Nodiadau o gyfarfod Cyd-bwyllgor Iechyd a Gofal Canolbarth Cymru

25 Mai 2021 gan ddechrau am 10:30am

Bu cynrychiolwyr o Bwyllgor Trosolwg a Chraffu Cymunedau Iachach yn arsylwi ar gyfarfod o Gyd-bwyllgor Iechyd a Gofal Canolbarth Cymru. Mae pum cynrychiolydd o Geredigion, sef y Cynghorwyr Bryan Davies, Keith Evans, Mark Strong, Alun Lloyd Jones a Lyndon Lloyd MBE. Cytunwyd ar hyn yng nghyfarfod y Pwyllgor Trosolwg a Chraffu Cymunedau Iachach. Gweler y cofnodion yma:

9. Aelodaeth Grŵp Craffu Cyd-Bwyllgor Iechyd a Gofal Canolbarth Cymru
CYTUNODD yr Aelodau mai'r canlynol fyddai aelodau Grŵp Craffu Cyd-Bwyllgor Iechyd a Gofal Canolbarth Cymru:

- Y Cynghorydd Mark Strong (Cadeirydd y Pwyllgor Trosolwg a Chraffu Cymunedau Iachach)
- Y Cynghorydd Lyndon Lloyd (Is-gadeirydd y Pwyllgor Trosolwg a Chraffu Cymunedau Iachach)
- Y Cynghorydd Alun Lloyd Jones
- Y Cynghorydd Keith Evans

Ers Mai 2021 penodwyd Cadeirydd newydd ar y Pwyllgor Trosolwg a Chraffu Cymunedau Iachach.

Mae Cylch Gorchwyl y Grŵp wedi'i atodi, er gwybodaeth.

Nodiadau o gyfarfod Cyd-bwyllgor Iechyd a Gofal Canolbarth Cymru

25 Mai 2021 gan ddechrau am 10:30am

Yn bresennol fel sylwedyddion o'r Pwyllgor Trosolwg a Chraffu Cymunedau Iachach:

Y Cynghorwyr Bryan Davies, Keith Evans, Mark Strong.

Cafwyd ymddiheuriadau oddi wrth y Cynghorydd Alun Lloyd Jones.

Mae papurau'r Agenda wedi'u hatodi, er gwybodaeth.

Croesawodd yr Athro Vivienne Harpwood Aelodau'r Bwrdd i'r cyfarfod. Hefyd croesawodd gynrychiolwyr o grwpiau craffu Cyngor Sir Ceredigion, Cyngor Sir Gwynedd a Phowys ynghyd â Swyddogion Trosolwg a Chraffu, fel Sylwedyddion.

Cyflwynwyd pob eitem agenda yn ei thro fel y nodwyd yn yr Agenda. Mae papurau'r Agenda wedi'u hatodi, er hwylustod.

Dyma'r pwyntiau allweddol:

Eitem Agenda rhif 2 – Adroddiad y Cadeirydd Arweiniol - yr Athro Vivienne Harpwood, Cadeirydd Bwrdd Iechyd Addysgu Powys a Chadeirydd Arweiniol Cyd-bwyllgor Canolbarth Cymru

- Crynodeb o'r ddeddfwriaeth newydd i wella trefniadau gofal cymdeithasol a chryfhau cydweithio mewn partneriaeth er mwyn cyflawni'r weledigaeth a nodir yn Neddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014 ar gyfer pobl sydd angen gofal a chymorth a gofalwyr sydd angen cymorth;
- Mae'r Ddyletswydd Economaidd-Gymdeithasol yn gofyn i gyrff cyhoeddus penodedig ystyried, wrth iddynt wneud penderfyniadau strategol megis penderfynu ar flaenoriaethau a gosod amcanion, sut y gallai eu penderfyniadau helpu i leihau'r anghyfartaledd sy'n ymwneud ag anfanteision economaidd-gymdeithasol. Oherwydd natur ddigynsail pandemig Covid-19 a'r angen ar i Lywodraeth Cymru ail-flaenoriaethu, daeth y ddyletswydd i rym ar ddyddiad a ddiwygiwyd, sef 31 Mawrth 2021;
- Yn haf 2020 cyhoeddwyd 'Gweledigaeth ar gyfer Tyfu Canolbarth Cymru: Cynllun Economaidd Strategol a Map Ffordd y Fargen Twf'. Mae gwaith yn mynd rhagddo ar y portffolio gwaith a'r prosiectau lefel uchel sydd wedi cynnwys sgyrsiau ar bortffolios economaidd ehangach. Cyfarfu'r Bartneriaeth, y mae Cyd-bwyllgor y Canolbarth yn aelod ohoni, ar 24 Mai 2021;
- Cadarnhaodd y tri Bwrdd Iechyd ar gyfer Canolbarth Cymru (Bwrdd Iechyd Addysgu Powys, Byrddau Iechyd Prifysgol Betsi Cadwaladr a Hywel Dda) eu hymrwymiad i ddarparu cyllid ar gyfer Iechyd a Gofal Gwledig Cymru ar gyfer 2021/22;
- Estynnwyd llongyfarchiadau i ymgeiswyr etholiad Senedd Cymru a gafodd eu hethol o'r newydd a'u hail-ethol; trefnir cyfarfodydd i sicrhau bod eu golygon ar yr heriau a'r materion sy'n wynebu gwasanaethau iechyd ledled Canolbarth a Gorllewin Cymru.

Eitem Agenda rhif 3 – Cynllun Cyflawni a Blaenoriaethu Cyd-bwyllgor Canolbarth Cymru 2021/22 - Adroddiad diweddaru gan gynnwys adroddiad y Prif Weithredwr Arweiniol – Steve Moore a Peter Skitt

- Mae cyfradd heintio'r pandemig yn isel ar hyn o bryd;
- Mae'r rhaglen frechu yn cynnig gobaith;
- Effeithiodd pandemig Covid-19 ar y gwaith o gyflawni blaenoriaethau a chynllun cyflawni Cydbwyllgor y Canolbarth ar gyfer 2020/21. Roedd hyn yn sgil gohirio gwasanaethau cysylltiedig gan arwain at ychydig iawn o gynnydd ac arweinwyr/ gwasanaethau blaenoriaeth yn gorfod canolbwyntio ar ymateb i'r pandemig. Bydd y blaenoriaethau'n cael eu trosglwyddo i 2022. Fodd bynnag yn achos rhai blaenoriaethau llwyddwyd i gyflymu'r gwaith, er enghraifft, Telefeddygaeth;
- Mae Llawfeddygaeth y Colon a'r Rhefr wedi ailgychwyn yn Ysbyty Bronglais;
- Bydd angen sylw ar Wasanaethau Iechyd Meddwl;
- Mae clinigau Wroleg wedi ailgychwyn yn Ysbyty Bronglais.

Eitem Agenda rhif 4 – yr Adferiad yng Nghanolbarth Cymru – Steve Moore a Peter Skitt

- Mae gwasanaethau'n ailddechrau;
- Rydym yn ymwybodol fod staff wedi blino'n lân yn gorfforol ac yn feddyliol;
- 30,000 o bobl ar restr aros Hywel Dda;
- Mae Byrddau Iechyd wedi dechrau postio llythyrau gwybodaeth at gleifion sy'n cynnwys un pwynt cyswllt ar gyfer ymholiadau.

Eitem Agenda rhif 5 – Rhaglen Waith Iechyd a Gofal Gwledig Cymru 2021/22 – adroddiad diweddaru – Peter Skitt

- Fel y nodir yn yr adroddiad

Eitem Agenda rhif 6 – adroddiad diweddaru is-grwpiau Cyd-bwyllgor Canolbarth Cymru
Grŵp Ymgynghorol Clinigol – Dr Kate Wright
Fforwm Ymgysylltu ac Ymwneud â'r Cyhoedd a Chleifion – Jack Evershed
Grŵp Rheoli Iechyd a Gofal Gwledig Cymru gan gynnwys Cylch Gorchwyl diwygiedig – Jack Evershed

Grŵp Ymgynghorol Clinigol

- Dyma'r blaenoriaethau clinigol y cytunwyd arnynt:

- Offthalmoleg
- Allgymorth Canser a Chemotherapi
- Wroleg
- Rhestrau aros (yn enwedig Trawma ac Orthopedeg, a Llawfeddygaeth Gyffredinol)
- Defnyddio cyfleusterau yn y Gymuned
- Gweithlu, yn arbennig atebion trawsffiniol/ gweithlu ar y cyd

- Mae Llwybr Llawfeddygol y Colon a'r Rhefr wedi ail-gychwyn yn Ysbyty Cyffredinol Bronglais;
- Bydd gwasanaethau Wroleg yn dychwelyd i Ysbyty Cyffredinol Bronglais ym mis Mehefin a bydd Wrolegydd ar y safle o ddydd Llun i ddydd Mercher. Bydd Ymgynghorydd yn ymweld ag Ysbyty Cyffredinol Glangwili ar ddydd Iau a bore Gwener, ar batrwm cylch;
- Mae'r amserlen arfaethedig ar gyfer gweithredu Strategaeth Ysbyty Cyffredinol Bronglais wedi'i gohirio yn sgil pandemig Covid-19. Fodd bynnag, roedd gwaith yn mynd rhagddo i ddatblygu dull o weithredu'r strategaeth fesul llwybr *(pathway)* o 2021/22 ymlaen;

Gweithgarwch Ymgysylltu Cadeirydd y Fforwm

- Mae Cadeirydd y Fforwm Ymgysylltu ac Ymwneud â'r Cyhoedd a Chleifion wedi bod yn parhau i ymgymryd â gweithgarwch ymgysylltu yn ystod pandemig Covid-19 gan gynnwys y canlynol:
- Cyfathrebu ac ymgysylltu parhaus â'r cyhoedd drwy gyfrifon y Cydbwyllgor ar y cyfryngau cymdeithasol.
- Diweddariadau/ sesiynau briffio tîm Cyd-bwyllgor Canolbarth Cymru.

- Cyfarfodydd Grŵp Rheoli Iechyd a Gofal Gwledig Cymru a diweddariadau / sesiynau briffio tîm.
- Fforwm Ysgol Ymchwil Rhagnodi Cymdeithasol Cymru/ *Wales School for Social Prescribing Research* ar werthuso ymyriadau presgripsiynu cymdeithasol, er mwyn cryfhau'r sylfaen dystiolaeth a phenderfynu sut y gall presgripsiynu cymdeithasol gael dylanwad ar iechyd a lles.
- Cynhadledd Iechyd a Gofal Gwledig Cymru (2 ddiwrnod).
- Cyfarfod Cyngor Ieuenctid Ysgol Penglais i drafod y cyfleoedd i ymgysylltu â phobl ifanc.
- Grŵp Cyfeirio Rhanddeiliaid - Casglu Data Gweinyddol / Ymchwil Amaethyddol. Mae'r prosiect Casglu Data Gweinyddol / Ymchwil Amaethyddol yn adeiladu ar adroddiad 'Cefnogi cymunedau ffermio ar adegau o ansicrwydd' a gyhoeddwyd gan adran ymchwil Iechyd Cyhoeddus Cymru ym mis Medi 2019.
- Hyrwyddo cynllun brechu Covid-19 a rhoi cymorth o ran rhedeg clinigau brechu lleol.

Grŵp Rheoli Iechyd a Gofal Gwledig Cymru gan gynnwys Cylch Gorchwyl diwygiedig

- Yn ystod pandemig Coronafeirws bu grwpiau Rheoli a Llywio Iechyd a Gofal Gwledig Cymru yn cyfarfod â'i gilydd bob chwarter. Mae hyn, yn ogystal â chyllid rheolaidd y cytunwyd arno ar gyfer Iechyd a Gofal Gwledig Cymru, wedi sbarduno newid arfaethedig i Gylch Gorchwyl Iechyd a Gofal Gwledig Cymru.

<u>Eitem Agenda rhif 8 – Yn Gwrando Arnoch</u>

Roedd y Cynghorydd Mark Strong a'r Cynghorydd Alun Lloyd Jones wedi codi cwestiynau o flaen llaw, cyn y cyfarfod.

Bwriedir cynnal y cyfarfod nesaf ym mis Medi 2021.

Gweithgor Craffu Cyd-Bwyllgor Canolbarth Cymru ar gyfer Iechyd a Gofal

Cylch Gorchwyl

Nod:

Nod y Gweithgor yw sicrhau'r canlyniadau iechyd a gofal gorau ar gyfer pobl Canolbarth Cymru trwy ddarparu craffu da ar Cyd-Bwyllgor Canolbarth Cymru ar gyfer Iechyd a Gofal.

Rôl:

Rôl y Gweithgor yw edrych ar ddarpariaeth gwasanaethau iechyd a gofal yng Nghanolbarth Cymru a materion sy'n effeithio ar bobl sy'n byw yn ardaloedd perthnasol siroedd Ceredigion, Gwynedd a Phowys.

Mae'r broses yn rhoi cyfle i Gynghorwyr y tair Sir archwilio darpariaeth y gwasanaeth iechyd a gofal, gofyn cwestiynau ynghylch sut mae penderfyniadau wedi cael eu gwneud, ystyried a ellir cyflwyno gwelliannau i'r gwasanaeth a gwneud argymhellion i'r perwyl hwn.

Mae craffu yn chwarae rôl hanfodol wrth hyrwyddo atebolrwydd, effeithlonrwydd ac effeithiolrwydd yn y broses o wneud penderfyniadau.

Gallai craffu effeithiol arwain at:

- Wneud penderfyniadau gwell
- Gwella Cyflenwi Gwasanaethau a Pherfformiad
- Datblygu Polisi Cadarn sy'n deillio o ymgynghoriad cyhoeddus ac arbenigedd annibynnol
- Gwell Democratiaeth, Cynwysoldeb, Arweinyddiaeth ac Ymgysylltiad Cymunedol
- Ychwanegu dimensiwn clir o dryloywder ac atebolrwydd i'r tri Chyngor
- Mae'n rhoi cyfle i bob Aelod ddatblygu sgiliau a gwybodaeth arbenigol a allai fod o fudd o ran llunio polisi a phrosesau monitro perfformiad yn y dyfodol.

Tybiaethau:

Bydd y Gweithgor yn cytuno ar raglen waith craffu.

Os bydd unrhyw awdurdod yn dymuno ymgymryd â darn penodol o waith craffu dylai hyn gael ei drafod gyda'r Gweithgor er mwyn ei gynnwys ar y rhaglen waith.

Dylid cadw'r gallu i awdurdod unigol ymgymryd â darn penodol o waith ond dylid ei ddefnyddio dim ond os nad yw'r Gweithgor yn bwriadu bwrw ymlaen gyda'r maes gwaith hwn.

Aelodaeth:

- Mae'r Gweithgor ar gyfer Aelodau craffu sydd â diddordeb mewn iechyd a gofal
- Hyd at dri Aelod craffu o bob cyngor, gan gynnwys, er enghraifft, cadeirydd craffu / cynullydd craffu
- Mae aelodaeth yn hyblyg a chaniateir i aelodau craffu newydd gael eu penodi
- Gellir gwahodd aelodau cyfetholedig perthnasol os nad ydynt yn rhan o Weithrediaeth y Cyd-Bwyllgor, y Byrddau Iechyd, y Cynghorau neu Lywodraeth Cymru.
- Dylai swyddogion cymorth craffu a sylwedyddion priodol fynychu

Cyfarfodydd:

Bydd y trefniadau canlynol yn cael eu treialu:

Bydd cyfarfodydd y Gweithgor yn cael eu cynnal ar brynhawn cyfarfodydd Cyd-Bwyllgor Canolbarth Cymru ar gyfer Iechyd a Gofal.

Cynhelir cyfarfodydd anffurfiol o'r Gweithgor yn ôl yr angen i baratoi ar gyfer y cyfarfodydd Craffu.

Bydd y cyfarfodydd yn rhai teithiol ac yn symud rhwng y tri awdurdod. Yr awdurdod lle mae'r cyfarfod yn cael ei gynnal fydd yn cadeirio'r cyfarfod.

Cymorth:

Darperir cymorth gan Swyddogion Craffu pob awdurdod gyda'r Swyddog Craffu o'r awdurdod sy'n cynnal unrhyw gyfarfod yn darparu'r cymorth ar gyfer y cyfarfod hwnnw.

Mid Wales Joint Committee for Health and Care Scrutiny Working Group

Terms of Reference

Aims:

The aim of the Group is to ensure the best health and care outcomes for the people of Mid Wales by providing good scrutiny of the Mid Wales Joint Committee for Health and Care.

Role:

The role of the Group is to look at the provision of health and care services in Mid Wales and issues that affect people who reside in the relevant areas of Ceredigion, Gwynedd and Powys Counties.

The process provides the opportunity for Councillors from the three Counties to examine health and care service provision, to ask questions on how decisions have been made, to consider whether service improvements can be put in place and to make recommendations to this effect.

Scrutiny plays an essential role in promoting accountability, efficiency and effectiveness in the decision making process.

Effective Scrutiny can lead to:

- Better decision making
- Improved Service Delivery and Performance
- Robust Policy Development arising from public consultation and input of independent expertise
- Enhanced Democracy, Inclusiveness, Community Leadership and Engagement
- Adds a clear dimension of transparency and accountability to the three Councils
- Provides an opportunity for all Members to develop specialist skills and knowledge that can benefit future policy making and performance monitoring processes

Assumptions:

The Group will agree a work programme of scrutiny.

If any authority wishes to undertake a particular piece of scrutiny this to be discussed with the Group for inclusion on the work programme.
The ability of an individual authority to undertake a particular piece of work be retained but only to be used if the Group does not intend to take forward this area of work.

Membership:

- The Group is for scrutiny members with an interest in health and care
- Up to three scrutiny members from each council including for example the scrutiny chair / convener
- Membership is flexible and replacement scrutiny members will be allowed
- Relevant co-opted members may be invited if they are not part of the Executive of the Joint Committee, the Health Boards, the Councils or Welsh Government.
- Scrutiny support officers and appropriate observers should attend

Meetings:

For the following arrangements to be trialled:

Meetings of the Group to be held on the afternoon of meetings of the Mid Wales Joint Committee for Health and Care.

Informal meetings of the Group will be held as required to prepare for the Scrutiny meeting.

The meetings will be peripatetic and move between the three authorities. The authority in which the meeting is being held will chair the meeting.

Support:

Support to be provided from the Scrutiny Officers of each authority with the Scrutiny Officer from the host authority of any meeting providing the support for that meeting.

CYDBWYLLGOR IECHYD A GOFAL CANOLBARTH CYMRU

Cyfarfod o Gydbwyllgor Canolbarth Cymru i'w gynnal am 10.30am ddydd Mawrth 25 Mai 2021
Cyfarfod Rhithwir trwy Microsoft Teams

AGENDA

AMSER	RHIF	EITEM	PAPUR/ AR LAFAR	CYTUNDEB / TRAFODAETH / GWYBODAETH	CYFLWYNO GAN
10.30am	1.	**Croeso ac Ymddiheuriadau** Croesawu'r rhai sy'n bresennol a nodi unrhyw ymddiheuriadau am absenoldeb.	Ar Lafar	Gwybodaeth	Athro. Vivienne Harpwood
10.35am	2.	**Adroddiad y Cadeirydd Arweiniol** Derbyn diweddariad ysgrifenedig gan y Cadeirydd Arweiniol.	Papur	Gwybodaeth	Athro. Vivienne Harpwood
10.40am	3.	**Cynllun Blaenoriaethau a Chyflenwi Cyd-bwyllgor Canolbarth Cymru 2021/22 - Adroddiad diweddaru gan gynnwys adroddiad y Prif Weithredwr Arweiniol** Derbyn adroddiad diweddaru ar flaenoriaethau a chynllun cyflawni Cyd-bwyllgor Canolbarth Cymru ar gyfer 2021/22 gan gynnwys adroddiad y Prif Weithredwr Arweiniol.	Papur	Cytundeb	Steve Moore / Peter Skitt
11.00am	4.	**Adferiad yng Nghanolbarth Cymru** Derbyn adroddiad yn amlinellu sut y bydd cynlluniau adfer sefydliadol Covid-19 yn cefnogi'r sefyllfa ledled Canolbarth Cymru.	Papur	Trafodaeth	Steve Moore / Peter Skitt
11.20am	5.	**Rhaglen Waith Iechyd a Gofal Gwledig Cymru 2021/22 - Adroddiad diweddaru** Derbyn adroddiad diweddaru ar Raglen Waith Iechyd a Gofal Gwledig Cymru ar gyfer 2021/22	Papur	Cytundeb	Peter Skitt
11.35am	6.	**Adroddiad Diweddaru Is-grwpiau Cyd-bwyllgor Canolbarth Cymru** Derbyn adroddiad diweddaru is-grwpiau Cydbwyllgor Canolbarth Cymru canlynol: 6.1 Grŵp Cynghori Clinigol 6.2 Fforwm Ymgysylltu a Chynnwys y Cyhoedd a Chleifion 6.3 Grŵp Rheoli Iechyd a Gofal Gwledig Cymru gan gynnwys Cylch Gorchwyl diwygiedig	 Papur Papur Papur	 Gwybodaeth Gwybodaeth Cytundeb	 Dr Kate Wright Jack Evershed Jack Evershed

AMSER	RHIF	EITEM	PAPUR/ AR LAFAR	CYTUNDEB / TRAFODAETH / GWYBODAETH	CYFLWYNO GAN
11.50am	7.	**Cofnodion / Cofnod Gweithredu cyfarfod Cyd-bwyllgor Canolbarth Cymru a gynhaliwyd ar 28 Medi 2020 a Materion yn Codi** I gytuno ar Gofnodion Cyd-bwyllgor Canolbarth Cymru, adolygu y Cofnod Gweithredu a delio ag unrhyw faterion sy'n codi.	Papur	Cytundeb	Athro. Vivienne Harpwood
11.55am	8.	**Gwrando arnoch chi** Ymateb i gwestiynau a godwyd ymlaen llaw gan aelodau o'r cyhoedd.	Ar lafar	Gwybodaeth	Athro. Vivienne Harpwood
12.15pm	9.	**Dyddiad ac amser y cyfarfod nesaf** I'w gadarnhau.	Ar lafar	Gwybodaeth	Athro. Vivienne Harpwood

***EITEM AGENDA* / AGENDA ITEM: 2**

***Cyd-bwyllgor Canolbarth Cymru ar gyfer Iechyd a Gofal* / Mid Wales Joint Committee for Health and Care**			
***Dyddiad y Cyfarfod*: Date of Meeting:**	25th May 2021		
***Eitem ar yr Agenda:* Title of Report:**	Report of the Lead Chair		
***Arweinydd:* Lead:**	Professor Vivienne Harpwood, Chair of Powys Teaching Health Board and Lead Chair for the Mid Wales Joint Committee (MWJC)		
***Pwrpas yr adroddiad:* Purpose of the Report:**	To receive a written update from the MWJC Lead Chair regarding: • Relevant matters undertaken as Lead Chair • Provide an overview of the current key items of relevance to the MWJC.	***Ar gyfer cytundeb* For Agreement**	
		***Ar gyfer trafodaeth* For Discussion**	
		***Ar gyfer gwybodaeth* For Information**	✓

***Crynodeb* / Summary**

This report provides the opportunity to present items to the Mid Wales Joint Committee (MWJC) in order to demonstrate areas of work that are being progressed and achievements that are being made, which may not be directly reported to the MWJC through the other reports presented to its meetings. This report is intended to ensure that the MWJC are kept up to date on work undertaken, both nationally and regionally, and provides an opportunity to highlight areas which can be brought back to future meetings of the Joint Committee.

1. National developments

A Healthier Wales: Our Plan for Health and Social Care

'A Healthier Wales: Our Plan for Health and Social Care' is the Welsh Government's plan in response to the Parliamentary Review of Health and Social Care report and was launched in June 2018. The plan, which sets out a long-term future vision of a 'whole system approach to health and social care', includes actions designed to focus activity through the A Healthier Wales Transformation Programme. In March 2021 a revised set of actions were published to support the stabilisation and recovery of services following Covid-19 as well as those elements of A Healthier Wales brought to the forefront by the pandemic. These new actions look to build resilient communities in Wales and focus on health inequities, prevention, mental health, children and young people and decarbonisation.

The Integrated Care Fund and Transformation Fund has been extended for a further 12 months until April 2022 and this money has been made available through Regional Partnership Boards.

Population Needs Assessments

In March 2021 supplementary advice was issued to Regional Partnership Boards on Population Needs Assessments which was in addition to the statutory provisions within Part 2 of the Code of Practice supporting the Social Services and Wellbeing (Wales) Act 2014. One of the key messages of relevance to the Mid Wales region was that whilst assessments are focused on health and social care needs, they will link to wider policy areas that cut across

partnership arrangements such as Public Service Boards, Regional Collaborative Committees (housing) and Primary Care Clusters. Also, the advice stated that Regional Partnership Boards should discuss with other partnership structures how they will collectively ensure a robust and comprehensive assessment of need for their shared population.

Health and Social Care (Quality and Engagement) (Wales) Act 2020
The Health and Social Care (Quality and Engagement) (Wales) Act 2020 became law on 1 June 2020. The purpose of the Act is to use legislation as a mechanism for improving and protecting the health, care and well-being of the current and future population of Wales. Due to Covid-19 the original 2-year timescale for full implementation of the Act has been delayed until Spring 2023. However, one element of the Act which is planned to be implemented in 2021 is the establishment of regulations to enable the appointment of statutory Vice-Chairs of NHS Trusts, in order to improve governance and decision-making processes and bring them in line with Local Health Boards.

The other key aims of the Act which will be implemented by Spring 2023 are:

- Imposing a new duty relating to improvement in the quality of health services on NHS bodies and the Welsh Ministers in relation to their health service functions;
- Placing a duty of candour on NHS providers in Wales and primary care providers who provide care under arrangements with a Health Board which require them to be open and honest when things go wrong;
- Creation of a new Citizen Voice Body to represent the views of people across health and social care.

Digital Health and Care Wales
A new Special Health Authority called Digital Health and Care Wales has now been established to take forward the digital transformation needed for better health and care in Wales, in order to make services more accessible and sustainable while supporting personal health and well-being. Building on recent digital investment, they will have a leading role in delivering the national programmes needed for modern technology-enabled healthcare.

Publication of the Evaluation of the Social Services and Well-being (Wales) Act 2014
In January 2021 a process report on the evaluation of the implementation of the Social Services and Well-being (Wales) Act 2014 was published. The purpose of the evaluation was to understand how the legislation has been implemented at a national, regional and local level, looking particularly at the role that the wide range of organisations that are impacted by the Act have had in this implementation.

Improving social care arrangements and partnership working
From January to April 2021 the Welsh Government undertook a consultation (White Paper – Rebalancing care and support) to seeks views on proposals to introduce new legislation to improve social care arrangements and strengthen partnership working to achieve the vision set out in the Social Services and Well-being (Wales) Act 2014 for people who need care and support and carers who need support. The proposals included setting out a clear national framework to support services to be planned regionally and delivered locally, and for the strengthening of partnership arrangements. Work is now being undertaken to review the responses to this consultation.

Socio-Economic Duty
The Socio-Economic Duty requires specified public bodies, when making strategic decisions such as deciding priorities and setting objectives, to consider how their decisions might help reduce the inequalities associated with socio-economic disadvantage. Due to the unprecedented nature of the Covid-19 pandemic and the need for the Welsh Government to reprioritise, the duty came into force on the revised date of 31st March 2021.

2. Regional developments

Grow Mid Wales Partnership
The Growing Mid Wales Partnership has supported the development of a Growth Deal for Mid Wales for which the UK Government announced in March 2020 that it would commit £55 million over 15 years. A report outlining the proposed plans for the Mid Wales Growth Deal was submitted to the UK and Welsh Governments by the end of March 2020. Ceredigion and Powys County Councils have established a Joint Committee and an Economy Strategy Group to ensure that the appropriate governance arrangements are in place for managing the Mid Wales Growth Deal and its related projects. The 'Vision for Growing Mid Wales: Strategic Economic Plan & Growth Deal Roadmap' was published in Summer 2020. Work is on-going on the portfolio of work and the high-level projects which has included conversations on broader economic portfolios. The Partnership, of which the MWJC is a member, is due meet on 24th May 2021.

3. Rural Health and Care Wales (RHCW)

Future arrangements
The three Health Boards for Mid Wales (Powys Teaching Health Board, Betsi Cadwaladr and Hywel Dda University Health Boards) confirmed their commitment to provide funding for Rural Health and Care Wales for 2021/22. A detailed report on the work of Rural Health and Care Wales is detailed at Agenda Item 5.

Rural Health and Care Wales Management Group – Interim Chair
The term of appointment for the current Interim Chair of the Rural Health and Care Wales was due to end on 31st March 2021. Following confirmation of funding for 2021/22, the appointment of the current Chair, Jack Evershed, has been extended for a further 12 months up until the end of March 2022.

4. Mid Wales Joint Scrutiny Working Group

The Mid Wales Scrutiny Group have decided not to hold a formal meeting and as such they have been invited to observe the Joint Committee meeting and submit any written feedback or questions after the meeting has concluded.

5. Mid Wales leadership roles

Mid Wales Public and Patient Engagement and Involvement Forum - Chair
The term of appointment for the current Chair of the Mid Wales Public and Patient Engagement and Involvement Forum was due to end on 31st March 2021. Given the challenges faced in 2020/21 due to Covid-19 and the need for some stability to support the Mid Wales Joint Committee and its partner organisations through the recovery period over the coming years, I have agreed that Jack Evershed should continue in this role for a further 12 months until March 2022.

Betsi Cadwaladr University Health Board
In January 2021 Jo Whitehead assumed the role of Chief Executive for Betsi Cadwaladr University Health Board. The MWJC Programme Director is due to meet with her this month to provide an introduction to the Joint Committee and its work.

Gwynedd Council
Dafydd Gibbard has recently been appointed as Gwynedd Council's Chief Executive and he will succeed the current Chief Executive, Dilwyn Williams, who is retiring in May 2021. Mr Gibbard is currently the Head of Housing and Property for Gwynedd Council. The MWJC will arrange to meet with Mr Gibbard in the next few months to discuss the role and work of the Joint Committee.

Hywel Dda University Health Board
In April 2021 Lee Davies commenced in post as the new Director of Planning for Hywel Dda University Health Board. The MWJC has met with him to discuss the Joint Committee's proposed work programme and priorities together with the importance of Hywel Dda's role as a commissioner of acute care services, from Bronglais General Hospital, for the population of Mid Wales.

6. Mid Wales political leadership
On Thursday 6th May 2021 the elections for Senedd Cymru / Welsh Parliament were held with the following elected to represent the constituencies and region which come under the Mid Wales area.

Constituency/Region	Name
Ceredigion	Elin Jones AM (also nominated as Presiding Officer for a 2nd term)
Dwyfor Meirionnydd	Mabon ap Gwynfor AM
Montgomeryshire	Russell George AM
Brecon and Radnorshire	James Evans AM
Mid and West Wales	Eluned Morgan AM
Mid and West Wales	Cefin Campbell AM
Mid and West Wales	Jane Dodds AM
Mid and West Wales	Joyce Watson AM

We will now look to establish meetings with those newly elected members as well as continue to meet with those re-elected members in order to ensure they are fully sighted on the challenges and issues for health services across Mid and West Wales.

***Argymhelliad* / Recommendation**
For information - The Joint Committee are asked to note for information the written update from the MWJC Lead Chair regarding relevant matters undertaken as Lead Chair of the MWJC and the overview of the current key items of relevance to the MWJC.

***EITEM AGENDA* / AGENDA ITEM: 3**

***Cyd-bwyllgor Canolbarth Cymru ar gyfer Iechyd a Gofal* / Mid Wales Joint Committee for Health and Care**			
***Dyddiad y Cyfarfod*: Date of Meeting:**	25th May 2021		
***Eitem ar yr Agenda:* Title of Report:**	Mid Wales Joint Committee's Priorities and Delivery Plan 2021/22 – Update report including the report from the Lead Chief Executive		
***Arweinydd:* Lead:**	Steve Moore, Chief Executive Hywel Dda University Health Board and Lead Chief Executive Mid Wales Joint Committee Peter Skitt, Ceredigion County Director and Mid Wales Joint Committee Programme Director		
***Pwrpas yr adroddiad:* Purpose of the Report:**	To receive an update report on the Mid Wales Joint Committee's priorities and delivery plan for 2021/22 including the report from the Lead Chief Executive.	***Ar gyfer cytundeb* For Agreement**	✓
		***Ar gyfer trafodaeth* For Discussion**	
		***Ar gyfer gwybodaeth* For Information**	

***Crynodeb* / Summary**

The Mid Wales Joint Committee (MWJC) has an agreed Strategic Intent which supports a joined up approach to the planning and delivery of health and care services across Mid Wales. The Strategic Intent focuses on the delivery of five overarching aims to support partner organisations to work together to address the current health and care needs of the Mid Wales population as well as future challenges.

- **Aim 1: Health, Wellbeing and Prevention**
  Improve the health and wellbeing of the Mid Wales population.
- **Aim 2: Care Closer to Home**
  Create a sustainable health and social care system for the population of Mid Wales which has greater focus on care closer to home.
- **Aim 3: Rural Health and Care Workforce**
  Create a flexible and sustainable rural health and care workforce for the delivery of high quality services which support the healthcare needs of rural communities across Mid Wales.
- **Aim 4: Hospital Based Care and Treatment**
  Create a sustainable and accessible Hospital Based Care and Treatment service for the population of Mid Wales with robust outreach services and clinical networks.
- **Aim 5: Communications, Involvement and Engagement**
  Ensure there is continuous and effective communication, involvement and engagement with the population of Mid Wales, staff and partners.

Supporting these aims are a set of annually agreed Mid Wales specific priority areas which have been identified as areas which will provide added value in working on a Mid Wales footprint and which align to the Integrated Medium Term Plans (IMTP) / Annual / Regional Plans of the MWJC's partner organisations.

Priorities 2020/21

The Covid-19 pandemic impacted on the delivery of the MWJC's priorities and delivery plan for 2020/21. This was due to the postponement of related services resulting in minimal progress and priority leads/services having to focus their time on responding to the pandemic. However, for some priorities the delivery was expedited, for example, Telemedicine. A summary update of the status of the MWJC's priorities for 2020/21 can be found at Appendix A.

Priorities 2021/22

The Mid Wales Planning and Delivery Executive Group (MWPDEG) met on 26th April 2021 to discuss the proposed priorities and delivery plan for 2021/22. Due to the Covid-19 pandemic the MWPDEG had not met since September 2020, however, during this time work had been undertaken on the development of the proposed priorities for 2021/22 with the following key groups:

- Mid Wales Planning virtual workshop held on 24th November 2020 which was attended by planning representatives of the Joint Committee's health and social care organisations from the Mid Wales area. During this session the priorities and delivery plan for 2020/21 were reviewed together with the key actions from the latest versions of the organisational Covid-19 recovery plans.
- Mid Wales Clinical Advisory Group (MWCAG) meetings on 2nd March which focused on agreeing the clinical advice for the MWJC's future programme and agreeing a recommended set of clinical priorities for 2021/22. A subsequent meeting of MWCAG on 4th May 2021 also agreed some further clinical areas for focus.

A summary of the outputs of the discussions at both the Mid Wales Planning workshop and the MWCAG is detailed below:

Mid Wales Planning workshop

- Social and Green Solutions for Health - Rural Health and Care Wales to be asked to look at what the impacts and outputs are in order to inform a review of its focus.
- Ophthalmology - Focus to be revised to a regional approach to recovery against access times.
- Community Dental Service - Focus to be revised to ensure recovery plans provide equity of baseline services across Mid Wales.
- Cancer - Mid Wales Cancer Group to be asked to review baseline data for waiting times and develop solutions to issues across Mid Wales.
- Welsh Community Care Information System (WCCIS) and Telemedicine - To be incorporated within a new overarching 'Digital' priority.
- Respiratory - To be led by a regional group rather than through the Powys Teaching Health Board Breathe Well Programme.
- Integrated care hubs Workforce plan for Mid Wales - To be incorporated within a new 'Cross Border Workforce Solutions' priority.
- Clinical Strategy for Hospital Based Care and Treatment - To also ensure consideration of possible regional solutions.
- Clinical networks - To be led by Mid Wales Clinical Advisory Group and not be a specific priority.
- Colorectal Surgical Pathway - To be included and delivered within the Clinical Strategy for Hospital Based Care and Treatment priority
- Engagement and Involvement - To be an enabler for all of the Mid Wales Joint Committee's priorities and not a specific priority.
- Rehabilitation - To be a new priority for 2021/22.

Mid Wales Clinical Advisory Group

- Ophthalmology - Focus needed on a regional approach to recovery plans for Ophthalmology.
- Cancer - Focus needed on a regional approach to recovery plans for Cancer and Chemotherapy Outreach
- Clinical Strategy for Hospital Based Care and Treatment – There was a need to ensure that the full range of services available at BGH were used.
- Urology – Due to the lack of service provision across Mid Wales this was recommended as a new priority for 2021/22
- Workforce - In particular cross border /Joint workforce solutions

The group also agreed that a focus was needed on a regional approach to recovery plans for Trauma & Orthopaedics and General Surgery and utilising facilities in the Community.

Feedback from these meetings together with feedback from the MWPDEG have been used to inform the proposed MWJC priorities for 2021/22. An early summary version of the Joint Committee's priorities was provided to Health Boards for inclusion in their 2021/22 Annual Plan submissions to the Welsh Government in March 2021. Health Boards received generic feedback on their plans at the end of April 2021 with one of the key points made that the identification of new regional solutions was essential to deliver equity of access to services. As such this feedback will need to be considered to further inform the MWJC's delivery plan.

Attached at Appendix A is the detailed delivery plan for the MWJC's priorities for 2021/22 which in summary are as follows:

- Social and Green Solutions for Health
- Ophthalmology
- Community Dental Services
- Cancer and Chemotherapy Outreach
- Digital
- Respiratory
- Rehabilitation
- Urology
- Cross Border Workforce solutions
- Clinical Strategy for Hospital Based Care and Treatment

The MWJC will support health and care organisations in developing a regional approach to Covid-19 recovery plans and waiting lists for the Mid Wales Health Boards, namely BCUHB, HDdUHB and PTHB, in collaboration with cross border organisations in particular Shrewsbury and Telford NHS Trust and Wye Valley NHS Trust. The plan will also be aligned to the work being developed by the Delivering Value in Rural Wales group as part of the Value Based Healthcare approach to ensure there is merit in ensuring that value, cost/outcomes measurement is at the centre of how resources are allocated and utilised in rural Wales.

***Argymhelliad* / Recommendation**

For agreement/discussion - The MWJC are asked to discuss and agree the proposed MWJC priorities and delivery plan for 2021/22.

Mid Wales Joint Committee - Priorities and Delivery Plan 2021/22

Priority:	Social and Green Solutions for Health
Overall Goal:	Support the population of Mid Wales to take greater control of their own health and wellbeing through the development of a more co-ordinated, coherent and proactive approach to Social and Green Solutions for Health across Mid Wales.
Lead:	**Rural Health and Care Wales** - Anna Prytherch, Rural Health and Care Wales Project Manager

Position March 2021	Objective 2021/22	Deadline	How success will be measured	Delivery Mechanism
The previous priority lead was unable to progress this priority during 2020/21 due to them having to focus their time on planning for and responding to the covid-19 pandemic. However, there were various funding streams in place to employ Community Connectors across Mid Wales and as such GP practices have been able to offer green health opportunities to patients. Evaluation of these services was due to take place at the end of 2020/21 in order to inform future arrangements including funding over the long term. A review of the impacts and outputs of the social and green health initiatives will now be undertaken by RHCW in order to review the focus of this priority from a Mid Wales perspective.	Review the impacts and outputs of Social and Green Solutions across Mid Wales. Review the focus and objectives of the Social and Green Solutions priority.	Jul 21 Sept 21	Increase in the number of Social and Green projects/activities available across Mid Wales.	Public Services Boards

Mid Wales Joint Committee - Priorities and Delivery Plan 2021/22

Priority:	Ophthalmology
Overall Goal:	Develop an integrated community focused Ophthalmic approach across Mid Wales with a co-ordinated approach across primary, community and hospital care services which will include enhancing the provision of community outpatient clinics and Optometric triage.
Lead:	**Hywel Dda University Health Board / Mid Wales Joint Committee** - Peter Skitt, County Director Ceredigion and MWJC Programme Director

Position March 2021	Objective 2021/22	Deadline	How success will be measured	Delivery Mechanism
Due to the Covid-19 pandemic, Ophthalmology service provision was restricted to urgent clinics and casualties. Clinics were relocated to allow for physical and social distancing. Health Boards across Mid Wales are now in the process of implementing recovery plans for Ophthalmology services. Meetings of the Mid Wales Ophthalmology group re-commenced in December 2020 and work is in progress on reviewing Ophthalmology data for Mid Wales in order to inform the development of a regional approach to recovery against access times. Two recruitment rounds for the Joint Clinical Lead for Eye Care services / Consultant Ophthalmologist for Mid Wales were undertaken during 2020/21. One applicant was shortlisted as a suitable candidate for the post in the second round, however, they withdrew prior to the AAC and Stakeholder panel sessions planned for 12th February 2021. The Mid Wales Ophthalmology data will also be used to ascertain whether a review of this role is required before considering going out to recruitment for a third time. The three Mid Wales Health Boards are re-commencing their work on exploring the available options for addressing the gaps in Optometry service provision across the South Meirionnydd area.	Review existing Ophthalmology service provision and waiting lists for Mid Wales in order to identify opportunities for a regional approach to recovery plans, ensuring consistent Primary Care support in the Ophthalmology pathway. Recruit to the Mid Wales Ophthalmology leadership role in order to secure leadership for an MDT approach across Mid Wales. Develop innovative solutions to address the continued gaps in Optometry service provision across the South Meirionnydd area.	Jul 21 Sept 21 Sept 21	Increased use of the National eye care pathways across Mid Wales. Improved Referral to Treatment waiting time position. Increase in the number of patients accessing outreach clinics. Increase in the number of cataract operations undertaken in Mid Wales. Reduction in referrals to out of area services. Reduced travelling time / distance travelled for residents of Mid Wales.	Mid Wales Ophthalmology Group

Mid Wales Joint Committee - Priorities and Delivery Plan 2021/22

Priority:	Community Dental Service
Overall Goal:	Improved access to community dental services and enhanced community dental provision across Mid Wales.
Lead:	**Powys Teaching Health Board** - Jamie Marchant, Director of Primary Care, Community and Mental Health Services

Position March 2021	Objective 2021/22	Deadline	How success will be measured	Delivery Mechanism
Due to reduced patient flow and challenges presented by covid-19, the endodontic service and maxillofacial service was not in a position to progress the objectives for this priority in 2020/21. As such it was agreed to pause this priority for the year and to undertake a review in early 2021/22 on the current status of Covid-19 recovery plans for dental services across Mid Wales in order to review the objectives/actions and decide the most appropriate timescale for the re-introduction of this priority.	Review existing community dental service provision and current waiting lists for Mid Wales and identify opportunities for a regional approach to recovery plans.	July 21	Reduction in referrals to out of area services. Improved Referral to Treatment waiting time position. Increased utilisation of theatres and related services at Bronglais General Hospital. Reduced travelling time / distance travelled for residents of Mid Wales.	Mid Wales Dental Group

Mid Wales Joint Committee - Priorities and Delivery Plan 2021/22

Priority:	Cancer and Chemotherapy Outreach
Overall Goal:	Improved access to community based oncology services, along with the repatriation of work back to Mid Wales as appropriate.
Lead:	**Hywel Dda University Health Board** - Gina Beard, Lead Cancer Nurse **Hywel Dda University Health Board / Mid Wales Joint Committee** - Peter Skitt, County Director Ceredigion and MWJC Programme Director

Position March 2021	Objective 2021/22	Deadline	How success will be measured	Delivery Mechanism
Due to service pressures meetings of the Mid Wales Cancer group arranged during 2020/21 were cancelled. Work is in progress for the group to meet as soon as possible to review current baseline data for waiting times and develop solutions for current issues as well as identifying opportunities for increasing provision across Mid Wales community sites together with the development of a plan for a Mid Wales approach to chemotherapy services in the community.	Review current baseline data for waiting times in order to: i) Develop solutions for current issues and identify opportunities for increasing provision across Mid Wales community sites together ii) Develop a plan for a Mid Wales approach to chemotherapy services in the community.	Aug 21 Oct 21	Reduction in referrals to out of area services. Reduced travelling time / distance travelled for residents of Mid Wales. Increase in the number of patients treated through the Bronglais General Hospital service. Reduction in the number of patients travelling to SaTH and beyond for chemotherapy services. Patient satisfaction surveys.	Mid Wales Cancer Group

Mid Wales Joint Committee - Priorities and Delivery Plan 2021/22

Priority:	Digital
Overall Goal:	Innovative use of digital technology for services across Mid Wales
Lead:	**Hywel Dda University Health Board** - Hazel Davies, General Manager – Bronglais General Hospital

Position March 2021	Objective 2021/22	Deadline	How success will be measured	Delivery Mechanism
For 2021/22 the WCCIS and Telemedicine priorities have been encompassed into the Digital priority. As at March 2021 WCCIS had been fully deployed within those Local Authorities covering the Mid Wales area. Work continues on the full deployment of WCCIS across health organisations and work is on-going on the deployment in Gwynedd (Betsi Cadwaladr University Health Board) for which there is no confirmed timescale. The NHS Wales Informatics Service (NWIS) have been tasked with developing a plan around the requirements to allow information sharing abilities for all Welsh organisations utilising WCCIS. For Telemedicine introduction of the use of digital platforms was successfully implemented at pace during 2020/21. A review has been undertaken of the digital platforms introduced for clinical pathways since the start of the pandemic which will be used to inform the development of a clinically agreed plan for future digital developments for Mid Wales.	Development of a clinically agreed plan for future digital developments for implementation across Mid Wales. Establishment of a regional Mid Wales strategic commissioning group.	Sept 21 Dec 21	Increase in the number of community settings including GP surgeries and community hospitals which are used as telemedicine centres. Reduced travelling times / distance travelled for patients. Reduced travelling times for clinicians thereby releasing additional capacity. Increase in the number of virtual clinics across Mid Wales. Patient satisfaction surveys.	To be confirmed

Mid Wales Joint Committee - Priorities and Delivery Plan 2021/22

Priority:	Respiratory
Overall Goal:	Integrated community focused respiratory approach across Mid Wales with co-ordinated services across primary care, community and hospital care services in order to ensure early diagnosis of respiratory conditions and improved provision of chronic disease management through enhanced support from specialists within the community to optimise treatment and support for patients.
Lead:	**Hywel Dda University Health Board** - Hazel Davies, General Manager – Bronglais General Hospital

Position March 2021	Objective 2021/22	Deadline	How success will be measured	Delivery Mechanism
The Powys Teaching Health Board led Breathe Well Programme group meetings resumed in September 2020 to check progress during the covid-19 period against the previously agreed Breathe Well Model of Care in order to inform the next steps. In quarters 3 and 4, the Breathe Well Programme was planning to take forward these actions, including the development of a business case to seek Transformation Funding to fast track supporting respiratory diagnostics (spirometry and adult sleep apnoea) and piloting the successful MDT approach from North East Powys in Mid & North West Powys. For 2021/22 this priority will be led at a regional level.	Development of the Mid Wales Respiratory Plan outlining the service model for the provision of Respiratory services across Mid Wales with a focus on delivering care closer to home and the creation of a networked pathway across secondary and tertiary services.	Oct 21	Reduction in referrals to out of area services. Reduced travelling time / distance travelled for residents of Mid Wales. Increase in the number of community clinics by appropriate specialists. Increased use of videoconference and technological solutions e.g. VIPAR.	Mid Wales Respiratory Group

Mid Wales Joint Committee - Priorities and Delivery Plan 2021/22

Priority:	Rehabilitation
Overall Goal:	Improved access to rehabilitation services including the provision of a Mid Wales rehabilitation service which provides inpatient, outpatient and community rehabilitation services.
Lead:	**Hywel Dda University Health Board** - Lance Reed, Clinical Director of Therapies **Powys Teaching Health Board** - Victoria Deakins, Lead Therapist North / Professional Health of Occupational Therapy

Position March 2021	Objective 2021/22	Deadline	How success will be measured	Delivery Mechanism
New priority	Development of a Mid Wales Rehabilitation Service plan for inpatient, outpatient and community rehabilitation services and exploring the development of an MDT approach across Mid Wales.	Dec 21	Reduction in patients being treated out of area. Reduced travelling times for patients and their relatives. Increased public satisfaction with the facilities available across Mid Wales.	To be confirmed

Mid Wales Joint Committee - Priorities and Delivery Plan 2021/22

Priority:	Urology
Overall Goal:	Re-establishment of Urology services at Bronglais General Hospital and the development of a Mid Wales focused pathway with outreach services across the region.
Lead:	**Hywel Dda University Health Board** - Mr Ngiaw Khoon Saw, Clinical Lead Urology and Caroline Lewis, Service Delivery Manager

Position March 2021	Objective 2021/22	Deadline	How success will be measured	Delivery Mechanism
New priority	Develop and agree a service model for Urology services at General Hospital with outreach services across Mid Wales. Implement the Urology service model: a) Phase 1 - Reintroduction of urology services at Bronglais General Hospital. b) Phase 2 - Establishment of outreach services across the Care Hubs in Mid Wales.	Jul 21 Jul 21 Oct 21	Reduction in referrals to out of area secondary care services. Improved Referral to Treatment waiting time position. Reduced travelling times for patients. Increased utilisation of services at Bronglais General Hospital. Increase in the number of outreach services across the Care Hubs in Mid Wales. Increase in the commissioning numbers for HDdUHB BGH Urology services from neighbouring Health Boards via the commissioning process.	To be confirmed

Mid Wales Joint Committee - Priorities and Delivery Plan 2021/22

Priority:	Cross Border Workforce solutions
Overall Goal	Create a flexible and sustainable rural health and care workforce for the delivery of high quality services which support the healthcare needs of rural communities across Mid Wales.
Lead:	**Hywel Dda University Health Board** - Lisa Gostling, Director of Workforce & Organisational Development

Position March 2021	Objective 2021/22	Deadline	How success will be measured	Delivery Mechanism
For 2020/21 workforce teams were required to focus their time on planning for and responding to the workforce planning requirements in response to the covid-19 pandemic. However, continued support was provided to the proposed establishment of a nurse training centre in Aberystwyth which if successful in the Health Education and Improvement Wales (HEIW) bidding process will receive its first intake of students in September 2022.	Develop solutions to establish cross border workforce arrangements across Mid Wales including joint induction and training programmes.	Mar 22	Increase in number of substantive appointments across Mid Wales. Increase in the number of new roles created. Integrated approach to the provision of workforce provision across Mid Wales. Workforce job satisfaction. Increased public satisfaction with the services provided across Mid Wales.	Mid Wales Workforce group
	Provide continued support to the establishment of a nurse training centre in Aberystwyth which if successful with include placements in a range of rural community settings across Mid Wales.	Sept 22	Increase in the number of nurse trainees receiving their training in Mid Wales. Increase in the number of nurse trainee placements in Mid Wales.	Aberystwyth School of Nursing Project Board

Mid Wales Joint Committee - Priorities and Delivery Plan 2021/22

Priority:	Clinical Strategy for Hospital Based Care and Treatment
Overall Goal	Sustainable and accessible Hospital Based Care and Treatment services for the population of Mid Wales with robust outreach services and clinical networks
Lead	**Hywel Dda University Health Board / Mid Wales Joint Committee** - Peter Skitt, County Director Ceredigion and MWJC Programme Director

Position March 2021	Objective 2021/22	Deadline	How success will be measured	Delivery Mechanism
The implementation programme for the Bronglais General Hospital Clinical Strategy in November 2019 was delayed due to the Covid-19 pandemic. The revised implementation plan for the Bronglais General Hospital Clinical Strategy is now under development and following agreement the key delivery groups for the implementation of the strategy will be established in readiness for the commencement of full implementation in 2021/22.	Develop the implementation plan to support the delivery of the Bronglais General Hospital strategy. Implementation of the year 1 deliverables of the delivery plan for the implementation of the Bronglais General Hospital clinical strategy 'Bronglais General Hospital: Delivering Excellent Rural Acute Care' with the development of regional and cross border solutions.	Jul 21 Mar 22	Reduction in referrals to out of area services. Improved Referral to Treatment waiting time position. Increased utilisation of services at Bronglais General Hospital. Reduction in travel time / distance travelled for patients. Increase in the number of outreach services across the Care Hubs in Mid Wales. Increased public satisfaction with the facilities available across Mid Wales. Further availability of clinical space for the population of Mid Wales through commissioning intentions.	Implementation Group Public Advisory Board Commissioning Sub group

Mid Wales Joint Committee - Priorities and Delivery Plan 2021/22

Update on Priorities for 2020/21 as at March 2021 which have been removed

Integrated care hubs

The Covid-19 pandemic did initially result in a delay in the progress of the development of three MWJC priority Integrated Health and Care projects. However, work recommenced mid-year with progress as follows:

a) Bro Ddyfi Integrated Health and Care project: The Full Business Case was submitted in early October 2020 and, subject to approval by the Welsh Government, works are due to commence later in spring 2021.
b) North Powys Wellbeing programme: The Programme Business Case was finalised for submission to the Welsh Government.
c) Aberystwyth Wellness Centre: Work has continued on the development of the Programme Business Case.

Clinical networks

Meetings of the Mid Wales Clinical Advisory Group have resumed in order to ensure continuation of the establishment of clinical networks across Mid Wales and also cross border. The clinical network workshops to support the North Powys Wellbeing Programme were re-established with sessions held on 30th November 2020 for Medical, Surgical, Paediatrics and Rehabilitation pathways. At the request of organisational representatives a further Paediatrics workshop has been arranged for Tuesday 27th April 2021 to look at existing pathways and identified gaps in service across Mid Wales as well as agree actions required to develop clinical pathways and networks across Mid Wales. Whilst these workshops were originally established to support the North Powys Wellbeing programme the long-term vision is that these will evolve into clinical pathway groups for Mid Wales.

Colorectal Surgical Pathway

The newly appointed consultant colorectal surgeon commenced at the Bronglais General Hospital site in early 2021 and the colorectal surgical pathway had re-commenced. The development of an agreed service model for the colorectal surgical pathway for Bronglais General Hospital with outreach services across Mid Wales will be undertaken within the 'Clinical Strategy for Hospital Based Care and Treatment' priority.

Public and Patient Engagement and Involvement

Due to the Covid-19 pandemic the proposed 202/21 plan for engagement and involvement work was put on hold. However, the Joint Committee's social media sites have been used to continue to share key information with the public during the Covid-19 pandemic with feedback relayed back to relevant personnel and actioned, where necessary.

The Mid Wales Public and Patient Engagement and Involvement Steering Group has continued to meet during 2020/21 to share updates on engagement and involvement work undertaken. Organisations across Mid Wales have separately undertaken some valuable engagement across the region for which the outputs will be reviewed to identify any key emerging themes in relation to service provision across Mid Wales

EITEM AGENDA / AGENDA ITEM: 4

***Cyd-bwyllgor Canolbarth Cymru ar gyfer Iechyd a Gofal* / Mid Wales Joint Committee for Health and Care**			
***Dyddiad y Cyfarfod*: Date of Meeting:**	25th May 2021		
***Eitem ar yr Agenda:* Title of Report:**	Recovery in Mid Wales		
***Arweinydd:* Lead:**	Steve Moore, Chief Executive Hywel Dda University Health Board and Lead Chief Executive Mid Wales Joint Committee Peter Skitt, County Director Ceredigion and Mid Wales Joint Committee Programme Director		
***Pwrpas yr adroddiad:* Purpose of the Report:**	To receive a report outlining how organisational Covid-19 recovery plans will support the position across Mid Wales.	***Ar gyfer cytundeb* For Agreement**	
		***Ar gyfer trafodaeth* For Discussion**	✓
		***Ar gyfer gwybodaeth* For Information**	

***Crynodeb* / Summary**

Since March 2020, Covid-19 has significantly impacted on the delivery of health and social care services with organisations required to focus the majority of their time and resources on responding to the pandemic. This has impacted on progress in the delivery of the Joint Committee's priorities and delivery plan due to the postponement of services and priority leads having to focus their time on the pandemic response.

Organisations across Mid Wales are now developing their recovery plans with services which were postponed at the start of the pandemic now gradually being re-started. However, due to the uncertainty regarding the Covid-19 pandemic, it is envisaged that it will take a significant amount of time for these services to be fully operational.

During the Mid Wales Planning and Delivery Executive Group meeting on 26th April 2021 it was noted that health and care organisations were developing their recovery plans. Health Boards had recently received generic feedback on those plans which they had submitted to the Welsh Government at the end of March 2021 with one of the key points made that the identification of new regional solutions was essential to deliver equity of access to services. Also, there was an expectation that regional discussions continued in quarter 1 of 2021/22 with final overarching recovery plans to be submitted by 30th June 2021. Running alongside this work was the development of proposals for recovery against the £100m fund which were to be submitted by 26th April 2021.

The Planning and Delivery Executive Group agreed that there was a need to consider how organisational recovery plans supported the position in Mid Wales. As such the three Health Boards, three Local Authorities and three Voluntary Sector organisations covering the Mid Wales region were asked to provide a report detailing how their respective organisational recovery plans supported the recovery across Mid Wales including the issues / challenges and plans for addressing these.

The organisational reports are attached to this report as follows:

- Appendix 4a - Betsi Cadwaladr University Health Board
- Appendix 4b - Powys Teaching Health Board
- Appendices 4ci and 4cii - Hywel Dda University Health Board
- Appendix 4di and 4dii - Gwynedd Council
- Appendix 4e - Powys County Council
- Appendix 4f – Ceredigion County Council

The three Voluntary Sector organisations representing the Mid Wales area (Ceredigion – Ceredigion Association of Voluntary Organisations, Powys – Powys Association of Voluntary Organisations and Gwynedd - Mantell Gwynedd) are working with Health and Local Authority colleagues to ensure recovery plans are in place.

Due to timescales it has only been possible to undertake an initial overview of the plans and the key potential issues/challenges for the Mid Wales population are that i) people may have to wait longer for timely care and ii) people may have to travel further for care.

A more detailed assessment will be undertaken on how these plans support recovery in Mid Wales and meet the principles on which the Mid Wales Joint Committee was formed as follows:

- There must be an open and honest relationship with the people of Mid Wales.
- Institutional Boundaries will not prevent collaborative service planning and delivery.
- Productive and constructive relationships with Local Authorities and the Third Sector must be supported across Mid Wales.
- Viability and sustainability of service provision is not only the responsibility of the host organisation but is a collective responsibility of the Joint Committee for Mid Wales.
- Service planning and delivery in Mid Wales must be population based not solely organisationally focused.
- Promote new thinking and innovative practice.
- When required pooled funding should be available to enable collaborative service delivery for the Mid Wales population.
- Clinical collaboration across the Mid Wales area on the planning and delivery of services must be encouraged and supported.

Further work will also be undertaken in conjunction with those Mid Wales organisations on the development of their recovery plans to ensure that the needs of the Mid Wales population are taken into consideration.

***Argymhelliad* / Recommendation**

For information - The Joint Committee are asked to discuss the reports outlining how individual organisational Covid-19 recovery plans will support the position across Mid Wales.

Betsi Cadwaladr University Health Board

Recovery Plans

Update For Mid Wales Joint Committee

1.Introduction

The Covid-19 pandemic has had a significant impact on many healthcare services during the past year. Many services were suspended or the capacity reduced to allow the Health Board to respond to the challenging situation. Existing services were reprofiled to ensure there was sufficient capacity to respond to the needs of the many patients with Covid. Staff were redeployed into services to increase their capacity at an unprecedented scale, such as critical care services, and pathways and access to services were adapted to respond to infection prevention and control requirements. Essential services continued throughout the pandemic, albeit at a reduced rate. Other services, such as most planned care, were severely interrupted or ceased.

At the same time staffing and other resources were invested in new services, including the Test, Trace and Protect programme, mass Covid-19 vaccination, and establishing Ysbytai Enfys at high speed.

The pandemic response also brought about positive change and innovation, with improved pathways of care, greater use of technology and support for self care.

As we move forward and the impact of the pandemic is currently reducing, we are working hard to ensure that we address the ongoing need to support Covid-19 patients whilst at the same time implementing recovery plans to ensure that patients whose care has been interrupted or delayed can receive the support they need.

Planned care recovery plans are North Wales-wide, seeking to return to pre-Covid activity levels and address the backlog that has developed during the pandemic.

More locally, South Meirionnydd cluster plans for the year build on a number of initiatives introduced during the pandemic and seek to respond to the needs of the local population.

This brief paper provides a summary of both regional and local proposals, which will bring improvements to healthcare for people in the Mid Wales area.

2. Recovery plan proposals

2.1 Planned Care

Proposals to support the recovery in planned care have been developed to meet needs across North Wales.

Our vision for planned care services is to:

- Separate planned care activity from unscheduled care activity in order to have less disruption to our planned care services.

- Improve cancer care by providing more one-stop and rapid diagnostic facilities.

- Reduce the harm generated as a result of COVID-19 and bring an end the inequality of the people of North Wales waiting for longer than other communities in Wales to receive high quality and response planned care: by March 2025 we will have improved so that no patients will wait longer than 36 weeks.

- Introduce a structured and evidence based approach to demand management

- Reduce the numbers of people waiting months to be treated at their local hospital when they could be seen faster elsewhere.

- Avoid people frequently travelling for hours to a hospital appointment that lasts a few minutes when they could save time, cost and stress if we worked in a different way.

We are acutely aware of the tens of thousands of people in North Wales who have now been waiting even longer to receive care following the pandemic. This makes planned care one of our core health board priorities for 2021/24, alongside looking at enhanced pathways for urgent and emergency care, and re-engaging with our vital longer-term work to improve population health.

Compounding this issue was that the organisation completed the financial year March 2021 with a significant number of over 36 week waiters which has now 12 months later moved into the over 52 weeks. Our recovery plan determines that it will take a minimum of 3-4 years to recover the Covid backlog and approximately 5-9 months to clear the pre Covid backlog (cohort 1) depending on the specialty.

Priorities within our Plan

Our draft annual plan submitted in March incorporated schemes prioritised through the performance fund to address pre-COVID waiting i.e., March 20 waiting lists and specifically targeting those patients waiting over 52 weeks at that point in time. Additional recovery resourcing will enable us to reduce waiting times further.

- Building on Attend Anywhere, Supporting virtual hospital outpatient consultations and continuation of AccuRx; video consultation, Supporting virtual primary care consultations
- Development of a cancer-specific and non-cancer elective prehabilitation programme and conservative management pathways / avoidance of secondary care
- Eye Care Services: transform eye care pathway

- Urgent Primary Care Centres (UPCC), The UPCCs provide additional capacity to support GP practices and Emergency Departments
- Single Cancer Pathway Implement the new Single Cancer Pathway across North Wales
- Stroke Services, Provide specialist stroke recovery support at home. This follows the care closer to home strategy
- Implement preferred urology service model for acute urology services. Finalise urology review. Linked to robotic assisted surgery
- Home First Bureau (HFB), supporting providing more care closer to home.
- Neurodevelopmental (waiting times - backlog) Recovery of lost activity
- Care Home Quality Nurses, Enhancing the quality of life for people with care and support needs
- Advanced Audiologist / Ear Wax (Primary Care Audiology / pathway redesign)

Planned Care - Six Point Plan

New proposals have been identified as part of recovery monies which align with our ambitious strategy within planned care and the 'Six Point Recovery Plan' for planned care. This also incorporates work to develop our longer-term strategic solution to sustainable and improved planned care services of a diagnostic and treatment centre model and our review of our acute hospital sites and services.

The Six Point Recovery Plan builds on improving business process and improving care through reducing waiting times. By reducing harm with establishing pathways across north Wales, de-coupling unscheduled care from scheduled care with diagnostic treatment centres and reduce backlogs to be able to move to more one-stop services and undertaking "this week's work this week" methodology.

2020/21	2021/22 to 2024/25	2025
Six-point plan established **Enablers** • Diagnostics • Workforce • Digital • Performance fund • Effectiveness	Strategic outline case approved March 2021, full business case June 2022. • **Point 1** – capacity planning, validation and Once for North Wales outpatients. • **Point 2** – patient communication and understanding demand. • **Point 3** – Once for North Wales services, value-based pathways.	Handover to Diagnostic and Treatment centre or centres Ambulatory care model In-patient capacity

	• **Point 4** – use virtual capacity and care closer to home. • **Point 5** – non-surgical approaches to long waits. • **Point 6** – In-sourcing and extra capacity.	

Within our recovery plan, there are three fundamental elements

The first element is to improve productivity back to and beyond where possible the pre-COVID19 activity of 2019/20. This will provide more service capacity than is currently unavailable and return planned care to the previous baseline level, from which further productivity improvements can be made.

The second and third elements build on this productivity by reviewing pathways and moving to a value-based system. It will also address some of the underlying demand vs. capacity shortfalls that have been historically identified for example in orthopaedics. The six-point plan describes improving patient outcomes and provides alternatives to current treatments, such as the move towards more office-based decisions', earlier interventions, and diagnostics by primary care.

Specialties facing the greatest challenge include orthopaedics, ophthalmology, urology, general surgery, dermatology and rheumatology

The Plan provides a stand-alone solution alongside work to develop longer-term transformation solutions through the diagnostic and treatment centre approach with options being developed on how services will need to transform going forward. This work is beginning to be mobilised, historically the organisation has used an outsourcing model, but following the pandemic, many organisations that provided capacity are no longer doing so. However, recent development with the independent sector looks promising subject to a tender process.

Additional / Immediate recovery proposals

Further immediate impact proposals have been developed with our divisional teams intended to maintain momentum and to deliver immediate benefits to patients. These are categorised below:

- **Strengthening patient validation / triage / signposting**
  Review referrals already in the system and assess whether or not they continue to require secondary care or potentially change the mode of management, which will consider the options available (virtual activity, SOS, advice and guidance). This programme will continue to reduce the follow up waiting list and reduce the amount of stage 1 patients waiting; other studies have described a 5% reduction in outpatient waiting numbers.

- **Additional capacity, Cancer, RTT and Dental GDS**
  Tackling backlog through a combination of independent sector and waiting list initiatives, maximising insourcing provide capacity (we are also exploring extending this provision to

include ophthalmology general surgery and urology specialities which is not included in the costed totals current high level assessment)

Use of available outsourcing capacity. Our current confirmed access to the Spire Wirral is 50 primary hip and arthroplasty procedures each month.

Use of agency to ensure sufficient oncology capacity in place to manage late presentation of cancer due to paused screening programme and drop in USC referrals

General Dental Services looking to increase the number of core urgent access sessions delivered by High Street practices, expected increase in patient appointments will range from 350 -700 dependent on patient complexity.

- **Diagnostics / Endoscopy capacity**
  Radiology - 2021 outturn was circa 4,000 patients waiting over 8 weeks for CT/MRI or ultrasound investigation. Further non-recurrent investment required (insourcing) to clear current backlogs, and also to maintain performance in view of expected demand growth of 5%.

  Endoscopy outsourcing and insourcing model, whilst recruiting substantively to enable the demand and capacity gap to be resolved. The backlog is significant, resulting in patients waiting significant amount of time, and resulting in poor health outcomes for patients. This project involves standardising clinical and operational processes and procedures, supporting the formation of the 'North Wales Endoscopy Service' supported by an improved endoscopy IT system. This would deliver an additional 2,200 sessions to completely clear our backlog – based on 10 points per list.

Work has started to contact all patients on our lists with a patient validation exercise being launched to review long waiting patients. We have prioritised oncology capacity to manage late presentation of cancer due to paused screening programme and drop in USC referrals. Alongside this, our communication team are working to improve and update our web site patient communication section. In addition, we are working closely with primary care colleagues to be able to inform them of current waiting times for their patients.

Broader Recovery Planning

Our work will require more than just backlog clearance but also a review of current capacity shortfalls. This will need to include different ways of working and the construction of the workforce. This begins to inform the service reviews and a getting it right first time (GIRFT) approach so that we can establish improved pathways, remove unwarranted variation and improving the effectiveness of our services.

To this end, early discussions are being undertaken with the GIRFT programme on how we could deliver this work. Establishing such an approach would give a consistent improvement methodology. The outputs in using this approach would include consistent pathways across north Wales, reduce unwarranted variation and improve productivity in both outpatient and theatres.

The risk stratification for stage 4 is now operational and we are able to monitor when patients have been reviewed against their target date and this will be published in our performance reporting in future.

Our broader transformational planning work includes:

- Clearing backlogs in certain specialties, expand lifestyle programmes, deliver ring fenced cold elective orthopaedic capacity, and eradicate the endoscopy and radiology backlogs.

- Prevent physical and functional deterioration while people wait for surgery through prehabilitation support to improve functioning and reduce pain where possible and perhaps in some cases defer the need for surgery for a significant period of time.

- Achieve considerable length of stay reductions, development and adherence to single arthroplasty pathway (developed from latest evidence-base i.e., GIRFT for North Wales), Improved pre-operative PROMs scores, leading to better operative outcomes.

- Establish capacity to scope out and begin to respond to the implications of long COVID. This is new demand for a new condition which is debilitating and potentially long term. Long Covid symptoms are closely aligned with the symptoms suffered by those who attend pulmonary rehab hence aligning the skills and experience of the clinicians in this team to the new cohort of patients.

- See the development and roll out of applications to support a digital orthopaedic pathway for patients.

- Establish a pathway development team modelled on the Canterbury approach to health and social care integration.

- Reduce waiting lists by c. 10% as a result of validation.

2.2 South Meirionnydd Cluster recovery plans:

Reflections of 2020 Covid-19 service delivery and impact on Cluster working and cluster planning

During the pandemic, change has occurred in primary and community care at pace and through the application of both workforce and digital enablers, consistent with the Primary Care Model for Wales. All services (contractor service through to community and integrated service) have put in place measures to support business continuity and whilst these have been a necessity it has also brought innovation. Key areas to note include:

- Separation of COVID-19 (at practice or cluster level) and non COVID-19 patient flows
- Establishment of hubs for urgent and emergency care
- Establishment of field hospitals led, in most cases, by primary and community services
- Community staff involved in test and trace, COVID-19 vaccination programme
- Rapid roll-out of remote consultation working

Some examples are given below.

Advanced Physiotherapy in Primary Care

Parts of all four clusters in West have embraced remote working. We have also seen some examples of cross cluster remote working and goodwill of many GP surgeries allowing the use of their rooms for the work of other surgeries sometimes in other clusters.

Covid-19 has shown that the First Contact Pracitioner physio service can be delivered remotely and also through a combination of telephone, video conferencing and face to face both safely and effectively. It has demonstrated that our traditional ways of working are not the only way of working and also that as a team (and part of a wider primary care MDT) we can adapt to provide the necessary care for the patient.

Primary Care

At the beginning of the crisis primary care services were asked to arrange a Local Assessment Centre “Hub” to ensure complete segregation of both the clinical teams and the patients with potential Covid away from any other patients.

All practices were able to quickly adapt to telephone triaging all contacts with surgeries and foot fall was reduced to very low levels.

The Community Link social prescribing service was instrumental in ensuring that support for the vulnerable was available quickly and supported the delivery of prescriptions.

Many conditions and issues traditionally dealt with by face to face consultations can be managed remotely and it is likely that many practices will continue with some form of triage for face to face appointments.

- Video consulting has been useful, particularly when assessing children or those complaining of breathlessness.

  Practices have found the Accurx texting service very useful. Both for sending information to patients (including documents such as sick notes) but also as a service allowing patients to send us pictures securely. Often this is more useful and efficient than video consulting.

- Consideration will be given to algorithms where most patients with Covid symptoms are able to access pulse oximetry without necessarily needing any further clinical examination. This in conjunction with a remote telephone or video consult should be sufficient information to establish whether patients need admission to hospital for further assessment (in particular for a chest x-ray).

  Pulse oximetry can be measured relatively easily, either in car parks, or at drive through centres, or even by family members who could borrow probes for those who are housebound.

- The social prescribing service “Community link” helps to co-ordinate third sector agencies and community groups. Referrers and individuals can be signposted to services and groups available in the community. There are dedicated “local area co-ordinators” who can focus on an individual’s needs and provide one to one support when needed. The main goals for this service have been reducing isolation, improving mental health and increasing physical activity.

This service was actively involved and very successful in recruiting and managing volunteers during the Covid crisis. Its primary goals are still isolation, mental health and promoting physical activity but with an additional focus on assisting recovery and rebuilding of community groups and activities. One of the benefits from the crisis is that the team has retained the details and support of a large number of volunteers willing and keen to continue taking part in community activities to support others

- The launch of the End of Life Care Medicines Enhanced Service is ongoing. The aim is to have eleven community pharmacy hubs across north Wales with extended opening hours to hold extra stocks of palliative care drugs. District nurses and palliative care teams will be able to contact them directly if they have problems accessing supplies. Currently six pharmacies commissioned and documents being finalised for the remaining eight pharmacies.
- The development of community Pharmacists as independent prescribers is progressing well:
- A Pilot Patient Specific Direction service model for flu vaccination by pharmacy technicians has now commissioned to support flu vaccination.
- Pharmacists and Pharmacy Technicians have started attending the virtual CRT meetings to provide medicines management input fir these complex, frail patients on many medications.

Pharmacy *'Recovery' plans – progress*

- Prescription and enhanced services at normal levels in most areas, some pockets of pressure
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Occupational Therapy

- 7 day CRT - redeployed Occupational Therapy staff to community services from clinical services closed due to Covid and provided a 7 day CRT. This was able to effect admission avoidance at the weekend with intensive assessment and support. Since returning to core services, we have ceased 7 day working but continuing this would have clear benefits to providing care closer to home and admission avoidance.

Voluntary Sector

- During Covid-19 the voluntary sector has been able to make better use of technology for some service delivery and training and able to reach a wider audience. This aspect will need to continue post Covid. Some individuals prefer to receive support via zoom etc but there are concerns that not everyone has access to IT and may become less engaged with services

- Several Communities have really worked well together to support their local residents - this needs to continue
- Several voluntary organisations/community groups have been able to take advantage of new funding opportunities
- Effective partnership collaboration between sectors – everyone worked well together

3. Mental health and well-being

In addition to the examples given above, a further focus of the BCU HB recovery plans is on mental health and well-being, which has become an increasing concern during the pandemic both in terms of access to services but also the adverse impacts of social restrictions.

Adult mental health

Pre-Covid, ICAN Volunteers were based at the 3 DGHs within the BCU HB footprint, at Community Hubs and at GP Surgeries piloting the ICAN Community Programme. All services were suspended in March 2020 and the ICAN service has been redesigned as a telephone service whereby the team of volunteers will call ICAN clients on a regular basis to support, keep in contact and signpost where appropriate.

This service is by referral only, excepting referrals from

- GPs
- CMHT
- Probation
- Substance Misuse Service
- Criminal Justice System etc

Since April 2020 we have received over 1100 referrals across North Wales, the majority being from GPs and CMHTs. Professionals were notified of the service via letter with application attached and was shared with all GPs across the region.

Typical referrals are for anxiety, low mood, panic attacks, Covid-related fears, loneliness, but also unresolved issues from the past which are coming to the surface as people have more time to think and less to occupy themselves.

The surgeries who were ICAN GP Hubs prior to the pandemic are the highest referrers but we have received clients from others. Another popular service I CAN offered was the App based mood and anxiety management support, and access to SilverCloud.

The following key achievements should be noted in response to the Covid-19 pandemic:

- Establishment of ‘Stay Well’ telephone service delivered by ICAN Volunteers.
- Testing of ICAN Connector Role (Community Navigation)
- Greater integration with CMHT’s and Primary Care
- Establishment of ‘Virtual ICAN Community Hubs’
- Enhanced and accelerated the Digital and Virtual Offer
- Strengthened and enhanced Partnership working
- Continued with the recruitment of ICAN Volunteers

- Commenced the implementation of a ‘Trauma Informed Approach’ to service delivery
- Successful Pilot project during Covid 19 in several GP practices with Occupational Therapists offering support – initially with individuals who were shieling but then starting to provide mental health initial assessments

CAMHS

(Child and Adolescent Mental Health Services)

A Recovery plan has been produced to meet Mental Health Measure Part 1a and 1b by January 2022. Actions within the plan include further use of Attend Anywhere system; launch of Family Wellbeing Being Practitioner posts in each cluster to support demand management; appointment of Early Intervention Lead; recruitment of posts for Crisis Services and Eating Disorders; ongoing recruitment to vacancies.

4. Risks

There are a number of risks associated with the delivery, key examples of which are summarised below. Operational controls are being implemented in response:

- Inpatient bed capacity
- Outpatient capacity
- Workforce
- Winter disruption
- Further Covid disruption
- Delays in mobilisation
- Delays in procurement process

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

IMMEDIATE RECOVERY PHASE 1 2021 - 2022

Addendum to Draft Annual Plan 21/22

Introduction

This paper sets out the immediate recovery proposals for the health board. This is an addendum to the Draft Annual Plan submitted on 31 March 2021 which set out our renewal approach and priorities.

These proposals focus on the accelerated actions which can be taken within Powys starting immediately from Quarters 1 and 2 to deliver an improved position through the remainder of the Annual Plan period 2021/ 22. The focus is diagnostics, planned care, cancer and advice and support to patients and the arrangements needed to support acceleration. The anticipated impact and milestones are included.

Alongside this we are also gearing up the more transformative work set out in our annual plan, which will shift the balance of provision to Powys where possible embedding new ways of working.

The residents of Powys access care and treatment across multiple providers and systems in England and Wales. Recovery planning to date has taken place at speed and in varying degrees of development. Ongoing liaison with providers is required in the first quarter of 2021/22 across providers in both NHS Wales and those following the process and timetable set out by NHS England/ NHS Improvement.

Scale of Challenge

The seriousness and significance of the impact of the pandemic on the Powys population cannot be understated.

A total of **17,000 Powys** residents are now on waiting lists for treatment

This equates to **1 in 8 people** in Powys

Over **3500** Powys residents are waiting longer than 52 weeks

There are enormous complexities emerging as a result of the pandemic that mean that these figures are likely to be the starting point of an increase in need. The issue of inequity and health inequalities standing out particularly strongly in relation to population health.

The health board commissioned a report to understand the issues and the impact locally. Current projections relating to impacts on health are noted below (baseline of 2019/2020 - impact in 2022/2023). This is just one component of what will be a multi-faceted 'syndemic' impact for our population but illustrates some of the expected increases in health need:

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

Evidence relating to the impact of the Pandemic, Catherine Woodward, 2021).

The continuing pandemic makes it difficult to calculate the full scale of impact therefore this proposal sets out an initial phase focused on the existing backlog of waiting lists.

This is a first but important step in mitigating the exacerbation in health need, as it will directly address the issue of patients having to wait significantly longer, which has the potential to result in patient harm and negative patient experience and outcomes.

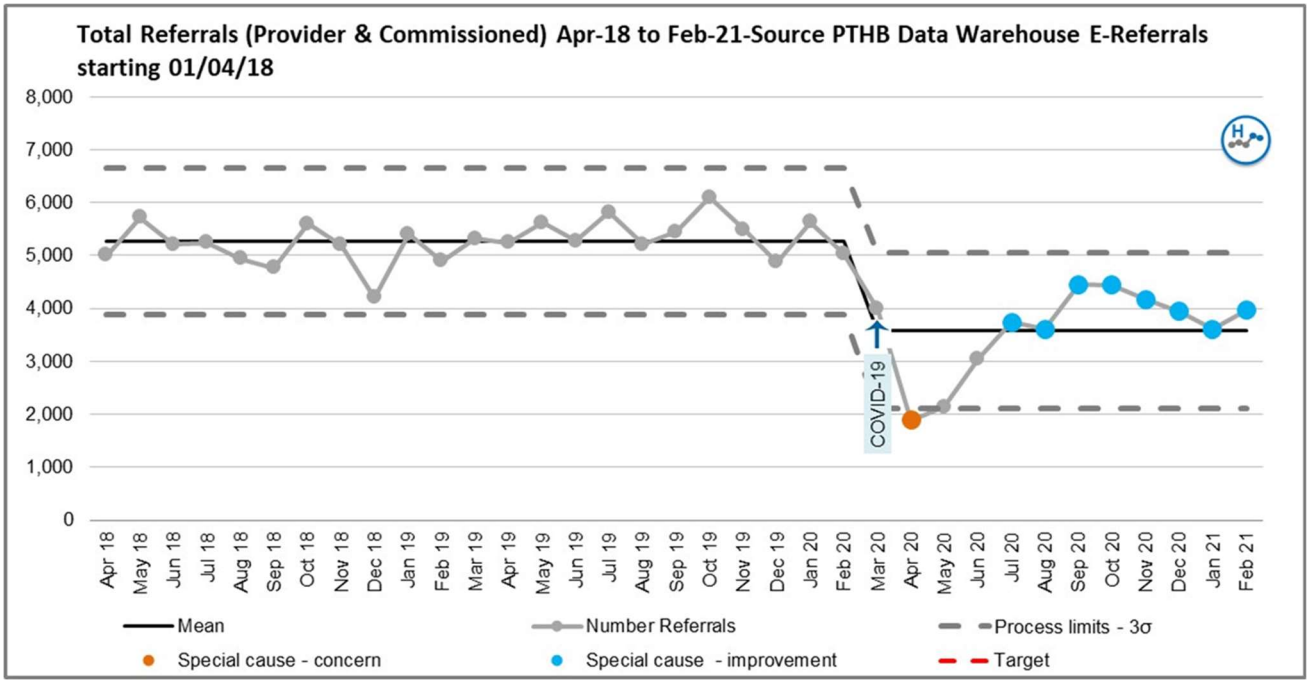
Delivery during the pandemic

Demand

Significant changes in demand were seen in Powys, as they were nationally across Wales and the rest of the UK. Demand had gradually been increasing in the Autumn 2020, but the second wave did impact referrals during quarter three and four.

The mean referrals since the COVID 19 step change in March 2020 are 32% lower than pre-COVID mean levels, although the most recent data points show a special cause for improvement.

Table 1: Total Referrals (Apr 2018 – Feb 2021)

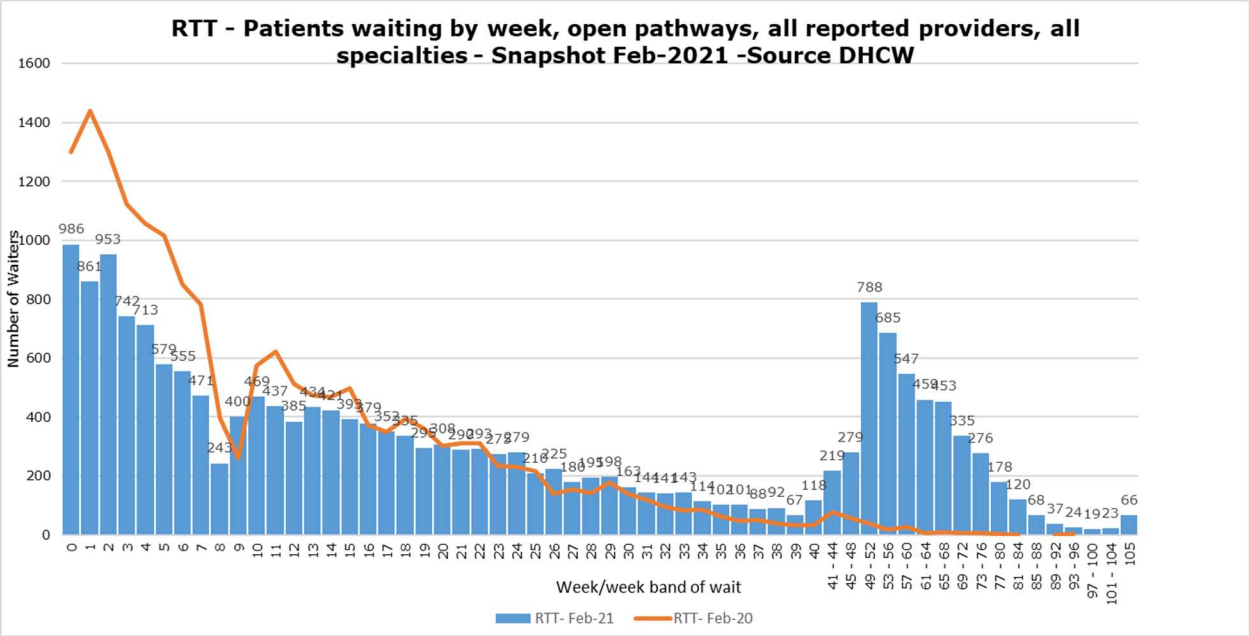


The latent demand in the population is expected to be significant. Although referrals rates have remained below pre-COVID average this is unlikely to reflect a change in the health needs of the population, given the emerging evidence base on an increase in health issues.

It is still presumed that demand has been and continues to be suppressed by the pandemic and the complex impact on healthcare usage behaviours. Recent soft intelligence is showing increased demand in later staging urgent suspected cancers in Commissioned providers.

The health board continues to assume as a reasonable case that this demand will resurface and the total referred demand may significantly exceed pre-Covid.

The graph below outlines the open pathway snapshot and pattern of waiters for all Powys residents, in all reported providers, including reportable AHP specialties. The time period for comparison is February 2021 and February 2020.



The position at February 2021 displays the ongoing challenge as a result of national service suspensions during the first wave, e.g. a backlog of patients that now sit over 40 weeks (4834 patients).

The total waiting list in Feb-21 has 1285 extra patients waiting but shows significantly lower volumes within the earlier weeks e.g. 0-8 as a direct result of reduced referrals.

Capacity

As a Powys provider the service capacity has held up well and essential services have been maintained.

Some specialties are now returning to near pre-COVID levels of activity. Exceptions to this include theatres in specialties such as oral surgery, and the impact of COVID safety precautions in Endoscopy services resulting in an ongoing 40 -50% reduction of capacity.

Enhanced infection prevention and control arrangements are to continue during this year, constraining core capacity and extra capacity.

Trajectories submitted in the Minimum Data Set (MDS) return as part of the Draft Annual Plan 21/22 identify that current capacity will not match the expected demand or deal with the backlog fully.

Whilst some improvement is being seen in waiting lists for our directly provided services in the latest available performance data for the end of year, this is a small proportion of the Powys resident waiting backlog. There is not the same improvement being seen in commissioned services.

There are already actions underway to address this. The Planned Care Programme in Powys takes forward the National Programme with a focus on care as close to home as possible, shorter waiting times, improved access and outcomes and high quality and sustainable services. Regional solutions will be pursued alongside our renewal priorities set locally. Current discussions are focused on ophthalmology and building cataract operating capacity.

The health board's recovery planning is not restricted to a narrow view of planned care services. Work is progressing at a system level to transform delivery across all six renewal priorities and further proposals will be developed for the medium and longer term. However there is an immediate and critical need to manage access, address risk for patients and carers, reducing and mitigating harm and addressing the sustainability of clinical services.

Renewal Priorities

The renewal priorities set out in the Draft Annual Plan respond not only to the immediate short term problems of backlogs in healthcare, but to reset our ambition, gaining a better understanding of our clinical pathways and the outcomes for the population:

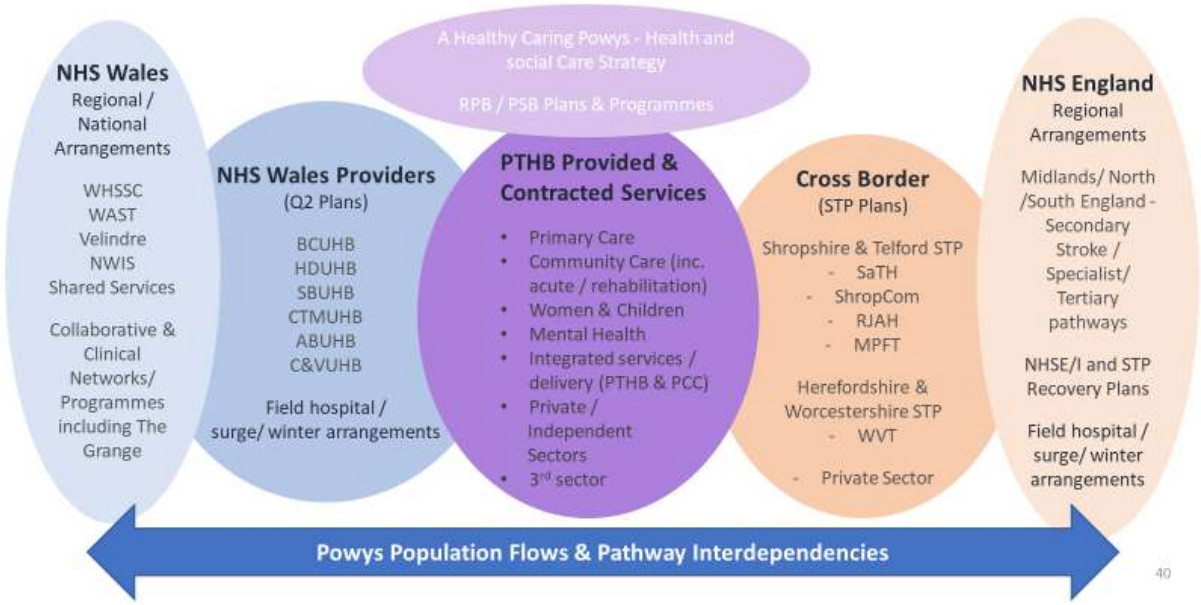
Transformation Approach

We have an existing transformation approach which we need to build further to face this challenge head on, but we are not starting from a blank page. Work in developing the Draft Annual Plan highlighted that our health and care strategy **'A Healthy, Caring Powys'**, developed with the people of Powys, stands us in remarkably good stead moving forward.

We need to change the currency from 'waiting times' to an 'active offer', improving the experience and outcomes for those waiting. This will build on existing prioritisation based on risk and potential harm and the acceleration in innovative ways of working this year:

- Self and supported care approaches, structured with an emphasis on shared decision-making to focus on wellbeing and take action on improving health.
- Digital care and support is transformative, resulting in more rapid and accessible service provision.
- An increased focus and capability of service provided in peoples own homes, had led to significantly improved outcomes and reduced risk of harm.
- Innovation, trying new things, improving ways of working and adapting to new challenges has been key.
- The agility and drive shown by the health service and partners will underpin the recovery and renewal of our work moving forward.

We have an existing whole system approach which builds on our unique position as both a commissioner and a direct provider of healthcare in a complex 'system of systems':



Whilst this proposal is focused on the initial phase of recovery costs there are important considerations to be further discussed relating to Funding of recovery for our cross border flows for our highly rural population.

Workforce

This initial phase has significant workforce implications. There will be a substantial workforce programme required to implement the proposals which will be managed through a combination of redeployment and a mix of recruitment mechanisms.

This is not starting from a zero base and this is not the first time that significant workforce challenges have been set and managed this year. The health board have successfully implemented major programmes to respond to Covid-19 and will draw on the learning from the past year in exploring options for its workforce to deliver these proposals.

Phase One Proposals

The key proposals for phase one are set out in the following table and the outline of the scope, outcomes and benefits, measures, key actions / milestones follow.

Estimates are given of the numbers of patients to provide the size and scale of the backlogs and the impacts that can be gained as a result of this investment.

These are approximations based on the data available at the time of the proposal and our assumptions in relation to core delivery capacity and current covid restrictions as well as the status of recovery planning across multiple systems. This will continue to be refined and tested as plans across England and Wales are progressed.

Renewal Priority
Advice, Support and Prehabilitation - Patient Liaison Service - Advice Support and Prehabilitation - Clinical Referral Guidance
Diagnostics, ambulatory and planned care - Planned Care RTT reduction - Endoscopy - Eye Care - Modernisation of Outpatients
Long Term Conditions and Well-being - Enhanced Long Term Conditions Service
Children and Young People - Enhanced Neurodevelopment Service
Tackling the Big Four - Cancer Improvement Team - Rapid Diagnostic Centres - Respiratory Service
Recovery & Renewal Infrastructure - Recovery & Renewal Team

ADVICE, SUPPORT AND PREHABILITATION

Scope

This establishes:

- A Patient Liaison Service in Powys (for delayed patients including out of county)
- An Advice, Support and Prehabilitation service
- A Clinical Referral Guidance service (including virtual MDT) in preparation for phase 2

The waiting list for elective treatment is over 17,000 for Powys. It is recognised that the same patient may be on more than one list but, in simple terms, this is about 1 in 8 of the Powys population. Over 3,500 of waits are already longer than a year. As Powys has no District General Hospital (DGH), is highly rural and is spread over 100 miles patients are waiting across around 15 out of county DGHs. The people waiting are often those who are older with disabilities. Deprivation in terms of access to services (including access to broad-band and transport) is also a significant factor.

These services will help people who are often older, disabled and living remotely to:

- be kept up to date about their waiting time
- be supported in navigating complex pathways spanning more than one organisation
- be reviewed quickly if their condition deteriorates
- have advice, support and "pre-habilitation" to help patients be as fit and pain free as possible with the best chance of an improved outcome (including medicines optimisation for those on orthopaedic waiting lists and obesity services)
- understand whether there are alternative services

Work will be also undertaken in preparation for Phase 2 to redesign two key pathways in Powys with the longest waiting times in Powys for Orthopaedics and Ophthalmology:

- tightening up pan Powys referral criterial
- developing alternatives within Powys
- further developing prehabilitation
- providing pre-referral advice and guidance
- developing virtual MDTs to moderate external referrals
- and the use of referral management where it is evidenced based.

Outcomes/Benefits

- Improved patient expressed and clinical outcomes through access to pre-habilitation
- Reduced risk of harm
- Patients most at risk of inequality through the impact of delayed elective care
- Patients supported to navigate waiting times spanning more than one organisation
- Swift reassessment of deteriorating patients
- Patients provided with access to advice and support whilst waiting on external waiting lists in order to improve outcomes; or if needed (through choice / clinical validation)
- Prevention of concerns. (If just 5% of the patients waiting over a year follow the concerns route this would be 170 new concerns – potentially involving 850 days of clinical and senior management time to resolve – as well as the risk of redress)
- Redesign of the key pathways including orthopaedics to ensure earlier advice help and support, evidence based external referral to more timely alternatives.
- Sharing of good practice across multiple health boards and NHS Trusts

Measures

- Powys patient experience surveyed to ensure they feel informed and supported if on an external waiting list, with rapid problem solving

- Tracking reduction in the overall Powys population waiting list (currently over 17000)
- Tracking of a reduction in the number of Powys patients waiting over a year
- Tracking of harm
- Concerns at less than 2% of the number of patients waiting over 52 weeks.

Key actions & milestones

Quarter	Milestone
Q1	Funding confirmed
	Recruitment or redeployment
	Equipment secure
	Establish Programme Board
Q2	Patient liaison and patient tracking established across pathways spanning more than one organisation Tracking of reduced waiting list Tacking of harm reviews Tracked reduction of patients waiting over 52 weeks.
	Access to prehabilitation
Q3	Strengthening of clinical guidelines and redesign of orthopaedics and ophthalmology pathways
Q4	Reduction in the overall waiting list Reduction in the number of Powys patients waiting over a year Concerns maintained at less than 2% waiting over 36 weeks.

DIAGNOSTICS, AMBULATORY AND PLANNED CARE

Scope

- To reduce the RTT backlog within Planned Care with no patient waiting over 36 weeks by 31 March 2022 for treatment or a first outpatient appointment.
- To support the National Endoscopy Programme regional plans to significantly reduce the routine endoscopy and surveillance backlog to within the 8 week target where possible.
- To bring performance against the Eye Care Measure in line with WG 95% target by 31 March 2022.
- To ensure significant improvement and modernisation in OP specifically follow ups in line with National Planned Care Outpatient Strategy.

Outcomes/Benefits

- No patient waiting over 36 weeks for treatment or 1st outpatient appointment by the end of March 2022
- Eye care measure in line with WG 95% target by the end of March 2022
- Significant improvement and modernisation in OP specifically follow ups in line with National Planned Care Outpatient Strategy
- To support the work of the National Endoscopy Programme to achieve the 8 week diagnostics target and ensure no delays in surveillance
- Reduction in waiting times, RTT, Diagnostics & Eye Care Measure
- Patients seen and treated in a timely manner utilising face to face and virtual appointments/reviews

- Patients care closer to home / reduction in patient miles with positive impact on care and environmental impacts
- Additional clinical capacity within Powys, avoiding unnecessary appointments
- More sustainable service through additional staff working in multi-disciplinary teams
- Potential to retain staff trained in Powys and support employment in a rural economy

Measures

- Significant reduction in backlog from peak in Nov 20 with over 1400 patients waiting 36 weeks and over to March 21 position with under 700 patients waiting 36 weeks +
- 52 week position has deteriorated due to lack of theatre staffing capacity and in reach consultant long term absence (orthopaedics) and vacancies (dental) also a number of in reach consultants have been delayed in return from DGH Covid response (Oral Surgery, Gynaecology, ENT).
- Referral demand has increased during Q4 2020/21 and continues to increase. Quality of referrals in some areas of service is an issue as they have not been physically seen in primary care.
- USC/Urgent Endoscopy activity recommenced in late July 20. The USC/Urgent backlog was cleared during Q3 – Q4 2020/21. The surveillance backlog will be cleared by May 21. The service has seen a large increase in USC/urgent referrals.
- Implementation of plans for PTHB to become a JAG Training Site underdevelopment
- In April 21 recruited the first PTHB trainee clinical endoscopist (funded at risk) as part of the NEP recruitment & training programme.
- Senior Nurse Managers for Theatres/Endoscopy recruited and commenced in post in February 2021. Plans have been developed for separate Endoscopy and Theatre teams to enhance service provision, clinical skills and recruitment.
- Elective Surgery re-started in December 20 including orthopaedics, ad hoc lists available only currently due to theatre staffing capacity/challenges.
- Cataract service restarted in August 20, with core service and WLIs PTHB achieved no cataract waits over 36 weeks at 31 March 2021. However there is a significant backlog in other eye care treatments with patients currently waiting over 83 weeks.
- Eye Care Measure performance 64% as at 31 March 2021. No delays or backlog with Wet AMD service. Shortfall in capacity and delays with glaucoma service with increase in overdue follows to over 400 patients.

It is anticipated that there would be a backlog of 5494 patients by the end of March 2022 if no action taken; this can be cleared only party with core activity; it is estimated that circa 3700 of this will be reliant on the additional investment.

The position is similar for diagnostics which will similarly be addressed using both core activity and additional investment. The overall backlog is estimated at 3700 patients at the end of March 2022 if no action taken – with approximately 1480 patients directly related to this investment.

Key actions & milestones

Quarter	Milestone
Q1	Funding confirmation
	Recruit to theatre staff
	Confirm additional in reach & WLI sessions required
	Secure private sector GS via NHS procurement
	Utilise agency theatre staffing whilst recruitment process in train
	WLIs commence
	Scope & plan repatriation
Q2	Conclude theatre recruitment. Staff to commence in post

	Continue with other staff recruitment.
	Additional capacity/WLIs continue
	Agree repatriation plan/formal SLA/LTA arrangements reviewed
	Additional capacity in place to address backlog
Q4	Backlog cleared
	Repatriation to commence phased approach

Key activities

Description	**Rationale**
Reduction of backlog – Treatments (staffing, consumables, overheads)	Additional lists required to address treatment backlog. Includes staffing, consumable, overheads.
Reduction of backlog – Waiting List Initiatives In Reach	Additional in reach WLI required to support achievement of RTT, Diagnostics
Reduction of backlog – Private Sector Provision General Surgery	Pre-covid sessions for GS in Brecon were 1 session a month, additional sessions have been requested from in reach provider but are not available. Therefore private sector option to address backlog and support backlog going forward in terms of displacement of routines by urgent cases.
Reduction of backlog – Endoscopy (staffing, consumables, overheads)	To address backlog of routine patients waiting over 8 weeks supporting NEP Programme. NB underlying deficit in colonoscopy national skills shortage
Reduction of backlog – New Outpatients (staffing, consumables, overheads)	Additional lists required to address treatment backlog. Includes staffing, consumable, overheads. Backlog reduction will be undertaken in tandem with OP modernisation in line with WG OP Strategy
Reduction of backlog – FU Outpatients(staffing, consumables, overheads)	Additional lists required to address treatment backlog. Includes staffing, consumable, overheads. Backlog reduction will be undertaken in tandem with OP modernisation in line with WG OP Strategy. (excludes respiratory)
Reduction of backlog – 52 week WG Risk Stratification (included as per WG (OS) instruction 23/4	Letters to patients waiting 52 weeks & over. Main specialities Oral Surgery & Orthopaedics requires clinical resource from Assistant Clinical Director Dental & MSK Physio & Admin
Service Sustainability/Increasing PTHB Offer – Equipment for Endoscopy & Eye Care	To provide infrastructure to support sustainability, regional offer & repatriation.

LONG TERM CONDITIONS AND WELL-BEING

Scope

The implementation of an enhanced Long-Term Condition service within Powys in order to support the population who live with one or more long term health condition (or who are at risk of developing one) to manage their health with the support of health professionals using a biopsychosocial approach. Key features of the model are that it is:

- Value based
- Person-centred
- Takes account of the context in which people live

It has been identified that the current model for Long Term Condition management being delivered by the Pain and Fatigue Management service could be further developed to deliver a supported self-management service for a wide range of Long Terms Conditions.

Outcomes/Benefits

- Improving activation levels
- Reduced burden on Primary Care
- Reduced scheduled and unscheduled hospital admissions
- Reduced WAST attendances/conveyances
- Reduced episodes of sickness from vocation
- Improved compliance with medication and treatment regimes
- Reduced pharmacological wastage
- Improved self-reported wellbeing
- Improved citizen satisfaction
- Healthier population
- Improved psychological wellbeing
- Improved engagement with Health Care
- Reduced demand on Primary Care
- Reduced demand on Outpatient demand
- Reduced demand on social care
- Reduced inpatient demand enabling improved flow and capacity
- Reduced WAST demand
- Improved medicine management
- Socioeconomic benefit – Working for a Healthier Tomorrow (Black, 2008)
- Reduced wastage e.g. improved conversion rates for bariatric surgery

Measures

The percentage of people in Wales living with at least one chronic condition was increasing prior to the Covid-19 pandemic with the biggest rise in the percentage of people living with multiple chronic conditions. This percentage has increased by 56% over the previous 10 year period if you take population growth into account.This is the equivalent of 64% more people living with multiple chronic conditions.

The health board commissioned a report to further understand the 'syndemic' impact of the pandemic in addition to the existing known growth in long term conditions. Current projections relating to impacts on health are noted below (baseline of 2019/2020 - impact in 2022/2023). This is just one component of what will be a multi-faceted impact for our population but illustrates some of the expected increases in health need:

- The proportion of working-age adults limited a lot by long-standing illness will increase from 18.1% to 24.4%. In Powys this is 4,719 more adults.
- The proportion of working-age adults with musculoskeletal problems will increase from 17.1% to 19.4%. In Powys this is 1,723 more adults.

- The proportion of working-age adults with heart and circulatory problems will increase from 12.8%, to 15.5%. In Powys this is 2,023 more adults.
- The proportion of working-age adults with respiratory problems will increase from 8.2% to 10.6%. In Powys this is 1,797 more adults.
- The proportion of working-age adults with endocrine and metabolic problems will increase from 7.9% to 10.9%. In Powys, this is 2,247 more adults.
- The proportion of working-age adults with mental health problems will increase from 8.8% to 11.9%. In Powys, this is 2,322 more adults.

Evidence relating to the impact of the Pandemic, Catherine Woodward, 2021).

It has been identified that there are actions that can be taken locally to mitigate the impacts and ensure both prevention and self management are provided as part of the future model for long term conditions this will underpin the work to address backlogs, ensuring an active offer is made to those waiting for care.

Key actions & milestones

Quarter	Milestone
Q1	Funding confirmed
	Job descriptions agreed
	Consultation processes commenced with existing staff
	Posts advertised
	Recruitment commenced
Q2 – Q4	Additional support provided to patients

CHILDREN AND YOUNG PEOPLE

Neurodevelopment

Scope

The assessment of children with possible neurodevelopmental conditions is a complex and resource intensive process. Timeliness is absolutely key, the earlier a child is diagnosed then the more likely he or she is to receive the support and intervention required to optimise their development and thrive. Additionally, families who are well supported are less likely to face issues that undermine the family unit. Delayed assessment of children and young people with possible neurodevelopmental conditions has the potential to increase harm.

The demand on this service is threefold; the requirement for 26-week Referral to Treatment; the requirement to complete the assessment in 12 weeks and the provision of post-diagnostic support, intervention and review.

This proposal will enhance existing provision, enabling a move to a more sustainable, Multi-Disciplinary Team model to ensure that children and young people are seen, assessed and provided with holistic, safe, timely, high quality treatment and support to address their needs.

The proposal is to ensure dedicated input and support is available through the creation of a Powys Neurodevelopment MDT which will include:

- advanced clinical practitioner
- dedicated consultant community paediatrician support
- dedicated consultant psychiatrist
- dedicated paediatric therapy
- additional learning disabilities nursing support
- dedicated educational psychological support
- additional administration to ensure clinical staff can focus on clinical duties.

Outcomes/Benefits

- To achieve compliance with 26 week Referral To Treatment (RTT)
- To clear over 36 weeks waiting backlog within 9 months
- To improve the experience and outcomes for children and families, supporting engagement through timely assessment, intervention and review
- Reduction in length of time to first assessment and subsequent review
- Deliver cost-effective clinical service model: multi-disciplinary team and nurse and therapist follow-up

Measures

Prior to the pandemic, the team were compliant with 26 week RTT.

Due to the impact of COVID on service levels, there is a backlog to be reviewed and assessed. The recovery of this service is challenging with a large number of children with long referral to treatment times. As of the 28th February 2021, there are 185 children waiting for their first appointments with 55 exceeding 30+ weeks waiting and 210 children waiting to complete the process and receive a diagnosis following their first appointment. The total caseload therefore sits at 395 children either waiting for a first assessment or completion.

The additional investment will mean that backlog for first appointments will be cleared by the end of July 2021. Those subsequently needing diagnostic assessment will then be cleared by the 31st September 2021.

Key actions & milestones

Quarter	Milestone
Q1	Funding confirmed
	Job descriptions agreed
	Consultation processes commenced with existing staff
	Posts advertised
	Recruitment commenced
Q2 - 4	Delivery of enhanced Service
Q4	Backlog cleared, children and young people newly referred receiving their first appointment within the RTT 26 week target.

Cancer Improvement Team

Scope

Cancer is one of the health board's key recovery priorities and commissions most cancer care from NHS England and NHS Wales health boards. Having multiple clinical pathways across a vast number of providers (including the geographical differences) means the health board cannot currently track patients through their cancer journey, or mitigate for potential harm.

Also, there is a lack of information that the health board has about patients and their pathway journeys. The recently published Suspected Cancer Pathway performance measures and the Pathway Review Framework by Welsh government demonstrated a need to have more of a clinical and operational oversight of the patients to ensure quality of care.

This proposal outlines the workforce required for the health board to be able to better understand the needs of its patients who are travelling through the Cancer journey, and be able to support safer care by anticipating any possible delays to optimal patient outcomes. The proposal is to ensure dedicated input and support which will include:

- Clinical Lead
- Harm Review Officer
- Cancer Improvement Manager
- Cancer Tracking Officer

Outcomes/Benefits

- Better understanding of Cancer landscape for Powys patients.
- More seamless patient pathways
- Patients referred, diagnosed and treated in a more timely manner through better coordination
- Additional clinical capacity within county
- Ability to gather data in house on patient pathways across providers
- Safer, more timely care for patients
- Harm mitigation and clinical review
- Compliance with Welsh Government requirements
- More focused allocation of resources
- Clearer planning of services
- Address current gap in Cancer workforce
- Accurately establish and track the backlog of Cancer patients

Measures

We currently have limited access to data on Cancer patients, and also due to the backlog we need to create a dedicated team focused on cancer tracking, review and management of patient pathways with strengthened clinical input and harm review processes for Cancer patients.

There will be many patients waiting for care from English trusts, although the current data is not available through IFOR at present.

The latest data (SCP DU Dashboard) shows number of patients waiting beyond target (SCP) in cancer/oncology services across Wales (data on Powys is not available separately).

Table showing All Wales potential volume of delayed SCP demand entering system March 2020- February 2021. This doesn't include English data. Powys have 4% of the population.

2020/2021 USC Monthly Referral Volumes as a Percentage of Monthly Mean May-19 to Feb-20														
Tumour Site	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Potential Delayed Referrals
Acute Leukaemia	50%	100%	50%	-	200%	50%	100%	100%	150%	200%	200%	100%	-	- 2
Brain/CNS	100%	105%	111%	137%	158%	153%	237%	121%	179%	89%	137%	132%	-	- 87
Breast	71%	47%	55%	76%	93%	83%	100%	116%	112%	101%	96%	110%	-	2,393
Children's cancer	133%	22%	78%	144%	122%	100%	156%	144%	178%	122%	189%	133%	-	- 29
Gynaecological	77%	45%	60%	86%	99%	89%	99%	101%	97%	79%	91%	98%	-	2,451
Haematological	89%	57%	64%	88%	111%	101%	106%	101%	96%	93%	98%	102%	-	117
Head and neck	59%	34%	53%	76%	88%	71%	81%	83%	81%	64%	66%	76%	-	4,735
Lower Gastrointestinal	89%	33%	53%	76%	80%	78%	98%	91%	91%	89%	96%	97%	-	4,808
Lung	87%	46%	62%	75%	90%	82%	85%	91%	72%	72%	73%	77%	-	1,386
Other	83%	22%	38%	57%	67%	59%	57%	54%	46%	46%	42%	56%	-	4,670
Sarcoma	67%	52%	70%	80%	83%	75%	109%	95%	103%	119%	134%	105%	-	69
Skin	56%	31%	50%	72%	87%	83%	85%	76%	79%	61%	66%	80%	-	7,892
Upper Gastrointestinal	76%	35%	56%	84%	115%	89%	99%	103%	103%	88%	88%	91%	-	2,638
Urological	88%	38%	49%	61%	78%	68%	81%	77%	78%	73%	73%	80%	-	6,072
All Wales	75%	37%	53%	74%	89%	79%	90%	90%	88%	77%	80%	88%	-	37,125

Key actions & milestones

Quarter	Milestone
Q1	Funding confirmed
	Band 7, 6, 4 and clinical lead job descriptions agreed and vacancy created
	All vacancies advertised
	Engagement with GPs, national networks and PTHB teams
	Engagement with CHC about process change
	Engagement with neighbouring health boards and trusts
Q2	Posts appointed to
	Staff induction
	Information gathering to start
	Consultations with stakeholders to begin- B7 CSIM
	Raise profile of team through Comms and engagement
	Pathway tracking mechanism decided
Q3	Harm Reviews underway and managed
	Single point of contact created
	Pathway tracking underway
	Develop Model of Care for Powys
Q4	Pathway Tracking Continue
	Pathways reviewed

Rapid Diagnostic Centres

Scope

A value based approach to cancer diagnostics for those with vague symptoms in Powys which supports timely, safe and accurate diagnosis of cancer. This proposal enables better compliance to the Suspected Cancer Pathway measures and greatly improves outcomes.

This will utilise neighbouring provider Rapid Diagnostic Centres (RDCs) in the first instance and then, secondly considering a Powys provided service. RDCs offer a value based, single point of access to a diagnostic pathway for all patients with symptoms that could indicate cancer. They also offer a personalised, accurate and rapid diagnosis of patients' symptoms by integrating existing diagnostic provision and utilising networked clinical expertise and information locally.

Outcomes/Benefits

- Earlier and faster cancer diagnosis
- Equitable access to cancer diagnostics in Powys
- Increased capacity through more efficient diagnostic pathways by reducing unnecessary appointments and tests
- Delivers a better, personalised diagnostic experience for patients by providing a series of coordinated tests and a single point of contact.
- Early identification of non-specific but concerning symptoms
- Patients diagnosed closer to home / reduction in patient miles
- Improved compliance with SCP performance targets
- Improved outcomes for cancer patients
- Improved PROMs

Measures

Pre-COVID the diagnostic services in Wales were unsustainable with Endoscopy in particular having approximately 35,000 people waiting and this has continued to grow.

There is a known shortfall in MRI and CT capacity pre-COVID and this has also continued to grow. We provide limited diagnostics in house in Powys and usually access provision through neighbouring providers.

Measuring impact against the outcomes of the Neath Port Talbot RDC pilot programme will be completed. NPT RDC pilot results included:

- Time from referral to diagnosis significantly reduced from a mean of 84 days to 6 days.
- Cost per cancer diagnosis was reduced from £2,397 to £652 · Approximately 30% of patients diagnosed with cancer were identified at a potentially curative stage of disease
- 35% of patients were given a significant non-cancer diagnosis and referred to appropriate specialists or back to their GP for ongoing care
- GP perception and patient experience has been overwhelmingly positive to date with initial survey data from CTMUHB indicating 96% of patients being highly satisfied.

The current development of RDCs in England and Wales is being scoped.

Key actions & milestones

Quarter	Milestone
Q1	Funding confirmed
	Establish current developments in neighbouring NHS England Cancer Alliances
	Engagement with neighbouring health boards to see what RDC models they are developing
	Implementation Specification underway-based on All Wales document
Q2	Stakeholder consultations
	Negotiations to establish pathways
	Vague Symptom pathway developed in line with national pathway
	Implementation Specification developed
Q4	Evaluation

BIG FOUR – RESPIRATORY

Respiratory Service Proposal

Scope

To develop a pan-Powys Respiratory MDT, forming a key part of a unified Powys Respiratory Service, to provide holistic, joined up, equitable care for patients, which is closer to home.

PTHB does not currently employ any respiratory consultants, and pre-COVID-19 pandemic, respiratory physicians from a neighbouring health board and English trust delivered in-reach clinics in the north of county, whilst patients in Mid and South Powys travelled to out of county district general hospitals to see respiratory consultants.

Community-based respiratory support is provided by three PTHB Community Respiratory teams and the health board has one Respiratory Physiologist, who commenced in post in May 2020 to clinically led the development of respiratory diagnostics in Powys. The COVID-19 pandemic delayed the establishment of the new service, but this is now underway.

Outcomes/Benefits

- Additional staff will be part of the service physically or virtually
- More patients will be supported from the team within Powys, reducing the number of Powys patients admitted to/attending district general hospitals outside of the county
- A review of patients in receipt of home oxygen to ensure that oxygen is prescribing is clinically appropriate, which will likely lead to some financial efficiencies
- Standardised practices will be in place
- A more equitable service model in place through the county-wide MDT
- The pulmonary rehabilitation programme will be delivered digitally and offered equitably across Powys in a timely way

The pan-Powys Respiratory MDT will

- Support admission avoidance, through the ability to provide additional advice, assistance and treatment in Powys
- Support the delivery of the national COPD pathway, led by the National Unscheduled Care Board, in Powys through the provision of a more response-based service (as opposed to the current planned care-based service)
- Facilitate supported discharge of patients back to community hospitals or their home from district general hospitals outside of Powys
- Allow for 'referral redirection' i.e. referrals which might otherwise go out of county can be redirected through the MDT to appropriate support available within Powys
- Reduce patients waiting for a respiratory diagnosis – the longest-waiters would be prioritised alongside clinical risk stratification (predicted no patients would be waiting after 12 months through diagnostics in Powys and resultant freed up capacity in neighbouring health boards)
- Increase diagnostics and treatment closer to home / reduction in patient miles
- Enable equitable and sustainable service (career progression and succession planning)
- Standardisation of clinical practice through one respiratory service for Powys

Measures

Enhanced respiratory diagnostic provision will also be developed in Powys to support timely, safe and accurate diagnosis of respiratory conditions within county, closer to home. This will reduce the number of patients who currently attend out of county (or are waiting) for respiratory diagnostics at DGHs in neighbouring health boards and English trusts.

There are 530 patients awaiting consultant follow up in North East Powys. The MDT will prioritise and support the review of these cases and complete the follow up.
There are 70 patients waiting for pulmonary rehabilitation (twice weekly 6 week programme). The additional temporary capacity will ensure that this is cleared by the 30th September 2021. At the end of March there were 153 patients waiting for respiratory diagnostics which would be cleared within 10 months.

Key actions & milestones

Quarter	Milestone
Q1	Funding confirmed
	Job descriptions agreed
	Consultation processes commenced with existing staff
	Posts advertised
	Recruitment commenced
Q2 – Q4	Additional PR programmes delivered
	MDT delivered
	Diagnostics provided in Powys
Q4	Backlog cleared.

RECOVERY AND RENEWAL INFRASTRUCTURE

Recovery and Renewal Team

Scope
To establish a Recovery & Renewal Team comprising programme leadership, administration, business intelligence and expert advisors.

Outcomes/Benefits
To ensure the overarching renewal and recovery programme delivers at the required pace and scale, with a focus on impact and outcomes and robust governance.

Measures

Programme Teams ensure that there is:

- accelerated delivery- value is embedded and can be demonstrated
- focus on impact and outcomes which can be measured
- a consistent approach to reducing inequalities
- robust governance with the ability to adapt, adopt and evaluate
- shared learning and a link to the overarching strategy of the organisation

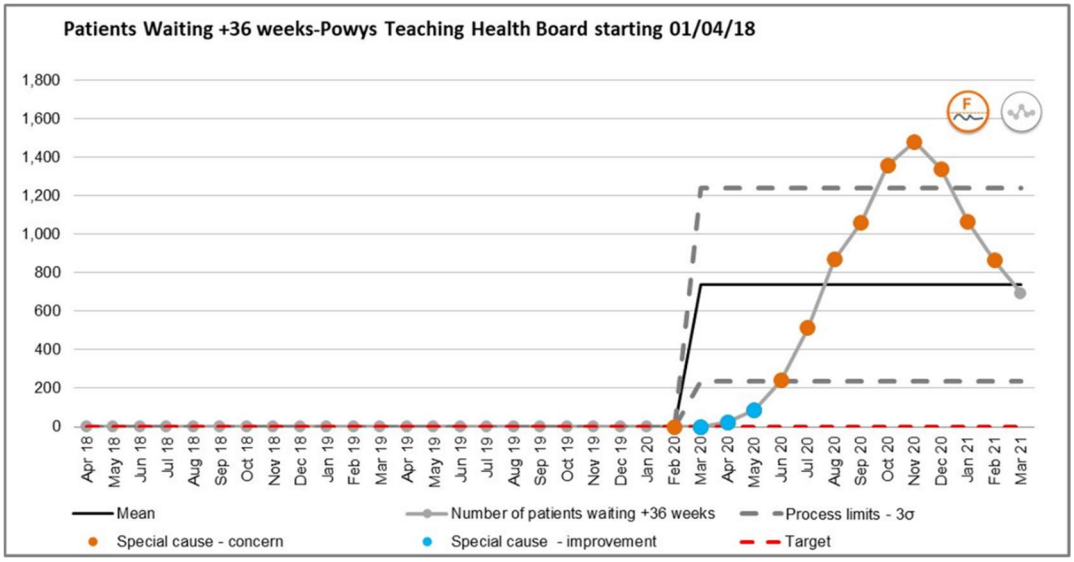
Key actions & milestones

Quarter	Milestone
Q1	Interim Team in place using mix of deployment methods
Q1	Funding confirmed
	Job descriptions agreed and recruitment undertaken
Q2	Full team in place

Appendix 1: Summary of Key Performance

POWYS PROVIDER REFERRAL TO TREATMENT (RTT)

The Powys provided RTT waits position for March has improved with 77.4% of 3419 patients waiting less than 26 weeks on an open pathway (excluding diagnostics and therapies). The number of patients waiting over 36 weeks has decreased to 690, of those 536 are waiting longer than 36 weeks (part of the original suspension cohort). The SPC chart below shows that although consistently failing to meet the target there is defined improvement for this cohort of long waiters, prior to COVID PTHB had never breached 36 weeks.



Looking in detail at the 36+ week waiters the information team have modified their reports in line with DHCW (NWIS) over 52-week reporting. Below is a summary table of the complete waiting list by DHCW (NWIS) aligned banding. The challenge can be seen within 53-76 weeks, and consists of predominantly routine patients who were waiting during the suspension period. This backlog continues to be the greatest challenge for the health board and the NHS in Wales.

Tables summarising RTT performance as a provider – source DHCW:

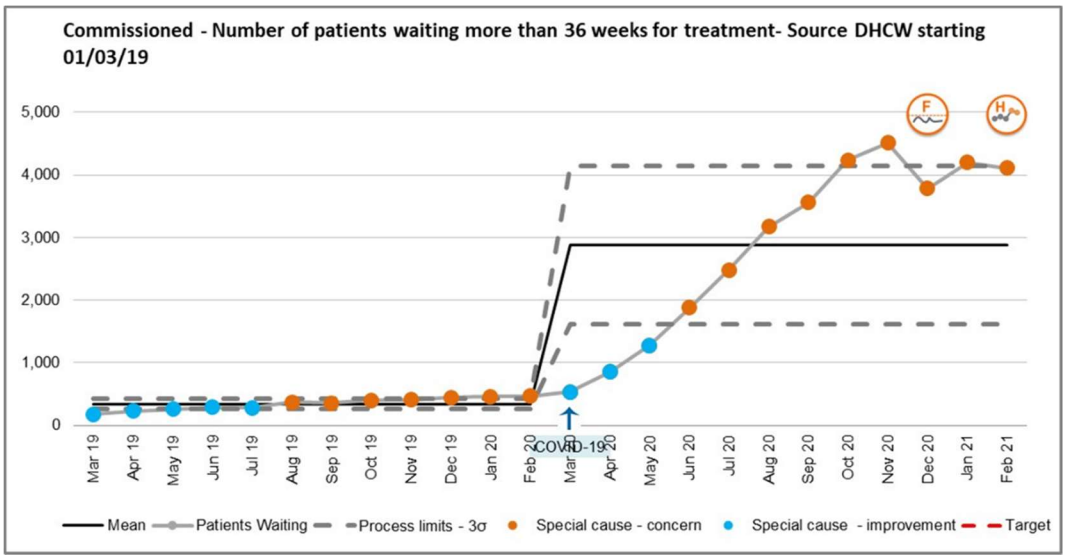
Snapshot Month: Mar-2021	Powys Provider RTT - Waits Open Pathway (exc. D&T)					
Specialty	**0 to 26 Weeks**	**26 to 35 Weeks**	**36 to 52 Weeks**	**53 to 76 Weeks**	**77 to 104 Weeks**	**Grand Total**
100 - GENERAL SURGERY	274	34	4	55	3	370
101 - UROLOGY	90	16	15	5		126
110 - TRAUMA & ORTHOPAEDICS	367	59	47	170	7	650
120 - ENT	316	45	40	17		418
130 - OPHTHALMOLOGY	640	63	14	18		735
140 - ORAL SURGERY	128	27	12	160	12	339
143 - ORTHODONTICS	17	4		27	5	53
191 - PAIN MANAGEMENT	68					68
300 - GENERAL MEDICINE	68	5	2	1		76
320 - CARDIOLOGY	82	10	10	9		111
330 - DERMATOLOGY	21					21
410 - RHEUMATOLOGY	77	8	2	1		88
420 - PAEDIATRICS	11					11
430 - GERIATRIC MEDICINE	47	5	6	38	2	98
502 - GYNAECOLOGY	234	13	2	4	2	255
Grand Total	**2440**	**289**	**154**	**505**	**31**	**3419**

The continuing challenge into the new financial year will be this cohort of patients and the increasing new referral rate, for the provider these longer waits are found predominately in general, and oral surgery, and T&O. At a high-level Powys Teaching Health Board mirrors the position across Wales and England for patients waiting on RTT pathways. As with other health care providers ongoing work to minimise patient harm include risk stratification of new and existing waiters, this ensures appropriate management and access to treatment. At an All Wales level the health board engages with the national programmes for essential services, and working with Welsh Government to scope and adopt transformation plans to modernise the patient pathways.

COMMISSIONED SERVICES REFERRAL TO TREATMENT (RTT)

The position of commissioned RTT waits for Powys residents does not show the same improvement as the provider for long waits. The combined February position exc. D&T, and for open pathways displays that 59.7% of 13,413 patients wait under 26 weeks on an RTT pathway, and 4016 patients wait longer than 36 weeks (this is the latest snapshot to include both English and Welsh providers).

SPC chart of +36-week waiters in commissioned services – Feb 2021



The above SPC chart clearly shows the impact of service suspensions which started at the end of March 2020. The impact of this suspension and further backlog is universal across the commissioned system affecting all specialties and providers. At a high-level health care is failing to meet the target with ongoing special cause variation, as the number of breaches remain close to the upper control limit. If improvement does not occur during quarter 1 there will be a required further shift change. Finally, without significant system changes the cohort of long waiters is unexpected to reduce quickly. National work streams linked to outpatient transformation, and initiatives are ongoing and the provider fully engages with the process. The commissioning assurance process continues in Powys to assess and ensure the best possible care for residents and all long waiters are risk stratified by the relevant care provider.

COMMISSIONED PROVIDER WAIT DETAILS BY WEEK BANDS

Work has been successfully completed with the main English providers, this now allows granular long wait reporting e.g. +52 weeks and beyond.

The below summary tables show the position of Powys main commissioned care providers against the refreshed week wait bands.

DHCW (NWIS) individual weeks waits reporting stops at 104 weeks, patients waiting over this are amalgamated into an over 104 weeks band.

The latest snapshot for Welsh Providers is March 2021 and February 2021 for English.

Commissioned RTT - Waits Open Pathway Snapshot March 2021 (exc. D&T)								
Source DHCW	% < 26 weeks	Patients waiting by band						
Main Welsh Providers		0 to 26 Weeks	26 to 35 Weeks	36 to 52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	Grand Total
Aneurin Bevan Local Health Board	56.4%	1055	179	136	379	120	2	1871
Betsi Cadwaladr University Local Health Board	44.0%	224	36	42	143	53	11	509
Cardiff & Vale University Local Health Board	52.8%	191	26	34	82	27	2	362
Cwm Taf Morgannwg University Local Health Board	40.5%	168	44	34	117	45	7	415
Hywel Dda Local Health Board	57.3%	728	143	82	237	76	4	1270
Swansea Bay University Local Health Board	44.8%	721	176	115	403	135	61	1611
Grand Total	**51.1%**	**3087**	**604**	**443**	**1361**	**456**	**87**	**6038**

Commissioned RTT - Waits Open Pathway Snapshot February 2021 (exc. D&T)								
Source DHCW	% < 26 weeks	Patients waiting by band						
Main English Provider Groups		0 to 26 Weeks	26 to 35 Weeks	36 to 52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	Grand Total
English Other	76.5%	166	11	19	18	3		217
Robert Jones & Agnes Hunt Orthopaedic & District Trust	64.6%	1344	179	225	291	42		2081
Shrewsbury & Telford Hospital NHS Trust	69.9%	1872	245	172	356	32		2677
Wye Valley NHS Trust	65.8%	1748	330	275	256	46	2	2657
Grand Total	**67.2%**	**5130**	**765**	**691**	**921**	**123**	**2**	**7632**

The commissioned RTT position for our residents in Welsh providers is significantly challenging with two of our three main providers Aneurin Bevan UHB and Swansea Bay LHB having a considerable over 52-week backlog. The position of the English providers is more positive with a slight reduction in long waiters through quarter 4, showing potentially a quicker system recovery than Wales albeit they were less challenge pre-COVID.

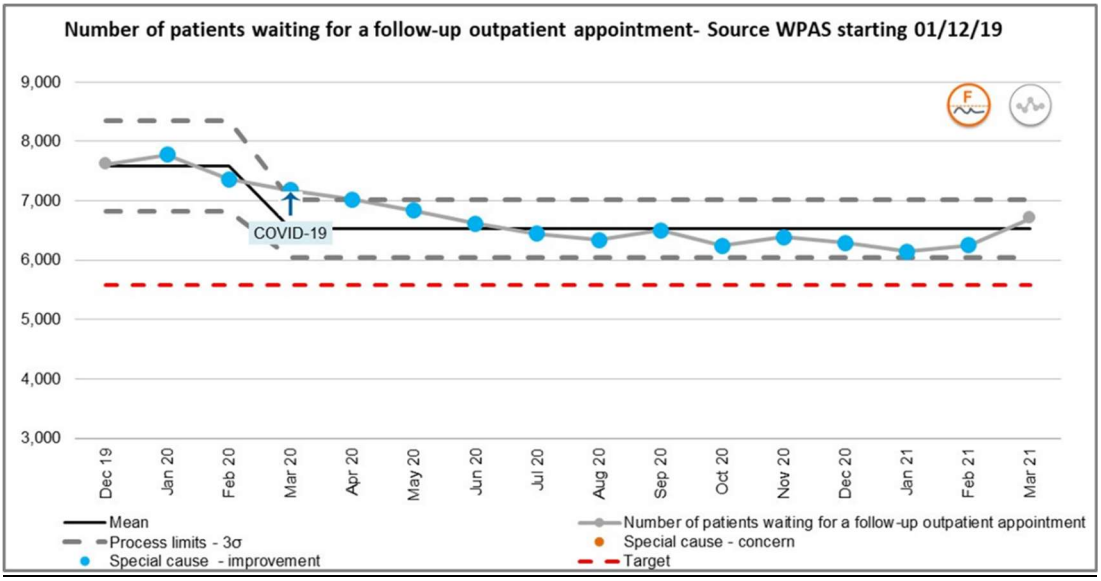
FOLLOW-UPS

Follow-up (FUP) outpatient measure for total waiting is not meeting the 20% reduction target from the March 20 baseline.

PTHB has managed its total patients waiting FUP position well during COVID with relatively good levels of activity via non-face to face contact, and undertaken list validation all working towards reducing the total waiters.

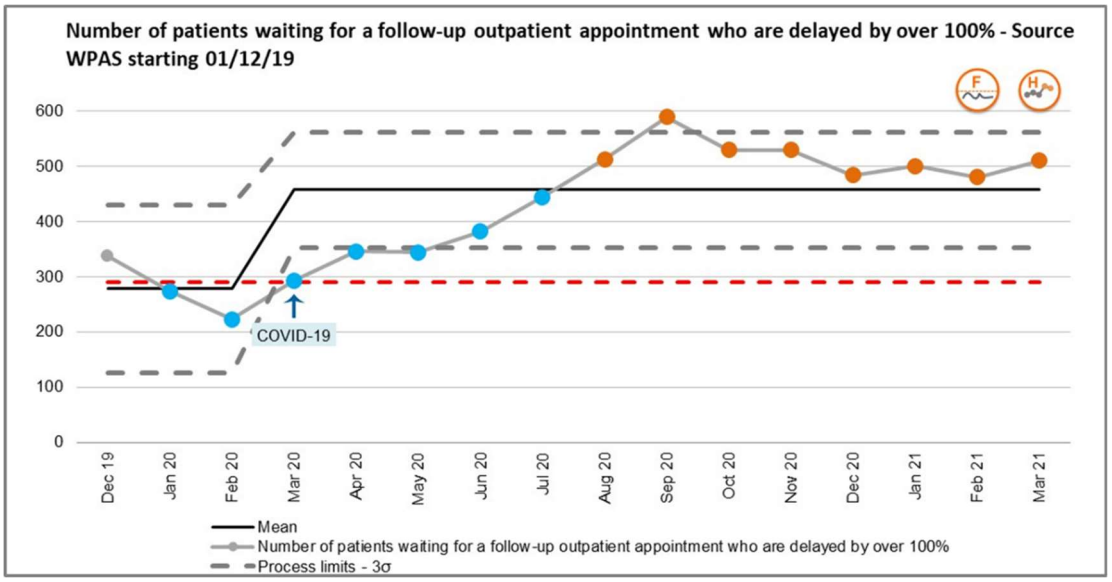
Although March-21 has seen an increase of patients on a FUP pathway (above COVID mean) the trend for the last 12 months is improving in line with national guidelines. Challenges remain with service overall capacity, and clinic slots prioritising clinically at risk patients, the health board will not meet its target of total FUP reduction without a system or target change.

SPC table below of total FUP's waiting



For long waiting FUP's e.g. patients waiting beyond 100% the performance is consistently not meeting the target of 290, this target is again set prior to the COVID pandemic, and will be unattainable with current service pressures. As above the challenge is around capacity and in-reach fragility across key specialties, general surgery and medicine, T&O, ophthalmology and mental health e.g. adult mental health and old age psychiatry.

SPC table below of FUP's waiting over 100%

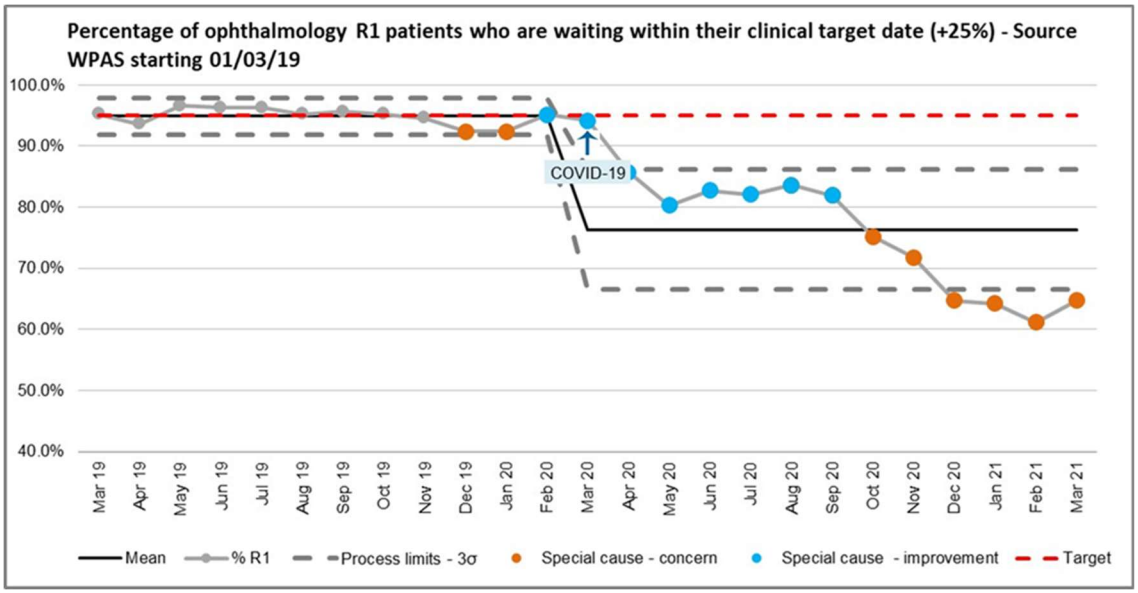


EYE CARE

As an essential service the Eye Care provision in Powys has remained robust when compared to the All Wales performance this year. However as predicted in Quarter 2, a second peak of COVID and in reach service fragility has resulted in Ophthalmology service retraction resulting in reduced capacity, this impact has continued through Q3 & Q4. The performance has been challenging and remains a special cause for concern consistently failing to

meet the target. There has been slight improvement in March to 64.7% but at present this is not a trend. All Wales performance for the previous period was 43.5% and Powys continues to rank 1st in Wales.

SPC chart of R1 measure



For the local HRF measure "Percentage of patient pathways without an HRF factor" performance has remained strong exceeding the <2% target, reporting 0.6% for March.

DIAGNOSTICS

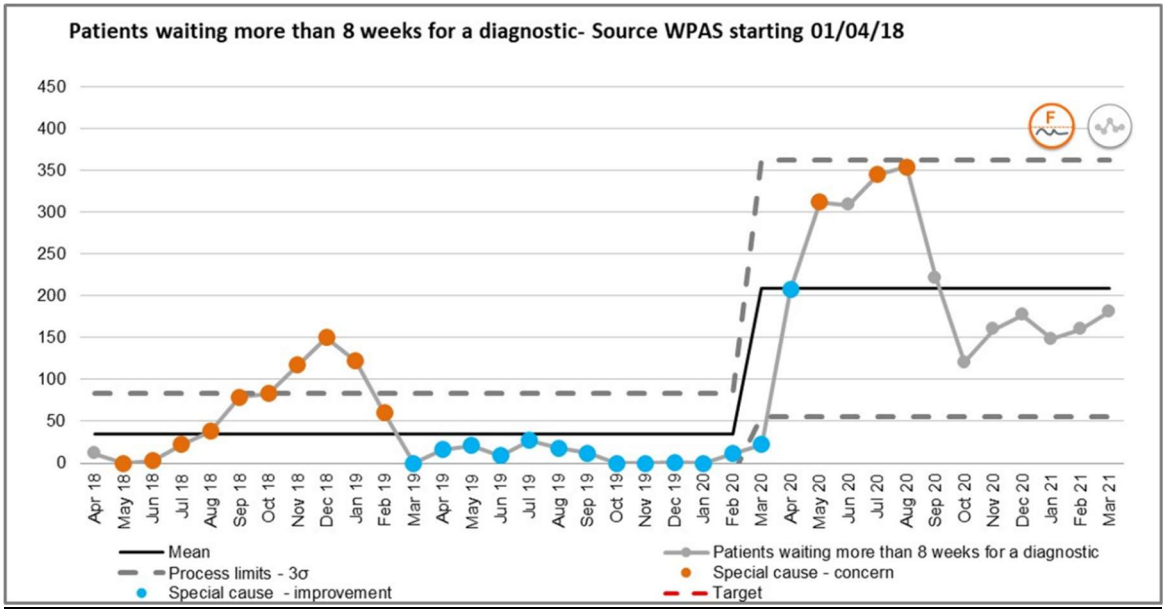
The latest March position shows an increased 181 patients breaching the 8 weeks wait target, key specialties not meeting the target include diagnostic endoscopy & non-obstetric ultrasound. When looking at long term trends and the impact of COVID pandemic the resulting suspension of services created a significant backlog.

Currently although below the 2020/21 mean (209) the health board consistently fails to meet the target of zero (this aligns to the All Wales position although PTHB ranks 1st with the least breaches).

Although there has been improved special cause variation during Q3 this hasn't continued and without a system change current performance is not predicted to improve.

Key challenges for both the Endoscopy, and Radiology (non-obstetric ultrasound) service are, ongoing fragility of in-reach service providers, continued COVID capacity restrictions, and staffing capacity challenges as a result of sickness or shielding, these continue to result in patient delays for routine procedures.

All referrals continue to be risk assessed, and clinically urgent patients continue to be seen within best practice timescales. Service restoration work continues and the provider fully engages with regional plans, and programmes e.g. National Endoscopy Programme.


Patients waiting more than 8 weeks for a diagnostic- Source WPAS starting 01/04/18
450
400
350
300
250
200
150
100
50
0
Apr 18
May 18
Jun 18
Jul 18
Aug 18
Sep 18
Oct 18
Nov 18
Dec 18
Jan 19
Feb 19
Mar 19
Apr 19
May 19
Jun 19
Jul 19
Aug 19
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Oct 19
Nov 19
Dec 19
Jan 20
Feb 20
Mar 20
Apr 20
May 20
Jun 20
Jul 20
Aug 20
Sep 20
Oct 20
Nov 20
Dec 20
Jan 21
Feb 21
Mar 21
Mean
Process limits - 3σ
Special cause - improvement
Patients waiting more than 8 weeks for a diagnostic
Special cause - concern
Target

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

GOLD COMMAND GROUP

DYDDIAD Y CYFARFOD: DATE OF MEETING:	**INSERT**
TEITL YR ADRODDIAD: TITLE OF REPORT:	**Update re development of plans capable of being implemented during 2021/22 to achieve Planned Care Recovery.**
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Director of Operations
SWYDDOG ADRODD: REPORTING OFFICER:	Keith Jones, Director of Secondary Care Stephanie Hire, General Manager, Scheduled Care

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA
SBR REPORT

Sefyllfa / Situation

This paper advises the GOLD Command Group of current progress in the development of plans capable of being implemented during 2021/22 to support planned care recovery and the current assessment of the impact of these plans on planned care waiting times during 2021/22.

Cefndir / Background

In February 2021, the Gold Command Group requested the Tactical / Silver group to work with Bronze level operational groups in the development of recovery plans capable of being implemented during 2021/22 to achieve WG targets in relation to RTT, Diagnostics, Therapies, Cancer and Mental Health using measures of likely harm as a way to prioritise initial action in 2021/22. Implementation timescales will be subject to discussion with Welsh Government.

This paper considers progress achieved to date in the development of the planned care recovery plan and the current assessment of the impact of this plan on RTT waiting times during 2021/22.

As reflected in the draft HDUHB Annual Recovery Plan for 2021/22, our focus for the next 12 months is how we recover from the pandemic: how we support our staff to recover after what has been an exhausting year, and how we lay the foundations to recover our services and support our communities.

The process of recovery for planned care services is expected the take several years and timelines for recovery depend on several factors, many of which are not wholly within our control, or our ability to predict. In supporting this work and to inform our revised HDUHB plan to be finalised in the months ahead, we have commissioned detailed modelling work

which will help us better predict the medium and longer term impact of the pandemic on our services. This will support us in planning when and where staff will be deployed over the coming months and years, and our plan to recover our services, especially our planned care services.

Our planning assumptions at the present time therefore reflect our best estimate of how we will support the recovery of staff, our services, and our communities over the planning year 2021/22.

Planning Assumptions

The current COVID-19 climate has resulted in a reduced capacity within planned care services across the region as resources have been redeployed across HDdUHB and between specialties in response to the emergent situation. This has also exposed limitations of our existing estate regarding challenges in creating protected green pathways. This reduced capacity, across all sites, has especially contributed to the lack of Planned Care procedures conducted. Consequently, the saturation of this capacity and the subsequent addition of new patient referrals has inevitably led to delays in procedures and significantly increased patient waiting times. This report outlines how HDdUHB plans to increase capacity levels and alter patient pathways, subsequently providing a pathway across to address the growing backlog of patients waiting for access to treatment.

A key challenge in planning for 2021/22 is the significant uncertainty about how the COVID pandemic will unfold through the year. In the absence of a national model, the HBUHB modelling cell has been developing scenarios for Hywel Dda that will give some indication of the potential demand trajectories. As reflected in the draft HDUHB Annual Recovery Plan, it is suggested that in order to provide a level of contingency against the potential risk of a variant of concern that is resistant to the current vaccine rollout programme , the University Health Board develops its contingency plans on the basis of **the median of scenario 22 (the worst case scenario)**. This is chosen as it most closely represents the existing non-COVID demand figure in hospital, and the maximum projected COVID position is similar to that which the Health Board has experienced during the second wave. Therefore the University Health Board should develop plans that ensure it can manage:

- A COVID demand of 250 hospitalised patients
- A non COVID demand of 695 hospitalised patients

As a consequence, our Recovery Plan for 2021/22 is based on an expectation that our COVID arrangements remain in operation for the coming 12 months. Coupled with an assumption that for the remainder of the year ahead social distancing measures must remain in place with subsequent impacts on useable capacity, our planned care recovery capacity assumptions for Q1/2 of 2021/22 therefore broadly reflect those set out in our previous 2020/21 Q3/4 plan. These anticipate the continuing challenges we expect to face in managing COVID and non-COVID related demands on our system in the months ahead whilst endeavouring to protect ‘green’ planned care pathways on each site, all against the backdrop of a significant and sustained staffing challenge. Taking these factors into account, it is expected that available, staffed capacity during 2021/22 will not match that available before March 2020.There is continued work taking place with Workforce regarding recruitment strategies to regain staff lost through the pandemic with regard to natural leavers i.e retirement and career changes, its assuring to note that recent vacancies are now being filled in our Critical Care departments but we will continueto work with colleagues to improve all area fill rate.

Asesiad / Assessment

Planned Care Recovery Planning – Q1/2 2021/22

Plans under development are designed to achieve the maximum staffed capacity available within our site facilities, influenced by:

- What can be generated through our theatre capacity across our four sites
- How is this supported by adequate post-operative critical care pathways
- The supporting bed base available to support patient flows

Capacity will also be supplemented by utilisation of available capacity within the independent sector.

Patient prioritisation will be determined by a risk stratification model, supported by NHS Wales and the Royal College of Surgeons, to assess and prioritise all existing and new patients, taking into account length of wait and clinical urgency, including suitability for virtual or Face-to-Face appointments categorising patients according to five levels of urgency.

Physical capacity and staff availability are the key determinants of our ability to deliver safe, sustainable, accessible and kind elective care. In assessing our four acute sites, it is evident that it is not practical for the Health Board to provide a protected 'Green' Site in the short-medium term, as we face significant geographical challenges in rebalancing emergency flows, and limitations in our ability to provide supporting site-specific critical care capacity.

Short / Immediate Term Plans Q1/Q2

OUTPATIENT SERVICES

The four main hospital sites consist of the following outpatient rooms :

Withybush Hospital 23 rooms
Prince Philip Hospital 26 rooms
Glangwili Hospital 34 rooms
Bronglais Hospital 8 rooms

Managing Core Services
During the second wave of the pandemic in winter 2020 all outpatient consultation appointments, with the exception of MDT/USC/Fracture/'do no cancel' and Urgent new /Urgent follow ups were stood down.

Digital innovation has continued to be a key part in the delivery of outpatient services during the second wave of Covid. Working on the current assumption clinicians are undertaking 'face to face' (F2F) consultations for the most urgent cases only and that as the COVID risks decrease the reintroduction of F2F for cases who can only be seen via this method the Health Board continue to endorse new ways of working as set out by WG, the health board continue to rollout digital services, including virtual clinics, SOS and clinical validation. These services are a key element within The WG National outpatient's strategy and have the potential to

transform the way we manage outpatients in HDUHB in the future, as well as supporting patients during the current pandemic.

The outpatient departments have implemented social distancing rules and guidance throughout the footpint of the departments , which resulted in a reduced number of face to face patients that could be accommodated in a clinical session to allow for cleaning of the clinical rooms in between patient consultations. This resulted in clinc slots being reduced from an average of 12-14, down to 7-8 per session.

Outpatient weekly room allocation as at March 28th 2021

ROOM USAGE (AM & PM COMBINED, DOES NOT INCLUDE EVENINGS OR WEEKENDS)	WGH	PPH	GGH	BGH	TOTAL	%
F2F	95	157	201	39	492	54%
F2F/VIRTUAL	57	14	4	8	83	9%
VIRTUAL	7	5	14	4	30	3%
VIRTUAL/WITH F2F	1	15	5	26	47	5%
ISOLATION ROOMS	20	10	10	10	50	5%
TEMPORARY HOUSED IN OPD	30	0	80	0	110	12%
FRACTURE CLINIC PPH	0	30	0	0	30	3%
TOTAL OPD ROOM USAGE	**210**	**231**	**314**	**87**	**842**	92%
OPD ROOM CAPACITY	230	260	340	88	918	
AVAILABLE ROOMS FOR BOOKING	**20**	**29**	**26**	**1**	**76**	**8%**

As you can see from the above table 54% of the clinic rooms are used for F2F consultations , 3% for virtual clincs and 14% is combined clinics of both F2F and Virtual. Whilst we continue to house some services within outpatient rooms that previously were within ward settings , this reduces our weekly overall capacity by 12%. We have also reduced our capacity in PPH by 30 clinic session by the closure of the fracture suite for the immediate future the use of virtual clinics has decreased the F2F demand , this situation is regularly reviewed. The above chart also shows that as to date across the four sites there are only 76 clinc session (8%) available to book. For a full breakdown of the clinics per site please see appendix 1

Plan for Quarter 1/2

1. To work with service leads to plan capacity required for news and follow ups , whilst understanding the needs for each service and their capacity to see patients virtually , therefore ensuring that the services who have the highest demand for F2F are accommodated within the outpatient departments. See stage 1 , 2 & 3 demand
2. Validation of the stage 1 waiting list through:

a. Admin validation
b. Letter/telephone validation (as per WG Guidance)

3. Explore with service teams the potentioal for office virtual clinics , offsite community based clinics and 'virtual hubs' to allow the utilisation of OPD clincs for the services requiring F2F clinic capacity.

Follow up Patients

1. Continue to work with Service Teams to ensure continued validation of the follow up lists
    a. Admin validation
    b. Clinical validation
    c. Discharge if able
    d. SOS if able
2. Continue rollout of Consultant Connect regarding sharing information advice.
3. Continue rollout of Attend Anywhere and Microsoft Teams.
4. Encourage the implementation of Virtual Group Consultaions/Video Group Clincs.

Staffing model
Q 1

Current working model
OPD activity across the 4 sites working at reduced capacity in line with COVID plan. Staff returned to department from deployment to ward areas. OPD nursing teams supporting medical colleagues with clinical activity within the clinical area including non-face to face consultations. Redesign and remodelling of NSW roles to incorporate COVID screening of patients entering the department (and for all other services that sit within the OPD footprint) and also co-ordination of clinical waiting areas; also monitoring of clinical waiting area and patient flow into the departments and waiters in cars.
If a 3 session system operation within OPD services was introduced this would open up the provision of OPD clinics from Monday to Friday 1700-2000 operation, creating clinical activity and physical space that could accommodate extra provision of clinics, that will allow for the urgent 4 categories, and clinical management of the urgent categories and significant improvement could be seen in reliving the current backlog and start movement within this cohort of patients. Also the provision of a virtual centre for non-face to face consultations would allow for OPD clinical areas to be maximised for actual face to face consultations and allow for more patient through put per session.

Q2
Introduction of virtual village, where medical/surgical staff are accessing virtual clinical activity outside of the OPD clinical area allowing for condensed activity of actual face to face consultations. This will be the clinical disciplines that require actual physical medical /surgical examinations including AGP procedures, minor surgical procedures and interventional investigations to prevent admission to hospital. . It is anticipated that this will be Opthalmology, ENT, surgical specialities, dermatology, gastroenterology and respiratory medicine. The OPD nursing workforce/establishment will be planned to ensure robust provision is given to each area appropriately and in line with required nurse staffing acts. The pre COVID OPD plan included provision in satellite clinics external to the main DGH footprint, so there will be no additional costs incurred to travelling to virtual village to support colleagues as this is within the OPD finance budget.

Stage 4 plans Q1/2

Please see for reference Appx 2 with regards to planned theatre activity concluding this document

Medium-terms plans for the potential expansion of Planned Care capacity (Q3/4 2021/22 and beyond)

It is clear that in order to address the backlog on non-urgent cases which have developed through COVID, a different approach will be required. With this in mind, we are developing proposals for a modular solution at our Prince Philip Hospital site, which is designed to further enhance our ability to provide protected 'green' pathway capacity for planned care patients.

The proposed solution is for two Day Surgical Theatres (with Laminar Flow capability) and a Dual-Endoscopy Suite. The proposal, which is currently in draft stage and is unlikely to be operational before Q3 2021/22, would enable an approximate increase of up to 5,000 patients per annum beyond our current plans. This number would include a return to pre covid and no restrictions and the funding of the second day theatre.
The benefits are threefold:

- All appropriate Orthopaedic day cases can be carried out in a dedicated DSU laminar flow theatre, ultimately freeing space in main theatres and Trauma and Orthopaedics ward to treat a greater number of inpatients. Demand in the facility can be utilised to create revenue for the Health Board and elevate the Orthopaedic department as a go to location in Wales.
- Increased Endoscopy sessions will result in a higher number of patients treated within a facility fit for purpose
- The vacated departments within the main hospital site can be utilised for an array of opportunities, for example, a dedicated Urgent Suspected Cancer ward and/or a relocated Critical Care Unit
- Costs are currently being reviewed but take into account equipment, staffing and rental costs, and would be in the region of £12m over a 3-year period
- This work will be further developed as a result of our current collaboration with Lightfoot, in order to further model our return to a zero wait position

Outpatient Care

We will continue our approach to deliver services differently and maximise the use of digital tools in our recovery planning. Additional resources have been secured in order to support the transformation work at pace with key actions in 2021/22:

- Digital innovation has been a key part in the delivery of outpatient services during COVID. Working on the assumption clinicians are undertaking 'face to face' consultations for the most urgent cases only, and to endorse new ways of working as set out by Welsh Government, we will continue to rollout digital services across the system (e.g. Consultant Connect; Attend Anywhere Patient Knows Best; Microsoft Teams / Booking App), including virtual clinics, Seen On Sight and clinical validation.

- All scheduled care services are encouraged to utilise See on Symptoms and Patient Initiated Follow-Up. Targeted resources have been deployed to those specialities where it is anticipated this option could be more widely utilised.
- Those services that are receiving electronic referrals have been configured to now enable the receiving clinician to indicate the preferred consultation method, enabling services to manage face-2-face and virtual booking processes more effectively and only using face-2-face outpatients' slots where necessary. This also identifies patients suitable for straight to test/one stop from point of referral, e.g. Dermatology, Cardiology, and Respiratory. There are four services that require this update to the system, which is in progress. Those services that are not yet receiving referrals will have this update added during configuration.

- We will maximise the use of Video Group Clinics and through video platforms to support and care for patients, including: Therapies; Pain Management; Dementia care; Diabetes; Children's Speech and Language Therapy; Heart failure care; Dietetics; Neonatal therapies; and patient education programmes
- Work to expand delivery continues and we will review the effectiveness of Consultant led group consultations where these are indicated

OPD Staffing model Q3/4

Q 3
Planning is already in place for all other services hosted by OPD during the pandemic will have returned to their retrospective (or new) locations to enable more OPD patient activity in areas, such as maddog and branwen settings.
These area,s could be turned into OPD centres focusing on specialities such as ENT, Opthalmology and dermatology, allowing the main OPD centres to focus on the essential service provision as listed in Q2.

Q4 Ongoing review of previous quarters and redesign of pathway management working with primary, community and operational service teams to review and ensure that ongoing plans for astute referral management and RTT is within WG targets and we are doing the right thing at the right time in line with other NHS wales OPD services.

Stage 4 Q3/4

Please see reference Appx 3 with regards to planned theatre activity concluding this document

Regional Solutions

In parallel with the ARCH transformation programme, our recovery planning for 2021/22 and beyond also focuses on the following specialty areas where practical opportunities for joint working and collaboration with Swansea Bay UHB have been identified:

Cataracts: 3 phases:

- Immediate / Short term – both University Health Boards maximising their own local capacity (within COVID restrictions) plus support from the independent sector
- Medium term – potential demountable option(s) strategically located to aid recovery capacity over 2/3 years although this timeline would be dependent on Welsh Government support .

- Longer Term – options around a regional Cataract centre(s) based on a more permanent build to support sustainability and reduced reliance on independent sector.

Dermatology: We will recruit to joint consultant posts, both dermatology and plastic surgery and the links with the GP training programme will be strengthened to maximise General Practitioners with Extended Roles in Dermatology

Endoscopy: The 2021/22 work programme will align with the national programme to establish regional facilities and the wider focus on the provision of planned care.

Orthopaedics : There is agreement that we would look to jointly develop some services where we have recruitment issues in the region – e.g. hands, spines, paeds.

The regional aspect is about workforce opportunities and working across the region rather than physical infrastructure as we need to develop PPH as dicussed earlier, and SBUHB need to develop NPTH

Outline Assessment of Impact on Waiting Times

Due to the uncertainties outlined above regarding future patterns of COVID related demand, staffing availability and expected patterns of planned care demand in the months ahead, it is difficult to accurately predict expected waiting times profiles by specialty through the course of 2021/22.

Based on the planning assumptions underpinning our HDUHB Annual Recovery Plan and the capacity plans outlined above, the table below reflects the current assessment (by specialty & stage) of the potential change in waiting lists / times(Ref PTL W/C March 29th 2021)during 2021/22 and a prediction of likely timescales to recovery of a zero breach position in respect if the RTT 36 week waiting times target where these are not deemed recoverable by March 2022. Appx 4. models the capacity assumpition on reduction of urgent only in Q1 and Q2. We will now need to coordinate the detailed September capacity if COVID-19 restrictions are lifted with lightfoot solutions to assatain the final recovery timeline. *Please see appx.4*

The above assessment is subject to further review and amendment following:

- Conclusion of the detailed modelling commissioned via Lightfoot Solutions
- Review of the the HDUHB Final Annual Recovery Plan to be approved by the Board in July 2021
- WG approval and related timescales of plans for demountable solutions at Prince Philip Hospital and regional cataract recovery plans.
- Financial support for increased utilisation of independent sector capacity
- Changes to staffing availability to support bed and theatre capacity during 2021/22
- Please see appx 5. Planned Care Pathway Update Critical Care

Argymhelliad / Recommendation

The GOLD Command Group is requested to note current progress in the development of plans capable of being implemented during 2021/22 to support planned care recovery and the current assessment of the impact of these plans on planned care waiting times during 2021/22.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	4.4 Provide assurance to the Board that all plans put forward for the approval of the Health Board for improving the local population's health and developing and delivering high-quality, safe and sustainable services to patients, and the implementation of change, are consistent with the Board's overall strategic direction and any requirements and standards set for NHS bodies in Wales.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	5. Timely Care 3.1 Safe and Clinically Effective Care 2.1 Managing Risk and Promoting Health and Safety 7. Staff and Resources
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners. 5. Deliver, as a minimum requirement, outcome and delivery framework work targets and specifically eliminate the need for unnecessary travel & waiting times, as well as return the organisation to a sound financial footing over the lifetime of this plan
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Support people to live active, happy and healthy lives Improve Population Health through prevention and early intervention Develop a sustainable skilled workforce Improve efficiency and quality of services through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Incorporated within the report
Rhestr Termau: Glossary of Terms:	Incorporated within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cynllunio Pobl a Sicrwydd Perfformiad: Parties / Committees consulted prior to People Planning & Performance Assurance Committee:	Executive Team (24.02.2021)

Effaith: (rhaid cwblhau) Impact: (must be completed)

Ariannol / Gwerth am Arian: **Financial / Service:**	
Ansawdd / Gofal Claf: **Quality / Patient Care:**	
Gweithlu: **Workforce:**	
Risg: **Risk:**	
Cyfreithiol: **Legal:**	
Enw Da: **Reputational:**	
Gyfrinachedd: **Privacy:**	
Cydraddoldeb: **Equality:**	

appx 1.

WGH OPD ROOM USAGE

ROOM USAGE	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		WEEKLY	WEEKLY
WGH	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	TOTAL	%
F2F	8	10	11	12	8	10	8	10	6	12	95	**41**
F2F/VIRTUAL	6	4	5	5	7	6	7	6	9	2	57	**25**
VIRTUAL	2	2	0	1	1	0	1	0	0	0	7	**3**
VIRTUAL/WITH F2F	0	0	1	0	0	0	0	0	0	0	1	**0**
PHLEBOTOMY	1	1	1	1	1	1	1	1	1	1	10	**4**
ISOLATION ROOM	2	2	2	2	2	2	2	2	2	2	20	**9**
PRE ASSESSMENT	2	2	2	2	2	2	2	2	2	2	20	**9**
TOTAL OPD ROOM USAGE	**21**	**21**	**22**	**23**	**21**	**21**	**21**	**21**	**20**	**19**	**210**	**91**
OPD ROOM CAPACITY	23	23	23	23	23	23	23	23	23	23	230	
AVAILABLE ROOMS FOR BOOKING	**2**	**2**	**1**	**0**	**2**	**2**	**2**	**2**	**3**	**4**	**20**	**9**

PPH OPD ROOM USAGE

ROOM USAGE	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		WEEKLY	WEEKLY
PPH	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	TOTAL	%
F2F	19	17	19	17	17	13	13	10	19	13	157	**60**
F2F/VIRTUAL	1	2	1	2	3	3	1	1	0	0	14	**5**
VIRTUAL	1	0	1	0	0		1	1	1		5	**2**
VIRTUAL/WITH F2F	0	2	0	2	0	3	2	2		4	15	**6**
ISOLATION	1	1	1	1	1	1	1	1	1	1	10	**4**
FRACTURE- NOT IN USE	3	3	3	3	3	3	3	3	3	3	30	**12**
TOTAL OPD ROOM USAGE	**25**	**25**	**25**	**25**	**24**	**23**	**21**	**18**	**24**	**21**	**231**	**89**
OPD ROOM CAPACITY	26	26	26	26	26	26	26	26	26	26	260	
AVAILABLE ROOMS FOR BOOKING	**1**	**1**	**1**	**1**	**2**	**3**	**5**	**8**	**2**	**5**	**29**	**11**

GGH OPD ROOM USAGE

ROOM USAGE	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		WEEKLY	WEEKLY
GGH	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	TOTAL	%
F2F	21	17	21	20	21	20	21	20	22	18	201	**59**
F2F/VIRTUAL	0	1	1	0	1	0	1	0		0	4	**1**
VIRTUAL	2	1	1	1	1	1	1	1	3	2	14	**4**
VIRTUAL/WITH F2F	0	3	0	0	0	0	0	0		2	5	**1**
ISOLATION	1	1	1	1	1	1	1	1	1	1	10	**3**
BRANWEN - RACE	3	3	3	3	3	3	3	3	3	3	30	**9**
MADOG - TYSUL	4	4	4	4	4	4	4	4	4	4	40	**12**
EARLY PREGNANCY ASSESS	1	1	1	1	1	1	1	1	1	1	10	**3**
TOTAL OPD ROOM USAGE	**32**	**31**	**32**	**30**	**32**	**30**	**32**	**30**	**34**	**31**	**314**	**92**
OPD ROOM CAPACITY	34	34	34	34	34	34	34	34	34	34	340	
AVAILABLE ROOMS FOR BOOKING	**2**	**3**	**2**	**4**	**2**	**4**	**2**	**4**	**0**	**3**	**26**	**8**

BGH OPD ROOM USAGE

ROOM UTILISATION	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		WEEKLY	WEEKLY
BGH	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	TOTAL	%
F2F	6	3	3	3	5	1	5	2	4	7	39	**43**
F2F/VIRTUAL	1	1	2	1	1	0	1		1		8	**9**
VIRTUAL	0	1	2	0		1					4	**4**
VIRTUAL/WITH F2F	1	3	1	4	2	6	2	4	2	1	26	**29**
ISOLATION	1	1	1	1	1	1	1	1	1	1	10	**11**
TOTAL OPD ROOM USAGE	**9**	**9**	**9**	**9**	**9**	**9**	**9**	**7**	**8**	**9**	**87**	**97**
OPD ROOM CAPACITY	9	9	9	9	9	9	9	9	9	9	90	
AVAILABLE ROOMS FOR BOOKING	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**2**	**0**	**0**	**3**	**3**

WGH OPD CLINIC TIMETABLE

		F2F	F2f with Virtual	Virtual with F2f	Virtual	Free	Equipment									
		Mon			Tue			Wed			Thu			Fri		
Room Name	Room Type	AM	PM	EVE	AM	PM	EVE	AM	PM	EVE	AM	PM	EVE	AM	PM	EVE
Withybush General Hosp > Outpatients Dept > New																
New 01	Specialty	Plastics (4)	Gen Med		Gen Med	Paeds		Ophthalmology - AMD	Ophthalmology - AMD		Ophthalmology - AMD	Ophthalmology - AMD		Colorectal	Learning Disabilities	
	Consultant		Woodhouse		James	Naravan		Dr Fhafi	Dr Fhafi		Dr Fhafi	Dr Fhafi		Burns		
New 02	Specialty	Gastro	Cardiology		Heamatology (adhoc)	Heamatology		Genetics	Genetics		Diabetic Retinop	Diabetic Retinop		Derm Ops	Derm Ops	
	Consultant	Ali	Lance Forbut		Grubb	Kundu								Anthony Lorton	Anthony Lorton	
New 03	Specialty	Colorectal	Cardiology		CNS Respiratory	Care of the elderly		CNS Respiratory	CNS Respiratory		Dermatology	Dermatology		Derm Ops	Derm Ops	
	Consultant	Mathias	Lance Forbut		Sarah Hicks	Puffet		Sarah Hicks	Sarah Hicks		Anthony Lorton	Anthony Lorton		Anthony Lorton	Anthony Lorton	
New 04	Specialty	CNS Oncology	Gen Med		Gastro CNS (1,3)	Care of the elderly		Gen Med	Cardiology		Colorectal	Cardiology		RALC	Sexual Health	
	Consultant		Woodhouse		Kerri Johns	Puffet		Nagasayi	Lance Forbut		Burns	Anatoliotaxis				
	Specialty				Diet (2,4)											
	Consultant															
New 05	Specialty	CNS Diabetic	Gen Med		Gastro	Parkinsons (1,2)		Gen Surg	Cardiology		Colorectal	Cardiology		RALC	Sexual Health	
	Consultant		James		Ali	Nagasai		Nur	Lance Forbut		Umughele	Anatoliotaxis				
	Specialty					Stroke (3,4)										
	Consultant					Carlos Ag										
New 06	Specialty	CNS Respiratory	CNS Respiratory		Diet (alt)	Gastro		Colorectal	Research nurse		Diabetic nurse			CNS Diabetic	Sexual Health	
	Consultant	Sarah Hicks	Sarah Hicks			Haider		Dr.Aly								
	Specialty				(alt)											
	Consultant															
New 07	Specialty	Podiatry	Podiatry		Podiatry	Podiatry		Gastro CNS	Gastro		Gastro CNS	Pacing tbc		Podiatry	Podiatry	
	Consultant							Kerri Johns	Haider		Kerri Johns					
New 08	Specialty	CMAT	CMAT		Podiatry	Podiatry		CNS Respiratory	CNS Oncology		Diabetic Retinop	Diabetic Retino		CMAT	Isolation Room	
	Consultant															
New 09	Specialty	Isolation Room	Isolation Room		Isolation Room	Isolation room		Isolation Room	Isolation Room		Isolation Room	Isolation Room		Isolation Room	Sexual Health	
	Consultant															
New 10	Store Room	Equipment	Equipment		Equipment	Equipment		Equipment	Equipment		Equipment	Equipment		Equipment	Equipment	
New 11	Consultation	Phlebotomy	Phlebotomy		Phlebotomy	Phlebotomy		Phlebotomy	Phlebotomy		Phlebotomy	Phlebotomy		Phlebotomy	Phlebotomy	
New Eyes 01	Specialty					Ophthalmology										
	Consultant					Dr Rathod										
New Eyes 02	Specialty				OPTOM (1,2,3)	OPTOM										
	Consultant															
New Eyes 03	Specialty	Ophthalmology	LASER		Ophthalmology	Ophthalmology		Ophthalmology - AMD	Ophthalmology - AMD		Ophthalmology - AMD	Ophthalmology - AMD		Optic orbital	Optic orbital	
	Consultant	FUP 1,2,3,5,B4			Shafii	Shafii										

(WGH CLINIC TIMETABLE CONTINUED)

Withybush General Hosp > Outpatients Dept > Old																
Old 01	Consultation	Isolation Room	Isolation Room		Isolation Room	Isolation Room		Isolation Room	Isolation Room		Isolation Room	Isolation Room		Isolation Room	Isolation Room	
Old 02	Consultation	Pre Assess	Pre Assess		Pre Assess	Pre Assess		Pre Assess	Pre Assess		Pre Assess	Pre Assess		Pre Assess	Pre Assess	
Old 03	Consultation	Pre Assess	Pre Assess		Pre Assess	Pre Assess		Pre Assess	Pre Assess		Pre Assess	Pre Assess		Pre Assess	Pre Assess	
Old 04	Specialty	ENT	ENT		CMAT	CMAT		Trauma	Urology		ENT	ENT		Trauma	CMAT	
	Consultant								Shafii							
Old 05	Specialty	ENT	ENT		CMAT	CMAT		Ortho	Care of the elderly		ENT	ENT				
	Consultant							Desh	Davidson							
Old 06	Specialty	Trauma	Urology		Ortho	Ortho		Ortho	Care of the elderly		Ortho	Ortho		Ortho	Ortho	
	Consultant		Saw		Isopescu	Isopescu		Yaqoob #	Davidson		Appan/Salam #	Yaqoob		Yaqoob #	Yaqoob #	
Old 07	Specialty	Colorectal	Renal		Ortho	Ortho		Ortho	Ortho		Ortho	Rheumatology		Ortho	Ortho	
	Consultant	Burns	Dr Williams		Isopescu	Isopescu		Desh	Yaqoob #		Appan/Salam #	Abdalaleem		Yaqoob #	Yaqoob #	
Old 08	Store Room	CNS breast	CNS breast		CNS breast	CNS breast		CNS breast	CNS breast		CNS breast	CNS breast		CNS breast	CNS breast	
Old 09	Specialty	Ortho	Ortho		Ortho	Ortho		Ortho	Ortho		Trauma	Ortho		Ortho		
	Consultant	Jewell #	Yaqoob		Desh	Appan/Salam		Yaqoob	Jewell			Appan/Salam		Desh #		
Old 10	Specialty	Ortho	Paeds		Ortho	Ortho		Breast	CNS Respiratory		Breast	Renal TBC		Ortho	Urology	
	Consultant	Jewell #	Dr Naravan		Desh	Appan/Salam		Maxwell			Maxwell			Desh #		
Old 11	Specialty	Breast	Haematology		Trauma	Ortho		Breast	Breast		Breast	Ortho		Ortho	Peads (alt)	
	Consultant	Maxwell	Grubb			Isopescu #		Maxwell	Maxwell		Maxwell	Salam		Jewell	Harries	
	Specialty														(alt)	
	Consultant															

PPH OPD CLINIC TIMETABLE

		F2F	F2f with Virtual	Virtual with F2f	Virtual	Free	Equipment									
		Mon			Tue			Wed			Thu			Fri		
Room Name	**Room Type**	**AM**	**PM**	**EVE**	**AM**	**PM**	**EVE**	**AM**	**PM**	**EVE**	**AM**	**PM**	**EVE**	**AM**	**PM**	**EVE**
Prince Philip Hospital > Fracture Clinic > Fracture Clinic																
Fracture 01	Specialty	Not currently under OPD	Not currently under OPD		Not currently under OPD	Not currently under OPD		Not currently under OPD	Not currently under OPD		Not currently under OPD	Not currently under OPD		Not currently under OPD	Not currently under OPD	
	Consultant	Not currently under OPD	Not currently under OPD		Not currently under OPD	Not currently under OPD		Not currently under OPD	Not currently under OPD		Not currently under OPD	Not currently under OPD		Not currently under OPD	Not currently under OPD	
Fracture 02	Specialty	Not currently under OPD	Not currently under OPD		Not currently under OPD	Not currently under OPD		Not currently under OPD	Not currently under OPD		Not currently under OPD	Not currently under OPD		Not currently under OPD	Not currently under OPD	
	Consultant	Not currently under OPD	Not currently under OPD		Not currently under OPD	Not currently under OPD		Not currently under OPD	Not currently under OPD		Not currently under OPD	Not currently under OPD		Not currently under OPD	Not currently under OPD	
Fracture 03	Specialty	Not currently under OPD	Not currently under OPD		Not currently under OPD	Not currently under OPD		Not currently under OPD	Not currently under OPD		Not currently under OPD	Not currently under OPD		Not currently under OPD	Not currently under OPD	
	Consultant	Not currently under OPD	Not currently under OPD		Not currently under OPD	Not currently under OPD		Not currently under OPD	Not currently under OPD		Not currently under OPD	Not currently under OPD		Not currently under OPD	Not currently under OPD	
Prince Philip Hospital > Outpatient Dept > Blue Suite																
Blue 01	Specialty	Isolation Room	Isolation Room		Isolation Room	Isolation Room		Isolation Room	Isolation Room		Isolation Room	Isolation Room		RALC (Rapid Access Lung Clinic)	Isolation Room	
	Consultant													Dr Goshal		
Blue 02	Specialty	Ortho	Cariology		Respiratory	Endocrinolgy		Respiratory	Gastro		Respiratory	Nephrology (2,3)		RALC (Rapid Access Lung Clinic)	Gastro	
	Consultant	Mr Uppala	Avery		Dr Goshal	Dr Rice (occasional)		Dr Andrews	Dr Rees		Prof Lewis	Dr Shrivastava		Dr Goshal	Dr Rees	
	Specialty											(1,4)				
	Consultant															
Blue 03	Specialty	Rheumatology	Gastro		Respiratory	Ortho		Respiratory	Gastro		Respiratory	Gen Med - Care of the Elderly		RALC (Rapid Access Lung	Gastro	
	Consultant	Dr Evans	Dr Rees		Dr Goshal	Mr Cnudde		Dr Andrews	Dr Rees		Prof Lewis	Dr Sheehan		Dr Goshal	Dr Rees	
Blue 04	Specialty	Rheumatology	Gastro		Rheumatology	Ortho		CNS Liver/BBV	Dietitian (2)		Plural Clinic	Gen Med - Care of the Elderly		Gastro	Respiratory Nurse	
	Consultant	Dr Prathapsingh	Dr Rees		Dr Prathapsingh	Mr Cnudde		Nicola Reeve			Dr Goshal	Dr Sheehan		Dr Rastall	Joe Annandale	
	Specialty								(1,3,4)							
	Consultant															
Blue 05	Specialty	Neuro	Fertilty		Lipids (various weeks)	Rheumatology		Cardiology CNS	Ortho		Cardiology CNS	Othro		Isolation Room	CNS Liver/BBV	
	Consultant	Dr Amin	Dr Premkumar		SBU Drs	Dr Evans		Jenny Mathews	Mr Fanarof		Jenny Mathews	Mr Yate			Nicola Reeve	
Blue 06	Specialty	Cardiology CNS	Cardiology CNS		Rheumatology	Ortho (alt)		Cardiology CNS	Ortho					Dermatology CNS	Dermatology CNS	
	Consultant	Jenny Mathews	Sandra Philips		Dr Ijaz	Mr Nagrani		Jackie Philips	Mr Fanarof					Roz Jones	Roz Jones	
	Specialty					Ortho (alt)										
	Consultant					Mr Williams										

(PPH OPD CLINIC TIMETABLE CONTINUED)

Prince Philip Hospital > Outpatient Dept > Green Suite																
Green 01	Specialty		Dermatology	Pain				Haematology	Gastro		Ortho	Gynae			Gynae	
	Consultant	Midwives		Dr Prasad	Midwives			Dr Fuge	Dr Rastall		Mr Cnudde			Midwives	Mr Priynatha	
Green 02	Specialty		Dermatology	Pain	Gynae	Gen Med - Care of the Elderly		Gen Med - Care of the Elderly	Gastro		CNS Liver/BBV	Gynae			Gynae	
	Consultant	Midwives		Dr Prasad	Mr Abdelrahman	Dr Haden		Dr Morris	Dr Rastall		Nicola Reeve			Midwives	Mr Priynatha	
Green 03	Specialty		Ortho			Gen Med - Care of the Elderly		Gen Med - Care of the Elderly	Diabeties		Ortho	Pesary Clinic			Ortho	
	Consultant	Midwives	Mr Bejada		Midwives	Dr Haden		Dr Morris	Dr Mallipedhi		Mr Cnudde	Mixed Cinicians		Midwives	Mr Gadgil	
Green 04	Specialty	Ultrasound	Ultrasound		Ultrasound	Ultrasound		Ultrasound	Ultrasound		Ultrasound	Ultrasound		Ultrasound	Ultrasound	
	Consultant															
Prince Philip Hospital > Outpatient Dept > Red Suite																
Red 01	Specialty	Dermatology	Rheumatology	Dermatology	Neuro	Dermatology		Neuro	Urology	Dermatology	Urology	Urology		Vascular	Dermatology	
	Consultant	Mixed Clinician	Dr Ijaz	Mixed Clinician	Dr Amin	Mixed Clinician		Dr Amin	Mixed Clinician	Mixed Clinician	Mixed Clinician	Mixed Clinician		Mixed Clinician	Mixed Clinician	
Red 02	Specialty	Dermatology	Dermatology	Dermatology	Dermatology	Dermatology		Dermatology	Urology	Dermatology	Urology	Urology		Vascular	Gen Med - Care of the Elderly	
	Consultant	Mixed Clinician	Mixed Clinician	Mixed Clinician	Mixed Clinician	Mixed Clinician		Mixed Clinician	Mixed Clinician	Mixed Clinician	Mixed Clinician	Mixed Clinician		Mixed Clinician	Dr Kumar	
Red 03	Specialty	Dermatology	Dermatology	Dermatology	Dermatology	Dermatology		Dermatology	Dermatology	Dermatology				Vascular	Gen Med - Care of the Elderly	
	Consultant	Mixed Clinician	Mixed Clinician	Mixed Clinician	Mixed Clinician	Mixed Clinician		Mixed Clinician	Mixed Clinician	Mixed Clinician				Mixed Clinician	Dr Kumar	
Red 04	Specialty	Dermatology	Dermatology		Ortho	Ortho		Ortho (alt)				Ortho		Ortho	Ortho	
	Consultant	Mixed Clinician	Mixed Clinician		Mr Evans	Mr Uppla		Mr Bejada				Mr Nagrani		Mr Richards	Mr Gadgil	
	Specialty							(alt)								
	Consultant															
Treatment Room	Specialty	Derm Minor Ops	Derm Minor Ops		Derm Minor Ops	Derm Minor Ops		Derm Minor Ops	Derm Minor Ops		Plural Clinic			Vascular		
	Consultant	Mixed Clinician	Mixed Clinician		Mixed Clinician	Mixed Clinician		Mixed Clinician	Mixed Clinician		Dr Goshal			Mixed Clinician		
Prince Philip Hospital > Outpatient Dept > Yellow Suite																
Yellow 01	Specialty	ENT	ENT		Botox (2)			ENT	ENT		FFA(1,3,5)			Dermatology		
	Consultant	Mr Jones	Mr Jones		Mr Jenkins			Mr Jaramillo	Mr Jaramillo		Miss Skiadaresi			Mixed Clinician		
	Specialty				(1,3,4,5)						(2,4)					
	Consultant															
Yellow 02	Specialty	ENT	ENT		Visions	Visions		ENT	ENT					Surgical (various)		
	Consultant	Mr Jones	Mr Jones		Mr Jenkins	Mr Jenkins		Mr Jaramillo	Mr Jaramillo					Mr Rao		
Yellow 03	Specialty	Visions	Visions		Ophthalmology	Contact Lense (2,4)					Visions	Visions		Visions	Visions	
	Consultant	Mr Doshi	Mr Doshi		Mr Doshi	Mixed Clinician					Miss Skiadaresi	Miss Skiadaresi		Miss Seow	Mr Doshi	
	Specialty					(1,3)										
	Consultant															
Yellow 04	Specialty	Ophthalmology	Ophthalmology		Ophthalmology	Ophthalmology		Visions	Visions		FFA(1,3,5)	Ophthalmology		Ophthalmology	Ophthalmology	
	Consultant	Mr Doshi	Mr Doshi		Mr Jenkins	Mr Jenkins		Miss Skiadaresi	Miss Skiadaresi		Miss Skiadaresi	Miss Skiadaresi		Miss Seow	Mr Doshi	
	Specialty										Laser (2,4)					
	Consultant										Mixed Clinician					
Yellow 05	Specialty	Ophthalmology	Ophthalmology		Ophthalmology	Ophthalmology		Ophthalmology	Ophthalmology					Ophthalmology	Ophthalmology	
	Consultant	Mr Doshi	Mr Doshi		Mr Jenkins	Mr Jenkins		Miss Skiadaresi	Miss Skiadaresi					Optometrist	Optometrist	
Yellow Laser	Laser Room				Ophthalmology	Ophthalmology					Laser (2,4)					
					Mr Jenkins	Mr Jenkins					Mixed Clinician					
Yellow Microsope	Specialty	ENT	ENT					ENT	ENT							
	Consultant	Mr Jones	Mr Jones					Mr Jaramillo	Mr Jaramillo							
Yellow Orthoptist	Specialty	Orthoptic - Paeds	Orthoptic - Paeds		Ophthalmology	Ophthalmology		Orthoptic - Paeds	Orthoptic - Paeds		Ophthalmology	Ophthalmology		Orthoptic - Paeds	Orthoptic - Paeds	
	Consultant	Mr Rathod	Mr Rathod		Orthoptist	Orthoptist		Mr Rathod	Mr Rathod		Orthoptist	Orthoptist		Miss Seow	Miss Seow	

GGH OPD CLINIC TIMETABLE

		F2F	F2f with Virtual	Virtual with F2f	Virtual	Free	Equipment										
		Mon			Tue			Wed			Thu			Fri				
Room Name	Room Type	AM	PM	EVE	AM	PM	EVE	AM	PM	EVE	AM	PM	EVE	AM	PM	EVE		
Glangwili General Hosp > Branwen Suite > Branwen																		
Branwen 01	Specialty	RACE	RACE		RACE	RACE		RACE	RACE		RACE	RACE		RACE	RACE			
	Consultant																	
Branwen 02	Specialty	RACE	RACE		RACE	RACE		RACE	RACE		RACE	RACE		RACE	RACE			
	Consultant																	
Branwen 03	Specialty	RACE	RACE		RACE	RACE		RACE	RACE		RACE	RACE		RACE	RACE			
	Consultant																	
Glangwili General Hosp > Madog Suite > Madog																		
Madog 01	Specialty	Tysul	Tysul		Tysul	Tysul		Tysul	Tysul		Tysul	Tysul		Tysul	Tysul			
	Consultant																	
Madog 02	Specialty	Tysul	Tysul		Tysul	Tysul		Tysul	Tysul		Tysul	Tysul		Tysul	Tysul			
	Consultant																	
Madog 03	Specialty	Tysul	Tysul		Tysul	Tysul		Tysul	Tysul		Tysul	Tysul		Tysul	Tysul			
	Consultant																	
Madog 04	Specialty	Tysul	Tysul		Tysul	Tysul		Tysul	Tysul		Tysul	Tysul		Tysul	Tysul			
	Consultant																	
Glangwili General Hosp > Outpatient Dept > Blue Suite																		
Blue 01	Specialty	Visions	Visions		Visions	Visions		Visions	Gastro		Visions	Visions		Visions	Visions			
	Consultant								Mr Kumar									
Blue 02	Specialty	Opthalmology	Opthalmology			Opthalmology		Opthalmology	Gastro		Opthalmology	Opthalmology		Opthalmology	Opthalmology			
	Consultant	Mr Devarajan	Mr Devarajan			Mr Cheema		Mr Jenkins	Mr Kumar		Mr Cheema	Mr Cheema		Mr Cheema	Mr Cheema			
Blue 03	Specialty	Orthoptist	Orthoptist		Orthoptist	Opthalmology		Opthalmology	Gastro		Laser Clinic	Laser Clinic		Opthalmology	Low Visual Aid			
	Consultant					Mr Cheema		Mr Jenkins	Mr Kumar					Mr Cheema				
Blue 04	Specialty	Laser Room	Laser Room		Laser Room	Laser Room		Laser Room	Laser Room		Laser Room	Laser Room		Laser Room	Laser Room			
	Consultant																	
Blue 05	Specialty		Dietetics		Opthalmology	Opthalmology		Opthalmology			Opthalmology	Opthalmology		Opthalmology	Opthalmology			
	Consultant				Mr Rathod	Mr Cheema		Mr Jenkins			Mr Cheema	Mr Cheema		Mr Cheema	Mr Cheema			
Blue Treatment Room	Specialty							B Scan	OPD					Botox (4th)				
	Consultant								Nurses									
OPH Tech	Specialty	OPH Tech	OPH Tech		OPH Tech	OPH Tech		OPH Tech	OPH Tech		OPH Tech	OPH Tech		OPH Tech	OPH Tech			
	Consultant																	

(GGH OPD CLINIC TIMETABLE CONTINUED)

Glangwili General Hosp > Outpatient Dept > Green Suite															
Green 01	Specialty	CNS (2nd, 4th)	Stroke/ General Medicine		Fracture	Ortho (alt)		Fracture	Ortho		Fracture	Stroke/ General Medicine		Fracture	
	Consultant	Burns	Sridhar			Mr Fanarof			Michelle Gerrard-Wilson			Sridhar			
	Specialty	(1, 3)				(alt)									
	Consultant														
Green 02	Specialty	Fracture	Podietry		Fracture	Neuro		Fracture	Gen Med - Care of the Elderly		Shoulder Post Op	Podietry		Fracture	Neuro CNS (MS CNS)
	Consultant								A Gupta						
Green 04	Specialty	Podietry	Podietry		Fracture			Fracture	TOP		Fracture			Fracture	
	Consultant														
Green 05	Specialty	Urology CNS	Urology CNS		Urology CNS	Gastro		Fracture	Gen Med - Care of the Elderly		TRUS	TRUS		TRUS	TRUS
	Consultant					Dr Bowen			A Gupta						
Green 06	Specialty	Colorectal	Neuro		Fracture	Gastro		Fracture	Orthopaedics		Fracture			Fracture	Plastics (1,3)
	Consultant					Dr Bowen			Mr Williams						Duncan (1) Cubitt (3)
	Specialty														(2,4)
	Consultant														
Green 07	Specialty	Colorectal	Neuro		Fracture	Gastro		Fracture	Neuro		Fracture	Dieticians		Fracture	Plastics (1,3)
	Consultant					Dr Bowen									Duncan (1) Cubitt (3)
	Specialty														(2,4)
	Consultant														
Glangwili General Hosp > Outpatient Dept > Red Suite															
Red 02	Specialty	AGP	AGP		AGP	AGP		AGP	AGP		AGP	AGP		AGP	AGP
	Consultant	Mr Prabhu	Mr Prabhu		Mr Howarth	Mr Howarth		Mr Jones	Mr Jones		Mr Jara	Mr Jara		Mr Volpini	Mr Volpini
Red 03	Specialty	AGP	AGP		AGP	AGP		AGP	AGP		AGP	AGP		AGP	AGP
	Consultant														
Red 04	Specialty	CONS RM	CONS RM		CONS RM	CONS RM		CONS RM	CONS RM		CONS RM	CONS RM		CONS RM	CONS RM
	Consultant														
Red Microscope Room	Specialty	Microscope	Microscope		Microscope	Microscope		Microscope	Microscope		Microscope	Microscope		Microscope	Microscope
	Consultant														
Prince Philip Hospital > Outpatient Dept > Yellow Suite															
Minor Op Room	Specialty	Urology CNS	Urology CNS		Urology CNS	Urology CNS		Urology CNS	Urology CNS		TRUS Biopsies	TRUS Biopsies		TRUS Biopsies	TRUS Biopsies
	Consultant														
Yellow 01	Specialty	Isolation Room	SALT - AGP		Isolation Room	Isolation Room		Isolation Room	Isolation Room		Isolation Room	Isolation Room		Isolation Room	Isolation Room
	Consultant			Mr Harries											
Yellow 02	Store Room	Vascular			Urology	Urology		Vascular	Urology		Gastro			General Surgery	Fibroscan
		Mixed Clinicans			Mixed Clinicans	Mixed Clinicans		Mixed Clinicans	Mixed Clinicans		Dr Rees			Mr O'Riordan	
Yellow 03	Specialty	Plastics (2,3)			General Surgery	General Surgery		Ortho (alt)	Ortho - Shoulder		CRECT	Colorectal Gen Surgery		Colorectal (alt)	MS CNS
	Consultant	Miss Hemmington-Gorse (2) Mr Salamt (3)			Allie Martin	Mr Dias		Mr Uppala	Andy Morgan		MDT	Mr Mohamed		Mr Rao	
	Specialty	Haematology (1,4,5)						Lipid (alt)							
	Consultant							Hillary Devant							
Yellow 04	Specialty	EPAU	EPAU		EPAU	EPAU		EPAU	EPAU		EPAU	EPAU		EPAU	EPAU
	Consultant														
Yellow 05	Specialty	Urology Scans	Urology Scans		Renal			Ortho - Shoulder	Ortho - Shoulder		CRECT			Dermatology CNS	TRUS TEMP
	Consultant							Andy Morgan/ Owen Enis	Owen Enis		MDT			TRUS TEMP	
Yellow 06	Specialty	Urology	Urology		Renal			Physio - Shoulder	Ortho - Shoulder		CRECT			Continence CNS	Gynae
	Consultant	Mixed Clinicans	Mixed Clinicans						Gareth Jones		MDT				Dr Premkumar
Yellow 07	Specialty	Oncology	Gastro		Plastics	Plastics			Physio - Shoulder		Gyne	Gyne - RAC		(alt)	Gynae
	Consultant	Dr Nicholas	Dr Rastall					Dr Durrant			Dr Goel			Mr Harris	Dr Premkumar
	Specialty													(alt)	
	Consultant														
Yellow 08	Specialty	Vascular	Gyne		Ortho (alt)	Urology Tests/ Scans		Vascular	Urology		Pessary Clinic - Gyne			Endocrinology	Gastro
	Consultant	Mixed Clinicans	Mr Shankar		Mr Yate			Mixed Clinicans	Mixed Clinicans		Nurse led			Mr Egan	Mr Kumar
	Specialty				(alt)										
	Consultant														
Yellow 09	Specialty	Vascular	Gyne		Urology Scans	Urology		Vascular	Urology Scans		Gastro CNS			Upper GI Specialist	Gastro
	Consultant	SBU Mixed Clinicans	Mr Shankar			Mixed Clinicans		SBU Mixed Clinicans			Dr Rees			Michelle Thompson	Mr Kumar

BGH OPD CLINIC TIMETABLE

		F2F	F2f with Virtual	Virtual with F2f	Virtual	Free	Equipment									
		Mon			Tue			Wed			Thu			Fri		
Room Name	Room Type	AM	PM	EVE	AM	PM	EVE	AM	PM	EVE	AM	PM	EVE	AM	PM	EVE
Bronglais General Hospital > Outpatient Dept > BGH																
Room 01	Specialty	Lymphodema (1)	Respiratory CNS (1, 3)		Endocrinology	Movement Disorder		Oncology	Respiratory		Ortho (injection)	Gastro		Diabetes	Cardiology	
	Consultant	Andrea Graham	Angharad Howels		Dr Zubair	(2,4) Dr Shehan		Dr E Jones / CNS	Dr Hatashi		Mixed Clinician	Dr Narain		Dr Zubair	Gwen Parry (ANP)	
	Specialty	Vascular (2)	Vascular (2)			(1, 3) Movement Disorder										
	Consultant					Tish Bird										
	Specialty	Orthoptics (4)	Orthoptics (4)			(5)										
	Consultant	Howard Whitfield	Howard Whitfield													
	Specialty	(1,2,3,5)	(1,2,3,5)													
	Consultant															
Room 02	Specialty	Cardiology	Cardiology		Cardiology	Gastro		New Born Screening (1,3,5)	Gastro (1)		Cardiology	Cardiology (alt)		Cardiology	Cardiology	
	Consultant	Dr Raisova	Mixed Clinicians		Dr Joseph	Dr Narain			Dr Narain		Gwen Parry (ANP)	Dr Joseph		Mr McKeogh	Mixed Clinicians	
	Specialty							Urology (2,4)	Haematology CNS (2,3,4,5)			(alt)				
	Consultant															
Room 03	Specialty	Isolation Room	Isolation Room		Isolation Room	Isolation Room		Isolation Room	Isolation Room		Isolation Room	Isolation Room		Isolation Room	Isolation Room	
	Consultant															
Room 04	Specialty	Pre Op	RASC		RASC (9-10am)	Gastro		RASC	Bone Health		RASC (9-10am)	Renal (4)		RASC	MS CNS (2)	
	Consultant	Mr Omar	Clare Bryant		Dr Raza	Dr Narain		Dr Raza	Dr Thompson		Dr Raza	Dr Marks		Clare Bryant	Dr Pearson / B Conway (CNS)	
	Specialty				(10 - 1) Movement							(1,2,3,5)			(1,3,4,5)	
	Consultant				(1,3) Tish Bird (2,4) Dr Shehan											
	Specialty				Ortho (5)											
	Consultant				Dr Elabadi											
Room 05	Specialty	Lymphodema (1)	Respiratory		Respiratory/ Stroke/ RALC	Respiratory/ Stroke/ RALC		Orthoptics (1,3,4,5)	Orthoptics (1,3,4,5)		Haematology	Diabetic CNS		Podietry ?	BBV CNS	
	Consultant	Andrea Graham	Dr Hatashe		Dr Hatashe	Dr Hatashe		Howard Whitfield	Howard Whitfield		Gravel CNS	CNS Nurse			Donna Blinston	
	Specialty	Vascular (2)						Renal (2)	(2)							
	Consultant							Dr Marks								
	Specialty	(3, 4, 5)														
	Consultant															
Room 06	Specialty	BBV CNS	Gastro		Gen Surgery	Gynae		Pre Op	Haematology		Haematology	Colorectal		Gen Surgical (alt)	Ortho Pre Op	
	Consultant	Donna Blinston	? Locum		Mr Sallami	Mr Awad		Mr El Abbadi	Dr Cumber		Dr Cumber	Mr Sebastiani		Mr Galil	Mr Sonanis	
	Specialty													Colorectal (alt)		
	Consultant													Mr Sebastiani		
Room 07	Specialty	INR	Fracture		Endocrinology	Fracture		INR	Fracture		Renal (1, 3, 4)	Fracture		Diabetes	Bone Health (alt)	
	Consultant	Wendy Jones	Mr Sonanis		Dr Zubair	Mr El Abbadi		Wendy Jones	Mr Omar		Mr Marks	Mixed Clinicians		Dr Zubair	Dr Thompson	
	Specialty										(2, 5)				(alt)	
	Consultant															
Room 08	Specialty	Ortho	Fracture		Ortho	Fracture		Ortho	Fracture		Ortho (injection)	Fracture		Cardio CNS	Cardio CNS	
	Consultant	Mr Sonanis	Mr Sonanis		Mr El Abbadi	Mr El Abbadi		Mr Omar	Mr Omar		Mixed Clinician	Mixed Clinicians		Claire Marshal	Claire Marshal	
Room 09	Specialty	(9-10) Hot slots 10 athroplasty	Fracture Plaster Room		(9-10) Hot slots 10 athroplasty	Fracture		(9-10) Hot slots 10 athroplasty	Fracture		(9-10) Hot slots 10 athroplasty	Fracture		(9-10) Hot slots	Plaster Tech	
	Consultant	Karen Lucas	Mr Sonanis		Karen Lucas	Mr El Abbadi		Karen Lucas	Mr Omar		Karen Lucas	Mixed Clinicians		MS CNS (2) B Conway		

Theatres all sites
appx 2.

PRE COVID

		NON ELECTIVE - NCEPOD TRAUMA NOT FUNDED													
			Monday		Tuesday		Wednesday		Thursday		Friday		**PRE COVID PATIENT FLOW**	Normal funded and assigned sessions	ELECTIVE Sessions - excluding Obstetrics
Site	**Room**	**Details / Other roles**	**AM**	**PM**	**AM**	**PM**	**AM**	**PM**	**AM**	**PM**	**AM**	**PM**			
GGH	**Theatre 1**	Urology			Colorectal								***Urology: Derwin 26 Beds. (Elective and Emergency)***		
GGH	Theatre 2	ENT / Head and Neck											***ENT: Merlin 14 Beds. (Elective and Emergency)***		
GGH	**Theatre 3**	**24/7 Trauma**											***MIXED locations - specialty dependent***		
GGH	**Theatre 4**	**NCEPOD**													
GGH	Theatre 6	Gynae AM / Obstetric electives PM	GYN	Obs	GYN	Obs	GYN	Obs	GYN	Obs	GYN	Obs	***Gynae: Picton 10 beds (Elective and Emergency)***	**78**	***50 + 3 Cardiology***
GGH	**Obstetric Theatre**	**Single use only - 24/7 Obstetric emergencies**	***24/7 oncall and STAFFED - sessions not included in count***												
GGH	Theatre 5	Ophthalmology											***Tysul - day flow***		
GGH	Preseli	GenSurg / Colorectal											***Colorectal / GenSurg: Preseli 22 beds (Elective and Emergency)***		
GGH	DSU theatre	Multi specialty				Cardioversion	Pacing					Pacing	***DSU x 6 trolleys***		
PPH	Theatre 1	Urology/Breast/ GenSurg											***Ward 7 / Peony: ? 20 beds***		
PPH	Theatre 2	Urology/Breast/ GenSurg													
PPH	Theatre 3	Orthopaedic											***Ward 6: 22 beds***	**57**	**57**
PPH	Theatre 4	Orthopaedic													
PPH	DSU theatre	Multi specialty											***DSU x 5 trolleys***		
AV	DSU EYES	Stand alone location - IVT focus											***DSU AVH***		
WGH	**Theatre 1**	**NCEPOD/Trauma**											***MIXED locations - specialty dependent - Ward 1 / Ward 4 (SAU)***		
WGH	Theatre 2	Orthopaedics and TRAUMA		TRAUMA		TRAUMA		TRAUMA				TRAUMA	***Ward 1: 24 to 28 beds***		
WGH	Theatre 3	Gen Surg / Colorectal / Gynae											***Ward 3: 24 to 28 beds***	**56.25**	**46.25**
WGH	Theatre 4	Gen Surg / Colorectal / Gynae													
WGH	DSU 1	GenSurg / Breast / Ortho											***DSU x 11 trolleys***		
WGH	DSU 2 - LAs only	IVT / Ortho injections / Flexi Cyst													
BGH	Theatre 1	Orthopaedics & Elective LSCS (Fri AM)									Obs		***Ceredig 28 beds (Elective and Emergency)***		
BGH	**Theatre 2**	**NCEPOD/Trauma**											***Ceredig***		
BGH	DSU 1	Gen Surg / Colorectal / Gynae											***Day case via DSU / Ceredig 28 beds (Elective and Emergency)***	**30 + 1 x Cardiology**	**19 + 1 x Cardiology**
BGH	DSU 2	Gen Surg / Colorectal / Gynae / Cardiology							Pacing				***/ Gynae: Rhiannon 10 beds***		
BGH	DSU 3	Elective Ophthalmology											***Day flow***		

THEATRE AVAILABILTY TO END APRIL 2021

			ELECTIVE - Staffed and open
			CLOSED - ALTERNATE USE - COVID RELATED
			CLOSED - CANNOT STAFF
			STAFFED and OPEN from W/C 6 APRIL 2021
			NON ELECTIVE - NCEPOD TRAUMA / Elective Obstetrics
			NOT FUNDED

				Monday		Tuesday		Wednesday		Thursday		Friday		PATIENT FLOW	Average Elective patient numbers per week	Normal funded and assigned sessions	ELECTIVE - In use as of 6th April 2021 excluding Obstetrics	Estimated patient numbers per week
Site	Room	In use	Details / Other roles	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM					
GGH	Theatre 1	Yes	Non clinical - Staff Rest and store room	CLOSED														
GGH	Theatre 2	Yes	Monday-Friday											Tysul: Up to 10 beds				ENT/ H&N: 4
GGH	Theatre 3	Yes	24/7 Trauma															Colorectal: 3
GGH	Theatre 4	Yes	NCEPOD											MIXED locations - specialty dependent				Urology: 9 (inc Tues AM M6)
GGH	Theatre 6	Yes	Obstetric electives pm AND 2nd Obsteric Emergency Theatre		Obs	Urology	Obs		Obs		Obs		Obs	Maternity / Urology to Tysul	2	78	19	
GGH	Obstetric Theatre	Yes	Single use only - 24/7 Obstetric emergencies	24/7 oncall and STAFFED - sessions not included in count										Maternity				
GGH	Theatre 5	Yes	Ophthalmic - Monday and Thursday		Eyes						Eyes			Madog / Tysul	12			Eyes: 10 - 12
GGH	Preseli	No	Non Clinical - Currently PADARN - COVID +ve medicine	CLOSED														
GGH	DSU theatre	Yes	Fridays Lythotrypsy			TWOC	Cardiovert	Pacing				Pacing		DSU WARD - 4 spaces				
PPH	Theatre 1	No																Colorectal: 4
PPH	Theatre 2	Yes	Urology/Breast/ Colorectal - Monday to Friday											Ward 7: Up to 14 beds				Urology: 4
PPH	Theatre 3	No		Orthopaedics										Ward 6: 10 beds		57	30 inc AV	Ortho: 10 - 12 - procedure dependent
PPH	Theatre 4	No	Non Clinical - Store room and some time staff room	CLOSED														Breast: 6 - 8
PPH	DSU theatre	Yes	Endoscopy	Endoscopy patient flow														
AV	DSU EYES	Yes	Stand alone location - IVT focus											Day Surgery Unit Amman Valley				IVT only at Amman Valley
WGH	Theatre 1	Yes	NCEPOD/Trauma															Colorectal: 4
WGH	Theatre 2	Yes	Trauma x 3 afternoons		TRAUMA				TRAUMA				TRAUMA	MIXED locations - specialty dependent				Breast: 2
WGH	Theatre 3	No	Green pathway	USC	USC			USC	USC			USC	USC	Ward 4: 6 beds (2 SR and 1 x 4-bed bay)		56.25	20	Gynae: 4 - 6
WGH	Theatre 4	No	Non Clinical 2nd Staff room and Main 3 Recovery - green pathway	CLOSED														
WGH	DSU 1	Yes	Flexi Cystocpy USC pathway to end of April											DSU WARD - 7 spaces				Urology: 42
WGH	DSU 2 - LAs only	No	CANNOT OPEN - DSU reduced chair and bed base															GenSurg: 8
BGH	Theatre 1	Yes	Elective LSCS									Obs		Maternity				Colorectal: 3
BGH	Theatre 2	Yes	NCEPOD/Trauma											Ceredig				Breast: 2
BGH	DSU 1	Yes	Elective USC Surgery											Day Surgery: 7 spaces Rhiannon: Up	10	30 + 1 x Cardiology	12 + 1 Cardiology	Gynae: 4 - 6
BGH	DSU 2	Yes	Elective USC Surgery & Cardiology							Cardiology				to 8-beds				
BGH	DSU 3	Yes	Non Clinical - Temporary store- Critical Care/Hotel Services/Clinical Engineering							Cataracts	Cataracts			DSU 3	6			EYES: 4-6 - procedure dependent
W/Dale	Theatre 1		Eletcive Orthopaedics / Urology / General Surgery	IN MONTH:		15 urology						Ortho: 23Apr21 only		Werndale bed / chair flow				
	Theatre 2		Elective Cataracts	IN MONTH:		150 Cataracts												

THEATRE AVAILABILTY TO END MAY 2021

			ELECTIVE - Staffed and open
			CLOSED - ALTERNATE USE - COVID RELATED
			CLOSED - CANNOT STAFF
			Assessing staff for OPENING from W/C 4May21
			NON ELECTIVE - NCEPOD TRAUMA / Elective Obstetrics
			NOT FUNDED

				Monday		Tuesday		Wednesday		Thursday		Friday		PATIENT FLOW	Normal funded and assigned sessions	ELECTIVE - In use as of 4th May 2021 if AMBER staffed excluding Obstetrics	Estimated patient numbers per week if AMBER staffed
Site	Room	In use	Details / Other roles	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM				
GGH	Theatre 1	Yes	Non clinical - Staff Rest and store room	CLOSED													
GGH	Theatre 2	Yes	Monday-Friday											*Tysul: Up to 10 beds From 12Apr: Picton x 10 beds*			ENT/ H&N: 4
GGH	Theatre 3	Yes	24/7 Trauma											*MIXED locations - specialty dependent*			Colorectal: 3
GGH	Theatre 4	Yes	NCEPOD														Urology: 9 (inc Tues AM M6)
GGH	Theatre 6	Yes	Obstetric electives pm AND 2nd Obsteric Emergency Theatre		Obs	*Urology*	Obs		Obs		Obs		Obs	*Maternity*	78	23	
GGH	Obstetric Theatre	Yes	Single use only - 24/7 Obstetric emergencies	*24/7 oncall and STAFFED - sessions not included in count*										*Maternity*			
GGH	Theatre 5	Yes	Ophthalmic - Monday and Thursday											*Madog / Tysul*			Eyes: 16 - 18 - procedure dependent
GGH	Preseli	No	Non Clinical - Currently PADARN - COVID +ve medicine	CLOSED													GenSurg: 4
GGH	DSU theatre	Yes	Fridays Lythotrypsy			TWOC	Cardiover	Pacing	?GenSurg			Pacing	?PAIN	*DSU WARD - 4 spaces*			Pain: 6
PPH	Theatre 1	No															Colorectal: 4
PPH	Theatre 2	Yes	Urology/Breast/ Colorectal - Monday to Friday											*Ward 7: Up to 14 beds*			Urology: 4
PPH	Theatre 3	No	Orthopaedic											*Ward 6: 10 beds*	57	30 inc AV	Ortho: 10 - 12 - procedure dependent
PPH	Theatre 4	No	Non Clinical - Store room and some time staff room	CLOSED													Breast: 6 - 8
PPH	DSU theatre	Yes	Endoscopy	Endoscopy patient flow													
AV	DSU EYES	Yes	Stand alone location - IVT focus											*Day Surgery Unit Amman Valley*			
WGH	Theatre 1	Yes	NCEPOD/Trauma											*MIXED locations - specialty dependent*			Colorectal: 4
WGH	Theatre 2	Yes	Orthopaedics and TRAUMA		TRAUMA				TRAUMA				TRAUMA				Breast: 2
WGH	Theatre 3	No	Gen Surg / Colorectal / Gynae / Ortho											*Ward 4: 6 beds (2 SR and 1 x 4-bed bay) ?? Additional beds for Orthopaedics*	56.25	20	Gynae: 4 -6
WGH	Theatre 4	No	Non Clinical 2nd Staff room and Main 3 Recovery - green pathway	CLOSED													Ortho: TBC
WGH	DSU 1	Yes	FlexiCyst and GenSurg											*DSU WARD - 7 spaces*			Urology: 42
WGH	DSU 2 - LAs only	No	CANNOT OPEN - DSU reduced chair and bed base														GenSurg: 8
BGH	Theatre 1	Yes	Orthopaedics & Elective LSCS (Fri AM)									Obs		*Ceredig: TBC*			Colorectal: 3
BGH	Theatre 2	Yes	NCEPOD/Trauma											*Ceredig*			Breast: 2
BGH	DSU 1	Yes	Gen Surg / Colorectal / Gynae											*Day Surgery: 7 spaces*	30 + 1 x Cardiology	14 + 1 x Cardiology	Gynae: 4 -6
BGH	DSU 2	Yes	Unfunded							Cardiology				*Rhiannon: Up to 8-beds*			
BGH	DSU 3	Yes	Elective Ophthalmology							*Cataracts*	*Cataracts*			*DSU 3*			EYES: 8-10 - procedure dependent
W/Dale	Theatre 1		Eletcive Orthopaedics / Urology / General Surgery	*IN MONTH:*		*25 Joints*		*40 GenSurg*						*Werndale bed / chair flow*			
	Theatre 2		Elective Cataracts	*IN MONTH:*		*150 Cataracts*											

appx 3. – THEATRE AVAILABILITY AT 6 SEP 21 | ASSUMES NO SOCIAL DISTANCING APPLIED WITHIN THEATRES

		ELECTIVE - Staffed and open
		CLOSED - ALTERNATE USE - COVID RELATED
		NON ELECTIVE - NCEPOD TRAUMA
		NOT FUNDED

			Monday		Tuesday		Wednesday		Thursday		Friday		PATIENT FLOW	Normal funded and assigned sessions	ELECTIVE SESSIONs (excluding Obstetrics) in use as of 6th Sept 2021	Estimated patient numbers per week - assumes all staffed and social distancing rules are relaxed
Site	**Room**	**Details / Other roles**	**AM**	**PM**	**AM**	**PM**	**AM**	**PM**	**AM**	**PM**	**AM**	**PM**				
GGH	Theatre 1	Urology			Colorectal								*Preseli x 22 beds*	78	55	Urology: 12
GGH	Theatre 2	ENT / Head and Neck														ENT/ H&N: 18 - 20 - procedure dependent (inc DSU)
GGH	**Theatre 3**	**24/7 Trauma**											*MIXED locations - specialty dependent*			Colorectal: 6
GGH	**Theatre 4**	**NCEPOD**											*SAU / ?? Preseli*			GenSurg: 16-20 (inc DSU)
GGH	Theatre 6	Gynae AM / Obstetric electives PM	GYN	Obs	GYN	Obs	GYN	Obs	GYN	Obs	GYN	Obs	*Gynae: ?? Preseli x 22 beds*			Orthopaedic: 6 (DSU)
GGH	**Obstetric Theatre**	**Single use only - 24/7 Obstetric emergencies**	*24/7 oncall and STAFFED - sessions not included in count*										*Maternity*			
GGH	Theatre 5	Ophthalmic - Monday and Thursday											*Tysul*			Eyes: 20 -24 - procedure dependent
GGH	Preseli	GenSurg / Colorectal											*Preseli x 22 beds*			
GGH	DSU theatre	Fridays Lythotrypsy				Cardiover	Pacing				Pacing		*DSU WARD - 6 spaces*			Pain: 12 (DSU)
PPH	Theatre 1	Urology/Breast/ GenSurg											*Ward 7: TBC*	47 (DSU moved to Demountable*)	47	Breast: 10 - 14
PPH	Theatre 2	Urology/Breast/ GenSurg														Urology: 6
PPH	Theatre 3	Orthopaedic											*Ward 6: TBC*			Ortho: 15 joints / 20 other - procedure dependent
PPH	**Theatre 4**	Orthopaedic														GenSurg: 15 - procedure dependent
PPH	**DSU theatre**	**Endoscopy**	**Endoscopy patient flow**													Pain: 6
AV	DSU EYES	Stand alone location - IVT focus											*Day Surgery Unit Amman Valley*			
PPH	**DSU 1**	**NEW' Demountable - Activity moved from PPH DSU**											*DSU x 12*	10*	10	GenSurg: 14 Gynae: 5 Urol: 5
PPH	**DSU 2**	**NEW' Demountable**											*Funding required*			Pain: 6 OrthoInj: 12
WGH	**Theatre 1**	**NCEPOD**											*MIXED locations - specialty dependent*	56.25	42.25	Colorectal: 5
WGH	Theatre 2	Orthopaedics and TRAUMA		TRAUMA		TRAUMA		TRAUMA				TRAUMA	*Ward 1: TBC*			Breast: 4
WGH	Theatre 3	Gen Surg / Colorectal / Gynae / Ortho											*Ward 3: TBC*			Gynae: 8 - 10 - procedure dependent
WGH	Theatre 4	Gen Surg / Colorectal / Gynae														Orthopaedics: 18 - 22 - procedure dependent (inc DSU)
WGH	DSU 1	Flexi Cystocpy USC pathway to end of April											*DSU WARD - 7 spaces*			GenSurg: 12 - 15 procedure dependent (inc DSU)
WGH	**DSU 2 - LAs only**	IVT / Ortho injections / Flexi Cyst														Urology: 28 OrthoInj: 12 IVT: 14
BGH	Theatre 1	Orthopaedics & Elective LSCS (Fri AM)									Obs		*Ceredig: TBC*	30 + 1 x Cardiology	20 + 1 Cardiology	Orthopaedics: 9 - procedure dependent
BGH	**Theatre 2**	**NCEPOD/Trauma**											*Ceredig*			Breast: 2 GenSurg: 6
BGH	DSU 1	Gen Surg / Colorectal / Gynae											*Day Surgery: 7 spaces*			Gynae: 4 -6 Colorectal: 3-4 Urol: 2
BGH	DSU 2	Unfunded							Pacing				*Rhiannon: TBC*			
BGH	DSU 3	Elective Ophthalmology											*DSU 3*			EYES: 20 - 22 - procedure dependent
W/Dale	Theatre 1	Eletcive Orthopaedics / Urology / General Surgery	*IN MONTH:*		*TBC*								*Werndale bed / chair flow*			
	Theatre 2	Elective Cataracts	*IN MONTH:*		*TBC*											

appx.4 Overall Forecast

(IF RECOVERABLE WITHIN ONE MONTH NO FIGURE NOTED)NB THIS DOES NOT INCLUDE STAGE 1 CONVERSION DEMAND

	Referral rate %	Stage 1 waits (total)	urgent/routine/ Blanks	Stage 1 capacity (per wk)	Composition of clinics F2F/ Virtual	Stage 2 & 3	Diagnostic capacity	Conversion Rate	Stage 4 waits (total)	urgent/routine/ blanks	Stage 4 capacity (per week/No: pts)	Lists required (urgent backlog only)	Projected date to recover urgent backlog ONLY
100 - General Surgery	86 av per week- 26% urgent/USC	2491	459/1878/154		100% virtual	928		28%	1896	459/1263/138	2 lists-16pts	14 lists	7 wks
101 - Urology	72 av per week- 42% urgent/USC	2851	690/2035/126		100% F2F	775		40%	2173	1087/777/309	2 lists- 13 + 42F Cysts	27 lists	14 wks
103 - Breast	71 av per week- 73% urgent/USC	836	344/456/36		100% F2F	158		4%	82	34/20/28	3 lists- 12pts	3 lists	
104 - Colorectal	70 av per week- 78% urgent/USC	1628	756/755/117		20% F2F/80% virtual	1308		39%	351	188/54/109	4 lists- 14 pts	4 lists	
107 - Vascular	16 av per week- 50% urgent	679	248/418/13		100% F2F	130			32				
110 - Trauma & Orthopaedics	80 av per week- 31% urgent	3302	429/2708/165		70% F2F/30% virtual	713		15%	4249	877/1964/1408	2 lists-12 pts	36 lists	18 wks
120 - ENT	134 av per week- 39% urgent/USC	5596	607/4894/95		100% F2F	417		20%	366	114/133/119	1 list- 4 pts	28 lists	28 wks
130 - Ophthalmology	153 av per week	4684	4438/1/245		100% F2F	413		20%	2819	668/1615/536	2 lists- 28 pts	12 lists	6 wks
190-Anaesthetics		16	16			5							
191 - Pain Management	26 av per week 34% urgent	1066	74/789/203		40%F2F/60% virtual	149		56%	354	85/229/40	1 list-6 pts	14 lists	14 wks
300 - General Medicine	20 av per week- 8% urgent	365	20/182/163		50/50	236			27				
301 - Gastroenterology	110 av per week- 50% urgent	1722	677/936/109		20% F2F/80%virtual	1415			863	441/330/92/			
302 - Endocrinology	18 av per week- 28% urgent	360	61/144/155		100% virtual	37			1				
303 - Clinical Haematology		272	9/89/174			108			33	1/19/13			
307 - Diabetic Medicine	12 av per week- 33% urgent	167	49/63/55		20 F2F/80 virtual	6							
320 - Cardiology	129 av per week- 10% urgent	2064	378/919/767		40% F2F/60% virtual	2908			113	29/83/1			
324 - Anticoagulation Service		4	4			19							
328 - Stroke Medicine	10 av per week- 64% urgent	9	9		50/50	73			1				
329-Transient Ischaemic Attack		12	12			4							
330 - Dermatology	131 av per week- 63% urgent/USC	3916	1981/1725/210		75%F2F/25% virtual	452			44	27//17			
340 - Respiratory Medicine	77 av per week- 40% urgent	803	210/496/97			582			27	17/05/2005			
341 - Respiratory Physiology		1	1			95							
361 - Nephrology	8 av per week- 40% urgent	157	20/78/59		100%F2F	24							
400 - Neurology	50 av per week- 20% urgent	740	210/493/46		100% virtual	189							
401 - Clinical Neurophysiology		103	11/90/2			1134							
410 - Rheumatology	60 av per week- 18% urgent	1085	373/681/31		50%/50%	806			77	1/49/27			
420 - Paediatrics	63 av per week - 5% urgent	785	39/509/237		74%F2F/ 26%virtual	380			15	10/5/			
430 - Geriatric Medicine	28 av per week- 11% urgent	1110	68/861/181		100% F2F	118			2				
502 - Gynaecology	160 av per week- 60% urgent/USC	3417	646/2659/112		100% F2F	849		43%	724	292/206/226	2 lists- 24 pts		12 wks
810-Radiology		1	1						2				
822-Chemical Pathology		45	1/18/26						18				

Capacity currently under COVID restrictions. Utilising for USC/urgent ONLY

appx 5. Critical Care Bed Capacity

Critical Care Bed Capacity		Deficit Staff	F	Funded@ Level 3		Available Bed Spaces	
				Able to Staff @ Level 3		PPH / BGH Maximum patients - 1 x Level 3 and 4 x Level 2	
						WGH Maximum patients - 2 x level 3 and 6 x Level 2	
						GGH Maximum patients - 4 x Level 3 and 14 x level 2	

Site	Total Level 3 Beds	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
PPH	3	F	F	F															
BGH	3	F	F	F															
WGH	5	F	F	F	F	F													
GGH	11	F	F	F	F	F	F	F	F	F	F	F							

Briefing Paper:

Our plans and aspirations for theatres and supporting services at Bronglais General Hospital (BGH)

Introduction

This briefing paper is supplementary to the SBAR submitted to Gold Command Group in April 2021, entitled "Update re development of plans capable of being implemented during 2021/22 to achieve Planned Care Recovery".

This paper sets out our plans and aspirations for surgical services at BGH specifically, in line with the Bronglais Strategy "Delivering Excellent Rural Acute Care" and mindful of the pivotal role of BGH in the context of Mid-Wales.

Background

The BGH commitment as stated in the Board approved BGH strategy is that:
We will:

- Maximise the utilisation of BGH's modern facilities
- Maximise the benefit of BGH's high quality services
- Develop the range of services provided
- Extend BGH's catchment area

So that:

- BGH becomes the provider of choice for access to specialist health care services both within the main hospital and at networked "Bronglais@" services across Mid Wales.

Following recent significant investment, Bronglais General Hospital (BGH) has excellent theatre provision. We aim to maximise the return on this investment and there is an opportunity to maximise theatre utilisation to support HDdUHB post-covid recovery. Also, we know that 35-40% of normal BGH activity services patients from South Gwynedd and Powys and there is scope to provide more services locally for this population. Contracting with our neighbouring Health Boards to provide an increased volume and range of surgical services to their populations, represents a significant potential income generation opportunity and will support the future stability and sustainability of BGH. Of course, if supported, delivery of the scheduled care and diagnostic service elements of the Clinical Strategy also stands to contribute significantly to the financial recovery of HDUHB.

Outpatient Care

There are currently 8 outpatient consulting rooms on the BGH site. Our Covid experience has successfully accelerated the adoption of virtual clinics and we believe there is further scope to deliver more follow-up activity by phone or video consultation. This will release capacity on-site for new patients who need to be seen face to face. We will also consider what outpatient activity can be delivered from the Aberystwyth Wellness Centre and other community settings, including

expansion of the existing outreach model where our consultants attend locations in both Powys and South Gwynedd.

Endoscopy

The current unit at BGH has just one scoping room. There is potential to expand the footprint to create a 2-roomed facility. This would require a Capital investment with additional staffing and operators. We will look flexibly at staffing and consider opportunities around roles such as Nurse Endoscopists.

The additional capacity created would service additional activity for diagnostic procedures for the population of Mid Wales, including the ability for Bowel Screening Wales to increase its lists in the area.

BGH is a constrained site and we are working on creative solutions to several issues that will move us closer to the BGH strategy vision. We want to explore the feasibility and cost vs benefit of creating a new clinical floor above Front of House. This would involve relocation of the plant (which is due for replacement in coming years) to the current roof and cover with "tin hat". The new clinical floor could be created in in the former plant area. This solution unlocks options for extending the clinical service footprint on site, potentially relocating Endoscopy and creating a larger unit in a new location. The release of the current Endoscopy footprint would, in turn, allow consideration to be given to expansion of the ITU facility on the site.

Critical Care

BGH has an Intensive Therapy Unit with 5 bed spaces. Current funding allows for the opening of 3 of those beds for Level 3 patient based on 1:1 nursing basis. This funded staff base for the 3 level 3 patients can be converted to support a combination of level 3 (1:1) and Level 2 (1:2) patients e.g. 2 x Level 3 and 2 x Level 2 = 4 beds or 1 x Level 3 and 4 x Level 2 = 5 beds.

The planned increase in the scope and volume of surgical activity delivered at BGH will likely necessitate an increase in ITU provision. As mentioned above the release of the current endoscopy footprint would allow the current ITU to be expanded. Alternatively, there will be options if the Front of House plant area development is taken forward. In the interim and with the aim of utilising on site HDU capacity more efficiently, the site team have already established a Level 2 Post Anaesthetic Care Unit model within the ward which is supporting the green surgical pathway. This is enabling effective post op recovery for our newly re-established Colorectal Cancer Surgery service.

Theatres

During the closure for refurbishment of the two operating theatres on level 7 between 2016 and 2019, BGH ran a reduced sessional template. We have a 4-Phased plan to return to the pre-2016 session template and then to expand the service. The detail of the plan is appended to this paper, high level summary is as follows.

Phase 1: Session Upgrade

Conversion of 2 current Ophthalmology sessions from IVT to Cataract.

Approximate cost: £31.4K

Phase 2: Scheduled Care - Return to pre-2-16 session template

Reintroduction of 9 sessions across Orthopaedics, Cataract, Gynaecology, General Surgery and Urology.

Approximate cost:

- Pay Costs: £314.4K
- Non-pay £180 funding variant from 2017-18 budget.

Phase 3: Scheduled Care – Service Expansion

Additional 4.5 sessions in Ophthalmology and Trauma

Approximate cost:

- Pay Costs: £118.9K
- Non-pay costs £60k investment, mainly in Ophthalmology

Phase 4: Service Expansion

Additional 5.5 sessions to be used to service additional contracted activity for Powys and Betsi Cadwaladr.

Approximate cost:

- Pay Costs: £219.4K
- Non-pay investment which will be specialty dependant and will be mitigated by the income generation.

Full realisation of our ambitions for BGH will require a significant programme of recruitment and will need to be supported by Workforce colleagues. We are about to launch a BGH specific recruitment campaign which will showcase our facilities and enviable location. Service expansion as we move towards delivering the BGH strategy makes our services a more attractive prospect and should aid recruitment.

In addition, we are constantly looking at ways to maximise the clinical value of the BGH site and we are working towards developing a general procedures room in Radiology. This will enable cardiology (pacing) and endoscopy (ERCPs) to move out of theatres and release circa 3 theatre sessions per week.

Conclusion

We have a significant opportunity through the phased expansion of BGH Scheduled Care services to firstly, play a part in Hywel Dda's own post-Covid recovery and secondly to fulfil the commitment of the BGH strategy, providing local care and treatment for the people of Mid Wales.

APPENDIX: Theatre Services – BGH

Situation:

The two Operating Theatres on Level 7 in Bronglais underwent extensive refurbishment between 2016 and 2019. There was always an intention to return to pre-June 2016 session working. However, a grievance process which lead into a staffing restructure, to include night duty, re-appointed the Theatre staff funding. This precluded the ability for an automatic return to previous session template.

Background:

Prior to the level 7 Theatre closure in June 2016, the funded Theatre session template was:

Funded session commitment until June 2016	**31.5 @ General Anaesthesia 6.5 @ Local Anaesthesia***	
Number of sessions	9	NCEPOD
	8	Orthopaedic
	8.5	General Surgery
	2	Urology
	4	Gynaecology
	6.5	Ophthalmology*
	38	Commitment: NCEPOD x 9 sessions, 29 x Elective sessions

During the Level 7 Theatre closure Theatre Services ran from DSU 1, 2 and 3, from June 2016 until April 2019, and Sessions were reduced to:

Funded session commitment from June 2016 to April 2019	**25 @ General Anaesthesia 5 @ Local Anaesthesia***	
Number of sessions	10	NCEPOD
	5	Orthopaedic
	5.5	General Surgery
	1	Urology
	3.5	Gynaecology
	5	Ophthalmology*
	30	Current commitment: NCEPOD x 10 session; 20 x Elective sessions;

Cardiology requested and were assigned a weekly session in DSU in May 2019, taking the session commitment to 31.

Anaesthetic and Surgeon funding remain at pre-June 2016 levels; with vacancy position and current requirement fully considered prior to going to advert.

Assessment:

In order to move Theatres sessions back to the pre June 2016 levels, and to address assessed expansion for Ophthalmology and Trauma; a full assessment of staffing has been completed and costed. This will be through a phased approach:

BGH Theatres - Current funding		Sessions	31	Theatre Staff FTE	50.47	Anaesthetic Sessions	144.5	
				Theatre staff FTE - mixed skill and grade	Assessed approximate cost (K)	Anaesthetic Sessions	Assessed cost	Non Pay
Phase 1	**Session upgrade**	*	Ophthalmology - convert 2 current sessions from IVT to Cataract	0.86	31.4	0	0	0
Phase 2	**Scheduled Care - return to Pre June 2016 session template**	3	Orthopaedic	8.44	314.4	0	0	Need to replace 180K funding variant from 2017-2018 non pay budget
		1	Cataract					
		0.5	Gynaecology					
		3.5	General Surgery					
		1	Urology					
		9						
Phase 3	**Scheduled Care - Service expansion**	3.5	Ophthalmology	3.86	118.9	2.5	TBC	60K - mostly Ophthalmology
		1	TRAUMA					
		4.5						
Phase 4	**Service expansion**	**5.5**	6 x week 1; 5 x week 2	6.32	219.4	7	TBC	Would be specialty dependent
	TOTAL SESSIONS	**50**		19.48	684.1	9.5	TBC	TBC
				FTE	**£k**	**Sessions**	**£k**	**£k**

Phase 1, 2 and 3 address the plan to manage the requirement of returning BGH Theatre session template to pre-June 2016 numbers and to meet the service change and expansion planning associated with assessed patient need. Appropriate funding followed by recruitment would be required.

Phase 4 is the number of sessions which will NOT have any Scheduled Care Hywel Dda workload specific commitments, but which would be available subject to appropriate recurrent pay and non-pay funding followed by related recruitment.

Recommendation:

This is an overview of the Schedule Care plan for Theatres session recovery for Bronglais; detailed information can be found in the SBAR and paper submitted in April 2021.

Adfer gwasanaethau Adran Oedolion Iechyd a Llesiant Cyngor Gwynedd

Adroddiad ar gyfer Cydbwyllgor Canolbarth Cymru

Awdur: Mari Wynne Jones

Dyddiad: 10 Mai 2021

Mae'r Adran Oedolion Iechyd a Llesiant wedi sicrhau ein bod yn cwrdd a'n dyletswyddau statudol drwy gydol yr argyfwng Covid-19. Mae'r argyfwng wedi cael effaith sylweddol ar holl wasanaethau yr Adran. Er ein bod wedi llwyddo i gynnal y rhan helaethaf o wasanaethau, mae'r ffordd y mae'r gwasanaeth wedi cael ei ddarparu yn wedi gorfod newid ar gyfer rhai gwasanaethau megis gofal dydd ac ysbaid.

Bydd yr her o adfer rhai o'r gwasanaethau hyn yn ein wynebu yn ystod 2021/22, a bydd angen pwyso a mesur opsiynau o ran adfer y gwasanaeth ar yr un wedd neu rhoi gwasanaeth newydd yn ei le. Byddwn yn adlewyrchu ar y profiadau dros y 12 mis diwethaf i sicrhau fod y dysgu yn cael ei adeiladu i mewn i'r ffordd rydym am weithio i'r dyfodol.

Bydd hyn yn cael ei gyflawni trwy:

- Prosesau rheoli perfformaid yr Adran.
- Adolygu cynlluniau corfforaethol ynghyd a cofrestr risg yr Adran i ail flaenoriaethu cynlluniau gweithredu.
- Gwella y defnydd o ddata/gwybodaeth i wella rhannu gwybodath lleol allweddol gyda cydweithwyr yn y Bwrdd Iechyd.

<u>Ail ddylunio Gwasanaethau Cymdeithasol Saff</u>

Yr heriau sydd wedi ein wynebu ers dechrau'r pandemig Covid-19 yw:

- defnydd o dechnoleg i ddarparu gwasanaethau a cynnal cyfarfodydd yn effeithiol
- cynaliadwyedd a llesiant y gweithlu wrth addasu i weithio o adref neu o bell
- sicrhau awyrgylch gweithio diogel pan mae angen ymweliadau wyneb yn wyneb
- cynllunio ar gyfer cynnydd yn y galw
- bod yn greadigol yn y ffordd rydym wedi ymateb i anghenion gofal a chefnogaeth unigolion a gofalwyr wrth i wasanaethau traddodiadol megis gwasanaethau dydd ac ysbaid gael eu atal dros dro oherwydd risgiau.
- sicrhau ein bod yn dysgu o'r profiadau gweithio o fewn y cyfnod pandemig ac yn adeiladu ar yr ymarfer da a ddim yn llithro yn ol i'r hen ffyrdd o weithio
- gwneud gwell defnydd o ddata a gwybodaeth i gefnogi cynllunio gwasanaethau.

Cynllun Cyngor Gwynedd 2018-23

Mewn argyfwng arferol fel llifogydd neu ddamwain fawr, byddai'r ymateb i'r argyfwng yn dechrau dirwyn i ben a'r "adfer" yn cychwyn. Gyda'r argyfwng yma fodd bynnag, mae'r ymateb i'r argyfwng yn parhau am amser maith gydag elfennau o "adfer" yn cynyddu wrth i amser fynd yn ei flaen.

Mae'r cynlluniau adfer yn gyfuniad o ymateb er mwyn cadw lledaeniad yr haint mor isel a phosibl a symud tuag at y "normal newydd".

Gyda sefyllfa Covid-19
Mae angen gallu ymateb yn gyflym i anghenion pobl Gwynedd, ac os fydd angen dargyfeirio i wneud gwaith gwahanol, mae angen bod yn realistig ynghylch yr hyn y sy'n bosib ei gyflawni.

Bydd y gwaith o ail-adeiladu ar gyfer y dyfodol yn cychwyn drwy edrych ar wahanol anghenion cymunedau lleol a creu Cynlluniau Adfywio Lleol.

Mae yr argyfwng wedi amlygu gwaith da sydd yn digwydd o fewn y Sir. Mae cymunedau wedi dod at ei gilydd i gefnogi y rhai mwyaf bregus yn y gymdeithas. Mae angen diolch a dathlu yr ymdrech honno ac mae gan y Cyngor gynlluniau fydd yn ceisio cynnal y momentwm hwnnw i'r dyfodol, megis Cefnogi Llesiant Pobl. Fedr Cyngor Gwynedd ddim ateb gofynion pawb a fedrwn ni ddim gwneud popeth ar ein pennau ein hunain. Yn fwy nag erioed, mae Covid-19 wedi dangos pa mor bwysig yw cydweithio â chyrff cyhoeddus. .

Mae adolygiad 2021-22 o Gynllun Cyngor Gwynedd 2018-23 yn cynnwys parhad o gynlluniau sydd eisoes yn y cynllun yn ogystal â chasgliad o flaenoriaethau newydd.Mae nifer ohonynt wedi codi yn uniongyrchol o ganlyniad i argyfwng Covid-19, ac eraill wedi codi'n anuniongyrchol wrth i'r argyfwng, yr amodau byw a'r cyfyngiadau a ddaeth gydag o ddod ag anghenion eraill fwy i'r wyneb.

Blaenoriaeth Gwella

Helpu pobl sydd angen cefnogaeth i fyw eu bywydau fel y dymunant

Ein gweledigaeth yw bod pawb o bob oedran yn derbyn y gefnogaeth y maent ei hangen yn y ffordd fwyaf addas a chyfleus iddyn nhw er mwyn iddynt barhau i fyw eu bywydau fel y dymunant. Er mwyn llwyddo, bydd angen parhau i gydweithio â darparwyr eraill, megis y Bwrdd Iechyd, gan gofio rhoi anghenion yr unigolyn yn ganolog bob tro.

Sut fyddwn ni'n cyflawni hyn?

1. Darpariaeth Gofal Addas a Chynaliadwy i'r dyfodol

Mae argyfwng Covid-19 wedi amlygu nifer o ffactorau all effeithio ar ein gallu i barhau i ddarparu gwasanaethau gofal priodol i bobl. Rhaid ystyried ein gallu i ddygymod os bydd y risgiau sydd wedi eu adnabod yn cynyddu. Er mwyn sicrhau ein bod yn gallu parhau byddwn yn ystod 2021/22 yn:

- ceisio deall "gwir gost gofal" er mwyn ystyried opsiynau posib ar gyfer ein trefniadau comisiynu gofal i'r dyfodol
- sicrhau ein bod yn deall yr angen am ddarpariaeth gwelyau nyrsio yn y sir, a symud ymlaen gyda phrosiect Safle Penrhos er mwyn cyfarch y prinder ym Mhen Llŷn
- gweithio tuag at gynyddu nifer y gwelyau dementia yn y Sir ymhellach
- ystyried a yw'n gwasanaethau cefnogol e.e. gofal dydd ac ysbaid yn parhau'n addas er mwyn cwrdd ag anghenion pobl Gwynedd, neu os oes angen i ni wneud rhywbeth yn wahanol

- ystyried sut allwn ni wella addasrwydd ein hadeiladau darparu gofal wrth geisio cwrdd â mesurau rheoli haint ychwanegol.

Rydym hefyd wedi ymrwymo i wella safon ein darpariaeth gofal ar draws y Sir. Yn ystod 2021/22 byddwn yn:

- agor uned dementia pwrpasol sydd wedi'i gwblhau yn Llan Ffestiniog, ond sydd heb allu agor oherwydd argyfwng Covid-19
- cwblhau'r gwaith o adeiladu uned dementia ychwanegol yn ein cartref yn y Bermo
- cwblhau addasiadau i'n cartref yn Nolgellau er mwyn medru cynnig gofal mwy pwrpasol ar gyfer unigolion ag anghenion corfforol dwys
- cydweithio gyda chymdeithas tai Adra ar ddatblygiad Tai Gofal Ychwanegol ym Mhwllheli a cheisio adnabod cyfleon am ddatblygiadau tebyg mewn rhannau eraill o'r sir, gyda blaenoriaeth i ardal Dolgellau a Meirionnydd yn ehangach.
- cryfhau ein gwasanaethau sicrwydd ansawdd i sicrhau cefnogaeth ddigonol i ddarparwyr gofal i'w helpu i gynnal gwasanaeth o safon i drigolion Gwynedd.

2. Ail-Ddylunio ein Gwasanaethau Gofal Adran Oedolion, Iechyd a Llesiant.

Mae anghenion gofal y sir yn newid, ac rydym wedi bod yn cydweithio â'r Bwrdd Iechyd i drawsnewid ein gwasanaethau cymunedol. Mae angen i ni hwyluso gallu ein staff ni a staff y Bwrdd Iechyd i gydweithio fel un tîm o fewn ardaloedd penodol. Bydd hyn yn arwain at sicrhau mai un pwynt cyswllt fydd gan unigolion sydd angen cymorth iechyd a gofal yn y gymuned er mwyn sicrhau'r canlyniadau gorau a gwasanaeth di-dôr. Rydym hefyd yn gweithio i newid ein ffordd o ddarparu gofal cartref ar draws y sir er mwyn hwyluso'n gallu i sicrhau fod y gofal wedi'i deilwro yn seiliedig ar yr hyn sy'n bwysig i'r unigolyn.

Yn ystod 2021/22, byddwn yn:

- arfogi'r timau integredig (timau sy'n cynnwys staff gofal yn ogystal â staff iechyd) i allu cyflawni'r hyn sy'n bwysig i oedolion Gwynedd. Bydd hyn yn cynnwys edrych ar hyfforddiant priodol a dileu unrhyw rwystrau technolegol
- dyfarnu cytundebau gofal cartref newydd ymhob ardal gyda'r nod o weithredu'r model newydd yn fuan yn 2022/23
- cryfhau'r gwasanaeth Therapi Galwedigaethol, yn cynnwys datblygu gwasanaeth symud a thrin arbenigol i alluogi unigolion i fyw mor annibynnol â phosib
- ychwanegu at y rhwydwaith o hybiau cymunedol sy'n cefnogi a chreu cyfleon i unigolion gydag anableddau dysgu drwy ddatblygu cynlluniau ar gyfer Canolfan Dolfeurig yn Nolgellau
- ailagor ein hwb iechyd meddwl cymunedol ym Mhwllheli, yn dilyn iddo orfod cau yn sgil argyfwng Covid-19 ac edrych ar opsiynau i ddatblygu hybiau pellach ar draws y sir
- edrych ar opsiynau i ddatblygu darpariaeth cefnogaeth emosiynol ac ymarferol i garfan iau ardal Arfon. Datblygu model o hybiau cymdeithasol ar draws y sir r mwyn darparu ystod eang o gyfleoedd llesiant i oedolion yn eu cymunedau lleol.

Mae cefnogi gofalwyr di-dal yn ganolog i'n gwaith a cheisir gwneud hynny trwy gynnig cyfleoedd newydd ac mae amryw o gynlluniau wedi eu datblygu. Wrth gwrs, rydym wedi gweld mwy o bwysau ar ofalwyr di-dâl yn ystod y flwyddyn ddiwethaf a byddwn yn mynd ati i adolygu trefniadau rhithiol a roddwyd yn eu lle yn sgil argyfwng Covid-19 er mwyn ystyried a oes modd dysgu gwersi ar sut i gefnogi gofalwyr yn well i'r dyfodol.

3. **Y Gweithlu a Recriwtio Adran Oedolion, Iechyd a Llesiant yn y Maes Gofal**

Mae recriwtio i'r maes gofal yn heriol am amryw o resymau. Mae gennym weithlu effeithiol ac ymroddedig, ac mae hyn wedi ei amlygu yn arbennig yn ystod argyfwng Covid-19. Ond, mae'n rhaid i ni sicrhau fod gennym ddigon o weithwyr â'r sgiliau angenrheidiol er mwyn ymdopi gyda'r angen cynyddol sy'n debygol o godi yn y dyfodol.

Yn ystod 2021/22, byddwn yn:

- adolygu trefniadau'r ymgyrch recriwtio diweddar #GalwGofal er mwyn ystyried sut fyddwn ni'n mynd ati i recriwtio i'r dyfodol
- ystyried ein trefniadau cofrestru ac hyfforddi yn ogystal â threfniadau datblygu staff er mwyn cynyddu hyblygrwydd a chadernid yn y maes. Rhoi sylw i amodau a thelerau gwaith, cynllunio a datblygu'r gweithlu, delwedd a phroffil swyddi'r maes, cyfathrebu a marchnata. Bydd y gwaith o sefydlu trefn darparu gofal cartref newydd yn effeithio yn bositif ar elfennau cyflogau staff rheng flaen, cytundebau gwaith a llwybrau gyrfa yn y maes.
- datblygu cynllun Meithrin Talent i fynd i'r afael â phrinder arbenigedd mewn rhai meysydd e.e. Therapi Galwedigaethol.

Powys Social Services Recovery

- Briefing for the Mid-Wales Joint Committee

Author:	Dylan Owen
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Introduction

This briefing presents a high-level overview of the recovery position of Powys County Council's Social Services following the COVID-19 public health crisis. While the majority of the Council revoked business continuity in early May 2021, social services remain working in Business Continuity and while staff continue to be redeployed (such as day care staff providing care and support in people's own homes while day centres are closed) this will stay unchanged, with the exception of the commissioning and contract management service which will move into recovery over the coming month with a programme of work to undertake the outstanding market management and procurement work.

Background

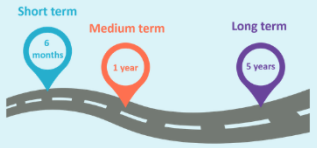
The impact of COVID-19 on Powys County Council has been and continues to be significant. This is shown on the 'on a page' graphic below:

Understanding the Impact of COVID-19 in Powys

'on a page'

January 2021

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 - over **£66.7m paid out to over 9.600** businesses with a further **support package** to be made available for small charities in Powys

Employment trends - At the end of October 2020 there were **4,300** total employments furloughed, **8%** of the eligible amount. From March to December 2020 claimant count increased by **131% (1,865 persons)**

Impact on key sectors - Accommodation & food services is believed to have been the hardest hit sector, running at only **15%** of normal in quarter 2 of 2020

Short, medium, long term

July - Dec 2020 compared to March and April 2020, it is estimated that:

Short term Powys' GVA decreased by 20% and unemployment increased by 138%

Medium term Powys' GVA has fallen by an estimated 9%

Long term Powys' GVA is estimated to fall by 1.3%

Vibrant, connected & resourceful communities

Volunteers - **479** health and care volunteers across PCC and PTHB. **129%** volunteer increase on powys.volunteering-wales.net

Community provided services - **5,669** persons told to shield by Welsh Government in Powys communities

Environmental impacts - Powys declared a **climate emergency** (in September 2020 and joined Team Wales), aiming to be 'net zero' emissions by 2030. *We will build back better*

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 – Year to date figures (compared to the same period last year) show that referrals through Adult service front door have **increased by 21%**. Childrens services referrals have **increased by 19%** with more children identified as being at risk.

Homelessness and housing impacts – **152 households in temporary accommodation** as at 5th Jan 2021, **127% increase** compared to Jan 2020. **82% of those accommodated are single persons**

Short, medium, long term

Short term The Council developed new processes to support our COVID response to residents and those dealing with social isolation.

Medium term Trend shows referrals will increase, this includes referrals into mental health services.

Long term more 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 – During January 2021 over **92%** of Powys learners engaged with their school. **1,413** devices and MiFi dongles distributed

Free school meals- 39% increase in free school meal take up between April 2019 and Nov 2020

Well-being of pupils and students - Demand for children and young people's counselling service **increased by nearly 50%** since lockdown to **220** active cases

Short, medium, long term

The impact on children and staff is yet unknown but measures are being introduced to help combat this.

High Performing & well run council

Financial outlook for the council - **£1m** deficit forecast at year end and likely this could edge towards a break even position. **206 staff furloughed recouping £567k March - Dec 2020**

Service Performance Impacts – Significant changes to the way the council is operating. **2000 daily connections to Office 365. (+10% active connections)**

Well-being staff survey – **872** staff have responded so far. **74% staff** reported they have **increased productivity** and **80%** juggle their **work/life balance well** and are **enjoying the flexibility**

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

Headlines of Recovery Plans

The Council has identified three main priorities for recovery. These are:

1. Re-opening the Economy.
    - Working with the Welsh Government and the UK Government in accessing the Levelling-up fund and other resourcing opportunities.
    - Supporting care providers through the Welsh Government's Hardship Fund and by ensuring sustainability.
2. Re-opening Council Services.
    - Social Services' component set out below.
3. New Ways of Working
    - Proposal that staff who can work safely and effectively from home are designated as homeworkers, with associated agile working systems implemented.

Of more than a hundred service areas identified within the Council, the following areas of recovery areas have been identified within Social Services:

Adult Services

Business Mode	Theme	Activity	Service Area	Current arrangements	Current Position	Recovery planning actions to be taken	Related Risk(s)
Business Critical	Response	Adult Services - implementation of Social Services Business Continuity Plan	Adult Social Care		Green - Operational	To review lessons learnt from phase 1 and factor in to planning for phase 2 Support Care Homes and broader market to plan and prepare Continue work with PTHB on surge planning-including the field hospital plans	COVID0044 - Impact of COVID-19 COVID0050 - Increase in domestic violence COVID0064 - Sustained lockdown COVID0065 - Lack of PPE COVID0074 - WCCIS availability
Suspended	Suspended	Day Centres for older people and people with disabilites	Adult Social Care	Currently reliant on staff redeployed from this service area to maintain critical services to those in supported tenancies.	Red -On hold	Do not restart during this period All Service Users to be reviewed prior to reopening of Day Services and different models of care to be considered and community universal resources explored via a direct payment. Physical space in Day Services to be reviewed and consider how Social Distancing can be maintained and appropriate risk assessments for each Service User agreed to return	
Suspended	Suspended	Quality Assurance peer audits	Adult Social Care	Capacity to undertake work. Officer has been redeployed to undertake business critical work.	Amber - Action - Transition	Do not restart during this period Regular monitoring of staff capacity during business continuity Quality assurance processes have become more integrated into daily practice through initial response meetings and care practice forums. Quality assurance framework being reviewed and revised in light of virtual working and learning from new ways of working during the pandemic.	

Children's Services

Business Critical	Response	Children's Services - all services, including Safeguarding	Children's Services		Green - Operational	Move internally redeployed staff back into their own teams and reinstate those areas of the service that were not identified as business critical Review the Services Improvement plan and continue the improvement work wherever possible during the COVID-19 pandemic to ensure the work taken place so far is not lost. Plan and prepare for the impact that returning to 'normal' life will have on children, young people and their families especially our care leavers eg, schools only partially opening, financial hardship and unemployment, risks and fear of still contracting COVID-19, increase in mental health difficulties in young people, increased domestic abuse in homes. Review risk assessments and use of PPE if the virus is still in our communities to ensure we are keeping staff and families safe. To be able to react quickly to changes in government legislation and guidance on social distancing and adapt our services appropriately. Staff wellbeing – the impact of COVID-19 for our staff has been in both their personal and professional life. Ensuring effective communications to all staff, children, young people and multi agency partners on all changes to the services we provide. To restart the workforce development project work and continue the development of 'Grow our own Social workers' with the overall aim of stabilising the workforce. Re-instate the Start Well board as a priority. Continue the work to become CIW inspection ready.	COVID0067 - Health and wellbeing of children and young people COVID0068 - Placement availability COVID0069 - Increased demand on Children's Services COVID0074 - WCCIS availability

Commissioning and Contract Management

Business Critical	Response	Market Management and Support	Commissioning and Contract Management	Regular meetings held and communication with providers. additional roles adopted by the team regarding C19 testing, PPE logistics etc. Additional work required to provide Population Needs Assessments, Market Sustainability Reports, Market Position Statements, in the absence of Public Health support.	Amber - Action - Transition	Services are not yet in recovery and will not be able to fully recover until physical distancing requirements are removed/reduced. Supporting the market in this manner will continue while the services are in business continuity and are working with restrictions.	COVID0044 - Impact of COVID-19 COVID0050 - Increase in domestic violence COVID0064 - Sustained lockdown COVID0065 - Lack of PPE COVID0074 - WCCIS availability COVID0067 - Health and wellbeing of children and young people COVID0068 - Placement availability COVID0069 - Increased demand on Children's Services
Other Priority Activities	Response	Supported Living Contract Tendering	Commissioning and Contract Management	Significant cumulative contract value. Providers aware of challenges and delay.	Amber - Action - Transition	Additional resources identified to support the tendering process. The tendering process will commence this year. The challenge is whether the providers will have sufficient capacity to respond to such a large competitive process.	COVID0044 - Impact of COVID-19 COVID0050 - Increase in domestic violence COVID0064 - Sustained lockdown
Reduced	Response	General Commissioning and Contracts - children & adults	Commissioning and Contract Management	Ongoing, but with several contract exemptions in place and competive tendering minimal.	Amber - Action - Transition	Most contracts have been extended with an agreed exemption. The exemption ended in April 2021 and we are currently considering which contracts should now be extended and which ones should receive our attention to tender appropriately.	COVID0044 - Impact of COVID-19 COVID0050 - Increase in domestic violence COVID0064 - Sustained lockdown COVID0065 - Lack of PPE COVID0074 - WCCIS availability COVID0067 - Health and wellbeing of children and young people COVID0068 - Placement availability COVID0069 - Increased demand on Children's Services

Business Critical	Response	Contract Monitoring	Commissioning and Contract Management	Undertaken virtually with daily continual contact with providers. Significant risks in not being able to visit properties/services	Amber - Action - Transition	Work is currently being undertaken to risk assess a return to visiting care homes etc as the WG Alert Levels are reduced.	COVID0044 - Impact of COVID-19 COVID0050 - Increase in domestic violence COVID0064 - Sustained lockdown COVID0065 - Lack of PPE COVID0074 - WCCIS availability COVID0067 - Health and wellbeing of children and young people COVID0068 - Placement availability COVID0069 - Increased demand on Children's Services
Reduced	Stabilise	Partnership & RPB	Commissioning and Contract Management	Has restarted to a certain extent. But not to previous levels.	Amber - Action - Transition	The meetings have re-convened, but are short and managed in order to make best use of time across PCC and PTHB management.	COVID0044 - Impact of COVID-19 COVID0064 - Sustained lockdown COVID0067 - Health and wellbeing of children and
Business Critical	Response	Substance Misuse Services	Commissioning and Contract Management	Work continues. Contract manager recently left the Council and recruitment underway.	Amber - Action - Transition	Recruitment is underway for a new officer. The Health and Care Change Manager - Live Well is currently taking responsibility for the work.	COVID0044 - Impact of COVID-19 COVID0050 - Increase in domestic violence COVID0064 - Sustained lockdown COVID0065 - Lack of PPE COVID0074 - WCCIS availability COVID0067 - Health and wellbeing of children and young people COVID0069 - Increased demand on Children's Services

Social Services has recovery and business continuity matrices aligned to the Welsh Government's alert levels. This enables moving the services to different levels of provision according to national developments and infection levels. The matrix for adult services is set out below:

LOCKDOWN

• Access to emergency or essential services only
• Schools are only open to vulnerable pupils and children of key workers
•people are advised to stay at home, only leaving home for essential travel
•to work from home if possible.

Level 4 / Very High Risk: Restrictions at this level would be equivalent to the 'firebreak' regulations or lockdown. These could either be deployed as a 'firebreak' by doing so in advance, or as an emergency 'lockdown' measure if advance notice is not possible

Undertaking of priority 1 care calls and other business critical work only. This includes:

- Safeguarding
- Care Homes (including Supported Living) & Domiciliary Care
- Substance Misuse
- Supporting people to transfer home from hospital
- Front door/Information and Advice
- Supporting Unpaid Carers
- Financial support to providers
- Public/environmental health support to providers
- Deprivation of Liberty Safeguards.
- Statutory functions of the Deputyship Unit.
- AMHP provision
- Contract monitoring

- Day services and some commissioned services stopped & service users supported through
    - Redeployment of day care staff to work in supported living, domiciliary care and residential care and to provide support throughout the day
    - Assessment for additional care provision
- Regular telephone calls to vulnerable service users
- Urgent assessments for care and support
- Brokerage 7 day working (if required)
- Weekly (or more regular as required) calls with Providers - information exchange, staffing levels, PPE
- Personal Protective Equipment (PPE) provided 24/7 to all care providers
- Urgent respite only
- Safeguarding business as usual
- Enabling access for providers to emergency funding (Hardship Fund)
- Mental Health Act assessments
- Ongoing Forums – virtual meetings

- Regular Sitreps (up to daily) for ASC & associated statistical returns
- Regular (up to daily) MDT for disabilities
- Regular (up to daily) Care Home MDT
- Daily Sitrep for Live Well Commissioning
- Regular (up to daily) calls to care providers
- Weekly conference calls with care providers - supported by letters to all care providers
- Silver Command - regular meetings
- Gold Command - regular meetings
- Regular (up to daily) team meetings with inhouse service provision
- Workforce Risk Assessments
- All staff home working where possible
- Section 33 meetings stood down
- Stood down RPB, CCROG and subgroup partnerships
- Surge Accommodation Provision
- Senior manager (commissioning) cover 7 days per week - rota
- Non essential training stood down
- Rapid recruitment of care staff
- Regular meetings with Trade Unions
- Contract management – risk and well-being focused - no on-site activity

- Transfer checklist to ensure that information was passed to providers in relation to infection risk
- Step down bed monitoring process to ensure flow through the system
- Out of County (SATH & WVT) partnership call weekly to exchange information and strategies
- Patient letter explaining the need to vacate hospital beds and reduction in choice
- Regular patient flow calls (up to daily), timely planning.
- Creating capacity / additional resource i.e surge capacity / accommodation
- Social workers, brokerage team and inhouse reablement /domiciliary care working (up to) 7 days week and evenings
- Liaise with providers and act as conduit to information and financial support from WG
- CIW –change in RISCA legislation to support providers in capacity for recruitment etc
- Coronavirus Act
- Range of guidance issued by WG
- PAVO / Community Connectors / Third Sector
- PCC – Dedicated corporate support e.g., HR, Environmental Health, libraries, legal, finance
- Enhanced communication – briefings etc
- Committed deployed resources – internally within Adult Social Care and the wider council
- Training provision for deployed staff and volunteers
- IT resources and support
- Procurement exemptions – emergency awards
- Regular staff testing offered
- Enhanced workforce management

RED

• Increase the availability of public services gradually (e.g., waste and recycling, libraries). Increase scope of essential health and social care services.
•Schools enabled to manage increase in demand from more key workers and vulnerable pupils returning
•local travel, including for click-and-collect retail allowed
•people allowed to provide or receive care and support to/from one family member or friend from outside the household

Level 3 / High Risk: These represent the strictest restrictions short of a firebreak or lockdown. This responds to higher or rising level of infections where local actions are no longer effective in containing the growth of the virus.

Undertaking of priority 1 care calls and other business critical work only. This includes:

- Safeguarding
- Care Homes (including Supported Living) & Domiciliary Care
- Substance Misuse
- Supporting people to transfer home from hospital
- Front door/Information and Advice
- Supporting Unpaid Carers
- Financial support to providers
- Public/environmental health support to providers
- Deprivation of Liberty Safeguards.
- Statutory functions of the deputyship unit.
- AMHP provision
- Critical partnership activity
- Contract monitoring

- Day services stopped & service users supported through
    - Redeployment of day care staff to work in supported living, domiciliary care and residential care and to provide support throughout the day
    - Assessment for additional care provision
- Regular telephone calls to vulnerable service users
- Urgent assessments for care and support
- Brokerage Monday to Friday
- Daily calls with Providers - information exchange, staffing levels, PPE
- Personal Protective Equipment (PPE) provided 24/7 to all care providers
- Urgent respite only
- Safeguarding
- Residential Colleges closed
- Access for providers to emergency funding
- Mental Health Act assessments
- Ongoing Forums – virtual meetings

- ASC Sitrep Monday, Wednesday, Friday & Check-in on Sunday & associated statistical return (shared with PTHB)
- Daily MDT for disabilities
- Daily Care Home MDT + twice weekly oversight group with PTHB
- Daily Sitrep for Live Well Commissioning
- Commissioning Sitreps Tuesdays and Fridays
- Revised frequency of calls to care home providers, based on BRAG rating (blue=one weekly update call; green=twice weekly calls; amber=3 weekly calls; red=daily calls).
- Weekly conference calls with care providers
- Silver Monday, Wednesday & Friday
- Gold Monday, Wednesday & Friday
- Daily team meetings with inhouse service provision
- Weekly WG statistical return
- Risk assessing all staff on social distancing
- All staff home working
- No section 33 meetings
- Re accreditation of AMHPS
- Qualifications Panel
- Stood down RPB and subgroup partnerships
- CCROG reconvenes for critical partnership decision making
- Surge Accommodation Provision
- Senior manager (commissioning) cover 7 days per week – rota
- Contract management – risk and well-being focused - no on-site activity

- Impact of schools opening
- Transfer checklist to ensure that information was passed to providers in relation to infection risk
- Step down bed monitoring process to ensure flow through the system
- Out of County (SATH & WVT) partnership call weekly to exchange information and strategies
- Patient letter explaining the need to vacate hospital beds and reduction in choice
- Increase in patient flow calls to daily, reviewing all patients whether medically fit or not to ensure early planning.
- Creating capacity / additional resource i.e surge capacity / accommodation
- Social workers, brokerage team and inhouse reablement /domiciliary care working 7 days week and evenings
- Liaise with providers and act as conduit to information and financial support from WG
- CIW –change in RISCA legislation to support providers in capacity for recruitment etc
- Corona virus bill
- Range of guidance issued by WG
- PAVO / Community Connectors /Third Sector
- PCC - Corporate support e.g HR, Environmental Health, libraries, legal, finance
- Enhanced communication – briefings etc
- Deployed resources – internally within Adult Social Care and the wider council
- Training provision for deployed staff and volunteers
- IT resources and support
- Procurement exemptions – emergency award
- Staff testing for people with symptoms and all frontline staff
- Terms and conditions of staff employment to meet business critical work

AMBER

• Continue to increase the availability of public services. Increase access to non-essential health and care services (e.g., elective surgery, dentistry)
•Priority groups of pupils to return to school in a phased approach
•travel for leisure allowed together with meeting with small groups of family or friends for exercise
•people able to access non-essential retail and services
•more people travelling to work

Level 2 / Medium Risk: This includes additional controls to limit the spread of coronavirus. These may be complemented by more targeted local restrictions put in place to manage hotspots or specific incidents or outbreaks.

Undertaking of priority 1 care calls and other business critical work only. This includes:

- Safeguarding
- Care Homes (including Supported Living) & Domiciliary Care
- Substance Misuse
- Supporting people to transfer home from hospital
- Front door/Information and Advice
- Supporting Unpaid Carers
- Financial support to providers
- Public/environmental health support to providers
- Deprivation of Liberty Safeguards.
- Statutory functions of the deputyship unit.
- AMPH provision
- Small scale project work
- Reflecting on priorities and demand – analyse / reflect phase
- Critical and important partnership activity
- Contract monitoring

- Day services stopped & service users supported through
  - Redeployment of day care staff to work in supported living, domiciliary care and residential care and to provide support throughout the day
  - Assessment for additional care provision
  - Support service user through direct payments to access the community
- Regular telephone calls to vulnerable service users
- Urgent assessments for care and support
- Brokerage Monday to Friday
- Daily calls with Providers - information exchange, staffing levels, PPE
- Personal Protective Equipment (PPE) provided 24/7 to all care providers
- Urgent respite only
- Safeguarding
- Residential Colleges closed
- Access for providers to emergency funding
- Mental Health Act assessments
- Supporting care providers to recover
- Ongoing Forums – virtual meetings

- ASC Sitrep Monday, Wednesday & Friday
- Monday, Wednesday & Friday MDT for disabilities
- Monday, Wednesday & Friday Care Home MDT + weekly oversight group with PTHB
- Monday, Wednesday & Friday Sitrep for Live Well Commissioning
- Commissioning Sitrep Wednesday
- Weekly calls to care providers
- Weekly conference calls with care providers
- Recovery Coordination Groups
- Daily team meetings with inhouse service provision
- WG statistical return as required
- Risk assessing all staff on social distancing
- All staff home working
- RPB and CCROG reconvenes for critical partnership decision making
- Surge Accommodation Planning
- Senior manager (commissioning) - Monday to Friday
- Contract management – risk and well-being focused - some on-site activity

- Transfer checklist to ensure that information was passed to providers in relation to infection risk
- Step down bed monitoring process to ensure flow through the system
- Out of County (SATH & WVT) partnership call weekly to exchange information and strategies
- Patient letter explaining the need to vacate hospital beds and reduction in choice
- Increase in patient flow calls to daily, reviewing all patients whether medically fit or not to ensure early planning.
- Liaise with providers and act as conduit to information and financial support from WG
- CIW –change in RISCA legislation to support providers in capacity for recruitment etc
- Corona virus bill
- Range of guidance issued by WG
- PAVO / Community Connectors /Third Sector
- PCC - Corporate support e.g HR, Environmental Health, libraries, legal, finance
- Enhanced communication – briefings etc
- Deployed resources – internally within Adult Social Care and the wider council
- Training provision for deployed staff and volunteers
- IT resources and support
- Procurement exemptions – emergency award, but longer-term commissioning restarts
- Terms and conditions of staff employment to meet business critical work
- Staff testing for people with symptoms and all frontline staff

GREEN • Access to all normal public, health and social care services under physical distancing where possible or precautions in other settings •All children and students able to access education •Unrestricted travel subject to ongoing precautions •All sports, leisure and cultural activities, as well as socialising with friends permitted, with physical distancing **Level 1 / Low Risk:** This represents the level of restriction closest to normality which are possible while infection rates are low and preventative measures in place.	• Establish new priorities / population demand – Reframe Health and Care Strategy / Vision 2025 • Full strategic and proactive procurement • Remodelling – reflect on lessons learnt • Revisit / reset staffing structures and commissioned service models • All partnership activity • Contract monitoring	• Business as usual for adult social care, assessments, support and care provision • Risk assessment undertaken on practicality of opening day centres • Support service user through direct payments to access the community • Ongoing Forums – virtual meetings and/or physical meetings	• Powys New Way of Working – home/agile working with IT support • General attendance at County Hall for monthly team meetings only • RPB, CCROG and subgroup partnership activity reconvenes	• Influx of annual leave requests • Occupational health screening • Staff fatigue • Staff on social distancing/shielding returning to work • Management of changes HR • Terms and conditions of staff employment to meet the business-critical work • Wider role of PAVO / Community Connectors • Assistive technology – increase reliance • Commissioning and contract tendering business as usual

Mid Wales Joint Committee - Recovery in Mid Wales report: Ceredigion County Council

COVID-19 Response in Ceredigion

Predictions for Ceredigion from PHW at start of Pandemic 60,000 infected and 1% would die. A Gold Command structure was initiated in March 2020 which enabled timely key decisions and actions to be completed

Ceredigion County Council identified a clear vision that every single person, business and service could understand and agree upon in order to ensure Ceredigion succeeded in not only reducing predicted deaths through the first peak but more importantly for any future predicted peaks.

- Phase 1 - Preparedness – Closing down of all non-essential services
- Phase 2 - Implementation – Delivering services under lockdown conditions
- Phase 3 - Adjustment and long term resilience
- Phase 4 - Recovery

To date number of cases in Ceredigion is 1771 (as of 26/4/21)
Rate per 100,000 = 2,436.2 - lowest in Wales

Strategy and decision-making during the pandemic

- Adjustment & long term resilience plan
- Winter strategy –
    1. Protection of the health and wellbeing of our most vulnerable, including care services for the elderly and those whose medical conditions make them particularly at risk from COVID-19.
    2. Protection of the education provision within schools, colleges and universities.
    3. Enable the local economy to survive the winter months.

Gold Command structure and decisions

The Gold Command structure and process has enabled the following key decisions to be made and initiated:

- Support for most vulnerable – food boxes, welfare calls
- Contact tracing – early stages
- Safeguarding reports to GC whilst emergency powers in place
- Care homes – effective guidance, negative test on discharge, no visiting, no mixing of staff, restricted visits by professionals
- Business grants/funding - prevention of hardship
- Silver command groups set up specifically, Residential care, Contact tracing/TTP, Economic Adjustment, Vaccination/Testing,
- Senior representation at local and regional IMT's

- Senior representation on Covid specific local and regional forums including the Ceredigion Covid Response Group, Regional Safeguarding Covid Group, Sub groups of the RPB/PSB,

Adjustment and Recovery planning

It must be recognised that all essential services have been maintained throughout the pandemic albeit with an element of restriction to minimise risk of infection and to keep the public, service users and staff safe and minimise risk of spread of the infection. Those restrictions are now being considered across all service areas within the Council.

A 3 phase recovery plan approach has been adopted across all service areas. Each plan is presented to Gold Command for discussion and approval and is then provided to Leadership Group/Cabinet meetings for information.

The Council has a public facing road map which outlines the key milestones in relation to service changes and the phased reinstatement of services.

Recovery plans presented to date have included areas such as:

- Residential care homes (staff sustainability and visiting arrangements)
- Learning Disability and Older Peoples day services
- Respite care
- A wide range of Early Intervention/Prevention services including Organised outdoor vocational, learning and work, Employment Support Team to restart paid Work and Volunteering Opportunities, Organised and approved outdoor children/young people's group activity, Outdoor Health Intervention Classes / Exercise Classes for Adults
- Mental Wellbeing school counselling

Workforce Challenges

A redeployment programme of staff was implemented in the early stages of the pandemic to assist key services including care homes and school hubs caring for vulnerable children. There has been a continued focus on recruitment with a number of campaigns both internally but also supporting external providers with campaigns.

Some of the current challenges include the recruitment and retention of key staff including Social Workers and Occupational Therapists, however it is acknowledged that this is a National trend and opportunities around regional working has been explored. The Council has a strategy for meeting this challenge including the following approaches:

- Social Work traineeship reviewed 2019
- Offering academic opportunities
- Swansea University placements
- Reviewing job roles and evaluations
- Refreshing advertising - intensive campaign to join Ceredigion

Supporting Staff Wellbeing

We have committed to providing responsive, accessible and inclusive support to staff throughout the pandemic, this has included:

- Employee Health & Wellbeing Officer
- Employee Assistance Package
- Occupational Health
- Responsive approach including, wellbeing surveys/questionnaires, discussions with managers & teams, streamlined aappraisal process, drop in sessions
- Organisation wide activity and support including, information on intranet, Wellbeing Wednesdays, Activities, Wellbeing Webinars, Shielding staff
- Social care workforce specifically - Dedicated health and wellbeing webinars, regular meetings with Corporate Manager/Registered Managers, Individual support within care homes

New ways of future working

The last 12 months has meant a significant change in the way that the Council and its staff has had to work and meet the daily demand of the services it provides. With all staff working from home (unless their role requires them to be front facing i.e. residential care home staff, enablement etc.) there has been a reliance on digital technology and remote working.

A silver command group was agreed to consider how the council could work in the future with the learning from the pandemic taken into account. The vision is to provide a modern, flexible work environment that supports agility and encourages collaborative activity. The aim to create workplaces that are not only cost effective, but strengthen our corporate culture, increase engagement with our Ceredigion community and improve service delivery. A staff survey and focus groups have been held to determine what the ‘new ways of working’ will be and this will then inform an estates strategy for the future. It is proposed that this will promote the health and wellbeing of the workforce, encourage and support agile and flexible working, increase public facing spaces whilst also reducing the carbon footprint and promoting environmental resilience.

Financial and business recovery

The Council has enabled and empowered a range of services and initiatives via various funding streams from Welsh Government during the pandemic. These have included the Hardship fund that has specifically provided support for residential and front line care services. This fund will continue in the short term to allow internal and commissioned services to focus on their recovery plans. There has been grant funding for businesses and support for the reopening of the visitor economy which is so important to the general economic recovery within Ceredigion.

Donna Pritchard

Corporate Lead Officer, Porth Gofal Services

EITEM AGENDA / AGENDA ITEM: 5

***Cyd-bwyllgor Iechyd a Gofal y Canolbarth* / Mid Wales Joint Committee for Health and Care**			
***Dyddiad y Cyfarfod*: Date of Meeting:**	25th May 2021		
***Eitem ar yr Agenda:* Title of Report:**	Rural Health and Care Wales (RHCW) Work Programme 2021/22 – update report		
***Arweinydd:* Lead:**	Peter Skitt, County Director Ceredigion and Mid Wales Joint Committee Programme Director		
***Pwrpas yr adroddiad:* Purpose of the Report:**	To approve the RHCW Work Programme and Budget for 2021/22; to receive an update report on the RHCW Work Programme for 2021/22	***Ar gyfer cytundeb* For Agreement**	✓
		***Ar gyfer trafodaeth* For Discussion**	
		***Ar gyfer gwybodaeth* For Information**	✓

***Crynodeb* / Summary**

The RHCW Management and Steering Groups approved a draft Work Programme for RHCW for 2021/22, with the provision that it is subject to change pending finalisation of the Mid Wales Joint Committee (MWJC) Strategic Aims for 2021/22; the RHCW Work Programme 2021/22 was approved by the Mid Wales Planning and Delivery Executive Group at its meeting held on 26th April 2021 and is now presented for final approval to the MWJC.

This report also provides an update of progress made to date by RHCW in achieving its draft Work Programme for 2021/22

***Argymhelliad* / Recommendation**

For agreement - the MWJC is asked to approve the RHCW Work Programme and Budget for 2021/22.

For information - the MWJC is asked to receive the update on achievements against the draft / approved RHCW Work Programme 2021/22.

IECHYD A GOFAL GWLEDIG CYMRU
RURAL HEALTH AND CARE WALES

Papur / Paper: 5

DRAFT RHCW Work Programme 1st April 2021 to 31st March 2022

Below is a proposed Work Programme for RHCW for the period 1st April 2021 to 31st March 2022, aligned with the strategic priorities and aims of the Mid Wales Joint Committee for Health and Social Care* *(*note: this are subject to review in 2021).*

Aligned with MWJC Strategic Aims:

1. **Aim 1: Health, Wellbeing and Prevention**
   - *Improve the health and wellbeing of the Mid Wales population*

- Instigate research into community projects that support innovative health and care provision in rural areas, e.g. community resilience / best practice models (e.g. Cardi Care) and pilot these for future roll-out
  TARGET: Cardi Care project to be completed by July 2022

- Develop and deliver rural health and care research proposals, based on identified needs, to include completion of delivery of the "On your bike" project (Cynnal y Cardi / LEADER funded) and other projects that align with the RHCW / MWJC Aims and Objectives
  TARGET: second phase of "On your Bike project" (installation of bikes and research on usage) to be completed by 31st March 2022

- Take an active role in Green Health and Social Prescribing matters across Mid Wales, providing the administrative function for the Green Health in Practice network and sitting on the Wales School for Social Prescribing Research and other social prescribing / green health networks to maximise health and wellbeing benefits for rural populations

2. **Aim 2: Care Closer to Home**
   - *create a sustainable health and social care system for the population of Mid Wales*

- deliver the Cardi Care community resilience project
  TARGET: Cardi Care project to be completed by July 2022

- conduct research on the community hospitals across rural Mid Wales to ascertain their service provision, areas of concern and measures of relevance and compare with national benchmarking criteria
  TARGET: to be completed by December 2021

- develop and submit grant / research proposals that will support the creation of sustainable health and social care systems for the populations of Mid Wales

- undertake research into the impact of Covid-19 on the delivery of health and care services across Mid Wales, focussing on the following:

    1. collating the experiences and lessons learnt by health and care providers across Mid Wales
    2. undertaking research into community resilience and the significance of strong communities in supporting local populations during the pandemic
    3. considering differences in the delivery of telehealth / telemedicine interventions during the pandemic and future implications

- Explore the possibility of developing and co-ordinating a Mid Wales Value-based Healthcare Hub involving the three health boards, in order to develop a common understanding and rural value-based assessment process, in addition to identifying collaborative value-based projects
  TARGET: Develop a proposal for a Rural Value-based Healthcare Hub by June 2021; develop a minimum of two projects for the Rural Value-based Healthcare Hub, should it proceed, by March 2022

- Support and pilot digital health / telemedicine initiatives

3. **Aim 3: Rural Health and Care Workforce**
   - *Create a flexible and sustainable rural health and care workforce for the delivery of high-quality services which support the healthcare needs of rural communities across Mid Wales*

- Complete the extensive research undertaking on the provision of Education and Training across Wales and identification of gaps in rural areas
  TARGET: for completion by June 2021

- Support initiatives that provide education, training and CPD to health and care professionals working in rural areas of Wales

- Work with all relevant stakeholders and policy decision makers to support the development of an increased provision of “local” training for health and care professionals in Mid Wales

- Continue to support and provide input into the development of rural credentials for doctors / GPs working in rural areas (GMC / NHS Education in Scotland)
  TARGET: Rural credential should be finalised by 2022

- support Universities to provide rural graduate and postgraduate training for medical students and the wider healthcare professions, encouraging local applications / widening participation
  TARGET: submit/support at least one application for funding for a PhD student, to work on research identified within the RHCW Work Programme

- support further education institutions and work-based organisations in their provision of apprenticeship schemes relevant to rural health and care in the Mid Wales area, participating in the Regional Learning and Skills Partnership for South West and Mid Wales and contributing to the annual Skills Plan for the area (health and care)

- support career events to holistically promote health and care careers in Mid Wales and support health boards / local authority recruitment campaigns
- Participate in consultations and workshops relevant to the rural health and care workforce

- Undertake research that identifies emerging "new" health and care roles and qualifications that are required to support rural populations

- Produce an infographic on the roles within Primary Care across the Mid Wales region, for public/patient use
  TARGET: to be completed by September 2021

- Publish the research conducted on the recruitment and retention of health and social care professionals in rural areas; continue to both instigate and support innovative proposals that address barriers to recruitment and retention
  TARGET: to be completed by September 2021

4. **Aim 4: Hospital Based Care and Treatment**
   - *Create a sustainable and accessible Hospital Based Care and Treatment service for the population of Mid Wales, with robust outreach services and clinical networks*

- Support the work of the MWJC in this area

- Support the development of increased care closer to home / in the community, taking the onus away from Hospital Based Care and Treatment, e.g. supporting Community Resilience and greater adoption of digital / virtual consultations

5. **Aim 5: Communications, Involvement and Engagement**
   - *ensure there is a continuous and effective communication, involvement and engagement with the population of Mid Wales, staff and partners*

- Organise an annual Rural Health and Care Wales Conference on 9th and 10th November 2021, following on from the success of previous conferences and taking on board feedback from the evaluations and proposals for improvement; to be held on-line or in person, depending on Covid restrictions in situ at the time
  TARGET: RHCW Conference to be held on 9/10 November 2021

- Organise a minimum of two on-line webinars that enable the sharing of best practice in rural health and care, highlighting innovative practices and research results
  TARGET: first Webinar to be held in July 2021; Second Webinar to be held in January 2022

- Influence policy on rural health and care matters by participating in consultations and disseminating research findings

- Establish and / or participate in networks of individuals and groups that support research, innovation and development in rural health and social care, including developing stronger links with the regional Research, Innovation and Improvement Hubs in North Wales, West Wales and Powys to ensure better alignment of work, collaboration and avoidance of duplication
  TARGET: to attend at least 2 meetings with each regional Hub by end of March 2022; to invite each Hub to present at the RHCW Conference 2021 and / or to the RHCW Management / Steering Groups in 2021

Meeting the identified priorities of the MWJC:

- Health, Wellbeing and Prevention
- Telemedicine
- Integrated Care Hubs
- Workforce
- Engagement and Involvement

RHCW specific work:

In addition to the above, there is work specific to the continuation of RHCW that will be undertaken as part of its Work Programme for 2021/22, as outlined below:

- Establish appropriate long-term governance and operational structure for RHCW as from 1st April 2021
  TARGET: review of RHCW Terms of Reference to be conducted by September 2021

- Work within the 5-year strategic plan for RHCW for 2020-2025, building on its success to date and aligning with the future governance and structure once confirmed

- Raise the profile and work of RHCW through networking, attendance at events and presentation at conferences

- Develop funding and grant applications for initiatives / projects that meet the Aims and Objectives of RHCW

RHCW Budget 2021 / 2022

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	TOTAL
Income					
PTHB Income	9,375	9,375	9,375	9,375	37,500
BCUHB Income	9,375	9,375	9,375	9,375	37,500
HDdUHB Income	9,375	9,375	9,375	9,375	37,500
Other income*	2,500	2,500	2,500	2,500	10,000
					£122,500
Expenditure					
Staff					
RHCW Project Manager (F/T)	15,200	15,200	15,200	15,200	60,800
RHCW Development Officer (F/T)	8,500	8,500	8,500	8,500	34,000
Travel & Subsistence	1,500	1,600	1,800	1,600	6,500
Meetings	150	150	150	150	600
RHCW Chair of Management Group	1,250	1,250	1,250	1,250	5,000
Annual Conference		1,000	4,000	2,000	7,000
Website / Repository dev.	250	250	250	250	1,000
IT & Office consumables	300	350	400	300	1,350
Publications / Publicity	500	800	800	600	2,700
Other - printing, promotional items etc.	850	900	900	900	3,550
					£122,500
Balance					**£0**

**grants / conference fees / events*

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RURAL HEALTH AND CARE WALES

RHCW Progress Report as at May 2021

Aim 1: Health, Wellbeing and Prevention

- *Improve the health and wellbeing of the Mid Wales population*

- The fourth and final site location has been agreed recently for the bikes ("**On your Bike**" project), with Cynnal y Cardi finalizing contracts between Ceredigion County Council and the Town Councils in order that installation can begin, hopefully by June 2021. The second phase of research on active use of the bikes will then commence. Site visit with installers due to take place on 3rd June 2021.

- Since January 2021, RHCW (AP) has been attending meetings to consider "**delivering value in rural Wales" (Value-based Healthcare),** convened by Huw Thomas, Director of Finance with HDdUHB, attended by representatives from all three health boards (HDdUHB, PTHB and BCUHB), RHCW and Aberystwyth University (RR). At the January meeting, AP was tasked with investigating the possibility of setting up a Rural Value-based Healthcare Hub in Mid Wales that brought the three Health Boards together; meetings were held with each individual Health Board and a proposal made to the March meeting to host a rural value-based hub within RHCW and potentially a jointly-funded post in VBHC. Priority areas for collaborative value-based project were identified, as follows:
    - Cataracts / ophthalmology
    - Frailty
    - Orthopaedics
    - Community hospitals
    - Cancer
    - Diabetes
    - Dementia
    - Community / Social Care
    - Rehabilitation
    - Chronic Pain Management
    - Urology

  Consideration is also being given to supporting a Health Economist role at Aberystwyth University and for a course on Value-based Healthcare (from a rural context) to be delivered by Swansea University to all 3 HBs in October 2021. Next meeting to be held on 7th June 2021.

- AP has met with Wendy Hooson, Acting Head of Health Strategy and Planning BCUHB, Dr Lynne Grundy, Associate Director Research and Innovation BCUHB and Sarah Bartlett, North Wales Research, Innovation and Improvement Hub Manager, on 18th February and 12th May to consider the RHCW Work Programme and explore options for closer collaboration in future. AP is to present on the work of RHCW at the next North Wales Research, Innovation and Improvement Board meeting on 17th May 2021. Ongoing meetings between all three organisations are to continue. Regular meetings are now being held with representatives from all 3 RI&I hubs, with the recommendation in the new TOR that these be included in the RHCW Stakeholder Group.

Aim 2: Care Closer to Home

- *create a sustainable health and social care system for the population of Mid Wales*

- The funding for Cynnal y Cardi, who administer the LEADER grant for the Cardi Care project, has been further extended to September 2022. As such, another re-profiling of the Cardi Care project had to be submitted and a new Deed of Variation drawn up (same grant amount); a key development includes engagement with Bethan Jenkins (previously employed as Development Officer with RHCW) to work for 3 months in a self-employed capacity, to start work on Cardi Care before the Co-ordinator is employed. This work has now commenced and the part-time role of Co-ordinator is in the process of being advertised (3 days a week until June 2022).

  New project plan:

Proposed Activity	Timetable
Preparatory work (literature / surveys)	Work undertaken until April 2021
Stakeholder Group formation	June 2021
Recruitment & appointment of Co-ordinator	February – May 2021
Assessment throughout of ease of use, replicability and success / failure of Solva Care tool kit	February 2021 – June 2022
Stakeholder Group meetings	June 2021; August 2021; Sept. 2021; Dec. 2021; March 2022; June 2022.
Engagement and exploratory work with 4 identified villages, including baseline assessment of needs and commencement of identification of potential volunteers	Feb. 2021 - May 2021
Recruitment of Volunteers	March 2021 and ongoing throughout project
Employment of Co-ordinator	May 2021 – 30 June 2022 (14 months; 3 days a week)
Final identification of one village location for Cardi Care pilot	June 2021
Launch event	June 2021
Identification of specific needs of residents	February 2021 – June 2021 and ongoing throughout project delivery

Delivery of Services	June 2021 – June 2022
Assessment and evaluation of services	June 2021 – June 2022
Exploration for future funding and potential grant applications (if above is positive)	October 2021 – June 2022
Final report compiled on process, project delivery and public dissemination of findings	June/July 2022
End of project event (presentation of findings)	June 2022

- RHCW approached Aberystwyth University with a proposal to submit an application for funding to Health and Care Research Wales for a PhD student (f/t over 3 years) to consider the impact of loneliness in diverse rural communities on health/wellbeing; this will also consider mental health impact on the agricultural community (**Social Care PhD Scholarship Scheme**, value £66k or £22k per annum over 3 yrs). The grant funding will primarily be for the successful student (£15k annual stipend) and AU (fees), plus a small amount for travel/resources, but the work will directly relate to the RHCW Work Programme and RHCW will provide additional supervisory support (RR, AU main supervisor) and receive a report on findings and presentation at its Conference as targeted outcomes. The findings of the research will be of particular value to rural communities in Mid Wales, where the research will focus. AP and RR (AU) have worked collaboratively on the grant application which was submitted by AU on 5th March 2021. Title for the research: "*How living in rural areas contributes to feelings of loneliness in diverse rural communities, and the role communities play in addressing social inequality".* An email was received on 22nd April confirming that the application was deemed in remit and would be fully considered on 18th May, with a decision soon after.

- AP attended a meeting of the **National Centre for Population Health and Wellbeing Research** (NCPHWR)'s **Healthy Working Life Advisory Group** on 13th January 2021, to discuss elements of Healthy Working Life and explore projects that could improve this area of health and wellbeing.

- AP also attended a meeting of the **Rheumaps External Advisory Group** (musculoskeletal research in rural areas, Scotland and Wales) on 17th February 2021.

Aim 3: Rural Health and Care Workforce

- *Create a flexible and sustainable rural health and care workforce for the delivery of high-quality services which support the healthcare needs of rural communities across Mid Wales*

- Work continues on the medical **Rural Credentials** project (led by Dr Pauline Wilson, Consultant Physician and Director of Medical Education NHS Shetland), with an update report received on 14th May 2021 attached as Appendix 1. AP attended a small workgroup meeting in March to discuss the following:

    - Processes to acknowledge those already working within the remit of the credential

- Appropriate experience and competencies that would be suitable for entry into credential outside General Practice.

As per an action from the RHCW meeting held on 8th December 2020, Dr Sue Fish was nominated to attend as a representative from Wales (GP/educator), with RHCW (AP) also requested to remain on the Steering Group.

- AP attended a meeting convened by Dr Tom Lawson, Postgraduate Medical Dean HEIW, on 31st January regarding setting up a group to inform what the "healthcare workforce needs and training requirements might be for Wales", with the intention of this influencing the HEIW workforce strategy and planning. The meeting was held on the 9th March and considered "**Rural Healthcare, Workforce and Training (including Credentialing) in Wales)**", with the discussion feeding into the Scotland NHS work on Rural Credentials. AP has been asked to submit the RHCW review of Education and Training in Wales to HEIW, which is under final review.

- AP attended a meeting of the **Health and Social Care Cluster** sub-group of the Regional Learning and Skills Partnership meeting (Mid and West Wales) on 11th February 2021, where the focus was on the impact of Covid-19 on staffing in care homes, with little debate on education/training in this instance. RHCW has been asked to sit on the Steering Group for the Mid Wales Regional Learning and Skills newly formed group, with the first meeting held on 12th May 2021. The work of the Mid Wales RLSP will feed into the Mid Wales Growth Deal.

- RHCW continues to support the recruitment of **Graduate Entry Medicine** students at Swansea University, with AP having interviewed candidates as a "lay" representative on 25th February 2021 and 10th March 2021.

Aim 4: Hospital Based Care and Treatment

- *Create a sustainable and accessible Hospital Based Care and Treatment service for the population of Mid Wales, with robust outreach services and clinical networks*

No further update.

Aim 5: Communications, Involvement and Engagement

- *ensure there is a continuous and effective communication, involvement and engagement with the population of Mid Wales, staff and partners*

- The RHCW annual Conference was held on the 10th and 11th November 2020 on Teams Live, with over 200 attendees on each of the two days (655+ "visits"). Whilst there were some technical issues to contend with, the feedback received to date has been very positive, with an excellent selection of quality presentations.

  The Poster competition was extended to the 7th December and the award winners were:

First place:
"Evaluating the mental health and wellbeing benefits associated with outdoor activities in Brecon Beacons National Park and informing the development of "green health" services in Powys"
Tania Dolley, Amy Goddard and Emily Moore, PTHB

Second place:
"*Co-production in Commissioning Carers Projects*"
Marie Davies, Credu

Third place:
"*Arts for Health's Sake*"
Pod Clare, HAUL Arts in Health

The online Conference Evaluation survey had a very poor response this year, whether this was due to feedback being given informally online during the Conference or the online Poster competition emails or other reasons is unknown (less than 10 responses received). As such, an informal report will be collated, based on downloaded comments (technical issues are present preventing download).

The 2021 RHCW Conference is proposed for the **9th and 10th** November 2021, with a fuller discussion on format and content to be held at the June 2021 RHCW meeting.

- RHCW sits on the **Communications Consumer Hub for Wales** (addressing connectivity / broadband / communication issues across Wales), with AP attending a meeting on 7th October 2020 and 3rd February 2021. HOS attended a further meeting on 21st April 2021 and AP attended a pan-UK meeting on 11th May 2021 which considered the imminent move to VOIP telephony as from 2025, raising potential implications for telehealth interventions.

- On 20th April 2021, AP presented on rural health and care issues in Wales at an international (virtual) conference convened by SAPHIRe (Securing the Adoption of Personalised Health in Regions; www.saphire-eu.eu). The Conference title was "**Problems and solutions for personalised healthcare in remote, rural and sparsely populated regions**" and involved presentations from the Nordic countries, France, Spain and Holland, with attendees from across Europe. It was interesting to note that the rural health and care issues faced in Wales were common across all countries and there is potential collaboration on future projects. Members of SAPHIRe will potentially present at the RHCW Conference in 2021.

RHCW specific work

- Helena O'Sullivan commenced in post as **RHCW Development Officer** on 6th April 2021. This post is a full-time, fixed term appointment to 31st March 2022, with potential to extend.

APPENDIX 1

NHS Education for Scotland

Credential in Rural and Remote Health (Unscheduled and Urgent Care)

Progress Report - May 2021

September 2020

GMC Curriculum Oversight Group

April 2021

Credential submitted to GMC

June 2021

GMC Curriculum Advisory Group

The purpose of the Rural and Remote Health curriculum is to provide a supportive training framework for doctors delivering unscheduled and urgent care in rural and remote hospitals and at the interface with the community.

The curricular competency framework has been developed in collaboration with existing rural and emergency health practitioners and is an evolution of the Acute Care General Practitioner Rural Fellowship competencies, originally developed and delivered by NHS Education for Scotland. It has been subject to iterative review and wide discussion with key stakeholders across the UK.

The Rural and Remote credential has been designed to meet the stipulations of the UK Shape of Training Review and will be overseen by NHS Education for Scotland (NES).

The curriculum for the credential is an outcomes-based curriculum, written in line with the GMC Excellence by Design standards.

The credential curriculum has been developed by a Rural and Remote Health Credential Expert Steering Group convened under the auspices of the statutory body, NHS Education for Scotland. Membership of the Rural and Remote Health Credential Expert Steering Group was drawn from across the four nations, comprising a range of organisations with an interest in the development of the credential

In November 2020, the Rural and Remote Health Credential Expert Steering Group met virtually to discuss the aims and objectives of the credential and to work toward an agreed competency framework and curriculum design and delivery.

In January 2021, three sub-groups (comprised of members of the Rural and Remote Health Credential Expert Steering Group) met to discuss the credential development process:

- Sub-group one - Programme of learning and assessment
- Sub-group two - curriculum competencies
- Sub-group three - How to acknowledge those already working in the rural and remote settings who meet the credential outcomes

In February 2021, a working group with representation across the four nations was formed to refine the capabilities in practice (CiP) and procedural skills:

- 2 representatives from Wales
- 2 representatives from Scotland
- 2 representatives from England
- 1 representative from Northern Ireland

Three generic and nine clinical CiPs were developed. The approach taken was to match each clinical CiP to key clinical presentations and conditions with a general descriptor of the knowledge, skill and behaviours required for each capability. The presentations and conditions have been presented in an ABCDE structure, which is a recognised structure of assessment in urgent care settings.

- **Generic CiP 1:** Able to work as a rural and remote practitioner within NHS system
- **Generic CiP 2:** Adapting practice to Urgent Care Setting

- **Generic CiP 3:** Facilitate effective handover of patient to specialist services

- **Clinical CiP 1**: Recognise and appropriately manage acute paediatric presentations
- **Clinical CiP 2:** Management of time critical presentations/conditions (Medical and Surgical)
- **Clinical CiP 3**: Assessment and initial management of the trauma patient
- **Clinical CiP 4:** Ability to assess and appropriately manage core Ear, Nose, and Throat (ENT) presentations
- **Clinical CIP 5:** Ability to evaluate and appropriately manage the patient presenting with eye problems
- **Clinical CIP 6**: Ability to assess and manage appropriately core obstetric and gynaecology presentations
- **Clinical CiP 7:** Evaluate and appropriately manage the patient with acute psychiatric presentation including overdose
- **Clinical CIP 8**: Evaluation and management of the older person
- **Clinical CiP 9:** Management of patients requiring palliative and end of life care

The procedural skills required in each locality may differ due to the provision of the service by other clinicians e.g. anaesthetists. It was agreed that credential holders should be proficient in procedures that they will be expected to carry out, and have simulated competencies for those skills they are less likely to use.

Aligned with "Excellence by Design", the Rural and Remote Health credential curriculum is outcomes-based. Progression will therefore depend on capability rather than time. Attainment of the competencies may accordingly be achieved at different times depending on clinical placements as well as pre-credential experience and training.

The curriculum will be delivered through a variety of learning experiences and will allow learners to achieve the capabilities described through a variety of learning methods. There will be a balance of different modes of learning from experiential learning 'on the job' to more formal courses. The proportion of time allocated to different learning methods will vary depending on the previous experience of the learner. Training will be constructed to enable learners to experience the full range of educational and training opportunities available and there will be robust arrangements for quality assurance in place to ensure consistent implementation of the curriculum.

Response to consultation in terms of credential development:

- After consultation and it was decided that the title of the credential should be adjusted to ensure that the scope and purpose of this credential is clear. The credential title has been accordingly refined to "GMC-regulated Credential in Rural and Remote Heath - Unscheduled and Urgent Care".

- The entry point for this credential will most commonly be doctors on the GP Register (or equivalent) who already work (or wish to work) in rural and remote settings. They are already required to display a wide range of knowledge, skills, behaviours and attributes, reflecting the broad nature of General Practice. The credential curriculum will add further breadth and depth. They will develop expertise in a range of practical procedures and be adept at the management of complex situations in hospitals, and at the interface between primary and secondary care.

- The entry point for the credential will also include doctors practising in non-training grade positions in rural and remote contexts with appropriate experience and existing competencies (e.g. Staff and Associate Specialist doctors). During the consultation phase of the credential development, discussion was held with the COPMeD SAS Associate Postgraduate Deans' subcommittee to explore the premise of inclusion of SAS grade doctors. The Associate Deans were supportive and endorsed the introduction of the Credential in Rural and Remote Health for SAS doctors across the UK.

- While the focus of this credential is at the interface between General Practice and Rural and Remote small hospitals, it is recognised that some smaller hospitals may be staffed in part by doctors on the Specialist Register, and that their scope of practice may differ from their specialty postgraduate training. The Credential in Rural and Remote Health (Unscheduled and Urgent Care) may therefore also be applicable for some doctors on the specialist register who work in this context. Doctors on the Specialist Register who provide front door unscheduled and urgent care in rural and remote hospitals are welcome to apply to the UK Rural and Remote Credential Board to be considered for inclusion in the credential training programme.

- The credential is desirable and not essential for rural and remote practice. However, it is anticipated that over time the value and contribution of the credential to patient safety, the clinical service and to personal and professional development will be significant to stakeholders across rural and remote communities.

- Recognising the heterogeneity of credential entrants, it is estimated that the curriculum may take up to 2 years to complete.

- The process for reviewing learners' performance and making decisions on their progression through the credential programme will be very similar to the Annual Review of Competence Progression (ARCP) process that trainees in specialty training programmes undergo. Unlike ARCPs however, the reviews will be carried out by a UK Rural and Remote Credential Board.

 The Credential in Rural and Remote health (Unscheduled and Urgent Care) was submitted to the GMC in April 2021.

 The Credential will be formally considered by the GMC Curriculum Advisory Group in June 2021.

Subject to GMC approval, the next steps are:

- Appoint to UK Rural and Remote Credential Board;
- Identify those currently working within the scope of the credential for potential sign off and credential award;
- Train and appoint Educational Supervisors;
- Develop an e-portfolio for credential learners;
- Develop and formal launch, including provision of full online resources including the credential curriculum, and guidance documents, FAQs, rough guide for learners, person specification and guidance for trainers.

***EITEM AGENDA* / AGENDA ITEM: 6.1**

***Cyd-bwyllgor Canolbarth Cymru ar gyfer Iechyd a Gofal* / Mid Wales Joint Committee for Health and Care**	
***Enw'r Is-Grŵp*: Name of Sub-Group:**	Mid Wales Clinical Advisory Group
***Cadeirydd y Is-Grŵp*: Chair of Sub-Group:**	Dr Kate Wright, Lead Clinical Executive Director Mid Wales Joint Committee and Medical Director Powys Teaching Health Board
***Dyddiad y Cyfarfod Is-Grŵp diwethaf:* Date of last Sub-Group Meeting:**	4th May 2021
***Cyfnod Adrodd*: Reporting Period:**	October 2020 to May 2021

Y Penderfyniadau a'r Materion a Ystyriodd yr Is-Grŵp:
Key Decisions and Matters Considered by the Sub-Group:

Following the retirement of Dr Wyn Parry, Medical Director for Powys Teaching Health Board, in Summer 2020, the role of Joint Committee Lead Clinical Executive Director and Chair of the Mid Wales Clinical Advisory Group (MWCAG) was covered temporarily by Dr Phil Kloer, Medical Director for Hywel Dda University Health Board (HDdUHB). The new Medical Director for PTHB, Dr Kate Wright, commenced in early 2021 and she assumed the Lead Clinical Executive Director role in March 2021.

The MWCAG has met three times during this reporting period – 12th December 2020, 2nd March 2021 and 4th May 2021. Key decisions / matters considered by the group include:

Clinical priorities

The March and May MWCAG meetings focused on agreeing clinical advice for the MWJC's future programme and a recommended set of clinical priorities for 2021/22 in response to covid-19 and organisational recovery plans. Feedback was awaited from Health Boards and Local Authorities on the Mid Wales elements of their recovery plans which would be presented to the MWJC meeting on 25th May 2021. Agreed clinical priorities were as follows:

- Ophthalmology
- Cancer and Chemotherapy Outreach
- Urology
- Waiting lists (in particular Trauma & Orthopaedics and General Surgery)
- Utilising facilities in the Community
- Workforce in particular cross border /Joint workforce solutions

Colorectal Surgical Pathway

The newly appointed consultant colorectal surgeon had started on site at Bronglais General Hospital in early 2021 and the colorectal surgical pathway had re-commenced. The on-going pathway management would be through the clinical strategy group for Bronglais General Hospital.

Urology Service
At the MWCAG meeting in March 2021 concerns were raised regarding the Urology pathway for Mid Wales. Subsequent to this urgent work was undertaken to secure a solution and urology services were due to return to Bronglais General Hospital week commencing 10th May 2021 with an Urologist on site Monday to Wednesday and a Glangwili General Hospital visiting Consultant on site Thursday and Friday morning on a rotational basis. As such GP referrals could revert back to Bronglais and there needed to be engagement with GPs to ensure they were aware of the latest developments.

Upper GI Cancer pathway
The current Upper GI Cancer pathway continued to be an on-going issue for the Mid Wales population. A number of discussions had previously been held but progress had stalled due to changes in key personnel. As such the next meeting of MWCAG will be provided with relevant information and data on the current Upper GI Pathway for Mid Wales in order inform the final decision on next steps.

North Powys Wellbeing Programme
The North Powys Wellbeing Programme was placed on hold in March 2020 in light of the Covid-19 pandemic but was re-started in July 2020. The Programme Business Case had been finalised and submitted to Welsh Government with feedback due to be received by the end of May 2021. For the short term a number of accelerated projects had been supported and delivered through transformation funding. The focus was now on the service design work and supporting the development of the SOP for the multi-agency wellbeing campus.

Mid Wales Clinical network workshops
The Mid Wales Clinical network workshops to support the North Powys Wellbeing Programme were re-established with sessions held on 30th November 2020 for Medical, Surgical, Paediatrics and Rehabilitation pathways. A further Paediatrics workshop was held on 27th April 2021 to look at existing pathways and identified gaps in service across Mid Wales as well as agree actions required to develop clinical pathways and networks across Mid Wales. One key issue identified was the handover between secondary care and primary/community care and, at the request of paediatricians, a specific workshop session would be arranged to take this forward.

Primary and Community Care workforce
There was a need to consider the primary care and community element and interaction with and in between primary care contractors and which needed operational primary care teams to lead on these discussions. Opportunities for enhancing GP recruitment through offering portfolio GP and rotation packages needed to be explored. The group agreed that a joint cluster meeting be arranged of South Gwynedd, North Ceredigion and North Powys, to facilitated by the MWJC team, in order to start discussions within primary care on GP portfolio and rotation opportunities.

Bronglais General Hospital Strategy: Delivering Excellent Rural Acute Care – Implementation
The proposed timescale for the implementation of the Bronglais General Hospital Strategy had been delayed due the covid-19 pandemic. However, work was now being undertaken on developing a programmed approach to the implementation of the strategy which would be done on a pathway by pathway basis for implementation from 2021/22 onwards. The implementation phase, which would now be influenced by recovery plans, would require another set of discussions by the MWJC around commissioning intentions and future flows as

this was important in terms of the sustainability of Bronglais General Hospital.

Quality outcomes
The group noted there was a need to ensure that quality measurements / outcomes were fully considered with strengthened clinical involvement in contracts and commissioning monitoring processes. The HDdUHB Director of Nursing was leading on a piece of work to look at some pathways to ascertain whether the qualitative element was fully understood and whether the right pathways were in place for patients. Progress on this work would be reported back to MWCAG.

Value Based Healthcare
A Delivering Value in Rural Wales Group had been established which includes representation from Betsi Cadwaladr University Health Board, PTHB, HDdUHB, MWJC and RHCW. The group were developing proposals for the establishment of a Professor in Health Economics post to lead the development of a West Wales Centre for Health Economics. The links with RHCW, the MWJC's research arm, were being worked through. A presentation on this work will be brought back to the next MWCAG meeting for information and to ascertain the links between both groups.

Digital
A report was received summarising the digital platforms implemented for clinical pathways in response to covid-19 and future opportunities. The group agreed that this relied on good digital infrastructure and that there was a need to lobby for better bandwidth, infrastructure etc. with those organisational representatives leading on these developments to be asked to attend a future meeting.

Materion sydd angen eu cytuno neu trafod ymhellach gan y Cyd-Bwyllgor:
Items to be referred to the Joint Committee for agreement or discussion:

No items for referral.

***Gwaith Cynlluniedig yr Is-Grŵp ar gyfer y cyfnod nesaf*:**
Planned Sub-Group work for the next period:

- Mid Wales Priorities and Delivery Plan 2021/22
- Upper GI Cancer pathway for Mid Wales – Agreement of next steps
- Bronglais General Hospital: Delivering Excellent Rural Acute Care – Implementation plan
- North Powys Wellbeing Programme - Update report
- Clinical networks - Update report
- Delivering Value in Rural Wales Group - Presentation

Dyddiad y Cyfarfod Is-Grŵp Nesaf:
Date of Next Sub-Group Meeting:

2.30pm Tuesday 13th July 2021

***EITEM AGENDA* / AGENDA ITEM: 6.2**

***Cyd-bwyllgor Canolbarth Cymru ar gyfer Iechyd a Gofal* / Mid Wales Joint Committee for Health and Care**	
***Enw'r Is-Grŵp*: Name of Sub-Group:**	Mid Wales Public and Patient Engagement and Involvement Forum
***Cadeirydd y Is-Grŵp*: Chair of Sub-Group:**	Jack Evershed, Chair of the Mid Wales Public and Patient Engagement and Involvement Forum
***Dyddiad y Cyfarfod Is-Grŵp diwethaf:* Date of last Sub-Group Meeting:**	Mid Wales Public and Patient Engagement and Involvement Steering Group - 16th April 2021
***Cyfnod Adrodd*: Reporting Period:**	October 2020 to May 2021

Y Penderfyniadau a'r Materion a Ystyriodd yr Is-Grŵp:
Key Decisions and Matters Considered by the Sub-Group:
One key outcome from the Mid Wales Planning virtual workshop held on 24th November 2020 was that rather than Public and Patient Engagement and Involvement being a designated priority that it should instead be an enabler for all of the Joint Committee's priorities to be led and coordinated by the Chair of the Mid Wales Public and Patient Engagement and Involvement Forum. Also, that there should be a focus on engaging with hard to reach groups, in particular young people.

Mid Wales Public and Patient Engagement and Involvement Steering Group
Members of the Mid Wales Public and Patient Engagement and Involvement Forum are those members of the public who have shown an interest in the work of the Joint Committee and the Forum. The Forum operates as a virtual group with no formal meetings. As such there is in place a Mid Wales Public and Patient Engagement and Involvement Steering Group comprising Engagement and Involvement Leads for partner healthcare organisations, Local Authorities and CHC representatives. This group discuss and agree how best to engage and involve the public and patients in the work of the Joint Committee using existing organisational mechanisms and specific Joint Committee events and to ensure they complement each other.

The Steering Group has met twice since the last MWJC meeting in September 2020 to share updates on engagement and involvement work undertaken. Key points to note are as follows:

- Organisations across Mid Wales have separately undertaken some valuable engagement across the region on the impact of Covid-19 for which the outputs will be reviewed to identify any key emerging themes in relation to service provision across Mid Wales.
- Following feedback from the Mid Wales Planning workshop that the Forum focuses on engagement with young people, the group agreed to undertake a pilot engagement project with the Penglais Youth Council through a questionnaire focused on the Joint Committee's priorities.

- The Joint Committee's social media sites have been used to continue to share key information with the public during the covid-19 pandemic with feedback relayed back to relevant personnel and actioned where necessary.

Mid Wales Joint Committee Website
The Joint Committee website was moved to a new content management system in September 2020 as part of the NHS Wales new arrangements. This new content management system supports NHS organisations to ensure their websites comply with the new accessibility regulations which place a legal duty on all public sector organisations to ensure their websites and apps meet the accessibility requirements.

Forum Chair engagement activities
The Chair of the Public and Patient Engagement and Involvement Forum has been continuing to undertake engagement activity during the Covid-19 pandemic including the following:

- On-going communication and engagement with the public through the Joint Committee's social media accounts.
- Mid Wales Joint Committee team updates / briefings.
- Rural Health and Care Wales Management Group meetings and team updates / briefings.
- Wales School for Social Prescribing Research (WSSPR) Forum on the evaluation of social prescribing interventions, in order to strengthen the evidence base and determine how social prescribing may have an impact upon health and well-being.
- Rural Health and Care Wales Conference (2 days).
- Penglais School Youth Council meeting to discuss opportunities for engagement with young people.
- Administrative Data / Agricultural Research Collection (AD/ARC) Stakeholder Reference Group. The AD/ARC project builds from the 'Supporting farming communities at times of uncertainty' report published by the Public Health Wales Research Evaluation Division in September 2019.
- Promotion of the Covid-19 vaccination and providing support with the running of local vaccine clinics.

Materion sydd angen eu cytuno neu trafod ymhellach gan y Cyd-Bwyllgor:
Items to be referred to the Joint Committee for agreement or discussion:

- To note for information the proposal that a pilot engagement project be undertaken with Penglais School Youth Council.

***Gwaith Cynlluniedig yr Is-Grŵp ar gyfer y cyfnod nesaf*:**
Planned Sub-Group work for the next period:

- Development of a questionnaire for the pilot engagement project with the Penglais School Youth Council.
- Review the organisational engagement on the impact of Covid-19 to identify any key emerging themes in relation to service provision across Mid Wales.
- Agree on-going actions for members of the Steering Group to use existing organisational mechanisms to engage and involve the public and patients in the work of the Joint Committee.
- Share best practice and sight each other on any upcoming developments across Mid Wales.

PAPUR / PAPER: 6.3

***Cyd-bwyllgor Iechyd a Gofal y Canolbarth* / Mid Wales Joint Committee for Health and Care**	
***Enw'r Is-Grŵp*: Name of Sub-Group:**	Rural Health and Care Wales Management and Steering Groups
***Cadeirydd y Is-Grŵp*: Chair of Sub-Group:**	Jack Evershed, Chair of Rural Health and Care Wales Management and Steering Groups
***Dyddiad y Cyfarfod Is-Grŵp diwethaf:* Date of last Sub-Group Meeting:**	9th March 2021
***Cyfnod Adrodd*: Reporting Period:**	September 2020 – March 2021

Y Penderfyniadau a'r Materion a Ystyriodd yr Is-Grŵp:
Key Decisions and Matters Considered by the Sub-Group:

The RHCW Management and Steering Groups have met on the following dates since July 2020:

- 29th September 2020
- 8th December 2020
- 9th March 2021

In addition to monitoring progress against the agreed RHCW Work Programme 2020/21 and development of a Work Programme and Budget for 2021/22, recent meetings have included presentations on topics of particular interest, as follows:

- work being undertaken by WAST in conjunction with Snowdonia Aerospace on the use of drones in healthcare (input given by members on potential areas for exploration, which included delivery of medicine to community hospitals and delivery of telehealth enabling equipment)
- an update of rural education and training by HEIW
- a presentation on the new Rural Health and Care Academy in Powys (PTHB) – further updates to be provided
- an update on the Primary Care Academy (SU)
- digital health / informatic courses offered by the Wales Institute of Digital Information (NWIS / UWTDS)
- a presentation on how real time, remote, robotic ultrasound diagnostic processes are being used to address a shortage of medical resources in rural communities

Key decisions made include agreeing a date for the RHCW Conference in 2021 (9th and 10th November 2021) and proposing a review of the Terms of Reference for RHCW, which forms part of this report.

The RHCW Management and Steering Groups also proposed a change to AP's job title from RHCW Project Manager to Head of Rural Health and Care Wales, to reflect the changing role, and the development and more permanency of RHCW.

Copies of minutes of the meetings and presentations / further information can be supplied if members require (please email anna.prytherch@wales.nhs.uk).

Materion sydd angen eu cytuno neu trafod ymhellach gan y Cyd-Bwyllgor:
Items to be referred to the Joint Committee for agreement or discussion:

During the Coronavirus pandemic, the RHCW Management and Steering Groups have met together on a quarterly basis. This, in addition to agreed recurrent funding for RHCW, has instigated a proposed change to the Terms of Reference for RHCW. This is presented to the MWJC for approval.

The MWJC is asked to approve the date of the RHCW Conference in 2021, this being the 9th and 10th November 2021.

The MWJC is asked to acknowledge the change to AP's job title to Head of Rural Health and Care Wales.

***Gwaith Cynlluniedig yr Is-Grŵp ar gyfer y cyfnod nesaf*:**
Planned Sub-Group work for the next period:

- Adopt and work within the approved, revised Terms of Reference for RHCW
- Continue to monitor progress against the agreed RHCW Work Programme 2021/22
- Agree details of the 2021 RHCW Conference (9th and 10th November 2021)

Dyddiad y Cyfarfod Is-Grŵp Nesaf:
Date of Next Sub-Group Meeting:

8th June 2021

IECHYD A GOFAL GWLEDIG CYMRU
RURAL HEALTH AND CARE WALES

RHCW

Governance Structure

& Terms of Reference

RHCW Governance Structure

At its board meeting held on 24th March 2017, the MWHC approved a proposal by the CfERH sub-committee for roles of the sub-committee and management board to be reviewed and a new governance structure established for CfERH, which was renamed “Rural Health and Care Wales” (RHCW).

An interim RHCW Management Group was therefore established that amalgamated members of the sub-committee and management board, however new Terms of Reference (TOR) were not adopted. New TOR were therefore proposed for the Group and a supportive Steering Group. The new TOR were confirmed by the RHCW Management Group at is meeting held on 17th May 2018 and thereafter approved by the Mid Wales Joint Committee at its meeting held on the 5th June 2018, at which point the new governance structure and terms of reference for RHCW were adopted. The format consisted of a **RHCW Management Group** and **RHCW Steering Group** which met (initially) alternately every three months.

During the Covid-19 period and move to on-line meetings, the RHCW Management and Steering Groups met together every quarter (aside from the initial Covid-19 period in 2020) and this format appeared to work well, with good attendance and interactive meetings. Furthermore, in December 2020, recurrent funding for RHCW from two health boards (HDdUHB and BCUHB) was confirmed, giving greater permanency but also a more permanent direct link to the MWJC and its funders. As such, it was decided that it would be timely to review the TORs for RHCW, as outlined below.

RHCW Terms of Reference agreed on 5th June 2018:

1. Terms of Reference for the RHCW Management Group

PURPOSE	The Rural Health and Care Wales (RHCW) Management Group will: 1. Provide excellent governance for RHCW 2. Impart advice, guidance and expertise to inform RHCW strategy and direction 3. Develop strategic plans for RCHW, outlining a clear work programme that is aligned to its Vision, Aims and Objectives 4. Ensure adequate funding is in situ for RHCW to deliver its identified actions 5. Oversee the allocated budget for RHCW 6. Ensure sufficient non-financial resources (to include staff resources) are allocated to RHCW to enable it to achieve its work programme and identified targets 7. Represent RHCW strategically, seeking to influence national policy in Rural Health and Care 8. Liaise and communicate with stakeholders locally, regionally, nationally and internationally on Rural Health and Care 9. Support the integration of health and social care services and promote seamless service delivery, reflecting the Social Services and Well-being (Wales) Act 2014 and the Well-being of Future Generations (Wales) Act 2015

MEMBERSHIP	**Chair:** Jack Evershed
	Vice – Chair: to be nominated by the RHCW Management Group
	Membership (representatives from)**:**
	• Health Boards
	  ○ Hywel Dda University Health Board, Chief Executive
	  ○ Powys Teaching Health Board, Chief Executive
	  ○ Betsi Cadwaladr University Health Board, Chief Executive
	  ○ Welsh Ambulance Service NHS Trust, Chief Executive

	• HEIs
	  ○ Coleg Cymraeg Cenedlaethol, Chief Executive
	  ○ Aberystwyth University, Vice-Chancellor
	  ○ University of Wales Trinity St. David, Vice-Chancellor
	  ○ Cardiff University, Vice-Chancellor
	  ○ Bangor University, Vice-Chancellor
	  ○ Swansea University, Vice-Chancellor
	
	• Local Authorities
	  ○ Ceredigion County Council, Chief Executive
	  ○ Powys County Council, Chief Executive
	  ○ Gwynedd County Council, Chief Executive
	
	• Welsh Government
	• HEIW representative
	
	<u>In Attendance</u>:
	
	• RHCW Project Manager
	• RHCW Project Development Officer
	
	Whilst members will make every effort to attend, should any member be unavailable to attend, they may nominate a deputy to attend in their place. Deputies will be assumed to have the full delegated authority of the member they represent.
	Additional representatives from member organisations may be invited to attend, where appropriate and subject to agreement with the Chair.

DUTIES	• To govern the implementation of Rural Health and Care Wales. • To develop and agree strategic / business plans and a programme of works for RHCW that are aligned with its Vision, Aims and Objectives, and to monitor progress. • To agree and monitor financial spend and ensure adequate funding and support is in place for RHCW to meet is delivery targets. • To consider and discuss innovative approaches needed to address training, education, and research for health and social care in Mid Wales. • To explore the wider potential benefits of RHCW in Mid Wales, Wales, the UK and on the international stage. • To represent RHCW strategically, seeking to influence national policy in Rural Health and Care. • To liaise and communicate with stakeholders locally, regionally, nationally and internationally on Rural Health and Care.

MEETINGS	**Quorum** The quorum of the RHCW Management Group shall be either the Chair or Vice-Chair, plus at least 50% of the nominated membership (including deputies where advance notice of their attendance has been given). **Papers** The agenda will be based on actions of the previous meeting, matters arising and requests from RHCW Management Group or work commissioned by the Mid Wales Joint Committee for Health and Social Care (MWJC). Agenda and papers will be distributed preferably 5 working days prior to the meeting but no later than 3 days. The action log will be circulated within 7 days of the meeting. Members must forward amendments within the next seven days and the final version will be agreed with the Chair and Vice-Chair. **Frequency of Meetings** The RHCW Management Group will meet every six months. Additional meetings will be arranged as determined by the Chair and Vice-Chair. As required, the RHCW Management Group may arrange workshops though which to do wider engagement and development of its specific objectives. The Chair and Vice-Chair, in discussion with the RHCW Project Manager, shall determine the time and the place of meetings of the RHCW Management Group and procedures of such meeting. Meetings will have video- and audio-conferencing facilities available.
REPORTING	The RHCW Management Group is accountable to the MWJC for its performance in exercising the functions set out in these terms of reference. The RHCW Management Group shall report formally, regularly and on a timely basis to the MWJC and key stakeholders on its activities and recommendations and bring to their specific attention any significant matter under consideration. The RHCW Management Group may establish task and finish groups to carry out on its behalf specific aspects of its business.
REVIEW	The membership and terms of reference shall be subject to continuous review as the RHCW Management Group develops and any changes will be subject to approval by the MWJC.

2. Terms of Reference for the RHCW Steering Group

PURPOSE	The Rural Health and Care Wales (RHCW) Steering Group will: 1. Provide advice, input and feedback to the RHCW Management Group on matters pertaining to Rural Health and Care. 2. Provide input into the scoping of and initiation of training, education and research 3. Influence and advise the RHCW Management Group on new service models and the delivery of existing service models. 4. Work with the RHCW Management Group to initiate, drive and facilitate pertinent research and evaluation studies to inform and establish innovation in rural health and social care.

MEMBERSHIP	**Chair:** Jack Evershed, Chair of the RHCW Management Group
	Vice – Chair: to be nominated by the RHCW Steering Group
	Membership:
	• Members of the RHCW Management Group
	• Primary Care representation
	  ○ GP representative*
	  ○ Community Hospital representative*
	• Secondary Care representation
	  ○ Bronglais General Hospital representative*
	• Tertiary Care representative
	• Chair of MWJC Clinical Advisory Group
	• Social Care representation from each LA
	  ○ Ceredigion Social Care rep.*
	  ○ Powys Social Care rep.*
	  ○ Gwynedd Social Care rep.*
	• Community Health Council (CHC) representation
	  ○ Ceredigion CHC representative*
	  ○ Powys CHC representative*
	  ○ Gwynedd CHC representative*
	• Public / Patient representatives
	  ○ Ceredigion*
	  ○ Powys*
	  ○ South Gwynedd*
	• Further Education college and Work Based Learning representation:
	  ○ Group NPTC
	  ○ Coleg Ceredigion (UWTSD / Coleg Sir Gar)

	○ Hyfforddiant Ceredigion Training (ACT) ○ Cambrian Training • Other nominated individuals proposed by the RHCW Management Group and / or the MWJC Management Board **consideration needs to be given as to how these are selected– by role or nomination or election etc.* <u>In Attendance</u>: • RHCW Project Manager • RHCW Project Development Officer Whilst members will make every effort to attend, should any member be unavailable to attend, they may nominate a deputy to attend in their place. Deputies will be assumed to have the full delegated authority of the member they represent. Additional representatives from member organisations may be invited to attend where appropriate, subject to agreement with the Chair.
DUTIES	• To provide input into the business plan and programme of works for RHCW, also providing feedback on delivery and outcomes. • To contribute to discussions on innovative approaches needed to address training, education, and research for health and social care in Mid Wales • To consider and deliberate the wider potential benefits of RHCW • To explore and exploit expertise within member organisations that will create a sound research platform to provide an evidence base for rural health and social care practice. • To disseminate and put into practice the results of research undertaken into Rural Health and Care • To work with RHCW Management Group to influence professional bodies and Higher/Further Education Institutions in order to ensure structured education and training programmes for doctors, dentists, nurses, pharmacists, allied healthcare professionals, paramedics, optometrists and social care staff are available to equip them with the skills and knowledge to deliver high quality care in rural areas. • To contribute to ensuring structured education and training programmes are available to equip health, social and community care staff with appropriate skills and knowledge to deliver high quality care in rural areas.
MEETINGS	**Quorum** The quorum of the RHCW Steering Group shall be Chair or Vice-Chair plus at

	least 50% of the nominated membership (including deputies where advance notice of their attendance has been given). **Papers** The agenda will be based on actions of the previous meeting, matters arising and requests from the RHCW Management Group or work commissioned by the MWJC. Agenda and papers will be distributed preferably 5 working days prior to the meeting but no later than 3 days. The action log will be circulated within 7 days of the meeting. Members must forward amendments within the next seven days and the final version will be agreed with the Chairs. **Frequency of Meetings** The RHCW Steering Group will meet twice a year, three months prior to RHCW Management Group meetings. Additional meetings will be arranged as determined by the Chair or Vice-Chair. The Chair or Vice-Chair, in discussion with the RHCW Project Manager, shall determine the time and the place of meetings of the RHCW Steering Group and procedures of such meeting. Meetings will have video- and audio-conferencing facilities available.
REPORTING	The RHCW Steering Group is accountable to the RHCW Management Group for its performance in exercising the functions set out in these terms of reference. The RHCW Steering Group meetings shall contribute to and inform the meetings of the RHCW Management Group.
REVIEW	The membership and terms of reference shall be subject to continuous review as the RHCW Steering Group develops and will be subject to approval by the RHCW Management Group.

PROPOSED RHCW Terms of Reference as from 2021:

3. Terms of Reference for the RHCW Stakeholder Group

– an amalgamation of the Management and Steering Groups, with some editions, and the Management function residing with the Planning and Delivery Executive Group (PDEG), Mid Wales Joint Committee for Health and Social Care

PURPOSE	The Rural Health and Care Wales (RHCW) Stakeholder Group will: 1. Impart advice, guidance and expertise to inform RHCW strategy and direction 2. Develop strategic plans for RCHW, outlining a clear Work Programme that is aligned to its Vision, Aims and Objectives, for approval by the PDEG 3. Ensure adequate funding is in situ for RHCW to deliver its identified actions 4. Oversee the allocated budget for RHCW 5. Ensure sufficient non-financial resources (to include staff resources) are allocated to RHCW to enable it to achieve its Work Programme and identified targets 6. Represent RHCW and uphold its Visions / Aims, seeking to influence national policy in Rural Health and Care 7. Liaise and communicate with stakeholders locally, regionally, nationally and internationally on Rural Health and Care issues 8. Initiate, drive and facilitate pertinent research and evaluation studies to inform and encourage innovation in rural health and social care 9. Provide information and advice on rural health and care issues, particularly in relation to training and education, new service models and innovative practices 10. Support the integration of health and social care services and promote seamless service delivery, reflecting the Social Services and Well-being (Wales) Act 2014 and the Well-being of Future Generations (Wales) Act 2015

MEMBERSHIP	**Chair:** Jack Evershed
	
	Vice – Chair: to be nominated by the RHCW Stakeholder Group
	
	Membership (representatives from)**:**
	
	• Health Boards
	  ○ Hywel Dda University Health Board, Chief Executive
	  ○ Powys Teaching Health Board, Chief Executive
	  ○ Betsi Cadwaladr University Health Board, Chief Executive
	  ○ Welsh Ambulance Service NHS Trust, Chief Executive
	
	• HEIs
	  ○ Coleg Cymraeg Cenedlaethol, Chief Executive
	  ○ Aberystwyth University, Vice-Chancellor
	  ○ University of Wales Trinity St. David, Vice-Chancellor
	  ○ Cardiff University, Vice-Chancellor
	  ○ Bangor University, Vice-Chancellor
	  ○ Swansea University, Vice-Chancellor
	
	• Local Authorities
	  ○ Ceredigion County Council, Chief Executive
	  ○ Powys County Council, Chief Executive
	  ○ Gwynedd County Council, Chief Executive
	
	• Primary Care representation
	  ○ GP representative
	  ○ Community Hospital representative
	
	• Secondary Care representation
	  ○ Bronglais General Hospital representative
	
	• Tertiary Care representative
	
	• Chair of MWJC Clinical Advisory Group
	
	• Research, Innovation and Improvement Hub representation
	  ○ North Wales representative
	  ○ Powys representative
	  ○ West Wales representative
	
	• Community Health Council (CHC) representation
	  ○ Ceredigion CHC representative
	  ○ Powys CHC representative

	○ Gwynedd CHC representative • Public / Patient representatives ○ Ceredigion ○ Powys ○ South Gwynedd • Other nominated individuals proposed by the RHCW Stakeholder Group itself and / or the PDEG / MWJC Management Board <u>In Attendance</u>: • RHCW Project Manager • RHCW Project Development Officer Whilst members will make every effort to attend, should any member be unavailable to attend, they may nominate a deputy to attend in their place. Deputies will be assumed to have the full delegated authority of the member they represent. Additional representatives from member organisations may be invited to attend, where appropriate and subject to agreement with the Chair.
DUTIES	• To develop strategic / business plans and a Work Programme for RHCW that are aligned with its Vision, Aims and Objectives, and to monitor progress, giving feedback on delivery and outcomes. The annual Work Programme and any strategic plans will be put before the PDEG / MWJC for final approval • To agree a proposed annual budget and ensure adequate funding and support is in place for RHCW to meet is delivery targets. The budget will be put before the PDEG / MWJC for final approval • To consider and discuss innovative approaches needed to address training, education, and research for health and social care in Mid Wales. • To influence professional bodies and Higher / Further Education Institutions in order to ensure structured education and training programmes for doctors, dentists, nurses, pharmacists, allied healthcare professionals, paramedics, optometrists and social care staff are available to equip them with the skills and knowledge to deliver high quality care in rural areas • To explore and exploit expertise within member organisations that will create a sound research platform to provide an evidence base for rural health and social care practice • To disseminate and put into practice the results of research undertaken

	into rural health and care in member organisations whenever practicable • To explore the wider potential benefits of RHCW in Mid Wales, Wales, the UK and on the international stage. • To represent RHCW, seeking to influence national policy in Rural Health and Care. • To liaise and communicate with stakeholders locally, regionally, nationally and internationally on Rural Health and Care.
MEETINGS	**Quorum** The quorum of the RHCW Stakeholder Group shall be either the Chair or Vice-Chair, plus at least 6 of the nominated membership (including deputies where advance notice of their attendance has been given). **Papers** The agenda will be based on actions of the previous meeting, matters arising and requests from RHCW Stakeholder Group or work commissioned by the PDEG / MWJC. Agenda and papers will be distributed preferably 5 working days prior to the meeting but no later than 3 days. The action log will be circulated within 7 days of the meeting. Members must forward amendments within the next seven days and the final version will be agreed with the Chair and Vice-Chair. **Frequency of Meetings** The RHCW Stakeholder Group will meet every three months. Additional meetings will be arranged as determined by the Chair and Vice-Chair. As required, the RHCW Stakeholder Group may arrange workshops though which to do wider engagement and development of its specific objectives. The Chair and Vice-Chair, in discussion with the RHCW Project Manager, shall determine the time and the place of meetings of the RHCW Stakeholder Group and procedures of such meeting. Meetings will have video- and audio-conferencing facilities available.
REPORTING	The RHCW Stakeholder Group is accountable to the PDEG / MWJC for its performance in exercising the functions set out in these terms of reference. The RHCW Stakeholder Group shall report formally, regularly and on a timely basis to the PDEG / MWJC and key stakeholders on its activities and recommendations and bring to their specific attention any significant matter

	under consideration. The RHCW Stakeholder Group may establish task and finish groups to carry out on its behalf specific aspects of its business.
REVIEW	The membership and terms of reference shall be subject to continuous review as the RHCW Stakeholder Group develops and any changes will be subject to approval by the PDEG / MWJC.

***EITEM AGENDA* / AGENDA ITEM: 7**

***Cyd-bwyllgor Canolbarth Cymru ar gyfer Iechyd a Gofal* / Mid Wales Joint Committee for Health and Care**			
***Dyddiad y Cyfarfod*: Date of Meeting:**	25th May 2021		
***Eitem ar yr Agenda:* Title of Report:**	Minutes of the Mid Wales Joint Committee (MWJC) meeting held on 28th September 2020		
***Arweinydd* Lead:**	Professor Vivienne Harpwood, Chair of Hywel Dda University Health Board and Lead Chair of the Mid Wales Joint Committee		
***Pwrpas yr adroddiad:* Purpose of the Report:**	To present the draft unapproved minutes of the MWJC meeting held on 28th September 2020.	***Ar gyfer cytundeb* For Agreement**	✓
		***Ar gyfer trafodaeth* For Discussion**	
		***Ar gyfer gwybodaeth* For Information**	

***Crynodeb* / Summary**

A virtual meeting of the MWJC was held on 28th September 2020 and the draft unapproved minutes are attached for agreement by the Joint Committee.

***Argymhelliad* / Recommendation**

For agreement

The Joint Committee are asked to agree the minutes of the MWJC meeting held on 28th September 2020.

DRAFT AND UNAPPROVED MINUTES OF THE MEETING OF THE MID WALES JOINT COMMITTEE FOR HEALTH AND CARE

Time and date of meeting:	10.00am Monday 28th September 2020
Venue:	Virtual via Microsoft Teams due to the Covid-19 pandemic
Present:	**Members** Prof. Vivienne Harpwood, Chair, PTHB and Lead Chair, MWJC Steve Moore, Chief Executive, HDdUHB and Lead Chief Executive, MWJC Hayley Thomas, Director of Planning and Performance, PTHB and Lead Director of Planning, MWJC Carol Shillabeer, Chief Executive, PTHB Dr Jeremy Tuck, Deputy Medical Director, PTHB Teresa Owen, Director of Public Health / Deputy Chief Executive, BCUHB Jack Evershed, Chair of RHCW Management Group and Mid Wales PPEI Group Cllr. Ellen ap Gwynn, Leader, Ceredigion County Council Sian Howys, Statutory Director of Social Services & Corporate Lead Officer: Porth Cynnal, Ceredigion County Council Cllr Kath Roberts-Jones, Powys County Council Mari Wynne Jones, Senior Adults Manager, Gwynedd Council **Co-opted Members** Frances Hunt, Chair Powys CHC Prof. Gabrielle Heathcote, Co-opted member Ceredigion Local Committee, Hywel Dda CHC Joy Baker, Co-opted member North Wales Local Committee, North Wales Community Health Council
In attendance:	Peter Skitt, County Director Ceredigion, HDdUHB / Programme Lead, MWJC Samia Saeed-Edmonds, NHS Planning Programme Director Health and Social Services department, Welsh Government Cllr. Mark Strong, Ceredigion County Council / MWJSC Cllr. Keith Evans, Ceredigion County Council / MWJSC Dwynwen Jones, Ceredigion County Council / MWJSC Cllr. Eryl Jones-Williams, Gwynedd Council / MWJSC Plus 3 members of the Mid Wales Joint Committee Team and 1 member of the Rural Health and Care Wales team.

Ref	Agenda Item	Action
JC(20)01	**Welcome and Apologies for absence** Prof. Harpwood welcomed all to what was the first Joint Committee meeting of the year. She extended her sincere thanks to all present and all the staff across Mid Wales for their work in responding to the Covid-19 pandemic. Although the Joint Committee had been unable to meet during the year the work had continued. Organisations were starting to implement their Covid-19 recovery plans in order to re-introduce services which were paused at the onset of the	

	pandemic and as such it felt like now was the right time for the Joint Committee to meet. Unfortunately, it had not been possible to transmit the meeting live, so members of the public had been invited to submit their questions in advance to which written responses had been provided. A meeting of the Mid Wales Joint Scrutiny Group was not being held following the Joint Committee meeting; however, members of the group had been invited to observe the meeting and submit any written feedback or questions they had after the meeting had concluded. Apologies for absence were received from the following: • Gill Harris, Acting Chief Executive, BCUHB • Jason Killens, Chief Executive, WAST • Alison Bulman, Director of Social Services, Powys County Council • Cllr. Dafydd Meurig, Cabinet member, Gwynedd Council • Morwena Edwards, Corporate Director Lead for Adult Social Services and Health (Strategic), Gwynedd Council	
JC(20)02	**Mid Wales Joint Committee's Priorities and Delivery Plan 2020/21 – Update report** Mr Moore echoed Prof Harpwood's comments in which thanks were extended to health and care services for all their work during the pandemic. Particular reference was made to the following in respect of the Joint Committee Plan for 2020/21: • The move towards a more virtual model of care as a result of the pandemic. • The plan for 2021/22 would be needed by December 2020 to support the 3-year plans for the Mid Wales organisations. However, there was a need to be cognisant of the continuing uncertainties presented by the pandemic. • The recent appointment of a colorectal surgeon who would be based at Bronglais General Hospital in early 2021. Mr Evershed referred to the proposal for the Social and Green Solutions priority to be led by the Voluntary sector and felt this priority sat better with health. There had been an inconsistency in acquiring funding over the years and there was a need to look at how this could be part of core funding. Mr Moore explained that transformation funds had funded the community connectors and agreed there was a need for long term funding. This was a social model of health and was about whether the right people were round the table. Mr Skitt referred to Clinical Strategy for Hospital Based Care and Treatment priority and its implementation. An Advisory Board had been established comprising community representatives and expert members of the public from the Mid Wales area whose role was to provide advice and guidance on implementation and design going forward. Cllr ap Gwynn asked for more information on the Aberystwyth Wellness Centre as Ceredigion Council were also setting up their own wellness centres. Mr Skitt explained that the emphasis was on holistic care and not based on exercise etc. which was what Ceredigion Council were focusing on. The Aberystwyth	

	Wellness Centre was based on the Integrated Care model in place at Aberaeron and Aberteifi and he was working alongside Donna Pritchard from Ceredigion Council to ensure there was no duplication and that both developments aligned alongside each other. Cllr ap Gwynn added that using the same titles may cause confusion. Mr Moore acknowledged the potential confusion around titles, that there was a need for these facilities to be complementary and Mr Skitt would be working with the Council on this. Mrs Shillabeer advised that they had the same situation in Powys regarding their hubs which had required some joint working. The Mid Wales Joint Committee **noted for information** the latest update on the Mid Wales Joint Committee priorities and work programme for 2020/21.	
JC(20)03	**Rural Health and Care Wales Work programme – 2020/21** Mr Skitt reported that funding had been secured up until 31st March 2021 which provided an opportunity to work through the proposals for long term funding. Discussions had been on-going for some time and there was a need to finalise this now before March 2021. It was important for RHCW staff to have clarity over the long-term funding arrangements. Ms Prytherch drew attention to the RHCW virtual Conference planned for November 2020. A good response had been received to requests for poster presentations. The agenda was currently being drafted, Chief Executives present at the meeting were asked to be a part of the plenary session and Mr Moore and Mrs Shillabeer both agreed in principle to this request. Mr Evershed made particular reference to the following: • The uncertainty over funding had caused RHCW to be short staffed due to staff leavers. • The WAST report on ambulance times was included in the RHCW report which made for interesting reading. Mrs Shillabeer advised that there was an awful lot of investment in innovation hubs through A Healthier Wales and wondered whether there was a need to absolutely ensure that RHCW had made all the right connections and links. If not, she suggested that this was done over the next 6 months when considering the long-term arrangements. Ms Prytherch reported that links had been established with the North Wales Academy and also the Powys hub. Ms Owen advised that she was keen for BCUHB to support the conference in November. She echoed Mrs Shillabeer's comments as there was lot of good work was happening through the innovation hubs and Universities, so this was a real opportunity with a need to spread the word further. Professor Harpwood note that the conference was looking like a really good event with some excellent poster presentations submitted which made for great reading. She hoped as many people as possible could attend.	
JC(20)04	**Mid Wales Joint Committee Subgroups update report** **Mid Wales Clinical Advisory Group (MWCAG)** Mr Skitt advised that he was chairing the group as a non-clinician, which was more of a co-ordinating role, due to the Chair role becoming vacant since the	

	recent retirement of Dr Wyn Parry, Medical Director for PTHB. The first task would be to find a replacement for the vacant Chair role. The clinical priorities which the group felt strongly about were detailed in the report and would be those areas of focus taken forward. The group would try and continue to maintain focus despite Covid-19, however, everyone needed to bear in mind that there may be cancellations due to the uncertainties of the pandemic. The Royal College of Ophthalmology had approved the job description for the joint Mid Wales Clinical Lead Ophthalmology role which was good news with the post due to go out to advertisement in the next few weeks. Mrs Thomas expressed her thanks to the MWCAG as this was an important mechanism to support the development of the model of care in Powys especially in North Powys and also in strengthening links between clinicians in Mid Wales and cross border with Shrewsbury and Telford NHS Trust. Mrs Shillabeer reported that there had been a productive meeting with HEIW regarding the proposed Mid Wales School of Nursing at Aberystwyth. It was clear that they had been working on their commissioning of placements for University healthcare education and for delivery in a more rural setting. The Universities had embraced this and connected well so we could expect more opportunities for education across rural areas. This was a fantastic development, but its success would only be known when students had completed the course. Everyone was pushing really hard to improve on these opportunities. Mr Skitt seconded Mrs Shillabeer's comments and advised that this was a fantastic improvement and was a very positive development for the region. Cllr ap Gwynn added that during her work with the Professor Treasure, Vice-Chancellor of Aberystwyth University, she could also provide reassurance that the veterinary school was due to commence at the University this year and hopefully a nursing school the following year which was improving the offer in Mid Wales for young people. In response to a query from Mr Evershed, Mrs Shillabeer advised that PTHB had an apprenticeship programme for integrated health and social care. There were 9 entrants this year, but this was not at full capacity. They had seen undergraduates qualify as well. As Powys didn't have a University they were working on the development of a Health and Care Academy and it would be under that umbrella that they would look to broaden apprenticeships to other services. Although they had made some good progress, they wanted to do more. Mr Moore advised that for HDdUHB they had a very successful apprenticeships programme in place pre-Covid but the intake for September 2020 had to be delayed due to the pandemic. It was hoped to reintroduce the programme in November 2020 and that this would cover more services. Ms Owen advised that the programme was going well in BCUHB, they had managed to keep going on some of the elements and were utilising skills	

wherever possible. The HB had been targeting some groups which they didn't normally attract for which they had been successful. They were looking at how to use inspirational stories and move forward in partnership.

Mrs Baker noted that having worked in Universities there was a need to talk to them about how many students they were sending for placements as rural hospitals were smaller than some of the hospitals they normally dealt with. It was worth making note of this to ensure this was included in future discussions on placement numbers and capacity. Mr Skitt advised that members of the School of Nursing Board included representatives from Health Boards and that also placements would come from other places and not just from Aberystwyth University.

Mid Wales Public and Patient Engagement and Involvement (PPEI) Forum
Mr Evershed advised that he was hugely grateful to the people of the area and to everyone working in the health and care service for all they had done over the last few months. Undertaking engagement when you weren't able see people was difficult, but engagement was now being undertaken through social media. A specific attempt had been made through social media to learn from the public about their specific experiences over that last 6 months.

He asked whether it would be useful to have a library of reliable information sources for Covid-19 which people could be referred to as there was a vast array of information available some of which was not correct. It would be good to have something definitive in place which people could be directed to e.g. government websites. His experience was that you had to click numerous times to get answer to a question. If someone had a question they needed to know where to get the answer. There was confusion around prevalence and discrepancies between sites and he asked what were the reliable sources of information. Mr Moore stated that this was a point well made and information sources were confusing as they were all counting different things. Suggested reliable sources of information were the World Health Organisation, NHS Covid app and the Public Health Wales dashboard which was updated daily.

Rural Health and Care Wales (RHCW) Steering Group
Mr Evershed advised that the Steering Group had last met in July 2020 the minutes of which were attached. The main focus of work were preparations for the two-day virtual RHCW conference to be held in November 2020. The group were meeting the following day at which some suggestions would be considered around Covid-19 research for informing the future work programme.

Ms Thomas advised that PTHB had been undertaking some work on lessons learnt from the pandemic and she was sure other organisations would have similar lessons. The PTHB report was still in draft but would be shared when finalised.

Members of the MWJC **noted** for information the update reports on its Subgroups.

JC(20)05	**Minutes/Action Log of the MWJC meeting held on 21st November 2019 and Matters Arising** The minutes of the MWJC meeting held on 21st November 2019 were **agreed** as a correct record. Matters arising raised were as follows: • **Annual Planning** Ms Thomas advised that on an annual basis work was undertaken to ensure that the Mid Wales priorities aligned with the plans for individual organisations. At the moment organisations were working to a different planning framework with quarterly plans being submitted. At the next MWJC meeting there would need to be a discussion on the MWJC priorities for 2021/22 whilst recognising that Health Boards were still operating to a three-month planning cycle. • **Engagement software** Mr Moore advised that HDdUHB had now rolled out its an engagement software package 'Engagement HQ', and Mr Evershed suggested that this may be useful for sharing across Mid Wales.	
JC(20)06	**Listening to You** Prof Harpwood advised that it had not been possible to transmit the meeting live, so members of the public had been invited to submit their questions in advance and for which written responses had been provided. The following additional questions were received from MWJC members and members of the MWJSC: a) Cllr. Ap Gwynn referred to the question received in advance about people having to travel long distances for a Covid test. The Minister for Health had provided reassurance that no one would have to travel further than 50 miles for a Covid test and extra facilities for Covid testing would be put in place in in University towns. Mr Moore advised that there was sufficient capacity to provide Covid testing locally but there had been issues with the UK national portal. As such HDdUHB had implemented a hybrid system to mitigate for the portal issue in order to try and avoid people having to travel further than necessary. Cllr. Strong was heartened to hear Mr Moore's response as he had been made aware of people who lived 17 miles away from Aberystwyth being online from 7am to 10pm trying to get booked for a test at Aberystwyth with no luck due to issues with their home postcode. However, when they entered an Aberystwyth postcode, they were able to get booked on. He stated people didn't understand that it was the fault of the UK portal and not of HDdUHB and this was giving the HB a bad name when it was a UK wide system which had let people down. It was important to get the message out to the public that in Wales work was being done to fix the problem. Mrs Baker enquired as to whether the hybrid system was being publicised. Mr More advised that the ability to book online was still under development and would be publicised as soon as it was in place.	

Ms Owen reported that BCUHB were in a similar position to HDdUHB with testing capacity increased and additional capacity introduced at Ysbyty Alltwen with work on-going to get more testing at Rhyl. The HB had also been working with primary care on priority testing.

Ms Thomas reported that for PTHB there was a dedicated number for people to phone to book a test which was publicised on the website.

b) Mr Evershed advised that there was some confusion regarding round the community hubs across Mid Wales and what services they provided. It would be useful for the MWJC to have an update on all Mid Wales community hubs and a description of what they did.

Ms Thomas agreed that it would be useful to include an estates update for a future MWJC meeting. The Board of PTHB were reviewing the Programme Business Case for the North Powys Wellbeing Programme that week and she was happy to share the detail including what was on offer. Mr Skitt advised that the MWJC would co-ordinate a response centrally on community hubs information.

c) Cllr. Evans extended his thanks for the responses provided to the questions asked, however, he wasn't overjoyed with the responses especially the one regarding out of hours. The questions he had posed were in Welsh and the responses received included technical Welsh terms. With new terms coming up all the time he suggested using the Welsh technical terms with the English translation in brackets so they could be understood.

Mr Skitt extended his apologies for this and advised that this would be reviewed to see what could be done to make it right in future.

d) Cllr. ap Gwynn advised that she was aware that there was a lack of capacity for people to be scanned at Bronglais General Hospital and they have had to pay privately for a scan.

Mr Moore advised that 50% of the scanning capacity had been lost due to PPE requirements and Infection Prevention and Control guidelines. Work was being undertaken to explore the option of mobile scanners to make up for the lost capacity and the HB was currently going through the process with WG.

e) Cllr. ap Gwynn referred to people having to travel to Carmarthen for ear wax cleaning which they couldn't get on the NHS and those who couldn't afford this were being put in a bad situation.

Mr Skitt advised that ear wax cleaning services was an issue and there were discussions with GP Clusters in North and South Ceredigion as to how to get people through the system. Cllr. ap Gwynn added she was aware that GPs had advised they didn't have professional indemnity and Mr Skitt advised he was happy to discuss this further outside of the meeting. Mrs Shillabeer explained that a change in NICE guidance had meant a change in practice from syringing

	to suctioning so GPs weren't fully able to undertake the procedure. There would now be a change in practice with ear clinics and ear nurses in order to manage access issues. f) Mr Evershed stated it would be nice to have a clear steer on when services were going to go back to business as usual. Mr Moore advised that regular updates were being taken to the HDdUHB Board which set out what was being done on every site, but it needed to be noted that we were still in the middle of the pandemic which had affected productivity. It was difficult at present to see a return to business as usual as the virus could escalate quickly. Mrs Shillabeer added that capacity within the service had been reduced due to the Covid restrictions and precautions in place. At the moment patients who may come to harm were being prioritised and as such those in the routine category had to sadly wait longer for treatment as they needed to make way for urgent cases. The situation was forever changing as any influx to a hospital due to Covid would change the situation.	
JC(20)07	**Time and Date of next meeting** Time and date of next meeting to be 10.00am Monday 25th January 2021. The Chair advised that a review would be undertaken nearer to the time as to whether the meeting would go ahead as planned and if so, it was highly likely that it would be held virtually.	

KEY	
BCUHB	Betsi Cadwaladr University Health Board
MWCAG	Mid Wales Clinical Advisory Group
CHC	Community Health Council
HDdUHB	Hywel Dda University Health Board
HB	Health Board
HEIW	Health Education Improvement Wales
MWJC	Mid Wales Joint Committee
MWJSC	Mid Wales Joint Scrutiny Committee
MWPDEG	Mid Wales Planning and Delivery Executive Group
MWPPEI	Public and Patient Engagement and Involvement
NICE	National Institute for Health and Care Excellence
PTHB	Powys Teaching Health Board
RHCW	Rural Health and Care Wales
RPB	Regional Partnership Board
WAST	Welsh Ambulance Services NHS Trust
WG	Welsh Government