PTHB Board Meeting Public Agenda Pack

Wed 27 January 2021, 10:00 - 12:30

Teams Meeting Livestreamed

Agenda

10:00 - 10:00
0 min

1. PRELIMINARY MATTERS

Board_Agenda_27Jan21_Final.pdf (3 pages)

1.1. Welcome and Apologies for Absence

1.2. Declarations of Interest

1.3. Minutes of Previous Meeting for Approval:

1.3.1. 25 November 2020

Board_Item_1.3a_2020-11-25 PTHB Board Minutes unconfirmed.pdf (22 pages)

1.3.2. 21 December 2020

Board_Item_1.3b_2020-12-21 PTHB Board Minutes unconfirmed.pdf (9 pages)

1.4. Matters Arising from the Minutes of Previous Meeting

1.5. Board Action Log

Board_Item_1.5_PTHB_Action_Log_post Nov20.pdf (1 pages)

1.6. Ratification of Decisions taken via Chair's Action on:

1.6.1. 8 December 2020

Board_Item_1.6a_Chair's Action Minutes_for publication_08Dec20.pdf (3 pages)

1.6.2. 14 December 2020

Board_Item_1.6b_Chair's Action Minutes_for publication_14Dec20.pdf (3 pages)

1.7. Update from the:

1.7.1. Chair

1.7.2. Vice Chair

Board_Item_1.7b_Vice Chair's Report.pdf (3 pages)

1.7.3. Chief Executive

10:00 - 10:30
30 min

2. ITEMS FOR APPROVAL/RATIFICATION/DECISION

2.1. COVID-19 Vaccination Programme Delivery Plan

- Board_Item_2.1_Vacc Plan Phase2.pdf (1 pages)
- Board_Item_2.1a_Covid 19 Vaccination Programme_PlanPPT_DraftV11_FINAL.pdf (21 pages)

2.2. South East Wales Vascular Engagement

- Board_Item_2.2_SEW Vascular Engagement.pdf (9 pages)
- Board_Item_2.2a_annex_a_Vascular Engagement Draft.pdf (43 pages)
- Board_Item_2.2b_annex_b_Vascular Engagement Summary Draft.pdf (15 pages)
- Board_Item_2.2c_annex_c_Vascular Draft Stakeholder Plan.pdf (4 pages)
- Board_Item_2.2d_annex_d_Vascular Draft EqIA.pdf (19 pages)

10:30 - 11:10
40 min

3. ITEMS FOR DISCUSSION

3.1. Planning and Performance Update:

3.1.1. Update Against Winter Protection Plan (Q3)

- Board_Item_3.1a_Update Against Winter Protection Plan (Q3).pdf (13 pages)

3.1.2. Performance Overview (Q3)

- Board_Item_3.1b_PerformanceOverview_January2021_Final.pdf (21 pages)

3.1.3. Annual Plan 2021-2022 Approach

- Board_Item_3.1c_Annual Plan 2021-2022 Approach.pdf (11 pages)

3.2. Financial Planning and Performance:

3.2.1. Financial Performance Report, Month 09, 2020/21

- Board_Item_3.2a_Financial Performance Report Mth 9 Board.pdf (17 pages)

3.2.2. Revenue Allocation Letter and Annual Resource Plan 2021/22

- Board_Item_3.2b_Summary Allocation Letter 2021-22.pdf (10 pages)

3.3. Post-COVID Syndrome Management Pathway

- Board_Item_3.3_Post COVID-19 Syndrome Update.pdf (4 pages)

3.4. Update on EU Transition

- Board_Item_3.4_Board_EU_Transition Update_Board_27Jan21_.pdf (7 pages)

11:10 - 11:10
0 min

4. ITEMS FOR NOTING

4.1. Assurance Reports of the Board's Committees

4.1.1. PTHB Committees

- Board_Item_4.1a_A_Committee Chair Reports January 2020.pdf (3 pages)
- Board_Item_4.1a_Appendix 1Executive Committee Chair's Assurance Report_Jan21.pdf (5 pages)
- Board_Item_4.1a_Appendix 2 Charitable Funds Report January 2021.pdf (5 pages)
- Board_Item_4.1a_Appendix 3 Experience Quality Safety Chairs Assurance Report 3 December 2020.pdf (9 pages)

4.1.2. Joint Committees

- Board_Item_4.1b_A_Joint Committee Reports_January 2021.pdf (3 pages)
- Board_Item_4.1b_Appendix1_WHSSC Chairs Briefing.pdf (1 pages)
- Board_Item_4.1b_Appendix 2_Chair's EASC Summary 10 November 2020.pdf (3 pages)

4.2. Assurance Report of the Board's Partnership Arrangements

- Board_Item_4.2_A_Partnership Board Reports January 2021.pdf (3 pages)
- Board_Item_4.2_App 1 SSPC Assurance Report 19 November 2020.pdf (7 pages)

4.3. Report of the Board's Local Partnership Forum

- Board_Item_4.3_LPF Advisory Groups January 2021.pdf (3 pages)
- Board_Item_4.3a__App 1_Advisory Groups_LPF Report Nov 2020.pdf (5 pages)

4.4. Report of the Chief Officer of the Community health Council

- Board_Item_4.4_CO Report for PTHB January 2021 FINAL.pdf (3 pages)

11:10 - 12:00
50 min

5. OTHER MATTERS

5.1. 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".

5.2. Third Party Development, Llanfair Caereinion: Head Lease Arrangement

5.3. Transfer of the Property Lease for Presteigne Medical Centre to PTHB

5.4. Minutes of the Board Meeting held In-Committee on 28 July 2020, for approval

5.5. Close

5.6. Date of next meeting:

Wednesday 31 March 2021, 10:00 AM, Live Streamed Event

POWYS TEACHING HEALTH BOARD
BOARD MEETING
WEDNESDAY 27 JANUARY 2021
10:00 AM – 12:30 PM
TO BE LIVESTREAMED VIA TEAMS

GIG CYMRU NHS WALES
Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

AGENDA

Estimated Time	Item	Title	Attached / Oral	Lead/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 Meetings(for approval) on: a) 25 November 2020 b) 21 December 2020	 Attached Attached	Chair
	1.4	Matters Arising from the Minutes of the Previous Meeting	Oral	Chair
	1.5	Board Action Log	Attached	Chair
	1.6	Ratification of Decisions taken via Chair's Action on: a) 8 December 2020 b) 14 December 2020	 Attached Attached	Chair
	1.7	Update from the: a) Chair b) Vice Chair c) Chief Executive	 Oral Attached Oral	 Chair Vice Chair Chief Executive
		2: ITEMS FOR APPROVAL/RATIFICATION/DECISION		
10.30am	**2.1**	COVID-19 Vaccination Programme Delivery Plan	Attached	Director of Planning and Performance
	2.2	South East Wales Vascular Engagement	Attached	Director of Planning and Performance
		3: ITEMS FOR DISCUSSION		
11.10am	**3.1**	Planning and Performance Update a) Update against Winter Protection Plan (Q3) b) Performance Overview (Q3) c) Annual Planning Approach, 2021-2022	Attached	Director of Planning and Performance
	3.2	Financial Planning and Performance: a) Financial Performance Report, Month 9, 2020/21 b) Revenue Allocation Letter and Annual Resource Plan 2021/22	Attached	Director of Finance and IT

	3.3	Post-COVID Syndrome Management Pathway	Attached	Director of Therapies and Health Sciences
	3.4	Update on EU Transition	Attached	Director of Public Health
4: ITEMS FOR NOTING				
N/A	**4.1**	Assurance Reports of the Board's Committees a) PTHB Committees b) Joint Committees	Attached	Committee Chairs Chief Executive
	4.2	Assurance Report of the Board's Partnership Arrangements	Attached	Chief Executive
	4.3	Report of the Board's Local Partnership Forum	Attached	Director of Workforce & OD
	4.4	Report of the Chief Officer of the Community Health Council	Attached	Chief Officer of CHC
5: OTHER MATTERS				
	5.1	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:

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12.00PM	**5.2**	Third Party Development, Llanfair Caereinion: Head Lease Arrangement
	5.3	Transfer of the property lease for Presteigne Medical Centre to PTHB
	5.4	Minutes of the Board Meeting held in-committee on 29 July 2020, for approval
12.30PM	**5.5**	Close
	5.6	Date of the Next Meeting: ▪ 31 March 2021, 10.00, Live Streamed Event

Key:

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 meetings in person. **The Board has taken this decision in the best interests of protecting the public, our staff and Board members.** **The meeting will be available to view by the public both in real time by a live-stream and after the meeting when it has been uploaded to the website.**

POWYS TEACHING HEALTH BOARD

UNCONFIRMED

MINUTES OF THE MEETING OF THE BOARD

HELD ON WEDNESDAY 25th November 2020, 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)
Susan Newport	Independent Member (TUC)
Ian Phillips	Independent Member (ICT)
Mark Taylor	Independent Member (Capital & Estates)
Tony Thomas	Independent Member (Finance)
Matthew Dorrance	Independent Member (Local Authority)
Julie Rowles	Director of Workforce, OD & Support Services
Jamie Marchant	Deputy Chief Executive and Director of Primary, Community Care and Mental Health
Hayley Thomas	Director of Planning & Performance
Paul Buss	Interim Medical Director
Claire Madsen	Director of Therapies & Health Sciences
Alison Davies	Director of Nursing & Midwifery
Pete Hopgood	Director of Finance and IT

In Attendance

Rani Mallison	Board Secretary
Katie Blackburn	Community Health Council
Elaine Matthews	Audit Wales
Liz Patterson	Corporate Governance Manager
Caroline Evans	Head of Risk and Assurance
Shania Jones	Committee Secretary

Apologies for absence

Stuart Bourne	Director of Public Health
Frances Hunt	Community Health Council

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/20/86	**WELCOME AND APOLOGIES FOR ABSENCE** The Chair welcomed all participants to the meeting noting that invited observers were present as outlined in the attendance record. Apologies for absence were noted as recorded above.
PTHB/20/87	**DECLARATIONS OF INTEREST** Once declaration of interest was received from Independent Member Trish Buchan regarding Item 2.4 Winter Pressures. Ms Buchan is a Trustee of PAVO who receive ICF Funding as outlined in the report. This was a personal interest only and it was not necessary for Ms Buchan to leave the meeting for this item.
PTHB/20/89	**MINUTES OF MEETING HELD ON 22 October 2020** The minutes of the meeting held on 22 October 2020 were received and AGREED as being a true and accurate record subject to the following amendments: Page 5 para 2: The risk is accurately worded and it was expected this will decrease once all three sites are fully operational (Newtown *Welshpool* was nearing completion). The record of the Annual General Meeting of the Board held on 22 October 2020 was AGREED.
PTHB/20/90	**MATTERS ARISING** It was requested the presentation on the North Powys Well-being Programme Business Case presented to Board on 22 October 2020 be made available on the public website.

PTHB/20/91	**BOARD ACTION LOG** PTHB/20/70 – A deep dive into risk to ascertain if any escalations or de-escalations were required to include the workforce risk - An Update was due to go to Performance and Resource committee in December 2020. PTHB/20/79 - Report on the opening of The Grange University Hospital, Aneurin Bevan University Health Board – An update was provided to the Experience, Quality and Safety Committee on the 6th October 2020 and a further update was included in the Chief Executives Report to the Board meeting of 25 November 2020. Both actions to be marked as Complete.
PTHB/20/92	**UPDATE FROM THE:** **a) Chair** Recruitment is underway to appoint to the two Independent Member vacancies currently held with interviews scheduled for January 2021. The Chair, jointly chaired the Rural Health Care Conference for Mid-Wales on the 11th November 2020. This was a welcome opportunity to meet and collaborate with colleagues on research in the rural healthcare arena. **b) Vice-Chair** The Vice-Chair confirmed that meetings had continued to take place on a regular basis although they have all been held virtually. **c) Chief Executive** The Chief Executive presented her report (copy attached to agenda). An update on the Covid-19 pandemic was provided noting the national restrictions and firebreak had had a positive impact on numbers of cases and currently the are numbers are 83 per 100,000, a significant reduction on a couple of weeks ago although it is expected these numbers will increase. Discussion is taking place regarding the Christmas period, and it is important to continue to encourage sensible precautions

	including, social distancing, not mixing too much in social settings, hand hygiene and use of face coverings. There has unfortunately been COVID-19 transmission in some high-risk settings, in care homes as well as community hospitals, this is being managed very tightly. This a result of the higher transmission rates which have been seen in local communities in particularly through asymptomatic transmissions. There has been some positive news regarding vaccines and the organisation is working extremely hard to get the covid-19 vaccination programme arranged. It is hoped that some early vaccination will take place before Christmas with the main mas vaccination programme for the public is likely to start early 2021. This is dependent on getting final confirmation of the vaccines that will come through to us. It is likely however that a covid environment will be in place over the next year and the focus will gradually move to recovery. South Powys Pathways and the opening of the Grange University Hospital on the 17th November 2020 as planned. The work under the South Powys Pathways Board has allowed confidence in the arrangements that have been put into place. The most recent programme board reviewed the final outstanding risk, which was reducing but had not been fully managed. This had been reviewed and after further work the risk had reduced further. A new Medical Director had been appointed with thanks expressed to Paul Buss and Dr Catherine Woodward for support during the interim period. The Staff Survey had closed the day before with thanks expressed to those who had completed it. The results were awaited.
ITEMS OR APPROVAL, DECISION OR RATIFICATION	
PTHB/20/93	**Reprioritised Strategic Objectives 202/21 (Impact of Covid-19) – 60 Day Review** The Chief Executive presented the report reminding Members that in January 2020 the integrated medium plan

	and the annual plan had been signed off. The Board in its meeting in May 2020, agreed a revised Annual Plan and in July agreed a substantial revision to the priorities, with 12 Strategic Priorities agreed. Progress reviews would take place at least every 90 days and this report is an update to Board which also proposes to amend the Strategic Priorities to add an additional one regarding Planning Ahead. The report gives headline progress on each of the priorities with more detailed reports on some of the priorities having been taken to Board Committees. The report proposes implementing the thirteenth objective, entitled 'Planning Ahead' regarding planning for 2021/22 and beyond, on the assumption that there will be a transition out of the pandemic during that period. The strategic priority proposed allows for a structured approach to planning and preparing for 2021/22. It is hoped this will be the transition year into the post-pandemic era. Attention was drawn to key elements including assessment of learning and reflections and the 'New Ways of Working', commissioned by the Executive Committee to help understand how the organisation had changed and adapted during the pandemic. Also understanding the impact to the population including, the economic factors, social factors and others. The issue of access to health services and how the organisation has adapted along with the challenge of addressing the significantly extended waiting times for patients. It is important to identify the crucial priorities and the proposals that will help to deliver them, which will help formulate the annual plan for next year. The Strategic Priorities together with the additional priority 'Planning Ahead' was APPROVED. The need for flexibility and regular reviews was recognised.
PTHB/20/94	**Maintaining Good Governance Arrangements During COVID-19: Q3/4 Governance Arrangements** The Board Secretary presented the report updating a previous report presented to the Board in May 2020. The paper sets out arrangements to ensure maintenance of an appropriate level of oversight and scrutiny at Board level, as responsibilities are discharged during quarters three and four.

	The paper also provides the revised Governance Framework for the Strategic Gold Commend and Control structure. The paper sets out a proposed plan for the Board to continue to run its meetings and committees, as set out in the agreed terms of reference with regular frequency of meetings continuing. It is proposed that the committee frequencies will be amended for Remuneration and Terms of Service Committee and Executive Committee, which will meet as deemed necessary with the Chair and Chief Executive. In addition, it is proposed to re-establish regular briefings for Board Members thought the winter period to ensure that Board Members are sighted on progress. *Would it be helpful to have something on the channels of communication that remain in place for raising concerns and that Board Members continued to monitor risks and incidents to demonstrate Board is continuing oversight in these areas?* The paper does refer to the internal audit reviews of the governance arrangements during phase one of the pandemic and also the structured assessment undertaken by Audit Wales. This can be brought together moving forward in the next phase of reporting. *It is understood why the Advisory Groups are not yet established and that whilst we work with clinicians and stakeholders does the organisation evidence this?* The Audit, Risk and Assurance Committee considered the findings of the Structured Assessment produced by Audit Wales. The organisation has committed to bring a paper to Board which will set out the existing mechanisms for engaging with the stakeholders and the clinical colleagues. This will enable a risk-based approach to be taken on the establishment of that advisory group structure and be clear about the mechanisms that are maintained during this period. This will be presented at a future meeting. The Chief Executive gave further examples on stakeholder and partner level as well as the clinical level where engagement has been strong through the pandemic.

	On a health professionals' level, the clinical executives on the Board have their own professional advisory infrastructure, which is continued and has been enhanced during the pandemic. There is a GP and Executive Joint Forum which meets fortnightly and enables feedback from the frontline in terms of primary care. There had been a number of Clinical Summits to keep the clinicians as part of the South Powys work Programme. The organisation has worked well with Powys County Council by being able to update county councillors and Cabinet Members, with jointly run sessions. Finally, there have been briefings and discussion workshops with the Community Health Council. It is recognised the Fora are not fully established as set out in Standing Orders however, the spirit of the requirements are being implemented in practice. The approached outlined in the report ensuring an appropriate level of Board oversight and scrutiny to discharge responsibilities effectively during the COVID-19 pandemic, together with the revised Strategic (Gold) Command and Control structure for Quarters 3 & 4, and reintroduced Board Briefings was APPROVED.
PTHB/20/95	**Proposal for a Powys Health and Care Academy** The Chief Executive introduced the proposal for a Powys Health and Care Academy one of the twelve Strategic Priorities of the Board. The inclusion of this item at this time was questioned but as the organisation had worked through the pandemic and going forward it is clear the talents of the workforce will be critical to the success of health and care services. The Board recently approved the Workforce Futures Framework. This is the first major flagship development from this Framework. The Chief Executive noted that she chaired the local Regional Partnership Board who have embraced this as a core priority and there has been strong engagement across the Health Service, Local Government (and in particular Social Care) together with the third sector and others to develop this. The proposal is a 'blueprint' or starting point for the Health and Care Academy.

	The proposal outlines the challenges in Powys around workforce, in particular the availability and access to education, training and development. It also outlines the strengths to build on as a county. There are two elements to the paper; one relates to the blueprint of the Academy which will be structured around four schools, including the schools of; professional and clinical education and training; research, development and innovation; volunteers and carers; and of leadership. These will be multi-agency, cross sector schools. The Health Board have been working alongside Health Education and Improvement Wales and Social Care Wales which has proven to be extremely valuable particularly as new commissions for undergraduate education and non-medical are encouraging a more out-reach model which it is hoped the proposal will benefit from. The second element outlines the development of one of the buildings to be a physical environment to supplement a digital environment for learning. Integrated Care Funding has been awarded to this multi-agency project. The Director of Workforce and OD and Chair of Workforce Futures drew attention to the need to focus on the future whilst acknowledging the challenges faced by the current situation to achieve the aspirations outlined in the Workforce Future document. The Academy is more than a physical space but it is vital to have a physical space to provide focus for the programme. Overwhelming support has been provided by partners and the opportunity to have in-reach university level education within the county and provide education and training for Powys residents at all levels in the health and care sector is cutting edge. *The blueprint outlines the ambition to 'be the sector of choice by growing the health and care workforce through skills development…'. Whilst the section regarding growing the health and care workforce is an ambition which is deliverable is the ambition to 'be the sector of choice' beyond the scope of deliverability for this scheme?* The Director of Workforce and OD noted that it was the intention to be the sector of choice when people are looking at their careers and is not about a building but more about

	the Workforce Futures programme and how this can support careers. This may need to be made clearer within the documentation. It is accepted that this is a challenging ambition but the Workforce Futures Programme accepts this challenge. The Chief Executive welcomed the challenge regarding measurable outcomes and what can be achieved. This ambition has been carefully considered and the necessity to be both ambitious and realistic was noted. What is understood is that because undergraduate education is often outside of the county, people will perhaps make career choices into areas other than health and social care. By offering local health and care education opportunities it is hoped that people will actively choose this sector. The Programme will be happy to be tested on these outcomes. *Has a Business Case been prepared outlining how this programme will be funded now and sustainably in the future? It may have been undertaken but does not appear to have been included in the paper before Board.* The Chief Executive noted that at present the organisation and partner organisations do invest in training but it is not joined up. The first step has been to map current resources and look to see what can be pooled for future years. A draft implementation plan has been prepared but was not included as further work was needed on this however, this can be brought forward. The Interim Medical Director noted that this was an important programme for Powys with great potential. For twenty years it has been known that educating the workforce improves outcomes. Powys is uniquely known for health and social care partnerships. The Chief Executive recognised this is the starting point, and it is important to gain confidence in the ability to improve the education, training and development on offer, in particular to build on learning around how to develop future hubs. In the last Board meeting the North Powys Wellbeing Programme business case was approved and there is a strong further educational development aspect to that programme. Therefore, whilst starting in South Powys there is real potential of having a North Powys hub and by the time that building comes to fruition, much

	will have been learnt. Additionally, the programme is also underpinned by digital access; therefore, it is important to gain confidence from the recent developments. The Blueprint for a Powys Health and Care Academy was APPROVED. The work to meet the ICF funding allocation to redesign the initial physical space within Basil Webb at Bronllys within a limited timeframe to 31 March 2021 was APPROVED.
PTHB/20/96	**Regional Partnership Board: Winter Unscheduled Care Plan** The Director of Primary, Community Care and Mental Health presented the report noting the important context this year that in entering the winter period the organisation had already had a challenging time dealing with the covid-19 pandemic. At the last Regional Partnership Board (RPB) the Winter Protection Plan was approved and submitted to Welsh Government. Winter Plan had previously been prepared by the Health Board alongside partners but this year the requirement by Welsh Government was for the RPB to develop the Winter Plan. As the RPB is not a statutory body there is a requirement this paper is ratified. The Winter Plan articulates the range of services and how partners will interact to support patients, teams, services and citizens. Welsh Government allocated an additional £417k to the RPB to support a range of services based on learning from last winter including discharge to recover and assess along with learning from the covid period. This will be a challenging winter but colleagues are working with partners across the county. The Winter Unscheduled Care Plan was RATIFIED.
PTHB/20/97	**Business Case for Radiotherapy Satellite Centre at Nevill Hall Hospital** The Director of Planning and Performance presented the report setting out a strong case for change and the benefits the change will deliver across the region. It is known that demand in increasing as cancer incidence increases with demand for radiotherapy reaching and all time high and are projected to increase at 2% per year. It is clear access

	rate for radiotherapy has been relatively poor and it is intended to bring therapy closer to home. The development of the centre will absorb approximately 20% of the Velindre Cancer centre current demand. This is part of the Transforming Cancer Services programme which proposes a network model. There will be capacity to treat up to 80 patients a day and there may be opportunities to repatriate patients currently treated in Cheltenham and Gloucester. The benefits include improved access to radiotherapy, local outreach services to promote more equitable access and an opportunity to improve integration of services. There will be an increase in access to care and reduced travel times. The case is funded by Welsh Government capital funding. The Health Board are expected to meet ongoing revenue costs via a calculated percentage figure of 2.1% (£55,500/annum revenue costs). This ties closely with ambitions in Powys to bring services closely to home and with Cancer being one of the Big Four priorities. Pending approvals the aim is for the centre to be operational by August 2023. The Outline Business Case for the development of a Radiotherapy Satellite Centre at Nevill Hall Hospital was APPROVED.
PTHB/20/98	**Charitable Funds Annual Report and Annual Accounts for 2019-20** The Director of Finance and IT presented the Charitable Funds and Annual Accounts to March 2020. These are recommended to Board for Approval being the Corporate Trustee having been through Charitable Funds Committee and Audit Committee. The Charitable Funds and Annual Accounts for 2019-20 were APPROVED.
ITEMS FOR DISCUSSION	
PTHB/20/99	**Integrated Performance Overview: Month 07, 2020/21** The Director of Planning and Performance presented the report noting that the latest figures show that 10,342 residents had tested positive for covid-19 and the seven day incidence rate for this week had further reduced as a

	result of the firebreak but it was necessary to encourage everyone to take steps to reduce the risk of the spread of the virus. Testing continues to be delivered and the report outlines robust performance in following up contacts in the 24- and 48-hour timescale. Sadly, as of 25 November 2020 131 Powys residents had lost their lives to covid-19. There are a number of incidents which are being strongly managed with learning taking place which can be applied to similar settings. Significant work is being undertaken to prepare for the mass vaccination programme which will be feature in future performance reports. Other priorities are being progressed with the focus during the second phase is to maintain as much routine and essential care as possible. The health and care system is under significant strain and some providers for the Powys population have had to suspend non-urgent services during this time. Work is on-going with recovery planning, this will be a considerable challenge and will take some time. The report also highlights the position for PTHB as a provider and whilst progress has been made to put services back in place there has been reduced capacity. The number of people waiting 36 and 52 weeks for treatment provided by PTHB has increased significantly. There are around 3,000 patients who have waited over 36 weeks and nearly 1,500 patients who have waited over 52 weeks for commissioned services. Work is taking place locally, regionally and nationally to meet the challenge of this backlog. The report also highlights continued and robust performance across key areas including measures relating to mental health and workforce. The rolling figure for sickness is currently 5.01%. The Chief Executive noted that the Experience, Quality and Safety Committee had been arranged for next week as part of the ongoing governance arrangements. The significant issue regarding the number of patients waiting for treatment will be of particular importance to this Committee together with the mechanisms that have been put in place to assess the urgency required to access treatment and how people are supported whilst waiting for treatment.

	The Vice-Chair stepped in whilst the Chair was disconnected noting the report regarding the actions taken to reduce harm during the longer waiting times would be welcomed by the Experience, Quality and Safety Committee. The Community Health Council yesterday published a report on 'Feeling Forgotten' about non-urgent and routine services and it may be of use to the Experience, Quality and Safety Committee to have sight of this document. The Vice-Chair suggested that this should be shared with all Board Members. *Disappointment was expressed regarding the decline in performance regarding Child and Adolescent Mental Health measures but it was noted that this was now improving.* The Director of Primary, Community Care and Mental Health offered to discuss this offline but observed that the targets for this measure had been met during the current period. The Performance Report was NOTED.
PTHB/20/100	**Financial Performance Report, Month 07, 2020/21** The Director of Finance and IT presented the report drawing attention to the following key issues: There is a revenue overspend of £259k, with an in-month improvement of £43k with a breakeven position forecast based on the assumption that the organisation would live within the funding allocated for the Q3 covid response plan. The capital position shows a spend of £1.5million against a current capital resources limit of £2.2million. This resource limit will increase as further covid related spend takes place.

	The current forecast for covid-related spend is just over £26million as per the Q3/4 plan and based on assumptions regarding surge capacity and on the funding allocated. Risks and opportunities were outlined with the risk noted to have reduced dramatically now covid funding has been confirmed. The main outstanding risk relates to surge requirements outstripping what has been identified within planning assumptions. However, if surge demand is lower than planned there may be slippage. It will be necessary to closely monitor the position and identify variances promptly so remedial action can be taken to deliver the forecast to breakeven. The Chief Executive noted there were challenges ahead as the financial outlook was not yet known. It will be necessary to catch up on treating people who have been subject to delays. At this stage the assessment for catch-up work has yet to be budgeted for and this will take place over the next few months. It is understood there has been an announcement of the funding for NHS in England and whilst Wales will receive a consequential this is not ringfenced to health and is flagged as a future risk. *When would it be expected that the assessment work will be completed to address these matters of recovery?* The Chief Executive noted that earlier in the meeting Planning Ahead Strategic Objective had been approved and early work towards this had started. This would be discussed at during Board Development on 8 December 2020 and the Finance Allocation letter was due on 24th December 2020. The Director of Finance noted the Finance Allocation letter is the key document which helps to inform plans however, it is a continuous cycle working with Welsh Government and as matters progress updates will be brought back to Board. The Finance Report was NOTED.

PTHB/20/101	**Respiratory Clinical Change Programme** The Director of Therapies and Health Sciences presented the report noting that the Breathe Well Programme had formally been stood down in March 2020 to release capacity to support the pandemic response however, during the intervening period seven actions have been fast-tracked to support the covid-19 response. The Programme has now been formally reinstated with an updated Programme Initiation Document and reviewed the programme aims which have been agreed at Executive Committee. A Specialist Respiratory Physiologist post was fast-tracked with the individual commencing in post in May 2020 to support with the Covid-19 response including with advice and guidance on aerosol generating procedures. The NHS Wales Respiratory App was rolled out for asthma and COPD patients. The first virtual pulmonary programme was developed and commenced in September 2020 with all patients showing an improvement in their exercise tolerance, quality of life measures and symptom burden. The Breathe Well Programme is now fully reinstated and Chaired by the Director of Therapies and Health Sciences following the departure of the Medical Director with the main challenges faced were to support the Winter Plan as respiratory is a key area of challenge in the winter period and to improve respiratory diagnostics within Powys. The Chair re-joined the meeting 11.38 *The use of the Project Initiation Document and in particular the Prince 2 format is welcome and will be useful going forward in particular the gap analysis. The attention drawn to the issues around spirometry testing is welcome. What action will be taken to address this?* The Director of Therapies and Health Sciences acknowledged that this was a really challenging issue. Spirometry had bee identified as an Aerosol Generating Procedure and so is difficult to undertake in a number of venues, and is a challenge faced across Wales. National guidance is awaited but in the meantime the Director is

	meeting with GPs to ascertain what can be undertaken to address this issue. *On page 14 of the report there is reference to training and investment which cannot be implemented?* This is part of the reason for meeting with GPs and who is sufficiently skilled to undertake this testing. This is acknowledged as a challenged. *On page 12 of the report there are concerns that contact data goes back to 2018. This appears to be somewhat old data to be basing planning assumptions on.* The Director of Therapies and Health Sciences confirmed that it was difficult to collect this data due to the range of services commissioned across a number of different District General Hospitals and different services. In addition, the data is a little skewed because covid-19 is primarily a respiratory condition and also because of the pandemic people have not been accessing services. Thus the older data is more representative of normal population data but it is acknowledged it will be necessary to examine more recent data as the programme progresses. It is also acknowledged that the pandemic has changed the way services are delivered and there is an opportunity to review how it is intended to deliver services in the future. *It will be interesting to see the 2019 data to see if the beginning of a developing trend continues.* The update on the Breathe Well Programme was NOTED.
PTHB/20/102	**European Union Transition Planning Update** The Chief Executive presented the paper noting the key point at present was that it was not known if there would be a trade agreement when the UK exited from the European Union. The mechanisms that were put in place last year have been operating over the last few months and there is a strong community across Wales on this issue. The preparations that were put in place to manage exiting the EU have helped managing the pandemic such as stores. There are issues which are been kept under review including medicine, non-medicine supplies, workforce and longer-term impact including economic and potential social challenges. Internally meetings are continuing to ensure planning is kept up to date including around stock levels

	and keeping in contact with Welsh Government on planning arrangements. Most areas are showing green apart from those which are dependent on a trade agreement. This is being managed proactively to ensure the organisation is as prepared as possible in the event of whatever outcome is achieved. The update on the European Union Transition Programme was noted.
PTHB/20/103	**a) Corporate Risk Register, November 2020** The Board Secretary presented the Corporate Risk Register to November 2020 and drew attention to the following material change: • A decrease to CRR 015 (South Powys planning and activity assumptions to inform flows/operational response arrangements are not robust, which could result in significant harm to patients) from 15 (almost certain) to 12 (likely) And advised that two new high risks identified: • CRR 016 (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) • CRR 017 (A fire incident occurring within health board premises is not effective managed) **b) COVID-19 Risk Register, November 2020** The Board Secretary presented the Covid-19 Risk Register to November 2020. There has been one change agreed by Gold Group: • C-19RR-018 (People with COVID-19 do not come forward for testing and pass on infection to others) has increased from 'possible' to 'likely'. Four risks are now defined at a managed level which will be archived into a summary register for Gold Group to take account of.

	The Director of Workforce and OD advised that as Executive Director responsible for fire the risks note the actions that need to be taken to strengthen the ability to evacuate in event of a fire. Members of Audit Committee will recall the organisation has recently received a Limited Assurance Internal Audit in this area. To reassure the Board one of the key areas that needed focus was fire drills and the number of fire drills had increased with the expectation that all organisational areas will have undertaken a drill before the end of December 2020. In addition, the identification of extra fire wardens is taking place who will then be trained. A review is also taking place to ensure the correct evacuation equipment is available. It is recognised that this will be of concern to Board and appropriate management actions are in place to address this. The risk rating related to Health and Safety was identified through the management structure and is in respect of the ability to undertake robust risk assessments in the workplace. The Executive Team have agreed a programme of work to complete this in a tight timescale and it is expected this risk will reduce in the near future. *How was the Health and Safety risk identified?* This risk was identified within the last month at the Health and Safety Group, was escalated to the Executive Team and this is the first time it has been brought before Board. The Chief Executive added in the discussion at the Executive Committee regarding the health and safety work programme the confidence level that issues of concern were properly understood. In the case of issues coming forward from the health and safety group it was felt that the Executive Committee could not take full confidence that there was a sufficiently robust and consistent approach. It is expected that this will be undertaken swiftly. *This approach was welcomed as a healthy position despite being disappointing.*

	The Risk Registers were REVIEWED, the changes included within the Corporate Risk Register was APPROVED and the Covid-19 Risk Register was NOTED. Matthew Dorrance left 12.00
PTHB/20/104	**Report of the Chief Officer of the Community Health Council** The Chief Officer of the Community Health Council presented the report and drew attention to the positive feedback regarding the administration of the flu vaccination by GPs and also thanked the Planning and Performance and Communications team regarding the booklet that had been circulated regarding the changes in South Powys which had received positive feedback. The organisation had a number of surveys ongoing including in respect of dental service and general practice. The national report 'Feeling Forgotten' has been forwarded to the Board Secretary for sharing with Members. The organisation has a new interactive website. The next challenge is to survey mental health services during covid including a focus on the farming community. Thanks were extended to the Planning and Performance and Communications Team for arranging the check and challenge meeting which had taken place regarding the early opening of The Grange. This was successful and it was suggested that this could work well on a project basis in the future.
PTHB/20/105	**Assurance Reports of the Board's Committees:** **a) PTHB Committees** <u>Executive Committee</u> The Chief Executive presented the report outlining the areas of focus which are part of the strategic priorities. A query had been raised regarding the progress being made with Investigation Training for investigating serious incidents and concerns. This comes under the Clinical Quality Framework and continues to be a key action. There has been an opportunity to consider the Additional Learning Needs Act and the change in legislation. The sub-groups

	are continuing including Strategic Planning, Delivery and Performance and Quality Governance which are adding value. The Executive Team are trying to manage workload and are therefore maintaining flexible arrangements. <u>Audit, Risk and Assurance Committee</u> The Chair of Audit Committee presented the report advising that the Structured Assessment had been presented to the report noting that good governance had been found which is positive in light of the pandemic. <u>Charitable Funds Committee</u> The Board Secretary presented the report advising the Chair position of Charitable Funds Committee is currently vacant. The Committee has not met since Assurance reports were last presented to Board and therefore this report is submitted as an update on activity during this period. <u>Experience, Quality and Safety Committee</u> The Chair of the Experience, Quality and Safety Committee presented the report noted that two meetings had been held in the intervening period with the additional meeting called to consider the South Powys Pathways Programme for Members to draw assurance on that matter. Attention was drawn to the reduction of availability of performance reports due to the pandemic although this position was improving. <u>Performance and Resources</u> The Chair of Performance and Resources presented the report drawing attention to the challenging financial position and also to the approach taken to savings and efficiencies which was value based rather than the traditional salami slicing approach. The issue with this will relate to the time this will take to embed but should be effective in the long term. Two reports on primary care and dental services were received which highlight the efforts made in these areas to deliver as normal as possible service given the challenges of the pandemic. The Chief Executive advised that a year ago work had been undertaken examining the approach to strategic commissioning and recognising the need for a whole

	system approach to deliver outcomes and the appointment of the Interim Medical Director to shift this to a clinically focussed outcome approach. It is recognised there is a timelag to recognise the improvements and efficiencies. Strategy and Planning Committee The Vice-Chair presented the report noted that excellent progress was being seen on some major issues despite the pandemic. The opportunity to scrutinise these documents before they are presented to Board is welcomed and considered an effective way for Independent Members to understand and scrutinise these projects. **b) Joint Committees** WHSSC The Chief Executive presented the report noting that Ian was also an Independent Member of WHSSC. The theme of the meeting focussed on the pandemic but had also started to look forward at other work that needed to be done. EASC The Chief Executive advised the meeting had heard about time related pressures paramedics were under when responding to emergency calls but still having to don and doff PPE. A close watch will be kept on this for the Powys population. The Mid Wales Rural Health Care Conference had taken place digitally. *The progress on neo-natal transport, although not resolved was welcomed.*
PTHB/20/106	**Assurance Reports of the Board's Partnership Arrangements** The report was noted.
PTHB/20/107	**Report of the Board's Local Partnership Forum** The Director of Workforce and OD presented the report. The staff survey has closed with 29% of the workforce completing this. The Trade Unions have been very helpful with support on health and wellbeing. *The Health Board have been good at keeping staff updated during this time and staff have kindly received a thankyou*

	card and pin from the Chief Executive and Chair which was appreciated.
OTHER MATTERS	
PTHB/20/108	**ANY OTHER URGENT BUSINESS**: There was no other urgent business.
PTHB/20/109	**DATE OF THE NEXT MEETING**: 27 January 2021, 10:00 via Teams

POWYS TEACHING HEALTH BOARD

UNCONFIRMED

MINUTES OF THE EXTRAORDINARY MEETING OF THE BOARD HELD ON MONDAY 21 DECEMBER 2020, AT 09.30 VIA TEAMS

Present

Vivienne Harpwood	Independent Member (Chair)
Ian Phillips	Independent Member (ICT)
Trish Buchan	Independent Member (Third Sector Voluntary)
Susan Newport	Independent Member (TUC)
Frances Gerrard	Independent Member (University)
Matthew Dorrance	Independent Member (Local Authority
Carol Shillabeer	Chief Executive
Mark Taylor	Independent Member (Capital & Estates)
Hayley Thomas	Director of Planning & Performance
Claire Madsen	Director of Therapies & Health Sciences
Stuart Bourne	Director of Public Health
Julie Rowles	Director of Workforce, OD & Support Services
Paul Buss	Interim Medical Director
Alison Davies	Director of Nursing & Midwifery
Pete Hopgood	Director of Finance and IT

In Attendance

Rani Mallison	Board Secretary
Caroline Evans	Head of Risk and Assurance

Apologies for absence

Jamie Marchant	Director of Primary, Community Care and Mental Health

PTHB/20/110	**WELCOME AND APOLOGIES FOR ABSENCE** The Chair welcomed all participants to the extraordinary meeting convened due to the current pressures on the NHS in Wales and further pressures anticipated in the coming weeks. The Board Secretary stated that the extraordinary meeting was not being held in public session as it had been convened at very short notice and a public notice had not been issued. The Board Secretary confirmed a record of this meeting would be taken to the Board meeting in January 2021. The Chief Executive advised that it was understood that a number of health boards were holding Board meetings in a similar manner.
PTHB/20/111	**DECLARATIONS OF INTEREST** No declarations of interest were made.
ITEMS FOR APPROVAL, DECISION OR RATIFICATION	
PTHB/20/112	**Update on the current position in relation to the progression of the COVID-19 pandemic** The Director of Public Health advised that the case incident rate had risen from 127/100k on 9 December 2020 to 219/100k on 15 December 2020 with the doubling time reduced from 3 weeks to 7.4 days. A significant spike was happening with approximately 14% of tests proving positive. High case rates in Powys continued to be present in Ystradgynlais and Llanidloes with widespread community transmission. The new variant which had a far higher transmissibility was known to be in Wales including in Powys and whilst the full prevalence of the new variant was unknown it was understood that between 11% and 60% of new cases are of the new variant. It was forecast that the new variant increased the R value by between 0.39-0.9. It was not thought that the vaccine will be less effective against the new variant and at present no changes to public health measures were proposed.

	What percentage of cases are due to the new variant? The Director of Public Health confirmed the percentage of new variant cases were in the range of 11%-60% although the laboratories had not routinely been testing for this variant therefore the exact figure was not known. The Chief Executive advised that Lighthouse Labs were routinely testing for the new variant. In Powys 25% of samples had been tested for the new variant and of this sample 18% had been found positive. *Are the rates of transmissibility higher than for other variants? What is known about transmission?* The Director of Public Health confirmed this was not known for certain although the current view was that it was still droplet spread. It was not known what is driving the increased transmissibility, however, the new variant appears to be more persistent than previous strains. The Chief Executive advised that whilst at present Wales was tracking above the reasonable worst-case scenario this would be reconsidered in light of the new variant and the newly introduced Level 4 interventions. **<u>Summary of Key System Issues</u>** The Chief Executive advised: • Increased case incidence routed via extensive community transmission with approximately 2,200 patients in hospitals in Wales with covid-19, the highest numbers seen to date • Increased hospital admission of covid-19 patients were putting pressure on critical care capacity • The system was seeking to continue to manage essential/routine activity • Staff absence was increasing and was causing service sustainability issues. It will become necessary to look at service sustainability based on staff availability with some pockets of extreme difficultly. This was more of an issue across Wales than in Powys at present. On 10 December 2020 Welsh Government issued a Local Options Framework which gave permission for local

	decisions to be made to reduce activity based on staffing constraints. <u>Local preparations already undertaken for system resilience</u> The Chief Executive outlined the following arrangements: <u>Leadership and Management</u> • Gold Command continues with three Silver Groups • Executive On Call arrangements in place • Each Directorate has reviewed its leadership and management arrangements <u>Prevention and Response</u> • Testing to continue over Christmas period with new Walk-In testing capability in Brecon and Newtown. Mobile Testing Units deployed more flexibly. • Incident Management Team and Infection Prevention and Control arrangements in place over the Christmas period. • Tracing capacity ready to expand to meet increased demand • Preparation of Lateral Flow Testing for staff in place (some delays experienced for reasons outside the control of the Health Board). The position regarding testing in schools is still emerging. <u>Mass Vaccination</u> • Three cycles of 1st dose vaccination is now complete with approximately 2,800 doses administered to primary care, health board and social care staff. • Further cycles had been scheduled for the weeks commencing 21 and 28 December 2020 with the focus in January on staff second vaccines. Slots for staff in resilience roles had been made available. • Mass vaccination would start with booking for Over 80s from the week commencing 4 January 2021 • Three sites had been arranged for mass vaccination including Bronllys, Builth Wells (RWAS) and Newtown (this venue under review) plus primary care provision (arrangements under consideration) • An update is expected from the regulator on the AstraZeneca vaccine (which would be used at Primary

	Care Sites). The Care Home vaccination plan was ready for deployment. <u>Unscheduled Care (provider)</u> • From 14 December 2020 the Welsh Government guidance on discharge had been used with a focus on home first rather than transfer to a community hospital • The aim is for a zero wait to repatriate patients to community hospitals • Ambulance Service pressure persists with several critical incidents recently • Minor Injury Units are open on a phone first basis • ShropDoc and Out of Hours remain robust at present • Surge capacity plans for community hospitals are in place (which would require redeployment of staff) • There is limited domiciliary care capacity and contingency plans are under consideration <u>Overview of commissioned services for Powys residents</u> <u>Welsh Health Boards</u> 1. Aneurin Bevan: suspended non-urgent services; some services running as limited (e.g. district nursing) due to staff absence 2. Cwm Taf Morgannwg: suspended non-urgent services; established field hospital and seeking to expand 3. Swansea Bay: suspended some non-urgent services; seeking to staff field hospital 4. Hywel Dda: suspended non-urgent services; seeking to further open field hospital capacity 5. Cardiff and Vale – not known <u>English Trusts</u> 1. Shrewsbury and Telford Hospitals – stepping down non-urgent care under discussion 2. Wye Valley Trust – had temporarily stepped down non-urgent care two weeks ago which had then restarted This position is likely to be updated given developments at a national level.

	<u>Proposal for further local measures</u> The Chief Executive outlined that Welsh Government had issued a Local Options Framework to support local decision making in respect of redeployment of workforce to support: Critical activities: **A.** Urgent and emergency care including unscheduled care, inpatient (community hospital flow) care. **B.** Prevention and Response activity (testing, tracing, incident prevention and management) **C.** Maintenance of mass vaccination programme (plus potential acceleration) Welsh Government had outlined how any further measures to ensure prioritisation of essential activities should include a number of considerations: 1. It is assumed that all options to expand and augment the available workforce have been exhausted, recognising that there are competing priorities for the workforce. 2. A reduction in non-patient facing work for clinical staff. 3. Reducing involvement in education and training. The Chief Executive outlined that PTHB had expanded the local options framework to assess any impact in fully or partially suspending services to enable staff to be redeployed. A trial analysis of the impact of service suspension on service areas had been undertaken on the School Nurse service and this is now being undertaken on all service areas potentially at risk of service suspension. The intention is to understand the service, what the specific responsibilities are, what the potential implications of stopping or reducing the service are and what mitigating actions which could be put in place are. The intention is to consider the balance of risk and harm and can act as a mechanism to prioritising the reintroduction of services. The following process will be followed • Complete assessment of the pre-requisite elements week commencing 21 December 2020

	• Assess service area, including impact of reduction rather than cessation, by 29 December 2020. • Determine elements of service to reduce/cease, unless Welsh Government instruct on this point (CEO/Chair) • Develop communication/deployment arrangements for implementation • Reassessment of service reduction/cessation every 2 weeks The Board agreed that decisions in respect of reducing and/or ceasing services temporarily would be delegated to the Chair and Chief Executive, recognising the pace at which decisions may need to be taken. *Concern was expressed that there is a lack of children presenting for childhood vaccination in GP surgery's and with children not in school there is no opportunity for this to be picked up by school nurses.* The Chief Executive acknowledged this as a key issue noting that young people were being disproportionately affected by the pandemic. A GP Executive Group meets fortnightly where the position in Powys could be considered and a message communicated regarding the importance of accessing GP services for children during the pandemic. Primary Care remained open to provide these services. It is unlikely that it will be possible to deliver programmes via School Nurses in early 2021. However, it is hoped that after the Easter Holidays a catch-up programme could be put in place, including newly appointed vaccinators. *What notice will be given to staff under redeployment arrangements, given the training issues for registrants returning to clinical areas?* An exercise was undertaken during the first phase of the pandemic and building on work undertaken then, the organisation would be potentially looking to enact this in early January. The Clinical Educator roles will not be redeployed to enable redeployed staff to continue to be supported. *The plan for consideration of services for the reduction/cessation was welcomed although with some concerns it was a little reactive in places.*

	The firebreak lockdown gave the NHS the opportunity to take stock, however, that lockdown did not reduce the numbers sufficiently. There is much pressure to undertake non Covid-19 work and all the health boards in Wales should be working together to an agreed position. *What actions are being taken regarding Community Services?* Locally the organisation was focussing on maintaining a resilient community to enable people to remain at home. *It is understood that it may be necessary to suspend some services but what is the position regarding urgent cancer care?* There are a broad range of cancer services from outpatient appointments to interventions which would require two operating teams with intensive care for a number of days or weeks. There had been a desire for Health Boards to maintain local choice however, there is a recognition that there may be some essential services that it is not possible to continue to undertake. The basis for considering these was to look at which decisions would cause least harm. *Is the organisation working with third sector partners, for example palliative care providers?* These services, along with Mental Health services are not under consideration for redeployment. *With the requirement of redeployment, will staff be able to carry over leave into 2021/22?* There was a need to ensure staff take their leave as there is a financial accounting process to be undertaken if staff carry forward leave. It is expected that a national position will be taken on this. The organisation was supporting staff to take their leave. *During the first surge some staff members were working 12-hour shifts. This may not be possible for redeployed staff.* The organisation was looking at what shifts staff were able to cover and fitting them to the rotas available.

	The Chief Executive confirmed the request to delegate the prioritisation of essential services through the process of discussion at Executive Committee and Gold Command. The Experience, Quality and Safety Committee also receive updates on key areas of service provision and harm. It may be the case that Welsh Government take a decision to cease all non-essential services in this fast-moving position. The current position in relation to the progression of the pandemic was NOTED. The preparations already enacted were NOTED. It was AGREED to delegate any decisions relating to the prioritisation of critical activities including the assessing of impact on de-prioritised activity to the Chair and Chief Executive in accordance with the process outlined above.
3. OTHER MATTERS	
PTHB/20/113	There was no other urgent business
PTHB/20/115	**DATE OF THE NEXT MEETING**: 27 January 2021, 10:00 via Teams

Key:

Action Complete
Not yet due
Due
Overdue

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

BOARD ACTION LOG (Updated January 2021)

Board Minute	Board Date	Action	Responsible	Progress at 25/11/2020	Status
There are no actions outstanding at 27 January 2021					

CHAIR'S ACTION

UNCONFIRMED

MINUTES OF THE MEETING HELD ON WEDNESDAY 08 DECEMBER 2020 HELD AS TEAMS MEETING

Present:

Vivienne Harpwood	Independent Member (Chair)
Mel Davies	Independent Member (Vice-Chair)
Mark Taylor	Independent Member – Capital and Estates
Carol Shillabeer	Chief Executive Officer
Hayley Thomas	Executive Director of Planning & Performance

In Attendance:

Wayne Tannahill	Associate Director of Estates and Property

Secretariat

Rani Mallison	Board Secretary

Apologies for absence:

None Received for Recording

CA/20/05	**WELCOME AND APOLOGIES** The Committee Chair welcomed everyone to the meeting and confirmed that a quorum was present. Apologies for absence were noted as recorded above. The Chair outlined the purpose of the meeting: *The Chair, in consultation with the Chair of the Experience, Quality & Safety (EQS) Committee and Chair of the Performance & Resources Committee (P&R) was asked to consider for approval the item included on the agenda. The Chief Executive Officer and Executive Director of Planning & Performance were present to support discussion and present the report for consideration.* *It was noted that the item would be formally presented to the Board for ratification on 27 January 2021, along with a note of the discussion held.* The Chair reminded those present that any decision taken would be done so in-line with the Board's approved Standing Orders: *"There may, occasionally, be circumstances where decisions which would normally be made by the Board need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Board. In these circumstances, the Chair and the Chief Executive, supported by the Board Secretary as appropriate, may deal with the matter on behalf of the Board - after first consulting with at least two other Independent Members. The Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Board for consideration and ratification."*
CA/20/06	**DECLARATIONS OF INTERESTS** No declarations of interest were received.
CA/20/07	**MACHYNLLETH: ACQUISITION OF HOUSING ASSOCIATION LAND** The Director of Planning and Performance, presented a previously circulated paper which requested approval for the purchase of a small section of land from Wales and West Housing Association, to enable improvements to be made to the road junction at the entrance of Bro Ddyfi Community Hospital, Machynlleth onto the trunk road as part of the enabling works of the reconfiguration project.

	The planning submission for the reconfiguration of the front of Bro Dyfi Community Hospital, Machynlleth, had led to a requirement for the main road junction between the hospital and the adjoining trunk road to be improved. This therefore necessitated the purchase of a small section of land / front garden to a block of flats owned by Wales and West Housing Association (WWHA). This condition of the planning approval was therefore critical to the overall scheme development. The Chair, in consultation with the Chief Executive and other members present, APPROVED the purchase of the land from Wales and West Housing Association.

CHAIR'S ACTION

UNCONFIRMED

MINUTES OF THE MEETING HELD ON MONDAY 14 DECEMBER 2020 VIA TEAMS MEETING

Present:	
Vivienne Harpwood	Independent Member (Chair)
Mel Davies	Independent Member (Vice-Chair)
Mark Taylor	Independent Member – Capital and Estates
Hayley Thomas	Director of Planning & Performance
Rani Mallison	Board Secretary
In Attendance:	
Wayne Tannahill	Assistant Director Estates and Property
Committee Support	
Liz Patterson	Corporate Governance Manager
Apologies for absence:	
Carol Shillabeer	Chief Executive

CA/20/08	**WELCOME AND APOLOGIES** The Committee Chair welcomed everyone to the meeting and confirmed that a quorum was present. Apologies for absence were noted as recorded above. The Chair outlined the purpose of the meeting: *The Chair, in consultation with the Chair of the Experience, Quality & Safety (EQS) Committee and Chair of the Performance & Resources Committee (P&R) was asked to consider for approval the items included on the agenda. The Chief Executive Officer and Executive Director of Planning & Performance were present to support discussion and present the report for consideration.* *It was noted that the item would be formally presented to the Board for ratification on 27 January 2021, along with a note of the discussion held.* The Chair reminded those present that any decision taken would be done so in-line with the Board's approved Standing Orders: *"There may, occasionally, be circumstances where decisions which would normally be made by the Board need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Board. In these circumstances, the Chair and the Chief Executive, supported by the Board Secretary as appropriate, may deal with the matter on behalf of the Board - after first consulting with at least two other Independent Members. The Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Board for consideration and ratification."*
CA/20/09	**DECLARATIONS OF INTERESTS** No declarations of interest were received.
CA/20/10	**LLANDRINDOD WELLS RECONFIGURATION PROJECT, PHASE 1: ENDOSCOPY AIR HANDLING UNIT LEGAL UPDATE** The Director of Planning and Performance presented the report explaining that PTHB had been working alongside a legal team to investigate the potential of making a claim for design errors in the Llandrindod Wells reconfiguration project. Board Members APPROVED the proposal to explore this further.
CA/20/11	**DELEGATED AUTHORITY FOR APPROVAL OF BRECON CAR PARK BUSINESS JUSTIFICATION CASE** The Director of Planning and Performance presented the report outlining the background to a proposal which had been developed

	two years ago to address the severe shortage of parking at Brecon Hospital. Board Members AUTHORISED the Chief Executive to have delegated authority to approve the Brecon Carpark Business Justification Case submission to Welsh Government in December 2020.

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

AGENDA ITEM: 1.7b

BOARD MEETING	**Date of Meeting: 27 January 2021**
Subject :	**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 November 2020.
RECOMMENDATION(S):
It is recommended that the Board NOTES this report.

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

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):		
Strategic Objectives:	1. 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:

The Ministerial meeting held on the 10th December was unable to proceed in the normal manner due to the rising issues and pressures around the Coronavirus in the lead up to Christmas. The Health Minister, Vaughan Getting MS, used the time to consider information from the Chief Executives and Chairs from across Wales Health Boards and Trusts. The second half of the meeting was utilized by Eluned Morgan MS Minister for Mental Health, Wellbeing and Welsh Language and the Deputy Minister for Health and Social Services Julie Morgan MS. It was the first time the Vice Chairs had met with the newly appointed Mental Health and Wellbeing Minister. The minister outlined some of the main areas of mental health and wellbeing that would be a focus in the next few months.

The interview for the South Powys Consultant, for Adult Mental Health was held on the 15th December and I am pleased to report that the panel was able to appoint on the day, I will be attending other appointment panels this month, one on the 19th January for the Assistant Director of Women and Children Services and one on the 22nd January for the Assistant Director of Finance. The appointments are being carried out digitally, so far this has only caused minor issues, for example some connectivity problems but so far these have been overcome, in general I think they are working very well.
On the 16th December I met with the Chair of WAST Martin Woodford and Bethany Evans, Non-executive Director WAST, Bethany Evans will be acting as the Health Boards non-executive link to provide an informal contact point for enquiries, and information requests can be provided through Bethany. This does not replace any formal process regarding concerns, the Ambulance

service has liaison links assigned to all the Health Boards, with some being quite well established, the aim is to improve understanding and working relationships. I will be linking again with Bethany in February, if any members are interested in any aspect of WAST that impacts on the Health Board please contact me so I can start to shape some of the discussion topics going forward.

The 17th December was busy with the Start Well and Mental Health Partnerships, the Start Well Partnership had a focus on prioritising the review of ICF projects that will be funded in 21/22. Frieda Lacey from the mental health partnerships also attended the board and provided an update on the work being undertake there and the links that can be strengthened between the two partnerships, and there will be more engagement around forming and identifying links in march 2021. County Councillor Powell questioned the funding base of the Start Well Partnership and requested that a discussion and agenda item be raised at the R.P.B's next meeting.

The Mental Health Planning and Development Partnership heard about some of the pressures that Covid-19 is now having on our services, the CAMHs staff for example are increasingly busy with the impact of the second wave seeing a higher rate of referrals than the first. Freda Lacey gave an over view of some of the current updated program of work being progressed through the Together for Mental Health delivery plan and covered for example, the enhanced voice of the voluntary sector, the National Careers Plan, the Mental Health Workforce Plan for HEIW, new legislation coming through such as the white paper on MH Act Review, the Liberty Protection work on people at risk and the impact on the mental capacity Act, the National Psychological Therapy Matrix Cymru work on the Children Matrix Plant, work on loneliness and isolation, housing, Out of hours provision for children and young people in crisis and suicide and self-harm. The partnership also had a comprehensive update from the service user representatives, our third sector colleges and Inspector Brian Jones on issues relating to section 136 of the Mental Health Act and the crisis care forum.

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

AGENDA ITEM: 2.1

BOARD MEETING	**DATE OF MEETING: 27 January 2021**
Subject :	**PTHB COVID 19 VACCINATION DELIVERY PLAN PHASE 2**
Approved and Presented by:	Executive Director of Planning & Performance
Prepared by:	Executive Director of Planning & Performance
Other Committees and meetings considered at:	Strategic Gold Command Group

PURPOSE:
The purpose of this report is to provide the Board with the COVID-19 Vaccination Delivery Plan, Phase 2, for approval.

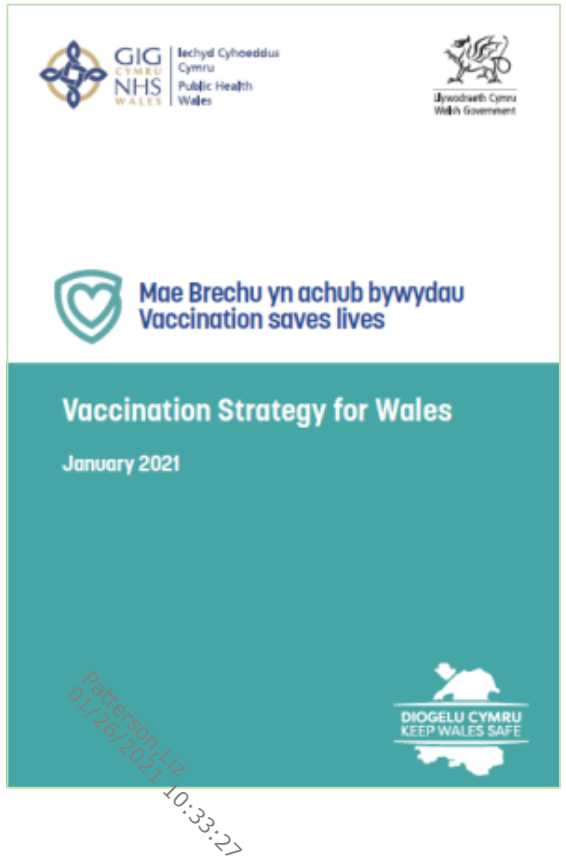
RECOMMENDATION(S):
The Board is asked to: • DISCUSS and APPROVE the COVID-19 Vaccination Delivery Plan, Phase 2.

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

PTHB Covid 19 Vaccination Delivery Plan
Phase 2
Version 1.0, 19 January 2021

PTHB Covid 19 Vaccination Delivery Plan

Vaccination Strategy for Wales - Milestones



- **Milestone 1 – by mid February – cohorts 1 - 4.**
  Subject to supply, our aim is to offer vaccination to all care home residents and staff; frontline health and social care staff; those 70 years of age and over; and clinically extremely vulnerable individuals.
- **Milestone 2 – by the Spring – priority cohorts 5 – 9.**
  Subject to supply, which becomes more uncertain further into the future, our aim is to offer vaccination to all Phase 1 priority cohorts
  (i.e. 50+s and clinically vulnerable/at risk).

  Priority groups for coronavirus (COVID-19) vaccination: advice from the JCVI, 30 December 2020 - GOV.UK (www.gov.uk)

It is estimated that taken together, these at risk groups represent around **99%** of preventable mortality from Covid-19.

- **Milestone 3 – by the autumn**
  Our ambition is to offer vaccination to the rest of the eligible adult population according to the further JVCI guidance that will be produced on priorities. We do not yet know supply for this phase, so there is further planning to do on this milestone that will take account of supply and the further JVCI guidance.

The PTHB plan provides the detail of how we will achieve the national plan milestones for the Powys population.

It should be noted that the PTHB plan is subject to securing adequate vaccine supply which becomes more uncertain further into the future.

The PTHB plan has been developed on the basis of confirmed vaccine supply until 14 February 2021 and assumes no supply issues for the baseline model thereafter.

Additional discussions are required with Welsh Government to secure additional vaccine supply to achieve the surge 1 and 2 modelling scenarios which would speed up the roll out of the programme across Powys.

PTHB Covid 19 Vaccination Delivery Plan

Programme Aims

To deliver swift, safe and effective approved vaccines for COVID 19 to population in accordance with the Vaccination Strategy for Wales published 11 January 2021.

To deliver the vaccine to the whole population, beginning with Priority Groups 1-4 and then Priority Groups 5-9 (people over 50 years old and all adults with significant underlying health conditions) as recommended by the UK's independent Joint Committee for Vaccination and Immunisation.

To ensure that no one is left behind – accessibility, cross-border, non-registered and temporary populations and other factors that may affect the ability to access the vaccine.

The delivery programme is based on all patients registered with the 16 GP Practices in Powys.

		Total	% of vaccinatable population
P1.1	Older adult resident in a care home	932	1%
P1.2	Care home worker	1,527	1%
P2.1	All those 80 years of age and over	9,101	8%
P2.2	Health care workers	5,794	5%
P2.3	Social care workers	2,072	2%
P3	All those 75 years of age and over	7,352	6%
P4.1	All those 70 years of age and over	10,046	8%
P4.2	High risk adults under 70 years of age	3,087	3%
P5	All those 65 years of age and over	8,879	7%
P6	Moderate risk 16 years to under 65 years of age	TBC	0%
P7	All those 60 years of age and over	9,263	8%
P8	All those 55 years of age and over	9,770	8%
P9	All those 50 years of age and over	8,883	7%
P10	Rest of the population (over 16)	44,594	37%
	Total to vaccinate	**121,300**	**100%**
	Under 16	21,376	
	Total	**142,676**	

Workforce figures include non Powys residents

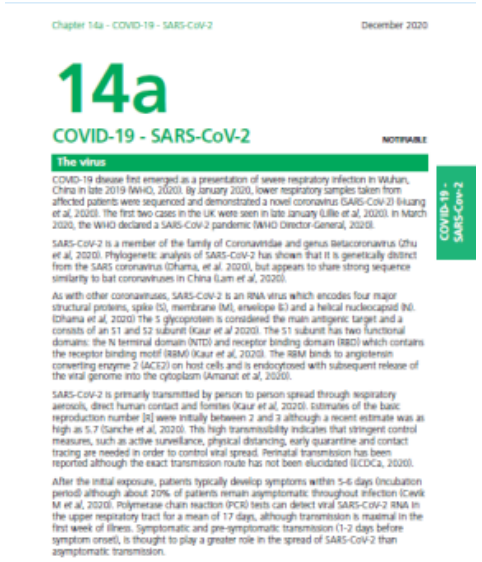
PTHB Covid 19 Vaccination Delivery Plan

Vaccine Supply and Regulations

The Pfizer BioNTech vaccine was launched on 8 December 2020. The logistical challenges of storage at very low temperatures and the need to use within 5 days when at a higher temperature together with the vaccine delivered in trays of 975 doses and trays cannot be split has resulted in the vaccine being deployed in the mass vaccination sites.

The Oxford AstraZeneca vaccine was launched on 4 January 2021. The vector vaccine can be stored at room temperature is mobile and comes in smaller pack s and we are now able to deliver to some of those groups that had been more difficult to reach with the Pfizer BioNTech vaccine. The Oxford AstraZeneca vaccine is being predominantly deployed through primary care, care homes and to the housebound.

Vaccine delivery and handling is managed in accordance with national / vaccine specific clinical guidance and directives.


Chapter 14a - COVID-19 - SARS-CoV-2 December 2020

14a

COVID-19 - SARS-CoV-2

NOTIFIABLE

The virus

COVID-19 disease first emerged as a presentation of severe respiratory infection in Wuhan, China in late 2019 (WHO, 2020). By January 2020, lower respiratory samples taken from affected patients were sequenced and demonstrated a novel coronavirus (SARS-CoV-2) (Huang et al, 2020). The first two cases in the UK were seen in late January (Lillie et al, 2020). In March 2020, the WHO declared a SARS-CoV-2 pandemic (WHO Director-General, 2020).

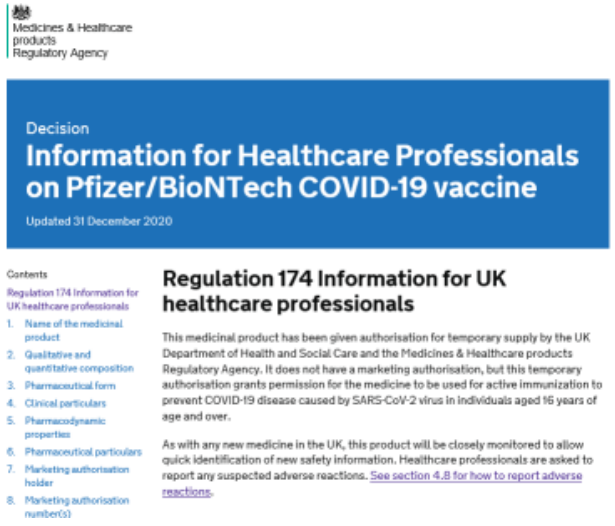
SARS-CoV-2 is a member of the family of Coronaviridae and genus Betacoronavirus (Zhu et al, 2020). Phylogenetic analysis of SARS-CoV-2 has shown that it is genetically distinct from the SARS coronavirus (Dhama, et al. 2020), but appears to share strong sequence similarity to bat coronaviruses in China (Lam et al, 2020).

As with other coronaviruses, SARS-CoV-2 is an RNA virus which encodes four major structural proteins, spike (S), membrane (M), envelope (E) and a helical nucleocapsid (N). (Dhama et al, 2020) The S glycoprotein is considered the main antigenic target and a consists of an S1 and S2 subunit (Kaur et al 2020). The S1 subunit has two functional domains: the N terminal domain (NTD) and receptor binding domain (RBD) which contains the receptor binding motif (RBM) (Kaur et al, 2020). The RBM binds to angiotensin converting enzyme 2 (ACE2) on host cells and is endocytosed with subsequent release of the viral genome into the cytoplasm (Amanat et al, 2020).

SARS-CoV-2 is primarily transmitted by person to person spread through respiratory aerosols, direct human contact and fomites (Kaur et al, 2020). Estimates of the basic reproduction number (R) were initially between 2 and 3 although a recent estimate was as high as 5.7 (Sanche et al, 2020). This high transmissibility indicates that stringent control measures, such as active surveillance, physical distancing, early quarantine and contact tracing are needed in order to control viral spread. Perinatal transmission has been reported although the exact transmission route has not been elucidated (ECDCa, 2020).

After the initial exposure, patients typically develop symptoms within 5-6 days (incubation period) although about 20% of patients remain asymptomatic throughout infection (Cevik M et al, 2020). Polymerase chain reaction (PCR) tests can detect viral SARS-CoV-2 RNA in the upper respiratory tract for a mean of 17 days, although transmission is maximal in the first week of illness. Symptomatic and pre-symptomatic transmission (1-2 days before symptom onset), is thought to play a greater role in the spread of SARS-CoV-2 than asymptomatic transmission.

COVID-19 - SARS-CoV-2


Medicines & Healthcare products Regulatory Agency

Decision

Information for Healthcare Professionals on Pfizer/BioNTech COVID-19 vaccine

Updated 31 December 2020

Contents

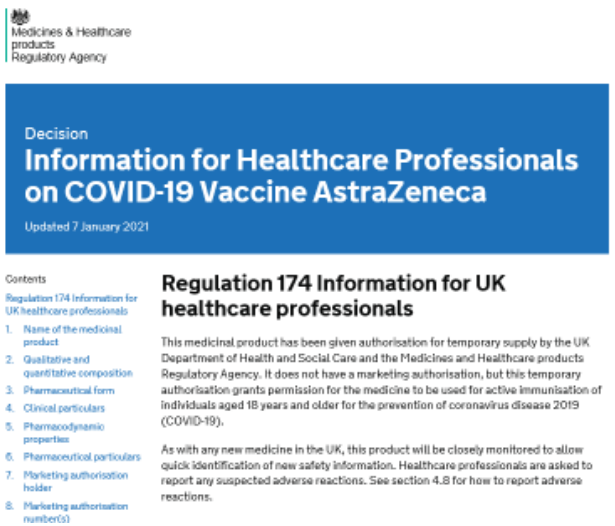
Regulation 174 Information for UK healthcare professionals

1. Name of the medicinal product
2. Qualitative and quantitative composition
3. Pharmaceutical form
4. Clinical particulars
5. Pharmacodynamic properties
6. Pharmaceutical particulars
7. Marketing authorisation holder
8. Marketing authorisation number(s)

Regulation 174 Information for UK healthcare professionals

This medicinal product has been given authorisation for temporary supply by the UK Department of Health and Social Care and the Medicines & Healthcare products Regulatory Agency. It does not have a marketing authorisation, but this temporary authorisation grants permission for the medicine to be used for active immunization to prevent COVID-19 disease caused by SARS-CoV-2 virus in individuals aged 16 years of age and over.

As with any new medicine in the UK, this product will be closely monitored to allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions. See section 4.8 for how to report adverse reactions.


Medicines & Healthcare products Regulatory Agency

Decision

Information for Healthcare Professionals on COVID-19 Vaccine AstraZeneca

Updated 7 January 2021

Contents

Regulation 174 Information for UK healthcare professionals

1. Name of the medicinal product
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Regulation 174 Information for UK healthcare professionals

This medicinal product has been given authorisation for temporary supply by the UK Department of Health and Social Care and the Medicines and Healthcare products Regulatory Agency. It does not have a marketing authorisation, but this temporary authorisation grants permission for the medicine to be used for active immunisation of individuals aged 18 years and older for the prevention of coronavirus disease 2019 (COVID-19).

As with any new medicine in the UK, this product will be closely monitored to allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions. See section 4.8 for how to report adverse reactions.

PTHB Covid 19 Vaccination Delivery Model

Priority Groups invited to attend for vaccination

Priority Groups defined by JCVI (Joint Committee on Vaccination and Immunisation)

Sequencing in line with the NHS Wales National Covid 19 Vaccination Programme

Patients invited to book in sequence by PTHB / Primary Care to ensure compliance with the Priority Groups/ National Programme Directives

This model reflects the position as at 12 January 2021. The model will be revised and updated to take into account changes in national policy / direction.

Multi Channel Vaccination Delivery Model with Expansion Options

PTHB Mass Vaccination Centres

North Powys - Newtown Maldwyn Leisure Centre
Mass Vaccination Site - Due to open on 18th January
Baseline Capacity:
- 6 Lanes
- 50 Hours a week
- 12.5 Hours a day over four days
- Initial Capacity to deliver 1968 Vaccines per week/ 2040 appointments (with 5% booking contingency)
- Capacity to expand (see Slide 4)

Mid Powys - Royal Welsh Showground Builth Wells
Mass Vaccination Site - Opened 11th January
Baseline Capacity:
- 3 Lanes
- 50 Hours a week
- 12.5 Hours a day over four days
- Initial Capacity to deliver 984 vaccines per week/ 1020 appointments (with 5% booking contingency)
- Capacity to expand (see Slide 4)

South Powys - Bronllys PTHB Concert Hall
Opened 8th December
Baseline Capacity:
- 3 Lanes
- 50 Hours a week
- 12.5 Hours a day over four days of operation
- Initial capacity to deliver 984 vaccines per week / 2040 appointments (with 5% booking contingency)
- Capacity to expand (see Slide 4)

Primary Care

GP Practices

All 16 GP Practices in Powys will offer vaccination - distribution across all of Powys geographies

Baseline capacity of c. 4000 vaccines a week

Community Pharmacy
To be scoped

Mobile provision

Care homes

PTHB providing vaccination into care home sites in the community for care home residents and staff

c. 932 vaccinations

People who are housebound

PTHB providing vaccination for highly complex caseload (those who are designated as housebound) - at home

C. 700 people for JCVI Cohorts 1-4

Inpatients

PTHB providing vaccination for those people in priority groups 1 to 4 who are inpatients in PTHB community hospitals

c. 180 vaccinations

Logistics

Clinical Logistics
- Vaccine Handling and Supply
- PGD and Written Instructions
- Medicines Management and Protocols

Site Logistics
- Site preparations and set up
- Site layout and flow/ experience
- Site/ Equipment maintainance and ongoing management

Supply Logistics
- PPE and consumables
- Stock management and delivery
- Transport

Administration
- Booking
- Patient records

PTHB Covid 19 Vaccination - Geography and Sites

Sites in North, Mid and South Powys to provide coverage in line with the population distribution

North Powys population
c. 70,000

Mid Powys population
c. 25,000

South Powys population
c. 50,000

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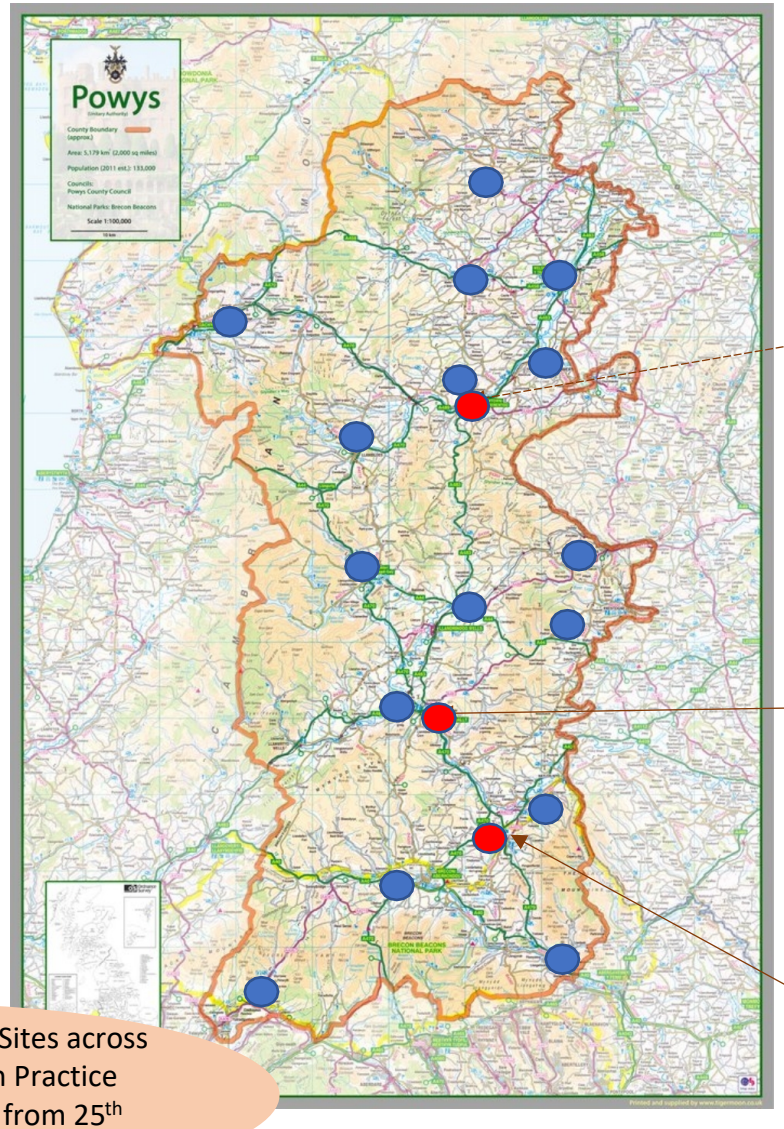


Additional Primary Care Sites across the County in line with Practice geographies going live from 25th January

First Phase	Second Phase
Newtown Park Street Site - Operational December 2020, now closed	Newtown Maldwyn Leisure Centre Mass Vaccination Site - Due to open on 18th January - 6 Lanes - 50 Hours a week - 12.5 Hours a day over four days - Initial Capacity to deliver 1968 Vaccines per week - Capacity and plans to expand
	Royal Welsh Showground Builth Wells Mass Vaccination Site • Due to open 11th January • 3 Lanes • 50 Hours a week • 12.5 Hours a day over four days • Initial Capacity to deliver 984 vaccines per week • Capacity and plans to expand
Bronllys Concert Hall • 3 Lanes • 50 Hours a week • 12.5 Hours a day over four days of operation • Initial Capacity to deliver 984 vaccines per week at steady state baseline • Capacity and plans to expand	

PTHB Covid 19 Vaccination - Workforce

Workforce Plan

Recruitment and Skill Mix

Internal and External recruitment carried out; to date includes Clinical Lead, 3 x Band 6 Charge Nurses at the MVCs; 9.2 fixed term FTE immunisers; over 200 staff have applied for either Bank or expressed an interest in undertaking additional hours/overtime as Band 5 Immunisers. Commenced recruitment of Health Care Support Workers and potential suitability by clinical modelling workstream.
Also appointing 2 Business Support Managers, 3 MVC admin officers.

Redeployment

Internal Redeployment has commenced e.g. School Nursing staff as agreed at Gold

Further redeployment being scoped in line with the wider Local Options Framework to staff surge 1 and 2 scenarios.

Military Support

PTHB has support of 6 Military colleagues who are deployed to the Mass Vaccination Centres to support operational delivery.

Training and Competency

System in place for training and competency development and checks:

- Pre-employment checks to establish baseline competency and training / supervision requirements
- Shadow roster in place to provide training Experienced immunisers supervising and providing competency sign off
- Signed off staff entered into live rostering
- Skill mix and essential requirements on site scheduled into rosters including Life Support

Volunteer Programme

Co-ordination of large scale volunteer programme in association with PAVO - 136 volunteers deployed to support meet and greet / parking and flow at sites.

Staff engagement

Twice weekly meetings with staff side representatives and liaison with the Communications team to provide updates and ensure that staff are fully briefed on the programme and any opportunities or changes to roles and priorities.
FAQ produced to support technical communications on shift arrangements .

End to End Workforce planning

- Recruitment and Redeployment
- Pre-employment checks
- Competency assessment
- Training and shadow rosters
- Sign off and live rostering
- Whole site rostering / skill mix

Workforce plan in line with agreed Strategic Model and Level of Delivery

Staffing rotas currently in place and being staffed for Baseline Level

The challenges of staffing the programme on-going are tracked and recorded in Programme Risk Register and monitored at the Strategic Oversight Group, with escalation to Gold as required

PTHB Covid 19 Vaccination - Booking and Administration

Patient Booking and Records

Hub/ Call Centre

PTHB has rapidly evolved the booking process based on a Hub and Call Centre approach.

Helpline

A support helpline in recognition of the high volume of calls being received across the organisation with queries on vaccination and the need to separate those from the call handling capacity required for booking.

Patient Records and Consent

Patient recordkeeping including consent is managed using the WIS system for all components of the clinical delivery model, including PTHB sites, mobile provision and primary care.

Direct entry to the system is being used where possible and manual processes streamlined for mobile provision.

Booking

Booking processes have been quickly established and developed further for Phase 2, working closely with NWIS.

A process is in place to ensure that the appointments are being made in line with the JCVI Priority Group cohorts and NHS Wales Vaccination Plan - this has been assimilated for the Powys population into the PTHB Strategic Model.

The booking flow and throughput is managed in line with the Strategic Model capacity thresholds and timeline.

No Waste Policy / DNAs/ CNAs

A No Waste Policy is in place which includes a 5% excess booking contingency rate and the use of reserve booking lists.
The initial rates of non attendance were low in the frontline staffing stage however this has increased as the vaccination is rolled out to public phases and is being tracked so that mitigations can be continually developed.

End to End Administration

- Phased Offer to Priority Groups
- Issuing of pre-appointment invitations
- Call Centre Handling of Appointments
- Implementation of No Waste Policy
- Additional helpline for queries
- Patient recordkeeping and consent using the WIS system

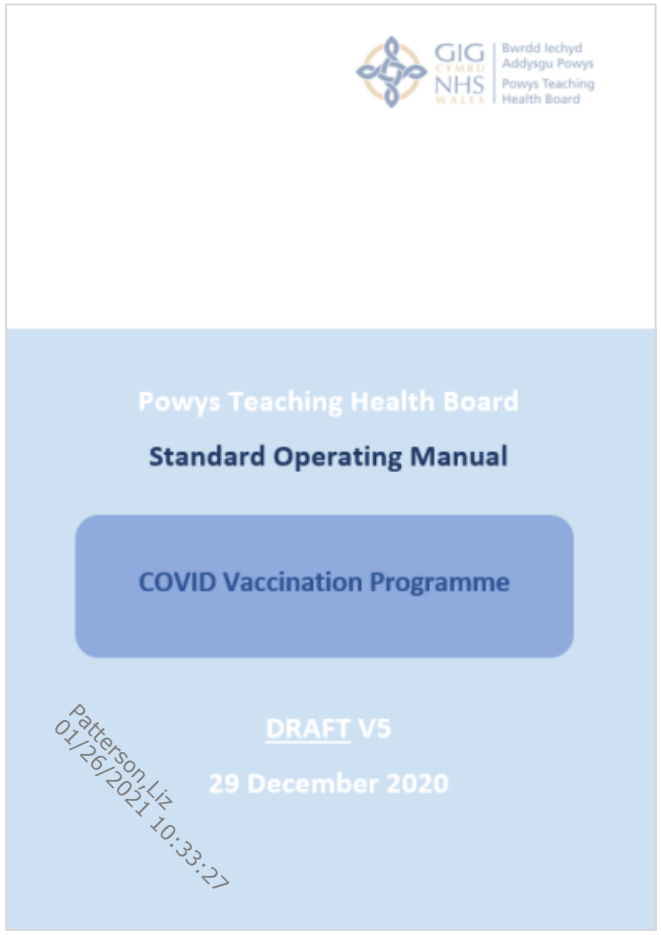
Booking in line with agreed Strategic Model and Level of Delivery

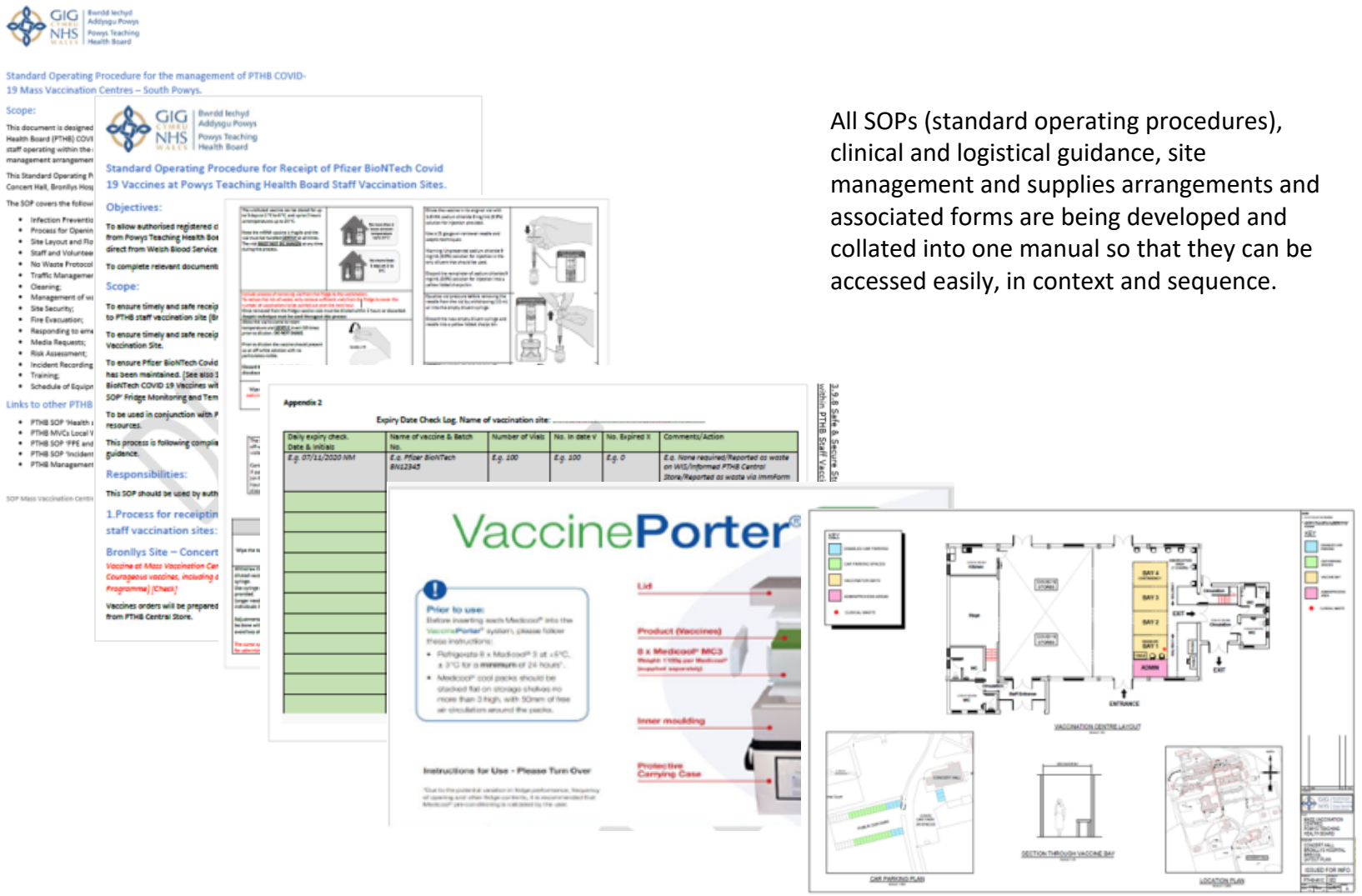
Staffing rotas for call handling and booking currently in place and being staffed for Baseline Level

The challenges of booking and call handling are tracked and recorded in Programme Risk Register and monitored at the Strategic Oversight Group, with escalation to Gold as required

PTHB Covid 19 Vaccination - Operating Procedures

Standard Operating Manual - ‘End to End Whole Service Process’





All SOPs (standard operating procedures), clinical and logistical guidance, site management and supplies arrangements and associated forms are being developed and collated into one manual so that they can be accessed easily, in context and sequence.

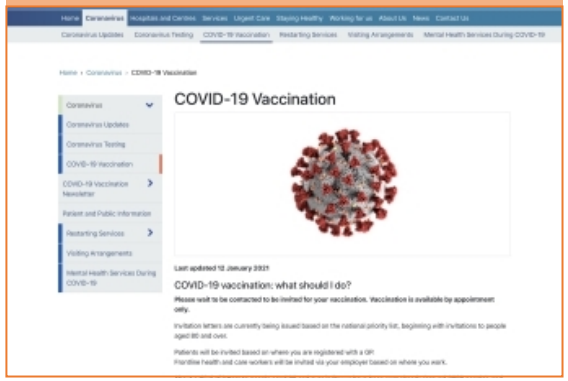
PTHB Covid 19 Vaccination – Engagement and Communication

An integrated approach to engagement and communication on COVID-19 immunisation

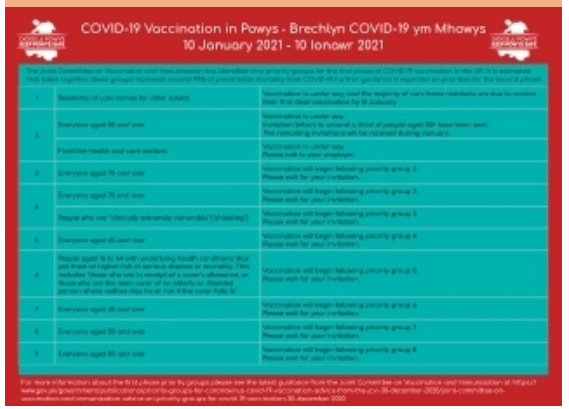
Direct Contact with eligible patients through the booking and appointment process
Ongoing

Priority Groups 1-4
Priority Groups 5-9
Wider public when guidance is available

Dedicated website at www.pthb.nhs.wales/coronavirus/covid-19-vaccination
Updated daily



Public and stakeholder updates via our social media channels
Updated daily



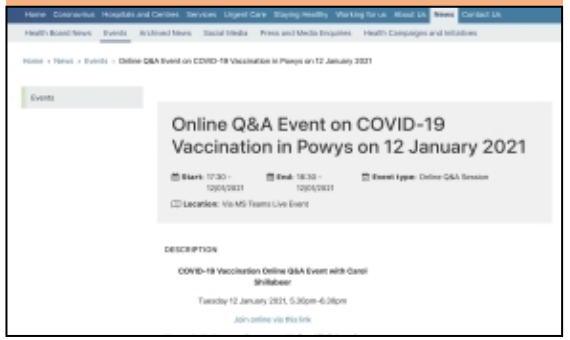
Ongoing programme of press and media activity linked to key milestones

Stakeholder engagement with critical stakeholders (CHC, MSs, MP, LA Cabinet/EMT, councillors, TCCs etc.) and weekly Bulletin

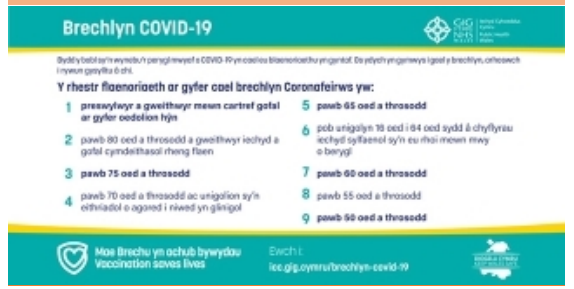
Staff engagement and communication
Ongoing

Daily staff bulletins
CEO videos
Intranet
Management Cascade
Stay Well in PTHB Facebook group

Public Online Q&A Events to provide updates and answer key questions



Local amplification of national communication and engagement plan



PTHB Covid 19 Vaccination – An Inclusive Approach

A COVID-19 immunisation programme that leaves no one behind

A population based approach to enable us to provide the maximum levels of protection for the maximum number of people as fast as possible
Priority Groups 1-4
Priority Groups 5-9
Wider Population as guidance becomes available

Addressing inequalities and inequity and leaving no one behind

Rurality and Social Deprivation	**Transient and non-registered populations**	**Cross-border**	**Equality and Welsh Language**
e.g. Travel, Transport, Distance	*e.g. temporary registrations, homelessness, gypsy and traveller communities etc.*	*e.g. Resident vs. Registered CCGs in England, Health Boards in Wales*	*e.g. accessible venues, inclusive Booking & Appointment systems, housebound. Welsh Language*

PTHB Covid 19 Vaccination Programme Management Arrangements

Strategic

Clinical Leadership, advice and assimilation of National / International Guidance, Policy and Directives

NHS Wales National Programme Interface and management of National / Regional and Cross Border Interdependencies

Population Vaccination Model and Timeline

Workforce Model and Planning

Strategic Communications and Engagement

Programme Direction, Control and Oversight

Strategic Oversight Group
reporting by exception / escalation to Strategic Gold Group

Surveillance and Assurance Mechanisms

- Population Model
- Performance Dashboard
- Programme Implementation Plan
- Standard Operating Manual
- Risk Register
- Reports by exception from Operational Group
- Direction and instruction to Operational Group
- Reports by exception to Gold
- Board reporting
- Clinical oversight arrangements

Operational

WORKSTREAMS

Clinical Delivery and Clinical Logistics	Venue and Site Logistics	Supply/ Waste/ Transport Logistics	Booking and Documentation	Workforce	Primary Care	Cohort Specific Task and Finish
• PGD • Written Instructions • Vaccine Handling, Cold Chain • Clinical Governance and Quality inc. IPC • Patient Experience and Safety • Service Delivery/ Site Management	• Venue identification, negotiation and lease / legal • Site preparation and set up • Site Security and risk assessment • Site layout / flow • Fixtures, fittings, equipment • Ongoing site maintenance & management	• PPE • Consumables • Stock control & management • Ordering process • Supply and distribution / transportation • Public transport to access vaccine (new)	• Patient recordkeeping • Information Governance including consent • Booking process • Call centre set up and management • ICT systems and equipment • WIS Data Management & Quality	• Workforce Planning • Recruitment/ Redeployment • Military Support • Volunteer Programme • Training and Competency • Skill Mix and Rostering • Staff Comms & Engagement/ Staff Side Liaison	• Local negotiation and agreement aligned to national • Agreement of Capacity and related supply require-ments • Logistical interdepen-dencies	• Care homes • Over 80s • Those who are housebound • Those who are in the priority groups who are inpatients

Operational Group
reporting by exception/ escalation to Strategic Gold Group

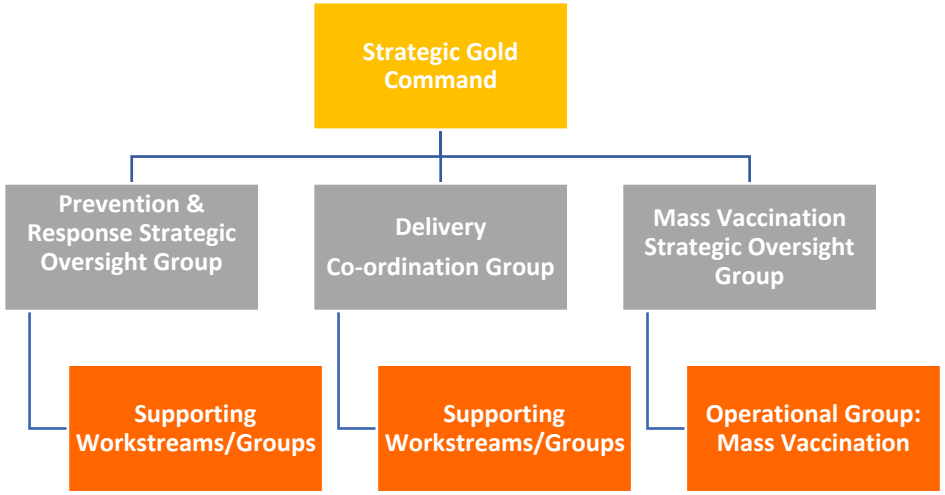
Operational Delivery Mechanisms

- Workstreams for all authorised areas of work with Workstream lead to co-ordinate and own Implementation Plan
- Workstream lead to update Implementation Plan weekly in line with schedule for Strategic Oversight Group
- SOG will instruct Workstreams to update Standard Operating Manual to include significant developments as appropriate; Workstreams can also recommend updates to be made to SOG
- Risk owners to update Risk Register weekly in line with schedule for Strategic Oversight Group
- Operational Group to bring together Workstream leads for knowledge transfer, horizon scanning / action learning and unblocking/ tactical level changes to plan, with
- Escalation to SOG for material changes or recommendations

PTHB Covid 19 Vaccination Programme Governance

The PTHB programme is part of the PTHB Strategic Gold Group governance arrangements. A Strategic Oversight Group is in place and first meeting held 23 December 2020.

This has a direct reporting arrangement to Strategic Gold Command to ensure rapid escalation and resolution of issues.



The programme is being delivered in partnership with:

- Welsh Government and Public Health Wales; National Covid 19 Vaccination Programme
- The Dyfed Powys Local Resilience Forum
- Primary Care Services
- Powys County Council
- The independent and third sectors

It is informed by the national, regional and local pandemic and civil contingency response arrangements including those for Dyfed Powys as noted above, Welsh Government and cross border system resilience arrangements.

It is also informed by ongoing engagement with the Powys Community Health Council.

Mass Vaccination Programme Strategic Oversight Group

Purpose	• Lead the development and delivery of the Mass Vaccination Programme • Monitor the Clinical and Non-clinical Performance and Outcomes of the Programme • Ensure the Programme remains compliant with National Guidelines and Professional Advice • Oversee development and delivery of the Programme's Communication and Stakeholder Plan • Own the High-Level Programme Risk Register
Reporting	• Provide Exception Reporting to Strategic Gold Command • Receive updates from the Mass Vaccination Operational Group
Chair	• Deputy Chief Executive (Director of Planning & Performance)
Membership	• Director of Workforce & OD and Support Services (Vice Chair) • Director of Primary, Community Care & Mental Health • Director of Finance & IT • Director of Public Health • Assistant Director of Communications & Engagement • Programme Director • Programme Clinical Lead ** Deputies are asked to attend in the absence of Members*
Secretariat	Programme Support Officer
Frequency	Twice Weekly, Mondays and Wednesdays
Review	Terms of Reference to be reviewed 15th February 2021

Workstream/ Task Area	Executive Lead
Clinical Delivery & Logistics	Medical Director/Director of Nursing and Midwifery
Venue and Site Logistics	Director of Workforce & OD/ Planning & Performance
Supply / Waste / Transport	Director of Workforce & OD
Booking & Documentation	Director of Finance
Workforce	Director of Workforce and Organisational Development
Primary Care	Director of Primary, Community Care & Mental Health
Communications	Director of Planning & Performance
Care Homes	Director of Nursing and Midwifery
Strategic Model	Director of Planning & Performance

PTHB Covid 19 Vaccination Programme Risk Management

A Covid 19 Vaccination Programme Risk Register has been established with weekly update at Strategic Oversight Group and comprehensive monthly review.
There is a direct escalation to Strategic Gold Group and link to the Covid Risk Register / Corporate Risk Register and overarching Board Assurance process.

Catastrophic	5					
Major	4		▪ Inadequate supplies and disposal arrangements including PPE, clinical and other consumables, cleaning supplies, sharps disposal ▪ Adverse reactions to the vaccine ▪ Other first aid / urgent / emergency care issues arising on the day (Covid-19 / vaccine / generic ill health related) ▪ Poor user and patient experience / risk of staff / public order incidents or issues ▪ We experience vaccine hesitancy which leads to poor uptake and prevents sufficient population immunity	▪ There is insufficient workforce capacity to deliver all phases of the Mass Vaccination Programme	▪ National vaccine supply is not aligned with local delivery and capacity plans	
Moderate	3		▪ The Mass Vaccination Programme is not delivered on schedule ▪ Inadequate information governance controls including in relation to national changes of direction which may impact on consent; subsequent risk of information governance breaches or errors in patient documentation ▪ Harm to staff wellbeing including stress during preparatory period of programme and implementation period ▪ There is an adverse impact locally caused by frequent short notice changes made nationally to the programme and plan / schedule / sequence of work ▪ Cohorts of the population are more difficult for the health board to reach and wait longer than lower priority groups			
Minor	2	▪ Adverse reactions to the vaccine could lead to staff absence for sickness and impact on capacity in health and social care				
Negligible	1					
		1	2	3	4	5
		Rare	**Unlikely**	**Possible**	**Likely**	**Almost Certain**

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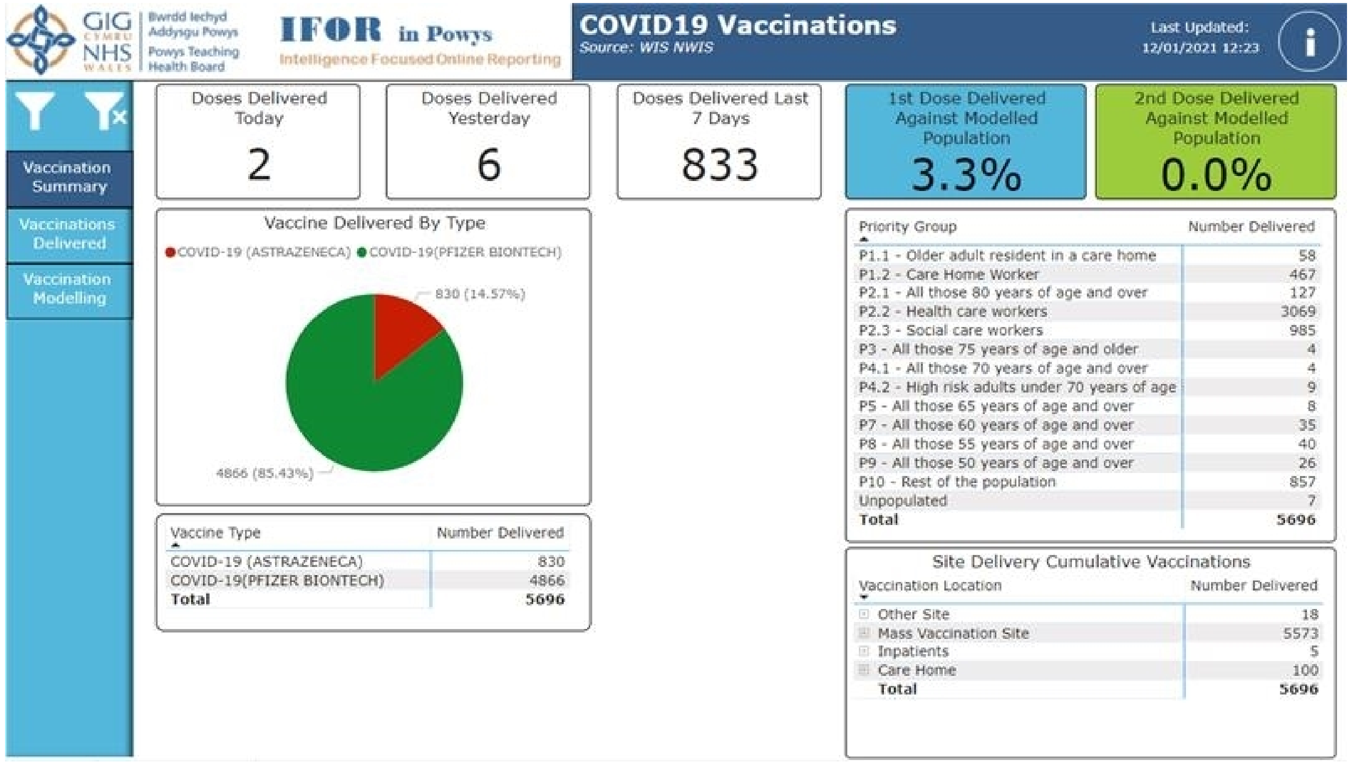
PTHB Covid 19 Vaccination - Performance and Assurance

Assurance Mechanisms

- Governance refreshed for Phase 2 of Programme including a Strategic Oversight Group reporting to Strategic Gold Group
- Strategic Population Model developed in accordance with JCVI Priority Groups and NHS Wales National Covid-19 Vaccination Plan and Milestones
- Trajectories produced by the Strategic Model can be adapted for any changes in assumptions / external and internal dependencies such as vaccine supply and workforce
- Steady State Baseline confirmed and two levels of surge modelled
- Steady State model in use and ensures consistency across booking, workforce and clinical delivery processes
- Programme Plan refreshed for Phase 2 to ensure High Level Actions are clearly identifiable for tracking at the Strategic Oversight Group and to Gold by exception
- Daily Sitrep process in place within PTHB and weekly vaccination surveillance and programme progress monitoring
- Weekly Dashboard in development to summarise and track progress against key performance indicators, in line with national requirements / regional and local arrangements and benchmarks
- Reporting and liaison in place with National Covid 19 Vaccination Programme
- Reporting and liaison in place with regional system resilience arrangements in Dyfed Powys and cross border
- Weekly national public facing report
- Data on supply and stock of vaccines

Key Performance Indicators and Dashboard for Daily Reporting

This is in development as shown below - Draft for illustration



Key Performance Indicators will include:

- ❑ *% Care homes vaccinated*
- ❑ *% Health and Care Staff vaccinated*
- ❑ *% by Priority Cohort*
- ❑ *DNA / CNA Running Totals*
- ❑ *Record of any waste of vaccine*
- ❑ *Record of any missed second doses*
- ❑ *Incidents by number and type*
- ❑ *Adverse Reactions*

PTHB Covid 19 Vaccination – Strategic Modelling of Delivery Scenarios

Baseline: 'Steady State Model'

- 3 Mass Vaccination Sites
  - Newtown
    - 6 Lanes / 50 Hours a Week over 4 days
    - 1968 Vaccines a week / 2040 appointments offered a week (5% + booking allowance)
  - Bronllys
    - 3 Lanes/ 50 Hours a week over 4 days
    - 984 Vaccines a week/ 1020 appointments offered a week (5% + booking rate)
  - Builth Wells
    - 3 Lanes / 50 Hours a week over 4 days
    - 984 Vaccines a week/ 1020 appointments offered a week (5% + booking rate)
- Primary Care - all GP Practices will offer vaccination - c4000 per week in total across all of Powys geographies
- Plus specific cohorts - Care homes, people in Priority Groups who are inpatients and those who are housebound

Vaccine supply confirmed for delivery against this model until 14/02.

Change to Primary Care DES/ LES levels.

Surge 1 22 February 2021

As above with the following expansion:

- 3 Mass Vaccination Sites
  - Newtown - expansion to
    - 8 Lanes/ 5 days a week / Offering 3135 appointments a week
  - Bronllys - expansion to
    - 5 Lanes / 5 days a week / Offering 2194 appointments a week
  - Builth Wells - expansion to
    - 5 lanes / 5 days a week / Offering 2194 appointments a week
- Primary Care – 5000 vaccines

Key Enablers required for delivery against this model:

- Confirmation from Welsh Government on access to additional vaccine supply
- Workforce
- Local Options Framework

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Surge 2 15 March 2021

As above with the following expansion:

- 3 Mass Vaccination Sites
  - Newtown - expansion to
    - 12 Lanes/ 7 days a week/ Offering 4389 appointments a week
  - Bronllys - expansion to
    - 6 Lanes / 7 days a week / Offering 2508 appointments a week
  - Builth Wells - expansion to
    - 6 lanes / 7 days a week / Offering 2508 appointments a week
- Primary Care 5600 vaccines

PTHB Covid 19 Vaccination - Technical High Level Model

These slides will briefly cover the Mass Vaccination of Powys population utilising different capacity scenarios. The model created is based on multiple data sources.

Scenarios Examples requested

1. Current baseline capacity including – 12 lanes, 6 North, 3 Mid, 3 South 960 daily capacity, 4 days per week in max vaccination sites with primary care vaccination capacity availability from week 9
2. Current maximum capacity including – 12 lanes, 6 North, 3 Mid, 3 South, 960 vaccines delivered per day, 4 days per week in max vaccination sites with primary care vaccination capacity availability from week 9.
3. Current baseline capacity + Surge 2 from week 15 which includes – 24 lanes, 12 North, 6 Mid, 6 South, 960 vaccines delivered per day, 7 days per week in max vaccination sites with primary care vaccination capacity of availability from week 9.

Model Data Sources

- NWIS PID Resident/Responsible data set
- NWIS closest drive time by LSOA data set
- NWIS WIS data tables
- PCC WCCIS care home resident extract
- Medicine Management Vaccination Stock Estimates

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Demand - Population

		Total	% of vaccinatable population
P1.1	Older adult resident in a care home	932	1%
P1.2	Care home worker	1,527	1%
P2.1	All those 80 years of age and over	9,101	8%
P2.2	Health care workers	5,794	5%
P2.3	Social care workers	2,072	2%
P3	All those 75 years of age and over	7,352	6%
P4.1	All those 70 years of age and over	10,046	8%
P4.2	High risk adults under 70 years of age	3,087	3%
P5	All those 65 years of age and over	8,879	7%
P6	Moderate risk 16 years to under 65 years of age	TBC	0%
P7	All those 60 years of age and over	9,263	8%
P8	All those 55 years of age and over	9,770	8%
P9	All those 50 years of age and over	8,883	7%
P10	Rest of the population (over 16)	44,594	37%
	Total to vaccinate	**121,300**	**100%**
	Under 16	21,376	
	Total	**142,676**	

- Population demand is based on registered population, the data has been provided from NWIS prior to vaccine availability e.g. November 2020.
- Any identifiable key worker staff have been removed from their age cohort
- JCVI priority grouping circa December 2020 has been used for stratifying demand cohorts, added to this local assumptions based on WIS data specification criteria has been used for granularity.
- Proxy (WG) Health & Social care key worker demographics have been used within the model e.g. No definitive list of these care groups is currently available (P1.2), this data will be retrospectively validated during the vaccination process.
- Care home workers based on most recent available cohort proxy (20/01/2021)
- No patient level identifiable data is available for the P6 cohort at present (Moderate risk 16-65 years of age), this cohort will be amalgamated within P8,P9 & P10 cohort.

Delivery Scenario 1 – Current baseline capacity

Summary:
Current maximum capacity including – 12 lanes, 6 North, 3 Mid, 3 South, 960 vaccines delivered per day, 4 days per week in max vaccination sites with primary care vaccination capacity availability from week 9.

Delivery model

- **Week 1 (7/12/2020**) to **week 6** (11/01/2021) have been modelled using the "known" vaccine capacity bottleneck e.g. stock we have received. These weeks are deploying to the targeted cohorts of P1.1,P1.2,P2.2 and P2.3.

- **Week 7 (18/01/2021)** modelled on **c**urrent mass vaccination sites maximum delivery of vaccine. This is calculated on a 7.5 minutes per vaccine, based on a staffed deliverable of 960 vaccines per day over 12 lanes. When this model is used over a 4 day period it provides a total of **3,840** delivered vaccines per week within the centres

- From **week 8 (25/01/2021)** the vaccine bottleneck has been removed from the model e.g. we plan that Welsh Government stocks of vaccine can meet our deployable scenarios.

- **Week 8 (01/02/2021) and onward,** capacity uses current maximum delivery e.g. **3,840** but includes a further **4,000** units of capacity based on the addition of primary care services.

Caveats

- **This model does not account for delivery risk e.g. vaccine supply challenges, inclement weather or other potential capacity reducing scenarios**

Rollout of vaccination by cohort (1st Dose)

Cohort (JCVI) group	Final week when all patients in cohort will have been invited for their 1st dose	Final week when all patients in cohort will have been invited for their 2nd dose
P 1.1,1.2, P2.2+P2.3 (health care/key workers)	*Week 7 (18/01/2021)	Week 18 (05/04/2021)
P2.1 - All those 80 years of age and over	Week 8 (25/01/2021)	Week 19 (12/04/2021)
P3 - All those 75 years of age and over	Week 9 (01/02/2021)	Week 20 (19/04/2021)
P4.1 & P4.2 - All those 70 years of age and over & High risk adults under 70 years of age	Week 11 (15/02/2021)	Week 22 (03/05/2021)
P5 - All those 65 years of age and over	Week 12 (22/02/2021)	Week 23 (10/05/2021)
P7 - All those 60 years of age and over	Week 13 (01/03/2021)	Week 24 (17/05/2021)
P8 - All those 55 years of age and over	Week 15 (15/03/2021)	Week 26 (31/05/2021)
P9 - All those 50 years of age and over	Week 16 (22/03/2021)	Week 27(07/06/2021)
P10 - Rest of the population (over 16)	Week 32 (12/07/2021)	Week 43 (27/09/2021)

* Some care homes may be delayed beyond this week due to COVID outbreak/closed status

Delivery Scenario 2 – Current baseline capacity + Surge 1

Summary:

Current maximum capacity + Surge 1 from week 12 which includes – 18 lanes, 8 North, 5 Mid, 5 South, 960 vaccines delivered per day, 5 days per week in max vaccination sites with primary care vaccination capacity of availability from week 9.

Delivery model

- **Week 1 (7/12/2020**) to **week 6** (11/01/2021) have been modelled using the "known" vaccine capacity bottleneck e.g. stock we have received. These weeks are deploying to the targeted cohorts of P1.1,P1.2,P2.2 and P2.3.
- **Week 7 (18/01/2021)** modelled on **c**urrent mass vaccination sites maximum delivery of vaccine. This is calculated on a 7.5 minutes per vaccine, based on a staffed deliverable of 960 vaccines per day over 12 lanes. When this model is used over a 4 day period it provides a total of **3,840** delivered vaccines per week within the centres
- From **week 8 (25/01/2021)** the vaccine bottleneck has been removed from the model e.g. we plan that Welsh Government stocks of vaccine can meet our deployable scenarios.
- **Week 8 (01/02/2021) to week 11 (15/02/2021),** capacity uses current maximum delivery e.g. **3,840** but includes a further **4,000** units of capacity based on the addition of primary care services
- **Week 12 (22/02/2022) and onward** – Capacity increased to **surge 1 level**. Mass vaccination sites will increase to 18 total lanes running over 5 days = **7,200**. Primary care will increase their capacity to **5,000** vaccination per week.

Caveats

- **This model does not account for delivery risk e.g. vaccine supply challenges, inclement weather or other potential capacity reducing scenarios.**

Rollout of vaccination by cohort (1st Dose)

Cohort (JCVI) group	Final week when all patients in cohort will have been invited for their 1st dose	Final week when all patients in cohort will have been invited for their 2nd dose
P 1.1,1.2, P2.2+P2.3 (health care/key workers)	*Week 7 (18/01/2021)	Week 18 (05/04/2021)
P2.1 - All those 80 years of age and over	Week 8 (25/01/2021)	Week 19 (12/04/2021)
P3 - All those 75 years of age and over	Week 9 (01/02/2021)	Week 20 (19/04/2021)
P4.1 & P4.2 - All those 70 years of age and over & High risk adults under 70 years of age	Week 11 (15/02/2021)	Week 22 (03/05/2021)
P5 - All those 65 years of age and over	Week 12 (22/02/2021)	Week 23 (10/05/2021)
P7 - All those 60 years of age and over	Week 13 (01/03/2021)	Week 24 (17/05/2021)
P8 - All those 55 years of age and over	Week 14 (08/03/2021)	Week 25 (24/05/2021)
P9 - All those 50 years of age and over	Week 14 (08/03/2021)	Week 25 (24/05/2021)
P10 - Rest of the population (over 16)	Week 20 (19/04/2021)	Week 31 (05/07/2021)

* Some care homes may be delayed beyond this week due to COVID outbreak/closed status

Delivery Scenario 3 – Current baseline capacity + surge 2

Summary:
Current baseline capacity + Surge 2 from week 15 which includes – 24 lanes, 12 North, 6 Mid, 6 South, 960 vaccines delivered per day, 7 days per week in max vaccination sites with primary care vaccination capacity of availability from week 9.

Delivery model

- **Week 1 (7/12/2020**) to **week 6** (11/01/2021) have been modelled using the "known" vaccine capacity bottleneck e.g. stock we have received. These weeks are deploying to the targeted cohorts of P1.1,P1.2,P2.2 and P2.3.
- **Week 7 (18/01/2021)** modelled on **c**urrent mass vaccination sites maximum delivery of vaccine. This is calculated on a 7.5 minutes per vaccine, based on a staffed deliverable of 960 vaccines per day over 12 lanes. When this model is used over a 4 day period it provides a total of **3,840** delivered vaccines per week within the centres
- From **week 8 (25/01/2021)** the vaccine bottleneck has been removed from the model e.g. we plan that Welsh Government stocks of vaccine can meet our deployable scenarios.
- **Week 8 (01/02/2021) to week 11 (15/02/2021),** capacity uses current maximum delivery e.g. **3,840** but includes a further **4,000** units of capacity based on the addition of primary care services
- **Week 12 (22/02/2022) to week 14 (08/03/2021)**– Capacity increased to **surge 1 level**. Mass vaccination sites will increase to 18 total lanes running over 5 days = **7,200**. Primary care will increase their capacity to **5,000** vaccination per week.
- **Week 15 (15/03/2021) and onward** – Capacity increased to **surge 2 level**. Mass vaccination sites will increase to 24 total lanes running over 7 days at 12.5hr shifts = **13,440**. Primary care will increase their capacity to **5,600** vaccination per week.

Rollout of vaccination by cohort (1st Dose)

Cohort (JCVI) group	Final week when all patients in cohort will have been invited for their 1st dose	Final week when all patients in cohort will have been invited for their 2nd dose
P 1.1,1.2, P2.2+P2.3 (health care/key workers)	*Week 7 (18/01/2021)	Week 18 (05/04/2021)
P2.1 - All those 80 years of age and over	Week 8 (25/01/2021)	Week 19 (12/04/2021)
P3 - All those 75 years of age and over	Week 9 (01/02/2021)	Week 20 (19/04/2021)
P4.1 & P4.2 - All those 70 years of age and over & High risk adults under 70 years of age	Week 11 (15/02/2021)	Week 22 (03/05/2021)
P5 - All those 65 years of age and over	Week 12 (22/02/2021)	Week 23 (10/05/2021)
P7 - All those 60 years of age and over	Week 13 (01/03/2021)	Week 24 (17/05/2021)
P8 - All those 55 years of age and over	Week 14 (08/03/2021)	Week 25 (24/05/2021)
P9 - All those 50 years of age and over	Week 14 (08/03/2021)	Week 25 (24/05/2021)
P10 - Rest of the population (over 16)	Week 17 (29/03/2021)	Week 28 (14/06/2021)

* Some care homes may be delayed beyond this week due to COVID outbreak/closed status

Caveats

- **This model does not account for delivery risk e.g. vaccine supply challenges, inclement weather or other potential capacity reducing scenarios**

PTHB Covid 19 Vaccination - Technical High Level Timeline

Below are the 3 models of delivery by priority group (JCVI)

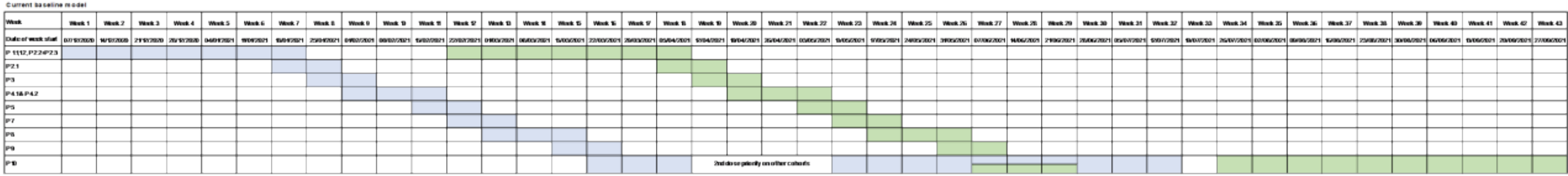
Predicted 1st dose window of invites and vaccination
Predicted 2nd dose window of vaccinations

Current baseline model

Summary of delivery

Cohorts P1.1,1.2,P2.2+P3 are displayed as a single cohort in the gannt chart as a result of multiple overlapping delivery methods.

Week 1 to Week 6 using known vaccine stock profile.
Week 7 uses 3840 units of capacity
Week 8 onwards utilises delivery model of 3,840 vaccines delivered from 12 lanes with 4000 delivered doses weekly by primary care.

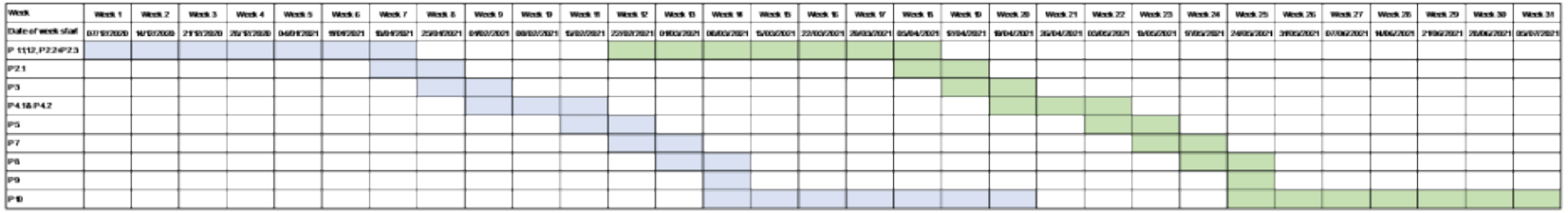


Current baseline + Surge 1

Summary of delivery

Cohorts P1.1,1.2,P2.2+P3 are displayed as a single cohort in the gannt chart as a result of multiple overlapping delivery methods.

Week 1 to Week 6 using known vaccine stock profile.
Week 7 uses 3840
Week 9 to week 11 utilises delivery model of 3,840 vaccines delivered from 12 lanes with 4000 delivered doses weekly by primary care.
Week 12 onwards increases to surge level 1 with 18 lanes delivering 7,200 doses and primary care delivering a further 5000 doses weekly.

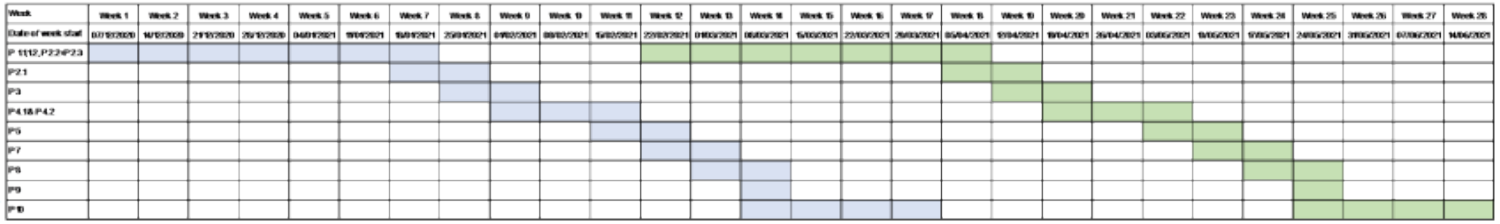


Current baseline + Surge 2

Summary of delivery

Cohorts P1.1,1.2,P2.2+P3 are displayed as a single cohort in the gannt chart as a result of multiple overlapping delivery methods.

Week 1 to Week 6 using known vaccine stock profile.
Week 7 uses 3840 capacity
Week 9 to week 11 utilises delivery model of 3,840 vaccines delivered from 12 lanes with 4000 delivered doses weekly by primary care.
Week 12 to week 14 increases to surge level 1 with 18 lanes delivering 7,200 doses and primary care delivering a further 5000 doses weekly.Week 15 onwards increases capacity to surge level 2, this is our maximum model with 24 lanes open delivering 13,440 with primary care deploying a further 5600 weekly.



Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 2.2

Board Meeting	**Date of Meeting: 27 January 2021**
Subject :	**Engagement on the establishment of a Vascular Network for south east Wales on the future configuration of vascular services in the region**
Approved and Presented by:	Executive Director of Planning and Performance
Prepared by:	Assistant Director (Engagement and Communication)
Other Committees and meetings considered at:	Powys Teaching Health Board Executive Committee, South East Wales Vascular Services Joint Executive Board, Vascular Steering Group members and Clinical Advisory Group members, Powys CHC Services Planning Committee

PURPOSE:

This paper seeks the endorsement of the Board for a period of region-wide engagement on proposed changes to vascular services in South East Wales.

A key challenge in relation to data regarding vascular procedures is that this is mainly monitored and collated through clinical audit, and is therefore available on a "named consultant" basis rather than on the place of residency of the patient. Data are gathered in this way in order to monitor the overall safety and outcomes of the service, but this does mean that they are available based on the organisation *providing* the service rather than per *commissioner*.

Whilst definitive data based on Powys residency is not available, an indication of the Powys impact can be obtained by considering the Powys proportion of the overall activity on a per capita basis.

Around 40,000 people in South Powys are served by this network of vascular surgery services. This means that the South Powys catchment represents around 2.5% of the overall population served by the network. On a per capita basis this would equate to around 150 outpatient appointments (66 new, 80 follow up) and 33 cases/procedures in 2019. This is only indicative, but provides a level of scale.

Pathways for other Powys residents (e.g. in Western Powys via HDdUHB and SBUHB; in eastern Powys to England) are not affected by these proposals.

These proposals aim to stabilise a service that currently has some key areas of fragility – and where temporary service changes are already in place – in order to maintain safety and outcomes for patients, and to provide the foundations of a hub and spoke model that would enable more services to be provided outside the main hub centres and closer to home wherever possible.

Agreeing a future configuration therefore enable foundations of the future service model to be agreed. Whilst there are risks and challenges associated with undertaking engagement during COVID-19 and immediately prior to Senedd elections, it is recommended that we proceed with engagement in order that the underlying safety and outcome challenges outlined in the paper can be addressed. The Board will wish to reflect on the feedback received from local stakeholders in making our own response to the consultation, with a report on engagement due to be presented in May 2021.

All four Boards – Aneurin Bevan University Health Board, Cardiff and Vale University Health Board, Cwm Taf Morgannwg University Health Board and Powys Teaching Health Board – are being asked to consider the recommendations below from the South East Wales Vascular Services Joint Executive Board.

RECOMMENDATION(S):

The Board is asked to:

- Note the background, history and longevity of clinical discussions in respect of vascular surgery in South East Wales
- Consider the proposed focus of engagement and the process designed to enable it
- Consider the documentation prepared to support a discussion on the future configuration of vascular services in South East Wales
- Support the proposed timeline
- Agree to receive the outcome of the engagement back to the May meeting of the Board (or alternate should any programme slippage arise).

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	✓

DETAILED BACKGROUND AND ASSESSMENT:

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 3 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. The spoke arrangements are proposed as follows:

Aneurin Bevan University Health Board

- **Step up spoke (acute phase): Grange University Hospital, Cwmbran**
- **Step down spoke (rehabilitation phase): Royal Gwent Hospital Newport**

Cardiff & Vale University Health Board

- **Step up spoke (acute phase): University Hospital of Wales, Cardiff**
- **Step down spoke (rehabilitation phase): University Hospital Llandough, Vale of Glamorgan**

Cwm Taf Morgannwg Health Board

- **Step up spoke (acute phase): Royal Glamorgan Hospital, Llantrisant**
- **Step down spoke (rehabilitation phase): Ysbyty Cwm Rhondda, Rhondda, Ysbyty Cwm Cynon, Mountain Ash**

Clinical engagement has taken place throughout the service development process and there remains consensus on the preferred model. 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

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 who had to make this arrangement for Vascular services during Covid19 as the service became unsustainable. The proposals set out below seek to enable good governance and management of the change as well as enabling the temporary arrangements in place for Cwm Taf to be formally engaged and consulted upon.

Proposal for the management of engagement and potential consultation

Over the past two years programme arrangements have been developed around vascular surgery and most recently, an engagement and consultation work-stream has been formed as part of the overall governance structure.

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 need to be part of the consultation and engagement are Aneurin Bevan University Health Board, Cardiff and Vale University Health Board, Cwm Taf Morgannwg Teaching Health Board and Powys Teaching Health Board, as commissioners of these services for their local population. It will also be the responsibility of these organisations to lead the programme of engagement and consultation in their respective areas, however overall co-ordination will be held within the programme structure.

Focus of consultation and engagement

Further to the decision made by Joint Programme Board for a two stage process, a workshop was held on 17 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 consultation 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.

As this approach goes beyond the normal parameters of an engagement process, questions that are posed to support the discussion on the *future configuration of vascular services* in South East Wales are proposed as:

- From reading this discussion document, do you have a good understanding of what vascular services are?
- From reading this document, do you understand how services are currently organised
- From reading this document, do you have an understanding of the challenges that are currently facing vascular services?
- 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?
- 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?

- 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?
- Would you agree/disagree that spoke arrangements need to have a consultant led Emergency Department and an emergency surgery response on site?
- Subject to your view on the above, would you agree/disagree with the suggested spoke arrangements?
- Do you have a view on the options that have been considered as part of this, are there others we should consider?
- 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?
- Do you have an alternate view on the proposals put forward within this document for the configuration of services?

A draft discussion document for purposes of engagement is attached at Annex A. (Note the inclusion of a jargon buster, a questionnaire and an equalities impact assessment as part of the pack). A summary document is attached at Annex B.

Potential Timeline

The consultation needs to be approved by all individual Health Boards and be discussed with the Board of CHCs/local CHCs. Discussion took place with the Board of CHCs on 13th January and Health Boards will have to opportunity to approve the process at January Board meetings.

Based on these dates the following timeline is possible, subject to appropriate resourcing:

Board considerations	27th and 28th January 2021
Translation (approx. 2 weeks)	Mid Feb
Commence engagement	15th February 2020 - 29th March (6/8 weeks)
Outcome of engagement to Boards & CHCs and approval to move to consultation	Board of CHCs 14thApril 2021 ABUHB 26th May 2021 CTMTHB 27th May 2021 CVUHB 27th May 2021 PTHB 26th May 2021
Subject to approval from Boards to proceed – translation (approx. 2 weeks)	Mid-June
Commence consultation	June 18th 2021 (period of 8 weeks)
Consultation ends	August 13th 2021
Analysis and mitigations	End of August
Back to CHCs	Date to be received

Back to Boards	September Boards

It will be important to keep an open dialogue between Health Boards and CHCs throughout.

Stakeholder profiling and release

All Health Boards have well established mechanisms through which they enable cascade and delivery of engagement and consultation materials and these will be used for this programme too. There are also national groups and professional bodies that would need opportunity to engage and consult and these are being profiled within the programme. Given that the engagement and consultation will be happening within a Covid19 context, different ways of engaging the population will need to be established and ***could*** include, virtual drop-ins, Facebook Lives, videos etc.

One of the biggest challenges to ***all*** organisations at the current time, is the ability to engage people who are not connected electronically (digitally excluded). . As people are still attending super markets, there is also potential to put a flier in the community board section offering a telephone number contact too (this is likely to mean 'call back' from a member of the project team, rather than immediate discussion).
A stakeholder management plan is attached at Annex B.

Products required

The following products will be available to support the engagement:

- Stakeholder profile and plan
- Core engagement document (Welsh and English)
- Summary engagement document (Welsh and English)
- Presentation
- EQIA
- Frequently Asked Questions list
- Questionnaire
- Videos
- Opportunities for virtual and telephone engagement (as outlined above)

CHC Considerations

The affected Community Health Councils considered together, the proposals 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 to take place within both Powys and South Glamorgan CHCs. A verbal update on these positions should be available at the Board meeting.

Resourcing considerations

The development of a vascular network delivered through a hub and spoke model is the preferred option for clinicians across the South East Wales region. Any resourcing requirements of such a model will be the responsibility of the relevant provider Health Boards.
.

Engagement costs will be split between Health Boards proportionate to the patient activity. There is an element of risk to the availability of resource, both within the programme and at Health Board level to implement the arrangements at pace, however this is being worked through with new posts due to come on line shortly.

Conclusion

Clinical discussion has been underway for many years regarding the future configuration of vascular services. A proposal has been developed and is subject to appropriate engagement and consultation in line with the guidance on NHS service changes in Wales. A cross Health Board process has been designed, the content of which has been set out in this paper and supporting documentation attached.

RECOMMENDATIONS:

Members of the Board are recommended to:

- Note the background, history and longevity of clinical discussions in respect of vascular surgery in South East Wales
- Consider the proposed focus of engagement and the process designed to enable it
- Consider the documentation prepared to support a discussion on the future configuration of vascular services in South East Wales
- Support the proposed timeline
- Agree to receive the outcome of the engagement back to the May meeting of the Board (or alternate should any programme slippage arise)

IMPACT ASSESSMENT

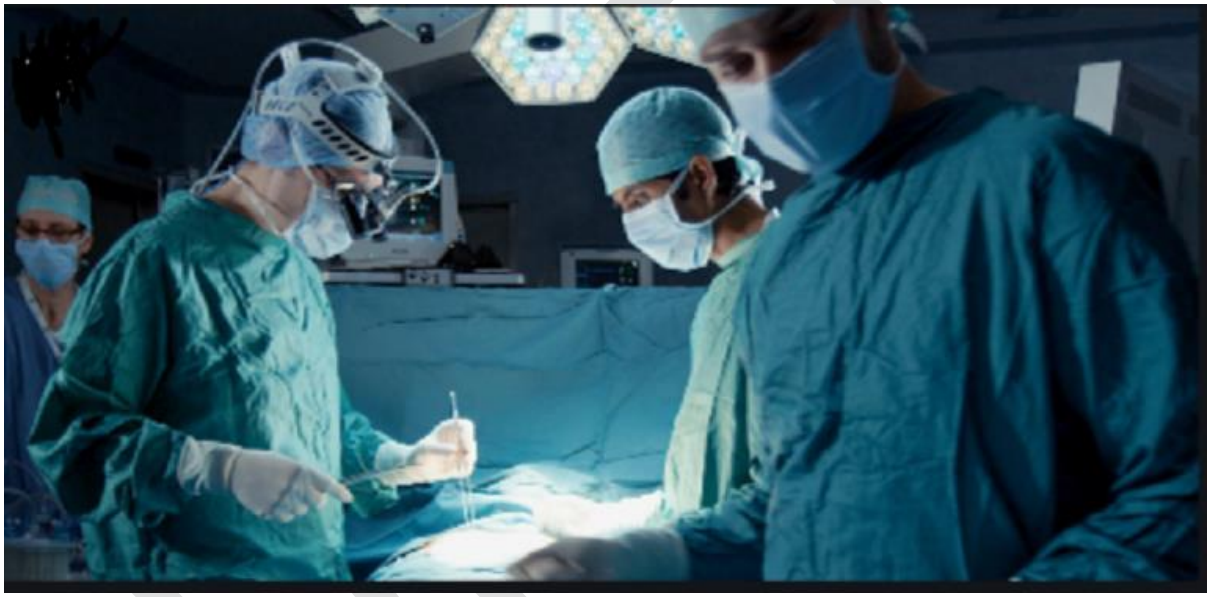
Equality Act 2010, Protected Characteristics and other equality considerations:

	No impact	Adverse	Differential	Positive	Statement
Age					*Equality issues are being considered as part of the development and delivery of the engagement plan. A draft EqIA for the engagement proposals has been developed and is included with the papers. Engagement feedback will be used to develop an updated EqIA which will be included with the papers when the Board receives the outcome of engagement later this year.*
Disability					
Gender reassignment					
Pregnancy and maternity					
Race					
Religion/ Belief					
Sex					
Sexual Orientation					
Marriage and civil partnership					
Welsh Language					
Socio-economic impact					

Risk Assessment:

	Level of risk identified				
	None	Low	Moderate	High	
Clinical				X	This risk assessment is based on service being provided The main driver for change is the need to ensure a safe and sustainable vascular service across south east Wales that offers the best outcome for patients. Commencing a period of engagement will enable agreement to be reached on a future service model, reducing the clinical risk for the service.
Financial	X				
Corporate			X		There is not expected to be financial or operational impact for Powys Teaching Health Board as these changes relate to service provision by neighbouring health boards.
Operational	X				There are some corporate and reputation challenges in undertaking a period of engagement during COVID-19 and immediately prior to a pre-election period, and conversely there are also corporate and reputation risks if an opportunity is lost to stabilise a key service and agree the future model through this period of engagement.
Reputational			X		

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

CONTENT

APPENDICES

FOREWARD FROM CHAIR OF THE VASCULAR JOINT EXECUTIVE BOARD AND CHIEF EXECUTIVES OF THE 4 HEALTH BOARDS IN SOUTH EAST WALES.

To be scripted following agreement of document

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.

You can respond by:

E-mail	*Need to set up a dedicated e-mail address (who will manage)*
Post	*South East Wales Vascular Programme* *Woodland House* *Maesycoed Road* *Cardiff* *CF14 4HH*

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?

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.[1] 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

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**	**830**	**2391**	**2340**	**N/A**	**5561**
New Patients	2019	462	867	1181	N/A	**2510**
Follow ups	2019	368	1524	1159	N/A	**3051**
Total number of Cases/ Procedures	2019	456	437	355	N/A	**1248**

- Powys has a population of 132,500 people of which around 40,000 people in South Powys are served by vascular services in South East Wales. Other parts of Powys will be served by vascular services in other parts of Wales and in England.
- Activity data is collected on the basis of provider Health Board rather than place of residence. Activity for South Powys residents is therefore included within the provider activity for other health boards."

4. HOW ARE SERVICES CURRENTLY PROVIDED?

National Context

Across the UK Vascular services have been reconfigured into a 'hub and spoke' integrated regional networks as a result of 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). Evidence shows implementation has led to improved clinical outcomes following these changes, with reduced waiting times for patients and an improved ability to attract and retain staff ensuring these services are more sustainable in the long term. Most recently North Wales implemented an integrated network model with Ysbty Glan Clywd as a single for major arterial surgery in 2019 which means that South East Wales are now one of the last regions to form a hub and spoke network model.

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 Abdominal Aortic Aneurysm (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.

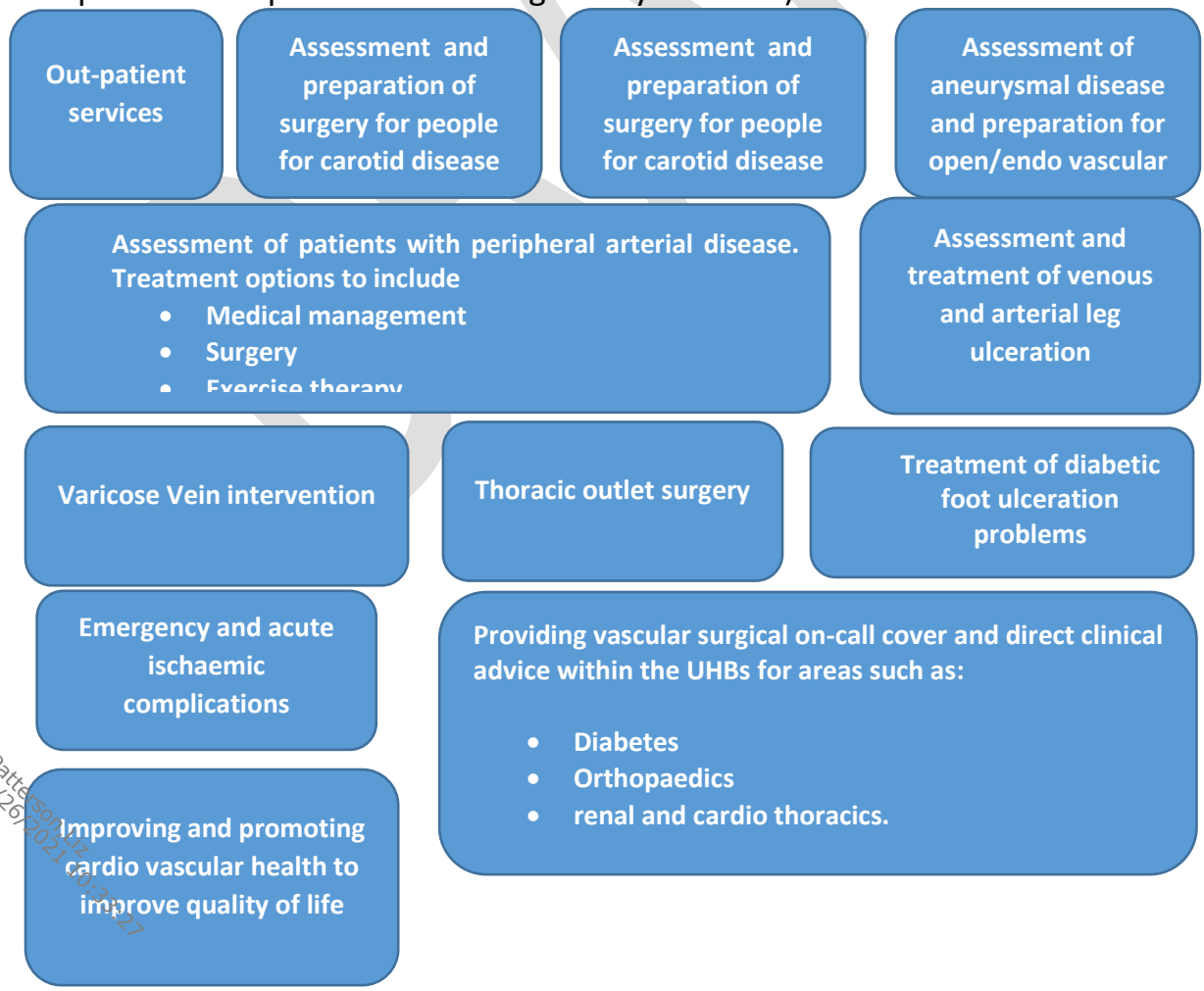
Local Context

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:

ANEURIN BEVAN	CWM TAF MORGANNWG	CARDIFF & THE VALE OF GLAMORGAN	POWYS
Blaenau Gwent	Rhondda	Cardiff	S. 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):



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.

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 Aneurin Bevan University Health Board and Cardiff and the Vale University Health Board.

5. HOW DO WE PERFORM?

The National Vascular Registry (NVR).is a national clinical audit commissioned by the Health Quality Improvement Partnership (HQIP) to measure the quality of care for patients who undergo vascular surgery in NHS hospitals. It was formed in January 2013. The NVR forms part of The Vascular Society and partner organisations quality improvement programmes. Their aim is to drive up the quality of care for patients with vascular disease in the UK.

Each Health Board sends information to the NVR who then analyse this to provide information on their standard of clinical care and patient outcomes. This allows hospitals to know where they are doing well, as well as highlighting areas that they can improve.

The NVR measures currently collects information on five vascular surgical procedures:

- Repair of abdominal aortic aneurysm (AAA)
- Carotid endarterectomy
- Lower limb angioplasty
- Lower limb bypass
- Lower limb amputation

Below is the analysis of each surgical procedure for the South East Wales health boards.

- **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.

- **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.

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 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.

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 2030. 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 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.
    - 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.

- **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. 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 has to 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.

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.

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.

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:- • Angioplasty; • Angiogram;

• 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:

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.	➢ 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.

➢ 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 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 the majority of pre and post operative care will continue to be provided locally. There are a few patient stories outlined below that help illustrate this.

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.

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.

Patient 2 : Mr Evans

Mr Evans is a 71 year old retired postman from Newport. He saw his GP because of sudden onset, 2 days previously, of pain in his right calf on walking. He could walk about 30 meters but then had to stop and rest because of the pain. The pain was relieved by rest. He described the pain to his GP as being "like severe cramp".

Because of the sudden onset of this pain the GP called the Vascular Surgical Regional Coordinator. Mr Evans was previously well, he had given up smoking 30 years ago and was not diabetic. The Coordinator arranged for Mr Evans to be seen in the Vascular Surgical "Hot Clinic" at Gwent Vascular Institute in Royal Gwent Hospital in Newport the following day. The coordinator also arranged for a CT scan of the arteries in Mr Evan's leg to be performed an hour before his clinic appointment.

Mr Evans was seen, with the result of his CT scan by a Consultant Vascular Surgeon. On further questioning the Vascular Surgeon discovered that Mr Evans had some numbness in the toes of his right foot. This numbness had been present and constant since the onset of the calf pain 3 days ago. The CT scan showed that there was an abnormally dilated artery behind Mr Evan's right knee (a popliteal artery aneurysm) and that there was a lot of thrombus (blood clot) in the abnormally dilated artery.

The Vascular Surgeon showed the CT images to Mr Evans to help explain what the problem was. He then informed Mr Evans of the choices with regard to management of his symptomatic popliteal artery aneurysm. Since there was a 1 in 4 risk of lower limb amputation if the aneurysm was not operated on, Mr Evans agreed that surgery was the best option. The Vascular Surgical Regional Coordinator arranged for Mr Evans to be admitted to University Hospital of Wales (UHW) in Cardiff under the Vascular Surgical Service from clinic. The next day an operation was performed to fix the popliteal artery aneurysm through an incision behind his knee.

Mr Evans made a good recovery after his operation. After input from the physiotherapists Mr Evans was allowed to go home 3 days after his operation. He was followed up 6 weeks

later by a Vascular Nurse Specialist at Royal Gwent Hospital who noted that his surgical wounds had healed well and his symptoms had all resolved.

Patient 3 Mrs Richards

Mrs Richards is a 45 year old teacher from Pontypool. During the summer she thinks that she suffered a nasty insect bite just above her left ankle on the inside of her leg, while having a BBQ. This was approximately 4 months ago. Over this time the "insect bite" became badly inflamed on 2 or 3 occasions. The GP treated her with antibiotics but, despite this, she developed an ulcer at the same site as the suspected insect bite.

The GP referred her to the South East Wales Vascular Network because of the lower limb ulcer. Mrs Richards was given a telephone appointment with a Consultant Vascular Surgeon 2 weeks later. Over the telephone the Vascular Surgeon found out that Mrs Richards left leg had been "a bit swollen" for 2 or 3 years. She also told the surgeon that she had had varicose veins affecting her left leg since the birth of her 2 children. The varicose veins had never really bothered her and she had never mentioned them to her GP.

The Consultant Vascular Surgeon explained, over the telephone, that the varicose veins were probably contributing to the leg swelling and the ulcer. Between them Mrs Richards and the Consultant Vascular Surgeon arranged for an ultrasound scan of the leg to be performed at Royal Gwent Hospital to investigate her veins. On the same day as the scan she was reviewed by a Vascular Nurse Specialist at Royal Gwent Hospital. The scan showed that Mrs Richards had a fairly typical pattern of varicose veins. The Nurse explained that by treating the varicose veins, the ulcer would heal more quickly and would be less likely to recur. The Vascular Nurse Specialist also gave Mrs Richards a prescription for moisturising cream and support stockings to help improve the condition of the skin on her left leg.

Following discussion and explanation of the different treatment options available for varicose veins Mrs Richards and the Vascular Nurse Specialist agreed that a minimally invasive procedure (Radiofrequency Ablation/Endothermal Ablation) would be the most appropriate way to treat the varicose veins in Mrs Richard's case. Radiofrequency ablation of the left varicose veins was performed for Mrs Richards 8 weeks later. This procedure was performed at Royal Gwent Hospital as a "walk in – walk out" procedure under local anaesthetic. By the time she attended for the treatment the ulcer was well on the way to healing thanks to the moisturiser and support stockings.

Mrs Richards was not given a routine follow up appointment but was given a card with the contact details for the vascular nurse specialists at Royal Gwent Hospital in case she needed them. She made a good recovery and was delighted with the result of her treatment. She did not need to contact the Vascular Surgical Unit again.

Patient 4 : Mr Williams

Mr Williams is a 78 year old retired builder from Treorchy. He was generally fit and well but needed admitting to Royal Glamorgan Hospital after becoming increasingly short of breath. After investigation by the Care of the Elderly Medical Team he was found to have pneumonia and dehydration. He was started on a drip to give him fluid as well as intravenous antibiotics.

At 11 o'clock at night he complained to his nurse that his right hand had suddenly become painful and cold and he had noticed that his arm and hand were weak. The ward doctor examined him and found that as well as the coldness and weakness the hand was pale and the doctor couldn't feel any pulses in Mr Williams's right arm. The ward doctor did some blood test and arranged for an electrocardiogram (ECG) to be performed. The ECG showed that Mr Williams had developed an irregular heartbeat, probably as a result of the pneumonia and dehydration. The ward doctor wondered if Mr Williams had "thrown a clot" (an embolus) down the arteries to his right arm. With this in mind he telephoned the on call Vascular Surgical Registrar for advice.

The Vascular Surgical Registrar arranged emergency ambulance transfer for Mr Williams from Royal Glamorgan Hospital to the Vascular Surgical Unit at University Hospital of Wales (UHW) in Cardiff. Before the journey Mr Williams was given an injection of blood thinning drugs. When he arrived at UHW Mr Williams was taken straight to the CT scanner where a scan of the arteries in his right arm was performed. This scan confirmed an arterial embolus.

Because his arm was profoundly ischaemic Mr Williams was taken to theatre that night to remove the blood clot from the arteries in his right arm. The operation was performed under local anaesthetic by the on call Consultant Vascular Surgeon and the On Call Vascular Surgical Registrar. The operation was successful. Apart from some bruising around the surgical incision the arm and had were pink, ward and working normally. Mr Williams was relieved and delighted.

Because he was still recovering from pneumonia Mr Williams was transferred back to Ysbyty Cwm Rhondda Hospital on the following day by ambulance. This made it a lot easier for his son and daughter to visit him as he recovered from his pneumonia in his local general hospital.

Patient 5 : Mr Roberts

Mr Roberts is a 70 year old gentleman from Penarth who had a small Abdominal Aortic Aneurysm (AAA) diagnosed 5 years ago, when he was invited to attend the Welsh Abdominal Aortic Aneurysm Screening Programme at the age of 65. At his last, scan earlier in the week, he was told that his aneurysm now measured 56mm in diameter. He understood from the patient information sheets given to him and the conversations that he had had with the staff at the screening programme that this was the size at which interventions began to be considered to reduce the risk of aneurysm rupture.

Mr Roberts was referred to the South East Wales Vascular Network Coordinator. He was given an outpatient appointment for two weeks later. He was booked to have a CT scan of his aneurysm at 09:00 in the morning and a clinic appointment with a Consultant Vascular Surgeon at 11:00; both at University Hospital of Wales. The Consultant Vascular Surgeon showed Mr Roberts the images from his CT scan along with some diagrams to help explain what the problem was and what options were possible regarding treatment of the AAA. The anatomy of Mr Roberts's AAA meant that the "keyhole" technique of Endovascular Aneurysm Repair (EVAR) was not likely to be successful. Mr Roberts and the Vascular Surgeon agreed that Open Surgical Repair (OSR) of his AAA was preferable to continuing with conservative management. Mr Roberts understood that Open Surgical Repair of an Abdominal Aortic Aneurysm was major surgery. He understood the risk of surgery had read that the results of this operation were better when it was done in centres that performed a lot of these operations. He was therefore relieved and pleased to find out that the operation would be performed at The Major Arterial Centre at UHW in Cardiff. He understood that he would probably need to be in the Intensive Care Unit in Cardiff for a day or two after his operation. All being well he was told to expect to be in hospital for between 7 and 10 days.

The Vascular Network Coordinator arranged for Mr Roberts to have an Echocardiogram and a bicycle test (Cardio Pulmonary Exercise Test CPET) to assess his fitness for surgery. Four weeks after his referral both these tests were performed at University Hospital of Wales. Mr Roberts was then seen by a Consultant Anaesthetist to further explain the risks of surgery and what was involved regarding an anaesthetic for major surgery.

Seven weeks after his initial referral to the Vascular Surgical Service Mr Roberts was admitted to UHW through the "Day of Surgery Admission" unit. His operation was performed by two Consultant Vascular Surgeons and a Vascular Surgical Registrar. After his operation Mr Roberts only needed to spend one night on Intensive Care. By the third post-operative day he was recovering well. His pain was well controlled, he was eating and drinking and was walking around the ward with some help from the Physiotherapists or Ward Nurses.

After discussion with Mr Roberts it was agreed to transfer him to University Hospital Llandough, closer to home for a few more days of hospital care while he recovered from his operation. He no longer needed any specialist vascular surgical input. This transfer to Mr Roberts local hospital made it easier for his family to visit him while providing him with the medical, nursing and physiotherapy input that he needed.

Mr Roberts was discharged from University Llandough Hospital 9 days after his operation. He was followed up 6 weeks later in University Hospital Llandough by a Specialist Vascular Nurse who documented that Mr Roberts had made a good post-operative recovery.

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 from Cwm Taf Morgannwg Teaching Health Board or Aneurin Bevan University Health Board).

- 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).

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.

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 Annex xx to aid your response. It should be returned to

South East Wales Vascular Programme
Woodland House
Maesycoed Road
Cardiff
CF14 4HH

The date by which we would welcome your response is xx/xx/xx.

WHAT NEXT?

When this engagement exercise has ended, the 4 Health Boards 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 what has 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.

APPENDIX A - GLOSSARY OF TERMS

Abdominal Aortic Aneurysm (AAA)	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
Aneurysmal Disease	An **aneurysm** occurs when part of an artery wall weakens, allowing it to balloon out or widen abnormally. The causes of **aneurysms** are sometimes unknown. Some may be congenital, meaning a person is born with them. Aortic **disease** or an injury may also cause an **aneurysm**.
Arterial Disease	A common circulatory problem in which narrowed arteries reduce blood flow to your limbs
Arterial Duplex scan	Arterial **duplex scan** is a painless exam that uses high-frequency sound waves (ultrasound) to capture internal images of the major arteries in the arms, legs and neck. A special jelly is placed on the area being examined while a wand-like device called a transducer is passed lightly over the skin above the artery.
Arterial Ulcer	**Arterial Ulcer**. An **ulcer** is simply a break in the skin of the **leg**, which allows air and bacteria to get into the underlying tissue. This is usually caused by an injury, often a minor one that breaks the skin. ... **Arterial ulcers** are often very painful, they are often on the foot, around the ankle, sometimes the lower **leg**.
Carotid Disease	**Carotid** artery **disease** occurs when fatty deposits (plaques) clog the blood vessels that deliver blood to your brain and head (**carotid** arteries). The blockage increases your risk of stroke, a medical emergency that occurs when the blood supply to the brain is interrupted or seriously reduced
Critical limb ischaemia	A severe blockage in the arteries of the lower extremities, which markedly reduces blood-flow. It is a serious form of peripheral arterial disease, or PAD, but less common than claudication. ... Left untreated, the

	complications of CLI will result in amputation of the affected **limb**.
Doppler Ultrasound scan	A **Doppler ultrasound** is a **test** that uses high-frequency sound waves to measure the amount of blood flow through your arteries and veins, usually those that supply blood to your arms and legs. Vascular flow studies, also known as blood flow studies, can detect abnormal flow within an artery or blood vessel
Endovascular aneurysm repair (EVAR)	A minimally invasive procedure in which an interventional radiologist places a covered stent (a metal mesh tube covered with fabric) into the area with the aneurysm so that blood can flow through the vessel.
Endovascular Surgery	**Endovascular surgery** is an innovative, less invasive procedure used to treat problems affecting the blood vessels, such as an aneurysm, which is a swelling or "ballooning" of the blood vessel. The **surgery** involves making a small incision near each hip to access the blood vessels.
Fluroscopic imaging	**Fluoroscopy** is a type of medical **imaging** that shows a continuous X-ray image on a monitor, much like an X-ray movie. During a **fluoroscopy** procedure, an X-ray beam is passed through the body
Interventional Radiology	A medical specialisation that involves performing a range of imaging procedures to obtain images of the inside of the body. The **interventional radiologist** carefully interprets these images to diagnose injury and disease, and to perform a range of **interventional** medical procedures
Ischaemic Complications	A restriction in blood supply to tissues, causing a shortage of oxygen that is needed for cellular metabolism (to keep tissue alive). Ischemia is generally caused by problems with blood vessels, with resultant damage to or dysfunction of tissue
MR angiography	**MR angiography** (MRA) uses a powerful magnetic field, radio waves and a computer to evaluate blood vessels and help identify abnormalities
Thoracic outlet surgery	**Surgery** for **thoracic outlet syndrome** involves decompression of the **thoracic outlet** – removal of the

	first rib or an anomalous rib, partial removal of the anterior and middle scalene muscles, and decompression of the brachial plexus. ... This operation is performed through a two-inch incision in the axilla.
Varicose Veins	**Varicose veins** are swollen and enlarged **veins** that usually occur on the legs and feet. They may be blue or dark purple, and are often lumpy, bulging or twisted in appearance. Other symptoms include: aching, heavy and uncomfortable legs. swollen feet and ankles
Vascular	**Vascular**: Relating to blood vessels. For example, the **vascular** system in the body includes all of the veins and arteries. And, a **vascular** surgeon is an expert at evaluating and treating problems of the veins and arteries.
Vascular Team	The **vascular** department is a multidisciplinary **team** who provide out-patient and in-patient care for people with diseases of the circulation
Venous Disease	When the venous wall and/or the valves in the leg veins are not working effectively

APPENDIX B - QUESTIONNAIRE

ABOUT YOU
Lead needs to design into here demographics and questions for those with protected characteristics
From reading this discussion document, do you have a good understanding of what vascular services are?
Yes ☐ No ☐ Don't Know ☐
Please comment:
From reading this document, do you understand how services are currently organised?
Yes ☐ No ☐ Don't Know ☐
Please comment:
From reading this document, do you have an understanding of the challenges that are currently facing vascular services?
Yes ☐ No ☐ Don't Know ☐
Please comment:
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?
Yes ☐ No ☐ Don't Know ☐
What other information would be useful for you?

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?
Agree ☐ Disagree ☐ Don't Know ☐
What other information would be useful for you here?
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?
Please share your views
Would you agree/disagree that spoke arrangements need to have a consultant led ED and an emergency surgery response on site?
Agree ☐ Disagree ☐ Don't Know ☐
Please comment or let us know what additional information would be useful here
Subject to your view on the above, would you agree/disagree with the suggested spoke arrangements
Agree ☐ Disagree ☐ Don't Know ☐

Please comment or let us know what other information would be useful here
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?
Please comment:
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?
Yes ☐ No ☐ Don't Know ☐
Is there other information we could supply that would help here? Please comment.
Do you have a view on the options that have been considered as part of this, are there others we should consider?
Yes ☐ No ☐ Don't Know ☐
Please comment
Do you have any comments on the process that is being undertaken to consider the best configuration of vascular services in South East Wales?
Please comment

Do you have an alternate view on the proposals put forward within this document for the configuration of services ?
Yes ☐ No ☐ Don't Know ☐
Please share your thoughts

EQIA – separate attachment.

THE FUTURE OF VASCULAR SERVICES IN SOUTH EAST WALES

ANEURIN BEVAN UNIVERSITY HEALTH BOARD; CARDIFF & VALE UNIVERSITY HEALTH BOARD; CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD; POWYS TEACHING HEALTH BOARD

NHS WALES GIG CYMRU

WHAT ARE VASCULAR SERVICES?

- **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 improve function. Vascular services also provide support to patients with other problems such as kidney disease

WHAT ARE VASCULAR SERVICES?

- 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.

WHY ARE WE TALKING ABOUT THEM?

- There are lots of challenges facing the services which are making them difficult to run from all of the hospitals that they currently do.

- The challenges the services are facing are
  - A growing need for the service
  - Standards that say there is a need for a larger population to be served that is currently the case across our hospitals
  - Unable to meet all of the quality standards required
  - Difficulty in getting and keeping the workforce needed
  - Services are spread too thinly across South East Wales
  - Patient outcomes could be better

- We would like to join these up in a better way

- By doing so, we would have similar arrangements to those already in place in South West Wales and North Wales

WHO IS INVOLVED?

- This engagement opportunity is being jointly led by all of the health organisations that secure vascular services for their populations:
  - Aneurin Bevan University Health Board
  - Cardiff & Vale University Health Board
  - Cwm Taf Morgannwg Teaching Health Board
  - Powys Teaching Health Board
- The populations affected are:
  - Blaenau Gwent, Caerphilly, Monmouthshire, Newport. Torfaen
  - Cardiff & Vale of Glamorgan
  - Rhondda, Cynon Taff & Merthyr (Bridgend part of South West Wales Network)
  - South Powys (other parts of Powys served by South West/North Wales Networks as well as networks in England)

FOCUS OF ENGAGEMENT/CONSULTATION

The future configuration of vascular services in South East Wales

Specifically: To start a discussion with citizens across South East Wales about how Vascular services are organised in the future. It aims to share information about :

- What vascular services are
- Which people may be in need of vascular care
- How vascular services are provided now
- The challenges facing vascular services at the current time
- The options we have started to consider about how we could respond to these challenges
- Is there a preference for how we organise services?
- What may be the advantages and disadvantages of any future changes

WHO NEEDS VASCULAR SERVICES?

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 bodys main artery which needs repair to prevent it rupturing
- Untreated or untreatable arterial blockages which mean they need an amputation
- There are approximately 1300 appointments/operations undertaken every year in the South East Wales area

HOW ARE SERVICES PROVIDED NOW?

- Services are provided from

  - University Hospital Wales, Cardiff
  - Royal Glamorgan Hospital Llantrisant (see note below)
  - Grange University Hospital Cwmbran

At the time of writing there is an urgent temporary arrangement in place for Cwm Taf Morgannwg residents. Patients are currently being seen in either Aneurin Bevan University Health Board or Cwm Taf Morgannwg Teaching Health Board as the service became undeliverable at the end of 2020.

HOW DO WE DO?

- A measure of how well organisations do is kept and reported by the National Vascular Registry. They report against 5 key areas:

  - 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
  - A **carotid endarterectomy** is a surgical procedure to unblock a carotid artery.
  - **Peripheral artery bypass** is surgery to reroute the blood supply around a blocked **artery** in one of your legs
  - **Angioplasty** is a **procedure** to open narrowed or blocked blood vessels that supply blood to your legs
  - **Major lower limb amputation**

- If you are interested in learning more about this, the information is publically available at XXXXXXXX

OUR DOCTORS HAVE BEEN TALKING ABOUT THESE SERVICES FOR SOME TIME

We do ok on the outcomes but think we could do better by changing the way our services are organised

We don't have the right number of people to treat to keep the skills we need by working separately

Developing a networked arrangement for vascular services would bring South East Wales into line with other parts of Wales

It would be better if we could do all of the operations in one place to make best use of workforce and keep the right level of skill

IN FACT THEIR DISCUSSIONS GO BACK TO 2014

- Taking account National guidance and best practice, they looked at the best way to organise services

- They assessed all of the options possible against the following:

  - Quality & Safety (highest priority)
  - Acceptability
  - Strategic Fit
  - Sustainability (ability for the services to be fit for now and the future)
  - Access
  - Achievability

THEY REACHED COLLECTIVE AGREEMENT

- That the best way to provide vascular services in the future would be via a hub and spoke model.
- This would mean that all major vascular operations are done in one hospital
- It would not change people going to their local hospitals for any work/advice before an operation or after the operation for recovery and rehabilitation
- It would mean best use of skill and staff
- It would mean better outcomes for patients

HAVE WE GIVEN THOUGHT TO WHERE THE HUB MAY BE?

- Yes – there are lots of things to consider which include the need for a range of other services to be on the same site (eg Major trauma services)

- Having considered these and the location of those other services, the only viable option for a hub is University Hospital Wales, Cardiff

WHAT ABOUT THE SPOKES?

- Spoke hospitals will be maintained at:
  - Royal Gwent Hospital and Grange University Hospital
  - Royal Glamorgan Hospital
  - Llandough University Hospital Wales
- Rehabilitation will continue to take place through all communities and local hospitals across the region

TELL US WHAT YOU THINK …..

- The document you have just read is a summary of a much larger piece of work. If you are interested in more detail you can access it via xxxxx
- We'd like to hear your thoughts on the information we have shared.
- If you would like to have your thoughts know, please send them to (insert details) by xxxx
- There are some questions that follow which we would really like a view on, but please don't let that prevent you from telling us anything more

VASCULAR ENGAGEMENT HANDLING 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 Teaching Health Board • Rhondda • Cynon	Core document Summary document EQIA Invite to online events/presentations Access to websites and on-line resources ie videos	CTM Planning/engagement lead	Day of launch through existing public cascade mechanisms

	• Taff Ely • Merthyr Tydfil			
	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 - ***need to check info governance***	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 University Health Board Cwm Taf Morgannwg Teaching Health Board	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

	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	To be plotted by programme	Core document, summary document and signpost to online resources and opportunities	Programme Manager	Launch day
National Voluntary Organisations	To be plotted by programme	Core document, summary document and signpost to online resources and opportunities	Programme Manager	Launch day
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 Cardiff and Vale LMC Cwm Taff Morgannwg LMC Dyfed-Powys LMC	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
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

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

[1] Race; Sex; Gender Reassignment; Disability; Religion; belief/non belief; Sexual orientation; Age; Pregnancy and Maternity; and Marriage and Civil Partnerships: Equality Act 2010

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) 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

[2] More than just words: Strategic Framework for Welsh Language Services in Health, Social Services and Social care (2012)

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 (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

[3] The Provision of Services For Patients with Vascular Disease, The Vascular Society (2014)

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.

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 • 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 on-site to support the vascular	➢ 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

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.

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/wp-content/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, 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.

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 pre-existing 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 socio-economic 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 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

[5] http://www.gmc-uk.org/guidance/ethical_guidance/21179.asp

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 exception to the privacy requirements. All these issues, as well as others, could be mitigated through training.

[6] http://www.stonewallcymru.org.uk/our-work/research/have-your-say

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 victims 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 socio-economic 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.

[7] More than just words: Strategic Framework for welsh language services in Health, Social Services and Social Care (2012)

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.

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 non-arterial 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.

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.

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.1a

BOARD MEETING	**Date of Meeting: 27th January 2021**
Subject :	**Update of Delivery of Winter Protection Plan (Quarter 3)**
Approved and Presented by:	Director of Planning and Performance
Prepared by:	Strategic Planning Manager
Other Committees and meetings considered at:	Regular progress updates are provided to Strategic Gold Group as appropriate and the relevant Strategic Oversight Groups in place as part of the Covid 19 Prevention and Response approach.

PURPOSE:
This report provides the Board with an update of delivery against the Winter Protection Plan for the Quarter 3 period 1st October 2020 – 31st December 2020
RECOMMENDATION(S):
The Board is asked to DISCUSS and NOTE the content of 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 provides an update of delivery against the Winter Protection Plan, setting out the background and context, delivery arrangements and a detailed update on delivery against key areas of the plan.

DETAILED BACKGROUND AND ASSESSMENT:

Winter Protection Plan – Background

The Winter Protection Plan was originally approved by PTHB Board in October 2020 and submitted to Welsh Government to fulfil the requirement for an operational plan covering the winter period (October 2020 – March 2021). It responded to the Welsh Government Planning Framework published in September 2020.

Winter Protection Plan - Context

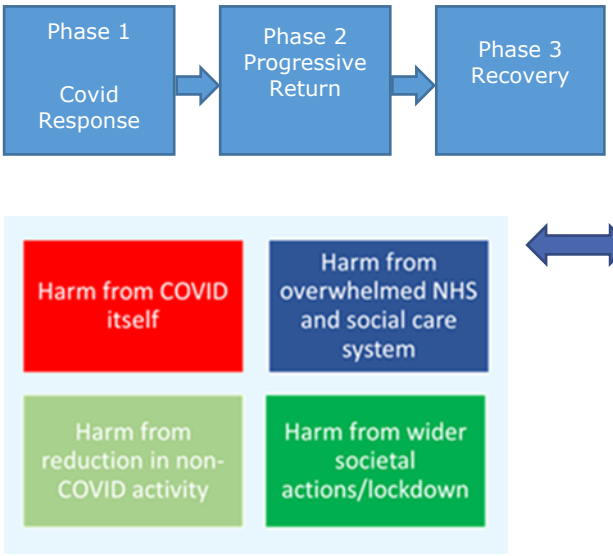
The Winter Protection Plan was developed to reflect the dual track approach recommended by the World Health Organisation, based on a 'proceed with caution' principle, remaining ready to provide care needed to prevent, diagnose, isolate and treat Covid 19 (Track 1) and addressing accumulated demand from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

The Plan also reflected the unique circumstances of Powys as both a provider and a commissioning organisation and responded to the requirements of the Welsh Government Planning Framework for Winter 2020/21 in that context.

The Plan is shaped around the 'Four Harms' proposed by Welsh Government:

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

It responded to the themes set out in the Welsh Government framework:



Welsh Government Operating Framework Themes
Managing COVID & Surge
Test, Trace and Protect
Surge Capacity & Critical Care
Essential Care
Routine Care
Unscheduled Care & Winter
Primary Care
Workforce & Well-being
Social Care Interface
New Ways of Working

The plan provided an overview of the health board's work on Test, Trace Protect, a self-assessment for the delivery of essential services and the progressive recovery of non-essential routine care. It also described the ambition to recover in the longer term, with work being re-started on key strategic priorities in the shared Health and Care Strategy, A Healthy Caring Powys'. These include the re-shaping of the North Powys Well-being Programme and the response to opening of The Grange University Hospital / Clinical Futures which became the South Powys Programme.

The Winter Protection Plan was developed in the context of ongoing complexity and uncertainty nationally and internationally, with significant inter-dependencies with partner organisations in both Wales and England. The Plan set out the continued partnership working with Powys County Council and the Regional Partnership Board (RPB) as well as other health boards and systems in NHS Wales and NHS England. This included work to support care homes as well as the wider harm from lockdown and societal actions and the re-starting of key areas of work for the Regional Partnership Board. The plan highlighted the support for collaboration across third sector organisations who have worked together to respond to the pandemic.

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

The Winter Protection Plan included the period of lockdown as well as the gradual easing of restrictions and the collective efforts of agencies and communities were reflected in the planning framework which is described in more detail below. In addition, the Winter Protection Plan considered the pressures on the health board that are normally experienced in the winter months as well as the ongoing Covid 19 pandemic where indications were the cases continued to rise. The plan also anticipated that this rise would continue to increase during the winter period.

The health board have also remained involved in the National Planned Care Programme which has developed tools to support the delivery of care to patients covering outpatients, consultant connect and risk stratification, as well as progressing transformational programmes such as Dermatology, ENT (Ear, Nose and Throat), Ophthalmology, Orthopaedics and Urology.

PTHB Delivery Arrangements for Winter 2020/21

A Strategic Gold Group, chaired by the Chief Executive was established in March 2020 to manage the response to the Covid 19 pandemic and this has continued throughout Phase 2 and Phase 3 into the winter period. This group determines the overall strategy and approach for the management of the health board's response.

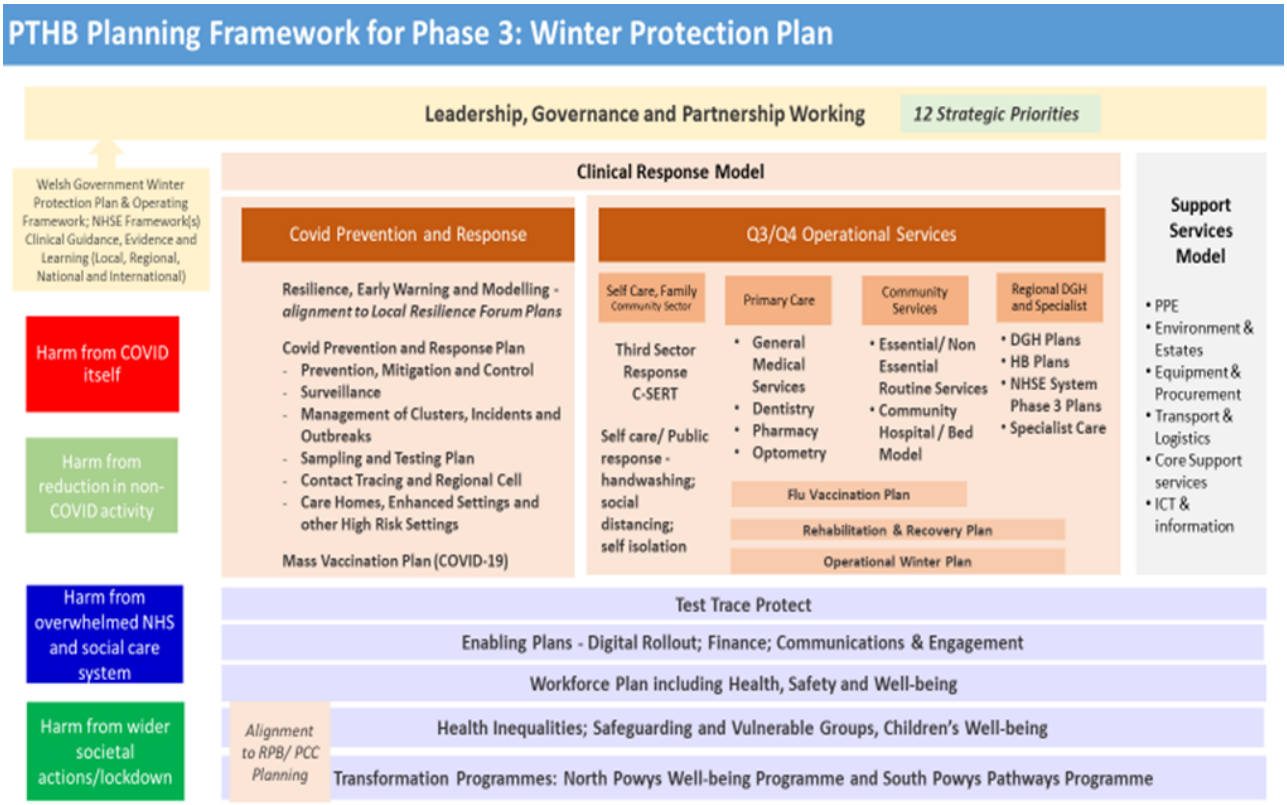
For the winter period, Gold is continuing to meet twice a week supported by three Strategic Oversight Groups and the Clinical Leadership Group. The Strategic Oversight Groups are led by nominated Executive leads, to deliver actions in the Phase 3 Implementation Plan and identify, manage and escalate progress, issues or risks to Gold fortnightly as appropriate.

The Winter Protection Plan was underpinned by delivery principles defined at PTHB Strategic Gold Command for the winter period:

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

cross border, Powys Regional Partnership Board and Powys Public Services Board
- An evidence-based approach, utilising national and international learning, policy and practice and our own 'Learning for the Future' exercise.

The PTHB Planning Framework for Winter 2020/21 is set out below:



Delivery is tracked using an Implementation Plan which is overseen at Strategic Gold Group. This was initially updated and reported on a weekly basis to Gold during the Quarter 1 period of Phase 2; it is now updated and reported on a fortnightly basis.

Update on delivery against key areas of the Winter Protection Plan:

Covid Itself

This section of the Winter Protection Plan details plans to manage the impact of Covid itself. This includes Test Trace Protect, our Covid 19 Prevention and Response Plan, Mass Vaccination, Care Homes and Enhanced Settings, the clinical response model and core services support model and additional surge capacity to meet demand if required.

There has been a great deal of development in this area during Quarter 3, particularly around testing and mass vaccination with the development of two

vaccination centres in Powys and plans in place to bring a third online in Quarter 4. This work continues and has set a strong foundation for mass vaccination, and mobile provision to care homes and for the most vulnerable in our communities who are housebound or in community hospital settings.

Quarter 3 Achievements

Winter Protection Plan Action	Update for Quarter 3
Implementation of the Covid 19 Prevention and Response Plan for Powys	Plan approved by Gold on 5th Jan 21. Refreshed plan due w/c 1st February 21 due to rapidly changing nature of pandemic.
Ensure any changes to testing policy and eligibility are implemented quickly for Citizens requiring testing as part of preoperative procedure in DGH & Community hospitals	Draft national plan released. Additional initiatives such as Local Testing Centres and testing of asymptomatic staff with Lateral Flow Devices being rolled out.
Further develop our local testing plan to reference how testing will be carried out in the following settings: • Schools • Care homes • Community hospitals (inc patients and staff) • Supported living • Extra care housing • Complex community cases	Strategic Testing Plan developed for key settings for implementation in line with national requirements or in response to incidents and outbreaks identified by our Regional Response Cell.
Further develop testing plan to incorporate antibody (i.e. serology) testing to existing antigen testing model	Initiatives such as Local Testing Centres and testing of asymptomatic staff with Lateral Flow Devices being rolled out.
Establish internal laboratory testing capability within 2 x hospital sites	Consideration of internal laboratory testing being scoped.
Finalise Mass Vaccination Plan in line with national delivery requirements	Mass Vaccination Plan submitted to Welsh Government and currently being implemented.
Implement Care Homes and Enhanced Setting Plan with key areas of focus: • Capacity in place to support hospital discharge process in relation to step up and step down beds • Ensure Covid 19 testing protocol in place for residential care settings which is consistent with Welsh Government policy • Implement Commissioning Assurance Framework for Care Homes as set out in Section 33	• Beds being provided in line to support step up and set down capacity. • Weekly PCR (laboratory) staff testing in care homes in place. • Commissioning Assurance Framework for Care Homes approved. Development is being progressed through the Quality, Safety and Experience: Funded Nursing Care and Continuing Healthcare Group. • Infection prevention and control provided to care homes

• An Interagency Plan has been developed to manage care home sustainability • Review and strengthen quality of resident and carers experiences around visiting. • Develop the capability and capacity of the Registered Nurse workforce within care homes including creating access to temporary staffing solutions. • Maintaining and developing the partnership approach to support care homes between PTHB and Local Authority. • Optimising the use of digital support platforms to enable consultations. • Development of nosocomial processes and systems for reporting confirmed Covid 19 positive staff and patient cases. • Develop the capability and capacity of investigating officers to carry out investigations of confirmed Covid 19 positive staff and patient cases.	including PPE (personal protective equipment) training and Fit testing of staff. • General and clinical support to care homes provided including support for residents' well-being, offer of SilverCloud service, nursing reviews and Registered Nurse capacity and capability development,. • Attend Anywhere implemented. • Nosocomial processes and systems in place and staff and patient investigative toolkits and support available for confirmed Covid 19 cases.
Ensure bed modelling and surge capacity is continuously reviewed to respond to changing circumstances	Ongoing review system in place to ensure appropriate response to changing Covid 19 situation.

Covid and Non-Covid

Achievements in this section have been vast and fast paced in order to respond to the fluctuating Covid 19 prevalence in Wales. During Quarter 3, prevalence has increased from being very low in Powys to increasing towards the end of the quarter. The health board had to respond to this and adapt the actions required for this section accordingly.

Quarter 3 Achievements

Winter Protection Plan Action	Update for Quarter 3
Implement the Primary Care Programme actions	Implementation of the plan in line with programme timescales
Implement the actions in order to restart routine community services as appropriate and when feasible to do so	An assessment tool has been developed and service provision informed by the outcome of the assessment.
Implement the Planned Care work programme	Implementation of the plan in line with programme timescales; links and

	involvement in the National Planned Care Programme maintained.
Implement rehabilitation pathways to support Acute Covid 19 and other pathways	7 day working for qualified therapists being considered and evaluated.
Ensure capacity in place to support hospital discharge process in relation to step up and step down beds	Implementation of actions in line with DToC (Delayed Transfer of Care) reporting guidance in place throughout the winter period
Continue implementation of Early Warning system	Use of national escalation system based on defined case-incidence and positivity rates, together with twice weekly SBAR (situation, background, assessment, recommendation) reporting of local intelligence to Welsh Government.
Implement the Operational Winter Plan 2020/21 for Powys	Unscheduled Care Winter Plan 2020/21 agreed at Regional Partnership Board and implemented in line with plan timescales
Consider the waiting lists for Diagnostics within Radiography, Non-Obstetric Ultrasound and Audiology and implement working practices to reduce this	Improved position on diagnostic waiting times for radiology and non-obstetric ultrasound. Audiology waiting lists are being considered and initiatives such as condensed appointments and waiting list triage being conducted. Refer to further detail in the separate performance paper.
Roll out Welsh Community Care Information System (WCCIS) to all Therapies staff by the end of March 2021	Currently on track to achieve this action. Pain and Fatigue Management Service developing an electronic record which will have interoperability with WCCIS (Wales Community Care Information System).
Implement the Podiatry redesign of service to include a sustainable workforce, introduction of a new booking system, introduction of electronic records and introduction of two chair clinics to support Covid and clinical supervision.	Implementation of two chair clinics to strengthen clinical supervision, peer review and professional support. The service moved to electronic records using WCCIS (Wales Community Care Information System) during quarter 3 improving continuity of care and improved communication between services. The podiatry service actively involving patients in their treatment planning and foot care, enabling support to those patients who are considered to be at risk or have active foot wounds.

Implement the next phase of the Breathe Well Programme including a business case to seek Transformation Funding to fast track elements of the programme.	Business case for drive-through spirometry and sleep diagnostic equipment approved in December 2020, and approval in principle given for the North West & Mid Powys MDT Business case.
Continue to work closely with health boards, Welsh Health Specialised Service Committee, Wales Cancer Network, English Providers and West Midlands Cancer Alliance to map and monitor access to essential services.	PTHB tracking positions and service changes in commissioned providers in NHS Wales and cross border (refer to Performance Overview for further detail).
Ensure whole system maternity assurance arrangements in place	Commissioning Assurance Framework in place, working with the Shrewsbury and Telford Hospital NHS Trust and attending Maternity Improvement Board in Cwm Taf Morgannwg University Health Board. Maternity Workstream of the South Powys Board established and reporting regularly. Service group arrangements strengthened with sub groups supporting quality governance work.
Understand provider plans for re-establishing access to non-essential routine DGH services, including referral management and identification of areas of inequity of access for Powys population.	Q3/Q4 plans have been received from all health boards and analysed; this informs the ongoing development of Quarterly Plans and the Annual Plan for 2021/2022
Explore options for strengthening assurance processes relating to the administration of referral processes to ensure that all patient referrals for are processed appropriately	WCCG (Welsh Clinical Communications Gateway) referral issue identified and being resolved. All referrals reviewed and clinically triaged. Urgent referrals have a date to be seen. routine referrals processed according to waiting list procedures.
Explore options for diverting patient care into primary care and community health care facilities by further progressing self-management approaches and service/pathway redesign	Invest in Your Health programme is being delivered online and is accessible to anyone with a long term condition. Further digital approaches to engage people in their own self-management are being developed.

Overwhelmed NHS and Social Care System

This section largely considers our workforce, digital and communications input into the plan.

Workforce have considered all aspects of the staffing requirements set out in the plan whilst maintaining their efforts to ensure the well-being of staff during these very difficult times.

The digital team have facilitated key digital roll-outs at pace to ensure staff can work remotely where possible and have the best digital tools available.

The Communications team have ensured multi channel dissemination of intelligence to ensure staff and the public have information in the most appropriate and timely manner, supporting the well-being of staff through a number of platforms.

Quarter 3 Achievements

Winter Protection Plan Action	Update for Quarter 3
Implementation of Workforce Plan including: • Assessment of workforce supply to include additional temporary workforce and ensuring appropriate skill levels are in place • Maintain our redeployment register in order to step up the Clinical Model as appropriate • Continue to monitor and provide well-being support, including undertaking risk assessments for staff who are shielding or self-isolating at home as they are identified in the at-risk category • Regular review of staff engagement and capture of lessons learnt	• Gap analysis undertaken in respect of surge capacity alongside current establishment and redeployment list • Redeployment list maintained and updated regularly • Lessons learnt captured and report presented • Programme of Wellbeing activities in place. All Wales Risk Assessment Tool (Covid 19) is live on ESR (Electronic Staff Record) • Florence pilot launched in December • Social Distancing Group meets every fortnight. Trade Union Health and Safety Support extended. Regular communications to staff regarding social distancing. • Interim Agile Working Policy approved
Implementation of Digital Rollout Plan	• The working from home strategy is in place, devices allocated, and moved from VPN (virtual private network) tokens to Multi Factor Authenticate. • Full Office 365 migrations complete and One Drive migrations are on track.

	• Investigating telephony options Teams Voice/Mobile devices • Mail Migrations completed. • WIS solution Virtual Conferencing platforms available. • WCCIS (Wales Community Care Information System) is almost completed in terms of services with access. • Scoping digitisation of health records, and to look at reducing the reliance of paper creation, ensuring staff have the right tools and access to perform their role digitally. • A scoping exercise completed and a project initiated to automate patent flow via online bookings, self help, and demographic data integrated and this is being piloted within the pain and fatigue management service • There are platforms available Attend Anywhere and MS Teams, AccurX (GP). Engagement and uptake is ongoing
Implementation of Communication and Engagement Plans	• Refreshed internal and external communication framework and subject to ongoing review • Regular liaison and engagement with Community Health Council and other stakeholders including local political representatives and partner organisations

Wider societal actions / lockdowns

This section includes safeguarding and minimising the harm from lockdown, as well as our key transformation programmes.

The safeguarding team have worked to identify and support vulnerable groups, particularly where service changes have made the identification of vulnerable people more difficult. Safeguarding measures have been updated and adapted accordingly, and continue to work flexibly to meet the needs of our population.

The North Powys Programme has progressed and was delivered on track during Quarter 3 following a brief period where the team were redeployed to respond to the Covid 19 pandemic.

The South Powys Programme Team were required to respond rapidly to the accelerated opening of the Grange University Hospital. Phase 1 has now been formally closed with the exception of maternity services which has moved into Phase 2. Further scoping and agreement at programme board level for the rest of phase 2 is anticipated for Quarter 4.

Quarter 3 Achievements

Winter Protection Plan Action	Update for Quarter 3
Increase awareness of safeguarding across the health board, maximising the opportunity for vulnerable groups to be protected	• Safeguarding training plan in place which is aligned to safeguarding adult and children ICD (intercollegiate safeguarding competencies) and the VAWDASV (Violence against women, domestic abuse and sexual violence) National Training Framework. • Safeguarding Supervision ongoing as outlined in PTHB Safeguarding Supervision Protocol. • Key safeguarding messages shared health board wide in a monthly safeguarding newsletter. Key safeguarding national, regional and local publications shared health board wide in a monthly safeguarding publication bulletin. • Each service group providing briefing on measures in place to protect vulnerable groups within their area of practice
Implementation of the North Powys Well-being Programme	The overall status of the programme was maintained on track in Q3. The programme continues to operate within reduced governance arrangements. Delivery mechanisms are aligned to the RPB Partnership groups. Terms of Reference revised for Workstreams and Task and Finish Groups • A communication plan developed and stakeholder plan in place to support stage 2. • The use of digital platforms being considered to support engagement. • Detailed design work on models of care / pathways and demand, capacity and financial modelling and modelling work is being

	aligned with short term requirements to support with recovery planning. • Continued partner discussions on wellbeing, early help and support, collaborative working in Newtown, and scoping of the community wellbeing hub
Implementation of the South Powys Pathways Programme	**Phase 1 -** Focus on emergency flows arising from the accelerated opening of the Grange University Hospital and changes to Nevill Hall Hospital. Further work on planned care pathways also scoped. • Powys patient flows and assumptions developed and agreed. • Communications and engagement plan developed in alignment with ABUHB. • Lessons learned and closure report agreed at Programme Board in December. • Phase 1 of Programme formally closed with maternity ongoing and transferred into phase 2. Phase 2 planning underway including further work in relation to patient experience

Finance and Risk Management

The Winter Protection Plan also includes the Covid 19 Financial position and forecast and the performance position and plan, these are reported in detail to PTHB Board in separate papers. Risk management arrangements are also described in the plan in relation to both the Covid 19 Risk Register and alignment with the Corporate Risk Register. These are reported separately to Board.

NEXT STEPS:

The need to respond and recover from the pandemic will continue for the organisation, its partners and communities and wider society for some time to come.

The Winter Protection Plan will continue to be implemented and reports against performance in Quarter 4 will be provided.

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.1b

BOARD MEETING	**Date of Meeting: 27/01/2021**
Subject:	**Performance Overview against National Outcome Framework – Month 8, 2020/21**
Approved and Presented by:	Director of Planning and Performance
Prepared by:	Lead Performance Information Analyst
Other Committees and meetings considered at:	Executive Delivery and Performance Group

PURPOSE:
This report provides a brief update on the changes to the NHS Delivery Framework 2020/21 and the latest performance position for Powys Teaching Health Board Month 8 2020/21, and a high-level overview of COVID, Test, Trace and Protect and mass vaccination performance.
RECOMMENDATION(S):
The Board is asked to DISCUSS and NOTE the content of this report.

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

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):		
Strategic Objectives:	1. Focus on Wellbeing	✓
	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.

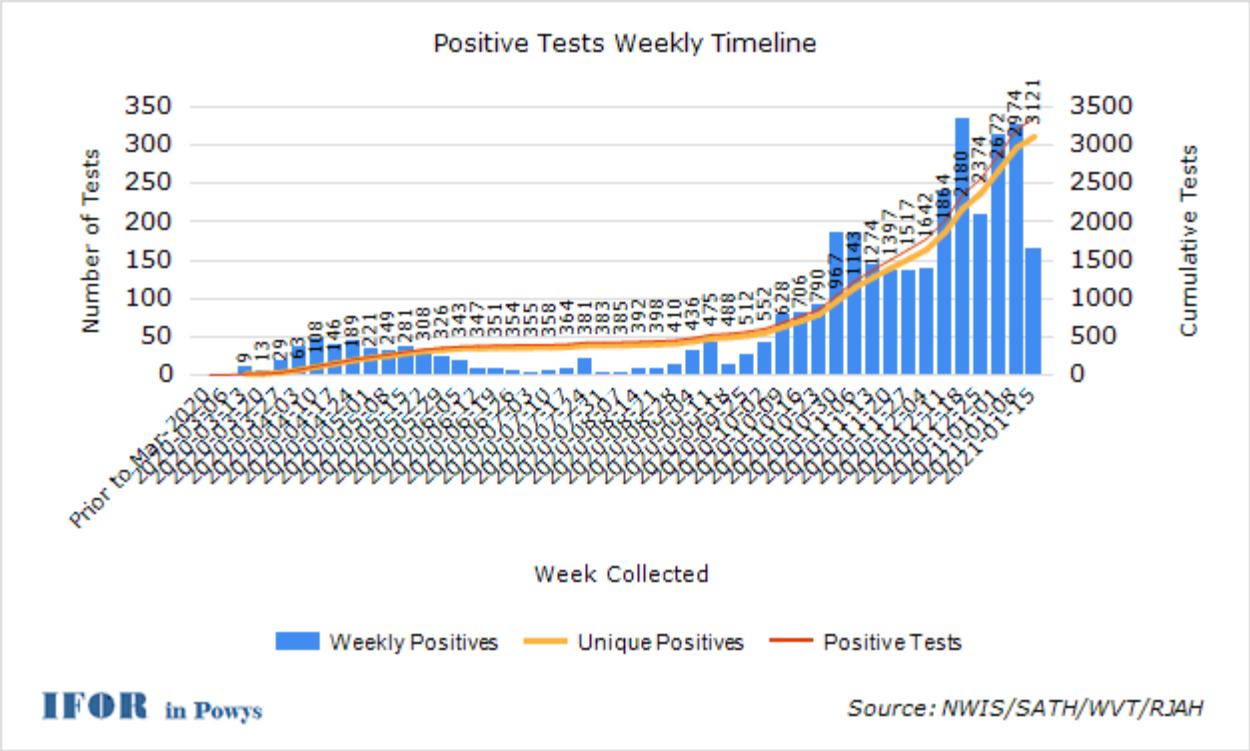
This report contains a high-level summary of COVID e.g. infection rates, mortality and vaccination progress.

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.

DETAILED BACKGROUND AND ASSESSMENT:

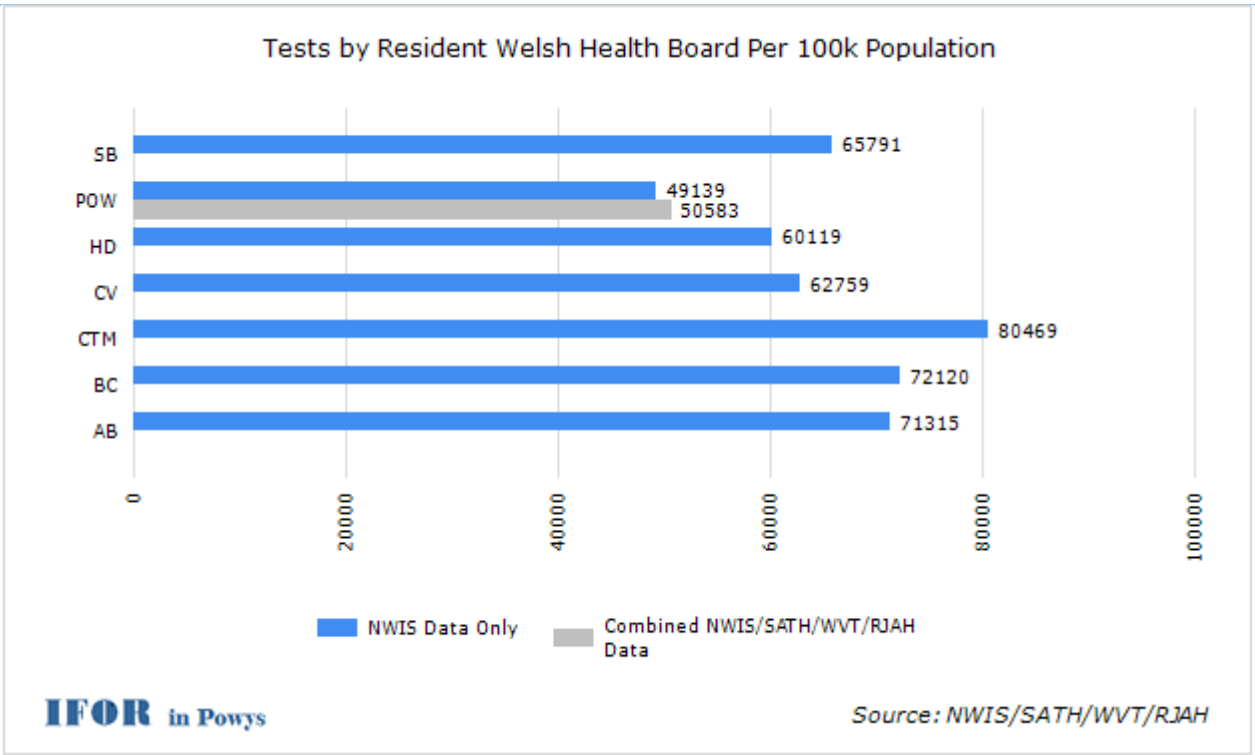
COVID-19 Powys Resident Positive Cases – 14/01/2021

The latest position for COVID shows cumulatively **3121** unique residents have had a positive test outcome. The graph below shows the incidence of positive tests has significantly increased with the second spike of infection. It should be noted that testing capacity is significantly higher than during phase one of COVID, this makes positive incidence non-comparable to the initial peak.



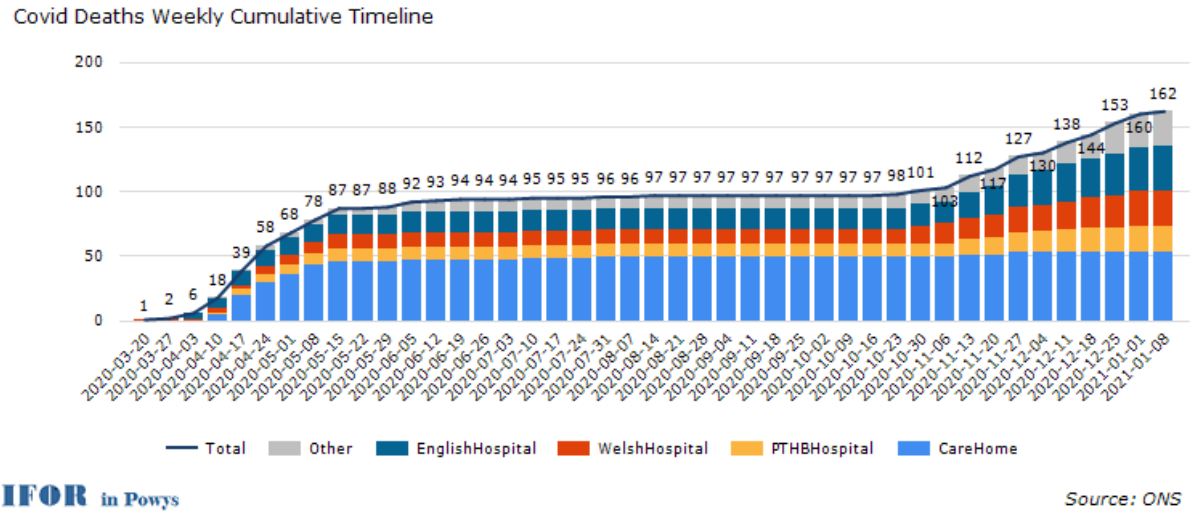
**N.B Incomplete data for week 15/01/21.*

Using a health board residency breakdown, PTHB has the lowest rate of unique cumulative positive cases per 100k (graph below). Working against the challenge of infection, Powys' key measures are in place. These include mass & mobile testing, Test, Trace and Protect, media awareness and rapid response via strategy and incident management teams to assess and react in a prompt manner.



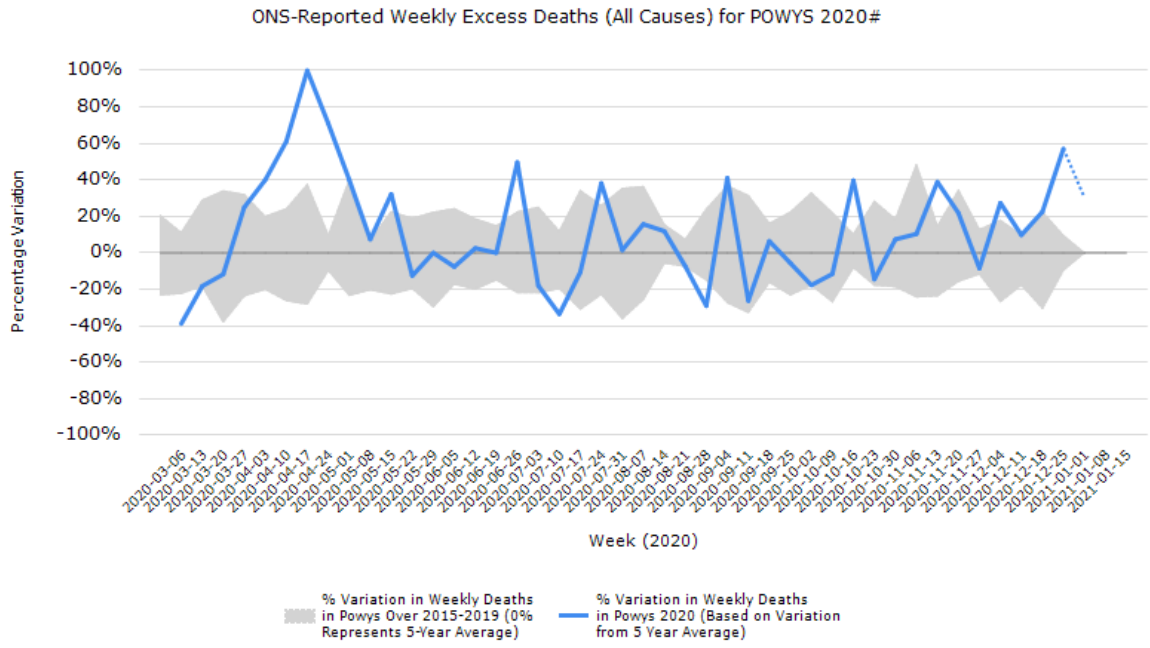
Resident Deaths – Source ONS

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.



In Powys the cumulative total deaths from COVID is **162** since the pandemic started, this is the latest snapshot (14/01/2021). During the 1st phase of COVID, predominately deaths occurred within care home facilities. From the end of October which marked the start of the second phase we have seen deaths steadily rising. This second rise in deaths has not yet been as steep as phase 1 but is predicted to result in an increased number of total deaths with the infection rates still remaining higher than phase 1 during December and January. It should also be noted that deaths within phase 2 have predominately been outside a care home setting.

The below graph shows the maximum and minimum range of weekly deaths over the previous 5 years 2015-2019 as a percentage range (grey bar) and the % variation observed deaths over or under the average of what would normally be expected (blue line). We can see that during the April and May period COVID caused excess deaths within the population. With the second spike of COVID excess deaths are again moving outside expected variation. As the delayed effect of higher COVID infection rates, deaths are predicted to increase moving outside of normal variance.



IFOR in Powys

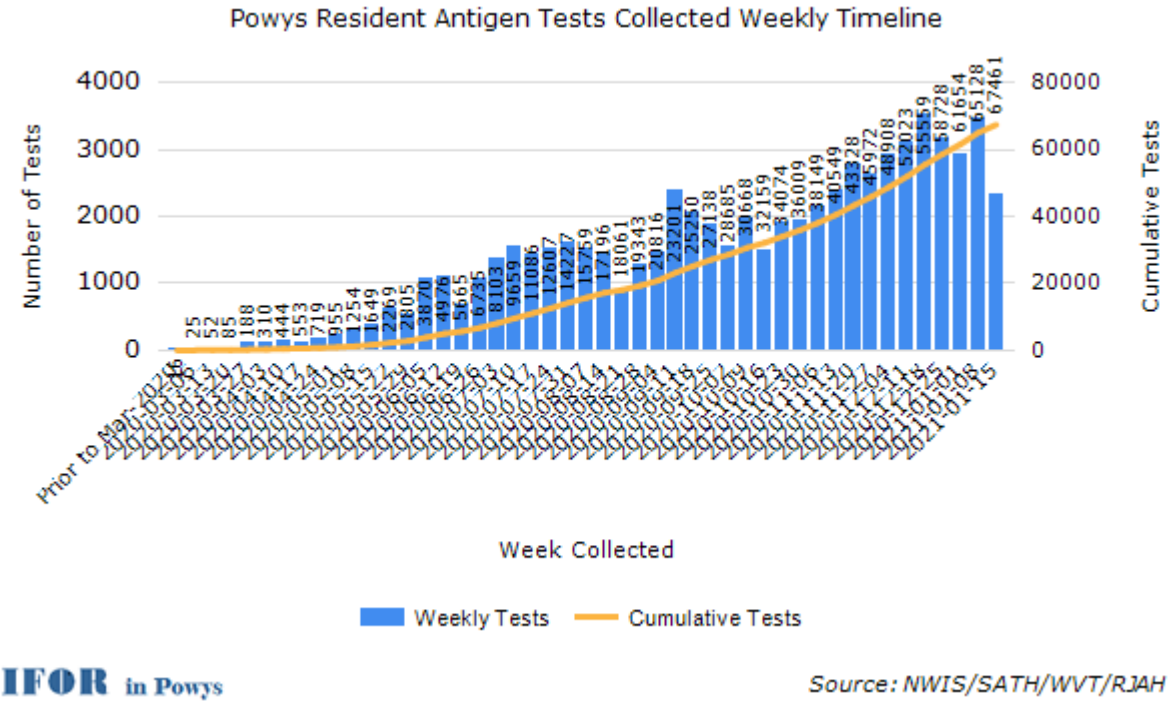
Source: ONS

TEST, TRACE, PROTECT

The COVID-19 seven-day case incidence rate for the week ending 10th January was **210.7 cases per 100,000 population**. The test positivity rate for the same period was **8.6%**.

Approximately 3,500 tests were performed on Powys residents during the week ending 10th January. A timeline of weekly testing is shown below.

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



**N.B Incomplete data for week 15/01/21.*

Between the 28th December and 10th of January, **651 new positive cases** were identified for contact tracing, of which **81.9%** were followed up within 24 hours. Contact tracing identified **1440 contacts**, of which **89%** were followed up within 48 hours.

This data based on the PTHB TTP CRM data for Powys health board residents irrelevant of testing team.

MASS VACCINATION PROGRESS

Please find below a brief summary of the vaccination progress for Powys. For further details please look to the mass vaccination report provided as a separate agenda item (Agenda item 2.2)

Powys Teaching Health Board has provided **8732** doses of vaccine since the week starting the 07/12/2020 (this data is accurate as of 18/01/2021 5.00pm).

It should be noted that PTHB is on track to achieve the priority group milestones set out within the Vaccination Strategy for Wales. The health board will offer vaccination to all care home residents and staff by 31 January 2021. Frontline health and social care staff; those 70 years of age and above; and clinically extremely vulnerable individuals (Cohorts 1-4) will be vaccinated by mid-February 2021. There are clear risks in meeting this schedule, these include vaccine supply, covid outbreaks and inclement weather. Subject to supply, which becomes more uncertain further into the future, priority cohorts 5-9 will be offered vaccinations by the Spring. It is estimated that taken together, these at-risk groups represent around 99% of preventable mortality from COVID 19.

NHS DELIVERY FRAMEWORK PERFORMANCE

The NHS Delivery Framework has had significant changes for 2020/21.

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 COVID pandemic, it is expected that the resulting impact and challenge to the NHS has triggered national workplans to provide revision of existing systems such as risk stratifying of waiting lists as a long-term plan, and further rules or processes to optimise patient outcomes. This will result in further revisions of the measures.

PTHB Performance

This section contains performance figures and narrative against recent data, some data remains unavailable or with limited analysis as a result of COVID capacity impact.

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%	Q2 20/21	96.4%	96.6%	98.5%	1st	95.8%
3	2 doses of the MMR vaccine by age 5	95%	Q2 20/21	93.3%	94.2%	94.4%	1st	92.0%
4	Attempted to quit smoking - Cum	5%	Q2 20/21	1.58%		1.44%	6th	1.65%
5	CO-validated as quit at 4 weeks - Cum	40%	Q4 19/20	36.4%	42.3%	37.7%	6th	41.6%
6	Standardised rate of alcohol attributed hospital admissions	4 quarter reduction trend	Q2 20/21	517.8	278.5	351.0	4th	358.3
7	Percentage of people who have been referred to health board services who have completed treatment for alcohol misuse	4 quarter improvement trend	Q2 20/21	69.8%	47.9%	48.6%	5th	50.7%
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%	Nov-20	88.9%	100.0%	95.2%	4th	86.8%
10b	MH Part 2 - % residents with CTP 18+	90%	Nov-20	92.8%	91.7%	92.0%	3rd	87.6%
11	% People aged 64+ who are estimated to have dementia that are diagnosed by GP	Annual improvement	2018/19	45.7%		44.7%	7th	54.70%

- 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, levels of vaccination have improved with performance above national average ranking and Powys currently 1st in Wales for uptake.

- The percentage of children who received 2 doses of the measles mumps & rubella (MMR) vaccine by age 5 has not met the national target. The provider has the highest level of uptake in Wales and has shown slow but steady improvement, the national average is 92.0% and PTHB ranks 1st in Wales with an uptake of 94.4%.

- Smoking cessation services have shown that for Q2 2020/21 the uptake in those residents attempting to quit smoking (1.44%) is lower than at the same period last financial year (1.58%). In regards to

patients being CO-validated the COVID pandemic has stopped this work being carried out within Pharmacies and the data is not available.

- 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.

- The new cancer screening measures added for 2020/21 show that in 2018/19 Powys Teaching Health Board had similar uptake to screening as the national picture. For the uptake of bowel screening 58.3% of residents ranked us 1st in Wales for uptake and with improving trend. Breast screening services had a 69.1% uptake ranking us 7th with a national average of 72.8% (lowest in Wales). Cervical screening performance for 2018/19 placed Powys 1st with 76.1% significantly higher than the all Wales average of 73.2%.

- 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 November (92.0%). For the <18 measure the health board has also met the national target with 95.2% compliance in November. Comparing to the National ranking, PTHB has provided an improved position ranking 4th and 3rd respectively.

- Estimated dementia diagnosis by GP's remains low when compared to the 54.7% national average during 2018/19. Powys Teaching Health Board reports a downward trend ranking 7th overall in Wales.

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

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

2020/21 NHS Outcome Framework Summary - Key Measures - Provider				Performance			Welsh Government Benchmarking (*in arrears)	
No.	Abbreviated Measure Name	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
17	% of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS	100%	2019/20			56.3%	5th	59.70%
18	Percentage of children regularly accessing NHS primary dental care within 24 months	4 quarter improvement trend	Q4 19/20	64.2%	63.0%	63.2%	6th	68.6%
20	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	65%	Nov-20	61.1%	50.6%	59.2%	4th	59.5%
22	MIU % patients who waited <4hr	95%	Nov-20	99.9%	100%	100%	1st	75.1%
23	MIU patients who waited +12hrs	0	Nov-20	0	0	0	1st	4,792
32	Number of diagnostic breaches 8+ weeks	0	Nov-20	0	120	160	1st	55,697
33	Number of therapy breaches 14+ weeks	0	Nov-20	6	596	383	2nd	5,770
34	RTT patients waiting less than 26 weeks (excluding D&T)	95%	Nov-20	97.8%	49.4%	55.8%	1st	51.4%
35	RTT patients waiting over 36 weeks (excluding D&T)	0	Nov-20	0	1356	1478	1st	231,722
36	Number of patients waiting for a follow-up outpatient appointment	<=5581	Nov-20	7692	6241	6385	1st	770,147
37	Number of patient follow-up outpatient appointment delayed by over 100%	< 290	Nov-20	501	530	530	1st	201,315
38	Percentage of ophthalmology R1 patients who are waiting within their clinical target date (+25%)	95%	Nov-20	94.6%	75.2%	71.8%	1st	44.5%
Local	Percentage of patient pathways without a HRF factor	<= 2.0%	Nov-20	3.8%	2.8%	1.1%		
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%	Nov-20	91.7%	84.4%	88.9%	2nd	52.5%
41a	MH Part 1 - Assessments <28 days <18	80%	Nov-20	97.7%	94.9%	97.4%	1st	No national compliance figure available
41b	MH Part 1 - Assessments <28 days 18+	80%	Nov-20	86.6%	99.1%	99.1%	1st	
42a	MH Part 1 - Interventions <28 days <18	80%	Nov-20	86.4%	86.4%	100.0%	1st	
42b	MH Part 1 - Interventions <28 days 18+	80%	Nov-20	56.3%	86.7%	90.9%	3rd	
43	Children/Young People neurodevelopmental waits	80%	Nov-20	96.3%	26.1%	36.0%	3rd	26.9%
44	Adult psychological therapy waiting < 26 weeks	80%	Nov-20	80.4%	89.9%	94.7%	2nd	58.4%
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	Nov-20	2.27		2.26	PTHB is not nationally benchmarked for infection rates	
46b	HCAI - S.aureus bacteraemia's (MRSA and MSSA) per 100k pop cum	TBC	Nov-20	0		1.13		
46c	HCAI - C.difficile per 100k pop cum	TBC	Nov-20	11.33		6.78		
47a	HCAI - Klebsiella sp per 100k pop cum	TBC	Nov-20	2.27		1.13		
47b	HCAI - Aeruginosa per 100k pop cum	TBC	Nov-20	0		1.13		
48	Number of potentially preventable hospital acquired thromboses	4 quarter reduction trend	Q2 2019/20	< 5	< 5	0	1st	12
* Benchmark provided from previous period (national benchmark outdated)								
**Ranking for RTT nationally includes D&T Specialties								

- Measure 17 the percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS and Measure 18 - Percentage of children regularly accessing NHS primary dental care within 24 months are both new to the 2020/21 outcome framework. Further work with their respective leads will be required to assess, analyse and provide further narrative for Quarter 4.

- WAST monthly performance against Red 8-minute calls has not met the target required since May 2020, various challenges including geography (location), ambulance handover times at DGH's and other complications including low number variation regularly resulting in poor compliance against the target. There have been significant instances with the second peak of COVID that ambulance handover times at DGH's are having a substantial impact in the ability of the teams returning to the Powys health board area stretching timely response capacity.

- MIU access compliance remains excellent, Powys consistently provides a rapid and comprehensive service via its MIU's.

- Diagnostic performance, the latest validated position for patients waiting over 8 weeks shows an increased total of 160 patients now wait over the target in November. Some services such as in-reach cardiology diagnostics will have caused this increase as they are moved back to the District General Hospitals (DGH's) as a response to COVID. Alongside this shielding staff impacts have reduced timely capacity. Endoscopy services continue to prioritise urgent, Urgent Suspected Cancers (USC) and bowel screening patients. Capacity continues to be challenged by COVID and our current second wave has increased the pressure on the health board teams and in-reach Consultants. The staffing challenge for theatre and endoscopy staff during November is that 50% of staff were categorized as shielding or on long term sick.

- Therapies performance has improved with a significant reduction from 596 to 383 patients waiting longer than 14 weeks. Various actions have been used to reduce the backlog and increase patient flow, temporary staff have been utilised to deliver additional sessions, ongoing waiting list validation and the use of virtual solutions. This restoration of service work has significantly improved the position when compared to the June peak of 986 breaches. Continued areas of challenge are Podiatry due to the COVID impact of ventilation and cleaning, this results in a circa 50% reduction in through put. This has meant that some specialties especially podiatry and physiotherapy have a small number of long waiters in excess of 40+ weeks.

- The latest validated provider RTT position for November is that 55.8% of 3742 patients were waiting less than 26 weeks (excluding Diagnostics & Therapies), however the number of patients that had waited 36+ weeks increased to 1478, of these a total of 251 are waiting longer than 52 weeks. The challenge remains that services were suspended during the initial COVID phase which resulted in a

backlog. Services started to restore during the summer period to impact on this cohort of waiters but this was not to a significant level. The second peak of COVID has had further impact with fragility of our waiting lists, and placed pressure on the ability of main providers to carry out key diagnostics e.g. CT's & MRI's etc via external providers, these cannot be carried out within Powys and will impact the providers pathways. All new referrals and existing waiters continue to be risk managed, this provides the most rapid and equitable care possible during this challenging period. The All Wales and English provider position is currently critical, many providers have suspended routine services during December and January due to the ongoing hospitalisation pressure of infected COVID patients. This suspension of key services will manifest through Q4 2020/21 and potentially into the next financial year. It should be noted that the health board continues to work closely with all Commissioned service providers via the Commissioning Assurance process and strategy meetings.

Table summarising RTT performance as a provider:

Powys Teaching Health Board RTT Performance (exc. D&T) - Source NWIS	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020
% of patients waiting < 26 weeks for treatment	90.5%	79.8%	71.1%	60.0%	48.6%	43.3%	49.4%	55.8%
Number of patients waiting < 26 weeks for treatment	3208	2852	2576	2229	1879	1692	1924	2088
Number of patients waiting 26 - 35 weeks	313	634	807	973	1119	1158	612	176
Number of patients waiting 36 - 51 weeks	24	86	239	511	846	996	1193	1227
Total Patients waiting 36 weeks and over	24	86	239	512	867	1060	1356	1478
Total Patients waiting	3545	3572	3622	3714	3865	3910	3892	3742

Source: NWIS	**Powys Provider RTT - Waits Open Pathway Snapshot November 2020 (exc. D&T)**				
Snapshot Month: Nov 2020					
Specialty	<26 weeks	26-35 weeks	36-52 weeks	Over 52 weeks	Total
100 - GENERAL SURGERY	259	19	138	47	**463**
101 - UROLOGY	109	13	45	17	**184**
110 - TRAUMA & ORTHOPAEDICS	315	25	280	61	**681**
120 - ENT	336	39	142	7	**524**
130 - OPHTHALMOLOGY	404	30	216	26	**676**
140 - ORAL SURGERY	90	5	169	46	**310**
143 - ORTHODONTICS	12	2	45	18	**77**
191 - PAIN MANAGEMENT	43	0	0	0	**43**
300 - GENERAL MEDICINE	44	4	15	0	**63**
320 - CARDIOLOGY	81	14	66	5	**166**
330 - DERMATOLOGY	35	0	25	7	**67**
410 - RHEUMATOLOGY	86	7	11	0	**104**
420 - PAEDIATRICS	20	2	0	0	**22**
430 - GERIATRIC MEDICINE	28	2	28	15	**73**
502 - GYNAECOLOGY	226	14	47	2	**289**
Total	**2088**	**176**	**1227**	**251**	**3742**

Table below summarising Commissioned RTT percentage for residents waiting under 26 weeks and the number waiting longer than 36 weeks for definitive treatment within English and Welsh Commissioned services.

Source NWIS	Nov 2020	
Welsh Providers	% of Powys residents < 26 weeks for treatment (Target 95%)	36+ weeks
Aneurin Bevan Local Health Board	55.9%	661
Betsi Cadwaladr University Local Health Board	35.4%	229
Cardiff & Vale University Local Health Board	45.5%	155
Cwm Taf Morgannwg University Local Health Board	40.1%	195
Hywel Dda Local Health Board	57.8%	397
Swansea Bay University Local Health Board	43.7%	752

	Oct 2020	
English Providers	% of Powys residents < 26 weeks for treatment (Target 95%)	36+ weeks
English Other	70.7%	32
Robert Jones & Agnes Hunt Orthopaedic & District Trust	52.5%	695

	Sep 2020	
English Providers	% of Powys residents < 26 weeks for treatment (Target 95%)	36+ weeks
Shrewsbury & Telford Hospital NHS Trust	54.0%	630
Wye Valley NHS Trust	57.3%	541

- The Commissioned RTT position for our residents mirrors the local challenge, a large cohort of patients remains in the system as back log. All providers are challenged to restore capacity with urgent cases taking the clinical priority. The numbers of long waiters and backlog across Welsh and English providers has continued to remain and is now expected to increase as the second wave of COVID has resulted in suspension of routine and some urgent pathways. Work continues with NWIS and English providers to enhance the wait information detail for the cross-border flows, particularly in relation to long waiters. This is expected to be available shortly.

- Follow-up (FUP) outpatient measure performance is not meeting the 20% reduction target from the March 20 baseline and has seen an increase in total waiters. The challenge for waiters is that FUP patients are waiting longer due to capacity challenges of the service e.g. risk stratification for priority patients. The second wave of COVID has placed pressure back on planned care, unfortunately this provides further challenge on timely patient FUP appointments.

- 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. The performance has been challenged and has dropped slightly for Month 8 to 71.8%, All Wales performance for the same period was 44.5%. Performance for patients' pathways without an HRF factor has improved significantly reducing to 1.1%.

- Mental Health performance has remained robust in 2020/21 even with the challenge of COVID. Part 1 measures have consistently met the target over the last 4 months and this year within the challenged +18 interventions group, compliance has been achieved and maintained. For the Mental Health part 2 measure, compliance work was carried out for the <18 cohort utilising new robust measures following poor performance in August and September. As predicted, following improvement work the service has been fully compliant for November.

- Neurodevelopmental waits (children and young people) – Due to the impact of COVID the service was suspended and has been significantly affected. The latest data has shown slight improvement with 36.0% compliance following the implementation of a robust improvement plan during Q3, this is an improvement on October performance (26.1%) and better than the All Wales average of 26.9%.This is a challenged speciality and work is progressing to develop a proposal and plan for a sustainable service as a priority.

- National Delayed Transfers of Care (DTOC) reporting remains suspended, the health board continues to track performance locally and there is a strong operational focus on managing flow. Assurance of delays is now carried out in a weekly capacity snapshot with Welsh Government.

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

Cancer

The COVID pandemic significantly challenged the Cancer services across Wales and disrupted referrals from primary care, diagnostics, consultant appointments and treatment.

As a provider of diagnostics and outpatient services the health board reports part of the Single Cancer Pathway as agreed with Welsh Government. During November, 25 Urgent Suspected Cancer (USC) referrals were received and

during the same period 11 patients were downgraded following a cancer referral. The compliance for downgrade within the recommended 28-day period has continued to remain relatively high at 63.6%.

Welsh Provider performance saw compliance against the Urgent Suspected Cancer (USC) pathway for October at 100% for 6 patients completing pathways in this month. The Non-Urgent Suspected Cancer (NUSC) performance for the same period was 81.3% of 16 patients compliant within the 31-day target, with two breaches.

English Providers – For our main providers via direct breach reporting, four breaches were reported in Wye Valley NHS Trust during October. Within SATH five 62-day breaches were reported to the health board. All English breaches had a root cause analysis carried out to provide assurance of care pathways.

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 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%	Nov-20	76.5%	72.9%	71.6%	3rd (Jul-20)	62.7% (Jul-20)
55	Core Skills Mandatory Training	85%	Nov-20	82.9%	78.2%	78.7%	2nd (Jul-20)	80.0% (Jul-20)
57	(R12) Sickness Absence	12m↓	Nov-20	4.69%	5.05%	5.00%	3rd (Jul-20)	5.97% (Jul-20)
60	Concerns & Complaints	75%	Q2 20/21	46%	45%	50%	9th	71.9%

- PADR compliance has not met the national target in November (71.6%).
- The health board continues not to meet the mandatory core skills and training requirements against the national target of 85%. Following a paper to the Executive Committee in Autumn 2019, a full review of core Statutory and Mandatory Training has been undertaken to enable more accurate reporting of compliance. This has seen an introduction of Safeguarding Level 3 for Adults and Children as well as Mental Capacity Act training, which applies to a large number of staff members. Following this review, as expected, the mandatory training compliance rate has remained at 78.7%, this is predominately due to the inclusion of the

additional Safeguarding requirements especially as Allied Health Professionals (AHP's) are a recent addition to the level 3 training.

- The rolling 12 figure for sickness is reported at 5.01% in November, this is a slight improvement monthly but does not meet the 12-month reduction target. Actual monthly sickness has increased to a reported rate of 5.35% (1.82% short term and 3.53% long term). 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. Business Partners continue to work proactively with managers to ensure they are complying with the policy trigger points and identifying areas of concern which require additional intervention and support.

- The health board's compliance to complaints that receive a final reply within 31 days has remained non-compliant against target. In Q2 we were 50% 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	Q1 20/21			1	8th	Total 3486
62	Number of patients recruited in Health and Care Research Wales commercially sponsored studies	1	Q1 20/21			0	8th	Total 19
63	Crude hospital mortality rate (74 years of age or less)	12m↓	Nov-20	2.3%	3.6%	3.4%	Not applicable	1.24%
68	New medicine availability where clinically appropriate, no later than 2 months from the publication of the NICE Final Appraisal	100%	Q1 20/21	95.6%	96.0%	96.6%	6th	98.1%
69	Total antibacterial items per 1,000 STAR-PUs	221.6↓	Q1 20/21	227.1	260.6	199.6	1st	307.5
70	Number of patients age 65 years or over prescribed an antipsychotic	Quarter on quarter reduction	Q1 20/21	481	483	478	1st	total 9,936
72	Opioid average daily quantities per 1,000 patients	4 quarter reduction trend	Q1 20/21	4028.9	3926.2	4001.2	2nd	4382.9
76	R12 Number of procedures postponed for specified non-clinical reasons	<=81 Mar-21	Nov-20	95	58	48	1st	10,073
77	Agency spend as a percentage of the total pay bill	12m↓	Aug-20	5.9%	6.1%	9.0%	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%

- The uptake of patients for health care research has not met the Welsh Government target, one patient has been recruited in Q1 2020/21.

- Crude Mortality rate in the health board has increased through 2020/21 stabilising slightly in November 2020 at 3.4%. This is the highest reported position of any health board in Wales although PTHB is not officially benchmarked by Welsh Government as a non-acute care provider. The measure of reduction from a service perspective will be hard to achieve. 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 have significantly reduced (lower denominator) directly affecting the percentage calculation. Detailed Mortality reporting is undertaken through the Experience, Quality and Safety Committee.

- Powys performance in relation to new medicines availability is at 96.6% (Q1 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.
- For antibacterial prescribing, a reduced rate of 199.6 in Q1 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 reduced in Q1 2020/21 to 478, this is a slight decrease from Q4 2019/20 (483) meeting the national target. It should be noted that although we have prescribed the least in Wales and rank 1st, our resident population is smaller. Nationally the number of prescriptions has increased quarterly when compared to the comparative period in 2019/20.

- PTHB are compliant for the new Opioid measure with 4001.2 per 1000 patients in Q1 2020/21 against the national target of 4 quarter reduction, the health board is ranked 2nd in Wales.

- The number of procedures postponed for non-clinical reasons has reduced to 48 (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.

- The provider agency spend as a percentage of total pay bill varies as a response to demand. The 12-month target of reduction has been met but it should be noted that our Aug-20 performance reported at 9.0% is actually our highest single month agency spend in the last 12

months. We rank 10th in Wales and the national figure for the same period was 4.2%.

- Powys Teaching Health Board normally provides excellent compliance to coding requirements e.g. 99+%, however in October, 71.4% of records were coded with a valid primary diagnosis code within the required target 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 14/01/2020

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 in November, this is attached as **Appendix 1**.

NEXT STEPS:

The challenge for Quarter 3 has, as expected, been the second wave of COVID infections. The spike in cases in this quarter has affected Powys and the whole country significantly more than the original April 2020 peak.

As the health board moves into Quarter 4, essential and urgent care is under significant pressure with many health boards and trusts standing down routine care pathways. This is as staff and resource are diverted into intensive care units (ICU) treating those most seriously ill patients. Further disruption to both provider and commissioned services is as a result of the workforce impact relating to achieving the mass vaccination rollout. The vaccination protection afforded to residents is vital, and will significantly help relieve future pressure from the NHS system and services.

Welsh Government have continued to implement plans to reduce the COVID impact, including a significant firebreak period to regulate the pressure on the NHS. This appears to have started to reduce infections but the January – February period will be key to understanding the further impact on ICU admissions.

To help mitigate the challenge, robust operational planning and management are utilised to manage the challenge of COVID, mass vaccination and essential services during the winter period. Some examples of this work include daily review of infection and mortality data including test, trace and protect, regular operational delivery and coordination groups, GOLD escalations, and commissioned services coordination to provide the best integrated health and social care possible in the present climate.

Appendix 1

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

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

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

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

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

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

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

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

Essential Services currently unavailable or suspended including restorative actions.

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

Essential Services maintained in line with national guidance:

Access to primary care services

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

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

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

Life-saving or life-impacting paediatric services
- Immunisations and vaccinations
- Screening (Blood Spot)
- Screening (Hearing)
- Screening (New Born) – Provider births only
- Screening (6-week physical exam)
- Community Paediatric service for children with additional/continuous health care needs

Maternity Services
- Community midwifery and obstetric ultrasound service

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

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

Mental Health, NHS Learning Disability Services and Substance Misuse
- Inpatient Services at varying levels of acuity
- Community MH services
- Substance Misuse services that maintain a patient's condition stability – operating via remote consultation

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

Urgent supply of medications and supplies including those required for the ongoing management of chronic diseases, including mental health conditions
- Service continued throughout COVID with no flagged challenges

Blood and Transplantation Services

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

Palliative Care

PTHB continues to provide both community and admitted patient care

Diagnostics

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

Therapies

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

Essential Services running with reported normal operation

Mental Health, NHS Learning Disability Services and Substance misuse

- Crisis Services including perinatal care

Emergency Ambulance Services

- Service provided by WAST

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

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.1c

BOARD MEETING	**Date of Meeting: 27th January 2021**
Subject:	**Annual Planning Approach, 2021-2022**
Approved and Presented by:	Director of Planning and Performance
Prepared by:	Strategic Planning Manager
Other Committees and meetings considered at:	None at the time of reporting

PURPOSE:
This report provides the Board with the priorities set for the Annual Plan 2021-22 and the approach to plan development in line with the NHS Wales Annual Planning Framework 2021-22.
RECOMMENDATION(S):
The Board is asked to DISCUSS and NOTE the content of 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 provides the Board with the priorities set for the Annual Plan 2021-22 and the approach to plan development in line with the NHS Wales Annual Planning Framework 2021-22.

The Annual Plan sets out how we will respond to the Covid-19 pandemic and our immediate strategic priorities in line with the Powys Planning Framework developed and outlined in this report whilst ensuring recovery back to our Health and Care Strategy "A Healthy Caring Powys" 2017-2027.

DETAILED BACKGROUND AND ASSESSMENT:

This report provides the Board with the strategic priorities set for the Annual Plan 2021-22 and the approach to plan development in line with the NHS Wales Annual Planning Framework 2021-22.

As noted in previous Committee and Board reports, the IMTP (Integrated Medium-Term Plan) was suspended in March 2020 and the requirement for Quarterly Operational Plans was introduced by Welsh Government, in response to the Covid-19 Pandemic.

We are required to produce an Annual Plan for 2021-22 which is being produced in the context of the Operating Framework released by Welsh Government in December 2020.

The Annual Plan 2021-22 builds on the Winter Protection Plan for Quarters 3 & 4 of 2020-21, and aims to move PTHB towards our longer term planning objectives set in our previous IMTP, and our Health and Care Strategy 2017-2027. The plan also aims to reflect the learning from the response to the Covid-19 Pandemic and the subsequent dual track approach based on continued response alongside recovery of essential and non-essential routine healthcare.

The Annual Plan continues to build on the planning framework, shaped around the 'Four Harms' and themes proposed by Welsh Government and the dual track approach described by the World Health Organisation.

NHS Wales Annual Planning Framework 2021-22

The NHS Wales Annual Planning Framework 2021-22 sets the Ministerial directions for the year ahead and confirms that the Ministerial priorities have not changed. It seeks to blend operational focus with cognisance of the longer-term objectives set out in A Healthier Wales, and other legislative requirements i.e. Wellbeing of Future Generation (Wales) Act. In addition, since the beginning of the pandemic, there has also been a strong focus on the four harms that have been the key quality context within which services and care must be provided.

The Ministerial Priorities are set out below and should be demonstrated in our Annual Plan in the context of Covid and Non-Covid service planning and delivery:

Ministerial Priority	PTHB Response
Prevention	This is core to the progressive recovery to the long-term Health and Care Strategy, A Healthy Caring Powys. It is also delivered through the ongoing screening and immunisation programme
Reducing Health Inequalities	Future strategic decisions taken by the health board will have mitigating actions in place to reduce any disadvantages and health inequalities. In addition, the Safeguarding Maturity Matrix Improvement Plan 2020/21 is currently being reviewed in light of Covid-19 and will aim to address some of the key impacts of Covid 19 including health inequalities.
Primary Care	PTHB continues its ambition of placing primary care at the heart of its offer to the population. Our Annual Plan sets out key drivers to achieve this such as the revision of primary care cluster plans, and working with our primary care partners in line with the Primary and Community Care Operating Framework.
Mental Health	Mental Health remains one of our "Big 4" and a key focus for the health board. Services have continued throughout the pandemic and the

	service continues to meet continued increasing service demand which has seen referrals treble in some areas.
Timely Access to Care	Our recovery programme is currently being developed in order to ensure timely access to care for our population both as a provider and as a commissioner. This work will take into account timely access to care.
Decarbonisation	The health board remains committed to reducing our carbon footprint and our annual plan reflects how this will be achieved further during 2021/22.
Social Partnership	The development of a Social Partnership Act recognises the importance of a working partnership of equality between government, trade unions and a wide range of partners. In addition, the Socio-economic Duty will come into force from 31st March 2021. The duty will require specified public bodies, when making strategic decisions such as 'deciding priorities and setting objectives', to consider how their decisions might help to reduce the inequalities of outcome associated with socio-economic disadvantage.

Enablers	PTHB Response
Workforce	The impact of the pandemic on staff and the ongoing challenges of providing care over the coming year will mean a continued need for enhanced and active support to ensure their well-being and safety. The health board recognises the critical role the workforce has and will continue to play in responding to both the challenges presented by Covid and the increased demand caused by winter pressures. Working with our regional partners across health and social care around the delivery of the Workforce Futures Strategic Framework for Powys we will ensure our efforts cover the whole system, including the vital role volunteers, carers and our communities will play.
New Technologies and ways of working	The health board has a digital plan which aims to implement key digital facilities in Powys including working from home, accelerated roll

	out of national products, empowering staff to work digitally, supporting patient flow, virtual meeting and digital consultations and connecting patients and their families whilst in hospital.
Finance	The resource planning assumptions provided by Welsh Government provide an interim resource planning context to enable organisations to develop their own planning assumptions and scenarios. The health board are currently developing our overall plan within reasonable assumptions and scenarios.
Regional working	There are significant inter-dependencies for Powys with partner organisations in both Wales and England and the Plan sets out the continued partnership working with Powys County Council and the Regional Partnership Board as well as other health boards and systems in NHS Wales and NHS England.
Partnership working	Collaborative working has always been core to the way of working in Powys and strong partnerships exist including the Regional Partnership Board, Public Services Board and Mid Wales Joint Committee for Health and Social Care. In Powys we already have a shared long-term Health and Care Strategy and a set of Well-being Objectives which were formed following extensive engagement with our communities and partners in Powys. Whilst this will need to be revisited, reimagined and reset into the new context and to respond to broader harms from the pandemic, it provides a foundation stone for recovery of health and care, adapted and revitalised for the future. The key partnerships have begun to re-establish and reframe key programmes and areas of work and are providing crucial spaces for wider reflection and learning across the region.
Communications and Engagement	The health board's approach to engagement and communication delivers local and national Covid-19 related priorities as well as the agreed strategic priorities for Powys Teaching Health Board. We have developed a communications and engagement plan to support this.

Research and development	Powys Teaching Health Board have produced a summary of lessons learnt during the Covid-19 pandemic so far. The study identified some key points of learning for the health board to take forward including new ways of working to improve our services both in the current climate and beyond. Powys continues to support the platform of COVID-19 research underway across Wales as part of the Government response to effectively treating and preventing the virus. As a result of the pandemic, non-COVID research has been severely impacted. As NHS Wales prepares for 2021/22, in tandem with the restoration of routine clinical services, the health board will continue to work closely with Health and Care Research Wales and set out plans for the recovery and resilience of non-COVID research.

The timetable for the NHS Wales Annual Planning Framework 2021/22 is as follows:

- Planning Framework to be issued to NHS Wales – December 2020
- NHS Wales to review and plan over winter 2020
- Engagement with stakeholders – January/February 2021
- Plans submitted to Welsh Government – 31 March 2021
- Review and consideration of risks – April/May2021

<u>Performance against the Annual Plan 2021/22</u>

The NHS Wales Annual Planning Framework sets out that, in this transitional year, the intention is to continue with the delivery measures set out in the 2020-21 Delivery Framework with some minor amendments expected mid-January 2021. During 2021-22, the delivery framework will be redeveloped to create a set of outcomes measures, reflecting the current work on the single integrated outcomes framework.

The intention of the new measures is to demonstrate how patients and populations are better off through the delivery of services, and allowing a different balance across our traditional services.

In addition, building on the experiences of Quarter 3 and 4, a Minimum Data Set (MDS) is once again going to support the development of the annual plans.

While it is acknowledged that the toolkit is work in progress, the MDS consolidates the data assumptions from the plans and existing reporting into one data set. Using this information, the Welsh Government will draw conclusions nationally and inform strategic decision making. The intelligence and insight afforded by the MDS will inform the identification of risks and opportunities. The MDS toolkit provides a data triangulation between workforce, planned service activity and finance. It provides assurance and clarity to underpin the narrative plans and how risks will be mitigated.

Working in Partnership

As noted in previous plans, there are significant inter-dependencies for Powys with partner organisations in both Wales and England and the Plan sets out the continued partnership working with Powys County Council and the Regional Partnership Board as well as other health boards and systems in NHS Wales and NHS England. It also highlights the collaboration across third sector organisations who have worked together to respond to the pandemic.

Key planning assumptions for NHS England have been issued for the period of quarter 4 2020-21 and the 2021-22 financial year covering 5 key areas:

- Responding to Covid-19 demand
- Implementation of Covid-19 vaccination programme
- Maximising capacity in all settings to treat non-Covid-19 patients
- Responding to other emergency demand and managing winter pressures
- Supporting health and wellbeing of workforce

The priorities highlighted for NHS England for 2021/22 have been set out as:

- Recovery
- People's Plan
- Tackling health inequalities
- Mental health
- Primary and community care
- Partnership

These planning assumptions and priorities are likely to have an effect on Powys due to the nature of our partnership working arrangements for much of our population with NHS England organisations.

Powys also engage in a number of national and regional programmes. The National Planned Care Programme is of particular relevance for recovery planning.

The Powys Health and Care Planning Landscape

The nature of Powys Teaching Health Board requires substantial partnership working mechanisms in order to provide the range and quality of care for our residents. The Health and Care Strategy "A Healthy Caring Powys" forms part of our Health and Care planning structure in partnership with Powys County Council, the Regional Partnership Board and the Public Service Board. The following diagram outlines some of our key planning mechanisms in this structure.

PTHB Planning Framework

The PTHB Planning Framework for 2021/22 has evolved from the model set out in Phase 1 as circumstances and knowledge of the Covid-19 virus and its impact has developed. This draft framework forms the basis of our planning and service provision during the pandemic.

Strategic Priorities

Included in the Planning Framework above, PTHB have also developed and continuously revise our 13 strategic priorities to provide clarity and focus during this time and meet the needs of our population during the pandemic. The health board will continue to work towards these strategic priorities, with some additional areas of focus to enable us to plan ahead beyond 2022.

In addition, the Socio-economic Duty will come into force from 31st March 2021. The duty will require specified public bodies, when making strategic decisions such as 'deciding priorities and setting objectives', to consider how their decisions might help to reduce the inequalities of outcome associated with socio-economic disadvantage. Through better decision making, the duty will improve outcomes for those who suffer socio-economic disadvantage, thus levelling the playing field. This has become increasingly important particularly in the context of Covid-19 and Brexit.

Planning Ahead

One of our new strategic priorities for the Annual Plan is "Planning Ahead". This priority provides an opportunity to:

1. **Assess the learning and reflections** regarding the course of the pandemic and how the health board as an organisation and in partnership with others responded. This include the consideration of the outcome of the 'New

Ways of Working' evaluation undertaken by the Innovation and Improvement Hub, commissioned by Executive Committee. The results of the Staff Survey should also be available to assist in understanding reflections and feedback.

2. **Understand the latest evidence** regarding the impact of the pandemic (direct and indirect) on the population, taking account of national and international horizon scanning and evidence. We are currently undertaking a key piece of work to consider the health impact of the pandemic on our population. This key piece of work will provide further evidence upon which we can base our annual plan for 2021/22.

3. **Assess the position** in relation to access to health services, including the extended waiting times being experienced by a significant number of patients. As a health board, we continuously assess our performance and review our plans and priorities in light of the changing climate to respond to urgent need and ensure we are providing the best health service possible for our population. Performance is regularly discussed at Gold and through a number of performance committees.

4. **Identify critical priorities** and outcomes for 2021/22 and potentially beyond. Our annual plan considers the 13 Strategic Priorities set out above in conjunction with those set out in our Health and Care Strategy and the Integrated Medium-Term Plan (IMTP) submitted to Welsh Government in January 2020. These will provide the drivers for the timeframe of this Annual Plan and beyond. The annual plan also aims to provide a model by which to balance the continuing and emerging priorities as a result of the continuing changing circumstances caused by the pandemic, whilst ensuring those in our longer-term strategies continue where possible and appropriate.

IMTP Priorities – 2020-23

Focus on Wellbeing	**Early Help and Support**	**The Big Four**	**Joined Up Care**
▪ Wider Determinants of Health ▪ Health Improvement and Disease Prevention ▪ Supporting Communities and Carers	• Primary and Community Care • Cluster Working • Connecting Communities	• Cancer • Circulatory • Respiratory • Mental Health	• North Powys Well-being Programme • Unscheduled Care / Out of Hours • Planned Care • Specialised Care • Quality and Citizen Experience
Workforce Futures	**Innovative Environments**	**Digital First**	**Transforming in Partnership**
▪ Designing, Planning and Attracting the Workforce ▪ Leading the Workforce ▪ Engagement and Well-being ▪ Education and Training ▪ Partnership and Citizenship	• Research, Development and Innovation • Capital Programme and Estates • Facilities	Deliver the Digital First Strategic Framework: • Digital care • Digital Access • Digital Infrastructure	• Good Governance • Financial Management • Partnership, Planning, Performance & Commissioning

PTHB Planning Approach and Framework

The PTHB Annual Plan 2021-22 therefore builds on the planning framework that has already been approved, shaped around the 'Four Harms' and themes proposed by Welsh Government and the dual track approach described by the World Health Organisation.

The need to respond and recover from the pandemic will continue for the organisation, its partners and communities and wider society throughout 2021/22 and beyond. In Powys this recovery continues to be shaped by our shared Health and Care Strategy, A Healthy Caring Powys.

NEXT STEPS:

The need to respond and recover from the pandemic will continue for the organisation, its partners and communities and wider society for some time to come.
Work is underway currently to ensure that the Annual Plan 2021/22, reflects this complexity and addresses the continuing immediate priorities of responding to Covid 19, alongside the mass vaccination requirements and the reset of NHS services.
In the long term, this also continues to be shaped by our shared Health and Care Strategy, "A Healthy Caring Powys". This longer-term vision was born from extensive engagement with our communities, staff and partners. The basis of this strategy remains a foundation stone as we review and learn from the pandemic experience and ensure that well-being, prevention and long-term planning is part and parcel of the health board's role and contribution to the future of Powys. Our Annual Plan aims to enable the organisation to continue to respond to Covid-19 whilst ensuring our recovery continues to be shaped by our shared Health and Care Strategy, A Healthy Caring Powys.
The Annual Plan will be presented to Board in March for approval and submission to Welsh Government by 31 March 2021.

Powys THB Finance Department
Financial Performance Report
Board

Period 09 (December 2020)
FY 2020/21

Date Meeting: 27th January 2021
Agenda item: 3.2a

GIG CYMRU NHS WALES
Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Subject:	FINANCIAL PERFORMANCE REPORT FOR MONTH 9 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:	Performance & Resources Committee Delivery & Performance Group

PURPOSE:

This paper provides the Board/Committee with an update on the December 2020 (Month 9) Financial Position including Financial Recovery Plan (FRP) delivery.

RECOMMENDATION:

It is recommended that the Board/Committee:

- DISCUSS and NOTE the Month 9 2020/21 financial position.
- NOTE that actions will be required in 2020/21 to deliver a balanced position at the 31st March 2021.
- NOTE and APPROVE Covid-19 Revenue position in main report and the Capital and FTP and Mass Vaccination positions detailed in appendix 1.
- NOTE additional risks on delivery of balance position at 31st March 2021.

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**	✖

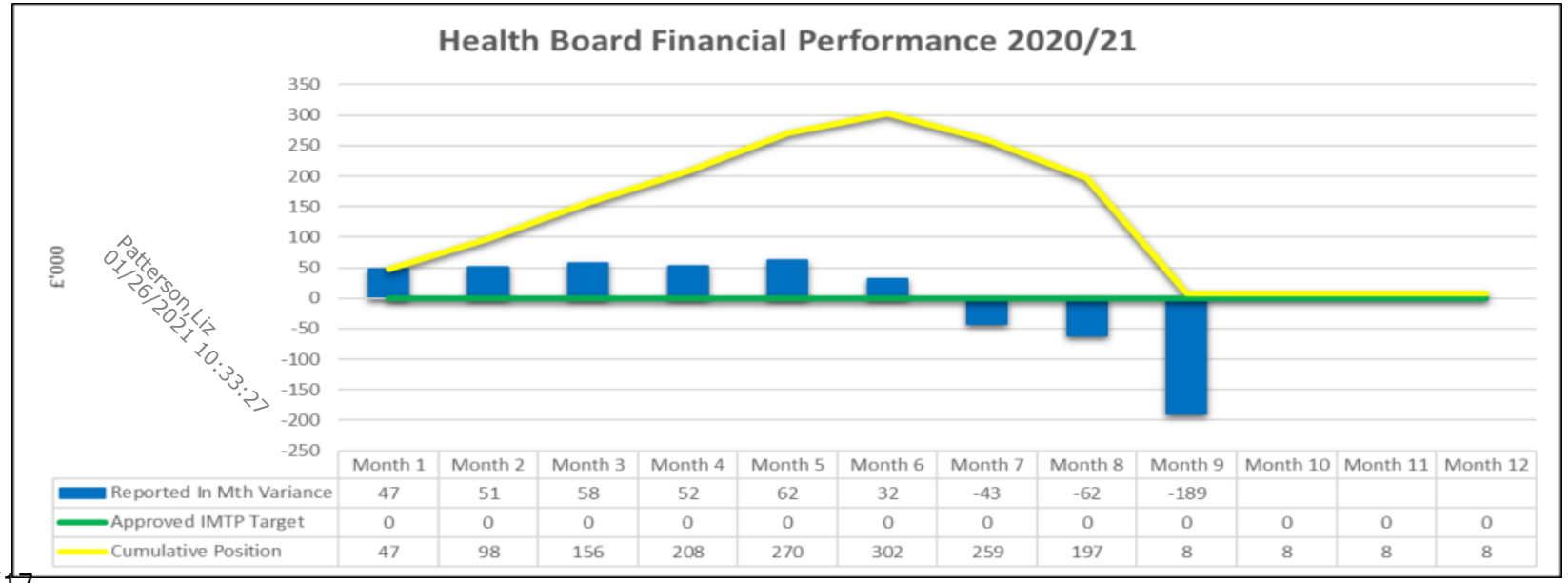
Approval/Ratification/Decision	Discussion	Information
	✓	

Executive Summary @ Mth 9

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	-189	↓
Reported Year To Date financial position – deficit/(surplus) – Amber	8	↓
Planned year end forecast – 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	3,172	↑
Reported Year to Date expenditure	1,909	↑
Reported year end forecast – deficit/(surplus) – Forecast Green	0	→

PSPP		
PSPP Target : To pay a minimum of 95% of all non NHS creditors within 30 days of receipt of goods or a valid invoice	**Value £'000**	**Trend**
Cumulative year to date % of invoices paid within 30 days (by number) @end Q3 - Amber	92.3%	↓



	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			
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	8	8	8

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

Spend in relation to Covid -19 is included in the overall positon but is offset by an anticipated allocation for WG, so is not directly contributing to the £0.008m overspend in Mth 9.

Excluding Covid-19 the areas of overspend are primary care drugs based on latest PAR report and CHC costs. 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, these are detailed later in the pack on pages 9-10.

PSPP – deterioration in the monthly figures during Q3 which has resulted in an cumulative position reducing from 92.5% to 92.3%.

Overall Summary of Variances YTD £000's

	BUDGET YTD	ACTUAL YTD	VARIANCE YTD
01 - Revenue Resource Limit	(256,862)	(256,862)	0
02 - Capital Donations	(97)	(97)	0
03 - Other Income	(4,388)	(3,410)	978
TOTAL INCOME	**(261,347)**	**(260,369)**	**978**
05 - Primary Care - (excluding Drugs)	30,610	29,016	(1,595)
06 - Primary care - Drugs & Appliances	21,247	23,211	1,964
07 - Provided services -Pay	60,919	59,842	(1,077)
08 - Provided Services - Non Pay	19,428	16,121	(3,307)
09 - Secondary care - Drugs	754	842	88
10 - Healthcare Services - Other NHS Bodies	103,670	105,912	2,242
12 - Continuing Care and FNC	10,783	11,595	812
13 - Other Private & Voluntary Sector	2,308	2,210	(98)
14 - Joint Financing & Other	8,961	8,961	(0)
15 - DEL Depreciation etc	2,630	2,630	0
16 - AME Depreciation etc	38	38	0
18 - Profit\Loss Disposal of Assets	0	0	0
TOTAL COSTS	**261,347**	**260,377**	**(971)**
TOTAL	**0**	**8**	**8**

Health Board 2020/21 Savings: Original Plans vs Revised Plan

Original Planned Schemes 2020/21 = **£5.487m**

Workstream	Revised 2020/21 £ 000
Medicines Mangt	492
Pathways	2,630
Procurement, Non Pay & CHC	741
Workforce Efficency	1,624
Total	**5,487**

Original Target 2020/21 = **£5.638m**

As result C-19 outbreak a full review of all schemes is undertaken monthly and using information available at each point it is assessed that likely delivery for 20/21 would be £0.487m based on a number assumptions

Revised Planned Scheme 2020/21 = **£0.487m**

Workstream	Revised 2020/21 £ 000
Medicines Mangt	98
Pathways	51
Procurement, Non Pay & CHC	85
Workforce Efficency	253
Total	**487**

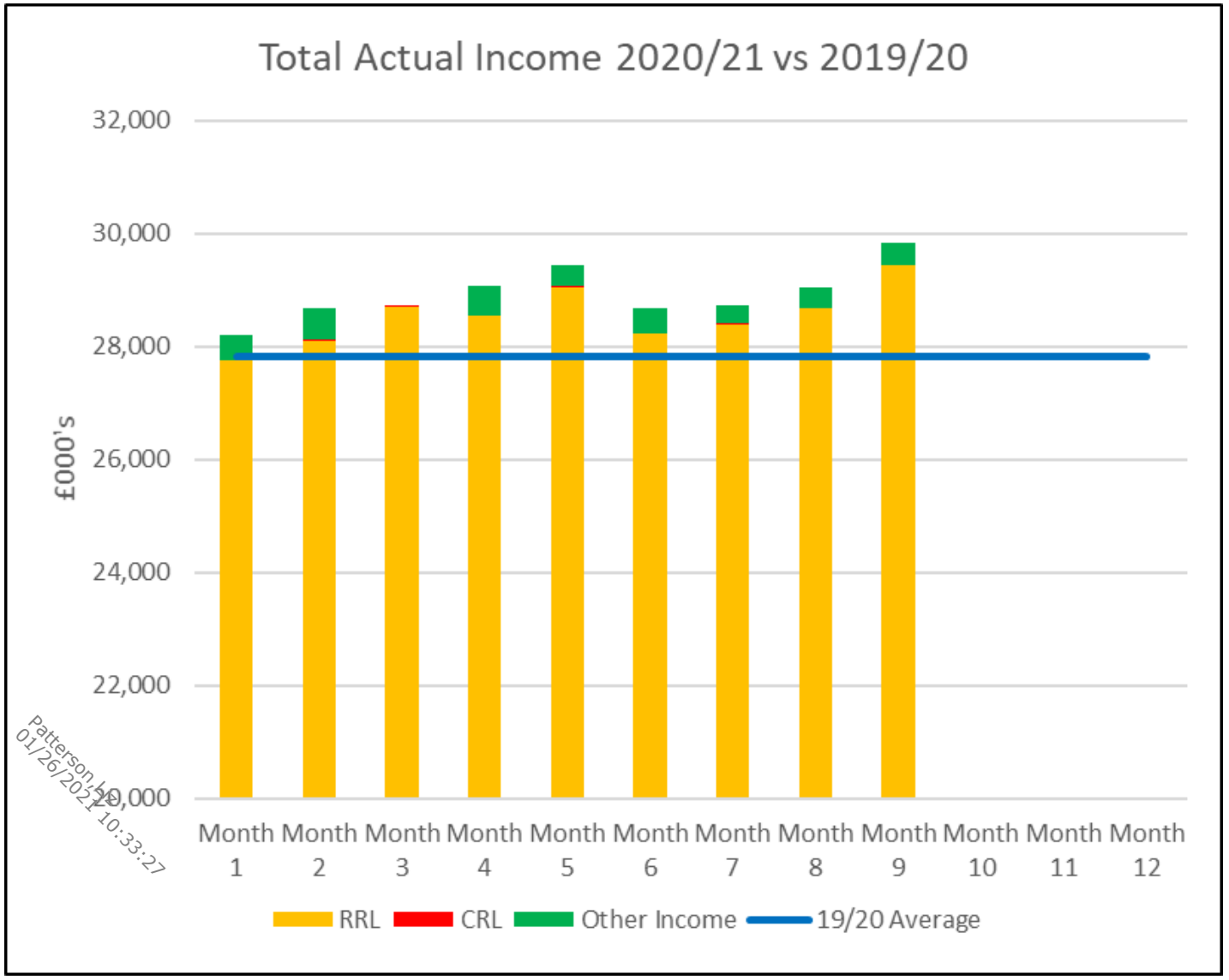
1. Shortfall in Financial Plan = **£5.1m** (£5.638m-£0.487m)
2. Movement from Original Planned Schemes **= £5.0m** (£5.487m - £1.746m)

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

Shortfall in delivery of agreed savings plan for 2020/21 met by WG £15.5m Covid-19 funding

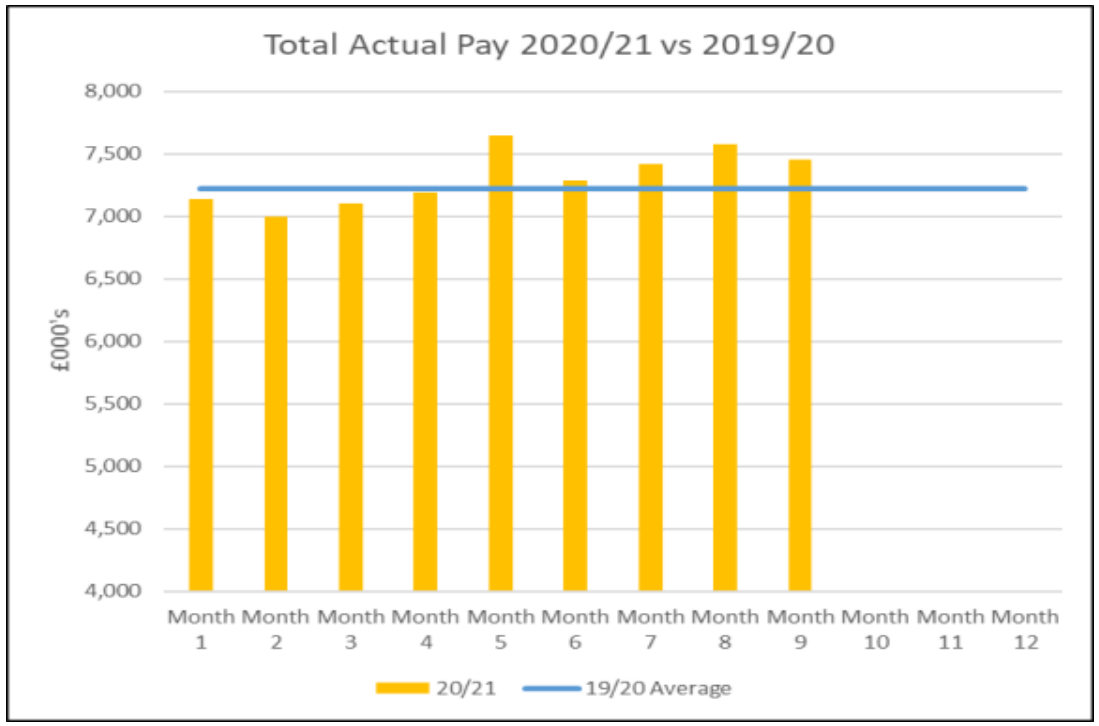
B/F Savings – in addition to the 2020/21 savings target (£5.638m) the Health Board has not recurrently met its annual savings targets held within the individual cost centres and so these remain unmet savings b/f from previous years. Budget Plan for 2021/22 will be presented in Autumn outlining options for removing these b/f targets in the 2021/22 financial plan.

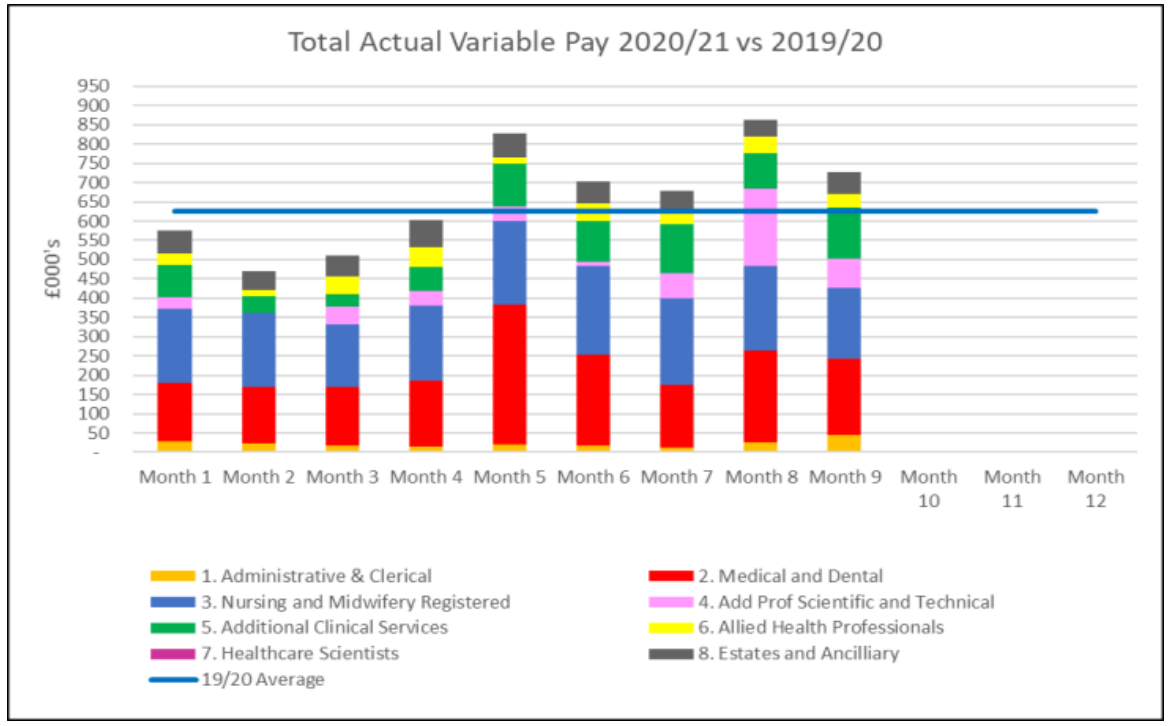
Health Board Actual Trends 2020/21 vs Average 2019/20



- The total income received in 2020/21 is higher than the average for 2019/20. In the main this will relate to the allocation uplift provided by WG as well as additional in year funding.
- Other income reduced significantly in month 3 which is linked to the issue on Dental Patient Charges Income, which is no long expected to be in line with 19/20 trends due to the impact of C-19 in dental services, but this loss will be charged to C-19.

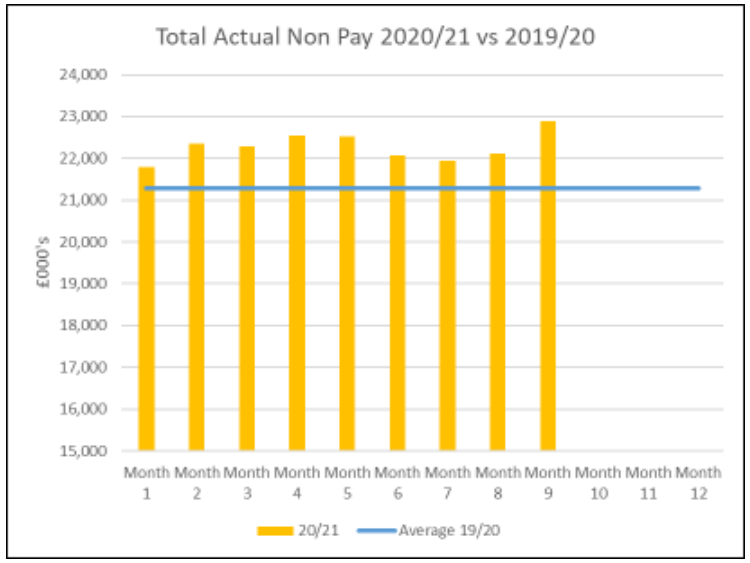
Health Board Actual Trends 2020/21 vs Average 2019/20

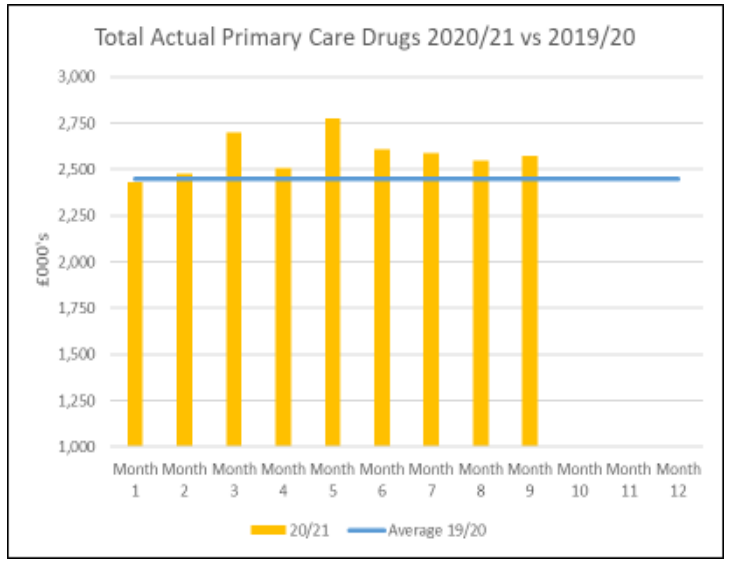


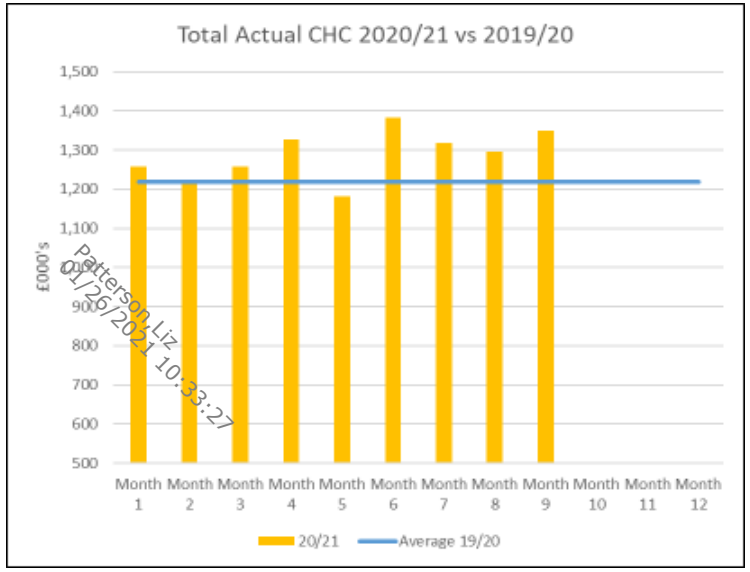


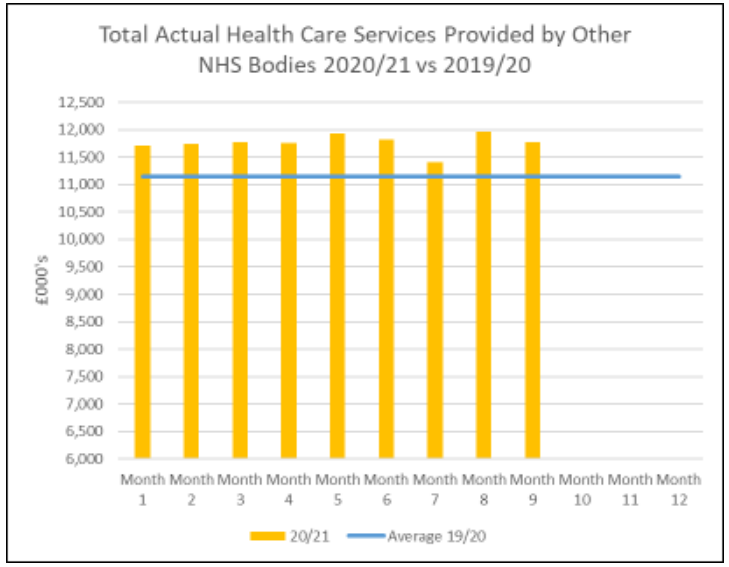
- The month 9 YTD pay is showing an underspend of £1.077m against the year to date plan. Underspends are being experienced across a number of the service areas.
- Variable pay costs have increased significantly compared to the 19/20 monthly average during Mth 5 and has remained above average in Mth 6 through to Mth 9. For Mth 5 and 6 this predominantly relates to medical locum costs and work but Mth 8 saw an increase in variable pay linked to Nursing and Add Prof Scientific and Technical.

Health Board Actual Trends 2020/21 vs Average 2019/20









- Actual Non Pay spend in 2020/21 is significantly higher than the average trend from 2019/20. There are 3 key drivers for this increase:

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 Mth 9 position for England and Year End Position for Wales plus uplifts. Therefore the costs are anticipated to remain above the 19/20 levels and funded from the Covid Allocation of £15.5m.

2. ChC – as per Mth 1 and 2 CHC continued to overspend against budget, with a significant increase due to the number of new cases in from Mth 6 onwards. CHC remains an area of risk for the organisation and is reported as such to WG – see Risk & Opportunity slide.

3. Prescribing – At Mth 1 and 2 no prescribing data was available as it is always 2 months in arears so these figures were based on estimates. The first actual Prescribing data was received at the end of June. Given the level of increase above 19/20 levels the HB is continuing to monitor this closely both in terms of the impact of Covid and issues with No Cheaper Stock Obtainable and Cat M pricing. This presents a significant risk to the organisations ability to deliver breakeven - see Risk & Opportunity slide.

Summary Covid-19 Spend & Forecast @ Mth 9

Summary Actual Forecast Covid-19 Revenue Expenditure 2020/21

Area	YTD @ Mth 9 £'000		Mth 10-12 £'000		2020/21 £'000	
Pay						
General C-19	1,217		2,377		3,594	
Annual Leave Provision	-		2,847		2,847	
Mass Vaccination	1		1,143		1,144	
TTP	332		743		1,075	
		1,550		7,110		8,660
Non Pay						
PC	340		167		507	
PPE	360		411		771	
Provider	4,073		3,846		7,919	
LTA	2,382		904		3,286	
Mass Vaccination	43		466		509	
TTP	584		1,253		1,837	
		7,783		7,046		14,829
Non Delivery Savings		3,939		1,213		5,152
Reduction Spend		- 202		-		- 202
TOTAL		**13,070**		**15,369**		**28,439**

Key Points:

- Health Board is to remain within the funding envelope provided by WG, which includes £15.5m allocated as part of the Q3/Q4 plan
- Funding for TTP, PPE and Mass Vaccinations will be provided in addition to the core Covid-19 allocation detailed above
- All fixed Covid anticipated costs need to be top sliced from £15.5m funding which includes additional staffing posts agreed by Gold, Block LTA Contracts (£3m), non delivery savings (£5m), loss Dental income (£1.5m), Prescribing pressures (£1.7m)
- From Mth 9 £2.8m has been included to reflect an estimated provision for the accounting treatment of unused Annual Leave which will be c/f into 2021/22. Previously the HB has not included this in the year end accounts as staff have been required use all leave. The calculation is based on a draft All Wales methodology and will need to be updated closer to the Year End.
- Remainder will support Surge Beds & the underlying assumptions as per the Q3/Q4 Plan submitted to WG. Mass Vaccinations (Extended Flu & Covid-19) – indicative costs have been included in the submission to WG in Mth 9. However further work is underway on the model which may impact on the financial costs of the programme and any updates will be included in future WG submissions.

Full details full Covid-19 Position and the assumptions underpinning the forecast are documented in the WG Narrative Report attached to Appendix 1

2020/21 Financial Forecast (@ End December 2020)

Summary Financial Plan 2020/21 Areas	£ '000
1. Opening IMTP	- 21
2. Generic Budgetary Pressures/Removal Underlying Underspends:	2,584
3. Recognised Risks Incorporated Into Forecast	468
4. Recognised Opportunities Incorporated into Forecast	- 5,670
5. In Year Operational Pressures	2,435
6. Anticipated Technical Adjustments	204
7. Covid Related Expenditure (exc. TTP/PPE)	28,439
8. Funding Assumptions	- 28,439
TOTAL Deficit / (Surplus)	-

A summary of the key assumptions for each of the points above is provided in the narrative below:

Point 1 Opening IMTP – this is the starting point reported in the IMTP submitted on 31st January 2020.

Point 2 Generic Budgetary Pressures / Removal Underlying Underspends – the Health Board has historically reported an underlying deficit, even though it has balanced year on year. This ability to balance was a result of underspends and opportunities in all budgetary areas. This line represents the reduction in budgets required to formally realign and remove the underlying deficit. But the delivery against target has not be delivered in part as a result of Covid and the wider resources required to support the pandemic.

Point 3 Risks – these are currently the recognised risks that are feeding into the forecast plan for 2020/21 and include the impact of WRP.

Point 4 Opportunities – in part these will support point 2 and the historic ability to deliver but are also required this year to mitigate the increasing operations pressures detailed in point 5. One of the key deliverables to achieve balance is to see a reduction in the HB commissioning costs as well as utilising underspends on projects and funding, which may be need to be re-provided in 2021/22.

Point 5 In Year Operational Pressures – in addition to non-delivery of point 2 there is a significant increase in spend above the 2020/21 budgetary plan. Whilst this is under constant review and challenge it is assumed the current patterns of spend will continue as we head into Q4.

Point 6 Technical Adjustments – it is recognised there are adjustments that are only recognised in I&E as part of the annual accounting adjustments. This covers areas such as bad debt provision and AME. The figures are indicative for 2020/21 as this point.

Point 7 Covid – this relates back to Table B3 but excludes the impact of TTP and PPE.

Point 8 Funding – this is based on the funding assumptions linked t0 table B3 of the MMR.

So, in summary whilst the Health Board is continuing to report a balanced financial plan based on the current forecast and assumptions as detailed above, there remains a significant amount of risk in the delivery of this position.

Additional Risk & Opportunities Above Financial Forecast

Table 1: Risk Reflected MMR Mth 9

Risk	£ '000	Likelihood
Under delivery of Amber Schemes included in Outturn via Tracker	-21	Medium
Continuing Healthcare	-100	Low
Prescribing	-154	Low
Pharmacy Contract	0	-
WHSSC Performance	-356	Medium
Other Contract Performance	0	-
GMS Ring Fenced Allocation Underspend Potential Claw back	0	-
Dental Ring Fenced Allocation Underspend Potential Claw back	0	-
Blended Model if Surge Requirement Exceeds Q3/Q4 Plan	0	-
Operational Growth Pressures	-125	Low
Total	**-756**	

Table 2: Opportunities Reflected MMR Mth 9

Opportuntity	£ '000	Likelihood
Red Pipeline schemes (inc AG & IG)	0	Low
Potential Cost Reduction	250	Low
Blended Model if Surge Not Required as per Q3/Q4 Plan	1,467	Medium
Funding Slippage / Divert Funding to C-19	200	Medium
Total	**1,917**	

Further details on risk and opportunities underpinning the forecast are documented in the WG Narrative Report attached to Appendix 1

Summary & Key Messages

Key Messages

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

- Health Board has an approvable IMTP for 2020/21 which had a number of assumptions detailed in the Resources Plan presented to Board, but in summary:
  - Savings target agreed in IMTP need to be met
  - HB must identify opportunities to support financial position
  - General expenditure to remain at 19/20 level.
- Covid-19 represents a risk to the organisation if it cannot remain within the funding envelope and if the Surge requirements planned for Q3/Q4 exceed the funding provided by WG.
- Savings required and agreed by the Board in the IMTP was £5.6m. Whilst there were plans to deliver this the Covid-19 pandemic has had a significant impact of the HB ability to deliver. The assessment undertaken at end September, which not been adjustment for in Mth 9, reduced the likely delivery to £0.5M and this could reduce further pending a further reviews during 2020/21.
- There are further potential risks to the position which are detailed on page 10 of the report above those included in the Forecast (page 9)
- Page 9 provides a summary of the current financial plan and forecast for 2020/21. To deliver this all risks must be minimised and mitigated and all opportunities within the plan delivered to achieve a balanced plan in 2020/21.

Summary

In summary this paper identifies that:

- PTHB is reporting an over spend at month 9 for FY 2020/21 of £0.008M.
- Financial Forecast to 31st March is to maintain a balanced plan based on assumptions detailed on slide 9.
- Plan is based on the HB remaining within the funding envelop provided by WG for Covid-19.
- PTHB has an assumed £0.5M savings against the target of £5.6M. The £5.1M shortfall is being met from the £15.5M Covid funding from WG. Any further deterioration will impact on the funding available to support Surge and the baseline winter plan.
- PTHB has an Capital Resource Limit of £3.2M and has spent £1.9M to date. £0.868m of the spend to date relates to Covid-19 capital spend, in line with the profiles supplied to WG .

Powys THB Finance Department
Financial Performance Report - Appendices

Period 09 (December 2020)
FY 2020/21

GIG CYMRU NHS WALES
Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Monitoring Return Reported @ Mth 9

Embedded below are extracts from the Period 09 Monthly Monitoring Return submitted to Welsh Government on Reporting Day 9 and the most recent Covid Capital submission.

MMR Narrative

Microsoft Word Document

MMR Key Tables

Microsoft Excel Worksheet

Mass Vac Tables

Microsoft Excel Worksheet

TTP Tables

Microsoft Excel Worksheet

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All Capital Reported @ Mth 9

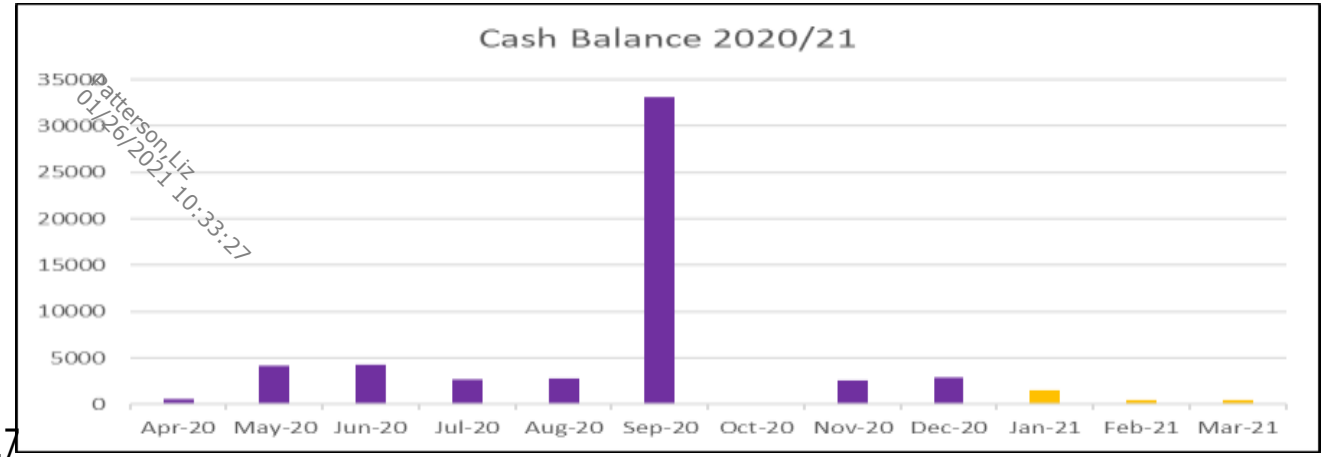
Appendix 2

Scheme	Capital Resource Limit	Annual Planned Expenditure	Expenditure to 31st December 2020
WG CRL FUNDING	**£M**	**£M**	**£M**
Discretionary Capital	1.431	1.431	0.899
Sale of Mansion House	0.250	0.250	0.000
Pharmacy Equipment	0.040	0.040	0.000
19.20 Slippage (Pharm Equipment - clinical pharmacy at a distance) into 20.21	0.067	0.067	0.032
19.20 Slippage (Digital Priority Investment Fund) into 20.21	0.078	0.078	0.067
19.20 Slippage (19.20 Year End Capital - Dental Equipment) into 20.21	0.042	0.042	0.030
Covid-19 Digital Devices	0.022	0.022	0.021
Covid-19 - Tranche 2 (July 2020)	0.230	0.230	0.230
Covid-19 - Forecast Expenditure - Funding not yet on CRL	0.000	1.347	0.238
Covid-19 - DPIF	0.040	0.040	0.028
ICF - Health & Care Academy (Bronllys)	0.446	0.446	0.013
Anti Ligature	0.175	0.175	0.000
Covid 19 - Tranche 5 Funding (December 2020)	0.351	0.351	0.351
Donated assets - Purchase	0.130	0.130	0.000
Donated assets (receipt)	(0.130)	(0.130)	0.000
TOTAL APPROVED FUNDING	**3.172**	**4.519**	**1.909**

Cash Flow Reported @ Mth 9

Appendix 3

	Mth 1 £'000	Mth 2 £'000	Mth 3 £'000	Mth 4 £'000	Mth 5 £'000	Mth 6 £'000	Mth 7 £'000	Mth 8 £'000	Mth 9 £'000	Mth 10 £'000	Mth 11 £'000	Mth 12 £'000
OPENING CASH BALANCE	**540**	**504**	**4193**	**4275**	**2719**	**2811**	**33156**	**119**	**2533**	**2892**	**1500**	**500**
Receipts												
WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA only	31265	29920	29330	30510	26500	57580	0	27610	31017	26201	27694	28156
WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only	-120	0	-240	-120	-120	-240	0	-120	-530	-175	-160	-160
WG Revenue Funding - Other (e.g. invoices)	1489	7	351	99	4	4	83	891	60	1000	200	3000
WG Capital Funding - Cash Limit - LHB & SHA only	0	0	0	0	0	400	0	200	1413	630	890	799
Income from other Welsh NHS Organisations	838	479	211	365	371	351	368	275	300	400	400	400
Other	781	462	173	224	277	446	295	351	510	300	300	300
Total Receipts	34253	30868	29825	31078	27032	58541	746	29207	32770	28356	29324	32495
Payments												
Primary Care Services : General Medical Services	2556	2405	2679	2587	1970	2237	2555	2430	2987	2600	2400	2200
Primary Care Services : Pharmacy Services	1617	571	222	623	0	277	470	0	439	0	450	450
Primary Care Services : Prescribed Drugs & Appliances	1229	1150	1366	2546	0	1322	2563	0	2618	0	1200	1200
Primary Care Services : General Dental Services	382	403	265	408	439	456	450	396	306	400	400	400
Non Cash Limited Payments	97	95	95	84	86	96	47	83	76	80	80	80
Salaries and Wages	6817	6825	6832	6850	6896	6846	6918	7043	7023	6800	6800	6800
Non Pay Expenditure	21481	15726	18066	19476	17368	16644	20184	16628	18753	18813	18029	20645
Capital Payment	110	4	218	60	181	318	596	213	209	1055	965	720
Other items	0	0	0	0	0	0	0	0	0	0	0	0
Total Payments	34289	27179	29743	32634	26940	28196	33783	26793	32411	29748	30324	32495
NET CASH FLOW IN MONTH	**-36**	**3689**	**82**	**-1556**	**92**	**30345**	**-33037**	**2414**	**359**	**-1392**	**-1000**	**0**
Balance c/f	**504**	**4193**	**4275**	**2719**	**2811**	**33156**	**119**	**2533**	**2892**	**1500**	**500**	**500**



Purple = Actual Closing Balance

Yellow = Forecast Closing Balance

Note – increased cash balance at end of September was at the request of WG.

Balance Sheet Reported @ Mth 9

	Opening Balance Beginning of Apr 20 £'000	Closing Balance End of Dec 20 £'000	Forecast Closing Balance End of Mar 21 £'000
Tanglible & Intangible Assets	74,674	76,672	76,672
Trade & Other Receivables	23,815	24,545	23,431
Inventories	156	156	156
Cash	540	2,894	500
Total Assets	**99,185**	**104,267**	**100,759**
Trade and other payables	35,164	29,432	36,000
Provisions	23,140	23,898	23,898
Total Liabilities	**58,304**	**53,330**	**59,898**
Total Assets Employed	**40,881**	**50,937**	**40,861**

Financed By			
General Fund	768	10,824	748
Revaluation Reserve	40,113	40,113	40,113
Total Taxpayers' Equity	**40,881**	**50,937**	**40,861**

Powys THB Finance Department
Overview Allocation Letter 2021/22
Board

FY 2021/22
Date Meeting: 27th January 2021
Agenda Item: 3.2b

GIG CYMRU NHS WALES
Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Subject:	SUMMARY ALLOCATION LETTER 2021/22
Approved & Presented by:	Pete Hopgood, Director of Finance
Prepared by:	Sam Moss, Deputy Director of Finance
Other Committees and meetings considered at:	Performance & Resources Committee Delivery & Performance Group

PURPOSE:

This paper provides the Board/Committee with a high level summary of the 2021/22 Allocation Letter issued by WG on 22nd December 2021 and actions to be taken next by Finance Team in preparation of the 2021/22 Financial Plan

RECOMMENDATION:

It is recommended that the Board/Committee:

- NOTE the summary provided
- NOTE next steps to be taken in the wider Financial Planning process
- AGREE principles outlined in Appendix 1

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
✓		

Summary Total Allocation 2021/22

Background:

- Each year the Health Board receives an 'Allocation Letter' from WG following publication of the WG Draft Budget.
- The letter sets out the opening allocations for the new Financial Year and is a key component of the wider financial planning process.
- On 22nd December 2020 the Health Board Received the 2021/22 Allocation Letter via WHC 2020 025.
- The aim of this paper is to provide a high level summary for the Board of the key elements of the letter and what the next steps are in the process.
- Based on the letter the opening Revenue Resource Limit for Powys in 2021/22 is £323.8m as per the table opposite.

Summary	£ m
2021-22 Recurrent HCHS and Prescribing Discretionary Allocation (**See Table A1 P3**)	224.588
2021-22 HCHS Ring Fenced Allocation (**See Table B1 P4**)	49.284
2021-22 Directed Expenditure (**See Table B2 P4**)	4.473
2021-22 GMS Contract	34.101
2021-22 Community Pharmacy Contract	4.923
2021-22 Dental Contract	6.414
Total Revenue Resource Limit 2021-22	**323.783**

Detail on Recurrent HCHS & Prescribing Discretionary Allocation

Table A1	£ m
2020-21 Recurrent HCHS and Prescribing Discretionary Allocation	218.894
Baseline Adjustments (**See Table A2 P3**)	0.546
Additional Recurrent Funding (**See Table A3 P3**)	5.148
2021-22 Recurrent HCHS and Prescribing Discretionary Allocation	**224.588**

Table A2	£ m
In year adjustment: WHSSC Pay Award distribution for LHB Employed Staff	0.002
In year adjustment: Stop Smoking Wales Additional Funding 2020-21	0.002
In year adjustment: A4C funding	0.110
In year adjustment: Additional Cross Border - Tariff Increase	0.590
In year adjustment: Major Trauma funding (WHSSC & EASC)	0.186
Additional top slice: paramedic banding	- 0.047
Additional top slice: 111 service	- 0.297
Total Baseline Adjustments	**0.546**

Table A3	£ m
DDRB funding	0.176
Executive Senior Pay (ESP) funding	0.006
Immunisation funding (Pertussis for pregnant women)	0.011
A Healthier Wales: Running Blades	0.018
A Healthier Wales: Rehabilitation, Recovery & Reablement Services	0.200
A Healthier Wales: Assistive Technology	0.073
A Healthier Wales: Disability Sports Wales funding	0.020
Core cost and demand uplift for 2021-22	4.644
Total Additional Recurrent Funding	**5.148**

Detail on Ring-Fenced & Directed Expenditure Allocations

Table B1	£ m
Learning Disabilities	7.494
Depreciation (Table 4 Column 1)	4.468
Mental Health Services (Table 2 column 6)	29.846
Renal Services	1.876
Palliative care funding	0.264
Integrated Care Fund (ICF) - Older People	2.080
ICF - Learning disabilities, children with complex needs, carers	0.814
ICF - Children at the edge of care / in care	0.610
Integrated Care Fund (Autism Allocations)	0.337
Paramedic banding	0.445
Clinical Desk enhancements	0.047
Genomics for Precision Medicine Strategy (inc new Genetic Tests)	0.228
Critical care funding (including WHSSC funding)	0.024
Critical care funding (EASC funding)	0.049
Treatment fund	0.703
Total 2021-22 HCHS Ring Fenced Allocation	**49.284**

Table B2	£ m
Radiotherapy	0.263
Community Health Council funding	4.104
Assistive Technology (Staff costs)	0.013
PH & W Coordinator Posts (WHIG)	0.035
Endometriosis Nursing posts (WHIG)	0.055
Velindre NHS Trust Chief Operating Officer Post	0.003
Total 2021-22 Directed Expenditure	**4.473**

Table A1-A3

- Across Wales Health Board discretional allocations have increased by £105m to meet pay and other inflationary cost pressures, which equates to a 2% increase. For Powys the increase of 2% = £4.644m (refer to Table A3 page 3).

- The allocation letter does not include funding for the ongoing NHS response to Covid-19 post 31st March 2021.

- Funding has been top sliced for specific developments as per Table A2 including the next year effect for paramedic re-bandings (£0.047m) and the further rollout of the 111 service (£0.297m).

Table B1

- Funding for the Treatment Fund has been added to the ring fenced allocation to support compliance with requirements of Welsh Health Circular 2017 (001).

Primary Care

- GMS – the allocation of £34.1m is based on the recurrent impact of the 2020/21 allocation and a separate allocation will be issued when the 2021/22 contract agreement is confirmed.

- Pharmacy – the allocation of £4.9m includes a 2% increase to the 2020/21 allocation.

- Dental – the allocation of £6.4m is based on the recurrent impact of the 202/21 allocation and allocations will be re-issued when contract negotiations have been completed and the agreement given for a contractual uplift.

Discretionary Capital

- The baseline discretionary capital funding for 2021/22 remains unchanged at £1.431m.

Next Steps to 31st March 2021

Step 1: Detailed Review Allocation Letter – whilst this paper providers the Board with a high level review of the Allocation Letter issued on 22nd December a detailed analysis will need to be undertaken which will include a review of: (1) allocations anticipated through the plan; (2) in year allocations received non-recurrently that are recurrent in nature; (3) adjustments made by WG and the longer term impact of our assumptions underpinning the plan.

Step 2: 2021/22 Planning Assumptions – completion of the wider review of the planning assumptions, application of inflationary uplifts for key areas and building in new pressures linked to WHSSC and EASC as per Appendix 1 Section B. This will provide the overarching expenditure plan for 2021/22.

Step 3: Allocations vs Planning Assumptions – bring together the outcome of detailed analysis of the WG Allocation (Health Board Income) as per step 1 compared to the output from the work on the 2021/22 expenditure plan as per step 2. The outcome of this will be an initial indication of the overall Financial Plan for 2021/22.

Step 4a: Decisions & Actions Required – the outcome of from step 3 will then drive the requirement for further possible actions, decisions and discussions to support the finalisation of the Financial Plan for 2021/22. These will be presented to various Executive Team meeting and sub-committees of the Board.

Step 4b: Re-alignment of Budgets – in conjunction with the steps to finalise the Financial Plan in 4a above, the Health Board will also realign budgets to improve transparency and the understanding of the financial position. The principles have been agreed by the Executive Team in December and a summary is included in Appendix 1 Section A.

Step 5: Board Approval – final position will be provided to the Board and its sub-committees before the planned final submission in March 2021.

Powys THB Finance Department
Overview Allocation Letter 2021/22 - Appendices

GIG CYMRU NHS WALES
Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Realignment Budget & Principles Summary (Approved Execs 02/12/20)

A. Realignment of Budget Actions:

1. Identify budgets area that are and have historically underspent.
2. Identify budget areas that are and have historically overspent.
3. Do points 1 and 2 offset each other?
4. If yes – summary presented to Execs and action in readiness for Mth 1 reporting in 2021/22
5. If No – options to be presented to Execs are:
    - Do nothing; or
    - Offset as much as possible with the remaining difference allocated as a potential vacancy factor / target across all budget areas.

B. General Financial Planning / Budget Setting Principles:

1. UPLIFTS = No uplifts to be applied to budgets with the exception of national agreed uplifts as listed below and set uplift for inflation for CHC packages#.
    - LTA (Welsh & English) (2%)
    - WHSSC/EASC (as per WHSSC Management Group Recommendations)
    - Pay Award (1% as per allocation letter)

    (# Paper on CHC to be presented to Executives in January 2021)
2. SAVINGS = £5.7m savings target (less any delivery in year) will be c/f from 2020/21. Only if uplift in allocation letter is less than required national uplifts (listed in point 1 above) will the Savings Target be increased above the unmet carry forward target from 20/21.
3. SAVINGS = Efficiency Savings target will be owned and reported via the Executive Lead Workstreams under new Efficiency Framework.
4. BALANCE FUNDING = If after recognising national uplifts there is any surplus, the remaining funding this will be presented to Executives to prioritise where resources are to be allocated across budgetary areas and where future pressures are identified.
5. IN YEAR ALLOCATIONS = Uplifts to budgets will be allocated where in-year allocations are made by WG as normal post 1st April 2021

Realignment Budget & Principles Summary (Approved Execs 02/12/20) CONT. Appendix 1

C. Anticipated Outcome of actions above for 2021/22:

1. Limited increase to Efficiency / Savings Target, recognising that £5.7m b/f target from 20/21 will need to be delivered.
2. All new pressures highlighted by the planning process will need to be managed within existing resources and part of the budget realignment in Section A.
3. Allocation of the WG uplift to budgets will be fully understood and related budget adjustments agreed by Executives and Board.

D. Impact of on Actions Financial Plan:

1. Any decisions to spend above historic expenditure levels would result in a Financial Pressure in 2021/22
2. Any decisions to invest in additional expenditure (without identified funding stream or resource realignment) would result in a Financial Pressure in 2021/22
3. Overspend against budget and non delivery of savings would result in the HB not being able to meet its statutory duty of Breakeven

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.3

BOARD MEETING	**Date of Meeting: 27 January 2021**
Subject :	**Post-COVID Syndrome Management Pathway**
Approved and Presented by:	Director of Therapies and Health Science
Prepared by:	Transformation Programme Manager (Breathe Well)
Other Committees and meetings considered at:	Executive Committee

PURPOSE:
The purpose of this paper is to provide an UPDATE to the Board about the Powys pathway for patients with post-COVID-19 syndrome.
RECOMMENDATION(S):
The Board is asked to NOTE and DISCUSS the information contained within this update.

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

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

EXECUTIVE SUMMARY:

The purpose of this paper is to provide the Board with an update about the health board's response to post-COVID syndrome.

In line with the relevant national guidance, PTHB has developed a pathway to ensure that people who have had COVID-19 can access the rehabilitation support they need from the multi professional health and care services in the community and, only where necessary, from inpatient rehabilitation services. The PTHB pathway will be promoted as part of the national launch of all health boards' COVID-19 recovery services and the nationally developed COVID-19 Recovery App taking place on 20 January 2021.

The PTHB pathway will continue to evolve as new evidence and guidance for the management of the long-term effects of COVID-19 emerges.

DETAILED BACKGROUND AND ASSESSMENT:

Background

Welsh Government took prompt action as the evidence began to emerge identifying the likely need for rehabilitation for people recovering from COVID-19. This is now referred to as both 'post-COVID syndrome' and long-COVID.

Following extensive work with stakeholders the *Rehabilitation: a framework for continuity and recovery 2020 to 2021* was published by Welsh Government on 29 May 2020[1]. The Framework identified four population groups:

- those who are recovering from COVID-19
- those whose usual care for a health condition has been paused
- those who have delayed approaching health services during the pandemic period for whatever reason and
- those whose health may have been affected by reduced activity, or contact with others as a result of restrictions, shielding and self-isolating.

The National Institute for Health & Care Excellence (NICE) published *[NG188] COVID-19 rapid guideline: managing the long-term effects of COVID-19* on 18 December 2020.[2] This guideline outlines how individuals with symptomatic post-COVID-19 syndrome should be identified, assessed and managed by healthcare services.

The All Wales Respiratory Health Implementation Group (RHIG) has led on the development of a COVID-19 Recovery self-management app[3] which is being launched in January 2021.

Assessment

Powys Teaching Health Board Pathway

The PTHB approach to people recovering from COVID-19 is focused on providing care and support as close to home as possible, tailored to meet an individual's specific needs.

It is believed that this can be best achieved by providing integrated rehabilitation services for the range of longer-term effects of COVID-19, such as fatigue, breathlessness, heart, physical or psychological impacts, whether as a result of COVID-19 or other pre-existing conditions. Most people can access the rehabilitation support they need from the multi professional health and care services in the community and, only where necessary, from inpatient rehabilitation services.

The PTHB COVID-19 recovery pathway is for individuals who:

- remained at home or in a care setting during their acute COVID-19 illness and who had positive SARS-Cov-2 serology or clinically diagnosed in the absence of a positive test or were not tested at all;
- were hospitalised during their COVID-19 infection and have been discharged;
- are aged 18+ years (children and young people aged under 18 will be referred to paediatric services by their GP);

[1] Rehabilitation: a framework for continuity and recovery 2020 to 2021 [HTML] | GOV.WALES

[2] Overview | COVID-19 rapid guideline: managing the long-term effects of COVID-19 | Guidance | NICE

[3] The NHS Wales COVID Recovery App – ICST

- continue to experience COVID-19 symptoms for more than 12-weeks from the start of an acute COVID-19 infection.

Individuals will be identified by their relevant clinic and referred to the PTHB post COVID-19 Assessment Clinic. Individuals will also be able to self-refer to these clinics.

Following assessment based on the NICE guidance [NG188], some issues can be addressed immediately in the PTHB post-COVID assessment clinic with advice and reassurance. Some individuals will need further input and PTHB has a clear pathway to ensure referral into appropriate services which may include rehabilitation, psychological support, specialist investigation or treatment, or to social care support services or the voluntary, community and social enterprise sector.

Assessment tools will be used to collect patient-related outcome measures at regular intervals during the pathway.

Promotion of post COVID-19 syndrome support

PTHB Executive Committee approved a business case outlining its post COVID-19 syndrome pathway and additional staffing required on 13 January 2021. Previous to this, a small number of requests for support for individuals with post COVID-19 syndrome had been made to the health board by GPs and individuals were referred through to the PTHB Pain and Fatigue Management Service in the first instance, in line with the pathway.

In early January 2021, it was announced that there would be an all Wales formal launch of health boards' post COVID-19 syndrome support services along with the national launch of the RHIG-led COVID-19 recovery self-management app on 20 January 2021. PTHB will be linking its communication and promotion of its post COVID-19 syndrome pathway into the national launch to ensure that all stakeholders are aware. There will also be ongoing promotion of the Powys pathway locally over the coming weeks, include drop-in sessions for clinicians to raise any queries they may have.

NEXT STEPS:

To NOTE the update about the health board's post-COVID syndrome pathway and accompanying promotion taking place in conjunction with the launch of the nationally-developed COVID-19 recovery self-management app and national launch of health boards' post-COVID syndrome support services.

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.4

BOARD MEETING	**Date of Meeting: 27th January 2021**
Subject:	**EU Transition Planning Update**
Approved and Presented by:	Director of Public Health
Prepared by:	Civil Contingencies Manager
Other Committees and meetings considered at:	This paper has not been presented at any other committee.

PURPOSE:

The purpose of this paper is to update the Board on the status of preparedness in the lead up to the end of the EU Transition Period, which took place on the 31st December 2020.

RECOMMENDATION(S):

PTHB Board members are asked to **NOTE** and **DISCUSS** the contents of this update paper.

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:	• Staying Healthy	×
	• Safe Care	×
	• Effective Care	×
	• Dignified Care	×
	• Timely Care	×
	• Individual Care	×
	• Staff and Resources	✓
	• Governance, Leadership & Accountability	✓

EXECUTIVE SUMMARY:

This paper forms part of a series of regular updates to PTHB Board on the health board's key preparedness activities in respect of EU Transition planning. Given that the planning information available to the NHS and particularly the health board continues to emerge, the work undertaken within the organisation remains iterative and responsive to new relevant information wherever possible.

At the time of writing this report, a trade deal setting out the terms of the future relationship between the UK Government and EU had been agreed on 24th December 2020. The new trade deal came into effect on the 1st January 2021.

Since the last update was presented to the Board in November 2020, PTHB staff have continued to fully engage in a range of preparedness activities that are taking place at local, regional and national levels, as part of the health board's ongoing preparation for the 31st December 2020 Transition Period end date. This engagement has continued post 1st January, as the health board prepares to plan and respond to any short to medium and longer-term impacts of the newly agreed trade-deal.

National and local internal communications have now commenced.

The Welsh Government's Emergency Coordination Centre for Wales (ECC(W)) was stood-up in December to coordinate the response to potential disruption in the lead up to, and post the end of the EU Transition Period. As a part of these overarching coordination arrangements, the health board has stood-up an internal structure to provide regular situation reports to Welsh Government through the regional multi-agency Local Resilience Forum arrangements. This reporting mechanism replicates arrangements previously put in place as part of the 'no-deal' Brexit preparations, however reporting now incorporates any issues to be escalated by PTHB in relation to the end of the EU Transition Period, COVID-19 and any other seasonal type issues. This is reporting process is being delivered through existing COVID-19 governance structures.

DETAILED BACKGROUND AND ASSESSMENT:

On the 24th December 2020, the UK Government and the EU announced that they had agreed a trade deal setting out the terms of their future relationship from the 1st January 2021.

At the time of preparing this report, the Welsh Government are reportedly in the process of analysing and scrutinising the full content of the trade deal to understand the impact of the trade deal for Wales. During this period, the health board will continue to maintain the additional contingency measures that were put into place prior to the end of the Transition Period until further guidance for health and social care organisations is issued by Welsh Government.

Current assessment

- Leadership and Planning

PTHB has continued to be represented on a number of NHS EU Transition planning groups which have been established by Welsh Government as part of the UK's overall governance arrangements for the EU Transition Period. This includes fortnightly meetings of an EU Transition Health and Social Services (H&SS) Senior Responsible Officers' Group, H&SS Contingency Group, as well as other groups established as part of Dyfed-Powys Local Resilience Forum multi-agency arrangements.

At a local level, the health board has prepared for the end of the transition period under the auspices of its internal business continuity planning and response arrangements for the identified key priority areas. The health board's internal EU Transition Planning Group chaired by the Director of Public Health has been reconvened to refresh the health board's internal planning and risk assessment processes. It is important to recognise that actions are being taken on a coordinated basis, with local actions led by a national and UK level response and the work of this group will remain iterative and responsive to new relevant information wherever possible.

Andrew Goodall, NHS Wales Chief Executive wrote to all Health Board's on the 10th December 2020, to provide an update on some of the key areas of preparations that have been undertaken at a national level across health and social care.

The following section outlines a brief overview of the national and local preparedness activities that were in place prior to the end of the EU Transition Period, in relation to the specific key areas of health and social care work outlined in Appendix 1 of the NHS Wales Chief Executive's letter.

- Critical Goods

The end of the Transition Period is expected to bring changes in how goods travel between the UK and EU. It is therefore possible that we will see some

delays or short-term disruption due to the congestion around the ports or other pressures on road transport, particularly in the first three months.

Additional freight capacity has been made available at a national level for the most critical goods, such as medicines and other critical health supplies i.e. radioisotopes.

In addition, a UK-wide National Supply and Disruption Response (NSDR) model is in place to support the resolution of supply disruption incidents if they arise, including those required for clinical trials.

At a local level, guidance on the management of disruption to supplies in the context of the NSDR has been developed for services to refer to, as required. This guidance will be issued when appropriate.

Critical goods can largely be split into the following areas:

i. Medicines

Health and care providers routinely manage shortages of a small number of medicines at any given time. These well-established protocols are in place to manage medicine supply disruptions.

Welsh Government has been fully engaged in work led by the UK Government, to ensure medicines suppliers take necessary actions to be ready for the end of the Transition Period. Good progress has been made in this area.

At a local level all health boards are requested to remain vigilant in our advice with regards to over-ordering or over-prescribing medicines. Service leads have been advised that they do not need to stockpile medicines and to 'prepare to have normal stock holdings at highest level' in place by the end of December.

ii. Medical Devices and Clinical Consumables (MDCCs)

The Welsh Government has continued to work with NHS Wales Shared Service Partnership (NWSSP) to develop and rehearse arrangements for ensuring continued supply of MDCCs throughout the coming period, and are now well placed to respond to any short-term disruptions to supply chains.

At a local level, services have been advised not to stockpile MDCCs. Services have been requested to ensure that they 'maintain the highest average level of stock' until further notice.

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iii. Other Critical Suppliers including food supplies

Specific reference to arrangements for Radioisotopes and blood and blood products are outlined in the letter.

At a local level, services have been asked to consider any service critical items that are not ordered through usual catalogue stock item routes, and implement measures to mitigate against the potential disruption of supply to these items on individual services and escalate concerns as required.

All services have been advised to revisit and refresh service level business continuity plans to ensure that they remain fit-for-purpose.

In the context of food, the UK Government does not consider that there will be an overall shortage of food supply. However, depending on the outcome of the negotiations, there could be a risk of delays to the imports of some products into the UK, as well as potential for limited price increases as a result of tariffs. Work is underway at a national level on contingency planning in this area and in parallel, the NWSSP is working with wholesalers to understand commercial pressures and resilience of supplying public service organisations.

At a local level, the health board has also built resilience in this area.

- Workforce

The health board continues to promote the EU Settled Status scheme (EUSS) to staff. NWSSP have recently revised the recruitment process to align to the new points-based system, which now applies to any applicants from outside the UK. Applicants applying for jobs will also be made aware of the EUSS if they are already in the UK and have not yet applied for this status.

- Communications

Communications for the end of the Transition Period at a national level will make use of well-established cascade mechanisms. Issuing of stakeholder bulletins has recently recommenced.

At a local level, this information will be cascaded through a range of existing internal communication mechanisms, including the Daily News Update Bulletin, CEO Briefings and Senior Manager briefing forums.

An EU Transition Planning page has also been established on the PTHB intranet http://nww.powysthb.wales.nhs.uk/brexit, providing staff with a point of reference for guidance on preparedness activities underway in this work.
The 'Preparing Wales' website https://gov.wales/preparing-wales continues to provide a single, comprehensive source of information for the public. In addition, the Welsh NHS Confederation has continued to update FAQ's which are available on: https://www.nhsconfed.org/resources/2020/11/preparing-your-nhs-organisation-for-end-of-eu-exit-transition. A Briefing has recently been

published in December 2020, to provide a summary of what was agreed in the deal and an outline of the expected changes.

- Welsh Government Emergency Coordination Centre and Daily Situation Reporting

The Emergency Coordination Centre for Wales (ECC(W)) was stood-up by Welsh Government on the 28th December, to ensure that there is coordinated response for potential disruption in the lead up to and post, the end of the Transition Period. As part of these coordination arrangements, the health board has been required to stand-up an internal situation reporting process, to escalate any concerns relating to the end of the EU Transition Period, COVID-19 and any seasonal issues expected at this time of year, to our regional multi-agency Local Resilience Forum partners and Welsh Government. The health board is utilising existing internal COVID-19 governance structures as the mechanism to coordinate the situation report returns. Welsh Governments ECC(W) and the situation reporting via the Local Resilience Forum's remain in place at the time of completing this paper.

Future Arrangements

As further detail on the new trade deal is made available, there will be a range of changes that the health board will need to be familiar with, either to adjust ways in which the health board will operate in the short-term period following the 1st January 2021, or later in the year. Further clarity will follow in areas such as reciprocal healthcare arrangements, where we know for example that some groups of people will retain full entitlement to reciprocal healthcare who fall under the terms of the Withdrawal Agreement previously negotiated between the UK and EU. However, the position is less certain for those who do not fit into this group, at the time of writing this report.

At a local level, the health board will use existing mechanisms to communicate this change as further clarification emerges.

- Long term population health and well-being

Whilst the immediate focus of planning has been on preparing Wales' services, businesses and citizens for the changes that will happen in the short-term period post 31st December, it is also recognised that there is expected to be longer term challenges for the overall health and well-being as a result of the UK leaving the EU. Public Health Wales (PHW) is currently refreshing its previous Health Impact Assessment that was published as part of 'no-deal' Brexit planning.

At a local level, the health board will respond to latest PHW guidance when it is published. The physical and mental well-being of the Powys farming communities, together with the wider population remains a key concern for the health board and this will continue to be taken into account as the longer term impact of EU Transition becomes clearer.

NEXT STEPS:

PTHB will continue to:

- Engage in national, regional and local planning arrangements following the UK and EU trade deal.
- Continually review and change plans as necessary, in light of the emerging information available.
- Keep Board members updated on progress, as required.

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

AGENDA ITEM: 4.1a

BOARD MEETING	**DATE OF MEETING: 27 January 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**
	✓	

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 meeting held in December 2020 is attached at **Appendix 1.**

Audit, Risk and Assurance Committee

- A meeting of Audit, Risk and Assurance is due to be held on 26 January 2021. A written Chair's report will be prepared for the next meeting of Board.

Charitable Funds Committee:

- The Committee Chair's report of the meeting held on 3 December 2020 is attached at **Appendix 2**

Experience, Quality and Safety Committee

- The Committee Chair's report of the meetings held on 3 December 2020 is attached at **Appendix 3.**

Performance and Resources Committee

- The meeting planned for 14 December 2020 was cancelled due to Covid-19 related pressures. The next meeting of this Committee is planned for 22 February 2021.

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.

Reporting Committee:	Executive Committee
Committee Chair	Carol Shillabeer
Date of last meeting:	13th January 2021
Paper prepared on:	19th January 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 2nd December, 16th December and 13th January.

2nd December 2020

1. DIGITAL FIRST – PROGRESS REPORT OF THE ROLLOUT OF VIRTUAL CONSULTATIONS

The Committee RECEIVED the update in relation to progression on Consultant Connect and Attend Anywhere. It was noted that feedback had been received from both clinicians and patients and the following recommendations had been made to strengthen the offer going forward:

- The provision of technical support to the public via PAVO at dedicated hubs (It was noted that an associated bid was due to made to the Charitable Funds Committee, this would be withdrawn should the Executive Committee decide not to support the recommendation.)
- Tech Buddies employed by PTHB
- Development of a Virtual Clinics Internet Page
- Development of a Virtual Clinics Communications Plan
- Development of an online form to capture weekly metrics

The Committee welcomed the report and noted that the programmes had great potential within Powys. The Committee NOTED the report and APPROVED the recommendations in relation to the next steps.

2. BUDGET PLANNING PRINCIPLES 2021/22

The Committee RECEIVED the item which sought to realign PTHB's budgets and update the approach to efficiencies and saving. A savings target of £5.6M for 2021/22 was confirmed. The Committee recognised that it was good governance to realign budgets and review opportunities.

The second aspect of the report were the high-level principles in relation to the maintenance of the £5.6M target for example surplus resource would return to the Executive team in order to identify re-distribution. The Committee welcomed the approach and recognised the need for review, the importance of prioritisation and investment was also highlighted. The Committee APPROVED the budget planning principles for 2021/22.

3. VIRTUAL APPROVAL, 20TH NOVEMBER 2020: t34 SYRINGE DRIVERS FOR RATIFICATION

The Committee RECEIVED and RATIFIED the item which had received virtual approval from members on 20th November 2020.

16th December 2020

1. CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD: MATERNITY DEVELOPMENT

The Committee welcomed colleagues from Cwm Taf University Health Board (CTMUHB) to the meeting. A presentation regarding Maternity Developments in CTMUHB was provided. The Committee recognised the importance of the update and expressed its thanks to CTMUHB colleagues for the helpful and informative presentation and discussion.

2. REDRESS REPORT

The Committee RECEIVED and NOTED an update regarding Public Service Ombudsman Wales redress cases. The importance of links with Primary Care and engagement with Clinical Staff of all levels was highlighted by the Committee.
The Committee was also presented with revised Terms of Reference, the Committee ENDORSED the revision.

3. RECORDS MANAGEMENT FRAMEWORK

The Committee RECEIVED the draft Framework for consideration, which set out the organisational arrangements for managing all records within the organisation. The framework had received organisational consultation and supporting procedures were under development. It was reported that there had been slippage in the records management improvement programme due to the impact of COVID-19 and a further paper regarding this would be reported to the Committee in January 2021. The Committee recognised the 10 key standards for managing records, as set out in the framework as helpful and highlighted the importance of the three key roles: Board Secretary, Senior Responsible Officer (Director of Finance and IT) and Caldicott Guardian (Medical Director). The Committee APPROVED the framework.

13th January 2021

1. POST COVID-19 SYNDROM MANAGEMENT PATHWAY

The Committee RECEIVED the item which presented the formal establishment of a service to support people with post-COVID syndrome to manage their symptoms and enhance their recovery.
The service would provide a single point of access for people experiencing long term effects following a diagnosis (or suspected infection) of COVID-19. Initial screening would cover physical, cognitive and psychological symptoms with onward referral being available for people who require a more detailed assessment of specific symptoms. The service will also screen patients for red flags. The service would be supported by a full time Advanced Practitioner, aided by additional administrator hours and general practitioner advice, hosted by the Pain and Fatigue Management Service.
The Committee noted that due to uncertainty regarding COVID-19 for 2021/22 the service may present a financial pressure if funding was not made available. The Committee RECOGNISED the financial risk and APPROVED the Business Case.

2. SMOKE-FREE REGULATIONS WALES

The Committee RECEIVED the item concerning the 2020 Regulations which would come into effect across Wales from the 1st March 2021. As a result, the Health Board will be subject to immediate legal requirements in relation to ensuring the prevention of smoking on external hospital grounds (the existing exemption which allows smoking in mental health inpatient units will remain in place until 1st September 2022). In the lead up to the 1st March 2021, a number of actions would need to take place to ensure that the Health Board is able to comply with its legal responsibility as set out in the 2020 Regulations. It was noted that the regulations allowed an 18-month transition period from the 1st of March for the implementation of the regulation in In-Patient Mental Health Units.
The Committee NOTED the report and DISCUSSED the health board's approach.

3. SOUTH EAST WALES VASCULAR NETWORK

The Committee considered the paper which provided an update on the plans for region-wide engagement. It set out a proposal for the management of engagement and consultation in respect of proposed changes to vascular services in South East Wales. The four affected Health Boards (Cardiff & Vale, Aneurin Bevan, Cwm Taf Morgannwg and Powys) had been asked to develop plans for engagement so that a period of formal engagement can take place during February and March.
The Committee AGREED that a proportionate response should be undertaken.

4. HTW AUDIT NOMINATIONS

The Committee RECEIVED and NOTED the report which provided an overview of the retrospective view of recommendation by HEIW and NICE. 20 HTW recommendations were noted, though only a small number were applicable for Powys. The Committee noted the links with Medical Devices and a discussion was held regarding, inventory management, governance structures and value-based community gains.

5. EQUALITY ANNUAL MOINTORING REPORT

The Committee RECEIVED and NOTED the report. It was noted that the report had previously been a section of the Annual Report, this was the first standalone report produced by the health board and would be used to inform the 2021/22 plan.

6. CORPORATE RISK REGISTER AND COVID-19 RISK REGISTER

The Committee RECEIVED and NOTED the updates proposed for the Corporate Risk Register and COVID-19 Risk Register.

7. AUDIT RECOMMENDATIONS

The Committee RECEIVED and NOTED the update regarding the approach to Audit Recommendations in Quarter 3/4 as recommended by the Audit, Risk and Assurance Committee.

8. NWSSP PERFORMANCE REPORT – SEPTEMBER 2020

The Committee RECEIVED and NOTED the report for information.

9. ALLOCATION LETTER/FINANCE PLAN ASSUMPTIONS 2021/22

The Committee RECEIVED the planning assumptions NOTED the report ahead of presentation to Board.

10. CHC/FNC UPDATE PAPER RE ADDITIONAL PAYMENTS RE COVID-19

The Committee received the item which provided an update on the progress made following receipt of the WG guidance on additional Covid-19 funding for Adult Social Care to end of September 2020. An update on the proposed actions for Q3/Q4 following further guidance from WG on additional Covid-19 funding for Adult Social Care was also provided. The Committee considered the 2021/22 uplift. The Committee SUPPORTED the paper and it was confirmed that the health board would proactively notify homes in advance on the 1st April 2021.

11. COUNTER FRAUD REPORT AND RECOMMENDATIONS - PROACTIVE EMPLOYMENTS CHECK PROACTIVE EXERCISE

The Committee RECEIVED and NOTED the report ahead of presentation to Audit, Risk & Assurance Committee.

Sub-Groups of Executive Committee

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:

a. Strategic Planning and Commissioning Group

The Strategic Planning and Commissioning Group have not met since the last meeting of the Board. The next meeting of the Strategic Planning and Commissioning Group is due to be held on 10th March 2021.

b. Delivery and Performance Group

i. Update on Flu Position
ii. Finance Performance Report Month 8
iii. Workforce Analysis Report
iv. Performance Dashboard
v. CAF update
vi. Staffing Issues: Theatres
vii. Recovery Planning

c. Quality Governance Group

The Quality Governance Group has not met since the last meeting of the Board. The next meeting of the Quality Governance Group is due to be held on 24th March 2021.

ITEMS TO BE ESCALATED TO THE BOARD

The committee did not indicate any items for Board Committee consideration at this stage, beyond those items already on the Board agenda as outlined.

NEXT MEETING

The next meeting of the Executive Committee is scheduled for 10th February 2021.

Reporting Committee:	**Charitable Funds Committee**
Committee Chair	Professor Vivienne Harpwood, PTHB Chair
Date of meeting:	3 December 2020
Paper prepared by:	Charity Manager

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The confirmed minutes of the previous meeting of the Charitable Funds Committee held on 1 July 2020 can be found on the PTHB website via the following link: PTHB | Charitable Funds Committee (wales.nhs.uk).

The Charitable Funds Committee last met on 3 December 2020. This Committee meeting was chaired by Vivienne Harpwood in place of the interim chair.

At that meeting the matters discussed were:

- Applications to General Funds (for Approval)
- COVID Response Fund
- Charity Administration Support Officer Business Case (for Approval)
- Expenditure Profile Under Delegated Authority since the last meeting (for Ratification)
- PAVO Small Grants Scheme (for Ratification)
- Charity Reserves Policy
- Charity Activity & Income Report
- Charitable Funds Financial Summary Report
- Brewin Dolphin Investment Profile
- Health and Care Academy Presentation
- Annual Accounts & Report 2019/20
- Guidelines for Gifts and Donations

Applications to General Funds (for Approval)

The Committee APPROVED the following Bids seeking approval from Charitable Funds:

1. Patient Transfer Scales - £2,395
2. Biomechanics for Birth Training - £2,000
3. Infant Examination Training - £4,480
4. Digital Project Coordinator - £39,351

The Committee also RATIFIED two additional proposals that had previously been APPROVED by the Committee in the interim between meetings.

1. End of Life Care Project (additional request) - £3,100
2. Ystradgynlais Garden Renovation Project - £16,000

COVID Response Fund

The Committee APPROVED the following Bids seeking approval from the COVID Response Fund which had previously RECEIVED support from the GOLD Group but exceeded the designated threshold for delegated approval (£5,000):

1. Chat Health Scheme - £12,717
2. Heart manuals and cardiac training - £10,600
3. Venue hire for ESG and DBT groups - £7,800

The Committee also RECEIVED the applications to the COVID response fund which had been previously APPROVED by the COVID-19 Gold Group under delegated authority with a combined value of £37,000.

The Committee RATIFIED the applications to the COVID response fund.

Charity Administration Support Officer Business Case (for Approval)

The Committee RECEIVED the business case requesting additional support for the Charity's day to day operation as it grows in the form of a new, permanent post to report to the Charity Manager.

The Committee APPROVED the funding for the role.

Expenditure Profile Under Delegated Authority since the last meeting (for Ratification)

The Committee RECEIVED the expenditure approved under the £10k delegated authority limit between April 2020 and October 2020, which amounted to £55,747.

The Committee RATIFIED the expenditure.

PAVO Small Grants Scheme (for Ratification)

The Committee RECEIVED the applications to the second stage of the PAVO Small Grants Scheme which had been previously APPROVED by the PAVO Grants Team under delegated authority.

The Committee RATIFIED the applications to the PAVO Small Grants Scheme.

Charity Reserves Policy

The Committee RECEIVED the new reserves policy devised by the Head of Financial Services and based on sector best practice and the fact that the Charity holds significant investments with an investment manager, to enable the Charity to account for any potential financial downturn to ensure sufficient coverage. The reserves policy will be reviewed on an annual basis in September, once the previous year's expenditure has been confirmed.

The Committee APPROVED the policy.

The following Items were presented for Discussion:

- **Charity Activity & Income Report**

The Charity Manager provided an overview of activity and noted that the focus had been on new relationships with other Welsh NHS Charities to form new Wales-wide campaigns, the extension of funding for the COVID Response Fund, and expanding the Charity's social media reach.

The Committee RECEIVED the report and NOTED the significant progress that had been made over the past 9 months.

- **Charitable Funds Financial Summary**

The Committee RECEIVED the Income Report for the period 1st April 2019 to 31st October 2020. Income over expenditure during this period increased by £86,000.

- **Brewin Dolphin Investment Profile**

The Committee RECEIVED the information on the Charitable Funds Investment Portfolio and NOTED the quality of the Presentation. Brewin Dolphin were able to maximise the investment at a period where the market had fallen. The overall fund value increased to £3.1m from the £2.8m that was given to Brewin Dolphin in February 2020.

Brewin Dolphin assured the Committee that due to the diversified nature of the Charity's investments in overseas markets any negative effects on the UK economy from a no deal Brexit would have a minimal impact on the portfolio.

- **Health and Care Academy Presentation**

The Committee RECEIVED the information on the Health and Care Academy and welcomed a future funding proposal with an accompanying business case. The Committee also NOTED the huge potential and ambition of the project as a flagship educational programme for Powys.

The following Items were presented for Information:

- **Annual Accounts & Report 2019/20**

The Committee RECEIVED the final accounts and NOTED that the final accounts would be signed by the Auditor General on the 15th December.

- **Guidelines for Gifts and Donations**

The Committee RECEIVED the guidelines document which had been developed in response to an internal audit to support staff with the governance of gifts and donations.

ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD

- **Digital Project Coordinator**

This proposal will see the health board collaborating with PAVO to establish greater digital support for the public in accessing health services. This has been area of significant growth and priority

throughout the COVID pandemic and the proposal will fund a post to coordinate this work between the health board and PAVO for a period of 9 months as well as additional resources for the service.

- **Charity Administration Support Officer**

This approved proposal for a new full-time member of staff for the Charity will have a significant impact on the growth of its activities and engagement. With the increased scope and volume of work over the past 9 months there has been a need for additional support for the Charity Manager. The introduction of this new post is expected to speed up the progress of the Charity's development and alleviate the current single point of failure that exists for the Charity, adding further resilience. Recruitment is underway with a view to appointing a new staff member to start in March/April.

- **COVID-19 Support Funding**

A total of £99,500 in COVID Response Funding had been awarded to the PTHB Charity as of December 2020 from NHS Charities Together. Following the December Committee Meeting this funding was entirely allocated, with the Charity meeting its target of allocating the entire funding in the 2020 calendar year.

An additional allocation of £50,000 for internal PTHB projects was given to the Charity in January 2021. The Charity will aim to utilise this funding by the end of March.

The Charity is also collaborating with the RPB in order to develop a strategic response to COVID in partnership with local government and the third sector. The Charity is aiming to create a long-term programme (beginning in April 2021) to support the development of local community recovery projects, which will be funded by NHS Charities Together.

The Charity has also undertaken significant evaluation of its COVID response, with audience feedback on the Response Fund being very positive. The responses will help to shape Charity messaging and future opportunities for funding.

NEXT MEETING

4 March 2021

Reporting Committee:	**Experience, Quality and Safety Committee**
Committee Chair	Mel Davies
Date of last meeting:	03 December 2020
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 3 December 2020.

The Board is asked to note that the following matters were discussed at EQS on 3 December 2020.

- Review of Action Log
- Clinical Quality Framework: Implementation Plan update
- Serious Incidents and Concerns Report
- Special Report Issues by the Public Services Ombudsman for performance
- Inspections and External Bodies Report, including Action Tracking
- Infection Prevention and Control Report
- Maternity Services Assurance Framework
- Commissioning Arrangements Update
- Clinical Audit Programme
- Annual Data Quality Report
- Once for Wales Complaints Management System, Programme Update
- Review of Committee Programme of Business

Action Log
The Committee received the action log and the following updates were provided.

EQS/19/76 - It was proposed that an update on Research and Development be built into the Committee's workplan for 2021/22.

EQS/19/22 - An update on this item would be provided to the Committee in February 2021.

Clinical Quality Framework: Implementation Plan

The Director of Nursing and Midwifery presented the previously circulated paper, which provided the Experience Quality and Safety Committee with progress made on implementing the PTHB Clinical Quality Framework Implementation Plan, 2020-23, and identified the need for revised timescales for some elements of the framework where progress has been adversely affected as a consequence of the COVID-19 pandemic, which resulted in activities scheduled for completion in year 1 deferred into year 2, along with the potential for a small number of year 2 priorities deferred into year 3.

The Director of Nursing and Midwifery advised that the PTHB Integrated Medium Term Plan 2020-2023 identified quality as a core component of the health boards strategic direction. The Clinical Quality Framework consists of 5 goals and the progress related to each is led and coordinated by a Director.

Whilst implementation has been adversely affected as a result of the demands of the COVID-19 pandemic, gains have been made in implementing actions in each of the goals. The revised national patient experience strategy, currently delayed but expected in 2021, will assist in shaping the agenda locally, along with the continued focus within service groups on strengthened quality governance arrangements, including a focus on patient experience.

The implementation of the Clinical Quality Framework remained a priority for Board and at every level within the health board. Should the mass vaccination result in a more favourable environment in 2021, it is envisaged that progress in implementing the Clinical Quality Framework will be expedited.

The Committee DISCUSSED the report and noted the requirement for revised timescales for some elements of the implementing the Clinical Quality Framework.

Serious Incidents and Concerns Report

The Director of Nursing and Midwifery presented the previously circulated paper to the Experience, Quality and Safety Committee which provided a summary of patient experience and concerns, including complaints, patient safety incidents and claims for August, September

and October 2020. The report also outlined serious incidents reported to Welsh Government and enquiries that have been received by the health board from Her Majesty's Coroner.

The Health Board has achieved over 85% compliance in acknowledging formal concerns within two working days. The 30-day response rate is 51.5% which was an improvement on previous performance, however, remained lower than the target. Incident reporting, referenced the reduction to numbers of incidents reported over the last year.

The Committee DISCUSSED the report and actions being taken to improve performance.

Special Report Issued by the Public Services Ombudsman for Wales

The Director of Nursing and Midwifery presented the previously circulated paper which provided the Experience Quality and Safety Committee with the report which was received by the Health Board under s28 of the Public Services Ombudsman (Wales) Act 2019 following a complaint made by Mrs A against Powys Teaching Health Board.

Mrs A originally complained to the Health Board in July 2019, and in January 2020 filed a complaint with the Ombudsman after the Health Board showed no progress. The special report issued by the Ombudsman outlined two recommendations, which included the provision of a further apology to Mrs A and within two months of the final report the Health Board's CEO to personally respond to the Ombudsman, having undertaken a review of its complaints handling team and its ability and capacity to deal with complaints under the Putting Things Right (PTR) regime in an effective and timely way. This review should consider not only capacity but whether additional training on the PTR requirements should be undertaken.

The Public Services Ombudsman for Wales will be informed of the outcome of the independent review. The recommendations of both reviews will inform the programme of improvement required, which will be supported by the Innovation and Improvement Team. A written apology to Mrs A had been issued.

The Committee DISCUSSED and NOTED the report.

Inspections and External Bodies Report, Including Action Tracking

The Assistant Director of Quality and Safety presented the previously circulated paper to the Experience, Quality and Safety Committee which articulated the receipt and outcomes of regulatory inspections that had occurred during the reporting period and shared the HIW tracker and noted the change to completion dates for a small proportion of the actions.

The Health Board received 3, Tier 1 inspections which consist of completion of self-assessment followed by a discussion between HIW and Ward Manager on the inspection date. Each of the reports has been positive, with a low number of improvements required.

An overview of the current position relating to the implementation of recommendations following HIW inspections was provided, whilst there had been some delays in updating progress against recommendations, the tracker was contemporaneous.

The Committee DISCUSSED the contents of the report and NOTED the revised deadlines for recommendations.

Infection Prevention and Control Report

The Director of Nursing and Midwifery presented the previously circulated paper to the Experience, Quality and Safety Committee which provided a summary of the work undertaken by the Infection, Prevention and Control (IP&C) team, within an existing action plan programme and in response to COVID-19. The approach going forward was outlined which included a refreshed approach to the delivery work programme, meeting structures and expansion of the IP&C team.

Throughout November and December, the newly appointed Senior Nurses for IP&C for PTHB would review the audits already in place across the Health Board and the findings used to develop an IP&C assurance framework.

The focus of the team had been on the current pandemic and the required new ways of working. There were a range of actions identified and the IP&C group lead the governance arrangements and the re-establishment of sub-groups that directly feed into the IP&C group.

There had been an up-take in training that was provided as a result of the pandemic including Aseptic non-touch technique competencies.

The Committee DISSCUSSED and NOTED the paper.

Maternity Services Assurance Framework

The Director of Nursing and Midwifery presented the previously circulated paper to the Experience, Quality and Safety Committee which provided an updated position in relation to the Maternity Assurance Framework on the ongoing emerging areas in relation to maternity services.

There continued to be a number of emerging reports and unfolding positions in relation to maternity services provided by commissioned services.

They broadly related to:

- Assurance work (maternity services within the overall assurance framework)
- The implementation of the South Wales Programme and Aneurin Bevan University Health Board's (ABUHB) Clinical Futures Programme
- Cwm Taf Morgannwg University Health Board position
- Shrewsbury and Telford NHS Trust (SaTH)
- Secretary of State investigation (SaTH)
- Wye Valley NHS Trust (WVT)
- National Healthcare Inspectorate Wales (HIW) report for Maternity services due to be published on 19 November 2020
- Phase 2 Healthcare Inspectorate Wales report for Maternity services
- 2020 Welsh Government Maternity performance board scheduled for Spring 2021

This framework is used to gain better understanding of the performance surrounding the quality of the maternity services. To gain a full picture of the status of the services provided it aims to collect qualitive data and intelligence.

The HIW review of maternity services had reported that within Wales maternity services are delivered in a safe and effective way, with key areas for developments. The previous reports of phase one review for

Powys, highlighted small immediate issues that had been rectified immediately.
The Committee NOTED the paper.

Commissioning Arrangements Update

The Assistant Director - Commissioning Development presented the previously circulated paper to the Experience, Quality and Safety Committee which highlighted any providers in Special Measures or scored as Level 4 under the PTHB Commissioning Assurance Framework. It also provided an update in relation to Shrewsbury and Telford Hospitals NHS Trust.

There were 3 providers with services in Special Measures and 1 provider at Level 4. It was explained within the report that was presented to the committee, that both Shrewsbury and Telford would work with key stakeholders in England to find a way forward. This was due to the understanding that the SaTH would not be able to make the changes alone.

The Committee DISSCUSSED the paper

Clinical Audit Programme:

The Assistant Medical Director presented the Clinical Audit Programme.

A) UPDATE AGAINST THE 2020/21 CLINICAL AUDIT PLAN

The report provided a current position in relation to the 2020/21 Clinical Audit plan. One audit cycle was finished providing the learning to inform the next audit cycle. This would allow for an evaluation of the performance and ways for improvements.

The Committee RECEIVED and APPROVED the report.

B) PROGRESS AGAINST THE CLINICAL AUDIT IMPROVEMENT PLAN

Many actions had been closed, only one action remained open (Appendix No. 17), which is taking terms of reporting forward. This has been constrained due to COVID-19. As the process grows, the current reporting system will become easier and will allow for greater assurance of the activity and quality.

The Committee NOTED and APPROVED the paper.

C) PROPOSED CLINICAL AUDIT PLAN 2021/22

The paper presented the PTHB clinical audit programme for 2021-2022. It proposed that there should be three tiers of locally undertaken clinical audits, plus a fourth tier to look at the results achieved by out of county healthcare providers in National Clinical Audits.

Tier 1 would be the National Clinical Audits and Outcome Reviews as mandated by Welsh Government, Tier 2 would be Organisational Audits selected by senior clinical staff within the Health Board and designed to support the organisational ambitions of the Health Board to provide safe, effective and timely care. Tier 3 would be Individual Audits performed by members of staff wishing to undertake a local quality improvement project using clinical audit methodology.

In addition to the three tiers of audit on Powys-based activity, Tier 4 would look at audits undertaken by external Health Boards and Trusts whose services were commissioned by Powys THB. This work on commissioned services would be taken forward as a separate workstream. The Committee NOTED and APPROVED the paper.

Annual Data Quality Report
The Director of Finance and IT Services presented the previously circulated paper to the Experience, Quality and Safety Committee which presented the findings from the Annual Data Quality Report 2019/20.

The Annual Data Quality report described the achievements made during 2019/2020 by the Information Department against the national targets for data quality and submission to NHS Wales Informatics Service (NWIS) for statutory reporting of mandated datasets. The report looked at compliance and accuracy of clinical coding, along with additional work that had taken place during the financial year, to improve data quality in other areas within the remit of the Information Department. The specification of the report had been agreed nationally by the Information Quality Improvement Initiative (IQII). Clinical Coding had exceeded national target and maintained 100% compliance against a 95% target.

The Committee NOTED the report.

Once for Wales Complaints Management System, Programme Update

The Director of Finance and IT Services presented to the committee a status update for the implementation of the Once for Wales Concerns Management System (OFWCMS).

To support the implementation of the Once for Wales Concerns Management electronic tool, work had commenced to move the 3 workstreams, previously suggested as Systems, Processes and Safety into two areas for consistency with the national programme;

1. Technical Workstream
2. Functional Workstream

The above will support the 20+ workstreams and contribute to the overall delivery plan.

With the workstreams spread over 2 phases, establishing processes, governance, ICT technology and developing effective functionality within the RLDatix system and adopting a cultural change would be crucial to the effectiveness of the Programme.

Phase 1 would see many modules integrated into the new system with a go live date of 1 April 2021. Local leads would be integral in ensure representation at network meetings and reporting back to the project board to ensure the new functionalities were adapted and developed to meet the needs of PTHB.

The Committee NOTED and APPROVED the current position and risks and REVIEWED the 4 action areas.

Review of Committee Programme of Business

The Annual Programme of Business had been developed with reference to:

- The Committee's Terms of Reference as agreed by the Board;
- the Board's Assurance Framework;
- key risks identified through the Corporate Risk Register, Commissioning Assurance Framework; and Operational Risk Registers.
- audit and regulatory reports identifying weaknesses in internal control (following consideration by the Audit, Risk and Assurance Committee);
- key statutory, national and best practice requirements and reporting arrangements.

The Committee NOTED the paper.

NEXT MEETING
The next meeting of EQS will be held on 04 February 2021.

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

AGENDA ITEM: 4.1b

BOARD MEETING	**DATE OF MEETING: 27 January 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**
✖	✓	✖

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 15 December 2020.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.**

Emergency Ambulance Services Joint Committee (EASC)

No meetings of the Emergency Ambulance Services Committee have been held since the last meeting of Board. A copy of the Chair's Summary from the meeting held on 10 November 2020 is attached at **Appendix 2.**

Mid Wales Joint Committee for Health and Social Care

- The meeting planned for 25 January 2021 was cancelled due to operational pressures being encountered across Wales.

NEXT STEPS:
Updates will continue to be brought to each scheduled meeting the Board.

GIG CYMRU NHS WALES
Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC)
Welsh Health Specialised Services Committee (WHSSC)

WELSH HEALTH SPECIALISED SERVICES COMMITTEE JOINT COMMITTEE MEETING – DECEMBER 2020

The Welsh Health Specialised Services Committee held its latest public meeting (which was an extra-ordinary meeting) on 15 December 2020. 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/2020-2021-meeting-papers/

Managing Director's Report

The Managing Director's report included a report from the Operational Delivery Network and the Major Trauma Centre on the key highlights from the first six weeks of operation of the south Wales major trauma network, which was based on the report presented to the first South Wales Major Trauma Network Commissioning Delivery Assurance Group meeting that was held on 25 November 2020.

Resource Utilisation for Value - Options 2020-21

Members received a paper that provided an update on the improving financial position of WHSSC for 2020-21 and the options to deploy a proportion of the forecast surplus to mitigate the impact of the worsening waiting list position on specialised services patients, deliver service improvement and innovation.

Members approved authorisation of the WHSS Team to deploy additional surpluses over and above the month 7 level of £13.2m towards mitigation of waiting lists, service improvement, innovation and risk reduction. It was also agreed that in the interests of time these plans will be undertaken by Chair's Action and reported to the next available Management Group and Joint Committee meetings.

Pwyllgor Gwasanaethau Ambiwlans Brys
Emergency Ambulance Services Committee

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	10 November 2020

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/meeting-papers-archive/nov20/

Chris Turner (Chair), welcomed Members to the virtual meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee.

CHIEF AMBULANCE SERVICES COMMISSIONER'S REPORT

Stephen Harrhy presented an update on the following areas:

- Ministerial Ambulance Availability Taskforce – interim report planned at the end of the year
- Ambulance Quality Indicators - now published following a pause during the pandemic interactive view available here: https://easc.nhs.wales/ambulance-quality-indicators/
- Emergency Medical Retrieval and Transfer Service (EMRTS) – capital funding being sought to support the 24/7 service
- Non-Emergency Patient Transport Service (NEPTS) – plans progressing to transfer services to WAST by Aneurin Bevan, Betsi Cadwaladr, Powys and Cwm Taf Morgannwg health boards
- Revising the EASC Integrated Medium Term Plan – revised priorities have been agreed and the detail is being developed by the EASC Team and the Welsh Ambulance Services NHS Trust (WAST)
- Beyond the Call – A short presentation was received by Members of the work commissioned by the Welsh Government to the Mental Health Crisis Care Concordat in relation to the National Review of Access to Emergency Services for those experiencing mental health or welfare concerns. The document was published and would be shared with health boards in due course.
- Commissioning Intentions (CI) – a more streamlined approach would be taken to the CIs and further work was being progressed through the EASC Management Group.

PROVIDER ISSUES

Jason Killens, Chief Executive at WAST gave an overview of key matters including:

- Covid pandemic – abstractions had risen almost to the level of the peak in the first wave and support was being provided from the Fire and Rescue service
- Health and Safety Executive – policies relating to staff using personal protective equipment had been amended and progress was being made in relation to the notification of contravention notice received
- Clinical indicators / clinical outcomes – progress had been made in relation to the electronic case card, a supplier had been identified and capital funding secured. This would be implemented before the end of 2021.
- Non-Emergency Patient Transport Services (NEPTS) - In keeping with the requirement for social distancing this was having an impact on the service where vehicles were more used for individuals.
- Emergency Medical Services Demand and Capacity Review - Members were reminded that the staff growth had been planned for a further 136WTE this year and good progress had been made with the expectation to meet the target..

FOCUS ON - SYSTEM PRESSURES

A short presentation was received on system pressures with an aim to stimulate debate on the following areas:

- Ensure ambulance availability - actions to take over handover delays and WAST actions to maximise resources available
- Understand the impact of escalation across the system as a whole – health boards and WAST.
- How health boards and WAST work together and the regional solution
- Align escalation plans with covid learning
- Capacity for alternatives for demand management
- Find the tolerances
- Identify actions to take.

A helpful and open discussion was held and the following actions were agreed:

- Ambulance resource – to be maximised
- Resource efficiency – to match additional resource where a mismatch was identified
- Safe cohorting of patients and operating model – to enable the timely release of ambulances
- Operational Delivery Unit – supporting the system level information flow
- Information – to ensure sharing appropriate information to assist with patient flow
- Handover levels – important not to have levels over 150 lost hours per day and no tolerance approach to delays to patients of over 1 hour
- Escalation – develop a standardised approach across Wales with a focus to be proactive and only escalate regionally in extremis
- Post production lost hours – ensure the availability of the WAST workforce

Members supported the requirements to maximise the availability of ambulances this winter, the need to have a focus on reducing harm and improving quality and patient outcomes and the need to act in a proactive way starting from a Health Board footprint but to engage collectively on a regional basis where this was **needed by exception.**
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
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	**26 January 2021**			

Patterson,Liz
01/26/2021 10:33:27

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

AGENDA ITEM: 4.2

BOARD MEETING	**DATE OF MEETING: 27 January 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
✘	✓	✘

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 19 November 2020 and the Chair's Report from that meeting is attached at Item **Appendix 1.**

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.

- No meetings of the PPSB have been held since the last meeting of Board**.**

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.

- The RPB met on the 26 October 2020 where the following items were discussed:
    - Powys Unscheduled Care Plan and D2RA Additional Funding
    - ICF Evaluation Review
- The RPB met on the 2 December 2020 where the following items were discussed:
    - ICF Revenue and Capital Progress 2020/21
    - Dementia Strategy Implementation Plan Resources
    - Strategic Partnership Planning approach and Priority considerations 2021/22

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.

- The JPB met on the 2 December 2020 where the following items were discussed:
    - Covid-19 response
    - North Powys Well-Being Programme

NEXT STEPS:

Updates will continue to be brought to the Board and where necessary, specific decision-making matters will be scheduled.

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	19 November 2020

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

The full agenda and accompanying reports can be accessed on our website.

1. **Medical Examiner Service –** Andrew Evans, Programme Lead for this service provided an update. All four Medical Examiner Service Regional Hub Offices are now operational, with the potential capacity to undertake the scrutiny of around 12,000 deaths per year. This represents 40% of all deaths in Wales and 75% of those that occur in acute hospital settings. The service has already covered some primary care deaths in addition to those in hospitals. The main challenge to the operation of the service is the need for timely digital access to the patient's medical records and particularly that relating to the last episode of care. This can either be facilitated through direct access to local digitised records or alternatively through receiving scanned copies via e-mail. The current issue stems not from a lack of support at the corporate level from Health Boards and Trusts, but more that this support has not been communicated to those departments whose direct help is required in accessing this information. It was agreed that this issue would be taken back through Medical Directors who are meeting on 20 November. A proposal has previously been put forward that has been agreed in principle by the Medical Directors.

2. **Laundry Service –** Neil Davies, Director, Specialist Estate Services and Ian Rose, Head of NWSSP Programme Management Office, provided an update. The business case was approved by Welsh Government Capital Infrastructure Board last week and is now with the Minister for final endorsement. There is now much to do with the next key milestone being the TUPE arrangements for laundry staff to transfer to NWSSP by April 2021. The focus will be on migrating the existing services into NWSSP in a seamless manner, in order to minimise disruption to the existing services, and ensuring the laundry service

continues to operate "as is" from April 1st 2021. Ian Rose set out a timeline for the remainder of the activity which is scheduled to complete in 2024. We will now be looking to appoint a Programme Lead to ensure the seamless transfer of the service.

3. **Welsh Language –** Non Richards, Welsh Language Officer, NWSSP, set out the conclusions from the recently published Annual Report of the Welsh Language Commissioner, and matched these to the progress with the Welsh Language within NWSSP. Good progress has been made both in terms of training staff and in translating documents, although COVID has had a significant impact. All web pages, documentation, signage and posters have been translated, and work has been undertaken within Procurement to ensure that Invitations to Tender can be made available in Welsh where required. Progress has also been achieved with translating job descriptions on an all-Wales basis, but this has been slower than expected. This is not due to issues with translation, but rather within Workforce where the job descriptions need to be both standardised and made more concise. Workforce colleagues in the Committee recognised this concern, and further efforts were agreed to address it.

4. **Chair's Update**

The Chair and Managing Director had recently attended the Cwm Taf Morgannwg UHB Board meeting to update on developments within Shared Services. Although having only a short timeslot on the agenda, the update was well received. MF requested that all Health Boards, Trusts and Special Health Authorities should be extending similar invitations to herself and NF to present to them, even if only for a short time. The Chair also highlighted the recent Honours awards where two members of our staff had been recognised for their response to COVID.

5. **Managing Director's Update**

The Managing Director updated the Committee on a range of items including:

TRAMS – Following the Committee's approval of the Programme business case at the September 2020 meeting, the case was submitted to Welsh Government for formal scrutiny. Several queries have been raised as part of the 1st phase of the scrutiny process and are currently being reviewed. The main discussion items relate to transitional funding and the revenue required to cover the gaps in the initial set-up phase. A further meeting was held recently with Welsh Government colleagues to review the business case in more detail. As a result of this, there are some required changes to the financial details which will then be re-submitted to Welsh Government in January with a view to it being taken through the Infrastructure Investment Board later in the month. The programme therefore remains on track for an April 2021 implementation.

IP5 - Work continues and is progressing well on the build of the two laboratories to support the needs of both PHW and the UK Lighthouse Project.

Discussions are on-going with Welsh Government with regards to the Strategic Outline Case that has been previously approved by the Committee. Welsh Government have also agreed to cover the running costs of the facility for the current financial year as part of the overall COVID and BREXIT contingency arrangements. News is awaited on further capital allocations to cover the costs of additional roller-racking for increased stock holding requirements.

Temporary Medicines Unit - The accreditation of the Unit has been achieved with the Contractors now fully signing the new build across to NWSSP. Testing is on-going but should be fully complete by the end of November. Work is ongoing with relevant stakeholders to ensure that all appropriate processes are in place and to determine the revenue requirements post the current financial year should the facility still be required. MHRA approvals are awaited with visits to be undertaken in mid-December after which the first product should be available for distribution to Heath Boards. Discussions are ongoing with Velindre concerning their requirements for assurances regarding their host status.

Welsh Risk Pool Committee – The Committee agreed that the Digital Health & Care Wales SHA should become a member of the Welsh Risk Pool Committee with effect from 1 April 2021.

Staffing Changes – Paul Thomas has retired as Director of Employment Services, and the functional responsibilities for the Directorate are now the responsibility of Gareth Hardacre, Director of Workforce and OD. Recruitment is currently underway to appoint a Director of Planning and Performance which will be a new role for NWSSP.

6. Items for Approval

Operational Plan Update – The NWSSP Winter Plan, setting out planned activities for Q3 and Q4 was submitted to Welsh Government in mid-October. A meeting with the Finance Delivery Unit took place on 2 November 2020 to review in depth income streams and revenue and capital expenditure assumptions. A meeting with the Welsh Government Planning team is anticipated in the next few weeks. Q3 and Q4 presents in many ways an even greater challenge than earlier quarters, as NWSSP continue to deliver services through new ways of working, re-focus on planned service improvements for 2020-21, and support customers during the winter months whilst still living with the COVID-19 pandemic. However, the Senior Leadership Team believe NWSSP is well placed to meet the challenge.

Welsh Government has yet to issue planning guidance for 2021-2024. However there is an indication that a one year operational plan may be required for 2021-22 rather than a three year IMTP. As agreed with the SSPC in September, there is a strong case to continue with the principal of a three

year Strategic Plan alongside a more detailed Operational Plan for 2021-2022. We have therefore begun our planning process, inviting all Divisions to:

- Reflect and Engage;
- Adapt and Change; and
- Think SMARTer.

A Staff Engagement event is planned for the afternoon of December 17 to progress this and all Committee members are encouraged to attend where possible.

The Committee **NOTED** the update and **endorsed** the Q3 & Q4 plan

Clinical Waste – An update was provided on the current situation with clinical waste contracts across NHS Wales.

COVID19 has caused the type, make up and volumes of clinical waste to shift markedly. A primary reason has been an unprecedented increase in the amount of disposable PPE being used. This has had a dual effect of increasing volume of waste created, but also (due to its often bulky and lightweight make-up) has significantly reduced the average weight of each waste container.

Following detailed discussion regarding the options available to NHS Wales at this time, the Committee agreed to an outline proposal contained within the report and asked for NWSSP colleagues to continue working with Local Health Board leads to address any areas of concern,

The Committee **APPROVED** this proposal.

Primary Care Workforce Sustainability - Following 'A Healthier Wales' and its adoption under the Primary Care Model for Wales, a critical component of modernising the primary care workforce infrastructure is understanding the workforce demographic and acting quickly to recruit into the multi-disciplinary teams. NWSSP-Employment Services is facilitating the implementation and management of a number of sustainability tools. The programme is sponsored and funded by Welsh Government. The various tools have been developed and implemented on a phased basis as follows:

- Phase 1 - Implementation of a secure web-based tool developed to capture practice staff information for all General Practices.
- Phase 2 – Creation of GP Wales website to enable Practices to advertise permanent GP workforce vacancies across NHS Wales.
- Phase 3 – Establishment and operation of the Scheme for General Medical Indemnity (GMPI) by Legal & Risk Services.

To assist with the management of the GMPI Scheme, NWSSP L&R requires

swift access to workforce information. To address this, an open tender process was undertaken with the requirement of an on line tool to facilitate data capture as well as providing benefits to Practices in Wales with the management of Locum shifts. This part of the online portal is known as Locum Hub Wales. Going forward, Welsh Government have identified the opportunity to extend the development of the Locum Hub Wales to provide additional support to the OOH/111 Service.

The Committee:

- **NOTED** the update on progress with the Primary Care Sustainability programme.
- **ENDORSED** the proposed next steps to work with the OOH and 111 Service to adapt the Locum Hub and develop a new portal to support those services.

7. Project Updates

The Committee reviewed the Programme and Projects Highlight Report. There is one project (Student Awards Service) where the risk rating is currently red, but the Committee was reassured that existing systems in this area remain robust and viable.

8. Governance, Performance and Assurance

Finance & Workforce Report - As at the end of September 2020, NWSSP were reporting a break-even position. Welsh Government has been invoiced for £2.2m for Q1 COVID expenditure and confirmed the funding for Q2 expenditure of £1.66m. Funding for future periods, however, has not been guaranteed, with total COVID operational costs forecast to exceed £8m for the full financial year. An additional distribution to NHS Wales and Welsh Government of £1.250m will be made in 2020/21 bringing the total distribution to £2.000m which is in line with 2019/20. However, the charges imposed by the Department for Health & Social Care for the operation of the ESR contract are being significantly increased, resulting in a potential additional cost of £939k in the current financial year which will need to be recharged to Health Boards and Trusts. Reference was also made to the STRAD CIP fund which stood at £1m and would need to be redistributed to Health Boards and Trusts in the event that it was utilised in this financial year.

Audit Wales Management Letter – The Committee reviewed the Management Letter which provides independent assurance of the integrity of the systems operated by NWSSP to support and provide services to NHS Wales. The Management Letter is very positive with no significant concerns raised.

Corporate Risk Register – There are four red risks on the register relating to:

- the replacement of the NHAIS system which has had some technical

difficulties due to COVID but is still on-track to go live with parallel running now underway;

- the potential impact on services and supplies in the event of a no-deal BREXIT;
- the need to replace the Ophthalmic Payments system where work is on-going to develop an in-house system but contingency arrangements are in place to cover any delays; and
- the implications for the financial position if NWSSP are not fully funded for all COVID-related expenditure.

BREXIT Risk Assessment

The NWSSP BREXIT Risk Assessment has been reviewed and updated where necessary, including from lessons learned and actions taken in response to, COVID-19. The NWSSP BREXIT Mobilisation Team is meeting on a regular basis to consider the risks. For now, despite much work taking place in terms of building up stock levels, the current level of risk in the supply chain is shown as very high. This is due to the political factors outside of NWSSP control. It is hoped that the measures that have been put in place will reduce the impact of any disruption, but this will obviously also be significantly impacted by the position with COVID and the potential for an effective vaccine.

9. Items for Information

The following papers were provided for information:

- Health & Safety Annual Report 2019/20
- Welsh Language Annual Report 2019/20;
- Audit Wales – Review of Nationally Hosted Systems;
- NWSSP Audit Committee Annual Report 2019/20;
- NWSSP Audit Committee Highlight Report October 2020;
- Counter Fraud Annual Report 2019/20; and
- Finance Monitoring Reports (August & September 2020).

10. Any Other Business

There were no further items discussed.

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	21 January 2021

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

AGENDA ITEM: 4.3

BOARD MEETING	**DATE OF MEETING: 27 January 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**
✖	✓	✖

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 19th November 2020. A summary of that meeting is attached at Appendix A. A short LPF Briefing took place on 11 December 2020 following the Chief Executive Staff Briefing. The formal meeting of LPF on 14 January 2021 was amended to a Briefing in light of Covid-19 related pressures. The February LPF meeting will again be a short briefing following the Chief Executive Staff Briefing.

NEXT STEPS:

The next update will be presented to the Board on 31 March 2021.

Reporting Committee:	**Local Partnership Forum**
Committee Chair	Jane Jones & Carol Shillabeer (Joint Chairs)
Date of last meeting:	19 November 2020
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 19 November 2020 the following matters were discussed:

- Review of Minutes - Matters Arising / Action Log
- Workforce Futures Update on Health and Care Academy
- Updates on:
  - Update on Finance Structures
  - Facilities Update (including District Transport)
  - Winter Staffing
  - Staff Survey
- Winter Unscheduled Care Plan
- Mass Vaccination
- Information reports on:
  - Chief Executive Report (Board Meeting, 30 September 2020)
  - Financial Performance Month 6 2020/21
  - Digital Update
  - Workforce Performance Report

A summary of key issues discussed on 19 November 2020 is provided below.

Matters Arising / Action Log

The following actions were discussed at the LPF:

LPF/38c/19 – Brecon Car Park – there were no updates on this item
LPF/19/80.1 – Health Intervention Officer – Workforce staff were piloting proposals regarding managing one's own wellbeing and this would be tested with the Chat 2 Change group
LPF/19/82 – Environmental Workshop – still waiting for a new date
LPF/19/82 – Easy Read OD Framework – the review has been delayed and was not a priority for this financial year
LPF/19/84.3 – Chief Executive visit to Llandrindod Hospital – pending
LPF/20/07 – Pin had been sent to all staff thanking them for their work during the pandemic – this had received overwhelmingly positive feedback although there were some staff who had yet to receive the pin as it was taking time to pack and send to all staff. Some had moved house but it was confirmed that all staff who had worked for the organisation for over the last six months would receive a pin. There had been some negative feedback about the cost and it was confirmed that the costs had been met by Charitable Funds.
LPF/20/12 – Group to discuss surveys – this would be set up when the national survey had closed.

WORKFORCE FUTURES UPDATE ON HELATH AND CARE ACADEMY

This had been sponsored through the Regional Partnership Board and was an enabler of the Workforce Strategic Framework. It was linked to work by Health Education and Improvement Wales to increase local access to education, training and development in the health and social care sector across Wales. It is intended to reconfigure Basil Webb at Bronllys in the first instance as a hub with spokes radiating from this hub across Powys. It is intended that the Academy will open in this location in April 2021.

DIRECTOR OF WORKFORCE AND OD SUMMARY REPORT

- Finance Department Restructure - Consultation on the proposals to enhance the Finance Department were ongoing with the final consultation document to be issued on 14t December 2020.
- Facilities update - an Interim Head of Facilities had been appointed until 31 March 2021

- Policies update - the following policies had been agreed by the Executive Team:
  - HR 070 – Domestic Abuse and Sexual Violence Policy
  - HR 069 – Working Time Regulations Policy and Procedure
- Executive Appointments - an Interim appointment had been made to the post of Medical Director on a secondment basis.
- Workforce Planning and Recruitment update - Between Q1 and Q2 115 WTE have been recruited as new starters although a number of staff had left the organisation meaning the overall staff position remains similar.
- Test, Trace and Protect - The tracing service had been realigned which meant registered clinicians were no longer required. The Clinical Lead role had been strengthened and the team were working with the service to develop a transition plan to return staff to their substantive role where possible. The staffing models associated with vaccination plans were in development.
- Covid-19 Risk Assessment -Staff were being encouraged to undertake this with approximately 25% of staff having completed the risk assessment to date.
- Volunteers - 111 people have registered an interest to volunteer with PAVO. Five were deployed and another seven were waiting deployment with a further 11 in the process of completing pre-employment checks. The 37 League of Friends and Red Kite volunteers had put their duties on hold temporarily.
- Staff survey - As of the 19 November 21% of staff had completed the staff survey with low take-up noted in support services.
- Staff awards - An amended schedule for virtual staff awards would commence in November 2020.
- Florence Wellbeing Text Messaging Service - The technical issues originally identified had been resolved and this would be launched in late November 2020 for a 200-person trial with evaluation taking place in the New Year.
- Sharepoint Well-being Portal - This would be launched in November 2020.
- Staff Well-being Workshops - Initial work had been undertaken and funding will be sought from Charitable Funds.

WINTER UNSCHEDULED CARE PLAN

A considerable amount of planning had taken place with the intention to try to prevent as many unscheduled admissions as possible and to try to get people back quickly. Six goals were identified to facilitate this:

Goal 1: Co-ordination, planning and support for high risk groups - Planning and support to help high risk or vulnerable people and their carers to remain independent at home, preventing the need for urgent care
Goal 2: Signposting, information and assistance for all - Information, advice or assistance to signpost people who want - or need - urgent support or treatment to the right place, first time.
Goal 3: Preventing admission of high-risk groups - Community alternatives to attendance at an Emergency Department and/or admission to acute hospital for people who need urgent care but would benefit from staying at, or as close as possible, to home
Goal 4: Rapid response in crisis - The fastest and best response at times of crisis for people who are in imminent danger of loss of life; are seriously ill or injured; or in mental health crisis.
Goal 5: Great hospital care - Optimal hospital-based care for people who need short term, or ongoing, assessment/treatment, where beneficial
Goal 6: Home first when ready - Capacity to ensure effective and timely discharge from hospital, when individual is ready to most appropriate location and with proactive support to reduce chance of readmission

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MASS VACCINATION

It was expected the Pfizer vaccine would be available from early December however, this vaccine was unstable and needed to be stored at low temperature so it was likely individuals would need to travel to received the vaccine. Vaccinators would be sought and discussion was ongoing regarding additional hours and backfill to ensure wards were correctly staffed. A more stable vaccine was expected from January 2021.

Information Items

LPF received updates for information on:

1. Chief Executives Report (Board Meeting 30 September 2020)
2. Financial Performance Month 06 2020/21
3. Digital update
4. Workforce Performance

Any other business
Attention was drawn to the need to ensure staff took Annual Leave during the leave year.
NEXT MEETING
The next meeting of LPF will be a briefing due to be held on 17 February 2021

CYNGOR IECHYD CYMUNED
COMMUNITY HEALTH COUNCIL
POWYS

Report:	**Chief Officer's Report**
Author:	**Katie Blackburn**
Status:	**For Information**
Date:	**27th January 2021 (report to 18th January 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

- Tell us what you think about your NHS. The survey is available at the following link https://svy.at/95qnn

3. Newsletter – Issue 4 December 2020

https://powyschc.nhs.wales/files/newsletters/newsletter-issue-4/

4. Reports – Powys CHC

GP Access during COVID (to date)

https://powyschc.nhs.wales/files/report-library/report-of-gp-access-survey-november-2020/

5. CHC National Reports

Orthodontic Report – [144 responses from Powys young people]

Orthodontic services in Wales - CHC national report (Final English 23.12.20).pdf

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)

6. Powys CHC Website – launched December 2020

Home - Powys Community Health Council (nhs.wales)
Any feedback would be welcomed.

7. Community Engagement

Powys CHC has virtually attended the following events between 20th November 2020 and 18th January 2021.

24th November 2020	SATH Engagement Meeting
4th December 2020	PTHB Mental Health Engage to Change Sub Group
16th December 2020	Ystradgynlais Community Network Meeting
16th December 2020	PTHB Pelvic Health Steering Group Meeting
23rd December 2020	SATH Meeting to discuss possible changes to stroke rehab services

8. Service change and patient engagement:

All Powys CHC meetings have been re-instated and are being attended by members of the public.

A very positive meeting was held on 9th December 2020 between PtHB, Haygarth Practice and Powys CHC; review date 31st March 2021.

Powys CHC are extremely grateful for the considerable time and energy that has been put into communicating with the communities of Powys and the CHC itself and this unprecedented and challenging time.

Powys CHC would like to extend a huge 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 asap. 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.

9. Advocacy – 11th November 2020-18th January 2021:

	Previous Period	Current period
Redress	<5	<5
Pre-Local Resolution	5	5
Ombudsman	5	5
Local Resolution	11	11
Further Local Resolution	<5	<5
Serious Incident Review	<5	<5
CHC Funding	5	<5
TOTAL	**30**	**31**

Katie Blackburn

Prif Swyddog / Chief Officer

CIC Powys / Powys CHC