PTHB Board Meeting

Wed 26 May 2021, 09:00 - 15:00

Teams

Agenda

09:00 - 09:00
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1. PRELIMINARY MATTERS

Board_Agenda_26May21_Final.pdf (2 pages)

1.1. Welcome and apologies for absence

1.2. Declarations of interest

1.3. Minutes of previous meeting on 31 March 2021 for approval

Board_Item_1.3_PTHB Board Minutes unconfirmed 31-03-2021.pdf (24 pages)

1.4. Matters arising from the minutes of previous meeting

1.5. Board Action Log

Board_Item_1.5_PTHB_Action_Log_May21.pdf (2 pages)

1.6. Update Reports of the

1.6.1. Chair

Board_Item_1.6a_Chairs Report May 2021.pdf (3 pages)

1.6.2. Vice-Chair

Board_Item_1.6b_VC Report_May21.pdf (4 pages)

1.6.3. Chief Executive

Board_Item_1.6c_CEO's Report for Board -April 2021.pdf (5 pages)

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2. ITEMS FOR APPROVAL/RATIFICATION/DECISION

2.1. Policy on Putting Things Right and Management of Concerns

Board_Item_2.1_Review of Putting Things Right Policy.pdf (5 pages)
Board_Item_2.1a_PTR_ Appendix 1.pdf (2 pages)
Board_Item_2.1b_PTR_Appendix 2.pdf (4 pages)
Board_Item_2.1c_PTR_Appendix 3.pdf (16 pages)
Board_Item_2.1d_PTR_Appendix 4.pdf (38 pages)
Board_Item_2.1e_PTR_Appendix 5 - Putting Things Right Policy May 2021.pdf (40 pages)

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2.2. Reorganisation of localised Vascular Services into a 'Hub and Spoke' model Vascular Network for the South East Wales Region: A Report on Engagement 2021

- Board_Item_2.2_Vascular Services Engagement.pdf (7 pages)
- Board_Item_2.2a_SE Wales Vascular Network Report on Engagement 2021 Final Report.pdf (146 pages)
- Board_Item_2.2b_CHC response on Vascular Paper to PtHB.pdf (5 pages)

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3. ITEMS FOR DISCUSSION

3.1. Workforce Futures Strategic Framework

Presentation *Director of Workforce and OD*

3.2. Performance Reporting:

3.2.1. Performance Overview

- Board_Item_3.2a_PerformanceOverview_May2021_130521.pdf (32 pages)

3.2.2. Financial Performance

- Board_Item_3.2bi_Financial Performance Report Mth 12 - PR.pdf (7 pages)
- Board_Item_3.2bii_Financial Performance Report Mth 1 DP.pdf (17 pages)

3.3. Annual Report: Nurse Staffing Levels (Wales) Act 2016

- Board_Item_3.3_NSLA Report_Final_13052021.pdf (10 pages)

3.4. Podiatry Services in Powys

- Board_Item_3.4_podiatry Paper for Exec update May2021.pdf (14 pages)
- Board_Item_3.4a_Podiatry follow up report action plan 2020 final V5.pdf (9 pages)
- Board_Item_3.4b_Podiatry Engagement Action Plan December 2020 update.pdf (4 pages)

3.5. Assurance Reports of the Board’s Committees

3.5.1. PTHB Committees

- Board_Item_3.5a_A_Committee Chair Reports May 2021.pdf (3 pages)
- Board_Item_3.5ai_App1_Executive Committee Chair's Assurance Report_May21.pdf (6 pages)
- Board_Item_3.5aii_App2_ARA_Chairs_Report_29 April 2021.pdf (5 pages)
- Board_Item_3.5aiii_App3_Experience Quality Safety Chairs Assurance Report 15 April 2021.pdf (6 pages)
- Board_Item_3.5aiv_App4_Performance and Rescources Chairs Assurance Report 6 May 2021.pdf (7 pages)

3.5.2. Joint Committees

- Board_Item_3.5b_Joint Committee Reports_May 2021.pdf (3 pages)
- Board_Item_3.5bi_Appendix 1 2021.05.11 WHSSC JC Briefing v1.0.pdf (3 pages)
- Board_Item_3.5bii_Appendix 2 WHSSC-Eng.pdf (32 pages)
- Board_Item_3.5biii_Appendix 3 Chair's EASC Summary from 9 March 2021.pdf (4 pages)

3.6. Report of the Chief Officer of the Community Health Council

- Board_Item_3.6_CHC CO Report for PTHB May 2021 FINAL.pdf (6 pages)

3.7. Assurance Report of the Board’s Partnership Arrangements

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- Board_Item_3.7_A_Partnership Board Reports May 2021.pdf (3 pages)
- Board_Item_3.7a_SSPC Assurance Report 18 March 2021.pdf (3 pages)

3.8. Report of the Board’s Local Partnership Forum

Board_Item_3.8_LPF Advisory Groups May 2021.pdf (2 pages)
Board_Item_3.8a_App 1_Advisory Groups_LPF Report May 2021.pdf (3 pages)

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4. OTHER MATTERS

4.1. Any other urgent business

The Chair, with advice from the Board Secretary, has determined that the following items include confidential or commercially sensitive information which is not in the public interest to discuss in an open meeting at this time. The Board is asked to take this advice into account when considering the following motion to exclude the public from this part of the meeting:

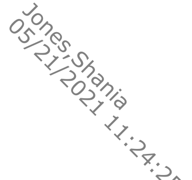
Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960,

"Representatives of the press and other members of the public shall 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"

4.2. Shropshire CCG NEPTS - Contract Award Recommendation Report

4.3. Close

4.4. Date of the Next Meeting: 10 June 2021 and 29 June 2021



POWYS TEACHING HEALTH BOARD
BOARD MEETING
WEDNESDAY 26 MAY 2021
10:00 – 12.30
TO BE HELD VIA TEAMS

GIG CYMRU
NHS WALES

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

AGENDA

Estimated Time	Item	Title	Attached / Oral	Presenter
1: PRELIMINARY MATTERS				
10.00am	**1.1**	Welcome and Apologies for Absence	Oral	Chair
	1.2	Declarations of Interest	Oral	All
	1.3	Minutes of Previous Meeting: 31 March 2021 (for approval)	Attached	Chair
	1.4	Matters Arising from the Minutes of the Previous Meeting	Oral	Chair
	1.5	Board Action Log	Attached	Chair
	1.6	Update from the: a) Chair b) Vice Chair c) Chief Executive	 Attached Attached Attached	 Chair Vice Chair Chief Executive
2: ITEMS FOR APPROVAL/RATIFICATION/DECISION				
10.20am	**2.1**	Policy on Putting Things Right and Management of Concerns	Attached	Director of Nursing and Midwifery
10.40am	**2.2**	Reorganisation of localised Vascular Services into a 'Hub and Spoke' model Vascular Network for the South East Wales Region: A Report on Engagement 2021	Attached	Director of Planning and Performance
3: ITEMS FOR DISCUSSION				
10.50am	**3.1**	Workforce Futures Strategic Framework	Presentation	Director of Workforce and OD
	3.2	Performance Reporting: a) Performance Overview b) Financial Performance	Attached	Director of Planning and Performance & Director of Finance and IT
	3.3	Annual Report: Nurse Staffing Levels (Wales) Act 2016	Attached	Director of Nursing and Midwifery
	3.4	Podiatry Services in Powys	Attached	Director of Therapies and HS and Director of Primary, Community Care and MH

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	3.5	Assurance Reports of the Board's Committees a) PTHB Committees b) Joint Committees	Attached	Committee Chairs Chief Executive
	3.6	Report of the Chief Officer of the Community Health Council	Attached	Chief Officer of CHC
	3.7	Assurance Report of the Board's Partnership Arrangements	Attached	Chief Executive
	3.8	Report of the Board's Local Partnership Forum	Attached	Director of Workforce & OD
4: OTHER MATTERS				
	4.1	Any Other Urgent Business	Oral	Chair

The Chair, with advice from the Board Secretary, has determined that the following items include confidential or commercially sensitive information which is not in the public interest to discuss in an open meeting at this time. The Board is asked to take this advice into account when considering the following motion to exclude the public from this part of the meeting:

Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960

"Representatives of the press and other members of the public shall 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"

	4.2	Contract Award (Non-Emergency Patient Transport)
	4.3	Close
	4.4	Date of the Next Meeting: ▪ 10 June 2021 & 29 June 2021

Key:

Objective	Colour
Well-being Objective 1: Focus on Well-being	
Well-being Objective 2: Early Help and Support	
Well-being Objective 3: Tackle the Big Four	
Well-being Objective 4: Joined Up Care	
Well-being Objective 5: Workforce Futures	
Well-being Objective 6: Innovative Environments	
Well-being Objective 7: Digital First	
Well-being Objective 8: Transforming in Partnership	
All Well-being Objectives	

MESSAGE TO THE PUBLIC:

Powys Teaching Health Board is committed to openness and transparency, and conducts as much of its business as possible in a session that members of the public are normally welcome to attend and observe. However, in light of the current advice and guidance in relation to Coronavirus (COVID-19), the Board has agreed to run meetings by electronic / telephony means as opposed to in a physical location, for the foreseeable future. This will mean that members of the public will not be able attend in person or observe on-line.

The Board has taken this decision in the best interests of protecting the public, our staff and Board members. The Board will publish a summary of meetings held on our website within a week of the meeting to promote openness and transparency.

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POWYS TEACHING HEALTH BOARD

UNCONFIRMED

MINUTES OF THE MEETING OF THE BOARD

HELD ON WEDNESDAY 31 MARCH 2021, AT 10.00AM

VIA TEAMS

Present

Vivienne Harpwood	Independent Member (Chair)
Carol Shillabeer	Chief Executive
Melanie Davies	Independent Member (Vice-Chair)
Trish Buchan	Independent Member (Third Sector Voluntary)
Matthew Dorrance	Independent Member (Local Authority)
Susan Newport	Independent Member (TUC)
Ian Phillips	Independent Member (ICT)
Mark Taylor	Independent Member (Capital & Estates)
Frances Gerrard	Independent Member (University)
Tony Thomas	Independent Member (Finance)
Rhobert Lewis	Independent Member (General)
Stuart Bourne	Director of Public Health
Jamie Marchant	Director of Primary, Community Care and Mental Health
Hayley Thomas	Deputy Chief Executive and Director of Planning & Performance
Kate Wright	Medical Director
Alison Davies	Director of Nursing & Midwifery
Pete Hopgood	Director of Finance and IT
Mark McIntyre	Deputy Director Workforce and OD
Lucie Cornish	Assistant Director of Therapies and Health Sciences

In Attendance

Rani Mallison	Board Secretary
Paul Buss	
Katie Blackburn	Director of Clinical Strategy
Frances Hunt	CHC Chief Officer
Liz Patterson	CHC Chair
Caroline Evans	Corporate Governance Manager
	Head of Risk and Assurance

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Apologies for absence

Julie Rowles	Director of Workforce, OD & Support Services
Claire Madsen	Director of Therapies & Health Sciences
Wayne Tannahill	Head of Estates and Properties

PRELIMINARY MATTERS	
RESOLVED THAT due to the unprecedented health emergency of COVID-19, and the clear Public Health instruction to practice social distancing, meetings will run by electronic means as opposed to in a physical location. This decision had been taken in the best interests of protecting the public, staff and Board Members. The meeting was live-streamed and uploaded to the website after the meeting for viewing on demand.	
PTHB/20/139	**WELCOME AND APOLOGIES FOR ABSENCE** The Chair welcomed all participants to the meeting noting that a number of observers were present as outlined in the attendance record. Apologies for absence were noted as recorded above.
PTHB/20/140	**DECLARATIONS OF INTEREST** No new declarations of interest were made.
PTHB/20/141	**MINUTES OF MEETING HELD ON:** **27 January 2021** The minutes of the meeting held on 27 January 2021 were received and AGREED as being a true and accurate record subject to the following amendments: **Present** Jamie Marchant – ~~Deputy Chief Executive and~~ Director of Primary, Community Care and Mental Health Hayley Thomas – *Deputy Chief Executive and* Director of Planning and Performance
PTHB/20/142	**SUMMARY OF BOARD IN-COMMMITTEE MEETING: 27 JANUARY 2021** The summary of the Board In-Committee meeting held on 27 January 2021 was noted.

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PTHB/20/143	**MATTERS ARISING FROM THE MINUTES OF THE PREVIOUS MEETING** There were no matters arising from the minutes.
PTHB/20/144	**BOARD ACTION LOG** There were no outstanding items on the Action Log.
PTHB/20/145	**UPDATE FROM THE:** **A) CHAIR** The Chair presented information regarding Board Champion roles within the Powys Teaching Health Board. Details surrounding Board Champions were outlined in the Welsh Health Circular report issued on the 19 January 2021. Board Champions roles in the organisation were currently under consideration with three vacant roles. The outcome of the review would be reported to a future meeting of the Board. The Chair had attended the staff forum where an opportunity was taken to reflect that it was the anniversary of the lockdown. **B) VICE-CHAIR** The Vice-Chair gave an oral presentation advising that since the last Board meeting she had attended both Corporate Parenting and Safeguarding meetings. She had taken part in the interview panel for the Deputy Director of Nursing where a candidate was successfully appointed. A Startwell partnership meeting had been attended along with a Mental Health and Planning Partnership meeting. Vice-Chairs had also attended Eluned Morgan AM's meeting on Mental Health where an increased focus on Mental Health was outlined. **C) CHIEF EXECUTIVE** The Chief Executive presented a report noting the week commencing 22 March 2021 marked a year since the first lockdown which provided a moment of reflection, for both staff and the public. The report highlighted the good progress made in relation to non-pharmaceutical measures such as lockdown measures and the vaccination programme.

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	Case rates within Powys had fallen significantly from a high-level during December and January, which is reflected across Wales. Case rate reduction appeared to be plateauing and would be monitored as easing of lockdown and other restrictions occur. The Chief Executive highlighted that the Health Board would be hosting a staff recognition evening on the 14 April 2021. The Chief Executive welcomed Dr Kate Wright (Medical Director) and Lucy Cornish (Assistant Director Therapies and Health Sciences) to the organisation. Thanks were extended to Dr Paul Buss and Dr Catherine Woodwood for supporting on an interim basis the Board Medical Director role. In addition to the performance report, the Chief Executive drew attention to two key areas. An Improvement Notice regarding hand, arm vibration had been received from the Health and Safety Executive. It was recognised there is a need to provide assurance that workplace assessments and correct working practices were in place. The Health Board, in partnership with the University of South Wales and other Health organisations had been supported by the Welsh Government to establish an Intensive Learning Academy focussing on digital transformation. This focus will form a part of the overall Health Care Academy that has been approved by the Board. The organisation has had approval for a Kick Start programme aimed at enabling young people, particularly in more deprived situations to enter training and employment for a 12-month period with a view to securing long term jobs. This was indicative of the organisations commitment to the newly introduced Socioeconomic Duty.
ITEMS OR APPROVAL, DECISION OR RATIFICATION	
PTHB/20/146	**STRATEGIC PLANNING 2021/22:** **a) LEARNING FROM COVID-19 AND NEW WAYS OF WORKING**

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	b) STRATEGIC PRIORITIES FOR RENEWAL & RECOVERY: INTERIM ANNUAL PLAN The Chief Executive introduced the report noting the country was still within the pandemic and those priorities were acknowledged together with a move to focus on recovery and renewal and in particular those areas with greatest impact and greatest need. Thanks were expressed to the Executive Team and Assistant Director of Planning for the work undertaken producing the Annual Plan. The Director of Planning and Performance presented the report noting that the plan was required to be submitted to the Welsh Government and was a guide for the next 12 months. The Annual Planning Framework, which had been previously published by the Welsh Government set out the priorities, key enablers and expectations for the annual plan. The current status of the plan was draft and it was due to be discussed with Welsh Government in quarter one. The plan took a six-step approach to planning ahead, which included: 1. Assess the learning and reflect 2. Understand the latest evidence 3. Assess the position 4. Identify critical priorities and outcomes 5. Develop proposal 6. Formulate annual plan. Two influential frameworks had been published by the Welsh Government two weeks prior to the Board meeting; the Recovery Planning Framework and the National Clinical Framework which had both been considered whilst formulating the Annual Plan. The principles for 'A Healthy Caring Powys' had helped to inform the Health Board of what should be the main focus moving forward. The Strategic Framework focussed on: Part 1: • COVID-19 response; ○ COVID-19 Prevention and Response,

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	• COVID-19 Vaccination Programme.
	Part 2:
	• Essential Healthcare;
	  ○ Wellbeing and Prevention,
	  ○ Primary and Community, and
	  ○ Regional DGH and Specialist.
	Part 3:
	• Renewal;
	  ○ Frailty and Community Model;
	  ○ Long-term conditions and Wellbeing;
	  ○ Diagnostics, ambulatory and planned care;
	  ○ Advice support and prehabilitation;
	  ○ Tackling the Big Four and;
	  ○ Children and Young People.
	
	With four key enablers to support the plan:
	• Workforce futures
	• Digital first
	• Innovative Environments
	• Transforming in partnership
	
	It was confirmed that detailed plans had been developed to meet the needs of the ongoing pandemic response and core operational delivery of services and to ensure the appropriate capacity and investment is identified to progress with the renewal priorities.
	
	If the aim is to leave no one behind, it would require understanding the needs of the community, strengthening community connections and building resilience. Meaningful engagement would be necessary with disadvantaged communities to gain the evidence required for this to succeed.
	
	With regard to the new ways of working and the two key messages that surround innovation and improvement and digital, could the annual plan be strengthened to reflect these two key priorities?
	The Chief Executive noted that the way in which the Health Board now conduct business was very different to that of a year ago. It had been necessary to accelerate the use of digital technology and the plan included a commitment to renew the organisational development framework, with the

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	focus on 'how we work'. The Chief Executive noted that the New Ways of Working report outlined staff feedback including what had been successful and what had been more challenging, although overall there had been positive feedback regarding innovative ways of working and there was an appetite to develop these. The Organisational Development Framework was a key priority due to be reviewed in quarter one. At this stage the plan was marking the key principles of intent regarding the renewal priorities. More detailed proposals would be worked on during quarter one for submission to the new Welsh Government and to secure the additional investment required to implement the proposals. *The real issue will be to work out how to prioritise in a way that will generate cooperation.* The Director of Planning and Performance acknowledged the importance of the comment. It was difficult to present a summary of the plan because of the large amount of detail included. During the discussions surrounding engagement with the Local Partnership Forum, staff side partners, the CHC and others, there were a number of issues that individuals brought forward. For example, the impact of COVID-19 on paid and informal carers. These issues were within the plan; however, it was not possible to outline every detail within the presentation. Staff had efficiently adapted to new ways of working; however, it will be necessary to track staff wellbeing closely as the organisation moves from the intensity of the pandemic through to the recovery and renewal period. The Strategic Priorities for Renewal and Recovery 2021/22 was DISCUSSED and APPROVED by the Board. The New Ways of Working Summary Report was DISCUSSED and NOTED.
PTHB/20/147	**CAPITAL PROGRAMME 2021-23** The Director of Planning and Performance presented the Capital Programme 2021/22 to the Board noting the draft Capital Programme was presented to the Board on an annual basis. It was previously developed as a two-year programme which allowed for a broader prioritisation approach. This paper has previously been considered by

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	the Innovative Environments Group and Performance and Resources Committee. The Health Board had secured approximately £1 Million from Welsh Government Capital slippage in January 2021. This capital had secured essential equipment, medical devices and a number of critical structural works. Since Performance and Resources Committee in January 2021 an application had been submitted to the Estates Funding Advisory Board (EFAB) under a new bidding system which allowed support for new infrastructure. The bid was successful and secured £2.21 million to support essential fire compartmentation schemes, infrastructure investments and carbonisation bids. That represented 6.2% of the overall allocation for Wales. Therefore an additional £3.2 million has been secured for capital schemes. The organisation was grateful to Welsh Government for providing this additional support. The Capital Programme had been developed based on risk prioritisation with funding enabling the maintenance backlog to be tackled which will start to reduce the risk identified on the corporate risk register. *The success in receiving anti-ligature funding allows this to be addressed in totality. It gives an opportunity to increase the capital programme in the medium term in the knowledge of what schemes are in the pipeline. It is hoped the Estates Team will be able to access resources to allow them to deliver on the challenging target.* *Have all the projects outlined in page 5 of the report been subject to the socioeconomic obligations which are now in place?* The Director of Planning and Performance explained that the schemes had been submitted prior to the implementation of the Socioeconomic Duty. It would be expected that the Duty would have been met but a final check would be undertaken as part of the benefits realisation process for projects. **ACTION: Director of Planning and Performance to check review delivery against the Socioeconomic duty as part of the project benefits realisation process and report to Performance and Resources Committee.** The Chief Executive further explained that some items within the programme were a response to challenging

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	estates risks. However, some schemes have been developed in response to socioeconomic issues identified for example the North Powys Wellbeing Programme which was identified as a core strategic priority under the Health and Care Strategy. Llandrindod Wells was given investment to improve health services which will help socioeconomic issues. Additionally, substantial investment was planned in Ystradgynlais hospital to ensure that facilities are upgraded. It is expected that Ystradgynlais will feature in future capital programmes. An Interim Strategic Innovative Environment Framework was approved last year but implementation was disrupted by the COVID-19 pandemic. A commitment was given to this longer-term plan and in addition it was recognised that renewal priorities under the Strategic Plan 2021/22 may have capital implications. *In the general projects listed on page 10 of the report, there is a zero against roof repairs, will these be funded from alternative funding sources.* The Director of Planning and Performance explained that the £2.21 million previously mentioned was additional funding secured. The roof repairs would be picked up by the EFAB funding. To confirm, those works will take place. The Board DISCUSSED and APPROVED the Discretionary Capital Programme 2021-23.
PTHB/20/148	**INTRODUCTION OF THE SOCIOECONOMIC DUTY FOR WALES AND PTHB'S POLICY ON EQUALITY IMPACT ASSESSMENT** The Board Secretary presented the paper on behalf of the Director of Therapies and Health Sciences. The Socioeconomic Duty came into effect on the 31 March 2021. The Board will now be required to evidence that due regard has been given to the impact of its strategic decisions upon those who are living with socioeconomic disadvantage. To support this the existing equality impact assessment policy had been reviewed to include the requirements of the duty along with an updated assessment tool. Comments had been received since publication from the Community Health Council (CHC). These included updating the statutory requirements section to include the CHC regulations and NHS Wales Guidance on consultation and

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	engagement, and consideration of including specific reference to seeking the views of the CHC and other key groups when undertaking an Equality Impact Assessment. These commitments would be reflected on when updating the document. *What should Board Members expect to see in terms of complying with the Socioeconomic Duty? What difference should be expected in papers received at Board Committees and meetings?* The Chief Executive responded highlighting the Health and Care Strategy and the six core principles that were previously agreed by the Board. These principles were developed for the people of Powys and did relate to the socioeconomic duty. The principles focus on providing services considering areas of greatest need. The Health Board was focussed on addressing underlying health inequalities that exist in Powys. The Chief Executive assured the Board that future decisions made would consider the socioeconomic aspect and will be demonstrated in the papers. *The number of cases of domestic abuse has increased during the pandemic across the UK. Should it be considered as a protected characteristics list within this paper?* The Chief Executive drew attention to the Violence Against Women and Domestic Abuse Act, which was led by the Director of Nursing and Midwifery under the safeguarding agenda. The pandemic had accentuated issues in households and awareness of domestic abuse issues had increased. The Director of Nursing and Midwifery further explained that during the Experience, Quality and Safety Committee held on 4 February 2021, a detailed report was presented regarding the safeguarding and public protection. A further update to Committee with a focus on the work surrounding domestic violence in partnership was offered which the Committee Chair welcomed requesting it be extended to include issues relating to mental health and young people **ACTION: The Director of Nursing and Midwifery to present an update to the Experience, Quality and Safety Committee on the health boards response to the impact of the pandemic on the domestic abuse**

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	agenda, mental health agenda, children and young people agenda. *This is a busy period for the clinical staff, has training on the socioeconomic duty for staff commenced?* The Chief Executive explained that there were responsibilities at each level within the organisation. It was acknowledged that staff in clinical practice had been extremely busy. The Board had received training and this would be rolled out to Senior Manager but it was necessary to increase awareness amongst frontline staff. The organisation was taking a careful approach being mindful to ensure staff are not overloaded. The Board DISCUSSED the Socioeconomic Duty for Wales and the PTHB's Policy on Equality Impact Assessment. The Board APPROVED the implementation plan and revised Equality Impact Assessment.
PTHB/20/149	**FUNDED NURSING CARE – METHODOLOGY TO BE APPLIED 2021/22** The Director of Nursing and Midwifery presented the report regarding the methodology to be applied to Funded Nursing Care (FNC). FNC referred to NHS funding of registered nursing within care homes which had been assessed as necessary. This was a statutory requirement and the FNC rate covered both the cost of services provided by a registered nurse and continence products where necessary. This issue was subject to a Supreme Court Judgement in 2017. A review of the rate was expected by Welsh Government in Spring 2021. Since 2014 Health Boards have used the Inflationary Uplift Mechanism (IUM) to set the FNC made up of two components; the labour component and the continence supplies component. The IUM was approved initially for five years with an extension of 2 years. The current extension ends March 2021. As the national policy review is yet to commence it was necessary to make interim arrangements. The Board NOTED the following: • the need for HB Boards to review the methodology;

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	• the impacts of the COVID-19 pandemic and the lack of a contemporary policy position as key factors that limit the options available to HBs; • the recommendation of HB professional and finance leads; lead Executive Directors; and CEOs that the Inflationary Uplift Mechanism be retained for 2021/2022 with a commitment to review when the policy position is updated; Board CONSIDERED and APPROVED retaining the Inflationary Uplift Mechanism as the recommended option for 2021/2022, with a commitment to review the methodology when the policy position was available.
ITEMS FOR DISCUSSION	
PTHB/20/150	**PERFORMANCE OVERVIEW** The Director of Planning and Performance presented the performance overview to the Board providing a summary of the latest performance position. The latest position regarding COVID-19, as of the 26 March 2021 was: • 4,231 residents had had a positive test outcome in Powys. • 7-day case incident rate of the week commencing the 10 March 2021 was 35/100k population however this had dropped to 18.1/100k population. • Test positivity rate was 4.7% during to 10 March 2021 2021 however this had improved to 2.2% (based on 1,067 tests). It was sadly noted that the 266 people as of the 25 March 2021 had lost their lives to COVID-19 within Powys according to ONS figures (which included any deaths that mention Covid-19). The Vaccination Programme had met Milestone 1 for priority groups 1 to 4 and was working towards the delivery of Milestone 2 set on the 19 April 2021 (all people over 50 offered their first vaccination). Over the last fortnight 23,000 first and second doses had been delivered. There was an expectation that there would be a reduction in

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	vaccine supplies in April but this would not impact on the delivery of second doses. There was a significant backlog of people awaiting treatment, with over 2,000 people waiting more than 52 weeks for commissioned treatment across Welsh and English providers. As a direct provider, 554 patients were waiting longer than 52 weeks for treatment as of February 2021. Board was assured that referrals and patients that are waiting were continued to be risked managed to try and provide the most rapid and equitable care. The organisation was in discussion with Welsh Government regarding breast screening rates. An improving picture was seen for Quarters 2 and 3 in respect of child development checks although it was acknowledged that further work is required. Dementia diagnosis rates for residents over the age of 64 remains an area of focus and work continues to improve this. Compliance to complaints results are now showing 69% compared to a target of 75%. A new measure had been included regarding the percentage of children who access primary dental care within 24 months. Work was ongoing to reverse the decline of some workforce measures such as PADR compliance, mandatory training and attention was drawn to the ongoing work on sickness absence. In February 2021 this stood at 4.9% which was a slight improvement on the previous position. The Director of Public Health added the 7-day case incidence rate was currently 14/100k which is approximately 19 cases/week with a positivity of less than 2%. This was considerably better than when this was last reported to Board and was due to the significant effect of the three-month lockdown. Progress on the vaccination programme had been considerable however, it remained clear that by the end of July there would still not be sufficient people vaccinated in Wales to prevent significant outbreaks occurring. *What is the projected impact of the vaccine supply issue on delivering first doses by promised milestone the end of July 2021?* The Chief Executive outlined that the health board was confident regarding the end of April milestone as vaccine

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	supply was known approximately 3-4 weeks in advance. It was understood that supply would pick up again in May 2021, but the health board had not yet received confirmation regarding this and therefore cannot yet give a high level of confidence that the end of July Milestone would be met. However, the organisation has just gone through two months of uncertain supply and has still achieved the Milestones. Unless there is a major supply issue there is reasonable confidence that the July Milestone will be met. *The press has reported that in some areas there are high levels of Did Not Attends. Is this the case in Powys?* The Chief Executive confirmed there has been an increase in 'did not attend' and 'declines' when there was concern that the AstraZeneca vaccine was potentially causing blood clots. It was noted that Public Health Wales undertook a study regarding blood clotting which determined that there were no cases in Wales. The advice continued to be that the risks regarding this vaccine were low particularly in comparison to falling ill with covid-19. Reserve lists have been used throughout the vaccination programme to ensure really low wastage of vaccine. *What pressure would be placed on the Health Board if a political decision was made regarding travel abroad and any associated documentation?* The Chief Executive explained that there was discussion surrounding the potential of vaccine certification or a 'vaccine passport'. As of 31 March 2021, the Government had not provided clarity on this, however, there would be pressure from the holiday and tourism industry in order to give confidence in traveling. A decision from Government was awaited but it would be hoped that the strain on NHS administrative staff would be a key consideration in any decision. The Chief Executive advised that further work was being undertaken on the booster vaccine as part of the aim to build the public's immunity to COVID-19.

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	Could the Director of Public Health comment on the anxiety of virologists regarding the lightening of lock down and potential variants and what may happen in the autumn. The Director of Public Health explained that the models provided on a UK and local level support a number of predictions including one prediction that proposed there would be an uptick in cases in June or July of 2021 linked to lockdown restrictions being lifted. Moving into the autumn and winter there was a suggestion that the NHS would see an increase of cases likely due to respiratory diseases being more common then. *A slight increase in the rate of hospital admissions with any mention of self-harm from children and young people is being seen. What is the Health Board doing to understand this?* The Chief Executive explained that children and young people had been disproportionally affected by the pandemic therefore, it was a key element to the renewal plan. Self-harm does not necessarily mean there was a mental illness but it could be a sign of emotional distress. The All Wales Together for Children and Young People Programme was focused on a new framework which was due to be issued shortly called NEST. This framework was around early help and enhanced support for children and young families who are struggling with emotional health issues. The Director of Nursing and Midwifery reinforced the Chief Executives response and added that the Health Board were undertaking targeted work with commissioning services to understand the admission patterns for children and young people. The Director of Primary, Community and Mental Health confirmed that this was a high priority for the service as part of the long-term impact of covid-19 pandemic on families. *On Page 10 of the report, has the number of people with dementia over 64, been reduced due to GPs failure to diagnose in Powys was it a positive position with fewer people in that age group in Powys have dementia?* The Chief Executive explained that there was a general calculation of the expected number of cases in the county

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	and Powys was reporting lower than expected cases. The measure is a GP diagnosis and the use of a specific term confirmed by way of a CT scan. The issue therefore is, are individuals being referred for a CT scan, and are CT scans suitably accessible for the population. Alternatively, GPs may be making other diagnoses such as cognitive disfunction which are not such a firm diagnosis as that of dementia. This is an area which will continue to receive attention to ensure that appropriate decisions are being made. The Director of Primary, Community Care and Mental Health updated Board on the current position regarding waiting lists advising that as of 31 March 2021 there were no patients waiting longer than 36 weeks for PTHB provided cataract surgery. However, there had been peaks and troughs in diagnosis so it would be expected this position would change over the coming weeks and months. Overall the number of patients waiting more than 36 weeks had dropped from 1,470 in November to 750 at present. Significant challenges remain regarding waiting lists for directly provided services. Dentistry remained a particular area of concern, however, recruitment to dental services had taken place over the last six months in Welshpool and Newtown. Assurance was provided that no child who was in pain or who had a known dental need was refused access. Dental hygiene would be an area of focus for the coming years. *The risk of flu this winter has increased as people have been self-isolating but the uptake of flu vaccination amongst health care workers is relatively low. Are there plans to improve uptake amongst staff to protect both staff and the people they care for?* The Chief Executive explained that the data provided within the report is not the latest data. It would be important to provide further detail to the Performance and Resources Committee. Vaccine uptake was an opportunity to prevent illnesses and there was concern surrounding the forthcoming winter period. The Health Board would want to maximise the uptake of vaccinations that are available amongst staff and residents.

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	The Director of Public Health added an end of year paper on uptake of flu vaccination was in preparation for the flu season 2020/21 and would be brought to Committee. However, part year data to the end of March 2021 indicated an increase in uptake amongst the over 65s and at risk under 65s. Surveillance data shows there had been a very low incidence of flu this season likely due to the social distancing measures in place. The Board DISCUSSED and NOTED the Performance Review.
PTHB/20/151	**FINANCIAL PERFORMANCE REPORT** The Director of Finance and IT presented the Financial Performance Report noting as of Month 11 the Health Board was £94k underspent for the year to date and continued to forecast to breakeven at the year end. The total capital fund and forecast spend was just under £6.4million. The forecast spend due to COVID-19 (direct and in-direct) was £26million, which would be fully funded by Welsh Government within the overall position. The Chief Executive confirmed that the organisation had given financial reporting for this year and next year considerable focus but expressed caution with regard to the longer-term financial outlook. *Page 9 of the report outlines opportunities stating 'one of the key deliverables to achieve balance is to see a reduction in the Health Board commissioning costs'. What is the likelihood of that materialising?* The Director of Finance and IT explained that the table on page 9 related to 2020/21 financial year. The opportunity was in relation to the arrangements in place between NHS England and NHS Wales. Currently there was a block contract arrangement with both Welsh and English providers but there was a framework of tolerance around the levels of performance in relation to NHS England. Therefore, around some levels of performance there was some return in relation to our costs. The Board DISCUSSED and NOTED the Financial Performance Report.

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PTHB/20/152	**AUDIT WALES: ANNUAL AUDIT REPORT 2020** The Board Secretary presented the Audit Wales Annual Audit Report 2020. The report summarised findings from the audit work undertaken at the Health Board during the past year. Audit Wales had previously presented these finding to Audit, Risk and Assurance Committee in January 2021. Key messages included that the Health Board's annual accounts 2019/20 were properly prepared and materially accurate and an unqualified audit opinion was issued with no material weaknesses identified in internal controls. The Health Board maintained overall good governance during the COVID-19 pandemic and the Health Board adapted financial control procedures during this time. However, there was an increasing risk to financial balance at the end of 2020/21. The Board Secretary and Director of Finance and IT thanked Audit Wales for the flexible approach that had been undertaken allowing obligations to be met whilst taking into account pandemic pressures. The Board NOTED the Audit Wales Annual Audit Report 2020.
PTHB/20/153	**CORPORATE RISK REGISTER, MARCH 2021** The Board Secretary presented the Corporate Risk Register, March 2021 noting that the report outlined changes to the report, namely: • CRR 002: There is a risk that the health board does not meet its statutory duty to achieve a breakeven position in 2020/21. It is proposed that the likelihood of this risk occurring be reduced from 'Possible' to 'Unlikely' and that the following two risks are de-escalated from the Corporate Risk Register to respective Directorate Risk Registers: • CRR 011: in respect of a UK/EU 'no trade deal' • CRR 015: in respect of the South Powys planning and activity assumptions

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	Following the earlier agreement of the Board's Strategic Priorities for the year ahead, the Corporate Risk Register would be reviewed in order to ensure that those risks which could threaten achievement for priorities moving forward are identified, assessed and mitigating actions are established. *Powys Teaching Health Board's estate has needed a considerable amount of work, in respect of infrastructure and fire risk. Grants have been made available to address estates matters. At what point would a reduction in risk be noted?* The Director of Planning and Performance explained this was in the context of the extent to the backlog maintenance. The latest report calculates there is approximately £70m of maintenance backlog across the Powys Teaching Health Board's estate. Even though progress had been made the scale of the backlog remains significant. However, as investment was made there was a notable reduction in backlog maintenance costs. The Risk Register will be reviewed on a regular basis although it would take some time to fully reduce that risk due to the scale of the backlog. Further detail could be brought to Performance and Resources Committee on the impact of investment on this risk. **Action: Director of Planning and Performance to take a detailed report on the Estates Risk to the Performance and Resources Committee** The Chief Executive noted that the question had appeared to relate to CRR005 and CRR017. In relation to CRR017 relating to fire, estates were an element of this and the investment in compartmentalisation would improve the position however, there are some other non-estates factors which mean the risk is at this level. These were being addressed and when this had taken place the risk would be reviewed. In relation to CRR005 there had been considerable investment and the risk level would be

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	reviewed although it should be noted that considerable work was still required. *Regarding CRR016 (risk that the Health Board is non-compliant with legal obligations in respect of health and safety due to a lack of identification and management of health and safety related risks across the organisation), would this need to be reviewed in light of the Improvement Notice received as advised by the Chief Executive?* The Chief Executive explained that the risk identified relates to having a comprehensive assessment of where are the prioritised big issues were. The hand and arm vibration issue was already known to the health board and focused on whether the HSE were of the opinion that the health board could give sufficiently strong assurances. The HSE were of the view that they wanted to see more done. It would be necessary to review the risk and mitigation to understand whether the level should increase or decrease. The Board NOTED the Corporate Risk Register, March 2021 and APPROVED the amendments outlined above.
PTHB/20/154	**REPORT OF THE CHIEF OFFICER OF THE COMMUNITY HEALTH COUNCIL** The Chief Officer of Community Health Council presented the report noting the organisation continued to be busy despite the challenges with community engagement but continued to represent Powys patients at a number of different meetings which provided a platform for the public to give feedback. Attention was drawn to the over 50% of advocacy cases which achieved local resolution. The CHC was grateful for the ongoing opportunity to feed into the planning process. Board Members were invited to attend the virtual CHC meetings which were increasingly attended by the public. A recent session had focussed on the mental health of young people which demonstrates the priorities of the CHCH are in line with those of PTHB. The presentation by Maesydderwen School on the impact of the pandemic on students would be made available to Board Members. **Action: Board Secretary**

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	The previous week the Minister had published a statement regarding the implementation date of the Citizen's Voice Body which would now be 2023. The CHC were looking forward to the joint CHC – PTHB Board meeting on 27 April 2021. The Board NOTED the Report of the Chief Officer of the Community Health Council.
PTHB/20/155	**ASSURANCE REPORTS OF THE BOARD'S COMMITTEES** **a) PTHB COMMITTEES** Executive Committee The Chief Executive presented the report which informed the Board of the sub-group meetings of Quality Governance Group, Innovative Environments Group, Delivery and Performance Group and Strategic Planning and Commissioning Group which had been held. Attempts had been made to streamline these groups and work was currently being undertaken regarding future arrangements for the discharge of Executive business in order to maintain a streamlined approach. The Board NOTED the paper. Audit, Risk and Assurance Committee The Chair of Audit, Risk and Assurance presented the report drawing attention to the audit tracking recommendations and the need to reprioritise the approach due to the pandemic. The Counter Fraud team had expressed some concern about verification of qualifications and a follow-up report would be received. Despite having a large number of single tenders there have been no retrospective single tenders at the last two meetings which was encouraging. The Board NOTED the paper. Charitable Funds Committee The Chair presented the report which highlighted a substantial sum of money was received from the Captain Tom Fund and expressed gratitude for the donation. The Board NOTED the paper.

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	Experience, Quality and Safety Committee The Vice-Chair presented the report drawing attention to the scrutiny work which had taken place. Serious Incidents and Concerns Reports continued to be scrutinised along with Mortality Reports which were an area of concern previously highlighted along with Safeguarding. The Committee has also considered the Incident Management Report along with Maternity Services. The Commissioning Assurance Framework had been reinstated although it was not yet in the previous format. The Board NOTED the paper. Performance and Resources Committee The Chair of Performance and Resources presented the report noting it had been difficult this past year in terms of performance and metrics. Executive members had worked well to provide assurance to the Committee albeit truncated in many national indicators. A Workforce Performance Report was presented to Committee and it was suggested that this would need Board level discussion around some of the issues such as workforce input and how the Health Board would structure the workforce moving forward. It was agreed that Board Discussion would be scheduled to take place on risks associated with Workforce Sustainability and Model as articulated in the Corporate Risk Register. **Action: Board Secretary to include on Board Work Programme** The Board NOTED the paper. **b) JOINT COMMITTEES** WHSSC The Chief Executive presented the report which noted that during the second wave of COVID-19, WHSSC Committee dealt with only the essential items and then from February 2021 had a focus of the plan ahead.

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	<u>EASC</u> The Chief Executive presented and explained that there will be important discussions surrounding EASC which will need to be brought back to Board which will include the rural model of service delivery. The Board NOTED the paper. The Chief Executive noted that it was intended to undertake a review of the Committee structure as the organisation moves into the recovery and renewal phase to ensure the structure meets current and future needs.
PTHB/20/156	**ASSURANCE REPORT OF THE BOARD'S PARTNERSHIP ARRANGEMENTS** The Chief Executive presented the report to the Board and noted the great efforts of the NHS Wales Shared Services partnerships throughout the past year with their focus on ensuring PPE was secured for all of NHS Wales and extending to social care. The Regional Partnership Board (RPB) had met over the previous months with a focus on the priorities for the up-coming year. The Chief Executive advised that she had come to the end of her term of office as Chair of the RPB but that she would support the RPB during the transition to a new Chair and would continue to oversee the Senior Officers of the RPB during this time due to the financial accountability of the RPB. The Board NOTED the paper.
PTHB/20/157	**REPORT OF THE BOARD'S LOCAL PARTNERSHIP FORUM** The Deputy Director Workforce and OD presented the report noting that the Chief Executive had undertaken staff briefings on a monthly basis and additional briefings had taken place with the Local Partnership Forum because of their specific role. The Board NOTED the paper.

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OTHER MATTERS	
PTHB/20/158	**ANY OTHER URGENT BUSINESS**: The Chair, with advice from the Board Secretary, had determined that the following items include confidential or commercially sensitive information which is not in the public interest to discuss in an open meeting at this time. The Board was asked to take this advice into account when considering the following motion to exclude the public from this part of the meeting: Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960 *"Representatives of the press and other members of the public shall 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".* The meeting moved to confidential session.
PTHB/20/159	**MINUTES OF THE BOARD MEETING HELD IN-COMMITTEE ON 27 JANUARY 2021, FOR APPROVAL** This item was considered In-Committee.
PTHB/20/160	**STRATEGIC ANNUAL PLAN & FINANCIAL PLAN 2021/22** This item was considered In-Committee. The Board discussed the detail of the Annual Plan and Financial Plan and APPROVED this is a draft document.
PTHB/20/161	**CONTRACT ARRANGEMENTS FOR GMS OUT OF HOURS SERVICES** This item was considered In-Committee. The Committee received an update on procurement arrangements. No decision was taken by the Board in this regard.
PTHB/20/161	**ANY OTHER URGENT BUSINESS**
PTHB/20/162	**DATE OF THE NEXT MEETING**: 26 May 2021, 10:00 via Teams

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Key:

Action Complete	
Not yet due	
Due	
Overdue	

BOARD ACTION LOG (Updated May 2021)

Board Minute	Board Date	Action	Responsible	Progress at 26/05/2021	Status
PTHB/20/147 Capital Programme 2021-2023	31 March 2021	Complete assessment of capital schemes against the Socioeconomic duty during project benefits realisation process, and report to Performance and Resources (P&R) Committee	Director of Planning and Performance	Transferred to P&R Committee Action Log, 18 May 2021	
PTHB/20/148 Socioeconomic Duty for Wales	31 March 2021	An update be presented to the Experience, Quality and Safety (EQS) Committee on the health boards response to the impact of the pandemic on the domestic abuse agenda, mental health agenda, children and young people agenda	Director of Nursing and Midwifery	Transferred to EQS Committee Action Log 18 May 2021	
PTHB/20/153 Corporate Risk Register	31 March 2021	A detailed report on the Estates Risk, included in the Corporate Risk Register, be	Director of Planning and Performance	Transferred to P&R Committee Action Log 18 May 2021	

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		taken to the Performance and Resources Committee			
PTHB/20/155 P&R Committee Chair's Report	31 March 2021	Board Discussion to take place on risks associated with Workforce Sustainability and Model as articulated in the Corporate Risk Register	Board Secretary/ Director of Workforce & OD	To be included in workplans, due to be presented to Board on 29th June 2021.	

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AGENDA ITEM: 1.6a

BOARD MEETING	Date of Meeting: 26 May 2021
Subject :	**CHAIR'S REPORT**
Approved and Presented by:	Vivienne Harpwood, PTHB Chair
Prepared by:	Vivienne Harpwood, PTHB Chair
Other Committees and meetings considered at:	None

PURPOSE:		
To bring to the Board's attention key points for awareness from the Chair of Powys Teaching Health Board, since the previous Board meeting in March 2021.		
RECOMMENDATION(S):		
It is recommended that the Board NOTES this report.		
Approval/Ratification/Decision	**Discussion**	**Information**
✘	✔	✘

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THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):		
Strategic Objectives:	1. Provide Early Help and Support	
	2. Tackle the Big Four	
	3. Enable Joined up Care	
	4. Develop Workforce Futures	
	5. Promote Innovative Environments	
	6. Put Digital First	
	7. 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	✓

CHAIR'S REPORT:

Senedd Election 2021

Board Members will be aware that the Senedd Election 2021 was held on 6 May, **electing** 40 constituency Members, and 20 regional Members representing five regions across Wales. As a result of Cabinet changes, Eluned Morgan has been appointed Minister for Health and Social Services, with a specific focus on NHS recovery and the pandemic response. I look forward to working with the Minister and updating her on the positive plans we have in place for Powys. I hope to have the opportunity to meet the new Senedd Members with specific Powys and Mid Wales connections over the coming weeks.

On behalf of the Board, I extend my thanks and best wishes to Vaughan Gething as the departing Minister for Health and Social Services as he takes up a new role as Minister for Economy.

Board Committee Arrangements for 2021/22

On 27th April 2021, the Board held a development session to consider the effectiveness of its committee arrangements and to consider whether the existing structure remains fit for purpose as we move into a year of renewal and recovery. It was agreed that there were opportunities for refinement and restructuring and a proposal is being developed for the Board's consideration in June 2021. This will also offer an opportunity to review Committee membership and Board Champion roles.

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Independent Members' Appraisals

Over recent weeks I have undertaken annual appraisals with the Independent Members of the Board. This process has taken place later than usual because of the pandemic which again disrupted the usual pattern of events. Common themes from these appraisals provide an opportunity to identify training needs and support learning and improvement in the context of Board effectiveness. I am grateful to the Independent Members for their conscientious work and support during the pandemic.

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AGENDA ITEM: 1.6b

BOARD MEETING	Date of Meeting: 26 May 2021
Subject :	**VICE CHAIR'S REPORT**
Approved and Presented by:	Melanie Davies, PTHB Vice Chair
Prepared by:	Melanie Davies, PTHB Vice Chair
Other Committees and meetings considered at:	None

PURPOSE:

To bring to the Board's attention key points for awareness from the Chair of Powys Teaching Health Board, since the previous Board meeting in March 2021.

RECOMMENDATION(S):

It is recommended that the Board NOTES this report.

Approval/Ratification/Decision	Discussion	Information
✘	✓	✘

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THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):		
Strategic Objectives:	1. Provide Early Help and Support	
	2. Tackle the Big Four	
	3. Enable Joined up Care	
	4. Develop Workforce Futures	
	5. Promote Innovative Environments	
	6. Put Digital First	
	7. 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	✓

VICE CHAIR'S REPORT:

On the 20th April I attended the Start Well Board of the RPB, the work streams and membership were reviewed. Jo Hughes, Start Well Officer lead took the committee through the Powys Together Project (Newtown). This led to a general conversation on the need for a robust set of measures going forward, Jo was able to confirm that work had been undertaken in this area and that impacts and outcomes will be monitored. The meeting heard that the funding has been approved for the Adoption project, which will provide phycological services to children and young people and will enable Powys County Councils Adoption Service to provide an equable offer to the young people in it care.

Other agenda items included a briefing on the Edge of Care ICF work and the additional funding for Regional Partnership Board's (RPBs) to be used to support emotional wellbeing within the early help, schools' clusters and CAMHS settings and an item on a consultation being undertaken, focusing on the 'Voice of the Child' and how the pandemic had affected the children of Powys called *Coronavirus and Me*.

Finally, a workshop is to be arranged that will gather views on the 'no wrong door' approach for an integrated access to services model that Sally Holland Children's Commissioner for Wales has called for and will be reviewing progress on across Wales.

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The Corporate Parenting group was held on the 22nd of April. The local authority Education Department reported that Lucy Wright, a teacher who specialises in Children who are looked after has been appointed. Lucy will be insuring that all Children and young people have an appropriate educational setting and personal education plans (PEPs) are in place and are monitored. Also, that PEP's are treated as living documents that will help support the young person, including through educational transitions into adulthood. Jayne Sexton-Wheeler reported that the Health Boards Looked After Children Nurses had been providing health assessments throughout the Pandemic period and that more face to face assessments were now able to be carried out.

I attended a fascinating awareness raising event by HEIW on modernising procedures and creating 'Healthy working Relationships' in the work place. It looked at what health boards can do to create a people first environment, improve our care and reflect and learn while valuing all. The main drive is to reduce the conflicting nature of the process of the Grievance and Dignity at work policy and to have confidence that our staff have their concerns addressed through a less stressful, informal procedure. The Healthy working Relationship Framework will include a Respect and Resolution Policy. The policy has a focus on resolving matters with an informal stage built in first and moves away from the very formal process that can distract from outcomes in the Grievance and Dignity at work Policy. It should provide a quicker process that is more amicable and less stressful for all involved, it should also reduce the management time that is spent on these issues.

The Vice Chairs met on the 12th of May. The Mental Health Benchmarking Data Set was raised and discussed. It was agreed that Shane Mills would be invited to the next meeting to give an overview of the what the information could be used for and what were the important messages from a Welsh Mental Health lens. Tracy Brenehy, policy lead in Mental Health, joined the meeting. There is an expectation that the Mental Health Delivery and Oversight Board will remain in place along with the Whole School Approach work that has been renamed Whole System Approach. However, this will need to be confirmed by the new Ministers for Health.

The Vice Chairs also debated Performance Management and the issues facing Health Boards going forward with regard to meeting targets and how organisations can demonstrate movement and improvement based on quality-based outcomes and risk-based health provision. The Together for Children and Young People (T4CYP) Programme Board Manager, Deb Austin introduced Liz Gregory and Rachel Rowlands, who both gave a very useful update on the work that the T4CYP (2) programme has been doing with regards to the early help and support stream. A new framework has been developed called NEST/NYTH that is launching on the 25th May at 3.30. The aim is to support emotional and mental health and wellbeing of children in Wales by ensuring they have the support they need when they need it. The framework will sit within the RPB's and should enable an enhanced co-produced platform across

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different agencies and authorities that will be focussed on the individual needs of the child and young person. The Vice Chairs were also provided with a priority focused update on Mental Health by the Chair of the Mental Health Network and Lead Chief Executive for Mental Health (Carol Shillabeer) and the Interim National Director, Lesley Singleton. The focus being the recovery and renewal of Mental Health through a post Pandemic environment, including Adults Crisis Care, CAMH’s, Eating Disorders and Perinatal. The role and function of the Network in co-ordinating efforts across the Welsh Health Boards will also be key going forward and the continued support and overview, providing pace and scale and linking to Clinical Frameworks and quality services to ensure the delivery of the Together For Mental Health (T4MH) and T4CYP plans.

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	Agenda item: 1.6c

BOARD MEETING	**DATE OF MEETING: 26th May 2021**
Subject:	**CHIEF EXECUTIVE REPORT**
Approved and Presented by:	Carol Shillabeer, Chief Executive
Prepared by:	Carol Shillabeer, Chief Executive
Other Committees and meetings considered at:	Elements of this report may have been considered at various committees or meetings prior to being presented.

PURPOSE:

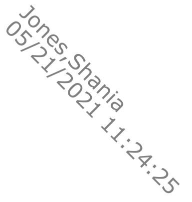
This report is intended to keep the Board up to date with key developments at a national and local level.

It sets out for the Board areas of work being progressed and achievements that are being made, which may not be subject to consideration by a Committee of the Board, or may not be directly reported to the Board through Board reports.

RECOMMENDATION(S):

The Board is asked to DISCUSS any key issues relating to the report.

Approval/Ratification/Decision	Discussion	Information
	✓	



THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):		
Strategic Objectives:	1. Focus on Wellbeing	✓
	2. Provide Early Help and Support	✓
	3. Tackle the Big Four	✓
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	✓
	6. Promote Innovative Environments	✓
	7. Put Digital First	✓
	8. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	✓
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

EXECUTIVE SUMMARY:

This report draws attention to a number of key, high priority areas including:
- An overview in relation to the progress with the draft Annual Plan 2021/22
- Key performance matters
- Other matters

Some of these items will be covered in more detail during the Board meeting.

DETAILED BACKGROUND AND ASSESSMENT:

Overview of progress with the draft Annual Plan 2021/22

The Board approved at its March 2021 meeting the draft Annual Plan for 2021/22 for submission to Welsh Government. The usual requirement for the development and submission of an Integrated Medium-Term Plan (IMTP) has been modified to that of an Annual Plan, given the pandemic. The Welsh Government Planning Framework set out the requirements, recognising that plans would be further modified and developed during quarter 1 of 2021/22 as the pandemic, and any potential recovery, progressed. Final plans are required for submission at the end of June 2021. A subsequent Board meeting will consider this.

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Within the draft Annual Plan a number of key actions were agreed, including the work-up of the Renewal Priorities outlined. This work has continued to progress. Prior to the Welsh Parliament/Senedd elections, Welsh Government announced a £100M fund to be made available to the NHS for initial recovery proposals. The first tranche of proposals submitted by the health board to government officials on 26th April 2021 covered areas including:

- Diagnostics, ambulatory and planned care
- Advice, support and prehabilitation
- Long Term conditions and wellbeing
- Children and Young People – Neurodevelopment
- Tackling the Big 4 – Cancer
- Tackling the Big 4 – Respiratory
- Capital requirements to support the above.

Welsh Government has now informed the health board that it has been successful in securing approximately £2.5M in relation to the above proposals. In addition, the WG has recognised the requirement for Powys residents to access additional service provision funded via these proposals in neighbouring health boards. Dialogue will continue with WG regarding the recovery work needed in English NHS Trusts that provide services to the Powys population, following a recognition by WG that a commitment to this will be made.

In recognition that the above proposals form part of the recovery and renewal work required, it is understood that further investment is likely in NHS services in the coming months and years. The imperative is to now move at pace in implementing the proposals and a range of mechanisms are being rapidly developed to enable success, including:

- Programme (Portfolio) arrangements for overseeing the further development and delivery of the proposals
- The expansion of the team to work across the organisation in supporting and coordinating delivery. This team will enable a focus on Transformation and Value.
- Fast tracking the appointments of staff, both in clinical leadership and other roles to enable a rapid implementation.
- Mechanisms for specific briefing and oversight on progress via the Boards Committees.

In relation to the Annual Plan development, feedback was received on 20th May 2021 and this is being considered in informing the final draft for Boards approval at the end of June. In line with the expected development trajectory, more specific actions, timelines and milestones will be included. Discussion in relation to the Annual Plan has taken place both with the Trade Union Partnership Forum and during a Staff Briefing sessions, this supplements the presentation and discussion in the recent Board to Board with the Community Health Council.

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In order to assist delivery of the Annual Plan, three core organisational Frameworks are being reviewed and refreshed, again for approval by the Board at the end of June. A specific Board development session will work on each of these Frameworks: Organisational Development Framework; Improving Performance Framework and the Strategic Commissioning Framework.

Key performance matters

There is a separate item on performance for consideration by the Board. It is potentially helpful however to indicate a specific emphasis on a number of key elements.

In relation to the direct COVID response, the Testing and Tracing Service continues to evolve. The broader range of mechanisms for Testing are now being implemented, the latest of which is asymptomatic testing due to start in early June. This function will continue to develop responses in line with Welsh Government requirements. In addition, the emphasis of the Tracing element of the service has increasing been toward returning travellers, and wit the UK Government having relaxed restrictions on international travel this is likely to continue, particularly given the requirement to follow-up people returning from 'Amber' rated countries.

In relation to the deployment of the Vaccination Programme, excellent progress continues to be made. At the time of writing all over 18 years olds in Powys have been notified of their offer for vaccination, with administration continuing into June. This achievement is well ahead of the Governments target of end of July and demonstrates the significant effort across vaccination teams in Powys. The Wales position is also positively placed. The 'Leaving No-one Behind' emphasis and follow-up will be a major focus during June as well as continued administration of 2nd doses. Planning will also take place in relation to any 'booster' vaccination campaign, in advance of any final confirmation on the approach which is expected in the coming months.

Essential services continue to be provided with a flexible approach of digitally enabled provision and face to face services. COVID related environmental measures continue to be in place which does impact on the capacity of services and the numbers of patients that can be seen, however service areas are working to maximise the numbers being seen.

The performance overview report will detail the considerable concern regarding planned care access time, particularly the number of people waiting in excess of 52 weeks.

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Other Matters

The pre-election requirements for public bodies has now been lifted given the election is complete. Three new Members of the Senedd have been elected in addition to 3 being re-elected. Offers of meetings have been made and are expected to continue into June. The new Minister for Health and Social Services has been announced as Eluned Morgan, who is one of the MSs for Mid and West Wales. The new Deputy Minister for Mental Health is Lynne Neagle, MS for Torfaen and the Deputy Minister for Social Care continues to be Julie Morgan, MS for North Cardiff.

NEXT STEPS:

The key issues highlighted in the report will continue to have focused attention in order to support the next stage of development.

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Agenda item: 2.1

BOARD MEETING		**Date of Meeting: 26 MAY 2020**
Subject :	**Policy on Putting Things Right and Management of Concerns**	
Approved and Presented by:	Alison Davies, Director of Nursing & Midwifery	
Prepared by:	Wendy Morgan, Assistant Director Quality & Safety	
Other Committees and meetings considered at:	Executive Committee 5 May 2021	

PURPOSE:		
This paper is to provide the Board with the revised policy on 'Putting Things Right and Management of Concerns', for discussion and approval.		
RECOMMENDATION(S):		
The Board is asked to approve the policy.		
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	✗

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Health and Care Standards:	1. Staying Healthy	✗
	2. Safe Care	✗
	3. Effective Care	✗
	4. Dignified Care	✗
	5. Timely Care	✗
	6. Individual Care	✓
	7. Staff and Resources	✗
	8. Governance, Leadership & Accountability	✓

EXECUTIVE SUMMARY:

This paper provides the Board with the policy on 'Putting Things Right and Management of Concerns', for discussion and approval, (hereafter the Policy). This follows review of existing practices and procedures to comply with Section 38 of the Public Services Ombudsman (Wales) Act 2019. The Policy reflects The National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 (hereafter, the Regulations), ensuring concerns are captured appropriately and effectively managed.

DETAILED BACKGROUND AND ASSESSMENT:

Background

The existing Policy on 'Putting Things Right and Management of Concerns' was approved by the Board in July 2019, for a three-year period. The Policy set out how the health board would listen, act and learn from patients, citizens, carers and families to ensure their experiences of health and care services was at the heart of the quality and safety agenda. The focus being to learn from complaints and concerns. The Policy was a key priority for implementation in 2020 as part of the Clinical Quality Framework, Goal 1 focussing on implementing the Darzi model for clinical quality, encompassing safety, effectiveness and patient experience.

A concern is defined as an incident, complaint or claim. The remainder of this paper will refer to complaints as one element of concerns.

Current Position

The Policy has been applied in practice, although the first year of implementation has been affected by the emergence of the covid19 pandemic. Since December 2020 there has been focussed activity in managing complaints and concerns and this has resulted in delivery of training, the development of an audit programme cycle and improvement in the way in which complaints and concerns are handled and responded to.

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Public Services Ombudsman (Wales) Act 2019

In November 2020, the Public Services Ombudsman for Wales (hereafter the 'Ombudsman') wrote to Chief Executives (see **Appendix 1**) reminding them that the Public Services Ombudsman (Wales) Act 2019 (hereafter, the 'Act') received Royal Assent in July 2019. Although the COVID-19 pandemic had limited its application during 2020, health boards and NHS Trusts were now being engaged by the Ombudsman in implementing the powers afforded by the Act.

The Complaints Standards Authority (CSA) was created under the Public Services Ombudsman (Wales) 2019 Act. Working with health boards and NHS Trusts, the CSA has focussed on complaints handling standards taking account of good practice and have introduced guidance to provide additional support to public service bodies. This is in the form of training to enhance complaints handling and guidance (see **Appendix 2, 3 and 4**), including:

- Complaint Handling Processes – Statement of Principles;
- Concerns and Complaints Policy for Public Services Providers in Wales; and,
- Guidance for Public Service Providers on Implementing the Concerns and Complaints Policy.

The letter also indicated the Ombudsman's desire to receive quarterly complaints data from public service bodies generating insight into the way in which public bodies recorded and handled complaints, providing refreshed context to their complaints data. The health board has recently submitted their quarter 1,2 and 3 data for 2020-2021 to the Ombudsman.

Section 38 of the Act requires public bodies to reflect on their own practices and procedures, comply with the guidance and consider how they ensure that all complaints are captured appropriately. In accordance with the Act the health board is required to provide the Ombudsman with a copy of their complaints handling procedure within six months of the date of the letter i.e. 31 May 2021.

Training provided by the Complaints Standard Authority has taken place during April 2021 in relation to Complaints Handling and Investigation Skills. Training places were accepted by health board staff and General Practice Managers.

Review of Existing Policy and Procedure

This has involved a review using materials provided by the Complaints Standards Authority. The health board's existing Policy has been reviewed and revised, ensuring the model policy is reflected within (see **Appendix 5**).

The main revisions include:

- Strengthening the expectations section to provide greater clarity on what complainants can expect from the health board when they raise a complaint.
- The ways in which a complainant can express their concerns.
- Accessibility and publicising the complaints process.

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- When the complaints process does not apply.
- Dealing with concerns.
- Reference to the Duty of Quality, Health and Social Care (Quality and Engagement) (Wales) Act 2020.
- Strengthening the proportionate and appropriate investigation section.
- Public Services Ombudsman for Wales information.
- Resources.
- Strengthening management of cross border concerns.
- Learning from concerns.
- Audit programme cycle.

Additional Work

The opportunity to look at the guidance provided by the Ombudsman has highlighted the need to provide staff with a simplified process for managing complaints, which supports more efficient handling. Advice from the Ombudsman's office has been sought with regards to whether we can develop the model policy and guidance they have provided into guidance or charter for the people of Powys to understand our commitment in listening, acting and learning from their complaints. The Head of the Complaints Standard Authority for the Ombudsman's Office has agreed the use of the model documents or thus purpose, this work is currently in action.

The Executive Committee considered the revised Policy on 5 May 2021 and advised reference to the 'All Wales Procedure for NHS Staff to Raise Concerns' (HR006, Workforce & Organisational Development) and the 'Serious Incident Policy: Reporting, Investigating and Assurance Processes' (2020), which has been actioned.

Planned Review Date & New National Guidance

Since the Executive Committee held the 5 May 2021, a new incident policy and covering letter has been issued (10 May) focusing on the changes in the national reporting of healthcare incidents in Wales. The outcome of national work which has focussed on the review of the existing serious incident process, the aim is to establish a new framework, which has a clear focus on shared learning and quality assurance. Historical systems for reporting 'serious incidents' are being replaced by a more holistic approach to incident reporting. The new reporting policy from Welsh Government is being viewed as a first step in creating a broader approach to incident management. The new policy will be implemented in two phases, (1) A focus on the introduction of incidents which must be reported from the 14 June 2021. Prior to this date, NHS organisations are required to continue reporting in line with current reporting arrangements as outlined in our current serious incident policy. To support the implementation of phase 1, a dedicated workshop is being held on 20 May 2021 focussing on the practical application of the policy. The workshop will be used to help finalise the policy guidance document, and work through the practical application of the policy. The finalised policy guidance document will then be circulated covering the general principles, and detailing how organisations will report during phase 1, in line with the new policy, from the

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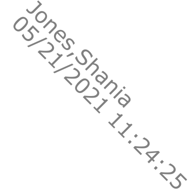
14 June 2021. The guidance document will also outline the interim arrangements for other incident types whilst phase 2 is implemented.

Phase (2) will follow subject to the successful implementation of Phase 1, it is anticipated Phase 2 will follow in July 2021. This second phase will focus on developing the new thematic ways of reporting certain incident types across a number of specialities, including commonly reported incidents such as pressure damage, falls, and hospital acquired infections (including nosocomial Covid-19).

In light of the anticipated changes in June and July, the review of the 'Putting Things Right and Management of Concerns' Policy will remain fluid and updated as required to take account of the agreed way forward as described above. Work will also be required to review and update the Serious Incident Policy: Reporting, Investigating and Assurance Processes' (2020) to take account of what is agreed through the workshop and subsequent finalised policy document issued at national level.

NEXT STEPS:

(1) The Board is asked to approve the revised interim Policy on 'Putting Things Right' and Management of Concerns for submission to the Ombudsman office before the 31 May 2021.
(2) The Board is asked to note the need for continued review and changes necessary to both the Putting Things Right Policy and Serious Incident Policy through June and July 2021, to take account of finalised policy documents issued at national level.
(3) Support the work in progress to develop a simplified process to support staff in managing complaints.
(4) Support the work in progress to develop guidance or a charter for Powys residents and their families clearly setting out what they can expect from the health board when they raise a complaint.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Ask for: Matthew Harris

01656 644230

matthew.harris@ombudsman.wales

Date: 30 November 2020

Carol Shillabeer
Powys Teaching Health Board

By Email only: carol.shillabeer2@wales.nhs.uk

Dear Carol

The Public Services Ombudsman (Wales) Act 2019 achieved Royal Assent in July 2019. The world has changed considerably since then, in response to the COVID-19 pandemic. We have aimed to support Public Bodies during this unprecedented time. We are now re-engaging with Health Boards to take forward aspects of our new powers.

My Complaints Standards Authority, led by Matthew Harris, our Head of Complaints Standards, has engaged widely with representatives from Public Bodies in the last year. The Team has met with committed staff, all of whom understand the impact that considerate complaint handling and administration can have on the outcomes experienced by the people of Wales. Our visits last year, and more recent virtual meetings, have started a new conversation about complaint handling standards, allowed us to take stock of existing good practice and enabled us to explain our offer of bespoke training.

Now that Complaints Standards work with Local Authorities is more established, it is right that we extend our reach to Health Boards. The decision to move forward with this work in the current climate has not been taken lightly and has been made with significant input from the Health Boards and Welsh Government. We anticipate that the introduction of our Guidance will lead to minimal additional demand on your teams whilst allowing us to provide you with additional support in the form of our training.

The training – which will be delivered at no charge – is designed to support and enhance complaint handling throughout public services by considering best practice from multiple sectors from around the world. We will work with public

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Public Services Ombudsman For Wales | Ombwdsmon Gwasanaethau Cyhoeddus Cymru, 1 Ffordd yr Hen Gae, Pencoed CF35 5LJ
www.ombudsman-wales.org.uk | www.ombwdsmon-cymru.org.uk
01656 641150 01656 641199 ask@ombudsman-wales.org.uk | holwch@ombwdsmon-cymru.org.uk

All calls are recorded for training and reference purposes | Bydd pob galwad yn cael ei recordio ar gyfer dibenion hyfforddi a chyfeirio

bodies to ensure that the training we deliver is personalised to each service, incorporating elements of their own systems where necessary and considering the audience for each session.

These ground-breaking sessions began with Local Authorities in September – via a new virtual approach which remains true to our interactive plan. Training sessions will be available for Health Boards from February 2021, and the Complaints Standards Authority will be in touch shortly to make further arrangements.

Since July last year, we have also received quarterly complaints data from public bodies – the first time this has happened in Wales. This data allows new insights into the way public bodies record and handle complaints and gives fresh context to our current data. The new 'Once For Wales' system will allow Boards to capture the required data consistently, which will ultimately be published on our website and inform the way our annual letters and reports are framed.

Our Statement of Principles, Model Complaint Handling Process, and Guidance will now apply to Powys Teaching Health Board, and copies can be found on our website – www.ombudsman.wales/complaints-standards-authority.

Therefore, and in compliance with Section 38 of the new Act, I would actively encourage all public bodies to reflect on how their own practices and procedures comply with the stated guidance and consider how they will ensure that all complaints are captured appropriately.

In accordance with the Act, I must receive a copy of your updated complaints handling procedure within six months of the date of this letter.

I would encourage you and your teams to engage with the Complaints Standards Authority should they have any questions, and I look forward to continuing working together to drive the improvement of public services in Wales.

Yours sincerely,

Nick Bennett
Ombudsman

cc.Professor Vivienne Harpwood, Chair of Powys Teaching Health Board
By Email only: vivienne.harpwood@wales.nhs.uk

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Complaints Standards Authority – Wales

Complaint Handling Processes – Statement of Principles

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Complaint Handling Processes
– Statement of Principles

Effective complaints handling processes should be:

1) Complainant Focused
2) Simple
3) Fair & Objective
4) Timely & Effective
5) Accountable
6) Committed to Continuous Improvement

1) Complainant Focused

- The complainant should always be at the centre of the complaints process.
- Service providers need to be flexible when responding to complainants' differing needs.

2) Simple

- Complaints processes should be well-publicised, have easy-to-follow instructions and have no more than two stages.
- Information on advocacy services and support should be available.
- Complaints responses should set out clearly the next stage and the right to approach the Ombudsman.

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3) Fair & Objective

- Complainants should receive a complete and appropriate response to their concerns.
- Complainants and staff complained about should be treated equally and with dignity.

4) Timely & Effective

- Complaints should be resolved promptly, when possible
- Investigations should be thorough, yet prompt.
- Complainants should be kept informed throughout of the progress of a lengthy investigation.

5) Accountable

- Complainants should receive an honest and clear explanation of the findings of an investigation.
- Service providers should explain to complainants what changes will be made if their complaint is upheld, whenever possible.

6) Committed to Continuous Improvement

- Information from complaints should be collated and analysed.
- Data should be shared with the organisation's senior leaders and the Ombudsman to support improvement in complaint handling and in service delivery.
- Decision makers should regularly review the information gathered from complaints when planning service delivery.

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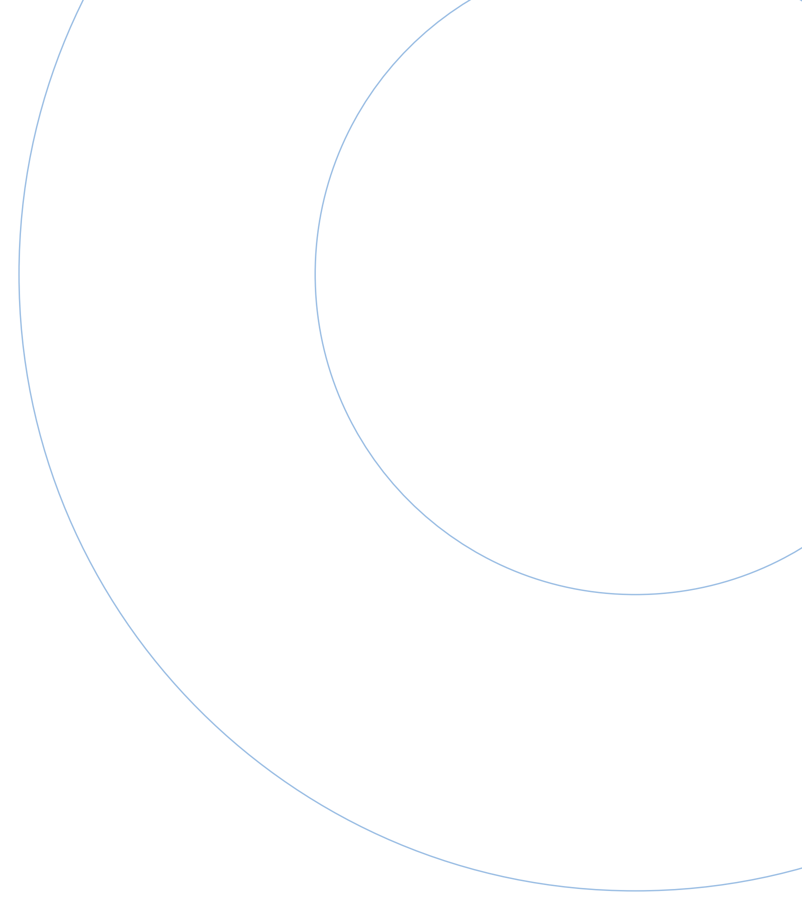

How to contact us

Phone 0300 790 0203

E-mail ask@ombudsman.wales

Visit the website www.ombudsman.wales

Write to: Public Services Ombudsman for Wales
1 Ffordd yr Hen Gae, Pencoed CF35 5LJ

You can also follow us on Twitter: @OmbudsmanWales

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July 2019
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Complaints Standards Authority – Wales

Concerns and Complaints Policy for Public Services Providers in Wales

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Preface

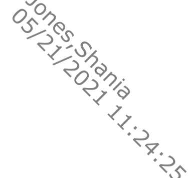
This model policy is designed for public services providers in Wales. It represents a minimum standard of complaint handling for public bodies in Wales.

The Policy is fully compatible with the Welsh Language Standards Regulations of 2018.

Please note that NHS bodies in Wales adhere to the National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011, known as 'Putting Things Right'.

When the content of this policy conflicts with the Putting Things Right regulations, the Putting Things Right regulations will take precedence, including when references are made to timescales.

Also, the Social Services Complaints Procedure (Wales) Regulations 2014 outline the procedure for handling complaints about Social Services issues in Wales.



A Model Concerns and Complaints Policy

[insert organisation name] is committed to dealing effectively with any concerns or complaints you may have about our services. We aim to clarify any issues you may be unsure about. If possible, we'll put right any mistakes we may have made. We will provide any service you're entitled to which we have failed to deliver. If we did something wrong, we'll apologise and, where possible, try to put things right for you. We aim to learn from our mistakes and use the information we gain from complaints to improve our services.

When to use this policy

When you express your concerns or complain to us, we will usually respond in the way we explain below. However, sometimes you may have a statutory right of appeal *[local authorities may want to add e.g. against a refusal to grant you planning permission or the decision not to give your child a place in a particular school]* so, rather than investigate your concern, we will explain to you how you can appeal. Sometimes, you might be concerned about matters that are not covered by this policy *[examples should be given here e.g. when a legal framework applies]* and we will then advise you about how to make your concerns known.

This policy does not apply to 'Freedom of Information' or data access issues. Please contact *[insert relevant contact details]*.

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Complaints Officers can advise on the type and scope of complaints they can consider.

Asking us to provide a service?

If you are approaching us to request a service, *[e.g. reporting a faulty street light, or requesting an appointment]* this policy doesn't apply. If you make a request for a service and then are not happy with our response, you will be able to make your concern known as we describe below.

Informal resolution

If possible, we believe it's best to deal with things straight away. If you have a concern, please raise it with the person you're dealing with. They will try to resolve it for you there and then. If there are any lessons to learn from addressing your concern, the member of staff will draw them to our attention. If the member of staff can't help, they will explain why and you can then ask for a formal investigation.

How to express concern or complain formally

You can express your concern in any of the following ways:

- Ask for a copy of our form from the person with whom you are already in contact. Tell them that you want us to deal with your concern formally.
- Get in touch with our central complaint contact point on *[*******]* if you want to make your complaint over the phone.
- Use the form on our website at *[www*******]*
- Email us at *[****@****]*
- Write to us at: *[****************]*

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We aim to have concern and complaint forms available at all of our service outlets and public areas and also at appropriate locations in the *[include examples as appropriate here, e.g. libraries]*.

Copies of this policy and the complaint form are available in *[insert list of appropriate community languages]* and as audio, large print *[etc...]*.

Dealing with your concern

- We will formally acknowledge your concern within *[the maximum time to be inserted here is 5 working days]* and let you know how we intend to deal with it.
- We will ask you to tell us how you would like us to communicate with you and establish whether you have any particular requirements – for example, if you need documents in large type.
- We will deal with your concern in an open and honest way.
- We will make sure that your dealings with us in the future do not suffer just because you have expressed a concern or made a complaint.

Normally, we will only be able to look at your concerns if you tell us about them within *[**]* months *[the minimum time to be inserted here is six months, but you may extend this, should you need to consider complaints beyond this time]*. This is because it's better to look into your concerns while the issues are still fresh in everyone's mind.

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We may exceptionally be able to look at concerns which are brought to our attention later than this. However, you will have to explain why you have not been able to bring it to our attention earlier and we will need to have sufficient information about the issue to allow us to consider it properly. In any event, we will not consider any concerns about matters that took place more than three years ago.

If you're expressing a concern on behalf of somebody else, we'll need their agreement to you acting on their behalf.

What if there is more than one body involved?

If your complaint covers more than one body *[insert appropriate examples here e.g. Housing Association and Council re: noise nuisance]* we will usually work with them to decide who should take the lead in dealing with your concerns. You will then be given the name of the person responsible for communicating with you while we consider your complaint.

If the complaint is about a body working on our behalf *[insert appropriate examples here, e.g. repair contractors]*, you may wish to raise the matter informally with them first. However, if you want to express your concern or complaint formally, we will look into this ourselves and respond to you.

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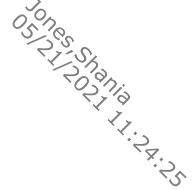
Investigation

We will tell you who we have asked to look into your concern or complaint. If your concern is straightforward, we'll usually ask somebody from the relevant service area to look into it and respond to you. If it is more serious, we may use someone from elsewhere in the *[insert name of body e.g. Council]* or, in certain cases *[local authorities should add "including those concerning social services where a statutory procedure applies"]*, we may appoint an independent investigator.

We will set out our understanding of your concerns and ask you to confirm that we are right. We'll also ask you to tell us what outcome you're hoping for.

The person looking at your complaint will usually need to see the files we hold relevant to your complaint. If you don't want this to happen, it's important that you tell us.

If there is a simple solution to your problem, we may ask you if you're happy to accept this. For example, where you asked for a service and we see straight away that you should have had it, we will offer to provide the service rather than investigate and produce a report.



We will aim to resolve concerns as quickly as possible and expect to deal with the vast majority within 20 working days *[if appropriate, bodies may wish to insert a shorter timescale here]*. If your complaint is more complex, we will:

- Let you know within this time why we think it may take longer to investigate.
- Tell you how long we expect it to take.
- Let you know where we have reached with the investigation, and
- Give you regular updates, including telling you whether any developments might change our original estimate.

The person who is investigating your concerns will firstly aim to establish the facts. The extent of the investigation will depend upon how complex and how serious the issues you have raised are. In complex cases, we will draw up an investigation plan.

In some instances, we may ask to meet with you to discuss your concerns. Occasionally, we might suggest mediation or another method to try to resolve disputes.

We'll look at relevant evidence. This could include information you have provided, our case files, notes of conversations, letters, emails or whatever may be relevant to your particular concern. If necessary, we'll talk to the staff or others involved and look at our policies, any legal entitlement and guidance.

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Outcome

If we formally investigate your complaint, we will let you know what we find. If necessary, we will produce a report. We'll explain how and why we came to our conclusions.

If we find that we made a mistake, we'll tell you what happened and why.

If we find there is a fault in our systems or the way we do things, we'll tell you what it is and how we plan to change things to stop it happening again.

If we make a mistake, we will always apologise for it.

Putting Things Right

If we didn't provide you with a service you should have had, we'll aim to provide it now, if that's possible. If we didn't do something well, we'll aim to put it right. If you have lost out as a result of a mistake on our part, we'll try to put you back in the position you would have been in if we'd done things properly.

If you had to pay for a service yourself, when we should have provided it for you, *[bodies providing funding, e.g. local authorities, grant making agencies, should add "or if you were entitled to funding you did not receive"]* we will try to refund the cost.

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The Ombudsman

If we do not succeed in resolving your complaint, you may complain to the Public Services Ombudsman for Wales. The Ombudsman is independent of all government bodies and can look into your complaint if you believe that you personally, or the person on whose behalf you are complaining:

- Have been treated unfairly or received a bad service through some failure on the part of the service provider.
- Have been disadvantaged personally by a service failure or have been treated unfairly.

The Ombudsman normally expects you to bring your concerns to our attention first and to give us a chance to put things right. You can contact the Ombudsman by:

- Phone: 0300 790 0203
- Email: ask@ombudsman.wales
- The website: www.ombudsman.wales
- Writing to: Public Services Ombudsman for Wales
  1 Ffordd yr Hen Gae, Pencoed CF35 5LJ

There are also other organisations that consider complaints. For example, the Welsh Language Commissioner's Office deals with complaints about services in Welsh. We can advise you about such organisations.

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Learning lessons

We take your concerns and complaints seriously and try to learn from any mistakes we've made. Our senior management team considers a summary of all complaints quarterly *[or more often, as applicable]* and is made aware of all serious complaints. Our *[Council/Cabinet/Committee/Board]* also considers our response to complaints at least twice a year. We share summary (anonymised) information on complaints received and complaints outcomes with the Ombudsman as part of our commitment to accountability and learning from complaints.

Where there is a need for significant change, we will develop an action plan setting out what we will do, who will do it and when we plan to do it. We will let you know when changes we've promised have been made.

What if you need help?

Our staff will aim to help you make your concerns known to us. If you need extra assistance, we will try to put you in touch with someone who can help. You may wish to contact *[insert examples appropriate to the service provider here e.g. advocacy services, Age Cymru, Shelter etc.]* who may be able to assist you.

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You can also use this concerns and complaints policy if you are under the age of 18. If you need help, you can speak to someone on the Meic Helpline:

- Phone 0808 802 3456
- Website www.meiccymru.org

or contact the Children's Commissioner for Wales. Contact details are:

- Phone 0808 801 1000
- Email post@childcomwales.org.uk
- Website www.childcom.org.uk

What we expect from you

In times of trouble or distress, some people may act out of character. There may have been upsetting or distressing circumstances leading up to a concern or a complaint. We do not view behaviour as unacceptable just because someone is forceful or determined.

We believe that all complainants have the right to be heard, understood and respected. However, we also consider that our staff have the same rights. We therefore expect you to be polite and courteous in your dealings with us. We will not tolerate aggressive or abusive behaviour, unreasonable demands or unreasonable persistence. We have a separate policy to manage situations when we find that someone's actions are unacceptable.

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Appendix A

Concern/Complaint form

Please Note: The person who experienced the problem should normally fill in this form. If you are filling this in on behalf of someone else, please fill in Section B.

A: Your details

Surname:	Forenames(s):	Title: Mr/Mrs/Miss/Ms/ if other please state
Address and postcode:		
Your email address:		
Daytime contact phone number:		

Please state how you would prefer us to contact you:

Your requirements: if our usual way of dealing with complaints makes it difficult for you to use our service, for example if English or Welsh is not your first language or you need to engage with us in a particular way, please tell us so that we can discuss how we might help you.

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B: Making a complaint on behalf of someone else: Their details:

Please note: We have to be satisfied that you have the authority to act on behalf of the person who has experienced the problem.

Their name in full:	
Address and postcode:	
What is your relationship to them?	
Why are you making a complaint on their behalf?	

C: About your concern/complaint (Please continue your answers to the following questions on a separate sheet(s) if necessary)

C.1 Name of the department/section/service you are complaining about:

C.2 What do you think they did wrong, or failed to do?

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C.3 Describe how you personally have suffered or have been affected:

C.4 What do you think should be done to put things right?

C.5 When did you first become aware of the problem?

C.6 Have you already put your concern to the frontline staff responsible for delivering the service? If so, please give brief details of how and when you did so:

C.7 If it is more than six months since you first became aware of the problem, please say why you have not complained before now:

If you have any documents to support your concern/complaint, please attach them with this form.

Signature: **Date:**

When you have completed this form, please send it to:

[Name (central complaints handler)

Address & Other Contact Details]

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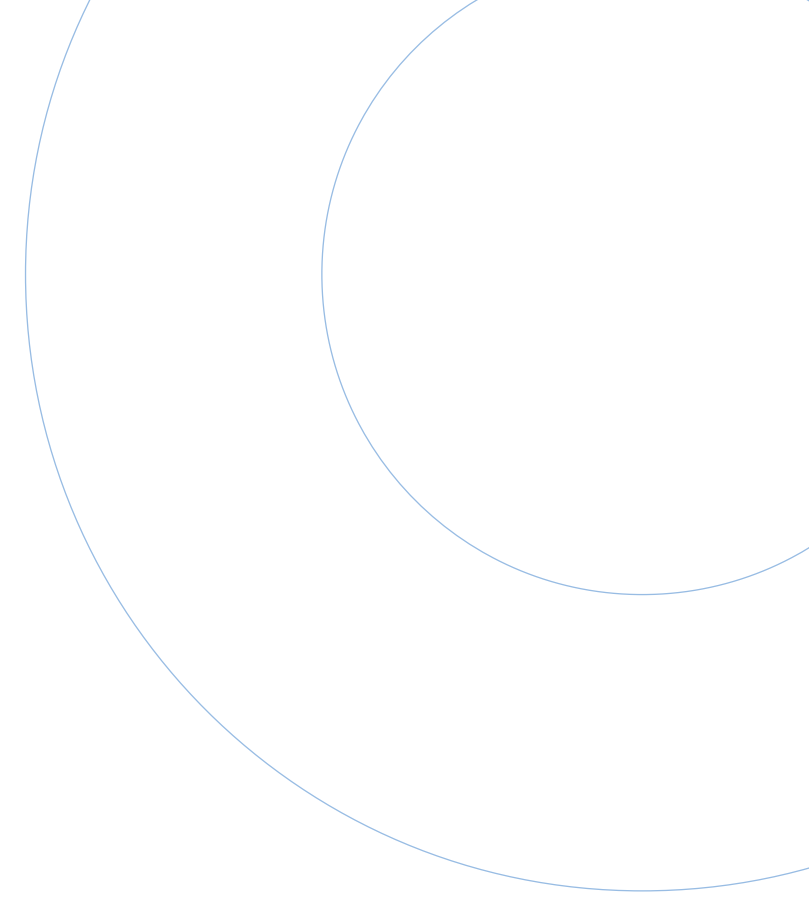

How to contact us

Phone 0300 790 0203

E-mail ask@ombudsman.wales

Visit the website www.ombudsman.wales

Write to: Public Services Ombudsman for Wales

1 Ffordd yr Hen Gae, Pencoed CF35 5LJ

You can also follow us on Twitter: @OmbudsmanWales

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Complaints Standards Authority – Wales

Guidance for Public Service Providers on Implementing the Concerns and Complaints Policy

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Preface

This Guidance is designed to help public service providers to implement the Concerns and Complaints Policy ('the Policy'), via their own complaints processes.

Public service providers should have regard to this guidance when developing arrangements for the delivery of the concerns and complaints handling service within their organisation. Variations can be introduced to take account of the size or operational requirements of organisations, but must not impact on people's experience of a common approach in complaint handling by public service providers.

[Please note that NHS bodies in Wales must adhere to the National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011, known as 'Putting Things Right'.

Also, the Social Services Complaints Regulations (Wales) 2014 outline the procedure for handling complaints about Social Care issues in Wales.]

How complaints are managed internally is a matter for each organisation to determine, subject to statutory guidance e.g. in social care complaints. However, the requirements of the Policy, relating to timescales, number of stages and information gathered on complaint forms, for example, should not be altered, unless the organisation chooses to work to **shorter** timescales.

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Section 1 – Introduction

Purpose of the Model Concerns and Complaints Policy

1.1 Complaints systems can make an important contribution to the improvement of public services.

1.2 The purpose of this Policy for handling concerns and complaints is to establish across the spectrum of public service providers:

- Common principles for the effective handling of concerns and complaints.
- A common model for dealing with concerns and complaints.

1.3 In addition, it is intended that this guidance will also enable:

- Common data collection procedures.
- Common methods for learning from concerns and complaints.
- A common means to identify and disseminate good practice.

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Note: Whenever reference is made to a "concern" or "complaint", it refers to both "concern and complaint".

This guidance recognises that organisations will need to interpret it in a way which is appropriate to their own circumstances. However, the arrangements for managing complaints behind the scenes must not detract from the service user's perception of a common approach, so elements such as the form, the timescales and the number of stages should be consistent for all.

Statutory Basis and Scope of the Policy and Guidance

1.4 The Policy and this Guidance are issued under the powers contained within Section 36 of the Public Services Ombudsman (Wales) Act 2019 which created the Complaints Standards Authority for Wales. They apply to public service providers in Wales.

1.5 They are compatible with the health service statutory procedure set out in the National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011. The Regulations apply to complaints about NHS services and guidance on implementing the regulations is provided by the NHS in Wales.

1.6 The Social Services Complaints Regulations (Wales) 2014 outline the two stage procedure for handling complaints about Social Services issues.

1.7 Public service providers will need to ensure that their

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complaints processes comply fully with their Welsh language duties and that complainants should not be disadvantaged when they complain through the medium of Welsh.

1.8 All bodies subject to the Policy and this Guidance will be notified and advised when the final versions of each have been agreed.

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Section 2 - Definition and Principles

What is a complaint?

2.1 A complaint is:

- An expression of dissatisfaction or concern.
- Written or spoken or made by any other communication method.
- Made by one or more members of the public (someone or a group in receipt of or denied a service to which they are entitled by the service provider).
- About a public service provider's action or lack of action or the standard of service provided.
- Something which requires a response.

It can be about the public service provider itself, a person, body or trader acting on its behalf, or a partnership of public service providers.

2.2 A complaint is not:

- An initial request for a service, such as reporting a faulty street light.
- An appeal against a 'properly made' decision by a public body.
- A means to seek change to legislation or a 'properly made' decision (when laws or policies have been correctly applied, e.g. the setting of rent payments).

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- A means for lobbying groups/organisations to seek to promote a cause.

Six principles for dealing with complaints

2.3 The following principles always apply when handling complaints. The process should be:

a) Complainant Focused
b) Simple
c) Fair & Objective
d) Timely & Effective
e) Accountable
f) Committed to Continuous Improvement

a) Complainant Focused

- The complainant should always be at the centre of the complaints process.
- Service providers need to be flexible when responding to complainants' differing needs.

b) Simple

- Complaints processes should be well-publicised, have easy-to-follow instructions and have no more than two stages.
- Information on advocacy services and support should be available.
- Complaints responses should set out clearly the next stage and the right to approach the Ombudsman.

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c) Fair & Objective

- Complainants should receive a complete and appropriate response to their concerns.
- Complainants and staff complained about should be treated equally and with dignity.

d) Timely & Effective

- Complaints should be resolved promptly, when possible.
- Investigations should be thorough, yet prompt.
- Complainants should be kept informed throughout of the progress of a lengthy investigation.

e) Accountable

- Complainants should receive an honest and clear explanation of the findings of an investigation.
- Service providers should explain to complainants what changes will be made if their complaint is upheld, whenever possible.

f) Committed to Continuous Improvement

- Information from complaints should be collated and analysed.
- Data should be shared with the organisation's senior leaders and the Ombudsman to support improvement in complaint handling and in service delivery.
- Decision makers should regularly review the information gathered from complaints when planning service delivery.

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Section 3 – Complaint Handling Arrangements

3.1 Complaints processes should be simple, flexible and focus on achieving the most appropriate outcomes for individuals and services. Public service providers should take a proactive approach to dealing with concerns, by focusing on individuals' needs and not the complaints process itself.

3.2 If all public services use the same complaints process, it will be easier to deal with concerns that relate to more than one service provider.

3.3 References in this section to 'complaints processes' do not apply to Social Services complaints, which should be considered in accordance with the statutory Social Services Complaints Regulations.

Who may put forward a concern

3.4 Any member of the public, including a child, who has received, or was entitled to receive, a service from the public service provider may make a complaint. The same applies if they have suffered due to the inappropriate action or lack of action by the public service provider.

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3.5 Where a concern is notified by a young person or child, the responsible body must provide them with such assistance that they may reasonably require in order to

pursue the concern. This should include making the young person or child aware of the help that could be provided by the Children's Commissioner for Wales.

3.6 A concern can also be put forward by someone on behalf of another person, as follows:

- Someone who is unwell or has died
- A child
- Those who lack the capacity (as defined by the Mental Capacity Act 2005)
- They have been asked to do so by the person affected

Public service providers must satisfy themselves, as far as the circumstances of the person affected allow for it, that the representative is acting with the authority of that person and, if possible, obtain their signature to confirm this.

3.7 This Policy does not apply to members of staff raising employment issues. There are other internal mechanisms for these types of concerns, for example, whistleblowing, bullying, or grievance procedures.

Complaint handling roles

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3.8 The Board/Cabinet of the public service provider should ensure that the Policy is adopted and in place. It is not appropriate for the Board/Cabinet to be involved in the

investigation of individual complaints. However, it should receive reports on the number and type of complaints received, their outcomes and any remedial action taken as a consequence. It is for the Board/Cabinet to determine how frequently it should receive such reports, however, this should be at least twice a year. Organisations with such arrangements in place may, in addition, want to include the consideration of complaints reports to be included within the remit of a scrutiny or similar type committee.

3.9 **Responsible Officer** – Each organisation should appoint an officer (e.g. chief executive, director, clerk) with responsibility for ensuring the Policy is adopted and the guidance is followed.

3.10 **The Person/Team co-ordinating complaints** – The public service provider should have an individual or team responsible for co-ordinating responses to all complaints which are not resolved at the informal stage. For example, in a small organisation such as a community council, this is likely to be the clerk, whereas some large organisations may have a central complaints team for this purpose. For ease of reference throughout this document, this role is described as the "central complaints handler". Organisations may also use this individual or team to help ensure consistent, high quality responses are given to complainants.

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Resources

3.11 The public service provider should ensure that the necessary resources are made available to enable delivery of the Policy, including:

- Staffing (including administrative support, if necessary)
- Training
- Complaint handling administration systems.

Accessibility and publicising complaints processes

3.12 Complaints processes must be accessible to all and publicity is key in ensuring awareness of them.

3.13 Complaints processes should be widely publicised by:

- Promoting the existence of the process, together with appropriate contact details, on a regular basis in any newsletters or other publications for service users.
- Producing a bilingual complaints information leaflet.
- Ensuring the leaflet is available at all public reception areas and common areas where service users may frequent and made widely available to the organisation's staff.
- Circulating the leaflets to local offices of relevant advice and advocacy organisations operating in the service provider's area.

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- Publishing the complaints process at a prominent and easily accessed area of the organisation's website (ideally via a link on the home page).

To ensure accessibility:

- Make complaints information available in alternative formats such as on CD, in large print, Braille, etc.
- Make complaints information available in other languages commonly used in the organisation's area and publicise its existence.
- Accept oral complaints.
- Be able to call upon translation/interpretation services (including British Sign Language).

3.14 Public service providers should keep a comprehensive list of relevant advice and advocacy organisations in their locality. Advice should be provided to complainants who require/request such support as to which organisation is likely to be the most suitable to help them, in relation to their circumstances.

3.15 Smaller service providers should go as far as they can to ensure there is equality of access for all service users.

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The complaints information leaflet/complaint form

3.16 Use the words from the complaints process when drafting forms and leaflets.

3.17 You can encourage complainants to complete a complaint form (on paper or on the website). However, people may prefer to present their complaint by telephone, email, or in person (or other method). In doing so, staff dealing with the complaint should ensure that they have gathered the same information as that being sought on the complaint form and ensure it is recorded appropriately.

The complaints process

Stage 1 - Informal Resolution

3.18 This stage offers the opportunity for informal engagement at the point of service delivery to seek to resolve complaints either at the time the concern arises or very shortly thereafter. This stage should be part and parcel of front line service delivery and not viewed as separate from it. This first step will normally aim to be an explanation or other appropriate remedial action by frontline staff to remedy the complaint.

- Staff should be empowered and trained to deal with complaints as they arise with the aim of resolving issues on the spot. This training can be provided during their induction period, with ongoing development.

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- Staff should be trained to recognise the seriousness of a complaint and understand when it should be referred to more senior staff.
- Staff may receive complaints that do not involve their own service, but that of another department. It may be difficult for those in large organisations to know to whom the complainant should be referred but, at the very least, all staff should be able to direct the complainant to the organisation's central complaints team, who will then be able to advise the complainant appropriately.
- Staff may receive a complaint that not only involves their own service, but also another section/department. It is recommended that, in such instances – since it is unlikely that the staff member will have the necessary authority to resolve a complaint on behalf of another service area – the complainant should be referred directly to the central complaints team.
- Staff must advise complainants how to progress their complaint to the formal investigation stage, if they are not satisfied with the outcome of the end of the informal stage.
- Complainants may wish their complaint to be 'fast tracked' straight through to the next stage (Stage 2). This should be discouraged, wherever possible. If the request stems from a breakdown in the relationship

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between the complainant and the service area staff, however, it may be wise to proceed directly to Stage 2. If approved by senior staff, this should be facilitated.

- Frontline staff should be trained and encouraged to provide appropriate information on advice and advocacy support at Stage 1 of the complaints process. It is recognised that they may not be aware of all the types of help available, particularly when operating in a specialist field themselves. Nevertheless, they should certainly have knowledge of support that relates to their service area. For example, a housing officer should be able to advise a complainant with a housing complaint about the services of Shelter Cymru.
- The central complaints team should be a source of support for frontline staff in respect of informal resolution.

3.19 The informal resolution stage should be completed as quickly as possible and certainly take no longer than ten working days. If it is not possible to resolve the concern within the relevant timescale, then the matter should be escalated to the formal investigation stage.

3.20 Examples of the type of concern that can be resolved at the local resolution stage are:

- An appointment was made for a boiler to be fixed and the tenant complains that no-one turned up on the appointed day.

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- Someone complains that their bin hasn't been emptied by the refuse collection service, when the missed collection has already been reported three times.

3.21 An example of the type of complaint that would not be resolved at the informal stage is:

- A complaint involving a series of different errors in the calculation of allowances applicable to Council Tax payments.

Stage 2 - Formal Internal Investigation

3.22 "Investigate once, investigate well" is the principle for this stage of the process. Emphasis is placed on one investigation to deal thoroughly with the concerns raised, rather than multiple investigations at different levels in the organisation which can be protracted. However, the Stage 2 element of the complaints process is intended to be flexible to respond appropriately to the complaint. "Investigating well" also means investigating in a manner that is proportionate to the nature and degree of complexity of the complaint. This means that, for more straightforward complaints, the investigation may not need to be so detailed.

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3.23 The following sets out how a complaint should be dealt with at Stage 2.

- Stage 2 complaints should be sent by the complainant

to the central complaints handler of the organisation.

- Having formally received a complaint at Stage 2, an acknowledgement should be sent by the central complaints handler as soon as is possible, but within a maximum of five working days.
- If the complaint is "out of time" – i.e. the issue being complained about is older than six months (from the time that the complainant first became aware of the problem), consideration should be given as to whether there are good reasons as to why it should nevertheless be accepted. For health complaints, there is an absolute cut off time of three years and other bodies may wish to adopt this.
- The central complaints handler should offer to discuss the complaint with the complainant, including:
    - Helping the complainant to understand the process
    - Confirming their preferred method of communication
    - Confirming what they want as an outcome to their complaint
    - Providing advice of relevant advocacy and support services if they need help to make their complaint
- Depending on the nature of the complaint it may be necessary to obtain the complainant's permission to access their personal file. If the complainant refuses to give permission, it should be explained to them that

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this will have an effect on the ability to conduct a thorough investigation.

- If the complainant is complaining on behalf of someone else, their consent will usually be needed before an investigation can begin.

3.24 When the central complaints handler is satisfied that they understand the complaint, they should:

- If applicable to their organisation, grade the seriousness of the complaint to decide on the appropriate level of investigation.
- Identify an officer within the organisation with sufficient seniority, credibility and independence from the source of the complaint to undertake the investigation:
  - Depending on the nature of the complaint, this may still be someone within the service section/department, but it may require someone independent from the section/department, including possibly the complaint handler themselves.
  - In the case of community/town councils, who may only have one member of staff (the clerk), it is accepted that the clerk will often undertake the role of "frontline, informal resolution" and that the chair/mayor or sub- committee of the council could, where necessary, take on the role of "investigator".

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- When deciding on an "investigator", consider whether the investigation will need to span across more than one service and the level of seniority required to investigate across all those areas.
- Having recorded the complaint on the complaints handling system on receipt, the central complaints handler should keep track of (and record) progress and take responsibility for monitoring the smooth running of the investigation, ensuring that timescales are met. The stage 2 complaints process should normally be concluded within 20 working days (or such shorter timescale as determined by the public service provider). When this is not possible, complainants must be informed of the reasons and be agreeable to any extension. In any event, there should be regular contact with the complainant, updating them on the progress on the case.
- A complainant may withdraw their concern at any time, however, the public service provider may continue to investigate if it feels that it is necessary to do so.
- It is recommended that the central complaints handler produces a portfolio of specimen documents/templates to assist those involved in the complaints process. These could include:
  - A form for frontline staff for logging relevant complaints at the informal stage

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- An acknowledgement letter
- A framework for 'update' letters to the complainant
- Interview request letters (e.g. for the investigator when requiring meetings with staff involved)
- A template for investigation reports

Complaints investigations

3.25 A complaint investigation should be a fact finding exercise which is impartial, open, transparent and proportionate to the seriousness of the complaint. For serious complaints, a plan needs to be drawn up enabling the complaint to be investigated systematically.

3.26 However, even when the complaint reaches the Stage 2, there may still be potential for resolving the concern to the complainant's satisfaction through an early resolution and without having to undertake a full and lengthy investigation. Consideration should be given to the possibility of this. The Ombudsman welcomes attempts to resolve matters at all stages of a complaint.

3.27 Consideration should also be given to whether face to face meetings and/or mediation could be a means to resolving the complaint.

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3.28 Evidence gathering can include:

- Correspondence (letters and emails)
- Notes of telephone conversations

- Organisational policies and procedures
- Good practice guidance
- Records (including those specifically relating to the complaint under consideration and training records of staff involved in the complaint)
- Legislation
- Interviews (including detailed notetaking)
- Site plans and visits
- Photographic evidence
- Recordings in various formats (e.g. phone, CCTV)
- Obtaining professional/expert advice

3.29 A draft report should be shared with the complainant and those complained about, before a final report is published.

3.30 Recommendations arising from investigations should be 'Specific, Measurable, Achievable, Realistic and Timed' ("SMART").

3.31 At the end of an investigation, a written outcome, such as letter or email, should be produced and, in more serious cases, a report.

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Where a report is produced, it should include, where appropriate:

- The scope of the investigation
- A summary of the investigation:

- Details of key issues, setting out a brief chronology of events leading to the complaint)
- Those who were interviewed (including setting out to what degree the complainant, and if appropriate, any affected relatives, advocates, etc. were involved in the investigation)

- Conclusion
  - If the complaint is found to be justified/upheld
  - How it happened - i.e. what went wrong
  - Why it happened – i.e. the root cause of the problem (e.g. human error, a systemic failure)
  - What impact did it have on the complainant?
  - If a systemic failing has been identified, an explanation of actions taken to put things right, with a view to ensuring the same problem does not occur again
  - If appropriate, an apology
  - If appropriate, an offer of redress
  - If the complaint has not been upheld, there should be an explanation of why this conclusion has been reached, demonstrating that it has been arrived at, based on the evidence gathered.
- Overall the report should demonstrate throughout that the complaint has been taken seriously, that

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the investigation undertaken has been fair and, in accordance with the seriousness of the complaint, proportionately thorough.

- Even in cases where an investigation upholds the complaint and offers remedy/redress, it may be that the complainant remains dissatisfied for some reason. Therefore, in all cases, the report should inform the complainant that, if they remain dissatisfied, they have the right to seek independent external consideration of their complaint. Information about making a complaint to the Public Services Ombudsman for Wales and other appropriate complaint handlers, should be provided.

3.32 Consideration should be given to offering a meeting to a complainant at the time of closing a complaint investigation. Such a meeting may help the complainant to understand how the outcome was reached.

The final steps

3.33 The fact that complaints will vary in their degree of seriousness has already been referred to. The organisation should decide at what level decisions on recommendations in the report can be taken and who should sign to conclude the complaint (i.e. who should sign any report or letter). There will be times when it would be appropriate for the central complaints handler to do so, other times the senior manager or director

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responsible (larger organisations), and other times the head of the organisation. The public service provider should establish the level of delegation in this regard. Further, the head of the organisation should ideally see a copy of all final correspondence sent out in respect of Stage 2 complaints.

3.34 When a complaint has been upheld and there is a clear systemic issue, the appropriate Director or Manager should ensure that an action plan is devised, setting out how the recommendations will be implemented and identify who will be responsible for ensuring their implementation. When it affects them, frontline staff should be involved in this process. The plan should also include arrangements for confirming to the complainant that changes have been implemented and make provision for the monitoring and evaluation of new arrangements introduced to assess their impact.

3.35 On closing a complaint, the central complaints handler should ensure that working documents used during the course of the investigation are retained in an orderly fashion and stored securely and in accordance with the organisation's data retention policy. If the complaint becomes the subject of further external investigation, such as by the Public Services Ombudsman for Wales, these working documents may be needed as the public service provider's evidence.

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An independent person

3.36 It may be that, for some investigations, it is considered appropriate to include the involvement of an independent person in the Stage 2 investigation. It will be the responsibility of the central complaints handler to ensure that the organisation has a pool of suitable people to call upon where necessary.

Complaints involving other legal or disciplinary proceedings

3.37 Occasionally, complaints received will involve legal or disciplinary proceedings. It may from time to time be necessary to put the investigation of a complaint "on hold" until the conclusion of those other proceedings. However, it should not automatically be assumed that this is necessary in every case. An assessment should be made (with legal advice sought, if appropriate) to identify whether it is possible to address the subject of the complaint, without impacting unfairly on the other proceedings underway. It is important that, if a complainant is in a continued state of disadvantage as a result of likely poor service delivery, every step is taken to conclude this part of their complaint. This will mean that, if the complaint is upheld, it has been demonstrated that the organisation is doing everything it can to return them as soon as possible to the position they would have been in if that failure had not occurred.

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Complaints involving more than one service provider

3.38 There are occasions when a complaint received will involve more than one organisation. In this case, the role of the central complaints handler will be slightly different. Having established the elements of the complaint and which organisations are involved, they should contact their counterpart(s) in the other organisation(s) involved. The complaints officers should then decide which of them should lead on co-ordinating the response to the complainant. It would seem sensible that this should be the organisation with the greatest involvement in the complaint. However, it may be appropriate for the organisation with the largest complaints handling resource to undertake this role.

3.39 The role of the complaints officer allocated to the complaint in question is to co- ordinate the investigations in each of the service areas involved. The ultimate aim, therefore, is to provide the complainant with a single, comprehensive, joint response on behalf of all of the organisations involved.

3.40 There will be complaints where each element is sufficiently distinct and separate so that all that will be required is to set out the details and outcome of each investigation strand and then add an overall conclusion to the response.

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3.41 However, it is recognised that there will be some cases where the resolution and remedy of a complaint will involve agreement by all involved and that this could lead to tensions and disagreement. Where such disagreements lead to an impasse, it may be necessary to refer the matter to senior management within each of these organisations (depending on the seriousness, possibly the Chief Executives) in order to try to resolve the situation.

3.42 Where the impasse still cannot be resolved, it may be prudent to refer the matter at this point to a relevant external independent complaint handler (e.g. the Public Services Ombudsman for Wales). However, the complainant should be told of this intention, together with the reason for it, and their agreement should be sought before such a referral takes place.

Partnership services

3.43 [Note: Whilst not forming part of an individual organisation's complaints handling process, public service providers will need to have regard to the following when forming partnerships with similar and other types of organisations.]

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3.44 The situation in relation to complaints about partnership services is again different, particularly given that not all partners may be subject to this model Policy. Nevertheless, it is good governance practice for every partnership to have in place at the outset a protocol for

dealing with complaints. That protocol should make clear where accountability lies within the partnership for any services delivered – i.e. does responsibility rest with the partnership as an entity, or is each partner accountable for specific aspects of the service delivery?

3.45 Given that, in most public service provider partnerships, many members will be subject to this Policy, it is recommended that those providers endeavour to agree a protocol with their partners for dealing with complaints in a way that corresponds with this Policy.

3.46 In particular, it is recommended that:

- Partnerships establish a complaints handling process for services that they as a partnership deliver.
- They identify and publicise a single point of contact for complaints in respect of their activities/services.
- The person/team identified co-ordinates the investigation of the complaint on behalf of the partnership. Depending on the nature of the complaint, if the complaint concerns dissatisfaction with the service delivered by one particular partner, it may be more appropriate to refer the investigation to that particular partner to deal with.
- The partnership ensures that lessons are learned from complaints received and considers whether there are any that should be shared more widely.

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Complaints concerning services that have been contracted out

3.47 Even though public service providers may contract out the provision of services to private/voluntary organisations, this does not absolve the public service provider of their responsibility for those functions. Central complaints handlers should therefore ensure that those responsible for drafting contracts are aware of the need to include a provision for complaints handling. This should include the requirement for organisations contracted to provide services to comply with similar complaint handling arrangements (i.e. the two stages), with the outcome report/letter being copied to the public service provider. Such organisations should also inform complainants of their right to complain to the Public Services Ombudsman for Wales. Alternatively, the central complaints handler may choose to co-ordinate the response to the complainant, on behalf of the contractor.

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Section 4 – Learning Lessons

Learning from complaints/continual improvement

4.1 Complaints information should be used to improve an organisation's service delivery and increase its effectiveness.

4.2 To support this, organisations should:

- Ensure that the central complaints handler periodically reviews all complaint outcomes and their recommendations to identify whether there are any patterns to complaints/wider lessons to be learned that may not be apparent from individual complaints. When considering the lessons that can be learned from a complaint, an assessment should be made as to whether:
  - These are limited to the section/department in question
  - They have an organisation-wide implication
  - They are ones that should be shared across the sector of the public service or even more widely.
- Ensure that complaints reports are considered on a regular basis by senior management, including an analysis of the data gathered and information on recommendations that have been made for improving service delivery.

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- Ensure that complaints data is shared with the Ombudsman to support improvement in complaint handling and in service delivery.
- Ensure that the information received by senior management is used to target any problem areas and consider if there is potential to improve policies, procedures and services.
- Ensure that the cabinet/executive board receives reports giving an overview of complaints received, setting out what changes have been made as a result of complaints information and, following monitoring of their implementation, what results have been received.
- Ensure that an annual report on complaints is produced, drawing out lessons learned over this period and demonstrating how they have contributed to improved service delivery.

Recording & monitoring complaints

4.3 Effective complaints management includes collecting specific data and identifying recurring or system-wide problems. All feedback and complaints received should be recorded to ensure that a comprehensive evaluation of data can be made.

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4.4 To support this, organisations should:

- Have a system to collect organisation-wide complaints data.

- Use the system to help track complaints and compliance with timescales..
- Enable the numbers, types, outcomes and trends of complaints to be captured, to facilitate comparisons with previous periods and identify system wide or recurring complaints.
- Enable key points from lessons learned to be captured.
- Write to the complainant detailing the findings of the investigation, providing an apology for any shortfalls and describing what action will be taken to prevent recurrence.
- Inform the Complaints Standards Authority – Wales of the data collated on a quarterly basis.

4.5 [Note: Frontline staff should report all serious complaints, or those with wider learning points, that they have dealt with informally to the central complaints service, so that these can be recorded on the central complaints handling database. This should be regardless of whether or not the complaint has been resolved on the spot. For those serious complaints not resolved, such action will mean that there will be a record of the incident should the complaint progress to Stage 2 of the complaints process.]

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4.6 Public service providers should not have to implement a new IT system for these recording purposes. Furthermore, for small organisations like community councils, manual

recording may suffice.

4.7 In order to also identify outcome trends of complaints, the following high level complaints outcome definitions should be used:

- Complaint about service not provided by this body
- Referred to front line staff and resolved
- Investigation not merited
- Quick Fix/Voluntary Settlement
- Investigation Discontinued
- Upheld – Non-systemic issue
- Upheld – Systemic. Action plan required
- Not Upheld
- Withdrawn

Section 5 - Staff and Training

Staff Involved in Complaints

5.1 Whilst it is not uncommon for people to look for someone to blame when things go wrong, staff should be assured that this is not the aim of an investigation. It should be made clear that any interview that may take place is to establish facts as part of the investigation of a complaint, and that it does not form part of a disciplinary

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procedure. (However, a separate disciplinary process could take place, if appropriate.)

5.2 When requiring staff to attend for interview, they should be told the purpose of the interview, what to expect and what preparation they need to do. They should be advised that they can bring someone (such as a colleague) for support although the position of confidentiality and their role should be made clear. They should also be advised as to what will happen after the interview.

5.3 Being the subject of a complaint is in any event a stressful situation and, depending on the circumstances of the complaint and the issues involved, it may be prudent to inform the interviewee of any staff support/ counselling available.

5.4 In the same way that it is important to keep complainants informed on progress in the investigation and its outcome, the same is true in respect of staff.

5.5 As well as informing staff involved of the outcomes of complaints and any recommendations that arise, there should also be a means (staff newsletters, making the annual report available on the intranet) of disseminating to staff how the way they deal with complaints can contribute to better public services. Organisational culture should see that reporting a complaint and taking action is positive, as it assists organisational learning. If many individuals (perhaps based in many different locations) deal with a similar type of problem

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without this information being shared, then what may be a deep-rooted systemic problem within the organisation may not emerge to the surface. If frontline staff inform the complainant of (intended) action, it is likely to have a positive effect in terms of good customer relations.

Training

5.6 The complaints function needs to be adequately resourced by appropriately trained staff.

5.7 The central complaints handler should undertake an assessment of the skills and competencies required by all those involved in the complaints process and ensure that there is an appropriate training strategy in place.

5.8 The central complaints handler should continually keep under review the number of skilled and trained officers within the organisation to conduct and prepare reports on investigations.

5.9 Those likely to be involved in conducting "sensitive" investigations will in all probability need additional "specialist" training.

5.10 Ultimately staff training is a matter for individual public service providers to determine.

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5.11 General training on complaint handling should be included in the induction programme for all staff in the organisation (this includes staff and Board/Cabinet members).

Unacceptable Actions by complainants

5.12 The model Policy recognises that some people may act out of character in times of trouble or distress. It should be borne in mind that there may have been upsetting or distressing circumstances leading up to a complaint. A complainant's behaviour should not be regarded as unacceptable just because they are forceful or determined. However, the actions of complainants who are angry, demanding or persistent may result in unreasonable demands on an organisation or unacceptable behaviour towards staff. It is these actions that are considered unacceptable. Organisations should therefore have in place an 'unacceptable actions by complainants' policy and ensure that staff receive appropriate associated training. Organisations currently without such a policy, are welcome to use the Public Services Ombudsman for Wales' policy, 'Managing Customer Contact' (available at www.ombudsman.wales) as a basis to develop their own procedure.

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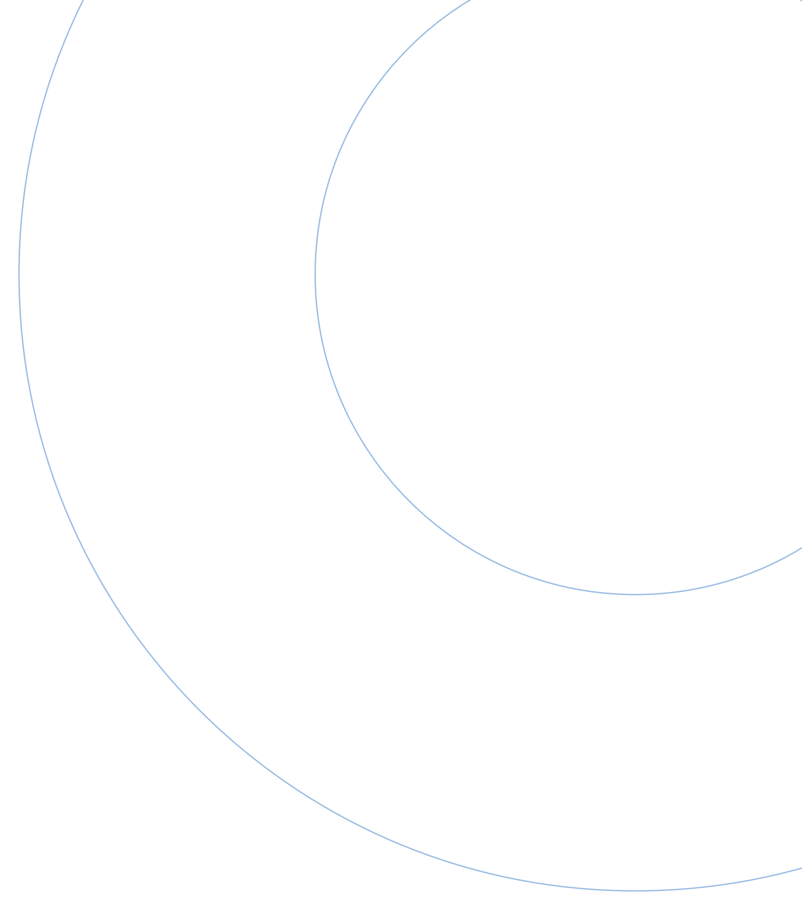

How to contact us

Phone 0300 790 0203

E-mail ask@ombudsman.wales

Visit the website www.ombudsman.wales

Write to: Public Services Ombudsman for Wales

1 Ffordd yr Hen Gae, Pencoed CF35 5LJ

You can also follow us on Twitter: @OmbudsmanWales

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February 2020

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Board Statement & Policy

Listening, Acting and Learning:

Policy on 'Putting Things Right' and Management of Concerns

REVIEWED MAY 2021

'PUTTING THINGS RIGHT' POLICY FOR THE EFFECTIVE MANAGEMENT AND RESOLUTION OF COMPLAINTS & CONCERNS

Document Reference No:	PTHB / PEP 001	
Version No:	3	
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Expiry Date:	July 2022	
Author:	Director of Nursing & Midwifery	
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Approved By:		
Approval Date:	To be confirmed	
Document Type:	Policy	Non-clinical
Scope:	All PTHB staff	

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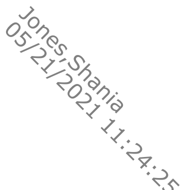
Do not print this document. The latest version will be accessible via the intranet.
If the review date has passed please contact the Author for advice.

Disclaimer

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



Version Control

Version	Summary of Changes/Amendments	Issue Date
1	Initial Issue. This document replaces and supersedes PTHB/CP 027 Complaints Policy & Procedure 2007 Inclusion of Appendix D - reporting and investigation of concerns flowchart	Dec 2015 Jan 2016
2	Review of Policy throughout organization, specifically including: Heads of Nursing & Midwifery Experience, Quality & Safety Committee Board Development session Executive Committee/Quality Governance Group. Main changes/amendments: - Reflected concerns policy relates to all Directors (clinical and non-clinical) - Reference included to PADR (appraisals) - Change of organizational nomenclature in line with organization alignment changes - Strengthened Board Policy Statement section to reflect OD Framework statements and include statements on a) what does good look like b) how we will listen c) how we will act d) how we will learn - Referenced connection to England, Scotland and Northern Ireland as per Regs. - Clarification of term Responsible Officer under the Regs. - Flow chart amendment to reflect operational working	December 2018 – July 2016
3	Review of Policy to take account of Public Services Ombudsman (Wales) Act 2019: Section 38 Model complaints-handling procedures: specification of listed authorities.	April 2021
4	Additions to Policy post Executive Committee feedback 5 May 2021.	May 2021

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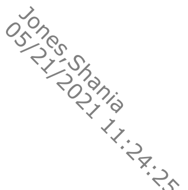

ENGAGEMENT & CONSULTATION

Key Individuals/Groups Involved in Developing this Document

Role / Designation
Assistant Director Quality & Safety

Circulated to the following for Consultation

Date	Role / Designation
December 2018	Powys Teaching Health Board Staff
March 2019	Heads of Nursing Forum
June 2019	Experience, Quality & Safety Committee
July 2019	Board Development session
July 2019	Executive Committee/Quality Governance Group
May 2021	Executive Committee

Evidence Base

This Policy has taken into consideration all national guidance and legislation (see section 3 Policy Framework).

This Policy takes account of the Health and Care Standards in Wales 2015 and underpins Standard 6.3 Listening and Learning from Feedback.

The Policy has been shaped by the Improving Healthcare White Paper Series – No 14 “Listening and Learning to improve the experience of care” (June 2015) and the updated paper Welsh Health Circular WHC/2018/042 Validated core service user questions and updated Framework for Assuring Service User Experience (11 October 2018)

The policy considers the Public Services Ombudsman (Wales) Act 2019: Section 38 Model complaints-handling procedures: specification of listed authorities.

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IMPACT ASSESSMENTS

Equality Impact Assessment Summary					
	No impact	**Adverse**	**Differential**	**Positive**	**Statement**
Age				X	This Policy has undergone an equality impact assessment screening process, using the toolkit designed by the NHS Centre Equality & Human Rights. Details of the screening process for this Policy are available from the Equalities Manager
Disability				X	
Gender				X	
Race				X	
Religion/ Belief				X	
Sexual Orientation				X	
Welsh Language				X	
Human Rights				X	

Risk Assessment Summary
Have you identified any risks arising from the implementation of this policy / procedure / written control document? No risks have been identified from the implementation of this Policy
Have you identified any Information Governance issues arising from the implementation of this policy / procedure / written control document? Sharing of personal identifiable information risks have been mitigated by following PTHB Information Governance policies and procedures and national guidance/legislation regarding confidentiality and data protection.
Have you identified any training and / or resource implications as a result of implementing this? Training requirements for staff are described in section 12.

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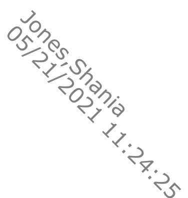

1 Board Policy Statement

The purpose of Powys Teaching Health Board (PTHB) is to help improve the health and wellbeing of the people of Powys and to secure and provide excellent healthcare services. The Board therefore through its strategy 'A Healthy, Caring Powys' made a clear commitment to high quality services and positive patient and citizen experience. Furthermore, the Board has identified the guiding principles for improving how it works to deliver these commitments, through its Organisational Development Framework 'Best Chance of Success' (2019 - 2021). The approach to working with citizens, patients and carers is key in our endeavour to improve services, experience and outcomes of care and treatment.

The guiding principles above outline to the public our commitment to them in how we will work. In addition, the Standards of Behaviour Policy which incorporates the Values and Behaviours Framework forms a critical element of our approach.

Organisational Development Framework - Guiding Principles:

'DO WHAT MATTERS'	*Principle 1:* ***Do What Matters*** We will ensure that the organisation is better placed to do 'What Matters' for the people of Powys
'DO WHAT WORKS' HONEST CONVERSATIONS, CARE + SUPPORT, HOW WE USE RESOURCES	*Principle 2:* ***Do What Works*** Changes will be based on what evidence, evaluation and feedback shows works.
GREATEST NEED, HELP AND SUPPORT, FUTURE	*Principle 3:* ***Focus on Greatest Need*** Our priorities will be defined by actions that create greatest impact for the long term
A MORE EQUAL POWYS, SPECIALIST CARE, TREATMENTS + TECHNOLOGIES, OFFER FAIR ACCESS	*Principle 4:* ***Offer Fair Access*** We will work to enable greater fairness and equality in all that we do
BE PRUDENT, EQUAL PARTNERS	*Principle 5:* ***Be Prudent*** We will use all resources wisely, maximising the talents of all
PEOPLE + COMMUNITIES, WELL, STRENGTHS	*Principle 6:* ***Work with People and Communities*** We will strive to be an excellent partner, working positively with people and communities

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Values & Behaviours Framework:

The people of Powys are the Boards' priority and listening to patients, citizens, carers and families and learning from their experiences is very much at the heart of the quality and safety agenda. A key part of learning, although not the only part, is complaints and concerns.

The health board aims to operate an open and transparent approach to learning from and managing complaints. This includes being flexible and responsive to the needs of individual complainants, effectively communicating and involving complainants in the handling of their complaint.
The Board therefore makes the following key policy commitments:

1. **We will listen**
2. **We will act**
3. **We will learn**

The Board recognises patient feedback including complaints and concerns as a rich source of patient and citizen experience that can lead to improved services and will want to understand the profile and analysis of incidents, concerns and complaints. All staff and those partners with whom the health board works has a role in ensuring patients and citizens receive safe, effective and compassionate care and this means we need to have systems in place that can act swiftly when the quality of care gives cause for concern. The Board has the ultimate responsibility for this.

In recognising the role, the health board has in commissioning services for the Powys population, we also have a responsibility to be involved in quality and safety issues raised in NHS services outside of the Powys borders.

The health board is committed to being open and transparent and this involves our actions being visible through Board, Committee papers and external publications. We will acknowledge areas for improvement and ensure we implement actions that continuously improve outcomes and experience.

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2 Expectations

Powys Teaching Health Board is committed to dealing effectively with any concerns or complaints our persons may have about our services. We aim to clarify any issues our persons may be unsure about. If possible, we'll put right any mistakes we may have made. We will provide any service you're entitled to which we have failed to deliver. If we did something wrong, we will apologise and, where possible, try to put things right for you. We aim to learn from our mistakes and use the information we gain from complaints to improve our services.

When a person expresses their concerns or complain to us, we will usually respond in the way we explain below. However, sometimes they may have a statutory right of appeal so, rather than investigate their concern, we will explain to them how they can appeal. Sometimes, they may be concerned about matters that are not covered by this policy, such as concerns relating to requests for funding of services not normally provided on the NHS in Wales, or where the health board has not complied with the Freedom of Information Act 2000. We will advise our persons about how to make their concerns known. This policy does not apply to 'Freedom of Information' or data access issues. Please contact our Information Governance Team at Powys.foi@wales.nhs.uk.

Our Concerns Team can advise on the type and scope of complaints we can consider. It is important that Powys persons know what they can expect when they raise a concern. In setting out our expectations, we have considered the legislative requirements and the standards expected. All staff are required to deliver against these standards to ensure the experience of people who raise concerns is positive and that they receive a high-quality service. Our expectations reflect the following key commitments:

- How we will listen
- How we will act
- How we will learn

The policy seeks to ensure that:

2.1 We will listen
People can raise a complaint through a variety of means:

- Verbal, e.g. face to face, telephone, patient story
- Written, e.g. letter, via email

People can express their concern in any of the following ways:

- Ask for a copy of the health board's concerns form from the member of staff with whom they are already in contact with. The person will tell you that they want you to deal with their concerns formally.

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- The person can contact the Concerns Team on 01874 712699/2697 if they want to make a complaint over the phone.
- Use the form on our website at Feedback and Complaints - Powys Teaching Health Board (nhs.wales)
- Email us at concerns.qualityandsafety@pow.wales.nhs.uk
- Write to the health board at: Powys Teaching Health Board, Headquarters, Glasbury House. Bronllys Hospital, Brecon, Powys LD3 0LU

We aim to have concern and complaint forms available at all of our service outlets and public areas. Accessibility and publicising our complaints processes is important. Our complaints processes must be accessible to all and should be widely publicized. All areas of the health board must ensure the existence of the process, together with appropriate contact details, on a regular basis in any newsletters or other publications for service users. Ensure bilingual complaints information leaflets are available, at public reception areas and common areas where service users may frequent and be widely available to our staff.

If you require additional leaflets you can find these on the intranet at Feedback and Complaints - Powys Teaching Health Board (nhs.wales). Alternatively, please contact the Concerns Team via concerns.qualityandsafety.pow@wales.nhs.uk

Advice on advocacy organisations, for example, the community Health Council, can also be found on the intranet. It is important that:

- People (patients/carers) who complain are listened to and treated with courtesy and empathy
- Apologies are given as necessary
- People (patients/carers) who complain are not disadvantaged as a result of making a complaint

We need to identify when a complaint is being made. Some people do not like to complain as they may feel it will affect their ongoing care and treatment or they may be simply afraid to raise a concern. It is important we listen to people describing their experience to understand what it was like for them. The term complaint may not be used and so we have to take account of the words people use to describe their experience to ensure that we do not miss what was important to them and act to put things right. The following are key to effective listening:

- Time to listen
- Active listening
- Be attentive and respectful
- Let the person(s) voice their concerns and ask questions
- Understand the concerns
- Don't interrupt
- Ask for clarification if unsure
- Positive and polite tones
- Body language is important, e.g. posture and eye contact

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- Recognise the person's frustrations
- Avoid blame, keep an open mind and do not judge
- Thank them for raising the concerns
- Indicate next step in order to manage their expectations

If a person is approaching us to request a service, such as an appointment, this policy does not apply. If a person makes a request for a service and then are not happy with our response, they will be able to make their concern known as we describe below.

2.2 We will act

- Complainants are kept informed of the progress and outcome of the investigation
- Action to rectify the cause of the complaint is identified, implemented and evaluated
- Staff involved in complaints are given support
- Complaints are investigated promptly, thoroughly, honestly and openly
- Complaints handling complies with confidentiality and data protection policies and is transparent.
- When we get things wrong we will act to:
- accept responsibility and apologise
- explain what went wrong and why
- put things right by making any changes required

People who make a complaint or express a concern can expect to be treated with courtesy, respect and fairness at all times. We expect that the person making a complaint or expressing a concern will also treat our staff with the same courtesy, respect and fairness.

We will listen, inform and respond. We will ensure:

- Contact and communication with the complainant;
- Timely acknowledgement of concerns;
- Provision of a named contact and numbers to ring;
- A written record of concerns raised;
- Management of expectations regards response times;
- Proportionate investigation of the matter(s), investigating once and investigating well;
- Involvement of the complainant as necessary;
- Timely responses; and
- Sharing learning and improvements

We need to ensure staff see complaints as a priority and have the authority to deal with them, they are trained and able to produce robust investigations that demonstrate learning and improve patient experience. We will also ensure staff know the criteria for escalation, how, when and who they can escalate complaints and concerns to.

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Dealing with concerns

- We will formally acknowledge a person's concern within two working days and let the person know how we intend to deal with it.
- We will ask the person to tell us how they would like us to communicate with them and establish whether they have any particular requirements – for example, if they need documents in large type.
- We will deal with the person's concern in an open and honest way.
- We will make sure that their dealings with us in the future do not suffer just because they have expressed a concern or made a complaint.

Normally, we will only be able to look at a person' s concerns if they tell us about them within 12 months. This is because it's better to look into their concerns while the issues are still fresh in everyone's mind.

We may exceptionally be able to look at concerns which are brought to our attention later than this. However, the person will have to explain why they have not been able to bring it to our attention earlier and we will need to have sufficient information about the issue to allow us to consider it properly. In any event, we will not consider any concerns about matters that took place more than three years ago.

If the person is expressing a concern on behalf of somebody else, we'll need their agreement for that person to act on their behalf.

2.3 We will learn

- Learning from complaints informs service development and improvement
- Learn lessons from mistakes and change policies and practices where proportionate and sensible to do so

The health board will share lessons learnt from investigations to improve services provided and avoid the recurrence of similar concerns, in addition to the wider sharing of lessons outside of the organisation to improve the wider provision of services and avoid the recurrence of similar concerns in other areas; we will also learn from other organisations.

Key safety and practice issues will be identified through investigations. There will be some issues that may not have contributed to a situation but there may be associated learning, e.g. poor standards of record keeping. It is important we observe for trends, themes and recurrent lessons highlighting these for action on a wider scale across the health board.

We also need to learn from the monitoring and the review of complaints management as well as the processes and systems in place to deal with concerns, which all provide an additional opportunity to ensure we do things in the right way. This will be done through monitoring the:

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- Concerns and complaints response times;
- Number of re-opened complaints; and
- Public Services Ombudsman for Wales (PSOW) investigations reporting on complaints management.

It is recognised 'The National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011' set out the arrangements for the notification and consideration of and response to concerns notified by persons in respect of services provided by or under arrangements with the National Health Service in Wales. However, it is important that the standards we expect of our staff when dealing with concerns is recognised. We aim to:

- Focus on the person
- Focus on the complaint
- Learn and share lessons
- Improve the patient experience

Duty of Quality, Health and Social Care (Quality and Engagement) (Wales) Act 2020

The Act was passed by the Senedd on the 17 March 2020 and received Royal Assent in June 2020. The Act will be fully implemented by April 2023. The Act will cover four principal areas:

- Duty of Quality
- Duty of Candour
- Establishment of a new Citizen voice body
- Provision for NHS Trusts to have vice chairs

The Act will have implications for this policy and will require review/ updating to ensure compliance.

Policy Content
3 Executive Summary
This Policy sets out the arrangements, under Putting Things Right (PTR), by which Powys Teaching Health Board will manage, respond and resolve concerns in order to meet the requirements of the NHS Welsh Government legislation: Concerns, Complaints and Redress Arrangements (Wales) Regulations 2011. These Regulations came into force on 1 April 2011, except Part 7, which came into force in April 2012. Part 7 deals with the consideration of Redress where a Welsh NHS body has commissioned care from a NHS Provider in England – Cross Border Arrangements.
This policy ensures that Powys Teaching Health Board (PTHB) fulfils legislative requirements but also the specifications of Health and Care Standards, specifically Standard 6.3.

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3.1 Strategic Aim

The Management and Resolution of Concerns provides clear assurance to the Board and external bodies about the commitment of PTHB to implement the legislation and embed practices that ensure that any concerns raised are taken seriously, thoroughly and proportionately investigated with the aim of resolution, together with a commitment to learning lessons and securing improvements.

The management of concerns ensures that any patient, client, carer or member of staff who raises a concern is given the opportunity to voice their concern, understand that it will be taken seriously, investigated appropriately and provided with an explanation with the aim of resolution.

Any errors will be openly acknowledged, an apology will be made with additional consideration of redress where there is harm and breach and lessons learnt so that practice can change.

3.2 Concern

The term concern, in the context of PTR, should be taken to mean any complaint, claim or reported patient safety incident.

3.3 What concerns can be raised?

A concern may be raised about:

- Any service, decision and/or care and treatment provided by the Health Board (apart from those excluded under Regulation 14)
- A primary care provider about services they provide on behalf of the NHS
- An independent provider about services they provide under contract with PTHB

3.4 Concerns which are excluded for consideration under these arrangements (Regulation 14)

The following matters do not fall within the scope of this policy:

- A concern notified by a primary care provider which relates to the employment contract or arrangements under which it provides primary care services
- A concern notified by a member of staff relating to the contract of employment
- A concern which has been investigated by the Public Service Ombudsman for Wales
- A concern which arises out of an alleged failure of the organisation to respond to a Freedom of Information request
- Disciplinary action that the organisation intends to take as a result of the investigation of a concern
- An informal concern (made verbally) which is resolved within one working day
- A concern which has previously been investigated which the organisation does not consider reasonable to re-open.

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3.5 Concerns that trigger review through the 'All Wales Procedure for NHS Staff to Raise Concerns' (HR006, Workforce & Organisational Development)
Powys Teaching Health Board aim is for a culture that encourages the raising of any concerns by staff to be embedded into routine discussions on service delivery and patient care, (e.g. problem solving, service review, performance improvement, quality assessment, training and development) as these are the most effective mechanism for early warning of concerns, wrongdoing, malpractice or risks and line managers are accordingly best placed to act on, deal with and resolve such concerns at an early stage.

Individuals who wish to raise concerns about a danger, risk, malpractice or wrongdoing in the workplace should refer to the 'All Wales Procedure for NHS Staff to Raise Concerns' (HR006, Workforce & Organisational Development), this can be found at: PTHB | Policies for Workforce & Organisational Development (wales.nhs.uk)

This procedure sets out the health board's commitment to support individuals who raise concerns as well as setting out the processes for individuals to raise such concerns, providing assurance on how such concerns will be listened to, investigated and acted upon as necessary.

3.6 Concerns that trigger a serious untoward incident to be reported in line with the Serious Incident Policy: Reporting, Investigating and Assurance Processes' (2020). There will be times when reviewing concerns that action is required to report incidents that occurred during NHS funded healthcare (including in the community and serious incidents that affect Powys residents in commissioned services), in line with the 'Serious Incident Policy: Reporting, Investigating and Assurance Processes' (2020). Examples of serious incidents that must be reported to the Delivery Unit/ Welsh Government can be found further in this Policy at Section 11: Management of Serious Concerns. Staff can also access the serious Incident policy at: PTHB | SERIOUS INCIDENTS - Reporting, Investigating & Assurance (wales.nhs.uk)

4 Scope
The Policy applies to all staff, permanent and temporary, employed by or working within the PTHB, including independent providers who have a responsibility to report, manage and/or be involved in concerns raised or investigate concerns.
The Policy covers concerns involving:

- PTHB services
- Services provided by Health Board employed staff
- Services provided by independent contractors (GPs, dentists, optometrists, out of hours services and pharmacists)
- Services provided by the independent or voluntary sector which are funded by the Health Board
- Commissioned Services for Powys persons

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Independent contractors are required to have a concerns procedure for their NHS patients in line with the Regulations.

5 Policy Framework

This is the overarching policy for the Putting Things Right: management of concerns, incidents and complaints and the management of Redress. The Policy sets out the principles for the handling, investigating and resolving formal concerns. The Policy links to, and may need to be considered in conjunction with, the following documents:

- Welsh Government Putting Things Right – Guidance on Dealing with Concerns about the NHS from 1 April 2011: Version 3 November 2013
- NHS Concerns, Complaints and Redress Arrangements (Wales) Regulations 2011
- PTHB Guidance for the Management of Serious Incidents
- WHC (2018) 051 Welsh Health Circular on revised pressure ulcer reporting including the reporting of serious incidents
- WHC (98) 80 (the Caldicott Report)
- The Data Protection Act (1998) DPA
- The General Data Protection Regulation (GDPR)
- Wales Interim Policy and Procedures for the Protection of Vulnerable Adults
- All Wales Child Protection Procedures
- Coroners Procedure
- Access to Health Records Act 1990
- Public Services Ombudsman (Wales) Act 2019
- The Code of Openness (1995)
- Human Right Act 1998
- Freedom of Information Act 2000
- Race Relations Amendment Act 2000
- Welsh Language Act 1993
- Equality Act 2006
- PTHB/HR 006 All Wales Raising Concerns (Whistleblowing) at Work
- PTHB/HSP 005 Violence and Aggression Policy
- PTHB/HR 010 All Wales Disciplinary Policy & Procedures
- Mental Capacity Act
- Mental Health Act
- WCH (97) 17 Clinical Negligence and Personal Injury Litigation: Claims handling
- PTHB/CP 025 Management of Compensation Claims Policy
- PTHB Information Governance Policies and Procedures
- PTHB/SGP 036 Safeguarding Policy
- PTHB SGP 041 Managing Allegations of Abuse or neglect Made Against Professionals and members of Staff

6 Principles

In terms of the effective management and resolution of concerns, PTHB is committed to the principles of openness, accessibility, transparency, responsiveness, fairness and confidentiality, where necessary.

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In line with national equality and diversity legislation, the Board will take all reasonable steps to enable patients and/or their representatives to raise a concern in the most appropriate format. It will also offer the support of advocacy services where necessary, working collaboratively with Powys Community Health Council:

- That people have their concerns dealt with efficiently, openly, sympathetically and in a timely manner (see Appendix A).
- The person raising the concern will be treated with respect and courtesy, with confidentiality maintained if requested.
- The investigation will be proportionate to the severity of the concern raised (see Appendix B).
- If the concern is graded 4 or 5 the Process for Managing Serious Concerns will be considered (Appendix C).
- The person raising the concern will be guided as to independent support or Advocacy.
- A named Health Board contact will be allocated, usually the Investigating Officer, who will make early and regular personal contact with the person raising the concern.
- Action will be taken as a result of a concern being raised and assurance given that lessons will be learnt, where necessary (see Appendix D).
- The concern will be managed in line with Welsh Government regulations.
- Consideration will be given to of an offer of Redress, in accordance with the Regulations, where investigation into the matters raised reveal that there is a qualifying liability in tort.

All complaints will be dealt with in accordance with this policy. However, unreasonable or abusive complaint behaviour does happen from time to time, and vexatious and repetitive complaints are an increasing problem for public sector bodies. Difficulties in handling such situations can place strain on time and resources and can be stressful for staff who have to deal with these complex and challenging issues. Unreasonable persistent complainants have been defined as those who, because of the frequency or nature of their contact with an authority, hinder the authority's consideration of their or other people's, complaints. Our response to these situations will be dependent on the individual circumstances.

This Policy is based on the principles of "Being Open" (NPSA 2009).

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6.1 Acknowledgement

All patient concerns/incidents will be formally acknowledged and reported and recorded as soon as they are identified. People raising a concern will be treated with compassion and respect by staff.

6.2 Single Point of Entry

The Health Board will provide a single point of entry for concerns, which is via the Quality and Safety Unit.

6.3 Truthfulness, Timeliness and Clarity of Communication

Information about the investigation will be given to the person raising the concern in a truthful and open manner, by an appropriately nominated person.
The principles of the regulations are that a patient will be informed when moderate or severe harm has been caused. Where it is felt that it would not be in the best interests of the patient/representative to inform or involve them in the investigation:

- The rationale for that decision must be recorded, via Datix;
- As circumstances may change, the decision not to involve the patient/representative must be kept under review throughout the investigation.

6.4 Proportionate and Appropriate Investigation
Concerns will be investigated thoroughly but proportionately. The Grading of the concern (appendix B) and timescales for the investigation (appendix A) will help guide the Investigating Officer, as will making personal contact with the person raising the concern to identify and confirm the key issues.

6.4.1 Informal Resolution
Where possible, every effort will be made to deal with things straight away. Persons who have a concern will be encouraged to raise it with the person they are dealing with. Staff are encouraged to try and resolve the concern there and then. Any lessons from persons' concerns should be brought to the attention of the Concerns Team. If a member of staff considers they cannot assist the person, they must explain why and advise persons a formal investigation is required.

6.4.2 Formal Investigation
Identifying the root cause of the concern will focus the investigation and help to improve the systems of care. The principle of conducting a through and proportionate investigation into a concern and reassuring patients, their families and carers that lessons have been learned should help to minimize the incident recurring.

We will tell the person who we have asked to look into their concern or complaint. If their concern is straightforward, we'll usually ask somebody from the relevant service area to look into it and respond to them. If it is more serious, we may use someone from elsewhere in the health board or, in certain cases, we may appoint an independent investigator.

We will set out our understanding of the person's concerns and ask them to confirm that we are right. We'll also ask them to tell us what outcome they are hoping for.

We will tell the person who raised the concerns that the investigator will usually need to see medical records and any documents we hold relevant to their complaint and if they don't want this to happen, it's important that they tell us.

If there is a simple solution to their problem, we may ask them if they are happy to accept this. For example, where they have asked for an appointment and we sort this out straight away, we will offer to provide this rather than investigate and produce a report. Investigation reports should be produced where complex concerns exist but

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the decision to produce a report must be proportionate to the complexity of the concerns raised.

We will aim to resolve concerns as quickly as possible and expect to deal with the vast majority within 30 working days. If a complaint is more complex, we will:

- Let the person know within this time why we think it may take longer to investigate.
- Tell them how long we expect it to take.
- Let them know where we have reached with the investigation, and
- Give them regular updates, including telling them whether any developments might change our original estimate of time.

The person who is investigating the concerns will firstly aim to establish the facts. The extent of the investigation will depend upon how complex and how serious the issues the person has raised are. In complex cases, we will scope the investigation and produce a plan. In some instances, we may ask to meet with the person to discuss their concerns. Occasionally, we might suggest mediation or another method to try to resolve disputes. We will look at relevant evidence. This could include information the person has provided, our case files, notes of conversations, letters, emails or whatever may be relevant to the person's particular concern. If necessary, we will talk to staff or others involved and look at our policies, any legal entitlement and guidance.

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6.4.3. Outcome

If we formally investigate the person's complaint, we will let them know what we find. If necessary, we will produce a report and explain how and why we came to our conclusions. If we find that we made a mistake, we will tell the person what happened and why. If we find there is a fault in our systems or the way we do things, we will tell the person what it is and how we plan to change things to stop it happening again. If we make a mistake, we will always apologise for it.

6.5 Putting Things Right

The Health Board will state that it is sorry for any suffering or distress resulting from a concern. This is important as evidence suggests that people raising a concern want their concern validated. It is important to note that saying sorry is not an admission of liability.

If we didn't provide the person with a service they should have had, we'll aim to provide it now, if that's possible. If we didn't do something well, we'll aim to put it right. If the person has lost out as a result of a mistake on our part, we'll try to put them back in the position they would have been in if we'd done things properly.

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6.6 Public Services Ombudsman for Wales

If we do not succeed in resolving the person's complaint, they may complain to the Public Services Ombudsman for Wales. The Ombudsman is independent of all government bodies and can look into their complaint if they believe that they personally, or the person on whose behalf they are complaining:

- Have been treated unfairly or received a bad service through some failure on the part of the service provider.
- Have been disadvantaged personally by a service failure or have been treated unfairly.

The Ombudsman normally expects the person to bring their concerns to the health board's attention first and to give us a chance to put things right. The person can contact the Ombudsman by:

- Phone: 0300 790 0203
- Email: ask@ombudsman.wales
- The website: www.ombudsman.wales
- Writing to: Public Services Ombudsman for Wales
  1 Ffordd yr Hen Gae, Pencoed CF35 5LJ

There are also other organisations that consider complaints. For example, the Welsh Language Commissioner's Office deals with complaints about services in Welsh. The health board can advise you about such organisations.

6.7 Escalation of Concerns

It is recognised there are certain situations when a staff member may need to escalate a complaint raised. This can be at any point in the concerns process. Escalation is often because a person is agitated or irate and is not content with the way in which their concerns are being managed and it is advised you seek advice and support from a senior member of staff or contact the Patient Experience/ Concerns Team. Situations where escalation may be required include:

- the person who raised the complaint is not pleased with the interaction when dealing with their concerns;
- a conflict of interest is identified;
- if the person who raised the concerns feels that their complaint has not been resolved to their satisfaction;
- the demands of the person raising the concern exceeds expectations; and,
- the investigator considers they do not have the skill set and experience to deal with the concerns raised.

6.8 Confidentiality

The General Data Protection Regulation (GDPR) is concerned with respecting the rights of individuals when processing their personal information. Adherence to GDPR is essential when collecting, processing and storing individuals' personal data. The principle 'integrity and confidentiality' means you must ensure that you put measures in place to protect personal data you hold, the details of a patient's concern should at all times be considered confidential.

6.9 Staff Involvement

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Information about the investigation must be given to the staff involved in a truthful and open manner although, if imparting this information may jeopardise the investigation, then it is advised not to inform the member of staff. As with section 4.3, the rationale must be recorded on Datix. Any information shared is based solely on the facts known at the time. Staff must explain that new information may emerge as the investigation is undertaken and that the person raising the concern will be kept up to date with the progress of an investigation.

6.10 Professional Support

The relevant Senior Management Team and the PTHB PTR Team (also known as the Concerns Team) will provide support for those involved with investigating a concern. Referral for staff support should also be considered. Healthcare professionals may seek support from their relevant professional bodies such as the GMC, RCN, HCPC and the MDU etc.

6.11 Multidisciplinary Responsibility

Most healthcare provision is through multidisciplinary teams. This should be reflected in the way that patients, their families and carers are communicated with when things go wrong. This will ensure that the Putting Things Right process is consistent with the philosophy that incidents usually result from system failures and rarely from the actions of an individual.

6.12 Continuity of Care

Patients are entitled to expect that they will continue to receive all usual treatment and continue to be treated with dignity, respect and compassion, without fear of reprisals for raising a concern. If a patient expresses a preference for their healthcare needs to be taken over by another team, where possible the appropriate arrangements should be made for them to receive treatment elsewhere.

7 Roles and Responsibilities

7.1 Chief Executive Officer (CEO)

The Chief Executive Officer has overall accountability for dealing with concerns. This has been delegated to the Director of Nursing & Midwifery, as the Executive Lead and Responsible Officer, with day-to-day operational responsibility being assigned to the Assistant Director Quality and Safety (named as the Senior Investigations Manager)

7.2 Responsible Officer (RO)

'The National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011' requires organisations to designate a person as a Responsible Officer to take overall responsibility for the effective day to day operation of the arrangements for dealing with the concerns in an integrated manner. The latter meaning the process for dealing with concerns, and if there is a duty to under the Regulations to consider qualifying liabilities, claims management reporting are dealt with under a single governance umbrella.

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As stated above, the Director of Nursing & Midwifery is the Responsible Officer for leadership and overseeing the management of concerns arrangements. The Responsible Officer ensures arrangements are in place to:

- Manage concerns in line with the Regulations
- Consider whether a qualifying liability exists
- Ensure that concerns (incidents, complaints and claims) are dealt with under a single arrangement in compliance with Welsh Government regulations
- Ensuring an annual report is prepared which summarises the organisations activities under the Regulations NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2010. (Regulation 10.2)
- Ensuring that arrangements for dealing with concerns are published and accessible and that a copy of the arrangement must be given free of charge, to any person who requests it, in the format requested.

7.3 All Directors

All Directors, clinical and non-clinical, where their services impact on NHS funded care have a responsibility for dealing with concerns. Alongside their deputies, they are responsible for establishing robust structures to ensure that concerns are appropriately managed, investigated and resolved in line with the regulations within their sphere of responsibility. This includes compliance to investigation timescales, validation of draft responses for submission to the Concerns Team, reporting and monitoring arrangements within their Service Group, establishing a culture of learning. All concerns final responses must be forwarded to the relevant Director in accordance with the flowchart at Appendix E.

7.4 Senior Investigations Manager

The Senior Investigations Manager is the Assistant Director Quality and Safety and is responsible for the handling and consideration of concerns under the Regulations. Their role requires them to undertake other functions in relation to dealing with concerns and to cooperate with other persons or organisations, e.g. primary care providers, the PSOW, the Coroner to facilitate the handling and investigation of concerns. This role is supported by an additional trained staff member the Senior Manager - Putting Things Right.

The Senior Investigations Manager provides leadership and advice to clinicians and managers on patient safety and on the handling and management of concerns. This includes implementing a system across the Health Board to ensure remedial actions are taken to avoid a recurrence of concerns and the sharing of lessons learnt across the health board. The SIM will monitor compliance to the Regulations, escalating issues to the RO and will monitor draft responses to ensure policy compliance.

7.5 Investigating Officers (IOs)

Investigating Officers are responsible for completing a comprehensive, open and honest investigation addressing all the concerns raised, as agreed with the person

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raising a concern, abiding by the timescale outlined within the PTR Guidance. Grade 1, 2 and 3 concerns should be managed, to completion, within 30 working days.

The Investigating Officer will complete a formal report and draft a response letter, using the health board's templates, which will be submitted to the responsible Assistant Director for ratification. The IO will consider if there is any breach in duty and resultant harm that may need to be considered by the Redress Panel. The Investigating Officer will discuss actual or potential breach of duty and harm with the PTR (Concerns) Team. They will also ensure that an action plan is completed to address any improvements required.

If there is a delay in completing an investigation or complying with the 30 working day turnaround time for complaints, the Investigating Officer must seek permission from the responsible Assistant Director to have an extension to the timescale. The person who raised the concern must be notified and a holding letter sent, in collaboration with the PTR (Concerns) Team.

7.6 The Senior Manager – Putting Things Right (with support from the PTR (Concerns) Team is responsible for:

- Logging of the concern and determining initial grading.
- The production of an acknowledgement letter which is sent within 2 working days of receipt of the concern.
- Timely sharing of the concern with the respective Assistant Director/ Head of Service, for investigation and providing guidance regarding return time, ensuring the relevant Director is copied into new concerns for information purposes.
- Supporting the Investigating Officer with the production of holding letters, in compliance with PTR Regulations.
- Quality assuring the final draft response.
- Identifying potential or actual breach of duty, harm and qualifying liability in collaboration with the Investigating Officer.
- Ensuring any safeguarding or potential safeguarding concerns within the complaint are discussed with a Senior Nurse in the PTHB Safeguarding Team
- Escalating policy and regulation compliance issues to the SIM.
- Producing monthly statistics on compliance to PTR Regulations, performance, themes and learning.
- Providing a bi-monthly report to the Experience, Quality and Safety Committee.
- Developing an Annual Report for the Board.

7.7 Responsibility of All Staff

- To abide by the principles outlined in this Policy.
- To ensure an open, responsive and transparent approach when concerns are raised.
- To cooperate fully and openly in the investigation of concerns.
- To comply with PTHB Values and Behaviours Framework.
- To actively learn from concerns.

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- To participate in education and training on dealing with concerns commensurate with their role and responsibilities.

8. Resources

Resources are necessary to ensure delivery of the complaints policy and procedure. Corporate and Service Groups need to ensure staff are skilled and competent in dealing with complaints and have administrative support, if necessary.

Training is an essential part of ensuring staff have skills and competence commensurate to their role. Staff involved in managing complaints must participate in available training.

Corporate staff must be trained in complaints handling administration.

8.1 Reporting Mechanism / Monitoring the Process

Concerns will be reported to the Experience, Quality and Safety Committee and will form part of regular alternate month reports. Details of the subject and nature of the concern together with the outcome of the investigation will be recorded. Compliance with the stated time periods for response will be monitored and reported, together with emerging themes.

The Board will be informed of concerns which may adversely affect organisational reputation, by the Chair of the Experience, Quality and Safety Committee or the Responsible Officer. The RO will provide an annual report to the Board, which has been signed off by the Experience, Quality and Safety Committee. This report will include:

- The number of concerns notified to the Health Board;
- The number of concerns notified to the Public Service Ombudsman for Wales.
- The number of concerns referred to Redress (in accordance with WRP Standard 5).
- Response performance
- Themes

The report will also focus on providing assurance to the Board that lessons identified during the investigation of a concern are learnt and that appropriate remedial action is implemented, monitored and evaluated for effectiveness.

8.2 Service Groups

Each service area will have a Quality and Safety Forum, which includes in its Terms of Reference the need to review, monitor and audit the management and resolution of concerns. A senior manager on behalf of the responsible Assistant Director will lead this work. Policy and Regulation compliance will be reviewed at the Senior Leadership Team Meetings, led by the responsible Director.

8.3 Experience, Quality and Safety Committee

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The Experience, Quality and Safety Committee has corporate responsibility to ensure that organisational risks identified through the investigation of concerns are managed appropriately and that remedial actions are taken. It will also satisfy itself that lessons learnt are disseminated across PTHB.

Annual performance reports will be provided to the Welsh Government in line with the reporting arrangements described in the PTR Guidance.

Service Groups will be asked to periodically attend the Experience, Quality and Safety Committee to provide assurance regarding their processes and compliance to PTR Regulations.

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9 Notification of Concerns

A concern may be notified by:

- A person who receives or has received services from the organisation.
- Any person who is affected or likely to be affected by the action, omission or decision of the organisation.
- An independent member.
- A member of staff

A concern may be notified by a person acting on behalf of another person in the following circumstances:

- If the person affected has died.
- If the person affected is a child.
- If the person affected lacks capacity to raise a concern themselves.
- If the person affected has requested another person to act on their behalf (in this instance consent will be required).

Powys Teaching Health Board must be notified of a concern not later than 12 months after the date on which the matter occurred, or not later than 12 months from when the concern became known. These timescales are not absolute and may be subject to consideration involving the SIM &/or the RO if there are reasonable reasons for non-compliance to the timescales, for example bereavement.

9.1 Managing Cross Border Concerns

If the concern relates to more than one body we will work with them to decide who should take the lead in dealing with the concerns. The person will then be given the name of the person responsible for communicating with them while the health board considers their complaint.

Where a concern involves an organisation cross-border, whether it be in England or Wales, that is providing care on behalf of Powys Teaching Health Board, the provider organisation will be required to comply with the Welsh Regulations (2011), which will be outlined in the contractual arrangements. If the health board enters into arrangements with NHS organisations in Scotland or Ireland provisions within the

Regulations need to be considered. Please contact the patient Experience/ Concerns Team for further advice.

9.2 Concerns involving other organisations, primary care providers and independent contractors

9.2.1 Concerns which involve other agencies

When a concern either involves more than one responsible body or appears to relate solely to another responsible body, the following action should be taken:

- Inform the person raising the concern that another NHS organisation is involved in their concern, and
- Seek consent from the person raising the concern to contact and notify the NHS organisation that they are involved in the concern.

The second responsible body must be notified within 2 working days of receipt of the consent. Arrangements should be made to ensure that when a concern involves more than one responsible body, the handling of the investigation is co-ordinated and a joint response is given. All organisations have a duty to co-operate fully and this may include identifying a lead and sharing information.

9.2.2 Concerns Involving Primary Care Providers and Independent Providers

If PTHB receives a concern from a person in relation to services from primary care providers and independent providers, the following action should be taken:

- PTHB will establish with the person raising the concern, whether the provider has already considered the concern and whether a response has been issued;
- If a response has been provided, PTHB do not investigate and informs them of their right to take their concern to the Public Service Ombudsman for Wales (PSOW)
- If a response has not been provided, the consent of the person raising the concern must be gained in order for the details of the concern to be sent on to the provider;
- If consent is not granted, this must be recorded on Datix. PTHB can investigate the concern, but they must make it clear to the person who raised the concern that there will be limitations to the findings because of the non-involvement of the primary care providers;
- If consent is granted, the SIM will determine whether it is appropriate for the Primary Care or Independent provider to investigate the concern;
- If it is decided that the Primary Care or Independent provider can investigate the concern, then they manage the concern in line with the handling and investigation of concerns as outlined in this policy;

and

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- If it is determined that PTHB will investigate the concern, the person who raised the concern and the Primary Care or Independent provider must be informed of this decision.

10 Grading of Concerns

The All Wales Grading Framework is used to assess and manage incidents. The grading of a concern should be viewed on receipt of the concern and following the investigation. This matrix will be adopted to determine the level of investigation required in dealing with all types of concerns in order to promote a consistent approach across PTHB and Wales and to ensure a proportionate investigation (Appendix B).

10 Management of Serious Concerns

A new national incident policy focusing on the changes in the national reporting of healthcare incidents in Wales is due for implementation in June and July 2021. This is the outcome of national work which has focused on the review of the existing serious incident process, the aim is to establish a new framework, which has a clear focus on shared learning and quality assurance. The guidance below is only extant until the 14 June 2021, after which time interim guidance will be issued to guide staff whist this policy is updated and ratified.

A serious incident is defined as an incident that occurred during NHS funded healthcare which results in one or more of the following:

- unexpected or avoidable death or severe harm of one or more patients, staff or members of the public;
- a scenario that prevents, or threatens to prevent, an organisation's ability to continue to deliver healthcare services, including data loss, property damage or incidents in population programmes like screening and immunisation where harm potentially may extend to a large population;
- allegations, or incidents, of physical abuse and sexual assault or abuse; and/or
- loss of confidence in the service, adverse media coverage or public concern about healthcare or an organisation.

Below are examples of serious incidents that must be reported to Welsh Government:

- Deaths where a healthcare associated infection (including *Clostridium* difficile and methicillin resistant *Staphylococcus* aureus) is mentioned on the death certificate as either the underlying cause of death or
- contributory factor;
- Outbreak of a healthcare associated infection in a hospital that results in significant disruption;

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- Avoidable healthcare associated pressure ulcers graded 3, 4 or unstageable **only notified post completion of the investigation in accordance with WHC (2018) 051.
- Suspected suicide/unexpected death of mental health patient (including community and in-patient services);
- Self-Harm incidents categorised as 'severe' under the *Grading Framework for dealing with Concerns*;
- Admission of a child under the age of 18 years to an adult mental health ward;
- Absence without leave of a patient subject to the Mental Health Act;
- Intrauterine Fetal deaths if there is early indication that the death it is linked to midwifery/obstetric practice;
- Maternal deaths;
- Patient falls that result in death or severe harm;
- Radiation incidents resulting in patients receiving a radiation dose that is much greater than intended.

PTHB have developed a procedure to guide staff in the management of serious concerns i.e. those graded at 4 or 5 (Appendix C).

Never Events are defined as serious, largely preventable patient safety incidents that should not occur if the available preventable measures have been implemented. Not all never events necessarily result in severe harm or death. The current list is here: Never Event List

All Never Events must be reported to Welsh Government as per the process described for serious incidents.

In some cases, incidents may not result in direct harm to a patient(s) but may impact on service provision or organisational reputation including adverse media coverage. In such cases a **No Surprise** notification should be submitted in accordance with the process for reporting serious incidents. No surprise incidents are automatically closed within 3 working days unless Welsh Government choose to escalate them to serious incident status or the circumstances of the incident change that require the health board to report as a serious incident.

12 Concerns about Children and Adults at Risk

When a person raises a concern on behalf of a child or an adult at risk, PTHB must be satisfied that:

- There are reasonable grounds for concern being notified by a representative and not by the individual themselves (Reg. 12 (3) (a)).
- When the child or adult at risk raises a concern themselves the organisation must ensure that they are given reasonable assistance including the offer of an independent advocate, in order to pursue the concern.
- Where a concern indicates that a child or adult at risk may have been abused, the PTHB Safeguarding Policy must be followed in conjunction with the Wales Safeguarding Procedures 2019. The decision to instigate child or adult protection

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procedures must be logged on Datix with the rationale clearly identified and the Multi Agency Referral Form attached to the Datix Report.
- If, during the investigation, there are concerns that an adult or child may be at risk a discussion should take place as soon as possible between the Senior Investigation Manager and a Senior Nurse for Safeguarding.
- Where the concern relates to an allegation of abuse or neglect by a member of staff, the PTHB SGP 041 Managing Allegations of Abuse or neglect Made Against Professionals or Members of Staff must be followed.

Following an investigation where a breach of duty has or may have occurred which caused harm, then the case must be referred to the Concerns Team for consideration of Redress in the event of a qualifying liability.

13 Redress

Under the legislation, the Health Board is required to consider when investigating a concern, whether there is a qualifying liability in tort i.e. whether there has been a breach of duty of care and whether that breach of duty is causative of any harm or loss to that person. Where this is indicated, there is a qualifying liability in tort and a consideration of an offer of redress is necessary.

Redress can take the form of:

- A formal apology.
- Remedial action.
- Investigation and explanation.
- Financial compensation up to £25,000.00.

A Redress Panel has been established to enable the Health Board to manage its responsibilities under the Regulations. The Panel is chaired by the Director of Nursing & Midwifery. Where an Investigating Officer determines a breach of duty has occurred or considers this may be likely, the case will be presented to the Redress Panel for consideration, coordinated by the Senior Manager – Putting Things Right. The Investigating Officer will complete a Redress SBAR and will attend the Panel to present the case.

14 Training

Putting Things Right training is essential. The level of training required by individual staff is in line with the Key Skills Framework. Staff at all levels of the PTHB can access the online learning via C:\Users\we132072\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\LGC2LMQW\tw the Electronic Staff Record *"NHS Wales Putting Things Right"*

The training is divided into sections for all staff, at all levels:
- All staff should complete Sections 1, 2 and 5.
- Sections 3 and 4 are applicable to Managers, Specialist Leads, Service Group Leads and Board Members.

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Staff need to be informed about, and receive, appropriate training in respect of the operation of the arrangements for the reporting, handling and investigation of concerns. Generic training on dealing with concerns will be provided to all staff through an annual training programme that reflects their role and individual performance appraisal development review. Staff should consider training in related areas such as:

- Customer care
- Communication Skills
- Safeguarding mandatory training commensurate to role
- Records management
- Root Cause Analysis training
- Legal training / awareness

Staff who are investigating a concern must use the toolkit developed by the Quality and Safety Unit to guide their investigation and to ensure a consistent approach to investigating, reporting, managing and resolving concerns.

15 Learning from concerns

Powys Teaching Health Board is committed to listening to service users and learning lessons when experiences have not met the expected standards. We take people's concerns and complaints seriously and try to learn from any mistakes we have made. Themes from concerns and lessons learnt will be discussed at the strategic Learning Group, Experience, Quality & Safety Committee, Patient Experience Steering Group and at the Local Quality Forums. Additionally, lessons and actions taken will feature in the Concerns Annual Report.

Where there is a need for significant change, we will develop an action plan setting out what we will do, who will do it and when we plan to do it. We will let the people of Powys know when changes we've promised have been made.

16 Storage and Management of Concerns Files

- The concerns file must include the Investigating Officers report and any other relevant information concerning the investigation.
- The concerns file is disclosable.
- The (paper and electronic) concerns file must be kept for a period of 10 years. Records relating to maternity concerns should be retained for 25 years and in the case of children until they attain the age of 25 (with the minimum 10-year provision). ** No medical records can currently be culled due to the IICSA (independent Inquiry into Child Sexual Abuse) and the Infected Blood Inquiry.
- The Concern File, including the Investigating Officer's file, should be combined into one full file. This file is the responsibility of the service area Assistant Director. On request from the Quality and Safety Unit a paper copy of the full file is to be provided.
- It is the responsibility of the Service Group Management Team to ensure that this file is complete, accurate and holds no contentious remarks.
- If a concern becomes a claim then the file will be combined into the Litigation File.

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17 Investigations undertaken by the Public Service Ombudsman

If it is not possible to resolve a concern through local resolution, the person raising the concern can refer the matter to the Public Service Ombudsman for Wales. Contact details for the Ombudsman must be provided in the acknowledgement or response letter to the person raising the concern.

The Ombudsman normally expects the person to bring their concerns to our attention first and to give us a chance to put things right. The person can contact the Ombudsman by:

- Phone: 0300 790 0203
- Email: ask@ombudsman.wales
- The website: www.ombudsman.wales
- Writing to: Public Services Ombudsman for Wales
  1 Ffordd yr Hen Gae, Pencoed CF35 5LJ

18 Review and change control

This Policy will be monitored by the Experience, Quality and Safety Committee and will be subject to review every three years or sooner in light of new guidance, legislation or organisational change.

19 Audit

Audit will be undertaken in accordance with Appendix F to ensure compliance with the Regulations.

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Appendix A

NHS (Concerns, complaints and Redress Arrangements) (Wales) Regulations 2011

Timescales for Handling Concerns

Type of Response and Regulation which applies	Type of Case	Within *2 working days	Within 30 working days of receipt.	Within 6 months of receipt.	Within 12 months of receipt.	Longer than 12 months.
		All cases	Majority of cases.	Exceptions. Reasons must be given	Majority of cases	Exceptions. Reasons must be given.
Acknowledgement letter. (Regulation 22)	All cases	✓				
Final response, (Regulation 24)	Cases that do not involve issues of liability		✓	✓		
Interim response (Regulation 26)	Cases that do or may involve issues of liability		✓	✓		
Investigation Report and Communication of Decision. (Regulations 31 and 33)	Cases that do or may involve issues of liability				✓	✓

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***IMPORTANT NOTE: The 2 working day acknowledgement period fall within the overall 30 working days for response.**

Appendix B

Grading of Concerns

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Grade	Examples of Concern	Potential for Qualifying Liability / Redress
1 No Harm	• Concerns which normally involve issues that can be easily/speedily addressed, with no harm having arisen (e.g outpatient appointment delayed but no consequences in terms of health, difficulty in car parking etc.) but have impacted on a positive patient experience. • Labelling error in Pathology detected pre analytically.	Highly Unlikely.
2 Low Harm	• Concerns regarding care and treatment which span a number of different aspects/specialties. • Increase in length of stay by 1-3 days. • Patient fall - requiring minor treatment. • Requiring time off work - 3 days. • Concern involves a single failure to meet internal standards but with minor implications for patient safety. • Return for minor treatment, e.g. requiring local anaesthetic, further treatment/monitoring by GP. • Samples taken from the wrong patient – not acted upon but require repeat venepuncture. • Pathology labelling error detected post analytically before further intervention	Unlikely.

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Grade	Examples of Concern	Potential for Qualifying Liability / Redress
3 Moderate Harm	• Clinical process/issues that have resulted in avoidable, semi-permanent injury or impairment of health or damage that requires intervention. • Additional interventions required or treatment/appointments needed to be cancelled. • Re-admission or return to surgery, e.g. requiring general anaesthetic. • Necessity for transfer to another centre for treatment/care (e.g. for and incident in a GP Practice, admission to hospital). • Increase in a length of stay by 4-15 days. • RIDDOR reportable incident (moderate harm). • Requiring time off work – 4-14 days. • Concerns that outline more than one failure to meet internal standards. • Moderate patient safety implication. • Concerns that involve more than one organisation (e.g. cross border incidents that may involve English Providers or other Health Boards, incidents involving interface with Local Authority or Ambulance Trusts).	Possible in some cases.
4 Severe Harm	• Clinical process issues that have resulted in avoidable, semi-permanent harm or impairment of health or damage leading to incapacity or disability. • Additional interventions required or treatment needed to be cancelled. • Unexpected re-admission or unplanned return to surgery. • Increase in length of stay by more than 15 days. • Necessity for transfer to another centre for treatment/care. • Requiring time off work – more than 14 days. • A concern outlining non compliance with national standards, with significant risk to patient safety. • RIDDOR reportable incident (significant harm). • Pathology: Specimen loss, labelling error detected post analytically following further intervention. • 'Wrong Blood' transfusion	Likely in many cases.

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Grade	Examples of Concern	Potential for Qualifying Liability / Redress
5 Catastrophic Harm	• Concern leading to unexpected death, multiple harm or irreversible health effects. • Concern outlining gross failure to meet national standards. • Clinical/process issues that have resulted in avoidable, irrecoverable injury or impairment of health, having a lifelong adverse effect on lifestyle, quality of life, physical and mental wellbeing. • Clinical process or issues that have resulted in avoidable loss of life. • RIDDOR reportable incident (catastrophic harm). • Significant/consistent reporting errors i.e. malignant as benign.	Very likely.

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Appendix C

Flowchart for Reporting and Investigation of Serious Incidents

Actual or potential serious incident identified within Service Group

Incident reported via DATIX reporting system

Incident reviewed by the Concerns Team and SI agreed

Executive Lead assigned.

Concerns Team to report to Delivery Unit/ Welsh Government within **one working day** of incident being

Urgent meeting, led by designated Exec, where initial scoping of incident is discussed (Within **3 working days** of nomination)

Serious Incident confirmed – Investigation Terms of Reference clarified and **timescale agreed.**

Investigating Officer (IO) appointed to undertake investigation.

(Concerns Team will track & chase progress)

IO submits incident investigation report and action plan to Executive Lead **within agreed timescale,** copied to Concerns Team. **If action not timely,** Concerns Team will escalate to the Executive Lead**.**

Action Plan agreed and implemented

Executive Lead to Concerns Team to sign off incident as closed.

Concerns Team to inform Delivery Unit/ Welsh Government of closed incident within 60 working days of notification to Delivery Unit/ Welsh Government

Share learning as appropriate.

Local review of implementation of actions and evidence uploaded onto Datix

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Appendix D

Flowchart for Reporting and Investigation of Concerns

The Health Board has 30 working days to investigate, action and respond to a formal concern. The clock starts ticking on the day the concern is received into the organisation.

The flow chart below is designed to simplify the process to be taken, from receipt of the initial concern to the final response and sharing the lessons learned using a timeline.

Day 1

Formal concern received from a patient or patient's representative.

Is it a Primary Care concern?

NO / YES

Is there a patient safety issue that needs immediate action?

NO / YES

Address the safety issue first

Scan the letter and send to the Concerns Team via email: concerns.qualityandsafety.Pow@wales.nhs.uk

Day 1-2

The Concerns Team will record the details into Datix and will send a formal acknowledgement letter to the patient (or the patient's representative as appropriate) requesting signed consent for access any medical notes to aid the investigation.

The Concerns Team will send investigation request, with necessary documents and templates, via email, to the:
1) Assistant Director and/or the Head of Service or Practice Manager (Primary Care) indicating initial grade of concern/turnaround time
1a) The service area Assistant Director/Service Lead assigns appropriate Investigation

Day 1-15

The IO will personally contact the person raising the concern and will then undertake a full investigation, providing a written investigation report together with a draft response letter and draft Action Plan. The draft letter, report and action plan is submitted to the service area Assistant Director/Service Lead for ratification who then forwards to Concerns Team for quality checking.

IMPORTANT NOTE
If the IO is unable to complete the investigation and draft response within the timescale identified, consent to extend timeframe must be gained from the service area Assistant Director/Service Lead. The Concerns Team must be notified at the earliest opportunity explaining the reasons for the delay so that a 'holding' letter can be sent to the patient/patient's representative to advise them of the delay and the rationale.

Day 15-30

1a) Concerns Team will return to the IO, cc the service area Assistant Director/Service Lead, if further information is required **or** 1b) Submit the draft for sign off by the Director of Nursing & Midwifery
Note: timescale on return of the amended draft will have a much shorter turnaround.

The Director of Nursing & Midwifery will submit the final response to the CEO for sign off.
The final letter is sent to the Concerns Team for processing.

Sharing of Lessons Learned
Complaints will be discussed through learning groups. Themes will be identified and discussed.

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In the event of breach of timescales Q&S must be informed so a holding letter can be sent	**Flowchart for Service Groups Complaint Management – Concerns with 30-working days**	**Appendix E**

Who	Complaint tracked by admin with check and chase undertaken to ensure timescales achieved	Action	Timescale	DAY	Escalation
Concerns Team		Complaint received by Q&S Team. It is assessed, graded and logged on Datix	Day 1	1	
Concerns Team		Complaint acknowledgement prepared and sent	Day 1 - 2	2	
Concerns Team		Complaint and copy of acknowledgement letter or note of verbal acknowledgement to be forwarded to appropriate Assistant Director and Cc'd to the Director. Turn around time to be specified.	Day 1 – 2	2	
AD/HOS		Complaint is received and allocated to an Investigating Officer by AD/HOS, specifying turn around time	Within 1 working day of receipt	3	
I.O.		I.O. makes direct contact with the person complaining, clarifying issues, provides reassurance and indicates time for potential completion. Advocacy will also be considered/advised.	Within 1 working day of receipt	4	
I.O.		I.O. conducts investigation, compiles a report and drafts a response for AD/HOS review	Max 15 working days	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	If response time is likely to be exceeded, the I.O. must seek permission from AD/HOS to extend investigation time. The AD/HOS must speak to the Q&S Unit to establish whether an extension is reasonable and agree the revised timescale the Q&S Unit will be required to send a holding letter/email to manage complainant's expectations and ensure effective communication.
AD/HOS		AD/HOS reviews the draft and ensures all issues are addressed and forwards to the respective Director for approval	Within 1 working day of receipt	20	

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Director		Director reviews and approves, forwarding to Concerns Team for quality assurance	Within 1 working day of receipt	21	
Concerns Team		Concerns Team quality assure and send to R.O./CEO for approval	Within 3 working days of receipt	22	
				23	
				24	

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Appendix F: Audit Programme Cycle

Area		Activity	Delivery timeframe for internal activity				
			Q1	Q2	Q3	Q4	External Audit (EA)
Process compliance A combination of open and closed cases in a set period of time may be required for a 10% sample.	Standard concerns (all concerns excluding categories below)	random sample audit					
	Staff concerns	random sample audit of specific category					
	Children and Adults at Risk	random sample audit of specific category (Or 10 unique if 10% < 10)					
	Serious Concerns	random sample audit of specific category (Or 10 unique if 10% < 10)					
	Never Events	random sample audit of specific category (Or 10 unique if 10% < 10)					
	Management of Redress Cases	random sample audit of specific category (Or 10 unique if 10% < 10)				(EA)	Yes - Annual
	Claims Management	random sample audit of specific category (Or 10 unique if 10% < 10)				(EA)	Yes – Annual (25%/25 unique)
	Commissioned services concerns	random sample audit of specific category (Or 10 unique if 10% < 10)					
	Cross Border concerns	10% random sample audit of specific category (Or 10 unique if 10% < 10)					
	Multi-agency concerns	10% random sample audit of specific category (Or 10 unique if 10% < 10)					
Listening & Learning	Complainant experience	Ongoing feedback monitoring					
		High level review of monitoring /red flags and learning					
		10% random sample deep dive audit					
	Organisational learning	Combined audit and review activity					
Duty of Candour	Duty of Candour	10% random sample audit					

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Agenda item: 2.2

BOARD MEETING		**Date of Meeting: 26 MAY 2021**
Subject:	**Reorganisation of localised Vascular Services into a 'Hub and Spoke' model Vascular Network for the South East Wales Region: A Report on Engagement 2021**	
Approved and Presented by:	Hayley Thomas, Director of Planning and Performance	
Prepared by:	Programme Director, Strategic Clinical Redesign & Chair of the Network Engagement Group on behalf of the South East Wales Vascular Programme Board Adrian Osborne, Assistant Director (Engagement and Communication), PTHB	
Other Committees and meetings considered at:	Executive Committee (5 May 2021), Executive Strategic Planning and Commissioning Group (12 May 2021) Powys CHC Executive Committee (11 May 2021) The engagement approach was approved by PTHB Board on 27 January 2021	

PURPOSE:
The purpose of this paper is to update the Board on the recent engagement on the future shape of vascular services in South East Wales and to seek approval on the next steps.

RECOMMENDATION(S):

The Board is asked to:

- **NOTE the content of the Reorganisation of localised Vascular Services into a 'Hub and Spoke' model Vascular Network for the South East Wales Region: A Report on Engagement 2021**
- **CONSIDER the views of the Community Health Councils, submitted directly by the CHC**
- **APPROVE the use of the engagement feedback to inform the implementation of the South East Wales Vascular Network**

Approval/Ratification/Decision	**Discussion**	**Information**
✓		

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THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):		
Strategic Objectives:	1. Focus on Wellbeing	
	2. Provide Early Help and Support	
	3. Tackle the Big Four	✓
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	✓
	6. Promote Innovative Environments	
	7. Put Digital First	
	8. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

EXECUTIVE SUMMARY:

Collectively, Aneurin Bevan University Health Board, Cardiff and Vale University Health Board, and Cwm Taf Morgannwg University Health Board provide vascular services in South East Wales.

This includes the provision of vascular surgery services for those residents of South Powys for whom their main acute hospital services are provided in Aneurin Bevan University Health Board (previously Nevill Hall Hospital, currently The Grange) and Cwm Taf Morgannwg University Health Board.

The current configuration of services across separate hospital sites are spread too thinly to meet the quality and safety standards set out by the *Royal College of Surgeons* and the *Vascular Society of Great Britain and Ireland.* The reorganization of localized vascular surgery into a Vascular Network (South East Wales Vascular Network) is essential in providing a 24/7 high quality, consultant led vascular service that maintains proper clinical outcomes and patient care.

The South East Wales Vascular Programme Board, comprising each of the affected Health Boards, agreed to run an 8-week engagement from February to April 2021. More information is available from the health board website at www.pthb.nhs.wales/find/sewalesvacular

The engagement proposed that a Hub and Spoke Network model of care be established for the populations of South East Wales. With a vascular surgery hub formed at University Hospital Wales, Cardiff, with main spoke hospital services maintained at Royal Gwent Hospital, Grange University Hospital,

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Royal Glamorgan Hospital, University Hospital Llandough. The hub and spoke service model offers the opportunity for non-surgical care to be maintained closer to home at the spoke sites, whilst the creation of a centralised surgical hub site will offer the benefits of a high-volume arterial Centre congruent with the clinical operating standards set out by the *Vascular Network of Great Britain and Ireland*.

The enclosed *Reorganisation of localised Vascular Services into a 'Hub and Spoke' model Vascular Network for the South East Wales Region: A Report on Engagement 2021* outlines the engagement process that was undertaken between 19th February 2021 and 16th April 2021 and sets out:

- A summary of the rationale for a Vascular Network for South East Wales
- An overview of the work that has been undertaken to develop recommendations for a vascular network for the region
- A summary of the resulting recommendations from an options appraisal from the 3 provider Health Boards
- A description of the process used to engage on the recommendations
- An analysis of the engagement responses
- A programme team response to the issues raised
- Conclusions drawn from the engagement

The engagement report describes the approach to the public engagement process, provides an analysis of the feedback received, summarises the key themes that emerged, provides responses to the comments received on key issues, and sets out the proposed actions that will be taken.

The engagement report was considered by Powys Community Health Council at its Executive Committee on 11 May 2021.

DETAILED BACKGROUND AND ASSESSMENT:

The engagement process sought to explore views on key components of the proposed service changes. Public engagement events were conducted by the provider Health Boards, with Aneurin Bevan University Health Board and Cwm Taf Morgannwg University Health Board providing engagement events for the population footprint of Powys Teaching Health Board as well as their own.

110 people responded formally to the engagement through an online survey. There were 7 virtual public meetings, 1 third sector meeting and the proposals were discussed at a range of internal stakeholder meetings. Of those who replied via the online survey, 72% agree with the national evidence and recommendation from the clinical option appraisal that a hub and spoke model would improve vascular services and patient outcomes in South East Wales.

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A number of themes emerged from the feedback in response to the engagement questions. The themes that emerged in order of most frequency are:

- Organisation & integration of network services
- Location of Hub & Spoke
- Accessibility & Transport
- Care provided
- Engagement process
- Impact on other services
- Workforce
- Communication
- Financial issues
- Request for information
- General concerns

It is very important to us that the public can make their voices heard throughout this service development process. We are grateful to all members of the public, staff, stakeholders, who have supported this engagement process. The contributions made by the public have provided a wealth of insight, from many differing perspectives, and will help to strengthen the service development process.

This engagement has provided an opportunity to test the proposed service changes that will affect the following population footprints:

- Blaenau Gwent, Caerphilly, Monmouthshire, Newport, and Torfaen
- Cardiff and the Vale of Glamorgan
- Rhondda Cynon Taff and Merthyr Tydfil (please note that Bridgend is part of the South West Wales Vascular Network)
- South Powys (other parts of Powys are served by South West Wales/North Wales Networks as well as networks in England)

The total resident population of the Health Boards taking forward this proposal is approximately 1.5 million.

The Covid-19 pandemic has altered the way in which this public engagement would otherwise be conducted. As a result, it has presented both opportunities and risks to the way that we engagement with the public and led to the development of a blended approach developed collaboratively with the CHCs, and increase in the use of social media. All engagement events were held via online communication platforms such as *Microsoft Teams* and *Zoom.*

Equality Impact

Equality Impact Assessment has been an integral part of the vascular services development programme and the Equality Impact Assessment has been updated to reflect the feedback received during engagement. This is

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included at Annex F of the Engagement Report and draws the following initial summary conclusions:

Initial summary conclusion

We believe that the introduction of a vascular network, including rehabilitation and the development of both an arterial centre and nonarterial units, is intended to improve patient care and outcomes for Vascular disease including timeliness of access, quality of outcome and improved equality of access and reduce inequalities. We believe that the proposed service redesign does not introduce any additional obstacles; improving standardisation for access and specialist treatment should improve outcomes across all social groups. At this stage, this assessment indicates that there are a relatively small number of cases not currently treated at a centralised site (UHW) and, from national evidence and research, the majority of cases are male and over aged 65.

For those visiting patients whilst being cared for at an arterial centre, longer and more complex journeys are likely to be necessary for some. Being required to travel to an unfamiliar hospital and longer distances could be particularly difficult and disorientating for people. Journey times will be increased for users of public transport, which is highly relevant in terms of equality groups. Car ownership amongst most equality groups and, particularly, socially deprived communities tends to be lower than average, requiring a high reliance on public modes. Early transfer of the patient back to a 'local' hospital would help to mitigate long periods in unfamiliar surroundings.

The Equality Impact Assessment will continue to be reviewed to further develop and refine this assessment and to ensure.

Views of the Powys Community Health Council

Powys Community Health Council considered the proposal at a meeting of their Executive Committee on 11 May 2021 and concluded:

"Having undertaken a comprehensive analysis of both the data provided and the responses received, the Executive Committee of Powys CHC unanimously supports the proposed changes to Vascular Services in South East Wales."

In supporting the proposal the CHC made the following observations:

- *"Members observed (and raised concern) that all the "spokes" are positioned along the M4 corridor and that PtHB should continue discussions with CTM to consider a "spoke" being situated at Prince Charles Hospital.*
- *"The continued issue re. parking at UHW*

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- *"That consideration of travel time/ public transport times should be taken into account when arranging appointments for patients travelling from Powys*
- *"Consideration must be given (and opportunities maximised) for pre-hospital/ rehabilitation/ care closer to home (including the use of Powys facilities eg Brecon Hospital)"*

Key Considerations for Powys Teaching Health Board

- The rural nature of Powys means that our residents rely on acute hospital services outside the county. They can face travel and transport challenges in accessing these services. In implementing a vascular services network it will be vital that the provider health boards take action to mitigate the travel impact on Powys residents (e.g. travel information and advice, choice of appointment times, welcome and liaison services, parking).
- As part of the implementation of the vascular services network it also will be essential for provider health boards to consider options for providing more care closer to home including for south Powys residents (e.g. outpatient appointments, diagnostics, pre-hospital care, virtual appointments, rehabilitation, follow-up appointments)
- Comments have been received from stakeholders regarding the location of the spoke services "along the M4 corridor" rather than in hospitals closer to South Powys and the valleys. Other than the more specialised services that will be located at the hub, the network approach means that the remainder of vascular services will be provided at their current location or closer for Powys residents. This change will also not affect the emergency admission pathways for vascular services. Patients will continue to access their nearest A&E hospital for emergency care. For example, within CTM there will be clinics and consultant presence at both Prince Charles Hospital and Royal Glamorgan Hospital. Both ABUHB and CTMUHB have reiterated their commitment to care closer to home, and to work with PTHB to deliver this..

NEXT STEPS:

Subject to the views of the four health Boards, the next steps will include:

- Communication of the decision of the Boards to CHCs and other key stakeholders
- Development of a business case for the implementation of the South East Wales Vascular Services Network

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):

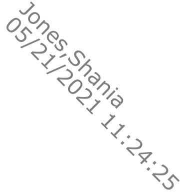
IMPACT ASSESSMENT

Equality Act 2010, Protected Characteristics:

	No impact	Adverse	Differential	Positive	Statement
Age				X	*These proposals have a broadly positive impact across all equality groups for the residents of Powys, as most services are either being provided at the same location or closer to home than was previously the case and/or there are opportunities through a network approach to strengthen the provision of pre-hospital and post-hospital care closer to home.*
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	

Risk Assessment:

	Level of risk identified				Statement
	None	Low	Moderate	High	
Clinical		X			*A moderate to high clinical risk will be mitigated through the development of a network hub-and-spoke approach to strengthen the foundations of safety and effectiveness for vascular services. The implementation of the model is not expected to have a direct financial impact on PTHB as services are funded through existing commissioning relationships. There may be some operational impact through the development of new pathways, including opportunities for strengthening care closer to home.*
Financial	X				
Corporate		X			
Operational		X			
Reputational		X			



Reorganisation of localised Vascular Services into a 'Hub and Spoke' model Vascular Network for the South East Wales Region: A Report on Public Engagement 2021

Status	Final report
Version Number	V1.6
Publication Date	06/05/2021

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D. Mid-point Engagement Review Report

E. Equality Impact Assessment

1. Executive summary

Collectively, Aneurin Bevan University Health Board, Cardiff and Vale University Health Board and Cwm Taf Morgannwg University Health Board provide vascular services in South East Wales. These services look after patients suffering from any condition that affects the network of blood vessels known as the vascular or circulatory system. The main aim of vascular services is to reconstruct, unblock or bypass arteries to restore blood flow to organs, often with the aim of reducing the risk of sudden death, prevent stroke, reduce the risk of amputation, and improve function. Vascular services are also provided to support patients with other problems such as kidney disease.

The populations affected are Blaenau Gwent, Caerphilly, Monmouthshire, Newport, and Torfaen; Cardiff and the Vale of Glamorgan; Rhondda Cynon Taff and Merthyr Tydfil (Bridgend is part of the South West Wales Network), and South Powys (other parts of Powys served by South West/North Wales Networks as well as networks in England).

There is an increasing demand on these services due an increasing and ageing population, as well as factors such as smoking and obesity. The current configuration of services across separate hospital sites in South East Wales are spread too thinly to meet the quality and safety standards set out by the Vascular Society and the Royal College of Surgeons, the total resident population of the Health Boards taking forward this proposal is approximately 1.5million.

Between Friday 19th March and Friday 16th April 2021, the four Health Boards, Aneurin Bevan University Health Board, Cwm Taf Morgannwg University Health Board, Cardiff and Vale University Health Board and Powys Teaching Health Board, ran a public engagement on a proposal for the reorganisation of localised vascular services into a 'hub and spoke' model Vascular Network for the South East Wales Region. Clinicians agree that this is a sustainable delivery model that will provide the best outcomes to all patients within the region and best use of skill and staff as advised by the Vascular Society.

This would mean that all major vascular operations and interventions are done in one hospital. It would not change citizens going to their local hospitals for non-complex, routine interventions, diagnostics, outpatient clinics, advice before an operation or for recovery and rehabilitation.

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The purpose of this report is to inform the Joint Committee and affected Health Boards of the conduct and key findings of the public engagement on the proposal to locate a vascular surgery hub for South East Wales at University Hospital of Wales, Cardiff, with main spoke hospital services maintained at Royal Gwent Hospital, Grange University Hospital, Royal Glamorgan Hospital, University Hospital Llandough and University Hospital Wales, and care wherever possible maintained closer to home.

110 people responded to the engagement via an online survey.

There were 7 virtual public meetings, 1 Third Sector meeting and the proposals were discussed at a range of internal stakeholder meetings.

Of those who replied via the online survey, 72% agree with the national evidence and recommendation from the clinical option appraisal that a hub and spoke model would improve vascular services and patient outcomes in South East Wales.

A number of common themes emerged from the feedback received in response to the engagement questions and in other formats including comments made at the public and stakeholder events:

The Health Boards will need to give careful consideration to the feedback received and the views of the CHC's in determining their response to the engagement and agreeing a way forward.

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2. Introduction

This engagement report provides:

- a summary of the rationale for a Vascular network for South East Wales
- an overview of the work that has been undertaken to develop recommendations for a vascular network for the region
- a summary of the resulting recommendations from an options appraisal from the 3 provider Health Boards
- a description of the process used to engage on the recommendations
- an analysis of the engagement responses
- conclusions drawn from the engagement

The engagement plan for the proposed development of vascular services in South East Wales was developed collaboratively by four Health Boards, namely Aneurin Bevan University Health Board, Cwm Taf Morgannwg University Health Board, Cardiff and Vale University Health Board and Powys Teaching Health Board.

The populations that are affected are:

- Blaenau Gwent, Caerphilly, Monmouthshire, Newport, and Torfaen
- Cardiff and the Vale of Glamorgan
- Rhondda Cynon Taff and Merthyr (Bridgend is part of the South West Wales Network)
- South Powys (other parts of Powys served by South West/North Wales Networks as well as networks in England).

The engagement period began on Friday 19th February and ended on the 16th of April 2021.

3. Background and Context

3.1 Rationale for a regional vascular network

Specialist vascular services aim to prevent death from aortic aneurysm, prevent stroke from carotid artery disease and prevent lower limb amputation from peripheral arterial disease and diabetes. In 2007 over 65,000[1] people in the UK

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[1] https://www.vascularsociety.org.uk/_userfiles/pages/files/Document%20Library/National-Vascular-Database-2009-report.pdf

had surgery for a problem relating to vascular disease and, due to the increasing size of the aging population, demand for vascular services increase over time. The total number of patients likely to need a vascular procedure across South East Wales is approximately 1250 each year. In addition, there are currently an estimated 275,000 are living with diabetes in Wales.[2] and this prevalence is also increasing, 311,000 people in Wales could have diabetes by 2030[3] with diabetic patients having a worse outcome, as evidenced by the increasing rate of lower limb amputation in this group. Patient outcomes in South East Wales are good however they are not sustainable in the way they are currently provided.

Nationally outcomes from vascular surgery in the United Kingdom have not compared well with other countries. Until recently the UK had the highest mortality rates in Western Europe for abdominal aortic aneurysm repair[4].The Vascular Society of Great Britain and Ireland therefore published a series of recommendations[5] describing how vascular services should be organised to deliver the best outcomes for patients. They recommend that high quality urgent vascular care should be organized and delivered using integrated vascular networks. Ensuring that local assessment, diagnosis, and rehabilitation of patients in non-arterial centres (spokes) is optimised, whilst also delivering high volume interventions at arterial centres. The goal being a service which balances the needs of patient access with the provision of comprehensive safe vascular care and intervention that is sustainable.

In light of these recommendations NHS England published a national specification for the provision of vascular services in July 2013. This specification was used to assess services across England and implement networked models of care. This specification was subsequently reviewed and supported by GIRFT (Getting it Right First Time) programme report on Vascular Surgery in 2018 which advocated as its guiding recommendation[6], the development of Networked models of care for vascular services. Clinicians from across the three Heath Board Providers in South Wales have assessed this specification

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[2]https://www.diabetes.org.uk/in_your_area/wales/diabetes-in-wales
[3] ibid
[4] Howell, S.J. (2017) Abdominal aortic aneurysm repair in the United Kingdom: an exemplar for the role of anaesthetists in perioperative medicine. British Journal of Anaesthesia.
[5]https://www.vascularsociety.org.uk/_userfiles/pages/files/Document%20Library/Provision-of-Services-for-Patients-with-Vascular-Disease.pdf
[6] https://gettingitrightfirsttime.co.uk/wp-content/uploads/2018/02/GIRFT_Vascular_Surgery_Report-March_2018.pdf

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and agree that the key elements of which are that providers of vascular services should:

- Serve a minimum population of at least 800,000 people to ensure an appropriate volume of procedures
- Ensure that highly experienced staff are treating sufficient numbers of patients to maintain competency
- Have 24/7 on site vascular surgery and interventional radiology on-call rotas that are staffed by a minimum of 6 vascular surgeons and 6 interventional radiologists.
- Provide access to cutting edge technology including a hybrid operating theatre for endovascular (minimally invasive) aortic procedures.
- Provide a dedicated vascular ward and nursing staff.
- Have a specialist team to manage patients with vascular disease that includes vascular surgeons, interventional radiologists, specialist nurses, vascular scientists, diabetes specialists, stroke physicians, cardiac surgeons, orthopaedic surgeons, and emergency medicine amongst other specialities to provide a comprehensive multi-disciplinary service.

Discussions on the sustainability of vascular services in South East Wales have been taking place for a number of years. In fact, clinicians have worked together to develop the out of hours services for Vascular emergencies with a shared emergency on call rota in place, which has been running for 20 years.

However, despite developments in the rest of the UK and other parts of Wales, the South East Wales region remains the only region in the UK without a formal networked arrangement of care for all vascular services. This, along with the fragility of the wider service sustainability for the future has resulted in our clinical teams giving consideration to how this current position can be improved, as well as developing the service to be an exemplar in Wales.

3.2 Clinical Options appraisal

A lot of work has been undertaken by clinical teams exploring potential future options for the delivery of the service in the area. This has been articulated in a non-financial clinical options appraisal, undertaken in October 2014, and included options for the clinical model as well as an assessment of potential sites for an arterial centre (hub).

Options were assessed against the following:

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1. Quality and safety
2. Acceptability
3. Strategic fit
4. Sustainability
5. Access
6. Achievability

With a strong rationale, clinicians arrived at a consensus on the option for a hub and spoke model of care, with the arterial centre or 'hub' being at University Hospital of Wales and 'spokes' remaining within Health Board footprints allowing services where possible to be delivered closer to home and a number of complex emergency and urgent vascular interventions to take place in one hospital.

This option reflects the model of care advocated in recommendations from the VSGBI but was also consistent in other specialised services including Major Trauma Networks which were developed and launched in England in 2012. A hub and spoke model allow a balance between local access for the population and ensuring sustainability of service, improved access to training for staff with higher volumes of surgery or intervention in one centre leading to improved patient outcomes.

The recommendation on the hub site was also based on the 6 key criteria and included consideration of collocated services, including; Neurosurgery, Nephrology, Cardiology.

Clinical engagement has taken place throughout the service development process and there remains good clinical consensus. A letter confirming that the work undertaken during the clinical option appraisal process in 2014 remains valid has recently been received by the Chair of the Joint Vascular Programme Board. Indeed, the clinical body indicated the preferred option including the site choice for the hub had now been strengthened since the Major Trauma Centre was launched in September 2020 at University Hospital Wales.

4. Scope of the public engagement

During October 2020, a report was shared with the Vascular Programme Board which outlined a potential approach to engagement and consultation on the proposals for the service. This was supported and a two-stage process of

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engagement followed by consultation agreed, subject to appropriate engagement with Community Health Council colleagues.

Organisations that were identified as needing to be part of the consultation and engagement were Aneurin Bevan University Health Board, Cardiff and Vale University Health Board, Cwm Taf Morgannwg University Health Board and Powys Teaching Health Board, as commissioners of these services for their local population.

Further to the decision made by Programme Board, a workshop was held in November 2020 to agree the scope of the engagement and consultation and to have discussions that would inform the gaps in a skeletal draft engagement document.

As a result of these discussions, it was agreed that the scope of the engagement phase would be to:

- Inform people what vascular services are and how they are currently organised
- Explain the challenges facing the services
- Engage in discussions about potential/only viable option and aid understanding on this
- Hear what is important to people in this discussion prior to a period of formal consultation

It was however noted that given the extensive work that had been undertaken on a clinical option appraisal and formulation of ideas regarding a hub and spoke model of delivery, that this information should also be shared at the engagement phase, so as to offer as much information as possible, in order to explore with members of the public, and interested stakeholder views on the process that has been followed and whether there is any other information that should be considered.

The affected Community Health Councils considered the proposals for engagement together at their meeting held on 13th January 2021. There was explicit support expressed by both Cwm Taf Community Health Council and Aneurin Bevan Community Health Council, with further discussions taking place with both Powys and South Glamorgan CHCs. Following further assurances relating to process and remit, there was subsequent agreement by all CHCs to commence the engagement as proposed.

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5. Approach to communication and engagement

To ensure a consistent approach was adopted across the region, an engagement group was established comprising engagement, communications, workforce, clinical and planning leads from each of the affected Health Boards.

Plans for local engagement activity, to be undertaken in line with the overall plan, were agreed between each Health Board and the respective CHC. It was agreed that it is the responsibility of these organisations to lead the programme of engagement and consultation in their respective areas, however overall co-ordination is being held within the programme structure.

Recognising the limitations of undertaking this work during the pandemic, which prevented the use of face-to-face mechanisms for engaging with the public, the Health Boards worked closely with Community Health Councils (CHCs) to develop a blended approach to engagement. This was designed to draw on the learning and mechanisms for reaching people virtually which have evolved over the last year including advice from intermediary Third Sector organisations who have been finding ways to reach different communities. It had the following key features:

Core elements	- Telephone number and answer phone set up - Postal address and inbox - Specific email address for programme established - Survey form created online as well as being available in the summary document
Web pages	- Web pages hosted on each Health Board website - Template supplied with content and useful documents (including main document, summary, FAQs and easy read version of summary) - Link to survey and all relevant contact details including; telephone number, postal address etc.
Staff/ public updates	- Inclusion in newsletters

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	- All staff emails - Digital screen tiles and posters - Letter and assets to GPs
Stakeholder outreach	- Stakeholder letter - Communications Toolkit
Social media	- Promotion of public engagement events - Series of social media posts and subsequent visuals - Videos of key spokespeople for the network talking about proposed changes
Promotional assets	- Posters - Digital screen tiles - Leaflets/flyers - Teams Background - PowerPoint template
Engagement events	- Public engagement events arranged in each Health Board area

Note: All assets were created bilingually

A mid-point review meeting took place on Wednesday 24th March, to review the processes and responses received to date and determine whether any adjustments needed to be made to the engagement for the remaining period.

Emerging themes were also shared with the steering committee for the programme.

Please see appendix 2 for the detailed Engagement Plan.

5.1 Engagement during the Pre-election period

After commencement of the public engagement on the 19th February pre-election dates were confirmed by the Welsh Government and advice provided via a Welsh Health Circular[7] on the 11th March. The advice sets out the guidance on the permitted activity during a pre-election period and is set out below. In considering this guidance, further advice was sought from the Consultation

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[7] https://gov.wales/sites/default/files/publications/2021-03/senedd-election-2021-guidance-for-nhs-wales.pdf

Institute and discussion took place with the Board of CHCs. It was concluded that the engagement did not meet the criteria for pausing the process, however in order to mitigate the risk of politicisation within the engagement process, it was agreed public events would not be held during the pre-election period. Therefore, the engagement process was continued through this period.

5.2 Engagement questions

In agreement with the CHCs, the engagement asked for individuals in the region and organisations to consider the following specific questions:

1. From reading this discussion document, do you have a good understanding of what vascular services are?
2. From reading this document, do you understand how services are currently organised?
3. From reading this document, do you have an understanding of the challenges that are currently facing vascular services?
4. Is there any other information you think we should consider in order to decide whether we should move towards a networked arrangement for vascular services in South East Wales?
5. Do you agree/disagree with the national evidence and recommendation from the clinical option appraisal that a hub and spoke model would improve vascular services and patient outcomes in South East Wales?
6. What are your thoughts on the hub being identified as the University Hospital of Wales Cardiff given the dependencies on other services that are located there?
7. Would you agree/disagree that spoke arrangements need to have a consultant led ED and an emergency surgery response on site?
8. Subject to your view on the above, would you agree/disagree with the suggested spoke arrangements.
9. Do you have any thoughts on the process that has been followed to date to consider the future configuration of vascular services in South East Wales?
10. Is there any other information you think we should consider in order to decide whether we should move towards a networked arrangement in South East Wales?
11. Do you have a view on the options that have been considered as part of this, are there others we should consider?

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12. Do you have any comments on the process that is being undertaken to consider the best configuration of vascular services in South East Wales?
13. Do you have an alternate view on the proposals put forward within this document for the configuration of services?

5.3 Public sessions

Public session were arranged for each Health Board area. Powys citizens were offered to attend online public sessions held by both Aneurin Bevan and Cwm Taf Morgannwg University Health Boards.

Minutes of the public meetings are attached (appendix 3). Attendance at the sessions was not high, however as members will note from the minutes attached, the conversations were rich and far-reaching.

The organising and delivery teams for each Health Board Areas were agreed as:

Cwm Taf Morgannwg & Powys

Clinical Leads: Mr Kevin Conway, Consultant Vascular Surgeon and Mr Mike Rocker, Consultant Vascular Surgeon

Management Lead: Marie-Claire Griffiths, Assistant Director of Strategic Planning and Commissioning

Business Support: Michelle Lloyd, Business Support Manager

Powys Teaching Health Board Lead: Adrian Osborne, Assistant Director, Engagement and Communication

Aneurin Bevan & Powys

Clinical Leads: Mr Peter Lewis, Consultant Vascular Surgeon and Mr David Lewis, Consultant Vascular Surgeon

Management Lead: Chris Dawson-Morris, Assistant Director of Planning

Powys Lead, Adrian Osborne, Assistant Director, Engagement and Communication

Cardiff and Vale

Clinical Leads: Mr Richard Whiston, Consultant Vascular Surgeon and Mr Kevin Conway, Consultant Vascular Surgeon, Mrs Cath Twamley, Head of Nursing for Surgery

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Management Lead: Mr Mike Bond, Director of Operations Surgery Clinical Board & Mr Alun Tomkinson Clinical Board Director Surgical Clinical Board

6. Summary of mid-point review report

A mid-point review of the engagement process was conducted by the engagement group on 24th March 2021 which aimed to scrutinise and evaluate progress in engaging with the public and staff. Following this initial review reviews took place between planning and engagement leads and CHCs.

At that time a total of 66 survey responses had been received and the public events had been completed. The survey responses at the time of the mid-point review had not been analysed by Health Board area.

Actions arising from the review:

- Following up with those who signed up to public events with a reminder to complete the survey.
- Agreement to continue through the pre-election period but not to hold any further public meetings.
- Agreement not to hold a planned Facebook Live Q&A session aimed at the public during the pre-election period.
- Check Facebook posts to identify any comments made which should be included in the consideration of feedback.
- Agreement on post engagement process and key dates to enable the CHC position to be considered as part of the presentation on the outcome of engagement at the May Health Board Boards.
- Additional FAQ to clarify spoke arrangements.
- Additional presentation slides to clarify potential impact on residents of each HB area.

Please see appendix 4 for the Mid-point Review report.

7. Responses to the engagement and reach

The below table outlines the feedback that was received during the

engagement period including number of respondents and method of feedback:

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Type of Feedback	Total number of respondents/reach	Comment
Survey respondents	110	

Email/correspondence received by email	3	
Public meetings	29	Minutes of meetings attached as Appendix 3
Third Sector Stakeholder meeting	4	4 third sector organisations represented Minutes of meeting attached as Attached as Appendix 3
Social media advertising reach	60,486	948 link clicks
Web page reach	**Aneurin Bevan UHB** English webpage: 1446 Welsh webpage: 30 **Cardiff and Vale UHB** English webpage: 631 Welsh webpage: **Cwm Taf Morgannwg UHB** English webpage: 1,132 Welsh webpage: 20 **Powys THB** English webpage: 270 Welsh webpage: 29	

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Comments made at the public meetings were captured, verified by the CHCs and considered in the analysis. Key points made at the third sector stakeholder meeting, as detailed in the engagement plan, were also included in the analysis.

It should be noted that everyone was also encouraged to complete individual response forms so there may be an element of duplication in the points captured in meeting notes and those made in response forms. A full copy of all the feedback received via the survey and meeting notes has been shared with the CHC's.

7.1 Key Themes

The engagement survey contained a mix of closed and open-ended questions. A number of common themes emerged in the analysis of the feedback received via open questions in the survey, comments made at the public and stakeholder meetings, emails and social media posts. These key themes have been used as the basis of analysis of the qualitative feedback.

The key themes are set out below, with an indication of the number of comments relating to these themes were mentioned in survey responses:

All Questions	401	%
Organisation & Intergration of Network Services	86	21%
Location of Hub & Spoke	63	16%
Accessibility & Transport	52	13%
Care Provided	44	11%
Engagement Process	42	10%
Impact on other services	39	10%
Workforce	33	8%
Communication	15	4%
Financial Issues	13	3%
Request for information	8	2%
General Concerns	6	1%

7.2 High level summary of online feedback by engagement question

Question 1. From reading this discussion document, do you have a good understanding of what vascular services are?

ANSWER CHOICES	RESPONSES	
Yes	94.55%	104
No	1.82%	2
Not sure	3.64%	4
TOTAL		110

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95% of respondents said they had a good understanding of what vascular services are, having read the discussion document.

The information from the respondents who submitted data for this question was categorised against the key themes. The themes are shown below:

Question1	5	%
Organisation & Intergration of Network Services	2	40%
Accessibility & Transport	1	20%
General Concerns	2	40%

Question 2. From reading this document, do you understand how services are currently organised?

ANSWER CHOICES	RESPONSES	
Yes	90.91%	100
No	4.55%	5
Not sure	4.55%	5
TOTAL		110

91% of respondents said they understand how services are currently organised, having read the document.

The information from the respondents who submitted data for this question was categorised against the key themes. The themes are shown below:

Question 2	5	%
Location of Hub & Spoke	1	20%
Workforce	1	20%
Care Provided	1	20%
Impact on other services	1	20%
Engagement Process	1	20%

Question 3. From reading this document, do you have an understanding of the challenges that are currently facing vascular services?

ANSWER CHOICES	RESPONSES	
Yes	89.09%	98
No	4.55%	5
Not sure	6.36%	7
TOTAL		110

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90% of respondents said they have an understanding of the challenges facing vascular services, having read the document.

The information from the respondents who submitted data for this question was categorised against the key themes. The themes are shown below:

Questions 3	8	%
Location of Hub & Spoke	2	25%
Workforce	2	25%
Care Provided	1	13%
Financial Issues	2	25%
General Concerns	1	13%

Question 4. Is there any other information you think we should consider in order to decide whether we should move towards a networked arrangement for vascular services in South East Wales?

ANSWER CHOICES	RESPONSES	
Yes	30.84%	33
No	49.53%	53
Not sure	19.63%	21
TOTAL		107

31% of respondents felt there was other information we should consider.

The information from the respondents who submitted data for this question was categorised against the key themes. The themes are shown below:

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Question 5	38	%
Request for information	4	11%
Location of Hub & Spoke	5	13%
Organisation & Intergration of Network Services	6	16%
Accessibility & Transport	2	5%
Workforce	4	11%
Care Provided	3	8%
Impact on other services	3	8%
Financial Issues	2	5%
Communication	4	11%
General Concerns	1	3%
Engagement Process	4	11%

Question 5. Do you agree/disagree with the national evidence and recommendation from the clinical option appraisal that a hub and spoke model would improve vascular services and patient outcomes in South East Wales?

ANSWER CHOICES	RESPONSES	
Agree	72.48%	79
Disagree	11.93%	13
Not sure	15.60%	17
TOTAL		109

72% of respondents agree that a hub and spoke model of care would improve vascular services and patient outcomes in South East Wales.

The information from the respondents who submitted data for this question was categorised against the key themes. The themes are shown below:

Question 5	38	%
Request for information	4	11%
Location of Hub & Spoke	5	11%
Organisation & Intergration of Network Services	6	11%
Accessibility & Transport	2	11%
Workforce	4	11%
Care Provided	3	11%
Impact on other services	3	11%
Financial Issues	2	11%
Communication	4	11%
General Concerns	1	11%
Engagement Process	4	11%

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Question 6. What are your thoughts on the hub being identified as the University Hospital of Wales Cardiff given the dependencies on other services that are located there?

The information from the respondents who submitted data for this question was categorised against the key themes. The themes are shown below:

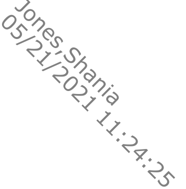
Question 6	86	%
Location of Hub & Spoke	17	20%
Organisation & Intergration of Network Services	25	29%
Accessibility & Transport	21	24%
Workforce	3	3%
Care Provided	7	8%
Impact on other services	10	12%
Financial Issues	1	1%
Engagement Process	2	2%

Question 7. Would you agree/disagree that spoke arrangements need to have a consultant led ED and an emergency surgery response on site?

ANSWER CHOICES	RESPONSES	
Agree	88.99%	97
Disagree	1.83%	2
Not sure	9.17%	10
TOTAL		109

89% of respondents agreed that spoke arrangements need an Emergency Department and emergency surgery response on site.

The information from the respondents who submitted data for this question was categorised against the key themes. The themes are shown below: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Question 7	22	%
Location of Hub & Spoke	4	18%
Organisation & Intergration of Network Services	9	41%
Workforce	3	14%
Care Provided	4	18%
Impact on other services	1	5%
Communication	1	5%

Question 8. Subject to your view on the above, would you agree/disagree with the suggested spoke arrangements.

ANSWER CHOICES	RESPONSES	
Agree	67.59%	73
Disagree	11.11%	12
Not sure	21.30%	23
TOTAL		108

68% of respondents agreed with the suggested spoke arrangements.

The information from the respondents who submitted data for this question was categorised against the key themes. The themes are shown below:

Question 8	25	%
Request for information	1	4%
Location of Hub & Spoke	4	16%
Organisation & Intergration of Network Services	6	24%
Accessibility & Transport	2	8%
Care Provided	5	20%
Impact on other services	1	4%
Financial Issues	1	4%
Communication	1	4%
Engagement Process	4	16%

Question 9. Do you have any thoughts on the process that has been followed to date to consider the future configuration of vascular services in South East Wales?

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The information from the respondents who submitted data for this question was categorised against the key themes. The themes are shown below:

Question 9	39	%
Request for information	1	3%
Location of Hub & Spoke	3	8%
Organisation & Intergration of Network Services	5	13%
Workforce	1	3%
Care Provided	5	13%
Impact on other services	8	21%
General Concerns	1	3%
Engagement Process	15	38%

Question 10. Is there any other information you think we should consider in order to decide whether we should move towards a networked arrangement in South East Wales?

ANSWER CHOICES	RESPONSES	
Agree	36.96%	34
Disagree	16.30%	15
Not sure	46.74%	43
TOTAL		92

The information from the respondents who submitted data for this question was categorised against the key themes. The themes are shown below:

Question 10	60	%
Location of Hub & Spoke	4	7%
Organisation & Intergration of Network Services	13	22%
Accessibility & Transport	13	22%
Workforce	4	7%
Care Provided	3	5%
Impact on other services	8	13%
Financial Issues	3	5%
Communication	5	8%
Engagement Process	7	12%

Question 11. Do you have a view on the options that have been considered as part of this, are there others we should consider?

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ANSWER CHOICES	RESPONSES	
Yes	16.98%	18
No	50.94%	54
Not sure	32.08%	34
TOTAL		106

The information from the respondents who submitted data for this question was categorised against the key themes. The themes are shown below:

Question 11	15	%
Location of Hub & Spoke	5	33%
Organisation & Intergration of Network Services	3	20%
Accessibility & Transport	1	7%
Workforce	3	20%
Impact on other services	1	7%
Financial Issues	1	7%
Engagement Process	1	7%

Question 12. Do you have any comments on the process that is being undertaken to consider the best configuration of vascular services in South East Wales?

The information from the respondents who submitted data for this question was categorised against the key themes. The themes are shown below:

Question 12	18	%
Organisation & Intergration of Network Services	2	11%
Accessibility & Transport	1	6%
Workforce	1	6%
Care Provided	4	22%
Impact on other services	2	11%
Financial Issues	1	6%
Communication	1	6%
Engagement Process	6	33%

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Question 13. Do you have an alternate view on the proposals put forward within this document for the configuration of services?

ANSWER CHOICES	RESPONSES	
Yes	18.10%	19
No	71.43%	75
Not sure	10.48%	11
TOTAL		105

The information from the respondents who submitted data for this question was categorised against the key themes. The themes are shown below:

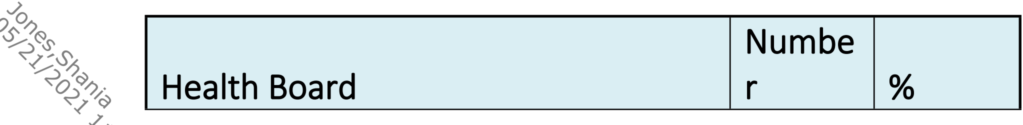
Question 13	31	%
Location of Hub & Spoke	13	42%
Organisation & Intergration of Network Services	3	10%
Accessibility & Transport	1	3%
Workforce	4	13%
Care Provided	4	13%
Impact on other services	2	6%
Financial Issues	1	3%
Communication	2	6%
Engagement Process	1	3%

7.3 Analysis of survey respondent type

In order to assess the public reach of the engagement, survey respondents were asked if they were a member of Health Board staff, the general public, a current or past patient, a carer of a current or past patient or a stakeholder.

Carer of a current/previous patient	7
Current / previous patient	24
General public	47
Not Stated	4
Staff	24
Stakeholder	4
Grand Total	**110**

The Geographical Profile of Respondents to the Survey



Health Board	Number	%

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Aneurin Bevan University Health Board	42	38%
No Postcode	9	8%
Unidentifiable	6	5%
Powys	10	9%
Cardiff and Vale University Health Board	29	26%
Cwm Taf Morgannwg University Health Board	14	13%
Total	110	

Demographic Profile of Respondents to the Survey

The survey included a series of questions designed to help us understand the reach of the engagement.

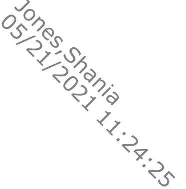
Respondent Age profile

ANSWER CHOICES	RESPONSES	
18-24	0.00%	0
25-34	10.38%	11
35-44	11.32%	12
45-54	17.92%	19
55-64	29.25%	31
65 and over	31.13%	33
TOTAL		106

Respondent gender profile

ANSWER CHOICES	RESPONSES	
Male	39.62%	42
Female	56.60%	60
Prefer not to say	3.77%	4
TOTAL		106

Respondent Ethnicity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ANSWER CHOICES	RESPONSES	
White	97.12%	101
Mixed/multiple ethnic groups	0.96%	1
Asian/Asian British	0.00%	0
Black/Black British	0.00%	0
Arab	0.00%	0
Prefer not to say	1.92%	2
TOTAL		104

Welsh speaking respondents

ANSWER CHOICES	RESPONSES	
Yes	4.76%	5
No	95.24%	100
TOTAL		105

7.4 Issues raised at public meetings

In agreement with CHCs each Health Board held a minimum of 2 public meetings via Zoom, with Welsh translation available. A total of 29 people attended the meetings which are broken down as follows:

Health Board	Date	Time	Number of Attendees
Aneurin Bevan & Powys	Wednesday 10th March, 2021	14:00hrs	7 members of the public
	Tuesday 16th March, 2021	18:00hrs	5 members of the public
	Wednesday 17th March, 2021	18:00hrs	2 members of the public
Cardiff and Vale	Tuesday 16th March 2021	19:00 hrs	1 member of the public

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	Thursday 18th March 2021	19:00 hrs	6 members of the public
Cwm Taf Morgannwg & Powys	Thursday 11th March 2021	14:00hrs	3 members of the public
	Tuesday 23rd March 2021	18:00 hrs	5 members of the public

The notes of the public meetings are available as appendix 3.

The issues and themes raised in the public meetings are very similar to those represented in the analysis of the survey feedback.

The comments raised suggest support for the proposed model. Attendees were interested in the proposed location of and services delivered within the Hub and Spokes, and furthermore appeared interested in the issue of access and transport.

Themes from each of the public sessions are set out below:

Aneurin Bevan University Heath Board & Powys teaching Health Board public engagement session themes identified were:

- Support of proposed change to services
- Travel and parking
- How will care pathways work in future
- How to make sure we are getting the services where possible closer to home and that we are not making people travel lots of miles
- Really clear on how people will flow through from local spokes to the hub
- Ensuring links with other services and development of benefits with centralisation of services and make sure that we get links with other services such as Rheumatology

Cwm Taf Morgannwg University Health Board, & Powys teaching Health Board themes identified were:

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- Transport and transport related costs

- Health Board using face to face events for engagement going forward
- Links for Bridgend questions
- Llandough Hospital being the spoke for the University Hospital of Wales
- Liaising with diabetic patients, national support groups and stakeholders
- Site of follow up outpatient appointments.
- Having two spokes in Aneurin Bevan and whether or not this was still valid after changes in the Royal Gwent as a result of the Grange Hospital opening.
- The impact of covid recovery on the proposals.
- Obtaining views of patients who do not use IT or social media.
- Implications on WAST
- Parts of Powys affected by changes

Cardiff and Vale University Health Board themes identified were:

- The rationale for the creation of a Vascular Network is sensible and logical.
- Transport, parking, and accessibility needs to be considered throughout the design of this service.
- Suitability of University Hospital Wales in regard to impact on other services, geographic location and infrastructure requirements.

Attendees at all meetings were all asked to submit individual responses to the survey.

7.5 Issues raised at Third Sector meeting

Four Third sector organisations attended a dedicated engagement session.

Points were raised around:

- Support for the proposed model, in line with other similar services with high volume centres to improve patient outcome.
- Taking learnings from other networks
- Highlighting the importance of timely treatment and audit of outcomes

7.6 Issues raised through social media

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The comprehensive social media programme supporting the engagement included regular posts about different aspects of the proposals, mainly through

Twitter and Facebook. A number of comments were posted and reviewed, largely echoing the themes already identified. Feedback included concerns about the impact of the provision for Bridgend citizens and the centralisation of services in Cardiff creating health inequalities. Other comments demonstrated praise for the proposed model.

It is important to note that 'reactions' to social media posts were positive with support shown through the use of 'like' or 'love' reactions. It is widely accepted that only the most vocal proportion of social media users comment on social media posts, similar to contributions seen at public events.

7.7 Issues raised via email

The South East Wales Vascular programme team received email correspondence that expressed a variety of views and issues. From the emails the following themes were identified:

- Support for digitalisation of services but with concern for health inequalities
- The logic of the Vascular Network is sensible and uncontroversial
- Patients hold the vascular surgery staff and services overall in extremely high regard
- The timing of the engagement may be unfortunate

8. Consideration of Engagement Responses and Vascular Programme response, action and mitigation

This section provides an analysis of the key themes that have emerged through the engagement, with a commentary regarding our response to the comments received and further action that will be taken.

The document is intended to demonstrate that all the issues and concerns have been considered in a balanced, rational, proportionate, and transparent way. In addition, we describe those areas where the engagement has identified issues that would require further action or mitigation to ensure the safe, effective, and sustainable delivery of a new model of care for vascular services.

Note that a number of sub themes have been grouped together for the purposes of response and to reduce duplication in response.

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8.1 Organisation and integration of Networked services

Responses which highlighted issues relating to the implementation and organisation of a networked model of care formed one of the largest key themes with 113 comments. There were a number of comments that were supportive of the model proposed and several areas that highlighted specific ideas or issues related to service provision and integration within the proposed network and in both hub and spokes.

The table below quantifies the sub-themes identified in the responses and elaborates on what was considered important within this theme.

Organisation & Intergration of Network Services - Sub themes	Total = 113	%
Hub and Spoke issues	30	35%
Model of Care for the network	26	30%
Facilities at each hospital & are they sufficient for now/future	13	15%
Facilities in the spokes and how they will work	12	14%
How will you ensure better working collaboration with cross over services and Health boards	11	13%
Hub facilities requiring investment/expansion	9	10%
Facilities are in the hubs and how do they work	4	5%
Issues relatiing to confidence of health boards to deliver as promised	2	2%
Have other areas tried this model and what was the outcome?	2	2%
Preventative screening, assessments & follow up should be close to patients home	1	1%
There are too many services being located at the heath	1	1%
What happens to the vacant space at the Grange?	1	1%
Centralising all tertiary services does not work	1	1%

Sub themes – The proposed model of care, proposed services delivered at the hub and spoke facilities at each Hospital and adequacy for the future

The most common categories of responses related to the proposed model of care and clarity over current vascular services within the proposed hub and spokes and whether they were sufficient at present and in the future.

It is important to note that in response to the mid-point review additional steps were taken to ensure greater clarity around the proposed model for the spoke sites were clear.

Currently vascular surgery and intervention for local residents takes place at 3 main hospital sites:

- University Hospital Wales, Cardiff
- Grange University Hospital, Cwmbran

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- Until September 2020 the Royal Glamorgan Hospital, Llantrisant[8]

Vascular surgical services for the Aneurin Bevan UHB population were previously provided at the Royal Gwent Hospital before the changes that took place in November 2020, resulting in a move of these services to the Grange Hospital.

> *"Run on weekends and open up the NHS system to a full 7 day a week service including doctors' surgery"*

Whilst vascular surgery units within South East Wales currently perform well, it is important to remember the context in which this engagement has been undertaken. The need for change arose out of a number of national reviews of vascular services in the UK requiring a minimum population for safe, and effective and sustainable vascular surgery. The Royal Surgical Colleges and The Vascular Society of Great Britain & Ireland support the view that it is no longer desirable to provide urgent or emergency vascular surgery outside a fully centralised service or a formalised clinical network with a designated single arterial surgery centre providing a 24/7 on-site service. The evidence shows that patients have better outcomes if they receive their treatment at larger, high-volume specialist centres that are also fully equipped with the full range of necessary specialist support services e.g. 24/7 interventional vascular radiology.

Due to being one of the last areas in the UK not working as a part of a formalised vascular network, there is concern about key risks to the existing vascular surgical services in South East Wales, namely sustainability of services in the region. Other concerns include: vascular surgery being delivered across 3 (currently 2) hospital sites, several consultant staff approaching retirement age, and vascular surgery continuing to become specialised and distinct from the general surgery profession. Vascular arterial interventions and surgery require both a highly skilled and specialised surgical and radiological workforce and equipment. As the technology and equipment has developed over recent years, interventions and outcomes for patients have improved. Training and co-dependant services have also become more specialised – meaning that in order

[8] At the time of writing there is an urgent temporary arrangement in place for Cwm Taf Morgannwg residents. Patients are currently being seen in Cardiff and Vale University Health Board as the service became undeliverable due to the lack of specialist staff.

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to deliver this level of specialist and complex care, we need to concentrate our specialist staff and services in fewer places so that:

- they can be provided on a 24/7 basis,
- they have immediate access to supporting specialist services and;
- they provide sufficient volumes of patients to enable clinical staff to be trained in and maintain their specialist skills.

It will not be possible to attract or train the medical workforce required to maintain this level of specialist care on more than one acute site for the population of South East Wales.

This proposed direction of travel has already been partially implemented as Emergency Vascular surgery 'out of hours' for the region is already centralised at the proposed hub site and in October 2014, senior clinicians from across the region recommended the move towards a fully networked model of care for all complex vascular interventions, and more specifically, articulated their agreement on the hub and spoke model set out. This has been supported at the South East Wales Vascular programme board who have unanimously supported this proposed model of care to ensure that the services can deliver sustainable care for the future. This means that South East Wales will not only be able to deliver a service that has the capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK.

A single arterial centre (Hub) will offer enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the most complex vascular surgery and interventions into one unit as a part of a network of care gives us the opportunity to change the way the services work and build on best practice from all existing vascular units within South East Wales. Most importantly it will help us improve outcomes for patients whilst ensuring that care wherever possible, including investigations, appointments, and rehabilitation, will remain closer to home.

Sub themes - Collaboration

The variety of responses we received demonstrates that ensuring a high-quality service will mean ensuring that many different elements work well and will require effective partnership working and collaboration.

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Importantly, the establishment of the network itself promotes and develops collaboration across health care providers to ensure better outcomes for patients.

"Increase expertise at other hospitals as well"

As a part of the existing programme a variety of specialties and professions across Health Boards are engaged and involved. If the proposed model is supported any implementation plan will ensure that each specialty, profession, and team involved in or impacted by the delivery of vascular services are included within the implementation planning. More specifically a more detailed staff engagement process will be undertaken across all provider Health Boards.

We are also asking other vascular networks within Wales and the wider UK to advise us on delivering the best service for patients based on their experiences and learning as well as making links with other similar clinical networks within Wales.

Sub themes – Issues around centralising services and ensuring services closer to home

Several respondents emphasised the issue of centralising services and ensuring that services were delivered closer to where patients lived.

The nature of the proposed clinical model ensures that patients will only be treated at the proposed hub for a small but highly specialised part of their care. This means that wherever possible we will deliver care and treatment closer to a patient's home, this includes outpatient appointments, tests and rehabilitation.

There are both medium and long-term opportunities to strengthen and develop services closer to home that could reduce the need to travel to spoke hospital sites. Health Boards are committed to working with partners including other Health Board Partners in Powys but also local community services and third sector partners to develop plan that support care closer to home.

Sub themes - Resourcing, capacity and adequacy of facilities at the proposed Hub site, UHW

A number of respondents emphasised the issue of adequate resourcing at the proposed Hub and the need to ensure funding for any building work or new equipment. Because we are bringing three existing vascular units together, we

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know that resources are already available to support the delivery of these services. If the model of care is supported and if existing resources and capacity is found to be inadequate for the increase in vascular activity within the Hub, we will deal with this through the programme process. Any investment for workforce, building work or new equipment will require a business case to be presented to the health board boards.

Specific issue - Capacity released at the Grange Hospital

There was one specific concern raised about the use of capacity that would be released as a result of the transfer of some vascular services to UHW.

Vascular patients utilised beds within the wider general surgery pool, rather than a physically separate area. The centralisation would give general surgery some additional flexibility for their activity planning, which will be particularly valuable when finalising and operationalising recovery plans over the coming months.

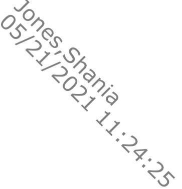
8.2 Accessibility & Transport (including parking)

Accessibility was the second most cited issue with 71 individual respondents. In order to further understand what was considered important within this category the table below quantifies the key sub-themes in the response.

Accessibility & Transport	Total = 71	%
Need to take into consideration the distance patients need to travel	18	35%
Car parking in the heath is an issue	17	33%
What public transport & cost have been taken into considerations for patients?	11	21%
Ease of access to the heath building need to be taken into consideration for elderly/ disabled	11	21%
Need to take into consideration patients ability to travel	5	10%
How will patient transport work between sites	5	10%
Has the carbon footprint of patient travel been taken into consideration?	2	4%
Ambulance times travelling to Cardiff are already high - rush hour traffic	1	2%
Has visitor access been taken into consideration for people being treated in the hub long term	1	2%

Sub theme – Car parking

There were several concerns raised about the congestion and lack of car parking at the UHW site.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The likely increase in the number of patients to UHW is moderate. Cardiff and Vale UHB recognises that it will be imperative to ensure that family and friends are able to access the hospital on a timely basis, particularly when the patient might have been transferred to the hospital for an emergency treatment. The UHB has been developing a new traffic management system for the University Hospital of Wales site as part of a wider Sustainable Travel Plan. Strict criteria for staff parking have been introduced and the UHB encourages staff and visitors to use alternative means of travel such as the park and ride scheme and public transport. This has resulted in reduced congestion on the site and has freed up parking spaces for visitors.

"I don't mind this, however the parking at UHW is a lot worse than Royal Glamorgan and the Grange. But perhaps more accessible via public transport. Is there already too many big services operating from UHW is there capacity for this hub too?"

More recently, with a number of outpatient appointments taking place virtually an initiative to ensure the amount of time patients are waiting in the emergency department at UHW has resulted in fewer trips to hospital for many patients and reduced congestion on the Heath Park site.

It is also worth noting that there are no parking charges at hospitals in Wales.

Sub theme - Travel distance and costs

Those patients who are likely to be affected by increased travel are those living in the area of South Powys, with their nearest emergency hospital being the Prince Charles Hospital in Merthyr Tydfil or the Grange University Hospital in Cwmbran, the answer is potentially, but only if they are undergoing specialist or complex surgery or intervention and only for this specific part of their treatment.

"Patients have to travel further for treatment "

There is a need to balance the potential benefits of a single larger centre with any extra time and distance to travel. Our intention when developing the proposed model of care is that we can improve the ways our multi-disciplinary teams work across the whole South East Wales Network. A Multi-Disciplinary Team includes surgeons, interventional radiologists,

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physicians, nurses, therapists. This means that we ensure care, such as out-patient appointments with the surgeon can take place locally. Improving the way our teams work will also allow us to reduce the amount of time patients can expect to spend in hospital having their operations by using new techniques such as Enhanced Recovery After Surgery (ERAS), making use of minimally invasive (endovascular) technologies, as well as maximising the use of high-quality imaging and telemedicine.

The clinicians involved in the initial 2014 clinical options appraisal agreed that the University Hospital of Wales should act as the hub for the network based on a number of criteria including quality, safety, sustainability and strategic fit. This proposal decision was also made with the recognition that the proposed model of care will affect the highly specialist one component of the patient's health-care pathway and that wherever possible tests, outpatient appointments, and other routine treatments will be provided closer to home by their local hospital.

We recognise that regional centres do create challenges for patients, relatives and visitors, and should the proposed model be supported, we will work closely with teams at the University Hospital of Wales to build on their experience of delivering specialised care for Wales to deliver innovative solutions for visitor access.

Sub themes - Patient transport issues and impact on the Ambulance service

We recognise that travel to UHW may create challenges to some of our patients. For those unable to travel by private car, access to NHS transport, known as Non-Emergency Patient Transport ("NEPT") is an important service that will enable them to access health care services at the Hub. We are already working closely with the Welsh Ambulance Service Trust ("WAST") who provide the NEPT service. If the proposed model is supported, we will carry out thorough and robust planning measures alongside them to ensure that we can meet the increased needs that this service change will cause. As with travel by car, this proposed service change only affects one part of patients' care. Tests, out-patient visits and other treatment will continue to take place at the patient's local hospital. To reduce further the need for travel, we intend to improve the way our multi-disciplinary teams work. This means that we can re-organise the service so that even more of the care, such as out-patient appointments, can take place locally.

"It should be easy for patients to get to"

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Sub theme - Access to the Heath site for elderly/disabled patients

Accessibility at the University Hospital Wales site is important for certain groups, such as persons with disabilities and the elderly. The UHW site is compliant with the Equalities Act (2010) that sets out a minimum threshold for disability-compliant access infrastructure. The UHW site benefits from:
- Park and ride access into the site
- Two disability lifts, one located at the rear near the Y Gegin restaurant and an access lift from the ground floor to the first floor located at the front of the building in the concourse
- Push-pads for doors are put at a disability-friendly height
- Wheelchairs that are available from the ambulance service desk in the concourse
- Additional lifts are located in the multi-story car park

In addition, the Patient Experience team organises the efforts of volunteers who are able to guide and direct patients and visitors to where they need to be, and assist them where necessary. We also work hand-in-hand with St Johns ambulance charity who provide transportation to members of the community.

However, we recognise that the size and age of the building does create challenges for those who do have mobility issues. The new Lakeside Wing has meant that although the overall amount of disability car parking spaces has increased, some of these spaces have been relocated in order to accommodate the new facility. Despite these changes, the drop off zones remain the same.

Recent changes to the way we work at UHW means that virtual appointments are being offered and provide an alternative to face-to-face consultations. We are also looking at innovations to our health care pathways to offer 'See-on-Symptoms' consultations.

Specific issue - Carbon footprint for increased travel times

The predicted volume and distance for additional travel is very small as CTM patients are already treated at UHW and distance between Newport and Cardiff for the AB patients is approximately 17 miles. For a significant proportion of the AB catchment population, UHW is only marginally farther than The Grange.

Specific issue – Ambulance travel times during rush hour

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The access arrangements for blue light emergency transfers to UHW are well developed and will be improved following the lane enhancement work on Manor Way to enable timely access for time critical patients.

Specific issues – Visitor access for patients staying 'long term' at the hub

The proposed model of care aims to transfer patients to a hub for a small but specialised element of their care with the aim of ensuring that patients receive their as close to home as possible. If the proposed model is supported then Visitors' access will be addressed through the implementation planning which will take place through the Vascular Network Programme and by C&V UHB in respect of the development of the Hub.

As part of the development, we have been undertaking a number of interviews with patients looking at the experiences of patients, families and carers of existing vascular services and what could be improved. Work will be undertaken within the hub project to further develop outline plans to provide specialist support for families and carers. There will also be practical advice, signposting and support provided to families and carers to make appropriate accommodation and transport arrangements working alongside third sector and other public sector services should this be required.

8.3 Hub and spoke location

Issues and comments raised in relation to the hub and spoke locations and services delivered was the third largest theme.

The table below quantifies the sub-themes identified in the responses and elaborates on what was considered important within this theme.

Location of Hub & Spoke	Total = 68	%
Services should be provided at a local level (in the community)	25	40%
Residents of Powys are having services taken away from them.	9	14%
The Hub should be located in The Grange	8	13%
The Heath is already over crowded/ under performing	6	10%
What services will be delivered in the spoke?	6	10%
All sites should remain and their facilities expanded	4	6%
Spokes should provide emergency services and their facilities expanded	4	6%
The Hub should be located in Neville Hall	3	5%
The Hub should be located in the Royal Glamorgan Hospital	2	3%
Will there be room to expand the service in the Heath?	1	2%

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Sub themes – Services should be provided locally

It is important to highlight that the benefits of a Hub and Spoke networked model of care allow the balance between sustainability of service, improved patient outcomes and services closer to home wherever possible.

The nature of the clinical model ensures that patients will only be treated at the proposed Hub for a small and highly specialised part of their care. This means that wherever possible we will deliver care and treatment closer to a patient's home, this includes outpatient appointments, tests and rehabilitation.

There are both medium and long-term opportunities to strengthen and develop services closer to home that could reduce the need to travel to spoke hospital sites. Health Boards are committed to working with partners including other Health Board Partners in Powys but also local community services and third sector partners to develop plans that continue to deliver on plans and support care closer to home wherever possible; the use of virtual outpatient clinics being an important example.

The proposed model of care for the network ensures that patients across South East Wales will still have access to a 24/7 emergency department and a general surgery emergency service in spoke hospitals, the main spoke sites for each of the areas are proposed as:

Aneurin Bevan University Health Board spoke arrangements– Grange University Hospital

The principal spoke hospital within the Health Board will be the Grange University Hospital, where our main emergency department is located. This site will provide initial assessment and stabilisation of any acute vascular patients who may present, prior to transfer to the hub at the University Hospital of Wales. In addition, as part of our 'Clinical Futures' model of care, other hospitals will be used for vascular surgical patients where care can be provided safely and effectively as close to their homes as possible e.g. for outpatient clinics and post-treatment rehabilitation.

A summary of services that would be provided on different sites is shown below:-

Health Board Site	Proposed Vascular Services
Grange University Hospital	• Initial assessment and stabilisation of any patients presenting to emergency department with acute vascular conditions

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(principal spoke site)	• Interventional radiology e.g. angioplasty • Non-invasive vascular imaging ('vascular lab' work) • CT angiography • On-demand inpatient assessment (nurse led)
Royal Gwent Hospital	• Day case procedures e.g. varicose veins • Outpatient clinics (vascular surgeon and vascular nurse delivered), including 'hot' clinics for rapid access • Ward assessment of patients on request e.g. diabetes and Care of the Elderly patients • Post-treatment rehabilitation / step down for general medical care • Non-invasive vascular imaging ('vascular lab' work) • CT angiography • Pre-operative anaesthetic assessment (face to face where required) • On-demand in/outpatient assessment (nurse led)
Nevill Hall Hospital	• Outpatient clinics, including 'hot' clinics for rapid access • Ward assessment of patients on request e.g. diabetes and Care of the Elderly patients • Post-treatment rehabilitation/ step down for general medical care • Non-invasive vascular imaging ('vascular lab' work) • CT angiography • On-demand patient assessment (nurse led)
Ysbyty Ystrad Fawr	• Possible future outpatient clinics • Ward assessment of patients on request e.g. diabetes and Care of the Elderly patients (vascular surgeon and vascular nurse delivered) • Post-treatment rehabilitation / step down for general medical care • CT angiography • On-demand patient assessment (nurse led)
Ysbyty Aneurin Bevan	• Post-treatment rehabilitation/ step down for general medical care • On-demand patient assessment (nurse led)

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Chepstow Community Hospital	• Post-treatment rehabilitation/ step down for general medical care • On-demand patient assessment (nurse led)
County Hospital, Pontypool	• Post-treatment rehabilitation / step down for general medical care • On-demand patient assessment (nurse led)
Virtual / Telemedicine (where clinically appropriate)	• Outpatient appointments (consultant and nurse-led) • Pre-operative anaesthetic assessment

Cwm Taf Morgannwg University Health Board – Royal Glamorgan Hospital, Llantrisant serves the more densely populated area of the Health Board namely the Rhondda valley. The vascular surgical and Interventional Radiology service for the Health Board were based in this hospital until September 2020, until an urgent temporary change of service (service moved to University Hospital of Wales) due to a loss of specialist clinical staff. The Royal Glamorgan Hospital has retained the necessary therapy inputs to manage these patients with complex needs. Vascular outpatients clinics and ward-rounds take place twice weekly on the Prince Charles Hospital site. It is important to note Bridgend is served through the South West Wales Vascular Network which is already established and was in place prior to the Bridgend Boundary Change. The Bridgend Boundary Change was an administrative change that did not change the patient pathways to ensure continuity of care.

Cardiff and Vale University Health Board

It is important to note that there is no change to where services will be delivered for Cardiff and the Vale residents. Those requiring access to 24/7 emergency department and general surgery emergency service will continue to access this at the University Hospital if Wales.

Rehabilitation will be provided at Llandough Hospital Vale of Glamorgan.

As a part of the delivery of the Health Board strategy, Cardiff and Vale is developing a programme to develop and deliver a clinical services plan over the next 10 years that will continue to focus on care closer to home wherever possible which will include: delivery of some services where possible digitally (virtual appointments for example).

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Sub themes - Sites should remain and facilities expanded

The Royal Surgical Colleges and The Vascular Society of Great Britain & Ireland support the view that it is no longer desirable from a service quality, safety and sustainability perspective to provide urgent or emergency vascular surgery outside a fully centralised service or a formalised clinical network with a designated single arterial centre providing a 24/7 on-site service. The evidence shows that patients have better outcomes if they receive their treatment at larger specialist centres serving a minimum population of 800,000 people. This number is required to provide a sufficient critical mass of patients, thereby providing the sufficient demand for specialised services and volume of demand to train for and maintain clinical specialist skills. No Health Board in the South East Wales region can meet this minimum population criteria alone.

A single arterial centre (hub) will offer enhanced opportunities for its surgeons to train, sub-specialise and promote innovation and research. Bringing the most complex vascular surgery and interventions into one unit as a part of a network of care gives us the opportunity to change the way the services work and build on best practice from all existing vascular units within South East Wales. Most importantly it will help us improve outcomes for patients whilst ensuring that care wherever possible including investigations, appointments and rehabilitation will remain closer to home.

Sub themes - Location of the hub

The most important driver for the development of vascular networks and establishing specialist centres are to improve patient outcomes.

During the 2014 clinical options appraisal and subsequent review earlier this year. Options on the hub site were reviewed against key criteria including: Quality and Safety, Acceptability, Strategic Fit, Sustainability (ability for the services to be fit for now and the future), Access and Achievability.

Quality and Safety was given the highest priority and alongside acceptability, strategic fit and sustainability, given the range of services established at the University Hospital Wales site, its position as a specialist provider of major trauma, interventional cardiology and cardio-thoracic surgery and the co-dependencies between them and the vascular service, the preferred option for the hub was identified by senior doctors from all three Health Board providers as the University Hospital of Wales, Cardiff.

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There were concerns raised about performance and capacity at UHW. Questions of performance were due to a low submission of data to the National Vascular Registry in 2019. Cross checking with other data sources show the Cardiff and Vale Unit to have acceptable outcomes for vascular surgery and interventional radiology. Capacity on the vascular ward in University Hospital of Wales was reduced due to demands placed on the hospital by the Covid-19 pandemic. By August 2021 the unit will be returned to its former capacity of 36 acute vascular beds.

Cardiff and Vale UHB is working closely with other health boards on the following:

A review of services provided at a regional level to identify those that might safely and appropriately be delivered at other hospitals. This would free up theatre time and beds to support patients who require more complex care and treatment. Proposals for service change arising from this work would be subject to further engagement with stakeholders and the public.

Arrangements to ensure that patients are returned to their nearest hospital as soon as the specialist part of their treatment is complete, as the support of family and friends is important to a patient's recovery. Repatriation protocols are being developed to support this work. Existing protocols such as in neurosurgery and Major Trauma are already delivering benefits, enabling patients to return to a local hospital as soon as clinically appropriate, releasing capacity in the UHW specialist service.

Cardiff and Vale UHB is also developing a Clinical Services Plan as a part of the Shaping our Future Clinical Service Programme which will include consideration of what services could move off the UHW site to University Hospital Llandough which would similarly be subject to further engagement and consultation.

Cardiff and Vale UHB has identified a number of critical enablers that would support the delivery of a vascular hub service:

- Increased theatre capacity in line with modelling for additional vascular activity
- Increased ward capacity in line with modelling for additional vascular activity
- Additional theatre equipment – a detailed inventory of equipment and future anticipated needs is being compiled for planning purposes

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- Hybrid theatre with timetabled sessions for vascular surgeons to deliver minimally invasive and "hybrid procedures".
- High quality imaging in standard operating theatres as part of recommended quality assurance along with access to the highest quality surgical instruments.

There are plans being developed to address each of these, dependent on the outcome of engagement.

Sub theme – Powys residents will be disadvantaged as access to services will be reduced AB & CTM to review

A key principle of the proposed network model is that each element of the service is undertaken in the hub only if that is necessary on clinical grounds e.g. specialist inpatient care and vascular operations in theatre. All elements that can be delivered safely and effectively more locally e.g. rehabilitation and outpatient care will continue to be undertaken within the spokes. Access to all of the latter services will therefore remain unchanged for Powys residents.

"The travelling issues some patients may experience getting to a hospital possibly much further away"

8.4 Care provided

Care Provided	Total = 45	%
Specific suggestions for improvements to care	28	64%
Concern over patients not being treated promptly in vascular and other services	17	39%

There were a range of comments suggesting improvement in current vascular services, these comments will be reviewed by vascular teams within provider Heath Boards and also the programme team so that these can be taken in account in both the delivery of services now and development of services for the future.

"I do agree, the wait times are huge at the moment"

There is understandable concern about the impact of the COVID-19 pandemic on the delivery of services. All provider Health Boards have developed plans to support both the response to COVID and recovery. The primary driver for this service development is to improve the quality and standard of care in line with national service recommendations and will be constantly monitoring progress and outcomes through the vascular clinical audit programme.

Jones,Sonia
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Provider Health Board have protected essential services throughout the pandemic but recognise that the pandemic has resulted in fewer consultations, diagnostic procedures and surgeries and a full recovery, therefore, will take careful planning over multiple years. Further details of the Health Board's Annual Plan's for 2021-22 will be published on websites in due course.

"Further delays on treatment delayed by COVID-19 need to be avoided at all costs"

8.5 Engagement Process

A total of 44 comments related to the process undertaken.

The table below quantifies the sub-themes and specific comments identified in the responses and elaborates on what was considered important within this theme.

Engagement Process	Total = 44	%
Need more information before forming a view on the proposal	21	47%
Analysis - Has an options appraisal been done? What data has been analysed?	5	11%
Would like more clarity on some areas of proposal	4	9%
Time taken to undertake engagement	3	7%
Sceptisicsm over process	3	7%
The consultation could have been betted advertised	3	7%
General engagement comments	3	7%
Issues with digital engagement	1	2%
Engaging with hard to reach groups	1	2%

Sub themes – More information/clarity on the proposal before forming a view

Considerable emphasis was placed at the engagement sessions on ensuring that participants had full information and understood the nature of the service and of the proposals for change. A list of FAQs was maintained and updated in response to queries to further enhance information and understanding during the process.

Sub theme – Options appraisal and data in the engagement documentation to support the proposal

The options appraisal was again considered and supported by the programme clinical advisory group and steering committee in early 2021. This group includes senior clinicians from all three provider Health Boards from a range of professions.

Jones, Stephania
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The national vascular registry (NVR)provides an invaluable opportunity to benchmark the unit's performance in a UK wide context. The NVR provides comprehensive annual reports on process, performance and outcomes in vascular and endovascular surgery. These reports are in the public domain.

Sub theme - Time taken to undertake engagement

Although discussion started in 2014 this work was undertaken by the vascular surgeons to identify the options and test the need and appetite for service change. Following this process there was a view formed and supported across the 4 SE Wales Health Boards that this was a desirable proposed way forward. There have been a range of regional and local service changes that have taken corporate clinical and planning resources – both expected and unexpected - that have impacted on the timescale for this proposed service reconfiguration.

Since this time the body of evidence to support the options appraisal undertaken has grown and examples of improved care where networks have already been formed demonstrated.

More recently the COVID pandemic halted planning for a period of 12 months.

Sub themes - Reach of the engagement including digitally excluded

Running the public engagement during the pandemic is something that the Health Boards in partnership with the CHC discussed at length before the programme was launched. While COVID-19 has presented us with many challenges we have also recognised that we have a number of opportunities to reach communities digitally and support and seek feedback from specific stakeholders. It was agreed that seeking public feedback sooner rather than later would be beneficial given the current emergency temporary transfer of vascular surgery services away from Cwm Taf Morgannwg Health Board and the uncertainty around the relaxation of COVID restrictions.

We therefore developed a communication and engagement strategy that capitalised on digital adoption during the pandemic but also leveraged opportunities to reach third sector stakeholders and the digitally excluded through other channels as well as wider stakeholders.

Sub themes – Scepticism over process

There are 3 comments that relate to the process itself and the ability to influence a decision on the proposed model at this stage.

Jones, Shona
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Although a number of discussions have taken place and a considerable body of evidence has been developed over the last few years that supports the principle of a regional network, the purpose of this engagement is to see if there is any other feedback, evidence or issues to take into account when considering the proposed model of care for the network in South East Wales. It is also important for us to understand the impact of the proposals so that we can mitigate possible adverse impacts of any change for patients, their carers or family.

8.6 Workforce

Workforce	Total = 38	%
Limited workforce presents a challenge to patient care/ treatment	12	36%
Staff could be shared between sites (if consultants would travel)	8	24%
How will staff skills be kept up to date?	10	30%
Services would benefit from an MDT approach	3	9%
Patients wanting to see their regular consultant	1	3%
Complaints of poor patient care	2	6%
Suggested collaboration with Bristol	1	3%
We need to make sure there is no compromise to working in unfamiliar environments with un	1	3%

Sub theme – challenges with limited workforce

One of the drivers for a move towards networked models of care has included the sustainability of workforce. With vascular surgery becoming increasingly specialised this challenge is likely to increase. Clinicians feel that the proposed model will attract skilled staff to Wales and to the region to ensure that these services can continue to develop by both attracting and retaining skilled staff by offering opportunities to work within a centralised vascular hub. This has been evidenced in similar networks such as the Major Trauma Network for South Wales launched in 2020, which attracted many staff from across the UK and from overseas.

It is also important that the network provides training and experience for all staff groups. A multi professional training and education plan for the region has been developed by the programme clinical advisory group.

Sub theme – Sharing of workforce across sites

The premise of a networked model of care is to allow the sharing of expertise across a number of organisations. Whilst we appreciate there may be a number of staff who will remain within their local Health Board, a network provides additional opportunities for professional development, joint working, communication and best practice sharing.

Jones,Shaun
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Sub theme – High Quality and well-trained staff including staff skills

> *"I am not sure of all the services which this hospital provides but I would assume it to be a busy hospital. As long as they have enough qualified staff for the operations is the main priority"*

One of the benefits and drivers of the development of a network for those services which are specialised or who have specialised elements are to ensure that high quality staff can be attracted and retained by offering increased opportunity to develop skills and knowledge within a specialised centre (hub). Through the development and regular review and assessment of whole network training and educational plans we can ensure equity of access for staff across the whole region, in turn ensuring improved outcomes for patients.

Specific issue - Collaboration with specialists in Bristol

The clinical teams collaborate regularly with colleagues in Bristol, sharing learning opportunities and when necessary, transferring patients for complex procedures that cannot be delivered at UHW. This collaboration will continue in a future network service.

Specific issue - Unfamiliar environments, travelling teams

We know we currently have expert teams working in three sites; by connecting them as a part of a network we will build on their strengths. It is important to emphasise that the surgical and Interventional radiology consultant teams already take part in a regional rota and therefore work together as one team and take part in a regular multi-disciplinary team meeting. If a fully networked model is implemented, then this will in practice be a natural evolution of existing collaborative practices and should drive up standards beyond the current performance.

If the model of care proposed is supported, the vascular hub will be double the size of the existing unit at UHW and will be developed by an implementation team drawing upon expertise from all three provider Health Boards.

We believe that a Hub of this size as a part of a wider network, properly implemented, will be highly attractive to medical staff. We accept that this may be different for certain other staff groups, and that these may be less inclined to transfer from their current posts. A strong training and development

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programme starting very early in the process will therefore be an essential requirement. We will ensure that the programme team work closely with Health Improvement and Education Wales to facilitate this.

If the proposed model is supported, a skilled and dedicated workforce working as one team familiar with the network would be essential to its success and this would be a core element in implementing the network model.

8.7 Impact on other services

Impact on other services	Total = 52	
Services are interdependent on each other/ requires closer MDT working	11	28%
The Heath Hub would need sufficient services	2	5%
Other services should be engaged to assess the impact this will have	11	28%
Have future needs been taken into consideration	6	15%
Can the heath accommodate a Hub without negatively impacting on other services	7	18%
What is the impact on other departments (emergency transport/radiology/ all vascular/ Auto	15	38%

Sub themes – Service interdependencies, engagement and MDT working

We wholeheartedly agree with the requirement for closer working across multi-disciplinary teams and organisations. The aim of a network is to enable not only sustainable care for the future but to apply consistent high standards across the region and to ensure better, more joined up care for patients and their carers.

The selection of UHW as a proposed hub takes account of the importance of having key interdependent and complementary services co-located on that site (e.g. Neurosurgery, Cardiac Surgery, Major Trauma).

Sub theme – sufficient capacity within supporting services at the Hub to mitigate negative impact

Careful consideration of demand and capacity has been undertaken as part of the planning process. This has been informed by activity data from across the region and full reassurance has been achieved that the capacity plans for the new service are robust. If the proposals are supported, then more detailed planning will be undertaken across all supporting services within UHW.

8.8 Communication

Communication	Total = 21	%
Better communication between teams	7	47%
How will families and patients have the changed communicated to them	4	27%
Hub and Spokes need excellent communication	4	27%
How will patients and family remain in contact if they live far away?	6	40%

Jones, Stephanie
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Sub theme – Communication between teams and between hub and spokes

The development of a formal networked model of care will provide a structure that allows not only the hub and spoke organisations but also teams and different professions to communicate more effectively with one another.

There has already been increased communication and collaborative working across the four Health Boards and different teams working within them, to develop the proposed model of care and to progress a number of work streams within the programme.

Improved communication has also been observed in the development of Networks across the UK and within other clinical networks within Wales.

Sub theme – Communication between clinicians and patients and their families/carers

The respective clinical teams place a high value on effective and compassionate communication with patients, and all see this as a priority to maintain and enhance within a future network model. Multi-disciplinary discussion and sharing of best practice will form the basis of achieving this

"How will patients get feedback /future appointments with consultants who carried out their operation?"

Sub theme – Contact and communication between patients and their families

In addition to the above, the teams will ensure that all facilities and opportunities (including use of technology) will be made available to allow for good communication between patients and their families e.g. during inpatient stays.

8.7 Financial issues

Financial Issues	Total = 13	%
The health board is under funded	3	23%
Request more money from Welsh Government	2	15%
What are the financial implications of this decision	2	15%
Investing in moving the department there is a waste of money	1	8%
Ensure adequate medicine cover factored in as part of costs	5	38%

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Sub themes - Value for money and financial implications

"Involve the patient first not what just good for the NHS and it financial needs"

The clinical benefits for patients having access to a vascular network and centralised hub for complex vascular surgery have been clearly demonstrated. In launching this engagement, health boards are already committed to ensuring the patients of South East Wales have access to equitable, appropriate care to meet their specialist needs. The matters being engaged upon relate to how this should be achieved. Ensuring value for money and optimising the quantum spent on vascular will be subject to further scrutiny through the commissioning process.

8.9 Requests for information & general concerns raised

Request for information	Total = 8	%
What affect will this have on patient outcomes/ waiting lists/ patient prioritisation	5	63%
Would like more information in the local community (GP's, community nurses etc.)	3	38%

General Concerns	Total = 6	%
Have other parts of the country tried this- how did it work?	1	17%
Are patient outcomes worse the further out a patient lives?	1	17%
Further delays on treatment delayed by COVID-19 need to be avoided at all costs.	1	17%
What services come under vascular?	2	33%
Does the need to treat patients need to rethinking?	1	17%

The continuous improvement in patient outcomes and waiting times is one of the major drivers of the network proposal, with all national evidence indicating that regionalisation will have a positive effect on these. This has been the documented experience of virtually all other networks in the UK.

"Are sacrifices to be made in outlying areas to demonstrate an overall average improvement?"

There is no known evidence of patient outcomes being adversely affected by the distance between their homes and the hub. The key factor is the ability of a network to ensure that all patients requiring acute vascular care are brought to a hub with full expertise and critical mass to respond to all their needs in the most effective manner.

Vascular disease is any condition that affects the network of your blood vessels. This network is known as your vascular or circulatory system. The main aim of vascular services is to reconstruct, unblock or bypass arteries to restore blood flow to organs. These are often one-off procedures, in the main, to reduce the risk of sudden death, prevent stroke, reduce the risk of amputation and

Jones,Shania
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improve function. Vascular services also provide support to patients with other problems such as kidney disease. Note that cardiovascular services are delivered by a separate specialty and are not covered by the vascular surgery team.

9. Equality Impact

We are particularly interested in identifying issues emerging from the engagement which relate to potential impacts, positive or negative, of our proposals on different members of our communities. This section highlights some of the key learning we have gained from this engagement in relation to equality impacts. This will help to inform and shape our approach going forward; the information has been used to update the Equality and Health Impact Assessment (attached as Appendix 5). This is to ensure that due regard is given to these issues in our planning and that appropriate action is built into implementation plans to mitigate any negative impacts and promote positive impacts.

Comments relating to equality impacts featured in the responses to the engagement survey questions.

Physical access and building design of healthcare facilities were major themes in the feedback we received. Ensuring good access to our sites, on our sites and within our buildings, is of particular significance to some members of our community. Poor access impacts negatively but ensuring that access is improved in the future could impact positively on people's ability to receive the care they need e.g. older people or people with a disability.

Another theme which is likely to have a negative impact on patients, relatives and carers from socio-economic disadvantaged areas is transport. It is anticipated that some may experience increased difficulty in travelling due to low income, disability, age, poor transport provision, lower number of households with access to their own car. Being required to travel to an unfamiliar hospital and experience longer journey times could be particularly difficult and disorientating for people. Early transfer of the patient back to the 'local' hospital would help to mitigate long period in unfamiliar surroundings. In addition, in order to mitigate against the negative impact of transport it is considered that the service should promote transport links and provide easy to

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read information to patients, families and carers in order to make their journey as easy as possible.

Another theme which has the potential to impact on particular groups in our community is communication. Feedback through this engagement focused on the importance of clear information about service changes and how to access services written in a way that is easy for people to understand. How that type of information is communicated could impact differentially on different members of the community.

10. Conclusion

We are grateful to all members of the public, staff and the Community Health Councils who have supported this engagement process. The contributions have helped to strengthen the service development process providing insight from many perspectives.

In this report we have described the themes from the engagement process and set out from the Programme Team our response, action and mitigations. We believe this report provides a good reflection of the engagement process.

We look forward to discussing this report with Community Health Councils as we consider the next stages of the process.

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11. Appendices

A. The Future Provision of Vascular Services for the Population of South East Wales: A Discussion Document

THE FUTURE PROVISION OF VASCULAR SERVICES FOR THE POPULATION OF SOUTH EAST WALES : A DISCUSSION DOCUMENT

Aneurin Bevan University Health Board

Cardiff & Vale University Health Board

Cwm Taf Morgannwg University Health Board

Powys Teaching Health Board

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1. INTRODUCTION

This document is being shared with people across South East Wales, to start a conversation about how Vascular services are organised in the future. It aims to share information and gain your views about :

- What vascular services are
- Which people may be in need of vascular care
- How vascular services are currently provided
- The challenges facing vascular services
- The options we have started to consider about how we could respond to these challenges
- A preferred way for organising services
- What may be the advantages and disadvantages of any future changes

After considering the issues contained within the paper, we hope you will share your views, thoughts and ideas with us. We have offered a questionnaire at the end of this document, but should you wish to tell us about issues that are broader than this, please do not hesitate to do so.

Your responses should be with the team co-ordinating this by xxx/xxx/xxx.

Following this period of engagement, we may need to enter a more formal period of consultation about the services. If you would be interested in continuing the conversation with us, please let us have the best contact details to keep you engaged with the conversation.

We recognise that this document will have some medical terms associated with Vascular surgery within it. We have added a 'Glossary of Terms' to the end of the document to help with this.

We have also completed an equality impact assessment which you can view at appendix C. We will use the information gained through the engagement process to increase our understanding here.

2. WHAT ARE VASCULAR SERVICES?

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Vascular disease is any condition that affects the network of your blood vessels. This network is known as your **vascular** or circulatory system. The main aim of

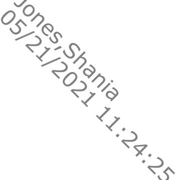
vascular services is to reconstruct, unblock or bypass arteries to restore blood flow to organs. These are often one off procedures, to reduce the risk of sudden death, prevent stroke, reduce the risk of amputation and improve function. Vascular services are also provided to support patients with other problems such as kidney disease

Vascular disorders can reduce the amount of blood reaching the limbs, brain or other organs, causing for example severe pain on walking or strokes. Additionally vascular abnormalities can cause sudden, life threatening, blood loss if abnormally enlarged arteries burst. Vascular specialists also support other specialties, such as major trauma, cardiology, diabetic medicine, stroke medicine, kidney dialysis and chemotherapy.

The core activities of vascular specialists are:

- Preventing death from abdominal aortic aneurysm (AAA);
- Preventing stroke due to carotid artery disease;
- Preventing leg amputation due to peripheral arterial disease;
- Symptom relief from peripheral arterial and venous disease;
- Healing venous leg ulceration;
- Promoting cardiovascular health;
- Improving quality of life in patients with vascular disease;
- Assisting colleagues from other specialties with the control of vascular bleeding;
- Providing a renal access service for patients requiring haemodialysis.

Aneurin Bevan University Health Board; Cardiff and the Vale University Health Board; Cwm Taf Morgannwg University Health Board and Powys Teaching Health Board have worked together for a number of years to discuss the best way of delivering vascular services, and already have a number of shared arrangements already in place (eg out of hours rota) We are therefore collectively talking to you about the future of vascular services, following which we may enter a period of more formal consultation on the services.



3. WHO NEEDS THESE SERVICES?

The prevalence of vascular disease increases with age. Average life expectancy continues to rise especially in males. This suggests that demand for vascular services is likely to increase over time. There are currently an estimated 200,000 people with diabetes mellitus in Wales, and prevalence is increasing. Vascular disease is the major cause of morbidity in diabetes and the risks of disease progression are higher, with an epidemic of diabetic foot disease expected in the next decade.

Risk factors for vascular disease include:

- Being over the age of 50
- Smoking
- Being overweight
- Having abnormal cholesterol
- Having a history of cerebrovascular disease or stroke
- Having heart disease
- Having diabetes
- Having a family history of high cholesterol or high blood pressure
- Having high blood pressure
- Having kidney disease or haemodialysis

Early diagnosis is key to successfully treating vascular related disease. Patients will be admitted with a variety of both emergency and planned vascular conditions and not all patients will go on to require a complex surgical or interventional radiology procedure. Emergency care is immediate treatment to save a life or limb, urgent care is planned treatment within a limited number of days.

Patients who receive vascular services may have:

- Had a stroke and are at risk of having further strokes
- Blocked arteries in the legs causing pain which may deteriorate further and threaten the leg
- A bulge in the wall of the body's main artery which needs repair to prevent it rupturing
- Untreated or untreatable arterial blockages which mean they need a limb amputation

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Not all patients admitted to a specialist service will need a complex surgical or interventional radiology intervention, however due to the nature of their condition, these patients need specialist assessment and care provided in a specialised vascular unit.

Vascular services are provided to the populations of South East Wales with the exception of Bridgend who receive care from the South West Wales vascular network. This is a population of approximately 1.6 million people.

To give a sense of demand for services, the following shows activity across the Health Boards for the 2019 year:

Matric	Period	Aneurin Bevan University Health Board	Cardiff & Vale University Health Board	Cwm Taf Morgannwg University Health Board	Powys Teaching Health Board	South East Wales Total
Population		600,000	472,000	450,000	132,500	1,654,500
Total Outpatient Appointments	**2019**		**2391**	**2340**	**N/A**	**4731**
New Patients	2019		867		N/A	**867**
Follow ups	2019		1524		N/A	**1524**
Total number of Cases/ Procedures	2019	456	437	355	N/A	**1248**

4. HOW ARE SERVICES CURRENTLY PROVIDED?

National Context

The last few years have seen great changes in vascular services in the UK, partly stimulated by challenges such as poor surgical outcomes and the introduction of national screening for AAA, but also endorsed by a specialist group trying to improve its quality and performance. This has meant a contraction of the service into a smaller number of higher volume centres to improve outcomes. Whilst complex in-patient work is concentrated in a single network centre, outpatient and outreach services for the entire network are provided locally so that patients attending smaller network hospitals are not disadvantaged.

Since 2001, the Vascular Society of Great Britain and Ireland (VSGBI) has funded and maintained a registry of index arterial procedures (National Vascular Registry – NVR). In 2008, data from the previous five years in the UK were included in a European report (Vascunet), that suggested the UK had the worst elective abdominal aortic aneurysm (AAA) mortality rates in Europe (7.5% versus 3.5% European average). These data were supported by similar results from the Vascular Anaesthesia Society audit and the Intensive Care Database. The main conclusion was that many patients were being treated in small UK centres undertaking a limited number of AAA repairs, with poorer outcomes. Studies have consistently shown that higher volume centres produce better outcomes for many surgical procedures, and this is well recognised for aortic aneurysm surgery. The conclusion was that concentrating aortic surgery in higher volume centres should improve surgical outcomes. Subsequently similar conclusions regarding improved outcome for patients have been drawn with regard carotid surgery and lower limb revascularisation.

With the exception of the populations in South East Wales, all other parts of the country have networked arrangements in place for the provision of vascular services and have centralised vascular surgery.

Local Context

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Collectively, Aneurin Bevan University Health Board, Cardiff and the Vale University Health Board and Cwm Taf Morgannwg University Health Board provide Vascular services to the following populations:

GWENT	CWM TAF MORGANNWG	CARDIFF & THE VALE OF GLAMORGAN	POWYS
Blaenau Gwent	Rhondda	Cardiff	South Powys
Caerphilly	Cynon	Vale of Glamorgan	
Monmouthshire	Taff Ely		
Newport	Merthyr Tydfil		
Torfaen			

- *Note that the population of Bridgend is served by the South West Vascular network*

A summary of the services that are provided is offered here (you can find a simplified description of all in the glossary of terms:

Out-patient services

Assessment and preparation of surgery for people for carotid disease

Assessment and preparation of surgery for people for carotid disease

Assessment of aneurysmal disease and preparation for open/endo vascular

Assessment of patients with peripheral arterial disease. Treatment options to include
- **Medical management**
- **Surgery**
- **Exercise therapy**

Assessment and treatment of venous and arterial leg ulceration

Varicose Vein intervention

Thoracic outlet surgery

Treatment of diabetic foot ulceration problems

Emergency and acute ischaemic complications

Providing vascular surgical on-call cover and direct clinical advice within the UHBs for areas such as:
- **Diabetes**
- **Orthopaedics**
- **renal and cardio thoracics.**

Improving and promoting cardio vascular health to improve quality of life

Jones,Shania
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To deliver these, each Health Board has full access to:

- A vascular team that comprises vascular surgeons, vascular anaesthetists, vascular interventional radiologists, clinical nurse specialists, podiatrists, tissue viability nurses, physiotherapists, occupational therapists, social workers, pharmacists and members of the prosthetics team. The teams are used to working across Health Board boundaries.
- A dedicated vascular ward. There is a provision for inpatient facilities along with day case access for various veins and minor day case surgery. Outpatient clinics are held in each Health Board area.
- Access to Doppler ultrasound, Computer Tomography (CT) and Magnetic Resonance (MR) Angiography..
- Vascular clinics within their area and has weekly interventional radiology clinics in which patients are consented for interventional radiology procedures.
- An interventional radiology suite with high quality rotational fluoroscopic imaging, in a room which is equipped for a full range of anaesthetics. The rooms can be used for endovascular aneurysm repair, combined vascular surgery and interventional radiography techniques.
- Day Case and Short Stay Facilities for minimally invasive varicose veins procedures are performed under local anaesthetic.
- Operating Theatres
- Vascular team access to a critical care unit
- Pathways in place for those patients presenting with critical limb ischaemia (CLI)
- Out of hours arrangements (which are already managed across Health Board sites). Normally, vascular patients are referred to the admitting general surgical on call team and depending on the urgency, the patient is either assessed by the emergency surgeon or referred directly to the vascular surgeon.
- In hours interventional radiology
- Out of hours interventional radiology which is managed via an on call rota, meaning that outside of normal working hours, the patients are admitted by the on call surgical team at UHW and assessed. If emergency interventional radiology input is required, the case is discussed with the vascular surgeon on for the region, who will in turn contact the on call interventional radiologist.

Jones,Shania
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It should be noted however that at the time of writing, temporary arrangements have had to be put in place to support Cwm Taf Morgannwg whose vascular

service has recently become unsustainable. There are therefore temporary arrangements in place with services being provided to patients from Rhondda, Cynon, Taff Ely and Merthyr Tydfil by vascular services in Gwent and Cardiff and the Vale of Glamorgan

Jones,Shania
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5. HOW DO WE PERFORM?

The following information provides information about how well each of the Health Boards in South East Wales does in respect of the key areas of vascular service provision:

- **Abdominal Aortic Aneurysm**

An **abdominal aortic aneurysm** (AAA) is a bulge or swelling in the **aorta**, the main blood vessel that runs from the heart down through the chest and tummy. An AAA can be dangerous if it is not spotted early on. It can get bigger over time and could burst (rupture), causing life-threatening bleeding

In the UK in 2019, 3445 people underwent surgery for abdominal aortic aneurysm. Of these, 80 people were from the South East Wales region. 44 were from the Aneurin Bevan University Health Board area, 21 from the Cardiff and Vale University Health Board area and 15 from within Cwm Taf Morgannwg Teaching Health Board.

The National AAA screening programme recommends that patients have treatment within 8 weeks of referral (56 days). The actual wait nationally is on average 69 days. Performance in the South East Wales region is set out below:

Metric	Period	Aneurin Bevan UHB Figures	Cardiff & Vale UHB Figures	Cwm Taf Morgannwg UHB	National
Elective Infra-renal Cases	**2019**	**44**	**21**	**15**	
Type of elective infra-renal AAA repairs	2019	64% EVAR	62% EVAR	60% EVAR	61% EVAR
Average time from assessment to procedure	2019	67	68	111	69
Average length of stay for open repair	2019	9	9	9	7
Average length of stay for EVAR	2019	1	3	2	2
Risk adjusted survival	2017-2019	98.40%	94.40%	98.20%	98.60%

The average length of stay for patients in the South East Wales region is in line with the national range.

The Vascular Services Quality Improvement rated all three health boards in South East Wales 'Green' on a green, amber, red scale for elective abdominal aortic aneurysm outcomes.

Jones,Shania
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- **Lower Limb bypass for peripheral arterial disease**

Peripheral artery bypass is surgery to reroute the blood supply around a blocked artery in one of your legs. Fatty deposits can build up inside the arteries and block them. A graft is used to replace or bypass the blocked part of the artery. In the UK between 2017 and 2019, 18'090 people had a bypass of this kind. 6'807 of these were undertaken as an emergency and 11'283 as a planned procedure. Of these, 497 were in the South East Wales region.

Nationally, the average length of stay for a patient who has had a planned surgery is 5 days and average length of stay for a patient admitted as an emergency is 14. How Health Boards in the South East Wales region compare is outlined below

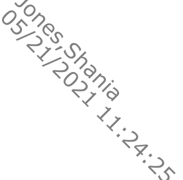
Metric	Period	Aneurin Bevan UHB Figures	Cardiff & Vale UHB Figures	Cwm Taf Morgannwg UHB	National
No. of Cases	**2017-2019**	**206**	**209**	**82**	
Average Length of stay	2017-2019	7	9	9	7
Risk adjusted survival	2017-2019	97.8%	96.8%	99.0%	97.6%

The Vascular Services Quality Improvement rated one of the Health Boards in the South East Wales area as green, and two of the health boards as 'Amber' due to a slightly higher than expected length of stay in hospital.

- **Lower limb bypass angioplasty and stenting**

Angioplasty is a procedure to open narrowed or blocked blood vessels that supply blood to your legs. Fatty deposits can build up inside the arteries and block blood flow. A stent is a small, metal mesh tube that keeps the artery open. Angioplasty and stent placement are two ways to open blocked peripheral arteries. Between 2017 and 2019, 23'881 procedures of this kind were carried out across the UK. Of these 6'605 patients were admitted as an emergency, and 17'276 as planned procedures.

The number of patients across the South East Wales region during this period is recorded as 265, however there are some challenges with validation of the data in both Aneurin Bevan and Cardiff and Vale University Health Boards, .so the actual figure is likely to be much higher.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Metric	Period	Aneurin Bevan UHB Figures	Cardiff & Vale UHB Figures	Cwm Taf Morgannwg UHB	National
No. of Cases	**2017-2019**	**25**	**90**	**150**	
Average Length of stay	2017-2019	0	2	0	100%
Risk adjusted survival	2017-2019	92.50%	97%	99.30%	98.40%

The Vascular Services Quality Improvement rated One Health Board in the region as 'Green' on a green, amber, red scale for lower limb angioplasty and stenting, and two red based on incomplete data sets.

- **Major lower limb amputation**

There are occasions when the blood flow in the legs cannot be increased and an operation is not possible. In these cases, and amputation of the leg may be required. During 2017 – 2019, there were 10'022 procedures of this kind undertaken across the UK. The average length of stay for patients nationally is 23 days. All 3 Health Boards in the South East Wales region have higher lengths of stay than the national average.

Metric	Period	Aneurin Bevan UHB Figures	Cardiff & Vale UHB Figures	Cwm Taf Morgannwg UHB	National
No. of Cases	**2017-2019**	**132**	**113**	**86**	
Average time from assessment to procedure	2017-2019	8	10	37	7
Average length of stay	2017-2019	29	40	27	23
Risk adjusted survival	2017-2019	98.4%	96.2%	96.0%	95.4%

The Vascular Services Quality Improvement rated all three health boards in South East Wales 'Green' on a green, amber, red scale for lower limb amputation outcomes.

- **Carotid endarterectomy**

A **carotid endarterectomy** is a surgical procedure to unblock a carotid artery. The carotid arteries are the main blood vessels that supply the head and neck. During 2017 and 2019, there were 4'141 of these procedures carried out in the UK. The recommended time from symptom to treatment is 14 days.

75 of these patients were from the South East Wales region and were all treated underneath the minimum timescale of 14 days. The average national length of stay for patients who undergo this procedure is 2 days. 2 of the 3

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Health Boards are within this range, with one reporting a higher length of stay than the national average.

Metric	Period	Aneurin Bevan UHB Figures	Cardiff & Vale UHB Figures	Cwm Taf Morgannwg UHB	National
No. of Cases	**2019**	**49**	**4**	**22**	
Median time from symptom to procedure	2019	12	8	8	12
Median Length of stay	2019	1	7	2	2
Risk adjusted stroke free survival	2017-2019	96.60%	100%	98.60%	98.10%

The Vascular Services Quality Improvement rated two of three health boards in South East Wales 'Green' on a green, amber, red scale for carotid endarterectomy outcomes. Cardiff and Vale University Health Board were rated 'Red' due to a low ascertainment rate i.e. an incomplete data set.

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6. WHAT ARE THE CHALLENGES FACING THESE SERVICES?

Vascular services need to be provided in a safe and sustainable way that is consistent with National guidelines and best practice. The key challenges facing the service at this time are summarised below:

- **A growing need for the service –** There is an increasing demand on vascular services across the South East Wales region due an increasing population and worsening rates of diabetes. There are a number of issues that contribute to this:
  - **Age** - Vascular disease and its consequences increase with age. Our 65 to 84 and 85+ age groups are projected to have the largest increase by 2036, when an estimated one in four people in Wales will be aged 65 and over. These projections will have significant implications for the way in which we design and provide health (and increasingly integrated health and social care) services. With an increasing population and especially an increasing older population it is even more important that we support the people living in our communities to live long and healthy lives, free from the limiting effects of multiple chronic conditions.
  - **Diabetes –** There is a diabetes epidemic in Wales. There are more than 194,000 people over the age of 17 diagnosed with diabetes and, we estimate, a further 61,000 people living with undiagnosed Type 2. This takes the total number of people living with diabetes in Wales now to over 250,000. It is not just the raw figures that are concerning. Wales' prevalence as a proportion of its population is 7.4% - the highest in the UK and Western Europe. The number of people with diabetes has been steadily increasing and has doubled in the last 20 years. NHS Wales estimates 11% of our adult population will have the condition by 2032. This is mainly a result of the drastic increase in Type 2 diabetes. This is unsustainable, both for our health service and wider society. Vascular disease is the major cause of morbidity in diabetes and the risks of disease progression are higher. Prevalence of peripheral arterial disease was 4.5% in the general population but increased to 9.5% in people with diabetes. It is likely that the great increase in the number of patients with diabetes over the next decade will have the biggest impact on vascular services. Many of these patients present as an emergency and are at high risk of amputation. Prompt treatment of the infected diabetic foot can minimise the risk of subsequent amputation. Lower limb

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amputation is carried out more than 20 times as often in people with diabetes than it is in people without diabetes. Only around half of people who have lost a leg because of diabetes survive for two years.

  - **Smoking -** Smoking is a major cause of vascular disease and over 80% of vascular patients are current or ex-smokers. Smokers are at greater risk of complications from vascular interventions because of cardiac and respiratory co-morbidity and the longer-term success of vascular intervention is reduced in patients who continue to smoke. (HSE 2007)

  - **Obesity –** Obesity and being overweight are linked to several factors that increase risk for cardiovascular disease. Almost 60% of adults in Wales are currently overweight or obese, of which 24% are obese. There is evidence of an upward trend in recent years. It is estimated that the percentage of adults who are overweight or obese will increase to around 64% by 2030 if the current pattern continues.

- **Minimum population requirements -** A minimum population of 800,000 is considered necessary for an Abdominal Aortic Aneurysm screening programme and is often considered the minimum population required for a centralised vascular service. This is based on the number of patients needed to provide a comprehensive emergency service; maintain competence among vascular specialists and nursing staff; ensure the most efficient use of specialist equipment, staff and facilities; and the improvement in patient outcome that is associated with increasing caseload. A minimum population of 800,000 would be appropriate but for a world class service a larger catchment area will be required. The population of SE Wales (the resident population of the Health Boards taking forward this proposal is approximately 1.6 million (StatsWales 2016). The current configuration of services across separate hospital sites across South East Wales are too small to meet the quality and safety standards set out by the Vascular Society and the Royal College of Surgeons. None of the current individual units meet this requirement.

- **Meeting quality standards -** Not all units are able to currently achieve the quality indicators individually as units. These are:
  - The Vascular society recommends a vascular unit should be performing 60 elective aneurysm repairs per year. Collectively in SE Wales 99 aneurysm repairs were performed in 2019. No units individually reached the required number.

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- The Vascular society recommends a vascular unit should be performing 40 carotid endarterectomies per year. Collectively in SE Wales 75 were performed in 2019.
- Between 2017-19 497 bypass procedures and 331 major limb amputations were performed in SE Wales.

- **Workforce –** A workforce survey undertaken by the Vascular Society for Great Britain and Ireland in 2019 concluded that both the number and complexity of vascular surgery procedures per capita population is increasing year-on-year. Worldwide there is a shortage of vascular surgeons to meet increasing demand and this shortfall is significant in the UK. There are a few workforce challenges to note:
  - Vascular services need to be organised to allow reasonable volumes of elective activity to exist alongside an acceptable consultant emergency on call rota thus ensuring appropriate critical mass of infrastructure and patient volumes.
  - The vascular society recommend 1 surgeon per 100,000 of population. (it was previously 1 per 130,000 population). This would mean that South East wales should have 14 consultants supporting vascular services in the area. It actually has 9 surgeons across the 3 provider Health Boards. Seven of these cover on-call arrangements too which means there is very little opportunity to foster learning and growth in the workforce.
  - There is challenge in recruiting to vascular posts in Wales and even where appointments happen, retention proves very difficult.
  - The age profile of current consultants and vascular nurse specialists makes it very difficult to succession plan.
  - Disparate teams mean that there is little opportunity for people to specialise however this is something that we know would attract more consultants and specialist therapists.

- **Services spread across South East Wales –** The National Vascular Registry has shown a constant improvement in vascular surgical outcomes over the last 10 years. However, as shown above this could be improved further by concentration of services into a single arterial hub. The Getting It Right First Time (GIRFT) report showed co-location of vascular services with other specialist services such as nephrology, major trauma and interventional radiology improve outcomes. This is not currently the case within the South East Wales region.

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- **Patient outcomes -** There is strong evidence that case volume influences outcomes. The 31 highest volume hospitals (which perform 57% of all elective Abdominal Aortic Aneurysm procedures in the UK) have mortality rates that are under half those seen in the 32 hospitals with the lowest volume of procedures. These data lend support to the current move towards performing major arterial surgery in larger volume units in order to further optimise outcomes. The Royal College/national professional view, is that it is no longer acceptable to provide elective or emergency vascular cover outside a fully centralised service or a formalised modern clinical network with a designated single site for all arterial interventions providing a 24/7 on-site service.

All of the issues outlined above mean that services are becoming increasingly unsustainable and could become unsafe unless changes to the way services are organised and delivered are made.

The service models emerging nationally across the UK all enable sustainable delivery of the required infrastructure, patient volumes, and improved clinical outcomes and are based on the concept of a network of providers working together to deliver comprehensive patient care pathways, centralising where necessary and continuing to provide some services in local settings. There are a number of reviews and reports that support this which include:

1. Vascular Society of Great Britain and Ireland Provision of service for patients with vascular disease (2012) (http://www.vascularsociety.org.uk/library/quality-improvement.html)
2. Getting it right first time (2018) (https://gettingitrightfirsttime.co.uk/wp-content/uploads/2018/02/GIRFT_Vascular_Surgery_Report-March_2018.pdf)

7. WHAT OPTIONS HAVE WE CONSIDERED TO RESPOND TO THE CHALLENGES?

Our focus must be on long term resilience and sustainability of vascular services, therefore, changes to how the services are currently being delivered will be required to ensure that everyone in need of vascular care receives it without unnecessary delay.

Our aim is to create vascular services that:

- Achieve best practice agreed by experts, to get the best outcomes for patients and the best chance of survival
- Ensure we have more doctors with the right specialist skills
- Meet national standards

The issues outlined in the previous chapter that are facing the service have been emerging over recent years. Unsurprisingly therefore, our clinicians and senior leaders have already been giving some thought to how they may respond to the challenges.

During 2014, senior clinicians across the Health Boards undertook a clinical option appraisal about the best way that services may be organised in the future. They tested the following options for future delivery which would help reduce the risks of future delivery:

Option 1	**Do nothing** – Continue to deliver all services as they are with a thin layer of regional co-ordination to share best practice
Option 2	**Centralise delivery** - All services are delivered to the three Local Health Boards by a central team, located in one of the provider Health Boards. A single site for all vascular surgery services in South East Wales.
Option 3	**Single hub and spoke model**-Some functions, services and procedures (or elements of such) are delivered at scale by a central team, within one provider Health Board – the hub. These would only be provided at this central site location for SE Wales. Other functions and services are delivered on a more local basis, through spokes.

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Option 4	**Multiple hubs** - Each LHB leads on a specific function or functions within the overall service, on behalf of all LHBs across SE Wales, e.g. arterial surgery.
Option 5	**Outsourcing -** All services are provided for Health Boards in South East Wales by another provider, which is not one of the constituent Health Boards of the network, but for which the network acts as the commissioner of the service.
Option 6	**A whole of South Wales option.** Widening the scope to include that which is currently provided by the South West Wales Vascular Network, to establish a joined up network across all of South Wales. If this was a viable option at this stage of the development of both networks, this would again then open up a range of future options to be considered, including many of the above, but on a wider South Wales basis. The initial option of considering this approach in this way at this stage was worth considering however, if only to discount it at this stage.

A range of clinical and managerial staff appraised the options against the following criteria:

- Quality & Safety (highest priority)
- Acceptability
- Strategic Fit
- Sustainability (ability for the services to be fit for now and the future)
- Access
- Achievability

They also considered the growing evidence base and used this to inform the proposed future service model for vascular surgery services in SE Wales. This includes a number of recommendations and published evidence of the Department of Health (DH) in England, the Vascular Society of Great Britain and Ireland (VSGBI), the Royal College of Radiologists (RCR), the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) and all relevant NICE Guidance.

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Based on considering the evidence, and a full range of issues, the outcome from the clinical option appraisal was that the most feasible option for the future

delivery of vascular services in South East Wales is considered to be a hub and spoke model, managed through a clinical network as outlined in option 3.

There are a number of areas across the UK that are already configured in this way, and a number of reports and recommendations that support a networked arrangement for the organisation and delivery of vascular services with strong evidence that improvement to outcomes for patients undergoing vascular surgical procedures are seen as a result of centralising vascular surgery to a Major Arterial Centre. A more detailed description on the way we may organise delivery against a hub and spoke model is outlined in the following chapter.

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8. PROPOSED SERVICE MODEL

There is strong National and International evidence that patients who need vascular interventions will receive a better quality of care and have a better chance of survival when they are treated and cared for by specialists (including vascular surgeons, interventional radiologists, nurses and therapists) who see a large number of these patients, which helps specialists to develop and maintain expertise in their field of work.

Based on considerations over recent years, there is good clinical consensus to proposed that if supported, the new vascular service will be based on a hub and spoke model and will have:

- Diagnosis and assessment of vascular disease (including the input of the vascular laboratory and diagnostic imaging);
- Outpatient management of patients with peripheral arterial disease;
- Inpatient spells, emergency and elective activity;
- Day case activity;
- Multidisciplinary outpatient follow up of patients receiving vascular surgery/endovascular interventions;
- Seamless repatriation of patients following rehabilitation care pathways particularly for post amputation care;
- Limb Fitting Service – the vascular service must ensure its patients have access to a local limb fitting service, which meets the standards set by The British Society of Rehabilitation Medicine.
- A dedicated vascular day case facility in both hub & spoke to allow day case surgical & interventional radiology procedure.

It is proposed that the hub and spokes have the following components:

HUB	**SPOKE**
➢ Emergency Vascular Service: • Amputations and "*nibbling*" • Aneurysm surgery;	➢ Emergency Vascular Service:**-** • Angiogram; • Angioplasty

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• Patients requiring CEA within 48 hrs of index event; • Peripheral arterial reconstructions.	• As noted above, the "front door" will remain the patient's local hospital, defined as a Local Hospital with an Emergency Department and an Emergency General Surgery Service; • Rehabilitation.
➢ **Elective Vascular Service:** • Abdominal Aortic Aneurysm • Endovascular aneurysm repair • Carotid endarterectomy	➢ **Elective Vascular Service:-** • Venous surgery angiography and angioplasty; • Outpatient clinics

Based on this, the main procedures that are expected to transfer from each of the current sites to any future hub are the following:

- ➢ Iliac and femoral artery procedures
- ➢ Carotid
- ➢ Open Abdominal Aortic Aneurysm
- ➢ Endovascular Abdominal Aortic Aneurysm
- ➢ Open Thoracic Aortic Aneurysm
- ➢ Thoracic endovascular aortic repair (TEVAR)
- ➢ Operations on vena cava
- ➢ Other artery.

To achieve delivery, there will be a number of infrastructure requirements for both the hub and the spoke:

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HUB	SPOKE
➢ Dedicated vascular surgery ward(s). Beds will need to be staffed by an appropriate skill mix of nurses who have been trained in the care of vascular patients. Doppler investigation will need to be available on the ward; ➢ Hybrid theatre, with experienced vascular theatre staff; ➢ Scheduled elective lists (IP / DC); ➢ Anaesthesia – elective vascular services will have dedicated vascular anaesthetic input, from anaesthetists experienced in dealing with vascular patients and with a special interest in this area. This may include anaesthetists from Spoke sites given the opportunity to support elective lists in the hub; ➢ Intensive Treatment Unit (ITU) and High Dependency Unit (HDU) – Facilities with full renal support must be available on-site to support the vascular service. Bookable HDU/ITU with sufficient beds will need to be available for elective patients ➢ Interventional radiology suite with access to nursing staff trained in vascular procedures. ➢ Out-patients clinics	➢ Mixed surgical wards but with ring fenced vascular beds; ➢ CEPOD theatre model; ➢ Interventional radiology; ➢ Scheduled elective DC lists; ➢ Outpatient Clinics – including access to nurses/therapists experienced in ulcer and wound dressing. Doppler ultrasound machines should be available. To support this, it is also assumed that each of the spoke sites will have the following: ➢ A consultant led Emergency Department (A&E); ➢ An Emergency General Surgery service.

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Given the range of services already in situ on the University Hospital Wales site, its position as a specialist and tertiary provider, and the co-dependencies between them and the vascular service, particularly major trauma, interventional cardiology and cardio-thoracic surgery, the preferred option for the hub is identified as the University Hospital Wales, Cardiff. Given the need for consultant led A&E and a general surgery emergency service, the spokes for each of the areas are proposed as:

- **Aneurin Bevan University Health Board** – Grange University Hospital and Royal Gwent Hospital
- **Cwm Taf Morgannwg Teaching Health Board** – Royal Glamorgan Hospital, Llantrisant
- **Cardiff and Vale University Health Board** – Llandough Hospital Vale of Glamorgan

It is important to note that as patients begin their recovery and rehabilitation journey, that this too will be provided from a hospital/community setting which is much more local to them

Patient 1 : Mrs Edmunds

Mrs Edmunds is an 81 year old lady who has lived in Crickhowell all her life. Ten days ago, while getting ready for bed, her husband noticed that she was slurring her words and her right arm seemed clumsy and weak. Worried that his wife was having a stroke Mr Edmunds dialled 999 and Mrs Edmunds was taken to Grange University Hospital by ambulance.

On admission to hospital she was assessed by the Acute Stroke Team and underwent a CT scan of her brain and the next day underwent an ultrasound scan (duplex scan) of her carotid arteries (these are the arteries in the neck that supply the brain). The duplex ultrasound scan showed that Mrs Edmunds had a 90% narrowing in her left carotid artery. The Acute Stroke Team told Mr Edmund's that he had done exactly the right thing.

The Stroke Physican telephoned the Vascular Surgical Regional Coordinator on the same day that the duplex scan was performed. After discussion with the duty Vascular Surgeon Mrs Edmunds was offered the choice between an operation at University Hospital of Wales (UHW) to "clear out" the blockage in her carotid artery (carotid endarterectomy) or continuing with medication. The Vascular Surgeon at UHW felt that, on balance, the operation would reduce her risk of stroke more than medication alone.

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After discussion with her husband Mrs Edmunds decided that she would like to go ahead with surgery. She was transferred to Cardiff as a "day of surgery admission" and underwent left carotid endarterectomy under local anaesthetic. As is usually the case, she made an uncomplicated post-operative recovery and was allowed to go home to Crickhowell the next day. She was offered the choice of a telephone follow up consultation or a clinic appointment with a vascular surgeon at Nevill Hall Hospital in Abergavenny 6 weeks after the operation. At follow up she had fully recovered from her stroke and had made a good recovery from her operation.

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9. ADVANTAGES/DISADVANTAGES & IMPACT

WHAT ARE THE ADVANTAGES OF THE PROPOSED CHANGES?

There are significant benefits to the model proposed:

- A sustainable delivery model that will provide the best outcomes to all patients within the region as advised by the Vascular Society. The vascular surgeons will work as a team to provide a resilient vascular surgical workforce model for the region's patients.

- Patients admitted to the 'Hub' will be nursed on a specialist vascular ward and receive daily review, including weekends, by a consultant vascular surgeon ('Consultant of the Week') working within a specialist multi-disciplinary team.

- Patients admitted to the 'Hub' will have on site access 24/7 to both vascular surgery and vascular interventional radiology.

- Aside of surgery, all other parts of a patient's treatment and rehabilitation will happen in their own area (with the exception of Powys residents who may access services in Cwm Taf Morgannwg or Gwent).

- Rapid access to diagnostics and interventions forms part of a high quality service. The need for this has been an important driver for centralisation, as it requires around the clock working, which larger units are better placed to provide. The units would be staffed by vascular specialists and would operate 24 hours a day, seven days a week.

- Performing all complex procedures at central units would ensure all patients have their surgery at a high volume hospital by an experienced vascular specialist, using the latest technology and techniques

- Centralisation should ensure improved facilities for patient care (dedicated vascular wards), investigation (larger radiology units with 24/7 interventional radiology) and treatment (vascular operating theatres and staff, vascular anaesthetists, improved facilities for endovascular management, better critical care).

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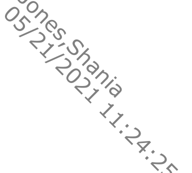
WHAT WOULD THE IMPACT BE?

The proposals could mean:

- Patients would potentially need to travel further for their operation, as would their visitors
- Patients would be treated at a centre carrying out higher volumes of complex work, which is linked to improved outcomes
- Patients would be treated by a surgeon or interventional radiologist carrying out large volumes of complex work
- Patients would be able to access the full range of procedures 24/7

ARE THERE ANY DISADVANTAGES TO THE PROPOSALS ?

Some patients from the Aneurin Bevan and Cwm Taf Morgannwg areas will need to travel to University Hospital of Wales - rather than the Royal Gwent or Royal Glamorgan Hospitals - to receive surgery, as they do now out of hours. Powys residents will need to go to University Hospital of Wales for their surgery rather than to the Grange University Hospital in Cwmbran.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10. HOW YOU CAN CONTRIBUTE : ENGAGEMENT AND CONSULTATION.

This is the beginning of our conversation with you about Vascular services in South East Wales. We would like to hear your thoughts about what you have read. Specifically:

- Whether you have an understanding of what vascular services are
- How services are currently provided
- The challenges facing the services and some of the options that have been considered for the future organisation and delivery of the services.

A questionnaire is attached at to aid your response. It should be returned to:

South East Wales Vascular Programme
Woodland House
Maes Y Coed Road
Cardiff
CF14 4HH

WHAT NEXT?

When this engagement exercise has ended, the 4 Health Boards will consider all the feedback and share this with the individual Health Boards and the relevant Community Health Councils. We will also publicly make available a report that outlines a summary of what has been received. We will consider all the issues and whether there are any mitigating actions that need to be taken. We will also use the information received to update the Equalities Impact Assessment.

Subject to further discussions with the Community Health Councils, we may wish to enter a period of formal consultation and should we do that we will once again invite your views.

B. Engagement Plan

STAKEHOLDER GROUP	SPECIFICALLY	PRODUCT	RESPONSIBLE	HANDLING PLAN/RELEASE DATE
Comms leads	All affected HBs	All core documentation for posting on HB websites	Programme Manager	Ensure ready to run and cascade with: Launch of documents Cascade through established networks and mechanisms
General Public	Population of Aneurin Bevan University Health Board • Blaenau Gwent • Caerphilly • Monmouthshire • Newport • Torfaen	Core document Summary document EQIA Invite to online events/presentations Access to websites and on-line resources ie videos	ABUHB Planning/engagement lead	Day of launch through existing public cascade mechanisms
	Population of Cardiff & Vale University Health Board • Cardiff • Vale of Glamorgan	Core document Summary document EQIA Invite to online events/presentations Access to websites and on-line resources ie videos	C&V Planning/engagement lead	Day of launch through existing public cascade mechanisms
	Affected population of Cwm Taf Morgannwg University Health Board • Rhondda • Cynon • Taff Ely • Merthyr Tydfil	Core document Summary document EQIA Invite to online events/presentations Access to websites and on-line	CTM Planning/engagement lead	Day of launch through existing public cascade mechanisms

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		resources ie videos		
	Affected population of Powys Teaching Health Board • South Powys	Core document Summary document EQIA Invite to online events/presentations Access to websites and on-line resources ie videos	PTHB Planning/engagement lead	Day of launch through existing public cascade mechanisms
Welsh Government	Director General Health and Social Care	Letter from chair of Vascular Joint Programme Board (Ann Lloyd) signposting towards resources website etc	Chair of Vascular Board – engagement lead (CH) to draft	Following approval at Boards and just before launch
Patients, their families and carers	Patients who have received services since 2019 (linked to timescales outcomes reported in NVR report) with reference to inviting views from families and carers too	Letter from relevant consultant/MDT Core document Summary document Invite to online events/presentations Access to websites and on-line resources ie videos Access to a telephone line for discussion	Planning leads with MDT teams	Week of launch
NHS Wales	All CEOs of HBs and Trusts in Wales: Aneurin Bevan University Health Board Betsi Cadwaladr University Health Board Cardiff and Vale	Letter from Chair of Joint Vascular Board Ann Lloyd identifying launch and signposting towards all products	Chair of Vascular Board – engagement lead (CH) to draft	Following approval at Boards and just before launch

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	University Health Board Cwm Taf Morgannwg University Health Board Hywel Dda Health Board Powys Teaching Health Board Swansea Bay Health Board Velindre NHS Trust Welsh Ambulance Services Trust			

Community Health Councils	AB CHC C&V CHC CTMCHC PCHC	Report to joint Board CHCs 13 Jan 21 Receipt of all documentation	Programme Manager	Launch day
Third Sector Organisations	GAVO TVA PAVO CAVOC	Core document, summary document and signpost to online resources and opportunities	Health Board leads	Launch day
National bodies/organisations including Professional Societies and Royal Colleges concerned with the delivery of Vascular Surgery	Plotted by programme	Core document, summary document and signpost to online resources and opportunities	Programme Manager	Launch day
National Voluntary Organisations	Plotted by programme	Core document, summary document and signpost to online resources and opportunities	Programme Manager	Launch day

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Local authorities and elected representatives	CEOs & Leaders of the councils	Core document, summary document and signpost to online resources and opportunities	Health Board leads	Via local cascade mechanisms requesting sharing with staff and members

National Politicians	Members of the Senedd and Members of Parliament	Core document, summary document and signpost to online resources and opportunities	Programme Manager	via a letter from Chair of vascular group
Stakeholder Reference Groups	ABUHB SRG C&V SRG CTM SRG PTHB SRG	Core document, summary document and signpost to online resources and opportunities	ABUHB lead C&V lead CTM lead Powys lead	Via local cascade mechanisms on day of launch
Trade Union Partnership Fora	ABUHB TUPF C&V TUPF CTM TUPF PTHB TUPF	Core document, summary document and signpost to online resources and opportunities	ABUHB lead C&V lead CTM lead Powys lead	Via local cascade mechanisms on day of launch
EQIA Targeted groups	Local Diabetic groups National Stroke Association and any local stroke groups	Core document, summary document and signpost to online resources and opportunities	Programme Manager as links to programme EQIA	Group contacts to be sourced by programme manager
Town and Community Councils	All town and community councils in Gwent, Cardiff, Vale of Glamorgan, Rhondda, Cynon, Taf Early and Merthyr and South Powys	Core document, summary document and signpost to online resources and opportunities	ABUHB lead C&V lead CTM lead Powys lead	Via local cascade mechanisms on day of launch
Local Medical Committees	Aneurin Bevan LMC	Core document, summary	ABUHB lead C&V lead	Via local cascade mechanisms on

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	Cardiff and Vale LMC Cwm Taff Morgannwg LMC Dyfed-Powys LMC	document and signpost to online resources and opportunities	CTM lead Powys lead	day of launch
Public Service Board and Regional Partnership Boards	Powys Regional Partnership Board Powys Public Service Board	Core document, summary document and signpost to online resources and opportunities	ABUHB lead C&V lead CTM lead Powys lead	Via local cascade mechanisms on day of launch

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C. Public Engagement notes

C1. Cardiff and Vale Public Engagement Notes - 16.03.021

Audience: Public Meeting

Meeting Details: Tuesday 16 March at 7.00 pm on Zoom

Number of attendees: 1

UHB Presenters: Alun Tomkinson; Kevin Conway; Gininna Conway; Abigail Harris

Also in attendance:

CHC - Malcolm Latham, Chair; Stephen Allen; Caroline Harris; Amy English

UHB - Victoria Legrys; Alaa Khundakji; Daniel Marsh; Andrea Bird; David Williams; Anne Wei

Interpreter – Gwnfor Owen

Following a welcome and introduction by the CHC and UHB, the UHB gave a presentation. The meeting was opened up for Q&A and discussion:

- A concern about repatriation. Currently there exists a problem in the system, won't this become more difficult with patients from additional Health Boards involved?

UHB response:

- *Cardiff and Vale UHB has been working with Cwm Taf for the last 6 months and repatriating to Cwm Taf hospitals. A good working relationship exists between the vascular teams and we are successful in discharging rapidly. We are planning a similar relationship with Aneurin Bevan UHB and they have multiple sites. Work is on-going at University Hospital Llandough to prepare for becoming a spoke site.*

- Recruitment. There is a national shortage of Interventional Radiologists and for this proposal a critical mass of support staff will be required. Are you preparing for this risk?

However, I believe the idea is very sound.

UHB response:

- *Currently, we have 24/7 on-call cover by interventional radiologists with 7 full-time consultants. For our population we should have 8. However, we have a trainee who has indicated a wish to work in SE Wales. There are shortages in the rest of Wales but we are in a fortunate position in SE Wales.*

- A related, supplementary concern about the availability of a critical mass of staff and being able to cope following the Covid pandemic. Would it be necessary to outsource work to address the backlog?

UHB response:

- *No vascular services are outsourced. Because of the immediate needs of those requiring vascular surgery we don't have waiting lists. While it may be necessary to wait in hospital for this, there is no list of people waiting at home.*

- I think the logic of the network for vascular services is sound but there may be some travel issues to deal with for those in other areas who must travel further.

- What will be the protocol for patients who experience problems following vascular surgery after they have left the hub?

UHB response:

- *Repatriation to the spoke hospital will enable physiotherapists, occupational therapists and others to offer rehabilitation but, if there is a problem, it will be picked up quickly by the vascular team. There will be cover at the spokes for wound care but if in-patient care at the hub is needed, the patient will transfer back.*

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- Yn Gymraeg / In Welsh: A question about transport and the accessibility of University Hospital Llandough and a supplementary question about the possibility of patients being seen as close as possible to friends and family.

UHB response:

- *Consultant, Kevin Conway expressed an awareness of the difficulties having recently seen patients who'd needed to take 3 buses to see him at Prince Charles Hospital. He had been pleasantly surprised how well virtual clinics and phone clinics had worked during the pandemic and how they had saved the effort of travelling. He hoped to expand the use of virtual clinics having found that many elderly people could use the technology and responded well. However, there would always be hospital transport for those needing to be seen in person.*
- *In addition, the Health Board is working with the local authorities to improve transport links to both hospitals and there are Park and Ride services.*
- *The Health Boards will be seeking to see more patients closer to home and are mindful of access issues.*
- *In this model, the separation for rehabilitation allowed a model suitable for this service.*

- Yn Gymraeg / In Welsh: What are the day to day connections with cardiology services and will the change affect this?

UHB response:

- *Assurance was given that the vascular surgeons work closely with cardiologists and are in constant communication with them. These changes will further improve the close working.*

- From the point of view of the residents of Cardiff and the Vale of Glamorgan, do these changes mean any real change or improvement in service?

UHB response:

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- *It would be an improved service, firstly because Cardiff and Vale UHB currently has 3 vascular surgeons and when the network is complete*

would have 11. It also gives people the opportunity to develop speciality intensivist and sub-speciality skills. This development gives the opportunity to develop our services significantly.

- *The emphasis on rehabilitation and prehabilitation is very important for outcomes and has probably been neglected in the past. This is good for the vascular surgeons but above all for the patients.*

- Will the fact that patients from neighbouring Health Boards are referred to UHW cause a delay in treatment for Cardiff and Vale residents?

UHB response:

- *The intention is to develop a consultant of the week and also a surgeon of the week timetable. Also, to develop 'hot clinics' where patients will be seen on the same day or the next day. The network will allow us to justify the case for a hybrid theatre and state of the art technology which without vascular redesign we couldn't have. In summary, this is a win-win improvement in service for all patients and staff alike.*

- Assurance was sought that Cardiff and Vale residents would not have to wait in a longer queue because of being treated alongside residents from elsewhere.

UHB response:

- *Assurance was given, supported by details: previously the service had access to 19 beds but it would have 38 beds; previously operations took place on 3 days but in future there would be 8 days of theatre per week. There would be an increase in radiology capacity and an increase in the capacity for out-patients. All the component parts would improve the robustness and resilience of the service for Cardiff and Vale residents.*
- *Additionally, the presence of vascular surgeons in a hospital provides a good resource for other surgeons, e.g. for those doing bowel or kidney operations. Having vascular surgeons nearby can make a real difference and is one of the key reasons why it has to be co-located with the Major Trauma Centre in Cardiff. The residents of Cardiff could be assured of being in a safer place.*

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- Hospital acquired infection rates. Knowing that there were some problems in cardiac services last year, the public might like assurance that Cardiff and Vale UHB have this under control.

UHB Response:

- *Acknowledged that we had learnt a huge amount from Covid in the last 12 months and described how we had divided the hospital into zones and kept time critical surgery separate. In the green zones, 5000 patients had been treated and there had been no cases of Covid or MRSA or other hospital acquired infections. Noted that the Health Board was keen to maintain those protected elective zones. In the emergency zone it was more difficult to protect patients from post-operative infections. Overall there had been a significant learning and change in practice.*

At 7:52 pm, the CHC Chair called for final questions. There were none. The CHC Chair then thanked the speakers for their answers and those attending for their questions and observations. He noted that the CHC would formally respond to the Health Board and asked people attending to encourage others to fill in the questionnaire. Alun Tomkinson thanked people for spending their time on the engagement and hoped they were reassured.

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18.03.2021

Audience: Public Meeting

Meeting Details: Thursday 18 March from 7:00 – 8:00 pm via Zoom

Number of attendees: 6

UHB Presenters: Richard Whiston; Mike Bond; Catherine Twamley

Also in attendance: CHC - Malcolm Latham, Chair; Stephen Allen; Amy English

UHB - Abigail Harris; Vicky Le Grys; Daniel Marsh; Andrea Bird; David Williams

Interpreter - Gwnfor Owen

Following a welcome and introductions to the presenters and his colleagues by CHC Chair, Malcolm Latham, the UHB gave a presentation. The meeting was then opened up for Q&A and discussion:

- Suitability of University Hospital of Wales (UHW) to be the hub. In acknowledging that surgery was the most complex part of the vascular service, asked whether the building had the capacity and was in good enough condition to take on the extra workload safely.
- Diagnostics. Wanted to check understanding that diagnostic procedures and other parts of the vascular service would be undertaken at spoke hospitals.
- Governance. Who would have oversight of the service if three Health Boards were involved? Would there be clear leadership and an integrated service, which would be what was required to produce the best outcomes?

UHB response:

- *Confirming the intention to bring expertise to the network hub at UHW, described the plans for a hybrid theatre which would have both surgical and x-ray capacity. There would be changes to accommodate patients from the other Health Boards, for example, the new rehabilitation facility at University Hospital Llandough (UHL) would release beds at UHW as South Glamorgan patients moved to their spoke.*
- *Regarding diagnostics, the plan was that these appointments should take place as close to home as possible to avoid travel to Cardiff. Recent*

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positive experience of telephone and virtual appointments replacing outpatients' clinics was highlighted.

- *Advised that the Chief Executives of the three Health Boards had meet last week at Vascular Programme Board and approved key papers and that the Board met every 2 months to oversee the governance of the Vascular Programme.*
- *Noted that part of the work of the Vascular Programme, similar to that of the Major Trauma Centre Programme, was to put in place a robust structure. There were formal leads for the network e.g. the clinical lead was Peter Lewis, Vascular Surgeon, Aneurin Bevan UHB. This was intended to ensure transparency across the network. There were mutually agreed policies in place but the Health Boards had yet to define and agree a host organisation for vascular services. This role would usually be with the hub, i.e. with Cardiff and Vale UHB.*
- *Emphasised the experience of the Major Trauma Centre in showing successful practice where clear protocols and pathways facilitated working together and implementation across a network. Agreed that this was an important question and it was fortunate for the UHB that it had been raised to allow the opportunity to set out their position.*

- Protocols. In the case of someone suffering an embolism or aneurysm while out in Cwmbran, would s/he be taken to The Grange or UHW?

UHB response:

- *Speed of treatment is important but also expertise. Most such cases already come to UHW as emergencies. It is clear from data across the UK that it is important to get a patient to the right centre. For planned surgery, patients will be brought from the spoke to the hub as that is where the surgeons will be. There will be occasional instances where the consultants will need to go to spoke hospitals to treat and they are prepared to do that.*

- Transfer of patients. Would these transfers be by ambulance? Question whether the programme had worked with the Welsh Ambulance Service Trust (WAST) and whether they were fully aware of proposals.

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UHB response:

- *Confirmation that discussions had taken place and arrangements were in place.*

At 19.57 hrs, Malcolm Latham, Chair asked for any final questions. He thanked the meeting for feeding in questions, comments and observations and noted that the CHC would formally respond to Cardiff and Vale UHB. The Health Board thanked the CHC for hosting and the audience for contributing to the event.

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C2. Cwm Taf Morgannwg & Powys Teaching Health Board Public Engagement Notes - 11.03.2021

FIRST SOUTH EAST WALES VASCULAR ENGAGEMENT EVENT

11TH MARCH 2021

2:00PM – 3:30PM

(LIVE EVENT VIA TEAMS)

Panel Members

Name	Role
Mr Kevin Conway	Vascular Surgeon
Dr Stuart Hackwell	Locality Group Director, Rhondda & Taff Ely Locality
Marie-Claire Griffiths	Assistant Director of Strategy & Commissioning
Hannah Davies	Physiotherapy
Lee Leyshon	Assistant Director, Engagement & Communication

In Attendance:

Adrian Osborne, Assistant Director, Engagement & Communications, Powys Teaching Health Board

Michelle Lloyd, Business Support Manager, Cwm Taf Morgannwg University Health Board

Ben Screen, Senior Welsh Language Translator, Cwm Taf Morgannwg University Health Board

1. Marie-Claire Griffiths opened the public engagement event, welcome all and ran through the agenda for the day. Attendees were asked if they required Welsh language translation and it was noted that no Welsh language translation was required for this event.
2. Marie-Claire Griffiths commenced with a presentation around the South East Wales Vascular Network.
3. Panel members introduced themselves and gave a brief overview of their roles at slide 3 of the presentation.
4. Dr Stuart Hackwell presented slide 5 to the group which outlined what the aims are of the engagement i.e. to start a discussion with citizens about how vascular services are organised in the future.
5. Mr Kevin Conway presented slides 6 – 16 to the group which outlined:-

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- What are vascular services?
- Who needs vascular services?
- How are services provided now?
- Why are we talking about them?
- Measures of how well organisation do?
- History of discussion to date
- Have we given thought to where the hub might be?
- What about the spokes?

6. Marie-Claire Griffiths presented slides 17 to 20 which outlined:-

- What would this mean for patients?
- How can you get involved?
- We want to hear your views?
- How can you contact us?
- Questions?

Marie-Claire Griffiths outlined the areas where we would like people to get involved as part of the engagement, these included views on:-

- The recommendation that a hub and spoke model will improve patient outcomes
- The proposal for UHW in Cardiff to be the Hub
- The suggested Spoke arrangements
- Any other information we should consider in deciding the future of vascular services
- The process undertaken to reconfigure services
- Any alternative view on the proposals put forward

Attendees were encouraged that if they should have any further questions, thoughts, comments or views in addition to any that they may have today to visit the website at : https://cwmtafmorgannwg.wales/sewalesvascular

In addition, questions can also be received via email to: sewales.vascular@wales.nhs.uk, a phone line with voicemail is also available the number for which is: 02921 836068, or the public can search #sewalesvascular on social media.

7. Questions:

The following questions were asked:-

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Question 1 - Whether there should be two spokes in Aneurin Bevan and whether or not this was still valid after changes in the Royal Gwent as a result of the Grange Hospital opening.

Mr Kevin Conway responded to say that he had spoken to his colleague David Lewis about this and although the original Options Appraisal said that there should be a single spoke in each Health Board, it is slightly more complicated because of the way that the Grange University Hospital is set up. It is actually a specialist care centre so that means it has all the emergency services so it has got an emergency unit, it has the operating theatres and critical care unit but it does not have all of the rehabilitation services and outpatient facilities that the Royal Gwent Hospital had before. So, it is not a straight answer but Mr Conway's understanding was that at least initially it will be spread across the Grange University Hospital and the Royal Gwent Hospital.

Question 2 – Marie-Claire Griffith took this question from the pre-prepared 'Frequently Asked Questions'. What is a vascular network?

The aim of a Vascular Network is to improve patient outcomes and ensure that services are sustainable and equitable for the population they serve. A vascular network provides coordinated vascular services for a population across a wide geographical area and involving a number of different hospitals. Vascular services across NHS England and North Wales and West Wales have already been reconfigured into network models of care for a number of years. Most networks operate a 'hub and spoke' model of care which focuses major urgent and emergency vascular surgical procedures to be performed in one specialist hospital, the 'Hub'. Whilst minor procedures, investigations assessments, recovery following surgery and outpatient appointments still take place in local hospitals, the 'Spokes'.

Question 3 - Marie-Claire Griffiths took this question from the pre-prepared 'Frequently Asked Questions. What is the difference between a hub and a spoke?

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The crucial differences between a hub and a spoke are the seriousness of the conditions treated and the complexity of the procedures undertaken. The Hub

receives all vascular emergencies requiring vascular or endovascular intervention, along with all vascular inpatient urgent care. It has dedicated vascular inpatient beds in a ward staffed by nurses with an interest in vascular surgery. A spoke hospital provides everything other than complex and emergency vascular care and has no dedicated vascular hospital bed.

Question 4 - For those patients who do not have IT or social media how are their views obtained?

Marie-Claire Griffiths responded stated that posters have been developed and shared across GP surgeries, mass vaccination centres, posted on hospital TV screens which outlines that there are a number of options for the public to share their views with us. These include:-

- Via our website https://cwmtafmorgannwg.wales/sewalesvascular
- By email to the address: sewales.vascular@wales.nhs.uk
- By phone to 02921 836068 (there is also a voicemail service)
- Or via social media by searching #sewalesvascular

Lee Leyshon also advised that the public can also write to the Cwm Taf Morgannwg University Health Board with their questions, views or comments and also stated that the Health Board are open to any addition suggestions for engagement.

Question 5 – Which part of Powys does this affect?

Marie-Claire Griffith responded stating that this change primarily affects the South Powys area as that is the area at the moment that receives it vascular services through Aneurin Bevan University Health Board, other parts of Powys are either served through the South West or the North of Wales and also England.

Kevin Conway – added that as the Network Representative he had met with Powys Teaching Health Board Commissioners recently and that we are currently just looking at South Powys but we are looking at the potential to cover as far West as Ystradgynlais and as far North as Llandrindod Wells but that is only discussion but going back to the answer primarily it is only South Powys that will be affected.

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NOTE **further confirmation was received from Powys following this response to say that pathways for Ystradgynlais and Llandridod Wells patients are not affected by these proposals and their pathways remain unchanged.

Question 6 - Marie-Claire Griffiths took this question from the pre-prepared 'Frequently Asked Questions. How many patients do the changes affect?

The total number of patients likely to need a vascular procedure across South East Wales is approximately 1250 each year. This estimate is based on the numbers from the year 2019, which saw 456 patients treated at the Royal Gwent Hospital, Newport, 355 patients treated at the Royal Glamorgan Hospital, Llantrisant and 437 treated at University Hospital of Wales in Cardiff.

Question 7 - What are the implications on Welsh Ambulance Services NHS Trust? (WAST)

Marie-Claire responded to say that conversations are ongoing with the Welsh Ambulance Services NHS Trust ensuring that they are involved and engaged with all the plans. There may be some implications on patient transport but these will be able to be predicted and managed. Robust demand and capacity planning will be undertaken with WAST so that any implications are understood. We will be looking to support patients to their return to their own home for recovery in the first instance but if they can't they will go to their local hospital so there will be some impact for WAST in terms of patient transport but we are engaged with WAST so that they will be prepared for any changes that could happen.

Question 8 - Marie-Claire Griffiths took this question from the pre-prepared 'Frequently Asked Questions. Why do vascular surgical services need to be changed**?**

We want to make sure that we provide the best care possible for people needing vascular surgery in South East Wales. We know that:-

· Vascular surgery is becoming increasingly specialised and the evidence shows that patients have better outcomes if they receive their treatment at larger specialist centres

· The Royal Surgical Colleges and The Vascular Society of Great Britain & Ireland support the view that it is no longer desirable to provide urgent or

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emergency vascular surgery outside a fully centralised service or a formalised clinical network with a designated single arterial centre providing a 24/7 on-site service.

· A lack of specialist staff to cover the existing vascular units means that we cannot deliver the service safely, the way we have done in the past, and provide the opportunities for staff development and training that other centralised vascular services can. 9. Why the University Hospital of Wales as the hub

Question 9 - Marie-Claire Griffiths took this question from the pre-prepared 'Frequently Asked Questions. How do vascular services work elsewhere in Wales?

The population of North Wales are served by a network with Ysbyty Glan Clwyd, in Rhyl, as the Hub. Vascular clinics, investigations, diagnostics, vascular access and varicose vein procedures are provided by three spoke district hospitals, in Betsi Cadwaladar University Health Board. In South West Wales the population are served by a network with Morriston Hospital as the hub site and spoke services provided in several hospitals in Hywel Dda and Swansea Bay University Health Boards areas.

Question 10 - Is there any impact of covid on recovery proposals we are all aware of long waiting lists after the pressures of the last year?

Mr Kevin Conway responded to say that we do not expect an impact as vascular care tends to be an urgent and emergency service, so if someone needs to have an operation or procedure we can do this within a few days or weeks. We do not tend to have waiting lists so do not expect it to be impacted by covid.

Question 11 - Marie-Claire Griffiths took this question from the pre-prepared 'Frequently Asked Questions. What happens next?

When this engagement exercise has ended, we will consider all of the feedback and share this with the individual Health Boards and the relevant Community Health Councils. We will also publicly make available a report that outlines a summary of comments, questions and suggestions that have been received. We will consider all of the issues and whether there are any mitigating actions that need to be taken. We will also use the information received to update the Equalities Impact Assessment. Subject to further discussions with the

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Community Health Councils, we may wish to enter a period of formal consultation and should we do that we will once again invite your views.

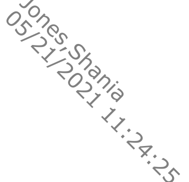
Question 12 - Can you clarify who will undertake the follow up outpatient appointments and where these will be undertaken?

Mr Kevin Conway responded to say that we will endeavour to do these in your local spoke hospitals, but some patients will need to go to hub hospitals where there are complex wounds but the majority will be in local spoke hospitals.

Marie-Claire Griffiths reiterated how people can contact us to ask questions, share comments and views. Comments to be received by the 16th April 2021. Attendees were informed that today's event was recorded and can be shared. Details of the second event were shared which is being held on the 23rd of March 2021 from 6pm – 7.30pm. Attendees and panel members were thanked and the event was closed.

Summary of Themes

- **Site of follow up outpatients appointments.**
- **Having two spokes in Aneurin Bevan and whether or not this was still valid after changes in the Royal Gwent as a result of the Grange Hospital opening.**
- **The impact of covid recovery on the proposals.**
- **Obtaining views of patients who do not use IT or social media.**
- **Implications on WAST?**
- **Parts of Powys affected by changes.**



23.03.2021

FIRST SOUTH EAST WALES VASCULAR ENGAGEMENT EVENT

23re MARCH 2021

6:00PM

(LIVE EVENT VIA TEAMS)

Panel Members

Mr Kevin Conway	Vascular Surgeon
Dr Stuart Hackwell	Locality Group Director, Rhondda & Taff Ely Locality
Marie-Claire Griffiths	Assistant Director of Strategy & Commissioning
Jo Mclaughlin	Physiotherapy
Kate Rowlands	Vascular Nurse Specialist
Lee Leyshon	Assistant Director, Engagement & Communication

In Attendance:

Michelle Lloyd, Business Support Manager, Cwm Taf Morgannwg University Health Board

Ben Screen, Senior Welsh Language Translator, Cwm Taf Morgannwg University Health Board

A minutes silence was held for all those lost during the Covid-19 pandemic.

1. Marie-Claire Griffiths opened the public engagement event and welcome all. It was noted that the event was being recorded so that it can be uploaded to the Cwm Taf Morgannwg Webpage so that those who were unable to join can watch the session and listen to the question raised. Attendees were asked if Welsh language translation service was require and it was noted that no Welsh language translation was required for this event.

2. Marie-Claire Griffiths commenced with a presentation around the South East Wales Vascular Network and rang through the agenda for the event.

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3. Panel members introduced themselves and gave a brief overview of their roles at slide 3 of the presentation.

4. Dr Stuart Hackwell presented slide 5 to the group which outlined what the aims are of the engagement i.e. to start a discussion with citizens about how vascular services are organised in the future.

5. Mr Kevin Conway presented slides 6 – 16 to the group which outlined:-

- What are vascular services?
- Who needs vascular services?
- How are services provided now?
- Why are we talking about them?
- Measures of how well organisation do?
- History of discussion to date
- Have we given thought to where the hub might be?
- What about the spokes?

6. Marie-Claire Griffiths presented slides 17 to 20 which outlined:-

- What would this mean for patients?
- How can you get involved?
- We want to hear your views?
- How can you contact us?
- Questions?

Marie-Claire Griffiths outlined the areas where we would like people to get involved as part of the engagement, these included views on:

- The recommendation that a hub and spoke model will improve patient outcomes
- The proposal for UHW in Cardiff to be the hub
- The suggested Spoke arrangements
- Any other information we should consider in deciding the future of vascular services
- The process undertaken to reconfigure services
- Any alternative view on the proposals put forward

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In addition questions can also be received by letter to the Health Board Headquarter Offices, via email to: sewales.vascular@wales.nhs.uk, a phone line with voicemail is also available the number for which is: 02921 836068, or the public can search #sewalesvascular on social media. To be received by the 16th April 2021.

7. **Questions:**

Question - For those patients who do not have IT or social media how are their views obtained?

Marie-Claire Griffiths responding by stating that posters have been developed and shared across GP surgeries, mass vaccination centres, posted on hospital TV screens, GP practice screens which outlines that there are a number of options for the public to share their views with us. These include:-

- Via our website https://cwmtafmorgannwg.wales/sewalesvascular
- By email to the address: sewales.vascular@wales.nhs.uk
- By phone to 02921 836068 (there is also a voicemail service)
- Or via social media by searching #sewalesvascular

  The public can also write to the Cwm Taf Morgannwg University Health Board with their questions, views or comments. The Health Board are open to any addition suggestions for engagement.

Question - Marie-Claire Griffiths took this question from the pre-prepared 'Frequently Asked Questions. How many patients do the changes affect?

Kevin Conway responded by stating that it is difficult to quantify exactly but we can look at the total population that the Health Board covers and we can tell you the number of operations that we undertake per year, realistically from the Cwm Taf area we are looking at several hundred patients per year will be affected whether they require inpatient treatment or outpatient treatment. I think there are a slightly higher number of patients from the Gwent valley will be affected, probably somewhere between 300 and 500 per year outpatient and inpatient treatment, for South Powys it is a smaller number probably less than 100 patients per year.

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Marie-Claire Griffiths added that we do have some figures which are included in the engagement documentation which you can find on the website which show that the total number of patients likely to need a vascular procedure across South East Wales is approximately 1250 each year. This estimate is based on the numbers from the year 2019, which saw 456 patients treated at the Royal Gwent Hospital, Newport, 355 patients treated at the Royal Glamorgan Hospital, Llantrisant and 437 treated at University Hospital of Wales in Cardiff.

Question - **What are the implications on Welsh Ambulance Services NHS Trust? (WAST) (this question was taken from the FAO's)**

Marie-Claire responded to say that conversations are ongoing with the Welsh Ambulance Services NHS Trust ensuring that they are involved and engaged with all the plans. There may be some implications on patient transport but these will be able to be predicted and managed. Robust demand and capacity planning will be undertaken with WAST so that any implications are understood. We will be looking to support patients to their return to their own home for recovery in the first instance but if they can't they will go to their local hospital so there will be some impact for WAST in terms of patient transport but we are engaged with WAST so that they will be prepared for any changes that could happen.

Question – Have you engaged with diabetic patients in primary and secondary care yet? Also have you been in contact with national support groups, County Borough Councils and Stakeholder Reference Groups?

Marie-Clare Griffiths responded that yes we have, the Health Board has a robust stakeholder list with whom we ensured we shared the engagement documentation with, this list included local groups and County Borough Councils. The documentation has also been shared with the Cwm Taf Morgannwg Stakeholder Reference Group and our Chief Executive wrote a letter to all our stakeholders, including the Stakeholder Reference Group and invited them to attend the engagement events. Specifically because of the links with diabetes we have written to the diabetic associations and stroke associations and we have also undertaken an exercise where we have linked in and passed information to past patients of our vascular services as well.

Question – Does this mean that the University Hospital Llandough is the spoke hospital for Cardiff and Vale patients?

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Kate Rowlands responded to say that at the moment there is a lot of planning that has been going on but it is hoped that all the plans are in place for us to have some beds over in Llandough Hospital so we would be able to use those to transfer patients from the acute ward at the University Hospital of Wales, for those patients who required further rehabilitation, in order to get them home, those patients will be moved to Llandough Hospital and their discharge further planned from there.

Question - Is there any impact of covid on recovery proposals we are all aware of long waiting lists after the pressures of the last year?

Kevin Conway responded to say that vascular services are probably unique, there is no waiting list for vascular services, most vascular conditions need to be treated promptly when they present. The plans sit outside the covid recovery plans and we do not envisage any impact either of covid recovery or vis versus us on the covid recovery plans.

Marie-Claire Griffiths reiterated how comments/views or questions can be shared with us.

Question - Can you clarify who will undertake the follow up outpatient appointments and where these will be undertaken?

Marie-Claire Griffiths responded to say that we will endeavour to do these in your local spoke hospitals. Kevin Conway stated that one of the areas that has been successful as a result of covid is virtual clinics, using both telephone follow up and video conferencing, feedback from patients has been really good so where we can patients will be followed up virtually, if the patient needs to be seen because they have a wound or because they have an ongoing problem, we will endeavour to see them at a local spoke hospital rather than bringing them back to a hub, although there is occasionally reasons to bring patients back if they require further imaging or further treatment but on the whole patients will be followed up virtually or at spoke hospitals.

Question – Will the Health Board provide transport or cover transport costs for patients or carers who need to travel to Cardiff?

Marie-Claire Griffiths responded to say that building on the response that Kevin just gave we will endeavour to minimise the transport that is required for follow up appointments to minimise the need for patients and carers to travel to Cardiff. If there is that requirement then there are already transport links that

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05/21/2021 11:24:25

are established between hospital sites so that we can look to support patients and carers to travel through those means and if there are any costs and if this is a problem for patients then we can certainly look into our policies that look at support covering costs for patients and carers who do struggle to be able to travel to Cardiff.

Question – So what are the next steps?

Marie-Claire Griffiths responded to say that this is our opportunity to speak to you and hear your views and we want to hear your thoughts and reflections and we want you to share your views with us. We will be collating all of the information we receive through all of the different channels and the South East Wales region, we will be making sure that we have addressed any concerns and captured any of the implications and thoughts as part of our planning process and we will be working closely with local Community Health Councils to share the views and any concerns that we might have had from the public or patients as part of this. We will then be having conversations with the Community Health Councils as to what the next steps for this are but we don't know the next steps explicitly until we have had the opportunity to hear from you and hear the views of the public.

Marie-Claire Griffiths reiterated that we will consider all of the feedback and share this with the individual Health Boards and the relevant Community Health Councils. We will also publicly make available a report that outlines a summary of comments, questions and suggestions that have been received. We will consider all of the issues and whether there are any mitigating actions that need to be taken. We will also use the information received to update the Equalities Impact Assessment. Subject to further discussions with the Community Health Councils, we may wish to enter a period of formal consultation and should we do that we will once again invite your views.

Marie-Claire Griffiths outlined again ways in which views and questions can be shared in relation to this engagement.

Question – Please can you inform the public that they can also contact the Cwm Taf Community Health Council with any comments/views or questions that they may have.

Jones,Stephanie
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The contact number for the Cwm Taf Community Health Council is : 01443 405830

Marie-Claire Griffiths outlined that :-

Should you have any feedback in relation to today's event, our engagement and involvement processes or in particular around any of the following areas, we would be happy to receive your feedback by emailing it to: CTT_Planning&PartnershipsTeam@Wales.nhs.uk

- Timings of the event
- Format
- Speakers available
- Usefulness of visuals
- Usefulness of the session
- Feeling that queries were answered
- Or any other suggestions about how we can continue to improve the way we engage.

Question – For those of us in the Bridgend area, can you provide links for us to follow up with the same questions?

Marie-Claire Griffiths stated that any questions from the Bridgend area, firstly you can always contact the Community Health Council but equally if you want to use either the SE Wales Vascular email address or the Planning & Partnerships email address we would be happy to pick up your questions and link you with the most appropriate contact details for the SW Wales area.

Question – Are Cwm Taf Morgannwg planning to undertake more live events like this in the future?

Marie-Claire Griffiths responded to say, yes if there is a specific request to do another live event on the SE Wales Vascular Network then we would be happy to do that to support this engagement process. We would also be happy to undertake other live events in the future on areas.

Lee Leyshon informed attendees that certainly throughout the experience of covid where we have had to drive a lot of our work and day to day lives online, whether that is for schooling or whether it is for work, public engagement is there as well. It is strange to think about life without covid but the sort of access that online access gives us is really helpful and is something that we would want to keep in any engagement activity going forward but equally nothing substitutes face to face engagement which we would want to undertake as well after covid. Your feedback about these types of events, how the timing was, the format of the event is really helpful because we are testing these processes as

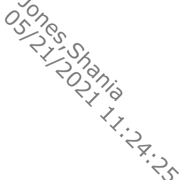
Jones,Sophia
05/21/2021 11:24:45

well, so any information that you can give us is really helpful and gratefully received as that will inform what we do going forward in the future.

Marie-Claire Griffiths thanked the panel and attendees and closed the event.

Summary of Themes

- **Transport and transport costs**
- **Health Board using live events for engagement going forward**
- **Links for Bridgend questions**
- **Llandough Hospital being the spoke for the University Hospital of Wales**
- **Liaising with diabetic patients, national support groups and stakeholders**



C3. Aneurin Bevan University Health Board

10.03.2021

Aneurin Bevan University Health Board

Vascular Services Network

Public Engagement Meeting

Date: 10/03/21

Time: 2pm

Attendees:

Name	Organisation	
Christopher Dawson-Morris	Assistant Director of Planning ABUHB	Panellist
Mr. David Lewis	Consultant Vascular Surgeon, ABUHB	Panellist
Mr. Peter Lewis	Consultant Vascular Surgeon, ABUHB	Panellist
Heather Barne	Head of Podiatry & Orthotics, ABUHB	Panellist
Annie Clothier	Vascular Clinical Nurse Specialist, UBUHB	Panellist
Kristian Glover	Assistant Vascular Practitioner, ABUHB	Panellist
David Hanks	Head of Service Planning, ABUHB	Panellist
Nicola Jones	GE Healthcare	Attendee
Liz Power	Citizen	Attendee
Pat Powell	Gwent Association of Voluntary Organisations	Attendee
Isobel Jones	Welsh Ambulance Services Trust	Attendee
Geoffrey Davies	Powys Community Health Council	Attendee
Rhiannon Davies	Citizen	Attendee
Gemma Lewis	Powys Teaching Health Board	Attendee

When a patient is referred to a spoke who would they be seen by? Will it be a consultant? Will it be a nurse? What will be the situation when they arrive at the spoke?

We will still take GP referrals in the same way as we do now. There is an electronic referral system where the consultants triage the referrals online. Depending on the referral the consultant will decide on the most appropriate clinic for the patient.

Jones, Stania
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The choices now, due to COVID, have made us realise that a lot of patients like telephone consultations rather than face to face consultations. If you've got a wound, telephone consultations may not be suitable, if someone has a hearing problem then telephone consultations may not be suitable but for almost all other patients they appreciate the fact that they do not need to drive to the hospital and park and relatives don't need to take time off work. So in addition to the telephone consultations we do a virtual consultation via a video link and the software is called 'Attend Anywhere'. You only need a mobile phone or an iPad to do it and we've done a lot of successful online consultations like that and that means the patient or relative can show you a bit of the patient, so if they have a problem with their foot they can you a picture over the internet. It's all secure so there are no problems with patient confidentiality. Other than that we will still be doing outpatient clinics in the spokes that I have mentioned and depending on the condition the patient may be seen by a Vascular Nurse Specialist or a Consultant.

Please could a copy of the presentation be sent to review the information in it and also to share it with Primary Care colleagues in Powys?

Yes of course this will be shared following the session to all that attended today. A similar version is included in the resources on the website.

Why has it taken this long and what are the timeframes for implementation of centralisation structure if it goes ahead?

I don't think it will help going back over the past history of this except to say that it has taken too long. We hope to start the new service off in September /October 2021. There is a fairly long history to developing this service and we are pleased to have got to this point.

You are saying that this new model, you are doing it to improve outcomes, am I right in thinking that the hub is the basis for the outcomes being improved? Why is the hub going to improve outcomes? Are you able to say how outcomes are going to be improved through the hub and spoke model?

In the UK, this dates back to publications by Professor Peter Holt who looked at volume outcome measures. For index operations namely aneurism repair in carotids and found out that there was a unacceptably high mortality rate in small centres. That there was an obvious link to volume in that the larger centres had much better outcomes that's stimulated a lot of centralisation in England and the improvement in outcomes was maintained. The National

Jones Stephanie
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Vascular Registry publishes those outcomes every year and you can see a funnel plot / graph showing the relationship between volume and outcome. You asked why that happens, it's been looked at and it's very difficult to put your finger on exactly why it happens. There's some research from the USA that shows that busy surgeons get better outcomes but that isn't a finding across the board, there are other studies that show that busy surgeons aren't the important thing. I think most of us believe that it is the whole package. As much as I or Peter would like to think that we are a really important link in the chain, equally as important are things like the care you get on the ward. The proposal is that we would have a ward of 35 beds and one would imagine and hope that those 35 beds will be over-seen by one or two Senior Sisters that are familiar in caring for vascular surgery patients and who have recruited and trained a team of highly skilled nurses under their wing who will also provide better care for patients. You've then got Emma Richards who is the Vascular Network Coordinator, and roles like that in a bigger unit make sure that patients get seen quicker and quicker in vascular surgery is better and you get better outcomes. It's multi-faceted the definite is that you can't argue with the data that you get better outcomes.

How will the hub model improve you working with other specialities such as Rheumatology?

We will still have a significant presence in spoke hospitals. I know I will be spending a significant proportion of my week here at the Royal Gwent Hospital doing my professional supporting activities. That means that people knock on my door and ask me vascular surgery questions. We have the Diabetes Service here at the Royal Gwent Hospital, which is important. Peter has made good relationships with multiple colleagues in multiple specialties and they know we are very easy to access and very happy to be spoken to at any time. I suspect we will be spending 50% or more of our time either at the Royal Gwent Hospital or up and down the valleys.

What change will it make to the patients in South Powys and more particularly Crickhowell area? Would it be fair to say that the principal difference to us is that for an initial consultation we would be directed to the Grange University Hospital and then onto University Hospital Wales? Nevill Hall Hospital to University Hospital Wales?

Jones,Shania
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It is important to split outpatients and inpatients. The Outpatient service for patients in Gwent and South Powys will remain very similar to what it is at the moment and it may even be better, we may even provide more services in Nevill Hall Hospital or even Brecon on an outpatient basis.

All patients (and this is the minority) that need to go into hospital for a big operation instead of going to the Grange University Hospital will go to the University Hospital Wales.

It's a similar process that we underwent about six years ago when we transferred vascular services from Nevill Hall Hospital down to the Royal Gwent Hospital. We still provided an Outpatient service in Nevill Hall Hospital and Brecon but any of the smaller narrative patients that required admission for major surgery went down to the Royal Gwent Hospital which in the future will be University Hospital Wales.

We actually discussed South Powys among the four vascular surgeons in our weekly business meeting. The four of us are very keen to increase our presence in South Powys, and even venture further north seeing patients closer to their homes. The exact logistics of that still need to be worked out but there is certainly a willingness from our part.

I am a vasculitis patient. Vasculitis services in Wales in general are known to be particularly poor. Will this make any change to the Vasculitis Service?

No it won't. The only time we really get involved with vasculitis patients is for iloprost infusions and we don't do anything because the rheumatologists don't have inpatient beds they've used us in the past. There's no reason if a patient needs an iloprost infusion can be admitted under any speciality, General Medicine would be the ideal one because iloprost infusion is just a protocol for administering the infusion.

There may be some change in the course of time as we develop better relationships with Rheumatologists in Cardiff in particular as it is a bigger unit. If they are providing treatments for vasculitis that that we don't have locally then that would be much easier way for providing that for local patients.

With a centralised service there is much more potential for individuals to develop niche interests. If a surgeon wanted to link up with a Rheumatologist and do joint clinics I'm sure that would be exactly what a regional specialist centre would be expecting and wanting.

Jones,Shana
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Main Themes of Session

- How our pathways work
- How to make sure we are getting the service right up front and that we are not making people travel lots of miles
- Really clear on how people will flow through from local hubs right to the centre
- We think about how we start to develop some of the specialties and some of the wider benefits that come from the centralisation of services and make sure that we get links with other services such as Rheumatology.

Jones,Shania
05/21/2021 11:24:25

16.03.2021

Aneurin Bevan University Health Board Vascular Public Engagement Event

Tuesday 16th March, 2021

18:00hrs via Microsoft Teams

Name	Organisation	
Mr. David Lewis	Consultant Vascular Surgeon, ABUHB	Panellist
Mr. Peter Lewis	Consultant Vascular Surgeon, ABUHB	Panellist
Heather Barne	Head of Podiatry & Orthotics, ABUHB	Panellist
Kristian Glover	Assistant Vascular Practitioner, ABUHB	Panellist
David Hanks	Head of Service Planning, ABUHB	Panellist
Karen Newman	Assistant Director of Communications and Engagement, ABUHB	Staff Member
Amy Sullivan	Engagement Development Manager, ABUHB	Staff Member
Adele Skinner	Engagement Officer, ABUHB	Staff Member
Tony Crowhurst	Disability Advice Project	Attendee
Councillor Judith Pritchard	Caerphilly County Borough Council	Attendee
Janine Harrington	Citizen	Attendee
Susanne Maddax	GAVO	Attendee
Councillor Val Smith	Monmouthshire County Council	Attendee

Has there been technological progress that requires specialist equipı means it is more sensible to have services on one site?

Specialist equipment and medicines evolve all the time and Vascular S went through an incredible evolution in the late 1990's and early 200C minimally invasive techniques really catapulted us into the future. The procedures are ubiquitous throughout the Northern hemisphere, USA Europe. The demand for specialist equipment will always be there and always evolve and it's not a static playing field. Equipment is expensive being assessed and installed as we speak.

Jones,Shania
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Is there going to be room within the University Hospital of Wales as there seems to be lots of things that seem to be pushed there? Will you have an extra building there and how are you going to manage that?

An extremely good planner called Johnathan Haxton, who has now very sadly passed away, completed an extremely complex piece of work on demand and capacity taking data from all three of the Health Board's and that data has been accepted. It means that we will have a large ward of 30 – 35 patients with the potential to have one ward sister or an old fashioned matron looking after a large ward with lots of senior nurses under their wing to make sure that they are all passionate about looking after Vascular Surgical patients. We don't have that at the moment and we think that's one of the things that will probably improve our outcomes in the short, medium and long term.

The other capacity issue is getting into an operating theatre as a surgeon and there are two types of operating theatres that we use: conventional ones and we have secured capacity for that and we also use what's called a hybrid operating theatre when we have fixed high quality imaging in a fully specced out operating theatre so that patients who will be advantaged by high quality imaging can get it immediately and there is a process where the business case for that is being sent to Welsh Government really as we speak.

You mentioned Neurosurgery and my question is based on that. You talked of the large ward of 30 patients, will the level of that be almost one down from Intensive Care? I have experience of T4 Neuro where it's not quite Intensive Care but it's a similar level of nursing. Is that the plan for this proposal that it will be a higher level than specialist care?

There are fairly strict definitions about Critical Care so there is level one and level two units and that depends on the organ support that the patient needs. We wouldn't be providing a Critical Care service on another ward but Vascular Surgical patients by definition often have multiple co-morbidities so they are often diabetic, they may have had strokes, they may have had heart disease, COPD and a lot of them have got social needs on top of that and you need a group of nurses that really understand the complexities of those patients not only to furnish the care they need but to also to get the outcomes that we are so passionate about achieving. Interestingly, this was one of the by-products of centralising Neurosurgery in Cardiff and prior to that Neurosurgical patients that needed support post operatively went to the general Critical Care unit but by putting the whole population into the South Wales centre meant that the

Jones,Shania 05/21/2021 11:24:35

critical mass of patients meant that they were able to develop for all intents and purposes a specialist Neuro Intensive Care. This meant that the staff looking after them were dedicated specialists. Critical mass is a key element to making things viable.

Will a copy of today's presentation be available to be circulated?

Yes. They can be sent out following the meeting.

How do you link in with prevention services such as dietary advice?

As a Surgeon and a trainer I teach my medical students that although I can do some quite clever surgeries, if I make sure that every patient I see has their cardiovascular risk factors managed appropriately, I'm doing a lot better for society than I am by doing occasional big operations. So it is fundamental to us and that's only really happened over the last 20years that our knowledge about risk factor management has increased but also Vascular Surgeons have taken on the role rather than just being a Surgeon and just operating, we have a more holistic approach to the patients now. That interaction goes on in every clinic and it goes on in every teaching session.

Comments:

- Your proposals are sensible and we are fully supportive of them. We wish you the best of luck. Thank you for a very informative talk and for making it so convenient as well. There is one thing that always concerns me and that is the transport issue and it can worry people that live in a rural area but that is something that needs resolving elsewhere.
- I represent a group of patients with Ehlers-Danlos Syndrome (EDS) and there is currently no centre of excellence in Wales. We have people in our group that have to go to London to get letters written by Consultants who will support their welfare rights and applications and we feel this is completely wrong. For a few years no, we have been endeavouring to convince the Welsh Government that some sort of centre of excellence should be established in South Wales to deal with the Welsh population. From our point of view, people in England are far better treated than people in Wales. If there is anyone with experience of EDS we are not allowed to swap from one Health Board to another. Coming into areas that we are talking about today, one of our people has had his gallbladder removed which we understand is a relatively simple operation but it wasn't taken into account that he has EDS and

Jones,Shania
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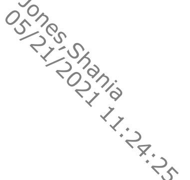
the people operating on him were failing to understand why he wasn't healing. This is a classic instance of where a lack of knowledge and a lack of an operation being done by a group of people who knew exactly what was going on having a detrimental effect on this particular patient's outcome. The idea of you setting a group up here which brings together people who are excellent in the treatment of Vascular disease is a great idea and we would thoroughly support that but we would want there to be a way that when EDS is being treated on a pan Wales area, we plead that there will be a centre of excellence eventually but people from your group would need to offer their services to patients with EDS.

- *(Comment placed in meeting chat)* We waited a long time to get a hospital like the Grange but yet we would be using the Cardiff Heath again as the main centre. We have had issues with travel to Velindre for cancer services and dental hospital and out of county access being stopped. We are working in Gwent towards integration and care closer to home and preventative services to hopefully prevent people becoming more complex and needing surgical interventions in secondary Care.
- *(Comment placed in meeting chat*) It would be beneficial to engage third sector support for patients that spans secondary and community care

Main Themes of Session:

- Fully supportive of Vascular Service change
- How the pathways / service will work
- Travel and location



17.03.2021

Aneurin Bevan University Health Board

Vascular Services Network

Public Engagement Event

Wednesday 17th March, 2021

18:00hrs via Microsoft Teams

Name	Organisation	
Mr. David Lewis	Consultant Vascular Surgeon, ABUHB	Panellist
Mr. Peter Lewis	Consultant Vascular Surgeon, ABUHB	Panellist
Heather Barne	Head of Podiatry & Orthotics, ABUHB	Panellist
Christopher Dawson Morris	Assistant Director of Planning, ABUHB	Panellist
David Hanks	Head of Service Planning, ABUHB	Panellist
Amy Sullivan	Engagement Development Manager, ABUHB	Staff Member
Eddie Bowen	Citizen	Attendee
Richard Morgan Evans	Citizen	Attendee

If all major surgery is going to be carried out in UHW, what sort of affect will this have on parking there for visitors and the ambulance service delivering patients to the hub and then back out to the spokes?

The Health Board recently moved 900 administrative staff off the UHW site into a new Headquarters which has significantly increased the availability of parking. Also opened a new Park & Ride service two junctions down on the A48 so that has vastly improved the situation there.

With Ambulances queuing outside hospitals at A&E I'm not sure on what the effect of logistics of movement is going to be under these circumstances?

We work very closely with the Welsh Ambulance Service in terms of the service planning and the numerous committees that David

mentioned as part of his presentation. They are well involved in understanding any changes in journeys and flows that would be required. It is part of the planning process, making sure that we have that factored in.

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What sort of time do you think this major surgery and rehabilitation will take?

It depends on the procedure being carried out. If you go in for a carotid operation on your neck you'll be out the following day.

If you go in for an amputation you'll probably be in UHW for a short period of time before being transferred for rehabilitation and ongoing care into one of the ABUHB hospitals.

What timelines are we looking at here if the more major vascular surgery is moving to UHW?

This is an engagement process and assuming we don't have to do a follow up public consultation then we'll be looking towards the end of this year to start to implement that change. We're looking at the autumn for implementation.

Why was UHW chosen? I'm conscious it is a tertiary centre for many services already.

There was a fairly rigorous option appraisal process that went on for quite some time and UHW came out on top. Aneurin Bevan and Cwm Taf were considered. That appraisal was around adjoining services, the major trauma centre and other services that are in UHW.

With initial surgery at UHW and then onwards journey back to peripheral hospitals for recovery – would you see that including the Grange University Hospital or are we talking Royal Gwent Hospital and Nevill Hall Hospital?

Much of the outreach work and repatriation will take place across all of our sites, in Nevill Hall, at the Royal Gwent and in the community as-well.
Comments:
- I have no objections whatsoever to the hub being in Cardiff.

- I have participated in Peter Lewis's clinics held in Cwmbran and think they are a very good idea particularly under the COVID circumstances.

- I accept the centralising of service and more people involved and gaining more experience.

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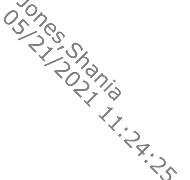
Main Themes of Session

- Fully supportive of Vascular Service change
- Car Parkking at UHW
- Timelines of implementation



D. Midpoint Review Report

VASCULAR SERVICES ENGAGEMENT MID POINT REVIEW REPORT

12/04/2021

1. Introduction

This report sets out the progress to date against the plan for public engagement on proposed changes to vascular services in South East Wales.

The public engagement plan for the proposed development of vascular services in South East Wales was developed collaboratively by four Health Boards, namely Aneurin Bevan University Health Board, Cwm Taf Morgannwg University Health Board, Cardiff and Vale University Health Board and Powys Teaching Health Board.

2. Background and Context

Work has been underway for many years regarding the sustainability of vascular services in South East Wales. It remains the only region in the UK without a formal network in situ, although clinicians have worked well together over time to enable joint arrangements to be put in place, particularly during out of hours provision.

There is a range of guidance and reference points that propose that a networked arrangement is the most appropriate configuration for vascular services which is a view supported by clinicians across the three provider Health Boards. A lot of work has been undertaken through clinical teams in exploring potential future options for the delivery of the service in the area, and these were first articulated in a clinical option appraisal undertaken in 2014.

With a strong rationale, clinicians, through their work over many years have arrived at a consensus opinion for a hub and spoke model, with the hub being at University Hospital of Wales and spokes remaining within Health Board footprints.

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Clinical engagement has taken place throughout the service development process and there remains good clinical consensus. A letter confirming that

the work undertaken during the clinical option appraisal process in 2014 remains valid has recently been received by the Chair of the Joint Vascular Programme Board. Indeed the clinical body indicated the preferred option had now been strengthened since the location of the Major Trauma Centre was identified at University Hospital Wales.

2.1 Requirements on managing change in NHS Wales

The guidance on changes to NHS services in Wales proposes a two stage process to the management of change that requires consultation and engagement. It should be noted that there is also provision in the guidance for the management of urgent temporary change which is a situation that applies to Cwm Taf Morgannwg University Health Board who had to make this arrangement for vascular services during COVID-19 as the service became unsustainable. The approach to engagement has sought to enable good governance and management of the change as well as enabling the temporary arrangements in place for Cwm Taf Morgannwg to be formally engaged and consulted upon.

3. Engagement Plan

The engagement plan was developed in collaboration with health board engagement leads and the Community Health Councils to support the engagement process.

An Equality Impact Assessment was also completed and used to inform the engagement plan.

1. Scope of Engagement

During October 2020, a report was shared with the Vascular Programme Board which outlined a potential approach to engagement and consultation on the proposals for the service. This was supported and a two stage process of engagement followed by consultation agreed, subject to appropriate engagement with Community Health Council colleagues.

Organisations that were identified as needing to be part of the consultation and engagement were Aneurin Bevan University Health Board, Cardiff and Vale University Health Board, Cwm Taf Morgannwg University Health Board and Powys Teaching Health Board, as commissioners of these services for their local population. It is the responsibility of these organisations to lead the

Jones,Shayna
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programme of engagement and consultation in their respective areas, however overall co-ordination is being held within the programme structure.

Further to the decision made by Joint Programme Board for a two stage process, a workshop was held in November 2020 to agree the scope of the engagement and consultation and also to have discussions that would inform the gaps in a skeletal draft engagement document.

As a result of these discussions it was agreed that the scope of the engagement phase would be to:

- Inform people what vascular services are and how they are currently organised
- Explain the challenges facing the services
- Engage in discussions about potential/only viable option and aid understanding on this
- Hear what is important to people in this discussion prior to a period of formal consultation

It was however noted that given the extensive work that had been undertaken on a clinical option appraisal and formulation of ideas regarding a hub and spoke model of delivery, that this information should also be shared at the engagement phase, so as to offer as much information as possible, in order to explore with members of the public, and interested stakeholders views on the process that has been followed and whether there is any other information that should be considered.

The affected Community Health Councils considered together, the proposals for engagement at their meeting of 13th January 2021. There was explicit support expressed by both Cwm Taf Community Health Council and Aneurin Bevan Community Health Council, with further discussions taking place with both Powys and South Glamorgan CHCs. Following further assurances about process and remit, there was subsequent agreement by all CHCs to commence the engagement as proposed.

2. Stakeholders

There are a number of stakeholders that have been considered in this engagement and a variety of methods employed to reach those stakeholders.

Jones Sheila
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All Health Boards have well established mechanisms through which they enable cascade and delivery of engagement and consultation materials and these are being used for this programme. There are also national groups and professional bodies that have been given the opportunity to get involved in the engagement; these were profiled within the programme. Given that the engagement and consultation will be happening within a Covid19 context, different ways of engaging the population have been established

The table below outlines the stakeholder groups together with a high level summary of the actions and responsibilities being undertaken.

Please see appendix 1 for the Vascular Engagement Plan

3. The Engagement Document

The main engagement document and summary document were formally approved by the Health Boards at their meetings in January 2021.

4. Methods of Communication and Engagement

So far…

Web pages	• Web pages hosted on each Health Board website • Template supplied with content and useful documents; including FAQs, Easy Read etc • Link to survey and all relevant contact details including; telephone number, postal address etc Web pages: www.abuhb.nhs.wales/sewalesvascular www.cavuhb.nhs.wales/sewalesvascular cwmtafmorgannwg.wales/sewalesvascular www.pthb.nhs.wales/find/sewalesvascular
Staff/ public updates	• Inclusion in Health Board newsletter • All staff email • Digital screen tiles and posters

Jones, Shania
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	• Letter and assets to GPs
Stakeholder outreach	• Stakeholder letter • Communications Toolkit
Social media	• Promotion of public engagement events • Ongoing social media posts • Videos of key spokespeople explaining rationale for the network
Promotional assets	• Posters • Digital screen tiles • Leaflets • Teams Background • PowerPoint template
Engagement events	• Online public engagement events run in collaboration with CHC

Note: All content translated into Welsh.

Next steps…

Advertising	• Facebook advertising • Digital displays and posters in MVCs
Outreach to public event attendees	• Email follow up to all sign ups, encouraging them to fill out the survey
Social media	• Updated Communications toolkit and social media assets

5. Responding to the Engagement

Responses are being captured using the following methods:

- Email via a generic email address
- Online
- Telephone
- Capturing of notes during public and stakeholder meetings

Jones,Shania
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- Full and comprehensive analysis of survey data

4. Mid-Point Review

The rest of this document will review the responses received to date and has informed discussion around the need to make any adjustments to the engagement for the remaining period. It must be noted that a full and comprehensive analysis of the data received through the online survey has yet to be completed, however emerging themes have been captured through the summary data and notes from public engagements.

As of 23rd March 2021, 66 responses have been received with the majority being online responses to the survey.

All responses, including notes of public sessions are being shared with the Community Health Councils.

1. Responses to date

While a comprehensive analysis of the data is forthcoming, a summary of the data has been included in appendix 1. This details key insights from the 66 responses that we have had to date (23rd March 2021) from the online surveys and notes taken from the public engagements. The insights we can draw from the summary data do not differentiate responses from separate University Health Boards and Teaching Health Boards.

Number of attendees at public engagement events					
Cardiff and Vale UHB		**Cwm Taf Morgannwg UHB**		**Aneurin Bevan UHB**	
16/03/2021	1	11/03/2021	3	10/03/2021	7
18/03/2021	6	23/03/2021	5	16/03/2021	5
				17/03/2021	2

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2. Key Emerging Themes

Please note that Powys Teaching Health Board has integrated with the three remaining University and Teaching Health Boards for public engagement, and therefore a discrete set of themes for Powys Teaching Health Boards cannot be offered here.

Cardiff and Vale University Health Board:

- The rationale for the creation of a Vascular Network is sensible and logical
- Transport, parking, and accessibility needs to be considered throughout the design of this service
- Suitability of University Hospital Wales in regards to impact on other services, geographic location and infrastructure requirements

Aneurin Bevan University Health Board:

- There is support for the rationale behind the creation of a Vascular Network
- Transport, parking, and accessibility needs to be considered in terms of becoming a spoke site
- How will pathways and services work after implementation

Cwm Taf Morgannwg University Health Board:

- Transport, parking, and accessibility needs to be considered in terms of becoming a spoke site
- Implications of the new service on other existing services, such as the Welsh Ambulance Service Trust
- The impact of Covid-19 recovery on the proposals for the Vascular Network

3. Demographic Profile of Respondents

From the summary data, which does not differentiate the responses collect by particular University or Teaching Health Board, the following insights can be drawn. Please note that each point is relative to the overall amount of

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respondents who chose to answer each question:

- The majority of respondents are in the 45-45 years old category (37.50%). 16-24 and 16 Under categories are the least represented age demographic
- The majority of respondents are female (70.83%). Men are represented at 27.08% and 2.08% chose Prefer not to say.
- 100% of the respondents did not state that they identify as Trans
- The majority of respondents are in full time work
- The majority of respondents stated their ethnic group as White (95.24%)
- The majority of respondents stated that they do not consider themselves a fluent Welsh speaker (93.75%)

1. **Public Event Schedule**

Public online events have been arranged during the engagement period. An agreement was reached by the Health Boards and CHCs to complete all the public events by 25th March ahead of the Pre-Election period.

2. **Additional Actions taken**

A number of actions were agreed during the first half of the engagement to respond to issues raised at public sessions and to ensure sufficient information was in the public domain to allow intelligent consideration of the proposals:

- Additional FAQ to clarify spoke arrangements
- Additional presentation slides to clarify potential impact on residents of each HB area

5. **Post Engagement Phase:**

The programme team will continue to receive and log responses to the engagement. This information will be shared with health boards and CHCs.

Responses will be analysed by the programme team and themes identified.

A report will be produced which will include the findings of the engagement. This will be discussed with the CHCs in May and the Vascular Joint Programme

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Board, to consider and agree next steps including whether to proceed to consultation.

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E. Equality Impact Assessment

VASCULAR HUB AND SPOKE NETWORK FOR SOUTH EAST WALES
EQUALITY IMPACT ASSESSMENT EVIDENCE DOCUMENT
Introduction

This document presents the evidence collected to date in support of the equality impact assessment (EIA) process for the development of a Hub and Spoke Vascular Network service to serve South East Wales. The Equality Act 2010 places a positive duty on public authorities to promote equality for the nine protected characteristics [1] and requires Welsh public bodies to demonstrate how they pay 'due regard' when carrying out their functions and activities. Equality is about making sure people are treated fairly. It is not about treating 'everyone the same' but recognising that everyone's needs are met in different ways. In the context of this work we are required to assess the impact of policies and services on equality. The purpose of this is to ensure that, as far as is practicably possible, the opportunities for promoting equality and human rights for people with protected characteristics are maximised and any actual or potential negative impact is eliminated or minimised.

The Human Rights Act 1998 also places a positive duty to promote and protect rights. We clearly recognise the importance of putting human rights at the heart of the way our services are designed and delivered. We believe this makes better services for everyone, with patient and staff experiences reflecting the core values of fairness, respect, equality, dignity and autonomy.

In addition we recognise that Wales is a country with two official languages: Welsh and English. We have a responsibility to comply with the new Welsh Language (Wales) Measure (2011). This will create standards regarding Welsh which will result in rights being established that will ensure Welsh speakers can receive services in Welsh. The importance of bilingual healthcare for all patients in Wales is fundamental and is particularly important for four key groups – people with mental health problems; those with learning disabilities; older people and young children. Research has shown these groups cannot be treated safely and effectively except in their first language (Welsh Language Services in Health, Social Services and Social Care, 2012)[2]. Our consideration of equality takes account of this. EIA requires us to consider how the development of a centralised Vascular service, including an arterial centre (Hub), supporting non arterial units (spokes)

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and a comprehensive rehabilitation pathway, operating within a network structure for South East Wales, may affect a range of people in different ways. The EIA will help us answer the following questions:

- Do different groups have different needs, experiences, issues and priorities in relation to the proposed service changes?
- Is there potential, or evidence that the proposed changes will promote equality?
- Is there potential for, or evidence that the proposed changes will affect different groups differently? Is there evidence of negative impact on any groups of people?
- If there is evidence of negative impact, what alternatives are available? What changes are possible?
- How will we monitor impact in the future?

This document is not intended to be a definitive statement on the potential impact of the vascular centralisation on protected characteristic groups. The document's purpose is to describe our understanding at this point in the EIA process of the likely impact.

Background

A collaboration between Cardiff and Vale, Cwm Taf Morgannwg and Aneurin Bevin University Health Boards, has been coordinating the development of proposals for a centralised vascular service for South East Wales. Emergency Vascular services have already been centralised at the University Hospital of Wales (UHW).
The project is being led through the SE Wales Vascular steering committee, which is overseeing the work, and is supported by a clinical advisory group, operational group and a number of workstreams. The work will lead on the development of a clinical model and pathways including a comprehensive rehabilitation pathway, operating within a network structure for the region.

Through the steering committee, clinical reference group, clinicians and stakeholders have been working together to examine national guidance and to develop service models to improve care, treatment, rehabilitation and outcomes for vascular patients.

Rationale

Vascular disease accounts for 40% of deaths in the UK, many of which are preventable. The report 'The provision of services for patients with Vascular Disease

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(Vascular Society, 2014)[3] compiles key recommendations to deliver standards for the care of vascular patients. The evidence is consistent that the best outcomes following elective and emergency interventions are achieved by concentrating inpatient care into arterial centres, this ensures the most efficient use of staff, specialist equipment and facilities.

A minimum population of 800,000 is often considered the minimum population required for a centralised vascular service. This is based on the number of patients needed to provide a comprehensive emergency service; maintain competence among vascular specialists and nursing staff; ensure the most efficient use of specialist equipment, staff and facilities; and the improvement in patient outcome that is associated with increasing caseload. A minimum population of 800,000 would be appropriate but for a world class service a larger catchment area will be required. The population of SE Wales (the resident population of the Health Boards taking forward this proposal is approximately 1.6 million (StatsWales 2016). The current configuration of services across separate hospital sites across South East Wales are too small to meet the quality and safety standards set out by the Vascular Society and the Royal College of Surgeons. None of the current individual units in SE Wales meet this requirement.

Benefits to the whole population will derive from an Inclusive Vascular System that provides for the needs of patients in its region by moving patients to the hospital best able to provide suitable care, freeing resources at other units.

At present, there is no vascular network or designated arterial centre operating across or within South East & Wales. Evidence demonstrates that the introduction of an arterial centre (hub) supported by non arterial units (spokes) and a comprehensive rehabilitation pathway, working in an integrated and mutually supportive way, is expected to raise the quality of services, reduce deaths, and reduce regional limitations and variations in services.

Expected outcome

The SE Wales Vascular service aims to ensure patients have appropriate, timely access to reliable, safe, high quality and sustainable services at all points along their care pathway, in line with best practice standard requirements, and evidenced through key performance indicators.

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The proposal is to establish an arterial centre operating within an integrated Vascular network for South East Wales. This will provide patients with the right level of service 24 hours a day, 365 days a year. The arterial centre or 'hub' will be supported by a network of non-arterial units or 'spokes', and rehabilitation provided through specialist and local rehabilitation services.

Rehabilitation is a process of assessment, treatment and management with ongoing evaluation by which the individual, and their family and carers, are supported to achieve their maximum potential. It is a key part of the patient pathway, commencing before admission to an arterial centre, continuing through the inpatient phase to discharge from the hub or spoke into the community and is a true enabler to achieving the best outcomes for individuals.

How it will be delivered
Based on considerations over recent years, there is good clinical consensus to proposed that if supported, the new vascular service will be based on a hub and spoke model and will have:

- Diagnosis and assessment of vascular disease (including the input of the vascular laboratory and diagnostic imaging);
- Outpatient management of patients with peripheral arterial disease;
- Inpatient spells, emergency and elective activity;
- Day case activity;
- Multidisciplinary outpatient follow up of patients receiving vascular surgery/endovascular interventions;
- Seamless repatriation of patients following rehabilitation care pathways particularly for post amputation care;
- Limb Fitting Service – the vascular service must ensure its patients have access to a local limb fitting service, which meets the standards set by The British Society of Rehabilitation Medicine.
- A dedicated vascular day case facility in both hub & spoke to allow day case surgical & interventional radiology procedure.

It is proposed that the hub and spokes have the following components:

HUB SPOKE
➢ Emergency Vascular Service: ➢ Emergency Vascular Service:**-**

- Amputations and "*nibbling"*
- Aneurysm surgery;
- Patients requiring CEA within 48 hrs of index event;
- Peripheral arterial reconstructions.
- Angioplasty

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• Angiogram;
• As noted above, the "front door" will remain the patient's local hospital, defined as a Local Hospital with an Emergency Department and an Emergency General Surgery Service;
• Rehabilitation.

➢ **Elective Vascular Service:**

• Abdominal Aortic Aneurysm
• Endovascular aneurysm repair
• Carotid endarterectomy

➢ **Elective Vascular Service:-**

• Venous surgery angiography and angioplasty;
• Outpatient clinics

Based on this, the main procedures that are expected to transfer from each of the current sites to any future hub are the following:

➢ Iliac and femoral artery procedures
➢ Carotid
➢ Open Abdominal Aortic Aneurysm
➢ Endovascular Abdominal Aortic Aneurysm
➢ Open Thoracic Aortic Aneurysm
➢ Thoracic endovascular aortic repair (TEVAR)
➢ Operations on vena cava
➢ Other artery.

To achieve delivery, there will be a number of infrastructure requirements for both the hub and the spoke:

HUB SPOKE

➢ Dedicated vascular surgery ward(s). Beds will need to be staffed by an appropriate skill mix of nurses who have been trained in the care of vascular patients. Doppler investigation will need to be available on the ward;
➢ Hybrid theatre, with experienced vascular theatre staff;
➢ Scheduled elective lists (IP / DC);
➢ Anaesthesia – elective vascular services will have dedicated vascular anaesthetic input, from anaesthetists experienced in dealing with vascular patients and with a special interest in this area. This may include anaesthetists from Spoke sites given the opportunity to support elective lists in the hub;
➢ Intensive Treatment Unit (ITU) and High Dependency Unit (HDU) – Facilities with full renal support must be available onsite to support the vascular

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- Mixed surgical wards but with ring fenced vascular beds;
- CEPOD theatre model;
- Interventional radiology;
- Scheduled elective DC lists;
- Outpatient Clinics – including access to nurses/therapists experienced in ulcer and wound dressing. Doppler ultrasound machines should be available. To support this, it is also assumed that each of the spoke sites will have the following:
- A consultant led Emergency Department (A&E);
- An Emergency General Surgery service. service. Bookable HDU/ITU with sufficient beds will need to be available for elective patients
- Interventional radiology suite with access to nursing staff trained in vascular procedures.
- Out-patients clinics

Given the range of services already in situ on the University Hospital Wales site, its position as a specialist and tertiary provider, and the co-dependencies between them and the vascular service, particularly major trauma, interventional cardiology and cardio-thoracic surgery, the preferred option for the hub is identified as the University Hospital of Wales, Cardiff. Given the need for consultant led A&E and a general surgery emergency service, the spokes for each of the areas are proposed as:

- **Aneurin Bevan University Health Board** – Grange University Hospital and Royal Gwent Hospital
- **Cwm Taf Morgannwg Teaching Health Board** – Royal Glamorgan Hospital, Llantrisant
- **Cardiff and Vale University Health Board** – Llandough Hospital Vale of Glamorgan

It is important to note that as patients begin their recovery and rehabilitation journey, that this too will be provided from a hospital/community setting which is much more local to them.

Who needs these services?

The prevalence of vascular disease increases with age. Average life expectancy continues to rise especially in males. This suggests that demand for vascular services is likely to increase over time. There are currently an estimated 200,000 people with diabetes mellitus in Wales, and prevalence is increasing.[1] Vascular disease is the major cause of

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morbidity in diabetes and the risks of disease progression are higher, with an epidemic of diabetic foot disease expected in the next decade.

1. Diabetes UK

Risk factors for vascular disease include:

- Being over the age of 50
- Smoking
- Being overweight
- Having abnormal cholesterol
- Having a history of cerebrovascular disease or stroke
- Having heart disease
- Having diabetes
- Having a family history of high cholesterol or high blood pressure
- Having high blood pressure
- Having kidney disease or haemodialysis

Early diagnosis is key to successfully treating vascular related disease. Patients will be admitted with a variety of both emergency and planned vascular conditions and not all patients will go on to require a complex surgical or interventional radiology procedure. Emergency care is immediate treatment to save a life or limb, urgent care is planned treatment within a limited number of days.

Patients who receive vascular services may have:

- Had a stroke and are at risk of having further strokes
- Blocked arteries in the legs causing pain which may deteriorate further and threaten the leg
- A bulge in the wall of the body's main artery which needs repair to prevent it rupturing
- Untreated or untreatable arterial blockages which mean they need a limb amputation

Not all patients admitted to a specialist service will need a complex surgical or interventional radiology intervention, however due to the nature of their condition, these patients need specialist assessment and care provided in a specialised vascular unit.

Vascular services are provided to the populations of South East Wales with the exception of Bridgend who receive care from the South West Wales vascular network. This is a population of approximately 1.6 million people.

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Where are we now?

Equality impact assessment is an ongoing process that runs throughout the course of the decision making process, and through implementation

and review.

This paper defines the proposal for change and the rationale, sets out the expected outcomes and who will be affected by the proposal, and considers potential impacts on different groups and any possible actions for reducing or eliminating disadvantage.
Stakeholder engagement is an important part of the development of the proposals. Stakeholders have been involved in reviewing the EIA and further opportunities will be taken to assess the impacts as the work progresses.

What the evidence tells us on the need for change

The case for change is founded on firm clinical evidence and guided by national and international good practice.There is strong evidence that case volume influences outcomes. The 31 highest volume hospitals (which perform 57% of all elective Abdominal Aortic Aneurysm procedures in the UK) have mortality rates that are under half those seen in the 32 hospitals with the lowest volume of procedures. These data lend support to the current move towards performing major arterial surgery in larger volume units in order to further optimise outcomes. The Royal College/national professional view, is that it is no longer acceptable to provide elective or emergency vascular cover outside a fully centralised service or a formalised modern clinical network with a designated single site for all arterial interventions providing a 24/7 on-site service. There are a number of reviews and reports that support this which include:

1. Vascular Society of Great Britain and Ireland Provision of service for patients with vascular disease (2012)
http://www.vascularsociety.org.uk/library/quality-improvement.html
2. https://gettingitrightfirsttime.co.uk/wpcontent/uploads/2018/02/GIRFT_Vascular_Surgery_Report-March_2018.pdf

What are the potential impacts on protected characteristic groups?
EIAs require analysing impacts on the basis of protected characteristics: sex; disability; race; religion or belief/non belief; age (younger people and older people); sexual orientation (lesbian; gay and bi-sexual people); gender reassignment; pregnancy and maternity; and marriage and civil partnerships. We have been gathering evidence to inform our assessment of the potential impact of the proposed establishment of a vascular hub and spoke model network on patients, families and carers,

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staff, and other stakeholders.

Looking at a range of national research evidence has helped us to consider the potential impact. In particular, we are aware that many people who share certain protected characteristics such as disability, older age, younger people and some minority ethnic groups also face social and or economic disadvantage. Looking at socio-economic disadvantage goes some way to showing due regard to equality considerations. There will also be other distinct areas that are not driven by socio-economic factors but which relate directly to people with different protected characteristics. The proposals under consideration for the establishment of a vascular network will result in the concentration of life-saving treatment for a relatively very small number of patients but with the most serious disease. Non arterial units and a comprehensive rehabilitation service will ensure that as a patient's condition improves responsibility for ongoing care will transfer to healthcare facilities closer to home. The key issue for the protected characteristic groups would seem to be one of access as evidence tells us that some traditionally underrepresented groups' access to health facilities is disproportionately low when compared to the general population. The same can be said with regard to good health outcomes.

Below, from review of national evidence and research, discussion concentrates on the 'at risk groups' and the sections of the population which are likely to be most affected by the Vascular proposals (those groups that are expected to experience impacts which are disproportionate to those experienced by the general population). There is also reference to health care needs in general.

The first observation to make is that Vascular disease tends not to be closely associated with particular equality groups; are not simple to predict on the basis of socio-economic characteristics. Of the protected characteristics, none are particularly susceptible to Vascular disease. However, a few groups are certainly key to consider in this assessment. A literature review was carried out as a first stage of gathering evidence to inform the EIA. The results are provided below against each of the protected characteristics. There has also been engagement with stakeholders through work to develop the rehabilitation pathway.

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Age

Engagement with stakeholders on the rehabilitation element of the patient pathway identified that the involvement of carers and family in rehabilitation is more difficult the further away rehabilitation is from local

support mechanisms. It should be recognised that patients are not always able to return 'home', or to the setting they came from. Older patients will have different co-morbidities such as dementia or medical requirements, and it will be necessary to ensure that staff in the vascular network has all the skills required to care for these patients.

Race
There will be a need to consider requirements of those patients who may require translation or interpretation services, and access to volunteers or staff who can converse in a chosen language.

Disability
Rehabilitation services should give choice to patients with preexisting mobility issues. Specific patient needs, such as bariatric needs should be considered to ensure the ability to provide equipment across boundaries and within social care sector. As well as physical disability, there is a need to consider learning disabilities and mental health. It is recognised that the involvement of carers/family in any programme is more difficult the further away rehabilitation is from local support mechanisms, and patients are not always able to return to the 'home/setting' they came from.

Communication needs in these client groups may be more challenging and care should be adapted accordingly. There are specific standards under the All Wales Standards for Communication and Information for People with Sensory Loss[4] that apply directly to emergency and unscheduled care and these outline the staff training requirements, communication systems and patient needs information which should be provided by health boards. Improved service will reduce the rates of disability and increase socioeconomic functioning.

Marriage and civil partnership
No impacts upon this protected characteristic are anticipated.

Pregnancy and maternity
No impacts upon this protected characteristic are anticipated.

Religion or belief (including lack of belief)
It will be important to note that staff consider and recognise that patients' personal beliefs may lead them to ask for a procedure for mainly religious, cultural or social reasons or refuse treatment that you judge to be of overall benefit to them[5]. There are also many issues in relation to

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prayer, diet, death and dying rituals that would have to be considered.

Sexual orientation
Despite an appreciation that awareness of sexual orientation and gender identity issues in the health and social care sector has improved, Lesbian , Gay, Bisexual and Trans (LGBT) patients in Wales report significant barriers to health and social care services[6] . Feedback provided at a Stonewall event indicated that service providers often use inappropriate language when dealing with LGBT patients, and make assumptions about patients' sexual orientation or gender identity. This makes LGBT people feel anxious about accessing health or social care and creates barriers to honest discussions about their health needs. Moreover, it can lead to serious health risks. There is a need to ensure that patients' needs and personal circumstances are taken into consideration when providing care along the patient pathway, including any implications for rehabilitation services.

Stonewall has commended work by healthcare employers around setting up LGBT staff networks, putting zero tolerance policies in place towards discrimination, and taking a more active approach to LGBT community engagement as having improved the experiences of staff and their patients. Health boards should continue to seek to make progress in this area.

Transgender
Trans* is an umbrella term used to describe the whole range of people whose gender identity/or gender expression differs from the gender assumptions made at birth. In 'It's just Good Care: A guide for health staff caring for people who are Trans' 2015[19] Trans* people must be accommodated in line with their full-time gender expression. This applies to toilet facilities, wards, outpatient departments, accident and emergency or other health and social care facilities, including where these are single sex environments. Different genital or chest appearance is not a bar to this. Privacy is essential to meet the needs of the trans* person and other service users. If there are no cubicles, privacy can usually be achieved with curtaining or screens. For people who are still in transition, any compromise must be temporary. The wishes of the trans* person must be taken into account rather than the convenience of nursing staff. An unconscious patient should be treated according to their gender presentation. Absolute dignity must be maintained at all times. It also states that breaching privacy about a person's GRC or gender history without their consent could amount to a criminal offence. A medical emergency where consent is not possible may provide an

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exception to the privacy requirements. All these issues, as well as others, could be mitigated through training.

Welsh Language
Public services have a responsibility to comply with the Welsh Language (Wales) Measure. This has created standards which establish the right for Welsh language speakers to receive services in Welsh. There is a risk that the location of the arterial centre within the Vascular network may impact negatively on Welsh language users. Service users who prefer to communicate in the medium of Welsh may be required to access services at sites which do not have sufficient Welsh speaking staff. This could affect the service user's ability to communicate with service providers in their preferred language. Meeting the information and communication needs of patients who speak Welsh will need to be taken into account. 'Language is the core of establishing and expressing identity. Responding sensitively to language, whilst focusing on the individual is an essential principle of maintaining dignity and respect in care within a bi-lingual setting (Welsh Language Services in Health, Social Services and Social Care, 2012)[7].

Socio-economic status
While socio-economic status is not a protected characteristic under the Equality Act 2010, there are new legal socio-economic duties for public bodies that will come into force in March 2021 and will apply to any decision made from this date. The overall aim of the duty is to deliver better outcomes for those who experience socioeconomic disadvantage.

The report Transport and Social Exclusion: Making the Connections (Social Exclusion Unit, 2003) highlighted the current challenges faced by socially excluded groups in accessing health and other services. They found people who are socially excluded are more likely to experience a number of factors that in themselves have a negative impact on gaining access to health services. These may include low income, disability and age, coupled with poor transport provision or services sited in inaccessible locations. It also found that the location of health services and the provision of transport to health services can reinforce social exclusion and disproportionately affect already excluded groups.

What are the potential impacts on NHS staff?
Proposals to establish a Vascular network may affect NHS staff as the final configuration may require staff to have to travel to new workplaces and work more flexibly across health board boundaries.

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There is anecdotal evidence that the establishment of a Vascular network and arterial centre within South Wales would improve recruitment and retention for those clinicians who wish to practise in such a structure. It would also ensure the arrangements for the delivery of Vascular services in South East Wales are on a par with the structures in the rest of the UK.
Staff will be engaged and consulted on the proposals and any staff affected by the final outcome will be supported by the NHS Wales Organisational Change Policy (2009). A partnership approach with trade union colleagues will be ensured to achieve an effective transition to any new arrangements.

What are the human rights implications of the Vascular development?
The EIA needs to be cognisant of the European Convention on Human Rights incorporated into domestic law through the Human Rights Act 1998 as well as international treaties.
Everyone has the right to participate in decisions which affect their human rights. The convention on the rights of people with disabilities contains protection of the right to participate in decisions and access to support for participation and access to information.
The assessment so far has indicated *Article two: the right to life*, and *Article eight: the right to respect for private and family life, home and correspondence,* are of particular relevance and potential impact to the development of the Vascular network.

Right to life (taking reasonable steps to protect life): It is anticipated that having a regionalised service, with the most complex care provided from an arterial centre, will improve clinical outcomes which will have a positive impact on individuals' right to have their life protected.

Right to respect for private and family life, home and correspondence: the improved quality of care possible through a vascular network structure should result in patients spending less time in hospital. However, increased travel distances could have a negative impact on the right to maintain family life. This would apply to the patient and individual members of the family. This is not an absolute right and any interference should be justified, lawful, necessary and proportionate.

Initial summary conclusion
We believe that the introduction of a vascular network, including rehabilitation and the development of both an arterial centre and nonarterial units, is intended to improve patient care and outcomes for

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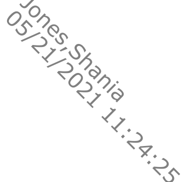
Vascular disease including timeliness of access, quality of outcome and improved equality of access and reduce inequalities. We believe that the proposed service redesign does not introduce any additional obstacles; improving standardisation for access and specialist treatment should improve outcomes across all social groups. At this stage, this assessment indicates that there are a relatively small number of cases not currently treated at a centralised site (UHW) and, from national evidence and research, the majority of cases are male and over aged 65.

For those visiting patients whilst being cared for at an arterial centre, longer and more complex journeys are likely to be necessary for some. Being required to travel to an unfamiliar hospital and longer distances could be particularly difficult and disorientating for people. Journey times will be increased for users of public transport, which is highly relevant in terms of equality groups. Car ownership amongst most equality groups and, particularly, socially deprived communities tends to be lower than average, requiring a high reliance on public modes. Early transfer of the patient back to a 'local' hospital would help to mitigate long periods in unfamiliar surroundings.

What happens next?
The work of the South East Wales Steering Committee, Clinical Advisory Group, Operational Group and a number of workstreams, is continuing to plan for a Vascular service, and enter a period of engagement with the arterial centre being located at UHW and a number of supporting non arterial units and a comprehensive rehabilitation pathway, operating within a network structure for South East Wales. The EIA will continue to be reviewed to further develop and refine this assessment and to ensure.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Report:	Powys CHC Response to the Proposed changes to Vascular Services in South East Wales
Date:	12th May 2021
Author:	Katie Blackburn, Chief Officer
Attachment: **(Appendix 1)**	Paper distributed to the members of the Executive Committee: Paper prepared by Chief Officer Final Engagement Report Mid Point Review Stakeholder Plan

1. Introduction

1.1 A meeting of the Executive Committee of Powys CHC was held on 12th May 2021.

1.3 In attendance were:

- 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
- Geoff Davies — Vice Chair, Radnorshire and Brecknock Local Committee
- Katie Blackburn — Chief Officer

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1.4 There were no apologies

1.5 The meeting was quorate.

1.6 Members of the Executive Committee received a verbal update from Katie Blackburn (Chief Officer)

1.7 Members had the opportunity to ask questions and/ or seek further clarification.

1.8 The Chief Officer presented the briefing paper

1.9 After each section, the Chair took a vote.

1 Consultation

[in relation to s.27 The Community Health Councils (Constitution, Membership and Procedures)(Wales)(Amendments) Regulations 2015]

Question 1: Do the members of the Executive Committee of Powys CHC consider that the consultation has been adequate in relation to content and time allowed?

Decision: **Unanimously agreed** that the consultation undertaken has been adequate in relation to content and time allowed.

Question 2: Do the members of 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: Do the members of 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 proposal and decision making process?

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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: Do the members of 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 South East Powys?

Decision: **Unanimously agreed** that members had sufficient information and data to be able to assess the impact of these proposed changes on the residents of South East Powys.

Question 5: Do the members of 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: **Unanimously agreed** 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).

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 all the comments received from Powys respondents, do the members of the Executive Committee of Powys CHC wish to record any observations?

Decision: The members of the Executive Committee of Powys CHC would wish to record a number of observations following some key themes arising from Powys responses and the discussion:

- Members observed (and raised concern) that all the "spokes" are positioned along the M4 corridor and that PtHB should continue discussions with CTM to consider a "spoke" being situated at Prince Charles Hospital.

- The continued issue re. parking at UHW

- That consideration of travel time/ public transport times should be taken into account when arranging appointments for patients travelling from Powys

- Consideration must be given (and opportunities maximised) for pre-hospital/ rehabilitation/ care closer to home (including the use of Powys facilities eg Brecon Hospital)

4 The Consultation proposal

[In relation to s.42: Guidance for Engagement and Consultation on Changes to Health Services]

Question 8: Are the members of 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 South East Powys?

Decision: **Unanimously agreed** that the proposals for this substantial change to health services would be in the interests of health services in South East Powys.

5 Conclusion

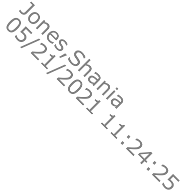
Having undertaken a comprehensive analysis of both the data provided and the responses received, the Executive Committee of Powys CHC unanimously supports the proposed changes to Vascular Services in South East Wales.

Agenda item: 3.2a

Board Meeting	Date of Meeting: 26/05/2021
Subject:	**Performance Overview against National Outcome Framework – Month 12, 2020/21**
Approved and Presented by:	Director of Planning and Performance
Prepared by:	Performance Manager
Other Committees and meetings considered at:	Delivery and Performance Group Performance & Resource Committee

PURPOSE:
This report provides a brief update on the changes to the NHS Delivery Framework 2020/21 and the latest performance position for Powys Teaching Health Board at Month 12, and a high-level overview of COVID, Test, Trace and Protect and mass vaccination performance.
RECOMMENDATION(S):
The Board are asked to DISCUSS and NOTE the content of this report.

Approval/Ratification/Decision	Discussion	Information
✘	✓	✓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THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):		
Strategic Objectives:	1. Focus on Wellbeing	✓
	2. Provide Early Help and Support	✓
	3. Tackle the Big Four	✓
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	✓
	6. Promote Innovative Environments	✓
	7. Put Digital First	✓
	8. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	✓
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

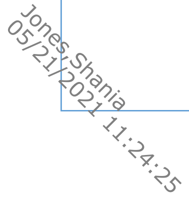
EXECUTIVE SUMMARY:

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

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

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

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



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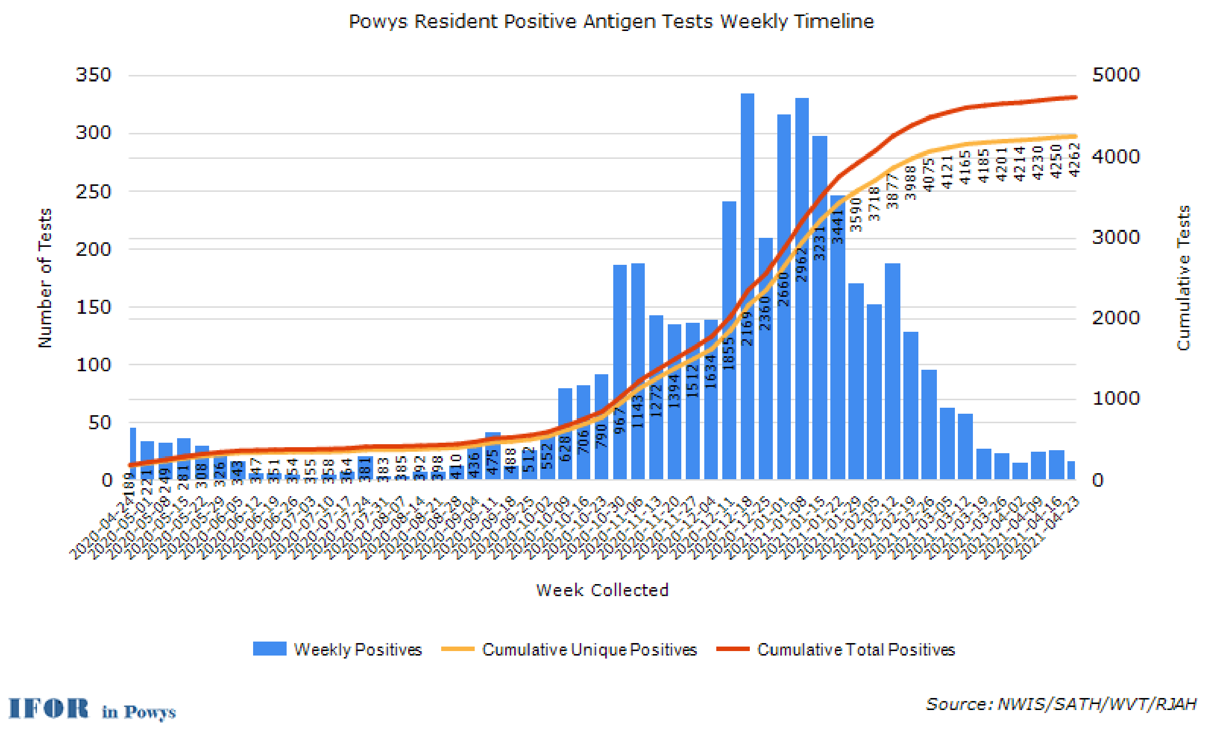
DETAILED BACKGROUND AND ASSESSMENT:

COVID-19 Update

Powys Resident Positive Cases

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



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

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

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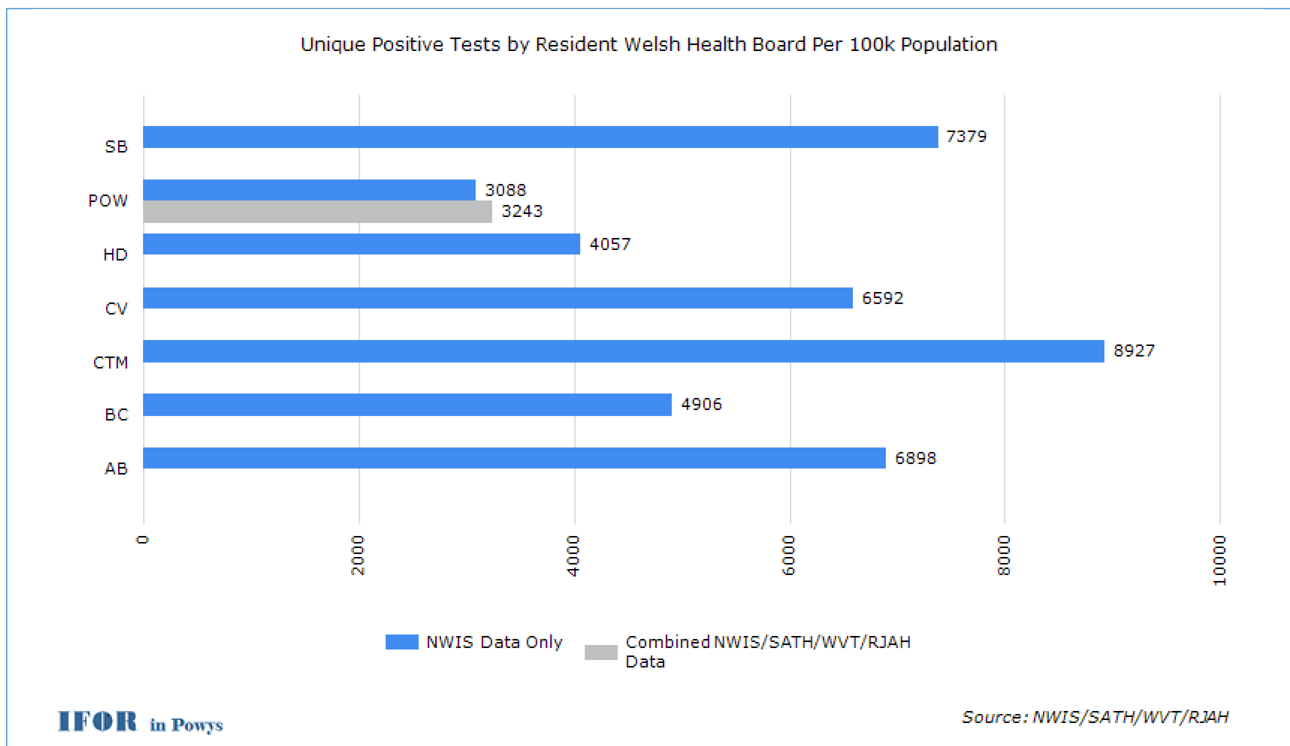

Resident Deaths – Source ONS

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

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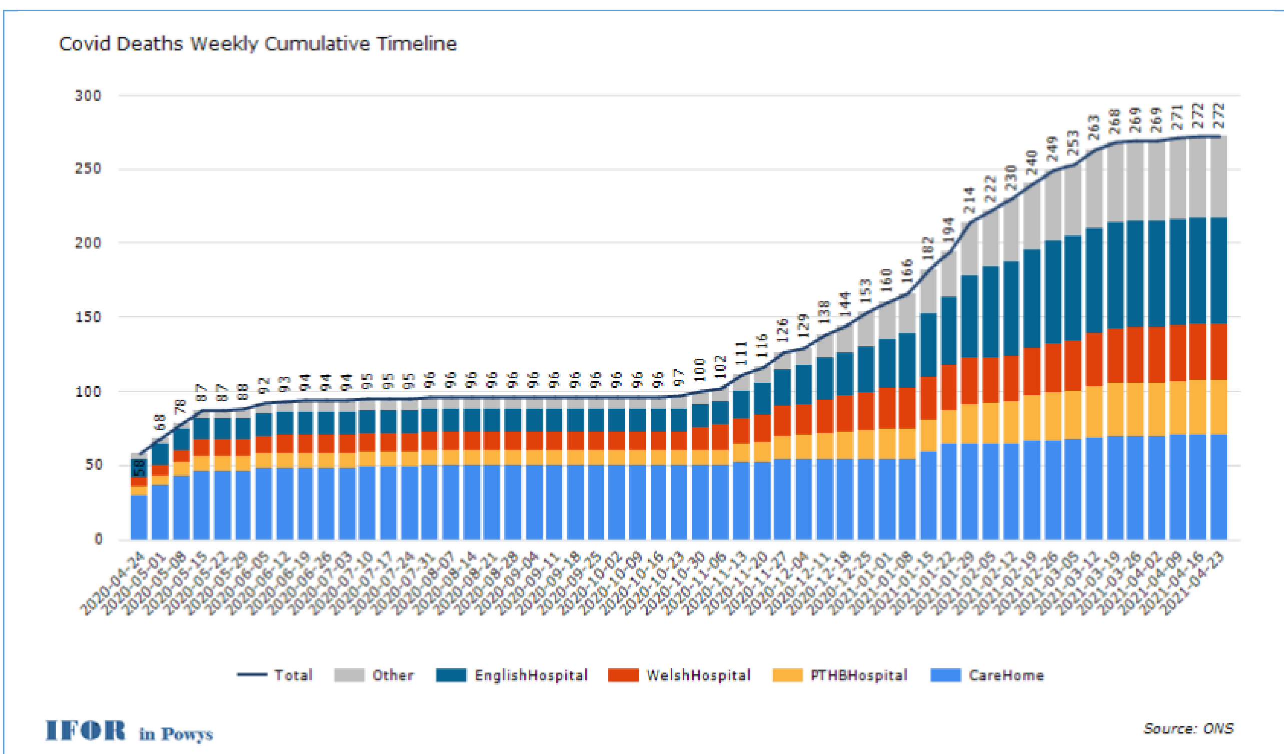

In Powys the cumulative total deaths from COVID is **272** since the pandemic started, this is the latest snapshot (23/04/2021). From the end of October which marked the start of the second rise in infections we could see a steady rise in deaths, this has plateaued over the last 6 weeks inline with infection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

TEST, TRACE, PROTECT

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

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

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

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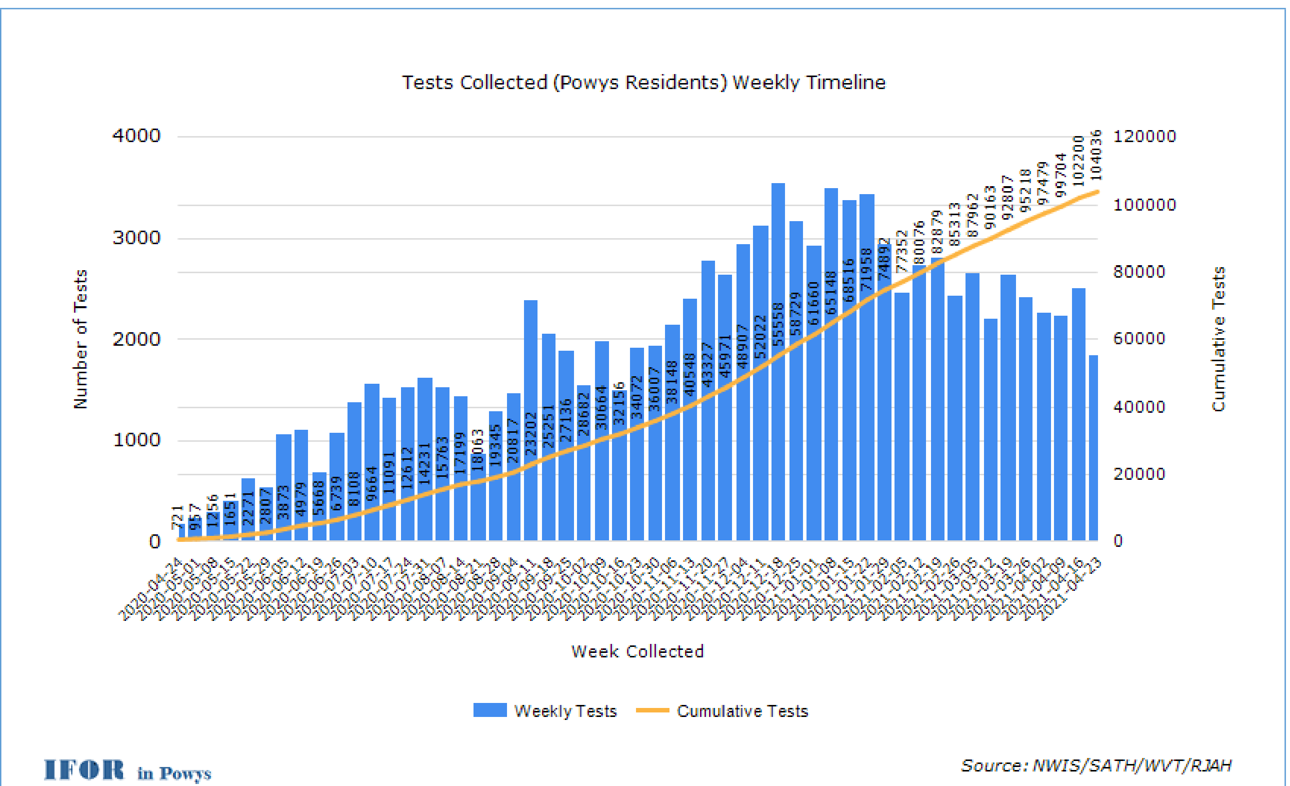

**N.B Incomplete data for week 23/04/21.*

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

Data source: PTHB Information Team

MASS VACCINATION PROGRESS

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

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

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

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

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

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NHS DELIVERY FRAMEWORK PERFORMANCE

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

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

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

PTHB Performance

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

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

A brief introduction to statistical process control charts (SPC)

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

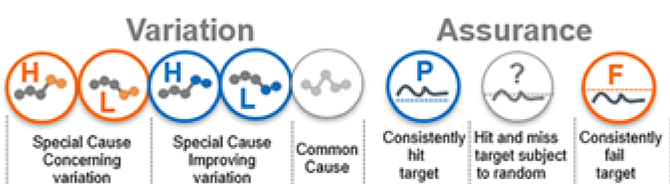
SPC charts

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

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

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

Key of SPC chart icons



Key of SPC chart dots

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

Further information will be provided in the narrative to provide context.

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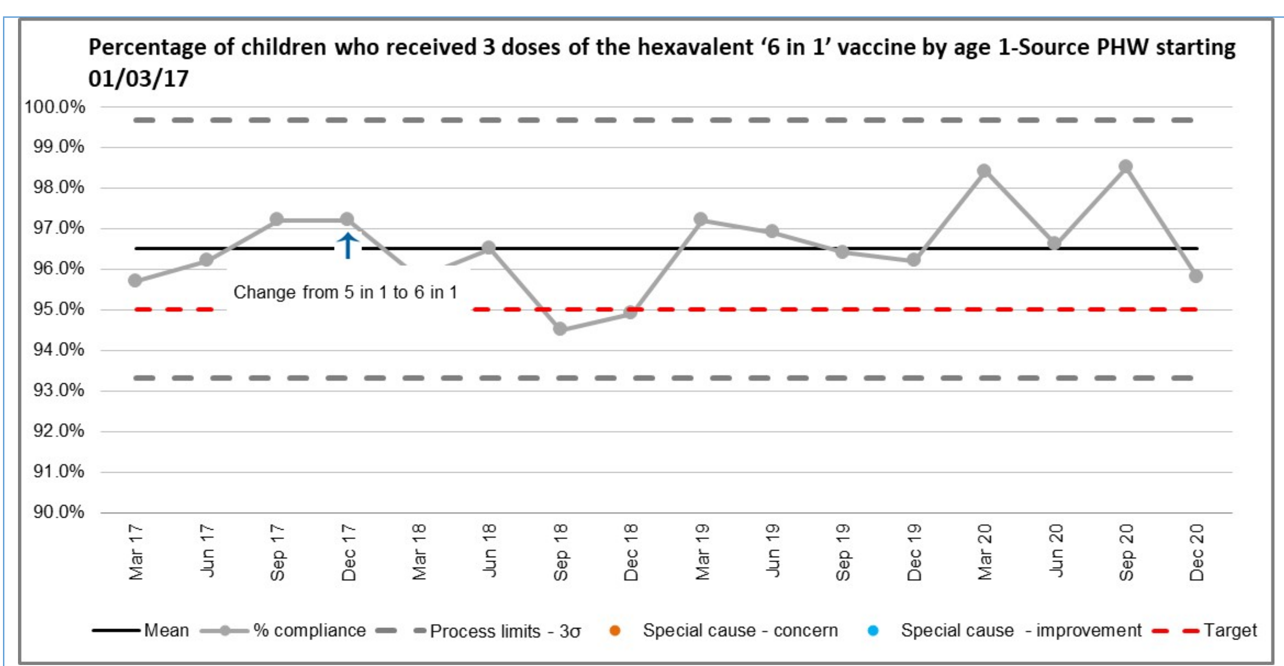
Quadruple Aim 1: People in Wales have improved health and well-being and better prevention and self-management.

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

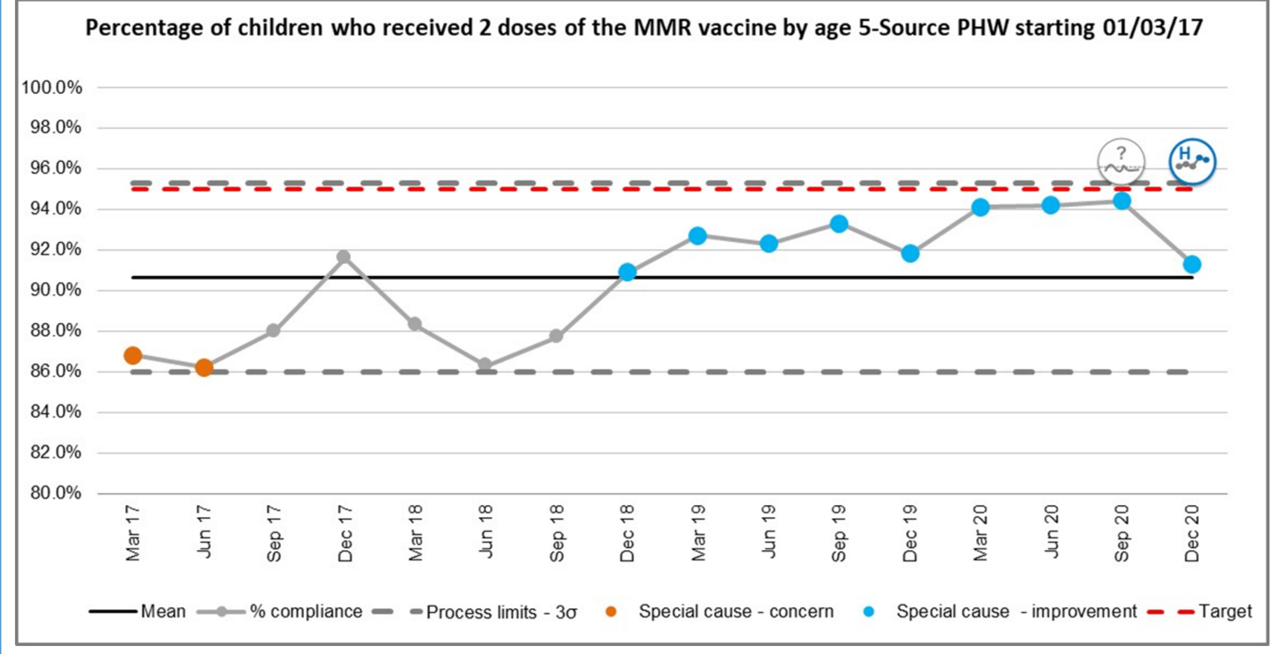
2020/21 NHS Outcome Framework Summary - Key Measures - Provider				Performance			Welsh Government Benchmarking (*in arrears)	
No.	**Abbreviated Measure Name**	**Target**	**Latest Available**	**12month Previous**	**Previous Period**	**Current**	**Ranking**	**All Wales**
1	Percentage of babies who are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

Childhood immunisations

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



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



Smoking cessation

Smoking cessation services have shown that for Q2 2020/21 the uptake in those residents attempting to quit smoking (1.44%) is lower than at the same period last financial year (1.58%). In regards to patients being CO-

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validated the COVID pandemic has stopped this work being carried out within Pharmacies and the data is not available.

Influenza Vaccinations

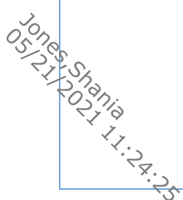
Reviewing the uptake of influenza vaccination in Powys at the end of 2019/20 we can clearly see that increased uptake has occurred on all measures except healthcare workers, which has remained constant at 64.3%. Where the national target has not been met for +65 years and <65 years at risk we are benchmarked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

Cancer Screening

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

Mental Health Part 2

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



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

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

2020/21 NHS Outcome Framework Summary - Key Measures - Provider				Performance			Welsh Government Benchmarking (*in arrears)	
No.	**Abbreviated Measure Name**	**Target**	**Latest Available**	**12month Previous**	**Previous Period**	**Current**	**Ranking**	**All Wales**
17	% of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS	100%	2019/20			56.3%	5th	59.70%
18	Percentage of children regularly accessing NHS primary dental care within 24 months	4 quarter improvement trend	Q2 20/21	62.8%	60.5%	57.9%	6th	63.8%
20	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	65%	Mar-21	56.6%	70.1%	57.5%	5th	62.5%
22	MIU % patients who waited <4hr	95%	Mar-21	100.0%	99.8%	100.0%	1st*	74.2%
23	MIU patients who waited +12hrs	0	Mar-21	0	0	0	1st*	4,768
32	Number of diagnostic breaches 8+ weeks	0	Mar-21	22	160	181	1st*	48,136
33	Number of therapy breaches 14+ weeks	0	Mar-21	6	59	30	1st*	4,129
34	RTT patients waiting less than 26 weeks (excluding D&T)	95%	Mar-21	95.9%	66.1%	71.4%	1st**	51.6%
35	RTT patients waiting over 36 weeks (excluding D&T)	0	Mar-21	0	863	690	1st**	217,655
36	Number of patients waiting for a follow-up outpatient appointment	<=5581	Mar-21	7173	6284	6760	1st*	748,769
37	Number of patient follow-up outpatient appointment delayed by over 100%	< 290	Mar-21	293	480	510	1st*	199,704
38	Percentage of ophthalmology R1 patients who are waiting within their clinical target date (+25%)	95%	Mar-21	94.2%	61.1%	64.7%	1st*	43.5%
Local	Percentage of patient pathways without a HRF factor	<= 2.0%	Mar-21	2.7%	0.4%	0.6%		
39	Rate of hospital admissions with any mention of self-harm from children and young people per 1k	Annual Reduction	2019/20	4.45		4.86	5th	4
40	CAMHS % waiting <28 days for OPA	80%	Mar-21	93.5%	71.9%	93.8%		
41a	MH Part 1 - Assessments <28 days <18	80%	Feb-21	93.3%	97.1%	97.3%	2nd	No national compliance figure available
41b	MH Part 1 - Assessments <28 days 18+	80%	Feb-21	87.8%	96.6%	99.1%	1st	
42a	MH Part 1 - Interventions <28 days <18	80%	Feb-21	95.7%	89.3%	96.2%	2nd	
42b	MH Part 1 - Interventions <28 days 18+	80%	Feb-21	56.6%	76.7%	88.5%	5th	
43	Children/Young People neurodevelopmental waits	80%	Mar-21	93.4%	61.4%	66.5%	2nd*	29.7%
44	Adult psychological therapy waiting < 26 weeks	80%	Mar-21	97.9%	95.3%	96.4%	2nd*	60.0%
45a	Number of health board delayed transfer of care for: Mental Health	12m↓	Feb-20	6	< 5	< 5	2nd	63
45b	Number of health board delayed transfer of care for: Non Mental Health	12m↓	Feb-20	29	15	20	1st	20
46a	HCAI - E.coli per 100k pop cum	TBC	Mar-21			3.78	PTHB is not nationally benchmarked for infection rates	
46b	HCAI - S.aureus bacteraemia's (MRSA and MSSA) per 100k pop cum	TBC	Mar-21			0.76		
46c	HCAI - C.difficile per 100k pop cum	TBC	Mar-21			5.29		
47a	HCAI - Klebsiella sp per 100k pop cum	TBC	Mar-21			1.51		
47b	HCAI - Aeruginosa per 100k pop cum	TBC	Mar-21			0.76		
48	Number of potentially preventable hospital acquired thromboses	4 quarter reduction trend	Q2 2020/21	0	0	0	1st	6
* Benchmark provided from previous period (national benchmark outdated)								
**Ranking for RTT nationally includes D&T Specialties								

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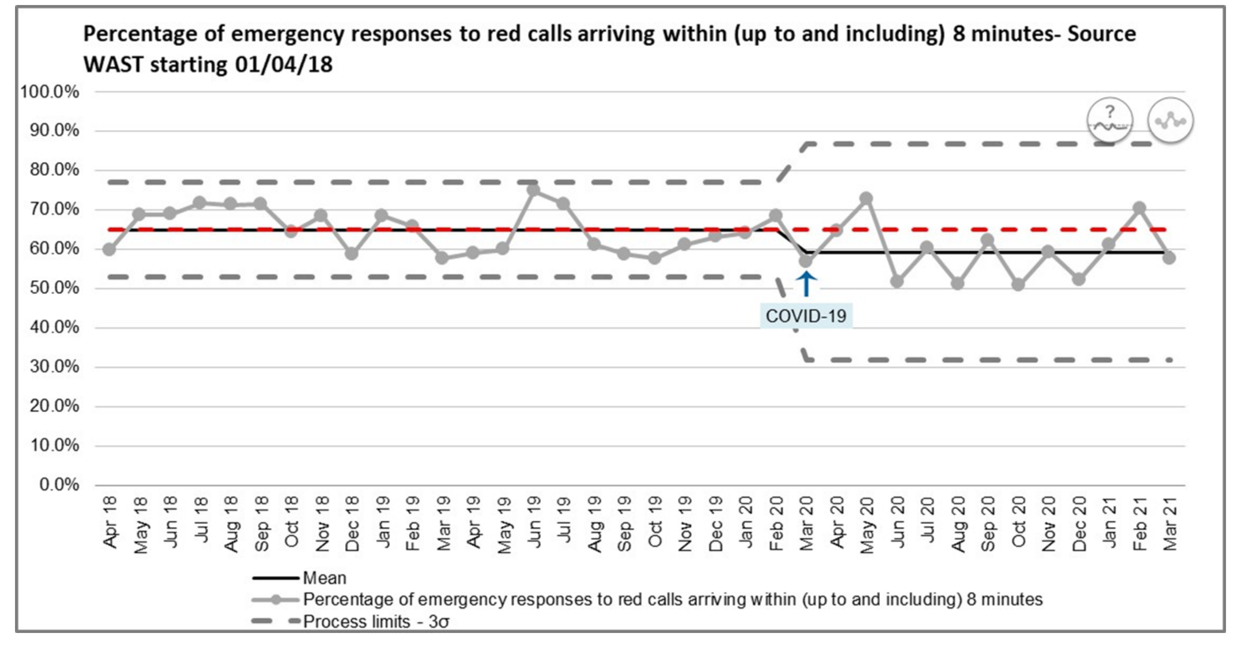
Unscheduled Care

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



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

Planned Care

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

Diagnostics

The latest March position shows an increased 181 patients breaching the 8 weeks wait target, key specialties not meeting the target include diagnostic

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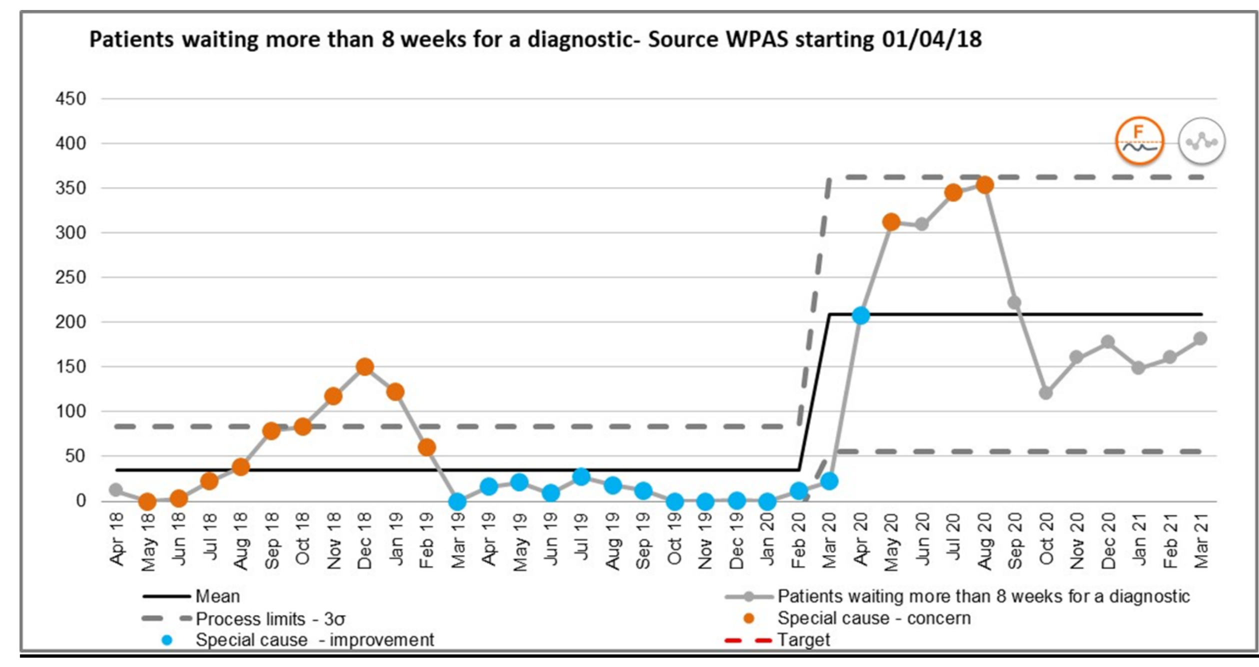
endoscopy & non-obstetric ultrasound. When looking at long term trends and the impact of COVID pandemic the resulting suspension of services created a significant backlog. Currently although below the 2020/21 mean (209) the health board consistently fails to meet the target of zero (this aligns to the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



Therapies

The latest March position for therapies shows continued improvement reducing to 30 breaches of the <14 week wait target. SPC shows an improving trend since July but the service as expected has not met the national target during 2020/21. Initiatives including a new podiatry triage system, waiting list validation, and use of temporary staff to increase list capacity have had a positive impact. The overall waiting list has also increased slightly during March although remains 16% less than March 2020.

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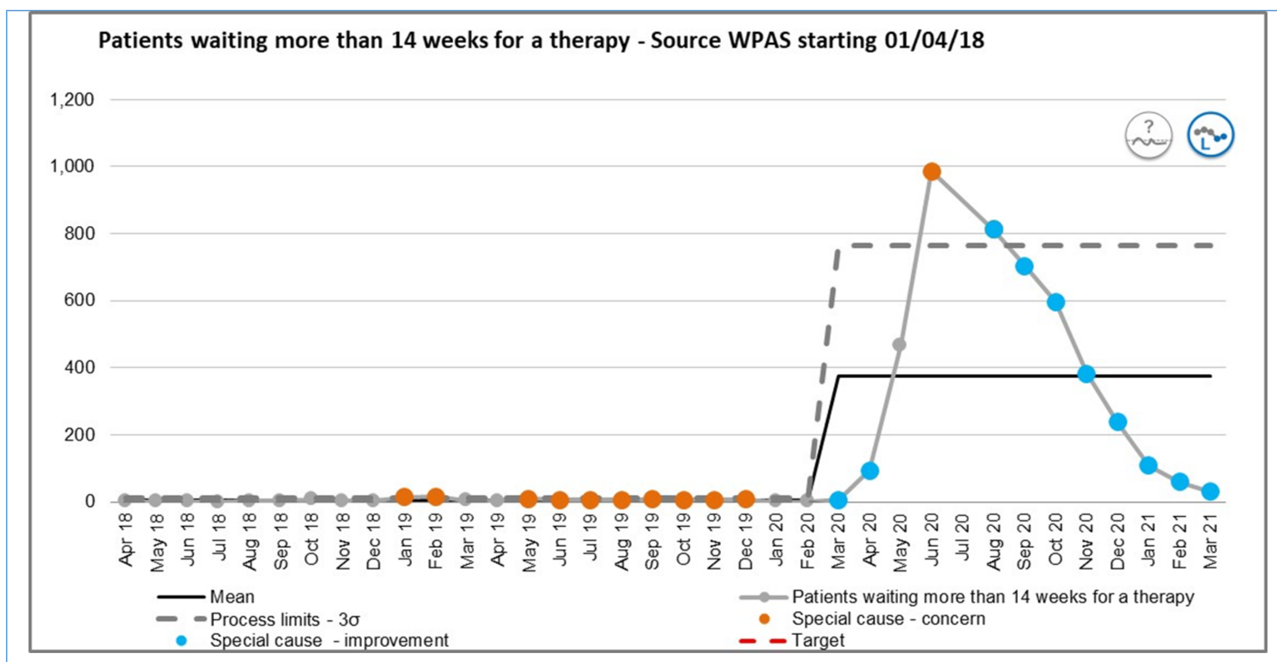
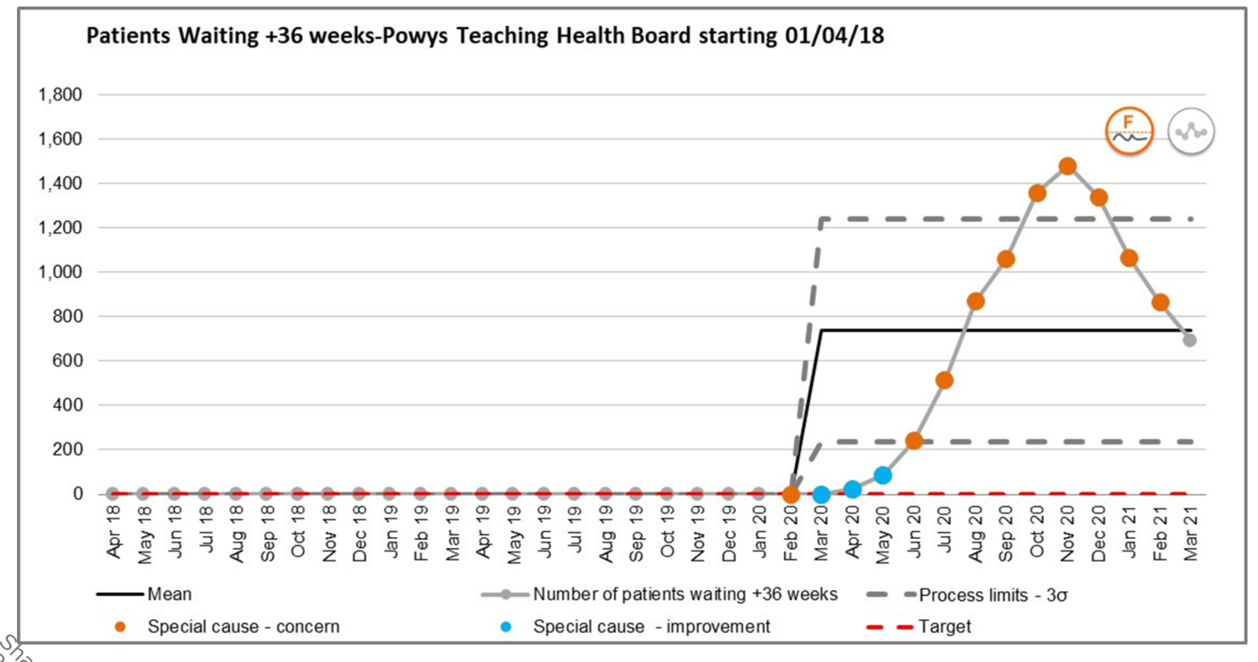


Powys Provider Referral to Treatment (RTT)

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



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Looking in detail at the 36+ week waiters the information team have modified their reports in line with DHCW (NWIS) over 52-week reporting.

Below is a summary table of the complete waiting list by DHCW (NWIS) aligned banding. The challenge can be seen within 53-76 weeks, and consists of predominantly routine patients who were waiting during the suspension period. This backlog continues to be the greatest challenge for the health board and the NHS in Wales.

Tables summarising RTT performance as a provider – source DHCW:

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

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

Commissioned Services Referral to Treatment (RTT)

The position of commissioned RTT waits for Powys residents does not show the same improvement as the provider for long waits. The combined February position exc. D&T, and for open pathways displays that 59.7% of 13,413 patients wait under 26 weeks on an RTT pathway, and 4016 patients wait longer than 36 weeks (this is the latest snapshot to include both English and Welsh providers).

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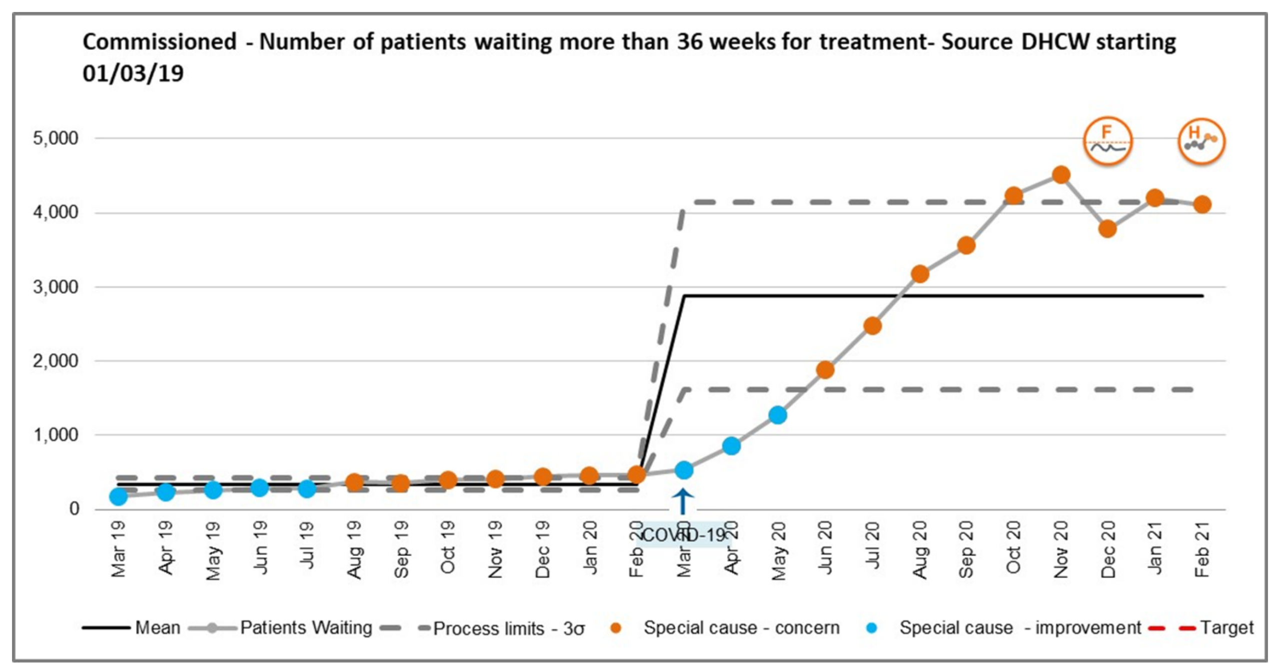
SPC chart of +36-week waiters in commissioned services – Feb 2021



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

Commissioned Provider wait details by week bands

Since the previous performance document to board work has been successfully completed with the main English providers, this now allows granular long wait reporting e.g. +52 weeks and beyond. This information is now being made available for use within the commissioning assurance process and operational teams. The below summary tables show the position of Powys main commissioned care providers against the refreshed week wait bands. Please note that DHCW (NWIS) individual weeks waits reporting stops at 104 weeks, patients waiting over this are amalgamated into an over 104 weeks band. The latest snapshot for Welsh Providers is March 2021 and February 2021 for English.

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Table of Providers

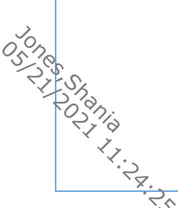
Commissioned RTT - Waits Open Pathway Snapshot March 2021 (exc. D&T)								
Source DHCW	% < 26 weeks	Patients waiting by band						
Main Welsh Providers		0 to 26 Weeks	26 to 35 Weeks	36 to 52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	Grand Total
Aneurin Bevan Local Health Board	56.4%	1055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

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

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

Follow-ups

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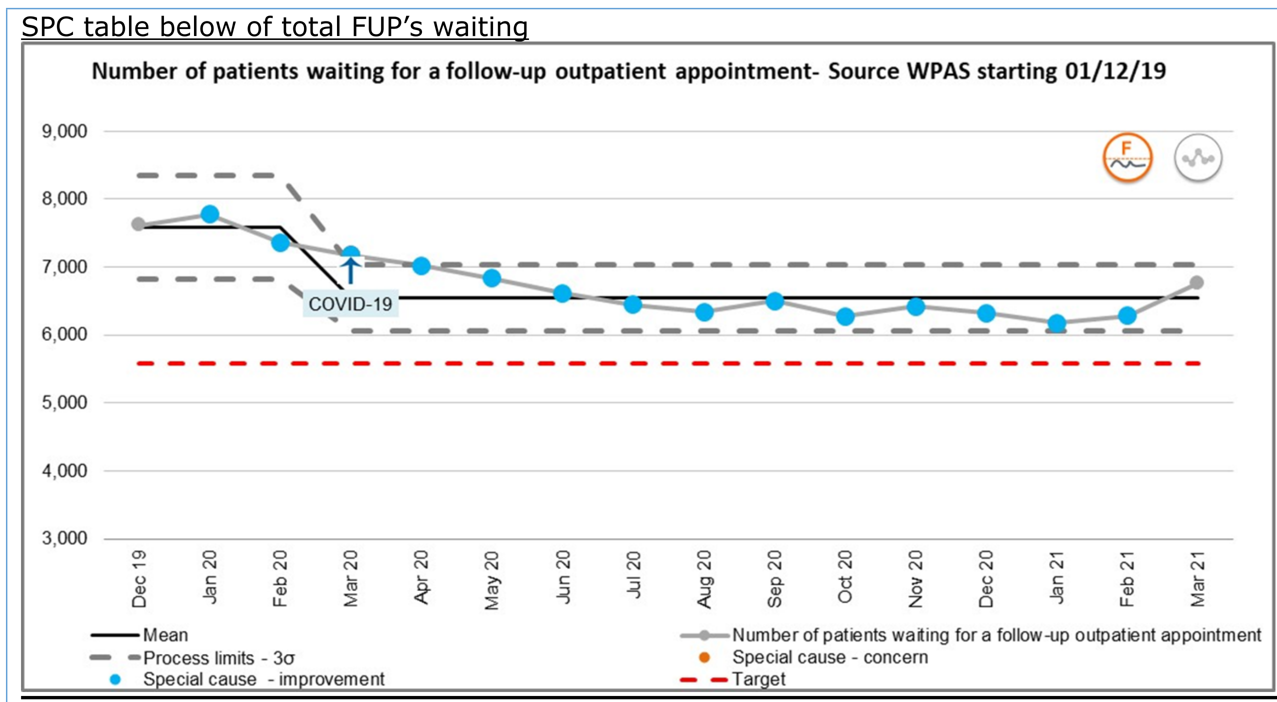
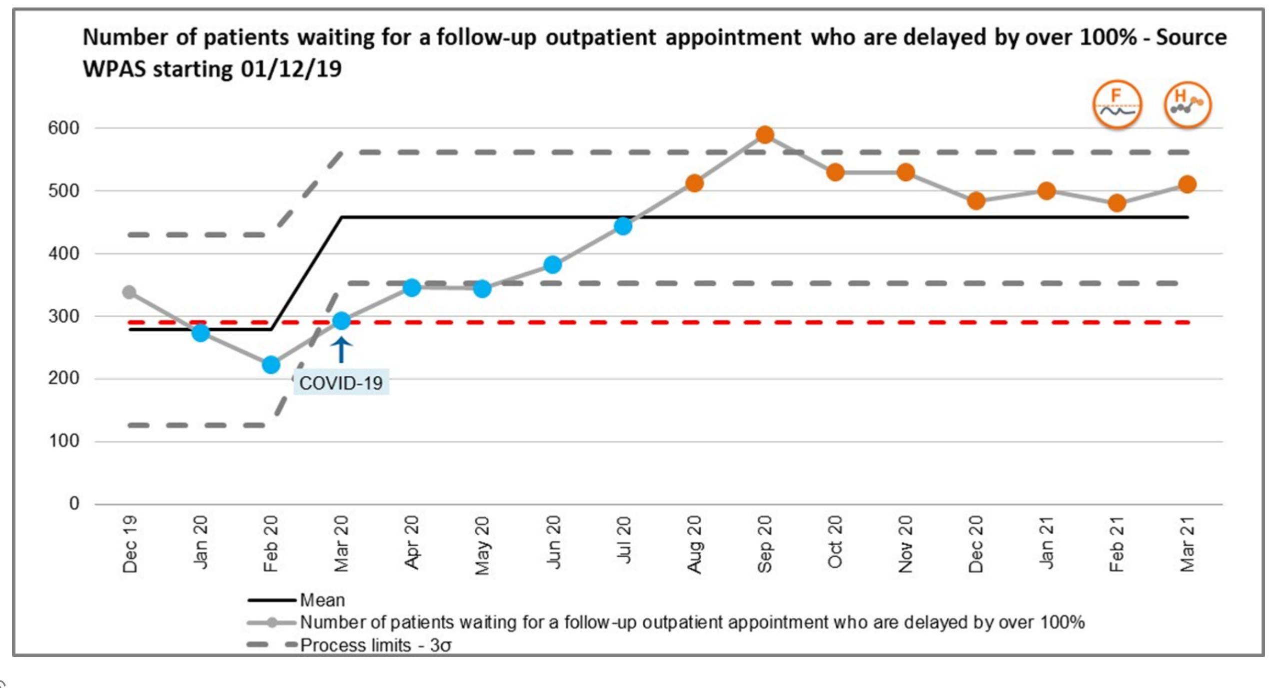
SPC table below of total FUP's waiting



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

SPC table below of FUP's waiting over 100%



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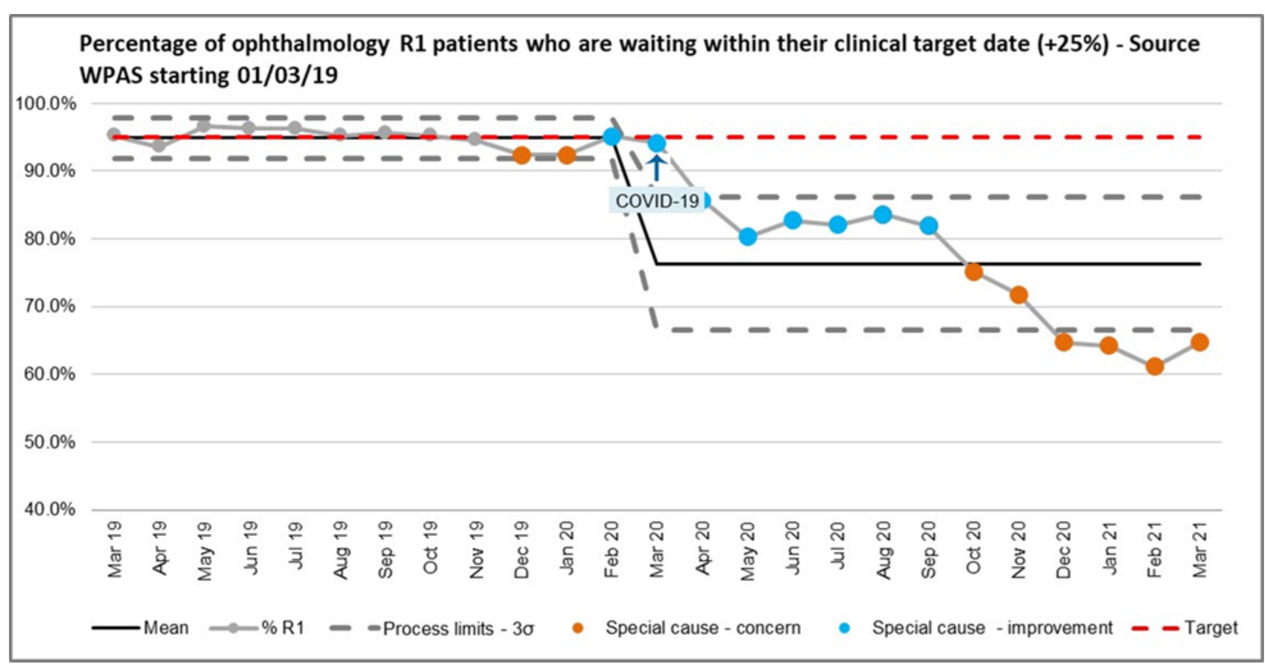
Eye Care

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

SPC chart of R1 measure



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

Mental Health

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

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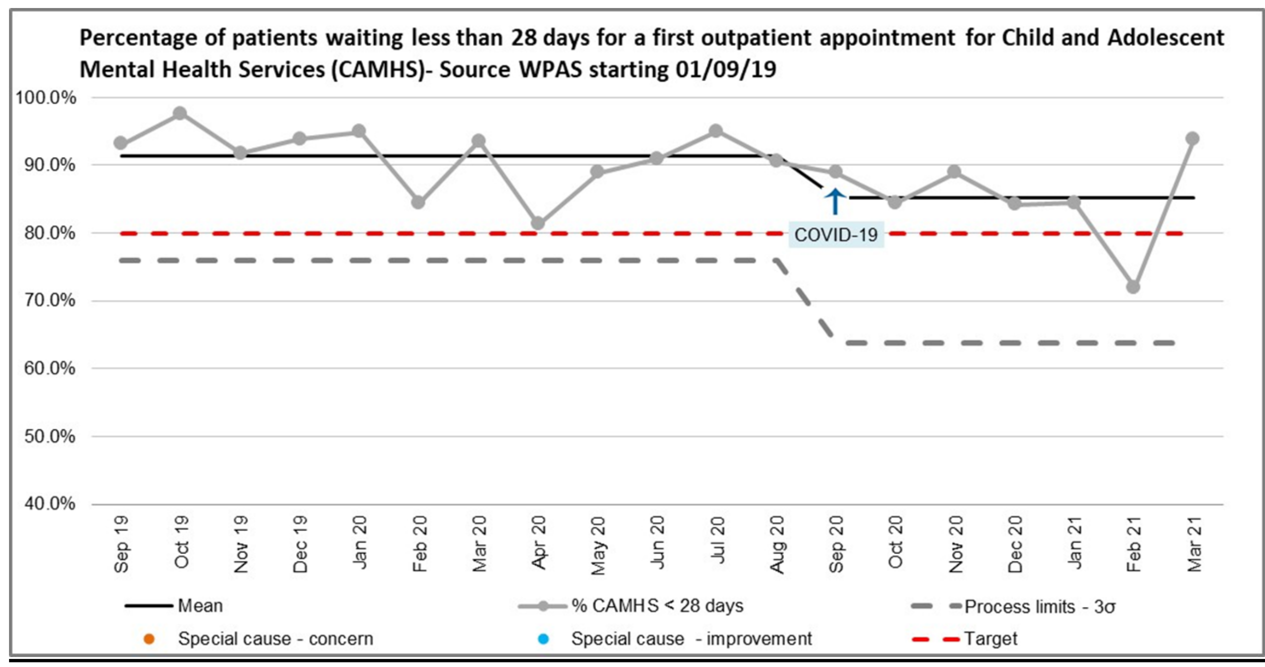
CAMHS

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



Neurodevelopmental waits (children and young people)

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

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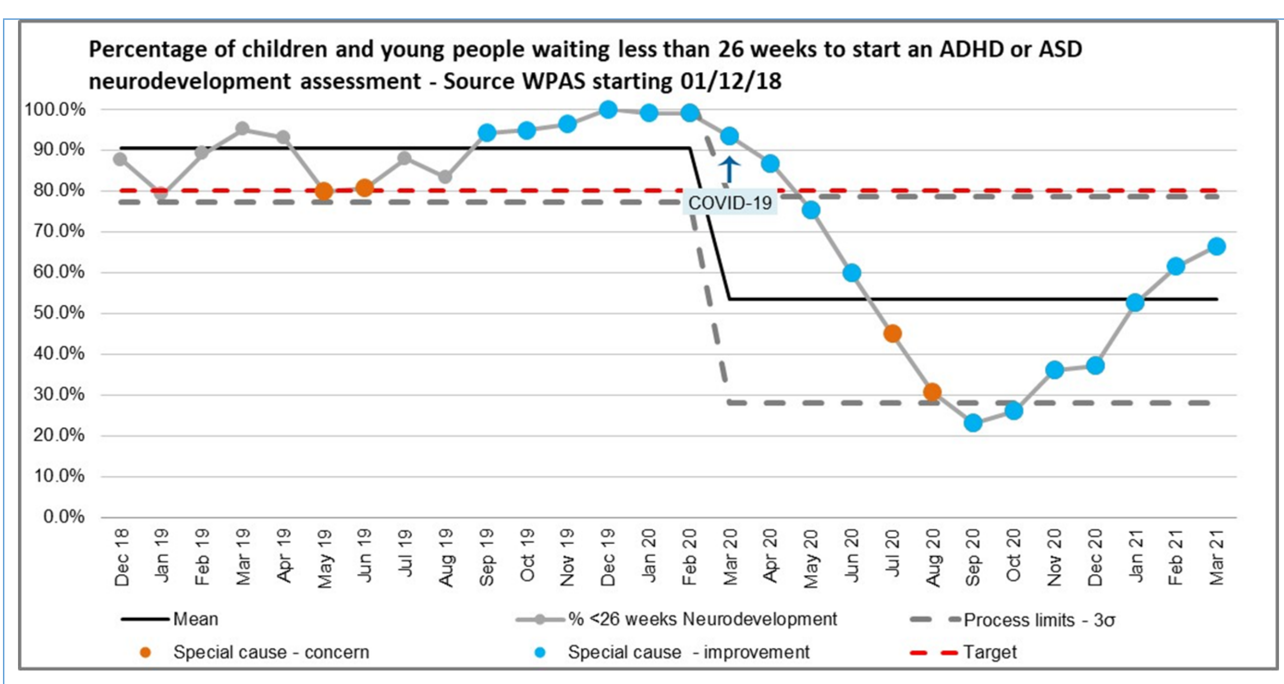

Adult psychological therapy waiting < 26 weeks

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

Health Care Acquired Infections

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

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

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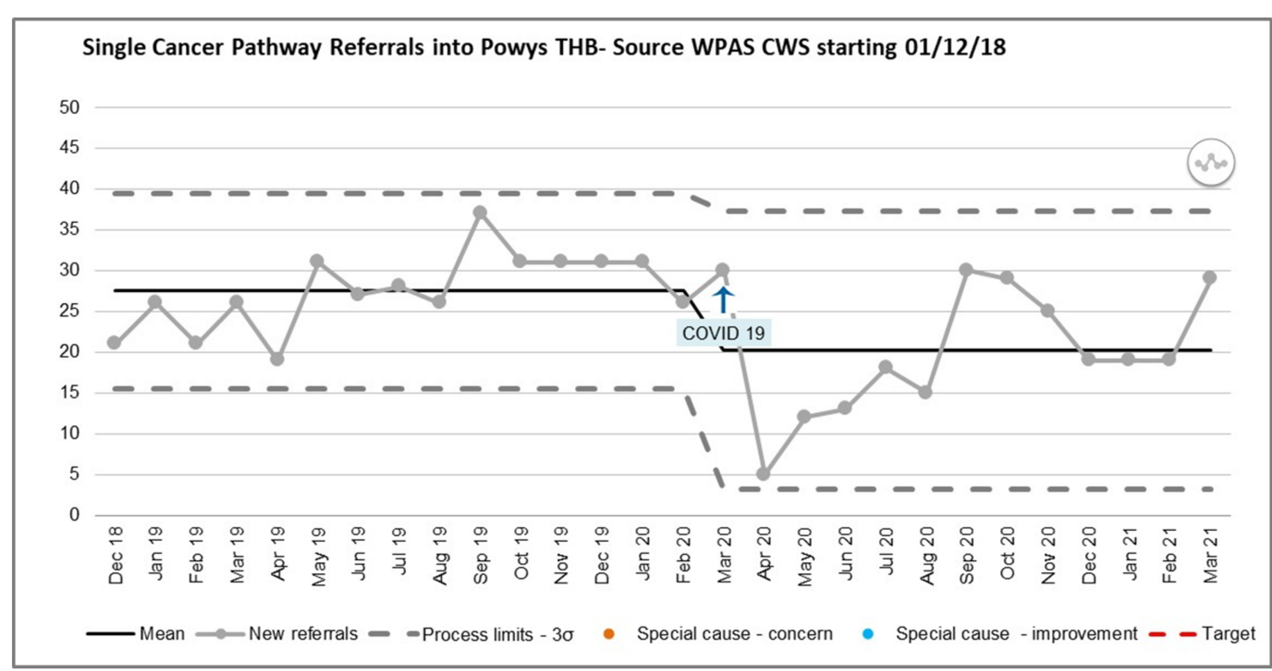
- P. aeruginosa bacteraemia, 1 case has been reported by Powys THB for Apr 20 – Mar 21. This is 1 more case than the equivalent period in 2019/20. The provisional rate of P.aeruginosa bacteraemia in Powys THB for Apr 20 – Mar 21 is 0.76 per 100,000 population

Cancer

The COVID pandemic continues to significantly challenge cancer services across Wales, this disruption due to capacity impacts for outpatients, diagnostics, surgery and treatments are the key challenges that affect Powys residents in both provider and commissioned services. Significant work both nationally and locally has been undertaken to minimise patient harm. As a provider of USC endoscopy diagnostics, the health board has maintained a zero-backlog position. Although PTHB does not carry out acute care e.g. treatment we are still responsible for reporting our part of the cancer pathway as agreed with Welsh Government. The below SPC chart shows the number of USC referrals into Powys as a provider since the health board started reporting the replacement cancer measure. The start of COVID in Wales resulted in a significant drop in Powys GP referrals into the service, this mirrored the All Wales picture for cancer, the mean average for referrals remains at present seven per month below pre covid levels, there are no special causes for concern during quarter 4.



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

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

Cancer - Welsh provider performance

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

Cancer - English provider performance

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

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

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

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

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

Personal appraisal and development reviews (PADR)

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

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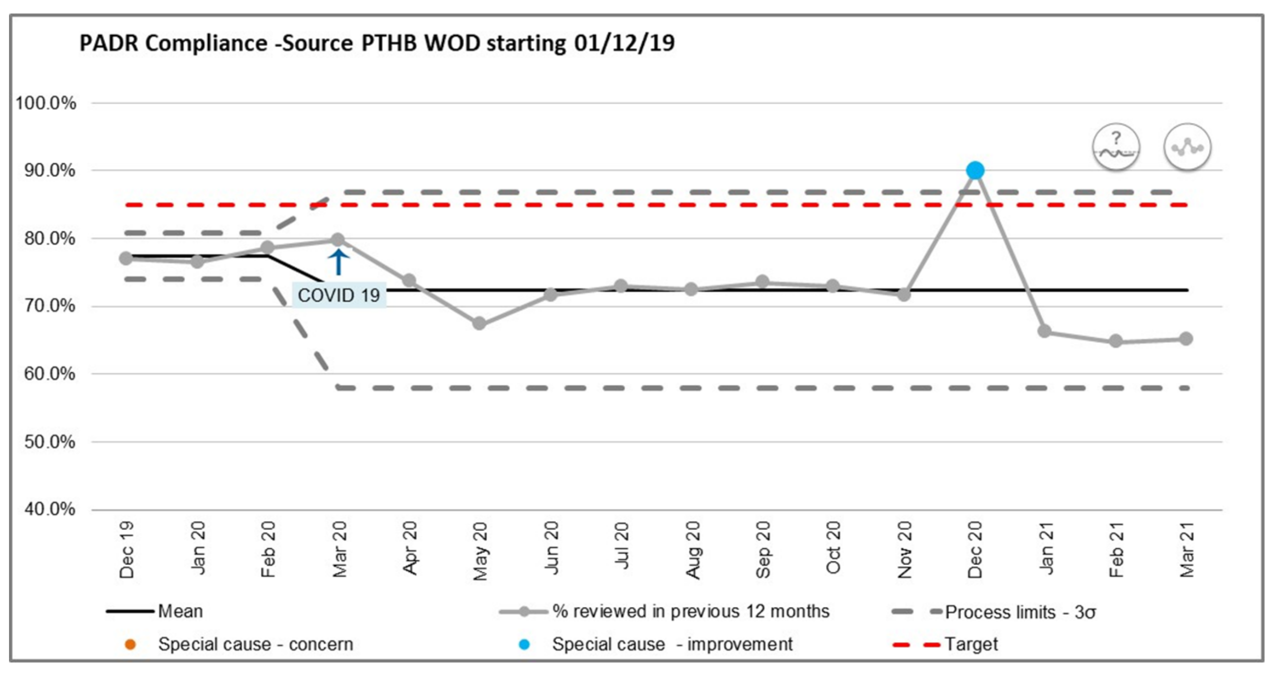
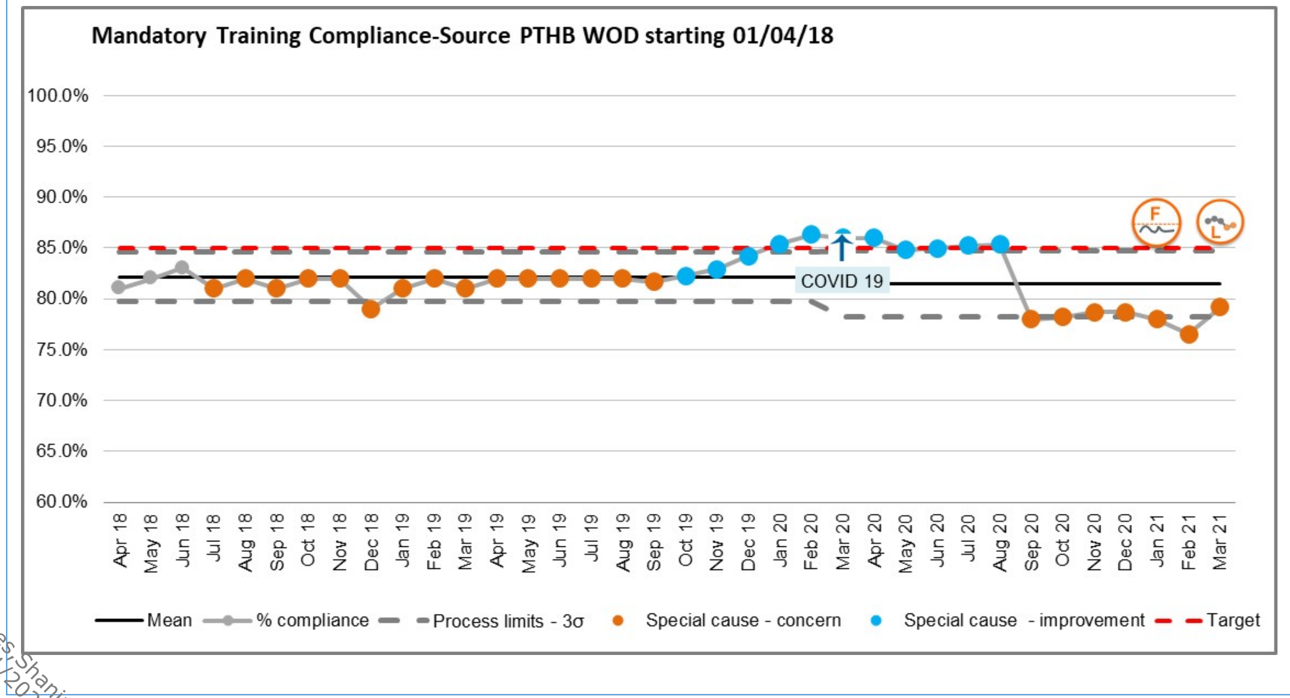
to focus on areas of low compliance, providing support in an effort to improve performance.



Mandatory core skills training

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



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Sickness

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

Concerns & Complaints

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

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

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

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

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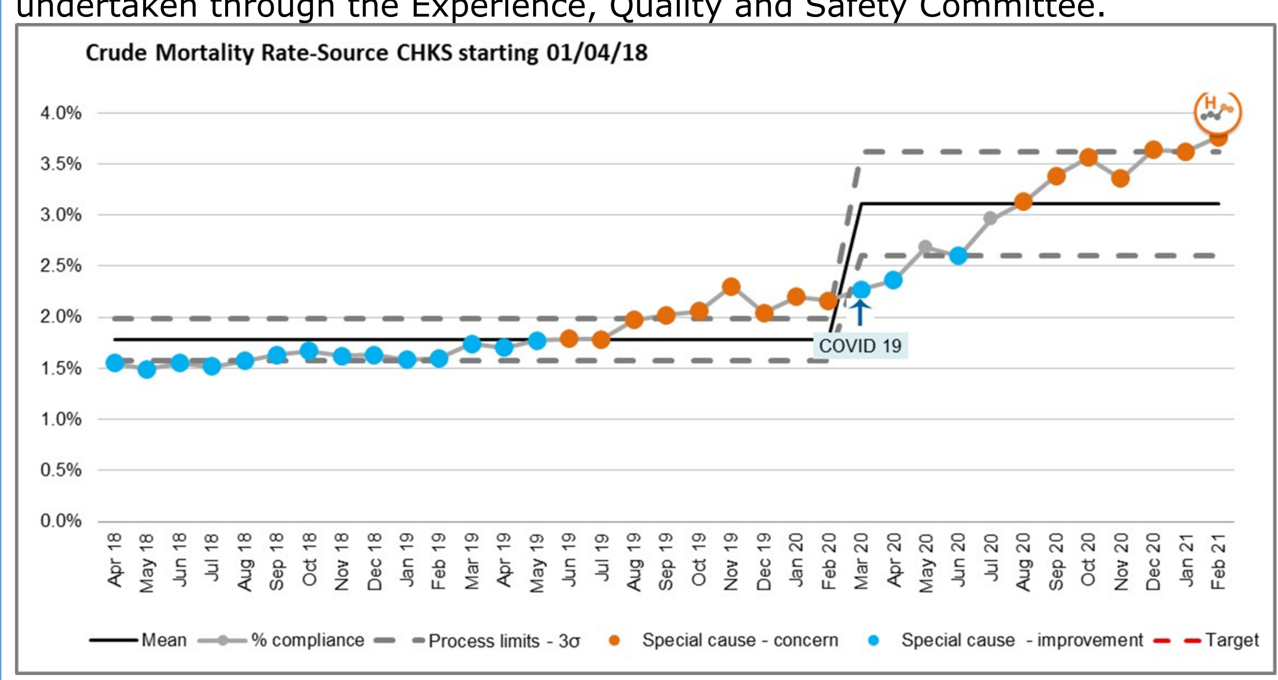
Health Care Research

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

Mortality

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



Medicines and prescribing

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

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- For antibacterial prescribing, a reduced rate of 198.2 in Q2 2020/21 meets the new national target for Powys, the health board is ranked 1st in Wales.

- Prescriptions for antipsychotics in the 65+ patient age group have increased in Q2 2020/21 to 497, this is a slight increase from Q1 2020/21 (478) and the equivalent period in 2019/20. It should be noted that although we have prescribed the least in Wales and rank 1st, our resident population is smaller.

- PTHB are compliant for the new Opioid measure with 3964.8 per 1000 patients in Q2 2020/21 against the national target of 4 quarter reduction, the health board is ranked 2nd in Wales.

Non-clinical procedures postponements

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

Agency Spend

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

Clinical Coding

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

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

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

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NEXT STEPS:

COVID

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

Service restoration and backlog management

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

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

Appendix 1

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

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

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

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

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

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

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

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

Essential Services currently unavailable or suspended including restorative actions.

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

Essential Services maintained in line with national guidance:

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

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

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

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

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Maternity Services

- Community midwifery and obstetric ultrasound service

Termination of Pregnancy

- Service provided by British Pregnancy Advisory Service (BPAS)

Other infectious conditions (sexual non-sexual)

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

Mental Health, NHS Learning Disability Services and Substance Misuse

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

Renal care-dialysis

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

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

- Service continued throughout COVID with no flagged challenges

Blood and Transplantation Services

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

Palliative Care

PTHB continues to provide both community and admitted patient care

Diagnostics

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

Therapies

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

Essential Services running with reported normal operation

Mental Health, NHS Learning Disability Services and Substance misuse

- Crisis Services including perinatal care

Jones, Sharon
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Emergency Ambulance Services

- Service provided by WAST

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

Jones,Shania
05/21/2021 11:24:25

Powys THB Finance Department
Financial Performance Report
Board Meeting

Period 12 (March 2021)
FY 2021/22
Agenda Item 3.2bi

Date Meeting: 26th May 2021

Introduction

Subject:	**FINANCIAL PERFORMANCE REPORT FOR MONTH 12 OF 2020/21**
Approved & Presented by:	Pete Hopgood, Director of Finance
Prepared by:	Sam Moss, Deputy Director of Finance
Other Committees and meetings considered at:	Delivery & Performance Group Performance and Resources Committee

PURPOSE:

This paper provides the Board with an brief overview of the 2020/21 Financial Position reflected in the completed draft Annual Accounts submitted to WG on 30th April 2021.

RECOMMENDATION:

It is recommended that the Board:

- NOTE the Revenue position.
- NOTE the Capital Position.
- NOTE PSPP position.

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

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

Approval/Ratification/Decision	Discussion	Information
		✓

Year End Timescales

	FY 2020-21	Action
Submission Draft Position to WG	Friday 9th April 17:00hrs	Complete
Submission Monthly Monitoring Reports to WG	Monday 26th April 17:00hrs	Complete (copy Appendix 1)
Draft Accounts – submission to WG	Friday 30th April 12:00noon	Complete
External Audit	Starts Tuesday 4th May	Underway
Final Accounts - submission by AW	Friday 11th June 12:00noon	o/s

Jones,Shania
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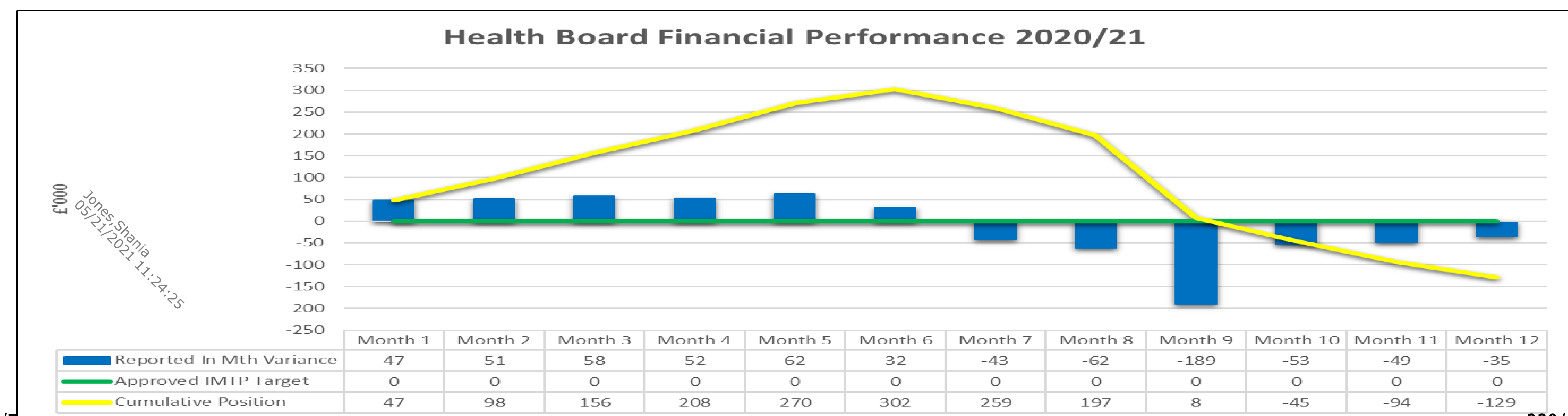
Summary Year End Position 2020/21

Revenue		
Financial KPIs : To ensure that net operating costs do not exceed the revenue resource limit set by Welsh Government	**Value £'000**	**Trend**
Reported in-month financial position – deficit/(surplus) – Green	-35	↓
Reported Year To Date financial position – deficit/(surplus) –Green	-129	↑
Year end – deficit/(surplus) – Forecast Green	-129	↑

Capital		
Financial KPIs : To ensure that the costs do not exceed the capiral resource limit set by Welsh Government	**Value £'000**	**Trend**
Capital Resource Limit	6,380	↑
Reported Year to Date expenditure	6,353	↑
Reported year end – deficit/(surplus) – Forecast Green	-27	→

PSPP		
PSPP Target : To pay a minimum of 95% of all non NHS creditors within 30 days of receipt of goods or a valid invoice	**Value £'000**	**Trend**
Cumulative year to date % of invoices paid within 30 days (by number) @end Q4 -Red	93.0%	↑



	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Reported In Mth Variance	47	51	58	52	62	32	-43	-62	-189	-53	-49	-35
Approved IMTP Target	0	0	0	0	0	0	0	0	0	0	0	0
Cumulative Position	47	98	156	208	270	302	259	197	8	-45	-94	-129

Jones,Shania 05/21/2021 11:24:25

Revenue Variance Year End Position 20/21

Overall Summary of Variances @ Mth 12 YTD £000's

	BUDGET YTD	ACTUAL YTD	VARIANCE YTD
01 - Revenue Resource Limit	(358,465)	(358,465)	0
02 - Capital Donations	(13)	(13)	0
03 - Other Income	(5,896)	(6,834)	(938)
TOTAL INCOME	**(364,375)**	**(365,312)**	**(938)**
05 - Primary Care - (excluding Drugs)	42,342	41,132	(1,210)
06 - Primary care - Drugs & Appliances	28,748	31,834	3,086
07 - Provided services -Pay	91,243	89,607	(1,636)
08 - Provided Services - Non Pay	28,002	24,271	(3,731)
09 - Secondary care - Drugs	1,005	1,153	148
10 - Healthcare Services - Other NHS Bodies	138,508	141,307	2,799
12 - Continuing Care and FNC	14,387	16,078	1,690
13 - Other Private & Voluntary Sector	3,277	3,078	(200)
14 - Joint Financing & Other	13,106	12,966	(140)
15 - DEL Depreciation etc	3,743	3,743	(0)
16 - AME Depreciation etc	(156)	(156)	0
18 - Profit\Loss Disposal of Assets	0	0	0
TOTAL COSTS	**364,205**	**365,014**	**808**
TOTAL	**(169)**	**(299)**	**(129)**

Jones,Shania
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Note – variances as reported to WG in the Mth 12 MMR submitted on 26th April 2021.

Powys THB Finance Department
Financial Performance Report - Appendices

Period 12 (March 2021)
FY 2020/21

WG Monitoring Return Reported

Embedded below are extracts from the Period 12 Monthly Monitoring Return submitted to Welsh Government on ***26th April 2021.***

MMR Narrative

MMR Key Tables

Mass Vac Tables

TTP Tables

Jones,Shania
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Powys THB Finance Department
Financial Performance Report
Board Meeting

Period 01 (April 2021)
FY 2021/22
Agenda Item 3.2bii

Date Meeting: 26th May 2021

Introduction

Subject:	FINANCIAL PERFORMANCE REPORT FOR MONTH 1 OF FY 2021/22
Approved & Presented by:	Pete Hopgood, Director of Finance
Prepared by:	Sam Moss, Deputy Director of Finance
Other Committees and meetings considered at:	Delivery and Performance Group

PURPOSE:

This paper provides the Board with an update on the April 2021 (Month 01) Financial Position including Financial Recovery Plan (FRP) delivery and Covid.

RECOMMENDATION:

It is recommended that the Board:

- DISCUSS and NOTE the Month 1 2020/21 financial position.
- NOTE that actions required in 2020/21 to deliver a balanced position at the 31st March 2021, including savings delivery.
- NOTE and APPROVE Covid-19 Report position reported on page 8 and in the 3 attachments detailed in appendix 1.
- NOTE additional risks on delivery of balanced position at 31st March 2022.
- NOTE underlying financial position and agree actions to deliver recurrent breakeven for 2022/23.

Jones,Sharon
04/11/2021 14:24:48

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

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

Approval/Ratification/Decision	Discussion	Information
	✓	

Revenue		
Financial KPIs : To ensure that net operating costs do not exceed the revenue resource limit set by Welsh Government	**Value £'000**	**Trend**
Reported in-month financial position – deficit/(surplus) – Amber	**15**	↑
Reported Year To Date financial position – deficit/(surplus) –Amber	**15**	↑
Year end – deficit/(surplus) – Forecast Green	**0**	→

Capital		
Financial KPIs : To ensure that the costs do not exceed the capiral resource limit set by Welsh Government	**Value £'000**	**Trend**
Capital Resource Limit	**14,575**	↑
Reported Year to Date expenditure	**3**	→
Reported year end – deficit/(surplus) – Forecast Green	**0**	→

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Reported In Mth Variance	15											
Plan	0	0	0	0	0	0	0	0	0	0	0	0
Cumulative Position	15											

Jones,Shania
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Powys THB 2021/22 was approved by the Board and submitted to WG on 31st March 2021. At the time of completing this report no formal feedback had been received.

As per 2020/21 spend in relation to Covid -19 is included in the overall positon but is offset by an anticipated or received allocation from WG, as per the planning assumptions and so is not directly contributing to the £0.015m over spend at Mth 1.

Excluding Covid-19 the areas of overspend which are a concern at this point in the year are the growth in CHC costs and continued rise in variable pay.

The table on the next slide provides an overall summary. But this includes Covid-19 spend.

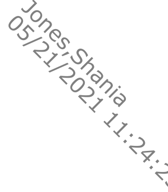
PTHB continues to forecast a balanced year end position but there are significant risks and opportunities that the Board need to effectively manage to ensure this can be delivered.

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

Revenue Variance Year End Position 2021/22

Overall Summary of Variances £000's

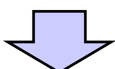
	BUDGET YTD	ACTUAL YTD	VARIANCE YTD
01 - Revenue Resource Limit	(30,010)	(30,010)	0
02 - Capital Donations	(11)	(11)	0
03 - Other Income	(431)	(405)	26
TOTAL INCOME	**(30,451)**	**(30,426)**	**26**
05 - Primary Care - (excluding Drugs)	3,374	3,367	(7)
06 - Primary care - Drugs & Appliances	2,560	2,616	56
07 - Provided services -Pay	7,148	7,321	173
08 - Provided Services - Non Pay	2,735	1,756	(980)
09 - Secondary care - Drugs	84	122	38
10 - Healthcare Services - Other NHS Bodies	11,569	12,016	447
12 - Continuing Care and FNC	1,272	1,531	259
13 - Other Private & Voluntary Sector	232	235	3
14 - Joint Financing & Other	1,180	1,180	0
15 - DEL Depreciation etc	311	311	0
16 - AME Depreciation etc	(14)	(14)	0
18 - Profit\Loss Disposal of Assets	0	0	0
TOTAL COSTS	**30,451**	**30,440**	**(11)**
TOTAL	**(0)**	**15**	**15**



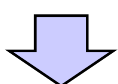
Please refer to pages 5-8 for further information on key variances and actual performance .

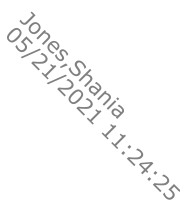
Health Board 2021/22 Savings

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



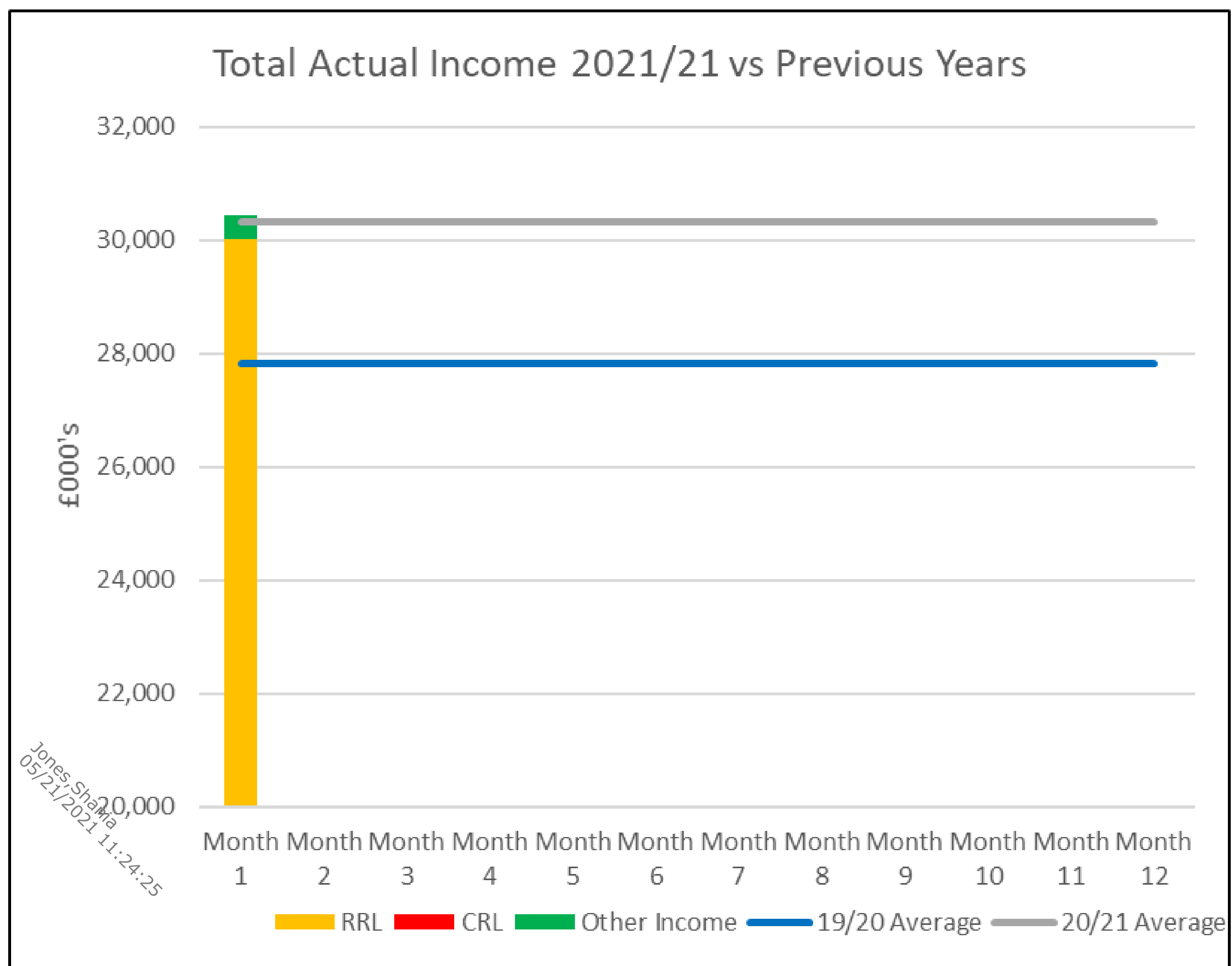
2021/22 Plan	£ M
Unmet Saving Target b/f in Opening Plan 2021/22	5.1
Target to be Delivered Recurrently as per Financial Plan	1.7
Savings supported in 2021/22 by Covid Funding Assumptions	3.4





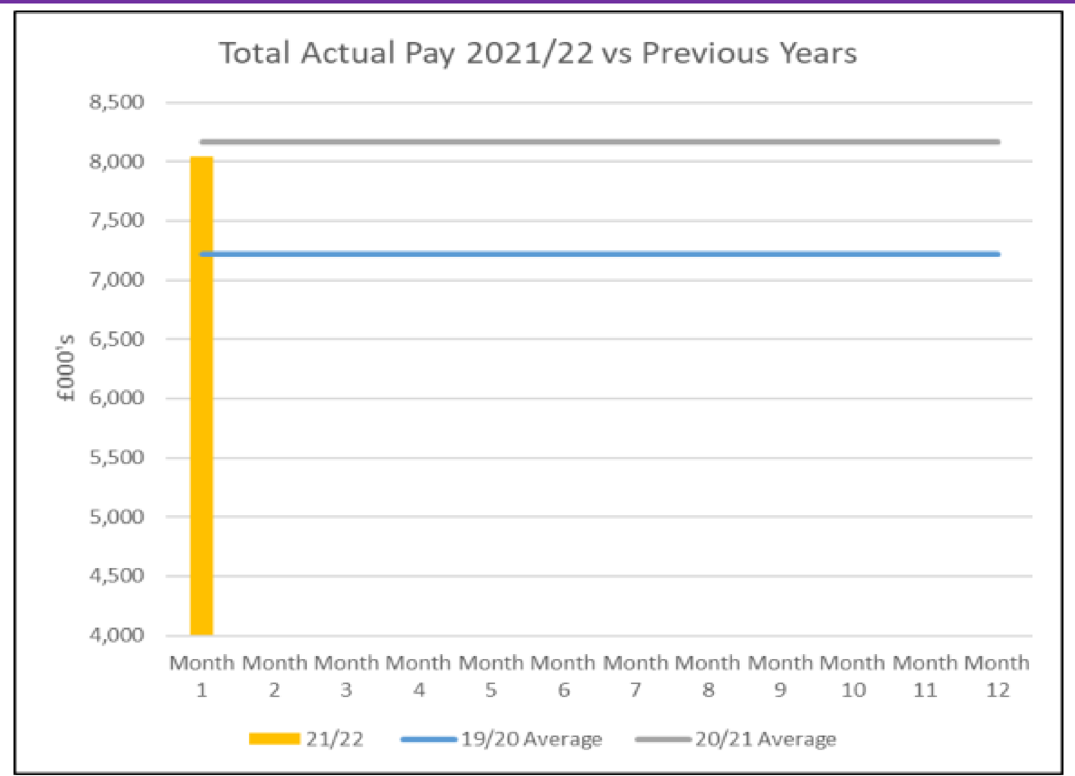
Saving Performance & Delivery 2021/22	£ M
Target 2021/22 as per Plan	1.7
Green Schemes identified to date	0.0
Shortfall / (Over Achievement) on Delivery	**1.7**

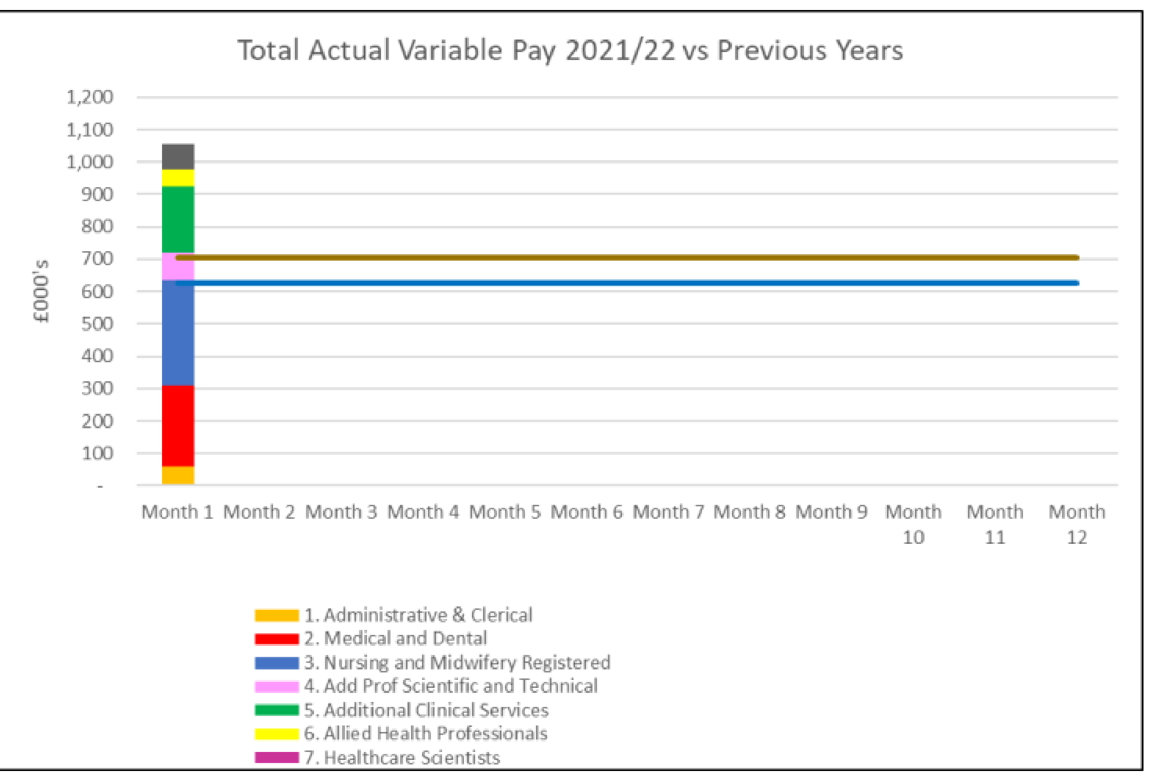
Health Board Actual 2021/22 vs Trend Previous Financial Years



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

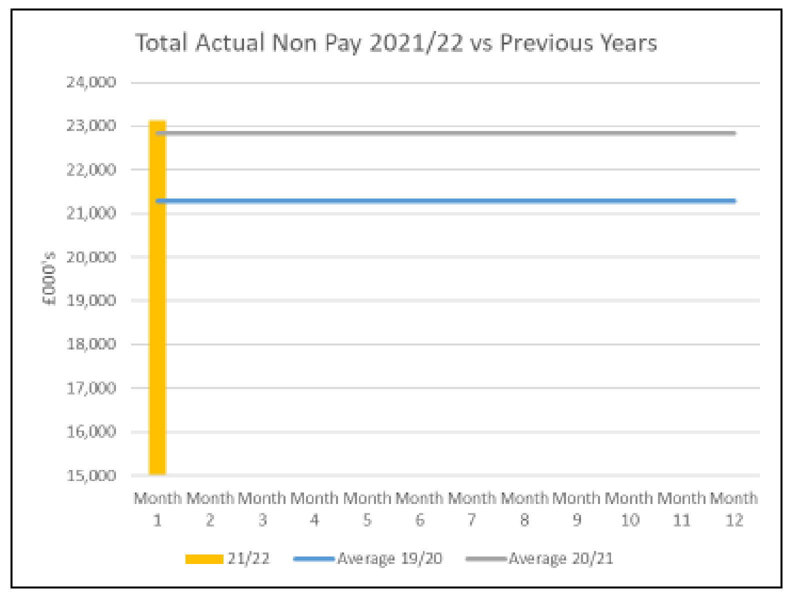
Health Board Actual 2021/22 vs Trend Previous Financial Years

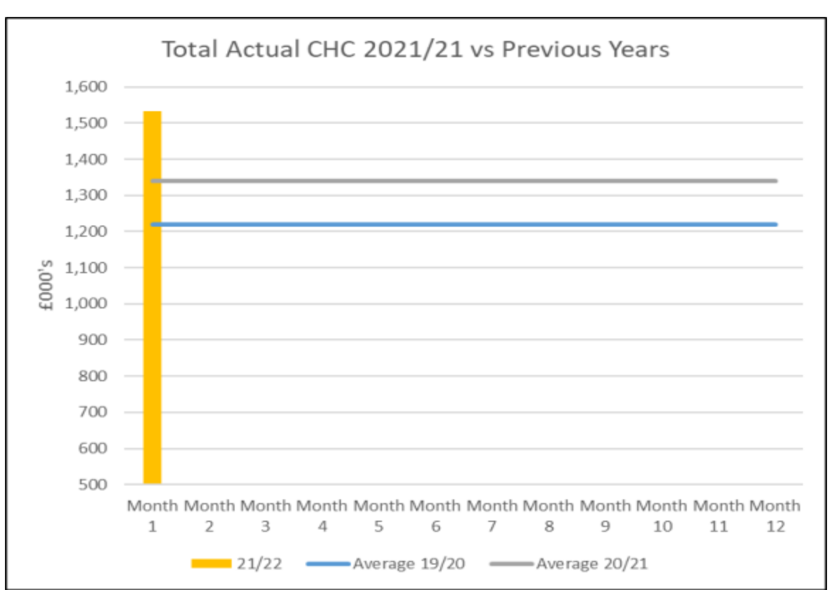


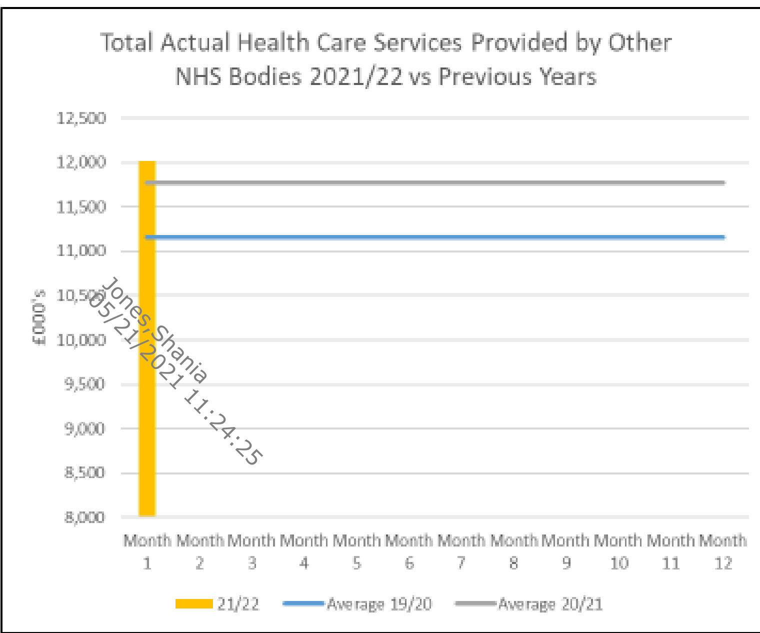


- The month 1 YTD pay is showing an over spend of £0.173M against the year to date plan.
- Chart 1 is showing that the total pay position for 2021/22 as slightly below the average from 2020/21. However the 2020/21 average would include the bonus payment accrued at the end of 2020/21 along with the notional pension adjustment required by WG in March 2021. Therefore the average for 2020/21 will be higher due to these adjustments which will not be included in the 2021/22 position.
- Chart 2 which on variable pay demonstrates there has been a significant increase in Mth 1 compared to the 2019/20 and 2020/21 average. The Finance Team will be contacting all service areas, who have seen this increase to get an explanation of this movement and the reasons driving the spend.

Health Board Actual 2021/22 vs Trend Previous Financial Years







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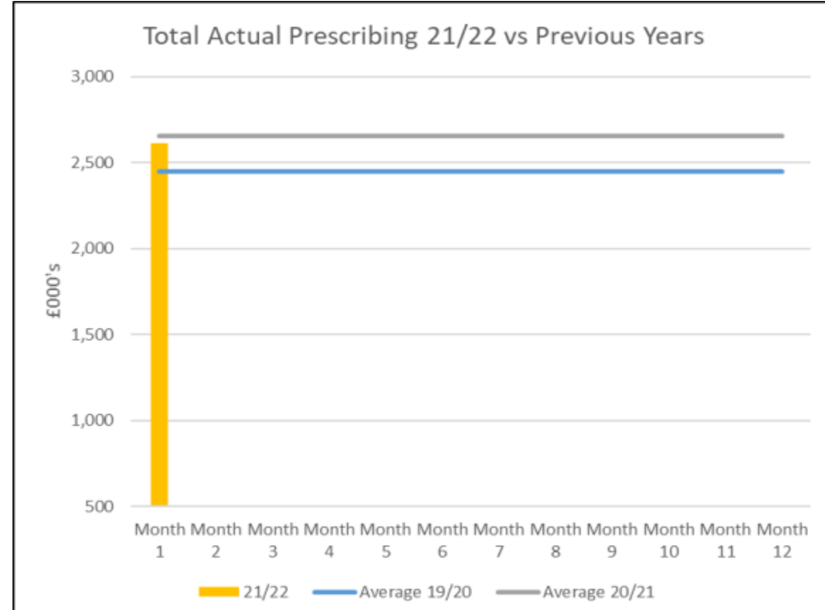

- Actual Non Pay spend in 2021/22 YTD is significantly higher than the average trend from 2019/20 and slightly higher than the average for 2020/21, which will contain Covid costs along with 2021/22 uplifts for some areas. There are 3 key areas of focus:

1. Commissioning – currently the LTAs are paid on a Block arrangement as per the guidance from the DoH and WG as a consequence of C-19. This is based on the 2012/20 Mth 9 position for England and Year End Position for Wales plus relevant uplifts. These figures will also contain the growth in WHSSC and EASC, which are both outside the block arrangements.

2. ChC – there has been a significant increase in costs seen in Mth 1, which excludes any costs associated with Covid and Adult Social Care guidance. There has been 18 news cases in Mth 1 and CHC has been included a significant risk in table 1 page 9.

3. Prescribing – the Mth 1 position is based on the Mth 10 PAR information, which has provided a reduction in spend compared to the first 6-9 months of 2020/21. The first PAR report for 2021/22 will not be received until the end of June 2021 and then the HB will require 3-4 months of data before it can assess the forecast position for 2021/22.

Covid Summary – Revenue Only

Table 1: Summary Table B3 (see Appendix 1)

Area	Mth 1 Actual £000	Forecast 2021/22 £000
Testing	87	1,292
Tracing	319	3,854
Mass Vaccination	847	4,503
Extended Flu	-	-
Field Hospitals	-	-
Cleaning Standards	47	564
General Covid (see table 2)	614	10,827
WG Projects#	58	1,016
Total Table B3	**1,972**	**22,056**

Jones,Shania
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Table 2: Breakdown of General Covid

General Covid	Mth 1 Actual £000	Forecast 2021/22 £000
Staffing	111	1,512
Loss Dental Income	55	1,445
Primary Care Prescribing	150	1,799
PPE	21	480
Block LTA	249	2,993
Adult Social Care (CHC/FNC)	-	960
Other Non Pay	28	1,638
Total General Covid	**614**	**10,827**

- Note relating to Table 1. Within Table B3 are ‘projects’ that WG deem are also linked to Covid. We are directed by WG to include these within Table B3. So for example in Mth 1 the £1M relates to the CBT project funded by WG

Additional Risk & Opportunities Above Financial Forecast

Table 1: Risk Reflected MMR

Risk	£ '000	Likelihood
Under delivery of Amber Schemes included in Outturn via Tracker	-851	Medium
Continuing Healthcare	-1,500	High
Prescribing	-1,017	Medium
Pharmacy Contract	0	-
WHSSC Performance	-500	Medium
Other Contract Performance	0	-
GMS Ring Fenced Allocation Underspend Potential Claw back	0	-
Dental Ring Fenced Allocation Underspend Potential Claw back	0	-
Total	**-3,868**	

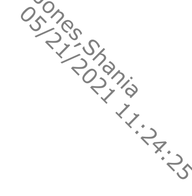
Table 2: Opportunities Reflected MMR

Opportuntity	£ '000	Likelihood
Red Pipeline schemes (inc AG & IG)	200	Medium
Potential Cost Reduction	0	-
Slipage on Funding	1,500	Medium
Total	**1,700**	

Further details on risk and opportunities underpinning the forecast are documented in the WG Narrative Report attached to Appendix 1

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

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



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

Summary & Key Messages

Summary

In summary this paper identifies that:

- PTHB is reporting an over spend at month 1 for FY 2021/22 of £0.015M (see page 2).
- Financial Forecast to 31st March is to maintain a balanced plan based on plan summitted to WG and presented to Board on 31st March (see page 2).
- To date there are no green savings schemed identified by the Health Board for delivery in 2021/22 to meet the required target as per the plan of £1.7M. (see page 4) .
- PTHB has an Capital Resource Limit of £14.6M and has spent £0.003M to date (see appendix 1).

Key Messages

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

- In addition to the risks detailed in the table on Page 9 there are a number of assumptions that were included in the 2021/22 Financial Plan approved by the Board on the 31st March which are not reported here is detail but were included within the financial section of the Plan submitted and listed in the narrative report embedded in Appendix 1.
- One of the assumptions within the Plan is that the Health Board deliver £1.7M of savings, with the remaining unmet savings to be supported via assumed Covid funding to 31st March 2022.
- Any changes in the funding assumed within the plan will have an impact on the HB's ability to deliver a balance position based on the 'Opening Plan' position of £5.6M over committed. The 2021/22 Plan also assumes a level of Covid funding which is yet to be confirmed by WG of £7.5M for period September to March.
- Based on the principles presented to Board at the end of January no additional savings target was included in 2021/22 plan however this meant that all Budget Holders needed to remain within their funding envelope.
- There is significant risk regarding the 2022/23 Financial Position and an initial assessment of the this is provided for the reader on page 10.

Jones,Sharla
05/21/2021 11:24:25

Powys THB Finance Department

Financial Performance Report - Appendices

Period 01 (April 2021)
FY 2020/21

Monitoring Return Reported @ Mth 1

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

MMR Narrative

MMR Key Tables

Mass Vac Tables

TTP Tables

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Capital Position @ Mth 1

Appendix 2

Scheme	Capital Resource Limit	Annual Planned Expenditure	Expenditure to 30th April 2021
WG CRL FUNDING	**£M**	**£M**	**£M**
Discretionary Capital	1.431	1.431	0.002
Anti Ligature	1.001	1.001	0.001
Machynlleth	9.571	9.571	0.000
National Programmes – Fire	0.557	0.557	0.000
National Programmes – Infrastructure	1.331	1.331	0.000
National Programmes – Decarbonisation	0.332	0.332	0.000
National Programmes – Imaging	0.352	0.352	0.000
Donated assets - Purchase	0.013	0.013	0.013
Donated assets (receipt)	(0.013)	(0.013)	(0.013)
TOTAL APPROVED FUNDING	**14.575**	**14.575**	**0.003**

Jones,Shania
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Cash Flow Reported @ Mth 1

Note – not reported at Mth 1

Jones,Shania
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Balance Sheet Reported @ Mth 1

Note – not reported at Mth 1

Jones,Shania
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Agenda item: 3.3

BOARD MEETING	DATE OF MEETING: 26 May 2020
Subject:	**Annual Report: Nurse Staffing Levels (Wales) Act 2016**
Approved and Presented by:	Alison Davies, Executive Director of Nursing & Midwifery
Prepared by:	Marie Davies, Deputy Director of Nursing
Other Committees and meetings considered at:	Nurse Staffing Act Group Performance and Resources Committee

PURPOSE:

The purpose of this paper is to report Powys Teaching Health Board's compliance with Nurse Staffing Levels (Wales) Act 2016 as it applies to this health board and others in Wales from which Powys residents receive healthcare. Powys Teaching Health Board does not have any section 25B wards and therefore is not currently mandated to report (under section 25E of the Act) against this requirement

The paper also provides commentary on the status of nurse staffing in NHS Trusts in England, who are commissioned by Powys Teaching Health Board but not directly subject to Welsh legalisation, and identifies the areas of proposed extension of the Act which will influence the way in which nursing and health visiting services are developed and provide into the future.

RECOMMENDATION:

The Board is asked to CONSIDER the contents of this paper.

Approval/Ratification/Decision	Discussion	Information
	✓	

Jones,Shania
05/21/2021 11:24:25

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):		
Strategic Objectives:	1. Focus on Wellbeing	
	2. Provide Early Help and Support	
	3. Tackle the Big Four	
	4. Enable Joined up Care	
	5. Develop Workforce Futures	✓
	6. Promote Innovative Environments	
	7. Put Digital First	
	8. Transforming in Partnership	
Health and Care Standards:	1. Staying Healthy	✓
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

EXECUTIVE SUMMARY:

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

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

The data generated from board reports, performance, workforce, quality and incident reports and the minutes of the quality review meetings, illustrates the status of nurse staffing within Welsh Health Boards, and English NHS Trusts

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from whom the health board commission healthcare for the population of mid and north Powys.

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

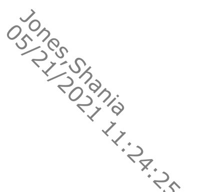
Within Powys, there are a number of ways in which the health board strive to ensure there are sufficient nurses to care for patients sensitively as required by the Act. Nursing sensitive quality indicators are regularly reported to the Experience Quality and Safety Committee. Following interrogation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

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

DETAILED BACKGROUND AND ASSESSMENT:

1. **Overarching national context**

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



1.2 There is currently no law in England which gives clear responsibility or accountability for workforce planning and supply. Trusts are however expected to be compliant with the requirements of NHS England, the CQC, and the NQB Guidance in relation to the Hard Truths response to the Francis Inquiry. https://www.england.nhs.uk/wp-content/uploads/2013/04/nqb-guidance.pdf Demonstration of compliance is achieved through a description of the work that has taken place since the last 6-month Safe Staffing declaration report with regards to ward-based nurse staffing levels in the Trust and an analysis of staffing, patient safety, patient experience and financial information. The Care Quality Commission also require staff to be '*fit and proper staff'* who provide care and treatment appropriate to their role.

1.3 Midwifery services in Wales and England use Birthrate Plus as a method for calculating the required numbers of midwives to meet need in relation to defined standards and models of care, and to local workforce planning needs.

1.4 The Nurse Staffing Levels (Wales) Act, places upon NHS organisations, a duty to use a triangulated approach to calculate the nurse staffing levels in adult acute medical and surgical inpatient areas, take all reasonable steps to maintain the nurse staffing levels and report compliance in maintaining the nurse staffing levels as a means of providing assurance to the public, the Board and Welsh Government.

1.5 The Chief Nursing Officer issued a letter on the 24 March 2020 in relation to the implications of COVID 19 on compliance with the Nurse Staffing Levels (Wales) 2016, whereby it is noted that health boards may wish to indefinitely defer the annual report scheduled to be presented to Board in May 2020. Subsequently this was presented to Board in September 2020. The annual report for 2020-21 is fulfilled through this report.

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

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

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2.1 **Adult acute inpatient medical and surgical inpatient settings**: although in place, further work about dependency levels and minimum staffing information is ongoing. A poster to describe staffing levels for each ward is currently being developed, adapted from the national work on acute medical and surgical wards. This information will form part of the information available to patients and families on the Ward Quality Board displayed at the entrance of each ward location.

2.2 **Paediatric inpatient settings**: the first completion of the interim paediatric nurse staffing principles template has been undertaken, based on data included in the healthcare management system. The second duty of the Nurse Staffing Levels (Wales) Act 2016 to paediatric inpatient wards is extended on the 1st October 2021. The first annual assurance will be presented to boards in May 2022.

2.3 **Mental Health:** The COVID19 pandemic has adversely affected progress. A new workstream chair and vice chair have been appointed and the mental health project lead post is advertised and is required as a priority to support and accelerate this workstream. Draft staffing principles have been developed, the workstream plan and timescales are being revised. A professional judgement audit is taking place in May 2021 for four weeks to include Powys inpatient Ward areas.

2.4 **Health Visiting:** there are 4 subgroups (Welsh levels of care, quality indicators, professional judgement, user engagement) to progress aspects of the work on behalf of the wider group. Each subgroup will determine the actions required and timeframes to ensure momentum. Local workshops are being planned for 2021, when the project lead will be in post, to progress the work in further developing the Welsh Levels of Care tool. A literature review has identified 20 possible quality indicators covering broad themes and public health priorities, Healthy Child Wales Programme and childhood outcomes. The service-user engagement sub-group also recommended some changes to principle 3 which is around user engagement to include a greater emphasis on working with fathers.

2.5 **District Nursing:** The Powys Executive Nurse Director has been identified as sponsor. A new chair, vice chair and project lead were appointed in 2020. Membership and Terms of Reference have been revised and sub groups will be set up to focus on progress aspects of the work on behalf of the wider group. Priorities include review and analyse the draft Welsh Levels of Care, consider multi-disciplinary team working and alignment with cluster working.

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

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

3.1 The Nurse Staffing Levels (Wales) Act 2016 places a general duty on all health boards to provide sufficient nurses to care for patients sensitively in all areas they provide or commission. It also places a specific second duty to calculate and maintain the nurse staffing level for adult acute medical inpatient wards and adult acute surgical inpatient wards. The latter does not apply to directly provided services in Powys, but remains an essential element for consideration of compliance with the Act, in relation to Welsh health boards who provide care for Powys residents. This forms a core element of the Long-Term Agreements and reviewed through Clinical Quality Performance Review meetings.

3.2 Powys Teaching Health Board does not have any section 25B wards and therefore is not mandated to report (under section 25E of the Act) against this requirement. However, the Health Board does need to ensure commissioned services comply with the act and the principle of ensuring nurse staffing levels within the Welsh NHS are sufficient to provide safe, effective and high-quality nursing care at all times.

3.3 The Powys Teaching Health Board Commissioning Assurance Framework is used to assess nurse staffing in commissioned services as it is a continuous assurance process that aims to provide confidence to internal and external stakeholders and the wider public. The resulting CAF report is a risk-based approach, which include soft intelligence and information on emerging provider issues that could pose a risk to Powys Teaching Health Board.

3.4 Due to unprecedented nature of Covid-19 pandemic there has been a need to review the models of nursing care across all Trusts services and staff have been and remain under a significant pressure. As a result of the Covid-19 pandemic NHS Trusts continues to experience significant and unprecedented challenges, which are impacting upon the delivery of services commissioned by Powys Teaching Health Board for Powys residents.

3.5 Welsh Health Boards: Data generated through Board reports and minutes from Clinical Quality Review meetings in relation to Welsh Health Boards, identifies a range of actions taken in relation to calculating the nurse staffing level on section 25B wards during the reporting period, including recalculation through to the establishment of a planning cell to monitor and manage risks in line with section 25A and 25B.

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

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

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

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

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

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

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trusts and wards, however during the pandemic there have been difficulties to meet the figures required currently without the support of supplementary staffing.

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

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

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

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

Bi-annual reports was suspended by NHS Improvements/England due to COVID 19. However, some Trusts have continued to provide rota filled rates and Care Hours Per Patient Day figures. During COVID 19 Powys Teaching Health Board explored different ways of working to

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

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

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

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

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

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

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

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

NEXT STEPS:

- A bi-annual nursing establishment review is now underway to optimise the nursing contribution to the provision of safe, quality care. This work, along with a wider emphasis on workforce, will help inform the implementation of Workforce Futures.

- The ongoing development of the Nurse Staffing Act Group, led by the Deputy Director of Nursing, bringing coordination and oversight to this agenda. The group will report into the Quality Governance Group and the Experience Quality and Safety Committee on a quarterly basis.

- The Director of Nursing continues to lead the all Wales workstream for district nursing and the senior nursing team will contribute to the remaining workstreams.

- The Health Board is supporting the adoption of Malinko, a District Nursing E-Scheduling System in 2021-22.

- The Commissioning Assurance Framework will continue to mature to provide assurance of safe nurse staffing levels in commissioned services.

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Agenda item: 3.4

BOARD MEETING	Date of Meeting: 26 May 2021
Subject:	**Podiatry Services in Powys**
Approved and Presented by:	Jamie Marchant, Director of Primary, Community Care and Mental Health Services Claire Madsen, Director of Therapies and Health Science
Prepared by:	Peter Taylor, Professional Head of Podiatry Kathryn Lloyd, Service Improvement Manager for Therapies and Health Science
Other Committees and meetings considered at:	Executive Committee

PURPOSE:

This purpose of this paper is to provide the Board with an update and progress on the recommendations identified in the internal audit review undertaken in September 2019 following an outcome of limited assurance.

It will also outline the work undertaken following the engagement with key stakeholders of implementing a new model of safe and sustainable Podiatry services across Powys, the progress of the service redesign and feedback from clinicians along with Patient experience feedback and staff reflections.

The impact of COVID-19 on the service will be discussed and the plan for recovery identified.

RECOMMENDATION(S):

The Board is asked to DISCUSS and NOTE the report for information and discussion.

Approval/Ratification/Decision	Discussion	Information
✗	✓	✓

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THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):		
Strategic Objectives:	1. Focus on Wellbeing	✓/✗
	2. Provide Early Help and Support	✓/✗
	3. Tackle the Big Four	✓/✗
	4. Enable Joined up Care	✓/✗
	5. Develop Workforce Futures	✓/✗
	6. Promote Innovative Environments	✓/✗
	7. Put Digital First	✓/✗
	8. Transforming in Partnership	✓/✗
Health and Care Standards:	1. Staying Healthy	✓/✗
	2. Safe Care	✓/✗
	3. Effective Care	✓/✗
	4. Dignified Care	✓/✗
	5. Timely Care	✓/✗
	6. Individual Care	✓/✗
	7. Staff and Resources	✓/✗
	8. Governance, Leadership & Accountability	✓/✗

EXECUTIVE SUMMARY:

The Podiatry service was audited into 2018/19 with an outcome of no assurance and re-audited in September 2019 and received limited assurance. Further recommendations were received and an action plan was developed in response to the recommendations. The progress is discussed below outlining what the service has achieved to date through their transformational process. All recommendations have been now been completed and implemented into the service provision.

The organisation undertook a robust engagement "**Meeting the Challenges in Podiatry Services in Powys: Redesigning Services for the Future**" with key stakeholders and as a result proposed to develop a new hub and spoke model for community and specialist podiatry services. The Board agreed this model at their meeting on 29 July 2020 and an action plan was developed. The updates on the actions are highlighted in the paper below and they have all now been completed.

March 2020 saw the outbreak of COVID-19. All routine services were ceased and only urgent patients were seen. A validation of the caseload was undertaken and all high-risk patients were identified and contacted. This pandemic made a huge impact on the service and the clinic template is 50% down on normal service. It was agreed in October 2020, that the service could re-start and they are currently working on a recovery plan.

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Over the last few months, the Podiatry Service has been capturing patient feedback on their experience of the service they have received. The paper outlines compliments received and the results of a recent positive patient feedback survey undertaken by the Contact Centre with 25 randomly selected patients who attended Podiatry during March 2021.

Following recruitment of the new graduate/junior practitioner roles, the staff have reflected on the changes implemented within the Podiatry Service during the transformation which has enabled the service to implement double clinics which helped to strengthen clinical supervision. This is however limited by the number of multiple chair clinics available.

DETAILED BACKGROUND AND ASSESSMENT:

The Podiatry Service was audited in 2018/19 against the following objectives and received no assurance:

- the Podiatry Service is effectively managed;
- patients are treated fairly, respectfully and consistently;
- patients receive timely treatment;
- patients receive safe, high quality treatment; and
- patient records are held securely in line with data protection and confidentiality.

During September 2019, the service was re-audited to assess the progress against the recommendations made following the 2018/19 review and the outcome was limited assurance. A further action plan was developed in response to the recommendations (see **appendix 1**).

The teaching Health Board undertook a robust engagement "**Meeting the Challenges in Podiatry Services in Powys: Redesigning Services for the Future**" with key stakeholders over a period of 11 weeks (originally scheduled for 6 weeks from 17 February 2020 to 29 March 2020, however, due to "lockdown" from 23 March 2020 in response to Coronavirus (COVID-19), the engagement was kept open for continued feedback via email and online until 12 May 2020). The engagement was on the future shape of podiatry services in the county, this was to seek approval for the implementation of a new model of safe and sustainable services subject to the views of the Community Health Council.

The engagement paper outlined the challenges faced by the podiatry service, these included:

- Recruitment and Retention
- Training, Supervision, Mentorship, Isolated Clinical Practice
- Patient Experience and Waiting Times
- Prudent healthcare delivery
- Governance, and
- Service Development

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It included feedback from the CHC, patients, carers, staff and other key stakeholders. An equality impact assessment was completed and three options were proposed, with **Option 3: Develop new hub and spoke model for community and specialist podiatry services** being the preferred option. It was recommended to the Board to approve Option 3 subject to the delivery of a mitigation plan to address key impacts. The Board agreed Option 3 at their meeting on 29 July 2020 and an action plan was developed (appendix 2).

Following the engagement on the **"Meeting the Challenges in Podiatry Services in Powys: Redesigning Services for the Future"** and the **Internal Audit Review 2019/20** PTHB Podiatry Service have progressed forward with a number of changes to the service that they are able to offer to the people of Powys.

Following the therapies self-assessment exercise, it was identified that reports should be monitored at service level and directorate level meetings. The was completed in December 2019 as all reports were aligned through the Senior Management Team operational reporting through the Director of Primary, Community and Mental Health Services and professional through the Director of Therapies and Health Science. (*Refer to Recommendation 1 of the Internal Audit* Report)

The Professional Head of Service role was appointed to and they commenced on 1st July 2020. This role was pivotal to providing professional leadership and supporting the transformation of service delivery. (*Refer to Recommendation 2&6 of the Internal Audit Report)*

All PADRs are up to date or have dates booked and 90 days conversations are undertaken and recorded appropriately on ESR. The team are compliant with Statutory and Mandatory training and this includes Information Governance which was identified as a gap within the service. (*Refer to Recommendation 2 of the Internal Audit Report*)

The team undertook a risk management session with the Risk Manager to ensure risks are identified and reported appropriately to the Community Care risk register and escalated to execs if necessary. Complaints, concerns and DATIX reports are a standing agenda item at team meetings so that any learning from these events can be shared. (*Refer to Recommendation 3 of the Internal Audit Report*)

Monthly team meetings taking place over TEAMS with a standardised agenda including PADRs, Statutory and Mandatory Training and risk register. The team meetings are also an opportunity for training to take place if this can be delivered over TEAMS. (*Refer to Recommendation 3, 4 & 6 of the Internal Audit Report*)

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The service has been successful in recruiting Band 5 roles, which has enabled the service to implement some double clinics which helps to strengthen clinical supervision. The use of double clinics, where the accommodation is available, has also meant that other members of the team are now less isolated and allowed more peer review and professional support to take place. New guidelines for nail surgery have been introduced and a rota has been established for nail surgery involving all team members. This has again aided peer review and ensures that best practice is being followed.

As part of the transformation and development of the Podiatry service, the Professional Head of Service has established links with Age Cymru which provides the simply nails service and regular bi-monthly meetings have been established. The current SLA is being reviewed and updated.

There is now a mechanism for the Simply Nails service to get rapid access to podiatry in case of concerns regarding their patients. Links have been established/re-established with other related PTHB services to 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. The Head of Service has attended meetings with district nursing and tissue viability services to inform them of service developments and to help to address concerns and is now working with them on the development of an updated wound care formulary. (*Refer to M3, M5 & M9 of the Podiatry Engagement Action Plan*)

The podiatry service is now actively involving patients in their treatment planning and helping them to take part in their own foot care where possible. This means that the service is better able to respond to the needs of those patients who are considered to be at risk or have active foot wounds rather than those who are low risk or attend for simple nail care. To help with this, leaflets have been produced to issue to patients to inform them of the process and where patients are assessed as being low risk, simple nail care or simple foot care they are being given verbal and written self-help advice and supplied with a foot file. (*Refer to M8 of the Podiatry Engagement Action Plan*)

Links to expand skills with the Leg Clubs has been put on hold as currently they are not running due to COVID-19. A training programme has been implemented for staff in nursing homes across Powys and on the wards for delivering simple nail care. This is being delivered via TEAMS. Positive feedback on the training ***"We enjoyed the course and are looking forward to getting some practical experience very soon".*** (*Refer to M4, M5 & M59 of the Podiatry Engagement Action Plan*)

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The audit identified the scope of transferring all notes onto WCCIS to enable the service to access electronic clinical records. This would be a transformation for the team and the scoping exercise was undertaken with the WCCIS Support Team and all staff were trained during September 2020. The service started using WCCIS in October 2020 and staff are already reporting the benefits of an electronic system. These include:

- can see notes from other locations in podiatry and treatment which benefits the patients and clinicians
- can access other treatment from clinicians who complement our service
- identify issues or potential issue more clearly such as mental health issues i.e. if we need a chaperone etc.
- other services can see our notes and benefit from it – facilitate multidisciplinary working
- will no longer have to search for notes if they are recalled
- Takes more time but the benefits out way the time it takes to scan and log in.

The move to electronic patient records is also helping to improve communication between services e.g. the district nursing service, who are now able to see podiatry patient notes improving continuity of care and adherence to treatment plans. When patients are unable to be seen at their normal clinic, their notes can now be accessed at whichever clinic they are attending. This also improves continuity of care and prevents patients from having multiple sets of notes. Audit of clinical case notes has also been made easier using WCCIS and a case note audit is planned for early 2021. The service is now undertaking a record archiving exercise to ensure all paper patient notes are appropriately tracked on WPAS and archived securely. (*Refer to Recommendation 4&7 of the Internal Audit Report)*

The use of the All Wales Taxonomy, this is a method of risk categorising patients using podiatry need and medical risk, has been re-established. The Taxonomy has been re-established and is currently being reviewed by services across Wales. As patient's notes are being updated on WCCIS, taxonomy codes are being reviewed and recorded on WPAS to enable the service to get an accurate profile of its caseload and aid stratification. The widespread use of the taxonomy codes will enable the service to prioritise patients who call in for appointments ensuring that they are prioritised correctly and allocated appointments appropriately. (*Refer to Recommendation 7 of the Internal Audit Report*)

The Operational Policy has been reviewed and updated to a standard operating procedure to ensure there are robust governance arrangements in place, outlined referral criteria for accessing the service for both urgent and routine patients, caseload management, triage process and booking system. (*Refer to Recommendation 5, 8, 9 & 11 of the Internal Audit Report*)

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Following a number of concerns raised regarding the booking system, this process has also been reviewed with the Contact Centre and new ways of working have been implemented which will benefit both the patient and contact centre staff. Patients will no longer have to phone the contact centre on a Monday morning to arrange a follow up appointment, the Podiatry team will be able to make this appointment, where appropriate, at the end of their session with the patient. The contact centre also take part in the monthly podiatry team meetings to ensure good communication is maintained and any issues can be addressed. (*Refer to Recommendation 9 of the Internal Audit Report and M6 of the Podiatry Engagement Action Plan*)

The comprehensive engagement process with the THB colleagues and CHC enabled the Podiatry service to reflect upon the service provided and consider comments from key stakeholders and partners to provide them with an opportunity to transform the service ensuring it is following evidence-based practice. (*Refer to Recommendation 6 of the Internal Audit Report*)

A scoping exercise of the bus route around Powys was undertaken, but due to COVID-19, these routes may have been amended. Since the re-start of the Podiatry service following COVID-19 there have been no concerns raised regarding accessing the service either via public transport or community transport & Non-emergency patient transport service (NEPTS) which is available for patients to access Podiatry clinics. *(Refer to M1 & M2 of the Podiatry Engagement Action Plan*)

COVID-19 Challenges
Since the outbreak of COVID-19 in March 2020, the Podiatry service stopped all routine appointments and was only dealing with urgent cases via the telephone or face to face if there was a clinical need. For all face to face activity, COVID guidance was adhered to. Caseloads were reviewed and high-risk patients were identified and contacted to provide advice.

In October 2020, it was agreed the service could re-start with the introduction of routine patients again where capacity allowed. Due to COVID guidance and making sure clinic environments are safe and adhering to infection control requirements, the clinic template is 50% down on normal service offered which has impacted on the numbers of patients on the Podiatry (including Podiatry CMATS) waiting list. As at 28 January 2021, there are 450 patients waiting with 57 of them waiting over 14 weeks. The longest wait is 49 weeks and some of the patients have been offered an appointment over the forthcoming weeks. We currently have an establishment of 10.6wte and 1wte Band 5 vacancy. Therefore, we are currently using a locum. (Locums have been difficult to recruit to Powys, we are currently exploring to increase the locum hours as the current locum has resigned).

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The service is also working hard to clinically review the follow ups that have been waiting since January 2020. A recent clinical review on the caseloads has discharged 2,106 patients due to the patients not requesting a follow up. The previous processes within the podiatry service which relied upon the patient contacting the service for a follow up appointment or not meeting the All Wales Taxonomy.

There are now 468 patients identified by a review of the clinical records as requiring a follow up appointment. These were last seen between 1 January 2020 and 30 September 2020. The service will contact each patient over the next few months as per the plan below offering a follow up appointment. As the service is an open access service, professional or patient is able to escalate their appointment if clinical need requires. In addition to the 468, there are 442 follows up for the current caseload (between October 2020 and January 2021).

The table describes the demand for appointments and the capacity currently available.

Group		**Number of Patients**
1	Follow-ups requiring a review Jan-20 – Sept 20	468
2	Booked follow-up appointments	442
3	New referral waiting	450
4	Average referrals for month 155 x 6 months	930
5	50% of new referrals need f/ups	465
	Total Demand	**2755**

The current capacity per month is 440 appointments (140 news and 300 follow ups), the service will focus on group 1 in the table above, prioritising those of greatest need. With an ambition to recover over the forthcoming months, the Head of Therapies will monitor progress on a monthly basis reporting to the Director of Primary Care, Community and Mental Health and the Director of Therapies and Health Sciences.

The service is also implementing new ways of working to support the patients e.g. Attend Anywhere for MSK patients.

The service is fully operational in nine locations. The clinic commenced in Llanidloes on 13 April 2021. Due to the refurbishment work in Machynlleth Hospital, Podiatry have lost its room and the patients have been seen in Llanidloes, Newtown or Welshpool Hospital or at home if applicable. The Contact Centre have received no concerns raised with these arrangements. The Professional Head of Service attends the project group for Machynlleth.

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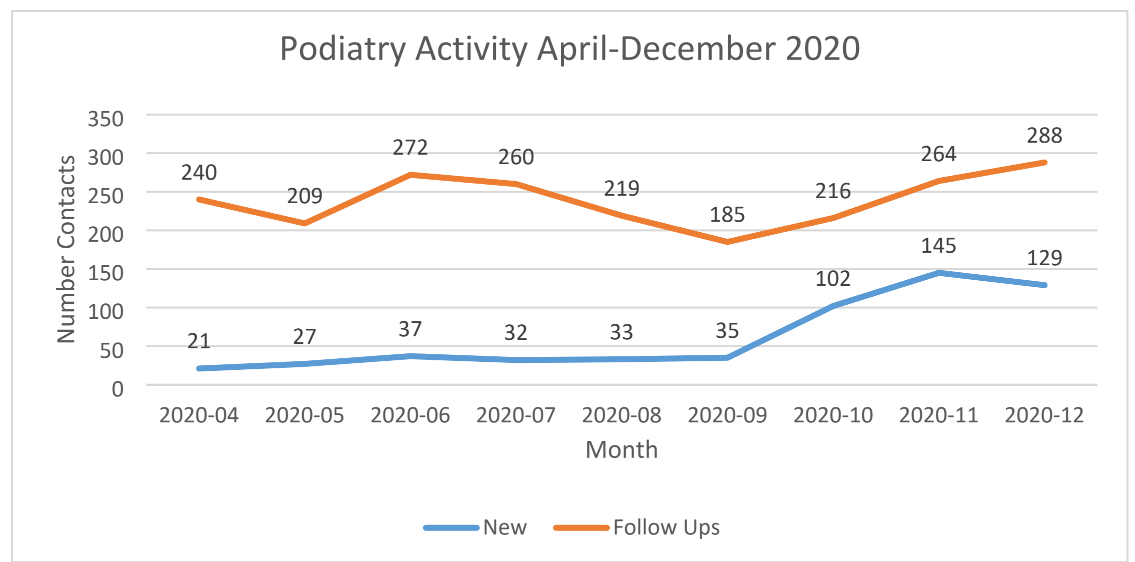
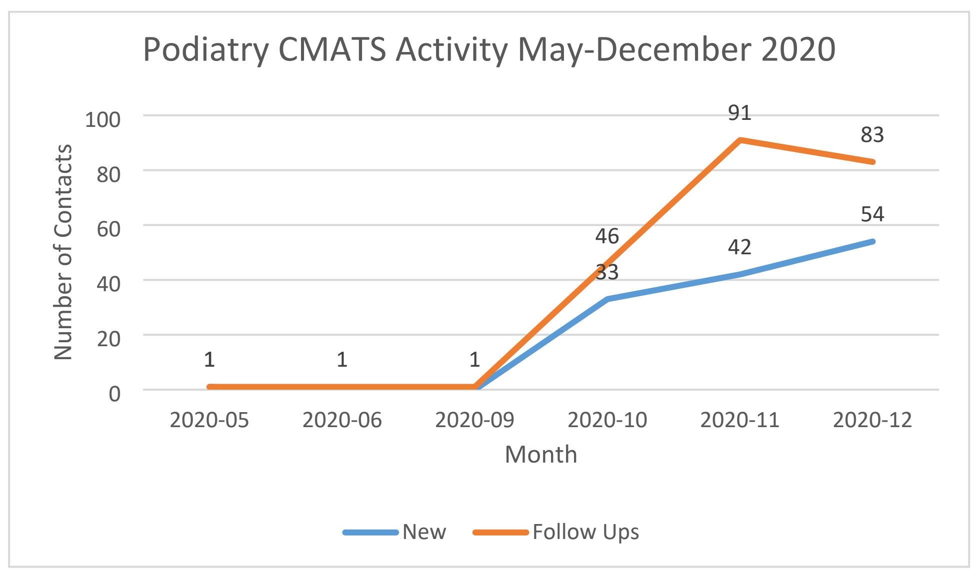
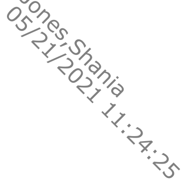
Graph 1 and 2 below show the activity for Podiatry and Podiatry CMATS since April 2020. They illustrate that activity has increased again over the last few months. Graph 3 and 4 show waiting times from April to December 2020 for Podiatry and the position as at 18 January 2021 for Podiatry CMATS (unfortunately unable to extract previous months CMATS waiting times due to the way they are published on IFOR).



Graph 1 Podiatry Activity April-December 2020



Graph 2 Podiatry CMATS Activity April-December 2020



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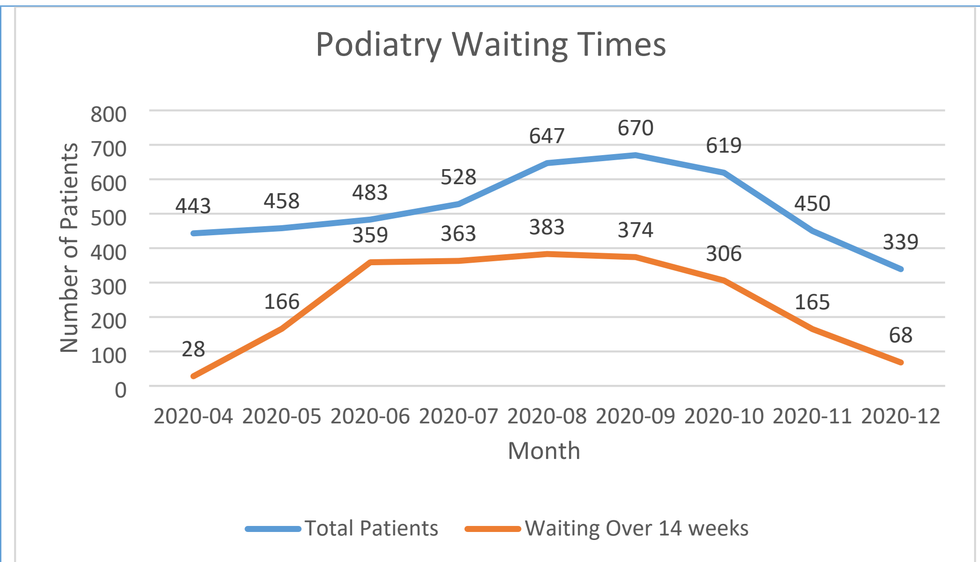
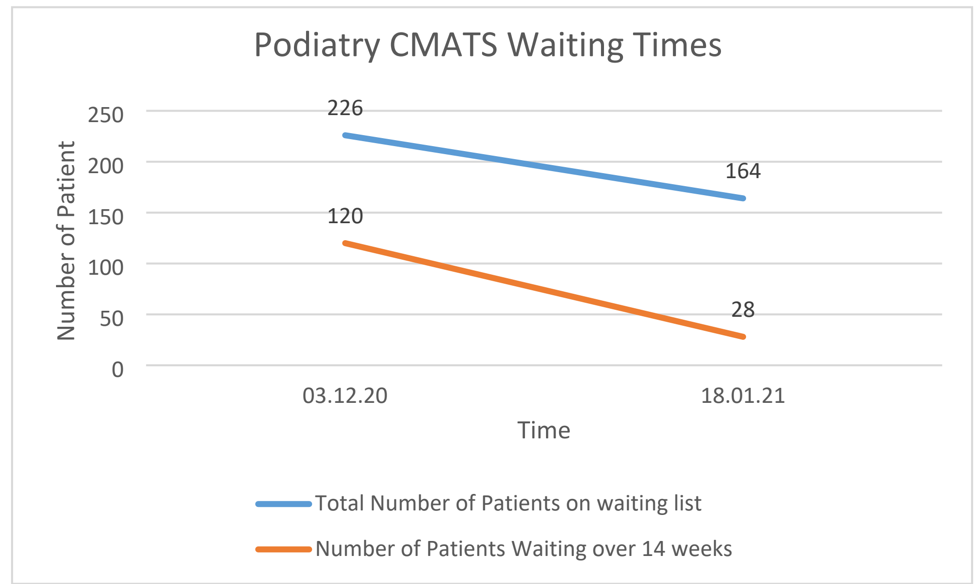


Graph 3 Podiatry Waiting Times April-December 2020



Graph 3 Podiatry Waiting Times April-December 2020

Closer working relationships with the multi-disciplinary team has been successful with soft cast heel casts with the Llanidloes District Nurse. Both services have treated a number of patients who they have managed to get their heel wounds healed and the District Nurse team are now referring patients with long standing heel wounds specifically for that. Training is scheduled for 25th May to enable the whole team to apply soft casting.

Fresh links have been made with colleagues in multi-disciplinary diabetes teams in secondary care in neighbouring Trusts to improve referrals in both directions. Wound care specialists from SATH will be providing update training to the podiatry team in PTHB and band 5 and 6 podiatrists will be spending time working in the multi-disciplinary clinics at the Hummingbird Centre to improve links and patient care. Similar sessions are planned for Wye Valley NHS Trust.

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Links have been established with Cardiff Met and a Band 6 member of staff is working with students and staff in the School of Podiatry. A training event is planned for the end of 2021 to enable staff to supply prescription only medicines to patients without the need to refer to the patient's GP for prescriptions.

Patient Feedback

Since the renewal of the service following the COVID outbreak, the changes implemented as a result of the engagement on the "Meeting the Challenges in Podiatry Services in Powys: Redesigning Services for the Future" and the Internal Audit Review 2019/20, the Podiatry service have received a number of positive compliments. These include:

- "You have done such a thorough job feet feel much better thank you"
- "Thank you for looking after my wounds they are getting better"
- "You are fabulous the way you've done that horrible nail. I didn't think you could do anything to it"
- "Thank you for looking after my feet so well, I'm very lucky to have you to look after me"
- "Can't get over how efficient it is"
- "Thank you so much, it's be so painful and I just didn't know what to do"
- "Wow the waiting list is short I thought I would be waiting months to get this toenail removed"

A patient experience survey was undertaken by the Contact Centre phoning 25 randomly selected patients who had attended the Podiatry service during March 2021 asking 10 questions based on the Welsh Government core questions. 72% (18) of the patients completed the survey, 3 declined and the remaining 4, the Contact Centre were unable to contact after trying a number of different times.

The patients were asked to rate their treatment using the scale, 1 being very bad and 10 excellent, the average score from the 18 responses was 8. They were also asked how would they rate their overall experience, from referral to the appointment using the same scale and again the average response was 8.

At the end of the survey, the patients were given the opportunity to share any further comments, these included:

- Very happy with the service
- Service very professional
- Everyone very friendly
- Disappointed nail cutting is no longer a service offered by the NHS
- Felt that she should not have initially been discharged as the problem re-occurred however the podiatrist and her team for the appointment in March were excellent. Also felt the wait for the appointment was longer that she would have liked but appreciated that this was possibly due to Covid.

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- Not sure if Podiatrist will send any information on to Health Visitor who referred him, as he has now been discharged
- Not happy at podiatrist implying she should be managing her feet better herself

These comments have been shared with the Head of Podiatry to act upon as required. A new process has been implemented to ensure information is shared with the referrers. All the staff have recently attended Difficult Conversations Training, this supports dealing with patients who are discharged.

The graphs below show the results of the survey which has proved to be a positive outcome during the transformation of the Podiatry Service.

Did you self refer to the service?

Insights

Yes	5
No	13

Thinking about your overall first impressions of the treatment you received. Did you feel you were listened to?

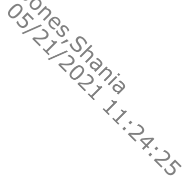
Insights

Always	14
Usually	4
Sometimes	0
Never	0

Were you able to speak in Welsh to staff if you needed to?

Insights

Always	0
Usually	0
Sometimes	0
Never	1
Not Applicable	17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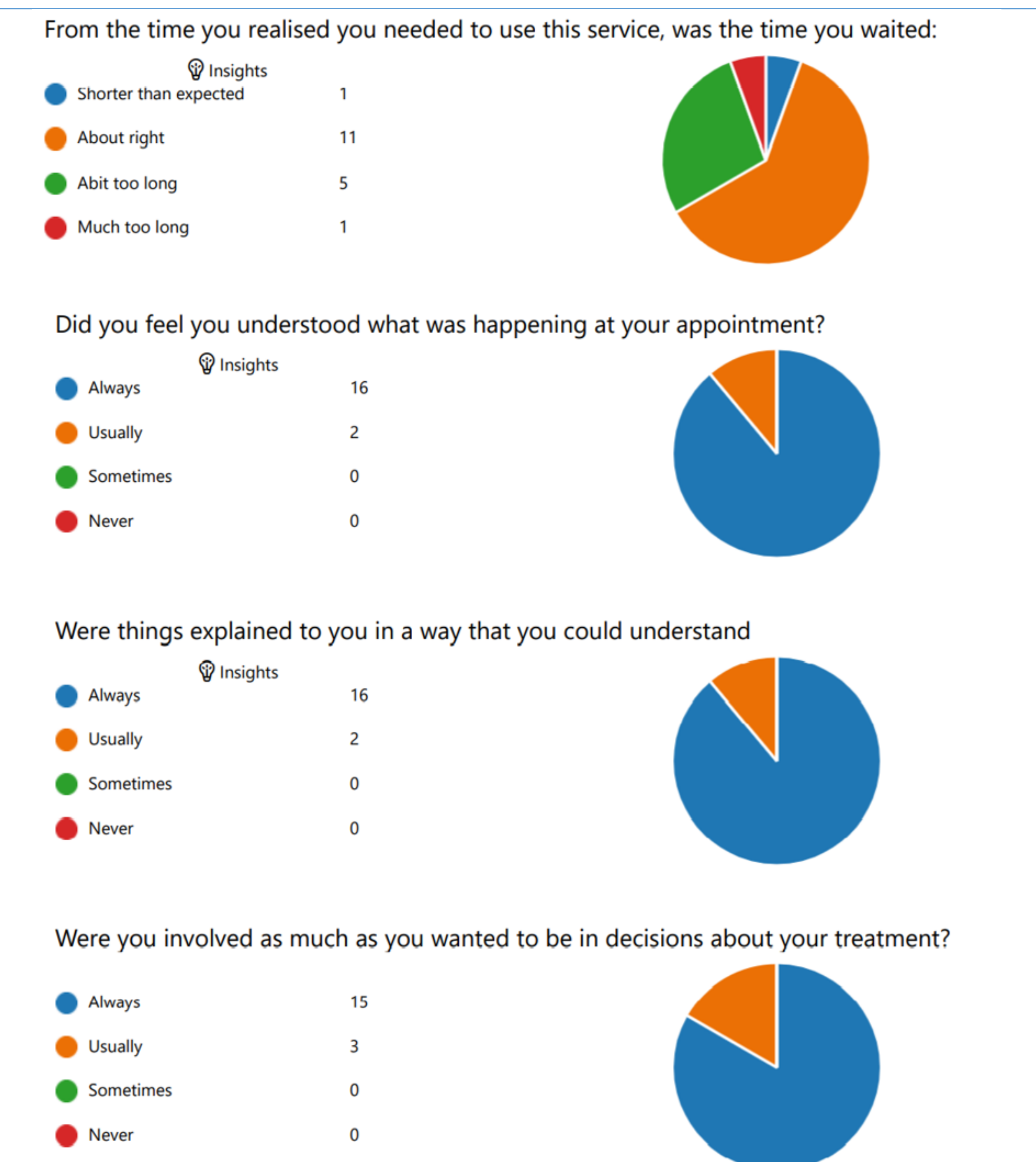

Staff Reflections

The service successfully recruited new graduate/junior practitioners, which enabled the service to implement double clinics which helped to strengthen clinical supervision. Staff were asked to reflect on their experiences.

It's been good to use the time that we have had when clinics were quieter to really assess the service. I'm really positive and hopeful that podiatry in Powys will become more specialised and I'm able to use my more complex skills in clinic. I believe the service we provide now is more thorough as we have the time to spend with the patient and take a holistic view.

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The new system (WCCIS) has made me feel more confident about going to any clinic knowing that all the information for the patient is available and my colleagues notes are there. Additionally, setting up our personal clinics has made it easier to adjust the patient's appointments and it has avoided any double booking.
I'm currently very happy in my job as I feel I'm being challenged with new and exciting things and everyday is different.

I sincerely believe that the service has changed for the better in recent times. Podiatry as a profession is continuously evolving and improving. There is more definition in what we can provide, what we are trained for and how diverse our skill sets are. As a result, I feel more confident in treating and managing the complex and high-risk patients that we see come through our door. At the moment there is more emphasis on categorising patients into an eligibility criterion-this is both due COVID-19 related constraints and also our capacity in Powys. For some it is disappointing as we cannot offer routine nail care anymore. Admittedly this has been a difficult transition, for both us as practitioners and for our patients. However, it does mean that we can really focus all of our energy into the patients at risk. It is a far more efficient service in terms of optimising our expert skill set, in promoting health, empowering patients and preventing life changing and life-threatening lower limb complications.

Feedback following the implementation of WCCIS for electronic records.

I just wanted to let you know how happy I am that we have the ability to use WCCIS as it makes life so much easier (also, the printer/scanners). I really do appreciate all the modern technology that you have bought into our service.

NEXT STEPS:

Over 2021-22, the Podiatry Service will be

- Identifying two members of staff to undertake Non-medical prescribing in January 2022.
- Working with colleagues in Shrewsbury and Telford on extended scope MSK podiatry.
- Developing the use of diagnostic ultrasound.
- Linking with the Podiatric Surgeon in Wye Valley Trust.
- Undertaking training for Practice Nurses and Health Care Assistants in GP Practices on Diabetic Foot Risk Assessments
- Undertaking a "mystery shopping" experience within Podiatry Service.
- Rolling out the patient experience survey.

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POWYS TEACHING HEALTH BOARD

PODIATRY INTERNAL AUDIT FOLLOW UP REPORT 2019/20

RECOMMENDATIONS ACTION PLAN

Status
Complete
On Track
Not Due Yet
Overdue

UPDATED RECOMMENDATION 1			PRIORITY LEVEL
Actions arising from the Therapies self-assessment exercise should be monitored at service level and directorate level meetings. This could include updates through the Therapies highlights report to the Community Services SMT meetings. We concur with the Community Services SMT meetings being used to undertake directorate performance reviews. Management should ensure that Therapies receives appropriate attention at these meetings. Minutes should clearly demonstrate the level of scrutiny and discussion held in relation to Therapies. We concur with the ongoing review of the Therapies highlight report to further enhance reporting. Management should ensure the report is fully completed for each SMT meeting.			**MEDIUM**
MANAGEMENT RESPONSE 1: AGREE		**RESPONSIBLE OFFICER / DEADLINE**	**ACTION**
1.1	Following realignment, it has been agreed that performance reports for Podiatry will report via the Community Service Management Group and the Delivery and Performance Group.	Completed December 2019. All reports are aligned through Senior Management Team.	COMPLETE December 2019
1.2	Director of Therapies and Health Sciences and Director of Primary, Community and Mental	Completed December 2019. Operational Reporting is through	COMPLETE December 2019

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	Health Services to agree their roles and responsibilities for reporting and escalation and documented through Senior Management team (SMT).	Director of Primary, Community and Mental Health Services and Professional is through Director of Therapies which has been appointed.	
UPDATED RECOMMENDATION 2			**PRIORITY LEVEL**
We appreciate the difficulties the Service has experienced in putting operational and professional leadership in place and concur with the actions that are being taken around the Professional Head and Team Leader roles. Management should ensure the remaining vacant roles are advertised as a matter of priority. If recruitment is unsuccessful, management should ensure alternative arrangements are put in place. PADRs should be completed to an appropriate standard, ensuring all sections are fully completed, individual training needs are identified and 90 day conversations are documented.			MEDIUM
MANAGEMENT RESPONSE 2: AGREE		**RESPONSIBLE OFFICER / DEADLINE**	**ACTION**
2.1	Recruitment to Professional Head of service role to provide professional leadership and support the delivery of service has commenced and is expected to be in post by March 2020.	Head of Therapies & Health Sciences 1st March 2020	COMPLETE Role appointed and started 06.07.20.
2.2	The Podiatry Team will received training in a future staff meeting on the PADR process. New document will be circulated to the team.	Service Development Manager for Therapies & Health Sciences 1st April 2020	COMPLETE New PADR document circulated to the team and training received via TEAMS on 11.08.20.
UPDATED RECOMMENDATION 3			**PRIORITY LEVEL**
As required by the health board's risk management framework, service-level risk registers should be put in place for each service within Therapies and feed up into the directorate risk register. All risk registers should be in line with the required templates.			LOW

<table>
<tr><td colspan="3">We concur with the intention to disseminate the risk management training throughout the directorate. This should be undertaken as soon as the new Professional Heads are in post (see previous finding 2).
The directorate should ensure that the risk registers are being appropriately scrutinised at relevant forums, for example, service and directorate level meetings. Minutes of meetings should clearly detail this scrutiny.</td><td></td></tr>
<tr><td colspan="2">MANAGEMENT RESPONSE 3: AGREE</td><td>RESPONSIBLE OFFICER / DEADLINE</td><td>ACTION</td></tr>
<tr><td>3.1</td><td>Staff will receive Risk Management training when it is available.</td><td>Head of Risk & Assurance
1st June 2020</td><td>COMPLETE
Risk Management training completed on 22.06.20. Further workshop arranged for 15.07.20 (Glan Irfon) with Risk Manager to review the risk register.</td></tr>
<tr><td>3.2</td><td>All staff need to adhere to statutory and mandatory training as risk management is included.</td><td>Professional Head of Service
1st April 2020</td><td>COMPLETE
Professional Head in place and will monitor S&M training at monthly Team Meetings</td></tr>
<tr><td>3.3</td><td>Assistant Director of Community Services Group and Head of Therapies to formalise process and ensure the risk register for each therapy service is held, reviewed and updated.</td><td>Assistant Director of Community Service Group and Head of Therapies & Health Sciences
1st March 2020</td><td>COMPLETE
Podiatry risks entered on risk register. Review/update process in place.</td></tr>
<tr><td colspan="3">UPDATED RECOMMENDATION 4</td><td>PRIORITY LEVEL</td></tr>
<tr><td colspan="3">Management should ensure that there is a rolling programme of GDPR training for the Podiatrists.
We concur with the use of the new Team Leader role to undertake compliance monitoring against the records management and information governance policies. This monitoring should commence as soon as possible.
We also concur with the consideration of using WCCIS within Podiatry. These considerations should be taken forward as a matter of priority.</td><td></td></tr>
</table>

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MANAGEMENT RESPONSE 4: AGREE		RESPONSIBLE OFFICER / DEADLINE	ACTION
4.1	Information Governance e-learning (every 2 years) includes GDPR will be part of the Mandatory Training for the service and monitored through ESR reports and reported through Team Meetings.	Professional Head of Service / Head of Therapies & Health Sciences 1st June 2020	COMPLETE Jan 2020 all podiatry staff at 100% compliant with IG Training.
4.2	Team Leaders along with Professional Head of Service to monitor compliance through team meetings.	Service Leads 1st February 2020	COMPLETE Agenda item on monthly staff meetings
4.3	Undertake a scope of the service potential to transfer to WCCIS to ensure all staff have access to clinical records.	Professional Head of Service 1st October 2020	COMPLETE Agreed to implement WCCIS for all clinical records. Team have been trained for WCCIS and caseload is being uploaded onto the system.
UPDATED RECOMMENDATION 5			**PRIORITY LEVEL**
Management should develop a Standard Operating Procedure to support caseload management. This should be included in the Podiatry Service Operational Policy. Management should ensure the ongoing caseload management, the triage process and booking process actions for Podiatry on the Therapies RTT action plan are progressed as a matter of priority.			MEDIUM
MANAGEMENT RESPONSE 5: AGREE		**RESPONSIBLE OFFICER / DEADLINE**	**ACTION**
5.1	Review the operational policy to ensure it reflects the new management structure and reporting arrangements, the DNA Policy, home visit criteria, caseload management, with a	Head of Therapies & Health Sciences 1st April 2020	COMPLETE SOP agreed and approved at the HOS Operational Meeting on 05.10.20

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	review date and is available to all Podiatry Teams.		
5.2	RTT improvement plan is being reviewed and podiatry triage and booking process will form part of this work along side the Health Board RTT Improvement Plan. This will include weekly review of the RTT position with Podiatry Team.	Head of Therapies & Health Sciences 1st April 2020	COMPLETE To form part of the transformation work for the service. The new process will be discussed and agreed with the Contact Centre
UPDATED RECOMMENDATION 6			**PRIORITY LEVEL**
We concur with the process being undertaken to reduce the clinic locations, including the discussions with the CHC. Management should ensure that the demand and capacity modelling be undertaken and patient assurances be detailed as a matter of priority. We appreciate the ongoing recruitment difficulties faced by the Service. The Service should undertake a skills mix analysis and consider alternative staffing structures and/or recruitment routes (for example, apprenticeships, overseas recruitment, etc). The skills mix analysis should include the consideration of administrative support for the Podiatrists. Management should consider providing well-being support to the existing team members to equip them to handle the current situation and changes within the Service, reducing the risk of further long-term absences within the team.			HIGH
MANAGEMENT RESPONSE 6: AGREE		**RESPONSIBLE OFFICER / DEADLINE**	**ACTION**
6.1	Complete demand and capacity modelling which outlines New, Follow up referrals, clinic activity, case mix and workload capacity.	Head of Therapies & Health Sciences 1st April 2020	COMPLETE Engagement paper for Podiatry services shared with CHC and approved by the PTHB's Board meeting on 30.06.20

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6.2	Complete staff skills mix including new leadership role for the service	Head of Therapies & Health Sciences 1st April 2020	COMPLETE Professional Head of Service in place now. Podiatry Organisational Char
6.3	Develop and present a case for change report which outlines immediate changes required to be compliant with improved practice and strengthened the service and also seeks engagement around making clinic base changes on a permanent basis.	Head of Therapies & Health Sciences 31st January 2020	COMPLETE 30.06.20 Board August 11.02.20 CHC engagement paper
6.4	Provide a facilitated staff engagement workshop around staff experience around delivering current and plans for future services.	Head of Therapies & Health Sciences 1st September 2020	COMPLETE 03.09.20 Monthly team meetings arranged staff experience around delivering current and plans for future services added as an agenda items 29.07.20

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			Work started on 15.07.20 to be discussed again at next team meeting 08.09.20 30.06.20 Professional Head to undertake July/August 11.02.20 Following outcome of engagement paper and with new Professional Head of Service to review future services
UPDATED RECOMMENDATION 7			PRIORITY LEVEL
We concur with the intention for the Service to undertake an annual caseload audit. Management should ensure that actions arising from the audit, including training needs, are clearly documented and monitored to ensure implementation. Guidance on the implementation of the OWT should be documented and communicated to the Podiatrists. The Podiatrists should also receive training on the OWT, including eligibility for treatment and discharge of patients. The domiciliary visits criteria should be approved along with the updated Podiatry Service Operational Policy (see previous finding 11).			MEDIUM
MANAGEMENT RESPONSE 7: AGREE		**RESPONSIBLE OFFICER / DEADLINE**	**ACTION**
7.1	Professional Head of Service will include the annual caseload audit within their work plan and ensure yearly audits are undertaken and all actions are documented and implemented as required.	Professional Head of Service September 2020	COMPLETE 29.07.20 Professional Head to include in audit plan 11.02.20 For Professional Head of Service workplan when commence
7.2	Professional Head of Service to develop guidance on the OWT and provide training to all staff.	Professional Head of Service September 2020	COMPLETE 03.09.20

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<table>
<tr><td></td><td></td><td></td><td>Discussed staff meeting ON 12.08.20 and agreed a way forward.</td></tr>
<tr><td>7.3</td><td>The agreed current domiciliary visits criteria accepted at Dec 2018 will be reviewed at Podiatry Staff Meeting and is included in the updated Operational Policy.</td><td>Professional Head of Service
March 2020</td><td>COMPLETE
SOP agreed and approved at the HOS Operational Meeting on 05.10.20</td></tr>
<tr><td colspan="3">UPDATED RECOMMENDATION 8</td><td>PRIORITY LEVEL</td></tr>
<tr><td colspan="3">Management should ensure that action is taken to address the level of Podiatry follow-up patients that are not being seen by their target date.</td><td>LOW</td></tr>
<tr><td colspan="2">MANAGEMENT RESPONSE 8: AGREE</td><td>RESPONSIBLE OFFICER / DEADLINE</td><td>ACTION</td></tr>
<tr><td>8.1</td><td>The Health Board has a documented follow up improvement plan which includes Podiatry Services. The service will provide weekly review for Podiatry RTT to review the active position, actions being taken and projections. This work reported monthly through to Delivery and performance Meetings on a quarterly basis.</td><td>Head of Therapies & Health Sciences and Service Manager for Planned Care.
1st April 2020</td><td>COMPLETE
11.02.20
Scoping the demand for follows up patients.</td></tr>
<tr><td colspan="3">UPDATED RECOMMENDATION 9</td><td>PRIORITY LEVEL</td></tr>
<tr><td colspan="3">The DNA policy for follow-up patients should be documented in the updated Podiatry Service Operational Policy and communicated to the Podiatrists.
Follow-up appointment letters should be updated to state the DNA policy.</td><td>LOW</td></tr>
<tr><td colspan="2">MANAGEMENT RESPONSE 9: AGREE</td><td>RESPONSIBLE OFFICER / DEADLINE</td><td>ACTION</td></tr>
<tr><td>9.1</td><td>Review the operational policy to ensure it reflects the new management structure and reporting arrangements, the DNA Policy, home visit criteria, caseload management, with a review date and is available to all Podiatry Teams.</td><td>Head of Therapies & Health Sciences
1st April 2020
September</td><td>COMPLETE
SOP agreed and approved at the HOS Operational Meeting on 05.10.20</td></tr>
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9.2	New and follow up patient letters are to be updated to strengthen the advice and directions around DNA for patients.	Head of Therapies & Health Sciences 1st March 2020	COMPLETE 29.07.20 To form part of transformation work for the service
UPDATED RECOMMENDATION 10			**PRIORITY LEVEL**
Podiatrists can now request patient literature printing from the Service Development Manager for Therapies & Health Sciences. Conclusion This finding is considered IMPLEMENTED and has been CLOSED.			CLOSED
UPDATED RECOMMENDATION 11			**PRIORITY LEVEL**
We concur with the intention to re-review the Operational Policy with regard to the realignment. Management should ensure this review be undertaken and the Policy approved as soon as possible.			LOW
MANAGEMENT RESPONSE 11: AGREE		**RESPONSIBLE OFFICER / DEADLINE**	**ACTION**
11.1	Review the operational policy to ensure it reflects the new management structure and reporting arrangements, the DNA Policy, home visit criteria, case load management, with a review date and is available to all Podiatry Teams.	Head of Therapies & Health Sciences 1st April 2020	COMPLETE SOP agreed and approved at the HOS Operational Meeting on 05.10.20

PODIATRY ENGAGEMENT ACTION PLAN

Reference	Action	Responsibility	Deadline	Update
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	12th August 2020	Bus routes across Powys were identified COMPLETE
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	12th August 2020	List of community transport is available and links with WAST were made regarding NEPTS availability for Podiatry patients. COMPLETE

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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 Service and wider third sector partnerships	Head of Podiatry	30th September 2020	The Professional Head of Service has met with Age Cymru which provides the simply nails service and regular bi-monthly meetings have been established. The current SLA is being reviewed and updated. (There is now a mechanism for the Simply Nails service to get rapid access to podiatry in case of concerns regarding their patients. COMPLETE
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	The Head of Podiatry Service has attended meetings with district nursing service to inform them of service developments and to help to address concerns and is now working with them on the development of an updated wound care formulary. COMPLETE
M5 Strengthen multidisciplinary working (e.g. diabetes, tissue viability) to deliver	To work with Diabetes Lead	Head of Podiatry	30th September 2020	Professional Head of Podiatry Service has established/re-established links with other related PTHB services to strengthen multidisciplinary working (e.g. diabetes, tissue viability) to deliver opportunities to provide one-

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opportunities to provide one-stop-shop services including targeted work with those current experiencing multiple visits to multiple professionals				stop-shop services including targeted work with those current experiencing multiple visits to multiple professionals. The Head of Podiatry Service has attended meetings with the tissue viability services to inform them of service developments and to help to address concerns and is now working with them on the development of an updated wound care formulary. COMPLETE
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	30th September 2020	Transformational work has commenced and changes have been made with the booking and appointment system with the Contact Centre. WCCIS has been implemented for electronic notes. COMPLETE
M7 Strengthen digital offer including virtual consultations where appropriate	To work with ICT and digital lead	Head of Podiatry	30th September 2020	The MSK Podiatry staff have been trained to use the Attend Anywhere platform to be able to offer video consultations to patients. COMPLETE

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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	31st December 2020	The podiatry service is now actively involving patients in their treatment planning and helping them to take part in their own foot care where possible. This means that the service is better able to respond to the needs of those patients who are considered to be at risk or have active foot wounds rather than those who are low risk or attend for simple nail care. To help with this, leaflets have been produced to issue to patients to inform them of the process and where patients are assessed as being low risk, simple nail care or simple foot care they are being given verbal and written self-help advice and supplied with a foot file. COMPLETE
M9 Strengthen physical accessibility of services	To work with partners to continue to improve physical access and reduce barriers to access	Head of Podiatry	31st December 2020	See M4, M5 and M6 above. Head of Podiatry Service has established links to strengthen the accessibility of the service. COMPLETE

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AGENDA ITEM: 3.5a

BOARD MEETING	DATE OF MEETING: 26 May 2021
Subject:	**BOARD COMMITTEES: CHAIRS ASSURANCE REPORTS**
Approved and Presented by:	Board Secretary
Prepared by:	Corporate Governance Manager
Other Committees and meetings considered at:	The content of each of the reports has been subject to the consideration of the relevant Board Committee Chair.

PURPOSE:		
The purpose of this report is to provide the Board with an update on the work of the Board Committees.		
RECOMMENDATION(S):		
The Board is asked to: • RECEIVE and DISCUSS the summary assurance reports appended to this covering paper		
Approval/Ratification/Decision	**Discussion**	**Information**
	✓	

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THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):		
Strategic Objectives:	1. Focus on Wellbeing	✓
	2. Provide Early Help and Support	✓
	3. Tackle the Big Four	✓
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	✓
	6. Promote Innovative Environments	✓
	7. Put Digital First	✓
	8. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	✓
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

DETAILED BACKGROUND AND ASSESSMENT:

ASSURANCE REPORTS FROM COMMITTEE CHAIRS

The following Chair's Assurance Reports with links to confirmed committee minutes are appended for the information of the Board:

Executive Committee

- The Committee Chair's report of the meetings held in March and April 2021 is attached at **Appendix 1.**

Audit, Risk and Assurance Committee

- The Committee Chair's report of the meeting held on 29 April 2021 is attached at **Appendix 2.**

Charitable Funds Committee:

- No meetings of this Committee have been held since the last meeting of Board.

Experience, Quality and Safety Committee

- The Committee Chair's report of the meetings held on 15 April 2021 is attached at **Appendix 3.**

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Performance and Resources Committee

- The Committee Chair's report of the meetings held on 6 May 2021 is attached at **Appendix 4.**

Strategy and Planning Committee

- No meetings of this Committee have been held since the last meeting of Board.

NEXT STEPS:

Further updates from the Chairs of the Board Committees will be received at the Board meeting scheduled for 31 March 2021.

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Reporting Committee:	Executive Committee
Committee Chair	Carol Shillabeer, Chief Executive Officer
Date of last meeting:	5th May 2021
Paper prepared on:	18th May 2021

KEY DECISIONS AND MATTERS CONSIDERED BY THE COMMITTEE

I am pleased to provide the Board with a summary of the matters considered by the Executive Committee when it met on 24th March, 7th April, 21st April and 5th May.

24th March 2021

1. ANNUAL PLAN 2021/22

The Committee RECEIVED the item and noted that the Plan was due to be presented to the Board on 31st March as a draft plan pending further work to be undertaken in Quarter 1. The reason for undertaking further updated to the plan into 2021/22 was that the Director General had recognised that further work regarding recovery and renewal was due to take place in the first quarter. The Committee recognised that the health board would need to ensure that clear place markers where in place to enable investment to be accessed.

2. ADOPTION OF REVISED INFORMATION GOVERNANCE POLICIES

The Committee RECEIVED and APPROVED the following Information Governance Policies:

- All Wales Internet Use Policy
- All Wales Information Governance Policy
- All Wales Information Security Policy

All three policies had been reviewed prior by the NHS Wales Information Governance Management Advisory Group (IGMAG), which includes information governance leads from all NHS Wales Health Boards and Trusts.

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3. CYBER SECURITY INVESTMENT

The Committee considered the item which presented an opportunity for the health board to procure a Ransomware package as part of the Section 33 agreement with Powys County Council. Purchasing the package jointly would provide a cost saving of £10k and would address the Cyber Security recommendation made to the Audit Risk and Assurance Committee by Audit Wales. The Committee SUPPORTED the item in principle, with the caveat that compatibility with NWIS's system would need to be confirmed and funding would need to be finalised. It would also need to be ensured that clinical emails would not be inadvertently affected by the system.

4. HORIZON IN ARTS PROJECT

The Committee received an item, which had previously been supported by the Charitable Funds Committee subject to agreement from the Executive Committee. It was reported that the Horizon project was a collaborative project between the health board, council and third sector organisations which would aim to inform a potential Powys-wide 'Arts in Health' strategic framework. The project would act as a pilot to trial new methods of engaging with patients and communities, with the evaluation shaping the framework. The Committee APPROVED the project however it was highlighted that a framework, organisation approach, appropriate management and clear process for evaluation would need to be developed.

<u>7th April 2021</u>

1. LIBERTY PROTECTION SAFEGUARDS

An overview of the progress of the Liberty Protection Safeguarding (LPS) that were due to replace the Deprivation of Liberty Safeguards on the 1st April 2022 was provided. The report outlined the planning required to ensure that the health board is prepared for the changes to the process for managing the assessment, authorisation, monitoring and reporting processes of LPS. The Committee welcomed the report and highlighted the importance of a fundamental review of the processes. It was suggested that the change in legislation presented an opportunity to do things differently, hence the reference to this as a 'design task' and the importance of a restart not a modification to the current system.

<u>21st April 2021</u>

1. SOUTH POWYS LONG ACTING REVERSIBLE CONTRACEPTION (LARC) PROVISION AND UPDATE ON SEXUAL HEALTH IMPROVEMENT PLAN

A proposal was presented to provide LARC service in South Powys, given that patients in some areas of South Powys had been unable to access their

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chosen LARC method within their locality. The proposal included the Powys Sexual Health Team providing x2 half-day sessions per month offering a block of 9 appointments. Pre-appointment telephone consultations (via a further half day) would be offered to reduce face to face appointment time as per national guidelines. The Committee SUPPORTED the recruitment and provision of services and RECOGNISED that costs wold need to be offset by the health board should Welsh Government funding not be forthcoming.

The Committee also NOTED the following key priorities within the Sexual Health Improvement Plan:

- A face to face service would be established for patients whose 'test in post' had raised issues that require a face to face appointment.
- An outreach model would be developed for those in vulnerable cohorts, such as those in Kaleidoscope and young people in care.
- A link between Primary Care Family Planning and Level 2 services was to be established.

2. PHARMACEUTICAL NEEDS ASSESSMENT (PNA) PRE-CONSULTATION DRAFT

The Committee RECEIVED the Draft Assessment and noted that the health board is required to submit a PNA every 5 years. The assessments sought to identify which services where offered and to predict any future changes. The assessment had identified a small gap in provision in the Llanwrtyd Wells area, otherwise coverage had been identified as satisfactory. The draft document would be presented to the Board in May 2021 and a consultation on the document was then due to be held in June.
It was suggested that a summary version, accessible for stakeholders and members of the public be developed in readiness for the consultation. The Committee APPROVED the draft assessment for consideration by the Board and APPROVED the suggested consultation mechanism.

3. RELOCATION OF NHS GENERAL DENTAL SERVICES FROM LLANFYLLIN TO LLANSANTFFRIAD-YM-MECHAIN

The Committee received a report relating to Llanfyllin Dental practice which is located within the GP practice at Llanfyllin. The General Dental Services (GDS) contract holder rents the accommodation from the GP practice. As a result of the pandemic and the associated accommodation constraints, Llanfyllin Dental Practice has been unable to undertake aerosol generating procedures (AGPs) as part of dental clinical practice. This has meant that both routine and urgent treatment for patients that require an AGP have not been able to place. Urgent patients requiring an AGP had been redirected to general dental services in the Welshpool or Newtown area, either to an alternative independent contractor or the Community Dental Service, GDS urgent provision. The Committee was requested to consider their support for the relocation of NHS general dental services from Llanfyllin to the neighbouring village of Llansantffriad-ym-Mechain.

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The population spread accessing the practice had similar geographical coverage as per general medical services. Approximately 50% would have to travel further to access GDS, whereas the remaining 50% would have the provision available closer to their home. Currently 100% of patients have limited access to a dental service offer irrespective of drive times, due to the existing premises limitations. This would not be the case should the relocation be approved. Regulation 12: 1) NHS Wales GDS regulations 2006 states that that practice premises, facilities and equipment are suitable for the delivery of services; and are sufficient to meet the reasonable needs of the contractor's patients. At the time of the meeting Llanfyllin Dental Practice was not able to meet the reasonable needs of patients due to an inability to provide AGPs.
It was confirmed that there were no other NHS GDS providers covering north east Powys; therefore, the relocation would have no impact on other NHS dental services in the area. The Community Health Council had been verbally notified that pending Executive approval an Urgent and Permanent Service Change under Regulation 27(5) of the Community Health Council (Constitution, Membership and Procedures) (Wales) Regulations 2010 will be formally submitted. The CHC have confirmed that they are content that the health board proceed with the notification with caveats as reporting within the paper. The Committee SUPPORTED the approach subject to confirmation that the changes constituted urgent service change and confirmation of support from the CHC.

The Board is asked to endorse the decision of the Executive Committee to proceed, considering the subsequent Community Health Council confirmation of support.

4. COMMUNITY CARDIOLOGY UPDATE

The Committee NOTED that a paper regarding a bid to the Wales Heart Conditions Implementation Group for funding had been approved by the Committee on 24th February 2021. It was confirmed that the proposal had been unsuccessful, however the health board had subsequently received a written offer of support from the Cardiac Network to develop a community cardiology model for Powys. The Committee suggested that further progress was required prior to consideration for approval and it was requested that broader strategic and clinical leadership architecture be developed and confirmed.

5. APPRENTICE PAY

The Committee were presented with a proposal and recommendation that the hourly wage of apprentices within Powys Teaching Health Board be adjusted, from £4.30 per hour (the national apprenticeship rate) to the national living wage for the relevant age group (£4.62 for under 18 years old, rising to £8.91 for over 23 year olds).
It was suggested that this would likely attract apprentices from a wider range of backgrounds and greater parity with the Kickstart scheme. Costs

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for the increase would be offset by a slight reduction in the number of apprenticeships offered. The Committee SUPPORTED the adjustment.

6. CHC/FNC COVID-19 FUNDING UPDATE

The Committee RECEIVED the item and NOTED that in 2020/21 additional payments had been agreed and this would continue for Quarter 1 2021/22. This had been agreed by the Executive Committee on 10th March 2021. It was reported that other health boards in Wales had paid voids based upon average occupying. It was proposed that Powys aligned to this approach. The Committee SUPPORTED the update to the approach.

7. PUTTING THINGS RIGHT POLICY REVIEW

The Committee RECEIVED the item, noting that the Policy was last reviewed and revised substantially in June 2019. Key changes had been implemented since the pandemic and new guidance was now available. The updated policy had been prompted by the Health Ombudsman by the end of May 2021. It was confirmed that the changes made were amendments and that a substantive review would be undertaken in July 2022 by the Board in line with the previously agreed timeframe. The Committee SUPPORTED the amendments with the caveat that the feedback provided by Committee members would need to be addressed.

8. EQUALITY ANNUAL MONITORING REPORT 2020/21

The Committee RECEIVED the report however it was agreed that due to the significance of the equality agenda, further discussion would be required in order to link the report to the health board priorities, to consider the broader equalities agenda and understand the health boards more detailed position against each characteristic.

9. COVID-19 MANAGEMENT ARRANGEMENTS REVIEW

A proposal was presented to the Committee which would de-escalate the management of the pandemic and to reframe the Executive Committee format to enable continued oversight of specific COVID-19 related actions in line with the approved draft Annual Plan 2021/22. The Committee was assured that items such as the Gold Scorecard would continue to be reported via Executive Committee and that a standing item for the Prevention and Response Strategic Oversight Group and the Mass Vaccination Strategic Oversight Group would be established. The Committee SUPORTED the de-escalation of the pandemic management arrangements and AGREED that this would be kept under review.

<u>Sub-Groups of Executive Committee</u>

There are a number of sub-groups of the Executive Committee which enable a greater degree of development and review of specific priorities and issues. The following key agenda items were considered:

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a. Strategic Planning and Commissioning Group

i. Maternity and Neonatal Services Way Forward: South Powys Programme
ii. Cancer Transformation Priorities
iii. Vascular Services Engagement

b. Delivery and Performance Group

i. Breast Screening Performance
ii. Integrated Performance, 2020/21
  a. Annual Report - Performance Report
  b. Draft Annual Plan Minimum Data Set – Overview and Progress
iii. Commissioning Assurance Framework and Shrewsbury and Telford NHS Hospitals Trust Update
iv. Finance Performance Report Month 12
v. Performance Report
vi. Workforce Report

c. Quality Governance Group

The Quality Governance Group has not met since the last meeting of the Board. The next meeting of the Group is due to be held on Wednesday 19th May.

ITEMS TO BE ESCALATED TO THE BOARD

The committee requests the Board to endorse the decision regarding dental access (item 3 on 21st April 2021 meeting) in particular the urgent and permanent change in location of services.

NEXT MEETING

The next meeting of the Executive Committee is scheduled for 2nd June 2021.

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Reporting Committee:	**Audit, Risk and Assurance Committee**
Committee Chair	Tony Thomas
Date of last meeting:	29 April 2021
Paper prepared by:	Head of Risk & Assurance

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

As Chair of the Audit, Risk & Assurance Committee I am pleased to provide the Board with a summary of the matters discussed and reviewed by the Committee when it met on 29 April 2021. The confirmed minutes of the meeting held on 9 March 2021 are available on the health board's website.

The Board is asked to note that the following matters were discussed at Audit, Risk and Assurance Committee on 29 April 2021:

- Annual Report 2020-21 (DRAFT):
  a) Section 2: Annual Accountability Report
  b) Section 3: Financial Statements
- COVID-19 Decision Making & Financial Governance
- Audit Recommendation Tracking
- Head of Internal Audit Opinion 2020-21
- Internal Audit Reports, 2020-21:
  - Freedom of Information Follow-up (Substantial Assurance)
  - Progress against Regional Plans (Reasonable Assurance)
  - Grievance Process (Reasonable Assurance)
  - Follow Up Review of 2019/20 'No' and 'Limited' Assurance reports (Reasonable Assurance)
- Draft Annual Governance Programme 2021/22
- Draft Committee Work Programme 2021/22
- IM&T Control and Risk Assessment Audit Report
- Procuring Well-Being in Wales Review

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COMMITTEE ACTION LOG

ARA/20/100: The health board is writing to the two agencies concerned, requesting confirmation that they have the appropriate arrangements in place. Further action will be taken if the agencies fail to respond, and the committee will be updated accordingly.

ARA/19/115e: This action has been identified as priority level 3 for implementation and will continue to be tracked via the audit recommendations process.

ARA/20/64: To be arranged for 2021-22.

ARA/20/116: Action complete.

ARA/20/117: Action complete.

ANNUAL REPORT 2020-21 (DRAFT)

a) SECTION 2: ANNUAL ACCOUNTABILITY REPORT

b) SECTION 3: FINANCIAL STATEMENTS

The Committee APPROVED sections 2 and 3 of the Draft Annual Report 2020-21, for submission to Welsh Government.

COVID-19 DECISION MAKING & FINANCIAL GOVERNANCE

The Committee APPROVED Update #6 of the Interim FCP, which outlines the operational processes overseen by the finance function in support of COVID-19 and outlined in 'FCP Interim Covid-19 Decision Making & Financial Governance'.

AUDIT RECOMMENDATIONS TRACKING

The Committee RECEIVED an update on the reprioritised approach for the management of audit recommendations during the COVID-19 pandemic. Outstanding audit recommendations have been prioritised on the following basis:

Priority level 1	• Action(s) within the Winter Protection Plan are dependent on implementation of this recommendation • Delivery of the Board's agreed Strategic Priorities are dependent on implementation of this recommendation • High risk to patient or staff safety / wellbeing identified

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	• Prioritised Compliance with legal requirement / statutory duty identified
Priority level 2	• Action(s) within the Winter Protection Plan are not supported by implementation of this recommendation • Low risk to patient or staff safety / wellbeing identified • Compliance with legal requirement / statutory duty identified
Priority level 3	• Action(s) within the Winter Protection Plan are not supported by implementation of this recommendation • No risk to patient or staff safety / wellbeing identified • No legal / compliance issues identified

Based on the re-prioritised approach, the overall summary position in respect of overdue audit recommendations is: -

Overdue Internal Audit Recommendations					
	2017/18	2018/19	2019/20	2020/21	TOTAL OUTSTANDING
	Number	Number	Number	Number	Number
Priority 1	0	0	0	6	6
Priority 2	5	2	19	3	29
Priority 3	1	0	20	1	22
Not Yet Prioritised	0	0	1	5	6
TOTAL	**6**	**2**	**40**	**15**	**63**

Overdue External Audit Recommendations				
	2018/19	2019/20	2020/21	TOTAL OUTSTANDING
	Number	Number	Number	Number
Priority 1	0	0	0	0
Priority 2	2	1	4	7
Priority 3	1	1	2	4
Not Yet Prioritised	0	0	6	6
TOTAL	**3**	**2**	**12**	**17**

HEAD OF INTERNAL AUDIT OPINION 2020-21

The Head of Internal Audit Opinion 2020/21 concluded that the Board can take **Reasonable Assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in

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control design or compliance with low to moderate impact on residual risk exposure until resolved.

The Committee RECEIVED and NOTED the Head of Internal Audit Opinion 2020/21.

INTERNAL AUDIT REPORTS, 2020-21:

a) FREEDOM OF INFORMATION FOLLOW-UP (SUBSTANTIAL ASSURANCE)

The review did not identify any further recommendations.

b) PROGRESS AGAINST REGIONAL PLANS (REASONABLE ASSURANCE)

The review identified two medium priority recommendations.

c) GRIEVANCE PROCESS (REASONABLE ASSURANCE)

The review identified one medium priority recommendation.

d) FOLLOW UP REVIEW OF 2019/20 'NO' AND 'LIMITED' ASSURANCE REPORTS (REASONABLE ASSURANCE)

The review did not identify any further recommendations.

The Committee RECEIVED and NOTED the updates.

DRAFT ANNUAL GOVERNANCE PROGRAMME 2021/22

The Annual Governance Programme outlines key governance priorities, informed by internal audit, external audit and the board's review of its effectiveness. These actions will, in part, be delivered in partnership with relevant members of the Board. Progress will be reported to the Audit, Risk & Assurance Committee, in-line with the Committee's role in assuring the Board on governance, risk and assurance arrangements.

The Committee RECEIVED and APPROVED the Draft Annual Governance Programme 2021/22.

DRAFT COMMITTEE WORK PROGRAMME 2021/22

The work programme has been developed in-line with respective terms of reference, the Board's Assurance Framework and Corporate Risk Register.

The Committee RECEIVED and APPROVED the Draft Committee Work Programme 2021/22.

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IM&T CONTROL AND RISK ASSESSMENT AUDIT REPORT

The Committee RECEIVED and NOTED the IM&T Control and Risk Assessment Audit Report.

PROCURING WELL-BEING IN WALES REVIEW

The Committee RECEIVED and NOTED the Procuring Well-Being in Wales Review, published by the Future Generations Commissioner for Wales.

Procuring well-being in Wales – The Future Generations Commissioner for Wales

ITEMS FOR ESCALATION TO THE BOARD

- Head of Internal Audit Opinion 2020-21

NEXT MEETING

The next meeting of Audit, Risk and Assurance Committee will be held on 8 June 2021.

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Reporting Committee:	**Experience, Quality and Safety Committee**
Committee Chair	Mel Davies
Date of last meeting:	15 April 2021
Paper prepared by:	Committee Secretary

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The Committee has met on one occasion since the last Experience Quality and Safety Committee Chair's Assurance Report was presented to the Board. The Committee met on 15 April 2021.

The Board is asked to note that the following matters were discussed at EQS on 15 April 2021.

- Review of Action Log
- Mental Health Services: Age appropriate beds
- Mental Health Act Hospital Managers Power of Discharge Group Terms of Reference and Operating Arrangements
- Serious Incidents and Concerns Report
- Regulatory Inspections Report
- Clinical Quality Framework, Implementation Plan Update
- Community Services: Approach to Clinical Quality
- Commissioning Assurance: SATH

Action Log
The Committee received the action log and updates were given.

Mental Health Services: Age Appropriate Beds

The Committee received a report which requested support of a decision of the Executive Committee for the provision of an age appropriate bed for young people aged 16-17 years during a mental health crisis in Powys, in the short term, where all other options are exhausted.

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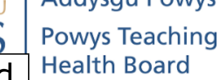
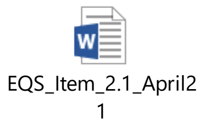


Given the lack of alternative short-term provision for young people aged 16-17 who are awaiting a Tier 4 CAMHS bed, the Mental Health service established a working group comprised of Psychiatrists and Mental Health Practitioners from all disciplines to develop a Powys solution for a short-term appropriate bed for our young people.

The Committee received the policy which proposed that an "age appropriate care environment" for 16-17-year olds is provided on Felindre adult mental health ward at Bronllys Hospital. The CAMHS age appropriate care environment will only be used by those who cannot be supported in a less restrictive community setting. The use of the age appropriate care environment is considered the last resort for the treatment of the young person when all other possible alternatives are assessed as presenting a greater risk to the young person, and only for a period of up to seven days prior to transfer to a regional Tier 4 bed.

The Committee SUPPORTED the proposal, as agreed by the Executive Committee. Further detail is provided in the attached paper.



EQS_Item_2.1_April21

Mental Health Act Hospital Managers Power of Discharge Group Terms of Reference and Operating Arrangements

In March 2019, the Board approved that a Hospital Managers Powers of Discharge sub-committee, which previously reported to the Mental Health and Learning Disabilities Committee (stood down in March 2019), would remain in operation under existing Terms of Reference and report through to the Experience Quality and Safety Committee. The purpose of this sub-committee was to review and monitor how the operation of the delegated functions under Section 23 of the Mental Health Act 1983 were being exercised. At this time, the Board noted that the Terms of Reference and Operating Arrangements for this sub-committee required review and would be brought forward further consideration.

The Committee received a revised Terms of Reference and Operating Arrangements which had been reviewed by the Board Secretary and Executive Director of Primary, Community Care and Mental Health.
The Committee APPROVED these Terms of Reference for adoption with immediate effect.
It should be noted that a change of name was also proposed in revising the Terms of Reference, naming the Mental Health Act Power of Discharge Group. This was to give clarity on its alignment with the

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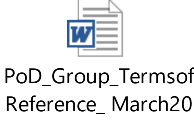
requirements of the Mental Health Act and also to remove committee from its title given that its membership is predominantly made up of Hospital Managers and not Board Members.

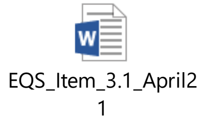
The approved Terms of Reference, as presented to Committee, are attached for the Board's reference.


PoD_Group_Termsof Reference_ March20

Serious Incidents and Concerns Report

The Committee received a report which set out a summary of patient experience and concerns, including complaints, patient safety incidents, serious incidents and claims for the period 1 April 2020 to 28 February 2021.

The Committee discussed the report in detail and is attached for the Board's information.


EQS_Item_3.1_April21

The Committee received an update Following on from the issue of a Special Report by the Public Service Ombudsman for Wales in October 2020.

The Committee was advised that an independent review was undertaken regarding the ability and capacity of the health board's complaints handling team to deal with complaints under Putting Things Right (PTR) in an effective and timely way, including whether additional training on PTR requirements should be undertaken.

The findings of the review confirmed that the way in which the health board managed Mrs A's complaint was poorly managed. Although there were resourcing challenges over this period, they were identified and dealt with as they arose and there was no evidence from the fact-finding work that the issues arising in this case were the result of either structural or resourcing issues.

There was no evidence in the review that the issues that arose were the direct result of lack of training or inappropriate training. Likewise, there was no evidence to suggest that lack of training at manager level outside

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of the concerns team contributed to any delay or confusion in this case. Generally, there was felt to be a reasonable training offer in respect of Putting Things Right and concerns handling in the health board and across Wales and this is in the process of being updated. To ensure that the Putting Things Right Policy is fully effective there is a need to understand not only the All Wales policy context, but also the local service structures and accountabilities, and in this case, any specific issues that working within the health board's context might pose. This type of training has been provided in the past but a combination of temporary resourcing issues and more recently COVID-19 pandemic, means it is an area that needs to be picked up and refreshed.

The Committee learnt that work was underway to establish an audit system that supports generation of assurance in relation to the implementation of health boards policy on Putting Things Right, which is underpinned by a series of Regulations and Standards as well as additional considerations written in legislation that have been introduced since the publication of the policy in 2019. The implementation of the audit and assurance plan is predicated on the following factors:

- Establishment and consolidation of the quality and safety function with service groups, achieving greater clarity and separation between the service response and corporate assurance.
- The roles and responsibilities of the central Putting Things Right team clarified and aligned to the core skill set needed to meet the need, with capacity to accommodate the audit and assurance programme
- Little or no outstanding concerns, serious incidents and incidents, enabling robust and timely response where issues arise
- Introduction of the Once for Wales Content Management System (OFWCMS)
- A programme of continuous learning to support the development of knowledge, skills and expertise

The recommendations arising from implementation of the audit and assurance plan will be reported to Committee. The Committee welcomed this work.

Regulatory Inspections Report

The Committee received a report which provided an overview of the receipt and outcomes of regulatory inspections that had occurred during this reporting period, along with the Health and Social Care Regulatory Reports dashboard. The full report is attached for the Board's information.

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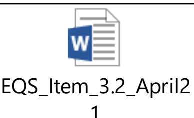

EQS_Item_3.2_April21

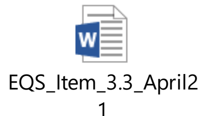
HIW, Tier 1 Quality Checks

On the 9th December 2020, Healthcare Inspectorate Wales (HIW) undertook a remote Quality Check of Ddyfi Valley Health as part of its programme of assurance work, with the report published on the 12th January 2021. The focus of the remote check was on three key areas; infection prevention and control, governance (specifically around staffing) and the environment of care. One improvement was identified: *'The practice should compile a training skills matrix for all staff, to ensure there is sufficient oversight of training in IPC (and other areas) at a practice wide level'.* The findings can be reviewed at the following link https://hiw.org.uk/dyfi-valley-health

Compliance with the improvement plan will be monitored by the Primary Care Team as part of the clinical quality governance monitoring and assurance processes of General Medical Practices and progress monitored by the EQS Committee via the Health and Social Care Regulatory Reports dashboard.

Clinical Quality Framework, Implementation Plan Update

Progress made in implementing the Health Board's Clinical Quality Framework Implementation Framework was outlined. After an internal review of arrangements, a three-year plan was developed during 2020-2021. The implementation plan was approved by the Experience Quality and Safety Committee in June 2020 and again presented in November 2020. The Committee noted that the Executive Committee was intending to review each of the priority actions under the goals, to ensure that they remained fit for purpose. The update is attached for the Board's information.


EQS_Item_3.3_April21

Community Services: Approach to Clinical Quality

The Director of Primary, Community Care and Mental Health provided the Committee with an update on the refinement of the Community Services Group (CSG) Quality Governance and Patient Safety Structure for 2021/22. The structure describes the arrangements in the CSG, supports the implementation of the Clinical Quality Framework

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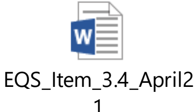
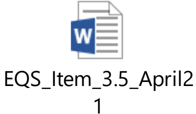
Implementation Plan and supports operationalisation of the Board Assurance Framework.
The Committee welcomed the presentation which would inform future assurance reporting into the Committee.
The paper received by Committee is attached for the Board's information.


EQS_Item_3.4_April21

Commissioning Assurance: SATH

The Committee received a report of the Assistant Director of Commissioning which highlighted those providers in Special Measures or scored as Level 4 following the February 2021 PTHB Internal Commissioning Assurance Meeting (ICAM). The report provided a specific update relation to Shrewsbury and Telford NHS Hospitals Trust, including information reported to the SATH Trust's Board in March and April 2021. The detail of which is included for the Board's information.
It was agreed that a Board-level discussion would be arranged to discuss these concerns in further detail.


EQS_Item_3.5_April21

Items discussed In-Committee
Due to the sensitivity of the information involved, the following items were discussed by the Committee in a closed meeting:

- Serious Incidents and Complex Concerns
- Independent Review findings (Part B) in response to the Special Report issued by the Public Service Ombudsman for Wales in October 2020

There were no matters identified within these that required escalation to the Board.

NEXT MEETING

The next meeting of EQS will be held on 3 June 2021.

Jones, Sheila
05/21/2021 14:24:25

Reporting Committee:	**Performance & Resources Committee**
Committee Chair	Tony Thomas, Vice Chair, in absence of Mark Taylor, Committee Chair
Date of last meeting:	6 May 2021
Paper prepared by:	Head of Risk and Assurance

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The Committee has met on one occasion since the last Performance & Resources Committee Chair's Assurance Report was presented to the Board. The Committee met on 6 May 2021.

The approved minutes of the meeting of Performance & Resources Committee (P&R) held on 22 February 2021 have been published on the PTHB website.

The Board is asked to note that the following matters were discussed at P&R on 22 February 2021:

- PTHB Annual Report (Draft) and End of Year Performance 2020/21
- Integrated Performance, 2021/22
  a) Performance Report, April 2021
  b) Draft Annual Plan Minimum Data Set Overview
- Financial Performance Report
- Commissioning Assurance Framework
- Nurse Staffing Levels Act Report
- Workforce Highlight Report
- Health & Safety Report: Hand Arm Vibration at Work

A summary of the key issues discussed at the meeting is provided below.

Thursday 6 May 2021

COMMITTEE ACTION LOG

P&R/20/12 – COVID-19 meant progress had been postponed, the team had now re-engaged with shared services.

Jones,Sheila
05/21/2021 11:24:25

PTHB ANNUAL REPORT (DRAFT) AND END OF YEAR PERFORMANCE 2020/21

The Committee received the Draft Annual Report – Performance Report - for consideration and feedback prior to being finalised for approval at PTHB Board on 10 June 2021 and submitted to Welsh Government on 11th June 2021. This forms part 1 of the Annual Report 2020/2021, the Accountability Report (part 2) and Financial Statements (part 3) are considered separately by the Audit, Risk and Assurance Committee.

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

The Committee was advised that in response to the Covid-19 pandemic, the reporting requirements had been reviewed and streamlined whilst ensuring all regulatory matters are met and the report provides information to reflect the position of the NHS body within the community and provide public accountability.

There is no requirement to submit a performance analysis section, sustainability report or a separate Annual Quality Statement for 2020-21. However, given the importance of these elements of reporting, PTHB has used information available to provide as full a picture of the year as possible.

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

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

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

The Committee CONSIDERED the report and PROVIDED FEEDBACK to inform the final development of its content, ahead of submission to Welsh Government as a draft on 07 May 2021. It was noted that some Committee Members would share comments on the content of the report, outside of the meeting.

Jones,Stephanie
05/21/2021 11:24:25

The Board will receive the final draft for consideration on 10th June 2021.

INTEGRATED PERFORMANCE, 2021/22

A) PERFORMANCE REPORT, APRIL 2021

This Committee received a report which provided the Board with a performance update against the 2020/21 NHS Delivery Framework.

This Committee noted that this reporting approach continued to be an interim process as a result of the COVID-19 pandemic in the absence of the regular Integrated Performance Report.

This report presented contained a high-level summary of COVID-19 e.g. infection rates, mortality and vaccination progress. In addition, an update on Powys Teaching Health Board's (PTHB) performance, set against the four aims and their measures including a dashboard showing the levels of compliance against the National Framework.

The Committee was pleased to note in particular that in respect of the mass vaccination programme, more than 83% of the population had received their first dose vaccine and just over 33% of the population had received their second dose. It was pleasing to note that PTHB was on track to administer all first doses by 31 July 2021.

It was noted that an updated performance report would be presented to the Board on 26th May 2021.

The committee DISCUSSED and NOTED the report.

B) DRAFT ANNUAL PLAN MINIMUM DATA SET OVERVIEW

The Committee received the draft Minimum Data Set for 2021/22. The paper provided 16 individual work sheets covering all aspects of the Health Board, which included:

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

Jones,Shania
05/21/2021 11:24:05

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

- Delivery of essential services in primary & community care

- Mental health
- Acute care – unscheduled care
- Elective care
- Outsourced activity – currently not applicable to PTHB
- Cancer care
- Diagnostics
- Ambulance – these have been set centrally by WAST

The Committee was advised that of the total 85 metrics:-

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

PTHB was unable to set trajectories for 9 'potentially' applicable PTHB requested metrics. Key challenges were noted as, data availability, either held externally or information flow challenges. It was further noted that the metrics requested have no, or limited supporting methodology. As a result information to populate activity or propose trajectories was in some cases limited.

The Health Board submitted a draft for April 2021 to March 2022, and would submit a final version in June 2021.

The committee DISCUSSED and NOTED the report.

FINANCIAL PERFORMANCE REPORT

The Committee received a brief overview of the 2020/21 Financial Position reflected in the completed draft Annual Accounts submitted to WG on 30th April 2021.

The Committee was pleased to learn that the draft reported Year End Position for 2020/21 was £0.129m underspent. The financial information reported aligns to the financial details included within the Board papers for meeting on 26th May 2021 and the Draft Annual Accounts due to be submitted on 30th April 2021.

COMMISSIONING ASSURANCE FRAMEWORK

Jones,Shania
05/21/2021 14:24:45

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

- 2 providers with services in Special Measures.

- 1 provider at Level 4.

The report also provided:

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

The report provided a specific update relation to Shrewsbury and Telford NHS Hospitals Trust, including information reported to the SATH Trust's Board in March and April 2021. It was noted that a deep dive was being arranged to discuss further concerns in relation to SATH.
It was agreed that a Board-level discussion would be arranged to discuss these concerns in further detail.

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

The Committee DISCUSSED and NOTED the report.

NURSE STAFFING LEVELS ACT REPORT

The Committee received a report which provided Powys Teaching Health Board's compliance with Nurse Staffing Levels (Wales) Act 2016. The paper informed on the status of nurse staffing in NHS Trusts in England, commissioned by Powys Teaching Health Board but not directly subject to Welsh legalisation and identified the areas of proposed extension of the Act. Powys Teaching Health Board did not have any section 25B wards (surgical and medical) and therefore was not mandated to report (under section 25E of the Act) against this requirement.

The Health Board had a commissioning responsibility to assure that services which provided secondary care, adult inpatient, medical and surgical wards, did comply with the Nurse Staffing Act in Wales, and also that the requirements of Safe Staffing for trusts in England were met. The report set out assurance from commissioned providers in meeting these requirements.

It was noted that the Care Quality Commission had applied an inadequate rating to staffing within Shrewsbury and Telford NHS Trust. This was also recorded through PTHB's CAF.

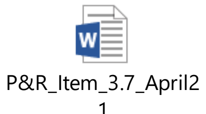
Jones,Sheena
05/21/2021 11:24:25

The Committee was assured that, following interrogation of the incident reporting system, reasonable assurance in relation to compliance could be taken with the Nurse Staffing levels (Wales) Act 2016 for commissioned services.

The Committee noted that this paper would be submitted to Board for 26th May 2021.

WORKFORCE HIGHLIGHT REPORT

The Committee received a report which provided an update on overall workforce performance, including data on statutory & mandatory training, PADRs, sickness absence, staff in post, turnover and volunteers. It provided a year end position identifying areas where performance would need a focused approach to ensure improved compliance against target over the next twelve months. The report is attached for the Board's information.


P&R_Item_3.7_April21

HEALTH & SAFETY REPORT: HAND ARM VIBRATION AT WORK

The Committee received a report which provided assurance and an overview in relation to the Health & Safety Executive (HSE) investigation to date, relating to compliance with the Control of Vibration at Work Regulations 2005 and the prevention of Hand Arm Vibration Syndrome (HAVS).

The Committee was advised that during 2020 five health board employees were identified as displaying symptoms of Hand Arm Vibration Syndrome (HAVS). This was due to exposure to use of vibratory tools and work equipment. PTHB's Occupational Health Consultant, confirmed a diagnosis of HAVS. The cases were reported to the HSE under RIDDOR.

Following the RIDDOR submissions, HSE informed PTHB they were commencing an investigation into how the organisation has complied with the 2005 Control of Vibration at Work regulations. Whilst the HSE continued their investigations, they issued a Notice of Contravention and two Improvement Notices on 2 March 2021, which identified material breaches of the regulations, which required compliance by 30 April 2021.

Jones,Stella
05/21/2021 11:24:25

The Committee was pleased to learn that all actions detailed in the plan had been completed. HSE had reported back positively in regards to the improvements made in April.

It was noted that the HSE would seek to serve a fee for the two current Improvement Notices which was anticipated in a range from £5k to in excess of £15k.

The HSE's Notice of Contravention and Improvement Notices are attached for the Board's information.

Notification of Contravention March

Improvement Notice Reg 8 March 2021.pd

Improvement Notice Reg 8 March 2021.pd

NEXT MEETING

The next meeting of P&R will be held on 24 June 2021.

AGENDA ITEM: 3.5b

BOARD MEETING	DATE OF MEETING: 26 May 2021
Subject :	**SUMMARY OF JOINT COMMITTEE ACTIVITY**
Approved and Presented by:	Carol Shillabeer, Chief Executive
Prepared by:	Corporate Governance Manager
Considered by Executive Committee on:	Not before paper submitted to the Board
Other Committees and meetings considered at:	Information contained in the papers appended to this report have been considered by the relevant joint committees.

PURPOSE:

The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent meetings of the Joint Committees of the Board

- Welsh Health Specialised Services Committee (WHSSC); and
- Emergency Ambulance Service Committee (EASC); and

It also provides an update in respect of the Mid Wales Joint Committee for Health and Social Care (MWJC).

RECOMMENDATION(S):

It is recommended that the Board:

- NOTES the updates contained in this report in respect of the matters discussed and agreed at recent Joint Committee meetings.

Approval/Ratification/Decision	Discussion	Information
✘	✓	✘

Jones,Shania
05/21/2021 11:24:38

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):		
Strategic Objectives:	1. Focus on Wellbeing	
	2. Provide Early Help and Support	
	3. Tackle the Big Four	✓
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	✓
	6. Promote Innovative Environments	✓
	7. Put Digital First	
	8. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	✓
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

EXECUTIVE SUMMARY:

This report provides an update of the recent activities of the two Joint Committees of the PTHB Board:

- Welsh Health Specialised Services Committee (WHSSC); and
- Emergency Ambulance Service Committee (EASC).

It also provides an update in respect of the Mid Wales Joint Committee for Health and Social Care (MWJC).

DETAILED BACKGROUND AND ASSESSMENT:

Welsh Health Specialised Services Committee (WHSSC)

The Welsh Health Specialised Services Committee held an extraordinary virtual meeting on 11 May 2021. The papers for the meeting are available at: http://www.whssc.wales.nhs.uk/2020-21-whssc-joint-committee A summary of this meeting is attached at **Appendix 1.**

On that date an In-Confidence meeting was also held where the following items were discussed:

- Managing Directors Report
- South and Mid Wales Neonatal Transport Services Commissioning Assurance and Governance Arrangements

Jones,Shania
05/21/2021 11:24:35

Audit Wales have published a report: Welsh Health Specialised Services Committee Governance Arrangements May 2021 which is attached at **Appendix 2.**

Emergency Ambulance Services Joint Committee (EASC)

A meeting of the EASC took place on the 9 March 2021. The papers for the meeting will be made available at:
Meetings and Papers - Emergency Ambulance Services Committee (nhs.wales)
A summary of this meeting is attached at **Appendix 3.**

Mid Wales Joint Committee for Health and Social Care

- The next meeting of the Mid Wales Joint Committee for Health and Social Care will take place on 24 May 2021 A report from that meeting will be brought to the next meeting of Board.

NEXT STEPS:

Updates will continue to be brought to each scheduled meeting the Board.

Jones,Shania
05/21/2021 11:24:35

WELSH HEALTH SPECIALISED SERVICES COMMITTEE
JOINT COMMITTEE MEETING – MAY 2021

The Welsh Health Specialised Services Committee held its latest public meeting on 11 May 2021. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening in Welsh Health Specialised Services.

The papers for the meeting are available at:
https://whssc.nhs.wales/joint-committee/committee-meetings-and-papers/2021-2022-meeting-papers/

Minutes of Previous Meetings
The minutes of the meeting of 9 March 2021 were taken as read and approved.

Action log & matters arising
Members noted there were no outstanding actions or matters arising.

Chair's Report
The Chair's Report referred members to the forthcoming early retirement of Kevin Smith, Committee Secretary, on 31 May, and his return part time for around five weeks from 7 June, and the appointment of his successor, Jacqueline Evans, from 1 June 2021.

The Report also referred members to the Chair's Actions taken to approve the appointment of Professor Ian Wells as an Independent Member of the Joint Committee with effect from 1 May 2021 for an initial term of two years.

In addition, the Chair reported that Emrys Elias had tendered his resignation with effect from 31 May 2021 and that a nomination had been received for a successor, whose appointment would be dealt with later in the week by Chair's Action.

Members (1) noted the contents of the report; (2) ratified the appointment of Jacqueline Evans as Committee Secretary with effect from 1 June 2021; and (3) ratify the Chair's Action appointing Prof Ian Wells.

Jones,Sheila
05/21/2021 11:24:25

Managing Director's Report

The Managing Director's report, including updates on:

- Opening of the interim Mother & Baby Unit at Tonna Hospital;
- The south Wales Thoracic Surgery Strategic Outline Case (SOC);
- The PET Programme Business Case;
- The status of the audit of the 2020-21 Accounts;
- De-escalation the SBUHB TAVI service from level 3 to level 2;
- Removal of the CVUHB Paediatric Intensive Care service from escalation; and
- Removal of the SBUHB Soft Tissue Sarcoma service from escalation,

was taken as read.

It was agreed that SBUHB would circulate the Thoracic Surgery SOC to members.

South Wales Major Trauma Network (SWMTN) Update

Members received a presentation on the work of the SWTN from its opening in September 2020 to March 2021, which included a summary of the Delivery Assurance Group report. Members noted the content of the presentation and discussed elements of it in detail.

A further update will be provided to the Joint Committee meeting in six months' time.

Neonatal Transport Service for South and Mid Wales

Members received a paper that proposed a project structure and governance assurance framework as requested following Joint Committee's decision regarding the establishment of an Operational Delivery Network Transport Service for mid, west and south Wales in April 2021. It was noted that the proposed structure borrowed many features from the SWMTN model, which was regarded as exemplary.

Members noted (1) the proposed project management process and associated timeline; and (2) the draft commissioner assurance process, recognising that this would be subject to further discussion in the 'In Committee' section of the meeting and with the programme team.

Revised Risk Management Strategy

Members received a paper that presented the revised Risk Management Strategy (RMS) for WHSSC for approval and shared the latest version of the Corporate Risk Register for information.

Members (1) approved the revised Risk Management Strategy; (2) noted the latest version of the Corporate Risk Register; and (3) noted that further work is on-going to develop risk reporting in line with the RMS.

Jones,Sharon
05/21/2021 11:24:25

Activity Reports for Months 11 and 12 2020-21
Members received papers that highlighted the scale of the decrease in activity levels during the COVID-19 period, and whether there are any signs of recovery in specialised services activity. These activity decreases are shown in the context of the potential risk re patient harms and of the loss of value from nationally agreed financial block contract arrangements.

The Month 12 report been restructured from previous format to deal with specialties/areas on an all-Wales basis and would be developed further based on feedback received.

Members noted the information presented in the reports.

Financial Performance Report – Month 12 2020-21
Members received a paper the purpose of which was to provide the final outturn for the financial year. The financial position at was an under spend of £12.03m after making prudent provisions.

The under spend relates mainly to months 1-12 under spend on the pass through elements of NHS Wales provider SLA's, NHS England anticipated underperformance against agreed block contracts where provider activity is forecast at >20% below agreed baseline and Q1 – Q4 2020-21 development slippage. Owing to uncertainty regarding the pace of activity, recovery and timing of information flows from NHS England providers, WHSSC has adopted a prudent approach to providing for expenditure reductions that may arise from under-performance.

Members noted the content of the report.

Other reports
Members also took as read the update reports from the following joint Sub-committees and Advisory Groups:
- Management Group;
- All Wales Individual Patient Funding Request Panel;
- Quality & Patient Safety Committee; and
- Integrated Governance Committee

Standing Orders (SOs) and Standing Financial Instructions (SFIs)
The Committee Secretary reported that revised Model SOs and SFIs had recently been received from Welsh Government and that work was underway to review the WHSSC SOs and SFIs to propose any necessary changes. It was agreed that these would be the subject of a Chair's Action.

Jones,Sharon
05/21/2021 11:24:25

Welsh Health Specialised Services Committee Governance Arrangements

Report of the Auditor General for Wales

May 2021

Jones,Shania
05/21/2021 11:24:25

This report has been prepared for presentation to the Senedd under the Public Audit (Wales) Act 2004 and the Government of Wales Act 1998

The Auditor General is independent of the Senedd and government. He examines and certifies the accounts of the Welsh Government and its sponsored and related public bodies, including NHS bodies. He also has the power to report to the Senedd on the economy, efficiency and effectiveness with which those organisations have used, and may improve the use of, their resources in discharging their functions.

The Auditor General also audits local government bodies in Wales, conducts local government value for money studies and inspects for compliance with the requirements of the Local Government (Wales) Measure 2009.

The Auditor General undertakes his work using staff and other resources provided by the Wales Audit Office, which is a statutory board established for that purpose and to monitor and advise the Auditor General.

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Mae'r ddogfen hon hefyd ar gael yn Gymraeg.

Jones, Tania
05/21/2021 11:24:25

Contents

Since the previous reviews in 2015, governance, management and planning arrangements have improved, but the impact of COVID-19 will now require a clear strategy to recover services and there would still be benefits in reviewing the wider governance arrangements for specialised services in line with the commitments within **A Healthier Wales**.

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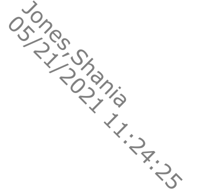


Summary report

Background

1 The Welsh Health Specialised Services Committee (WHSSC) is a joint committee of each local health board in Wales, established under the Welsh Health Specialised Services Committee (Wales) Directions 2009 (2009/35). The remit of the Joint Committee is to enable the seven health boards in Wales to make collective decisions on the review, planning, procurement, and performance monitoring of agreed specialised and tertiary services.

2 The Joint Committee is hosted by Cwm Taf Morgannwg University Health Board and is responsible for the joint planning and commissioning of specialised services on behalf of local health boards in Wales. WHSSC is made up of, and funded by, the seven local health boards with an overall annual budget of £680 million with the financial contributions determined by population need. Some health boards in Wales provide specialised services. In particular, Cardiff and Vale and Swansea Bay University Health Boards receive significant funding for the services that they provide.

3 On a day-to-day basis, the Joint Committee delegates operational responsibility for commissioning to Welsh Health Specialised Services (WHSS) Officers, through the management team (**Exhibit 1**) and supported by six multidisciplinary commissioning teams. These teams commission specialised services, including:

- Cancer and Blood
- Cardiac
- Mental Health and Vulnerable Groups
- Neurosciences and long-term conditions
- Renal
- Women's and children's

Jones,Shania
05/21/2021 11:24:25

Exhibit 1: WHSS management structure

Source: Welsh Health Specialised Services Standing Orders

4 In 2015, two separate reviews highlighted issues with WHSSC's governance arrangements. The Good Governance Institute highlighted concerns relating to decision making and conflicts of interest, and identified the need to improve senior level clinical input as well as the need to create a more independent organisation that is free to make strong and sometimes unpopular (to some) decisions in the best interest of the people of Wales. In the same year, Healthcare Inspectorate Wales (HIW) conducted a review of clinical governance at WHSSC. That review found that WHSSC was beginning to strengthen its clinical governance arrangements but needed to strengthen its approach for monitoring service quality and also improve clinical engagement.

5 Time has now passed since these reviews. Considering the increasing service and financial pressures, and the potentially changing landscape of national collaborative commissioning and NHS Executive as set out in A Healthier Wales, the Auditor General felt it was timely to review WHSSC's governance arrangements. This report considers the extent to which there are effective governance arrangements and whether the planning approach effectively supports the commissioning of specialised services for the population of Wales. Given the impact of COVID-19 on the capacity and productivity of services, we have also highlighted some specific challenges which relate to recovery.

6 Much of our review was carried out between March and June 2020, but as a result of the pandemic, we paused aspects of the review, restarting in July with a survey to all health boards and concluding the fieldwork in October. The delivery of our work included interviews with WHSS officers and WHSSC independent members, observations of Joint Committee and sub-committee meetings, questionnaires of health board chief executives and chairs and a review of documentation.

Jones,Stephanie
05/21/2021 11:14:25

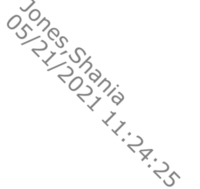
Key findings

7 Overall, we found **since the previous reviews in 2015, governance, management and planning arrangements have improved, but the impact of COVID-19 will now require a clear strategy to recover services and there would still be benefits in reviewing the wider governance arrangements for specialised services in line with the commitments within A Healthier Wales**.

Governance arrangements have improved but decision making is likely to become more challenging as a result of COVID-19

8 Our work has found improvements in the overall governance arrangements in WHSSC since 2015. WHSSC is formed of a mix of independent members, health board chief executives, and WHSS officers who work in collaboration to lead specialised services commissioning on behalf of the population of Wales. There are benefits to this system of governance which provides partners with the opportunity to collaborate on service developments. In general, we found that the Joint Committee operates well and there is normally a healthy working relationship between Joint Committee members. There are, however, occasions when this has become more challenging, such as discussions around new service models for major trauma and thoracic surgery. This tends to occur when new services are commissioned from providers who are Joint Committee members. This can present a risk of conflict of interest but the negative impact of this has been reduced through the introduction of a new majority voting system. These conflict-of-interest issues will remain a live risk, particularly when considering post-pandemic service recovery.

9 The agenda of the Joint Committee meetings appears appropriate and proportionate. However, our observations highlighted opportunities to increase the attention given to finance, performance, and quality reporting at Joint Committee. We also identified a need to review the independent member recruitment arrangements and the level of remuneration that they receive to help deal with the challenges of independent member turnover.


Jones,Shania
05/21/2021 11:24:25

10 The Joint Committee's sub-committees and groups are well-chaired and administered, although there is a need to strengthen the Integrated Governance Committee to ensure it discharges its terms of reference. WHSSC is hosted by Cwm Taf Morgannwg University Health Board which provides administrative support such as ICT, HR, Facilities, and Communications. WHSSC also forms part of the governance and accountability framework of the Health Board via the Audit and Risk Committee and requirement for financial disclosure in annual reports and accounts. Work is ongoing to strengthen the role and function of the Health Board's Audit and Risk Committee in respect of its hosted statutory joint committees.

11 WHSSC has developed good risk management processes using a corporate risk assurance framework. The risks are regularly scrutinised at corporate and Joint Committee levels with a specific arrangement to capture COVID-19 risks since the onset of the pandemic. Likewise, performance management arrangements provide a good foundation, adopting a tiered model for service escalation and appropriate operational monitoring. WHSSC has adapted these arrangements as a result of the pandemic but may need to become more robust in future to ensure specialised services minimise the risk of harm as a result of delays in treatment.

12 After an initially slow response, WHSSC has responded to the recommendations made in 2015 relating to the need to strengthen quality assurance arrangements. In 2019, WHSSC established a Quality Assurance Team, which is embedding well and is now taking steps to update its quality assurance framework.

Jones,Shania
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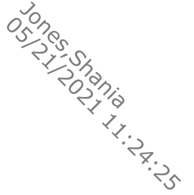
Planning arrangements provide a good foundation but there is a need for a clear strategy to respond to the challenges presented by COVID-19

13 Annual planning arrangements are generally effective. Year on year, development and approval of the Integrated Commissioning Plan has become timelier and there are clear formal arrangements for the identification and prioritisation of emerging specialised care services and treatments. Welsh Government officials told us of the additional capacity and capability they received from WHSSC planning officers to help drive through review of health board and trust quarterly plans during the first wave of the pandemic. This provides a good indication of the expertise within the team. Information to support planning and commissioning is improving and this is supported by a performance information system which continues to develop. Delivery of existing commissioned service plans is well managed, but elapsed time for the introduction of new services such as new service models for major trauma and thoracic surgery in South Wales has been slow. This is not within the sole remit of WHSSC but indicates the need for wider 'end to end' programme management at regional levels.

14 Financial planning arrangements are sufficiently robust and linked appropriately to the Integrated Commissioning Plan. COVID-19 has significantly reduced access to some specialised services, and recovery will have some significant financial consequences. There is a need to understand the financial consequences resulting from the pandemic in terms of service recovery. Value-based commissioning approaches are improving, but to maximise recovery with finite resources, this now needs to become more ambitious and more strongly linked to patient outcomes, prioritisation, and decommissioning (where there isn't good evidence that services/interventions are leading to improved outcomes).

15 COVID-19 has delayed specialised services strategy development and will no doubt continue to impact on the timeline for the development of the strategy. Specialised service officers can start to shape a strategy that focusses on the impacts of COVID-19 alongside advances in technological, therapeutic and policy developments. Strategy renewal is more crucial than ever and will need to be shaped around the changing risks and opportunities for specialised services taking consideration of the issues and opportunities identified in this report.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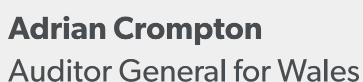
Future arrangements for commissioning specialised services

16 **A Healthier Wales**, the Welsh Government's plan for health and social care in Wales, signalled an intention to review a range of hosted national functions, including WHSSC, with the aim of consolidating national activity and clarifying governance and accountability. Whilst the governance arrangements for WHSSC have continued to evolve positively in the main, there would still be benefits in the Welsh Government including WHSSC in the planned review of national hosted functions. In looking at potential future governance and accountability arrangements for specialised services, it should be recognised that the current collaborative commissioning model has strengths in that it creates a collective and jointly owned approach to the planning and delivery of specialist services. However, it also has some inbuilt risks that see individual Joint Committee members having to balance all-Wales needs with those of their population and the individual NHS bodies they lead.

The Welsh Health Specialised Services Committee (WHSSC) commissions around £680 million of specialised services on behalf of the population of Wales and is a vital component of the Welsh healthcare system. Given this level of responsibility and investment, I'm encouraged by the progress WHSCC has made to improve its governance, management, and planning arrangements over recent years.

An immediate challenge for WHSSC is to develop a clear strategy to address the challenges associated with recovering specialised services following the Covid-19 pandemic. My report also shows that there is still a need to take a more fundamental look at the model for commissioning specialised services, in line with the commitment set out in the Welsh Government's NHS Plan 'A Healthier Wales'. It is important that this commitment is taken forward and I hope that the findings set out in this report can helpfully inform that debate.

Adrian Crompton
Auditor General for Wales



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Recommendations

17 Recommendations arising from this audit are detailed in **Exhibits 2 and 3**.

Exhibit 2: recommendations for the Welsh Health Specialised Services Committee

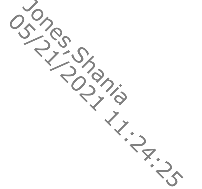
Recommendations

Quality governance and management

R1 Increase the focus on quality at the Joint Committee. This should ensure effective focus and discussion on the pace of improvement for those services in escalation and driving quality and outcome improvements for patients.

Programme management

R2 Implement clear programme management arrangements for the introduction of new commissioned services. This should include clear and explicit milestones which are set from concept through to completion (ie early in the development through to post-implementation benefits analysis). Progress reporting against those milestones should then form part of reporting into the joint committee.



Recommendations

Recovery planning

R3 In the short to medium term, the impact of COVID-19 presents a number of challenges. WHSSC should undertake a review and report analysis on:

a. the backlog of waits for specialised services, how these will be managed whilst reducing patient harm.

b. potential impact and cost of managing hidden demand. That being patients that did not present to primary or secondary care during the pandemic, with conditions potentially worsening.

c. the financial consequences of services that were commissioned and under-delivered as a result of COVID-19, including the under-delivery of services commissioned from England. This should be used to inform contract negotiation.

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Recommendations

Specialised services strategy

R4 The current specialised services strategy was approved in 2012. WHSSC should **develop and approve a new strategy during 2021**. This should:

a embrace new therapeutic and technological innovations, drive value, consider best practice commissioning models in place elsewhere, and drive a short, medium, and long-term approach for post-pandemic recovery.

b be informed by a review of the extent of the wider services already commissioned by WHSSC, by developing a value-based service assessment to better inform commissioning intent and options for driving value and where necessary decommissioning. The review should assess services:

- which do not demonstrate clinical efficacy or patient outcome (stop);
- which should no longer be considered specialised and therefore could transfer to become core services of health boards (transfer);
- where alternative interventions provide better outcome for the investment (change);
- currently commissioned, which should continue (continue).

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Exhibit 3: Recommendations for the Welsh Government

Recommendations

Independent member recruitment

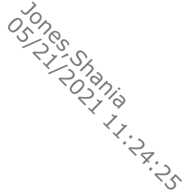
R5 Review the options to recruit and retain WHSSC independent members. This should include considering measures to expand the range of NHS bodies that WHSSC members can be drawn from, and remuneration for undertaking the role.

Sub-regional and regional programme management

R6 This is linked to **Recommendation 2** made to WHSSC in this report. When new regional or sub-regional specialised services are planned which are not the sole responsibility of WHSSC, ensure that effective multi-partner programme management arrangements are in place from concept through to completion (ie early in the development through to post-implementation benefits analysis).

Future governance and accountability arrangements for specialised services

R7 **A Healthier Wales** included a commitment to review the WHSSC arrangements along with other national hosted and specialist advisory functions. COVID-19 has contributed to delays in taking forward that action. It is recommended that the Welsh Government set a revised timescale for the action and use the findings of this report to inform any further work looking at governance and accountability arrangements for commissioning specialised services as part of a wider consolidation of current national activity.



Main report

Governance and assurance

18 Our review has examined WHSSC's governance and assurance arrangements, such as the way the Joint Committee and its sub-committees conduct business, systems for managing performance and risk, and arrangements to ensure probity and propriety. We found that **governance arrangements have improved but decision making is likely to become more challenging as a result of COVID-19**.

Conducting business effectively

19 We looked at the clarity of governance structures, decision-making arrangements and conduct at the Joint Committee and its sub-committees. We found that **committee arrangements have improved, although challenges around conflicts of interest remain and there is a need for stronger focus on quality, finance, and performance at Joint Committee meetings**.

The Joint Committee is well administered with a healthy relationship between members. However, there is scope for greater scrutiny of service quality and routine finance and performance reports, and an opportunity to look afresh at independent member recruitment arrangements

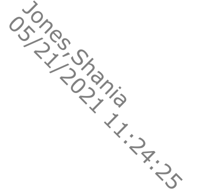
20 The Joint Committee is made up of 15 voting members and three associate members. The voting members include the chief executives of the seven health boards, four independent members (three of whom are drawn from health boards), including the Chair (a Ministerial appointment) and Vice Chair, and four WHSS officers. In October 2020, a new Chair was appointed, taking over from the Interim Chair who had been in post for a little over three years. WHSSC is expecting turnover of independent members in the coming months which will present both capacity and recruitment challenges. It was reported that recruiting independent members is difficult, especially since the pool from which they can be recruited is limited to health boards only. Consideration should be given to widening the recruitment pool to include all NHS Wales organisations, not just health boards. In addition, there is no additional remuneration for independent members of WHSSC, which makes the position less attractive. Thought, therefore, should be given to whether the current remuneration arrangements reflect the commitment expected of independent members of WHSSC.

21 We observed the Joint Committee both before and during the pandemic. Meetings were well attended and the relationship between members was respectful with a healthy level of challenge. Due to the pandemic, WHSSC moved to holding virtual meetings from March 2020. At this time, the Joint Committee's agenda had a COVID-19 focus with updates on commissioning independent hospitals, which the WHSS team was responsible for, risk management and delivering specialised services during the pandemic. WHSS officers fed back that the revised arrangements improved meeting efficiency and engagement and created better approaches for responding to questions. Moving forward, we would encourage WHSSC to review and consider the advantages of retaining these arrangements.

22 Those we interviewed were positive about the Joint Committee, indicating that it had matured in the past one to two years. Generally, it was felt the Joint Committee works effectively, is open and transparent, that chief executives are supportive of each other, and that roles and responsibilities are clear. Our observations at Joint Committee indicated a tendency to focus on new service modelling which resulted in a south Wales focus in meetings. We also saw limited discussion about the performance of commissioned services. Despite good systems for quality assurance at an operational level within WHSSC, there is a lack of sufficient oversight at Joint Committee. These need to be strengthened as part of a focus on service recovery.

Decision making arrangements have improved, but conflicts of interest remain a risk

23 WHSSC commissions specialised health services for Wales as a whole. Whilst membership of the Joint Committee is drawn from existing health boards, the members are supposed to be independent. However, decision-making for some members poses a potential conflict of interest. This is because the larger Welsh health boards are substantial providers of specialised services, especially in south Wales. Those we spoke to reported that there can be some tensions around negotiations, citing the major trauma centre and thoracic surgery, and potential to draw attention on these specific issues at committee meetings at the expense of wider aspects of the agenda.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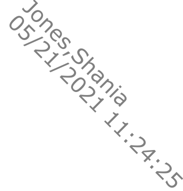
24 As a result of previous challenges in decision making, WHSSC's voting arrangements changed from 100% agreement required to a two-thirds majority vote in accordance with a Ministerial direction dated 12 November 2018. This was subsequently reflected in an amendment to WHSSC's standing orders. The new voting system is more pragmatic and ensures quicker decision-making, but this was introduced relatively recently, so WHSSC should keep this new arrangement under review. The governance arrangements mean that chief executives and independent members take part in votes on commissioning services from their own health board. As a result, the previous interim Chair of WHSSC reinforced the need to act on behalf of the all-Wales position when making decisions. Moving forward, the difficulties presented by the pandemic are likely to be challenging. When acting on behalf of 'all-Wales' and to minimise patient harm as a result of delays in receiving specialised care, shifts in investment may be necessary. This again may increase the risk of conflicts of interest if chief executive members are required to vote on diverting investments from their own health boards.

Flows of assurance between the Joint Committee and individual health boards are variable

25 As the Joint Committee commissions specialised services on behalf of the seven health boards, we would expect to see clear lines of assurance from the Joint Committee to individual Boards. On reviewing health board papers[1] we found that as a minimum all seven health boards had approved their own standing orders, which set out their responsibilities regarding WHSSC, and WHSSC's standing orders. All health boards report WHSSC's assurance reports and minutes of the Joint Committee meetings (or provide a link to the minutes).

26 However, health board minutes show some variability in the extent of discussions of WHSSC services. For example, the programme business case approval for major trauma and thoracic surgery prompted extensive papers and good discussion at health boards. But at other times WHSSC papers were just noted with limited discussion. We found that Board level oversight of quality and escalated specialised services appears limited, but we note that this is something WHSS officers are working to improve through their engagement work with health boards across Wales.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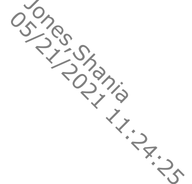
1 For each health board, we reviewed its Board papers and papers for its quality and safety, finance and performance meetings.

WHSSC's hosting arrangements function largely as intended, albeit there are occasional operational challenges and an opportunity to strengthen the governance role of the host health board's Audit and Risk Committee

27 WHSSC is hosted by Cwm Taf Morgannwg University Health Board which provides administrative support such as ICT, HR, Facilities and Communications. WHSSC employees have a contract of employment with Cwm Taf Morgannwg University Health Board and WHSSC's Managing Director has a line of accountability to its Chief Executive. Interviewees indicated that in general these arrangements operated sufficiently, but there were some concerns expressed about Cwm Taf Morgannwg University Health Board's capacity to support WHSSC, particularly in relation to HR and ICT support services. In addition, it was noted that Cwm Taf Morgannwg University Health Board is a provider of specialised services commissioned by WHSSC, which could provide further conflicts of interest over and above the inherent provider/commissioner tension at Joint Committee.

28 A hosting agreement exists between WHSSC and the seven Welsh health boards which includes provision for Cwm Taf Morgannwg University Health Board's Audit and Risk Committee to assist in the discharge of WHSSC's governance and assurance responsibilities. However, the existing hosting agreement has limited detail on how these arrangements should work, and the degree of scrutiny of WHSSC business at the committee can be fairly limited. Hosted organisations are considered at Part 2 of Audit and Risk Committee meetings. Cwm Taf Morgannwg University Health Board is working to clarify the assurance requirements of the hosted bodies[2] through developing an assurance framework. The new framework aims to define the role, function, responsibilities and accountabilities of the Audit and Risk Committee, the host, the all-Wales statutory joint committees and the directors involved. We understand that this work is ongoing and will require further engagement across all bodies affected.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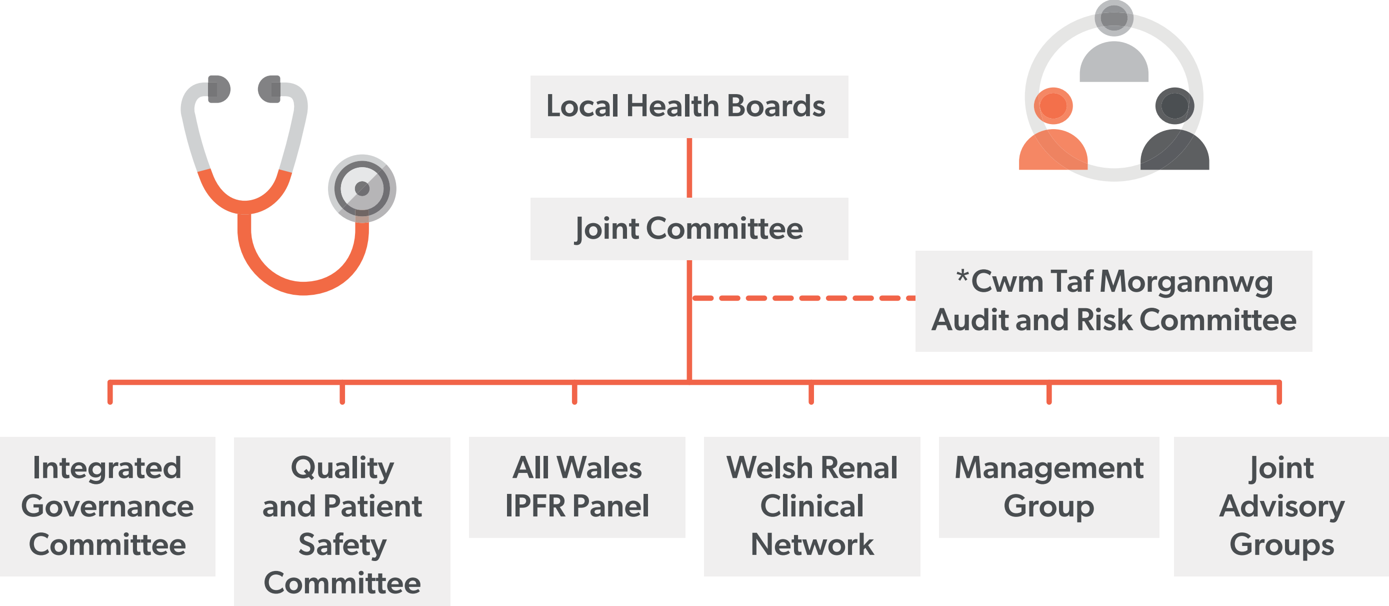
2 Cwm Taf Morgannwg University Health Board is also the host for the Emergency Ambulance Services Committee (EASC) and the NHS National Imaging Academy.

WHSSC's sub-committees and groups generally operate well, although there is a need to ensure that all aspects within terms of reference are appropriately covered

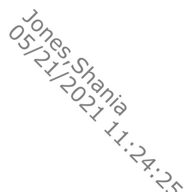
29 WHSSC is required through its standing orders to have committees responsible for quality and safety, and audit. As identified earlier, the Audit and Risk Committee is facilitated through hosting arrangements. However, the Joint Committee is also supported by a range of its own sub-committees and groups (**Exhibit 4**). Some provide scrutiny and receive assurances, while others are more focussed on delivery and decision making. The Quality and Patient Safety Committee, forms part of WHSSC's own committee and group structure. The Joint Committee also has three advisory groups, which at the time of our fieldwork were under review.

Exhibit 4: WHSSC Governance Structure[3]



* Functions as both the Health Board's Audit and Risk Committee and WHSSC's Audit Committee.

Source: WHSSC



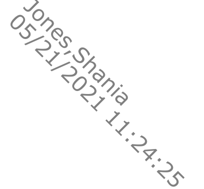
3 See section 2.3 of the 2019/20 WHSSC Annual Governance Statement for more information on the arrangements for Cwm Taf Morgannwg's Audit and Risk Committee and Quality and Patient Safety Committee in relation to WHSCC governance.

30 Most of our observations took place prior to the pandemic. Generally, we found that the meetings had a clear agenda, were well administered with formal procedures observed as expected, such as declarations of interest and review of previous minutes. Meeting papers were clearly written with a templated cover report detailing the purpose of the paper such as for approval, noting and assurance. The sub-committees have an up-to-date work programme and terms of reference.

31 WHSSC's Quality and Patient Safety Committee effectively scrutinises assurance reports from all of its commissioning teams on escalated services, service risks, quality visits, inspections and any incidents or concerns. The committee also receives reports on concerns, serious incidents, ombudsman reports, clinical policy review and COVID-19. WHSS officers are also aiming to improve the flow of information between WHSSC and the quality and safety committees of health boards.

32 During 2019-20, the Integrated Governance Committee met infrequently, leaving a six-month gap between the October 2019 and April 2020 meetings. However, the number of meetings was still in line with the committee's terms of reference and, since April 2020, the frequency of meetings has increased. Our work indicates that there needs to be greater clarity on the role and function of this committee. At present, part of the Integrated Governance Committee's remit is to maintain oversight of the work of the Quality and Patient Safety Committee, Audit and Risk Committee, and the Welsh Renal Network. The Integrated Governance Committee is also responsible for scrutinising delivery and performance of the Integrated Commissioning Plan. Whilst there was good oversight of the plan's development by the committee, we found that with the exception of a routine report on escalated services, there was no evidence of wider scrutiny of delivery against the plan.

33 Our observations found that Management Group, an officer-level group which makes recommendations to the Joint Committee, is well chaired, and in general papers are well discussed. But, as with Joint Committee, we saw a need for better discussion of performance, finance, and service quality and patient safety.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Systems of assurance

34 We examined whether the Joint Committee has an effective system of internal controls to support assurance systems. We found that **in recent years there has been notable strengthening of systems of assurance, but there is scope to strengthen them further**.

Arrangements to promote probity and propriety are in place

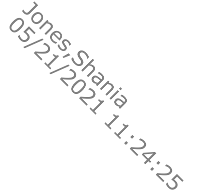
35 WHSSC's governance and accountability framework was last fully reviewed in September 2019. This version reflects the amended voting arrangements and includes:

- Standing Orders
- Memorandum of Agreement
- Hosting Agreement
- Joint Committee Business Framework

36 To help ensure probity and propriety, WHSSC maintains registers for declarations of interest and gifts, hospitality, and sponsorship. The registers are appropriately updated, with records available on the WHSSC website and declared within the Annual Governance Statement.

37 WHSSC keeps an internal audit recommendation tracker, which is clearly formatted and reviewed at each Audit and Risk Committee meeting. There were no external audit recommendations on the tracker when we conducted our review, but we are told that historically recommendations have been listed on the tracker and they were scrutinised in the same way as they were for the host. We would particularly expect the recommendations made in this review to appear on the tracker and be subjected to scrutiny.

38 WHSSC also monitored progress against the 2015 Good Governance Institute and HIW reviews. WHSSC developed a governance action plan and most actions are closed. The Integrated Governance Committee received six-monthly updates on the outstanding actions, the last of which was in March 2019.



Good risk management processes are in place, with risks regularly scrutinised at corporate and Joint Committee level, and systems in place to capture risks arising from COVID-19

39 WHSSC has a Corporate Risk Assurance Framework (CRAF) which identifies high-level risks to commissioned services. Each of the commissioning teams has a risk register. Risks rated 15 or above after controls are put in place are escalated to the CRAF. The Joint Committee has sight of the CRAF twice a year and it is reviewed regularly by the sub-committees and the Corporate Directors Group Board. The CRAF is clearly presented and includes the information we would expect to see on a corporate risk register including a lead director and assuring committee for each risk.

40 WHSSC has recently updated its integrated risk management framework including reviewing existing risk registers, developing a new risk register template, and training staff. The framework sets out accountabilities, responsibilities, and the organisation's risk appetite. WHSSC is seeking further improvements to tighten escalation and de-escalation processes and by introducing an electronic risk management system. It hopes to roll out new risk processes in spring 2021.

41 During the pandemic, a separate risk assessment and register was completed to assess how essential specialised services were impacted by COVID-19. The assessment is a live document which is updated as providers supplied more information. The Joint Committee continues to review both the COVID-19 risk register and the CRAF.

WHSSC is taking necessary action to strengthen its performance management arrangements but will need to consider how these are adapted to monitor and manage the post-pandemic recovery of services

42 WHSSC predominantly monitors a service's performance through national key performance indicators. The measures are set out in contracts and service specifications. Underperformance is managed through WHSSC's escalation framework, which has four levels of escalation, with level four being the highest. The WHSS team holds regular Service Level Agreement (SLA) meetings with Welsh providers, and at least an annual contract meeting with English providers. Escalated services are subject to enhanced performance management arrangements until significant improvement can be demonstrated to allow de-escalation.

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43 During the height of the pandemic, WHSSC stood down SLA monitoring in line with the Welsh Government's practice. At this point only essential specialised services were being delivered. During this time, the WHSS team found it difficult to engage with both Welsh and English providers who were heavily focussed on the pandemic. Pragmatically, to overcome this they adopted a direct monitoring system, reviewing available performance data and challenging providers on the findings. WHSSC is still 'direct monitoring' services and is sharing information with the Welsh Government. Where the WHSS team has been able to proactively engage with providers they have been able to negotiate the continuation of some services. WHSSC reported that despite the pandemic, escalation arrangements continued to work well, and it has helped to highlight differences in activity and productivity between different providers.

44 The pandemic has also highlighted the need to review performance management arrangements and metrics. For example, performance against referral to treatment (RTT) waiting times was often used to determine escalation levels[4]. But in the current climate where RTT waiting times have risen across the NHS, it is difficult to differentiate risk of harm or patient outcome when so many patients are delayed and waiting. As a result, WHSSC is currently in the process of reviewing each service in escalation to see if it is still relevant. WHSSC does not currently have an overarching Performance Management Framework, although it has developed a performance analysis system called 'MAIR' (My Analytics and Information Reports). However, the team is developing a Commissioning Assurance Framework. The framework will set out a new performance assurance process alongside more outcome focussed performance measures. It also proposes an annual meeting between WHSSC executives and health board executives to understand commissioner priorities to feed into the Integrated Commissioning Plan development process. It is hoped the new framework will be launched alongside the refreshed Integrated Commissioning Plan. This is a positive development as monitoring services as they recover from the pandemic will need a different approach. Reviewing data on patient outcomes and harm will need to be an important part of these developing arrangements.

45 WHSSC's integrated performance dashboard is presented to the Corporate Directors Group Board and Management Group monthly, and to the Joint Committee bi-monthly. While there is discussion and challenge at commissioning team meetings, as stated earlier, we observed little scrutiny of this report at Joint Committee. The existing reports do not have a breadth of measures, reporting mainly on waiting times and RTT performance and there is opportunity to refresh these as part of post-pandemic recovery and the new Commissioner Performance Assurance Framework.

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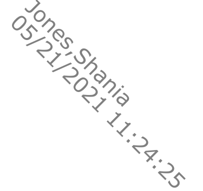
4 The escalation framework works on a four-tier basis with level four being the highest level of escalation. Services can be escalated for performance and/or quality issues.

WHSSC is driving quality improvement through its Quality Assurance Team and quality assurance framework

46 In 2015, the Good Governance Institute and HIW made several recommendations related to quality governance. Since these reviews, WHSSC has made good progress in improving quality governance. The Joint Committee has senior clinical representation, the Director of Nursing and Quality Assurance is a member of the Joint Committee and the Medical Director attends the meeting. At an operational level, each of the six multidisciplinary commissioning teams has an associate medical director for clinical advice and guidance.

47 A Quality Assurance team, led by the Director of Nursing and Quality Assurance, was established in 2019. The team is responsible for monitoring and learning from quality and patient experience to help improve commissioned services. Specifically, this includes managing and responding to complaints, near misses, serious incidents and never events. The team is also part of the multidisciplinary commissioning teams and is involved in planning and quality assuring commissioned services. In addition, WHSSC has updated its Quality Assurance Framework which was agreed in 2014 and will form part of the new Commissioning Assurance Framework.

48 To share intelligence and reduce duplication, the Quality Assurance team maintains good relationships with providers and regulators. For example, the team holds quarterly meetings with the quality leads at provider health boards to review a range of quality measures and information. They also use intelligence from regulators, clinical audit, and the National Collaborative Commissioning Unit (mental health services) to feed into planning and monitoring of services. There is a different system for English providers. NHS England has a quality assurance portal, which WHSSC accesses. Information on the portal is detailed and benchmarked against similar NHS England providers. WHSSC plans to replicate this approach for Swansea and Cardiff and Vale University Health Boards.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Strategic planning

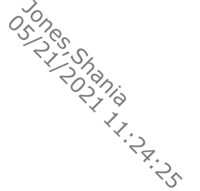
49 Our work examined whether WHSSC has a clear and robust approach to strategic and financial planning. As a result of the pandemic, the specialised services environment has changed, with some services, particularly surgical, stopping or significantly curtailed. Our review found that **planning arrangements provide a good foundation but there is need for a clear strategy to respond to the challenges presented by COVID-19**.

Annual planning arrangements are generally effective, but recovery of services will be challenging

50 WHSSC currently undertakes planning each year culminating in a rolling three-year Integrated Commissioning Plan. This plan is agreed annually and has become increasingly timely and mature in recent years. There are clear stages of development and engagement with health boards as part of the approval process, prior to formal ratification/approval at the WHSSC Joint Committee. There is also a clear process and accountability for different stages of preparation and approval and, if necessary, consultation with relevant stakeholders.

51 WHSSC consults key stakeholders and the public on new commissioning policies, service specifications and revised commissioning policies where there are material changes to the service. There are good examples of this in relation to major trauma and thoracic surgery with the relevant community health councils actively engaging in stakeholder feedback and analysis. Community health council feedback informs both WHSSC planning and the relevant health boards whose population may be affected by proposed service changes.

52 The extent that health boards incorporate specialised services within their own integrated medium-term plans is variable across Wales. For example, Powys Teaching Health Board and Hywel Dda University Health Board rely more significantly on externally commissioned specialised services and we see these featuring in their plans more so than in the plans of the health boards that are specialised service providers.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53 Our work indicates that WHSSC has sufficient capacity and capability to support planning. That capacity and capability was drawn upon in 2020 to help support the Welsh Government's NHS Planning Team's review of health boards' quarterly plans, using their knowledge and experience of complex service planning. WHSSC's planning arrangements include significant contribution from each of the specialised services commissioning teams, clinical impact advisory group and WHSSC Management Group. Clinical advice helps to shape specialised services and WHSSC intends to increase the level of internal 'consultant-level' expertise further.

54 WHSSC has adopted a continuous approach for identifying and evaluating new research, treatments and using NICE[5] guidance to shape commissioned services. This 'horizon scanning' is supported by a consistent and transparent prioritisation process (**Exhibit 5**) to help ensure that investment decisions are affordable, offer value for money and are supported by convincing evidence of safety and effectiveness. The robustness of the approach helps to secure agreement of new proposals at the Joint Committee.

Exhibit 5 – key principles of the prioritisation process adopted by WHSSC

- Scoring and ranking of interventions by the WHSSC Prioritisation Panel is carried out using formal and agreed methodology
- The prioritisation process is intended not to duplicate work already completed (for example by NICE)
- There must be appropriate and timely engagement with NHS Wales as part of the process
- There are clear and agreed scoring criteria and voting technology is utilised during assessment. The criteria include:
  - Strength of clinical evidence
  - Patient benefit
  - Economic assessment
  - Burden of disease (severity of condition and also impact on the population)
  - Reducing inequalities of access

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Source: Audit Wales fieldwork

5 National Institute for Health and Care Excellence https://www.nice.org.uk/

55 COVID-19 has significantly affected the delivery of specialised services across Wales and England. After the first wave of the pandemic, we understand that variation in service productivity between providers was increasing, with some providers able to restart specialised services earlier and with greater degrees of success than others. This creates a commissioning challenge as WHSSC looks to develop post-pandemic recovery plans on behalf of the population of Wales.

Information to support planning and commissioning is improving and will need to adapt to the challenges brought about by the pandemic

56 WHSSC's development of My Analytics and Information Reports (MAIR) in 2018-19 was a notable improvement on previous arrangements. WHSSC has worked closely with health board teams to ensure that health boards now have access to the comprehensive information sets now available. Reports can be tailored by health board or provider, by specialty and point of delivery. Results can also be made available using a variety of visualisation tools including maps, charts, tables, and pathways. This has enabled health boards to gain a deeper understanding of their demand patterns for specialised services and compare their own access rates to other health boards and inform areas for targeted review.

57 Plans for further development of MAIR include:

- Producing performance management dashboards and heat mapping
- Improving the timeliness of performance reporting
- Exploring how quality and outcomes data can be incorporated
- Improving the familiarisation of health boards with the variety of WHSSC's contracts by the production of deep dive reports.

58 Commissioning and contracting services can only be effective if there is robust information to inform operational and strategic decisions. Our work has identified that prior to the COVID-19 pandemic, there was a good track record of analysis of demand and capacity of services both in Wales and England. This will become even more important post-pandemic, to help provide options for recovering service performance and reducing risk of harm as a result of delays in access to care.

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Delivery of Integrated Commissioning Plans is effective, but development and implementation of new services can be slow

59 For services that are already commissioned and being delivered, the necessary arrangements are in place to ensure they are resourced and being delivered as intended, with arrangements to escalate matters should there be any concerns.

60 Commissioning of new services from first consideration through to the launch of new services can, however, be a lengthy process, particularly for services provided in Wales. For example, the major trauma network in south Wales was launched in September 2020, after having been originally identified as necessary back in 2013, although WHSSC's involvement only commenced in 2018-19. Similarly, the improvements to thoracic surgery services, identified as necessary by the Royal College of Surgeon's report in 2016, are not expected to go live until 2024, and this is subject to a capital business case requiring Welsh Government funding.

61 Whilst introduction of new services is by no means simple, there has been protracted debate on where the new developments mentioned above should be housed, although the statutory engagement and consultation process, which is integral to this, can consume considerable time. The roll out of such schemes is not the sole domain of WHSSC and depends upon the wider architecture that supports regional service development within the NHS in Wales. There is scope, however, to strengthen end-to-end programme management of such schemes to improve timeliness of service development. The pandemic has created a common sense of urgency amongst providers. This momentum needs to be maintained to identify and rapidly develop or reshape services to accelerate recovery.

Financial planning arrangements are sufficiently robust and linked appropriately to the Integrated Commissioning Plan but will need to ensure value for money as services restart and aim to recover

62 Financial planning is an integral element of the Integrated Commissioning Plan. Health boards are fully engaged in discussions on costs and projected cost growth for the coming financial year during planning and agreement stages, prior to ratification of the plan. Cost growth is explicitly defined in the plan and justified through the agreed process for horizon scanning and prioritisation. Financial planning has two distinct elements:

- determining overall specialised services costs and the apportionment of these costs to health boards; and
- contracting and commissioning health boards and trusts in relation to provision of specialised services.

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63 These are managed through financial risk-sharing agreements. These agreements set out who pays for what in relation to the provision and receipt of services. The risk sharing agreements are based on a financial formula and this is used both as part of planning and at the year-end to look at variance in activity against plan and determine distribution of under and overspends. There are different models for risk sharing designed to suit different types of commissioned services. For most services, planning is based on actual utilisation and a two-year average of activity. This is designed to smooth some peaks and troughs but also create incentive for efficiency. Highly specialised services which are not utilised often are funded using a population-based formula which is designed to provide continuity of income. This is to ensure services are sustainable, but also to protect against peaks of extreme costs when services are required.

64 Our review of health board expenditure on specialised services for the period 2014-15 to 2020-21[6] indicates the overall costs have increased above inflation. We understand that this is typical when new specialised therapies and treatments are developed and adopted into commissioning agreements.

65 In the short to medium term, however, the impact of COVID-19 on finances presents a number of challenges, including:

- payments to providers have continued in Wales and England albeit recent negotiations have resulted in rebates/reductions where there is under-delivery by providers;
- lack of service delivery during the pandemic has created a backlog of waits for some specialised services; and
- lack of patients presenting to primary and secondary care with symptoms during the pandemic may mean that there is greater hidden demand, and that conditions may have exacerbated, requiring more costly intervention downstream.

66 The Joint Committee should seek to understand the short and medium term financial impacts of COVID-19 to determine what this means for service recovery plans.

Jones,Shania
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6 2019-20 data is taken from the Month 12 Health Board expenditure on Welsh Health Specialised Services. 2020-21 costs are based on forecast expenditure budgeted within the 2020-21 integrated commissioning plan. We acknowledge that 2019-20 data is currently unaudited, and 2020-21 data is subject to significant variation as a result of the COVID-19 outbreak.

Value-based commissioning approaches are improving, but to maximise recovery with finite resources, this now needs more strongly to link to patient outcomes, prioritisation, and de-commissioning

67 Prudent and value-based care is a core aspect of the 2020-2023 Integrated Commissioning Plan. This focussed on increasing the value achieved through improvement, innovation, use of best practice and eliminating waste. The value-based commissioning approach adopted by WHSSC is logical and methodical. This includes identifying commissioning opportunities, refining these, and engaging the WHSSC Management Group members and wider teams. WHSSC has developed thematic areas for value-based commissioning. Some of these will be easier to achieve than others and some may need to be pursued over a multi-year period. The areas include procurement, efficiency, service rationalisation, disinvestment, and assessing access criteria.

68 While COVID-19 has changed the position significantly, the extent of the original value-based commissioning savings for 2020-21 was around £2.75 million. Overall, our review has identified that WHSSC's value-based approach is developing and there is opportunity to exploit this further. In doing so, we expect there will need to be a clear and strong focus on collecting patient outcome information to inform the development of opportunities to reduce waste and maximise the benefit of investment in specialised care. For example, there remains greater opportunity to assess services:

- which do not demonstrate clinical efficacy or patient outcome (**stop**);
- which should no longer be considered specialised and therefore could transfer to become core services of health boards (**transfer**);
- where alternative interventions provide better outcome for the investment (**change**);
- currently commissioned, which should continue (**continue**).

COVID-19 has delayed the development of a new specialised services strategy, but this now provides the opportunity to shape the direction to focus on recovery, value and to exploit new technology and ways of working

69 A key function of commissioning relates to planning of services to meet population need. The specialised services strategy provides a framework for commissioning services, but the current version is dated 2012. Senior specialised services officers had intended to refresh the strategy in 2020, but this has been delayed by the pandemic. However, this gives specialised service officers the opportunity to shape the strategy to focus on COVID-19 recovery arrangements alongside routine technological, therapeutic and policy developments.

Jones,Stephanie
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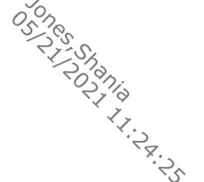
Future arrangements for commissioning specialised services

70 Our review, in examining both WHSSC's governance and planning arrangements indicates that **there would still be merit in reviewing the future arrangements for commissioning specialised services in line with the commitments of A Healthier Wales.**

71 **A Healthier Wales**, the Welsh Government's plan for health and social care in Wales signalled an intention to create a national executive to strengthen national leadership and strategic direction across a range of areas. Linked to this, **A Healthier Wales** signalled an intention to review a range of hosted national functions, including WHSSC, with the aim of consolidating national activity and clarifying governance and accountability.

72 Whilst the findings in this report show that the governance arrangements for WHSSC have continued to evolve positively in the main, they do also point to a need still to undertake the wider review signalled within **A Healthier Wales**. The current collaborative commissioning model has strengths in that it creates a collective and jointly owned approach to the planning and delivery of specialist services. However, it also has some inbuilt risks that sees individual Joint Committee members having to balance all-Wales needs with those of their population and the individual NHS bodies they lead.

73 The Good Governance Institute's report in 2015 questioned the hosting arrangements for WHSSC, suggesting that a more national model might be appropriate. WHSSC's hosting arrangements have remained unchanged since that report and our work has shown that in respect of WHSSC's governance, the use of the hosting health board's Audit and Risk Committee needs to be reviewed to ensure there is sufficient depth of debate and scrutiny (see **paragraphs 27** and **28 above**).



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Jones,Shania
05/21/2021 11:14:25

Reporting Committee	Emergency Ambulance Services Committee
Chaired by	Chris Turner
Lead Executive Directors	Health Board Chief Executives
Author and contact details.	Gwenan.roberts@wales.nhs.uk
Date of last meeting	9 March 2021

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

An electronic link to the papers considered by the EAS Joint Committee is provided via the following link: https://easc.nhs.wales/the-committee/meetings-and-papers/

Chris Turner (Chair), welcomed Members to the virtual meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee. The meeting scheduled to take place in January 2021 was cancelled due to operational pressures related to the pandemic.

CHIEF AMBULANCE SERVICES COMMISSIONER'S REPORT

Stephen Harrhy presented an update on the following areas:

- Ongoing work with the Fire and Rescue Services (as potential first responders)
- Safe cohorting of patients to help reduce handover delays at emergency departments
- The progress developing a dashboard to help health boards better plan their services working in real time with the ambulance service
- The work of the Ministerial Ambulance Availability Taskforce, the interim report had been submitted to the Minister for Health and Social Care
- Emergency Medical Retrieval and Transfer Service (EMRTS) - Members were notified that accessing capital funding had been an issue for the service in terms of their expansion plans and this had now been resolved.
- Non-Emergency Patient Transport Service (NEPTS) - Members noted that the roll out was almost complete; the final two health boards would soon complete the transfer and the CASC thanked the Members for their support in progressing this matter.
- Emergency Medical Services Framework - Members noted that the EMS Framework had been refreshed. The version produced was less technical than previous iterations but continued to link to the care standards and core requirements but was more focused on outcome and outputs, a change which was welcomed by the Members. There were no specific issues to raise and the framework had been discussed at the EASC Management Group. The Framework was approved by the Committee.

PROVIDER ISSUES

Jason Killens, Chief Executive at the Welsh Ambulance Services NHS Trust (WAST) gave an overview of key matters including:

- Covid pandemic, escalation levels at WAST and also learning lessons
- Red performance remained below the target
- Serious adverse incidents

Jones,Shania 05/11/2021 12:20:25

- Handover delays had increased leading to unacceptable waits for ambulances
- Update on the use of personal protective equipment and the Health and Safety Executive
- Progress on the Operational Delivery Unit at WAST and linking with Chief Operating Officers
- The Demand Management Plan at WAST had increased to level 5 and this meant that people in communities who would have normally received an ambulance response being left to make their own arrangements.

FOCUS ON - EASC ANNUAL PLAN AND COMMISSIONING INTENTIONS

Members noted the intention to focus on three areas in alignment with health boards' resetting:

1. Focus on commissioned services
2. Transformational work programmes
3. Develop the commissioning cycle more fully.

Members noted that the Annual Plan and Commissioning Intentions had been discussed at the EASC Management Group and the guiding principles agreed included:

- Intentions will be at the strategic level and will be extant for a minimum of 3 years
- Collaborative priorities ie WAST, HBs and EASC Team will be agreed annually for each intention
- They will focus on delivery and outcomes
- Each intention will have annually agreed aims, product or indicator or a combination of these.
- They will recognise the challenges of resetting in post-Covid environment and the opportunities to fast track service transformation
- They will not replace or override extant requirements within the commissioning framework or statutory targets or requirements.

For emergency medical services the commissioning intentions included:

- seizing the opportunities afforded by the Welsh Clinical Response Model and the 5 Step EMS Ambulance Pathway.
- optimising the availability and flexibility of front line resources to meet demand.
- maximising productivity from resources and demonstrate continuous improvement.
- developing a value-based approach to service commissioning and delivery which enables an equitable, sustainable and transparent use of resources to achieve better outcomes for patients.
- collaborating to reduce and prevent harm, and improve quality of service and outcomes for patients.
- collaboratively developing and delivering services that allow the ambulance service to contribute to the wider health system.

Members asked about the 111 Service Programme and Contact First plans; the Committee was not currently responsible for commissioning these services under the Statutory Establishment Order for the EAS Joint Committee. Members were aware of the increasing symbiosis of the 999 service and the 111 Service Programme. The 111 Service Programme Board was also considering the right governance arrangements to avoid duplication.

Jones,Sharon
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Members noted the current position that the 111 Service reported through its Programme Board and the Contact First reported through to the National Programme for Urgent and Emergency Care. Members felt it would be helpful that the processes could be simplified and noted that the EASC Joint Committee could provide strong governance for these services.

The EMRT service had been allocated funding to establish the Critical Care Service (£1.7m) as well as funding to support the Major Trauma Network.

WELSH AMBULANCE SERVICES NHS TRUST (WAST) DRAFT INTEGRATED MEDIUM TERM PLAN (IMTP)

The draft WAST IMTP was received. In presenting the plan, Jason Killens highlighted the overarching (current draft) summary position including:

- The plan built on previous plans
- Recognises the EMS 999 service and also the front end of the 111 service (through the programme board)
- Recognised that this was a 3 year plan although Welsh Government only asked for an annual plan
- Demand and Capacity review investment and efficiencies to be made; increasing hear and treat rate

Next 12 months

- Call handling (111 roll out – BCUHB in June and CVUHB will be the last health board to come on line)
- Implement new SALUS system – national system for 111 in the summer (Plans for CVUHB could be brought forward after the new system is implemented if required)
- More call handlers and clinicians and investing in senior clinicians in 111 to develop options for patients
- Digital options and offers to be developed – including video assessments with clinical staff (begin to defray as much activity with a digital offer)
- WAST expect 111 and 999 services to come together as a clinical service and work through how this may look in the future
- Demand and capacity – appointing a further 127 staff to close relief gap and concurrently the efficiency work – will involve changing rosters
- Electronic patient clinical record; will improve data collection and accessibility and connection of data sets which will inform decision making
- Respiratory and other pathways
- NEPTS – national footprint for the first time

Additional offers could include (if commissioned)

- Recruit a further 50 paramedics
- More staff through advanced practice (20 in September)
- Implement 'Beyond the Call,' responding with specialist clinicians and a level 2 full service nationally.

Jones,Shania
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Members noted that additional information would be developed to provide a sense of what might be achieved on performance into the final version of the IMTP. The model for rural areas was also of interest to Members and further work would take place to discuss improving services.

Members **RESOLVED** to: • **SUPPORT** the draft WAST IMTP. • **APPROVE** the Chair and CASC sign off the plan at the appropriate time before submission to the Welsh Government. **FINANCE REPORT** The EASC Finance Report was received. Members noted the stable position, 100% balanced plan. There were no anticipated difficulties to complete the finance report at year end. Members **RESOLVED** to: **APPROVE** and **NOTE** the report. **EASC GOVERNANCE INCLUDING THE RISK REGISTER** The EASC Governance report was received. Members noted: • The temporary changes to the model Standing Orders in line with the Welsh Health Circular 2020/11 would revert to the original Standing Orders on 31 March 2021. • The EASC Directions and Regulations • The Risk Register which had been received at the EASC Management Group • The EASC Sub Group membership had been clarified for all health boards • Plans to improve public access to Committee meetings in line with health boards. Members **RESOLVED** to: • **APPROVE** the Model Standing Orders for EASC noting the changes following the completion of the Welsh Health Circular 2020/011 on 31 March 2021 • **APPROVE** the risk register.
Key risks and issues/matters of concern and any mitigating actions
• Increasing handover delays • Red performance not meeting the target - risk register amended to demonstrate deterioration in performance • Decreasing Amber performance - risk register amended to demonstrate deterioration in performance • WAST Demand Management plan at level 6 • Next 'Focus on' session – a modern ambulance service
Matters requiring Board level consideration and/or approval
• None
Forward Work Programme
Considered and agreed by the Committee.

Committee minutes submitted	Yes	√	No	
Date of next meeting	**11 May 2021**			

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05/27/2021 11:24:25

Report:	Chief Officer's Report
Author:	Katie Blackburn
Status:	For Information
Date:	26th May 2021 (report to 17th May 2021)

1. Gathering Public and Patient Feedback

Owing to the Coronavirus pandemic, our main way of engaging with the public continues to be online, through our website, social media and email channels. CHC members and staff are also taking part in virtual meetings with a variety of organisations.

2. Surveys

- The national CHC survey on NHS Care During the Coronavirus Crisis is still ongoing. The survey is available at the following link http://ow.ly/ueeI50BXdQo; The survey is now available in paper format. Copies of the paper surveys will be issued to CHC members very shortly for them to circulate in their communities.

- Tell us what you think about your NHS. The survey is available at the following link https://svy.at/95qnn

- We have started work on a Mental Health Project and have had an initial discussion with Joy Garfitt, Assistant Director for Mental Health Services, and Lucy Harbour, Mental Health Partnership Participation Officer, at the Health Board. The Project Plan is being drawn up.

Jones,Shania
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We have decided that the first stage of the project should be to gather information from young people. We are currently developing a survey to ask young people about their experience of accessing mental health or wellbeing services. We are making contact with schools about circulating the survey to secondary school pupils. We would like to get this survey in to schools before half term.

3. CHC National Reports

Feeling Forgotten – waiting for care and treatment during the coronavirus pandemic

Feeling forgotten - waiting for care and treatment during the coronavirus pandemic.pdf (wales.nhs.uk)

4. Powys CHC Website

Home - Powys Community Health Council (nhs.wales)

5. Community Engagement

Powys CHC has virtually attended the following events between 23rd March 2021 and 17th May 2021:

25th March	SATH Ockenden Assurance Committee
30th March	Powys Teaching Health Board (PTHB) – Powys Pharmaceutical Needs Assessment Steering Group
30th March	SATH – Engagement catch up
14th April	SATH – Public Focus Group – Clever Together Online community chat
15th April	PTHB – Experience, Quality & Safety Committee
20th April	PTHB – Out of Hours Quarterly Performance Monitoring Meeting
22nd April	SATH Ockenden Assurance Committee

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27th April	PTHB Board Members Meeting with CHC Members
6th May	Shrewsbury & Telford Maternity Voices Partnership
6th May	PTHB – Performance & Resources Committee
18th May	SATH Stakeholder Meeting to discuss potential changes to Renal Services at Princess Royal Hospital, Telford
18th May	Powys Association of Voluntary Organisations (PAVO) – Welshpool/Montgomery/Llanfair Caereinion Community Workers Network Meeting
25th May	SATH Engagement Catch-up

Some of these meetings provide us with the opportunity to scrutinise what is happening with health services. Other meetings are used to gather information about the work being undertaken by other organisations and also to promote the work of the CHC.

Briefing reports about the meetings are shared in the relevant local committee or full council meetings.

6. Service change and patient engagement:

All Powys CHC meetings have been re-instated and are being attended by members of the public.

At the moment, service changes have predominantly been "urgent" service changes which are considered at the Services Planning Committee.

Executive Committee decisions relating to service change during this period:

- Proposed changes to Vascular Services in South East Wales

  Agreed by Executive Committee 12th May 2021

  Specific Comments and Observations:

  - Members observed (and raised concern) that all the "spokes" are positioned along the M4 corridor and that PtHB should continue discussions with CTM to consider a "spoke" being situated at Prince Charles Hospital.

  - The continued issue re. parking at UHW

  - That consideration of travel time/ public transport times should be taken into account when arranging appointments for patients travelling from Powys

  - Consideration must be given (and opportunities maximised) for pre-hospital/ rehabilitation/ care closer to home (including the use of Powys facilities eg Brecon Hospital)

- Radiotherapy Service Change – Engagement Plan

  Agreed by Executive Committee 13th May 2021

- Proposed (urgent) change of location of dental services from Llanfyllin to Llansantfraedd

  Agreed by Executive Committee 12th May 2021

  Specific Comments and Observations:

  - Members sought clarification as to why this was considered to be an urgent service change

  - Members requested that patients and the community were communicated with about the proposed changes

  - Depending on the feedback received by patients and the community, a mitigation plan is put in place

Jones,Shania
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7. Advocacy – 23rd March 2021 – 16th May 2021

Open cases as of 16TH May 2021 2020: **35**

Pre Local Resolution	Local Resolution	Further Local Resolution	Ombudsman	Continuing Health Care Funding	Redress	Serious Incident Review	Total
3	19	5	4	1	2	1	35

New Cases 5th March 2021- 16th May 2021: **12**

Closed Cases 5th March 2021- 16th May 2021: **8**

The number of complaints does not truly reflect the complexity each case brings. For every complaint there is an 'incident' and some complaints have several incidents that may involve multiple Health Boards and sites.

Number of Complaints	Number of Incidents
35	44

Subject	Numbers
Clinical Practice	25
Standards Of Care	4
Communication	4
Procedures	6
Waiting Times	1
Other	2
Coronavirus	2

Jones,Sharon
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Site	Total Complaints	%
Complaints relate to 7 Mental Health Units/ Community Mental Health Teams	9	26%
Complaints relate to 4 GP practices	4	11%
Complaints relate to 9 hospital sites	22	63%

Finally………

Powys CHC would like to extend their continued thanks to all the staff of PtHB for the organisation, dedication and commitment to rolling out the mass vaccination programme across Powys. Weekly contact between the CHC and HB ensures that any issues can be resolved as soon as possible. Powys CHC is picking up very positive feedback on the "experience" – and the tremendous support being provided by volunteers, the military and staff. Thank you.

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Katie Blackburn

Prif Swyddog / Chief Officer

CIC Powys / Powys CHC

AGENDA ITEM: 3.7

BOARD MEETING	DATE OF MEETING: 26 May 2021
Subject :	**SUMMARY OF PARTNERSHIP BOARD ACTIVITY**
Approved and Presented by:	Carol Shillabeer, Chief Executive
Prepared by:	Corporate Governance Manager
Considered by Executive Committee on:	Not before paper submitted to the Board
Other Committees and meetings considered at:	Information contained in the papers appended to this report have been considered by the relevant partnership board.

PURPOSE:

The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent partnership board meetings, including the following:

- NHS Wales Shared Services Partnership Committee (NWSSPC).
- Powys Public Services Board (PSB);
- Regional Partnership Board (RPB);
- Joint Partnership Board (JPB).

RECOMMENDATION(S):

It is recommended that the Board DISCUSSES and NOTES the updates contained in this report in respect of the matters discussed and agreed at recent partnership board meetings.

Ratification	Discussion	Information
✗	✓	✗

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THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):		
Strategic Objectives:	1. Focus on Wellbeing	✓
	2. Provide Early Help and Support	✓
	3. Tackle the Big Four	✓
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	✓
	6. Promote Innovative Environments	✓
	7. Put Digital First	✓
	8. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	✓
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

BACKGROUND AND ASSESSMENT:

Powys Teaching Health Board is a member of the following partnership boards. This report provides an update in relation to the work of these Partnership Boards.

NHS Wales Shared Services Partnership Committee (NWSSPC): established under Velindre NHS Trust which is responsible for exercising shared services functions including the management and provision of Shared Services to the NHS in Wales.

- NWSSP held a meeting on 18 March 2021 and the Chair's Report from that meeting is attached at Item **Appendix 1**
- A further meeting was held on the 20 May 2021. The Chair's Report from that meeting will be brought to the next meeting of Board.

The Powys Public Services Board (PSB): established by the Well-being of Future Generations (Wales) Act 2015. Its role is to improve the economic, social, environmental and cultural well-being of Powys through better joint working across all public services. This includes a yearly review of the Powys Wellbeing Plan to show progress.

- The PPSB last met on the 29 April 2021 where the following issues were discussed:
  - Recovery Planning and Well-being assessment

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- Overview of outcomes from the PSB Recovery Workshop and to consider delivery plans for Steps 4, 7 and 8.

- PSB Leadership of Step 2
- Well-being Steps Q 4 2020-21 highlight reports
- PSB Annual Report

The papers and minutes for this meeting can be accessed here.

The Powys Regional Partnership Board (RPB): established under the Social Services and Well-being (Wales) Act 2014, which came into force in April 2016. Its key role is to identify key areas of improvement for care and support services in Powys and to identify opportunity for integration between Social Care and Health.

- There have been no meetings of the RPB since last reported to Board

The Joint Partnership Board (JPB): established under The National Health Service Bodies and Local Authorities Partnership Arrangements (Wales) Regulations 2000 (S.I. 2000/2993 (W.193)) made under section 33 of the NHS (Wales) Act 2006. JPB brings together County Council and Powys Teaching Health Board to provide strategic leadership to ensure effective partnership working across organisations within the county for the benefit of Powys' citizens.

- There have been no meetings of the JPB since last reported to Board.

NEXT STEPS:

Updates will continue to be brought to the Board and where necessary, specific decision-making matters will be scheduled.

Jones,Shania
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ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	**Shared Service Partnership Committee**
Chaired by	Mrs Margaret Foster, Chair
Lead Executive	Mr Neil Frow, Managing Director, NWSSP
Author and contact details.	Peter Stephenson, Head of Finance and Business Development
Date of meeting	18 March 2021

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

Managing Director's Report – the main issues noted were:

- **Welsh Risk Pool** - the 2020/21 £121m DEL forecast includes significant additional risk since December due to the current national lockdown. Cases which would have otherwise continued to settlement are being delayed into the next financial year. The potential risk to the outturn has been quantified at £6m and mitigating steps are being taken to see what other appropriate action can be taken to reduce any changes to the forecast outturn. The risk-sharing agreement has been frozen as at the end of January at the agreed figure of £13.779m and this has been communicated to Directors of Finance.
- **SSPC Membership** - The Minister is currently updating the regulations to enable both Health Education and Improvement Wales, and Digital Health & Care Wales, to become full voting members of the Shared Services Partnership Committee. As part of this process, Welsh Government have taken the opportunity to review the Shared Services element of the Velindre NHS Trust Establishment Order to ensure that it appropriately covers all the services provided and offered by NWSSP. Their findings were that the Order remains appropriate, and in accord with the definition of what NWSSP were established to do.
- **TRAMS** - Committee Members were written to at the start of February to confirm their **APPROVAL** to support the TRAMs proposal and specifically to fund a small and non-recurring revenue gap in years 3 and 4 of the project through a first call on NWSSP savings. Positive confirmation of support was received from all NHS organisations on this proposal, including a number who have committed to use their share of any NWSSP savings even though they do not directly benefit from the TRAMS business case. Feedback is currently awaited from the Minister's Office with regard to endorsement of the Programme Business Case following the positive Capital Infrastructure Investment Board meeting on the 28th January.

Jones,Sonia
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Items Requiring SSPC Approval

Annual Plan – Since presenting the Plan to the January SSPC, the Director of Planning, Performance, and Informatics has met individually with Committee members to discuss the indicative plan and confirm key priorities for 2021-22. The Touchpoint meeting with the Welsh Government Planning team on 2 March was followed by a further meeting with the Finance Delivery Unit on 8 March. Both were extremely positive. The key aspects of the plan, and the associated financial implications and requirements, were presented to the Committee. The plan is ambitious but proportionate and financially balanced. The plan seeks to:

1. Support the NHS in reducing the four harms of COVID19, including the vaccination campaign.
2. Continue to deliver the basics well, with a strong focus on end user experience.
3. Review processes and tailor services to customer priorities as they restart areas such as planned care.
4. Implement a number of 'Once for Wales' solutions that deliver service improvement and transformation.
5. Apply learning from the pandemic and embed new efficient and sustainable ways of working across the organisation.
6. Put the voice, health, and wellbeing of our staff at the heart of our plans.

The Plan was supported by Committee members in particular highlighting the potential impact and support NWSSP could have with regard to the foundational economy and the decarbonisation agenda. The Committee **APPROVED** the plan.

Laundry Services - Sufficient progress has been made with three out of the five existing laundries to allow the TUPE transfer process to conclude on 1st April. A number of appointments have been made to strengthen the management structures within NWSSP to oversee the transfer and subsequent operation of the laundry service going forward as well as ensuring the next phase of the laundry development is taken forward in a timely manner. The financial positions have largely been agreed with ABUHB, BCUHB and Swansea Bay for the three laundries transferring on 1 April. The transfer will mean customers who currently have their laundry service provided by one of these laundries will continue to receive the same service "as is" with no anticipated change in delivery arrangements or cost attributed to that service at the present moment. A draft Service Level Agreement has been documented for the provision of this service which was **APPROVED** by the Committee and which will be reviewed after the end of the first quarter of operation together with the development of additional KPIs.

Temporary Medicines Unit - The Committee **APPROVED** the extension of the associated TMU SLA and Technical Agreements, up to March 2023.

Scan4Safety- The Scan4Safety Business Case was presented by the NWSSP Director of Procurement and the Programme Manager. This had previously been reviewed by the Committee in January. In addition, it had been taken to DoFs in February and was going back to DoFs on 19th March. The benefits of the initiative were reiterated and were fully supported by the Committee. The Committee **APPROVED** the Full Business Case for submission to Welsh Government subject

to endorsement of the revised funding arrangements by DOFs on 19th March 2021.

NHS Wales Mediation Network – The Committee were asked to consider a request to fund the costs associated with the development of a new Mediation Network for NHS Wales. The development of the Network is seen to be an integral part of the wider work to address concerns relating to bullying and harassment arising from Staff Survey feedback, setting a framework for improved working relationships and encouraging respect and early resolution of grievances and dignity at work matters. The Committee **APPROVED** the request to fund the 2021/22 costs (approx. £60k) from a call on savings within NWSSP.

Digital Workforce Systems Scheduling – The Committee received a proposal relating to the adoption of a Once for Wales e-scheduling system contract for District Nursing and other Community-based staff at its January 2021 meeting. The required approach was endorsed in the January meeting and the Committee were now being asked to **NOTE** the award of a two-year contract for this system with effect from 31 March 2021.

Finance, Workforce and Governance Updates

Project Management Office Update – The Committee reviewed and noted the programme and projects monthly summary report, which highlighted the team's current progress and position on the schemes being managed.

Finance and Workforce Report - As at the end of M10 the year-end forecast remains at a break-even position. The final ESR recharges for 2020/21 have now been confirmed to UHBs/Trusts and the recharge invoices raised in February following the previously noted risk in respect of this. The previously communicated risk associated with the CTES SIP Fund has been reduced and £0.368m of funds will be returned to UHBs/Trusts in 2020/21.

Corporate Risk Register – there is now one red risk on the register, relating to the replacement of the NHAIS system which is due to go live on 1 July. Two former red risks, relating to the implications of BREXIT and the replacement of the Ophthalmology Payments system have now been reduced to an amber rating.

Finance Monitoring Reports – the Committee were provided with the monitoring returns for Months 9, 10 and 11 for information.

Matters requiring Board/Committee level consideration and/or approval

- The Board is asked to **NOTE** the work of the SSPC and ensure where appropriate that Officers support the related work streams.

Matters referred to other Committees

N/A

Date of next meeting	20 May 2021

Jones,Shania
05/21/2021 14:24:25

AGENDA ITEM: 3.8

BOARD MEETING	DATE OF MEETING: 26 MAY 2021
Subject :	**SUMMARY OF ACTIVITY OF THE BOARD'S LOCAL PARTNERSHIP FORUM**
Approved and Presented by:	Director of Workforce & OD
Prepared by:	Corporate Governance Manager
Other Committees and meetings considered at:	Not presented at any other meeting

PURPOSE:

The purpose of this report is to provide the Board with an update on the work of the Board's Local Partnership Forum.

RECOMMENDATION(S):

It is recommended that the Board RECEIVES and DISCUSSES the update report appended to this report.

Approval/Ratification/Decision	Discussion	Information
✗	✓	✗

Jones,Shania
05/21/2021 11:24:25

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	✓

DETAILED BACKGROUND AND ASSESSMENT:

Powys Teaching Health Board has a statutory duty to take account of representations made by persons who represent the interests of the communities it serves, its officers and healthcare professionals. To help discharge this duty, a Board may be supported by Advisory Groups to provide advice to the Board in the exercise of its functions.

PTHB's Advisory Groups include a Local Partnership Forum (LPF). The LPF's role is to provide a formal mechanism where PTHB, as employer, and trade unions/professional bodies representing PTHB employees work together to improve health services for the citizens served by PTHB - achieved through a regular and timely process of consultation, negotiation and communication.

A meeting of the Local Partnership Forum took place on 6 May 2021. A summary of that meeting is attached at **Appendix A**. A short LPF Briefing took place on both the 14 April 2021.

NEXT STEPS:

The next update will be presented to the Board on 28 July 2021.

Jones,Shania
05/21/2021 11:24:25

Reporting Committee:	**Local Partnership Forum**
Committee Chair	Jane Jones & Carol Shillabeer (Joint Chairs)
Date of last meeting:	6 May 2021
Paper prepared by:	Corporate Governance Manager

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The Board is asked to note that at the meeting of LPF on 18 March 2021 the following matters were discussed:

- Review of Minutes - Matters Arising / Action Log
- Renewal Priorities
  - Agile Working
- Director of Workforce and OD Report
- Update reports
  - CEO
  - Finance – Month 10 2020/21
  - Digital
  - Staffing
- Work Programme

A summary of key issues discussed on 6 May 2021 is provided below.

Matters Arising / Action Log

The following actions were discussed at the LPF:

The outcome of the Business Case application for Welsh Government support for the carpark at Brecon Hospital was awaited.

The provision of training in carbon literacy was being examined to support the organisation to understand the sustainability agenda.

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It was hoped that Executive Members would be able to undertake engagement visits shortly within the constraints of the Coronavirus Control Plan.

Lessons had been learnt regarding co-ordination of surveys to avoid survey fatigue.

RENEWAL PRIORITIES

The Chief Executive gave a presentation outlining the following renewal priorities with Executive Directors presenting on their own areas:

1. Assess the learning and reflect
2. Understand the latest evidence
3. Assess the position
4. Identify critical priorities and outcomes
5. Develop proposal
6. Formulate annual plan.

Forum members had an opportunity to ask questions throughout the presentation.

AGILE WORKING

The Assistant Director of Workforce and OD gave a presentation on Agile Working and the meeting broke out into the following groups:

- Agile Framework
- People Management
- Infrastructure
- Health Wellbeing and Support

The feedback from the groups would be used in conjunction with other planned engagement including staff focus groups to inform the development of agile working arrangements.

DIRECTOR OF WORKFORCE AND OD SUMMARY REPORT

- Respect and Resolution Policy – Healthy Working Relationships – this policy was under development to replace the Grievance Policy and Dignity at Work Process with an expected implementation date of 1 June 2021

Jones,Shania
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- NHS Staff Bonus Payment – subsequent to the Minister's announcement on 17 March 2021 a one-off payment of £735 would be made to all directly employed NHS Staff with at least one months continuous service between 17 March 2020 and 28 February 2021
- Mass Vaccination and Test Trace Protect Service – a Programme Director has been appointed to manage both these services
- Volunteers – a positive volunteer presence is ongoing and discussions are taking place with PAVO regarding the long term plan for volunteers.
- Staff Appreciation event 14 April 2021 – well attended with nominations for individuals and teams, for the first time held virtually
- Health and Care Academy update – an expected physical finish date of July 2021
- Wellbeing update – including a successful bid to Charitable Funds to support staff wellbeing initiatives including provision of wellbeing workshops and out of hours counselling services
- Raising Concerns – a session to be presented to a future LPF regarding the policy

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Information Items

LPF received updates for information on:

1. Chief Executives Report (oral)
2. Financial Performance Year End 2020/21 (oral)
3. Workforce Analysis Report

NEXT MEETING

The next meeting of LPF will be a briefing due to be held on 14 April 2021

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