Informed	
	• All Community Connectors in Powys		
	Town and Community Council areas:	Keep Informed	
	• All Town & Community Councils in Powys		
Local community networks and organisations:	Keep Informed		
• All Community networks and organisations in Powys			
Social media channels (e.g. hyperlocal):	Keep Informed		
• PTHB social media channels			
Audience	Proposed Activity	Who	Record of Activity
B: Public and Communities	Share information about the engagement via social media channels and PTHB website	Engagement and Communication Team	Information went live on 16/02 ready for start of engagement. Posts on PTHB Facebook page on 17/02
	Send information about the engagement to Health Focus Groups in Powys – offer to attend those Groups in affected areas taking place during the engagement period	Engagement and Communication Team	Information distributed by AO to HFG key contacts on 16/02 NB where Health Focus Groups / PPGs are meeting during the engagement period these are listed in the Activity Log. Those that are not meeting will receive information via distribution.
	Send information about the engagement to Town and Community Councils in Powys	Engagement and Communication Team	Information distributed by AO on 16/02
	Send information about the engagement to PAVO Community Connectors in Powys	Engagement and Communication Team	Information distributed by AO on 16/02
	Share information via community networks	All partners to be encouraged to share information via their networks	Shared with partners for onward syndication
	Reactive – respond to requests to attend Health Focus Groups with priority to Llanfyllin, Rhayader and Crickhowell (areas with HFGs where changes are proposed)	Community Services Team	Shared with HFG members
	Information will be available at existing continuous engagement events	Engagement and Communication Team	Reduction of continuous engagement programme during Coronavirus
	CHC will be asked to share information at their programme of continuous engagement events	Powys CHC	Information distributed by AO to CHC on 14/02
Sector	Audiences	Impact / Influence	
C: PTHB Staff and Contractors	PTHB Board, IMs and Executive Team	Engage Closely	
	PTHB Staff		
	• All staff	Keep Informed	
	• Podiatry Staff	Engage Closely	
	• Diabetes Nurses	Engage Closely	
	• District Nurses / Leg Clubs	Engage Closely	
	• Tissue Viability Nurses	Engage Closely	
	• Heads of Nursing and Midwifery	Keep Informed	
	• Heads of Therapies and Health Sciences	Keep Informed	
	Primary Care		
	• General Practice across Powys	Keep Informed	
	• Community pharmacy in Powys	Keep Informed	
	Cluster		
	• All three clusters	Engage Closely	
	PTHB Partnership Forum	Keep informed	

Patterson, Liz
07/09/2020 08:50:16

Draft Equality Impact Assessment Report: Meeting the Challenges in Podiatry Services
Version 4.0, 30 June 2020

Audience	Proposed Activity	Who?	Activity Log
C: PTHB Staff and Contractors	Issue information to all PTHB staff via Powys Announcements (launch of engagement plus mid term reminder)	Engagement and Communication Team	Information distributed by AO on 15/02
	Ensure all podiatry staff are aware, and that they have information to enable them to engage with service users	Community Services Team / E&C Team	Powys Announcement issued by AO on 15/02
	Ensure all DNs / Leg Clubs are aware, and that they have information to enable them to engage with service users	Community Services Team / E&C Team	Powys Announcement issued by AO on 15/02
	Ensure all Diabetes Nurses are aware, and that they have information to enable them to engage with service users	Community Services Team / E&C Team	Powys Announcement issued by AO on 15/02
	Ensure all Tissue Viability Nurses are aware, and that they have information to enable them to engage with service users	Community Services Team / E&C Team	Powys Announcement issued by AO on 15/02
	Share information with PTHB Partnership Forum	Engagement and Communication Team / Director of Therapies and Health Science / Director of Primary Care, Community & Mental Health Services	Information sent to LPF by AO on 15/02
	Share information with General Practice and Community Pharmacy in Powys	Primary Care Team / E&C Team	Information sent to Primary Care for onward distribution by AO on 15/02
	Share information with Clusters and offer to attend cluster meeting	Community Services Team / E&C Team	Information sent to Primary Care for onward distribution by AO on 15/02
	NB attend clinical / professional meetings as appropriate and/or brief appropriate representative to share the proposals	Community Services Team / E&C Team	
	Board Members	Engagement and Communication Team / Director of Therapies and Health Science / Director of Primary Care, Community & Mental Health Services	Information sent via Powys Announcement to all staff on 15/02 and also included in "The Week" to Board Members

Sector	Audiences	Impact / Influence
D: Partner Organisations	Partnerships	Keep Informed
	• Public Service Board, Regional Partnership Board, Age Well Partnership, Live Well Partnerships, Start Well Partnership	
	Powys County Council	Keep Informed
	• Adult Social Care	
	Powys Association of Voluntary Organisations (and via PAVO to local third sector)	Keep Informed
	Age Cymru and CAMAD – partners in the delivery of nail cutting services	Engage Closely
	Leg Clubs	Keep Informed
	Mid Wales Joint Committee	Keep Informed
	Third Sector Organisations:	Keep Informed
	• Via PAVO	

Audience	Proposed Activity	Who?	Activity Log
D: Partner Organisations	Meet with Age Cymru and CAMAD to discuss the proposals and engage with them in the future model	Community Services Team	Check with Victoria Deakins
	Email the engagement materials to key partners listed on previous page – PCC, PAVO, PSB, RPB (and via RPB to Age Well, Live Well, Start Well)	Engagement and Communication Team	Information sent to RPB secretariat for onward distribution by AO on 16/02
			Information sent to PCC CEO and DoSS by AO on 16/02
			Information sent to PAVO CEO by AO on 16/02
			Information sent by AO to MWJC PPI group and secretariat on 18/02

Sector	Audiences	Impact / Influence
E: National Bodies	Welsh Government:	
	• Welsh Government Therapies leadership (Ruth Crowder)	Keep Informed
	• Welsh Government Health and Social Care comms team (Steve Robbins)	Keep Informed

Audience	Proposed Activity	Who	Activity Log
E: National Bodies	Ensure that Welsh Government therapies leadership (Ruth Crowder) is aware	Engagement and Communication Team / Director of Therapies and Health Science	Information sent by AO to Ruth Crowder on 15/02
	Ensure that Welsh Government comms team is aware	Engagement and Communication Team	Information sent by AO to WG Comms on 15/02

Sector	Audiences	Impact / Influence
F: Unions and Professional Bodies	PTHB Partnership Forum	Keep Informed

Patterson, Liz
07/09/2020 08:50:16

Draft Equality Impact Assessment Report: Meeting the Challenges in Podiatry Services
Version 4.0, 30 June 2020

Audience	Proposed Activity	Who?	Activity Log
F: Unions and Professional Bodies	Email the engagement information to the stakeholders listed on the previous page – Partnership Forum	E&C Team / Director of Therapies and Health Science / Director of Primary Care, Community & Mental Health Services	Information sent to LPF by AO on 15/02
Sector	Audiences		Impact / Influence
G: Political	Assembly Members		
	• All constituency AMs and regional AMs)		Keep Satisfied
	Members of UK Parliament		
	• All MPs		Keep Satisfied
	Powys County Councillors		
	• All Powys County Councillors		Keep Satisfied
Audience	Proposed Activity	Who?	Activity Log
G: Political	Email the engagement document to AMs, MPs, Powys County Councillors – offer phone call or meeting if they need further information, keep lines of communication open, update them on “no surprises” basis	E&C Team / Director of Therapies and Health Science / Director of Primary Care, Community & Mental Health Services	Information sent by AO to Russell George, Kirsty Williams, Helen Mary Jones, Neil Hamilton, Joyce Watson, Eluned Morgan on 16/02
			Information sent by AO to Craig Williams and Fay Jones on 16/02
			Information sent by AO to all Powys County Councillors on 16/02
Sector	Audiences		Impact / Influence
H: Scrutiny and Regulation	Powys Community Health Council		Engage Closely
Audience	Proposed Activity	Who?	Activity Log
H: Scrutiny & Regulation	Offer to attend meeting of CHC to present the proposals	E&C Team / Director of Therapies and Health Science / Director of Primary Care, Community & Mental Health Services	Draft proposals presented to CHC Exec/SPC in January Information sent to CHC by AO on 14/02 Presentation to CHC Executive on 26 May
	Share information with Chair / Clerk of PCC Health and Care Scrutiny Committee	E&C Team / Director of Therapies and Health Science / Director of Primary Care, Community & Mental Health Services	Information sent by AO to all PCC Councillors on 16/02 and also separate note to Clerk

3.2 Engagement Materials

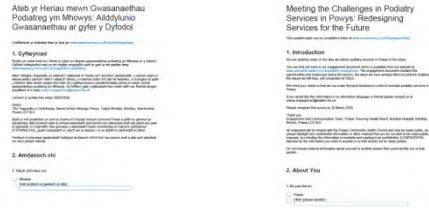
The engagement document was available in English and Welsh.



A survey questionnaire was available online via smart survey and via printed copies.

Patterson, Liz
07/09/2020 08:50:16

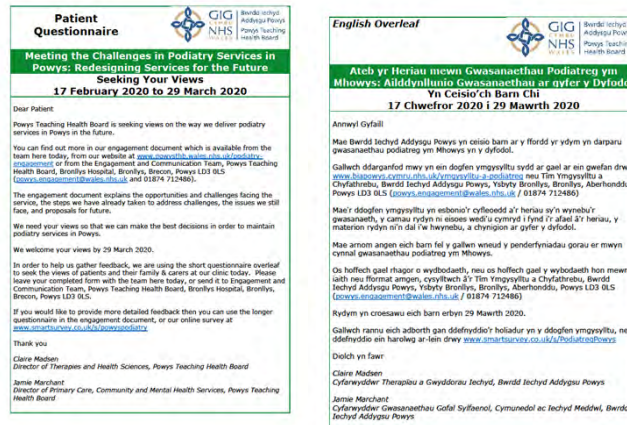
Draft Equality Impact Assessment Report: Meeting the Challenges in Podiatry Services Version 4.0, 30 June 2020



A dedicated web page was established on the health board website:

- EN: www.powysthb.wales.nhs.uk/podiatry-engagement
- CY: www.biapowys.cymru.nhs.uk/ymgysylltu-a-podiatreg

A public and stakeholder bulletin was available to raise awareness of the engagement with partners.



A short questionnaire was created for podiatrists to use in their clinics to gather rapid feedback from patients, particularly those who will be most affected by the proposals (e.g. Rhayader, Crickhowell, Presteigne, Llanfair Caereinion, Llanfyllin).

Various social media platforms were utilised to promote the consultation and keep the public informed of progress and timeframes.

Patterson, Liz
07/09/2020 08:50:16

4. Findings from the Engagement and Consultation Activity

Ref: *Aim I: Consider the impact and effect of the proposed model changes to groups of people*

Aim II: to identify both positive and negative impact that the proposed changes will have

In total 77 responses were commenced on-line of which 17 were marked as “completed” (in that the survey questionnaire was followed through to the final question, even if no comments were submitted) and 60 “partial” (in that the survey questionnaire was not followed through to the final question).

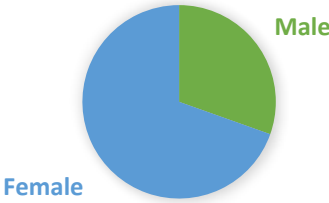
A further 8 responses were received via other means such as through letters, email and over the phone.

As part of the consultation process respondents were invited to provide information about their equality characteristics, including age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation, carer responsibilities and Welsh Language. Information about the equality profile of consultation respondents can be found below in summary box below.

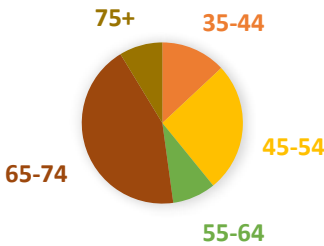
Patterson, Liz
07/09/2020 08:50:16

Respondents Demographic Profile Summary

GENDER



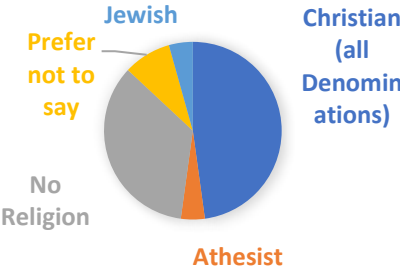
AGE PROFILE



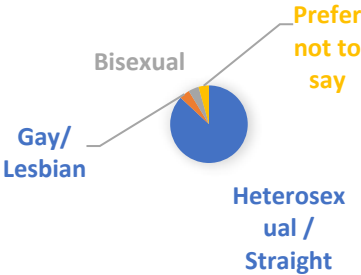
NATIONAL IDENTITY



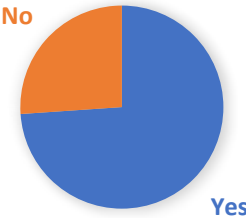
RELIGION



SEXUAL ORIENTATION



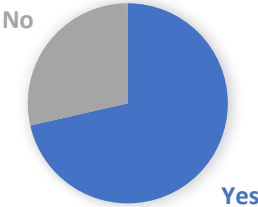
MARRIED/CIVIL PARTNERSHIP



DISABILITY



CARER



All respondents identified as White, none were pregnant, all spoke English as their main language.
NB. There were 23 respondents that provided this demographic information, with the exception of carer information for which we have data on 8 respondents.

The next section presents the key issues raised by the respondents to the engagement and consultation activity and specifically focuses on the equality impacts identified through the consultation process.

4.1 Equality Impacts identified during the consultation

Overall impact themes arising in the consultation feedback are summarised below with reference to equality-specific impacts. These include:

	No impact	Adverse	Differential	Positive	
Age			X		Respondents to the consultation raised issues where they believed adverse impacts would result from the proposed changes to the podiatry services. The negative impacts described primarily focussed on increased travel, the cost of this and the lack of public transport to support increased travel or limiting the ability to make certain appointment times.
Disability			X		
Gender reassignment	X				
Pregnancy and maternity	X				The groups of people specifically noted to likely experience adverse effects on increased travel were related to age (primarily older people but it was also raised that this could be an issue affecting young people who might need to take time out of school to attend appointments) and people with a disability.
Race	X				
Religion/ Belief	X				
Sex	X				
Sexual Orientation	X				Alongside this some balancing factors were noted. For example, the unsustainability of the current model has an adverse impact on accessibility and timeliness of appointments.
Marriage and civil partnership	X				
Welsh Language	X				
Rurality			X		
Deprivation			X		In summary it was felt that the proposal must acknowledge the impact for people who do not have access to a car or good public transport (this could therefore apply across all groups)
Carers			X		

Age and Disability

In addition to travel, examples of other potential impacts on older people and those with disabilities were highlighted in the consultation feedback from organisation representatives, these included:

- The forms that are currently used for referrals to Podiatry, were described as ‘not user friendly’ and ‘very confusing for older people’.
- The system of re-booking appointments over the phone was described as ‘problematic – as there are a lot of older people that have hearing problems, so they are less likely to make the call. There are lot more that have memory problems making it difficult for them to remember to rebook an appointment’.

Patterson, Liz
07/09/2020 08:50:16

- It was raised that ‘there is not enough thought given around accessibility for vulnerable older and disabled people’ and the physical accessibility of sites and locations.

Additional issues were raised, that although were not linked to specific groups in terms of impacts they affect the service as a whole. These include the recruitment and retention of podiatry staff and the provision of information around foot care and foot health promotion.

Patterson Liz
07/09/2020 08:50:16

5. Mitigation of potential negative impacts

Ref: *Aim III: To propose potential mitigations to minimise or eliminate negative impact/affects*

The table below provides a brief outline of the mitigation action and activity that is under considered to either further investigate or address the issues and concerns raised through the consultation and engagement process.

Issue or concern raised	Suggested areas of exploration for mitigation
Increased travel requirements	<p>The roll out of Attend Anywhere will, where clinically appropriate, offer appointments virtually and remove the need for travel.</p> <p>The ways in which the proposed model will strengthen the capacity to undertake domiciliary visits to eligible patients.</p> <p>Strengthening working relationships and developing a MDT approach with the Third Sector e.g. diabetes nurses, district nurses, physiotherapists, Leg Clubs.</p> <p>Scoping possible support options in areas with no clinic or where support from the Third Sector can be utilised and optimised for the benefit of service users.</p>
Travel complicated by lack of public transport (affecting time needed to travel, convenience and limiting ability to access sites / appointment times)	<p>Mapping the main public transport routes and timetables to align and optimise accessibility to clinics/appointments.</p> <p>Community Transport and scoping the capacity available to support patients if required.</p> <p>Options available through Third Sector charitable transport links.</p>
Cost of travel	<p>Consider options for planning clinic times around availability of public transport and community transport and/or work with community transport providers to consider options for addressing current gaps.</p> <p>Review promotion and awareness of NEPTS information for patients who may be eligible for NEPTS and other transport support.</p>
Physical accessibility of sites and locations	<p>Work with Accessibility Cymru to assess accessibility and limitations of clinic locations. Through reducing the number of locations, as per the proposal, additional capacity will be</p>

	released to focus on these issues and service provision to working in different ways with wider resources available.
Forms/Leaflet (not user friendly / confusing)	All forms/leaflets will be reviewed and amended as appropriate to ensure they are more user friendly.
Re-booking appointments over the phone	A full review of the booking process is underway and options for an improved system are under appraisal. Increased used of electronic records will mean that patients will have access to greater flexibility in the location of their appointment as the records will follow the patients.
Recruitment and retention of Staff	The new model proposed will provide greater opportunities, improved supervision and mentoring and provide junior staff with the support of clinical specialists on site.
Foot health promotion	A review of the leaflets currently available will commence to ensure appropriate leaflets available in all clinics. Information available on the internet will be refreshed.
Podiatry pathway	The service will review their clinical pathways in line with the One Wales taxonomy for inpatient and community podiatry. Consider options for self-management tools e.g. Florence text messaging, Patient Activation Measure (PAM). Strengthen offer for virtual assessments where appropriate to clinical/social/digital need. Expand training to wider Multi-Disciplinary Team e.g. Foot screening tool for inpatients.

Patterson, Liz
07/09/2020 08:50:16

6. Summation/Conclusion

This EIA and the processes around consultation and engagement have helped identify the possible impacts and develop mitigations to eliminate and reduce these impacts, subsequent discriminations and promote equality of opportunity through the implementation of the proposed changes to the podiatry services. The most prevalent concerns raised centred on the negative impacts caused by increased travel times and the inconvenience and limited access this will cause, particularly for those that rely on public transport. This, although specifically noted to impact on older people, people with disabilities and those people living in areas of deprivation or rurality, it was raised that this could potentially affect people from any of the protected characteristic groups.

It should be noted that we acknowledge that this EIA has been conducted prior to the implementation of any service changes and unforeseen impacts may occur during or after the implementation phase. We therefore commit to monitoring and evaluating for these throughout the lifespan of the service (see 7.3).

Patterson, Liz
07/09/2020 08:50:16

7. Next Steps

7.1 Application of this EIA

This EIA will form part of the suite of evidence used by the PTHB Board to review and make decisions regards the future of the podiatry services and the implementation of any service changes.

7.2 Implementing the mitigations action plan

Our headline mitigation plan is set out below:

Reference	Action	Responsibility	Deadline
M1 Explore public transport routes and	Scope out bus routes across Powys to enable services / clinics to be planned around transport availability.	Service Development Manager for T&HS	12 th August 2020
M2 community transport & NEPTS available for patients to access Podiatry clinics	Contact PAVO for a list of community transport available and publicise to podiatry patients. Work with WAST to publicise NEPTS offer for podiatry patients	Service Development Manager for T&HS	12 th August 2020
M3 Strengthen partnerships with the third sector to increase the availability of local community delivery & early intervention with appropriate training and support	To work with commissioning to further develop Simply Nail Services and wider third sector partnerships	Head of Podiatry	30 th September 2020
M4 Expand skills across community workforce (e.g. Leg Club) to provide early help and support	To work with District Nurses and other community partners	Head of Podiatry	30 th November 2020

M5 Strengthen multidisciplinary working (e.g. diabetes, tissue viability) to deliver opportunities to provide one-stop-shop services including targeted work with those current experiencing multiple visits to multiple professionals	To work with Diabetes Lead	Head of Podiatry	30 th September 2020
M6 Streamline booking and appointment system including use of electronic records to extend choice of appointment	To work with Contact Centre	Planned Care Lead / Head of Podiatry	30 th September 2020
M7 Strengthen digital offer including virtual consultations where appropriate	To work with ICT and digital lead	Head of Podiatry	30 th September 2020
M8 Strengthen foot health promotion offer and develop and deliver proposed model of care	To establish and embed proposed model of care across the podiatry pathway	Head of Podiatry	31 st December 2020
M9 Strengthen physical accessibility of services	To work with partners to continue to improve physical access and reduce barriers to access	Head of Podiatry	31 st December 2020

7.3 Monitoring and evaluation

Once decisions are made about the future of the podiatry series, a monitoring and evaluation plan will be developed to capture and evaluate quality, performance, benefits gained, value as well as service user experience and outcomes. The exact metrics and KPIs will depend on the model implemented. However, appropriate measures will be put in place at the start of the implementation phase to ensure any unforeseen impacts on equality groups are picked up as early as possible. At a minimum an interim evaluation will take

place at 6 months and a full evaluation of the new service model at 1 year post initial implementation.

Patterson Liz
07/09/2020 08:50:16

Strategy and Planning Committee		Date of Meeting: 9 July 2020
Subject:	North Powys Wellbeing Programme	
Approved and Presented by:	Hayley Thomas, Director of Planning and Performance	
Prepared by:	Carly Skitt Lead for North Powys Wellbeing Programme Team	
Other Committees and meetings considered at:	None at the time of reporting	

PURPOSE:

To provide an update on the North Powys Wellbeing Programme.

RECOMMENDATION(S):

To note the position in relation to the Programme, current status and high-level next steps to assess how to re-shape delivery of the programme during the pandemic.

Approval/Ratification/Decision	Discussion	Information
	✓	

Patterson, Liz
07/09/2020 08:50:16

North Powys Wellbeing Programme Update	Strategy and Planning Committee 9 July 2020 Agenda Item: 3.1a
--	---

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 North Powys Wellbeing Programme was placed on hold in March 2020 in light of Covid-19 and business continuity being invoked. The team were redeployed to support the planning of the response to Covid-19. The Programme is currently being re-established with a view to formally re-instating the programme in July 2020. It is not yet possible to quantify the full impact of the pandemic on the programme, further baseline assessments are required and there still remains a high level of uncertainty around what can be delivered during 20/21, however there are also a number of potential opportunities to accelerate and implement new ways of working as a result of the pandemic.

During 19/20 the programme team led various engagement activities to identify what was important to people's wellbeing. Alongside this, the team also undertook a baseline assessment and developed the case for change which confirmed the need to invest in a new model of care in north Powys. As a result of this work a Pan Powys model of care was developed and approved by both PTHB Board and PCC Cabinet during Q1 this year. There is now a need to understand how the baseline has changed during the pandemic and to look at how the programme can be delivered within the current environment.

The programme team have identified some potential opportunities which are currently being scoped with the Senior Responsible Officers for discussion at the reconvened Programme Board during July.

DETAILED BACKGROUND AND ASSESSMENT:

During Covid 19 the North Powys Wellbeing Programme was suspended and the team were redeployed to directly support the pandemic. During this time a number of activities were progressed in the background where resource had already been committed and were then put on hold.

The Model of Care for Powys was finalised and approved by Powys County Council Cabine and by PTHB Board on 25th March 2020.

Work has been undertaken to start to develop a draft Outcomes Framework for the new model of care. A large part of this has been focused on a desktop exercise with some limited stakeholder engagement. Further engagement is required during Quarter 2 with key stakeholders to finalise the framework for approval by the Regional Partnership Board.

It was agreed by the Programme Board, that work on the Programme Business Case should also be continued during quarter 1 where possible. This was procured with GB Partnerships and although good progress has been made, there has been very limited engagement and further work is required to re-engage key partners in order to finalise the current gaps within the programme business case.

Prior to COVID19, the Regional Partnership Board submitted their Mid-Point Evaluation report for North Powys Wellbeing Programme (a requirement of the transformation funding) to Welsh Government. During quarter 1 a draft national report has been shared with the Regional Partnership Board Leads and initial comments have been fed back to the national evaluation team.

During COVID19, there has been some progress with the areas of acceleration for change to support delivery of the new model of care and it is anticipated that there will be further opportunities to accelerate change particularly around digital and technology. An initial assessment is currently being undertaken under the broader COVID recovery discussions. It is anticipated that some of the outcomes within the transformation bid will need to be reviewed to reflect the revised priorities needed to continue focus on the pandemic response. The programme plan is also being reviewed alongside the programme budget, to assess the impact of COVID19. A revised approach and financial plan will be considered during quarter 2. There is a risk that if the programme is not re-instated soon, the available revenue funding will not be utilised and this will impact on the ability to deliver the new model of care and to deliver the case for the multi-agency wellbeing campus. A full review of the risks and issues will be undertaken in

line with discussions to reshape the programme objectives and plan for 20/21.

Initial assessment of issues and risks:

- Impact of Covid-19 on pace and future of Programme and ability to deliver initial ambition and outcomes within the timescale is currently unknown. It is proposed a high level stocktake is undertaken across the partnership to assess where we are now. There are opportunities to re-direct focus and utilise evaluation resource to support with development of new models of care post recovery from COVID19, with a view to delivering the longer-term model of care.
- Timely re-instatement of the programme will potentially reduce overall impact on delivery of the programme and utilisation of available funding during 20/21 to support delivery of the new model of care and the case for the multi-agency wellbeing campus. It is proposed the programme board is re-established in July 20 with streamlined governance arrangements and the programme team adopt new ways of working.
- Face to face engagement with public, communities, staff and other key stakeholders will be restricted during the pandemic; alternative mechanisms are being explored under the broader RPB partnership to ensure the focus on co-production is maintained.
- Currently there is no transformation funding post-March 2021; this will significantly impact on delivery of the new model of care and business case development for the multi-agency wellbeing campus if work cannot be accelerated during 20/21. This needs to inform part of the broader impact assessment of COVID19 and options moving forwards regarding exit strategy.
- Limited capacity of operational resource across the partnership – alternative approaches to co-production need to be explored and the resource plan needs to be reviewed.
- Potential uncertainty around future capital funding availability across Wales. Agree prioritisation of resource to finalise the Programme Business Case across the partnership.

NEXT STEPS:

- Formally re-establish programme during July 20 and agree revised approach and priorities during COVID19.
- Finalise key pieces of work already underway pre and during COVID19 to include the Outcomes Framework and Programme Business Case.
- Undertake a stocktake 'where are we now' across the partnership to assess new ways of working in relation to delivery of the new model of care.
- Assess high level impact of COVID 19 on delivery of the programme and revise exit strategy.



Strategy and Planning Committee

Annual Report

2019-20

July 2020

Patterson, Liz
07/09/2020 08:50:16

Contents

Foreword

1.	Introduction	4
2.	The 2019-20 Work Programme	4
3.	Frequency of Committee Meetings and Membership	4
4.	Committee Reporting Arrangements	5
5.	Committee's Work Programme	5
6.	Key Developments	7
7.	Assurance and Improvement	8
8.	Self-assessment and Evaluation	8
9.	Key Areas of Focus in 2019-20	8
10.	Conclusion	9
Appendix 1	Strategy and Planning Committee -Terms of Reference 2019-20	10
Appendix 2	Strategy and Planning Committee Work Programme 2019-20 (as amended at December 2019)	22
Appendix 3	Strategy and Planning Committee Meetings 2019-20	27

Patterson, Liz
07/09/2020 08:50:16

Foreword

I am pleased to present the first report of the Strategy and Planning Committee (S&P) set up under the new governance structures introduced for 2019/20.

This report had been due to be presented to the April 2020 meeting of Strategy and Planning Committee however, the COVID-19 pandemic resulted in the pausing of some committee work and this report will now be presented at the July 2020 Strategy and Planning Committee meeting.

The Committee has focussed on ensuring Board planning arrangements are appropriately designed and implemented and that plans and arrangements are in place for joint partnership, engagement and communication and business continuity.

Regular Chair's Assurance Reports were submitted to the Board along with Committee minutes provided for information.

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

I look forward to a full programme of work for Strategy and Planning for the remainder of the period 2020-2021.

Trish Buchan
Chair, Strategy and Planning Committee
July 2020

Patterson, Liz
07/09/2020 08:50:16

1. Introduction

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

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

- 1.2 The Term of Reference of the Strategy and Planning Committee (referred to in this report as 'S&P' or the 'Committee') that applied in 2019/20 were approved by the Board in March 2019 (see Appendix 1). These were not changed during the reporting year.

2. 2019-20 Work Programme

- 2.1 PTHB Standing Orders require the Board Secretary to produce an Annual Plan of Board business. This should incorporate formal Board meetings, regular Board Development sessions and, as appropriate, planned activities of the Board's Committees and Advisory Groups. The Work Programme adopted for S&P in 2019-20 and amended through the year to reflect any changes is attached to this report (see Appendix 2).
- 2.2 A Work Programme is designed to align to its terms of reference and the requirement for it to seek information to be able to give advice or gain assurance for itself and on behalf of the Board. The Work Programme is, however, a framework rather than a prescriptive agenda, which gives the Committee flexibility to identify changing priorities or any need for further assurance or information.

3. Frequency of Committee Meetings and Membership

- 3.1 During 2019-20, the Committee met four times in the Glasbury House Board Room at Bronllys: in May 2019, June 2019, October 2019 and January 2020. This met the requirement that the committee should meet at least quarterly. Detail of the members and the lead executive directors who attended these meetings is provided at Appendix 3.

Patterson, Liz
07/09/2020 08:50:16

3.2 Membership of the Committee comprised of the following Independent Members:

Trish Buchan (Chair)	IM Local Authority
Duncan Forbes (Vice-Chair) (April 2019 – August 2019)	IM Legal
Mark Taylor (from September 2019)	IM Capital
Ian Phillips	IM ICT
Owen James	IM Community
Mel Davies (April 2019 – August 2019)	IM Board Vice-Chair

4. Committee Reporting Arrangements

4.1 Following their approval at the following meeting, the minutes of each meeting of S&P are routinely submitted to the Board.

In addition, the Committee Chair reports to the Board after each meeting of the Committee to draw the attention of Members to any key issues. All Board papers can be accessed via the Powys Teaching Health Board website.

5. Committee Work Programme: 2019-20

5.1 The S&P Work programme for 2019-20 is set out in Appendix 2.

5.2 Key issues from the Work Plan considered by the Committee during 2019-20 included the following:

2nd May 2019

- A Healthier Wales
- Committee Governance
 - Terms of Reference of new committee,
 - Board Assurance Framework 2019/20,
 - Corporate Risk Register

24th June 2019

- RPB – Start Well Programme
- Section 33 agreements
- Service Change (Stocktake) Report
- North Powys Wellbeing Programme
- Workforce Futures Programme

- Committee Annual Workplan
- Child Poverty Report

1st October 2019

- Regional Partnership Board – Live Well, Mental Health Programme
- Tackling the Big Four – Breath Well Programme
- Workforce Futures Strategic Framework
- Integrated Medium Term Plan 2020-2023
- Welsh Government Consultation – together for Mental Health Delivery Plan 2019-22
- Building a Healthier Wales
- Workplan

16th January 2019

- Regional Partnership Board – Age Well Programme update
- Strategic Change Report
- Public Services Board update
- North Powys Wellbeing Programme Update
- Integrated Medium Term Plan 2020-23
- WHSSC Integrated Commissioning Plan
- Tackling the Big Four – Cancer
- Committee Risk Register
- Together for Mental Health Delivery Plan – 2019-2022
- Workplan

6. Key Developments

Key developments in 2019-20 include:

Governance

- 6.1 As a new Committee the terms of reference were initially confirmed together with confirmation of what work would include monitoring using the Board Assurance Framework, Performance reporting arrangements and the Corporate Risk Register.

A review of the Terms of Reference is planned for the 2020/21 period.

Tackling the Big Four

- 6.2 During 20-19-20 the Committee received reports on the Breath Well and Cancer sections of this programme.

Regional Partnership Board

- 6.3 Committee received reports on the Start Well, Live Well and Age Well programmes oversee by the Regional Partnership Board.

7. Assurance and Improvement

- 7.1 Paragraph 5.1 demonstrates the breadth of information received and range of issues discussed at S&P in 2020-21. These enabled the Committee to fulfil its assurance role on behalf of the Board, especially in respect of:
- a. Board planning arrangements are appropriately designed and operating effectively to monitor the provision of high quality, safe healthcare and services across the whole of the Health Board's responsibilities (directly provided and commissioned); and
 - b. plans and arrangements for the following matters are adequate, effective and robust:
 - (i) Joint committee and partnership planning;
 - (ii) Engagement and communication; and
 - (iii) Civil Contingencies and Business Continuity
- 7.2 A number of actions had been brought forward from predecessor committees for S&P to track. These include:
- Transforming Clinical Futures (an analysis of impact on PTHB when ABuHB published a final report)
 - Grange Hospital – modelling of patient pathways for accessibility/proximity/quality and sustainability of services
 - Specialised patient flows
 - Start Well, Live Well and Age Well Programmes
 - Alignment of PTHB/PCC strategy for ICT

These items have either been subject to consideration at Committee during 2019-2000 or will be found on the 2020-2021 workplan.

8. Self-assessment and Evaluation

It had been intended to undertake a self-assessment and evaluation of S&P during a Board Development session in Spring 2020, however, Board Development sessions were paused during this period due to the Covid-19 pandemic. It will be necessary to reschedule this piece of work.

Patterson, Liz
07/09/2020 08:50:16

9. Key Areas of focus in 2020 -21

- 9.1 This Committee has met for a year now and has become well established. A full programme of work for Performance and Resources 2020-21 will be agreed as part of the annual work planning process.

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

- 9.2 Hardcopies of the above Work Programme can be obtained from Powys Teaching Health Board Directorate of Governance and Corporate Affairs, Vera Vallins Room, Bronllys Hospital, Bronllys, Brecon, Powys, LD3 0LU.

10. Conclusion

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

Patterson Liz
07/09/2020 08:50:16



Strategy and Planning Committee

Terms of Reference & Operating Arrangements

March 2019

Patterson, Liz
07/09/2020 08:50:16

1. INTRODUCTION

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

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

- 1.2 In-line with Standing Orders and the Board's Scheme of Delegation and Reservation of Powers, the Health Board has established a committee to be known as the Strategy & Planning Committee (referred to throughout this document as 'the Committee'). The Terms of Reference and operating arrangements set by the Board in respect of this committee are set out below.
- 1.3 The scope of the Committee extends to all areas of Strategy and Planning, across the full breadth of the Health Board's responsibilities.

2. PURPOSE

2.1 ADVICE

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

- a. strategy, strategic frameworks and plans for the delivery of high quality and safe services, consistent with the board's overall strategic direction;
- b. business cases and service planning proposals;
- c. the alignment of supporting and enabling strategies, including workforce, capital, estates digital; and
- d. the implications for service planning arising from strategies and plans developed through the Joint Committees of the Board or other strategic partnerships, collaborations or working arrangements approved by the Board.

Patterson, Liz
07/09/2020 08:50:16

2.2 ASSURANCE

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

- c. that Health Board planning arrangements are appropriately designed and operating effectively to monitor the provision of high quality, safe healthcare and services across the whole of the Health Board's responsibilities (directly provided and commissioned); and
- d. plans and arrangements for the following matters are adequate, effective and robust:
 - (iv) Joint committee and partnership planning;
 - (v) Engagement and communication; and
 - (vi) Civil Contingencies and Business Continuity.

3. DELEGATED POWERS AND AUTHORITY

3.1 With regard to specific powers delegated to it by the Board, the Committee will play a key role in the development of the Health Board's aims, objectives and priorities, and in doing so will:

- a. consider national and regional planning guidance to inform the development of strategic plans;
- b. consider population health needs assessments and other key information that underpins the strategic planning process to ensure the robustness and best fit of developing plans;
- c. consider the development of the Board's Integrated Medium Term Plan, including the Financial Plan and Workforce Plan;
- d. consider the development of the Board's Annual Plan, aligned to the Integrated Medium Term Plan;
- e. consider plans for whole-system pathway development and re-design;
- f. consider the development of strategies and plans developed in partnership with key strategic partners;
- g. consider any necessary revision of the Health Board's strategies and plans to ensure consistency with the Board's overall strategic direction and any requirements and standards set for NHS bodies in Wales;
- h. consider the implications for service planning arising from the development of the Health Board's strategies and plans or those of its stakeholders and partners, including those arising from any joint committees of the Board;
- i. consider whether proposals for service change and associated business cases are consistent with the strategic direction set by the Board;

Patterson, Liz
07/09/2020 08:50:16

- j. consider whether enabling strategies (e.g. digital) are suitably aligned in the development of the Health Board's strategic plans;
- k. consider whether planning arrangements are appropriately designed and operating effectively;
- l. monitor work undertaken with partner organisations and stakeholders to influence the provision of services to meet current and future population need;
- m. consider whether adequate public engagement, co-production and co-design principles have been embraced;
- n. consider the development of the Board's Capital Discretionary Programme and Capital Business Cases; and
- o. consider the effectiveness of the Health Board's Civil Contingency Plans and Business Continuity Plans.

3.2 The Committee will consider and recommend to the Board for approval those policies reserved for the Board and delegated to this Committee for review, in-line with the Board's Policy Management Framework and Scheme of Delegation and Reservation of Powers.

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

Authority

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

The Committee may seek any relevant information from any:

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

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

3.6 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Committee.

- 3.7 The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

Sub Committees

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

Committee Programme of Work

- 3.9 Each year the Board will determine the Committee's priorities for its annual programme of work, based on the Board's Assurance Framework and Corporate Risk Register. This approach will ensure that the Committee's focus is directed to the areas of greatest assurance needs. This will therefore mean that these Terms of Reference are provided as a framework for the Committee's annual programme of work and is not an exhaustive list for full coverage. This approach recognises that the Committee's programme of work will be dynamic and flexible to meet the needs of the Board throughout the year.

4. MEMBERSHIP

Members

- 4.1 Membership will comprise:

Chair	Independent member of the Board (Third Sector)
Vice Chair	Independent member of the Board (ICT)
Members	Independent member of the Board (Legal) Independent member of the Board (Community) Independent member of the Board (Capital)

The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

Attendees

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

- Director of Planning & Performance (Officer Lead)

- Director of Finance and IT
- Director of Workforce & OD
- Director of Public Health
- Director of Nursing

4.3 By invitation:

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

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

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

Secretariat

- 4.4 The Office of the Board Secretary will provide secretariat services to the Committee.

Member Appointments

- 4.5 The membership of the Committee shall be determined by the Board, based on the recommendation of the Chair of PTHB - taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.
- 4.6 Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office. During this time a member may resign or be removed by the Board.
- 4.7 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Chair of PTHB.

Support to Committee Members

- 4.8 The Board Secretary, on behalf of the Committee Chair, shall:
- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
 - ensure the provision of a programme of development for committee members as part of the Board's overall Development Programme.

Patterson, Liz
07/09/2020 08:50:16

5. COMMITTEE MEETINGS

Quorum

- 5.1 At least three members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.
- 5.2 Where members are unable to attend a meeting and there is a likelihood that the Committee will not be quorate, the Chair can invite another independent member of the board to become a temporary member of the Committee.

Frequency of Meetings

- 5.3 The Chair of the Committee shall determine the timing and frequency of meetings, which shall be held no less than Quarterly, and in line with the Health Board's annual plan of Board Business.
- 5.4 The Chair of the Committee may call additional meetings if urgent business is required to be taken forward between scheduled meetings.

Openness and Transparency

- 5.5 Section 3.1 of PTHB Standings Orders confirms the Board's commitment to openness and transparency in the conduct of all its business and extends equally to the work carried out on its behalf by Committees. The Board requires, wherever possible, meetings to be held in public. The Committee will:
- hold meetings in public, other than where a matter is required to be discussed in private (see point 5.6);
 - issue an annual programme of meetings (including timings and venues) and its annual programme of business;
 - publish agendas and papers on the Health Board's website in advance of meetings;
 - ensure the provision of agendas and minutes in English and Welsh and upon request in accessible formats, such as Braille, large print, and easy read; and
 - through PTHB's website, promote information on how attendees can notify the Health Board of any access needs sufficiently in advance of a proposed meeting, e.g., interpretation or translation arrangements, in accordance

Patterson, Liz
07/09/2020 08:50:16

with legislative requirements such as the Equality Act 2010 and Welsh Language Standards 2018.

Withdrawal of individuals in attendance

- 5.6 There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Board Secretary where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Committee shall resolve:

That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960 (c.67).

In these circumstances, when the Committee is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Committee in public session.

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

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

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

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

in doing so, this contributes to the integration of good governance across the organisation, ensuring that all sources of assurance are

incorporated into the Board's overall risk and assurance framework.

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

7. REPORTING AND ASSURANCE ARRANGEMENTS

- 7.1 The Committee Chair shall:
- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, and the submission of Committee minutes and written reports;
 - bring to the Board's specific attention any significant matters under consideration by the Committee;
 - ensure appropriate escalation arrangements are in place to alert the Chair of PTHB, Chief Executive or Chairs of other relevant committees/groups of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.
- 7.2 The Board may also require the Committee Chair to report upon the Committee's activities at public meetings, e.g., Annual General Meeting, or to community partners and other stakeholders, where this is considered appropriate, e.g., where the committee's assurance role relates to a joint or shared responsibility.
- 7.3 The Board Secretary shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of further committees established.
- 7.4 The Committee shall provide a written annual report to the Board on its activities. The report will also record the results of the Committee's self-assessment and evaluation.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

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

- Quorum
- Issue of Committee papers

9. CHAIR'S ACTION ON URGENT MATTERS

- 9.1 There may, occasionally, be circumstances where decisions which would normally be made by the Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Committee. In these circumstances, the Chair of the Committee, supported by the Board Secretary as appropriate, may deal with the matter on behalf of the Committee - after first consulting with at least two other Independent Members of the Committee. The Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.
- 9.2 Chair's action may not be taken where the Chair has a personal or business interest in the urgent matter requiring a decision.

10. REVIEW

- 10.1 These Terms of Reference shall be reviewed annually by the Committee. The Committee Chair will report any changes to the Board for ratification.
-

Patterson, Liz
07/09/2020 08:50:16



STRATEGY & PLANNING COMMITTEE

PROGRAMME OF BUSINESS 2019-20

The purpose of the Performance & Resources Committee is to provide advice and assurance to the Board on the effectiveness of arrangements in place for the development of strategy, strategic frameworks and plans for the delivery of high quality and safe services, consistent with the board's overall strategic direction. The scope of the Committee extends to the full range of PTHB responsibilities. This encompasses all directly provided and commissioned services and partnership arrangements.

This Annual Programme of Business has been developed with reference to:

- the Committee's Terms of Reference as agreed by the Board in March 2019;
- the Board's Assurance Framework (based on its Annual Objectives for 2019-20);
- key risks identified through the Corporate Risk Register, Commissioning Assurance Framework; and Operational Risk Registers.

- audit and regulatory reports identifying weaknesses in internal control (following consideration by the Audit, Risk and Assurance Committee);
- key statutory, national and best practice requirements and reporting arrangements.

A Committee Assurance Framework, based on the Committee's remit, underpins the Committee's programme of business. This assessment is provided to support the Committee in focussing its attention on key areas of risk and assurance need.

MATTER TO BE CONSIDERED BY COMMITTEE	EXEC LEAD	SCHEDULED COMMITTEE DATES			
		2019-2020			
		02 May	24 June	01 October	16 January
Assurance Reports					
Strategic Change Update	DPP		✓	✗	✓
PTHB Planning Framework (including National Planning Guidance)	DPP				
RPB Start Well Programme Update	DoN		✓		
RPB Live Well Programme Update - Disability	DoTHS				✗
RPB Live Well Programme Update – Mental Health	DPCCMH			✓	

RPB Age Well Programme Update	DoTHS				✓
North Powys Wellbeing Programme	DPP		✓		✓
Section 33 Arrangements	CEO		✓		
Public Services Board Update	DPH				✓
Strategy, Strategic Frameworks & Plans in Development					
Tackling the Big Four: Improving Cancer Journey					✓
Tackling the Big Four: Breathe Well				✓	
Primary and Community Care Development					✗ Included in IMTP Item
Integrated Medium Term Plan 2020-2023, including: Financial Plan; Workforce Plan; and Annual Plan	DPP DF&IT DWOD			✓	
Integrated Commissioning Framework (WHSSCC)	DPP				✓
Workforce Futures Strategic Framework	DWOD		✓	✓	

Health and Social Care Workforce Plan for Wales (Health and Education Improvement Wales to attend)	DWOD						
Digital First Strategic Framework	DF&IT						
Innovative Environments Strategic Framework	DPP						
Discretionary Capital Programme	DPP						
Governance Reports							
Audit and Regulatory Reports		As and when identified					
Committee Risk Register	BS		x	✓	✓	✓	✓
Policies Delegated From the Board for Review and Approval	BS	As and when identified					
Review of Committee Programme of Business and Assurance Needs Map	BS		✓	✓	✓	✓	✓
Committee Requirements as set out in Standing Orders							

Development of Committee Annual Programme Business	BS		✓ 2019-20				
Annual Review of Committee Terms of Reference 2019-20	BS						✓
Annual Self-assessment of Committee effectiveness 2019-20	BS						✓

KEY:

CEO: Chief Executive

DPP: Director of Planning and Performance

DF&IT: Director of Finance and IT

DPCCMH: Director of Primary, Community Care and Mental Health

MD: Medical Director

DoN: Director of Nursing

DoTHS: Director of Therapies and Health Sciences

DWOD: Director of Workforce & OD

DPH: Director of Public Health

BS: Board Secretary

Patterson, Liz
07/09/2020 08:50:16

STRATEGY & PLANNING COMMITTEE
ASSURANCE FRAMEWORK 2019-20

Patterson, Liz
07/09/2020 08:50:16

Delegated Powers and Authority	Low rated Assurance Arrangements (BAF, 31/03/19)	Corporate Risk Register	Internal Audit/External Assurance Reports 2018/19
National & Regional Planning			
Population Health & Needs Assessment			
IMTP (incl Finance & Workforce) & Annual Plan			• IMTP/Joint planning framework – reasonable assurance
Whole-system pathway development	<ul style="list-style-type: none"> • Cancer (3.2) • Respiratory Conditions (3.3) • Circulatory Disease (3.4) 		
Development of strategies & plans, including those of partnerships & joint committees			
Service Change		<ul style="list-style-type: none"> • Fragmented and unsustainable service models as a result of changing need and service reconfiguration of neighbouring bodies (CRR008) 	
Engagement & Co-production			
Capital Programme			
Civil Contingencies/Business Continuity Planning		<ul style="list-style-type: none"> • “No Deal” Brexit Scenario – Business Continuity Planning (CRR011) 	• Business continuity planning (excluding I.T.) – reasonable assurance

Patterson Liz
07/09/2020 08:50:16

Appendix 3

Strategy and Planning Committee Meetings: 2019-20 Independent Members and Lead Executives

Meeting dates	2 May 2019	24 June 2019	1 October 2019	16 Jan 2019
Trish Buchan (Chair)	✓	✓	✓	✓
Ian Phillips - (Vice Chair)	✓	✓	✓	✓
Owen James – (Community)	✓	✓	✓	✓
Mark Taylor (Capital)	Not in post	Not in post	✓	✓
Duncan Forbes (Legal)	✓	✓	Not in post	Not in post
Mel Davies (Vice-Chair)	✓	✓	-	-

Meeting dates	2 May 2019	24 June 2019	1 October 2019	16 Jan 2019
Director of Planning & Performance	✓	✓	✓	✓
Director of Finance & IT	-	✓	✓	✓
Director of Workforce and OD	✓	✓	✓	✓
Director of Public Health	Apologies	✓	✓	✓
Director of Nursing	✓	Apologies	✓	Apologies

Patterson, Liz
07/09/2020 08:50:16