PTHB Board Supplementary Pack

Wed 31 March 2021, 10:00 - 13:00

Via Teams

Agenda

10:00 - 10:00
0 min

1. PRELIMINARY MATTERS

Board_Agenda_31Mar21_FINAL.pdf (3 pages)

1.1. Chair's Opening Remarks

1.1.1. Welcome and Apologies for Absence

1.2. Declarations of Interest

1.3. Minutes of Previous Meeting 27 January 2021 (for approval)

1.4. Summary of Board Meeting held In-Committee on 27 January 2021 (for noting)

1.5. Matters Arising from the Minutes of Previous Meeting

1.6. Board Action Log

1.7. Update from the

1.7.1. Chair

1.7.2. Vice Chair

To Follow

1.7.3. Chief Executive

Board_Item_1.7c_CEO's Report for Board-March 2021.pdf (4 pages)

10:00 - 10:00
0 min

2. ITEMS FOR APPROVAL/RATIFICATION/DECISION

2.1. Strategic Planning 2021/22:

Board_Item_2.1_Strategic Planning 2021-22.pdf (8 pages)

2.1.1. Learning from COVID-19 and New Ways of Working

Board_Item_2.1a_New Ways of Working..pdf (38 pages)

2.1.2. Strategic Priorities for Renewal & Recovery: Interim Annual Plan

Board_Item_2.1b_Annual Plan Strategic Priorities_Board In Public_310321.pdf (39 pages)

2.2. Capital Programme 2021/22

2.3. Introduction of the Socioeconomic Duty for Wales and PTHB's Policy on Equality Impact Assessment

2.4. Funded Nursing Care - Methodology to be applied 2021/22

10:00 - 10:00
0 min

3. ITEMS FOR DISCUSSION

3.1. Performance Overview

3.2. Financial Performance Report

3.3. Audit Wales: Annual Audit Report 2020

3.4. Corporate Risk Register, March 2021

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

3.6. Assurance Report of the Board's Partnership Committees

3.6.1. PTHB Committees

3.6.2. Joint Committees

3.7. Assurance Report of the Board's Partnership Arrangements

3.8. Report of the Board's Local Partnership Forum

10:00 - 10:00
0 min

4. OTHER MATTERS

4.1. Any Other Urgent Business

4.2. Minutes of the Board Meeting held in-committee on 27 January 2021, for approval

4.3. Strategic Annual Plan & Financial Plan 2021/22

4.4. Contract Arrangements for GMS Out of Hours Services

4.5. Any Other Urgent Business

4.6. Close

Date of the Next Meeting: 26 May 2021, 10:00AM, Live Streamed Event

POWYS TEACHING HEALTH BOARD
BOARD MEETING
WEDNESDAY 31 March 2021
COMMENCING AT 10:00am
TO BE HELD VIA TEAMS

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

AGENDA

Estimated Time	Item	Title	Attached / Oral	Presenter
1: PRELIMINARY MATTERS				
10.00am	**1.1**	Chair's Opening Remarks • Welcome and Apologies for Absence	Oral	Chair
	1.2	Declarations of Interest	Oral	All
	1.3	Minutes of Previous Meeting: 27 January 2021 (for approval)	Attached	Chair
	1.4	Summary of Board Meeting held In-Committee on 27 January 2021 (for noting)	Attached	Chair
	1.5	Matters Arising from the Minutes of the Previous Meeting	Oral	Chair
	1.6	Board Action Log	Attached	Chair
	1.7	Update from the: a) Chair b) Vice Chair c) Chief Executive	 Attached Attached Attached	 Chair Vice Chair Chief Executive
2: ITEMS FOR APPROVAL/RATIFICATION/DECISION				
10.30am	**2.1**	Strategic Planning 2021/22: a) Learning from COVID-19 and New Ways of Working b) Strategic Priorities for Renewal & Recovery: Interim Annual Plan	Attached & Presentation	Chief Executive & Executive Directors
	2.2	Capital Programme 2021/22	Attached	Director of Planning & Performance
	2.3	Introduction of the Socioeconomic Duty for Wales and PTHB's Policy on Equality Impact Assessment	Attached	Board Secretary
	2.4	Funded Nursing Care – Methodology to be applied 2021/22	Attached	Director of Nursing & Midwifery
3: ITEMS FOR DISCUSSION				
12.00pm	**3.1**	Performance Overview	Attached	Director of Planning & Performance
	3.2	Financial Performance Report	Attached	Director of Finance & IT

	3.3	Audit Wales: Annual Audit Report 2020	Attached	Board Secretary
	3.4	Corporate Risk Register, March 2021	Attached	Board Secretary
	3.5	Report of the Chief Officer of the Community Health Council	Attached	Chief Officer of CHC
	3.6	Assurance Reports of the Board's Committees a) PTHB Committees b) Joint Committees	Attached	Committee Chairs Chief Executive
	3.7	Assurance Report of the Board's Partnership Arrangements	Attached	Chief Executive
	3.8	Report of the Board's Local Partnership Forum	Attached	Director of Workforce & OD
4: OTHER MATTERS				
	4.1	Any Other Urgent Business	Oral	Chair

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

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

"Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest".

	4.2	Minutes of the Board Meeting held in-committee on 27 January 2021, for approval
	4.3	Strategic Annual Plan & Financial Plan 2021/22
	4.4	Contract Arrangements for GMS Out of Hours Services
	4.5	Any Other Urgent Business
	4.6	Close
		Date of the Next Meeting: ▪ 26 May 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.**

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 1.7c

BOARD MEETING	DATE OF MEETING: 31st March 2021
Subject:	**CHIEF EXECUTIVE REPORT**
Approved and Presented by:	Carol Shillabeer, Chief Executive
Prepared by:	Carol Shillabeer, Chief Executive
Other Committees and meetings considered at:	Elements of this report may have been considered at various committees or meetings prior to being presented.

PURPOSE:

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

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

RECOMMENDATION(S):

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

Approval/Ratification/Decision	Discussion	Information
	✓	

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

EXECUTIVE SUMMARY:

This report draws attention to a number of key, high priority areas, including:

- High level commentary on the organisation's response to the COVID-19 pandemic
- Staffing matters
- Key performance matters

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

DETAILED BACKGROUND AND ASSESSMENT:

Provision of services during the COVID-19 pandemic

The pandemic in the UK has seen a significant second wave. The winter period has been particularly challenging and a further 'lockdown' was required in order to safeguard the ability of the NHS to cope with service demand relating to covid. Good progress has now been achieved through both non-pharmaceutical measures (i.e. lockdown-type restrictions) and through the now well-established vaccination programme. The case rates over the last few weeks in Powys as in Wales have fallen significantly,

although they appear to be plateauing out at this stage. The easing of restriction has started and careful monitoring of the case rates is taking place. Arrangements for managing the pandemic have been refreshed with the Gold Command now meeting weekly. Two Strategic Oversight Groups remains in place; one for Prevention and Response (includes Test, Trace, Protect) and one for Mass Vaccination. Operational matters have been de-escalated at this stage, and are being kept under review. This reflects the emphasis in seeking to manage the pandemic alongside enabling 'non-covid' services to be provided. Significant work has taken place to support as many patients as possible in accessing their appointment and treatment and further detail is provided in the Performance Report. It remains, however that several thousand people are significantly delayed in their access to services and this forms a core part of the Annual Plan, also presented at the Board meeting.

Staff Matters

On 23rd March 2021, the one-year commemoration of the first 'lockdown' was held. A Staff Briefing took place in which both the Chair and Chief Executive, along with other Directors took the opportunity to reflect and to thank staff across the health and care system for their hard work and commitment throughout the year. The session provided an opportunity for a moment to reflect, and also to being the year ahead with optimism. Through this report I would like to again thank all staff across the health board and in primary and social care for their tremendous commitment over the last year.

A Staff Recognition event is planned for 14th April 2021, following the success of the event held in December 2020. This provides an opportunity to celebrate and recognise the efforts of staff across the organisation. In the current context these are unable to be held in person and hence the digital alternative has been established. Board members are welcome to join.

Dr Kate Wright has joined the health board as Medical Director. Kate was previously Assistant Medical Director in Aneurin Bevan University Health Board and has a clinical background in Emergency Medicine. Sincere thanks go to Dr Paul Buss, Director of Clinical Strategy and Dr Catherine Woodward, Programme Director for fulfilling the Medical Director role on an interim basis. This has provided an excellent bridge to what is now a fully established Executive Director team. Furthermore, other senior appointments have now taken place and a warm welcome to Lucie Cornish, Assistant Director of Therapies and Heath Sciences; Marie Davies, Deputy Director of Nursing and Louise Turner, Assistant Director Women and Children's Services.

It is now pre-election period in Wales in relation to the Welsh Parliament elections. Advice and guidance has been circulated within the organisation to ensure that as a non-political organisation, careful consideration is given when dealing with matters that may be seen to relate to the election. The Board Secretary is a source of advice on these matters. The Board meeting agenda has been considered and is in line with the guidance issued by the civil service in relation to these matters.

Performance

A separate performance report is provided as part of the Board agenda, however it is important to draw out some key issues. Whilst significant work continues to manage health services during this winter, there is growing concern amongst health care leaders, professionals and the wider public regarding the delay in accessing services as a result of the pandemic. Welsh Government recently published a Recovery Plan which provides some guidance in terms of areas of focus. The Annual Plan presented on this Board agenda provides opportunities for 'renewal' and these will be discussed with government officials at the earliest opportunity.

The health board, following a recent inspection and several discussions with the Health and Safety Executive, has received improvement notices in relation to practice regarding Hand Arm Vibration. Whilst many of the issues of concern are historical, action nevertheless is needed to provide overall assurance on the assessment of workplaces and working practice in relation to specific equipment. An organisation wide action plan is under development and will be presented to the Experience, Quality and Safety Committee shortly.

Finally, the organisation in partnership with the University of South Wales and other largely healthcare organisations has been successful in securing funding from Welsh Government for the Intensive Learning Academy. This development supports in particular Digital Transformation and aligns to the work of the Health and Care Academy. More detailed information and the proposals for the first programmes of work will be developed during quarter 1 of 2021/22. This is extremely positive news and further builds on a number of successes relating to the establishment of the Health and Care Academy. Further examples include the proposal for a KickStart Programme to be established in Powys. This project will enable young people particularly those is more deprived situations to enter training and employment for a 12 months period, with a view to securing longer term employment and career prospects.

NEXT STEPS:

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

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 2.1

BOARD MEETING	**Date of Meeting: 31st March 2021**
Subject:	**Strategic Planning 2021/22:** **a) Learning from COVID-19 and New Ways of Working** **b) Strategic Priorities for Renewal & Recovery: Interim Annual Plan**
Approved and Presented by:	Director of Planning and Performance
Prepared by:	Assistant Director of Planning
Other Committees and meetings considered at:	The approach, evidence base and framework was considered and developed at the Board Development Session held 23 February 2021

PURPOSE:

This paper provides the Board with:

a) a summary Report, New Ways of Working, into the gathering of insight and learning on PTHB's response to the COVID-19 pandemic; and
b) the Draft Annual Plan evidence base and priorities for the period April 2021 to March 2022 for approval, ahead of submission to Welsh Government as a draft, for the deadline of 31 March 2021.

RECOMMENDATION(S):

The Board is asked to:

a) DISCUSS and NOTE the New Ways of Working Summary Report; and
b) DISCUSS the evidence and APPROVE the Strategic Priorities 2021/22 for Renewal & Recovery as set out.

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

a) Learning from COVID-19 and New Ways of Working

In responding to COVID-19, there have been a number of important changes implemented at pace across the health board since March 2020. To inform the strategic priorities for 2021/22 and new ways of working, a review was established to gather insight and learn from the experiences of the workforce about the health board's response to the COVID-19 pandemic to date.

The Board has previously discussed the importance of learning lessons from the response to COVID-19 and the need to understand the ways in which change happened, how it was managed as well as the impacts, benefits, value and challenges of the changes themselves.

The review was established to reflect, learn and help inform decisions about what the health board could keep doing, what could be let go, and where investment could be made to develop an improved, sustainable, effective and efficient future.

The New Ways of Working Summary Report, attached at **Appendix A**, provides a summary of the review to date and includes thematic analysis based on the activity, experiences and insights provided the PTHB workforce. This report has informed the planning process for 2021/22 and the proposed strategic priorities for renewal and recovery (as set out later in this paper).

b) Strategic Priorities for Renewal & Recovery: Interim Annual Plan

The attached presentation, **Appendix B**, provides the Board with the Draft Annual Plan evidence and priorities for the period April 2021 to March 2022 for approval.

This sets out the Draft PTHB Priorities for the year ahead, in the context of the learning, reflections and evidence base, which were considered in detail at the Board Development session on 23 February 2021.

The approach and priorities reflect the ongoing need to respond to the Covid-19 pandemic, the delivery of essential healthcare and the ambition for renewal which has at its heart the well-being of our staff and our population.

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.

Welsh Government have determined that it is not feasible to return immediately to the three-year planning cycle and have required that an Annual Plan is submitted for the period April 2021 to March 2022, building on the Quarterly Plans developed during 2020/21.

In further correspondence received from Dr Andrew Goodall, NHS Wales Chief Executive, on 11 March and 17 March 2021, it was noted that the plans were required to be submitted in Draft form at the end of March 2021, with further development during Quarter 1 (April to June 2021).

DETAILED BACKGROUND AND ASSESSMENT

STRATEGIC PRIORITIES FOR RENEWAL & RECOVERY: INTERIM ANNUAL PLAN

Background

This attached presentation, **Appendix B**, provides the Board with a summary of the evidence and priorities for the period April 2021 to March 2022 for approval.

This sets out the Draft PTHB Priorities for the year ahead, in the context of the learning, reflections and evidence base, which were considered in detail at the Board Development session on 23 February 2021.

The approach and priorities reflect the ongoing need to respond to the Covid-19 pandemic, the delivery of essential healthcare and the ambition for renewal which has at its heart the well-being of our staff and our population.

Requirements – NHS Wales Planning Framework 2021 - 2022

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.

Welsh Government have determined that it is not feasible to return immediately to the three-year planning cycle and have required that an Annual Plan is submitted for the period April 2021 to March 2022, building on the Quarterly Plans developed during 2020/21.

The NHS Wales Annual Planning Framework 2021-22, published in December 2020, recognises that in order to move forward there needs to be the requirement to plan for a longer trajectory. The framework requires organisations to set out over the course of 2021-22 how they will manage and balance the needs of the populations, both for COVID-19 and non COVID-19 activity and seek to minimise harm, building back stronger with a route map that leads to recovery and reconstruction. A shorter, directional document is required with a focus on key commitments in Quarter One and indicative activity in year.

In further correspondence received from Dr Andrew Goodall, NHS Wales Chief Executive, on 11 March and 17 March 2021, further expectations were set out with regard to the handling and submission of plans. The health board will discuss with Welsh Government during Q1, the financial plan for 2021/22 and therefore the plan is required to be submitted in Draft form at the end of March 2021, with further development during Quarter 1 (April to June 2021).

The Framework sets out the Welsh Government Priority Areas, Ministerial Priorities and Statutory Requirements:

Welsh Government Priority Areas

- Harm from Covid itself
- Harm from and Overwhelmed NHS and social care system
- Harm from reduced non COVID activity
- Harm from wider societal action/lockdown etc

Ministerial Priorities

- Reducing health inequality
- Primary Care
- Mental Health
- Timely access to care
- Prevention
- Decarbonisation
- Social Partnership

Statutory Requirements

- Legal duty (financial responsivities for scrutiny by Audit Wales)
- COVID-19 requirements
- Socio-economic Duty
- EU transition
- Social Services & Wellbeing (Wales) Act 2014
- Welsh language (Wales) Measure 2011
- Nursing Levels (Wales) Act 2016

- Regulation and Inspection of Social Care (Wales) Act 2016 Regulation & Inspection of Social Care in Wales Act
- Wellbeing of Future Generations (Wales) Act 2016
- Public Health (Wales) Act 2017
- Public Health Wales Act 2017
- Smoke-free premises and vehicles (Wales)
- GP Indemnity in Wales
- Health and Social Care (Quality and Engagement) (Wales) Act 2020
- Equality Act 2010 Equality Act
- Health & Safety at Work etc Act 1974 and associated legislation.

The Framework also refers to the following '**Enablers**' that will support implementation:

- Workforce
- New technologies and ways of working
- Finance
- Regional working
- Partnership working
- Communications and engagement
- Research and Development

Other Requirements

- A Minimum Data Set is required, providing a range of data giving trajectories on bed numbers; Test, Trace and Protect, Workforce, Core Activity and a detailed Finance return. It should be noted that it is no longer required to complete the Mass Vaccination tab.

National NHS Recovery Plans have been published by both NHS Wales and NHS England in March 2020 and these also inform the planning for both this Draft Plan and the further work required during Quarter 1.

Planning Process

In order to inform the development of the plan, sessions have been held to explore the evidence base, to identify critical renewal priorities and to scope the content of the plan. Executive Directors have led sessions with their respective directorates to discuss and contribute to the plan, and the Minimum Data Set accompanying the plan has been and discussions held with the Local Partnership Forum to engage staff side partners on 18 March.

The plan has been developed with input from the Board at a development session on 23 February. A session with Powys Community Health Council on 19 March took place to discuss looking ahead into 2021/22 and to reflect on patient insights and experience. A Joint Executive session with Powys County Council on 2 March provided a checkpoint to ensure alignment of the Plan with Local Authority corporate priorities.

Ongoing discussions have taken place across a number of partnership forums and the Regional Partnership Board, Public Services Board and Mid Wales Health and Care Committee priorities are referenced in the plan.

Planning Framework

This Annual Plan takes a step by step approach in order to focus on the critical priorities moving forward that will have the greatest positive impact for the people of Powys.

Step One is a reflection on what has been learnt by the health board during the pandemic so far. This helps to understand where there have been areas of positive development and where improvement is needed.

Step Two focuses on understanding the impact the pandemic has had on the population of Powys. Using an evidence-based approach to determining critical priorities to ensure effort is spent in ways that will make the most difference in areas of most need. There are significant needs that are identified as a result of the pandemic, the issue of inequity and health inequalities emerging particularly strongly.

Step Three outlines the current position of health service provision for patients/service users and communities. This includes information on how long people are waiting for access to services, particularly planned care appointments and operations, but also support with for example mental health, therapy services and other key health service support.

Step Four draws together the evidence from the previous three to form critical priorities for the year ahead. These include the continuation of the measures to manage the pandemic, particularly the Test, Trace, Protect service and the COVID Vaccination service. Alongside this is the further acceleration of the provision of essential and routine services, recognising the current access challenges brought about by the pandemic.

Steps Five and Six outline the proposals and actions being developed to make a positive change for and with the people of Powys. These remain under development into the Quarter One of 2021/22.

The core **Values and Principles**, developed by our workforce and stakeholders, remain fundamental and well-being is a key priority at this challenging time. This includes the ability to be involved in how services develop to meet the needs of our population; how the organisation itself develops and operates including its role in regional and national collaboration, and how individuals can thrive through their work in the health board. The commitment to work with Trade Unions and partnerships continues to be strong and is fundamental across this Annual Plan.

The Plan builds on the framework of the shared long term Health and Care Strategy, **A Healthy Caring Powys**, reflecting the important role of the regional partnerships including the Powys Regional Partnership Board, Powys Public Service Board, Mid Wales Joint Committee and work with other health boards and systems in both England and Wales. There are existing commitments to transformation programmes which are reflected in the plan.

It also highlights the collaboration across third sector organisations who have worked together to respond to the pandemic.

The plan responds to feedback received from PTHB Board at the Board Development session and from continuous stakeholder and public engagement. It is recognised that further engagement is an important and necessary part of the next stages as the health board, its partners and Welsh Government continue to develop individual and collaborative plans.

The Plan sets out the **immediate priorities** of the Covid Response and Delivery of Essential Healthcare.

The plan also describes a set of **renewal priorities**, these are developmental and subject to scoping and the decisions made during Quarter 1 with regards to financial allocations and investment opportunities.

The **enablers** for the plan continue to be those set out in the strategy of Workforce Futures, Digital First, Innovative Environments and Transforming in Partnership.

NEXT STEPS:

The Board is asked to APROVE the Draft Annual Plan evidence base and priorities and following this it will be submitted to Welsh Government to meet the deadline of the 31st March 2021.

The date for the submission of the final plan has not yet been confirmed. Further development and alignment, including the scoping of the renewal priorities in line with the approach to recovery planning in both NHS Wales and NHS England will be progressed.

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.

Work in developing this Annual Plan has highlighted that our health and care strategy 'A Healthy, Caring Powys', developed with the people of Powys remains relevant and will be the mainstay of recovery and renewal.

A full Impact Assessment will be carried out for the final version of the Plan and any strategic decision making will consider the Socio-Economic Duty in addition to the existing statutory requirements.

IMPACT ASSESSMENT

Equality Act 2010, Protected Characteristics:

	No impact	Adverse	Differential	Positive	Statement
					Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken
Age		X		X	There are adverse and positive impacts relating to changes to service delivery in line with national guidance in response to the pandemic, which will continue into 2021/22. A full impact assessment will be carried out for the Final Plan.
Disability		X		X	
Gender reassignment	X				
Pregnancy and maternity	X				
Race	X				
Religion/ Belief	X				
Sex	X				
Sexual Orientation	X				
Marriage and civil partnership	X				
Welsh Language	X				

Risk Assessment:

	Level of risk identified				Statement
	None	Low	Moderate	High	***Please provide supporting narrative for any risks identified that may occur if a decision is taken***
Clinical			X		To be considered as part of the process of assessing impact and opportunities against the formal consultations as appropriate; this will inform the Powys response to formal consultations.
Financial			X		
Corporate		X			
Operational			X		
Reputational		X			

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

SUMMARY REPORT:
Gathering insight and learning on PTHB's response to the COVID-19 pandemic

This report

This report is for the Powys Teaching Health Board (PTHB) workforce and provides a summary of the project to date and includes thematic analysis based on the activity, experiences and insights provided by you, the PTHB workforce.

We would like to thank you for your time and effort in your responses and contributions to this project and your continued support in driving and implementing positive changes that benefit our colleagues, our health board and the people of Powys.

Acknowledgements

Author and project lead: Danielle Sapsford

Acknowledgment of the project team that provided feedback throughout the delivery of the Tiers goes to Amanda Edwards, Sarah Powell, Adrian Osbourne, Vicki Cooper, Emma Peace, Phedra Dodds, Greg Chambers and Rhys Brown.

Special mention is given to Emma Peace for conducting a series of follow up conversations with several respondents who had requested the opportunity for further discussion and to Alison Trott, Alexandra Gampel, Kathy Jones-Williams, Peter Richards, Heather Wenban, Aled Fletcher, Louise Elston-Reeves and Chris Storer who each volunteered to support the project and provided high quality analysis of the Tier B responses – their input was invaluable. Sixty-one respondents to the Tier A questionnaire put forward their names to support this and ongoing work into developing and using this learning, the ideas proposed, new innovations, new ways of working and driving quality improvement across PTHB. We extend our thanks to you all.

Introduction

Why this? Why now?

There has been a number of important changes implemented at pace across our health board since March 2020 and we need to understand the ways in which change has happened, how it was managed as well as the impacts, benefits, value and challenges of the changes themselves. We want to reflect, learn and help inform decisions about what we now keep doing, what we let go, what we invest in and develop for an improved, sustainable, effective and efficient future.

To meet these needs a project was proposed to gather insight and learn from the experiences of you, our workforce about our health boards response to the COVID-19 pandemic to date.

Project Aim and Objectives

PROJECT AIM

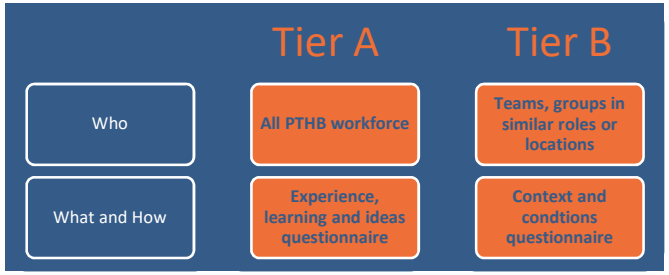
To gather insight and lessons learned about PTHB response to the COVID-19 pandemic

PROJECT OBJECTIVES

- To reach out to the PTHB workforce to identify the changes, new ways of working and new innovations introduced across PTHB in response to COVID-19
- To gather information and insight from the PTHB workforce about their experiences of change, the lessons they have learned and their ideas
- To produce outputs that highlight the lessons learned and describe the changes and new ways of working that might be considered for sustaining in the future
- To gather and present ideas that could be considered for exploring, developing, testing or investing in, in the future

Approach

How we gathered insights and learning from the PTHB workforce

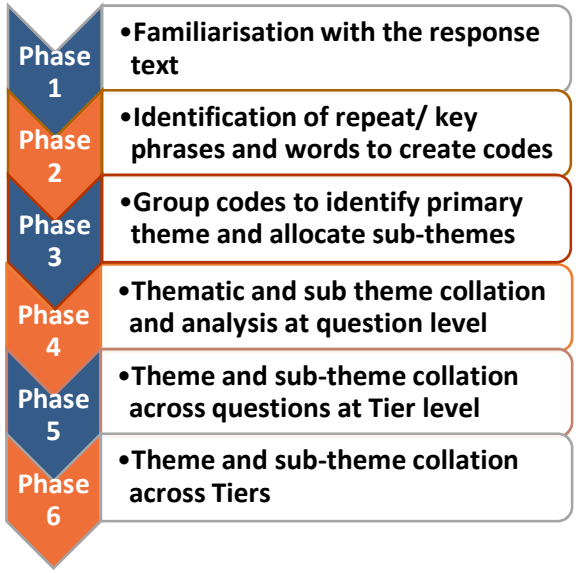


Tier (A) was designed to reach the entire PTHB workforce recognition everyone has valuable experiences, observations and ideas that we can learn from. The primary method was a questionnaire that asked about experiences of new ways of working, change and innovations as well as learning and ideas. During the implementation phase of Tier A people fed-back that they were conducting other similar pieces of work so rather than duplicate effort, time and resources we adapted our analysis methods to be able to incorporate responses through other means. These included a service level SBAR and a full paper from across the Therapies and Health Sciences Directorate.

Tier (B) focussed on the context and conditions around change and the questionnaire - which was completed by teams and groups of people in similar roles or locations - was grouped into themes of collaboration, community, leadership, behaviours, innovations and value.

How we analysed the insights and learning from Tiers A and B

Responses were analysed responses through a 6 phase manual thematic coding method. Starting at question level, before iterative collation across questions within each Tier level before collation across Tiers A and B. This followed 6 phases.

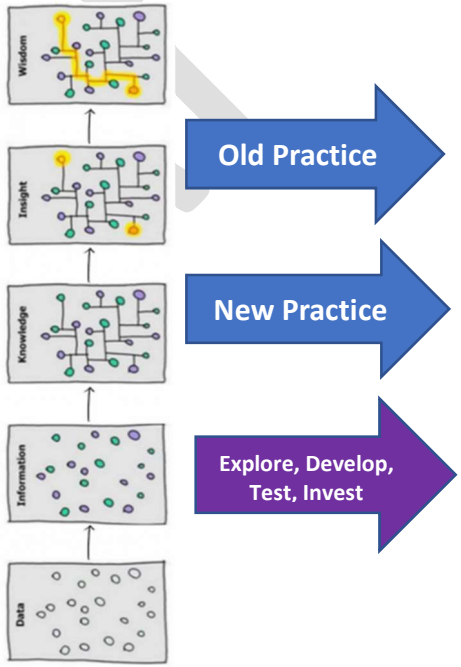


We have also used a new tool - 'collective sense making'- developed in response to COVID19 for mapping and rationalising change. It helps organise what has been started and stopped, what will end, what should be amplified, what should be abandoned and what should be restarted. We found however, that this tool did not allow us to include the learning and ideas that you shared around 'what else and what new next' – that is things we weren't doing before the crisis and didn't do during the crisis, but your experience, evidence gathered and learning from the crisis suggests that it is worthy of consideration for exploring, developing, testing or investing in, in the future. So we have developed the model by adding a new section that allows us to include the 'what else and what new next'.

The illustration shows the original model developed by Burbidge (April 2020) with the addition made by Sapsford (August 2020).

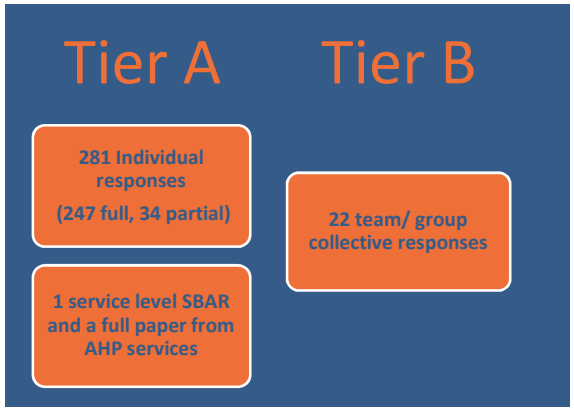
How we will use the insight and learning

The exact application, activities and ways in which the insight and learning from this project will be used are the next phase of work and the detail will develop in due course. The overarching approach however is illustrated below and shows that the future for PTHB, the 'new normal' will use the learning and insights to reach a considered, informed combination of old practice, either in its original state or adapted, new practice from the crisis period and pursue new and improved ways of working, innovations and intelligence to enable continual advancement and progress.



RESPONSE RATES

Response rates across both Tiers A and B exceeded expectations.



But it is not just the considerable number of responses received across these Tiers that surpassed but the time you invested in your answers and the quality, depth and emotional and experiential detail provided. We were in equal measure grateful for your responses and humbled by your comments, such as those below.

"I'm so, so grateful you ask for everyone's opinion"

"I'm so proud to work here, and being asked about my opinion makes it even more special"

"Thanks for asking"

Findings

The ways you, our workforce have experienced the pandemic so far, what you have done, what you have learned and your ideas for the future were extensive and well-articulated. You provided insight at the individual, team and service levels with learning that has potential to transfer to other areas in the heath board as well as experiences, observations and ideas that are relevant across health and care services in Powys.

Clear themes and sub themes emerged both within and across the questions and in almost all cases there is evidence of variation in experience, benefits and challenges noted as well as solutions and ideas to be considered going forward. It was widely recognised that there have been significant changes, at pace, that have altered the context PTHB will operate in going forward and that this moment in time is an opportunity to review what remains important, relevant and should be prioritised in this new context going forward.

The most significant and prolific change discussed was that COVID-19 forced a rapid transition to remote and digital methods of working, delivering services and engaging with others. The high-level themes that emerged show that the most prominent change experienced was in the way the you, the workforce make contact and communicate with your patients and service users, your colleagues and other

health professionals and that this has been heavily dependent on IT infrastructure, systems, equipment, connectivity and IT support. This naturally led to a theme around the critical role of IT in the pandemic and in the future. The importance of communication was a clear theme in itself, but one that thread through most themes. The new models of working arrangements were widely discussed noting benefits and challenges. The culture across the health board, leadership and management as well as your perceptions of value and commentary on your own health and wellbeing were discussed in depth. There was a clear recognition that the pandemic has bolstered a shift towards a culture of Quality Improvement (QI) and innovation. The motivations and desire to capitalise and sustain this shift and the commitment to driving innovation and improvement is clearly evident in the responses. Preparedness for future crisis built on the learning from the experiences of COVID-19 emerged as a clear theme incorporating several other elements, such as Personal Protective Equipment (PPE) and maintaining skills for rapid redeployment.

Each of these themes are discussed in turn, with their associated sub-themes as noted in the illustration.

THEME	SUB-THEME
Contact with patients and service users	•Increased self-care among patients and service users
Contact with team members, colleagues across PTHB and external organisations	•Collaboration
Crtitical role of IT	
Importance of effective communication	
New models of working, patterns and expectations	•Redeployment
Culture: PTHB and its workforce	•Leadership and management/ Value and recognition/ Staff health and wellbeing/ Behaviour
Drive for QI and innovation	
Preparedness	

CONTACT WITH PATIENTS AND SERVICE USERS

What has changed?

Contact with patients and service users changed significantly across the health board. Almost all face to face contact ceased, with the exception of those in an inpatient setting or assessed as it being essential for them to continue to receive visits and appointments.

Across all services contact has been rationalised and prioritised and several services report considerable numbers of people discharged from their caseloads. Some services, notably palliative care, have experienced an increase in demand and these teams, as well as some other nursing services have found that changes elsewhere in the system – such as a reduction in GP/patient contact – have caused increased demand on them for face to face contact with patients.

The majority of services have offered remote contact, primarily over the telephone which although was a method used prior to COVID-19, has scaled up significantly. Some services have utilised on-line platforms for video consultations and assessments as well as social media and email for the delivery of information and general communication with their patients and service users. There have been other - non-tech enabled - new ways of connecting established, such as walking, garden and other outdoor appointment arrangements. These have been implemented in a few service areas, but may be suitable for adopt and scale elsewhere in the health board.

What has been the key learning?

- There are situations where virtual contact is preferred, brings benefit and adds value, for service users and staff.
    - Benefits include "*increased scope of services offered"*, *"greater flexibility to service provider and user", "enabled choice for the patients"* and "*makes service accessible and equitable"*. Some respondents reported they found *"For most of the patients, working remotely is proving to be equally efficacious when compared with meeting them in-person"* and that *"Effective health care and services are not dependant on the ability to see clients in person and that alternative approaches to accessing services can increase client satisfaction, ease of access and increase the provision available."*
    - Some service users were found to respond better and prefer contact via digital technology and social media
    - Some services introduced telehealth and remote monitoring and have found positive outcomes for services in being able to maintain oversight and in increasing service user confidence.
- There are situations where remote and virtual methods present challenges or are not appropriate
    - Three primary reasons for remote or virtual contact not being appropriate for some people were learned: Lack of equipment, connectivity

or digital skills to be able to engage; Some people are not comfortable, confident or willing to engage in this way; Some people have conditions that make it difficult to engage through technology or have needs that cannot be met without face to face contact.
    - Clinicians identified difficulties in some cases with meeting needs, developing and maintaining rapport, diagnosing, reviewing or treating some conditions remotely.
    - We do not yet have a good understanding of what is not achieved through remote contact.
- There is a need to disentangle the challenges with remote or virtual contact from the impacts – evidenced and anticipated - of the absence of face to face contact.
- Both the types of remote or virtual methods implemented and the weighting these have in relation to face to face contact in future delivery models should be bespoke to individual services and informed by a robust understanding of challenges, appropriateness and benefits.
- The rural context and vast geography of Powys brings complexity and challenges with remote and virtual contact, but it is also this geography and rural context that reinforces the need for remote and virtual contact.
- Digital inclusion and access is variable across the people of Powys
- Digital inclusion will become increasingly key to accessing services going forward and supporting and upskilling people is key to engagement and equity in access.
    - Collaborative working with other organisations, particularly the third sector may expedite digital education, inclusion and access for the people of Powys. Utilising public spaces enabling access for people who do not have the equipment or connectivity could be explored – i.e. securing/equipping community spaces or pharmacy consultation rooms for people to use for virtual appointments.
- Access to equipment is essential for staff to provide remote or virtual contact. Currently some staff are using their personal equipment - which causes concern - or are unable to provide a service which is having an impact on what can be offered.
- A training need has been identified around delivering services, consultations and other forms of contact optimally through remote and virtual methods.
- On-line platforms and social media – such as YouTube, Facebook, Twitter and Instagram – have been utilised to good effect by some services.
- Several new ways of working could be considered for adopt and scale – such as the use of remote monitoring/telehealth; social media for providing information; and telephone triage, which is showing benefit in managing footfall and appropriate attendance.

INCREASED SELF-CARE AMONG PATIENTS AND SERVICE USERS

What has changed?

Increased self-care has been observed across several services over the COVID pandemic to date. There are many references to service users becoming more competent and independent and that this is having positive benefits for service users and for lessening demands on services and staff.

While it is acknowledged that self-care existed and was promoted pre-COVID, the increased prevalence, motivations and capabilities demonstrated is something people want to sustain and progress. Some services have reported that they have found that their own teaching methods around self-care are improving as they support the education and upskilling of their patients and clients.

What has been the key learning?

- Patients and service users are more capable of self-care than - we or they - previously thought.

"I have learnt that our patients can do more".
"I have been surprised by patient abilities for self-care"

- The context caused by the COVID-19 pandemic has lessened some of the reluctance to engage with self-care and has had the effect of motivating some.

"Teaching patients to self-care was always the case but families did not usually engage however during this period families and patients were more open to new ideas and new ways of working"

- Increased self-care has important benefits for service users including increased/maintained independence and ownership of their own health and wellbeing.

"Through educating the patient in self-caring […] it allows them to be more independent in taking control of their own care. This also allows us to be free to spend more time with our patients on the caseload who have complex needs or are palliative".

- Increased self-care relieves pressure and demand on services and staff time enabling a re-focus of time/attention/resource where needs are greater/more complex/clinically required
- Digital inclusion will become increasingly relevant to the ability to self-care.
- Personal wearables, telehealth and the provision of remote/self-monitoring equipment are important considerations for enabling and progressing self-care.
- Staff have developed their skills and *"improved their teaching techniques"* for educating their patients and service users in self-care and management during COVID.

CONTACT WITH TEAM MEMBERS, COLLEAGUES ACROSS PTHB AND EXTERNAL ORGANISATIONS

What has changed?

Compliance with social distancing and the Government directive to work from home if possible, saw a significant shift towards remote and virtual methods for communicating within teams, across services and the broader health board as well as with other agencies and health care professionals. There has been a combination of the introduction of new and increased use of existing technology. This has been predominantly through Teams and Skype for meetings, but the pandemic has also accelerated a move to the use of these on-line platforms for the remote delivery of training.

What has been the key learning?

- Remote and virtual meetings bring efficiencies in time and costs, primarily as a consequence of not needing to travel.
- Remote and virtual meetings have increased contact frequency, access and attendance (in part related to not needing to travel to engage).
- Virtual meetings were discussed as *"more productive"*, *"more efficient"* and preferred for being *"more effective"*
- Negative experiences were related to poor connectivity and/or inadequate low-spec equipment causing problems with access and creating anxiety and frustration; exhaustion caused by back-to-back meetings; and loss of face to face interaction and the benefits – social and otherwise – this provides.
- Virtual meetings have both enabled and bolstered collaboration within teams and across the health board.
- Digital technology has *"improved relationships"*, *"better communication"* and increased collaboration with external partners and agencies.
- Huddles, handover and supervision through virtual means have benefits and could be considered for adopt and scale. *"daily huddles[…]include patient handovers[…] have become more efficient held outside of what was at times a busy office environment with interruptions. They have also provided a platform to check in with each other and catch up with cascading information and sharing best practice"*
- Social media, notably the staff Facebook page and CEO sessions were repeatedly cited for facilitating connection between and across the workforce.
- Training over digital platforms has shown benefit in terms of increased access and attendance, reduced costs (travel/expenses/venue) and removal of limits caused by venue capacity. This model could be considered for adopt and scale across the health board and extended to training with partners in care homes, for example.

COLLABORATION

What has changed?

During COVID-19 existing collaborations have strengthened and many new collaborations and working relationships have come about – within teams and services, across teams and services in the health board and with external agencies and partners, the community sector, the community and the people of Powys. COVID has both motivated and necessitated people to work together and provided a shared goal and agenda, a generally agreed prioritisation around needs, service delivery and of ways of working. It was repeated that collaboration has been made more possible by the new technologies for remote and virtual connection introduced - *"Microsoft Teams has enabled collaboration"* and that attitudes have been focussed on working together *"there was a real energy to work together and make things happen"*

What has been the key learning?

- Collaboration has been driven by a shared goal across the health board and wider system locally.
- Widespread collaborative working has been enabled and facilitated by new (remote and virtual) ways of working and in particular less reliance on face to face meetings. This has increased accessibility and ease of engagement particularly internally and with some external partners. However, it was learnt that because some providers (NHS Trusts/contracted providers) did not have Microsoft Teams alternative media had to be used which often proved unreliable and was a barrier to the progress of some collaborations.
- COVID spurred a general shift in attitude towards 'wanting' to work collaboratively.
- The *"importance and value of cooperation and collaboration"* internally and externally was a key learning point noted which has come about as a result of the experience of the *"huge amount of cooperation and collaboration within PTHB and with other health boards"* that has come about during COVID to date. Specific mention was made that the period has reminded and reinforced importance of multi-agency working. The responses included several comments around experiences of more working closely with others, of strengthened relationships and many references to collaborations with external agencies and organisation, specifically the third sector
- Many teams have successfully established new partnerships and collaborations and this has been described as *"bringing cohesion within the health board".* There was a clear theme around increased and improved communication internally and stronger intra-team working and cross-team working in the Health Board. *"We've worked more closely with some departments which has had a positive effect on building new relationships in work".*
- Staff groups have benefited from working more closely with their colleagues, and have made clear their hopes for the continuation of the *"one team"*

approach that has emerged and the outcomes that for some include the adoption of new

- Through the experience of strengthened partnerships, new partnerships and working relationships teams have learnt the benefits of collaborating especially in involving third sector parties and have started to jointly determine how to decide what is a clinical need and a social need.
- Local communities in Powys have been an important source of support and collaborators in meeting the needs of the people of Powys
- Collaboration across the hierarchy has helped to place a value and purpose on everyone's roles and contributions
- Some parts of the workforce have experienced the 'opposite of collaboration' where changes elsewhere in the system have increased pressure, demands, workload and expectations on some of our teams. These were described on several occasions and included changes in social service visits, the impact of GPs withdrawing from providing some care and services, a general reduction in GP visits and with specific regard to palliative care changes in both ShropDoc and GP engagement.

THE CRITICAL ROLE OF IT

What has changed?

The use of IT has increased significantly since the onset of COVID, this has been described in the first two major themes presented around the increased use of existing technology and the new ways of connecting with service users, colleagues and external organisations through digital and virtual means. IT has been the backbone of the new ways of working and communicating.

The critical importance of IT in the COVID-19 response is clear, as is its importance going forward. IT was a predominant theme throughout all the question responses and it was noted repeatedly as the central tenet to facilitating, maintaining and in many cases improving contact with the workforce, teams, patients and service users, both during the pandemic, but in the future also.

IT was discussed in terms of the enabling conditions required to function optimally, be sustainable and progressive. This emerged through the analysis as five key areas: Infrastructure; Connectivity (i.e. WiFi/ internet); Systems; Equipment; Support.

- **What has been the key learning?**
- *"Technology is key"* IT is critical now, during COVID and for the future of the Health Board and therefore needs investment

- *"technology has improved the way we work"* and is a root cause of the efficiencies and effectiveness experienced during the pandemic and critical for progress and development here on.
- To *"understand and respect the reliance on and need for adequate, robust IT*, reliable connectivity and access to appropriate, fit for purpose equipment
- To create efficiencies in the system *Traditional ways of delivering services are out dated and inefficient, so continuing with technology solutions would help to maximise future capacity and ensure efficient use of resources whilst maintaining best practice"*;
- To move forward *"We should also continue to develop and upgrade our technology, reporting and database systems to ensure that this does not limit our abilities as an organization to deliver".*
- IT support has been commendable, but needs further investment in the future *"IT support has been exceptional and I applaud their commitment to keeping us all working as well as possible"…"There needs to be more support available – this is not a reflection on the IT team, they have been great, but more a strong suggestion that there needs to be more investment in IT and that includes the people with the knowledge to provide the support"*
- Resourcing and investment, proportionate to the importance of IT was a clear theme that related to support, infrastructure, equipment and systems. It was widely acknowledged that the significant shift to remote, virtual and telephony caused by / accelerated by COVID19 resulted in unprecedented pressure on the IT support services and there are many comments commending the ICT team for the support they have provided. There is however an acceptance now that the direction of travel is set and investment in IT and the new ways of working will need a reinforced and sustained support provision.
- There are IT training needs across the health board to enable staff to work optimally in an environment that requires people to be more IT literate and competent
- That some existing systems, such as WPAS, need adapting to better reflect the new ways of working to ensure accurate records of time/ activity attribution.
- A key issue highlighted in relation IT was around the variable connectivity across Powys as a region and it was strongly suggested that an exploration to identify the problem areas, barriers and solutions to enable digital inclusion for staff and server users alike, was needed.
- All staff need access to appropriate equipment to be able to work effectively and efficiently in line with the new models of remote and virtual working. Repeat items raised were around access to VPNs, needing laptops equipped with appropriate software, a camera and mic to be able to engage in Teams/Skype and other platforms for patient contact and consultation. Smart phones were repeatedly requested because many staff have phones unable to connect to the internet or use apps, which is rapidly becoming essential in day to day work requirements.

THE IMPORTANCE OF EFFECTIVE COMMUNICATION

What has changed?[1]

COVID was new and the understanding of it light, but emerging in the early days of the pandemic. Nationally information and guidance was released daily and in some cases changing regularly. As a result, communication levels increased everywhere from many sources during the pandemic period and the importance of communication was perhaps greater than it has ever been because of the significance it had to safety, expectations, priorities, of managing risks, of protecting and supporting the NHS and people locally, regionally, nationally, internationally. PTHB mirrored this widespread trend, working hard to keep up with the new and changing information and guidance and cascade it throughout the health board. New ways of doing this were employed, including a daily bulletin and videos over Facebook.

Another change that needs acknowledging in relation to communication was that this period was and remains a time where our staff are living and working in a pandemic and many are at the forefront so the need for robust clear information was and remains critical, not only for safety but also in managing anxiety.

What has been the key learning?

- *'Communication is Key'* and the provision of accurate information is critical for a shared understanding, safe and compliant practice but also important for staff to keep them engaged, involved and relates to perception of their value to the organisation *"Good communication helps people to feel involved and valued"* and helps staff "remain engaged and onboard", "feel included and appreciated" and that *"Providing information to staff and patients alike helps everyone feel that they know what is happening and why"*.
- The absolute necessity of effective, consistent, concise, clear, honest, timely, succinct communication to all staff – including Bank - through a robust line. This necessity is rooted in experiences that have been both good and poor.
- Provision of information needs to be relevant i.e. secondary care guidance is not relevant to community staff
- There is a need to establish ways to listen to staff and improve participatory 2-way communication between strategic and operational, particularly front line
- There is variation in the filtering and receipt of information across the health board, which has the impact of variation in understanding and practice across services. This has been related to a non-standardised, centralised communication methods and variation in interpretation by some leaders and managers.

[1] Context for this section: Communications, as discussed in other primary themes has move towards the remote, digital and virtual. In this section, rather than repeat experiences of the methods of communication that changed over the pandemic, we focus more on the experience of communication, information gain and exchange more generally.

- There was significant support for the continuation of the Facebook page and specifically the CEO video comms that have been successful in *"keeping staff well informed of the ongoing situation across the organisation"*. It was clear in the analysis that the CEO communications had important additional affects for staff, not only in terms of raising the visibility of the CEO – and it was important for many staff to have visibility of the senior leadership during the crisis - but this also had the effect of helping staff to feel reassured, valued, and *'in it together'. "I appreciated Carol Shillabeer's tone of reassurance to all PTHB staff".*

NEW MODELS OF WORKING, PATTERNS AND EXPECTATIONS

What has changed?

The national directive to work from home if possible, saw a significant shift in the model of working for most of the PTHB workforce. Flexible and remote working, while in existence was not the norm pre-COVID.

What has been the key learning?

- *"That staff can work effectively from home"*
- *"That staff are flexible and will rise to the challenge, that they can be trusted to work from home, but they need to feel supported to do so with the provision of necessary equipment"*
- Many benefits of working from home were expressed and included: increased productivity, effectiveness and efficiencies; cost savings – to the individual and the organisation (in relation to expenses and estates); reduced demand on office space; enabled social distancing (which relieved some COVID specific fears); improvements in work-life balance and wellbeing; the multi-faceted benefits of reduction in travel – reduced stress, fatigue, cost savings, environmental benefits, more time for patient contact; and a recognised potential to improve the recruitment pool and retention of staff from within and outside Powys – *"It would mean that recruiting would potentially reach out wider to those who may be put off applying due to significant travel".*

- There are challenges with increased working from home and these relate to reduction in social interaction and increased social isolation, lack of proper office furniture and equipment; poor connectivity; for some, the difficulties in demarcating home and work when they exist in the same space; and for some concerns over confidentiality when contacting clients.
- There are some frustrations expressed around the perceived inequality in permission to WFH, role expectations and workload distribution. Some staff have experienced increased workload *"Very intense work and timescales have meant working way above normal working hours including evenings and weekends to meet the needs of the service. This is not sustainable long term, it is now leading to burn out"* while others experienced a reduction in workload. Learning provided relates to the need to ensure equity in workload/ caseload distribution so that there is balance and equality across the workforce.
- Remote working/ working from home is reliant on having appropriate equipment and connectivity to do so. Some people do not have this.
- Benefits of new models of working extend beyond individual staff to their services and service users. Examples include parity of service, reduction in waiting times and waiting lists; increased time for patient contact (reduced travel between clinics, surgeries and patient appointments. Direct benefits felt by patients as they had no cost or travel to meet.

REDEPLOYMENT

What has changed?

COVID brought about a rapid mobilisation of the workforce to redeploy in support of the pandemic response. This was unprecedented both nationally and at health board level.

What has been the key learning?

- Redeployment has been a positive experience for some related to their upskilling, experience gained by working in other areas and in facilitating the development of better working relationships.
- Redeployment for some was a cause of great anxiety which for some individual's related to the feeling their re-deployment was inappropriate and for others concerns around skill levels and competencies to perform the redeployment role.
- Communication could be improved in relation to redeployment selection, decisions and expectations and this needed to be clear, direct and timely. Communication was discussed in relation to feelings of worth and value as well as a cause of anxiety and reduced morale.
- Staff need to feel properly skilled and competent in their redeployment roles - for many staff their selection required upskilling at pace and some felt that they were not appropriately trained and upskilled to be competent in their redeployed roles.

- Clear transparent criteria for selection of staff /teams to be redeployed was requested, to demonstrate fairness and equity in re-deployment decisions, opportunities and workload expectations
    - There is frustration expressed by some that redeployment was not shared out evenly between teams and that some were overworked and others perceived as having little to do.
- An assessment of where posts should be redeployed to should be conducted to ensure there is a need, that those selected to be redeployed can meet that need and that the host team/service can accommodate redeployed staff.
- *"There is a need for an assessment of the fragility of a service being asked to redeploy staff"* to ascertain whether it compromises the ability for that service to operate safely and effectively
- Appropriate re-deployment that takes into consideration people's individual circumstances such as their risk levels, their family situation and in particular where there are family members who are vulnerable / shielding
- Staff should be considered for their skills and experience and these should be utilised optimally
- It is important to maintain the competencies and skills gained during COVID to enable rapid redeployment in the future

CULTURE: PTHB AND ITS WORKFORCE

What has changed?

The culture in PTHB was reflected in two primary ways – PTHB as a place to work and the PTHB workforce. The majority of responses that made references to PTHB as a place to work were positive, and there were very many comments that referred to being proud to work for PTHB and identified the importance and value of supportive colleagues. *"The level of care that I have witnessed from all staff - domestics, kitchen, HCA, nurses, therapy staff and doctors has been second to none. it has made me proud to work for PTHB and to be able to call them my colleagues"*

There were however a few that raised concerns and expressed negative experiences and some roles were more commonly represented in this group of responses. Analysis shows that in some cases the variation in experience is linked to direct management, where some experiences are exceptional and others poor, and this is discussed as a sub-theme in more detail in the next section. Further sub-themes emerged around value, staff wellbeing and behaviour.

What has been the key learning?

- In the main working for PTHB has been a positive experience through the pandemic, and many expressed they were *"proud to be part of PTHB",* felt that *"staff matter'* and are valued by the organisation.

- PTHB has demonstrated adaptability and strength during the pandemic and shown that *"Everyone in PTHB is committed and determined to make things work".*
- PTHB has pulled together and generated a feeling of *"community"*, *"support"* and *"a true sense of we are in it together"* and this is important and a key point of learning: *"I have learned just how valuable and how important the community within PTHB is".*
- Supportive colleagues and management have been critically important during the pandemic
    - The importance of colleagues and teams was the most commonly referenced lesson learned for individuals and included many references to the importance and value of teamwork in supporting each-other
    - Many have learned the quality/qualities of their colleagues, that the workforce are the *"biggest asset"* in PTHB and have *"worked tirelessly"*, demonstrating "*We are resilient, dedicated and innovative"* and *"We have skills, experience and abilities we didn't know we had until we needed them".*
- Some staff have had negative experiences and these are mostly related to direct management.
    - Some have not raised their concerns either because they feared the consequences of doing so or were not clear on how to and would benefit from a communication on how to raise concerns and grievances

LEADERSHIP AND MANAGEMENT

What has changed?

Leaders and managers were required to rapidly mobilise in response to the pandemic and this meant stepping up to manage in a unprecedented crisis situation.

What has been the key learning?

- Leading and managing in a crisis situation is different to leading and managing under normal conditions
- The most important and effective leadership qualities identified were communication, support (including empathy, flexibility and accessibility), proactive management and timely decision-making.
    - Clear, concise, regular communication is important to ensure people feel included, valued, reassured, supported and informed. When communication was felt to be vague and inefficient, people reported increased anxiety.
    - When management (from team leads to director-level) were visible and made themselves available on a regular basis people felt this showed concern for their wellbeing, helped them feel valued and supported and helped reduce anxiety as well as facilitated better, more regular 2-way communications.
    - A important quality was demonstrated when management took responsibility for co-ordinating/managing key operational issues and

acknowledged their role, responsibility and accountability with the organisation.
    - The ability to make/give quick, timely, clear decisions/guidance was considered important and reassuring.
- There has been variation observed in management and leadership -*"There has been some excellent leadership and really poor leadership observed".*
- In most cases management has been celebrated for excellence -*"Incredible support from our manager [name] throughout this pandemic"*
- In a few cases the experience of direct management has been less than positive
- To reduce variation, a standard of responsibility, accountability and visibility would help all understand what is required and what can expected from managers and leaders.

VALUE AND RECOGNITION

What has changed?

The pandemic has brought about many changes, not least in the ways people have been working – many stepping outside their comfort zones and going above and beyond their usual business and tasks. Efforts have been made to recognise this through for example, the distribution of donations and communications from senior management.

There were however, clear messages through the responses that all staff need recognition and to be valued, that everyone matters and recognise that everyone (regardless of position or banding) has a role to play that is valuable. -*"EVERYONE matters & has a role to provide, regardless of position in the organisation"*. The perception of how a role is valued was raised several times in many different ways and reflected things like, the decisions around prioritisation for testing, the distribution of donations as well as through decisions around redeployment and those allowed/not allowed to work from home.

What has been the key learning?

- Staff need to feel that they are treated fairly and equitable
- Staff need to feel recognised and valued for their role and contribution
- Testing needs to be made available to staff at the earliest opportunity and indiscriminate

STAFF HEALTH AND WELLBEING

What has changed?

COVID-19 was and remains a crisis situation and our workforce are at the forefront of the response. In addition to the anxieties and uncertainties of living in a pandemic our staff have taken on the risks and responsibilities of protecting and providing services to the people of Powys.

Staff wellbeing hubs were introduced during the pandemic.

What has been the key learning?

- It is important to not underestimate the experience of living and working in a pandemic and the impacts this has had/ is having on health and wellbeing
- People have experienced negative impacts on their well-being and mental health and some described themselves as *"totally overwhelmed", "tired", "exhausted"* and the *"experience has been mentally and physically draining"*
- *"Meaningful care and concern for staff"* wellbeing is critical for building an individual's resilience, a team's resilience and is also crucial for good service delivery
- Staff need time to attend to their own wellbeing
- A supportive manager and team can be an important help with managing wellbeing and building resilience
- People have appreciated the wellbeing hubs and requested that they remain in the future.

BEHAVIOUR

What has changed?

Individual behaviours have been observed to have changed since the Pandemic began. In the main, people have been described as coming together, supporting each other more and being more aware of their actions and the consequences of their actions on other people. A minority have demonstrated behaviours that have impacted negatively on their teams.

Three primary behaviours have come to the fore during the crisis to date - resilience, adaptability and kindness.

At an organisational level the primary change in behaviour described was the embracing of a positive 'can do' culture and expedition of decision-making processes – this is discussed in more detail in the next section.

What has been the key learning?

- People behave according to the information they have. Communication of accurate, timely information is therefore critical as is a clear awareness of who is responsible for what.
- In the main people's behaviour during this time has been positive, but there has been variation observed. We need to understand a) how a crisis impacts on the behaviour of staff - either positively or negatively; b) how the organisations response to a crisis situation impacts on behaviours; and c) how the organisation

response can support resilience and engender positive behaviours and attitudes.

- The most valued behaviours in responding to the pandemic have been recognised as: Resilience, Adaptability and Kindness. Followed by Leading by example, Positivity and Respect
    - How resilient people are was discussed in two primary terms, how people have demonstrated resilience and how people have learned that we each have different strengths and weaknesses and we each can have very different coping mechanisms. Everyone has different strengths, weaknesses, thresholds of tolerance, needs and coping mechanisms and these can be different/more prominent in a crisis than under normal conditions.
    - The value and importance of kindness both to others and of others has been an important lesson learnt across respondents Kindness, its value and how important it has been during the pandemic was noted several times throughout the responses and something it was hoped the increased 'kindness' demonstrated over the period was something staff hope to sustain going forward.

DRIVING INNOVATION AND IMPROVEMENT

What has changed?

COVID-19 has accelerated the introduction of new ways of working and innovations at a pace unparalleled previously.

To expedite new ways of working and innovations governance and approval processes have been streamlined and decision making has been rapid. Staff have been required to work differently and implement change and this has been described as *"permission to work differently".*

There was a clear recognition that the pandemic has bolstered a shift towards a culture of quality improvement and innovation and the motivations of the staff represented in the responses to capitalise and sustain this shift is evident.

"A culture shift has or is taking place very rapidly from one of excepting the norm of slow progress, barriers and red tape to one of a can-do attitude. It's been shown that with enough motivation, energy and political will things can change and for the better".

"The COVID19 period has shown that there is talent and creativity across Powys Teaching Health Board teams to bring forward, develop and implement innovations. Need to ensure we continue to flourish and grow this culture and talents"

What has been the key learning?

- We have demonstrated that we can adapt to change and implement innovations at pace, safely and effectively. *"Everything can be done differently and still can be safe and effective"*
- We are not only capable, but can take a lead role in the future *"We may not have the numbers of staff that other HBs have but we are innovative and can be trail blazers"…"I've learned that PTHB has huge potential to lead digitally in Wales"*
- We have a skilled and motivated workforce that want to embrace learning, drive improvement and innovation. *"We have the skills and the appetite for change. We should embrace and resource it further"… "a very flexible workforce with untapped potential!"… "This is something that we should capitalise on"…"To continue the creativity shown in challenging ourselves to work differently"…"To continue to look at new ways to innovate"*
- We are adaptable and many have gone the *'extra mile'* to support the pace of implementation of change and innovations – *"people will move mountains when required and will adapt to change very quickly"*
- Our services are more flexible and adaptable than we thought
- We have gained important learning from COVID-19 that we need to use. *"We can future proof services, resources and workforce […]with lessons learnt from this pandemic"… "consolidate what we've learnt and be ambitious about innovations and improving services"… "harness and develop some really important innovation and changes that have developed during the COVID19 period"… "We learn from experiences, and sometimes innovations don't work or we make mistakes and that's ok. The ones that do work are worth it and the mistakes we make teach us more than getting it right every time"*
- During COVID-19 governance and approval processes around the implementation of new ideas and innovations have been streamlined and timeframes condensed. This has created the environment and opportunity to both enable and accelerate innovation and improvement and has increased motivations. This has been welcomed and there is a clear call for it to remain. *"It has been so refreshing to be able to drive through change quickly without the usual barriers. It is amazing how 'easy' it is to facilitate and implement change during a pandemic! Hopefully we can continue with the 'can do' attitude and be supported to do things differently" … "Easier more streamlined processes of making service changes / improvements […] that outside of the covid response would have taken years to implement"… "I hope we continue to reduce the boundaries that stop us achieving quicker results"…"the level of changes have been significant and swift. It feels as if barriers that have been in place for in some cases years have been removed and changes have been made very quickly"…"Red tape no longer gets in the way of driving change[…]This has made a huge difference to implementing things at speed as it is often months of negotiation, papers, meetings and discussions to make any improvements".*

PREPAREDNESS

What has changed?

The COVID-19 pandemic has highlighted the need for a better state of preparedness to enable rapid mobilisation in the event of future waves of COVID or other crisis or pandemics that might emerge in the future. This was repeated many times across many of the question responses. The comments centred on three specific areas: PPE and ensuring an adequate stock or appropriate PPE equipment is readily available for swift distribution; All relevant staff complete mandatory annual training on PPE and receive an annual FIT test; and staff are routinely upskilled and provided with training and shadowing opportunities to ensure a competent and confident workforce ready for rapid redeployment.

What has been the key learning?

- Staff who have been redeployed should be enabled to maintain the skills and competencies they need for future redeployment - *"Let's ensure that our workforce continue to develop and upskill and have the opportunities to use their skills and maintain that".*
- We need to look to train staff in readiness for future redeployment needs -"*We have an opportunity now to ensure that we train staff who may be redeployed"*
- Adequate stocks of fit for purpose PPE should be maintained
- Annual training around PPE and FIT testing should be introduced - *"PPE training should be a mandatory yearly session to ensure staff were not trying to 'catch up' with training weeks into [a…] pandemic".*
- The key learning around IT in relation to pandemic or crisis preparedness was that it needs to be fit for purpose and at scale ready for rapid mobilisation and movement of the workforce.
- Major incident procedures and protocols, overarching plans and associated governance should be in place in advance, up to date and 'tested'
- Establish a way to have up to date information on the skills and capabilities of the workforce should redeployment be necessary again in the future – this will also highlight gaps in skills / capabilities that need addressing to be able to be crisis ready
- Bank staff are a key resource and *"need to be in place with good training ready to be called on for emergencies"*
- We need to be ready to meet the needs of our service users. For eg. we have learned during COVID that PPE has caused challenges with communication for people with cognitive impairments, dementia, the elderly, the hard of hearing and with some children and young people. Issues were also reported about difficulties of supporting labour in full PPE. There is an opportunity now to develop solutions to these challenges and learn from developments and innovations in train elsewhere.

NEW WAYS OF WORKING: What is and what could be…

As highlighted through the report so far, there have been many new ways of working implemented and old ways of working that have been scaled up or adapted through the pandemic to date. There has been much learning around how this has been achieved, the pace that has materialised and the appetite, acceptance and adaptability across the health board.

Some broad examples[2] in the table show that much of the newly introduced reflect IT enabled contact with patients, service users, colleagues and external peers - virtual platforms for consultations, assessments, group work, meetings and training were prominent. Other introductions included PPE, outside/walking appointments, triage over the telephone and the use of the postal service for some tests and equipment. Those 'scaled up' include telephone contact with patients email and contact over social media. Promoting patient self-care accelerated, in part driven by the motivations of patients to do so and increased provision of tools, apps, wearables and telehealth. The other notable scale up in relation to the increased use of technology enabling flexible and work from home requirements. Adapted ways of working were most evident in the office spaces, hours and patterns to comply with social distancing; moving from paper to digital systems and lenience of the decision making and approval processes for innovations and change.

Introduced	Scaled up	Adapted
PPE for all patient / service user contact	Use of IT, systems and equipment/	Office working hours and patterns
Video consultation and apps for contact with service users	Telephone consultation / contact	Office space to enable social distancing
Virtual clinics, wards, groups	Flexible working and working from home	The Prioritisation/ rationalisation of visits
Virtual meetings with teams, across health board and multi-agency	Email communication with service users to provide information	Notes/records/scripts/ invoice authorisation – moved to digital
Virtual training via Teams/Skype	Social media utilisation	Web based reporting
Telephone triage	Methods and volume of comms with staff	Use of PPE (for those who used it pre-COVID)
Walking / garden / outdoor appointments	Educating service users to self-care/ manage	Approval and governance processes for change/innovation
Postal service use for some tests/ equipment	Provision of tools, apps, equipment, wearables & telehealth	Collaborative partnership / multiagency working
Wellbeing hubs for staff	IT investment and development	Outreach / drop in models
Remote virtual handover / huddles / ward rounds	Driving innovation and improvement, pace of change.	Covering other aspects of health and care in the community
Staff upskilling for redeployment	Hand hygiene and cleaning schedules	*several service specific examples of adaptation

Several services provided detail on the new ways of working they have introduced. The following table gives a flavour of some of these:

[2] A selection of service specific examples are available later in the section

Safeguarding	*We have developed a suite of modular training for safeguarding to enable staff to fulfil the learning outcomes in the training passport*
SLT	*We quickly realised that social media platforms were the best way to access our families. We now have a YouTube channel where we demonstrate therapy approaches which are followed up with resources sent to families and telephone support. We have regular postings on Facebook and Instagram and now developing our Twitter site.*
MIU	*has now become an appointment service, patients have to call MIU to be triaged and if appropriate an appointment made. Patients have verbally stated that they prefer it this way as they have received their care within a timely manner and they "have not been sitting around for ages waiting to be seen" and also they feel safer that we have tried to reduce their risk to being exposed to COVID. We are encouraging where possible self-care for patients.*
Wound management	*Pressure area care, advice and education over the phone for patients with carers and home support; Daily support over phone/email for care homes*
Palliative care	*Covering gaps in the system (inc. verifying death) as no GP/Shropdoc visits. Palliative Care Out of Hours contact number has been a fantastic asset*
Cardiac rehab	*A trial of myHeart took place - national online cardiac rehabilitation programme – and will be reviewed for ongoing future use.*
ND and LD Teams	*The ND team has aligned with the LD team to move focus from diagnosis to providing a behaviour support service to meet immediate needs for families who are caring for a child with additional needs such as ASD or ADHD.*
Maternity	*Pregnancy booking telephone triage; Combined Maternity Day Assessment appointments; Antenatal information through YOUTUBE and Facebook Bump Talk; testing out Powys based virtual appointments with DGH Obstetric appointments; Introduced Powys Nature's Nourishment which provides on line Infant feeding support.*
Sexual health services	*Posting of medication directly to clients; Online STI Test and Post service; Midwife Led Postnatal Contraception*
Discharges D2A and CHC applications	*Complex discharges have been assessed and completed using Community Hospital beds to transfer back into Powys from the acute setting; Home First used more to facilitate non-complex discharges; Out of panel decisions and streamlined paperwork for Continuing Health applications.*
Pharmacy	*Remote clinical check service; role out of the Medicines Transcribing and Electronic Discharge (MTeD) facilitating remote (outside of ward area) management of discharge prescriptions*
Controlled Drugs	*Phone ordering replaced paper method for ordering controlled drugs*
Unnamed service	*Powys wide service rather than having geographical barriers (e.g. North/ Mid/ South) to ensure resilience and ability to sustain services if a team is off sick or unable to work clinically. All clinicians are adapting to the same triage process that can be undertaken remotely. Developed skills within specialisms, to protect the service from sickness and staff issues. Staff have undertaken additional shadowing and training to be able to manage the wards and general medical patients if there is a surge in demand"*

The key things the PTHB workforce want to keep from COVID19 response going forward

Through the responses you made clear that there are several things you would like to see continued going forward, and while some of these are specific to individual services, others are relevant across the health board – such as training delivered through Skype and Teams, the culture that has emerged for driving change and improvement and the option to work from home.

Overall, the most important thing you said you wanted to keep going forward were the new ways of working that utilised more or new technologies for contact with others – be that service users, colleagues or other health professionals.

Other examples identified and the reasons why are summarised in the table below.

Overarching Theme	Sub theme – 'hope to keep going forward'	Specific activity; innovation; new way of working; other	Reasons why it should be kept going forward	Sample of relevant quotes	Commentary
New ways of working using more or new technology	Remote and socially distanced contact with patients and clients (consultations/ appointments/ clinics / groups / advice and education) through: -Telephone -Virtual / online -Via apps -Social media -Outdoor -Post -Telehealth	-increased phone consultations / contact -Telephone triage -Walking/garden appointments -Virtual/video consultation -Virtual ward -Virtual clinics -On line groups -Increased email communications providing resources -Social media platforms (Facebook, Youtube, Twitter, Instagram) to remain connected and share information -Postal service for some equipment and medications (after remote assessment)	… reduced travel for clinician and service user …reduced travel = more time for appointments & more people can be seen …increased flexibility in appointment time …improved engagement in some services … helps promote self-care independence and reduce reliance on clinical services … universal service offer helped by social media for some services … increased access /parity of access to some services … reduction in waiting lists / waiting times in some services … telephone triage helps ensure people are directed to the appropriate place for treatment, ensuring efficient patient flow and satisfaction	*We would love to keep all of our virtual work going as it has been such a success engaging our families.* *Consultations by phone mean I don't have to commute to appointments, which is massively helpful* *More flexible in offering appointments* *Continuing to review certain patients by phone may be useful as I think it can encourage more independence and less reliance on attending* *I hope that telephone appointments and online groups will still be available to allow increased access to services.* *The option of virtual support meetings for clients, especially as transport links are difficult to our service and to minimise our travel time and increase amount of support that can be offered.*	Strong recommendation through the responses that these need to be considered as a part of the service offer / tool in a bigger toolbox that also incorporates face to face options, which are essential for some services, people, conditions, assessments, reviews, treatments etc. Recommend the weighting of the offer is determined on a service level.
	Virtual meetings with staff internally as well as with external agencies, organisations and other health and care professionals	Skype Teams	… easy to facilitate … effective … enables access when working remotely … reduces travel demands and associated costs …provides more time for other areas of work … improved communication channels … improved attendance (internal & multi-agency) … reduces costs to individual and health board	*Online meetings are more timely and efficient. Less travelling, less time wasting.* *Continue with virtual meetings (both within PTHB and multi-agency) as this reduces wasteful travel time and seems to promote better attendance* *Skype training and meetings to continue, I found they are more concise. It saves our time in travelling etc and it will also be cost effective to Health board and less time staff are away from their clinical areas.*	Linked to remote working It has been suggested that it is important for teams to have personal contact at least occasionally.
	Training over virtual / digital platforms	Skype Teams Webinars Youtube resources	… cost efficiencies … time efficiencies … effective way of learning … increased participation / access … remote access enabled	*Keep the way that training has been delivered. This has cut down costs for the health board and staff are not losing too much time from their work as travel time is nil.*	Universally positive responses and potential for pan health board adopt and scale

			…well received and positive feedback	*Online learning shows we don't need to attend in person. Much better use of time More innovative online training opportunities -really effective way of learning*	
	Social media for staff	PTHB staff Facebook page and presence on social media Videos from CEO	… good methods of connecting and communicating …provides a sense of community and 'being in it together' …senior leader visibility provides reassurance	*Videos off Carol Shillabeer - shows we are all in this together* *Carol's video updates available through FB group as are a good way to get any important notices out to a range of staff appreciated Carol Shillabeer's tone of reassurance.*	People would like CEO videos to continue regardless of pandemic status.
	Going paperless	Move towards digital notes/ records / scripts Email authorisation of invoices	… improves record management … better suited to robust audit practices and IG compliance	*We need electronic records if we really want virtual consultations so it can be done from anywhere otherwise notes will be wandering the county*	
	Enabling data sharing among HPs for patient benefit	Making patient correspondence available via WCP for visiting Consultants to access information from their base hospital. EMIS access enabled sharing between GP and clinician	… time efficiencies … up to date information available … improves patient safety … improve care continuity … clinicians feel less isolated by having this access	*Making patient correspondence available via WCP. Makes life so much easier if visiting Consultants need to access information from their base hospital. Downloading EMIS with GP surgery approval into clinicians laptops has aided shared care for clients between GP and clinician and helped to continue with service provision in safe manor*	
	Web based reporting	SMEs in IT innovating/ developing systems or advising on most appropriate system	… improved efficiencies, effectiveness and reliability of data and subsequent reporting	*IT ability to innovate and develop systems or point people to the system that they need to use.*	
Preparedness for future crisis / pandemic situations	PPE	Adequate stocks of essential items Central storage for stocks and equipment Annual PPE training and FIT testing	… so that stocks are available immediately … so staff a ready trained and competent …to avoid delays in mobilisation … to reduce staff anxiety around inadequate (quality / quantity) of PPE	*Adequate stocks of essential items should be always available and in date, so that should something like this happen again they can be sent out quickly.*	
	Staff training / upskilling	Maintain and reinforce staff training and upskilling to be "crisis ready" Pursue links with partner organisations to provide exposure and upskilling of our staff in more acute settings and offer reciprocal rural setting experience for staff of other organisations.	… to ensure we are always crisis ready … ensure staff remain up-to-date and prepared … to avoid the de-skill of the workforce after they have worked so hard to improve their skills in response to COVID …create a workforce to support the system	*Ensure staff training continues so that we are always ""crisis ready"" […] It would be a shame to de-skill the workforce after they have worked so hard to improve their skills in response to COVID - plus further links with partner organisations to allow access to our staff to more acute settings as a standard part of ongoing training, and provide reciprocal rural setting experience for staff of other organisations.*	

	Patient/ service user self-care	Promoting and enabling self-care Teaching people to self-care	… promotes and enables independence for own health and care … It reduces pressure on staff and services	*Patients being more responsible for their own health is better for them.* *We should be teaching patients and families to self-care*	
	IT investment and development	Continuing to explore and adopt improved ICT Investing in IT infrastructure, systems, equipment and IT SME personnel	… to enable work to be as efficient and effective as possible … to ensure the most optimal digital offer is available to the people of Powys	*Continuing to explore and adopt improved ICT (requires Powys ICT & NHS Wales Informatics co-operation)* *Investing in IT and communications to enable work to be as efficient as possible*	
Flexible and remote working	Working from home	To maintain WFH To enable all staff to work from home (if it is appropriate to their role)	… provides a greater work life balance … more productive / effective / efficient … less demand for office space (relevant to social distance) … less need for offices going forward – financial benefit to health board … improved well being …Remote working using virtual tools = more parity of service …Reduced travel = reduced stress; cost saving to individual and organisation; enables clinicians to be more flexible & more time for patient contact; environmental benefits; potential to improve recruitment and retention of staff	*Working from home should be considered to be done more frequently to save time and money within the departments budgets.* *Reduced travel increases time for/with patients* *We have shown that you can work efficiently and effectively out of the office as long as you have the equipment required.* *I would like to see more working from home. It has many benefits including: less office space required, reduced emissions, reduced travel costs for staff, better work/life balance for staff.* *Working from home has been more productive* *It would mean that recruiting would potentially reach out wider to those who may be put off applying due to significant travel.*	The benefits of working from home do rely on having the appropriate equipment and connectivity to do so. Some people do not have this. Some other negatives have been raised regards social isolation; lack of appropriate office space and furniture; impeding home space
Driving and enabling change	Driving change and improvement	Promote innovation, improvement and using lessons Be creative about designing our services and how they are delivered Learn from elsewhere	… we have demonstrated we can make changes that are effective and safe … we want to do the best for the people of Powys and improvement and new innovations are important parts of that	*We have also been pushed to challenge our thinking and ask 'why'. Why do we need to continue doing or working in that way. This means we can be creative about designing our services and how they are delivered*	
	Enabling change, quickly	Maintain the streamlined, less time-consuming processes of governance/ approval for change and innovations. Continue the 'can do' attitude and support to do things differently	… to enable timely and proactive change	*Continue to reduce the boundaries that stop us achieving quicker results* *The organisations response to rapidly changing ways of work was impressive and hopefully this change ethos will be continue.*	

				Hopefully we can continue with the 'can do' attitude and be supported to do things differently	
Communication	Communication to staff	Clear, concise, regular communications Bulletin Facebook Group CEO videos	… to ensure that everyone has the same information and understands it the same way …to demonstrate value and provide reassurance	*Clear, concise and regular communications to ensure that everyone has the same information and understands it the same way* *Keep the bulletin, but just once a month* *Carol's video updates available through FB group as are a good way to get any important notices out to a range of staff*	
Working together	Collaborative partnership / multiagency working	Maintain integrated working achieved so far and spread the ways of working for other areas to adopt Maintain virtual models of connecting	… to spread the good practice … virtual models of connecting have improved engagement and attendance	*Working as one and cooperating in finding solutions* *I hope everyone keeps working together*	
	Improved team working (intra and across teams)	Opportunities and motivations for teams and across services to work more collaboratively.	… experienced benefits of collaborative working for staff, teams and services as well as patients/clients … staff feel more supported and connected	*During the pandemic teams appear to have worked more collaboratively. I would like to see this continue* *Want to maintain the sense of 'we're all in this together'*	
Workforce	Wellbeing	Staff wellbeing hubs	… to support staff ongoing	*I hope that the staff wellbeing hubs continue as I believe that there will be a delayed impact for staff* *Well Being Hub has been a great success with very positive feedback*	
	Recognition	Ongoing recognition of the hard work and dedication of staff in PTHB	…staff need to feel valued especially when they have worked in such challenging circumstances	*Ongoing recognition of the hard work carried out by ALL staff.*	

IDEAS FOR NEW INNOVATIONS AND WAYS OF WORKING IN THE FUTURE

Ideas for new ways of working and innovations to be considered for the future were shared by some respondents. The table below shows some of these.

Ideas for innovations or doing things differently
Virtual reality software - *Virtual Reality software for psychological therapy, in particular in group work. This would allow young people to create an avatar that attends the group space, meaning they could access a group intervention from anywhere in Powys*
Virtual groups - *Virtual groups, there has always been difficulties in Powys finding venues that suit everyone, due to lack of transport and individuals social anxiety this would be beneficial to our client group for now and the future.*
Virtual ward rounds - *Using the TEAMS app for CTP/ ward rounds with patients will reduce the number of people being in the room*
Virtual visiting - *Technology for non-face to face contacts especially with our palliative and end of life care patients. With COVID we have witnessed heart-breaking scenes of people not being able to be together in their final weeks/days, but this could be the reality in the absence of COVID due to a number of circumstances. Inpatient settings should be equipped with tablets/smart devices/tech support to enable families to be together and have access to each other outside of traditional visiting times and of course if they cannot be by the bedside for whatever reason.*
Tele-care clinics - *Tele-care clinics without having to go through triage etc... many issues would be resolve early if that was possible, patients wait for months to see professionals, 10 minute tele-care appointments would solve a lot of problems and would make families feel they have been seen and are not ignored.*
Setting up formal e-contact - *For young people E-contact is preferred method of contact.*
Public / community spaces for digital consultation - *Provision of publicly accessible spaces for virtual/ remote consultations for people who don't have equipment or connectivity to be able to engage digitally at home*
Drive through services - *We should think about how we can do things differently like drive through phlebotomy, IM/SC injection clinics*
Virtual day hospitals - *We need to be having virtual day hospitals where I can see people as well as talk to them down the phone.*
Telehealth and wearables - *To invest in state of the art telehealth wearables, that tracks and alerts and encourages early intervention, via event management that can be supported via a central hub/call centre. Using BI and analytics to manage own health, and to spot areas where targeted care should be deployed. Greater use of apps for patients to self monitor but have the facility for information to be sent to PTHB clinical staff for review and action (if needed)* *Provide single use cardiac monitoring devices and loan of home Bp monitors with cleaning/quarantine protocols.*
Outreach / drop in models - *Outreach service to vulnerable groups to ensure access to contraception and sexual health services including those accessing drug and alcohol, Reflect, young person drop in at local colleges.*
COVID-19 support programme(s) - *I'd like to consider doing some sort of support for our caseloads […] something similar to our "Moving on after stroke" programme. I would like to consider "Living life with COVID" (for example how they could risk assess situations etc, becoming physically strong/ improved stamina, anxiety management techniques, overcoming loneliness) or Living after COVID and looking at more holistic recovery*
Virtual training for staff and extend to partners - *Maintaining this type of training has proved invaluable and we have been able to get over 300 people trained in just four sessions which is brilliant.*
Upskilling patients/ clients and service users - *Upskill patients and clients in self-care and management and to use technology to be able to engage digitally*

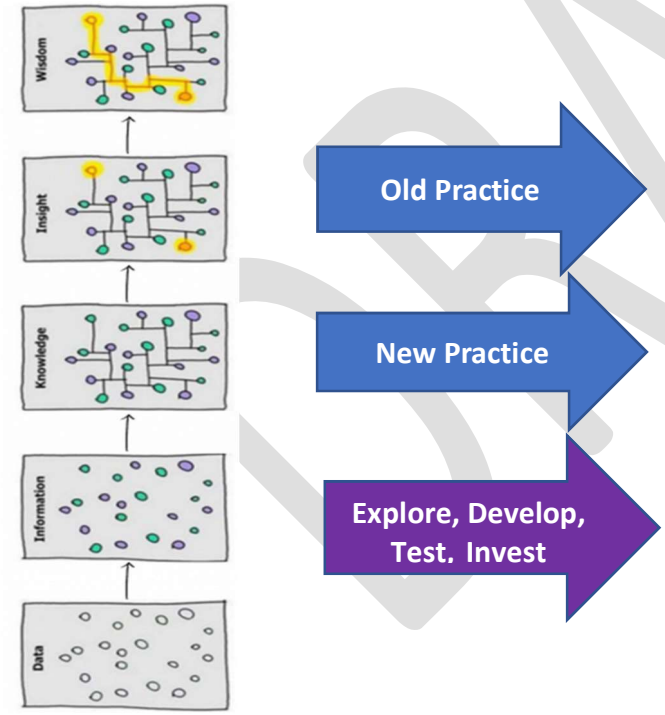
SIM training - *I went to UHW to their simulation room for training on COVID-19. The respiratory Consultant plus a Professor in care of COVID-19 PTS, taught about all the information, statistics, age groups effected by the virus, it was an excellent way of learning, the simulation wards was a hands on interaction, it started when a patient first was admitted into hospital, how DR's/ nurses would assess the pt, what oxygen therapy was best and titration in regards to what masks should be used. The use of Proning, again hands on to a simulated pt on a bed, the science behind this procedure and finally PPE instruction and the proper use of appropriate PPE in regards to the role of the Community Nurse, and discarding in a safe manner. Although it resembled the Medical Model, I learnt more from that experience than the numerous e-learning modules that had to be completed.*
Go paperless - *We've shown that we can easily do more electronic transfers of documents – we can go paperless. We have started using existing systems more (such as the secure file sharing portal), and we will continue to utilise where they've saved time and/or money in terms of postage costs. The information team have also developed tailor made internal systems that have allowed us to meet some of our legislated requirements for information sharing.* *Migrate to WCCIS totally. I would like to go notes free* *Online notes rather than paper* *Script's done on a paperless digital system*
New ways of communication between the workforce: Webinars /TED talks - *It would be helpful to have webinars to frontline leadership to access some top tips for developing innovation / changing practice (like a TED talk)*
Opportunities for staff to contribute to and engage in innovation idea development - *Ensure plenty of robust opportunities are provided for 'lessons learned' within and across services, share the innovations, encourage staff at all levels to come up with solutions* *It would be great to have more regular opportunities for staff to contribute innovations and ideas*

Create ways to hear what our young service users have to say - *I think as a health board, we should introduce a way to hear the voices of children and young people in Powys, providing them an opportunity to inform the health board as to how they want their services to look, a youth panel.*
Enhance visibility and engagement between senior management and staff - *As a health board, senior managers could do more to be visible and engage with staff on the ground. Should definitely consider continuing the YouTube channel with other management. 'A day in the life of.....' This could progress to include a variety of disciplines to improve partnership working and understand each others roles*
Utilise and optimise current workforce - *Going forward it would be great to see clinical staff utilised with their skills, it would be amazing to see Powys adopt some of the urgent care roles that may take pressure off the DGH in such a time. it would be good to provide services such as regular bloods, emergency treatment, regular infusions. Staff in Powys with background in acute care could be utilised much more effectively.* *If Staff could do occasional shadowing in different areas of work then they would be upskilled to work wherever needed in a situation like this or staff shortages.*
Student placements - *We need to consider how we support student placements in the future - it will be a challenge in our environments and we must ensure students continue to receive good quality placements. There could be cross professional ways of doing this and would be nice to see this tackled as a trust rather than in individual departments as many issues will be the same across professions.*

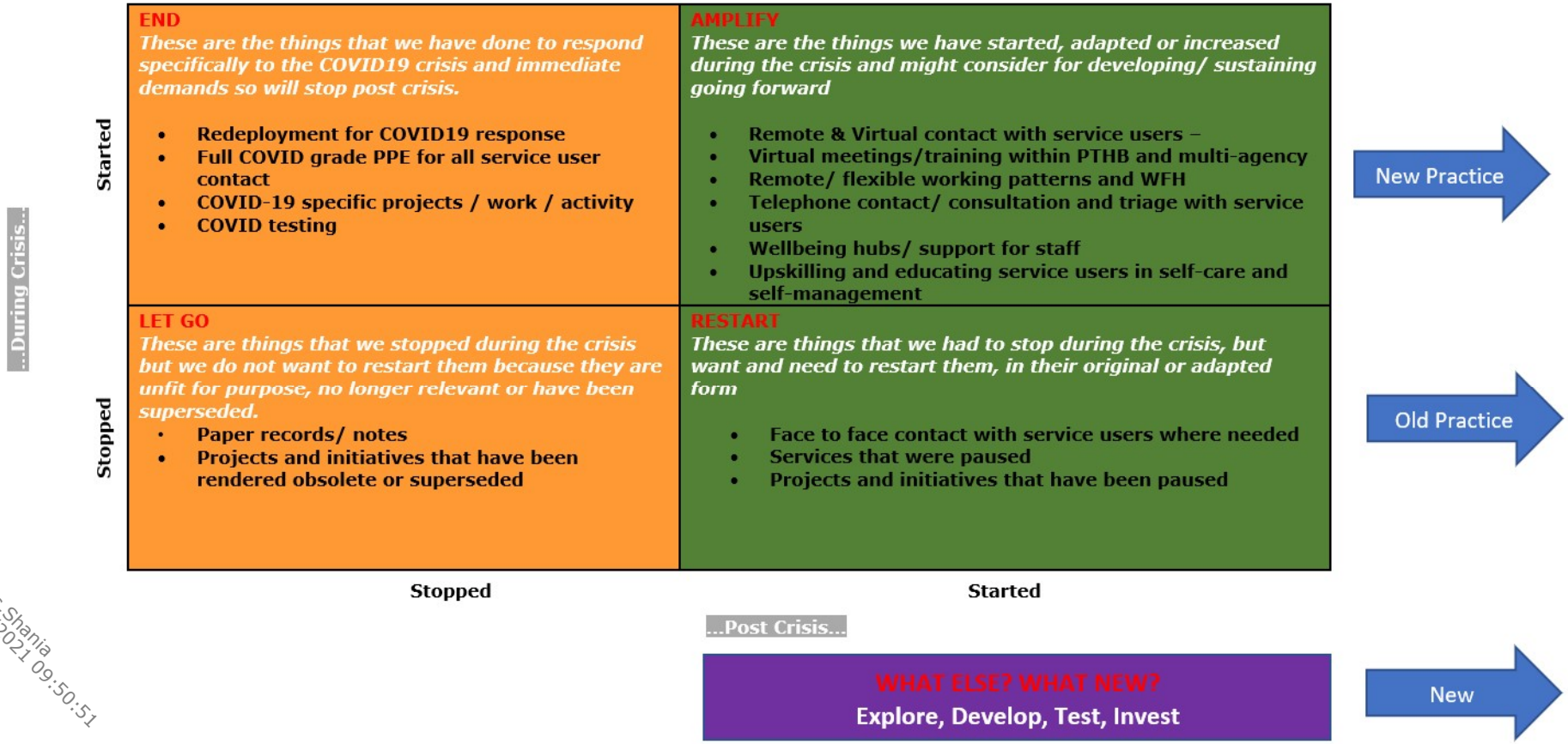
Collective sense making

We recognise that the innovations and new ways of working introduced over COVID-19 to date were absolutely necessary to meet immediate challenges, demands and needs, but what we need to do now is understand if and how these have a place in the future. Some have already shown benefit that will continue into a post COVID period, some supersede what was in place before, some are ideas and plans that pre-existed COVID but have been accelerated as part of the response to COVID. These are likely to remain.

On the other hand, some new ways of working were a direct response to needs and challenges unique to the pandemic - some of these challenges will remain, some will evolve and some have been overcome or rendered obsolete – but this is what we need to determine. Also for consideration is identifying where benefit from a new way of working is not likely to materialise, where inherent challenges are unsurmountable or simply not a priority to tackle – these likely have no place in our future.



To begin this thought and mapping process we have utilised the Collective Sense Making tool (Burbidge 2020) to look at our pre-existing and new ways of working for their relevance now and in the future. This model has been further developed by this project to include activity and ideas that we weren't doing before the pandemic and are not doing during the pandemic, but experience, evidence and learning from the pandemic to date suggests that it is worthy of consideration for exploring, developing, testing or investing in the future. Below is a basic example looking at some of the overarching themes, but would benefit from a detailed exercise at a service level.



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Explore	Develop
Collective Sense Making exercise at service level	Platform for sharing ideas and NWW that could have relevance and applications in other areas in the health board
The variation in experiences across some of the themes (i.e. feeling valued, management support)	RII approach as focal point and resource for the drive, delivery and assurances around QI and innovation work. Inc Evaluation
New innovations and ways of working from elsewhere	Research opportunities
How learning and needs identified fit with AD programme	Preparedness programme: Annual PPE training / FIT testing; Upskilling/ maintaining skills for staff for rapid redeployment
Public spaces secured and equipped to improve/ enable digital access and inclusion	Partnerships and collaborations with individuals, organisations, industry and academia that can support the development and delivery of our ideas
Funding and partnerships to drive our ideas for innovation, improvement and new ways of working	Digital inclusion programme – linked to self-care and self-management

Test	Invest
Ideas through test and learn projects (i.e. drive through services; virtual visiting; post COVID programme)	In IT – infrastructure, equipment, systems, software, support
Quality improvement projects (i.e. web based reporting / SIM training)	In workforce - upskill the workforce to use IT optimally
NWW and Innovations (tech and non-tech) including home grown ideas and test those developed elsewhere in the rural context	In workforce - train clinical staff to consult effectively via remote (telephone/ video) means
	In workforce – management and leadership
	In evaluation - to properly understand the benefits and challenges of new ways of working and innovations

Conclusions and next steps

PTHB have introduced a plethora of new ways of working and innovations, particularly digital technologies, over the pandemic period to date. The findings show that most of these are discussed on a spectrum spanning benefits and challenges and different experiences have been shared. It is important to acknowledge and establish understanding of variation in experience and the root causes therein to identify what is with and out with control for change and improvement.

The learning and ideas going forward have been well articulated, providing some interesting ideas for consideration. Respondents were clear in what they thought could or should be done differently in the event of a 'next time' and the most prominent themes were around redeployment and PPE and in both cases communications and preparedness were the key aspects to be done differently, the former being around clarity and timeliness and the latter around ensuring the workforce are equipped for rapid mobilisation in the future. There were further items for consideration raised with regard to redeployment around equity, optimal utilisation of the workforce skills available and assessing the needs and gaps of both the service to which people were redeployed to and from. A third prominent theme was around IT and in particular having the appropriate equipment available and connectivity established to ensure people could engage remotely. All these have been encapsulated in the learning against each theme.

The most important learning discussed was around:

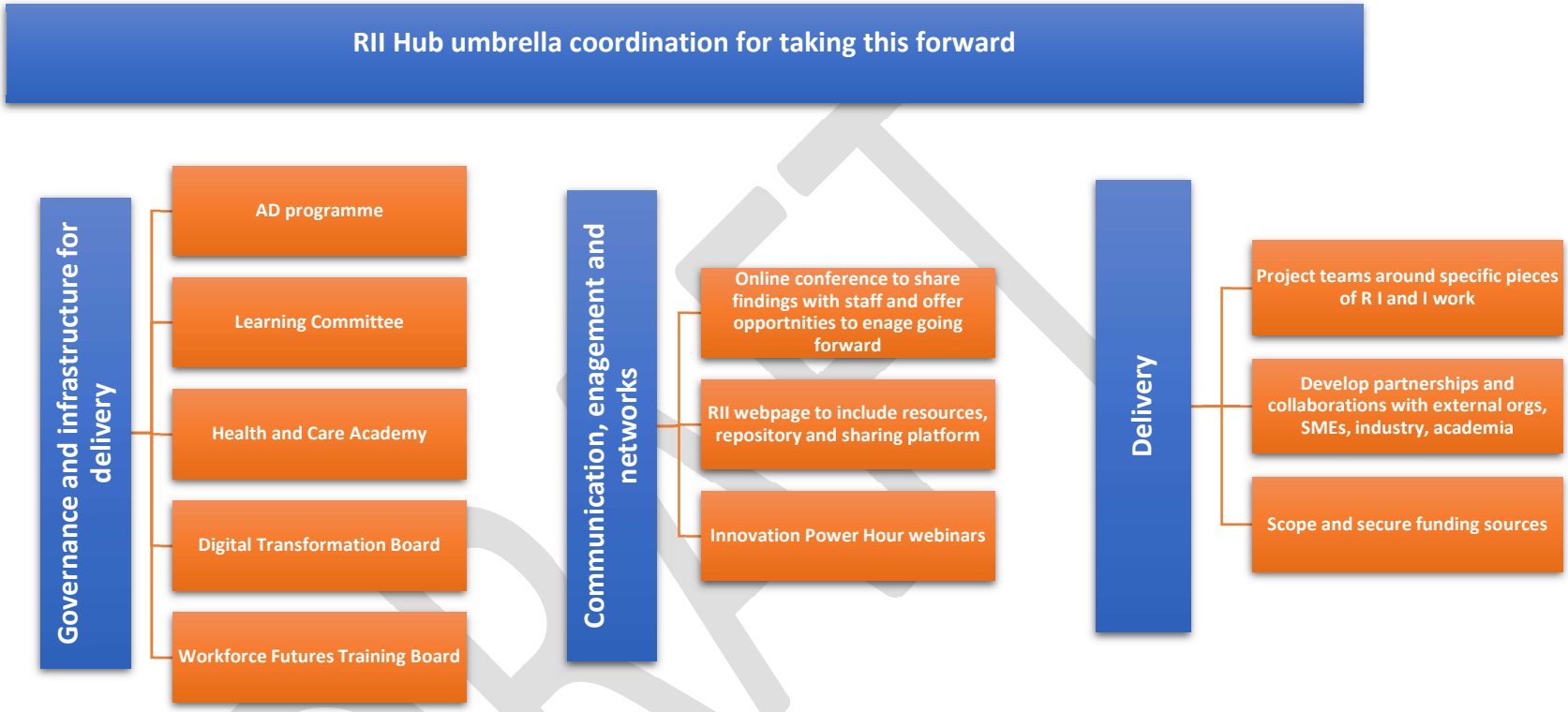
- ✓ **communication being 'key'**;
- ✓ **variation in experience of management** and a way forward might be to communicate a standard of responsibility, accountability and visibility required from mangers and leaders, so they all understand what is required of them and their staff understand what they can expect from their managers and leaders and to implement a mechanism for managers to be held to account for their actions and attitudes where they go against the standards and the values of PTHB;
- ✓ **all staff needing recognition and to be valued** and to **treat the workforce fairly and equitably**.
- ✓ **IT being critical** both now in the pandemic, but also for the future and there needs to be continued investment in IT infrastructure, support, personnel, and equipment;
- ✓ **remote and virtual contact with service users has benefits and challenges** and these need to be understood at a service level and any future offers weighted against the need for face to face contact;

- ✓ **service users are more capable of self-care than we realised** and COVID has spurred their motivations to do so;
- ✓ **preparing** in advance to enable rapid mobilisation in the event of another pandemic or crisis - including robust plans, adequate supplies of PPE and a workforce FIT tested, trained, and upskilled for deployment;
- ✓ **benefits of flexible and remote working** such as increased productivity, cost savings, increased meeting engagement, reduced need for office space, improved W/L balance for many staff;
- ✓ **our skilled and competent workforce to be optimally utilised**;
- ✓ **the need to capitalise on the wave of motivation for creativity, innovation and improvement** that has materialised across the workforce.

There is more consideration needed regards what these findings mean on a service level and the implications they have for the future. For example, the introduction and increase in virtual, remote and telephone service delivery is likely to remain to a degree in the future if service deliver and this has implications for the training needs of practitioners going forward. We need to consider how we can retrospectively train and upskill our own workforce[3], but is there also a way we can influence undergraduate training programmes to ensure all staff are being trained to effectively delivery through remote and virtual means as a core part of their basic training and competency requirements.

What is most important now is what we do with this learning, we have a responsibility to act on it appropriately and early consideration has been given to the governance infrastructures and the vehicles for taking this forward that effectively join the dots across PTHB. These are noted below.

[3] We are proposing to look at how this is could be incorporated as a training offer to existing staff and as part of the Academy and ILF proposal



PTHB DRAFT ANNUAL PLAN
'Planning Ahead 2021 - 2022'

Strategic Priorities for PTHB Board March 2021

Planning Ahead - Approach and Progress to Date

Planning Ahead agreed as a Strategic Objective by PTHB Board November 2020, providing a clear six step process to guide the Annual Planning process:

1. **Assess the learning and reflections** on the course of the pandemic and how the health board and partnerships responded

   - ❑ Evaluation of New Ways of Working
   - ❑ Findings of the NHS Staff Survey 2020
   - ❑ Learning from Digital - Attend Anywhere/ Consultant Connect
   - ❑ Stakeholder engagement
   - ❑ Strategic Gold Command Intelligence - 'Action learning set'

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

   - ❑ Covid Impact on Population (Catherine Woodward, January 2021)
   - ❑ Covid Impact (Socio Economic) Powys County Council 2020
   - ❑ Kings Fund Disaster Recovery Model / Psycho-social Impact
   - ❑ Range of evidence sources on Covid impact on Inequalities

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

   - ❑ Planning Scenarios / Assumptions
   - ❑ Assessment of Demand and Capacity (Strategic & Operational)
   - ❑ Assessment of Performance/ Service Positions
   - ❑ All Wales Position - Planned Care and development of Recovery Plan; development of National Clinical Framework

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

   - ❑ Annual Plan Approach agreed at PTHB Board January 2021
   - ❑ Draft Critical Priorities developed February 2021 with Board Development 23 February and regular Executive Team sessions

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

6. **Formulate an Annual Plan** for 2021/22
   DRAFT for Board and submission to Welsh Government by the end of March 2021; feedback and further development in Q1

   - ❑ Further engagement and refinement of Draft Plan throughout March 2021 including Board Briefing session 18 March; Local Partnership Forum 18 March; Community Health Council 19 March and regular Executive Team sessions and Chief Executive Touchpoints
   - ❑ Welsh Government letter 11 and 17 March: requirement for Draft Plans at end March 2021; with further development in Q1
   - ❑ Alignment to National and Regional Plans/ Ministerial Priorities and Planning Framework will be ongoing through Q1
   - ❑ Minimum Data Set to be completed March and updated Q1

Planning Ahead - Approach and Progress to Date

A comprehensive evidence review and position assessment has been carried out to ensure that the Draft Plan reflects what matters most for the people of Powys in 2021 / 2022 and beyond - summaries of key sources provided in this presentation and links to all sources.

Sources of intelligence used for this report include:

- An Evaluation of the New Ways of Working commissioned by PTHB (Danielle Sapsford, 2020)
- Latest evidence regarding the impact of the Pandemic (Catherine Woodward, 2021)
- Findings of the NHS Staff Survey 2020
- PTHB Report of Learning from Digital Innovation
- Strategic Gold Command Intelligence
- Demand and Capacity Analysis; Performance Analysis (Commissioned and PTHB Provided Services) & Minimum Data Set
- Welsh Government Technical Advisory Group Policy Modelling Update 12 February 2021
- NHS Wales Planning Framework; Supplementary Information and Circulars
- NHS Wales Recovery Plan and Clinical Framework
- NHS Wales National Programmes including Planned Care & Primary Care
- NHS England National Recovery Planning
- Community Health Council National and Local Reports on Patient Experience
- Powys County Council Report on Covid Impact
- Kings Fund Disaster Recovery Model & Resource
- International Research including WHO & OECD
- Studies on Covid impact and inequalities including Nuffield Trust, Health Foundation, UK and Wales Children's Commissioner, Public Health England

Step 1
Assess the learning and reflections

Step 1) Assess the Learning

Summary of "Gathering insight and learning on PTHB's response to the Covid 19 pandemic" Interim Report; Author Danielle Sapsford, November 2020

This report was commissioned in the context of a number of important changes implemented at pace since March 2020. The purpose was to understand the ways in which change happened, how it was managed as well as the impacts, benefits, value and challenges of the changes themselves.

15 Themes and Sub Themes were identified as key considerations for Planning Ahead - findings summarised on the following slides

PROJECT AIM

To gather insight and lessons learned about PTHB response to the COVID-19 pandemic

PROJECT OBJECTIVES

- To reach out to the PTHB workforce to identify the changes, new ways of working and new innovations introduced across PTHB in response to COVID-19
- To gather information and insight from the PTHB workforce about their experiences of change, the lessons they have learned and their ideas
- To produce outputs that highlight the lessons learned and describe the changes and new ways of working that might be considered for sustaining in the future
- To gather and present ideas that could be considered for exploring, developing, testing or investing in, in the future

A comprehensive exercise was undertaken to gather insights and learning from the PTHB workforce including a questionnaire, desk review of Service Situation Reports and Papers and individual / team/ group feedback.

- **Phase 1** •Familiarisation with the response text
- **Phase 2** •Identification of repeat/ key phrases and words to create codes
- **Phase 3** •Group codes to identify primary theme and allocate sub-themes
- **Phase 4** •Thematic and sub theme collation and analysis at question level
- **Phase 5** •Theme and sub-theme collation across questions at Tier level
- **Phase 6** •Theme and sub-theme collation across Tiers

THEME	SUB-THEME
Contact with patients and service users	•Increased self-care among patients and service users
Contact with team members, colleagues across PTHB and external organisations	•Collaboration
Critical role of IT	
Importance of effective communication	
New models of working, patterns and expectations	•Redeployment
Culture: PTHB and its workforce	•Leadership and management/ Value and recognition/ Staff health and wellbeing/ Behaviour
Drive for QI and innovation	
Preparedness	

Step 1) Assess the Learning - Evaluation of New Ways of Working (continued)

1) Patient and service user contact	• Virtual contact brings benefits including increased service scope; flexibility; choice and access, client satisfaction but can be challenging for some in relation to connectivity, familiarity and comfort, equipment, home environment • Areas for potential adoption and scale include remote monitoring / telehealth, personal wearables; social media for providing information; and telephone triage will also be key accelerators
2) Self Care	• Increased self care has shown clear benefits for independence and ownership as well as reducing service pressures with an important role for telehealth/ self monitoring • Staff have greater access to tools and have developed skills and techniques which will aid adoption and scale going forward
3) Contact within PTHB / external	• Significant shift to remote and virtual communication and social media well received, with benefits in time and costs; increased contacts, access and attendance at sessions • Negative experience also occurs where there is poor connectivity and/or inadequate equipment causing problems with access
4) Collaboration	• Widespread collaborative working has been enabled and facilitated with less reliance on face to face and new collaborations brining greater cohesion • However, some parts of the workforce have experienced increased pressure, demands and workload
5) Critical role of IT	• IT is critical but requires considerable resource for support, infrastructure, equipment and systems, IT training • There is variable connectivity across Powys and further consideration required of barriers and solutions to enable digital inclusion
6) Effective communication	• A high value is place on effective, well filtered information for shared understanding, safe and compliant practice and engagement / perception of value in the workplace • There was significant support for the continuation of social media / videos and streaming
7) Ways of working, patterns, expectations	• Benefits of working from home include productivity, cost savings, work-life balance and wellbeing but challenges exist with isolation, connectivity, home environment • Clarity on policy / permissions/ requirements for ways of working and supporting infrastructure / equipment will be key to further development

Step 1) Assess the Learning - Evaluation of New Ways of Working (continued)

8) Redeployment	• Redeployment has been a positive for upskilling and working relationships but has caused anxiety and concern for some • Clarity on criteria, equity of opportunity and communications regarding selection and expectations will be key to further deployment
9) Culture	• Mainly positive experience and pride expressed, that "staff matter' and are valued; great adaptability and strength shown, shared commitment and sense of community • Importance of supportive colleagues and management will be key and addressing any negative experiences which were reported in terms of direct management
10) Leadership and management	• Leadership qualities identified as effective were about communication and support, empathy, flexibility, accessibility), proactive management and timely decision-making • This was celebrated as an area of excellence with a small number of exceptions; a standard of responsibility, accountability and visibility would help reinforce expectations
11) Value and recognition	• Clear messages that all staff need recognition, fair treatment and value, with recognition that everyone matters and has an important role regardless of position or banding • This is a key consideration for future decision making on a number of areas including deployment, testing and working from home
12) Staff Wellbeing	• A clear impact described: "totally overwhelmed", "tired", "exhausted" and "mentally and physically draining"; meaningful care and time for wellbeing is critical
13) Behaviour	• Mainly positive behaviour reported including kindness, adaptability and respect, some variations and impacts of the crisis on resilience / attitudes • Communication of accurate, timely information to ensure awareness and clear responsibilities is key and further consideration of impact
14) Innovation and improvement	• Services have been flexible and adaptable and able to innovate, with a skilled and motivated workforce, often going the extra mile • Important changes include streamlined governance and approvals creating the environment for innovation and improvement - clear call for this to continue
15) Preparedness	• Key points included adequacy of PPE including training and testing; IT to support rapid deployment; major incident procedures and governance tested for crisis response • Keeping up to date on skills and capabilities and building momentum will ensure readiness to meet needs of service users, develop solutions and learn from innovation

Step 1) Assess the Learning

NHS Wales Staff Survey 2020

Key Findings

Staff motivation and enthusiasm

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

Friends and family recommendation

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

Bullying and harassment

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

Positive overall results of the 2020 Staff Survey with significant improvements in some areas especially the engagement scores across Directorates

Lower scores and free text responses highlight a need for continued focus on culture particularly:

- Improving communication
- Developing managers
- Team working

The need to encourage teams and support the time out to reflect, discuss, build working relationships and improve communications is a key area

There is a need to enable staff to recover from the impact of the pandemic supported by the:

- Compassionate Leadership approach
- Healthy Working Relationships model
- Organisational Development Strategic Framework

Liaison with Trade Union partners was enhanced during the pandemic response and will be key to delivering support for teams and individuals.

Attend Anywhere

There are now 250 consultations being done weekly by Attend Anywhere

2500 consultations took place between June 2020 and December 2020

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

Positive feedback

Good to offer choice between telephone or video - some preference for virtual over phone
Don't have to travel - good for those unable to travel
Some feel it is less judgemental and more comfortable than face to face
Video calling can help the person to feel more connected with their Therapist (particularly when working with people who are distressed)
Therapist is able to observe non-verbal behaviour and cues
Therapist better able to use techniques and strategies during the session

Learning from Virtual Consultations

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

Consultant Connect

Powys Teaching Health Board went live with the Consultant Connect service on 7th May 2020. This service is highly regarded in the areas where it is established and a valued additional effect has been a reduction of unscheduled admissions.

Referral Avoidance

In the period of the report:

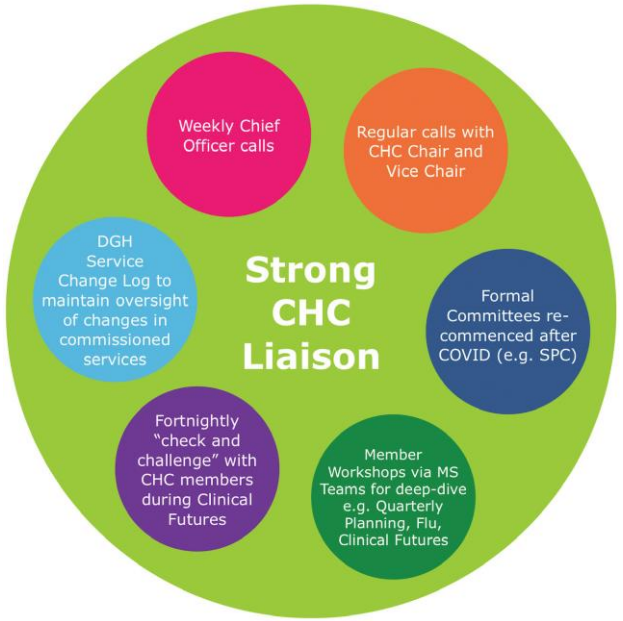
- Admission Avoidance - Four calls (6% of traffic) have been annotated as admission avoided and 36 calls (51%) annotated as referral avoided.
- Tele-Dermatology and Tele-Electrocardiogram Reading - 15 messages (58% of traffic) have been annotated as referral avoided

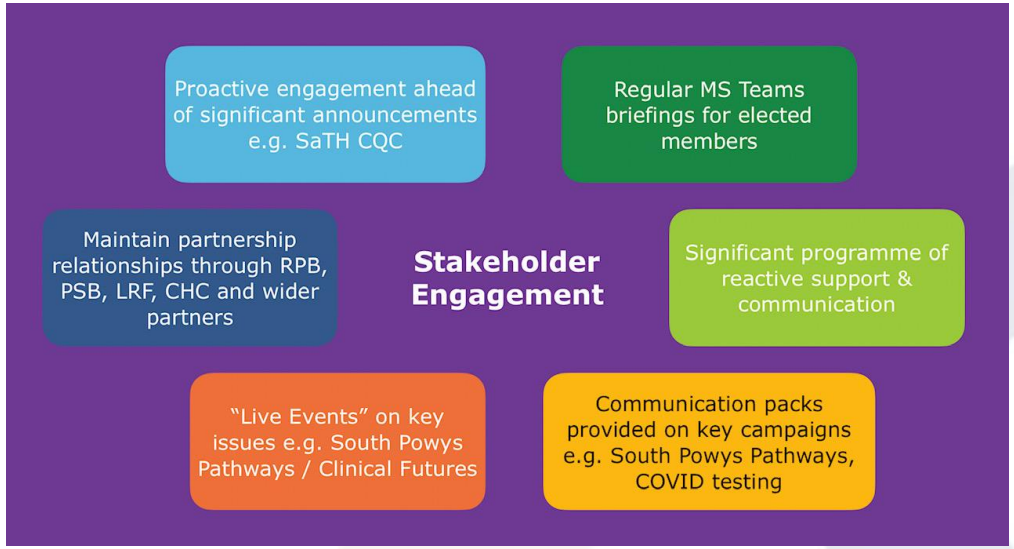
User feedback

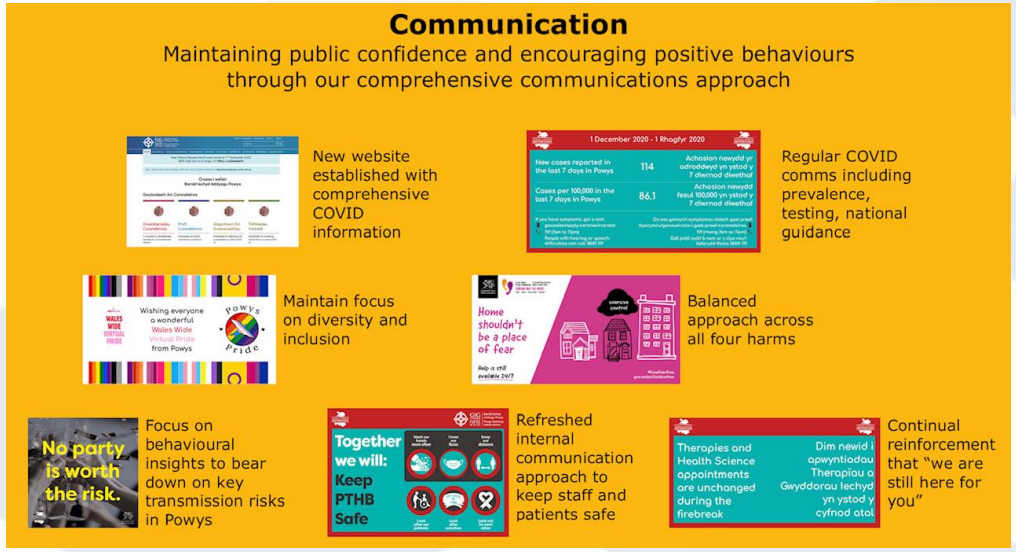
- Patients have been delighted with the rapid response time for specialist advice
- Helped bridge the ever-widening gap between their GP and outpatient appointment
- "Found the consultants I have spoken to, to be extremely helpful"
- Less adversarial than telephoning a busy on-call team for advice
- Example of an avoided ENT referral for a patient with some very helpful advice to manage symptoms and a safety net plan in case they did not improve
- Really useful to speak directly to consultants to explain more easily than in a letter
- Get a quick answer that may prevent letters and unnecessary referrals

Step 1) Assess the Learning

Stakeholder engagement



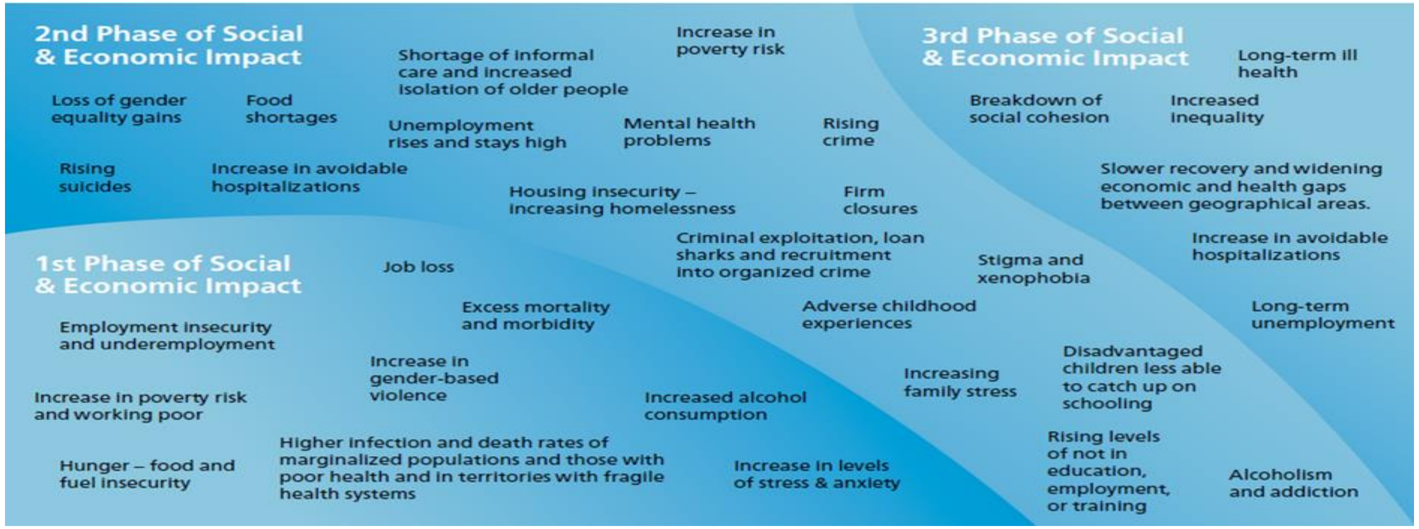


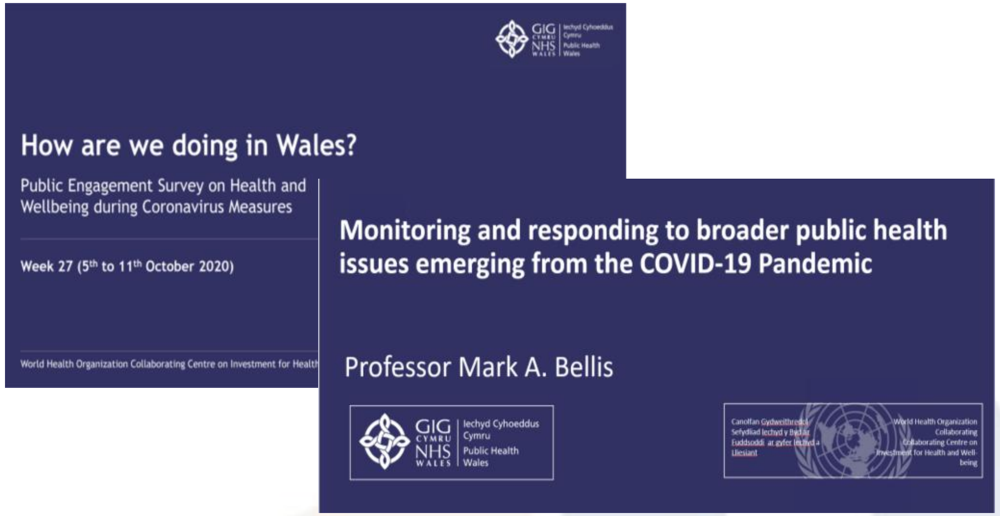


Step 2
Understand the latest evidence

Step 2) Understanding the Evidence

Population Impact



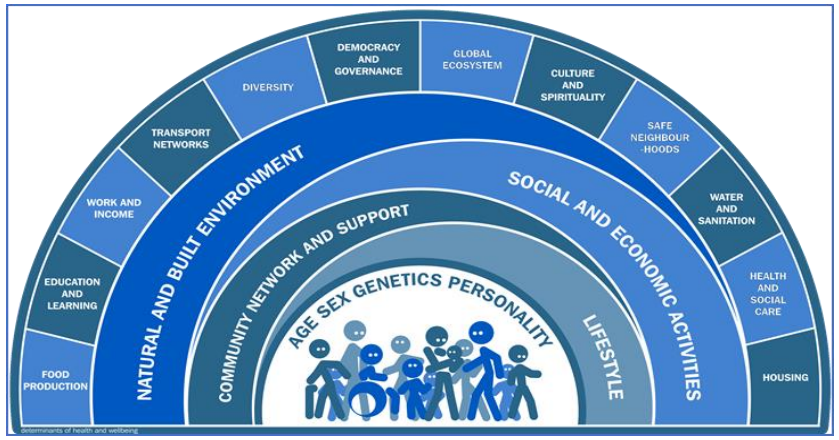


Latest evidence regarding the impact of the pandemic (direct and indirect) on the population - Summary of Report by Catherine Woodward

- The impact of the pandemic on the Welsh economy over five years is estimated by Welsh Government at £25 billion
- The World Health Organisation describes three phases of impact encompassing rising suicides, excess morbidity and mortality, increased alcohol consumption, mental health morbidity and chronic ill-health
- There will be differing effects between population groups, both positive and negative impacts on health behaviours - some health risk-taking behaviours increased, in some populations, during the first national lockdown

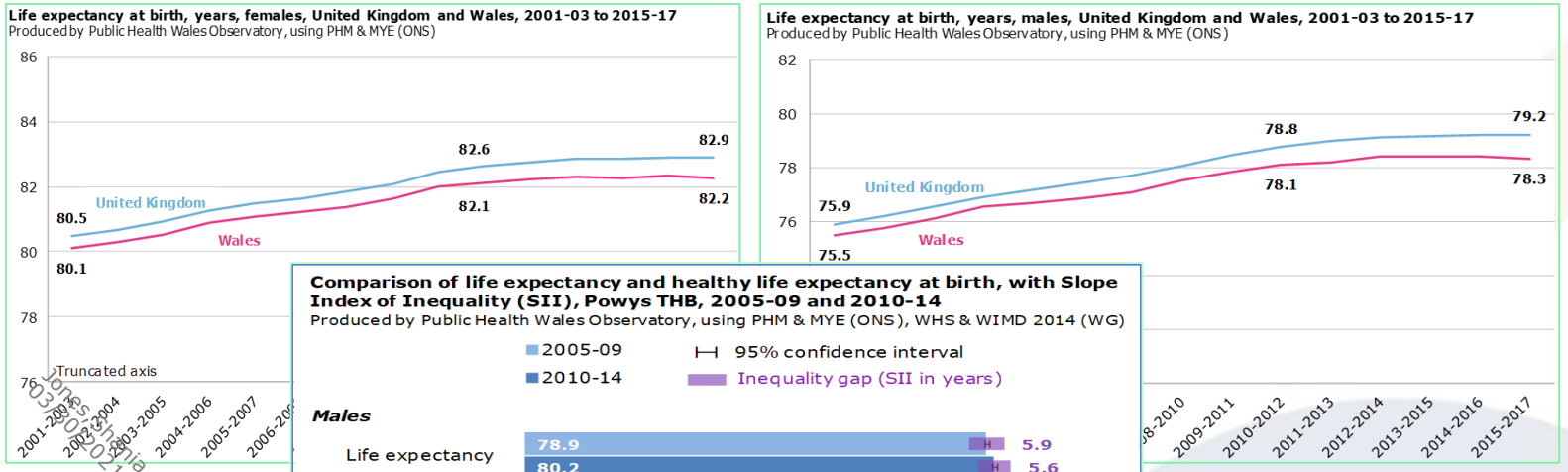
- There is consensus that the consequences of COVID will be felt for many years
- Health inequalities will widen, unless this risk is mitigated
- There is evidence of a complex effect on health behaviour, with both positive and negative impact

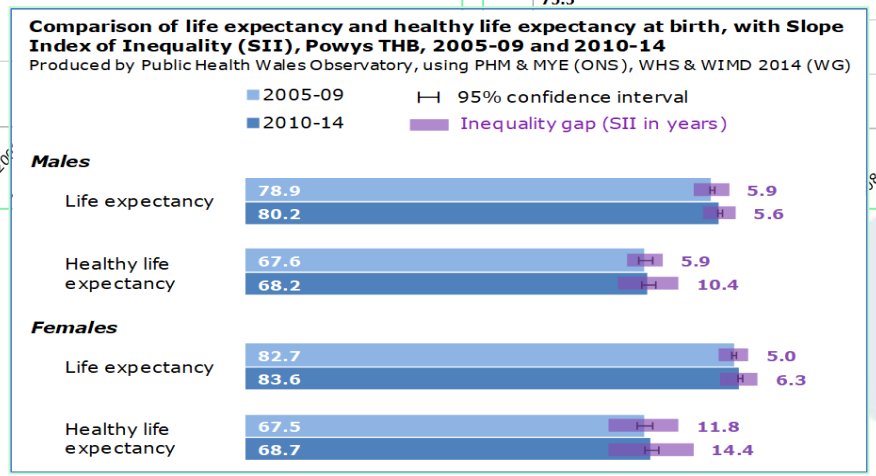
- The conclusions of the Technical Advisory Group to Welsh Government in relation to measures to address COVID-19 in Wales are material in this context:
  - The evidence base is evolving.
  - Knowledge in relation to covid - including its harms - may change
  - The strength of the evidence is variable across different considerations
  - Effects will evolve over time and will continue to vary across social groups
  - Many covid related harms are currently impossible to assess with precision
- The WHO have recommended recovery and transition measures to mitigate excess morbidity and mortality and prevent increasing health inequalities; some can be actioned at local level; broader action includes reinforcement of social fabric across the life course; protection of economic well-being; safeguarding peace and stability.



Latest evidence regarding the impact of the pandemic (direct and indirect) on the population - Summary of Work carried out by Catherine Woodward

- Very importantly, it will be seen that COVID-19 disease has had an impact on all the main determinants of health and layers of influence, apart from the individually-determined characteristics in the inner-most centre
- The UK population was already experiencing a lower life expectancy and slower improvements in life expectancy than other comparable high income countries
- On some measures, health inequalities had been widening in the UK since around 2010



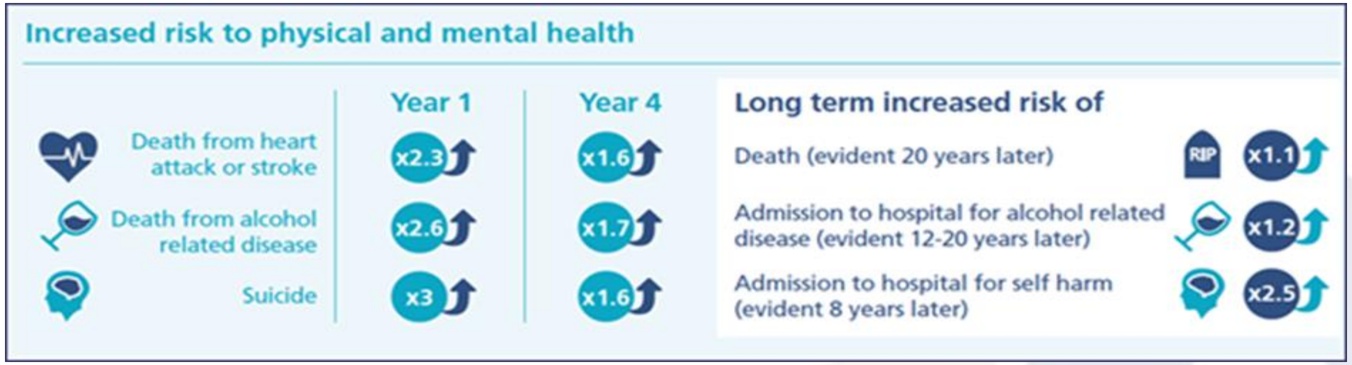


- In Wales, improvement in life expectancy had been slowing down for both sexes since around 2010/12
- Health inequalities in Wales had shown little improvement over the last ten years or so
- Of the UK nations, male life expectancy in Wales improved the least during the period 2001 to 2017 and the gap in female life expectancy between Wales and England increased (i.e. deteriorated).
- There was a comparable situation in Powys. While all-cause mortality generally fell (improved) in Powys between 2005-07 and 2012-14, the gap between the least and most deprived fluctuated between 2005-07 and 2012-14 for males and females, with no significant change in the measure during this period.
- The Slope Index of Inequality increased but not significantly (i.e. deteriorated slightly) in Powys between 2005-09 and 2010-14 for three measures: healthy life expectancy in men, life expectancy in women and healthy life expectancy in women

Impact on Mental Wellbeing and Chronic Disease

- With increased unemployment, there is evidence that longstanding illness would be expected to increase gradually
- There would be a higher increment in the percentage of adults with limiting longstanding illness compared to adults with any long-standing illness which would have implications for healthcare services
- COVID-19 may result in c. 900,000 more adults of working-age in the UK developing chronic health conditions due to reduced employment
- Based on current unemployment predictions, there is evidence that working-age adults with chronic health conditions is projected to increase up to the end of 2022/23, with a higher increment for mental health and endocrine/metabolic problems

Latest evidence regarding the impact of the pandemic (direct and indirect) on the population - Summary of Work carried out by Catherine Woodward



- The proportion of working-age adults limited a lot by long-standing illness is projected to increase from 18.1% in 2019/20, to 24.4% in 2022/23: In Powys, this is 4,719 more adults
- The proportion of working-age adults with musculoskeletal problems is projected to increase from 17.1% in 2019/20, to 19.4% in 2022/23: In Powys, this is 1,723 more adults
- The proportion of working-age adults with heart and circulatory problems is projected to increase from 12.8% in 2019/20, to 15.5% in 2022/23: In Powys, this is 2,023 more adults
- The proportion of working-age adults with respiratory problems is projected to increase from 8.2% in 2019/20, to 10.6% in 2022/23: In Powys, this is 1,797 more adults
- The proportion of working-age adults with endocrine and metabolic problems is projected to increase from 7.9% in 2019/20, to 10.9% in 2022/23: In Powys, this is 2,247 more adults
- The proportion of working-age adults with mental health problems is projected to increase from 8.8% in 2019/20, to 11.9% in 2022/23: In Powys, this is 2,322 more adults

Step 2) Understanding the Evidence

Socio-Economic Impact

Understanding the Impact of COVID-19 in Powys 'on a page'

In order to consider how Powys may look in the future, it is necessary to clearly see the current situation, what has changed or stayed the same and what this might mean for the County **over the short (6 months), medium (1 year) and long term (5 years).**

Economy

Business Support - £46.6m paid out to 4,020 businesses with a further support package to be made available for small charities in Powys

Employment trends - 23% of Powys' workforce (13,100 employees) furloughed. From March to May claimant count increased 156% (+2,225) in Powys

Impact on key sectors - Accommodation & food services have been the worst hit since COVID-19, with an estimated fall in GDP of 92%

Short, medium, long term
March and April 2020 compared to 2018 Powys, it is estimated that:

Short term Powys' GVA decreased by 24.5% with 25.2% fewer jobs
Medium term Powys' GVA decreased by 11.8% with 18.1% fewer jobs
Long term Powys' GVA decreased by 4.4% and 7.3% fewer jobs

Vibrant, connected & resourceful communities

Volunteers - 372 health and care volunteers across PCC and PTHB. 66% volunteer increase on powys.volunteering-wales.net

Community provided services - 5,504 vulnerable persons in Powys communities are recognised

Environmental impacts - massive reduction in airborne pollution, most noticeably reduction in Nitrogen Dioxide (NO2) and particulate matter

Short, medium, long term
Short term Communities with high numbers of vulnerable persons continue to need additional help
Medium term A possible rise in the need for food banks in the most 'financially stretched and urban adverse' areas
Long term Risk that smaller Environmental NGOs may be lost without additional funding

Residents start well, live well & age well

Referral numbers – Referrals to Adult social care increased by 11%. Children's referrals have reduced, mostly because of the schools closures (schools usually refer 10%) this could imply a safeguarding risk to young people

Homelessness and housing impacts – 112 homeless as at 29th May 2020, 119% increase compared to May 2019. 80% of those accommodated are single persons

Short, medium, long term
Short term Adult support will continue, delivered virtually where possible
Medium term Referrals will increase. More homeless once private landlords can enforce evictions
Long term Adult social care needs will be met in the community. Increase in homelessness for family groups due to unemployment

Capable, confident & fulfilled residents

Pupil and student trends – 16 childcare hubs, 307 pupils accessing. 1,413 devices and MiFi dongles distributed

Free school meals- 14% increase in students who are eligible, 20% increase in free school meal take up since Sept 2019

Well-being of pupils and students - Demand for children and young people's counselling service increased by 60 referrals since lockdown to 190 active cases

Short, medium, long term
The impact on children, young people and education staff is yet unknown

High Performing & well run council

Financial outlook for the council - potential £16m deficit for financial year 2020/21. 201 staff furloughed recouping £206k March-May

Service Performance Impacts – Significant changes to the way the council is operating. +1,100% daily VPN connections, +634% in Teams activity

Well-being of staff – 562 staff have responded so far. 66% staff reported they have increased productivity and 70% have better work/life balance

Short, medium, long term
Short term Significant loss of income
Medium and long term Revisit our MTFS, austerity means we are likely to have a significantly worse financial settlement in future years

Powys County Council have produced an assessment divided into five sections that focus on the economy, our communities and residents, and the effect that COVID-19 is having on the Council and how the Authority has adapted in response.

While the full impact of the virus will not be known for some time, some trends are already becoming apparent at both a national and international level and when applied to Powys may provide some indication of the effects that may be expected on the economy and on our communities over the short, medium and long term.

The full report is available at:

https://sway.office.com/sxfU525TCBDFv9PE?ref=Link&loc=mysways

Step 2) Understanding the Evidence

Psycho-Social Impact

**Covid-19 recovery and resilience:
what can health and care learn from other disasters?**

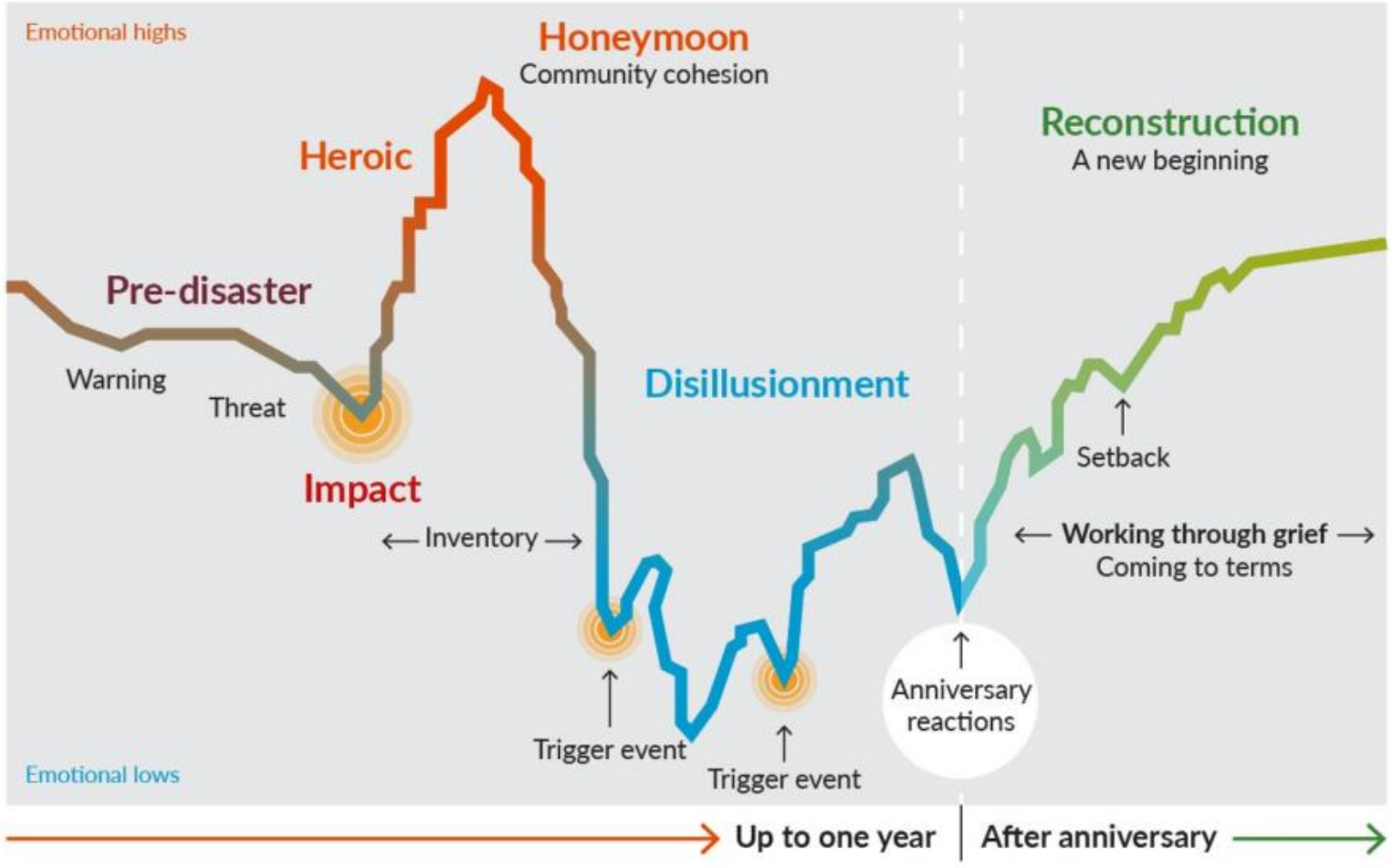
The Kings Fund have identified insights from recovery work globally. Their key finding is that recovery should focus on understanding what individuals and communities need to cope with the impacts of a disaster, and be in a better position to withstand the next one.

The work also highlights that recovery will be a long haul, a 10–15 year timeframe, and progress will not be linear.

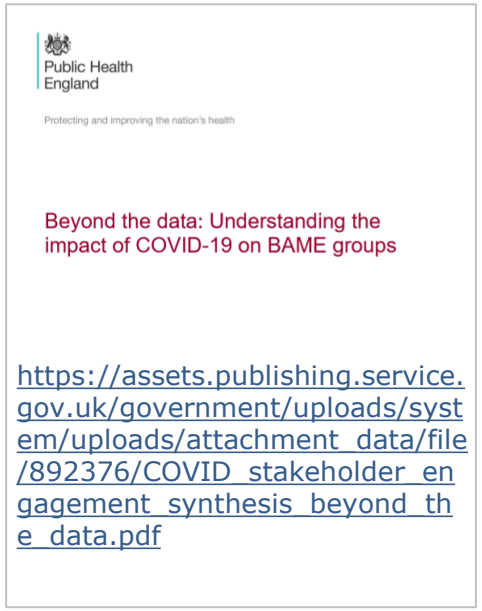
Four priorities are noted:

- Mental health and wellbeing
- Community need
- Not leaving anyone behind
- Collaboration

Kings Fund Disaster Recovery Model



The full resource is available at
https://features.kingsfund.org.uk/2021/02/covid-19-recovery-resilience-health-care/


Public Health England

Protecting and improving the nation's health

Beyond the data: Understanding the impact of COVID-19 on BAME groups

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf

Emerging evidence on impacts on particular groups including those who are more vulnerable populations are those experiencing greater impacts:

The OECD report that the virus has disproportionately hit **older people** and those with **underlying health conditions**. In nearly all countries, at least 90% of COVID-19 deaths were amongst people aged 60 and over. In many, about half or more were amongst residents in long-term care facilities. There has been a clear **social gradient** in COVID-19 deaths
Poor people, people living in deprived areas and ethnic minorities have also been disproportionately affected.

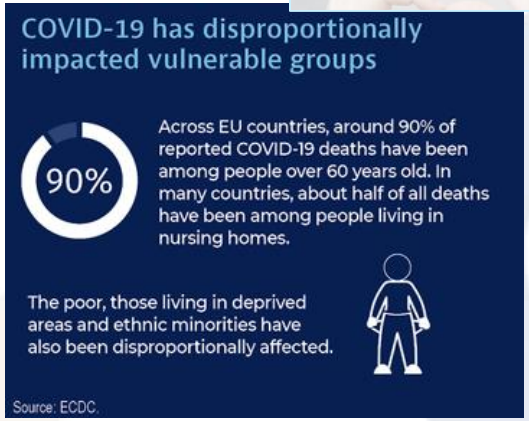
The Children's Commissioner report '**Childhood** in the time of Covid' set out the key ways in which children's lives have been impacted as a result of the Covid 19 crisis.


World Health Organization Collaborating Centre on Investment for Health and Well-being

GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales

Llywodraeth Cymru Welsh Government

Placing health equity at the heart of the COVID-19 sustainable response and recovery:
Building prosperous lives for all in Wales


COVID-19 has disproportionally impacted vulnerable groups

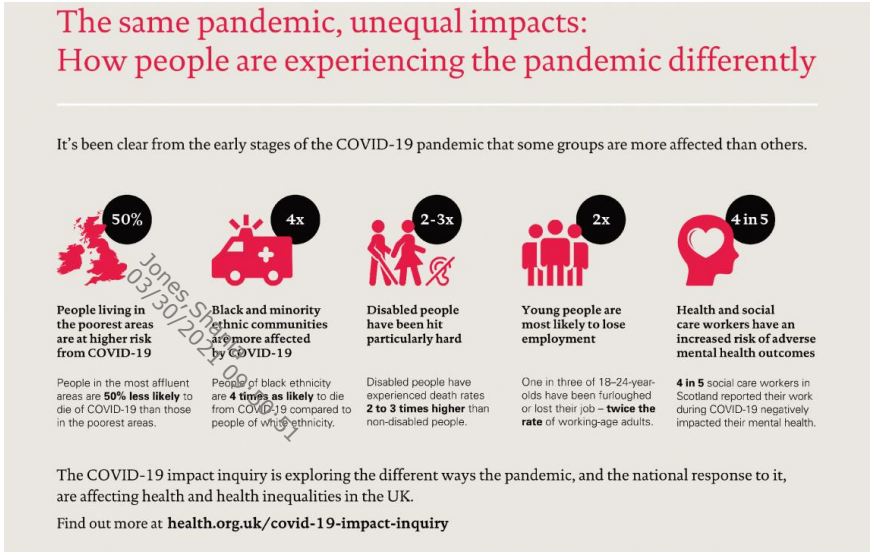
90%

Across EU countries, around 90% of reported COVID-19 deaths have been among people over 60 years old. In many countries, about half of all deaths have been among people living in nursing homes.

The poor, those living in deprived areas and ethnic minorities have also been disproportionally affected.

Source: ECDC.

https://www.oecd-ilibrary.org/


The same pandemic, unequal impacts:
How people are experiencing the pandemic differently

It's been clear from the early stages of the COVID-19 pandemic that some groups are more affected than others.

50% — **People living in the poorest areas are at higher risk from COVID-19**
People in the most affluent areas are **50% less likely** to die of COVID-19 than those in the poorest areas.

4x — **Black and minority ethnic communities are more affected by COVID-19**
People of black ethnicity are **4 times as likely** to die from COVID-19 compared to people of white ethnicity.

2-3x — **Disabled people have been hit particularly hard**
Disabled people have experienced death rates **2 to 3 times higher** than non-disabled people.

2x — **Young people are most likely to lose employment**
One in three of 18–24-year-olds have been furloughed or lost their job – **twice the rate** of working-age adults.

4 in 5 — **Health and social care workers have an increased risk of adverse mental health outcomes**
4 in 5 social care workers in Scotland reported their work during COVID-19 negatively impacted their mental health.

The COVID-19 impact inquiry is exploring the different ways the pandemic, and the national response to it, are affecting health and health inequalities in the UK.

Find out more at **health.org.uk/covid-19-impact-inquiry**

https://www.health.org.uk/news-and-comment/charts-and-infographics/same-pandemic-unequal-impacts

The Public Health England report 'Beyond the data' also highlighted the differential impact of Covid 19 on **Black and Minority Ethnic** Groups.

Other evidence is emerging on factors including homelessness, travelling communities, adult and child protection and safeguarding, gender inequality.

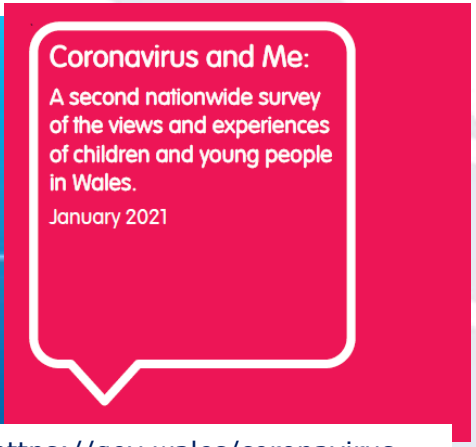
It has been described as a 'syndemic pandemic' with an aggregated impact on existing determinants of disease.

https://jech.bmj.com/content/74/11/964


Children's COMMISSIONER

Childhood in the time of Covid

https://www.childrenscommissioner.gov.uk/coronavirus/


Coronavirus and Me:

A second nationwide survey of the views and experiences of children and young people in Wales.

January 2021

https://gov.wales/coronavirus-and-me-wales-young-people-asked-about-their-thoughts-and-concerns-during-pandemic

Step 3
Assess the Position

Step 3) Assess the Position

Demand & Capacity

The assessment of demand carried out for the Annual plan is multi-dimensional and includes Population Demand, Strategic Demand and Capacity; Commissioned Services Capacity and Recovery Planning (England and Wales) and PTHB Provider Operational Demand and Capacity Planning.

- ❖ Significant changes in demand were seen in 2020 across Wales and the UK
- ❖ Communications were developed nationally and locally to promote access and demand has gradually been increasing (see table 1)
- ❖ By September 2020 referrals counts had returned to 92% of the mean but recent data is showing another reduction
- ❖ Waiting times are increasing across providers as shown at the snapshot, the clear impact of service suspensions during the first wave
- ❖ Second wave/winter impacts are expected with a similar but potentially not as pronounced demand reduction from service contraction/patient decisions
- ❖ The position is critical. Referrals and waiters continue to be risk managed, to provide the most rapid and equitable care possible at this challenging time

- PTHB essential services have been maintained, with circa 30% reduced capacity to meet requirements for infection prevention and mitigation of nosocomial spread; alternative means of delivery have been deployed to maintain services including "Attend Anywhere"
- The key specialities of concern are set out overleaf in terms of waiters but this is not the whole picture, there are also concerns in relation to other areas of non covid provision including cancer where early detection may have been hampered by hesitancy to present or suspension of pathways
- There is significant commissioning complexity and scale of challenges and opportunity for Powys - work will continue into Q1, in line with national and regional timescales including the Regional Partnership Board
- A whole system approach is required to consider the impact and experience for people waiting for health and care (and other services); in relation to quality, safety, equity, shared decision making and risk stratification

Table 1: Total Referrals (Apr 2018 – Partial February 2021)

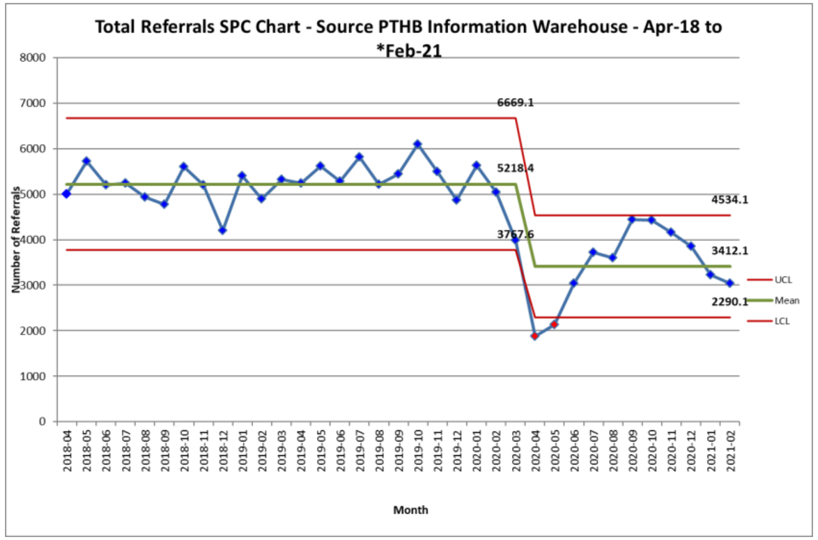
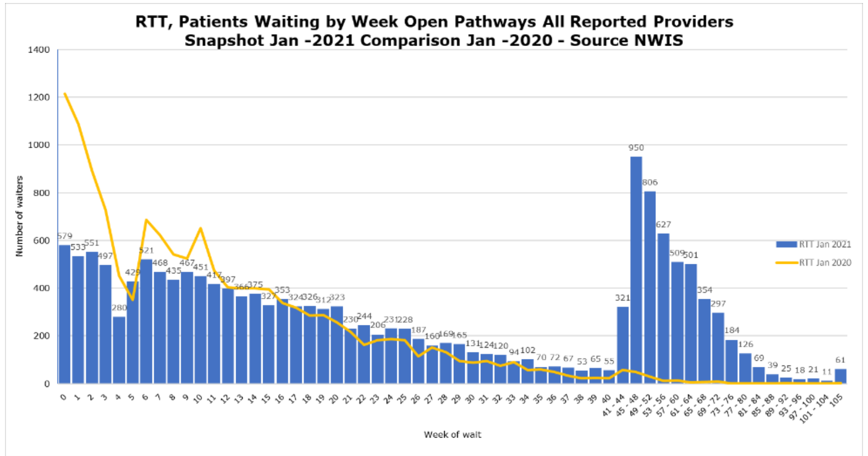


Table 2: Waiting Times – all providers



Step 3) Assess the Position

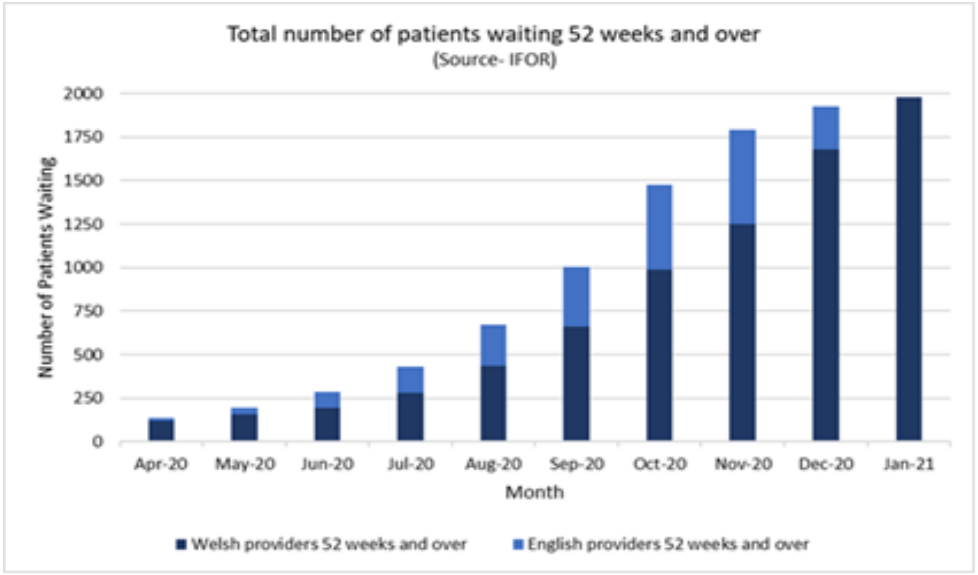
Waiting Times

The scale of the waiting times challenge is critical and for Powys this includes services provided within Powys and Powys patients waiting for DGH and specialised services. The graph on the right shows the growth in patients waiting over 52 weeks as a result of services impacted by the pandemic.

There is a clear increase in waiting times across all of the main providers for Powys residents, in line with national increases. Across all providers, a significant percentage are waiting longer than 26 weeks and these cohorts will have both increased in number and moved into longer wait categories due to the recent further wave of covid-19, the lockdown restrictions and associated service suspensions. (Snapshot taken as at 3rd February 2020).

	< 26 weeks for treatment (Target 95%)	36-51 weeks	52 weeks and over
Aneurin Bevan UHB	56.7%	324	333
Betsi Cadwaladr UHB	37.0%	131	124
Cardiff & Vale UHB	45.3%	80	84
Cwm Taf UHB	40.7%	83	124
Hywel Dda UHB	58.1%	196	187
Powys Teaching Health Board	59.1%	889	398
Swansea Bay UHB	43.7%	332	431

November 2020 English Providers	% of Powys residents < 26 weeks for treatment (Target 95%)	Patients waiting 36-51 weeks	Patients waiting 52 weeks and over
Robert Jones & Agnes Hunt (Nov 2020 data)	57.5%	528	170
Wye Valley NHS Trust (Oct 2020 data)	61.8%	515	153
Shrewsbury & Telford NHS Trust (Sept 2020)	54.0%	630	0



The greatest challenges in relation to volume of people waiting for particular specialities are the same across English and Welsh providers as shown below:

1. Trauma & Orthopaedics
2. Ophthalmology
3. General Surgery

Rank	English Providers		Welsh Providers		TOTAL
1)	T&O	1936	T&O	1771	3707
2)	Ophthalmology	937	Ophthalmology	1372	2309
3)	General Surgery	557	General Surgery	1139	1696
4)	Gastroenterology	446	ENT	896	
5)	Cardiology	403	Gynaecology	703	

Step 3) Assess the Position - Covid and Surge Modelling

Covid Modelling / Surge Planning

There is uncertainty about how the COVID pandemic will unfold during 2021. The current national restrictions have played a significant part in reducing the incidence of COVID. As restrictions are eased incidence is likely to rise, and although the vaccination programme is intended to have an impact, there is always the prospect of a further variant of concern that proves resistant to the vaccine.

Local modelling in relation to the covid case rates and R rate is continuing to inform strategic and operational planning and is underpinned by the following:

- The use of agile planning and robust surveillance Including R value and other Covid Situation Analysis
- A collaborative approach building on regional working across England and Wales.
- An evidence based approach, utilising national and international data, policy and technical guidance including the latest Welsh Government Technical Advisory Cell updates (https://gov.wales/technical-advisory-cell-modelling-update-12-february-2021)
- The Minimum Data Set provides an assessment of our projected performance position across key areas and an assessment of capacity to sustain and provide services next year. It has been completed in this context, as accurately as possible for Quarters 1 and 2 and this will be revisited during the year to take into account any changes in the evidence or scenarios.

The health board has an important role in supporting flow across multiple healthcare systems in England and Wales. The community model includes home first, discharge to recover and assess and virtual hospital model in addition to the community bed base itself. Access to community hospitals is based on the agreed medical decision making model which has been developed by Clinical Executives.

There has been a decrease in the utilisation across all beds and the health board has maintained a good response to supporting system flow throughout a challenging winter period. The bed modelling submitted in detail in the Q3 / Q4 plan in 2020/21 has been tested and refined during the Winter period. Surge capacity will continue to be planned on the basis of the use of beds which can be maximised to support surge as required, in line with the health board's Clinical Model and clinical decision making for the use of Community Hospitals.

The Health Board has developed plans that ensures it can manage COVID and non COVID demands at a current inpatient bed stock of 155 community beds and 31 mental health beds with capacity to surge during the Winter Period. This provides a level of contingency against the potential risk of a variant of concern that is resistant to the vaccine.

Step 4
Identify Priorities

Principles for 'A Healthy Caring Powys'

A set of principles have been developed with staff, partners, patients, carers and stakeholders as part of the long term Health and Care Strategy. During the development of the Annual Plan, these came to the fore, setting the parameters for the agreement of meaningful priorities and they will continue to be used to test and shape the plan as it develops further during Quarter 1.

Principle 1: Do What Matters
We will focus on 'What Matters' to people. We will work together to plan personalised care and support, focusing on the outcomes that matters to the individual.

Principle 3: Focus on Greatest Need
We will focus resources on those with greatest need for help and support, in a way that looks ahead to future generations.

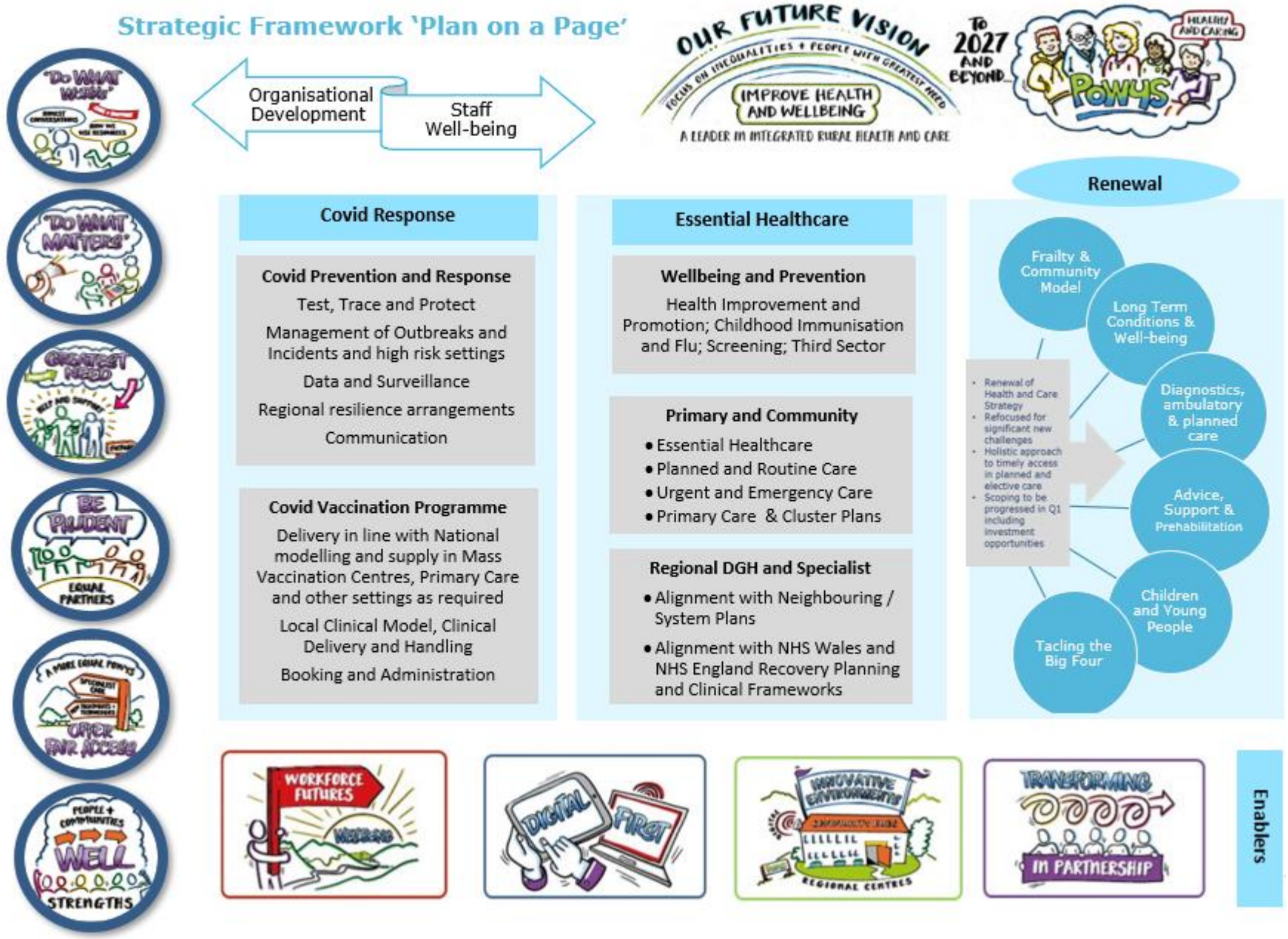
Principle 2: Do What Works
We will provide care and support that is focused on 'what works' based on evidence, evaluation and feedback. We will have honest conversations about how we use resources.

Principle 4: Offer Fair Access
We will ensure people have fair access to specialist care and to new treatments and technologies, helping to deliver a more equal Powys and recognising rural challenges.

Principle 5: Be Prudent We will use public resources wisely so that health and care services only do those things that only they can and should do, supporting people to be equal partners and take more responsibility for their health and care.

Principle 6: Work with People and Communities
We will work with individuals and communities to use all of their strengths in away that maximises and includes the health and care of everyone, focusing on every stage of life – Start Well, Live Well and Age Well.

Strategic Framework ‘Plan on a Page’



IMMEDIATE PRIORITY

COVID Response

Executive Leads
DPH, DoN, DoPP

Prevention and Response Plan and Covid Vaccination Plan developed in line with evidence base internationally and nationally and compliant with clinical and professional guidelines and national policy.

Covid Prevention & Response and Vaccination Programme remain highest priorities and are life critical / essential to preservation of life.

PTHB has developed an approach of 'Leaving No-one Behind' to ensure that those groups and individuals in Powys who are most vulnerable are able to access covid prevention and response services.

Covid Prevention & Response and Vaccination remain highest priorities as reflected in the plans for workforce, digital and finance and the balance of delivery against operational delivery and renewal priorities.

The two component programmes include targeted action to address need and ensure equitable access for communities, including additional measures and access points where hotspots or low take up is identified.

Collaboration has been key to the success of the Covid Prevention & Response and Vaccination programmes; it builds on strengths across all sectors of the community, volunteers and key partners.

What will this achieve?

- *The Health Board, working with partners in Public Health Wales and Local Authorities, will deliver a robust Test, Trace, Protect (TTP) programme through 2021/22.*
- *Delivery of the Mass Vaccination Plan to meet WG milestones ensuring all eligible adult population is offered a first dose by 31 July2021.*

Key Actions and Milestones

Delivery of Prevention & Response Plan 2021 – 2022

- *Delivery of the local Testing Plan. This will encompass symptomatic testing, asymptomatic screening and antibody testing using PCR, Lateral Flow Devices and new technologies in accordance with the latest Welsh Government requirements.*
- *Provide regional co-ordination to the Powys Test, Trace and Protect service including management of outbreaks and ongoing surveillance.*
- *Delivery of Contact Tracing by the local authority working in partnership with the Regional Response Cell to meet timeliness and quality standards.*
- *Implement clinical governance framework for near patient devices.*
- *Continue to influence public to follow public health guidance and requirements.*

Delivery of COVID-19 Vaccination Plan 2021 - 2022

- *Q1- Vaccination offered to all those over 50/at greater risk by 19 April 2021*
- *Q2- Vaccination offered to all eligible adults by 31 July 2021 and agree delivery model for re-vaccination programme*
- *Q3- Implementation of the re-vaccination programme in Autumn.*

Key Interdependencies

- NHS Wales Covid-19 Vaccination Plan and Programme/ Test Trace and Protect Programme/ Coronavirus Control Plan for Wale
- NHS England Covid-19 Vaccination / Test and Trace Programme
- Delivery against Four Harms 'Harm from Covid' (NHS Wales Planning Framework)
- Financial allocation for covid related expenditure set out in FDU returns and MDS return

IMMEDIATE PRIORITY

Essential Healthcare (Provider & Commissioned)

Executive Leads
DPH, DPCCCMH, DoPP

The immediate priority of essential healthcare applies to both PTHB Provided Services and those commissioned from other health boards and systems in England and Wales.

A whole system approach is necessary to ensure the needs of the Powys population for primary community, hospital and specialist care is incorporated into recovery and system plans for both the continuation of essential services and the restoration of non-essential planned and elective care.

The scale of the waiting times challenge is central to the renewal approach set out in the annual plan. In January 2021, over 2000 Powys patients are waiting over 52 weeks as a result of routine services being affected by the COVID 19 pandemic across Welsh and English providers.

Key Areas of Delivery

- **Commissioned Services**

  Ensuring the needs of Powys residents are factored into neighbouring plans and utilise system for tracking changes and recovery planning; focus on Shrewsbury and Telford Hospitals NHS Trust; South Powys Programme; Specialised Services Integrated Commissioning Plan; Section 33 arrangements for care homes

- **Primary and Community Services**

  Maintaining and strengthening capacity, whilst ensuring infection prevention and control; utilisation of alternative means of delivery; alignment with National and Regional programmes for Primary Care, Planned and Unscheduled Care and the National Clinical Framework (in Wales) and system recovery (in England and Wales)

- **Unscheduled Care and Out of Hours**

  Including out of hours, minor injuries and out of hospital pathways, home first, discharge to recover and assess, virtual ward and the role of the health board in supporting whole system emergency care and patient flow across England and Wales; alignment with EASC (Emergency Ambulance Services Committee) and WAST (Welsh Ambulance Services Trust

- **Planned Care**

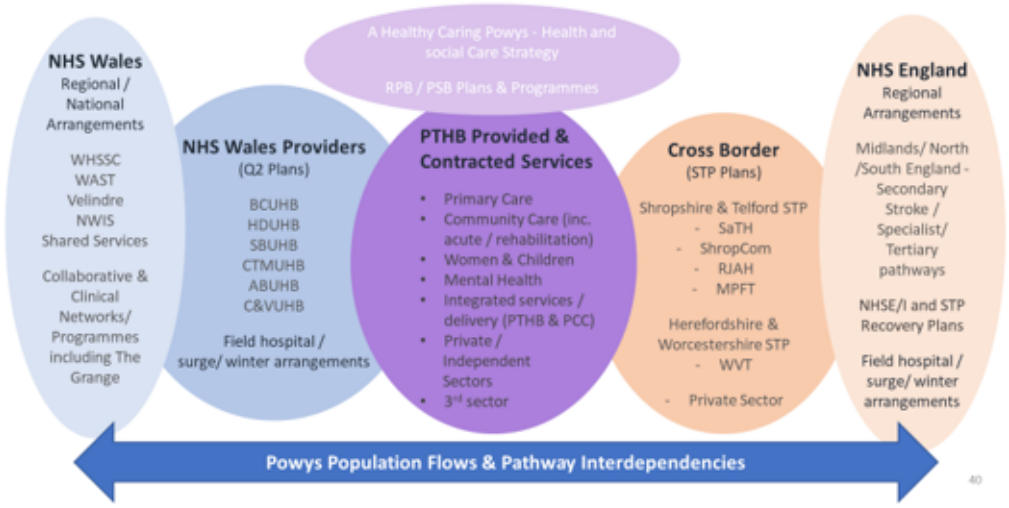
  Continuation of new ways of working for diagnostic and treatment pathways; Strategic Demand and Capacity modelling during Q1; to inform trajectories and further development of renewal programmes; alignment with National Programmes for Planned Care, Outpatient Transformation; National Recovery Plans (NHS Wales and NHS England) and NHS Wales Clinical Framework; local and regional solutions for RTT, Diagnostics, Therapies, Cancer and Mental Health; implementation subject to further discussion with Welsh Government and recovery funding allocations as a Commissioner of services for the Powys resident population across English and Welsh Providers.

- **Well-being, Prevention and Inequalities**

  Targeted actions for population well-being including support to stop smoking, healthy weights pathway, physical activity promotion, immunisation and population screening. Health improvement and health protection delivered at scale in a way that supports equitable outcomes across Powys.

Whole System Transformation

Powys has a unique place in the NHS Wales landscape, as a direct provider and a commissioner of healthcare. A whole system approach to transformation is already in place as shown below, albeit changed in focus and set in a new climate with the added dimension of pandemic recovery:



Transformation in Powys is centred on improving outcomes and patient centred care closer to home for Powys residents. This necessarily involves collaborative cross system working and the meaningful, long term and structured implementation of the 'Five Ways of Working' set out in the Well-being of Future Generations Act.

Powys has a strong foundation to build on for collaboration. The strength of the community has been loud and clear throughout the pandemic, in the surge of volunteering; the speed of partnership working, the staff who gave over and above and the support of patients, carers, residents and local businesses.

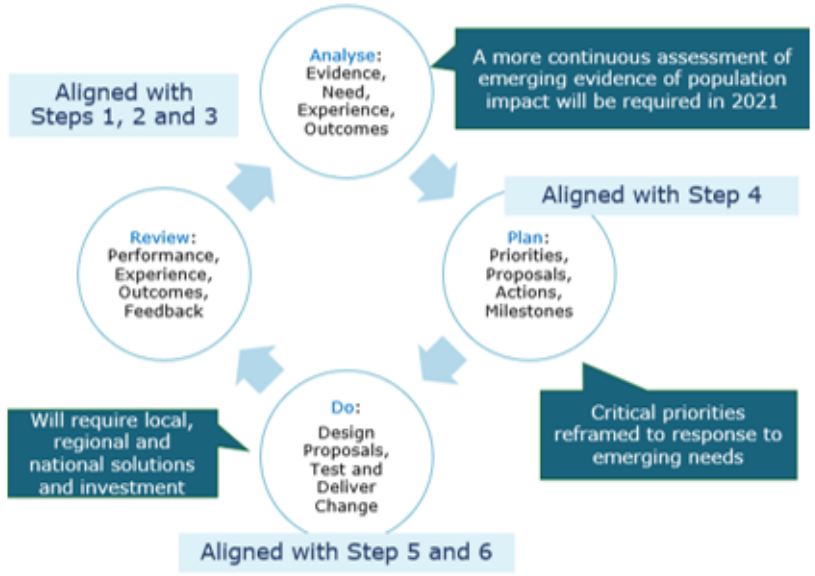
Powys has surprised and excelled and reassured itself, that in hardship it can come together

There are a series of transformation priorities already in place which will be important levers and enablers for change in 2021/22 (further detail on next pages):

- ❑ North Powys Well-being Programme
- ❑ Big Four Programme

In 2021 the focus will be further joining up across transformation, to understand and respond to the emerging evidence and learning from the pandemic and the 'syndemic' impacts for the Powys population.

This will take into account the unique commissioning arrangements in Wales and Cross Border; from well-being and prevention to specialist services.



Whole System Transformation

North Powys Well-being Programme

The North Powys Well-being Programme is a major, flagship partnership programme overseen by the Regional Partnership Board.

It delivers against the Local Area Plan and the shared long term Health and Care Strategy 'A Healthy Caring Powys'.

The programme has been remapped and refreshed to take into account the impact of Covid and the further work across the Regional Partnership Board on the shared Powys Outcomes:

POWYS REGIONAL PARTNERSHIP BOARD DRAFT STRATEGIC OUTCOME FRAMEWORK

Strategic I Statements

Wellbeing

- I am responsible for my own health and well-being.
- I am able to lead a fulfilled life.
- I am able and supported to make healthy lifestyle choices about my mental and physical health, and well-being, for myself and my family.
- I have life opportunities whoever I am and wherever I live in Powys.
- The environment/community I live in supports me to be connected and to maintain my health and well-being.
- As a carer I am able to live a fulfilled life and feel supported

Help and Early support

- I can easily access information, advice and assistance to inform myself and remain active and independent.
- As a child and young person I have the opportunity to experience the best start in life.
- I have easy access, advice and support to help me live well with my long-term condition

Big 4

- I have easy access to support, information and early diagnosis.
- I have early intervention and appropriate treatment.
- My treatment and support is high quality, evidence based and timely as locally as possible

Joined Up Care

- I have timely access to equitable services as locally as possible.
- I am treated as an individual with dignity and respect.
- My care and support are focused around what matters most to me.
- I receive continuity of care which is safe and meets my needs.
- I am safe and supported to live a fulfilled life.
- I receive end of life care that respects what is important to me.

Enabling I Statements

- Workforce
- Innovative Environment
- Digital First
- Transforming in Partnership

Strategic Outcomes (10 years)

The people of Powys will see:

- Reduced inequalities and improved equity of service to rural populations
- Improved prosperity of the county
- Strengthened local communities
- Improved education, training and development
- Improved experiences and outcomes of services
- A reduction in the impact of the wider determinants of health
- More people living independently and remaining at home
- Reduced premature mortality as a result of the four main causes of ill health in Powys

Medium Term Outcomes (5-7 Years)

- Improved accessibility to services, and community infrastructure, that meet the needs of the population
- Improve integration of services, partnership working and confidence in leadership
- Increased focus on prevention and health promotion
- Increased support for carers
- Ensure our population are safeguarded throughout their lives
- Increased emotional and behavioral support for families, children and young people to build resilience and support transition into adulthood
- Increased support to enable people to create the foundations of good mental and physical health
- Strengthen people's ability to manage their own health and wellbeing and make healthier choices
- Increased independence and participation within communities
- Reduced number of people saying they feel lonely or isolated
- Reduce the incidence and progression of life-limiting conditions
- Improve the opportunity for people to access education, training and learning opportunities.

A set of proposed initiatives have been developed - these are subject to further discussion ready to be implemented from Quarter 1 of 2021.

DRAFT Mapping of Programme Outcomes to Improvement Drivers 21_22

Medium Term Outcomes	Wellbeing, early help and support for children and young people			Rehabilitation		Ambulatory Care /Modernised Outpatients			Community model				
	Bach A Lach	Repatriation Children Looked After	Powys first	Digital Facilitators	Digital Platform	Spirometry	Sleep Diagnostics	Ophthalmology Wet AMD	MDT	Model	Model of care/ Campus	PSB Step 11 &12	Whole system change
Improved accessibility to services and community infrastructure that meet the needs of the population		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Improved integration of services, partnership working and confidence in leadership	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Increased focus on prevention and health promotion	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Increased emotional and behavioral support for families, children and young people to build resilience and support transition into adulthood		✓	✓	✓			✓	✓	✓	✓	✓	✓	✓
Strengthen peoples ability to manage their own health and wellbeing and make healthier choices	✓		✓	✓					✓	✓	✓	✓	✓
Increased independence and participation within communities	✓		✓						✓	✓	✓	✓	✓
Improve the opportunity for people to access education, training and learning opportunities	✓		✓	✓	✓				✓	✓	✓		✓

The Delivery Plan for the North Powys Well-being Programme 2021 – 2022 includes:

- Acceleration for change initiatives
- Strategic Demand and Capacity Modelling
- Detailed Service Modelling
- Final agreement of the Programme Business Case
- Development of the Strategic Outline Case
- Capital Business Case for Multi Agency Well-being Campus
- Workforce and organisational development

RENEWAL PRIORITY 1

Frailty & Community Model

Executive Leads
MD, DoTH, DPCCMH

The focus will be on securing the greatest outcomes for Powys residents, using evidence based approaches to bring care closer to home and promote independence, avoiding unnecessary prolonged hospital stays which are known to decrease functionality over time.

There are significant challenges and risk of harm from the wider impacts of the pandemic including those arising from waits for referrals and treatment. The model and interventions will be designed and measured by patient outcomes and experiences.

The greatest need is a complex and compound principle, with demand and need shifting and exacerbated by the wider impacts of the pandemic and the risk from harm waiting for care. Priorities will be based on redesigning those service offers which are the least sustainable for those with greatest need.

A value based approach with improvements in the quality of life for those people receiving care and those with frailty will be key. Evidence based approaches and greater patient initiation will support efficiencies that enable resources and workforce to be targeted effectively.

The community model will build on the home first ethos and care closer to home as the foundation of the Powys Model of Care, with fair access for the rural communities of Powys.

Powys has a strong history of collaboration and community engagement and this has been evident during the pandemic. The community well-being approach being accelerated in North Powys is driving a co-productive model. At the heart is an emphasis on independence and community resilience.

What will this achieve?

Learning from the modified approaches implemented during the pandemic which successfully maintained many more people within their own homes; ***a revised frailty and community model will enable better outcomes*** *for people through more intensive community and home based care. Renewed pathways for planned and unscheduled care for frailty will build on successful models of Home First, Discharge to Recover and Assess, Virtual Wards and support for those at risk of Falls.*

With a clear prevention and home first ethos, joined up and 7 day working, multi-disciplinary teams will work to prevent avoidable secondary care admissions, and adopt ambulatory/same day care approaches where possible.

Key Actions and Milestones

Q1 – **Initiate programme to fully scope the development of a revised Frailty & Community Model,** using a Value-Based approach, including the workforce model required across primary and community service, working closely with social care and the review of Reablement services.

Q1 Scope interdependencies with North Powys Well-being Programme / South Powys Pathways Programme and Powys Model of Care development

Q1 Strategic Demand and Capacity/Opportunity Analysis to be completed end of Q1

Key Interdependencies

- Addresses all Ministerial Priorities – Timely Access to Care; Health Inequalities, Primary Care, Mental Health and Prevention
- Delivery against Four Harms 'Harm from Non-Covid'/ Overwhelmed system'
- NHS Wales Recovery Plan / Planned Care Programme, Strategic Programme for Primary and Community Care,
- NHS England System Planning & Recovery arrangements including establishment of Integrated Care Systems (ICS) and NHS reform
- Recovery and renewal will be subject to investment at national / regional and local levels; fully costed proposals will be developed in Q1

RENEWAL PRIORITY 2

Long Term Conditions and Well-being

Executive Leads
DoTH, DPH, DPCCMH

Using evidence based approaches for all those with chronic conditions, greater shared decision making with patients on outcomes and experience, as well as collaborations between services so that care is based on need rather than organisational boundaries.

There is clear evidence that the pandemic will have long term impacts for those with existing healthcare needs and conditions that will require new, targeted, intensive approaches to reduce harm. Equally there are great innovations that have been adopted which provide a platform for a refreshed offer that is more flexible and promotes better outcomes.

Those with long term conditions have the greatest need for healthcare over a greater period of time and frequency. The evidence shows that the numbers of people will increase over the next decade, requiring a refreshed offer to provide sustainable support and care.

Evidence based approaches which consider the value for the patient in relation to their outcomes and the best use of healthcare resources will be essential to meet the anticipated growth in demand and address the challenges created by the suspension of non covid healthcare.

Access to appropriate, early and tailored support for those with long term conditions is core to successful management of their health and well-being. It is also going to be one of the greatest challenges facing health and care as a result of the pandemic, addressing backlogs and waiting times, taking into account those most at risk.

Community support and resilience is known to be important for long term well-being at an individual and population level. The approach being accelerated in North Powys is driving a co-productive model and will draw learning for Powys wide service and pathway development.

What will this achieve?

A fully integrated and scaled service to support people with long term conditions *using bio-psycho-social and psychosocial approaches. Focus on psycho-social support, prevention, self-care and patient initiation. A refreshed offer to provide targeted support and equitable access for those with all long term conditions, including Long Covid and Healthy Weights Obesity pathway, with multi-disciplinary team working, rehabilitation and pain management. An approach that is patient and carer centred, utilising digital, group and shared care models, promoting access, early help and self-care, for those who are most at risk of harm including the impacts of the pandemic.*

Key Actions and Milestones

Q1 – **Development of a detailed proposal** focusing on:

- Building on the Long term Conditions and Pain Management Centre model already in place
- Integration of specific 'speciality' practitioners into broader multi-disciplinary teams.
- Establishing the workforce and digital enablers actions required for delivery.

Q1 Scope interdependencies with North Powys Well-being Programme / South Powys Pathways Programme and Powys Model of Care/ Big Four developments

Q1 Strategic Demand and Capacity/Opportunity Analysis to be completed end of Q1

Key Interdependencies

- Addresses all Ministerial Priorities – Timely Access to Care; Health Inequalities, Primary Care, Mental Health and Prevention
- Delivery against Four Harms 'Harm from Non-Covid/ Overwhelmed System'
- NHS Wales Recovery Plan / Planned Care Programme, Strategic Programme for Primary and Community Care,
- NHS England System Planning & Recovery arrangements including establishment of Integrated Care Systems (ICS) and NHS reform
- Recovery and renewal will be subject to investment at national / regional and local levels; fully costed proposals will be developed in

Renewal Priorities

RENEWAL PRIORITY 3 — Diagnostics, Ambulatory & Planned Care

Executive Leads
MD, DPCCMH, DPP

Using the evidence on successful models for example same day care and peer reviewed pathways which enable a greater focus on prevention and early help.

Early prevention and identification is essential across all pathways and priorities. There is clear evidence from patient experience and feedback supporting the need for early help and support from first contact throughout pathways, to support greater patient activation and control.

Demand and need is shifting in the context of the impacts of the pandemic and plans will continue to evolve and develop as the evidence base evolves. Harm reviews will be key to ensure targeted identification and directing of support.

The development of a core diagnostics offer underpins a value based approach and is a key enabler for the development of single, common pathways which support effective use of resources and improve outcomes.

Access is one of the greatest challenges facing health and care as a result of the changes and suspensions of non covid healthcare during the pandemic. The rebuilding of access will take into account the compounded effect on health inequalities and those most at risk.

The focus on locally developed and delivered services is key to building community investment and resilience in Powys and more sustainable services.

What will this achieve?

Transform access to in-county care, including diagnostics, ambulatory/same day care and planned care *(outpatient – face to face or digital; surgery). Maximise the capability for near-patient diagnostics (home, primary care practice, community hospital/Rural Regional Centre). Introduce a network of new Ambulatory Care Centres. Significantly increase in-county care through pathway/service repatriation. This meets the Powys population ambition of more care closer to home and shifts traditionally DGH provided care to Powys' Rural Regional Centres, in addition to reducing pressure in commissioned providers.*

Key Actions and Milestones

Q1 – **Development of detailed proposal** focused on:

- Establishing increased diagnostic capability at 'home', 'primary care practice' and 'diagnostic hub'
- Establishing Ambulatory Care Centres supporting care such as 'medical day case' interventions.
- Establishing priority repatriation and expansion in directly provided services, scoping opportunities for in-reach and joint workforce appointments.

Q1 Scope interdependencies with North Powys Well-being Programme / South Powys Pathways Programme and Powys Model of Care/ Big Four developments

Q1 Strategic Demand and Capacity/Opportunity Analysis to be completed end of Q1

Key Interdependencies

- Addresses all Ministerial Priorities – Timely Access to Care; Health Inequalities, Primary Care, Mental Health and Prevention
- Delivery against Four Harms 'Harm from Non-Covid/ Overwhelmed System'
- NHS Wales Recovery Plan / Planned Care / Point of Care Testing Programme, Strategic Programme for Primary and Community Care,
- NHS England System Planning & Recovery arrangements including establishment of Integrated Care Systems (ICS) and NHS reform
- Recovery and renewal will be subject to investment at national / regional and local levels; fully costed proposals will be developed in Q1

RENEWAL PRIORITY 4

Advice, Support and Prehabilitation

Executive Leads
MD, DoTH, DPP

Using evidence based approaches for early advice and management which promotes 'pre-habilitation' to support risk management and mitigation of potential harm; based on outcomes and experience based decision making and co-ordination as locally as possible.

There is clear evidence for the impact on people of waiting for treatment across specialities and a need to understand what matters in terms of outcomes for the patient and for their carers. The offer needs to be as local as possible, from the earliest contact onwards.

The evidence shows that the numbers of people requiring healthcare will increase over the next decade, requiring a refreshed approach that is sustainable going forward, with advice as early as possible to minimise risk for those with greatest need.

Evidence based approaches which consider the value for the patient in relation to their outcomes and the best use of healthcare resources. To meet the anticpated growth in demand and address the challenges created by the pandemic and the suspension of non covid healthcare.

Access to appropriate, early and tailored support will be essential for fair access to healthcare, taking into account those most at risk of harm and understanding the best outcomes for each patient.

Building on community strengths will be key to 'prehabiitation' as first early contacts with support services are often those in the community, with primary care clusters forming a hub around which a model of support can be built.

What will this achieve?

A transformed approach to support and treatment to ensure timely and equitable access to effective services *focused on improving outcomes and experience. Using a Value-Based approach, citizens will be offered structured advice and support including 'prehabilitation' for those who are or may otherwise be waiting for treatment. This will be based on shared decision making with patients and carers, with primary care able to access the optimal pathways which maximise outcomes and experience, and build support plans, interventions and treatment that enables control over their condition as part of a patient centred pathway.*

Key Actions and Milestones

Q1 – **Development of detailed proposal** focused on:

- Establishing a Referral Support Service
- Establishing Advice & Support Pathways
- Establishing Prehabilitation Pathways
- Establish workforce and digital enabler plans

Q1 Scope interdependencies with North Powys Well-being Programme / South Powys Pathways Programme and Powys Model of Care/ Big Four developments.

Q1Engagement with Community Health Council on the proposal and redefine 'offer'

Q1 Strategic Demand and Capacity/Opportunity Analysis to be completed end of Q1

Key Interdependencies

- Addresses all Ministerial Priorities – Timely Access to Care; Health Inequalities, Primary Care, Mental Health and Prevention
- Delivery against Four Harms 'Harm from Non-Covid/ Overwhelmed System'
- NHS Wales Recovery Plan / Planned Care Programme, Strategic Programme for Primary and Community Care,
- NHS England System Planning & Recovery arrangements including establishment of Integrated Care Systems (ICS) and NHS reform
- Recovery and renewal will be subject to investment at national / regional and local levels; fully costed proposals will be developed in Q1

Renewal Priorities

RENEWAL PRIORITY 5

Children and Young People

Executive Leads
DoN, DCCPMH

There is emerging evidence of a particular impact on children and young people arising from the pandemic and action required at national, regional and local levels to understand and respond to this.

The learning and evidence base highlights the need for a holistic approach to physical, emotional and psycho-social need and for children, young people and families to shape and inform the priorities.

Equity of provision is an underpinning principle, taking into account the inverse care law and the compounded impact on children and young people who are vulnerable and in need, including those requiring protection and children who are looked after.

A value based approach will be designed around maximising outcomes and experience, targeting interventions where evidence exists that it is effective; delivered by a workforce with the right level of knowledge skills and expertise.

Planning and interventions will take into account the broader determinants of health. This encompasses socio-economic factors and poverty in its widest sense and impacts in key areas of child development such as literacy and well-being.

Children and young people must be at the heart of decisions made about them, building on relevant networks and communications and ensuring interventions enable self responsibility and informed choice.

What will this achieve?

*An organisational and partnership approach to **prioritising recovery and renewal from the pandemic for children and young people**. Programme areas include: emotional and mental health, neurodevelopmental support, primary prevention programme catch-up, e.g. immunisations, dental care, healthy weights, education and recreational activity, planned care, including therapy services redesign. Start Well Partnership Group (RPB) priorities are aligned and integrated where appropriate.*

Key Actions and Milestones

Q1 **Detailed delivery plan for Start Well Partnership** already agreed priorities developed and initial milestones achieved. Including emotional health and wellbeing (incl. NEST Framework), Children Looked After Project, Newtown Together Project

Q1 **Integrate renewal proposals from across health board** where these relate to children and young people and agree interdependencies and delivery milestones. Identify those proposals that require 'recovery' investment through mapping current provision against need, identifying gaps and opportunity for redesign, particularly regarding planned care.

Q2-4 Programme Plan implementation against agreed milestones

Key Interdependencies

- Addresses all Ministerial Priorities – Timely Access to Care; Health Inequalities, Primary Care, Mental Health and Prevention
- Delivery against Four Harms 'Harm from Non-Covid/ Wider Impacts'
- NHS Wales Recovery Plan / Planned Care Programme
- NHS England System Planning & Recovery arrangements including establishment of Integrated Care Systems (ICS) and NHS reform
- Recovery and renewal will be subject to investment at national / regional and local levels; fully costed proposals will be developed in

RENEWAL PRIORITY 6

Tackling the Big Four: Cancer, Mental Health, Respiratory, Circulatory Disease

Executive Leads
MD, DPCCMH, DoTH, DPH

The Breathe Well Programme commenced in 2019 as a flagship for a new approach to the Big Four, taking a structured whole system approach to the analysis of needs and gaps and opportunities. Greater joining up of learning and approaches will be a key theme for 2021.

An evidence based approach, building on the flagship Breathe Well programme and Improving Cancer Journey. With a focus on shared learning and expertise across the Big Four and other renewal priorities and programmes.

Tackling the Big Four in the context of the impacts of the pandemic will require greater understanding and stratification of those most at risk including those waiting for care and more widely, the anticipated growth in demand over the next decade.

In a challenging context, robust reviews and prioritisation to ensure those most at risk of harm are offered support will be essential, including peer reviews and use of comparative intelligence and shared learning on evidence based pathways.

Given the complex nature of Powys pathways, involvement in national and regional work (England and Wales) on system recovery planning, clinical prioritisation and resource allocations will be key. Fair access for rural populations using healthcare across boundaries is a priority.

Conversations and engagement with communities at national, regional and local levels will be essential for people to be placed at the heart of decisions made about them, ensuring interventions enable self responsibility and informed choice.

What will this achieve?

*Targeting 'burden of disease' priorities, and taking a Value-Based approach, **improve outcomes in each of the key pathways**. Adopting the principles of the health and care strategy, including a focus on health inequalities, enable an integrated whole system approach. Essentially the wider impacts and harms of COVID (evidence of significant impact in all 4 pathway areas) will reshape/reprioritise actions and milestones.*

Key Actions and Milestones

Q1/4 – **Delivery of Breathe Well Programme** including options for outpatient activity; North West & Mid Powys MDT pilot evaluation; sleep clinics; drive through spirometry evaluation and medium term solutions, prehabilitation, engagement and continued links with RHIG National programme

Q1 – **Redesign Cancer Programme** incorporating Improving Cancer Journey & Single Cancer Pathway) Q2-4 Delivery of agreed Programme milestones

Q1 – **Delivery of Circulatory Programme** – Stroke, Heart and Diabetes (development work in balance with covid and operational priorities throughout the year)

Q1- **Refresh Powys Hearts and Minds: Together for Mental Health Strategy** including targeted pathway development. Q2-4 Delivery agreed milestones

Key Interdependencies

- Addresses all Ministerial Priorities – Timely Access to Care; Health Inequalities, Primary Care, Mental Health and Prevention
- Delivery against Four Harms 'Harm from Non-Covid/ Overwhelmed System/ Wider Impacts'
- NHS Wales Recovery Plan / Planned Care Programme/ National Clinical Framework
- NHS England System Planning & Recovery arrangements including establishment of Integrated Care Systems (ICS) and NHS reform
- Recovery and renewal will be subject to investment at national / regional and local levels; fully costed proposals will be developed in

Enablers

The Draft plan also sets out those Enablers which are key to delivering the balance of:

- the immediate priority to respond to the ongoing covid pandemic
- the core operational delivery of essential healthcare and
- the identification and securing of capacity and investment to progress with renewal

These enablers make up the asset base of 'A Healthy Caring Powys'.

They are crucial to supporting and empowering our own workforce and our partnerships; developing innovative environments and ensuring right sized governance.

Plans will be further refined in Quarter 1, with a clear focus on building and releasing capacity for renewal work , in line with National and Regional recovery work in both England and Wales and dependent on investment opportunities.

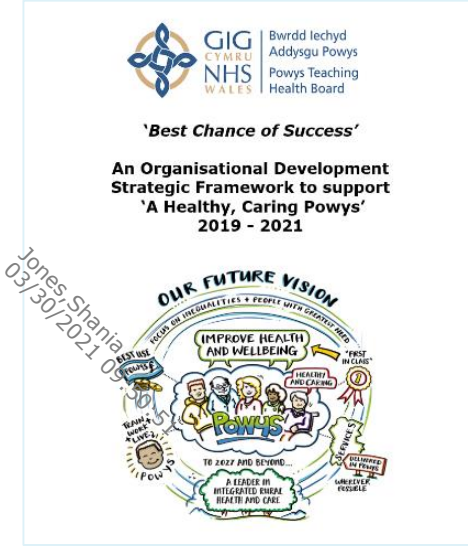
Delivery and Governance

The Draft Plan proposes a significant renewal endeavour. The COVID-19 pandemic continues and therefore a clear focus remains on ensuring a comprehensive response including test, trace protect and the vaccination programme. Essential healthcare features strongly and in particular the ability to provide the comprehensive healthcare offer to the population as a provider and through commissioned services.

Staff recovery and well being is a core consideration in the draft Annual Plan.

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

These have been developed by people who work in the health board and its stakeholders. They resonant even more strongly now and will be part of the organisational well-being and development for 2021/2022 and beyond.



The Organisational Development Framework is due for renewal and will be revised to take account of both the changes that have occurred and the changes needed in the future.

The Framework will support a renewed focus on alignment to 'A Healthy Caring Powys' in this new context.

Following Board approval of the strategic priorities for 2021/22, a full review of the Corporate Risk Register will take place to ensure that those risks which could threaten achievement of the board's priorities are identified, assessed and mitigating actions established. Emerging risks include:

Useful links

Links to Sources of Information

Source	Link
Public Health Wales Reports including: International Horizon Scanning and Learning to Inform Wales Covid-19 Public Health Response and Recovery How are we doing in Wales? Public Engagement Survey on Health and Wellbeing during Coronavirus Measures (Public Health Wales 2020, Series of reports) Monitoring and responding to broader public health issues emerging from the Covid-19 pandemic (Mark A. Bellis, Public Health Wales, 2020)	https://phw.nhs.wales/publications/ https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/how-are-you-doing/how-are-we-doing-in-wales-reports/ https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/staff-information-page1/public-health-wales-operational-plan/mark-bellis-broader-harms-from-covid-19
Covid-19 recovery and resilience: what can health and care learn from other disasters? (Kings Fund 2021)	https://features.kingsfund.org.uk/2021/02/covid-19-recovery-resilience-health-care
Beyond the data: Understanding the impact of COVID-19 on BAME groups (Public Health England, 2020)	https://COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf
The same pandemic, unequal impacts (Health Foundation, 2020)	https://www.health.org.uk/news-and-comment/charts-and-infographics/same-pandemic-unequal-impacts
The COVID-19 pandemic and health inequalities (Public Health England, 2020)	https://jech.bmj.com/content/74/11/964
OECD Resources including statistics on global impacts of covid and health inequalities (OECD, 2021)	https://www.oecd-ilibrary.org/
Strategic Programme for Primary Care (NHS Wales, 2019)	https://primarycareone.nhs.wales/files/strategic-programme-handbook/the-strategic-programme-for-primary-care-handbook-2019-2020-pdf/
Childhood in the time of Covid (Children's Commissioner, 2020) Coronavirus and me - Nationwide survey for children and young people in Wales January 2021 (Children's Commissioner for Wales)	https://www.childrenscommissioner.gov.uk/coronavirus/ https://www.childcomwales.org.uk/coronavirusandme/
Childhood in the time of Covid (Children's Commissioner, 2020) Coronavirus and me - Nationwide survey for children and young people in Wales January 2021 (Children's Commissioner for Wales)	https://www.childrenscommissioner.gov.uk/coronavirus/ https://www.childcomwales.org.uk/coronavirusandme/
Build Back Fairer: The COVID-19 Marmot Review (The Health Foundation, 2020)	https://www.health.org.uk/publications/build-back-fairer-the-covid-19-marmot-review
Senedd Committee Evidence submissions / Inquiries: Impact of Covid-19 on the voluntary sector (Welsh Parliament 2021) Doing it Differently, Doing it Right? Governance in the NHS During the COVID-19 Crisis (Audit Wales 2021) Inquiry into the impact of the Covid-19 outbreak, and its management, on health and social care in Wales: Report 1 (Welsh Parliament 2020) Inquiry into the impact of the Covid-19 outbreak, and its management, on health and social care in Wales: Report 2 – Impact on mental health and wellbeing (Welsh Parliament 2020)	 https://senedd.wales/media/d4jh52zz/cr-ld14075-e.pdf https://senedd.wales/media/zumbr4jn/agr-ld14013-e.pdf https://senedd.wales/media/ks1jxizq/cr-ld13304-e.pdf https://senedd.wales/media/5cghzhqq/cr-ld13951-e.pdf
Welsh Government Technical Advisory Group Policy Modelling Update 12 February 2021	https://gov.wales/sites/default/files/publications/2021-03/technical-advisory-cell-modelling-update-12-february-2021.pdf

Links to Sources of Information

Source	Link
Powys Community Health Council reports including: - Dental Services Powys, A. Gerrish, April 2020 - GP Access during Covid-19 Pandemic, November 2020	https://powyschc.nhs.wales/what-we-have-to-say/report-library/
PTHB Plans, Board Reports including the latest Performance Report, Corporate Risk Register (Powys Teaching Health Board, 2021)	Documents can be accessed through PTHB website: https://pthb.nhs.wales/
Understanding the Impact of COVID-19 in Powys (Powys County Council, 2020)	https://sway.office.com/sxfU525TCBDFv9PE?ref=Link&loc=mysways
Strategy for unpaid carers (Welsh Government, 2021)	Strategy for Unpaid Carers (gov.wales)
Placing health equity at the heart of the COVID-19 sustainable response and recovery: Building prosperous lives for all in Wales (Public Health Wales, 2021)	https://phw.nhs.wales/news/placing-health-equity-at-the-heart-of-coronavirus-recovery-for-building-a-sustainable-future-for-wales/placing-health-equity-at-the-heart-of-the-covid-19-sustainable-response-and-recovery-building-prosperous-lives-for-all-in-wales/
How are we doing in Wales? Public Engagement Survey on Health and Wellbeing during Coronavirus Measures (Public Health Wales, 2021)	Week 48: 'How Are We Doing in Wales' public engagement survey results - Public Health Wales (nhs.wales)
NHS Wales Decarbonisation Strategic Delivery Plan (NHS Wales, 2021)	NHS Wales Decarbonisation Strategic Delivery Plan (gov.wales)
National Clinical Framework: a learning health and care system (Welsh Government, 2021)	National Clinical Framework 8.0 (gov.wales)
Health and Social Care in Wales – COVID-19: Looking forward (Welsh Government, 2021)	health-and-social-care-in-wales--covid-19-looking-forward_0.pdf (gov.wales)
NHS England Recovery Plan (NHS England, 2021)	NHS England » Guidance on finance and contracting arrangements for H1 2021/22 NHS England » 2021/22 priorities and operational planning guidance NHS England » 2021/22 priorities and operational planning guidance: Implementation guidance
Public health annual report 2021: rising to the challenges of COVID-19 (Local Government Association, 2021)	Public health annual report 2021: rising to the challenges of COVID-19 | Local Government Association