Public Board Meeting

23 September 2020, 09:30 to 13:30
Executive Meeting Room and via Microsoft Teams

Agenda

1. Opening Business/Governance Matters

1.1. Chair's Introductory Remarks

Verbal

Chair

1.2. Apologies for Absence

Verbal

Chair

1.3. Declarations of Interest

Verbal

Chair

1.4. Draft Minutes of the Health Board - 15th July 2020

Attachment

Chair

1.4 Board Minutes 15 July 2020.pdf (12 pages)

1.5. Action Log

Attachment

Chair

1.5 Action Sheet.pdf (1 pages)

1.6. Report on Sealed Documents and Chair's Actions

Attachment

Chair

1.6 Governance Matters Report September 2020.pdf (11 pages)

1.7. Chair's Report

Verbal

Chair

2. COVID-19

2.1. Update on the early opening of The Grange University Hospital and Clinical Futures Programme

Attachment

Chief Executive/Director of Planning, Digital and IT

2.1 Early opening of GUH.pdf (24 pages)

2.2. Gwent COVID-19 Prevention and Response Plan

Attachment

Interim Director of Public Health

2.2 Gwent LRF COVID 19 Prevention and Response Plan Cover Report.pdf	(4 pages)
2.2 a Joint Letter - Prevention and response to Covid-19 in Wales - Lessons learned and request to develop Local Covid-19 Prevention and Response Plans.pdf	(4 pages)
2.2 b Guidance Local COVID prevention and response plans.pdf	(11 pages)
2.2 c Gwent Covid Prevention and Response Plan August 2020.pdf	(51 pages)
2.2 d coronavirus-control-plan-for-wales.pdf	(33 pages)

3. Patient Experience Story

3.1. Linked to Item 4.1 - Mental Health Transformation Programme

Director of Nursing

4. Items for Decision

4.1. Mental Health Transformation Programme and Consultation Proposals

Director of Primary, Community and Mental Health

4.1 Mental Health Transformation cover report.pdf	(6 pages)
4.1 a Mental Health Transformation Consultation Document.pdf	(69 pages)

4.2. Radiotherapy Satelite Centre Outline Business Case

Attachment

Director of Planning, Digital and IT

4.2 NHH Satellite Radiotherapy Unit.pdf	(5 pages)

4.3. Medi Park Strategic Outline Case

Attachment

Director of Planning, Digital and IT

4.3 Medi Park SOC Cover Report.pdf	(4 pages)

4.4. Newport East Health and Well Being Centre Outline Business Case

Attachment

Director of Primary, Community and Mental Health

4.4 NEHWBC FBC - Board Cover Paper.pdf	(4 pages)

4.5. Tredegar Health and Well Being Centre Full Business Case

Attachment

Director of Primary, Community and Mental Health

4.5 Tredegar Health and Well Being Centre Cover report.pdf	(5 pages)

4.6. Gwent Travel Charter

Attachment

Interim Director of Public Health/Director of Facilities

4.6 Updated Gwent Healthy Travel Charter Board	(6 pages)

Cover Paper.pdf

4.7. Draft Annual Quality Statement 2019/2020

Attachment

Director of Nursing/Interim Medical Director

- 4.7 AQS Board Cover paper 20200910.pdf (3 pages)
- 4.7 a WHC annual-quality-statement-2019-2020-guidance.pdf (8 pages)
- 4.7 b Annual Quality Statement.pdf (59 pages)

5. Items for Assurance

5.1. Risk Report

Attachment

Chief Executive

- 5.1 Risk Report - September 2020.pdf (6 pages)

5.2. Financial Report

Attachment

Director of Finance and Perfromance

- 5.2 Finance Report.pdf (30 pages)

5.3. Performance Report

Attachment

Director of Finance and Performance

- 5.3 Performance Report.pdf (11 pages)

5.4. Key Matters from Committees

Attachment

Committee Chairs

- 5.4 Committee Assurance Reports for September 2020.pdf (10 pages)
- 5.4 a WHSSC July 2020.pdf (3 pages)
- 5.4 b WHSSC September 2020.pdf (3 pages)
- 5.4 c EASC Summary from 14 July 2020.pdf (4 pages)
- 5.4 d EASC Summary September 2020.pdf (6 pages)

5.5.

6. Closing Matters

6.1. Date of Next Meeting: Wednesday 25th November 2020 at 9:30am

Verbal

Chair

Aneurin Bevan University Health Board

Minutes of the Public Board Meeting held on Wednesday 15th July 2020, in the Executive Meeting Room and via Teams, Aneurin Bevan University Health Board Headquarters, St Cadoc's Hospital, Caerleon

Present:

Ann Lloyd	-	Chair
Judith Paget	-	Chief Executive
Glyn Jones	-	Director of Finance and Performance/Deputy Chief Executive
Dr Sarah Aitken	-	Interim Medical Director
Geraint Evans	-	Director of Workforce and OD
Nick Wood	-	Director of Primary Care, Community and Mental Health
Nicola Prygodzicz	-	Director of Planning, Digital and IT
Emrys Elias	-	Vice Chair
Shelley Bosson	-	Independent Member (Community)
Pippa Britton	-	Independent Member (Community)
Katija Dew	-	Independent Member (Third Sector)
Louise Wright	-	Independent Member (Trade Union)
Mererid Bowley	-	Interim Director of Public Health and Strategic Partnerships
Keith Sutcliffe	-	Associate Independent Member (Chair of the Stakeholder Reference Group)
Chris Koehli	-	Special Adviser to the Board (Finance)
Philip Robson	-	Special Adviser to the Board
Paul Deneen	-	Independent Member (Community)
Cllr Richard Clark	-	Independent Member (Local Government)
Rhiannon Jones	-	Director of Nursing
Peter Carr	-	Director of Therapies and Health Science

In Attendance:

Richard Bevan	-	Board Secretary
Claire Birchall	-	Director of Operations
Bryony Codd	-	Head of Corporate Governance
Angela Mutlow	-	Chief Officer, Aneurin Bevan CHC
Matthew Lane	-	Energy and Carbon Manager

Apologies:

Dave Street	-	Associate Independent Member (Local Authority)
Louise Taylor	-	Associate Independent Member (Chair of the Healthcare Professionals Forum)
David Jones	-	Independent Member (ICT)

ABUHB 1507/01 Welcome and Introductions

The Chair welcomed members to the meeting. The Chair explained that the meeting was being live streamed on the Health Board's YouTube channel and welcomed anyone watching.

ABUHB 1507/02 Declarations of Interest

There were no declarations of interest to note.

ABUHB 1507/03 Minutes of the previous meetings

The minutes of the meetings held on 20th May, 25th June and 30th June were agreed as a true and accurate record.

ABUHB 1507/04 Action Log and Matters Arising

It was noted that all the actions in the log were complete or in progress.

Shelley Bosson requested further information on the uptake of support services by staff with regard to their health and well being. Geraint Evans said that referrals to the Employee Well Being service were increasing following the first phase of the pandemic. It was agreed that a short report to include numbers and analysis would be prepared and provided for Board Members **Action: G. Evans**

Rhiannon Jones explained that the Executive Team had received a presentation on the staff survey which demonstrated that 90% of respondents were positive about the psychological support provided through the pandemic. 10% respondents identified areas to improve, such as the management of staff who were shielding.

Louise Wright commented that a number of staff working in the Employee Wellbeing Services would be returning to their substantive posts. Geraint Evans confirmed that a process was underway to look at increasing psychologist support to help strengthen the service.

Matters Arising from the minutes of 30th June 2020: David Jones had submitted a question to ask how assured the Board could be that the Service Redesign work for Clinical Futures, which had been assessed as Red status could be completed in time for the early opening of the GUH. Nicola Prygodzicz said that all services had completed a readiness assessment. There were a number of key risks and issues that

were being worked through however it was confirmed the majority of services were confirmed as ready to proceed.

ABUHB 1507/05 Governance Matters

Richard Bevan presented a report on the documents where the common seal of the organisation has been used and also where Chair's Actions provisions had been used between the 4th May and the 30th June 2020.

The Board noted the use of the seal and ratified the actions taken in line with Standing Orders.

ABUHB 1507/06 Chair's Report

The Chair provided a verbal update to the Board outlining that:

- Weekly meetings to discuss current issues had continued to be held with the Minister for Health and Social Services and the Chief Executive of NHS Wales/Director General of Health and Social Services;
- Fortnightly Chairs meetings held to share good practice and assess the state of readiness;
- Regular meetings has been held with Independent Members;

The Chair stated that she was very grateful to the Executive Team and all staff for the enormous effort that they had made to lead us through the pandemic and to begin re-starting services.

ABUHB 1507/07 Quarter 2 Operational Plan

Nicola Prygodzicz explained that a quarterly planning cycle had replaced the IMTP process, which had been paused during the COVID-19 pandemic. The Quarter 2 Operational Plan was presented, which had been submitted to Welsh Government as a draft pending Board approval. Phase Two of the Plan was entitled 'Adapt and Sustain' and described how the Health Board would cautiously re-establish elements of routine services, whilst ensuring it has the capacity to respond to COVID-19 and maintain essential services.

Nicola Prygodzicz highlighted the key points within the plan:

- Re-inforcing how the organisation prepared and responded to COVID-19 and that the structures remained in place and continued to be used.
- Extensive work was being undertaken on testing and via Test, Trace and Protect (TTP).

- The significant role of infection prevention and control in the management of the pandemic.
- Demand and capacity planning – providing a best assessment of what the most likely case would be. 200 beds and 17 ITU beds would be ring-fenced for confirmed and suspected COVID-19 cases. Also surge capacity of 1000 beds and 70 ITU beds had been put in place.
- Continuing to review plans in line with changing guidelines.
- Trigger points for enacting surge capacity had been identified.
- Outlining how we manage essential services, highlighting significant work required in ophthalmology and also in cancer services to ensure access times were met.
- The identification of four clear objectives for re-establishing routine services.
- Our approach to testing across the Care Home sector.

Judith Paget explained that the launch of the Major Trauma Network had been postponed due to COVID-19 however, this had been considered by WHSSC the previous day and it had been agreed that this would commence in mid-September.

Chris Koehli commented that a significant amount of work had been undertaken in developing the Plan, which had been reviewed by the Planning and Strategic Change Committee and asked if performance measures had been set for the new ways of working.

Judith Paget said that performance measures had not been set yet but work was underway to look at this. The first area would be out-patients and a programme to reduce face to face appointments. A detailed plan would be prepared in the next few weeks from which a set of performance measures could be set.

Pippa Britton requested further information on the testing process and turnaround times. Mererid Bowley explained that there was a turnaround of up to 72 hours for 90% of tests. All positive cases were being followed up through Test Trace Protect and it was recognised that a shorter turnaround time would support this.

Pippa Britton asked if the Health Board would be introducing a phone first approach for A and E attendances. Claire Birchall explained that work was underway to look at phone first for non 999 calls. The key driver for this was the physical capacity in the Emergency Department. The key issues related to infrastructure in terms of where people would call and how to schedule demand together with those self-presenting.

Katija Dew said that it was good to see the effectiveness of testing in care homes and the support being offered, and asked if there was systematic testing in the domiciliary care workforce. Nick Wood explained that testing had been offered to all domiciliary service providers through Rodney Parade and the national portal. There had been good uptake with a low number of positive results.

Philip Robson noted that it was a comprehensive plan, but highlighted the issue of safeguarding and the reports nationally of reducing referrals. Philip Robson said that it was worrying that the pre-COVID-19 levels of referrals were not being seen and that community services needed to be more vigilant than previously to ensure issue were being picked up. Rhiannon Jones said that this had been picked up by the Safeguarding Committee and that the unseen harm was high on the safeguarding risk register. Workstreams were in place regarding enhanced vigilance and surveillance.

Paul Deneen asked if there were any implications for Gwent regarding local lockdowns. Mererid Bowley said that positive cases identified through the TTP process were plotted and monitored on a regional and national level and would enable early identification of clusters. There was an operational plan in place at a regional level and a national outbreak control plan. No clusters had been identified in Gwent through TTP.

Paul Deneen asked if the Welsh Government had yet made a decision regarding the early opening of The Grange University Hospital (GUH). Judith Paget explained that this had been submitted as part of the Quarter 2 Plan and all plans were being reviewed by Welsh Government. A response was expected shortly.

Paul Deneen requested an update on public transport for the GUH in the near future. Judith Paget explained that a lot of work had been undertaken on this prior to COVID-19 and was now being picked up again. The Executive Team had requested an update and this would also be reported to the Planning and Strategic Change Committee.

Paul Deneen congratulated those involved in the excellent Facebook live tour of the new hospital and the communications through social media and asked what the communication plans were for those not on social media. Richard Bevan explained that links had been made with partners and their community networks to reach across of the communities in the Health Board area. It was also planned to continue to use traditional methods of communication such as information leaflets and newsletters. Also, the Health Board would continue to use the

opportunities of TV, radio and news media. Judith Paget said that it was recognised that 85% of staff lived in the Health Board area, so ensuring strong communication with them would also help to spread messages in our local communities.

Katija Dew requested further information on the flu immunisations, including the early indications of its profile, development and production. Mererid Bowley said that current knowledge from the WHO was that flu activity globally was at lower levels than would have been expected at this time. Planning was already underway for the autumn to promote the uptake of the vaccination. There were no indications of any issues regarding availability at the moment.

The Board endorsed the Quarter Two Operational Plan, noting that this was temporarily replacing the IMTP and an update on projections would be received. It was important to encourage people to return safely to our services.

ABUHB 1507/08 Inter-site Transport

Glyn Jones provided an overview of the progress made on inter-site transport which was an essential feature for the safe and timely movement of patients between care settings, as the system and model would change with the opening of The Grange University Hospital. He outlined the case for entering into formal commissioning discussions with Welsh Ambulance Services Trust (WAST) via Emergency Ambulance Services Committee (EASC) as the Commissioner to put in place an additional inter-site patient transport service to support the potential early opening of The Grange University Hospital in November 2020 and beyond.

It was noted that a significant amount of work had been undertaken to date about how to manage the internal transport system/services and a transition period of approximately 12 months.

It was highlighted that inter-site transport would provide:

- **Step up** – for deteriorating inpatients or self-presenting patients to an enhanced local general hospital, such as Nevill Hall Hospital or the Royal Gwent Hospital (eLGH) who required transport to the GUH for definitive treatment.
- **Step down** – for patients who had been treated at The GUH and were well enough to be transferred via appropriate transport to their local eLGH or community hospital for onward recovery, but not well enough to go home.

It was highlighted that a number of options had been considered and that the preferred option was a hybrid of a dedicated paramedic led service provided by WAST and a dedicated urgent care service provided by WAST and a Health Board escort.

An Integrated Flow Centre and Transport Hub, including the development of a transfer triage tool to support planning would be piloted in August. Workforce assumptions were outlined, noting that staff were being recruited through WAST for the end of November, with a contingency of agency staff and overtime, if opened early.

Katija Dew asked if the Board could be assured that there would be systems in place to respond in a timely way to any emerging issues or shortfalls in service. Glyn Jones said that this was a different model with a greater focus on clinician to clinician discussions. Enhanced performance and contract monitoring will be in place.

Glyn Jones set out the potential revenue, set up and capital costs, highlighting that there was a financial provision within which the Health Board, Emergency Ambulance Services Committee (EASC) and WAST will need to work.

The revenue was estimated up to £2.6m, part year effect of implementation and set up, which had been included in the transitional funding bid submitted to Welsh Government.

Pippa Britton asked if there was a worst case scenario fall back position, for example if there were not enough vehicles. Glyn Jones explained that there were a number of contingency arrangements regarding vehicle availability and workforce. The pilot would also enable thorough testing to take place.

Rhiannon Jones said that this model was innovative and highlighted the importance of the triage transfer tool with clinician to clinician discussion regarding clinical priority for transfer.

Judith Paget said that EASC had met the previous day and had commented that:

- The timely movement of patients around the system was not just for the new hospital, but an issue across Wales as the reconfiguration of services are undertaken;
- The Commissioner was keen to keep close to this work as some aspects, such as the triage tool, might benefit other areas.

The Board endorsed the proposal to commence the formal commissioning of WAST to pilot the model and approved the financial implications.

The Chair said that it would be important to see the performance framework and monitoring arrangements, when available.

ABUHB 1507/09 Energy Strategy

Matthew Lane, Energy and Carbon Manager, provided an overview of the revised Energy Strategy, which built on the previous success of the organisation in energy reducing consumption and emissions.

It was noted that the Health Board had reduced carbon emissions by 33% since 2015.

The strategy linked with the Estates Strategy and the Clinical Futures Strategy and included 12 key objectives over 5 years. There were 4 themes:

- Data Management
- Emissions reduction
- Awareness and culture change
- Finance and funding.

Shelley Bosson welcomed the Strategy, but highlighted the focus within the Strategy on buildings energy and asked about the policy direction for moving to greener travel including vehicles, electric charging points, cycle to work scheme etc.

Geraint Evans explained that the Health Board was looking to re-introduce the Cycle to Work Scheme as part of the Gwent Travel Charter. An agile working survey had also been completed within corporate teams with positive results and feedback and work was underway to look at the impact of agile working on the use of the estate.

The Estates Strategy, Agile Working and Energy Strategy would inform the review of the use of older facilities.

It was agreed that an update on travel, transport and agile working would be provided in 6 months, to include an overview of the cost and effectiveness of older parts of the estate. **Action: C. Birchall**

The Board approved the Energy Strategy.

ABUHB 1507/10 Risk Report

Judith Paget presented the current Strategic Risks for the Health Board, which had been identified through a number of meetings and processes and reflected the impact of COVID-19.

A Board briefing session would be held in September to review the Board Assurance Framework, Risk Appetite Statement and ensure the Risk Management Strategy remained fit for purpose.

Judith Paget outlined the highest risks and assured the Board that the Executive Team was focussed on all risks and actions to mitigate identified risks.

Shelley Bosson confirmed that the Audit Committee had received the adjusted Board Assurance Framework and re-worked Corporate Risk Register earlier in the week and recognised the work that had been undertaken. Each principal risk area had been assessed in relation to the impact of COVID-19.

ABUHB 1507/12 Financial Report

Glyn Jones explained that the report within the papers provided the position to the end of Month 2 (May) due to reporting timelines, however the Month 3 position was now available and an update was therefore provided for the end of Month 3. It was highlighted that:

- Confirmation of £8.5m funding from Welsh Government for COVID-19 related pay had been received;
- Workforce and financial plans regarding Gwent TTP had been submitted and £9.6m had been allocated to deliver the service between the Health Board and Local Authority partners. The Health Board would act as the 'banker'.
- Revised workforce and finance assumptions in the Quarter 2 Operational Plan had been developed.
- The Health Board had submitted a request to open The GUH early and asked for transitional funding of £17.4m.

Taking all of the above in to account and assumptions for the remainder of the year, the Month 3 deficit was £6.9m (including COVID funding for quarter 1). This showed a small improvement in some pay costs due to reduced use of agency mostly directly related to funding COVID-19 plans (non-staff) such as the purchase of beds, preparation of GUH for surge

capacity. Further discussions were being held with Welsh Government regarding these costs.

The full year forecast was a £68m deficit. This included the issues outlined and the assumptions regarding winter, TTP and re-starting services.

Capital had been highlighted as a potential overspend as confirmation was awaited on some funding which would be needed to open the Grange University Hospital.

Glyn Jones explained that once a formal response had been received from WG regarding the Quarter 2 Plan and associated funding, the risk regarding financial balance would be re-assessed.

During Quarter 1 the non-delivery of savings equated to £5.1m; however the non-delivery of some services off set this in the past. This would change through the year as services re-started.

The opportunities regarding savings plans would continue to be reviewed, looking at all available evidence, including estates rationalisation, agile working, increased use of technology, travel costs/time, specialty cost effectiveness.

Glyn Jones confirmed that a revised report regarding the financial position for the remainder of the year would be presented to the Board in September.

Chris Koehli asked how previous work would be used to identify where costs could be reduced to re-profile the budget. Glyn Jones said that this work was in development and a further report would be presented to a Board Briefing session.

Richard Clark acknowledged that these were unprecedented times, but highlighted that some issues could be accelerated, such as a review of the use of the estate. COVID-19 provided a new lens on the services provided and he asked if there was some work that had stopped with no detrimental impact, which should not be re-started. Sarah Aitken explained that, in terms of services that were stopped, there was emerging data on a reduction in some health conditions during the lockdown period. Smoking cessation had increased nationally and it was anticipated that physical activity was increasing. The Health Board's own emergency department data shows a reduction in attendance for cardiac activity and chronic conditions but there was no corresponding increase death in the community.

The Board noted the financial position.

ABUHB 1507/13 Performance Report

Glyn Jones explained that since COVID-19 the Welsh Government had suspended formal reporting and publication of performance against targets until September. However, the Health Board considered that it was important to continue to report, based on the data available.

It was highlighted that the targets had been looked at in the context of where the greatest risk of harm to patients was and this was used to inform the Quarter 2 Plan.

David Jones had submitted a question to ask if the timelines for the RPA Clinical Coding Project was in line with the plan that had been agreed when the software was procured. Glyn Jones explained that this had been planned for the end of 2019/20 however it required an upfront investment and was therefore deferred to 2020/21. It was anticipated that this would now be implemented later this year.

Shelley Bosson asked why the number of 12 hour breaches were increasing as there were fewer people accessing A&E services. Claire Birchall said that this was an area of concern and related to issues regarding access, particularly in RGH, due to social distancing. Work was underway to redesign the footprint of the Emergency. Non COVID-19 emergency demand had returned to pre-COVID-19 levels whilst capacity had been significantly impacted. Rhiannon Jones explained that caring for patients while staff were wearing PPE also took longer and impacted on transfer times.

The Board noted the report.

ABUHB 1507/14 Committee and Advisory Group Chair's Assurance Reports

The Board noted the Assurance Reports from the following Committees:

- Audit Committee – 27th May and 24th June

  Rhiannon Jones highlighted that the Theatres: WHO Surgical Safety Checklist Internal Audit Report had received reasonable assurance.

- Quality and Patient Safety Committee – 30th June

Emrys Elias said that the Committee was considering different ways of reporting quality to the next meeting with more of an outcome focus.

- Planning and Strategic Change Committee – 17th June
- WHSSC – 12th May

The Board accepted the committee assurance reports.

ABUHB 1507/15 Date of Next Meeting

The next scheduled Public Board meeting to be held on Wednesday 23rd September 2020.

Aneurin Bevan University Health Board Meetings –
Wednesday 15th July 2020

ACTION SHEET

Minute Reference	Agreed Action	Lead	Progress/ Outcome
ABUHB 1507/04	**Action Log:** A short report to include numbers and analysis on the uptake of support services by staff with regard to their health and well being would be prepared and provided for Board Members	**G. Evans**	**Update has been circulated to Board members**
ABUHB 1507/09	**Energy Strategy:** Update on travel, transport and agile working to be provided in 6 months, to include an overview of the cost and effectiveness of older parts of the estate	**C. Birchall**	**Added to forward work programme January 2021**

Aneurin Bevan University Health Board

Governance Matters:
Report of Sealed Documents and Chair's Actions

Executive Summary

This paper presents for the Board a report on the Chair's Action and use of the Common Seal of the Health Board between the 1st July and 9th September 2020.

The Board is asked to note that there has been one document that required the use of the Health Board seal during the above period.

As the Board will be aware, adjusted arrangements to maintain good governance with the appropriate level of Board oversight and scrutiny during the period of the COVID-19 Pandemic was approved through Chair's Action on the 9th April 2020. This has enabled the Health Board to continue to discharge organisational responsibilities through effective and timely decision making whilst satisfying appropriate governance and assurance arrangements and therefore Chair's Action provisions in Standing Orders have been used, where required.

Chair's Action in Standing Orders requires approval by the Chair, Chief Executive and two Independent Members, with advice from the Board Secretary. This process has been undertaken virtually, with appropriate audit trails, for the period of adjusted governance. All Chair's Actions require ratification by the Board at its next meeting.

During the period between the 1st July and 9th September 2020, 8 Chair's Actions have been agreed. This paper provides a summary of the Chair's Actions taken during this period, which are appended to this report.

The Board is asked to: (please tick as appropriate)	
Approve/Ratify the Report	✓
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	
Note the Report for Information Only	

Executive Sponsor: Richard Bevan, Board Secretary

Report Author: Bryony Codd, Head of Corporate Governance

Report Received consideration and supported by :

Executive Team	**N/A**	**Committee of the Board [Committee Name]**	**N/A**

Date of the Report: 9th September 2020

Supplementary Papers Attached: Appendix 1 – Chair's Action Schedules

Purpose of the Report

This report is presented for compliance and assurance purposes to ensure the Health Board fulfils the requirements of its Standing Orders in respect of documents agreed under seal and also situations where Chair's Action has been used for decisions.

Background and Context

1. Sealed Documents

The common seal of the Health Board is primarily used to seal legal documents such as transfers of land, lease agreements and other contracts. The seal may only be affixed to a document if the Board or another committee of the Board has determined it should be sealed, or if the transaction has been approved by the Board, a committee or under delegated authority.

2. Chair's Action

Chair's Action is defined by the Health Board's Standing Orders as:

Chair's action on urgent matters: There may, occasionally, be circumstances where decisions which would normally be made by the Board need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Board. In these circumstances, the Chair and the Chief Executive, supported by the Board Secretary, may deal with the matter on behalf of the Board - after first consulting with at least two other Independent Members. The Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Board for consideration and ratification.

3. Key Issues

3.1 Sealed Documents

Under the provisions of Standing Orders the Chair or Vice Chair and the Chief Executive or Deputy Chief Executive must seal documents on behalf of the Health Board. One document was sealed between the between the 1st July and 9th September 2020, as outlined below:

Date	Title
12th August 2020	Lease for Unit 15 Newport Business Centre, Coronation Road, Newport, Premises to Store Hospital Beds

3.2 Chair's Action

All Chair's Actions undertaken between 1st July and 9th September 2020 are listed below:

Date	Title
16th July 2020	Anaesthetics Machines for The Grange University Hospital
16th July 2020	Patient Monitoring System for The Grange University Hospital
16th July 2020	Syringe Pumps for The Grange University Hospital
17th July 2020	Commissioning of Capacity at St Joseph's Private Hospital (COVID-19)
17th July 2020	Temporary extension to the amendment to the Health Board's Standing Orders and Reservation and Delegation of Powers for the extension of adjusted governance for the Pandemic until the end of September 2020.

19th August 2020	Supporting the Clinical Futures Programme through a Primary and Community Care led approach to deliver health care – Call off Contract with Lightfoot Solutions Group Limited
24th August 2020	Purchase of Theatre Camera Stack and Maintenance Contract
26th August 2020	Annual Accountability Report 2019/20

Assessment and Conclusion	
In endorsing this report the Health Board will comply with its own Standing Orders.	
Recommendation	
The Board is asked to note the documents that have been sealed and to ratify the action taken by the Chair on behalf of the Board.	
Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	Failure to report the sealing of documents to the Health Board would be in contravention of the Local Health Board's Standing Orders and Standing Financial Instructions.
Financial Assessment, including Value for Money	There are no financial implications for this report.
Quality, Safety and Patient Experience Assessment	There is no direct association to quality, safety and patient experience with this report.
Equality and Diversity Impact Assessment (including child impact assessment)	There are no equality or child impact issues associated with this report as this is a required process for the purposes of legal authentication.
Health and Care Standards	This report would contribute to the good governance elements of the Health and Care Standards.
Link to Integrated Medium Term Plan/Corporate Objectives	There is no direct link to Plan associated with this report.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	**Long Term –** Not applicable to this report
	Integration –Not applicable to this report
	Involvement –Not applicable to this report
	Collaboration – Not applicable to this report
	Prevention – Not applicable to this report
Glossary of New Terms	None
Public Interest	Report to be published in public domain

Chair's Action Note
Anaesthetics Machines for The Grange University Hospital

I have today under the provisions of Chair's Action in the Health Board's Standing Orders approved the purchase of 31 Anaesthetic Machines for The Grange University Hospital from capital funds. The contract following a competitive tendering process is awarded to Draeger. The value of the contract award is £589,660.73 exclusive of VAT.

Signature: .....
Ann Lloyd, Chair

Signature: .....
Judith Paget, Chief Executive

Pippa Britton
Signature .....
Independent Member

Richard Clarke
Signature .....
Independent Member

Date 16th July 2020

Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Chair's Action Note

Patient Monitoring System for the Grange University Hospital

I have today under the provisions of the Health Board's Standing Orders, approved a Chair's Action for the contract award for capital equipment for The Grange University Hospital. The one-off award is made to Mindray in line with the NHS Supply Chain Framework and is a contract award for a Patient Monitoring System at a capital cost of £2,066,475.00 inclusive of VAT. This contact award is being made to support the opening of the new Hospital.

Signature .....
Ann Lloyd, Chair

Signature .....
Judith Paget, Chief Executive

Pippa Britton
Signature .....
Independent Member

Richard Clarke
Signature .....
Independent Member

Date 16/07/2020

Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Chair's Action Note
Syringe Pumps for The Grange University Hospital

I have today under Chair's Action provisions within the Health Board's Standing Orders, the purchase 101 Fresenius Kabi Volumetric Pumps and 93 Fresenius Kabi syringe pumps for The Grange University Hodpital. The contract has been directly awarded to Fresenius Kabi via NHS supply chain framework agreement.

Fresenius Kabi are the incumbent supplier of syringe and volumetric pumps across the Health Board.

The total Indicative value of this equipment will be £841,708/91 (+VAT)

Signature: .....
Ann Lloyd, Chair

Signature: .....
Judith Paget, Chief Executive

Pippa Britton
Signature .....
Independent Member

Richard Clarke
Signature .....
Independent Member

Date 16th July 2020

GIG CYMRU NHS
Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Temporary amendment to the Health Board's Standing Orders and Reservation and Delegation of Powers

I have today under the provisions of Chair's Action approved the temporary amendment to the Health Board's Standing Orders and Reservation and Delegation of Powers and also those of our Joint Committees – the Emergency Ambulance Services Committee (EASC) and the Welsh Health Specialised Services Committee (WHSSC), as they relate to the Health Board.

Welsh Government issued Welsh Health Circular 2020/011 on Friday 10th July 2020, which requires NHS organisations to temporarily amend their Standing Orders until the 31st March 2021 due to the impact of the COVID-19 Pandemic. The WHC is attached for information.

The content of the WHC includes the change required to our Annual General Meeting date – in terms of that meeting needing to be held by the 30th November of this year. Also, the potential, if required, for existing Independent Members whose tenures of office come to an end prior to the end of March 2021 to be extended to that time. This also applies to the Chairs of our Stakeholder Reference Group and Healthcare Professionals Forum.

These changes also apply to our independently appointed members of our joint committees of EASC and WHSSC.

These amendments will be in place until March 2021 unless revoked earlier by Welsh Government.

Signature .....
Ann Lloyd, Chair

Signature .....
Judith Paget, Chief Executive

Emrys Elias
Signature .....
Independent Member

Shelley Bosson
Signature .....
Independent Member

17th July 2020
Date .....

1

GIG CYMRU NHS
Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Chairs Action
Commissioning of capacity at St Joseph's Private Hospital (COVID-19)

I have today approved under Chair's Action the commissioning of capacity at St Joseph's Private Hospital, as a COVID-19 free facility to operate for 24 weeks (initially 12 weeks with a further 12 week option) from July 2020 to December 2020, in order to provide essential services to patients of the Health Board.

Services will include:

Operating theatre capacity (minimum 15 session per week – 7 days a week)
Endoscopy (minimum 5 sessions a week)
Imaging to include MRI (minimum 38 per week) and CT (minimum 60 per week)
Outpatient consulting rooms (4 dedicated rooms) and in-patient beds (minimum 16 beds)

This will include all required staff. However, medical staff will be provided by the Health Board.

The agreement will require compliance with Health Board COVID-19 management policies and all other third parties using the facilities.

The cost of the 24 week agreement will be £96,500 per week and a total of £2,316,000 for the 24 week period. However, the agreement will be continuously monitored and formally reviewed after the first 12 weeks. This agreement has been procured via the National Framework Contract for external commissioning services.

Signature .....
Ann Lloyd, Chair

Signature .....
Judith Paget, Chief Executive

Signature Emrys Elias .....
Independent Member

Signature Shelley Bosson .....
Independent Member

Date 17th July 2020 .....

1

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Supporting the Clinical Futures Programme through a Primary and Community Care led approach to deliver health care – Call off Contract with Lightfoot Solutions Group Limited

I have today approved under the provisions of Chair's Action a call-off contract agreement with Lightfoot Solutions Group Limited. The service will support the Clinical Futures Programme through a Primary and Community Care led approach to deliver health care. The Health Board is engaging Lightfoot to deliver two streams:

Stream 1 to support the Primary Care and Community Service Division with the capability to develop a fast track approach to move to an integrated care model

Stream 2 to provide the Clinical Futures Programme delivery team with specialist support, modelling and predictive analytics to assist the continuing planning and management of the move into the Grange University Hospital

The contract will run from the 1st June 2020 to the 30th November 2020.

Originally, when approved in June 2020 the agreement was signed with a financial value of £497,000. However, subsequently it became clear that there was non-recoverable tax that needed to be applied at a cost of £99,400. This results in an overall cost of £596,400, which is over the threshold requiring Chair's Action. Therefore, retrospective approval is given for the full amount.

Signature .....
Ann Lloyd, Chair

Signature .....
Judith Paget, Chief Executive

Emrys Elias
Signature .....
Independent Member

Pippa Britton
Signature .....
Independent Member

19th August 2020
Date .....

Aneurin Bevan University Health Board
Note of Chair's Action
Purchase of Theatre Camera Stack System and Maintenance Contract

I have today under Chair's Action approved a one-off purchase following a mini competition via the NHS UK procurement framework of replacement theatre camera stack system equipment and agreed a seven year maintenance and data management contract. The purchase will be made from Stryker for £1,361,446.00 for the purchase of equipment and maintenance and also from Storz at a cost of £868,761.25 for the data management and maintenance. The total cost of the procurement is £2,230,207.25 (please see the attached contract award document).

Signature .....
Ann Lloyd, Chair

Signature .....
Judith Paget, Chief Executive

Signature .....
Independent Member

Signature Richard Clark
Independent Member

Date 24/08/2020

Aneurin Bevan University Health Board

Note of Chair's Action

Annual Accountability Report 2019/2020

I have under the provisions of Chair's Action in the Health Board's Standing Orders, approved the Health Board's Accountability Report for 2019/2020, which is attached. The document is one of the required end of financial year public disclosure statements.

This document would usually be developed alongside the Annual Accounts and the Annual Governance Statement, which were approved by the Board at the end of June 2020. However, it was one of the documents that the Welsh Government confirmed could be produced later as part of the adjusted governance arrangements for the COVID-19 Pandemic and would be required to be signed off by the end of August 2020.

It has been confirmed that the document has been developed to cover the required elements and is based on the format we used last year. It has also been reviewed by the Audit Committee, Audit Wales and the Health Board's Internal Auditors.

This Chair's Action will be reported to the Health Board Meeting in September 2020 for ratification.

Signature .....
Ann Lloyd, Chair

Signature .....
Judith Paget, Chief Executive

Signature Shelley Bosson
Independent Member

Signature Louise Wright
Independent Member

Date 26/08/20

Dyfodol Clinigol
Clinical Futures

GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	Aneurin Bevan University Health Board Wednesday 23rd September 2020 Agenda Item:2.1

Aneurin Bevan University Health Board

Grange University Hospital (GUH)
November Early Opening in Response to COVID-19
September 2020

Executive Summary

With only a matter of weeks to go before the early opening of The Grange University Hospital (GUH), this paper seeks to update the Health Board on the areas of progression and where there are risks. There has been great progress since the formal update in June 2020. Detailed operational commissioning plans have been created looking at how the Health Board will safely open the GUH. Close and careful working with the supply chain partner, Laing O'Rourke, has meant that early occupation of the building can be achieved on a preferential access basis. This will allow full equipping, training and orientation of the hospital.

Concurrent to the building being transformed into an operational hospital is the commissioning of the Welsh Ambulance inter-site patient transport service. This service will be crucial for inter-site patient transport, ensuring flow around our hospitals.

For a programme of this scale there are and will always be a number of risks that will prevail throughout, however the 'go/no go' criteria will ensure an informed decision can be made to enable the sequence of moves to transition our services, whilst considerations of the COVID-19 situation are carefully monitored.

Ensuring every related organisation and staff member plays their role will help make the transition as smooth as possible, noting the risks outlined throughout the paper.

The Board is asked to: (please tick as appropriate)	
Approve the Report	
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	
Note the Report for Information Only	x

Executive Sponsor: Nicola Prygodzicz, Director of Planning, Digital & IT

Report Author: Richard Morgan-Evans, Clinical Futures Assistant Programme Director

Report Received consideration and supported by :

Executive Team	**x**	**Committee of the Board [Committee Name]**	**Planning and Strategic Change**

Date of the Report: 11 September 2020

Supplementary Papers Attached:
Appendix 1 – Overall programme countdown schedule
Appendix 2 – Go/No/Go Criteria
Appendix 3 - GUH financial forecast (20/21 & recurrent) costs

Purpose of the Report

This paper provides an update to the confirmed early opening of The Grange University Hospital in November 2020.

Section 1 - Background and Context

On 30th June 2020, the Board agreed to seek approval from Welsh Government for the early opening of The Grange University Hospital. This approval was followed by a formal Welsh Government announcement from the Health Minister on 27th August 2020.

Significant acceleration in progress made during March into April in response to COVID-19 has made this initially possible and the rationale for opening the hospital early as an acute facility is summarised in the following points:

- Service sustainability concerns, such as Women and Children's services will be stabilised.
- A new large critical care unit that provides the workforce benefits of centralization and improves surge capacity plans ahead of winter or any further COVID-19 surge
- Having an extra site with 75% single rooms will supplement the Health Board winter response.
- Significant additional oxygen capacity to ventilate patients in either a full critical care environment or using CPAP.
- Maximizing the transformation capability within the organization.
- The opportunity to centralise several services to better utilise resource, creating economies of scale including the Emergency Department, Critical Care, Theatres and Women and Children's services.

At the time of the recommendation to approve the early opening of the GUH a number of key risks and dependencies were identified with plans to mitigate and manage. These are described below with an updated position followed by progress on the operational commissioning plan and financial assessment.

Section 2 – Progress on key risk areas/considerations

In the June 2020 Board paper a number of key areas were described as being important to enable a successful opening. These areas were:

- **Workforce**
- **Build and technical commissioning**
- **Communications and Engagement**
- **Procurement and equipment availability**
- **Inter-site patient transport service**
- **Financial considerations**

These areas are revisited in the following sections to provide an update on progress and to show where elements of risk still remain.

Section 2.1 - Workforce

Workforce and OD critical path activity:

The following table outlines the key WOD tasks by month leading to November 2020.

Key current Workforce Risks are:

2.1.1 Ability to recruit to the required levels to support service models.

To support the early opening of the GUH we are prioritising the recruitment of key posts in readiness for November. There has also been further endorsement to recruit to a significant number of nursing and facilities posts.

We have used various methods to recruit, with bespoke campaigns as necessary. Positive progress has been made recruiting to over 118wte medical, nursing, allied health professionals and works and estates posts, some of which have been difficult to attract in the past. There are over 36wte posts currently in the recruitment and selection process.

We continue to focus on intensive recruitment campaigns for Registered Nurses and HCSWs and all vacancies which have been deemed essential for November service models. Recruitment of newly qualified nurses and recruitment events held at the GUH have resulted in the recruitment of 120wte Registered Nurses and over 66wte HCSWs, with further events planned in September and October.

Whilst progress with recruitment has been positive it is essential that we maintain our focus on this top priority, recognising that some roles such as Care of the Elderly (COTE) and Ortho-geriatrician consultant vacancies remain specialities which are hard to recruit to across the UK.

The Workforce and OD team are monitoring and reporting progress against recruitment plans and identify issues early to allow us to change advertising techniques and/or role design as required.

We anticipate that there will be ongoing registered nursing gaps and vacancies will be managed across our services. There will need an ongoing need for bank and agency staff

which should be reduced when overseas recruitment has re-commenced in October 2020, subject to current travel restrictions being unchanged.

2.1.2 Supply of staff due to sickness, shielding of vulnerable groups, Track and Trace.

Overall absence of staff is being closely monitored through the COVID-19 Tactical and Strategic meetings and Workforce and OD daily and weekly Dashboards. Any emerging impact on staffing will result in a review of service delivery. Workforce plans for winter and any future COVID-19 surge will take account of anticipated increased absence levels.

2.1.3 Impact on COVID-19 on staff wellbeing. Lack of mental and psychological staff preparedness may have a negative impact on absenteeism.

Since March 2020 the ABUHB Employee Wellbeing Service (EWS) has seen significant change and challenge in response to the acute phase of the COVID-19 pandemic.

The strategy developed to meet this challenge recognised the changing landscape and different phases with regard to the impact of Covid-19 and the evolving wellbeing needs across ABUHB. The strategy stressed the need to consolidate and grow the Employee Wellbeing Service's (EWS) capacity to meet the anticipated growth in demand for Mental Health support, and also to develop additional capacity to offer 'on the ground' support locally.

Hub & Spoke Wellbeing Teams

Between early April and late July, 15 individual 'Wellbeing Spoke Teams' were established across the Health Board using redeployed, volunteer and temporary staffing from the ABUHB psychological workforce. The purpose of the Spoke Teams was to help employees 'on the ground', offering 'in reach' support for teams, as well as to individuals.

Examples of the work carried out by Wellbeing Spoke Teams:

- Facilities & Estates Spoke Team engaged with all middle managers and 450+staff across the Health Board in a series of 121 meetings and drop in sessions across Royal Gwent Hospital (RGH), Nevill Hall Hospital (NHH) and Ysbyty Aneurin Bevan (YAB).
- ICU (RGH and NHH) Spoke Team offered 16 planned groups sessions and supported 23 individuals.
- Emergency Department & Medical Assessment Unit (MAU) (RGH and NHH) Spoke Team offered 12 drop in sessions across a seven day week and supported 12 individuals.
- NHH Wards Spoke Team offered 40 individuals support and seven team sessions.
- RGH Ward Spoke Team offered 63 individuals support and 14 drop in sessions for teams.

- In addition the phone help line set up by the Spoke Teams based in RGH, NHH, Ysbyty Ystrad Fawr (YYF) and YAB offered telephone support to 61 individuals (April 8th to June 24th).

Spoke Teams (Except ICU and Facilities) were stepped down at the end of July as redeployed staff returned to their substantive posts.

In addition to the support offered by the newly created Wellbeing Spoke Teams, the Established Employee Wellbeing Service or 'the Wellbeing Hub' remained fully functional throughout the acute phase by transitioning to offering telephone support only. Between April and July the EWS received 185 self-referrals from employees seeking help (April to July). A breakdown of these referrals show that a range of employees sought help including: 71 from Nursing & Midwifery, nine from Occupational Therapists, and eight Administrators. The sites that saw the largest referral rates included: RGH (49), NHH (24), YYF (15), St Cadoc's (15), YAB (11), St Woolos (9), LGH (6), County Hospital (5). In addition a Peer Support network was created and accessed by 34 individual staff.

Wellbeing Survey

For two weeks across the end of May beginning of June (2020) the first Health Board wide Wellbeing Survey was launched and completed by 2200 people. The results have been fed back to the Executive Team and to the wider workforce, and a number of learning points have been identified. These points include:

- 12% of responders identify as 'struggling';
- while 18% identify as 'thriving'

Looking more closely at those who reported themselves to be disproportionally struggling (12%) a number of groups were identified including:

- Band 5 (and lower banded) nurses at the RGH (on non COVID wards)
- SAS Doctors (though only small numbers completed the survey)
- Those self-isolating/shielding
- Redeployed staff, and
- Those identifying as being from a BAME community

This survey has given us a base line, and has highlighted areas where we need to better understand wellbeing related needs.

The following two tables show the results for all of the respondents, demonstrating that the majority reported that they and their colleagues were coping either 'ok –averagely or relatively well'.

8. How do you think you are coping at the moment?

		Response Percent	Response Total
1	Very poorly	1.10%	24
2	Not very well	8.82%	193
3	OK - averagely	40.79%	893
4	Relatively well.	36.55%	800
5	Very well	12.75%	279
Analysis	Mean: 3.51 Std. Deviation: 0.86 Satisfaction Rate: 62.76 Variance: 0.75 Std. Error: 0.02	answered	2189
		skipped	10

10. On the whole how well do you think the people around you are coping at the moment?

		Response Percent	Response Total
1	Very poorly	0.92%	20
2	Not very well	10.65%	232
3	OK - averagely	48.74%	1062
4	Relatively well	34.28%	747
5	Very well	5.42%	118
Analysis	Mean: 3.33 Std. Deviation: 0.77 Satisfaction Rate: 58.16 Variance: 0.6 Std. Error: 0.02	answered	2179
		skipped	20

There has been additional investment from Charitable Funds to continue to provide Psychology support across the organisation.

OD Team

The current focus of the OD team is on the provision of wellbeing support for individuals and teams moving to the GUH. This includes a revision of the mode of delivery of OD programmes as a result of COVID that includes the virtual roll out of Transformation Modules for Managers and Medical leaders, individual coaching support and where appropriate team development. In addition, there is a task and finish group reviewing the inclusion of employee wellbeing into the Wellbeing and Education Centre within the GUH. This work is progressing to ensure that the requirements for November opening are addressed.

2.1.4 Job Planning

A significant number of consultants will be simultaneously affected by a change to their work programmes.

This is compounded by compression of the opening timescale from March 2021 to November 2020.

The directorates have developed clinical models which identify the total numbers of directorate sessions required needed to provide for cover. The job planning process being followed by many Directorates is to undertake team-level job planning of the number and distribution of sessions of medical cover across the system followed by individual job plan meetings. The early opening of GUH in response to COVID requires agreement of emergency medical rotas, to open safely which will then be reviewed and formalised into job plans once the GUH is open and the rotas are working as intended.

A performance tracker is shared with the Executive Team to monitor progress.

A number of actions have been implemented to support the completion of job plans which are summarised below:

- A proposed monthly schedule for job planning for GUH-dependent posts has been developed and shared with Divisional Directors.
- Self –directed Job planning training via an e-package has been developed and circulated.
- Job Planning Guidance has been agreed following substantial discussions with the BMA.

2.1.5 Reduced timescales and capacity of managers and TU's to engage in 1:1s, slotting in of staff and undertake job planning.

Consultation and implementation process timescales have been adjusted to reflect the early opening of the GUH. These have been agreed by TU colleagues at the Trade Union Partnership forum. The timescales have been met or are on track with large scale individual and team meetings being held with WOD and managers.

A number of "Chat Cafes" on hospital sites to talk to staff, offer wellbeing support and listen to any concerns have been held and are scheduled for the coming weeks. Additionally, "ward walk-abouts" are taking place with Divisional Nurses and Workforce & OD from September through to November including at night and on weekends.

Summary

The workforce challenges continue to be a key area of focus with good progress. The current plans support the early opening albeit the risks associated with staff in a COVID context require continued review and assessment which is part of the weekly operational commissioning process and Executive oversight.

Section 2.2 - Build and technical commissioning

There has been good progress on the continued completion of the GUH from a technical commissioning viewpoint. The Health Board have been granted preferential access to the remainder of the building by 28th September 2020. This will allow full flexibility to equip, stock up, train, orientate and generally prepare the building to become a functioning hospital.

Radiology fit out continues and is a critical path item within the project. The complete fit out is due to be complete on 13th November 2020 with the MRI being the last piece of Radiology equipment to be installed and tested. There is regular review of these plans to try and bring forward the completion time for this specialist equipment.

IT commissioning is progressing as part of final technical commissioning with the continued rollout of IT equipment and telephony. Wi-Fi will be available throughout the hospitals and a distinct piece of work will install Wi-Fi additionally in the stair wells of the hospital.

Having mobile telephony in the hospital for the November opening is due to be achieved through a dedicated EE phone mast on site to ensure workable signal in as much as the hospital as possible. A signal survey is taking place this month. The full model will see a complete mobile telephony option installed in the building for all network providers.

Testing of the building continues with a rigorous regime of ensuring all systems are fully functional. The Health Board is working with Gleeds and Laing O'Rourke to ensure every aspect is fit for purpose.

In summary the build and technical commissioning plans are progressing well and are on track to support early opening with radiology the key area of risk which is subject to daily review.

Section 2.3 - Communications and Engagement

Being able to let our citizens, staff and wider stakeholders know what the coming changes mean and how it may impact them is vital. Before the announcement of the November opening of the GUH by the Health Minister there was a great deal of planning underway to ensure that there are many ways to communicate changes. These include:

- **Social Media activity and Videos** – Utilising Facebook Live for clinical Q&A session with the public. These have been very popular and able to target specific areas, such as changes to children's services. We will also use trusted clinical voices to develop a series of videos.

- **Leaflet drops** – a working group is focusing on delivering a simple guide in the form of a leaflet to every household in Gwent. Making sure this leaflet has the right level of information on it is very important and the team are aiming for a product that can be kept by the public to refer to more than once. This will use a series of information schedules about sites and services that are being developed and are being posted on our internet.

- **Internal staff sessions** – There is a lot of activity having taken place and planned to inform staff of changes and to answer any questions. These range from specific drop in sessions at hospital sites as well as virtual sessions utilising internal technology to reach a wider staff base.

- **Working with wider partners** – The Health Board is working with stakeholders such as neighboring Health Boards as well as Local Authorities and other public services. A series of visits to the GUH is being planned to ensure there is close working and understanding as to the role of the GUH.

Section 2.4 - Procurement and equipment availability

In order to meet the requirement for a November 2020 early opening of GUH, Shared Services are continuing to procure against equipment lists previously submitted and approved by Divisions. Deliverability risks are being managed through a tracking system

and contingency plans put in place for high risk items. Where essential items are now potentially not deliverable for November, transfer or lease options will need to be implemented.

Welsh Government reallocation of £6.6 million funding to address the list of previously unfunded equipment has significantly reduced the risk however there continues to be additional requirements identified across all divisions. These are being managed through a change control process in order to ensure divisional oversight of requests and consistency in response. Divisions have been made aware that there may be a requirement for lease options to be taken to ensure that equipment is available in the short term.

Tracking and expediting of deliveries has been tasked to the Capital Sourcing Team of Shared Services in Bridgend to ensure that items arrive on time and to enable the existing GUH procurement team to continue with placing orders as deliveries start to be received.

Currently all deliveries are scheduled to arrive on time however the supply chain remains fragile and we will be tracking future COVID surge impacts on these deliveries carefully and escalating as required.

Section 2.5 - Inter-site patient transport service

The inter-site patient transport service will be the operational mechanism by which patients are safely transferred around the system between hospital sites from November. This service will be delivered by WAST and has been designed in conjunction between ABUHB and WAST involving clinical staff over a number of years.

The commissioning and establishment of this new service is underway and there are a number of areas that the Health Board are developing that will support this service:

a. Governance, accountability and performance management arrangements

To support the robust management and assurance that the Health Board's transport requirements are being delivered, a group focusing on performance and quality monitoring of inter-hospital transfers will be key to the ongoing delivery of the model.

A governance proposal, describing how ABUHB will monitor both WAST Emergency Medical Service (EMS) and Non-Emergency Patient Transport service (NEPTS) from hospital site level to an all Wales level at Emergency Ambulance Services Committee (EASC), has been developed. This will include integrated monitoring of the inter-hospital transfer model.

It is proposed that the Group will meet fortnightly leading up to November, but may need to change to weekly or daily during the initial period after the opening of GUH. Monthly meetings will take place from December leading up to a formal 6 monthly review of actual performance – to include Flow Centre operations and the

Transfer Practitioner model which will inform future requirements and changes to SLAs.

b. New Service Level Agreement (SLA) - EASC/WAST

A new SLA will be developed as a contractual addendum between EASC (on behalf of the Health Board) and WAST to cover the new, additional GUH inter-site transport provision. Performance management discussions will therefore operate through EASC.

Existing inter-site transfers will continue to be monitored and reported separately to EASC under existing arrangements as part of the Health Board 'pool' of transport which responds to both community 999 calls and inter-site transfers.

c. Flow Centre development

The development of a Flow Centre will aim to deliver a single point of contact to co-ordinate all urgent access to secondary care services, directing patients to the right care, in the right place, with the right service, first time and ensuring that appropriate transport arrangements are made to support all admissions, inter-site transfers and discharges across the hospital system, aligned to whole system flow.

As part of this a Transfer Triage Tool (TTT) has been jointly developed by WAST and ABUHB clinicians to triage transfer patients based on their clinical condition and observation information, so that the correct transfer crew, vehicle and time category can be determined.

This new process should provide clinical assurance that where sick patients self-presenting to a Minor Injury Unit, that the right level of response can be identified and transport provided and/or there has been a Health Board clinician to WAST clinician discussion and agreement about an alternative transfer plan.

The Health Board and WAST have agreed to pilot use of the Tool and the new Flow Centre inter-site transfer process to identify 'real time' requirements including any additional training or workforce prior to GUH opening. The principle of a phased bridging pilot until GUH opens has been agreed. However, this will be subject to sufficient testing and refining of Flow Centre and WAST processes using different scenarios.

d. Use of Transfer Practitioners

Development of the inter-site transport model identified the need for Transfer Practitioners to safely transfer patients requiring additional support between sites. This new Health Board staff role has a different skill set to that of a paramedic and includes use of automated syringe drivers and managing higher level category of deteriorating patients. Retrospective analysis identifies that Transfer Practitioner

demand is around 5 transfers per day and is therefore an essential part of the Health Board's transfer resource planning.

The Transfer Practitioners will be ready to undertake a pilot in October, leading up to the GUH opening. WAST have confirmed that an additional vehicle will be available during October for the pilot.

During the pilot the relevant data will be captured and monitored as part of the ABUHB/WAST performance and quality group:

e. Executive level discussions

A schedule of monthly Health Board and WAST Executive to Executive level discussions are taking place, to oversee the readiness of the inter-site transport arrangements prior to the GUH opening, including outstanding work and risks.

Section 2.6 - Financial considerations

Updated Context:

The financial assessment update includes the:

1. Latest modelling on the revenue financial implications for using the GUH during the 2020/21 financial year, and
2. Current assessment of the recurrent revenue costs.

The Health Board's IMTP 2020/21 submission excluded the transitional costs of moving to the GUH. An initial request for transitional funding was made separately to Welsh Government seeking funding for 2020/21 and 2021/22, this was updated to reflect early opening due to COVID with a request for £17m (2020/21) and an indicative £8m for 2021/22 (with further assessment required) based on the GUH becoming operational in November 2020. Since this time, the Health Board has responded to the COVID-19 pandemic, including bringing forward the temporary and partial availability of the GUH.

Assumptions used to undertake financial analysis

The latest expenditure forecast for 2020/21 uses the available service and workforce plans that were approved as part of the June Board paper. Any further changes to service and workforce models, particularly those which have an additional cost, will need to be considered through the Health Board's governance arrangements – Clinical Futures Delivery Board and the full Board. Specific assumptions are listed as follows:-

- The GUH is assumed to provide **464 beds from November to March 2021** with a recurrent capacity of 471 beds.
- Where applicable, costs are based on the **increased workforce wte requirement** using approved service models. Ward nursing and facilities are based on **approved rosters**.

- Utilities and estates non-pay costs are based on **floor area** where appropriate.
- **Savings have been identified on a recurrent basis only** to off-set additional expenditure. These savings are within Family and Therapies centralisation, estates rationalisation, Emergency Department centralisation and Theatres. There are also savings within ward nursing to off-set the additional expenditure.
- On a recurrent basis, the bed plan states that there will be a recurrent **reduction of 95 beds** across the Health Board. **The estimated recurrent saving for the Health Board equates to c.£4.75m.** The impact of COVID surge plans result in a delay in bed reductions and as a result these savings are currently regarded as an opportunity. These savings should start to be realised from the 2021/22 financial year.
- Furthermore the original Full Business Case (FBC) stated an overall potential reduction of 230 beds. There should therefore be a further opportunity of 135 beds (estimated £6.75m saving) if this can be achieved across the eLGH and wider system.
- Specific costs have been included where liaison with the service areas has been undertaken.

Financial assessment update - 2020/21

The current financial assessment for 2020-21 is based on the GUH being operational as at November 2020 with the necessary operational commissioning expenditure being incurred beforehand. On this basis, the financial analysis is summarised as follows:

- Overall the use of GUH as an acute site facility closely aligned to the fully operational GUH service model remains at a monthly cost of circa **£3.5m** – **464** beds estimated (est. **£245** per bed day).
- The current expenditure incurred to date for operational commissioning and clinical workforce appointments for the revised clinical pathways is **c.£2.5m.**
- The financial modelling for the 2020-21 financial year based on GUH providing 464 beds from November 2020 to March 2021, with less reliance on other hospital sites for surge capacity. This results in a reported **potential cost of £25.4m,** which is within the Health Board's identified forecast costs of £69m submitted as part of COVID operational plans for quarter 2.

These are costs that exceed the Health Board's current revenue funding. The Health Board are awaiting further details from Welsh Government regarding the allocation of the additional £800m funding secured for the NHS in Wales during the 20/21 financial year.

Recurrent revenue position

Based on the assumptions stated above in conjunction with current service and workforce plans, the recurrent full year running costs are estimated to be **£27.4m**. Planned savings of £2.1m are assumed to be delivered on a recurrent basis (this excludes the financial saving for bed reductions of £4.75m stated above).

The Health Board allocated £6.5m (£10.5m recurrently) as part of the 2020/21 IMTP and budget setting.

Therefore, the residual recurrent cost is **£16.8m** (the estimate as at June was reported at £16.6m). As operational commissioning progresses alongside final plans there are inevitable further financial risks. Some of these are likely but require further analysis and business case approval whereas others relate to increased costs above approved values. For the 2021-22 financial year there will be other costs which may be incurred on a non-recurrent basis, for example excess travel.

The table below summarised recurrent costs and this is shown in greater detail in Appendix 3.

The monthly cost run rates for the period November 2020 – March 2021 remain around £1m more per month than the recurrent model, this is due to the operational impact of implementing services in a COVID environment, including beds on the RGH and NHH sites. There are increased running costs relating to facilities workforce, nursing workforce, non-pay facilities costs, non-pay medical & ward costs and pathology costs. Savings non-achievement is the key contributing factor.

Category	June recurrent assessment (£'000)	August recurrent assessment (£'000)
Gross costs	28,860	29,492
Savings	(1,723)	(2,142)
Net	**27,137**	**27,350**
Board approved funding (IMTP 20-21)	(10,528)	(10,528)
Total	**16,609**	**16,822**
Further risks	4,701	400
Bed reduction opportunity (full 95 beds)	-	(4,750)
Revised total	**21,310**	**12,472**

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

Section 3 – Operational Commissioning

Operational commissioning is the term to describe the preparing of all key areas required to open the Grange University Hospital and reconfigure eLGHs in November. The guiding principles for the operational commissioning period are as follows:

- Patient safety is the overriding decision maker.
- Move in period for services is 2 weeks or less including support services (in line with the programme)
- There will be sufficient clinical support services in place to deal with the sickest patient.

- No services open until Critical Care is partially set up and in place
- Once the emergency flow starts there is no control on demand, so emergency services will be the last to transition.
- There is sufficient staffing in place to operate a safe service across all key areas.
- All staff have been trained to undertake every task in the working day in relation to the building.

Section 3.1 – Overall schedule and governance structures in place

Appendix 1 outlines a summary of the programme-wide countdown schedule. This shows some of the key mechanics on the run up to November. In order to ensure the programme is delivered at pace and on time the following structures / forums have been put in place:

- Executive weekly sessions including a 'watch list' forum to ensure quick resolution or progression on a number of areas requiring Executive oversight.

- Service and Operational Commissioning Group – Weekly clinically-led operationally focused forum bringing all divisional and supporting service representatives together to ensure planning for the opening of the GUH/reconfiguration for eLGHs. This includes an expanding representation including Welsh Ambulance colleagues, who themselves have set up structures to support their important role in the opening.

- All divisions now have weekly or fortnightly commissioning forums established to work with their clinical services to ensure readiness.

- The Clinical Futures Delivery Board continues to have the broad oversight of the overall Clinical Futures programme and meets monthly.

Section 3.2 – Sequence of Moves

The overall programme countdown schedule shown in Appendix 1 gives details about the variety of preliminary activities to prepare the hospital for opening. This ranges from orientation and training to installing equipment and stocking up required consumables. The table below focusses on the sequence of patient moves to open the Grange University Hospital.

'Week 0' will see supporting services become established in the hospital ready to receive main patient-facing services, which will then move their patients over a three day transition period.

It is currently assumed that the military will help support the moves of the critical care patients to the Grange University Hospital. A Military Assistance to Civilian Authorities form has been completed to support this. Feedback through the military chain is expected. Without this support, this would have significant impacts on the ability to moves all patients as required.

Week 0	Week 1		
Support Services become fully established	**Main Services become established / relevant patients moved from NHH/RGH**		
Monday 9th to Friday 13th	***Sunday 15th*** *Day 1*	***Monday 16th*** *Day 2*	***Tuesday 17th*** *Day 3*
Radiology	Critical Care @ NHH moves over *Clinical stabalisation / 'scoop team' based at NHH temporarily*	Emergency Assessment Unit	Emergency Department - 2am move over *NHH / RGH close @ 2am and then close down or transfer required patients to GUH*
Pathology	Paediatrics	Max fax	Transfer Inpatients
Pharmacy	Obstetrics	ENT	Critical Care @ RGH moves over
Mortuary	Gynaecology	Emergency General Surgery	Haematology
Theatres	NICU	Vascular	
Facilities	Cardiac Care Unit	HASU	
		Cardiology	
		Trauma	
		Interventional Radiology	
		Gastroenterology	
		Respiratory	

Section 3.3 – Go/No Go criteria

To guide the Health Board Executive Team to make the decision whether it is safe to start the sequence of moves, there is an extensive list of criteria which will need to be achieved. Each of the criteria has a decision owner to give an informed confirmation to the leadership team. The criteria sit within the following headings:

- General building
- People and services
- Equipping and environments
- Information Management & Technology
- Facilities management
- Communications
- Operational
- COVID
- Welsh Ambulance inter-site readiness

Each of the criteria that sit under each of these headings represent a risk area which could impact the transition and therefore having a focused effort with a named individual against each will ensure there are no scope gaps. The go / no go criteria is shared in Appendix 2.

Section 3.4 – 'Red line' areas

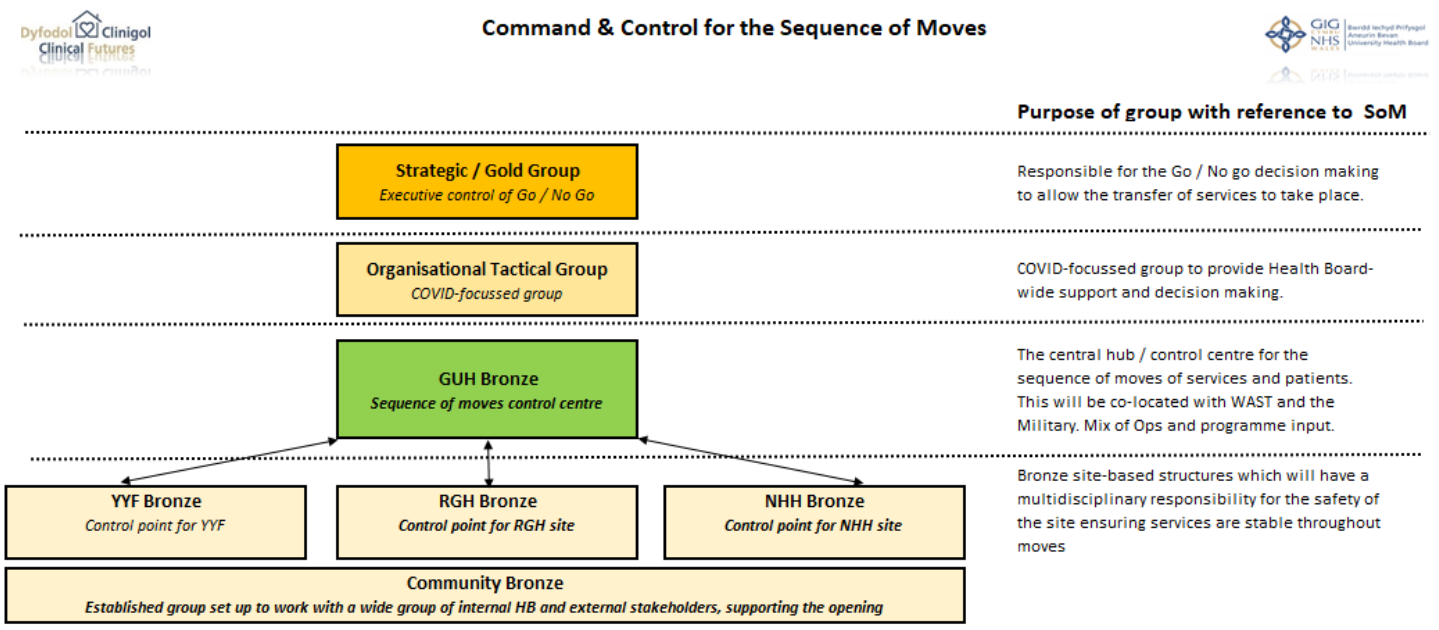
The following areas are deemed as absolutely critical to the success of opening. Without these areas fully in place the hospital cannot open safely. These points are monitored regularly by the Programme Team and overseen by a decision owner allocated to each issue.

No.	Red line area
1	Clinical communications system in place
2	Functional diagnostics - Requirement on 'day 1' for CT, General X-Ray, MRI as well as Path for results
3	Key Theatres operational - CEPOD, Trauma, Obs
4	A functioning inter-site patient transport service to safely step up and step down patients in a timely way.
5	At least a minimum level of staffing required to cover the emergency demand

Section 3.5 – Command & Control of the progress incl. at enhanced Local General Hospitals

Being able to ensure the period of moves is done in a controlled and safe way there will be an effective structure put in place to coordinate appropriately. Positive lessons learnt and structures set up from the recent COVID-19 response will help ensure the period of moves are conducted in an efficient and well communicated way and that hospital sites remain safe and controlled.

In addition to the summary structure outlined below, there will be close liaison with external organisations as well as the bronze structure to help support and meet patient requirements during this initial period. This is due to the change being a whole-system transformation, requiring the involvement of all groups and forums.



Section 3.6 – Clinical core site safety throughout

It is essential that in the lead up, and implementation of reconfiguration of services that clinical teams are available to troubleshoot and resolve issues that will occur. It is planned that we will have Core Safety Groups on each site for the weeks leading up to the move and for the move period.

In order to deal with any clinical risks during the three day sequence of moves there will be a requirement to have a clinical team (stabilization and retrieval) available on each site to react quickly to stabilize, begin relevant treatment and prepare the patient to move to where they need to receive ongoing support and treatment.

Summary and Recommendations

In summary, the Health Board has made significant progress across the key risk areas with a continued focus to ensure all key risks are mitigated.

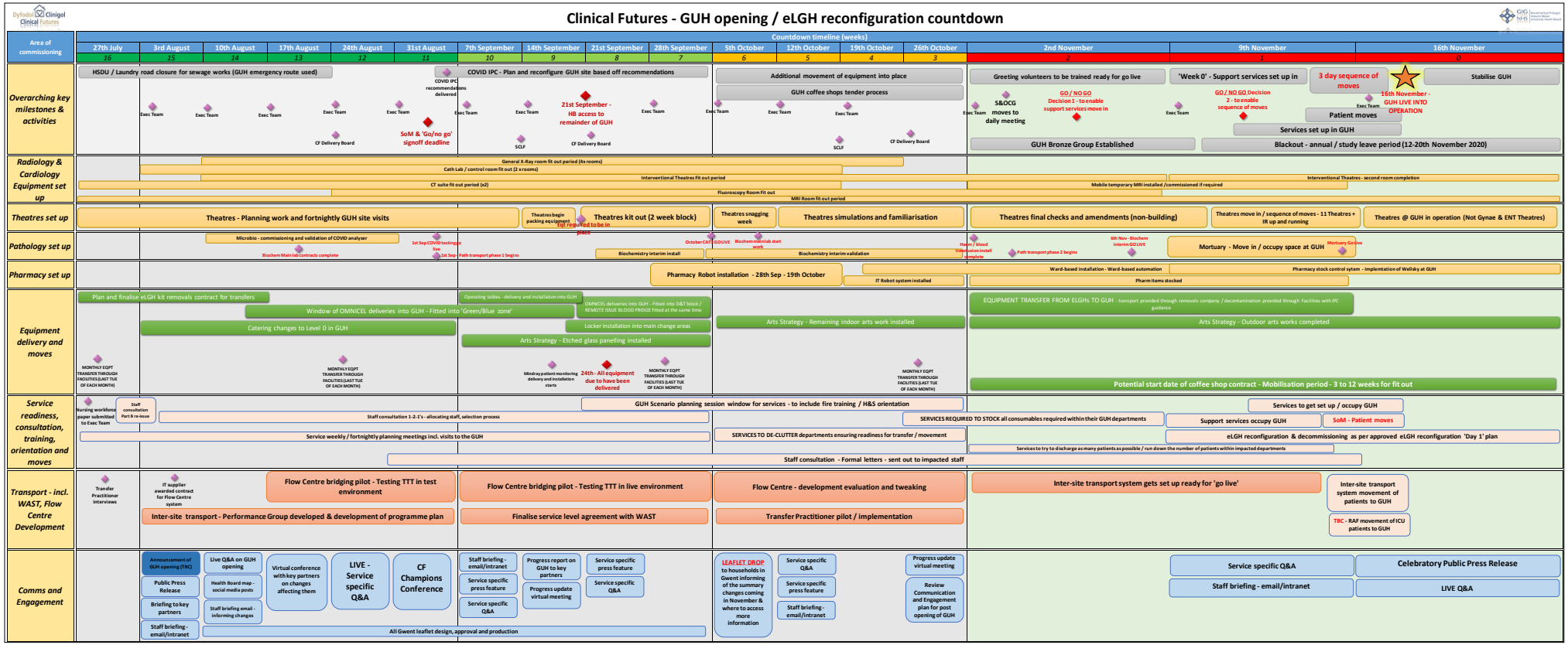
A robust plan and supporting structure is in place to support the operational commissioning of the hospital with safety of patients the priority during the transition process. There is a weekly focus on the key issues, risks and the readiness assessment across various structures to ensure a successful opening can be achieved in mid-November.

The Board is recommended to:

- Note the progress and structure of operational commissioning plans.
- Note the progress with the previously highlighted key areas, noting that risk areas continue to be closely assessed and mitigated.

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	There is a thorough risk section provided within section 7 of this paper.
Financial Assessment	A thorough financial assessment has been provided within the Health Board for both the capital and revenue impacts. A summary is shared within this paper.
Quality, Safety and Patient Experience Assessment	Some of the key benefits supporting the GUH opening are centred around improving quality, safety in our system and a better patient experience throughout pathways.
Equality and Diversity Impact Assessment (including child impact assessment)	Equality impact assessments were carried out supporting the Full Business Case of the GUH.
Health and Care Standards	Service models are designed to meet relevant standards of care set out by various clinical bodies.
Link to Integrated Medium Term Plan/Corporate Objectives	The Clinical Futures programme has input to the latest IMTP.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working: • **Long Term** • **Integration** • **Involvement** • **Collaboration** • **Prevention**	The Clinical Futures Programme and opening of the GUH contributes directly to the wellbeing of Gwent's future generations by ensuring sustainability of healthcare and standards.
Glossary of New Terms	Outlined within the paper.
Public Interest	This paper has been written for the public domain.

Appendix 1 – Overall programme countdown schedule



Appendix 2 – Go / No Go criteria

Approved Principles for the hospital to be able to deal with its most critically ill patient/ sequencing of decisions - Guiding planning work			
1	**Patient safety is the overriding decision maker.**		
2	**Move in period for services is 2 weeks or less including support services (in line with the programme)**		
3	**There will be sufficient clinical support services in place to deal with the sickest patient.**		
4	**No services open until Critical Care is partially set up and in place**		
5	**Once the emergency flow starts there is no control on demand, so emergency services will be the last to transition.**		
6	**There is sufficient staffing in place to operate a safe service across all key areas.**		
7	**All staff have been trained to undertake every task in the working day in relation to the building.**		
Red line areas - Critical areas required in order to open the GUH			
No.	**Red line area**	**Decision owner**	
1	**Clinical communications system in place**	**Director of Planning, Digital & IT**	
2	**Functional diagnostics - Requirement on 'day 1' for CT, General X-Ray, MRI (?) as well as Path for results**	**Director of Operations**	
3	**Key Theatres operational - CEPOD, Trauma, Obs**	**Medical Operational Lead**	
4	**A functioning inter-site patient transport service to safely step up and step down patients in a timely way.**	**Director of Finance**	
5	**At least a minimum level of staffing required to cover the emergency demand**	**Director of Operations**	
The following criteria will determine the decision making of the progression of the move in to the GUH			
No.	**Go/No Go area**	**Decision Owner**	

General			
1	**The building will be handed over in good state of repair, with all key systems fully functioning (lifts, heating, lighting, etc) and free of major defects**	**Head of Estates**	
2	**The list of items on the snagging list requiring remedy are acceptable in terms of volume and complexity for operation of the building**	**Head of Estates**	
3	**The fire strategy for The Grange University Hospital has been approved**	**Head of Estates**	
4	**Contingency plans are in place for major incidents to enable business continuity**	**Head of Emergency Planning**	
5	**Critical operational policies are in place**	**Director of Operations**	
6	**All commissioning and accreditations have taken place in order for the services to be operational**	**Director of Operations**	
People and Services			
7	**The order of moves is finalised and all services know the date of their move**	**APD CF Programme**	
8	**Move plans for each service are in place and understood by the service teams**	**Director of Operations**	
9	**All necessary transport arrangements for transferring patients are in place and are in conjunction with the order of moves, and there is written commitment from the service provider to meet requirements**	**WAST Liaison**	
10	**All staff have been trained and orientated to use the building**	**Programme Director**	
Equipping and Environments			
11	**Any certificates, licenses and approvals necessary in advance of building occupation or use have been issued**	**Head of Estates**	
12	**All equipment necessary to run the Grange University Hospital is ordered, in place (including transferred equipment) and commissioned ready for use**	**GUH Project Clinician**	
13	**There are sufficient fittings in place to provide a comfortable environment for patients**	**GUH Project Clinician**	
14	**The removals company has an agreed and finalised schedule of equipment moves for the full move period**	**Head of Estates**	

15	Contingency plans are in place with the removals company to manage delays, increases in activity etc	Head of Estates	
16	All specialist removals companies have an agreed and finalised schedule of transfers for the full move period	Head of Estates	
	IM&T		
17	All essential ICT systems are in operation including wireless system, Vocera, etc	Assistant Director of Informatics	
18	Sufficient hardware (and software) necessary to get services underway within The Grange is in place	Assistant Director of Informatics	
19	All corporate IM&T systems are amended for the new operation in The Grange	Assistant Director of Informatics	
20	Telephone systems are operational	Assistant Director of Informatics	
	Facilities Management		
21	The building has had a clinical clean and has been signed off as ready for use by infection control	Lead Infection Control Nurse	
22	The FM Team are trained to operate in The Grange	Head of Estates	
23	The building is stocked through a first fill and ready for operation for all areas - pharmacy and each zone (theatres, critical care, wards, etc)	GUH Project Clinician	
24	Catering systems and prep areas are cleaned, stocked, tested and ready to feed patients and staff	Head of Estates	
25	A process flow is in place to govern safe flow of instrumentation between HSDU and GUH	Head of Estates	
26	The service yard is operational with an agreed schedule of deliveries and management processes in place	Head of Estates	
27	A system is in place to move supplies, consumables, etc through the building	Head of Estates	
28	Parking arrangements for patients and visitors are in place	Head of Estates	
29	Transport arrangements for staff are in place	Divisional Director - Facilities	

Communications			
30	**Robust communications have been distributed to all available stakeholders**	**Board Secretary and Head of Communications**	
Operational			
31	**All schedules and staffing rotas are in place for theatres and specialist diagnosis**	**Director of Operations through confirmation/ assurance received from Divisional Directors**	
32	**There is sufficient staffing in place to operate a safe service across all key areas: ED, Cardiology, Radiology, Pathology, Pharmacy, Mortuary, etc**		
33	**Administrative processes are in place to safely manage patients through the systems**		
34	**Activity profiles are agreed in the period up to the move to GUH to minimise risk to move**		
35	**All staff are allocated to their area of work**		
36	**All staff have been trained in how they will operate in terms of every task in the working day**		
COVID-19			
37	**Critical Care bed occupancy is within an acceptable tolerance to allow for safe ICU moves**	**Clinical Director Critical Care**	
38	**There is not a significant COVID surge that would prevent the safe movement of patients and services**	**Medical Operational Lead**	
WAST readiness			
39	**Confirmation that WAST are ready to support the required SoM as detailed in the planning process - incl. vehicle and resource availability**	**WAST Liaison**	

Appendix 3 – GUH financial forecast (20/21 & recurrent) costs

Category	Expenditure incurred to date as at Month 5 - August (£'000)	August Clinical Futures Delivery Board 2020-21 (£'000)	August Clinical Futures Delivery Board Recurrent (£'000)
Clinical Investment Panel staffing forecast	1,508	6,321	9,777
Pre-assessment streaming / transport hub (approved element)		746	751
Mitigation required for 2020-21 IMTP		(583)	
Budgetary approved areas within IMTP sub-total	**1,508**	**6,484**	**10,528**
Utilities and facilities management - non-pay		2,953	5,791
Utilities and facilities management - pay		3,136	2,391
Nursing workforce (ward areas)		2,239	2,061
Interdependent and transport		2,629	4,746
Other workforce (supported)		186	307
Executive Team approved areas sub-total	**-**	**11,143**	**15,296**
Operational Commissioning	957	3,209	-
Operational Commissioning (requires Executive approval) sub-total	**957**	**3,209**	**-**
Workforce and Human Resources support		79	-
Pathology / Radiology		707	-
Ward consumables and drugs costs		1,350	-
Clinical Investment posts - early appointments		583	-
Non-recurrent GUH early opening costs sub-total	**-**	**2,719**	**-**
IT running costs	27	539	589
Other workforce (forecast)		300	272
Equipment and IT		557	938
Excess Travel		500	-
Previously identified costs requiring approval	**27**	**1,896**	**1,799**
Flow Centre (additional unapproved forecast)			617
Site Management / Transfer Lounge (forecast)			649
New developments requiring business case submission	**-**	**-**	**1,266**
Assumed Savings		-	(2,142)
HSDU			603
Patient flow activity impact		-	-
Other areas sub-total	**-**	**-**	**(1,539)**
Sub-total	**2,492**	**25,450**	**27,350**
Board approved funding	(1,508)	(6,484)	(10,528)
Total	**984**	**18,966**	**16,822**

Notes:

1. Costs exclude further investment in 'Level 1' out of hospital services.
2. Savings levels remain significantly below those assumed within the approved Full Business Case. It will be important that savings opportunities and performance improvement are reviewed as part of the Health Board's IMTP.
3. The COVID pandemic situation has resulted in new ways of working and provides opportunities to deliver sustained improvement across the healthcare system.
4. Risks in 2020/21 total c.£0.35m and relate to potential increased costs for a mobile MRI.
5. Recurrent risks of £0.4m are not shown, these relate to service model changes for radiology portering as well as potential increased non-pay costs both for equipment and consumables. These risks are off-set by potential increased theatre savings.

Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	Aneurin Bevan University Health Board Wednesday 23rd September 2020 Agenda Item: 2.2

Aneurin Bevan University Health Board
Gwent Local Resilience Forum
COVID-19 Prevention and Response Plan

Executive Summary			
The Gwent COVID-19 Prevention and Response Plan has been developed and approved by the organisations comprising the Gwent Local Resilience Forum (LRF) and via the Gwent Strategic Coordinating Group (SCG). The Plan was developed in response to a request from Welsh Government and was structured in response to detailed guidance. Following discussion and review at both the Strategic Co-ordinating Group and the Health Board's Executive Team, the plan was submitted to Public Health Wales on the 12th August 2020. The Plan will continue to be strengthened in response to the Coronavirus Control Plan for Wales, published on the 18th August 2020.			
The Board is asked to: (please tick as appropriate)			
Approve the Report	√		
Discuss and Provide Views	√		
Receive the Report for Assurance/Compliance	√		
Note the Report for Information Only			
Executive Sponsor: Nicola Prygodzicz, Director of Planning, Digital and IT Mererid Bowley, Interim Director of Public Health			
Report Author: Ian Morris, Deputy Director of Planning			
Report Received consideration and supported by :			
Executive Team	√	**Committee of the Board [Committee Name]**	
Date of the Report: 27th August 2020			
Supplementary Papers Attached: Appendix 1: Welsh Government (dated 27 July 2020) Appendix 2: Detailed Guidance (dated 29 July 2020) Appendix 3: Gwent LRF COVID-19 Prevention & Response Plan (dated 12 August 2020) Appendix 4. Coronavirus Control Plan for Wales (dated 18 August 2020)			

Purpose of the Report

This report describes the development and agreement of the Gwent Local Resilience Forum COVID-19 Prevention and Response Plan as part of the Gwent Strategic Co-ordinating Group response to the pandemic. It also highlights the subsequent publication of the Coronavirus Control Plan for Wales and the iterative approach in strengthening the Gwent LRF Plan.

Background and Context

COVID-19 has presented an unprecedented challenge to the Health Board and its partners. In common with NHS Wales, it successfully managed to respond to the myriad challenges of the pandemic, notably in the peak of infections at the end of March and early April. Whilst the burden of infection has reduced from this peak, significant challenges endure.

The Gwent COVID-19 Prevention and Response Plan has been developed and approved by the organisations comprising the Gwent LRF. The Plan was developed in response to a request from Welsh Government on 27 July (Appendix 1) and detailed guidance received on the 29 July (Appendix 2).

The Chief Executive of ABUHB has overall responsibility and oversight of the Gwent COVID-19 Prevention and Response Plan and the Plan has been developed collaboratively, led by the Health Board's Director of Planning, Digital and IT, supported by the Interim Director of Public Health and Strategic Partnerships. This has been developed through the Gwent Strategic Co-ordinating Group, in partnership with Local Authority Chief Executives and the Directors of Public Protection.

The Gwent Strategic Co-ordinating Group (SCG) is the local decision making body for the delivery of the multi-agency response in the region.

Assessment and Conclusion

The Gwent Prevention and Response Plan

The Plan is based on the following principles:

- The primary responsibility is to make the public safe;
- Build on public health expertise and use a systems approach;
- Be open with data and insight so everyone can protect themselves and others;
- Build consensus between decision-makers to secure trust, confidence and consent;
- Follow well-established communicable disease control and emergency management principles;
- Consider equality, economic, social and health-related impacts of decisions.

The aim of the Gwent Prevention and Response Plan is to prevent, detect and manage outbreaks of COVID-19 and to implement effective health protection and control measures across Gwent to reduce the risk of transmission of COVID-19 in our communities. The approach covers:

- Identification of prevention methods of the spread of COVID-19;
- Ensuring COVID-19 is contained by working with the public and local communities to understand the importance of national guidance (such as self-isolation, social distancing) to encourage compliance, improve access to testing, and participation in contact tracing processes;
- Enabling early identification and pro-active management of local incidents, clusters or outbreaks;
- Responding to incidents, clusters or outbreaks if and when confirmed positive COVID-19 cases are identified, in a timely manner;
- Monitoring activity and data surveillance.

The draft plan was reviewed by the SCG at its meeting on the 11th August and members were asked to comment on the draft prior to its submission on the 12th August. The draft plan was also reviewed by the Health Board's Executive Team at its meeting on the 10 August.

At the time of its submission approval of the Plan (Appendix 3) had been received through the SCG, recognising that an iterative approval will be adopted and that this is the first version of the Plan and that it will be strengthened as local and national approaches develop. The Plan attached is a public facing version of the plan submitted to Public Health Wales.

Coronavirus Control Plan for Wales
Welsh Government published the Coronavirus Control Plan for Wales on the 18 August and this is included at Appendix 4.

Next Steps in the Development of the Gwent LRF COVID-19 Prevention & Response Plan
The further development of the Gwent Prevention and Response Plan will be taken forward by the Planning and Response sub group of the SCG. This will broaden engagement and ensure that all partners are fully involved in the strengthening of the Plan throughout the Autumn and Winter period.

The initial priority will be to amend the format of the local plan to reflect both the Wales Outbreak Plan for Communicable Disease and the Coronavirus Plan for Wales. Feedback on the Plan was received from Public Health Wales at the end of August and was broadly positive and the Plan will be updated in response to this.

Recommendation
The Board is asked to: - Support the Gwent LRF COVID-19 Prevent and Response Plan and note the plan will be taken forward through the SCG Structures; - Note the publication of the Coronavirus Control Plan for Wales.

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	The plan seeks to mitigate and manage the risks of the COVID-19 pandemic in Gwent. A risk register is maintained by the SCG for its strategic response to COVID.
Financial Assessment, including Value for Money	The Health Board's financial plans are captured within its Quarterly Operational Plans.
Quality, Safety and Patient Experience Assessment	There are no adverse implications for QPS.
Equality and Diversity Impact Assessment (including child impact assessment)	The plan (in section 6.13) covers populations disproportionately affected by COVID-19
Health and Care Standards	This will support the Health Board's response to the Health and Care Standards.

Link to Integrated Medium Term Plan/Corporate Objectives	This paper describes the Gwent LRF Plan that aligns with the Health Boards Quarterly Operational Plans
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	An implementation programme, specific to ABUHB has been established to support the long term sustainable change needed to achieve the ambitions of the Act. The successful management of the pandemic is required to deliver this programme.
Glossary of New Terms	SCG: Strategic Coordinating Group LRF: Local Resilience Forum COVID-19: Coronavirus-19
Public Interest	The Gwent LRF COVID-19 Prevention and Response Plan will be of public interest and has been written for publication.

To:

Health Board Chief Executives

Local Authority Chief Executives

CC:

NHS Directors of Planning
NHS Directors of Public Health
Local Authority Directors of Public Protection
Trust Chief Executives
PHW Executive Director of Public Health Services/Medical Director
PHW Deputy Director of Public Health Services
Regional Tier TTP
LRF Chairs
LRF Co-ordinators

Llywodraeth Cymru
Welsh Government

27 July 2020

Prevention and response to Covid-19 in Wales – Lessons learned and request to develop Local Covid-19 Prevention and Response Plans

Dear Colleagues,

The Covid-19 response has placed our services under enormous strain and demanded unprecedented collaborative action. We would like to formally thank you and your teams for their considerable efforts to date which have helped effectively and successfully to manage the Covid-19 response in Wales. Recently this has focused on dealing with clusters, incidents and local outbreaks, with the support of Public Health Wales. There has been some early learning from these and initial lessons are summarised at **Annex 1**.

However, as further easements to social restrictions take place and life in Wales moves closer to normality, there is risk that areas of Wales which currently have low rates of community transmission may see a resurgence in cases. It is important that all Health Boards and Local Authorities have effective local arrangements for surveillance in order to recognise potential risks in their communities or other settings and to ensure continued prevention, planning and mitigating actions are in place. These measures are likely to involve more than one organisation and more than one sector so close working with Local Resilience Fora is essential.

In the first instance, localised enclosed setting or community transmission of Covid-19 should be managed in line with the **Communicable Disease Outbreak Plan for Wales 2020**. It is likely that we will experience incidents and outbreaks that will spread beyond the local and to deal with this we are developing a National Covid-19 Public Health Escalation and Response Plan. This will be shared with you as soon as possible for comment and it will describe the process for escalation of incidents, outbreaks and local flare ups, outline the structures and triggers for significant incidents, outbreaks and describe potential extended control measures.

Parc Cathays, Caerdydd CF10 3NQ Cathays Park, Cardiff CF10 3NQ
Ebost/Email: healthprotection@gov.wales

Development of Local Covid-19 Prevention and Response Plans

We know at local level a lot of work is being undertaken and we are now asking that you formalise your planning and response arrangements in '**Local Covid-19 Prevention and Response' Plans**. Chief Executives of the Health Board have the responsibility for the health of all individuals in their respective Health Board areas we are asking them to lead this work through Directors of Planning, supported by Directors of Public Health and in partnership with local authority Chief Executives and their Directors of Public Protection. Health Boards will need to work with all partner agencies locally and with PHW nationally to develop these plans in order to continue to keep the public safe.

Local authorities have been central to the management of our Covid-19 response. As community leaders, providers of a wide range of public services and various regulatory and enforcement activities, their role in containment is critical as we have seen in the outbreaks so far. In a scenario where an outbreak becomes more significant, then the role and contribution of an authority will also grow. It is therefore essential that the Plans are prepared on a fully collaborative basis, and are agreed and signed off by both each Health Boards and the partner local authorities.

When developing Local Covid-19 Prevention and Response Plans you will need to consider both the prevention of and response to Covid-19 in a variety of settings including for examples health and social care services; care homes; high-risk workplaces, educational settings and in the community. Integrated planning and communications will therefore will necessary. These plans are an important element of our winter planning for the health and care system.

These plans will need to be by complemented and informed by the local arrangements for sampling and testing. In addition to this therefore and as set out in the Welsh Government 'Testing Strategy', you will need to consider and identify the methods for local sampling and testing to ensure a rapid response that is accessible to your entire population and takes into consideration the unique characteristics of the communities in your area.

The success of our Test Trace and Protect (TTP) Programme is central to reducing transmission of Covid-19 as it provides an understanding of who is affected, and why/where Covid-19 infections are occurring. A TTP Operating Framework will be re-issued shortly. It is expected that in each Health Board area an adequately resourced Multi-agency Strategic Regional TTP Oversight Group will provide situational awareness on emerging clusters and outbreaks and give a picture of your local epidemiological situation (including incidents involving hospitals and healthcare facilities) to key partners and to the Welsh Government (Covid-19 Intelligence Cell). Your plans will need to reflect these structures and the reporting arrangements, and include how community and hospital contact tracing arrangements are integrated across the TTP programme.

To ensure that you are sighted on all risks in your area we ask that you consider the Wales Covid-19 Risk Assessment undertaken by our military liaison colleagues. Please liaise with the LRF Coordinator for you area to obtain these.

We are acutely aware of the pressures you are under. However there is an urgency to the development of Local Covid-19 Prevention and Response Plans. Public Health Wales is currently developing guidance to assist you and this will be with you by 29th July.

We ask that initial plans are developed at pace and submitted to Public Health Wales for their comment by Wednesday 12th August. Plans should be e-mailed to: PHW.SCSupportGroup@wales.nhs.uk . We recognise that the plans will need to be iterative, adapting to reflect local planning discussions and will be refined as multi-agency scenario planning takes place through the Summer months and local and national approaches develop.

Collectively, public service partners have worked together to deliver a tremendous response to Covid-19. The summer offers an opportunity for us to prepare to manage the next stages of the disease. It is clear that any organisation working on its own will not be able deal with the range of consequences but together, and with proper planning, we can continue to protect the people of Wales. We offer our thanks again for your continued efforts to help effectively and successfully manage the Covid-19 response in Wales.

Yours sincerely

DR FRANK ATHERTON

Prif Swyddog Meddygol/Cyfarwyddwr Meddygol, GIG Cymru

Chief Medical Officer / Medical Director NHS Wales

Dr ANDREW GOODALL

Cyfarwyddwr Cyffredinol Iechyd a Gwasanaethau Cymdeithasol/ Prif Weithredwr GIG Cymru
Grŵp Iechyd a Gwasanaethau Cymdeithasol

Director General Health and Social Services/ NHS Wales Chief Executive Health and Social Services Group

REG KILPATRICK

Cyfarwyddwr Llywodraeth Leol

Director, Local Government

Annex 1

Responding to Outbreaks and Incidents – early learning

- The Communicable Disease Outbreak Plan for Wales remains the appropriate plan to be used for Covid-19 incidents and outbreaks.

- The Communicable Disease Outbreak Plan for Wales forms part of the Civil Contingency response structure and planning in Wales. Learning from the North Wales Outbreaks the revised plan (published on 13 July 2020) now contains a specific section (Part 7) that sets out the relationship of an OCT to Local Resilience Fora (Strategic Coordination Groups and Recovery Coordinating Groups).

- Once an incident or outbreak has been declared the OCT must be seen as the strategic partnership mechanism through which all decisions on declarations of incident/outbreak and 'control actions' and communications are agreed. Communications from an OCT must be collaborative and agreed by the OCT Chair; separate communications outside of this process can give rise to confusion and potential release of incorrect data or incorrectly interpreted information.

- Local Authorities may wish to send/have co-opted other strategic officers including communications' leads as members of the OCT.

- Regular surveillance of background community infection rates in which incidents in closed/occupational settings arise are important to determine whether there are more widespread community implications in terms of causation or transmission.

- OCT Chairs may involve PHW laboratory genomic experts in analysis to determine timescales of infection where there may be doubt

Views were sought from members of the 2 current North Wales OCTs and the IMT for Kepak, Merthyr on where there was further room for improvements. The main observations and recommendations are set out below:

- Early notification to the LRF Coordinator of a Covid-19 incident or outbreak will assist with determining additional necessary membership of an OCT or IMT and also help further improve communications.

- An OCT or IMT should provide a multi-agency Situation Report (SitRep) update following each Covid-19 OCT or IMT meeting.

- The role and membership of the OCT is detailed in the Communicable Disease Outbreak Control Plan for Wales. All organisations should familiarise themselves with this plan.

- Clear and timely multi-lingual guidance to the public is a cornerstone of effective outbreak control measures.

- Engagement with partner agencies, employers, trade unions and communities is essential to explain the role and actions of the OCT and IMT.

- Accurate data gathering during mass sampling and testing, and use of Customer Relationship Management (CRM) software to consolidate, interpret and share outbreak information is key to an effective response to Covid-19 outbreaks and clusters.

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Llywodraeth Cymru Welsh Government

Guidance for

Developing Local COVID -19 Prevention and Response Plans

Contents

Background

Further to the joint letter sent by the Welsh Government Chief Medical Officer**/** Medical Director NHS Wales, Director General Health and Social Services/ NHS Wales Chief Executive and Director, Local Government on the 27th July 2020, Public Health Wales was requested to develop guidance for Local Health Boards and Local Authorities to assist in the development of Local Covid -19 Prevention and Response Plans.

As set out in the letter, Chief Executives of each Local Health Board have been asked to lead this work through Directors of Planning, supported by Directors of Public Health and in partnership with local authority Chief Executives and their Directors of Public Protection.

The letter acknowledges that Local Authorities have been central to the management of the Covid-19 response in Wales and that their role is critical as has been demonstrated in the response to the outbreaks so far.

These Local plans should therefore be prepared on a fully collaborative basis and signed off by each Health Board and their partner local authorities.

Local Health Boards have been requested to work with all partner agencies locally and with Public Health Wales nationally to develop these plans in order to continue to keep the public safe.

The Welsh Government is currently developing a National Covid-19 Public Health Escalation and Response Plan. Local plans will link to this to create a system wide approach. Six principles support effective implementation of an integrated national and local system:

- the primary responsibility is to make the public safe
- build on public health expertise and use a systems approach
- be open with data and insight so everyone can protect themselves and others
- build consensus between decision-makers to secure trust, confidence and consent
- follow well-established communicable disease control and emergency management principles
- consider equality, economic, social and health-related impacts of decisions

This guidance is intended to provide a framework to guide regions on what should be considered for inclusion in their Covid-19 Local prevention and response plan. It is not intended to be an exhaustive or exclusive list. It contains suggested sections and what they should cover, but each region can develop their own plans as long as they include how both prevention and response will be managed at the local and regional level.

These multi-agency Plans should include reference to both the **prevention of and response to** Covid-19 in a variety of settings e.g. health and social care services; care homes; high-risk workplaces, educational settings and in the community. Integrated planning and communications are therefore key to developing prevention, planning and mitigating actions

Suggested sections and content:

There are eight suggested sections for each Local Plan and it would be expected that the plan would outline a clear description of and action plans for work in each of these sections with local and/or regional leads clearly identified along with timelines for completion, if required.

1. Local Planning and Response Structures, Roles and Responsibilities

There is a need for clarity of local structures, roles and responsibilities so that the system can work effectively together with a common understanding of who does what. Each plan should ensure that the roles and responsibilities of all partner organisations involved are explicit, mutually agreed and well understood by all.

Each plan should describe its structure for local decision making and the delivery of its COVID-19 response. This should include an organogram depicting the arrangements. The description should include details of governance, leadership and responsibilities with named leads at local and regional levels. Where the response is broken down in to work streams or subgroups these should also be described.

Each local plan should describe the identified lead with overall responsibility and oversight of the Prevention and Response. It is anticipated that each local authority area will also identify a named lead, who will approve the plan and lead/co-ordinate the local authority contributions. Similarly, it is anticipated that there should also be named leads for work vital to the response such as; surveillance, sampling and testing, contact tracing, cluster and incident management, and communication. These leads should be detailed in the description of each of the relevant sections and included in a summary of response lead roles.

While awaiting the production of the National Covid-19 Public Health Escalation and Response Plan by Welsh Government, each region should describe its proposed escalation process including how it fits in to wider structures such as emergency planning, local resilience fora (LRF), and other partnership structures where relevant (e.g. public services boards, regional partnership boards and the voluntary sector).

If the region has developed a strategic plan for COVID-19 response it should be referenced and included in this Plan.

2. Surveillance

There is a need for early recognition of COVID-19 cases in the local community. This requires sensitive early warning systems provided by good epidemiological surveillance and other national and local information sources, including intelligence arising from national, regional and local contact tracing activity as part of the Test Trace and Protect (TTP) Strategy.

Public Health Wales is providing a range of surveillance information to each region. Welsh Government has established a COVID-19 Intelligence Cell, which is meeting regularly to inform the Chief Medical Officer and the Health Protection Advisory Group (including membership from Welsh Government Civil Contingencies). This group considers updates on incidents and recent

cases from the Health Protection Team areas alongside the Public Health Wales surveillance outputs.

Each region should document how surveillance and data is being used at regional and local levels to inform planning and response.

It should describe how surveillance data are reviewed locally and how the information is used to inform response actions (See also section 3 below) and longer term planning. A lead for communicating data, actions and conclusions into the Welsh Government COVID-19 Intelligence Cell (as advised) and multi-agency partners including the SCG/RCG stood up in each LRF area should be identified.

The success of our TTP Programme is central to reducing transmission of Covid-19 as it provides an understanding of who is affected, and why and where Covid-19 infections are occurring. The local plan should describe how it uses the intelligence from TTP to assess whether cases have a defined exposure history, as this may indicate unrecognised transmission.

Plans should also include provision for local epidemiological investigations, including gathering enhanced surveillance information from cases by community-based interviews. Public Health Wales can support with training, development and analysis of local investigation data, but local capacity for this is also required. This will include investigation of cases where there are no clear sources of transmission.

The use of the TTP process and surveillance to identify linked cases and clusters of case and the use of softer local intelligence such as social media and community feedback should be included in the plan.

3. Management of Clusters, Incidents and Outbreaks

It is expected that each regional tier will be adequately resourced to allow the regional response tier to fulfil the roles of: strategic leadership across partners, contact tracing, and response to clusters and outbreaks. Public Health Wales, through a National Health Protection Response Cell, will provide specialist resource to advise on and give appropriate support to complex clusters, incidents and outbreaks.

These arrangements, including named regional and local leads, should be clearly cross referenced in this plan.

Building on the learning from early incidents and outbreaks, there is a need for an agreed approach to the management of clusters, incidents and outbreaks in the region.

Each Health Board footprint area, should have an adequately resourced Multi-Agency Strategic Regional TTP Oversight Group which will provide leadership on contact tracing and situational awareness on emerging clusters and outbreaks, making use of available surveillance intelligence to provide a timely picture of the local epidemiological situation (including incidents involving hospitals and healthcare facilities) to key partners and to the Welsh Government (Covid-19 Intelligence Cell). Local plans will need to reflect these structures and the reporting

arrangements, and include how community and hospital contact tracing arrangements are integrated across the TTP programme.

Each plan should describe how the Local Health Board, local authorities (and other partners) will respond to and manage clusters, incidents and outbreaks within each Locality and region. It should be remembered that Covid -19 affects both hospital (acute and community) and other social care and community settings.

In the first instance, localised enclosed setting incidents/outbreaks or community transmission of Covid-19 should be managed in line with the Communicable Disease Outbreak Plan for Wales 2020 (published 13 July 2020). The Communicable Disease Outbreak Plan for Wales 2020 outlines how the principles of outbreak management including for clusters and incidents should be applied. Part 7 of this plan also describes the link with and activation of agreed civil contingency arrangements.

Any resurgence of Covid-19 infection is likely to comprise multiple, simultaneous incidents and outbreaks so the region should describe its resilience and plan to deal with and escalate such multiple events.

Regional plans should specifically cover the situation where there are coexisting incidents in both the community and hospital settings. In the event of potentially serious public health implications outside a hospital setting arising from a hospital incident, then Section 2.8 of the Communicable Disease Outbreak Plan for Wales, should be referenced for guidance.

It is likely that Wales will experience incidents and outbreaks that will spread beyond the local. Welsh Government are developing a National Covid-19 Public Health Escalation and Response Plan. This will describe the process for escalation of incidents, outbreaks and local flare ups, outline the structures and triggers for significant incidents, outbreaks and describe potential extended control measures.

If multiple complex incidents are reported or surveillance demonstrates a concerning increase in community transmission, there will be a need to call on broader partners including SCG/RCG members and the Welsh Government and the regional plan should describe how and when this would happen in accordance with the Communicable Disease Outbreak Plan for Wales.

In anticipation of a National Covid-19 Public Health Escalation and Response Plan, each plan should seek to describe (based on local risk assessments) the measures that could be potentially put in place and how this would be locally implemented. *Examples could include:*

- *expanded communications, with widespread community engagement to reach groups directly affected, delivered in the languages most relevant to the local community; undertaken in coordination with standing Outbreak Control (OCT) and Incident Management Teams, and also in alignment with national communications plans.*
- *accelerate and expand channels for local sampling and testing,*
- *enhanced advice and inspection regime for businesses*
- *targeted closure of certain businesses and venues (for example shops, cafes, gyms, recreation centres, offices, labs, warehouses)*
- *cancellation of local organised events (for example sporting events, concerts, weddings, faith services)*

- *restriction of use of outdoor public areas (for example parks, playgrounds, beaches, esplanades, outdoor swimming pools)*
- *encourage working from home (for example instigating working from home measures where this is feasible)*
- *actions in school and educational settings including school closure*
- *local travel or movement restrictions*
- *bespoke measures for vulnerable people*

The approach should describe how and when community control measures are escalated at a local or regional level and when escalation to the Strategic Coordinating Group / Recovery Group is implemented. *The approach should also describe how alignment of messages across the regional communicatons, and linked to and including national communications is maintained, so as to avoid overlap and always ensure timely, accurate and consistent communications.*

4. Sampling and Testing

Each Prevention and Response plan will need to be complemented and informed by the local arrangements for sampling and testing.

In addition to this therefore and as set out in the Welsh Government 'Testing Strategy'[1], each plan will need to consider and identify the methods for local sampling and testing to ensure a rapid response that is accessible to the entire local population and takes into consideration the unique characteristics of the communities in the local area.

There is a need to have effective individual and mass sampling and testing arrangements which are responsive to the circumstances of the region. To be effective testing has to be easily accessible and have a quick turnaround, ideally less than 24 hours to initiate TTP. It is acknowledged that laboratory processing will not be in the control of Health Boards in all instances.

The Welsh Government 'Testing Strategy' outlines sampling and testing priorities and can be used for adaptation to your local communities and populations. The region should describe its planned response for sampling and testing, including how it will access and mobilise testing structures (CTUs) for dealing with incidents in settings or localised areas of high incidence. It should also include how it will proactively encourage testing for those with symptoms amongst its population.

5. Prevention

There is a need for a proactive collaborative approach to prevention with a continued focus on identifying and protecting the most vulnerable people in society disproportionately affected by COVID-19 as defined by age, ethnicity and social status.

[1] https://gov.wales/covid-19-testing-strategy-html

The plan should describe the approach to risk assessment based on local knowledge. To ensure that you are sighted on all risks in your area. The Welsh Government has requested that you consider the Wales Covid-19 Risk Assessment undertaken by military liaison colleagues. Please liaise with the LRF Coordinator for your area to obtain these.

The region should describe how information from partners is triangulated to identify key places, sectors that may be at higher risk of transmission such as schools, large workplaces, hospitality industry and other places where large numbers of people congregate and the steps being taken to mitigate risks as far as possible.

The region should confirm how it will work with their key partners and sectors such as hospitality industry, schools, universities etc, to ensure that the local infrastructure is prepared and able to contain the virus, preventing/reducing any potential escalation, incidents and outbreaks.

Other areas for consideration, when scenario planning has completed, include developing plans for mass vaccination in readiness for a COVID-19 vaccine; and plans to maximise the routine influenza vaccination programme to limit impact on the NHS.

6. Mitigation and Control

There is a need to reinforce the primary control measures (social distancing, hand washing, respiratory etiquette and enhanced cleaning regimes) in order to combat the spread of COVID-19.

Working with high risk premises and industries should be included in the plan e.g. care homes, holiday parks, meat processors and food manufacturers, schools, universities.

Working with local communities will be essential and the plan should outline how collaboration using existing local community networks and partnerships with the voluntary sector can be used. Although there is legislation available to respond to non-compliance of the primary control measures it is envisaged that there will be the need for persuasion and reinforcement of rules in settings and communities. The plan should describe, how and who would be deployed for the persuasion and reinforcement activities.

Arrangements and responsibility for the use of existing enforcement powers, should the need arise, should also be described.

7. Communication

There is a need for ongoing clear and effective communication which is coordinated between all sectors and with national activity.

The region should describe how it will:

- Achieve consistency of messages across multiple incidents/outbreaks within the region, consistency across regional borders and with national messaging, including alignment to ‘Keep Wales Safe’ messages.

- Avoid creating new campaigns where national frameworks exist, including 'Keep Wales Safe' and 'Test, Trace, Protect'. Regional communications teams should tailor materials as appropriate to their local audiences, however greater impact will be achieved through consistent alignment.
- Use a range of local, regional channels to deliver focussed messaging to areas of greatest risk
- Use a range a local, regional channels to deliver targeted communication in the event of incidents
- Evaluate how its communications drive increased knowledge, confidence and compliance in local communities

There should be a multi-sectoral communications strategy developed and the communication action plan should give a clear indication of which organisation leads on each element.

8. Implementation, Review and Learning

Once developed and approved the Local Covid-19 Prevention and Response Plan should be implemented fully. All decisions to employ additional control measures and restrictions to respond to emerging situations should be based on the six principles outlined above to ensure they are balanced and proportionate. There should be a regular review of the plan through regional structures to assess effectiveness of implementation or the need for change. It is also expected that the plan will be reviewed in response to emerging regional issues (e.g. any mass gathering event) where there is potential impact on case numbers.

The plan should summarise the local arrangements for undertaking review and learning, so as to inform local and national structures and capture learning to assist in the development of practice and the strategic management of risk.

Information on early learning from the initial incidents and outbreaks in Wales was included with the letter sent by the Welsh Government on the 27th July 2020.

New learning is being shared all the time. This includes learning from other parts of the UK including from the Local Government Association. This will be shared to compliment this guidance. All partners are encouraged to review and apply such information as it becomes available.

Submission of completed Plans

The Welsh Government has asked that initial plans are developed and submitted to Public Health Wales for their comment by **Wednesday 12th August.**

Plans should be e-mailed to:
PHW.SCSupportGroup@wales.nhs.uk

Guidance Version 1: 29th July 2020

Summary Checklist and actions by suggested heading

To assist with your planning and submission, a short checklist has been developed which should be completed.

Local Planning and Response Structures, Roles and Responsibilities	
Outline of local structures, roles and responsibilities	
Each local plan should describe the identified lead with overall responsibility and oversight of the Prevention and Response	
Structure for local decision making and the delivery of response, including:	
- organogram	
- planning and response lead(s)	
- governance arrangements	
- summary of named leads and their key responsibilities for each Section of work or workstreams at local and regional level	
Local triggers for escalation	
Multi-Agency Strategic Regional TTP Oversight Group in place which is adequately resourced	
Surveillance	
Outline of how epidemiological surveillance informs sensitive early warning systems for recognition of community transmission	
Sources of surveillance data which will be reviewed to inform local risk assessments and response	
Systems for linking cases and for identification of clusters	
Protocol for regular Situational Awareness process – which include hospital and healthcare data	
Management of Clusters, Incidents and Outbreaks	
Agreed protocol for the management of clusters, incidents and outbreaks in community and key settings	
Have named leads for the management of clusters, incidents and outbreaks in line with the Communicable Disease Outbreak Plan for Wales	
Have an adequately resourced Multi-Agency Strategic Regional TTP Oversight Group which will provide leadership on contact tracing and situational awareness on emerging clusters and outbreaks	
Describe how to call on broader partners to respond to multiple complex incidents	
The arrangements for escalation to SCG/RCG members and the Welsh Government	

Sampling and Testing	
Local arrangements for sampling and testing	
Sampling and testing arrangements for large outbreaks and incidents if local capacity exceeded	
Prevention	
Collaborative arrangements for identifying and protecting the most vulnerable people in society	
Approach to risk assessment based on local knowledge	
Identification of key places and sectors that may be at higher risk of transmission	
Consider mass vaccination plans for when a vaccine becomes available and plans to maximise the routine influenza vaccination programme to limit impact on the NHS	
Mitigation and Control	
Assessment of primary control measures in key settings and ensure promulgation of advice related to transmission	
Key settings and high risk premises (e.g. care homes, holiday parks, meat processors and food manufacturers, schools, universities) are identified, assessed and risk mitigation plans developed	
Local communities plans outlining collaborations between existing local community networks and partnerships and with the voluntary sector	
Reinforcement arrangements if non-compliance with control measures	
Plans for enhanced enforcement and communication in response to escalating incidents	
Communication	
Multi-sectoral communications strategy aligned to national messages developed	
A communication action plan should give a clear indication of which organisation leads on each element	
Description of communications leadership and infrastructure, including names and contact details of key communications leads for each partner organisation	
Summary of the communications channels relevant for regional/local dissemination, including methods for reaching specific groups	
Summary of key community stakeholders (community groups, MSs, MPs, special interest groups) along with an identified agencies responsible for informing and updating	

Implementation, Review and Learning	
Implementation timetable of the prevention and control plans with clear milestones and outcome measures	
Schedule for review of effectiveness of implementation of plans	
Arrangements for undertaking review and learning	

Checklist Version 1: 29th July 2020

Gwent Local Resilience Forum

COVID-19 Prevention and Response Plan

Version Number: 1.0 Final Version Submitted

Issue Date: August 2020a

Review Date: September 2020

Security Classification

These Procedures have been classified as **OFFICIAL SENSITIVE;** all information within this document should be treated as confidential and only accessed by those whose duties require it.

Distribution

This framework is distributed to members of Gwent Local Resilience Forum and Gwent COVID-19 Strategic Coordinating Group via Resilience Direct.

Document Control

This plan will be subject to frequent review, and a Tactical planning group is in place.

Date	Author	Amendment	Approval	Version
6th August 2020	I Morris	Initial working plan		1 draft
12th August 2020	I Morris	Plan revised following stakeholder review		1 Final

CONTENTS

1.0 Introduction

This COVID-19 Prevention and Response Plan has been developed and approved by the organisations comprising the Gwent Local Resilience Forum (LRF). It has been prepared in response to the COVID-19 pandemic, the letter from Welsh Government on 27 July 2020, and the guidance from Public Health Wales (PHW) subsequently received on 29 July 2020.

This plan has been developed collaboratively, led by the Aneurin Bevan University Health Board (ABUHB) Director of Planning supported by the Interim Director of Public Health and Strategic Partnerships, in partnership with Local Authority Chief Executives and Directors of Public Protection.

The Gwent Prevention and Response Plan is based on the following principles:

- the primary responsibility is to make the public safe
- build on public health expertise and use a systems approach
- be open with data and insight so everyone can protect themselves and others
- build consensus between decision-makers to secure trust, confidence and consent
- follow well-established communicable disease control and emergency management principles
- consider equality, economic, social and health-related impacts of decisions.

It is recognised that the Gwent Prevention and Response Plan will be updated as national guidance is updated and as such this should be regarded as an iterative, working document.

1.1 Aim

The aim of the Gwent Prevention and Response Plan is to prevent, detect and manage outbreaks of COVID-19 and to implement effective health protection and control measures across Gwent to reduce the risk of transmission of COVID-19 in our communities. The approach covers:

- Identification of prevention methods of the spread of COVID-19.
- Ensuring COVID-19 is contained by working with the public and local communities to understand the importance of national guidance (such as self-isolation, social distancing) to encourage compliance, improve access to testing, and participation in contact tracing processes.
- Enabling early identification and pro-active management of local incidents, clusters or outbreaks.
- Responding to incidents, clusters or outbreaks if and when confirmed positive COVID-19 cases are identified, in a timely manner.
- Monitoring activity and data surveillance.

The Plan builds on a number of existing plans in place, namely the Communicable Disease Outbreak Plan for Wales[1] and ABUHB Emergency Response Plans. It is also aligns with the ABUHB Quarterly Operational Plans in 2020/21.

[1] Welsh Government. (2020a). *Communicable Disease Outbreak Plan for Wales*. Cardiff: Welsh Government.

2.0 Local Planning and Response Structures, Roles and Responsibilities

The Chief Executive of ABUHB has overall responsibility and oversight of the Prevention and Response Plan. Each local authority area also has a named lead, responsible for leading and coordinating local authority delivery of the plan.
The Gwent Strategic Coordinating Group (SCG) is the local decision-making body for the delivery of the multi-agency COVID-19 response in the region.

2.1 Gwent Local Resilience Forum

The Gwent Local Resilience Forum (LRF) is established to prepare for and respond to emergency events. During a pandemic, multiagency structures will be activated to:

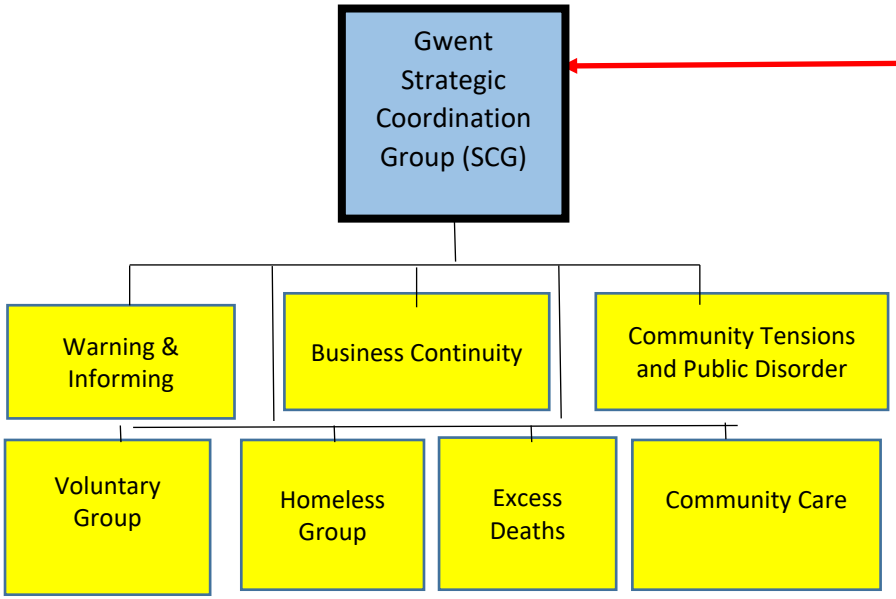
- Support the NHS and wider health system
- Minimise the spread of the virus
- Protect our most vulnerable residents
- Maintain essential local public services.

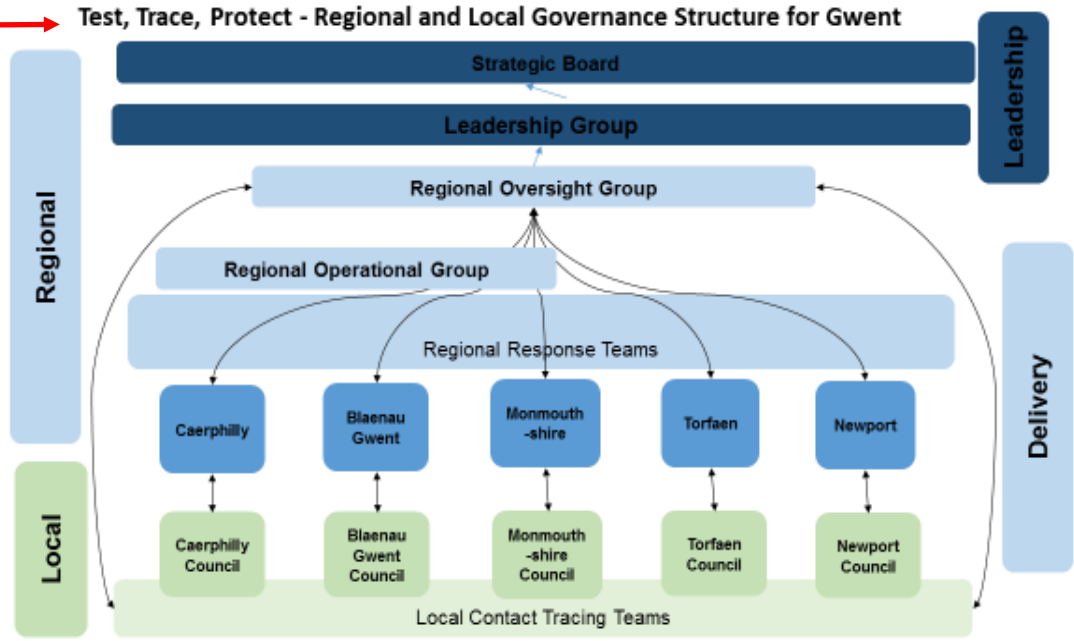
The strategic objectives of the SCG are:

- Take all reasonable steps to protect and preserve life, prevent loss of life or serious harm being caused to members of public and responders
- Work collaboratively with all partners to ensure a coordinated, effective and proportionate response to this public health emergency driven by medical evidence and guidance
- Provide consistent, timely and accurate information to the public, our staff and to stakeholders affected by COVID-19 in the Gwent LRF area
- Maintain trust and confidence amongst the organisations and people who provide key public services, and those who use them
- Protect and maintain essential public services through the implementation of business continuity plans
- Ensure that any civil unrest caused by the issues surrounding the COVID-19 outbreak are dealt with proportionately and in accordance with the legislative powers available
- Prepare and plan for an unprecedented increase in deaths across the Gwent area
- Maintain and support the continuity of normal daily life as far as practicable and restoration of disrupted services at the earliest opportunity
- Identify and take action to implement lessons identified
- Ensure robust infection control measures and monitoring are put in place to protect the health of staff and the general public.

The SCG is supported by a number of sub groups to work collaboratively on elements of recovery across the public sector, where possible recognising the pandemic response will continue for some time yet. Figure 1 shows the response structures for the Gwent COVID-19 response.

Figure 1: GWENT COVID-19 PREVENTION AND RESPONSE STRUCTURES





Supported by a Regional Data Cell, Enclosed Settings Cell and Programme Management Office

2.2 Outbreak Management – Regional structure

There are clear roles and responsibilities for managing incidents, clusters and outbreaks, as defined in the Communicable Disease Outbreak Plan for Wales, 2020[2]:

- Public Health Wales (PHW): statutory duty to provide service, support and expertise for the surveillance, prevention and control of communicable disease.
- Local Authorities: responsible for the control of notifiable infections, health and safety matters and incidents.
- Health Board: statutory responsibility for the health of local population and providing care and treatment.

2.2.1 Regional Cell

The Regional Cell includes the Regional Oversight Group (with support of the Regional Operational Planning Group), Regional Data Cell, and Response Teams for each of the localities within Gwent, with the purpose of:

- Any resurgence of COVID-19 infection, occurrence of multiple, simultaneous incidents and outbreaks in the region will be escalated to the SCG in accordance with Part 7 of the Communicable Disease Outbreak Plan for Wales 2020.
- Working pro-actively with settings (such as care homes, schools, large employers) identified as presenting specific risks and responding to small clusters and outbreaks within the region.
- Using surveillance outputs to identify hotspots/clusters with high transmission rates (including sub-population groups) and mobilising local teams accordingly, as well as contributing data to the national dashboard.
- Additionally, the Regional Cell has a dedicated Programme Office.

Data sharing and operational roles and responsibilities are managed under a Memorandum of Understanding (MoU) between the six organisations.

2.2.2 Regional Oversight Group

The Gwent Regional Oversight Group is led by Directors of Public Protection (or delegated Environmental Health Managers) in the five Gwent local authorities, Consultants in Public Health from ABUHB and PHW, and the Consultant in Communicable Disease Control (CCDC) for the Gwent region. The purpose of the group is:

- To support the operation of the Regional Cell
- To guide the work of the local Contact Tracing teams
- To provide intelligence from the local Contact Tracing teams to inform the Gwent Test, Trace, Protect (TTP) Service and the Gwent response and strategy
- To escalate issues from local risk registers to regional and where appropriate national level

[2] Welsh Government. (2020a). *Communicable Disease Outbreak Plan for Wales*. Cardiff: Welsh Government.

- Act as the Regional Outbreak Control Team (OCT, as per the Communicable Disease Outbreak Plan for Wales 2020[3]).

2.2.3 Regional Response Teams

The Regional Response Teams act as the local OCT (as per the Communicable Disease Outbreak Plan for Wales 2020) on a Local Authority specific basis, consisting of appropriate representation from all partner organisations and form as required in response to local need.

2.2.4 Regional Data Cell

The Regional Data Cell is responsible for collation, analysis and reporting of data related to the Gwent TTP Service. With the requirements for monitoring and analysis of end-to-end data, the key functions within the data cell are:

- Supporting local Contact Tracing teams with workforce demand and capacity intelligence
- Cleanse and validate data received from the national Case Record Management (CRM) system to identify suitability and allocation of cases for tracing
- Collate and present data for reporting purposes, at both regional and national level
- See Surveillance, Information and Data section for further detail.

2.2.5 Gwent TTP Service

The Gwent TTP Service has been in place since the beginning of June of this year undertaken by staff deployed into local contact tracing teams within the five Local Authorities and ABUHB. Welsh Government have now confirmed funding arrangements for contact tracing services through to the end of the financial year and arrangements are being put in place for the Gwent TTP Service moving from a deployed workforce to a fully employed model to ensure that there is capacity for successful delivery. Figure 1 includes the governance structures of the local contact tracing teams forming the TTP Service, aligned to the overall Gwent response to COVID-19.

G10 is the Strategic Board for the Gwent TTP Service. G10 is a voluntary collective of public sector organisations providing a strategic leadership forum to achieve better outcomes for the people of Gwent. A Leadership Group of senior officers supports the G10 and oversees regional governance arrangements which are detailed below.

The roles and responsibilities of G10 include:

- Ensuring the TTP Service is delivering against its stated purpose, aims and objectives
- Ensuring the TTP Service is delivered against its stated principles
- Representing the interests of their respective organisations

[3] Welsh Government. (2020a). *Communicable Disease Outbreak Plan for Wales*. Cardiff: Welsh Government.

- Strategic oversight of the establishment of the TTP Service
- Agreeing the financial framework of The Service noting that commitment of additional resources (financial, human etc.) will be referred back to organisations (where arrangements have not been made to delegate these functions to the partnership by the constituent bodies)
- Ensuring effective governance, leadership and management of the TTP Service
- Ensuring the effective planning and delivery of the TTP Service
- Scrutinising the performance of the TTP Service
- Ensuring effective decommissioning of and exit strategy for the TTP Service
- Ensuring the TTP Service is operating in alignment with and complimenting wider Covid-19 strategies
- Promoting the interests of the TTP Service to national partners, particularly Welsh Government and PHW.

2.2.6 Local contact tracing teams

If an individual tests positive for COVID-19 they will be contacted by the local contact tracing teams, which will collect information on:

- Current symptoms, date of onset
- Description and details of household contacts
- Known support needs during isolation
- Name and contact details of anyone outside their household they have been in close contact with in the two days before their symptoms started
- Details of settings attended (workplace, healthcare setting, school for example).

The Gwent TTP Service at a local level helps trace close recent contacts of anyone who tests positive for coronavirus and, if necessary, notifies them that they must self-isolate at home to help stop the spread of the virus.

The Gwent TTP Service ensures that any contact who develops symptoms of coronavirus (COVID-19) can quickly be tested to find out if they have the virus.

3.0 Surveillance, Data and Information

The Centre for Disease Control and Prevention (CDC) defines public health surveillance as "on-going, systematic collection, analysis, interpretation, and dissemination of data regarding a health-related event for use in public health action to reduce morbidity and mortality and to improve health"[4]. This definition is very pertinent to coronavirus as we are still learning about it. High levels of COVID-19 related morbidity and mortality have been observed both in the UK and across the globe. It is well understood that COVID-19 transmission will continue until mass immunisation against it is available. Therefore, systematic surveillance of COVID-19 is a central part of this plan.

3.1 Objectives

The European Centre for Disease Prevention and Control (ECDC) has stated that the objectives of Covid-19 surveillance[5] are to:

- Monitor the intensity, geographic spread and severity of COVID-19 in the population in order to estimate the burden of disease, assess the direction of recent time trends, and inform appropriate mitigation measures.
- Monitor viral changes to inform drug and vaccine development, and to identify markers of severe infection.
- Monitor changes in which risk groups are most affected in order to better target prevention efforts.
- Monitor the epidemic's impact on the healthcare system to predict the trajectory of the epidemic curve and inform resource allocation and mobilisation of surge capacity as well as external emergency support.
- Monitor the impact of any mitigation measures to inform authorities so they can adjust the choice of measures, as well as their timing and intensity
- Detect and contain nosocomial outbreaks to protect healthcare workers and patients.
- Detect and contain outbreaks in long-term care facilities and other closed communities to protect those most at risk of severe disease and poor outcomes.

3.2 Our Priorities

Learning from our COVID-19 experience in Gwent in particular our quest for COVID-19 related data and its pivotal role in our response planning, the following key surveillance priorities have been identified:

Priority 1. Monitor intensity and severity of COVID-19 in Gwent in order to inform appropriate mitigation measures

Priority 2. Monitor behaviour of COVID-19 in at-risk groups to better target prevention efforts

Priority 3. Early detection of clusters in the community and in hospital and enclosed settings to prevent spread

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[4] CDC (Centers for Disease Control and Prevention). Updated guidelines for evaluating public health surveillance systems: Recommendations from the guidelines working group. MMWR Recommendations and Reports. 2001;50(RR–13):1–35.

[5] European Centre for Disease Prevention and Control. *Strategies for the surveillance of COVID-19.* https://www.ecdc.europa.eu/en/publications-data/strategies-surveillance-covid-19

Priority 4. Monitor sero-prevalence of COVID-19 antibodies.

With this surveillance information, we will be able to determine early on whether the COVID-19 situation is escalating or deescalating; and we will able to gauge our response.

3.3 Surveillance plan

This section summarises the current Gwent surveillance system, but it is recognised that the system will need to adapt with changes in policy and national guidance.

A multi-agency surveillance and reporting system has developed in response to COVID-19. The system (see Figure 2 below) ensures the collation, analysis and dissemination of data from a variety of different sources, enabling a comprehensive overview of the local situation and the sharing of data for decision-making, including informing the scale and pace of the Gwent response. The system allows for: community, hospital, occupational health, mortality, cluster and outbreak surveillance.

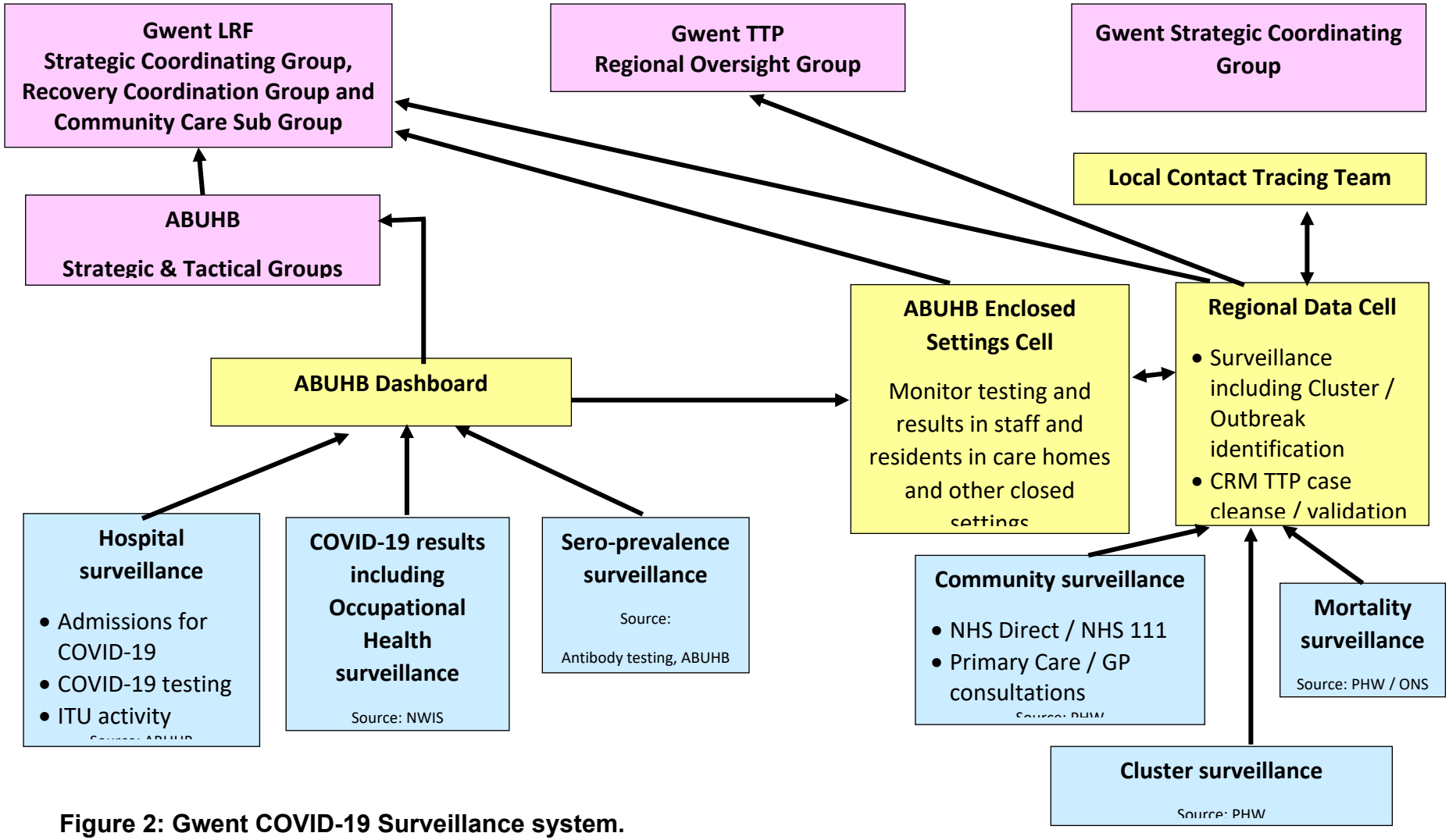


Figure 2: Gwent COVID-19 Surveillance system.

COVID-19 reporting is shared with the ABUHB Tactical and Strategic groups, Gwent SCG LRF and Recovery Coordination Group (RCG), and Gwent Regional Oversight Group, which ensures representation from all organisations involved. Access to data and surveillance information by relevant members is in line with Information Governance and confidentiality protocols. Central elements to the process in Gwent are outlined below.

3.3.1 Aneurin Bevan University Health Board dashboard

The Health Board has developed a fully automated routine dashboard. This dashboard is used by ABUHB's Strategic and Tactical Groups to inform Health Board action. It is also used for reporting purposes to Welsh Government, and to report to the Gwent LRF for directing a regional co-ordinated response.
The dashboard collects all COVID-19 results from the NWIS COVID-19 data hub on an hourly basis:

- Results are matched to hospital activity data to provide accurate measures of the number of patients who are currently admitted and are being tested for COVID-19.
- When the test result is known this then informs the mandatory reporting to Welsh Government, separating the numbers of patients out into currently positive, suspected and recovering.
- This information is further broken down to include patients who are in the Health Board's ITU areas, indication their ventilation status as applicable. These patient numbers are combined with the Health Board's bed occupancy and availability information to provide an overall status of the current demand of COVID-19 patients on Health Board resources.

The process allows the monitoring of the impact of severe COVID-19 infection on the population and inform an understanding of natural history of disease. This **hospital surveillance** also allows an understanding of the clinical severity of cases and provide data to inform models of transmission dynamics to forecast and estimate disease burden and health services utilisation.

In addition, a number of COVID-19 data platforms have been devised to support the various results cells which are in operation across the Health Board, refreshed hourly and enable easy access to all COVID-19 test results including TTP testing which was incorporated recently.

Occupational health surveillance can also occur as the incidence is recorded of confirmed cases in health care workers, including care home staff utilising data from electronic test (antigen test) request forms. Data is also collected on sero-prevalence through antibody testing, which has been rolled out in Gwent for health care workers. This is to ensure that key workers are being protected through workplace risk reduction, and that those they care for are protected from introduction of infection.

When antibody testing is rolled out, **sero-prevalence surveillance** will allow us to understand the extent of transmission within the general population, help inform control measures (such as social distancing and school closures), to determine the

risk of future waves of infection and to measure overall outcome proportions such as case-fatality.

As well as generating many automated reports and dashboards the Health Board has also provided full business intelligence applications including mapping functionality to indicate any geographical areas that may be of concern. This mapping functionally can visualise potential hotspots at the individual postcode level, LSOA level or resident population level.

3.3.2 Gwent Regional Data Cell

The Regional Data Cell was established to ensure a systematic response, with the main aims of: undertaking surveillance to inform the response to COVID-19 in Gwent, and supporting the delivery and effectiveness of the Gwent TTP Service.

a) Surveillance

The Data Cell undertakes surveillance by collating, analysing and interpreting data from various sources, and disseminating the data through an agreed reporting framework, ensuring that information for decision making and action is shared with stakeholders. The reporting framework will be reviewed and amended as required to monitor the COVID-19 situation.

Table 1: Weekly Surveillance report

No.	Indicators	Day						Previous Week						Interpretation	Comments/notes
		Date						Date							
		Gwent			Wales			Gwent			Wales				
		Number	Rate	RAG	Number	Rate	RAG	Number	Rate	RAG	Number	Rate	RAG		
Objective 1. Monitor intensity and severity of COVID-19 in ABUHB/Gwent															
1a	Number of new confirmed cases														
1b	Proportion of positive tests														
1c	GP consultation rate/100,000 population for suspected COVID														
1d	GP consultation rate/100,000 population for influenza like illness														
1e	Calls to NHS Direct/111 for any COVID-like symptom														
1f	Known positive patients on admission to hospital														
1g	Patients tested positive on hospital admission														
1h	COVID-19 positive patients in ITU														
1i	Cumulative number of COVID deaths (PHW)														
Objective 2. Monitor behaviour of COVID-19 in at-risk groups															
2a	Number of care homes residents tested positive														
2b	Age rate per 100,000 population														
	- Under 16														
	- 16-64														
	- 65+														
2c	Average number of contacts identified per case														
Objective 3. Detect outbreaks in hospital and close settings															
3a	Number of hospital infections by infection category														
3b	Number care home residents with positive result														
3c	Number of prisoners or prison staff with a positive result														
3d	Number of staff tested positive in a close setting														

No additional attention needed | Some attention advised | Escalation and attention required

The surveillance undertaken will support the early detection of cases, informs when and where prevention work is required to prevent spread, supports the identification and management of potential 'hot spots', clusters and outbreaks, and enables strategic oversight and assurance. Specific surveillance includes:

Community surveillance - the main sources of data are:

- NHS Direct Wales and NHS 111 Wales COVID-19 symptom related calls.
- GP consultation rates per 100,000 population for COVID-19 symptoms (7-day average), available at Health Board level. This is collected by PHW for COVID-19 surveillance, but is part of a well-established surveillance scheme used to monitor flu activity in the community collecting data from around 400 GP Practices across Wales.
- CRM system reporting framework, which provides a good indication of COVID-19 spread in the community to assess why and where infections are occurring and whether cases have a defined exposure history.
- Further work within local communities to gather information and intelligence is being explored, as this will provide useful and valuable insight into local activity.

Mortality surveillance – this includes rapid surveillance of deaths in hospitalised COVID-19 cases; also collecting data of confirmed and suspected COVID-19 deaths in care homes and other enclosed settings. The sources include: ABUHB, PHW, Care Inspectorate Wales, Office for National Statistics.

Clusters and outbreaks surveillance using PHW data and other sources such as CRM system reporting, to provide useful epidemiological intelligence for outbreaks, whether in the community or in at-risk groups/settings.

b) Supporting the delivery and effectiveness of the Gwent TTP Service

The Data Cell undertake an initial data cleanse/validation of cases on the CRM system. This ensures that the data on the CRM system is as complete as possible before the tracing process is commenced by local Contact Tracing teams. This helps to ensure cases can be contacted quickly, thereby reducing the risk of delays in cases and contacts self-isolating and any wider community spread. This process aims to:

- Identify keyworkers in hospitals or care homes to be dealt with by the dedicated regional contact tracing cell and local contact tracing team (and Environmental Health Officers, EHOs, respectively).
- Remove inappropriate cases such as care home residents, hospital inpatients with no recent community contacts (to follow the identified Standard Operating Procedure, SOP, for such cases), deceased.
- Identify and provide additional information to support contact tracing, including escalating issues to the Clinical Leads at an early stage, such as potential communication issues.

The Data Cell also undertakes daily data monitoring and review which supports surveillance by collating, analysing and interpreting TTP data, and improving data recording by reporting on any issues identified. Some of the key activities include:

- Reviewing all index case records after tracing to look at the person activity and the number of exposures identified and capturing these for further analysis.
- Daily check to determine if contacts are symptomatic, have been sent for testing and have a test result.
- Using the CRM system dashboard reports to cross-reference with local data capture to ensure accuracy of reporting.
- Production of a Situation Report (SitRep) for the Regional Oversight Group.

3.3.3 ABUHB Enclosed Settings Cell

An Enclosed Settings Cell was established in ABUHB to monitor testing and results in residents and staff in care homes and other enclosed settings. This ensures that clusters in enclosed settings are identified quickly and appropriate response undertaken. Further details are provided in the Prevention, Mitigation and Control section of this plan.

3.3.4 Additional elements

a) Public Health Wales

The system in Gwent draws on data from PHW, which already has an established surveillance system for respiratory infections. In April 2020, in response to COVID-19 PHW set out a specification for community and hospital surveillance, surveillance for incidents and outbreaks, the requirements for occupational health surveillance, surveillance of deaths and surveillance of immunity, as well virological and pathogen genomic surveillance[6].

PHW collects and collates this surveillance data and publishes it on a dashboard[7], which is updated on a daily basis.

b) COVID-19 Reproduction Number (R0)

The basic reproduction number (R0) is defined as the number of cases that are expected to occur on average in a homogeneous population as a result of infection by a single individual, when the population is susceptible at the start of an epidemic, before widespread immunity starts to develop and before any attempt has been made at immunisation.

If one person develops the infection and passes it on to two others, the R0 is 2. If the average R0 in the population is greater than 1, the infection will spread exponentially. If R0 is less than 1, the infection will spread slowly, and it will eventually die out. The higher the value of R0 the faster an epidemic will progress.

R0 is produced for Wales by the Welsh Government and shared directly with the Local Resilience Forum. Other important indicators are COVID-19 cases doubling time and halving time. None of the three indictors is yet available at the Health Board or Local Authority levels.

3.3.5 Assurance

The Gwent TTP Service has developed a Quality Assurance (QA) process, designed to build confidence and insight to enable the service to deliver on its primary objectives. The QA

[6] Public Health Protection Response Plan 29th April 2020

[7] https://public.tableau.com/profile/public.health.wales.health.protection#!/vizhome/RapidCOVID-19virology-Public/Headlinesummary

process has five discrete QA gates covering the whole Gwent TTP Service process. These are outlined in Table 2.

Table 2: The five QA gates to assist the Gwent TTP Service.

Quality Assurance Gate	Brief description
1: NWIS data review	Pan Wales CRM data check
2: Data Validation/ Cleansing	Key steps to quality assure the CRM data to remove cases that should not be traced and to improve the quality of the contact information for initial cases
3: Local Teams QA tracing (effectiveness and efficiency)	Use of key QA Standards focused on Training, Induction, Quality of the tracing call and the information captured within the CRM system
4: Data Reporting/ Surveillance	To support surveillance by collating, analysing and interpreting data, and disseminating data through a reporting framework. This includes informing the development of local and national data collection and reporting systems as appropriate. This facilitates early warning of clusters, incidents or outbreaks
5: Review of Issues/ Incidents that have been escalated to Regional Oversight Group	For complex issues /cases /incidents /outbreaks (Regional, Inter-regional and Cross Border) to ensure that lessons are learned and a detailed improvement plan is compiled

4.0 Management of Clusters, Incidents and Outbreaks

The primary objective in the management of a cluster, incident and outbreak is to protect public health by identifying the source and/or main determinants and implementing necessary measures to prevent further spread or recurrence of the infection. The primary key to cluster, incident and outbreak management is case finding, in order to undertake effective contact tracing, detect possible linked cases as soon as possible, and to attempt to contain onward transmission. Case finding, enhanced by backward contact identification, in specific instances, will enable the early identification of possible sources, or, clusters of infection.

4.1 Identification of Clusters, Incidents and Outbreaks

Surveillance of the contact tracing process enables the identification of a complex case or one involving a high-risk setting and for the Regional Cell to take action.

The Communicable Disease Outbreak Plan for Wales, 2020[8] identifies the determination of an outbreak. Traditionally, an outbreak is defined as an observed number of cases greater than that expected for a defined place and time period, or two or more cases with common exposure. However, since that occurs on countless occasions in Wales, the need to activate the Outbreak Plan and convene an Outbreak Control Team (OCT) is made jointly by the three parties (Local Authority, PHW, or Microbiology Services).

As lockdown is being eased, it is expected that there will be more clusters of cases in different settings as people re-start integrating into society, for example in settings such as schools, workplaces, leisure facilities and community. Daily surveillance of data and cases emerging through the Gwent TTP Service enables close monitoring and situational awareness to identify high-risk places, locations, communities which may need additional support to manage/contain the spread of infection.

Surveillance information is cascaded to the Regional Cell, and the multi-agency Regional Oversight Group to monitor and provide leadership for activating necessary processes including: contact tracing at local level, prevention measures and risk assessments with settings at local level, oversight of the situation across the region, and instigating incident and outbreak responses as required.

4.2 Management

An agreed approach has been developed, based on prior learning for the management of clusters, incidents and outbreaks in the region and involves multi-agency working at regional and local operational level.

The Local Authority will provide support to the setting (such as care homes, schools, workplaces) and take a lead in communicating to local partners on relevant information to be shared. ABUHB will take a lead to support hospital and other NHS settings, whilst PHW will manage and lead the response in HM Prison settings. The local Contact Tracing teams will provide support and guidance to individuals who need to self-isolate. The setting will also be monitored to ensure compliance with such measures.

On recognition of an incident or cluster, the Local Authority Public Protection Department will initially conduct the risk assessment with the setting, provide infection control advice and request testing as appropriate. SOPs developed and agreed at local/regional level are in

[8] Welsh Government. (2020a). *Communicable Disease Outbreak Plan for Wales*. Cardiff: Welsh Government.

place, along with Action Cards (produced by PHW) to support incident/cluster/outbreak management in identified key settings. The SOPs and Action Cards will enable the Regional Cell to respond to a range of incident/cluster/outbreak scenarios taking a timely, appropriate, acceptable and evidence-based approach.

Single cases that cause concern within a setting/community, for example school, care home, homeless, will be referred to the Regional Cell, in particular the Regional Oversight Group, for discussion and advice on the management of the situation, and agreed communications will be disseminated.

Complex incidents, clusters and outbreaks will be discussed in partnership with PHW to ensure a coordinated approach and response.

There are well established processes in place for convening IMTs and/or OCTs and mobilising responses to outbreaks, as outlined in the Communicable Disease Outbreak Plan for Wales[9]. The approach is multi-agency and can be escalated or de-escalated in line with the risk and control measures that are needed.

4.3 Decision-making and Escalation process

Where it appears to any one of the Local Authority, ABUHB, PHW, or Microbiology services that an outbreak may exist, immediate contact will be made with the other parties. The parties will jointly consider the facts available and will determine whether or not an outbreak needing activation is required. Determining the course of action to be taken will follow the outline in the Outbreak Plan. From the point at which an outbreak is declared in an incident meeting, the meeting becomes a formal OCT meeting and attendees become formal members of an OCT. Membership of the OCT consists of those partners as directed by the Communicable Disease Outbreak Plan for Wales.

- Not convening an IMT/OCT does not mean that no public health action is required but rather it can be managed as part of local routine processes, for example applying the Action Cards, whilst closely monitoring the situation with on-going surveillance to monitor any progress/changes.
- The decision to declare an outbreak and convene an OCT may be made by one of the above-mentioned parties and core membership includes those listed as part of the Communicable Disease Outbreak Plan for Wales.
- As part of a local outbreak response, access to testing is provided at pace when required, including asymptomatic testing around the outbreak where appropriate.
- Communication is key to ensuring all relevant parties are aware of, and have access to timely, accurate information to manage and control clusters, incidents and outbreaks. The approach to public communications is agreed at the first OCT meeting, including the lead organisation responsible for communication and the relevant partners necessary to be involved. The confidentiality of individual cases and businesses will be balanced with proactive communication, when needed, for example, to actively find additional cases or to reassure the public.
- Table 3 outlines the decision making at various levels, below.

[9] Welsh Government. (2020a). *Communicable Disease Outbreak Plan for Wales*. Cardiff: Welsh Government.

4.4 Cross-border Outbreaks

For outbreaks declared which affect cross border localities within Wales as well as to England, all relevant Local Authorities and Health Boards will fully participate in the process and involve PHW and Public Health England (PHE) as part of the response.

Table 3: Summary of the decision making at various activity levels.

Level	Decision making	Co-ordination, advice and engagement	Support and Assurance
Individual settings	Individual managers of the setting	Local Authority Public Protection (Environmental Health)	Gwent TTP Service (local teams) to liaise with all levels as needed
Local	Local Authority Head of Public Protection, ABUHB Interim Director of Public Health and Strategic Partnerships, PHW	Regional Oversight Group, Regional Cell	
Cross boundary (Wales, England)*	PHW, PHE, WG, Regional Cell, Regional Oversight Group	LRF	Neighbouring Local Authorities

Where powers held by the local authority are exceeded, a request for intervention from national government is required.
*Control measures relating to a setting will be applied by the Local Authority within which it is situated.

The Membership of an OCT can vary depending on the nature of the outbreak, the setting and the complexity of the environment. There is a core membership for all incidents or outbreaks, additional core members and support staff and co-opted professionals as needed. When an outbreak is declared, the Chair of the SCG will join the group and provide the link to SCG structures.

4.5 Escalation to the Strategic Coordinating Group of the Local Resilience Forum

In the event that the prevalence of COVID-19 is increasing in the population and the existing control measures through cluster, incident and outbreak management, along with escalation of community control measures, are not containing the outbreak the issues of concern should be escalated to the SCG in line with the Communicable Disease Outbreak Plan for Wales[10].

This may necessitate the implementation of civil restrictions on health protection grounds on a local or regional basis e.g. “Containment”, the requirement for a coordinated strategic response by public authorities or a requirement for mutual aid, including Military Aid to the Civil Authority.

[10] Welsh Government. (2020a). *Communicable Disease Outbreak Plan for Wales*. Cardiff: Welsh Government.

Welsh Government are developing a National COVID-19 Public Health Escalation and Response Plan and this will be applied in the event of incidents spreading beyond a local/regional level.

5.0 Sampling and Testing

Testing for COVID-19 is a vital part of how the NHS and local authorities are working to protect the public by preventing the spread of infection, optimising the outcomes for patients and keep essential services running in Wales. It is a key pillar of the strategy to protect the NHS and save lives. The ultimate ambition is that anyone who needs a test should have one. Welsh Government's testing policy lays out how Wales intend to scale up the testing programmes to deliver this ambition[11].

The purpose of the ABUHB Testing strategy is to increase and improve the Health Board COVID-19 testing programme for all groups of critical workers and residents of Gwent in line with Welsh Government policy and national guidance.

This strategy considers two types of testing:

- RT-PCR (virus detection) test that detects the presence of viral RNA. This kind of testing can highlight if someone currently has the infection.
- Antibody test that detects the antibody response to the SARS-CoV-2 virus, and is used primarily to determine whether a person has been previously infected. At the current time the use of tests is focused on the sero-surveillance of defined target cohorts for the purpose of understanding the cumulative level of historical infection.

5.1 Testing Objectives

On 15 July 2020 Welsh Government issued a Testing Strategy which set out the key priorities for delivery over the next 6 months, for each of the Health Boards in Wales. The National Testing Strategy acknowledged that the plans for each Health Board needed to be iterative and would continue to evolve as the evidence became available. The priorities are:

- **Protecting against the transmission of the virus by supporting contact tracing** – to prevent and protect spread of the disease amongst the population and to track the spread of coronavirus, understanding transmission dynamics and to ensure that testing can support targeted action through local outbreaks in communities or within businesses.

- **Delivering NHS Services** – to prevent, protect and deliver vital services and to support the safety of staff and patients.

- **Protecting vulnerable groups, closed settings and critical workers** – to safeguard and control infection in groups where there are greater risks.

- **Developing future delivery** – to utilise surveillance and new technologies to improve our understanding of the virus through the use of intelligence and to innovate new ways to test across the population.

[11] Department of Health. (2020). Coronavirus (COVID-19): Scaling up testing programmes. http://www.gov.uk/government/publications/coronavirus-covid-19-scaling-up-testing-programmes

The Health Board has interpreted the strategy and agrees its primary objectives to be:

- Reduce the transmission of Covid-19 within Gwent by encouraging compliance with self-isolation guidance for symptomatic individuals and households.

- Protect vulnerable people, both within closed settings and in the community by reducing risk of exposure to COVID-19.

- Enable key workers from the NHS, public sector and private sector settings, to return to work as quickly as possible following a negative COVID-19 result.

- Surveillance of Covid-19 with the Gwent community to enable greater understanding of the epidemiology of SARS-COV2 in the Gwent population and to feed into the All Wales Surveillance and enable better planning of COVID-19 response.

- Support the implementation of the Welsh Government Recovery Framework, and support future plans for easing of lockdown restrictions and enable rapid response to local outbreaks.

5.2 Roles and Responsibilities

To deliver this strategy there are a number of key roles and responsibilities, which align with our Test, Trace, Protect strategy:

- **Individuals** – following public health advice, hand washing, social distancing, reporting symptoms and self-isolating when necessary.

- **Welsh Government** – provide strategic direction, oversight, determine priorities and provide resources to enable testing.

- **Public Health Wales** – national public health body providing specialist advice on public health approaches. Responsible for coordinating contact tracing, advising on sampling and testing, laboratory analysis of tests, health surveillance and providing expert health protection advice and analysis of the spread of the virus in our communities through a range of health surveillance indicators.

- **ABUHB** – providing a strategic overview and delivery for local decisions and sampling capacity. Provide testing facilities to support Test, Trace, Protect and environmental and public health responses to local outbreaks and clusters or preventative action in areas regarded as high risk. Developing local testing plans with partners to help deliver the Testing Strategy and to actively engage and communicate with local populations.

- **Partners (Local Resilience Forum)** – to contribute to and support the development and implementation of the COVID-19 Prevention and Response Plan for Gwent.

5.3 Testing for Antigen

Groups of people categorised below can access testing:

- Key (critical) workers
- Residents and staff in care homes and other residential settings
- Hospital inpatients and planned care

- General public
- People in settings that have an incident or outbreak.

5.3.1 Care homes, residential and closed settings

People living in care homes and other similar residential settings are amongst the most vulnerable, with many relying on close personal care. Testing supports a reduction in infection rates if coupled with actions to promote infection control more generally. Testing care homes in Gwent involves[12]:

- Testing of all symptomatic residents and staff via a twice-daily line list of referrals.

- Whole home testing of all residents in care homes or other residential setting will be carried out where there is evidence of infection to assist in the management of an incident or outbreak.

- Testing all individuals being discharged from hospital to live in care homes.

- Testing all people who are being transferred between care homes and for new admissions from the community.

- Testing will be offered to asymptomatic staff who have not previously tested positive for COVID-19 within the previous 42 days in line with Welsh Government policy (currently a fortnightly cycle).

We will continue to deploy testing in care homes and other residential settings as part of or approach to protect our care home workers and residents from Covid-19 and to rapidly respond to outbreaks.

5.3.2 Hospital inpatients and planned care

On admission to hospital, once patients with possible COVID-19 have been identified, UK Government guidance should be followed on infection prevention and control measures. All emergency admissions patients should be tested on admission. For patients who test negative, a further single re-test should be conducted between 5-7 days after admission (where necessary).

Rapid NICE guidelines (NICE, 27 July 2020) recommend that patients having planned care involving any form of anaesthesia or sedation should follow comprehensive social-distancing and hand-hygiene measures for 14 days before admission. They should also be advised to have a test for SARS-CoV-2 within 3 days before admission and self-isolate from the day of the test until the day of admission.

Prisoners at HMP Usk/Prescoed who are symptomatic should be sampled by the Prison Healthcare Team and specimens sent directly to the University Hospital for Wales, Cardiff for analysis.

[12] Welsh Government. (2020d). Testing process in care homes. https://gov.wales.testing-process-care-homes/testing-process-care-homes-covid-19-html

5.4 Routes to Antigen Testing

There is currently a variety of routes into testing, including:

1. **Symptomatic members of the public and critical workers or their households (excluding Health Board staff)** can request for via the GOV.UK online portal or by telephoning 119, to either be tested through the Mass Testing Centre (Newport or Ebbw Vale) or to receive a Home Testing Kit. In the future this route could also be used for pre-bookable appointments at the Mobile Testing Units or local testing sites if required.

2. **Symptomatic Health Board staff** should continue to request a test and book through the Rodney Parade MTU using the dedicated email and phone number.

3. **Asymptomatic care home staff** who can currently request pre-labelled testing kits via Rodney Parade Newport and by using the GOV.UK online portal for care homes. Welsh Government have recommended that this move across entirely to the online portal.

4. **Acute hospital in-patients** that develop symptoms after admission and for patients being discharged in accordance with Welsh Government discharge requirements.

5. **Patient that require acute admission** after presentation at emergency departments for further treatment.

6. **Patients receiving planned care** prior to admission if it involves any form of anaesthesia or sedation, any inpatients who require surgery who stay in hospital for more than 5 days and those being discharged (where appropriate) in line NICE guidance and local pathways.

7. **Outbreak or incident management** in settings, particularly those at high risk (e.g. care homes, food and meat processing factories, educational facilities), using Electronic Test Requesting (ETR) for symptomatic and asymptomatic individuals.

5.5 Antigen sampling capacity

Testing capacity in Gwent is achieved through a combination of local and national provision. Testing is provided through:

- **Mass Testing Centre at Rodney Parade Newport,** which has the capacity and capability to provide a drive-through testing facility for the general public and key workers, pre-labelled testing kits for sampling asymptomatic care home staff, home testing and mass testing to assist with incident or outbreak management in enclosed setting such as care homes, nurseries and high risk workplaces. There is also a second drive through testing facility in Ebbw Vale.

- M**obile Testing Units** which can be deployed across the Health Board region to enable a rapid response to an escalation in cases within a particularly community, for specific populations to improve access or in specific settings.

- **Home Testing Kits** which enable members of the public to receive a postal/courier self-swabbing kits if they are symptomatic or for asymptomatic care home staff via a dedicated online portal.

- **Local Testing Sites** will provide a longer term local testing facility than the MTUs in either indoor or outdoor settings for specific population such as geographically isolated communities or Newport city centre for hard to reach populations such as homeless people or asylum seekers and refugees.

- **In-house Testing** on Health Board sites. Specifically the pathology laboratories at the Royal Gwent Hospital and Nevill Hall Hospital are able to process a small amount of urgent samples. The potential opening of the Grange University Hospital will include additional capacity to this resource.

5.6 Accessibility to Community Testing

There is mounting UK and international evidence that the COVID-19 pandemic has had a significantly greater impact on people from socially vulnerable groups. Being socially at risk refers to the inability of individuals and communities to withstand adverse impacts from multiple stressors to which they are exposed, including natural or human-caused disasters or disease outbreaks. Some individuals have faced particular challenges during the COVID-19 pandemic due to their belonging to two or more recognised categories of social risk or vulnerability.
The Health Board has identified the following groups are more likely to be socially vulnerable or at risk in the community:

- People who are homeless
- Asylum seekers
- Refugees
- Migrant workers
- Undocumented migrants including those who are ‘over stayers', unlawfully resent or illegally present
- People of Roma ethnic origin
- Gypsy travellers
- People from minority ethnic backgrounds with poor English skills
- Street sex workers
- People who misuse drugs and/or alcohol – particular those not engaged with services.

In order to provide the best opportunity for people who are deemed socially at risk to come forward for or undertake testing it is essential to minimise any real or perceived barriers to access. Welsh Government have identified 4 groups of the population where access equity should be considered – people living in socio-economically deprived areas, socially vulnerable groups in the community, geographically isolated and people with protected characteristics.

It is therefore proposed to provide testing in areas close to where people live so that they don’t require transport and with open access/drop-in to eliminate the requirement to book online.

The main approach to increasing access will therefore be via open access walk through Mobile Testing Units (MTUs) or Local Testing Sites (LTSs) in key geographical locations within identified infection ‘hot-spots’ or to improve access for social vulnerable, digitally excluded or geographically isolated groups of the population.

5.7 Antibody Testing

Antibody testing to SARS-CoV-2 antigens can be used to provide surveillance information to determine levels of historical infection. This has been used to date with the testing of a cohort of school staff who worked in hubs and ABUHB Healthcare staff.

Antibody testing can focus on specific environments or occupational groups with repeat testing undertaken to garner a greater understanding of antibody development with individuals and if they are retained over time. This is specifically valuable with groups of individuals associated with the potential for high contact rates.

Testing could be further extended to wider settings on the direction of Welsh Government to help provide intelligence for the public health response.

6.0 Prevention, Mitigation and Control

Prevention is an essential part of the Gwent COVID-19 response and includes proactive engagement and communication with the population to promote adherence and compliance with:

- Social distancing measures
- Respiratory and hand hygiene
- Enhanced cleaning regimes
- Use of Personal Protective Equipment (PPE), to combat the spread of COVID-19
- TTP process including self-isolation requirements.

Effective prevention measures to prevent the spread of COVID-19 will be communicated to the population of Gwent, with an emphasis on clear and consistent messaging from all partner organisations (and consistent with national guidance), as outlined in the Communications section of this plan.

Building public confidence in the Gwent TTP Service and community engagement in the testing and contact tracing is essential. Information on how to access testing and the importance of complying with self-isolation guidance will be clearly and widely communicated to encourage participation and compliance.

When incidents, clusters or outbreaks occur, processes and protocols are in place to ensure Gwent activates an outbreak response in an appropriate and timely manner. This section has identified high risk settings in which coordinated efforts to prevent, mitigate and control COVID-19 are applied. This has been informed by Wales COVID-19 Risk Assessment undertaken by military liaison colleagues, which identified a number of high-risk settings across Wales, applicable to Gwent, for consideration:

- Educational settings (Wales COVID-19 Risk Assessment)
- Care home and social care settings
- Hospital and Health Care settings
- Food processing factories and Industrial/Factory settings (Wales COVID-19 Risk Assessment) and agricultural processing
- Workplaces and businesses
- Hospitality settings
- Large gathering in organised events

- HM Prisons
- Shipping and sea ports.

6.1 Educational and childcare settings

Nurseries and schools play a key infection and prevention control role and the introduction of a number of measures, along with guidance issued by Welsh Government and PHW, contributes to preventing the spread of infection in these settings.

Prevention activity includes:

- Social distancing measures, including the use of 'learning bubbles' to minimise the number of contacts each child or staff member has during the school day, classroom layout, Welsh Government policy on school transport.
- Respiratory and hand hygiene, including hand washing facilities
- Enhanced cleaning regimes, including catering
- Use of Personal Protective Equipment (PPE) for staff
- Implementing Welsh Government policy for staff who are shielding, for staff and learners from BAME community
- Isolation of symptomatic children and their household contacts.

Local authorities have undertaken significant work with educational settings to implement guidance to prevent outbreaks, including risk assessments and operational protocols in anticipation of re-opening from September 2020, and for individual staff members who may be particularly vulnerable to severe COVID-19 illness.

Welsh Government has recently published their framework for Post-16 Learning from September 2020, building on experiences of recent months endorsing a "blended learning" model, whereby most learners will continue to learn remotely as well as attending their college or learning centre.

Coleg Gwent are currently preparing plans for their campuses in the Ebbw Vale, Nash, Pontypool, Cross Keys, Usk and potentially Cwmbran, with input from the Local Authorities. Coleg Gwent are promoting online enrolments to help social distancing and will be incorporating talks within their induction programme on how to maintain the well-being and safety of learners.

When outbreaks occur, the Regional Response Team will work with nurseries, schools, Coleg Gwent and University of South Wales to ensure rapid escalation, formation of a multi-agency IMT (involving the Health and Safety Executive (HSE) as the enforcing authority for schools and universities), and the implementation of public health actions to bring the outbreak under control. PHW have provided 'Investigation and Management of Clusters and Incidents of COVID-19 in Educational and Childcare Settings' and this is the protocol that Gwent will follow to respond to outbreaks in educational settings.

6.1.1 Prevention and Response actions

1. Continue to provide proactive advice about prevention of infection, with support for risk assessments to ensure up to date policy and guidance for infection and prevention control is adhered to, prior to re-opening in September 2020.

2. Provide educational settings with dedicated contact details for Environmental Health Departments to ensure they are able to access timely advice about infection prevention and control measures, contingency plans to prevent a potential escalation in cases, and reactive advice for on-going incidents and outbreaks.

3. Request that all educational settings maintain accurate and up-to-date records on attendance, reasons for absenteeism, vulnerable staff and learners and UK mobile phone and landline numbers for parents/guardians/contractors to promote prompt mitigation and control measures, particularly for contact tracing, should the need arise.

4. Maintain a coherent line of communication between Environmental Health Officers and Education departments to ensure suspected cases of COVID-19 (both pupils, teachers and non-teaching staff) are promptly notified to Environmental Health to identify any potential cluster of infections early and in advance of contact tracing.

5. Use nursery, school and college networks to reinforce with parents the importance of symptomatic individuals seeking a COVID-19 antigen test, as this underpins the Contact Tracing process.

6. An escalation framework is in place as outlined above and will be followed for individual cases and/or enclosed settings that require further assessment, support or action. This involves promptly convening multi-disciplinary team meetings (involving Regional Cell, Regional Response Teams, partners in the education sector, PHW National Health Protection Team, Environmental Health) in response to new incidents/outbreaks, as identified by surveillance.

6.2 Care homes and social care settings

COVID-19 continues to present an unprecedented challenge for social care. Since this pandemic began, care home providers have taken significant steps to protect the health and well-being of their residents.

A Community Care Sub Group (CCSG) of the Gwent LRF SCG, and an ABUHB Enclosed Setting Group brings together the various agencies and professionals with a common aim of preventing the spread of COVID-19 in residential settings.

A local system is being implemented for gathering intelligence in relation to care homes. This allows monitoring in relation to staffing levels, new suspected COVID-19 cases, prevalent cases within self-isolation and PPE supplies. It ensures prompt notification of suspected cases to PHW and that both symptomatic staff and residents have been referred for testing. It helps identify where care homes have an increase in laboratory confirmed cases, allowing early detection of emerging incidents or outbreaks. Alongside this local intelligence system is an escalation framework and agreed management policy that describes a coordinated system of organisations and professionals supporting care homes.

In order to coordinate this multi-agency response, the ABUHB has established a Care Home Cell, which acts as a central point of contact for enquiries from all care home providers and stakeholders. The Care Home Cell takes a lead on interpreting and implementing relevant Welsh Government policy changes, particularly in relation to testing and new PHW guidelines for care homes. The Care Home Cell operates seven days a week, receiving referrals for testing from care home providers for symptomatic staff, residents and individuals that require

admission and transfer. A twice-daily line list is sent to the Rodney Parade testing centre for rapid sampling.

The Care Home Cell works with Local Authority Commissioning teams and the Complex Care Division within the Health Board to produce a twice weekly SITREP with the 47 nursing homes and 54 residential homes across the region. This highlights care homes with newly symptomatic residents, residents and staff that are self-isolating. It produces a daily status update for the care home providers that have had positive and symptomatic cases in the last 28 days and any care homes with symptomatic staff or residents.

The Care Home Cell also liaises closely with the Regional Data Cell to ensure confirmed cases among care home staff are allocated to the correct local contact tracing team.

As part of the escalation framework, a Standard Operating Procedure is in place to proactively contact those settings that have no reported cases of COVID-19, supported by the Environmental Health Officers, to review their working arrangements in the setting, including:

- Social distancing measures
- Respiratory and hand hygiene
- Enhanced cleaning regimes
- Use of Personal Protective Equipment (PPE)
- Staffing and Contingency plans for isolation and management of cases in line with PHW and national guidance.

Local authorities, ABUHB and PHW have worked collaboratively in Gwent to proactively target prevention advice to peripatetic agency workers and their employers. This prevention activity will be on-going as part of the response.

Local Authorities will make proactive contact with care settings, advising of the need to risk assess the agency staff they engage to control and mitigate the potential introduction of COVID-19 into their homes, including to request that those deployed in homes where there are on-going incidents, should not be deployed in other settings where there are no reported incidents. The peripatetic nature of agency staff employment is a factor considered to pose increased risks. The lessons learnt from these incidents is used to inform a proactive collaborative approach to targeting preventative advice. This involves identifying relevant agencies by triangulating information from partner organisations and establishing the most appropriate way to communicate key messages to them, their workers and employers engaging their services.

The Gwent SCG has commissioned a reflective review of the response to date, allowing partners to review their response to the pandemic to inform and shape the recovery phase, as well as prepare for the possibility of future outbreaks or a second wave.

6.2.1 Prevention and Response actions

The Community Care Sub Group, Enclosed Setting Group and Regional Response Teams will:

1. Implement the action plan following the Health and Social Care Reflective Review on the response to the first phase of the pandemic covering PPE supply, testing and

contact tracing, first 100 deaths report, governance, funding and workforce considerations.

2. Continue to implement the testing regime of asymptomatic staff in line with Welsh Government policy and provide access to rapid testing for symptomatic testing of staff and resident through the Rodney Parade Home Testing team, including whole home testing for incident management.

3. Work with care home providers to complete clinical contingency plans to enable their whole team to prepare for the management of any further infections including environmental layout and staff management (minimising staff movement), personal protective equipment (PPE) and testing of care home residents and staff.

4. Continue to work within the agreed escalation framework and management policy for care homes with clearly defined roles for the Care Home Cell, PHW National Health Protection Team, Environmental Health, Complex Care, Local Authority Commissioning Team and the Infection Prevention and Control Team. This includes multi-disciplinary team meetings to coordinate the response to new incidents and ensure a single and coherent line of communication with care home providers.

5. Continue to engage with the Provider Forum and provide policy, guidance and news updates through a dedicated web page as a central repository of information for the care home sector.

6.3 Hospitals and Health Care Settings

In ABUHB, ultimate responsibility for infection prevention and control in NHS settings lies with the Chief Executive, delegated to the Executive Director of Nursing and the Lead Infection Control Specialist (Lead Infection Control Nurse). The delivery of infection control support is through the Infection Prevention and Control Team.

Regular communication to staff is shared across ABUHB and to NHS settings including GP Practices, Dental Practices, Optometry and Patients and visitors are reminded prior to arrival on site and whilst on site of the measures to take to prevent spread of infection. ABUHB has adopted the 'Distance Aware' initiative and formed a Social Distancing task and finish group to monitor activity.

Risk assessments as part of prevention measures are conducted to ensure NHS settings as a whole, and individual services/departments/wards/individuals are complying with latest COVID-19 guidance and primary control measures, namely:

- Social distancing measures (SOP produced by ABUHB[13])
- Respiratory and hand hygiene
- Enhanced cleaning regimes
- Use of Personal Protective Equipment (PPE).

[13] Aneurin Bevan University Health board. (2020). *Standard Operating Procedure – General COVID-19 physical/social distancing guidance. Working safely during Coronavirus (COVID-19) - taking all reasonable measures to maintain physical distancing in the workplace.*

Practice at settings such as GP Practice, Dental Practices and Optometry Services is modified to manage the demand for advice and care while maintaining arrangements to reduce the risk of COVID-19 transmission (in line with national guidance).

The Infection Prevention and Control Team is responsible for investigating incidents and outbreaks, reporting to the executive lead for infection prevention and control and ultimately the Chief Executive, following the ABUHB Hospital Outbreak Plan and aligned to the Communicable Disease Outbreak Plan for Wales.

6.3.1 Healthcare Setting staff

ABUHB is taking a comprehensive approach to preventing the spread of COVID-19 in NHS settings. The Social Distancing task and finish group gathers information and encourage a culture change to re-enforce and adopt social distancing measures across departments. An internal ABUHB Staff COVID-19 Support Team has also been established with the intentions to prevent the spread of COVID-19 within ABUHB departments and to ensure that healthcare services are safe and sustainable.

A Standard Operating Protocol is in place for the Staff COVID-19 Support Team to gather information of staff members being tested for COVID-19, enabling a rapid response if there are confirmed positive COVID-19 cases among ABUHB employees. This is a combined response from TTP, Occupational Health and Infection Prevention and Control Teams.

Positive cases of COVID-19 among ABUHB staff members will be contact traced in a timely manner including identification and isolation of work-place related contacts. Infection prevention and control issues will be addressed along with ensuring business continuity planning, aiming to protect the setting form spread of COVID-19.

6.3.2 In-patients accessing ABUHB Healthcare settings

The Infection Prevention and Control Team within ABUHB undertake daily surveillance and confirmed COVID-19 cases among patients at ABUHB sites are identified and escalated to the Infection Prevention and Control Team for appropriate measures to be implemented.

Following a patient testing positive for COVID-19 the relevant department and other specialities are contacted by the Infection Prevention and Control Team to ensure that the appropriate measures are being followed, and contact tracing if required, is implemented. In the situation whereby patients test positive for COVID-19 and have recently been admitted to hospital, the existing TTP process is followed, to ensure household and social contacts of confirmed cases are traced and necessary action taken for self-isolation.

In the situation whereby a patient tests positive for COVID-19 and it is deemed healthcare associated, the Infection Prevention and Control Team in collaboration with the multi-disciplinary team will establish any contributing or risk factors, and assess the individual department affected. The aim is to identify the source of infection, action to be taken to address risk of infection including preventative measures mentioned above to reduce on-going transmission and future re-occurrence. Learning is shared accordingly.

6.3.3 Prevention and Response actions

ABUHB will continue work with staff and patients to:

1. Provide proactive advice about prevention and latest Welsh Government policies to staff and patients.

2. Provide specific advice to hospital and healthcare settings regarding information on infection prevention and control, and how this may influence their approach to risk assessment/management and service delivery.

3. Provide access to rapid testing for symptomatic testing of staff and patients.

4. Work within the agreed escalation framework for staff and patients in health care settings, with clearly defined roles for the Regional Cell, ABUHB Infection Protection and Control Team, PHW National Health Protection Team. This includes ensuring a single and coherent line of communication within NHS settings.

5. Engage with staff on COVID-19 guidance and provide policy, guidance and news updates through existing, dedicated channels.

6.4 Meat and food processing plants

Meat and food processing plants have been identified as settings of high risk of COVID-19 outbreaks due to environmental factors. Prevention action and guidance (such as that issued by the Food Standards Agency (FSA) and Welsh Government[14]) will help employers, employees and the self-employed understand how to work safely in the food manufacturing sector during the pandemic. Using local and national learning, local authorities will provide proactive advice to businesses on steps to reduce the risk of infection, such as:

- review of HACCP (Hazard Analysis Critical Control Point) procedures
- cleaning and inspection of machinery and equipment
- changes to productions lines (for example protective screens, back-to-back working, movement and one-way flows at the site, canteen and rest areas, changing rooms) to adhere to social distancing measures (considering the procedures for good entering and leaving sites particularly in distribution centres and despatch areas)
- staff training, use of PPE
- staggered shift patterns, travel arrangements and car sharing arrangements
- engage with the Factory Managers and HR Departments and provide policy, guidance and news updates through existing communication channels.

The five Gwent Local Authorities have made proactive contact with larger food manufacturers and factories within their respective areas and good dialogue has taken place with relevant contacts to request them to complete and submit risk assessments to the Local Authority with sensible and practical measures to control transmission risks within the workplace. This is based on the advice and guidance provided by the Local Authority and National guidance from Welsh Government, PHW, FSA and Health and Safety Executive (HSE). This contact will be maintained with on-going advice using agreed communication methods.

[14] Welsh Government. (2020c). *Guidance for meat and food plants on prevention and management of coronavirus (COVID-19).* https://gov.wales/guidance-meat-and-food-plants-prevention-and-management-coronavirus-covid-19

As part of the risk assessment, Local Authorities have requested that meat and food processing businesses keep up-to-date attendance records (covering all shifts and use of agency staff), and HR records including complete names (with correct spellings and no transposition of first/surnames), date of birth, addresses, preferred language, and UK mobile phone numbers of their workforce. If required, this information will enable rapid mobilisation of the response should an outbreak occur.

Agency workers have been identified as presenting a possible increased risk of transmission in clusters linked to food processing/manufacturing establishments, as described for care home agency staff. A proactive collaborative approach will be taken to target preventative advice, with input from partner organisations and establishing the most appropriate way to communicate key messages to them, their workers and employers engaging their services.

Along with prevention activity, in the form of risk assessments with settings, surveillance of local activity and regular communication with these high-risk settings will ensure any potential incidents, clusters or outbreaks are identified and prompt action taken to address the situation.

The Regional Response Team will convene multi-disciplinary IMT meetings and mobilise mass sampling and testing for employees, if necessary. The response process will comply with the Communicable Disease Outbreak Plan for Wales[15].

6.4.1 Prevention and Response actions

1. Continue to provide proactive advice about prevention of infection, with support for risk assessments to ensure up to date policy and guidance for infection and prevention control is adhered to.

2. Provide settings with dedicated contact details for Environmental Health Departments to ensure they are able to access timely advice about infection prevention and control measures, contingency plans to prevent a potential escalation in cases, and reactive advice for on-going incidents and outbreaks.

3. Request that settings maintain accurate and up-to-date records are kept on attendance, reasons for absenteeism, vulnerable staff and UK mobile phone and landline numbers for employees to promote prompt mitigation and control measures, particularly for contact tracing, should the need arise.

4. Maintain a coherent line of communication between Environmental Health Officers and HR Departments to ensure confirmed cases of COVID-19 are promptly notified to Environmental Health to identify any potential cluster of infections early and in advance of contact tracing.

5. Develop an escalation framework using lessons learnt from recent experiences along with PHW Action Cards for enclosed settings. This involves promptly convening multi-disciplinary team meetings (involving Regional Cell, Regional Response Teams, HR Department, PHW National Health Protection Team, Environmental Health) in response to new incidents/outbreaks, as identified by surveillance.

[15] Welsh Government. (2020a). *Communicable Disease Outbreak Plan for Wales*. Cardiff: Welsh Government.

6.5 Agricultural processing

Farms and associated activity (such as arable crop processing) are the responsibility of the HSE for advice and enforcement. The Gwent area has a large number of farms, agricultural businesses and cattle markets, and it is recognised organisations such as the National Farmers Union and Farmers Association Wales have been very proactive in providing sector specific guidance on advice and preventative control measures.

Whilst no outbreaks have occurred to date on farms in Gwent, if required the outbreak response for meat and food processing plants and factories outlined above will be applied.

6.6 Workplace and businesses

The five Gwent Local Authorities work closely with members of the public and businesses to engage and provide consistent advice and guidance on measures to prevent and control the spread of COVID-19 in both enclosed settings and communities.

Prevention activity includes ensuring that employers are aware of the 'Keep Wales Safe – At Work' guidance, which aims to help employers, employers and the self-employed to work safely. The 'Distance Aware' campaign has been expanded to promote social distancing in the workplace through the Local Resilience Forum, Care Inspectorate Wales, Older Person's Commissioner and Confederation of British Industry in Wales.

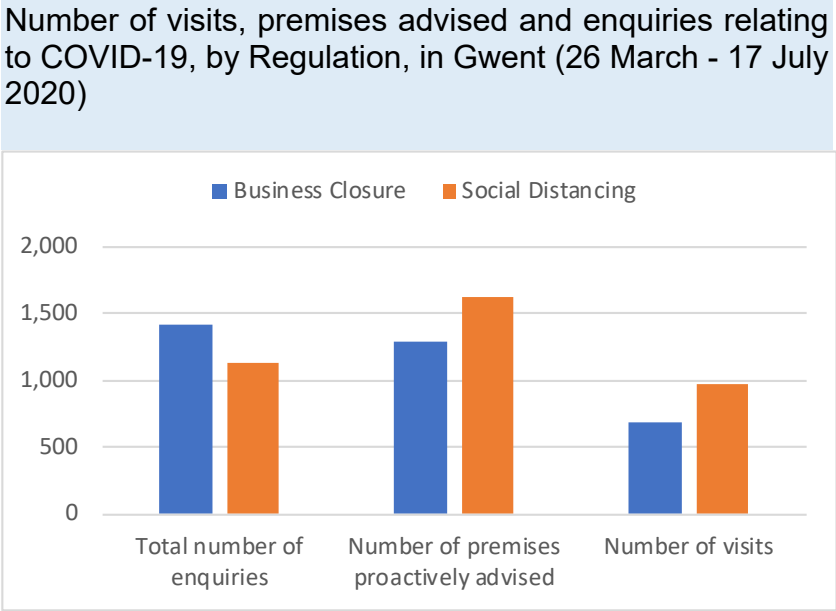
Welsh Government has issued statutory guidance[16] on taking all reasonable measures to minimise exposure to coronavirus in workplaces and premises open to the public. Large employers are likely to be a greatest risk of a significant COVID-19 outbreak but consideration should also be given to small and mid-size enterprises and those that are self-employed.

Businesses that are permitted to operate, or premises that are allowed to open, must do so safely in a way that complies with the Regulations, in addition to other legal obligations imposed on employers (such as Health and Safety Legislation).

Over a 16-week period, the five Gwent local authorities have dealt with over 2,500 queries relating to COVID-19. There has also been approximately 3,000 businesses proactively advised and over 1,500 regulatory visits. A breakdown of total enquiries, premises advised and the number of visits made is summarised in Table 4 and organisations will continue to build on this in the coming months.

[16] Welsh Government. (2020b). *Taking all reasonable measures to minimise the risk of exposure to COVID-19 in the workplace and premises open to the public*. https://gov.wales/taking-all-reasonable-measures-minimise-risk-exposure-coronavirus-workplaces-and-premises-open

Table 4: Number of visits, premises advised and enquiries relating to COVID-19, by Regulation [Social Distancing and Business Closures] between 26 March and 17 July 2020.



The five Gwent Local Authorities seek compliance of the Welsh Coronavirus Restrictions regulations by advice and persuasion. In the situation whereby businesses fail to heed the advice of Local Authority Officers – and this involves Environmental Health, Licensing and Trading Standards Officers – warning letters and Fixed Penalty Notices and enforcement notices will be issued. This work has and will undoubtedly help prevent person-to-person spread.

Action to be taken by HSE is to provide verbal advice to a business or to write a formal enforcement letter. A local Bevan Commission project 'Emerging from shielding – an endorsed symbol for distancing' has explored concerns around de-escalating shielding when lockdown is easing. This has brought into focus the importance of social distancing within the workplace.

The Regional Response Team will work with public sector employers, regulators and the Confederation of British Industry in Wales to:

6.6.1 Prevention and Response actions

1. Continue to provide proactive advice about prevention of infection, with support for risk assessments to ensure up to date policy and guidance for infection and prevention control is adhered to.

2. Provide settings with dedicated contact details for Environmental Health departments to ensure they are able to access timely advice about infection prevention and control measures, contingency plans to prevent a potential escalation in cases, and reactive advice for on-going incidents and outbreaks.

3. Request that settings maintain accurate and up to date records are kept on attendance, reasons for absenteeism, vulnerable staff and learners and UK mobile phone and

landline numbers for employees to promote prompt mitigation and control measures, particularly for contact tracing, should the need arise.

4. Maintain a coherent line of communication between Environmental Health Officers and HR Departments to ensure confirmed cases of COVID-19 are promptly notified to Environmental Health to identify any potential cluster of infections early and in advance of contact tracing.

5. Work within the Action Cards for Enclosed Settings (produced by PHW) to respond to outbreaks, with clearly defined roles for the Regional Cell, PHW National Health Protection Team, Environmental Health. This includes multi-disciplinary team meetings to coordinate the response to new incidents and ensure a single and coherent line of communication with settings, as outlined in the Communicable Disease Plan for Wales, 2020 (Welsh Government, 2020a).

6.7 Hospitality settings

Hospitality settings such as pubs, restaurants and hotels were closed by the Welsh Business Closure Regulations during the period of 'lockdown' and local authority Public Protection Officers (Environmental Health and Trading Standards) played a key role in ensuring the businesses were closed, as required, by proactively making contact with business operators to check they understood the legislation.

This proactive work was possible because of the established relationship that Officers have with such businesses, as a result of many years of regulatory work and more recently the provision of paid for advice services and Primary Authority Partnerships.

On-going contact with such businesses is essential as the Welsh Government has eased the restrictions to allow trading to resume. To ensure that the guidance has been understood, risk assessments will be undertaken and necessary action implemented. Businesses are contacted both individually and via groups such as 'Pub Watch' and the 'Newport Now Business Improvement District' group and provided with advice or signposted to appropriate advice, such as Welsh Government guidance and guidance provided by the HSE.

6.7.1 Prevention and Response actions

The Regional Response Team, in conjunction with the HSE, will:

1. Continue to ensure that Welsh Government, HSE and other guidance is understood by the industry and that risk assessments have been undertaken with the necessary action implemented.

2. Use established process and procedures to enable members of the public to raise concerns with the local authority about how businesses are being operated.

3. Continue to work within the agreed PHW Action Cards, with clearly defined roles for the Regional Cell, PHW National Health Protection Team, Environmental Health. This includes multi-disciplinary team meetings to coordinate the response to new incidents and ensure a single and coherent line of communication with settings.

4. Ensure that should any hospitality businesses be associated with a confirmed COVID-19 case, the local knowledge of the local authority Officers and any previous work with the business, will assist Officers to respond appropriately and robustly to prevent onward transmission.

6.8 Large gatherings in organised events

Gwent local authorities work closely with their partners, notably Gwent Police and the ABUHB Director of Public Health and Strategic Partnerships, to prevent mass gatherings. For example, one large event in Monmouthshire in July 2020 was stopped by the local Event Safety Advisory Group (ESAG), preventing over a thousand people attending one site. The five ESAGs in Gwent have applied Welsh Government legislation and guidance to ensure consistency across the area, and reduce the risk of person-to-person transmission at various events.

6.9 HM Prisons

HM Prisons have received information and the latest guidance relating to preventative measures for COVID-19 to ensure compliance.

HSE is the enforcing authority in custodial settings, whilst PHW is the lead organisation responsible for investigating and managing incidents and outbreaks in this setting. The management and response will follow the detailed contingency plan as presented in the Communicable Disease Outbreak Plan for Wales (Welsh Government, 2020a).

6.10 Shipping and Sea Ports

A protocol has been in place in Newport since February 2020 for all vessels (not including "local" vessels such as tugs, dredgers) arriving at the Port of Newport. This includes Newport Docks, Birdport and Liberty Steel.

6.11 Effective communication to promote protective behaviours

A proactive population wide communication strategy is required to promote protective behaviours such to social distancing, requests for testing and self-isolation. It is expected that some people will need practical support to comply with the isolation guidance. This will be for a range of reasons including:

- the severity of symptoms
- the financial impact of complying with self-isolation (particularly those on agency, temporary or zero hour contracts)
- concerns over job security
- mistrust in public services
- language and cultural barriers
- communal or overcrowded accommodation.

This will be supplemented with targeted work with specific settings. The targeted work will be informed by data and local intelligence to ensure rapid, targeted communications can be deployed where emerging 'hotspots' are identified (as identified by on-going surveillance details earlier in this plan). The communications activity will have a focus on ensuring communication barriers can be overcome and the population of Gwent receive messages

regarding the appropriate actions they need to take (See Communications section for further details).

6.12 Mass vaccination for COVID-19 and maximising uptake of the routine influenza vaccination

On 28 July 2020, the ABUHB Interim Executive Director of Public Health and Strategic Partnerships led a virtual desktop exercise for relevant stakeholders as the first step to planning for the successful delivery of the COVID-19 vaccine to eligible cohorts as soon as it is available. Participants included experts and key stakeholders in Emergency Planning, Primary Care and Communications. Key areas of discussion to inform scenario planning included the requirements of vaccination venues, IT infrastructure, workforce and vaccine considerations. A Programme Board has been established to provide oversight of the planning and implementation, and a Stakeholder Reference Group to ensure the operational response can be delivered effectively and at scale.

The orthodox delivery routes for vaccination programmes (namely Occupational Health and Primary Care) will not be used to deliver the COVID-19 vaccination programme because Primary Care resources and workforce capacity will be required to deliver a concurrent and robust mass influenza vaccination campaign. A dedicated workforce will be required and will be made up of an appropriate mix of registered and non-registered professionals. Learning from the establishment of the Gwent TTP Service will be used to inform workforce planning, particularly for those who are not employed by the Health Board.

The Health Board, in conjunction with LRF partners, will:

1. Establish relevant work streams, objectives and associated leads to develop a COVID-19 mass vaccination plan.

2. Agree and establish a stakeholder reference group to ensure that the mass vaccination plan can be operationalised, based on workforce capacity and capability as well as other logistical consideration associated with the scale of the operation and challenges of the COVID-19 pandemic.

3. Apply relevant learning from the establishment of TTP in Gwent to support workforce planning for the COVID-19 mass vaccination programme.

6.12.1 Routine influenza vaccination programme

As in previous years, the Primary and Community Care Division within ABUHB will lead the delivery of the ABUHB Influenza Vaccination Programme through their usual delivery routes for 2 and 3 year olds, people under 65 years old in a clinical risk group and those who are 65 years and over. A survey has been sent to all GP Practices to establish capacity to deliver to specified cohorts whilst observing current COVID-19 infection prevention and control requirements (such as use of PPE, social distancing and area decontamination). Practices will use this information to inform any joint planning for mass vaccination clinics, as required, and the anticipated increase in demand this season, which has already been observed in the Southern Hemisphere.

GP Practices have been asked to prioritise the vaccinations of housebound (through District Nursing Teams) and shielded patients when vaccine is delivered. It is likely that additional cohorts will become eligible for a vaccine this coming flu season but all practices are required

to offer vaccinations to those who are usually eligible first, before additional cohorts are invited. This is to ensure that the most vulnerable patients are protected, before influenza starts circulating in the community.

As well as ensuring eligible patient cohort groups are vaccinated, targeted work to ensure maximum uptake of the flu vaccine amongst Frontline Health and Social Care staff is underway. ABUHB Complex Care Team and the Immunisation Co-ordinator are working together to build capacity amongst registered nurses in Nursing Homes to vaccinate residents and staff working within the setting. Work is also underway to agree a clear process for Community Pharmacies to vaccinate staff working in residential homes.

It is recognised that there will be a requirement to move vaccines, as required, between Practices and/or to establish mass vaccination clinics to meet demand. The Health Board will be required to facilitate this in line with MRHA guidance to ensure it is conducted in a safe and appropriate manner and required cold chains are maintained. On-going guidance and support will be given to providers to ensure that venues selected for vaccination clinics meet infection prevention and control requirements (including sufficient PPE, patient flow), to ensure patient and staff safety whilst maximising efficiency and delivery at scale.

The Primary and Community Care Division will work with GP Practices, Community Pharmacies, District Nursing Team and Care Home providers to:

1. Facilitate GP Practices and Community Pharmacies working together through their Neighbourhood Care Networks to agree robust plans to promote and meet the expected demand for the flu vaccine in light of the challenges presented by the COVID-19 pandemic.

2. Develop and implement an effective Communications plan for successful take up of the flu vaccination among Health and Social Care Workers and eligible cohorts within the general population.

3. Ensure that housebound and shielded patients are recognised as priority groups for vaccination and receive their vaccine early in the flu season.

4. Agree and implement a process to enable registered Nurses working in nursing homes to immunise residents and staff within the setting.

5. Ensure arrangements are in place for Community Pharmacies and District Nurses to immunise in residential homes and access to flu vaccination is readily available for other Social Care staff through local Community Pharmacies.

6. Provide on-going guidance to ensure the safe and efficient movement of vaccine between clinics as set out in the MHRA guidance and ensure appropriate infection prevention and control guidance and support is given to providers in a timely way.

6.13 Populations disproportionately affected by COVID-19

Protecting the most vulnerable in the region who are disproportionately affected by COVID-19 is a priority. The higher vulnerability to COVID-19 death among socio-economically deprived groups means that the Gwent region is an area that is particularly vulnerable to the impact of the pandemic. Multi-generation living presents a risk in relation to COVID-19 due to the vulnerability of the older members of the household. Age is by far the most important individual

factor determining risk of COVID-19 death with the majority of deaths to date being in those over 60 years. The response of local people, community organisations and neighbourhood groups has been significant during the first phase of the pandemic, with overwhelming responses of pro-social and civic activity ranging from financial support, shopping and prescription deliveries for the most vulnerable in our communities.

Equity of access to testing is also a key component of the TTP service and our understanding of the epidemiology of the disease. ABUHB has recently completed a project to understand the issues for socially vulnerable groups including socioeconomic circumstances, geographic location and social vulnerability. This has highlighted the barriers some groups of the population have in terms of accessing mainstream communications, language and cultural barriers, digital exclusion, general misconceptions over eligibility testing, stigma associated with communicable diseases and a lack of private transport to access the Drive Through Testing sites. This information is being used to further inform and develop our approach to ensuring the public engage with COVID-19 messaging and a number of delivery methods are being considered, such as:

- disseminating printed multi-language communication materials
- promoting the 119 phone number for digitally excluded groups
- a blended approach in terms of mobile testing units, home testing kits and local testing sites (once available) to enable and improve access to testing.

A significant amount of work has already been undertaken to identify socially vulnerable groups and ensure their needs can be met in relation to delivery of the Gwent TTP service. A Standard Operating Procedure will be applied for contact tracing socially vulnerable groups, to ensure access to translation services, engagement with key organisations who support these groups and distribution of TTP information to raise awareness of testing and contact tracing arrangements.

The Regional Oversight Group, in conjunction with the Strategic Coordinating Group Warning and Informing and Volunteer Coordination tactical groups, will:

1. Broaden our approach to Test, Trace, Protect messaging to proactively engage those most vulnerable people in society disproportionately affected by COVID-19 as defined by age, ethnicity and social status.

2. Continue to develop the support strategy through the SCG including access to advice, information and financial support for those that are self-isolating.

3. Provide on-going guidance, training and printed materials for contact tracing teams about the specific support required for socially vulnerable groups and support for follow up testing should contacts become symptomatic during their isolation period.

4. Continue to use our Integrated Well-being Network Team to ensure community groups, third sector organisations and volunteers build on the practical, emotional and psychological support which has enabled people to manage during lockdown.

5. Continue to convene the Socially Vulnerable Groups task and finish group set up by the Health Board to advise on our work with the socially vulnerable groups in relation to TTP. This includes representatives that work with the homeless population, asylum seekers, gypsy and traveller, and Roma communities (for example, Pobl, Gypsy and Traveller Education Support Workers).

7.0 Community Resilience/Volunteers

A tactical sub-group is in place, aligned to the SCG to provide a forum for effective liaison amongst responding agencies in relation to community resilience to:

- Consider COVID-19 guidance and discuss topical issues and share good practice with regard to enhancing community resilience within Gwent.
- Provide information, guidance and support where appropriate to the existing community support groups in each Local Authority area.
- Provide information on the Community Resilience arrangements being developed by the Gwent local authorities to the COVID-19 SCG.

The group has three areas of particular responsibility:

- Community help
- 'Shielding the Vulnerable' support
- Supporting 'Informal' Community Groups and Volunteers by:

7.1 Community Help

Establish and publicise locally that Local Authorities have portals to capture:

- Unsupported vulnerable individuals who need help
- Individuals who think their neighbour needs help
- Individuals who can offer help
- Businesses and CVC Agencies who can offer help.

Establish data capture and process flows that ensures:

- Creation of a single dataset
- An ability to filter those who need help and are in contact or eligible for direct support through social care (Adults and Children).

Encouraging neighbourly activity within the community and signposting (those individuals that require it) to opportunities for more formalised volunteering - matching skills to needs.

7.2 'Shielding the Vulnerable' support

- Using the national cohort list for the Gwent area to identify those who are particularly vulnerable and have no support; and make direct contact with them to ascertain whether they require social support as well as food and medical supplies.
- Maintain oversight of the food distribution and delivering local solutions to ensure supply, particularly in the first few weeks.
- Manage any additional food requirements over and above the 'standard food parcels'.
- Planning for and organising the delivery of medicines until the national distribution through Community Pharmacies is in place.

- Deliver other 'social support' initiatives as identified, drawing on national, regional, district, county and local service providers and volunteers as appropriate.

7.3 Supporting 'Informal' Community Groups and Volunteers by:

- Signposting those groups already established within the community to the correct Government guidance and advice.
- Liaising with online community groups and COVID-19 support groups through the provision of information, advice and support where possible.
- Linking those community groups where practicable to their local ward member and Community Councils and encouraging local ward members to feedback when additional support is required or problems arise.
- Providing groups with details of what support is currently on offer both locally and nationally for vulnerable persons and a reporting mechanism whereby they can raise any concerns regarding individuals to the local authority. This will enable the Local Authority to map any emerging issues / trends in a particular area.

7.4 Group Membership

The group membership consists of representatives from each of the five Gwent local Authorities, Gwent Police, ABUHB, LRF Coordinator, Ministry of Defence, Department of Work and Pensions and 3rd sector organisations (namely Gwent Association of Voluntary Organisations (GAVO), Torfaen Voluntary Alliance (TVA), and British Red Cross).

8.0 Communication

There is a need for on-going, clear and effective communication, coordinated between all sectors and with national activity focusing on:

- Surveillance
- Management of Clusters, Incidents and Outbreaks
- Sampling and Testing
- Prevention
- Mitigation and Control.

The following section outlines how ABUHB and the Gwent LRF will achieve consistency of messages across multiple incidents/outbreaks within the region, consistency across regional borders and with national messaging, including alignment to 'Keep Wales Safe' and 'Testing' messages and to avoid creating new campaigns where national frameworks exist, including 'Keep Wales Safe' 'Test, Trace, Protect' and vaccination.

8.1 Warning and Informing Group

The Gwent LRF Warning and Informing Group is responsible for aligning communications and communicating key information to the residents of Gwent during the COVID-19 pandemic, ensuring a consistent approach between local partners, PHW and Welsh Government. The Chair of the Warning and Informing Group provides the link to the Gwent SCG LRF Group and as per plan has allocated Communications Leads to tactical groups. The group meet weekly

and the Chair is part of the Wales Warning and Informing group twice-weekly meetings and disseminates daily updates.

The **aims** of this communication plan are:

- To provide strategic direction for organisations involved in communicating a major incident or a situation where a multi-agency response is required.
- To ensure that the Gwent public, stakeholders, the media are informed in a timely manner about an outbreak and what they need to do to reduce transmission and to keep Wales safe.
- To ensure that that there is clear leadership and coordination of all communications activities, and that all communications activities are aligned with and supportive of each other – in line with the Gwent Warning and Informing plan and the All Wales Communicable Disease Outbreak Plan for Wales (Welsh Government, 2020a).
- To ensure that communications activity and messaging around an outbreak in Wales is carried out in line with the overall Welsh approach to dealing with the pandemic.
- To effectively communicate and share information with the communities and individuals directly affected to maintain confidence and compliance with guidance / expectations.
- To align with existing Keep Wales Safe and TTP Communications campaigns.

Lead Responders ensure the following **objectives** feature prominently in the Prevention and Response Communication Plan:

- Reassurance
- Raising awareness of any risks
- Provide information on how to protect family and loved ones
- Advise on steps being taken to handle the situation
- Explain steps that will be taken to return to normality.

The Gwent Communications strategy will include a number of elements that will enable focussed and targeted communications, using all available multi-agency and external channels:

- Communicating with those identified as vulnerable or disproportionately affected by COVID-19, who need a targeted approach to ensure they have the information and support needed to take the required action (see Prevention section). There will be a particular focus on overcoming language and literacy barriers, and increasing confidence in coming forward for testing or participating fully in contact tracing by ensuring the right support is available.
- Obtaining real time local intelligence on areas where ‘hotspots’ in cases are developing to allow for agile targeting of communications and mapping of clusters of cases and contacts.
- Through existing programmes (such as Integrated Well-being Networks, key stakeholders and hyper-local communications channels have been identified in each locality and provide ways of communicating as well as obtaining local intelligence on what people are saying / thinking about TTP.

- Regional Communications activity will be evaluated by monitoring levels of behaviour change/calls to action, stakeholder engagement, stakeholder and community feedback and monitoring impact on overall cases and outbreak areas.

In line with the Warning and Informing plan, all partners will:

- Provide information for the Multi-Agency Communications Group, if required.
- Use and promote the preferred incident hashtag as a source of reliable and accurate information.
- Link, re-tweet and point to the channels of other responders / agencies involved and regularly indicate who the Lead Responder is.
- Manage public expectations of their sites - If they are not 24-7 include a message giving their times of operation.
- Monitor their own sites and inform the Lead Responder and partners of any misinformation and developing trends.
- Offer mutual aid to the incident Communications Lead if requested and able to do so.

The following internal and external audiences are considered as part of the communications plan:

- General Public across Gwent
- 'Hard to reach' groups
- Care sector staff/commissioned services
- Councillors/Elected Representatives/Police Authority Members
- Key community representatives/community councils/opinion formers
- Media
- High risk settings (food production settings)
- Businesses/Business Groups/Forums
- Schools
- Colleges/Universities
- Relevant partner agencies
- All multi-agency employees
- Key Officers Environmental Health Officers/Community Cohesion Officers.

8.2 Roles and responsibilities

The communication flow is outlined in Figure 3.

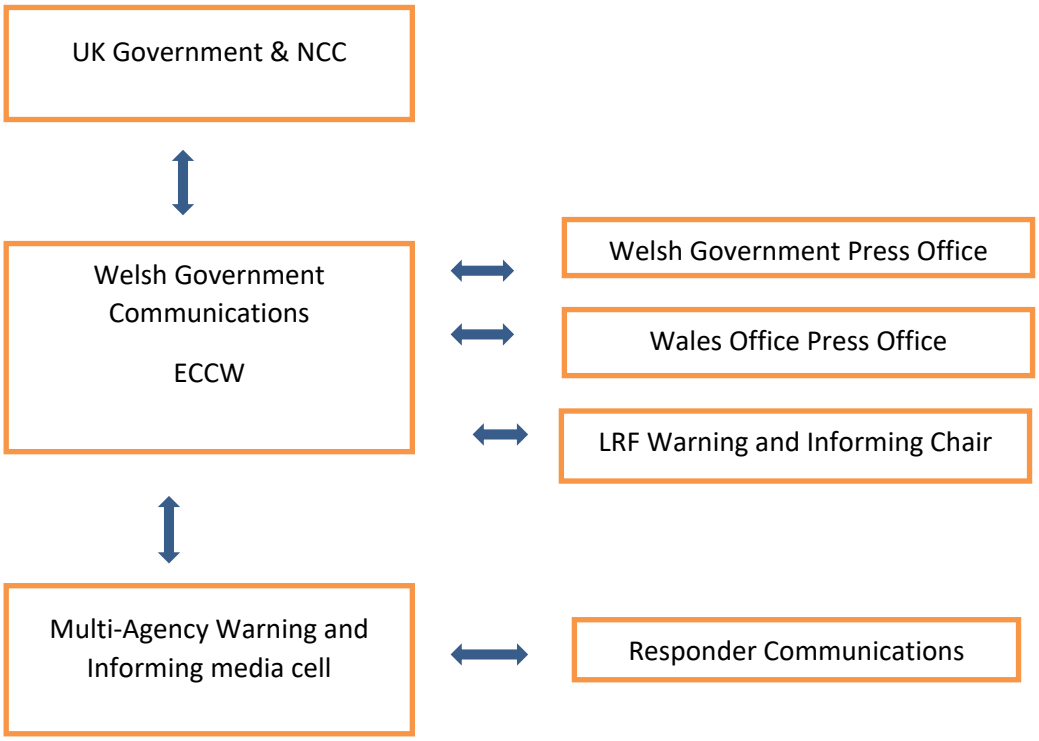


Figure 3: Communications Flowchart.

8.2.1 Public Health Wales Communications

- PHW is the lead agency for communications relating to outbreak. This means that PHW Communications Lead will provide strategic communications advice to the OCT.
    - Work rapidly to develop and sign off appropriate messages in conjunction with the Public Health Consultant Lead and other members of the OCT, recognising the importance of professional communications advice in clear public messaging strategy.
    - Lead the media response, both proactive and reactive where appropriate.
    - Monitor local and media discussion and reporting and lead on rebuttal of misinformation, including acting quickly to correct misreporting.
    - Maintain a coordinated plan of activity reflecting activity led by partner communications teams.
    - Provide timely summaries (daily where needed) of activity and issues to partner organisations.

Broadly speaking, PHW is the lead agency for communications activity relating to **public health guidance** and **clinical activity** relating to COVID-19 in Wales.

In the context of an outbreak, PHW is the statutory lead for all communications and is responsible for the dissemination of public and stakeholder messaging for key partners, including the Local Authority communications team and the Warning and Informing Cell.

PHW will brief the All-Wales Media Cell (ECCW) and Welsh Government.

PHW will ensure that stakeholders, including Members of the Senedd and Members of Parliament will receive media statements in advance of issuing. PHW will confirm how the Local Authority wishes to disseminate statements and updates to their Elected Representatives.

Care will be taken to ensure appropriate engagement with communications teams should an employer be involved in the outbreak.

A regular battle rhythm of communications meetings will be aligned to SCG Meetings and shared with communications teams, to help align planned communications.

PHW will develop shareable messaging/assets for use by partners to include accessible and language specific assets for communities, employers and employees where English or Welsh is not the first language for.

PHW will lead on formulating public health messages, and will work with the multi-agency partners to disseminate through a range of channels.

8.2.2 Welsh Government

Welsh Government is leading on communications relating to **policy** and **official guidance** relating to COVID-19 in Wales.

Welsh Government Communications will brief officials as needed and ensure timely, accurate and consistent lines are provided to Welsh Government spokespeople.

Welsh Government will support communications to the media and public via its established channels, including regional media engagement.

Welsh Government Communications will ensure that the Health Minister and First Minister are sighted as necessary.

8.2.3 Aneurin Bevan University Health Board

The Aneurin Bevan Gwent Public Health Team, as part of ABUHB, have been represented on the Warning and Informing Group and provide the communications link with the Gwent TTP service, and key communications messages based on Welsh Government assets.

The Gwent TTP Service Programme Management Office will include a Communications function to provide co-ordination across the region on behalf of the Health Board, Local Authorities and partners. This will include:

- Developing a Gwent multi-agency TTP communications and engagement strategy and coordinate action between agencies via the Warning and Informing Group to ensure a consistent approach to communicating standard messages.
- Liaising with the Regional Cell to obtain real-time local intelligence and agree targeted communications where there is evidence of a rise in cases, as part of community preventative measures.
- Developing locally tailored communications in alignment with the TTP and Keep Wales Safe messages, and based on local intelligence.

- Regularly briefing key stakeholders across Gwent (e.g. MPs, MSs, Local Councillors, Community Councils, Leaders of community groups and clubs, third sector organisations, Registered Social landlords, primary care teams) and highlighting actions they can take to support effective communication on TTP.
- Coordinate communications in relation to incidents and outbreaks within Gwent, liaising with PHW.
- Liaison with communications leads in neighbouring regions to ensure consistency of messaging where incidents / outbreaks span boundaries.
- Use partners to exploit a range of local, regional channels to deliver focussed messaging to areas of greatest risk.
- Use partners to exploit a range a local, regional channels to deliver targeted communication in the event of incidents.
- Evaluate how communications increased knowledge, confidence and compliance in local communities.

8.2.4 Local Authority

Local Authorities will play a specific role in communicating and engaging with local communities through its existing channels, and through local leaders. Local Authorities will activate its public engagement networks and community cohesion groups.

The Local Authority Communications Leads will ensure PHW Communications Lead is sighted to any media enquiries so that together, we can provide coordinated planning and support to these.

Local Authority Communications Leads will provide advice and support to Local Authority spokespeople, ensure lines are timely, accurate and consistent.

Local Authorities will be responsible for advising on the best way to engage with key elected representatives.

Local Authorities will provide local intelligence gained through social listening and media monitoring which may require attention.

8.2.5 Multi-sector partners

All of the multi-sector partners have a role to play in helping to disseminate clear, accurate, timely and consistent messages which will have been signed off by the OCT.

Non-devolved organisations, including the FSA and the HSE will be consulted and involved via their communications team, as well as through their involvement with the OCT as appropriate.

8.2.6 Employers

Employer communications leads will work with PHW and Local Authorities to ensure that consistent messages are issued at all times.

9.0 Implementation, Review and Learning

9.1 Implementation

A number of phases will be required to prepare for, implement and meet on-going demands to ensure the Prevention and Response Plan meets the aims and principles stated.

9.1.1 Preparatory phase (completed July 2020)

This phase is complete and has enabled the development of plans and SOPs and identification of resource to set up the local contact tracing services, operational and regional tier including Regional Cell, Regional Data Cell, Regional Response Teams as well as overall governance structures.

9.1.2 Monitoring and engagement phase (June 2020 – December 2020)

This phase will be reached when the standard response and daily monitoring functions outlined are fully operational.

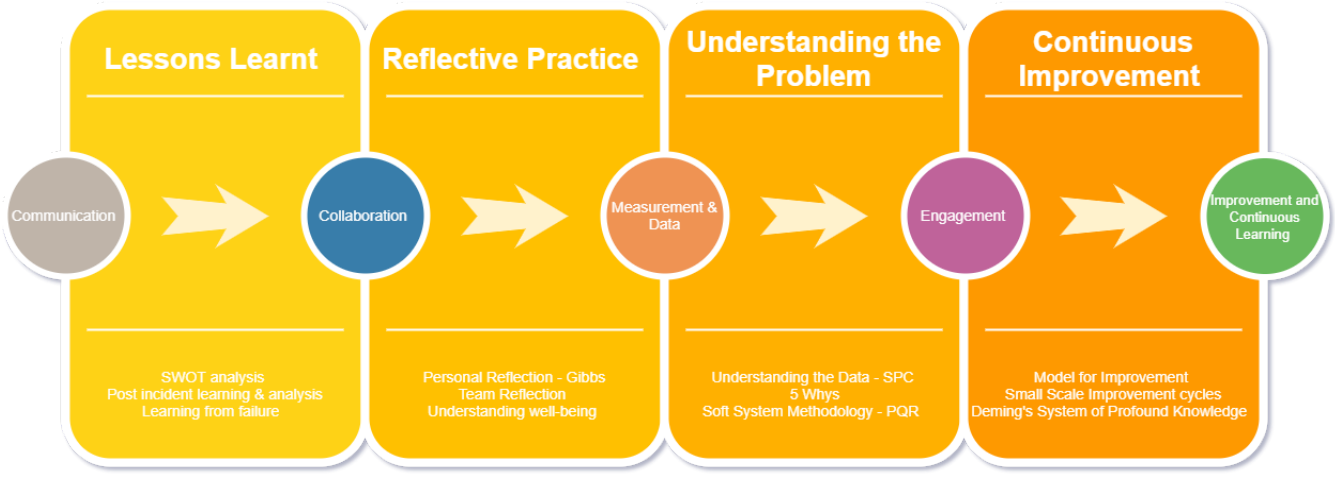
9.1.3 Stepping up / down (June 2020 – March 2021, activated as required)

This phase reflects the outbreak management function when there are significant clusters, incidents and outbreaks to be managed within Gwent or as a result of neighbouring authority significant activity. This phase will also incorporate recovery/reset following the escalated activities and will, therefore, also incorporate the prevention and horizon scanning function.

9.2 Learning - Improvement framework

The Gwent response to COVID-19 has grown and developed in an organic nature. Learning and improvement from business as normal and Incident Management is vital to ensure the effective development of the response at local and regional level.

The aims of Learning and Improvement is to allow all partner organisations and stakeholders to reflect, learn and improve. This framework outlines the key requirements to operationalise the Leaning and Improvement Framework.



It is understood, that learning and improvement is key to service delivery. The framework outlines key principles to act as a call to action for the foundations and understanding of the Gwent response to COVID-19. Whilst this phase of work it often done in retrospect and

isolation, for maximisation of outcomes learning and improvement should run in parallel to service delivery and collaboratively with all partners and stakeholders.

Whilst measurement for improvement is vital, it is also important to understand how system, processes and work streams feel. Qualitative information collected at learning and reflective phases are key to both understanding the problem and improvement. Using Checkland's[17] PQR Soft System Methodology to understand the system and problem to generate innovative solutions supported by small scale improvement or *quick wins.* This also supports a much deeper understanding for systemic improvement of service delivery. Understanding current and future state allows a critical analysis into how improvement methodology could be implemented:

Current state:

- What is the issue you are currently addressing or what are you doing at the moment?
- How are you doing this or how is this happening at the moment?
- Why are you specifically trying to achieve your 'what'?

Future state:

- What is the issue you would like to address or what do you want to do? (This may be the same as above)
- How would you like to be able to do this or how would you like it to happen?
- Why do you specifically want to try and achieve your 'what' in the future?

With this plan working as part of a multi-region and multi-agency approach to support the communities in Gwent, it is essential to share learning throughout local Health Boards, PHW and NHS Wales Informatics Service. This is communicated as part of lessons learnt exercises and part of the Consultant in Public Health network throughout Wales. Additionally, communicating with other areas in Wales around their learning and best practice to guide the work of the Gwent Response and Outbreak Plan is essential for development of the response, and within this the Gwent TTP Service, along with sharing learning from within Gwent to these audiences.

With the organic nature of the service and pace of operationalising within Gwent, a pragmatic and agile approach to Improvement is important, understanding that the plan, and functions within it (for example, the Gwent TTP Service, Regional Data Cell, Regional Response teams, Communications forum) uses Quality Improvement principles but may be unable to adopt a traditional improvement culture. To support Continuous Learning and Improvement, an operational Learning and Improvement framework is being created. This framework will include key information on proposed Learning and Improvement tools and timeframes for review, to ensure any improvement effort is monitored effectively. Additionally, through monitoring, a spread and scale approach can be adopted, if the improvement provides evidence to support this.

[17] Checkland, P. and Poulter, J., (2020). Soft systems methodology. In *Systems Approaches to Making Change: A Practical Guide* (pp. 201-253). Springer, London.

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Llywodraeth Cymru
Welsh Government

Coronavirus Control Plan for Wales

August 2020

Foreword from the First Minister and Minister for Health and Social Services

Over the long and difficult months that have passed, the actions we have all taken have slowed the spread of coronavirus in Wales. The number of new cases is now low and, mercifully, very few people are now dying from the disease. That in turn has allowed us gradually and cautiously to lift the legal restrictions and update our public health advice.

But we know from experience elsewhere in the world just how quickly the virus can return, and how swiftly it can spread again. We have seen how we could quickly move from a situation in which the virus is being contained to one in which it is once again in danger of being out of control.

As the number of cases falls, and we have more information about where outbreaks occur, we will be able to take a more targeted approach. So when new coronavirus cases emerge, as they inevitably will, a swift and local response will put us in the best position to avoid returning to a national lockdown.

That is the objective of our Coronavirus Control Plan for Wales. The plan sets out the existing systems designed to prevent the spread of the virus, as well as the new systems we have put in place to respond swiftly to new cases at a local level. Containing outbreaks at source through effective health surveillance, testing, tracing and self-isolation is, most likely, the only way to avoid a return to the strict and intrusive, all Wales, restrictions we have faced together.

Our approach to controlling coronavirus is based on the principles of caution, proportionality and subsidiarity.

Caution, because prevention is better than cure – preventing the spread of coronavirus should be our overriding priority. When considering whether to remove or introduce restrictions, we should take a precautionary approach – where there is uncertainty we should err on the side of caution.

But our actions must also be **proportionate** to what they are seeking to achieve – the Welsh Government's interventions should not be more restrictive than is needed to contain the virus. We must take care not to take action that harms the people of Wales in other ways. We will endeavour to do the minimum to disrupt people's lives whilst keeping Wales safe.

And, finally, the principle of **subsidiarity** means that decisions are taken at the most effective level – using local knowledge and expertise to inform local decision making by local elected Leaders and local action.

In Wales we already have a well-established system for bringing together all the relevant local agencies through Incident Management Teams and Outbreak Control Teams. We have built up our "Test, Trace, Protect" capability to support this process. This system will be the cornerstone of our response to local incidents and outbreaks, working within the parameters set out in this plan.

Our plan envisages the need to introduce local or (if required) regional measures or restrictions to protect public health. This means that if restrictions are needed they can be more targeted and shorter in duration, tailored to the situation in each locality or region.

In the pages which follow you will find the six key elements of our Plan.

- It starts with our approach to monitoring new cases across Wales, which provides the information we need to take the right decisions at the right time.
- It has a summary of the different phases of prevention and intervention. This starts with sustained changes in behaviour by maintaining physical distancing and good hygiene. It acknowledges that we must also intervene to manage and control incidents and outbreaks. This could involve increasing testing in particular places, closing specific premises, introducing wider measures across a locality or region, or (if other things prove ineffective) new all-Wales restrictions.

- We set out the criteria for deciding whether to introduce local or regional measures to protect public health. This includes indicative options for intervention in those areas – and considers also how any restrictions will subsequently be relaxed. The exact combination of measures will depend on the nature of any local outbreaks, so the list is illustrative rather than definitive.
- We identify the legal powers which public authorities in Wales have to respond at each level of response, as well as the roles and responsibilities of key actors.
- We describe the governance arrangements and highlight key roles and responsibilities of different actors in delivering this plan.
- And finally, we set out the approach we intend to take to explain what we do. A great deal has been learned during the crisis about the need for effective communication across Wales and in specific places where issues emerge. Our communications will be tailored for different groups and communities.

Coronavirus has not gone away. It remains a virus full of unpleasant surprises, and we must be increasingly vigilant as we move into autumn and winter.

No plan can anticipate every eventuality, but the approach we set out provides us with the best chance of keeping the virus suppressed in Wales. But this depends not only on the Welsh Government and other public authorities, but also on every one of you, the people of Wales. By acting together we can help to make this work.

Thank you all for everything you have done already and please remember that in the challenging days which are still to come, social solidarity remains our most effective method of keeping each other safe, and keeping Wales safe.

Contents

Introduction

The Welsh Government's approach to easing lockdown measures was set out in ***Leading Wales out of the coronavirus pandemic: a framework for recovery (April 2020)***. This described how decisions would be taken to weigh up the risks and benefits of moving out of national lockdown carefully, with the aim of avoiding a second significant wave of infection. This framework is based on three pillars:

1. The measures and evidence to judge the current infection level and transmission rates for coronavirus in Wales.
2. The principles to examine proposed measures to ease restrictions, grounded in both scientific evidence as it develops and wider social and economic impacts.
3. Enhancing our public health surveillance and response system to enable us to closely track the virus, building on a strong local presence, through:
    - **improved monitoring**
    - **effective case identification and contact tracing**
    - **learning from international experience**
    - **engaging with the public**

These pillars continue to underpin our action as we work to prevent further infections and contain transmission of the virus. Our objective is to avoid the need for far-reaching restrictions on our society and economy. By moving to an approach based on prevention and targeted intervention, our response will aim to protect specific people, places and localities. In this way we aim to prevent the need for another national 'lockdown'.

This tailored response will require detailed information about incidences of the virus, evidence of their extent and how they have arisen. The evidence we use to track transmission across Wales continues to evolve, as does our understanding of the virus. The crucial role of testing and monitoring to underpin surveillance is clear.

We have learned a great deal from our experience of implementing the national lockdown, including better understanding the impact of different restrictions on containing the virus. This will help us target our response.

We have an effective and well-established public health infrastructure across Wales, built on local knowledge and expertise. Local public health experts come together with local authorities and a range of other partners. This ensures a multi-disciplinary response to prevent transmission, investigate new cases as they arise, and prevent clusters of cases from escalating to wider community transmission. These systems have proven their effectiveness repeatedly over recent weeks and months, in quickly containing clusters, incidents and outbreaks across Wales; avoiding the need to re-impose sweeping restrictions.

A critical part of the plan is our ***Test, Trace, Protect*** strategy. We have increased our testing capacity and have effective local and regional teams, drawing on local knowledge to effectively trace contacts and prevent wider community infection.

Engagement with the public is a key responsibility at all levels and a summary of expected communications approaches is set out.

Planning Context

Across Wales there are plans in place to prevent the spread of coronavirus, and where this has not been possible, to respond accordingly. These plans are developed and delivered on a cross-agency and multi-disciplinary basis.

Local COVID-19 Prevention and Response Plans

Prepared by:

Health boards, local authorities and partner agencies

Purpose:

Prevention, early response and containment of clusters and incidents

Communicable Disease Outbreak Control Plan for Wales

Prepared by:

Public Health Wales and Welsh Government

Purpose:

Process for responding to outbreaks

Coronavirus Control Plan for Wales

Prepared by:

Welsh Government

Purpose:

Oversight and coordination, response to serious and major incidents

Local COVID-19 Prevention and Response Plans

Each of the seven health boards are working closely with local authorities and other partners to put in place and deliver local COVID-19 prevention and response plans for their areas. They describe how health boards, local authorities and other partners, such as the Test Trace Protect regional teams, businesses and other organisations in the area will work together. The plans set out the measures taken locally to prevent the spread of the virus, drawing on evidence of areas of high transmission risk. They describe how any rise in local cases and clusters will be identified and what the local response will be.

Communicable Disease Outbreak Control Plan for Wales

The Communicable Disease Outbreak Control Plan ('The Wales Outbreak Plan') is reviewed every year. This sets out in detail the arrangements for managing all communicable disease outbreaks with public health implications across Wales. It describes how an outbreak will be managed, and the roles and responsibilities of the different organisations that make up the Outbreak Control Team (OCT) and the role of the OCT.

The primary objective in the management of an outbreak is to protect public health by identifying the source and/or main determinants of the outbreak and implementing necessary measures to prevent further spread or recurrence of the infection. The protection of public health takes priority over all other considerations and this is understood by all members of the OCT. The secondary objective is to improve surveillance, refine outbreak management, add to the evidence collection, and learn lessons to improve communicable disease control for the future.

Coronavirus Control Plan for Wales

This plan provides a summary of the overall approach to preventing and containing the spread of coronavirus in Wales. It sets out how and when the Welsh Ministers might intervene to introduce local or regional measures to protect public health, or put in place national measures, if required.

Surveillance approach

Surveillance underpins the entire prevention and response approach at all levels. This ensures decisions at local and national level are based on the latest available evidence.

Surveillance tells us what the current state of the virus is in Wales from a local, regional and national perspective. It helps us understand how many people may be infected and whether the virus is being spread to others. It provides us with early warnings of where we may need to take action.

Surveillance is not just about the indicators we monitor and analyse, though they are a key part of our evidence. Information from indicators needs to be combined with the latest intelligence about the virus. It needs to be combined with local knowledge and expertise on what is happening on the ground to ensure the response is tailored and proportionate.

The COVID-19 Intelligence Cell

Our surveillance approach is brought together under the COVID-19 Intelligence Cell, which includes membership from across the Welsh Government, Public Health Wales, and other public health and local authority partners. The COVID-19 Intelligence Cell provides a single authoritative source of situational awareness of transmission and provides a comprehensive overview of the incidence of COVID-19 across Wales. It draws on national and local intelligence from, amongst others:

- The Communicable Disease Surveillance Centre in Public Health Wales
- Data and intelligence from public health professionals about the local or regional context, including Consultants for Communicable Disease Control, Directors of Public Protection and Directors of Public Health
- Data from our TTP systems, including on ***testing*** and ***contact tracing***
- Data and intelligence from ***Public Health Wales***
- Information from Incident Management Teams and Outbreak Control Teams
- Expertise from Virology in Public Health Wales as required
- The Welsh Government's ***Technical Advisory Cell***
- Cross UK data and intelligence from the Joint Biosecurity Centre

Where sustained or unexplained local increases in cases are observed the Intelligence Cell offers a forum to invite Directors of Public Protection to provide a better understanding of local transmission and the effectiveness of any practical measures applied. Partnering with local authority colleagues at an early stage assures a better informed decision making process to minimise onward transmission within the community. In a similar way where incidents and outbreaks are declared, Directors of Public Protection are core members of the local Incident Management Teams and Outbreak Control Teams.

Headline indicators

In monitoring the progress of the virus since lockdown in March the key indicators have been the rate of infection, or Rt, the number of deaths and NHS capacity indicators. These are still important and continue to be monitored, but they come with delays of around two to three weeks.

To tell us about the current state of the virus across Wales, particularly in local and regional areas, we consider a wider range of indicators and evidence, including:

- New confirmed cases and other disease indicators at a local level, where possible separating hospital and community onset
- Seven-day rolling average of confirmed cases per 100,000 population and rate of change
- Seven-day rolling average for the percentage of positive tests and testing rate per 100,000 population
- Numbers and locations of incidents (clusters with the potential for onward transmission) and trends in areas, locations or settings
- The number and proportion of new cases which are not part of an identified cluster or outbreak
- Consideration will continue to be given to hospital admissions, Intensive Care Unit admissions, deaths and the Rt value

These indicators will be contextualised with local intelligence and insight as part of any decision-making process.

Test, Trace, Protect (TTP)

Our approach to testing and tracing is set out in our ***Test, Trace, Protect*** strategy.

Testing is a critical part of being able to identify new COVID-19 cases quickly. It is vital for surveillance, so that we understand the spread of the disease and can identify clusters and hot spots. Testing helps identify cases to enable contact tracing and self-isolation to contain the spread of the disease. It allows us to diagnose COVID-19 to help with treatment and care. It is used to help us understand the spread of the disease, and it enables people to return to their daily lives, work and education safely. Our ***testing strategy*** describes how testing supports our surveillance and response to clusters and outbreaks.

Local contact tracing is a tried and tested method of controlling the spread of infectious diseases. Reducing the onward transmission of the virus requires identifying who is infected, and in turn requires those individuals and their close contacts to self-isolate to break the chain of transmission.

Informing decision-making

The COVID-19 Intelligence Cell combines evidence and data to support all stages of the Coronavirus Control Plan for Wales. This informs our collective responses to prevent the virus from spreading, to controlling local outbreaks, to protecting entire local areas, regions or the whole of Wales.

The responses to the different stages are set out below. There are well-established approaches to controlling incidents and outbreaks. These decisions are informed by local testing, investigations and intelligence.

The decision for more widespread intervention, such as the introduction of local or regional measures to protect public health, will combine analysis of indicators with context-specific intelligence. This includes local and regional intelligence and insights, from ***Test, Trace, Protect***, to Outbreak Control Teams, to lessons learned from relevant current or historical incidents. An understanding of the characteristics of the population affected and the population at risk in the area is essential context before action is taken. Sharing information with local government and other key actors on a regular and timely basis, and taking advantage of their local intelligence is therefore critical.

Escalation Approach

Our approach to containing coronavirus is based on the principles of **caution**, **proportionality** and **subsidiarity**. This means that any preventative actions and intervention must be proportionate to the outcome they are seeking to achieve. That action may be precautionary or reactive. Decisions will be taken at the most appropriate level relative to the scale of the action required, so that they can respond to issues as and when they arise. Ideally, this will be before issues arise, through effective preventative actions.

The hierarchy of escalation can be set out as:

Prevention

The most effective way to control the spread of coronavirus is to prevent it from spreading in the first place. This is the responsibility of all of us, from individuals, to business owners, to decisions makers and elected representatives.

Until there is an effective vaccine that is available and rolled out to all parts of the population, we must all continue to play our part to prevent a second wave of infection. The virus has not gone away and there is every chance we will see rises in cases as more of society opens up and we enter the autumn and winter.

Who is responsible?

Leadership for prevention rests with us all. Everyone has an equal responsibility to prevent the spread of coronavirus.

Further detail on the multi-agency response at all levels is set out in the Roles and Responsibilities section of this plan.

Relevant powers

The **Health Protection (Coronavirus Restrictions) (No. 2) (Wales) Regulations 2020** include provisions that aim to prevent the spread of coronavirus, including:

- Restrictions on gatherings, both indoors and outdoors
- Requirements for categories of businesses and premises to close
- Requirements to close certain public paths and access land
- Obligation to take all reasonable measures to minimise risk of exposure at workplaces and premises
- Requirement to wear face coverings on public transport
- Powers for enforcement by designated enforcement officers

These restrictions can be amended to reflect increased or decreased levels of risk. We will continue to take an approach that balances the immediate health risk with the longer-term harms from restrictions, such as on mental health and wellbeing. Additional responses might include requiring people work from home, or adjusting existing restrictions.

The ***Health Protection (Coronavirus, International Travel) (Wales) Regulations 2020*** introduced requirements for persons entering Wales to reduce the risk of imported infections. They require persons arriving in Wales who have been in a non-exempt country outside the Common Travel Area (UK, Ireland, the Channel Islands and the Isle of Man) at any point during the 14 days before arrival to isolate for up to 14 days, subject to a number of exemptions. A country is "non-exempt" if it is not on the list of exempt countries in the Regulations due to the incidence and prevalence of coronavirus in the country.

New Cases and Clusters

The local and regional Test Trace Protect (TTP) teams may identify complex cases or clusters of cases, the response to which is overseen by the Consultant in Communicable Disease Consultant/Consultant in Public Health with the support of local authority Directors of Public Protection and the Health Board Director of Public Health, for the regional teams. Analytical support is provided by Public Health Wales and the Welsh Government's COVID-19 Intelligence Cell. Complex cases and clusters will be reported to the Health Protection Advisory Group and Welsh Minsters, along with the mitigating actions being taken.

This process may identify more complex cases; such as someone in the homeless community, prison population, or with complex medical needs. Clusters might also be identified, with cases from different households but linked to a particular person, location or time period; such as a workplace, event or particular premises.

Complex cases and clusters are referred by TTP from local teams for investigation by appropriate professionals within the regional teams. Regional teams comprise of public health and environmental health professionals from Public Health Wales, local authorities and health boards. Where necessary, an Incident Management Team will be established to investigate and monitor the situation.

If there is concern about clusters in individual premises TTP teams, local Environmental Health Officers and Public Health Wales will support them to take action if someone reports symptoms. Tailored advice is being provided for higher-risk settings, to set out the immediate actions required, and to describe how local and national public health agencies will support them to prevent the spread of the virus. This will help ensure immediate action is taken, before wider community transmission takes place.

Who is responsible?

Leadership for new cases and clusters rests initially with the multi-agency regional team which includes Consultants in Communicable Disease Control or Consultants in Health Protection, local authorities health boards and the Test, Trace, Protect teams. They will identify and manage new cases in the first instance, escalating where necessary to regional and national levels.

Further detail on the multi-agency response at all levels is set out in the Roles and Responsibilities section of this plan.

Relevant powers

Designated public health officers can use powers under the ***Coronavirus Act 2020*** to use directions to impose legal obligations on individuals who may be infectious:

- to go to a specified place for a test
- to take a test
- to remain at a place for 48 hours for screening and assessment
- to provide contact tracing information
- to remain at a specified place or to self-isolate for up to 14 days

There are additional powers at the local level under ***The Public Health (Control of Disease) Act 1984.*** Local authorities can make an application to Court for a Part 2A order under ***The Health Protection (Part 2A Orders) (Wales) Regulations 2010.*** Part 2A Orders can be made to require a person who may be infected or contaminated to be kept in hospital or isolation.

The Health Protection (Local Authority Powers) (Wales) Regulations 2010 confer discretionary powers on local authorities (including powers to impose restrictions and requirements). This includes:

- requiring a child is kept away from school
- that a head teacher provide names and contact details of pupils at that school
- to disinfect or decontaminate things or premises on request from the owner (and to make requests of individuals or groups to do or not to do, specified things for health protection purposes)
- to offer compensation or expenses in relation to a request

The ***Health Protection (Coronavirus Restrictions) (No. 2) (Wales) Regulations 2020*** include enforcement powers to require improvements to, or to close, premises that are not taking reasonable measures to minimise the risk of exposure, or prevent the spread, of coronavirus.

Incidents and outbreaks

Where there is a public health concern about onward transmission from a cluster or a complex case, an Incident Management Team (IMT) may be established. This brings together public and environmental health experts and other responsible bodies to coordinate the local response and identify whether onward transmission is taking place. Actions will be taken to prevent future transmission, but if there are concerns that containment measures are not wholly effective an outbreak may be declared. At this point, an Outbreak Control Team is established in line with **The Communicable Disease Outbreak Plan for Wales ('The Wales Outbreak Plan').**

In the majority of cases an incident or outbreak will be managed and contained at a local level without the need for further escalation and more general measures or restrictions.

Who is responsible?

Responsibility for managing outbreaks is shared by all the organisations who are members of the Outbreak Control Team (OCT). Specifically, the responsibility for decisions made by the OCT is collectively owned by all organisations represented on the OCT. Individual organisations are then responsible for carrying out the actions assigned to them as agreed at OCT meetings.

Leadership for incidents and outbreaks sits with the Chair of the relevant Incident Management Team or Outbreak Control Team. This will normally be the Consultant in Communication Disease Control / Consultant in Health Protection within Public Health Wales and occasionally the Director of Public Protection within a local authority or the Director of Public Health

Further detail on the multi-agency response at all levels is set out in the Roles and Responsibilities section of this plan.

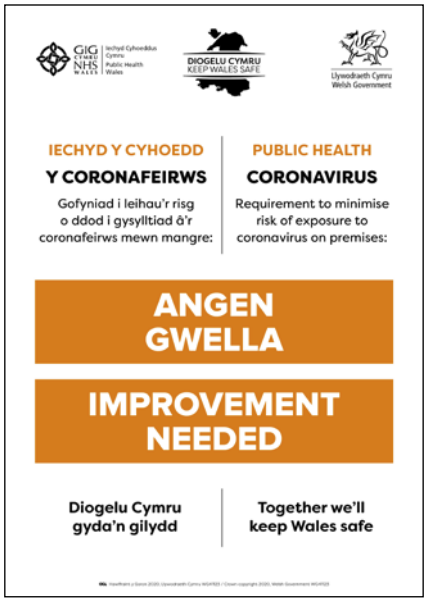
Relevant Powers

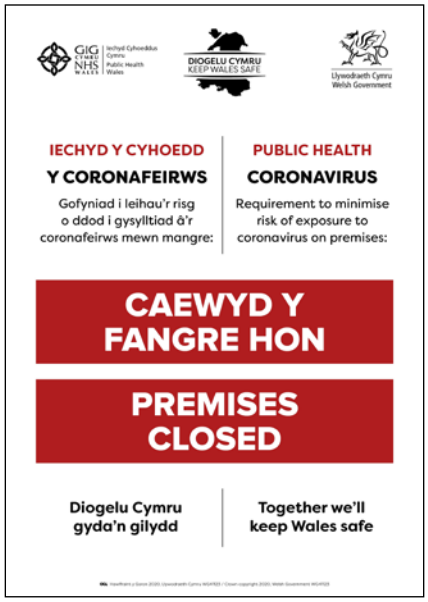
In considering the response to incidents and outbreaks, there are already powers for local authorities (specifically those of Environmental Health Officers) and other enforcement agencies to take local action, such as requiring a premises to close or prohibiting individuals from specified actions. These powers exist at the local level under *the **Public Health (Control of Disease) Act 1984*** and ***The Health Protection (Local Authority Powers) (Wales) Regulations 2010***.

To ensure a rapid response we will continue to review and strengthen the powers available to designated public health officers to intervene more quickly to close, restrict entry, or restrict the location of persons in, individual premises.

The ***Health Protection (Coronavirus Restrictions) (No. 2) (Wales) Regulations 2020*** already place restrictions on gatherings and the closure of public land, which allows for enforcement to prevent events from taking place. Should these be relaxed at a national level, we will consider whether local powers are required to prevent specific events or prohibit access to or use of outdoor places.

Welsh Ministers have powers under the ***Coronavirus Act 2020*** to ensure local actions are proportionate and protect public health. This might include directing the closure of certain premises; such action will be taken on the advice of the Chief Medical Officer for Wales and in consultation with local authorities and the Incident Management Team or Outbreak Control Team.





Local or regional measures

If incident and outbreak control measures are not thought to be sufficient, local or regional measures to protect public health can be introduced by Welsh Ministers, to provide tailored public health advice and / or regulations that apply to a specific geographic area. In the majority of cases, this is not expected to lead to a 'lockdown' in which a mass shutdown of society and the economy in the area is imposed. Local or regional measures will be implemented in response to specific local circumstances of that place and the progressive transmission of the virus within it. This could take the form of advice on travelling and seeing others, or regulations requiring businesses to close. Illustrative examples and mechanisms are set out below.

Advice for the introduction of local or regional measures to protect public health is expected to come from the Health Protection Advisory Group (HPAG), chaired by the Chief Medical Officer for Wales. HPAG monitors the status of the virus and response actions taken across Wales, supported by the COVID-19 Intelligence Cell (see Surveillance section). It reviews advice, evidence and information to make recommendations for escalation to Ministers, who will make any decisions about the need for national intervention. Surveillance indicators are combined with local and regional intelligence on the ground to tailor the response at the local and regional levels. Any decisions will be made in consultation with local leaders to ensure a coordinated response.

Criteria for introducing or relaxing local or regional measures

Local or regional measures to protect public health may be introduced if rates of community transmission in that area are increasing and cannot otherwise be controlled. This may be because an outbreak associated with a particular setting has led to wider community transmission or there are a series of outbreaks that require a more substantive response. Any decisions will first and foremost prioritise the right to life, identifying those measures that can have the greatest impact whilst minimising other harms. This includes minimising the differential impact on children, vulnerable people and those with protected characteristics.

The headline indicators monitored as part of our surveillance approach will provide some data on the potential need for response to introduce new local or regional measures:

- A significant and sustained rise in new cases and other disease indicators at a local or regional level
- A significant increase in the seven-day rolling average of confirmed cases per 100,000 population and sustained increase in the rate of change which is not under control.
- A high and rising percentage of positive tests and testing rate per 100,000 population, in particular evidence of wider community transmission.
- A rise in the numbers and locations of incidents (clusters with the potential for onward transmission) that cannot be linked to trends in known areas, locations or settings under control measures.
- A rise in the number and proportion of new cases which are not part of an identified cluster or outbreak.

Any decisions will not be made based on these or other indicators alone. **There is no mechanistic link between these indicators and the decision to introduce local or regional measures or restrictions**. All decisions will be informed by the specific local context and situation on the ground, including advice from local and national health professionals. The HPAG will draw on the full suite of quantitative and qualitative evidence available and synthesised via the COVID-19 Intelligence Cell.

These same indicators and wider intelligence will also inform our approach to relaxing any local or regional measures or restrictions we have had to introduce to keep Wales safe. A sustained fall in headline indicators will offer reassurance measures have worked, validated by local intelligence.

Options for intervention in local or regional areas to protect public health

There are a range of considerations that could shape how local or regional measures are designed to achieve public health objectives, whilst limiting the impact on our lives, society and economy. We will continue to consider and minimise the differential impacts on different people. This includes impacts on people with protected characteristics, children's rights, equality and human rights. This may involve including exceptions for some groups, recognising where effective mitigations have been put in place or there is evidence of differential risk for different groups of people. Any measures will need to be tailored to the specific circumstances at the time, as well as the geographical coverage required.

Interventions could include a mix of public health advice, regulations, increased testing, or any other measures. Examples of time-limited interventions for a particular area might include:

- Closing businesses and venues within the area (such as towns or counties). This might include pubs and restaurants, community centres, places of worship, education settings, or any other place where transmission is occurring
- Provide guidance or impose restrictions on movement of people. This could include requirements to 'stay at home', to stay within a local area, to prevent people staying away from home overnight, or restrictions on entering or leaving the area
- Impose restrictions on gatherings or events by limiting how many people can meet and in what settings. This could include limits on number of people that can meet indoors or outdoors, or requiring places like tourist sites to close where people might congregate
- Restrict transport systems by limiting when individuals may use transport or enter or leave an area, closing transport hubs entirely, or introducing restrictions on transport services
- Advising or mandating the use of face coverings in a wider range of public places
- Any other restrictions or requirements that could prevent further community transmission

This list is illustrative and is not exhaustive. The specific measures that could be introduced will vary depending on local circumstances. Our aim will be introduce the minimum measures and restrictions necessary to protect public health. This will minimise the harms we know can be caused by widespread restrictions on people's lives, the economy, and society.

Relaxing measures and restrictions in local or regional areas

We will ensure that any regulations introduced at a local, regional or national level to impose restrictions are only in place for as long as they are necessary and are proportionate. Where the desired result can be achieved by issuing advice and guidance, our preference would be to utilise that more collaborative approach before imposing legal restrictions along with the sanctions that go with them. Our approach to adjusting measures and restrictions will consider the impacts of those restrictions on different groups, including children, people with protected characteristics, vulnerable people, and others.

A more targeted approach should mean there are fewer restrictions to unwind. We also recognise that many mitigations are already in place and we are in a different situation to that following the national lockdown in March. Many businesses, for example, have made adaptations to minimise the risk of the spread of coronavirus. We will aim to target any response at those settings where there is evidence the virus is spreading, or on behaviours that are causing that spread.

The pace at which restrictions can be lifted will depend on the specific circumstances applying to each area and the prevalence of the virus in that area. We expect to review any local or regional regulations at least every two weeks. The exact timescale will depend on the state of the virus and the scale of the interventions. We know the virus takes time to incubate before symptoms emerge. Two weeks should provide enough time to determine if the public health advice or restrictions are having the desired effect.

In easing any restrictions we will continue to apply the principles we have set out in **Leading Wales out of the coronavirus pandemic: a framework for recovery**. These place first and foremost the extent to which easing the restriction will have an effect on public health and the transmission of the virus. The impact of maintaining restrictions will also consider the balance with wider harms on wellbeing, equality, the economy and society as a whole.

Who is responsible?

Leadership for the wider local or regional measures described above rests with Welsh Ministers, working in concert with local elected Leaders to coordinate local and regional responses.

Further detail on the multi-agency response at all levels is set out in the Roles and Responsibilities section of this plan.

Relevant Powers

The Welsh Ministers have a wide range of powers that provide for a broad menu of options for interventions that can be used both for preventative and direct intervention purposes.

The Welsh Ministers have powers under the ***Coronavirus Act 2020*** to:

- Close education institutions or childcare providers (one or more named institutions, all institutions in Wales or any part of Wales)
- Prohibit, or impose restrictions in relation to, the holding of events or gatherings
- Impose prohibitions, requirements or restrictions in relation to the entry into, departure from, or location of persons in premises in Wales

The Welsh Ministers also have broad powers to make regulations under the ***Public Health (Control of Disease) Act 1984***. Regulations can be made to put in place local or regional measures or restrictions and prevent wider community transmission. These restrictions will be tailored to the specific area and the relative rates of transmission and related risk to public health, but might include any of the areas set out above under the section on interventions.

All-Wales measures or restrictions

In the circumstances where local or regional measures are not found to be sufficient to control Coronavirus, we may need to reintroduce all-Wales measures. We have learned a great deal from the imposition of national lockdown in Wales in early March, through to the careful and gradual reopening of our society and economy. We are now in a very different situation to that in March, so our response can be more tailored and targeted.

We are also learning more and more each day about the way the virus is transmitted and the conditions under which it can spread. Our Test, Trace, Protect and surveillance systems are giving us a much clearer picture about where and how new cases are emerging. We are also learning from international experiences from those countries and regions that are seeing new outbreaks and how they are managing them. All of this should enable us to minimise the harms associated with a widespread and broad set of measures, such as those that were necessary in March.

The approach is likely to involve adjustments to the existing regulations to reflect the latest national situation. This might involve tightening some restrictions that have been eased, or introducing new measures such as the recent mandating of face coverings on public transport.

Who is responsible?

Leadership for the national measures rests with Welsh Ministers.

Further detail on the multi-agency response at all levels is set out in the Roles and Responsibilities section of this plan.

Relevant Powers

The existing regulations have been made by the Welsh Ministers under ***The Public Health (Control of Disease) Act 1984.*** Amendments to ***The Public Health (Coronavirus Restrictions) (No. 2) (Wales) Regulations 2020*** could therefore re-impose restrictions that have been lifted, or add new regulations to respond to new evidence or changing circumstances.

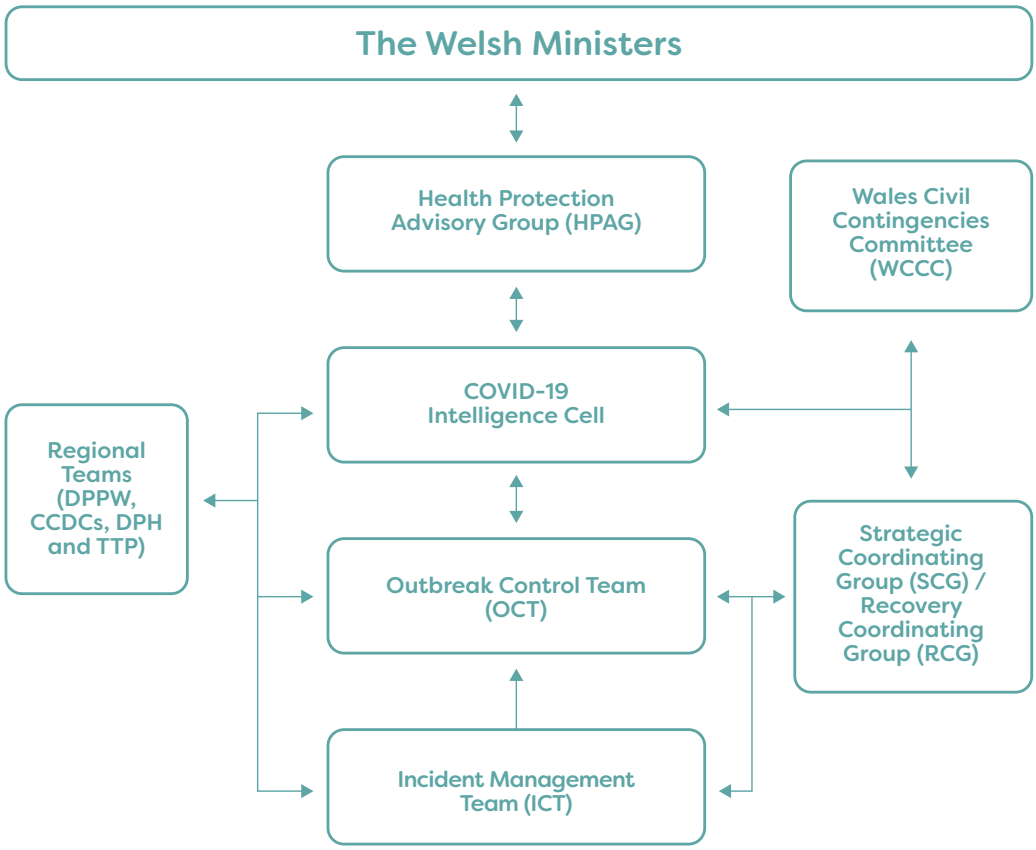
Roles and Responsibilities

The principle of subsidiarity means that decisions should be taken at the most effective level. The approach across Wales to preventing the spread of coronavirus in the first place, aims to avoid the need to escalate into these decision-making structures if possible.

Governance

As noted under the section on Incidents and Outbreaks there is a well-established set of governance and decision-making arrangements that are implemented should an incident or outbreak occur. These are set out in detail in *The Communicable Disease Outbreak Plan for Wales ('The Wales Outbreak Plan')*. The simplified diagram below sets out the core decision-making structures for responding to incidents and outbreaks as they are escalated. Communication and information sharing happens between all levels.

Coronavirus Control Plan for Wales Governance



The groups described above can be summarised as:

- **Incident Management Team (IMT)**. The IMT is a multi-agency team responsible for coordinating the local analysis and response to an incident. They will determine whether the incident is under control or whether an outbreak is declared and an Outbreak Control Team established
- **Outbreak Control Team (OCT)**. The OCT is a multi-agency team which shares responsibility for managing outbreaks between all the organisations who are members. The Primary response to identify the source and/or main determinants of the outbreak and implement necessary measures to prevent further spread or recurrence of the infection. Responses may include increased testing, enhanced enforcement (in consultation with enforcing bodies), public health messages, closure of premises, or other targeted actions.
- **Strategic Coordinating Group (SCG)**. Take overall responsibility for the multi-agency management of an emergency and establish the policy and strategic framework within which other actors will operate.
- **Recovery Coordinating Group (RCG)**. An RCG will oversee the process of rebuilding, restoring and rehabilitating the community following an emergency.
- **Regional Teams**. Multi-disciplinary regional response teams will receive referrals or escalation of cases from local teams that require additional support. Each Health Board area will include a Strategic Regional TTP Oversight Group to provide situational awareness on emerging clusters and outbreaks to key partners and the COVID-19 Intelligence Cell.
- **COVID-19 Intelligence Cell**. Oversight and understanding of the transmission dynamics of COVID-19 across Wales, through relevant, timely situational awareness, assessment and insight into cases of COVID-19 in Wales. It will provide a forum for the Regional Teams to discuss local intelligence acquired through contact tracing and highlight any risks identified. Reports directly to the Chief Medical Officer and to the Health Protection Advisory Group.
- **Health Protection Advisory Group (HPAG)**. National all-Wales level oversight of the Coronavirus Control Plan for Wales. Will advise and update Ministers on the incidence of COVID-19, the scale and nature of any local outbreaks and their management arrangements, including any arrangements to recognise cross-border risks. This could include recommendations for national intervention at a local, regional or an all-Wales basis.
- **Wales Civil Contingencies Committee (WCCC)**. The Wales Civil Contingencies Committee provides a multi-agency response that directly informs recommendations made by the HPAG to Ministers. This ensures that the wider implications of responses are fully considered and various actors are involved in the process and able to respond effectively. This might include, for example, the police who will enforce any restrictions, or local authorities who may need to respond to new demands or restrictions on essential public services.

All of our responsibility

Every single person in Wales must maintain good practices and encourage others to do the same. The risk factors are now well known, as are the most effective ways of protecting ourselves and others. This means that to support prevention efforts and to support the management of new cases and clusters:

- Avoid or limit close contact with others where possible. This can mean working from home where you can, maintain 2m distance from others not in your household or extended household, or avoiding large gatherings or places where social distancing is not possible.
- Maintain good hygiene. Wash your hands for 20 seconds regularly, ideally before and after touching surfaces others will also touch. Soap and water is most effective, but use sanitiser where this is not possible. Sneeze or cough into a tissue and throw it away, and if this is not possible use your elbow.
- Avoid touching surfaces that are touched regularly by others, particularly indoors. Where this is not possible, wash or disinfect your hands before and after touching surfaces.
- If you have any symptoms, you should self-isolate and seek a test immediately. If you have a positive test, you should cooperate with the Test Trace Protect teams to ensure all your close contacts are quickly traced and self-isolate to prevent the chains of transmission. Parents and carers have a critical role in protecting children and vulnerable people.
- Wearing a face covering to protect others as well as yourself when you cannot maintain 2 metres distance from others, such as a busy shop. You must wear a face covering where it is mandatory, such as on public transport.
- Ensure indoor spaces are well ventilated, with good passage of air.
- Avoid travelling to areas where there are high rates of infection. This might be another country or another part of the UK or Wales. Follow quarantine requirements ***to self-isolate for 14 days*** if returning from a country that does not have an ***exemption***.

Businesses and other organisations that manage premises or provide services

These organisation are responsible for minimising the risks to their customers and staff. They must put in place and maintain all reasonable measures to prevent the spread of coronavirus. For those businesses and services that are higher risk, or for which 2 metre distancing is not possible, ***guidance*** has been prepared with industry, trade unions and health professionals to help put in place additional mitigations.

Businesses and other organisations are responsible for responding when they identify suspected cases in their staff by encouraging them to isolate and get tested. They are responsible for engaging with TTP teams to respond quickly to prevent further transmission. For those businesses where people are in close proximity for prolonged periods, they are responsible for ***keeping records of staff, customers, and visitors*** to support ***contact tracing***.

Businesses and other organisations are responsible for keeping staff and customers safe by following guidance from IMTs or OCTs and their membership as requested (e.g. enhanced testing or voluntary closure).

Local authorities and Environmental Health Officers

Local authorities and Environmental Health Officers are responsible, supported by the police and others, for enforcing the rules, restrictions and requirements put in place to prevent the spread of coronavirus. The Welsh Government has strengthened their enforcement powers. These will be kept under review to ensure enforcement officers have the right tools to keep Wales safe. This includes powers to require improvement or to close businesses and other organisations that have not put in place reasonable measures to prevent the spread of coronavirus.

Each local authority will have its own governance arrangements set out in their constitution and Leader's schemes of delegation and functional responsibilities. These set out how and by whom decisions are made. This may include key strategic decisions such as the temporary closure of public services in an emergency. Other specific enforcement powers are delegated to officers to use in accordance with each Council's corporate enforcement policies.

Local authorities have a range of powers set out earlier in this document and are represented as part of the multi-agency governance arrangements set out above. Decisions will be made through relevant governance structures to control the spread of coronavirus in local areas. Requests may be made of Welsh Ministers to intervene where wider restrictions or powers may need to be exercised.

Health boards, local authorities and partner agencies

Together they are responsible for putting in place and implementing Local COVID-19 Prevention and Response Plans. Working together they are responsible for proactively targeting activity and mitigating risks in those areas that we are learning from research and international experience are potential high-risk areas. This might include additional testing or enforcement in high contact workplaces or other settings where there is greater risk of the virus spreading – such as where large number of people mix or they are in close proximity.

Local Health Boards (LHBs) and local authorities provide a strategic overview and delivery for local decisions and testing capacity. LHBs and Public Health Wales provide testing facilities to support Test, Trace, Protect and environmental and public health responses to local clusters or preventative action in areas regarded as high risk. Environmental Health Officers investigate transmission within the community and take appropriate action to mitigate any risks. All have a critical role to play in population testing and each LHB should have a Local Testing Plan with partners to help deliver the Testing Strategy and to actively engage and communicate with local populations.

Local and Regional Test, Trace, Protect (TTP) teams are responsible for contact tracing and identification of complex cases and clusters.

Public Health Wales

Public Health Wales (PHW) provides leadership and specialist advice on public health approaches. They are responsible for coordinating contact tracing, advising on sampling and testing, and laboratory analysis of tests. They are responsible for health surveillance and providing expert health protection advice.

Public Health Wales is also responsible for notifying those returning to Wales from overseas on quarantine requirements, escalating to the police where necessary.

Public Health Wales will provide analysis and expert advice to support the local response through IMTs and OCTs – such as expert epidemiological advice and surveillance data and analysis.

Food Standards Agency

The Food Standards Agency (FSA) will support the response in establishments confirmed to have a cluster of cases or an outbreak of COVID-19 among food handlers or food businesses. Public Health Wales (PHW) will provide the FSA with information on cases of COVID-19 in food establishments. Where appropriate the FSA will be co-opted onto an Incident Management Team or Outbreak Control Team if there is a response approach that might impact on the delivery of official controls.

The Health and Safety Executive

The Health and Safety Executive (HSE) will support the response in establishments confirmed to have a cluster of cases or an outbreak of COVID-19 where they are the enforcing authority under the Health and Safety at work etc Act 1974. In these circumstances HSE will be co-opted onto an Incident Management Team or Outbreak Control Team. Where appropriate Public Health Wales (PHW) will provide HSE with relevant information on cases of COVID-19.

The Welsh Government

The Welsh Government is responsible for providing an overarching framework for prevention. This includes provision of clear public health messages, including guidance, to the public about risks and mitigations.

Welsh Ministers have introduced regulations, and related enforcement powers, to provide for prevention such as social distancing and the requirement for businesses to put in place reasonable measures to prevent the spread of coronavirus. The Welsh Government will support local and regional actions for prevention where needed and coordinate and cooperate with the other UK nations on prevention measures.

Support from the Welsh Government includes the dissemination of evidence and learning, analysis and expert advice to support local responses through IMTs and OCTs. The Welsh Government will set priorities and provide resources to support the TTP system. It will coordinate and cooperate with the other UK nations on new cases and clusters.

Welsh Ministers have a role in ensuring action is taken promptly and that is proportionate. Unless a decision is required to introduce broader local or regional measures, decisions for action will be made at the local level via ICTs and OCTs. In exceptional circumstances, Welsh Ministers may intervene in a local area where they are advised an action is either not being taken quickly enough, or it actions taken have been disproportionate or unnecessary to control the spread of the virus. Any action will be taken in close consultation with local authority Leaders and others. The Welsh Government will coordinate and cooperate with the other UK nations on incidents and outbreaks; in particular where there are cross-border implications.

Where necessary and proportionate, Welsh Ministers will make regulations to put in place local or regional measures and restrictions – and, where necessary, national measures. They will also be responsible for removing those restrictions once they are no longer proportionate. The Welsh Government will coordinate and cooperate with the other UK nations on these measures.

Communications approach

Communication is essential at all levels to be clear about the expected behaviours and for ongoing clear and effective messages coordinated across all sectors and between local, regional and national activity. National campaigns highlight preventative measures required and address cross-Wales issues, such as the Keep Wales Safe approach. At all levels different approaches are required to effectively reach different groups, in particular different age groups and diverse communities.

Data and intelligence used to inform decisions are published regularly wherever possible. This includes information from the ***Technical Advisory Cell***, data from the ***Welsh Government*** and data from ***Public Health Wales***. Statements and press conferences are made and held by Welsh Ministers to provide regular updates and communicate key messages. Local elected Leaders also provide local messages to their communities.

The **Local COVID-19 Prevention and Response Plans** set out how communications will:

- Achieve consistency of messages across multiple incidents/outbreaks within the region, consistency across regional borders and with national messaging, including alignment to 'Keep Wales Safe' messages
- Avoid creating new campaigns where national frameworks exist, including 'Keep Wales Safe' and 'Test, Trace, Protect'. Regional communications teams will tailor materials as appropriate to their local audiences, however greater impact will be achieved through consistent alignment
- Use a range of local, regional channels to deliver focussed messaging to areas of greatest risk
- Use a range a local, regional channels to deliver targeted communication in the event of incidents
- Evaluate how its communications and engagement with vulnerable groups drive increased knowledge, confidence and compliance in local communities

These plans will be accompanied by communication action plans to be clear which organisation leads on each element.

There are well-established structures for communication in relation to **incidents and outbreaks** at a local and regional level. These are multi-agency, and co-ordinated through the relevant Incident Management Team (IMT) and Outbreak Control Team (OCT) arrangements. These are set out in The Communicable Disease Outbreak Plan for Wales ('The Wales Outbreak Plan').

Under this plan an OCT will keep the public and media as fully informed as necessary without prejudicing the investigation and without compromising any statutory responsibilities or legal requirements and without releasing the identity of any patient/case. At the first meeting of an OCT, a communications approach should be agreed including arrangements for keeping the media informed. This should include a nominated spokesperson(s) and a process for arranging press conferences and releasing press statements and other public messages. Communications teams across different agencies will work together to ensure reassurance is provided and clear and consistent messages are used. This activity will also be coordinated with the Welsh Government and other organisations as specified by the OCT.

Welsh Government communications teams monitor local responses via liaison with PHW and through the **Warning and Informing Group**, in order to make sure that local and national messages are aligned, and to support and convene where this is required.

Welsh Government communications teams also monitor potential areas where national intervention may be required through HPAG. This enables forward planning and early establishment of closer links with partner agencies in this area. This will be vital in ensuring that there is smooth integration of communications efforts in the event of an escalation where Welsh Ministers' powers were to be used for more restrictive protection measures in specific geographical areas or across the whole of Wales.

In the event that these measures are introduced, Welsh Government communications would integrate within the existing outbreak communications structure, providing pre-planned additional digital content via our channels, including geo-targeting of posts to the relevant areas affected by restrictions. Ministers will also undertake national and local media work to explain the changes and provide reassuring messages, alongside local leadership. Communications around the TTP programme will also be scaled up locally in parallel. Local stakeholder communications will remain the primary responsibility of local agencies such as health boards and local authorities, through existing channels. Local elected Leaders will also speak to and for the locality.

Mae'r ddogfen yma hefyd ar gael yn y Gymraeg. This document is also available in Welsh.

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GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	Aneurin Bevan University Health Board Wednesday 23 September 2020 Agenda Item: 4.1

Aneurin Bevan University Health Board

Transforming Adult Mental Health Services in Gwent: Consultation and Engagement Programme

Executive Summary

This report provides an update on progress in developing the Clinical Futures model for Mental Health and Learning Disabilities Services in Aneurin Bevan University Health Board.

Over the next three years a number of service changes are proposed across all tiers of the clinical futures model. This includes developments in the community, primary care, acute care and across inpatient settings.

To help to inform improvements across the whole system, it is proposed that a public engagement and consultation exercise is now undertaken across the Health Board on the broad service model and key potential developments.

The Health Board is asked to consider and approve the proposed process for engagement and consultation.

The Board is asked to: (please tick as appropriate)	
Approve the Report	x
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	
Note the Report for Information Only	

Executive Sponsor: Nick Wood, Director of Primary, Community and Mental Health

Report Authors: Divisional and Directorate Management Teams, Claire Harding, Associate Director of Engagement

Report Received consideration and supported by :

Executive Team	**X**	**Committee of the Board**	**Planning and Strategic Change Committee**

Date of the Report: 15.09.20

Supplementary Papers Attached: Consultation Document

Purpose of the Report

This report outlines proposals and proposed process to move to a public engagement and consultation on the "Transformation of Adult Mental Health Services in Gwent" and seeks the endorsement of the Board.

Background and Context

The Aneurin Bevan University Health Board has developed a Clinical Futures Strategy that sets out the way in which its service models are moving towards a better balance of care by:

- Increasingly delivering more care, closer to home
- Creating a network of local services providing routine care and treatment
- Centralising more specialist inpatient services

Within the Health Board, Mental Health and Learning Disability Services have been at the vanguard of developing a community focused service model over the last thirty years, with a well-developed network of community based generic and specialist services supported by more specialist local inpatient services and delivered through multi-disciplinary teams.

Over the last three years a number of transformational changes and service improvements have been made across the Health Board's Mental Health and Learning Disabilities service including the redesign of older adult services and learning disabilities residential services review. The focus now is on the transformation of adult mental health services, which will include:

- Increasing and improving the services that are provided in our communities to support mental health and well-being. We need to do this with our partners.
- Making more staff and services available to support primary care.
- Transforming the crisis pathway and services
- Improving and expanding the range of service and support provided locally to better support individuals with complex needs

Given the extent of change across the system, it is suggested that a programme approach to engagement and consultation is undertaken that focusses on the whole system and not individual service changes. The design of the engagement and consultation will be consistent with the guidance on NHS service change in Wales.

There is support from the Aneurin Bevan Community Health Council for the approach, with endorsement being given at the CHC Executive meeting on 26th August 2020 to proceed with a 6 week period of engagement followed by an 8 week period of consultation.

1. Scope of Engagement

Within scope of the programme is:

- Enhancing the range of services offered through the Foundation Tier in conjunction with stakeholders

- Strengthening provision of mental health services to support primary care through the development of well-being practitioners
- Developing a sustainable model of delivering Primary Care Mental Health Support Services
- Transforming crisis services
- Improving the range of service and support provided locally to better support individuals with complex needs

Specific anticipated changes as a result (though subject to consultation) are:

- Development of a hub based model for Primary Mental Health Support Services
- Introduction of psychological well-being practitioners to support primary care
- Centralisation of the crisis assessment function
- Development of an assessment and recovery ward model for Gwent, resulting in a single assessment ward and three recovery wards
- Movement of PICU and Section 136 suite from the St Cadoc's Hospital site to a new build as part of a new Specialist Inpatient Unit (location to be confirmed)
- Development of a new local Low Secure Unit as part of a new Specialist Inpatient Unit (location to be confirmed)
- Movement of Ty Lafant Learning Disabilities Unit from the Llanfrechfa Grange site to a new build as part of a new Specialist Inpatient Unit (location to be confirmed)
- Movement of the crisis assessment unit from Talygarn to Kemys in St Cadoc's Hospital and ultimately into the new Specialist Inpatient Unit (location to be confirmed)

2. Approach to Engagement and Consultation

The Health Board has a well-established approach to the management of consultation and engagement, which it will use as the basis for this programme of activity. It does however need to think differently within the current context of the COVID-19 pandemic. The following are therefore likely to feature:

- Launch of consultation on Health Board website and social media
- Cascade of documents through Health Board networks
- Sharing of consultation through partners websites
- Facebook Lives
- Cascade of documents through mental health alliance members
- Cascade of documents through established networks with good reach such as through Integrated Well Being Networks (IWBNs), Third Sector Partners and Housing Associations.
- There will be no public meetings, however opportunities such as virtual coffee mornings could be enabled

The products that will be made available to support the engagement/consultation are:

- A presentation/videos that can be shared
- A core document
- Supporting questionnaire

- Briefing for SMs/MPs
- Briefing for Local Authorities
- Frequently asked questions
- Dedicated e-mail address
- Point of contact for returns
- Equality Impact Assessment
- Stakeholder map

A core document has been developed and is attached as Annex A.

3. Timeline for Engagement and Consultation

At the Strategic Planning and Change Committee held on 6th July 2020, it was requested that the documentation and approach be submitted to the September meeting of the Health Board for sign off and endorsement to proceed with a period of engagement/consultation programme.

The guidance on NHS changes suggests a 2 stage process which includes a period of engagement followed by a period of formal consultation, which is the approach being proposed.

It should be noted that this timetable will need to be flexible to ensure that any potential impact of managing the pandemic on the engagement and consultation process can be accommodated to ensure there is a full and meaningful engagement process.

Proposed Timeline for Engagement and Consultation	
• CHC consideration and approval of process	26th August 2020
• Executive Team consideration	14th September 2020
• Board consideration	23rd September 2020
• Seek mandate from Board to proceed and sign off of materials	23rd September 2020
• Translation of materials	Need to be assessed (allow 2 weeks – dependency)
• Engagement commences	12 October for 6 weeks
• Engagement ends	22 November 2020
• Outcome of engagement analysed & Consultation documentation concluded	End of November 2020
• Outcome of engagement back to CHC	Date to be confirmed
• Outcome of engagement and seek endorsement to proceed to consultation	December Board Development Session
• Translation	End of December
• Special Board Meeting/Public Board	January 2021
• Consultation Starts (8 weeks)	January/February 2021
• Consultation ends	End of February/mid-March
• Analysis	Mid/end of March
• Back to Executive Tea,	First available meeting
• CHC Planning/ Executive Committee	Date to be confirmed
• Special Public Board Meeting	May 2021

Assessment and Conclusion
There is an ambitious programme of transformation on the horizon for adult mental health services in Gwent. This paper has set out the scope, approach and potential timeline for a period of engagement and consultation on the proposals.

Recommendation
The Health Board is asked to: • Agree the scope of the engagement and consultation process • Agree the content of the materials as the basis of the consultation • Agree the process to be followed • Agree to receive the outcome of the engagement

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	A number of elements of the Clinical Model are included in the Divisional risk register including the need to improve crisis services, inpatient environments and reduce the number of individuals requiring out of area placements.
Financial Assessment, including Value for Money	The financial case will be an integral part of the outline business case for Specialist Inpatient Services. A key benefit of the establishment of the OBC is the reduction in out of area expenditure.
Quality, Safety and Patient Experience Assessment	All the proposals contained within the consultation support the delivery of safe, high quality services and facilities. The engagement and consultation process will provide an opportunity to gain further feedback on various aspects of the current and future service models.
Equality and Diversity Impact Assessment (including child impact assessment)	An initial equality impact screening assessment has been undertaken and this will be continually updated throughout the engagement and consultation process and through the subsequent planning and implementation stages of each development/service change. The clinical model is a pathway for adult mental health services.
Health and Care Standards	Standard 1: Support/information for individuals and carers Standard 2: Safe Care standards 2.1 Standard 3: Effective Care standards 3.1, 3.2 Standard 4: Dignified Care standards 4.1,4.2 Standard 5: Timely Care standard 5.1 Standard 6: Individual Care standards 6.1,6.2,6.3 Standard 7:Staff and Resources standard 7.1
Link to Integrated Medium Term Plan/Corporate Objectives	The key developments outline in the clinical futures model are highlighted as service priorities in the Health Board's IMTP.
The Well-being of	

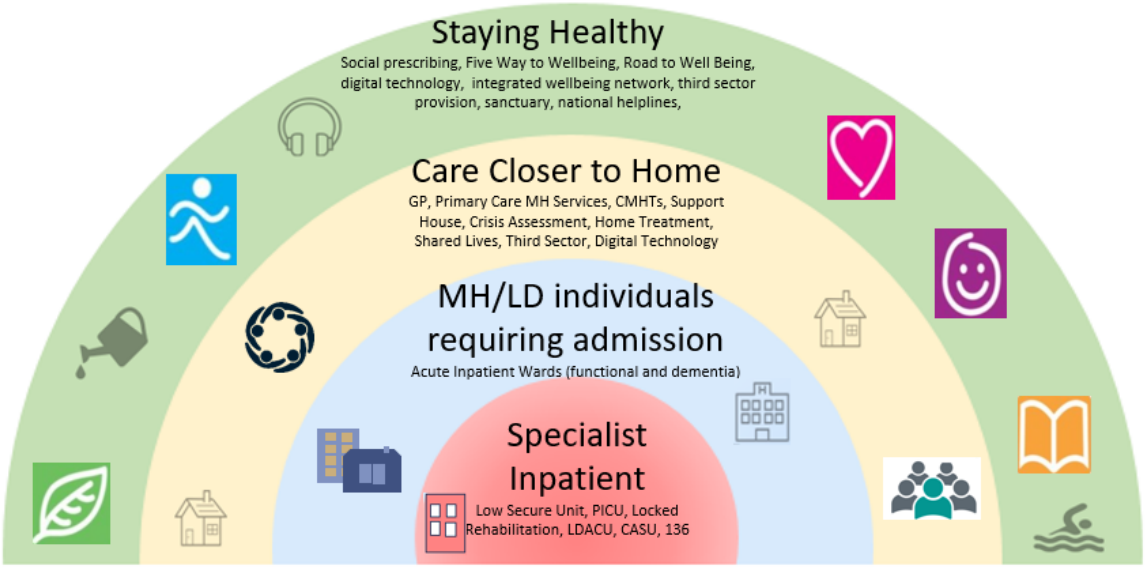
Future Generations (Wales) Act 2015 – 5 ways of working	**Long Term –** Mental health is identified as a major impact on health and economic wellbeing.
	Integration – Mental Health provision is provided across the Health Board on a partnership basis with multi agency and third sector involvement.
	Involvement – This paper outlines proposal to formally engage the public and stakeholders in shaping the service.
	Collaboration – The service works collaboratively with many agencies including local authorities, police, WAST and broader health community.
	Prevention – The clinical model outlines developments within the Foundation Tier and Primary Care to further support the prevention agenda.
Glossary of New Terms	CASU- Crisis Assessment Service Unit IHWBN- Integrated Health and Wellbeing Network LD- Learning Disabilities LDACU- Learning Disabilities Acute Care Unit LSU- Low Secure Unit MH-Mental Health OBC- Outline Business Case PICU – Psychiatric Intensive Care Unit SISU-Specialist Inpatient Services Unit SOC – Strategic Outline Case (See also appendix 2)
Public Interest	This paper has been written for the public domain.

APPENDIX 1

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

SEPTEMBER 2020

TRANSFORMING ADULT MENTAL HEALTH SERVICES IN GWENT



'High quality, compassionate, person centred mental health and learning disability services, striving for excellent outcomes for the people of Gwent'

CONTENTS

LIST OF ATTACHMENTS

1. PURPOSE

This document aims to start a conversation about how we transform adult mental health services in Gwent. It covers the whole of our adult mental health services, and seeks to ask your views on a number of issues that we are considering at this time. The document will provide lots of information, however a summary of the key changes proposed within it are:

What Happens Now?	What Would The Change Mean?
There is variation in mental health and well-being services (Foundation Tier) across Gwent with services being provided by NHS, Local Authority and third sector providers. There is inequitable access to provision, meaning that groups who are at greatest need can find it particularly hard to access support. Non mental health frontline staff are not always confident to raise the issue of mental health and lack the knowledge where to direct people for help.	The Gwent population has access to a good range of self-help resources and support regardless of where they live. The services are delivered in partnership by the NHS, local authorities, third sector and communities themselves. Groups who are at greatest risk of poor mental health and well-being have easy access to a range of self-help resources. Non mental health frontline staff will have access to free mental health and well-being training and will feel more confident to talk about mental health and well-being and know where to direct people for support. A branded website will be available which is easy to navigate and contains trusted and tested self-help resources. A marketing campaign will be established to ensure that people know where to go to ask for help and support
Primary care mental health support is attached to every GP practice – there is variance in provision and access.	Primary care mental health support will be enhanced and move to a hub model of delivery, supporting a group of GP practices. A full range of individual and group therapies

	will be available through the hub based teams. Access for assessments and treatments will be the same across Gwent.
Crisis assessments are done in the locality with those patients requiring crisis assessment and support outside of hours being seen at Talygarn in County hospital. Patients in crisis who have a first response from the police or WAST present to a variety of places across Gwent - there is no single point of access	Crisis assessments will still be done in the locality with additional daytime slots being available at a centralised point at St Cadoc's Hospital. For patients receiving their first response from the police or WAST, a single point of access will be enabled 24 hours every day on the St Cadoc's site. Patients who are currently taken to Talygarn Unit in County Hospital for a crisis assessment will now travel to St Cadoc's hospital in Caerleon for their assessment.
Patients assessed following a referral to the crisis team may be discharged home, referred for follow up by the home treatment team or CMHT or admitted.	Patients assessed following referral to the crisis team may be offered additional choices such as support in the crisis house or through the shared lives service.
Patients needing a hospital stay are admitted for both assessment and support/recovery to a hospital as far as is possible in their own locality	Patients requiring assessment will be admitted to a designated assessment ward. Following a period of assessment, they will return to their home, or be transferred to a specialist recovery ward closer to their home.
People needing more specialist support for mental health may have their needs met through a stay on our Psychiatric Intensive Care Unit – this is currently in St Cadoc's Hospital	People needing more specialist support for mental health may have their needs met through a stay on our Psychiatric Intensive Care Unit – in the future this will be in a purpose built new Specialist In-patient Unit.

People with a learning disability needing in-patient support currently have their needs met at Ty Lafant on the Llanfrechfa Grange Site.	People with a learning disability needing in-patient support will have their needs met through a new adult learning disabilities acute care unit in a purpose built specialist in-patient unit.
People needing the most complex support in a low secure setting currently have no NHS provision in Gwent and often have their needs met by having placements outside of Gwent or Wales.	People needing support in a low secure setting will have their needs met in Gwent in a purpose built Low Secure Unit as part of a new Specialist In-patient Unit development.

Please look at the attached questionnaire (Appendix1) and let us have your thoughts by returning to **ABB.MHLDEngagement@wales.nhs.uk** by xx/xx/xx (TBC). The questions in the questionnaire are also in the 'ideas we would like to share' section.

This is only the beginning of the conversation and we hope to keep talking to you over coming years as we build on your thoughts, experiences and feedback to continually improve adult mental health services for people in Gwent. There is a 'jargon buster' attached in appendix 2 that offers a less complex explanation of some of the terms that are referred to through the document.

We have circulated this information widely (see appendix 3) but please feel free to share this freely with those who have an interest in mental health services in Gwent. We would also like to use this opportunity to test what we have learned through our equality impact assessment to date (Appendix 4) and hear more about how people with protected characteristics may be impacted as a result of the proposals.

2. ABOUT ANEURIN BEVAN UNIVERSITY HEALTH BOARD

Aneurin Bevan University Health Board serves a population of approximately 639,000 which is approximately 21% of the total Welsh population. The areas that Aneurin Bevan University Health Board has a responsibility to assess need, commission and provide services for are the County Boroughs of Blaenau Gwent, Caerphilly, Monmouthshire, Newport and Torfaen. As a Health Board, we have been working towards a new approach for delivering services for the people in Gwent through what is known as the Gwent Clinical Futures Strategy which aims to:

- Deliver more care closer to home
- Create a network of local services providing routine care and treatment
- Centralising more specialist inpatient services

Mental Health and Learning Disability Services have had a long history of developing strong community focused services, with a well-developed network of community based generic and specialist services supported by more specialist local inpatient services which are delivered through multi-disciplinary teams.

Over the last three years a number of changes and service improvements have been made in our services which include the redesign of older adult services and learning disabilities residential services. We are now focussing on the transformation of adult mental health services. The proposals contained in this document aim to strengthen what we have already done and move forward with the next set of changes which together aim to:

- Increase and improve the services that are provided in our communities to support mental well-being.
- Improve the mental health support available in primary care.
- Transform crisis services
- Improve the range of service and support provided locally to better support people with complex needs

3. OUR VISION FOR ADULT MENTAL HEALTH SERVICES IN GWENT

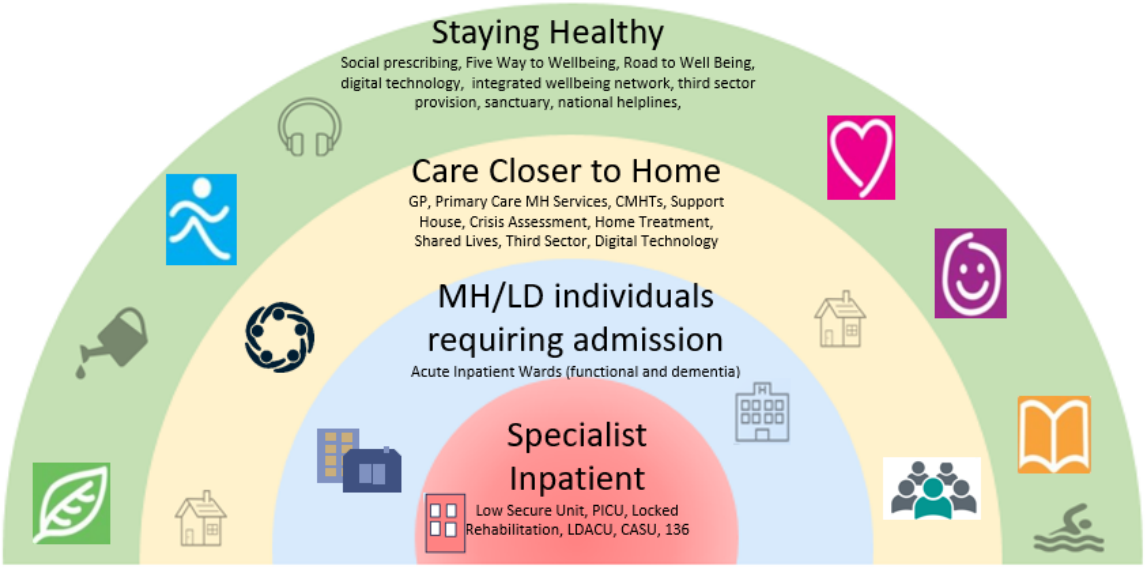
Our vision is that our services are designed and delivered to ensure:

'High quality, compassionate, person centred mental health and learning disability services, striving for excellent outcomes for the people of Gwent'

This means that we want:

- To improve access to mental health support and resources by making them available when people need them. This ranges from providing the right resources within the community to support people's ongoing mental health and well-being to providing 24 hour, seven day a week responsive crisis care.
- To make sure that individuals are admitted to hospital only when it is the best option for them. We want to offer a range of support and services as an alternative to admission within the community and when admission is needed, to ensure smooth transition to the most appropriate inpatient environment.
- Our services to be focused on delivering the best outcomes for each individual.
- Where possible, to develop more local services and reduce the need for individuals with more complex mental health needs to have to travel outside of the Health Board for treatment.

This diagram and the words that follow help explain how we would wish our services to look. We call it our clinical futures model for mental health, and it has 4 'Tiers' or layers.



Staying Healthy (foundation Tier)

Improving the mental well-being of the population helps individuals realise their full potential, cope with life challenges, work productively and contribute to family life and communities. Good mental well-being impacts on physical as well as mental health.

We would like all people in Gwent to have access to a wide range of modern, accessible community based facilities and resources to be able to support their own well-being, and will work with our partners to achieve this. Examples of what services and support are in this Tier are:

Social Prescribing ***Five ways to well-being***

Road to well-being ***Digital technology*** ***Integrated Well-being networks***

Voluntary sector services ***Sanctuary***

National helplines

Care Closer to Home (Tier 1) – We would like people across Gwent to have access to modern, high quality care, based as close to home as possible. To achieve this we need to work with our partners to deliver services through multi-disciplinary teams and joined up working. Examples of this will include:

GPs ***Primary Care Mental Health Services***

Community mental health teams

Specialist community mental health teams ***Support house***

Crisis assessment ***Home treatment*** ***Shared Lives***

Services from the voluntary sector ***Digital technology***

Individuals with mental health need that require admission to hospital (Tier 2) – We want all people that require an admission to hospital to be able to do this in high quality, modern, and accessible environments that support safe, dignified care and recovery. This will apply to:

Adult acute mental health beds

Older adult acute mental health beds

Specialist Inpatient Services (Tier 3) – We want all people who require care and support from our range of specialist in-patient services to be able to access high quality care in modern environments. The services will include:

Low secure unit

Psychiatric intensive care unit

Learning disabilities acute care unit

Locked rehabilitation wards

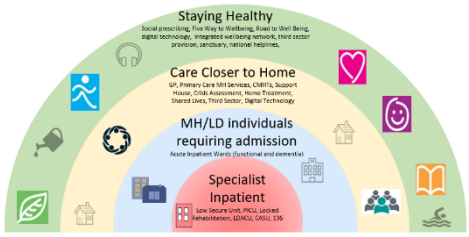
Forensic rehabilitation

This is a large programme of work which we believe will transform adult mental health services in Gwent. We would like to start a conversation with all interested parties about this.

4. HOW ARE SERVICES PROVIDED NOW?

We have already introduced you to our model for mental health (on page 5). We explained that there are 4 Tiers, and described a little of what is included in each. Now we want to share with you how the services in each of those Tiers is currently provided:

Tier 1 –Staying Healthy



"There is no health without good mental health"

Mental well-being means how you are feeling and how you can cope with everyday life. It is about feeling good and being able to function as you would like to and is vital to be able to cope with the everyday stresses of life. Everyone is different and what affects one person's well-being will not necessarily affect another person's mental well-being in the same way.

There is a strong link between mental and physical health, therefore, it is beneficial for everyone to do all they can to look after their mental well-being. There are many evidence based actions and self-help tools that can support people to do this.

The Health Board currently provides access to free resources through the 'Road to Well-being' programme, which is promoted through a web-page on the ABUHB website and often by word of mouth from those who have used it or our voluntary sector colleagues.

The Road to Wellbeing web-page provides access to:

- Downloadable self-help booklets (available in easy read)
- Mobile Apps
- Information on free listening services (Helplines and text support services)
- Signposting to additional support

There are also two self-help courses, which are usually delivered face-to-face, by trained members of the Primary Care Mental Health Support Services. The two courses are:

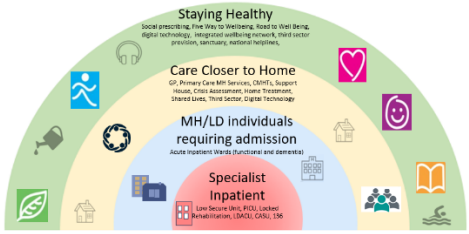
- ACTivate Your Life – this course teaches people how to accept the things in life that we cannot control and commit ourselves to the things that we really care about
- Stress Control - A course that has been freely available however due to Covid-19 we have recently withdrawn this

The Aneurin Bevan Gwent Public Health Team also provide access to free Gwent Five Ways to Well-being resources, which provide details about the 5 evidence based steps everyone can take to improve their mental well-being.

A range of Third Sector and community partners also provide self-help information and facilitated self-help courses.

Local libraries provide access to free books as part of the 'Reading Well for Mental Health' programme.

Tier 2 (a) Primary Care Mental Health Support Services

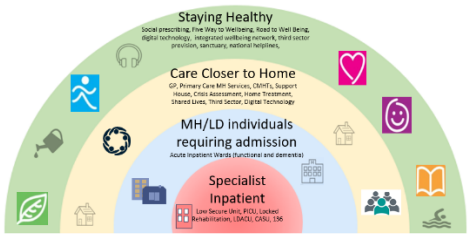


The Primary Care Mental Health Support Service was established to improve the mental health care for people in Gwent with mild to moderate, and severe but stable mental health and behavioral problems. The service aims to offer:

- **Assessment** - Comprehensive mental health assessments for people who have first been seen by a GP
- **Therapeutic intervention** - providing a range of treatments through short term psychological interventions such as counselling, either individually or as part of a group
- **Information and guidance** -providing information on a range of resources, materials and services available to support individual needs
- **Consultation and advice to GPs** - provision of support and advice to GPs and other primary care staff, to enable them to safely manage and care for people with mental health problems
- **Supporting onward referral** - where indicated, referral onward to secondary / specialist mental health services

The service is currently managed by having a clinician attached to each GP practice across Gwent with the majority of work taking place in the GP surgery. More recently and due to changes that we had to make to respond to Covid-19, the service has been delivered by phone or using on-line video.

Tier 2 (b) People in crisis



When a person is in crisis it can be a distressing time, and they will often need specialist input from mental health services.

Currently, when patients experience a crisis their pathway depends on the time of day that they present in crisis and how they access services. This is described in the table below:

9am-5pm (within office hours) Assessments carried out in local areas	The referrer will contact the local Duty Desk. The person will then be triaged and if they require an assessment, they will be referred to the local Crisis Resolution Home Treatment Team (CRHTT) for an assessment appointment to be arranged. If the triage assessment finds that the person does not require a crisis assessment, they will be directed back to the referrer.
5pm -9pm (Out of Hours) Assessments carried out in local areas	After 5pm the local Duty Desks are closed. All referrals for crisis are made directly to the local Crisis Resolution Home Treatment Team. A crisis worker will carry out a triage assessment and if required, the person will be invited to the Crisis Resolution Home Treatment Team for a crisis assessment appointment. If the triage assessment finds that the person does not require a crisis assessment, the person will be advised on who to contact, i.e. GP, third sector services.
9pm – 7am (Out of Hours) Assessments carried out in Talygarn	After 9pm the local Crisis Resolution Home Treatment Teams are closed. All referrals are currently made to a centralised 'out of hours' service and all assessments are carried out by Crisis Workers and a junior doctor at Talygarn unit on the County Hospital site.
7am – 9am (Out of Hours) Assessments	All assessments are undertaken at the Talygarn Unit on the County Hospital site. The junior doctor on duty will carry out the

carried out in Talygarn	assessments alone.

There are a number of other ways that an individual may enter crisis services:

Crisis Liaison Team - The Health Board has a team of crisis workers who provide a liaison service within the Royal Gwent Hospital and Nevill Hall Hospital. This allows for anyone who presents at an A&E department experiencing a mental health crisis to see a crisis worker for an assessment.

Police - Section 136 - If the police are called to assist a person experiencing a crisis and it is deemed necessary to detain the person under Section 136 of the Mental Health Act (meaning that the police believe they need to be taken to, or kept, in a designated place of safety) the police will transport the person to the '136 Suite' which is located within St Cadoc's Hospital.

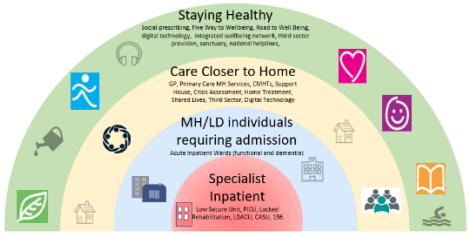
Police – general - If the police are called to assist a person in crisis but they do not believe it is necessary to detain the person, they will usually transport the person to Accident & Emergency (A&E), their local Crisis Resolution Home Treatment Team or contact the local mental health ward.

Welsh Ambulance Service Trust - If the ambulance service is contacted about a person in crisis, they may attend to the person and transport them to A&E, the local Crisis Resolution Home Treatment Team or a local mental health ward.

There are also a number of other resources available to support people in crisis:

Shared Lives - Shared Lives offers people who use our services the opportunity to stay with a host family who can support them within their own home. This allows a person to have ongoing support without the need to have an inpatient stay. The service also provides a step down provision for people who are ready to leave an inpatient ward but need support before they are able to live independently. So far, the Shared Lives initiative has been implemented in Newport however not the other 4 Boroughs.

Tier 3 Individuals requiring a hospital stay.



Should an individual require a hospital stay, the current adult acute mental health inpatient service is provided from four wards as follows:

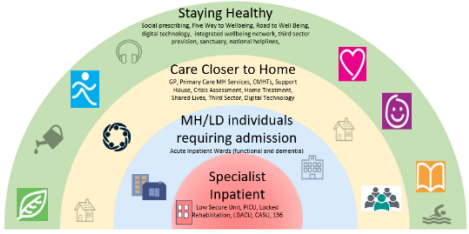
Newport	Adferiad Ward in St Cadoc's Hospital (22 beds) There is also provision of a section 136 suite on site
Torfaen	Talygarn Ward in County Hospital (21 beds) The ward takes all crisis admissions Out of Hours between 9am-9pm
Caerphilly	Ty Cyffanol in Ysbyty Ystrad Fawr (23 beds) There is also an emergency Children and Adolescent Mental Health Service (CAMHS) bed here for a young person for admission of up to 72 hours.
Blaenau Gwent	Carn Y Cefn ward in Ysbyty Aneurin Bevan (10 beds)
Monmouthshire	Adult mental health beds are provided on Adferiad ward for South Monmouthshire and Talygarn Ward for North Monmouthshire residents.

There are multiple routes to access an inpatient bed which currently differ inside and outside of working hours.

In Hours	Out of Hours
• Crisis Resolution Home Treatment assessments • Crisis liaison team • Community Mental Health and Specialist Team • Mental Health Act Assessments via Local Authority • Section 135 mental health act detentions/assessment • Children & Adolescent mental health service	• Crisis Resolution Home Treatment Team • Out of Hours SHO/Crisis Team assessment service • Emergency Duty Team within the Local Authority - Mental Health Act assessments • Section 136 Mental health act detentions/assessment

Each of the wards currently provides assessment, treatment and recovery functions. This means that all patients, at varying stages of their crisis and pathway to recovery, are supported within the same ward environment.

Tier 4 Individuals requiring more specialist care



Some people who require admission to hospital cannot have their needs fully met in an acute adult ward. For these people with more complex needs the following specialist inpatient facilities are currently provided locally:

Psychiatric Intensive Care Unit (PICU) - PICU is based on the St Cadocs site and is a 9 bedded unit. The unit has recently been refurbished but is sited in the main building of the old St Cadoc's Hospital.

Learning Disabilities Acute Care Unit (LDACU) - Ty Lafant is a 7 bedded unit on the Llanfrechfa Grange site and has recently been redesigned and refurbished. The unit is isolated from other Mental Health & Learning Disability services and would benefit from being co-located in the specialist inpatient unit alongside other specialist services.

Locked Rehabilitation Wards
Pillmawr Ward is a 14 bedded male locked rehabilitation ward. Belle Vue Ward is a 6 bedded locked rehabilitation female ward. Both wards are provided on the St Cadoc's Hospital site.

Forensic Rehabilitation Unit
Ty Skirrid is a 13 bedded unit providing 'step down' facilities on the Maindiff Court Hospital site.

Low Secure Unit (LSU) - The Health Board does not currently provide in-house low secure service within Gwent. Low secure provision is commissioned from independent providers, the majority of which are sited outside of the Gwent area.

There are a broad range of services available across the whole of Gwent for adults with mental health need. Whilst we generally receive good feedback about our services, there are a number of challenges that we face and which we would wish to address to ensure that people across Gwent have access to a wide range of services that respond to their needs in a safe and high quality manner. These are outlined in the next section.

5. WHAT ARE THE CHALLENGES OUR SERVICES FACE?

General Challenges facing our services:

- Demand for mental health services is increasing and we need to find ways of supporting people earlier within the community to prevent a crisis and better support their recovery
- Our services are sometimes confusing to access, with variation in how those services are delivered. We need to find ways of making it easier for individuals and our partner agencies to access our services when they need to.
- There are workforce challenges and we need to develop our services and estate in a way that enables us to attract and retain staff to ensure the services we provide will be sustainable in the future
- Some of our estate and accommodation is old and we need to replace some of our old buildings with modern and more purpose built environments.
- We need to build on the recent lessons learned in response to the Covid-19 pandemic and build our capabilities to make the best use of digital technology in helping to support people and keep in touch

Challenges in foundation services (Foundation Tier)

- Limited knowledge of the range of support and resources that are available at foundation Tier
- A lack of confidence amongst frontline staff to raise the issue of mental health and lack of knowledge where to signpost, with no consistent training in place;
- A variation of Foundation Tier provision across different communities in Gwent
- Variable access to services, making it particularly difficult for groups at greatest need to be able to access resources
- Limited coordination between local services providing or promoting self-help resources;
- Inconsistency in availability of self-help resources.

Challenges in primary care mental health services (Tier 1)

- GPs are seeing increasing numbers of patients with mental health difficulties
- Difficulty in managing workforce challenges due to the way services are currently organised
- Reducing availability of rooms in GP surgeries to deliver the service locally
- Difficulty in matching the right staff member to the meet the needs of each patient.
- Differences in demand and the way waiting lists are managed across boroughs and practices

Challenges in crisis

Accessing Crisis Services (Tier 1)

- Access to the service can be confusing and varies depending on the time and the day of the week that the person needs the service.
- When a person experiences a crisis, they currently have to navigate services to understand who they should contact for help. This can be distressing for the person in crisis, and can be frustrating for professionals who need to make an urgent referral.
- When a person in crisis is attended to by the police or the ambulance service, there is currently no single entry point into mental health services and so people experience different pathways and different levels of service.
- Whilst most people are seen within a reasonable time, some patients wait longer than we would wish.
- Undertaking a crisis assessment takes staff away from visiting patients at home which can impact those requiring on-going support.
- The current 'out of hours' crisis service at Talygarn Unit is isolated, with little support on site for the junior doctor/crisis staff. This has raised issues around patient and staff safety.
- Key parts of the crisis pathway are geographically separated, with the section 136 suite and PICU at St Cadocs hospital in Caerleon while out of hours provision is provided from Talygarn Unit.

Inpatient wards **(Tier 2)**

- All acute adult wards currently provide both an assessment and treatment function which means that the environment is often not conducive to supporting individuals in crisis or promoting recovery.
- Current admission arrangements mean that there is a broad mix of patients on each ward in different states of crisis, treatment and recovery.
- Access to the broad range of staff that support people with mental health need (multi-disciplinary teams) is variable across our wards.
- There is often difficulty in recruiting and keeping staff to work on the wards.
- There are limited and variable opportunities for therapeutic activities on some of our acute wards.
- The availability of beds can be a challenge which sometimes results in people needing to be moved between hospitals.
- There is a lack of alternatives to admission and inconsistency in their provision across localities.
- There are differences in the quality of the environments and facilities across wards, with lack of space impacting on the ability to provide therapeutic services and environments.
- A lot of individuals are re-admitted back to the wards within a short time of being discharged

<u>Challenges in Specialist Services provision</u> (Tier 3)

- Currently all of our specialist in-patient facilities are inadequate and not fit for purpose despite investment in upgrading a number of areas over the last three years.
- The location of some of our units is largely historical and has led to a number of units being developed in isolation from other wards or service, presenting a safety risk to patients and staff, particularly at night and on weekends. Some of the units such as Ty Skirrid and Belle Vue are located in old asylum buildings and future service and estate plans will need to consider future provision.
- The location of some of our units fragments the pathway for patients in crisis, with a reliance on needing to transport vulnerable individuals in crisis between different sites

- The lack of a critical mass of specialist facilities on a single site makes staff recruitment and retention more challenging
- Currently there is no local provision of Low Secure Services, often resulting in long delays in arranging assessment and finding a bed for individuals requiring this level of provision.
- Patients are often found a bed outside of Gwent and outside of Wales. This makes it difficult for them to maintain family ties and social networks
- This distance also makes it difficult for local mental health services to maintain regular contact with individuals placed in Low Secure Units outside Gwent. This makes it harder to plan their discharge back to local services, with patients often staying in Low secure placements longer than necessary
- The lack of Low Secure facilities makes it more difficult to respond quickly to urgent patient safety issues
- High number of service users are being supported in costly out of area commissioned placements which does not always represent the best value for money

It can be seen from the challenges listed above that we need to change many aspects of our service to meet these challenges. We have been talking with our staff, our partners and our patients to develop ideas about how what we need to do to address some of these issues. The next section outlines what we have learned to date.

6. WHAT HAVE WE BEEN TALKING TO STAFF AND PEOPLE WHO USE OUR SERVICES ABOUT?

Whilst this is the first opportunity to have a discussion about all of our adult mental health services across Gwent, we have had many discussions about individual services. A summary of some of these is outlined here:

Theme of engagement/workshop	Held with
• PCMHSS Phase One – Monmouthshire South –Hub planning & implementation • PCMHSS Phase One – Monmouthshire South – feedback	• Key Stakeholders • Service Users
• SPOC (Single Point of Contact) • AMH Crisis Contingency Planning • AMH Service User / Telephone Support	• Key lead stakeholders • Service Users • Service Users
• AMH Single Room Feasibility • AMH Inpatient Experience • AMH Occupational Therapy in MHLD	• Service Users • Service Users • Service Users
• Division -SISU outline model requirements & location preferences • Division -SISU outline model requirements & location preferences	• MHLD Consultants • MHLD Senior Service Leads

Primary Care Mental Health Services

Over the last two years we have been working with primary care to better understand demand on primary care services for individuals presenting with mental health issues. A number of workshops have been held with primary care. This has helped us to understand the type of conditions that individuals are commonly presenting to GPs with. We have also undertaken some small surveys of patients accessing our services to find out what is important to them. Typically speed of access, seeing the right person and the location were highlighted as being important factors for individuals.

Crisis and Inpatient Services

Over the last four years the development of the crisis transformation programme has been guided by an Action Learning Set and multi agency/ service user Community of Practice events based on themes. These events helped shape a number of key priorities and developments outlined in this document around our crisis assessment and inpatient services.

Within each element of the crisis programme workstream further informal engagement has been taking place. Within the crisis and inpatient worksteam over the last year two inpatient service user events were held. Patient feedback revealed that service users did not always have the best experience when admitted to an inpatient ward. Admissions to wards, particularly out of hours admissions, led to increased ward transfers and patients felt unsettled and anxious. Ward environments were busy and feedback revealed that patients would have liked to be able to engage in more activities.

Some of the staff feedback has shown identified that 'out of hours' some staff can feel unsafe and isolated, particularly in the current location of the out of hours crisis assessment service in Talygarn.

Feedback also revealed that contacting Crisis Resolution Home Treatment Teams when in crisis was not always beneficial and service users accessing Home Treatment Team support would often have appointments cancelled as staff were required to respond to crisis.

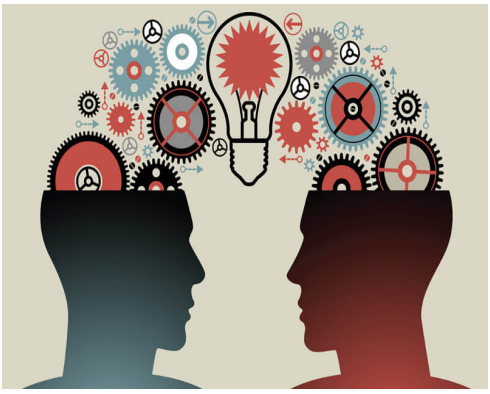
Some of the themes that came out of the engagement events were that:

- Patients wanted better access to information and to care when they needed it
- Environmentally, people wanted private facilities and access to outdoor space and therapeutic activities
- They wanted staff to spend more time with them
- They wanted their families involved in their care
- Having structured support on the ward

This feedback has helped to shape the contents of this engagement document and we see this as a start of an ongoing broader conversation on how we can shape our crisis and inpatient services around the needs of the people who use our services.

The feedback from this engagement will be an essential element to inform the next steps of our proposal.

7. SOME IDEAS WE WOULD LIKE TO SHARE



We have done a lot of work to look at the requirements of our services, where there are gaps and where we believe we could improve things for patients and our staff. Following conversations with some staff and service users, the Community Health Council and other stakeholders, we have some ideas on how we think services could be better. We would like to hear your views on these.

Foundation Tier Services

We want to provide services to the whole population of Gwent that support mental well-being, but are also able to target certain groups that may need more support. Our ideas for these services are below:

Self-help resources: We are planning free self-help support that anyone can access without needing a health, local authority or third sector person to go through it with you. Some examples would include:

- Information booklets – printed, downloadable, audio format and in different languages
- Mobile apps
- Online websites
- Books - printed, downloadable, audio format and in different languages
- Self-help face-to-face and on-line courses
- Local websites and social media platforms

A central point of contact – we are planning to develop a website which has up-to-date information and resources and can signpost you to local support. There would be an opportunity for you to input how you are feeling and the website would be able to suggest the resources best for you. We are aiming for this to be a branded website so that you know the information can be trusted.

Raising awareness – we plan to have a sustained campaign to raise awareness of the support available in Gwent. There would also be a focus on targeting groups/people at the greatest risk of having poor mental health and well-being.

Training– we want to ensure that all frontline workers who do not work directly in mental health service feel confident and competent to talk about mental health and well-being and are able to support and signpost people to the information and services that they need.

- **Do you agree/disagree with the suggestions for developing our foundation Tier services?**
- **Is there anything you would like to tell us that you think would support mental well-being for yourself and in your community?**

Tier 1 (a) Services in Primary Care

Our proposal is to introduce new roles to help support General Practitioners to meet the needs of individuals with low level mental health problems such as anxiety and depression. These roles, which we call psychological well-being practitioners (PWPs), will each work across a number of GP practices and offer assessments, advice and signposting to other services within the community or onward referral to more specialised mental health services.

The practitioners will help to support individuals whose conditions are not severe enough to need referral to more specialised Primary Care Mental Health Support Services or Community Mental Health Teams, but whose needs cannot currently be fully met in Primary Care. Similar roles are already well established within NHS England. A total of 36 practitioners will need to be recruited into PWP roles to deliver a service across the NCNs in the Health Board. Professional clinical supervision will be provided from psychologists employed by the Mental Health and Learning Disabilities Division of Aneurin Bevan Health University Board.

The introduction of these new roles should improve access to advice and support for individuals with low severity mental health issues who would normally go to see a GP. This will enable those individuals to get advice and information on the support available in the community or on-line and also provide some short term, low level follow up. This will free up GP time to see other patients who need their specialist skills.

- **Would you agree/disagree with the need to have more mental health roles working alongside general practice?**

- **Would you support/not support the proposed way of doing this?**

Tier 1 (b) Primary Care Mental Health Support Services

We have outlined in section 5 the challenges faced by the Primary Care Mental Health Support Service in sustaining its services and workforce based on the current GP practice based model. Following two workshops held at the end of 2018 with stakeholders, proposals were developed to test out a new model of running Primary Care Mental Health Support Services based around Neighbourhood Care Networks (NCN). At that time it was intended to develop proposals to test out the changes in three NCN areas, namely South Monmouthshire, Blaenau Gwent West and Caerphilly North.

These arrangements have not progressed further due to the impact of the Covid-19 pandemic which resulted in all direct face to face appointments being stopped and patients being offered digital appointments instead. This currently remains the main way in which most patients can access the service.

When we are able to return to face to face contact, we would like to introduce an NCN (hub) based model for delivering the Primary Care Mental Health Support Service to address the challenges that the GP practice model presents. Under this proposal, GPs would refer electronically into the Primary Care Mental Health Support Service booking centre. Patients would be contacted and those individuals who require a face to face appointment would be offered an appointment in community based 'hubs' rather than at their GP practice. As an example, in South Monmouthshire the hubs are proposed as Chepstow Community Hospital and Caldicott Health Centre. All activity would be undertaken within the hubs including mental health assessment, and individual and group based therapeutic interventions.

A GP dedicated email address would also be set up to provide immediate advice to support GPs.

As part of the extension of choice to service users, it is proposed to continue to offer digital assessments and some interventions in addition to the option of having face to face consultations. This offer would be made at the time of booking an appointment.

We believe the NCN (hub) based model will result in better use of resources, shorter waiting times overall for patients and will result in more equitable access to a range of treatments that can be offered in each NCN area. We believe it will also result in a more sustainable clinical workforce. It is acknowledged that there are likely to be individuals that will have to travel a little further for an appointment as a result of these changes but equally a number of service users are likely to need to travel less and have shorter waiting times to be seen.

The proposed continuation of the use of digital technology will provide additional choice for individuals in how and where they want to be seen. This will benefit individuals who may find it difficult to travel for appointments.

• **Would you agree/disagree with a community hub based model for the delivery of primary care mental health support services?**
• **Do you think it is good/bad to have a choice in the way that people can be seen i.e. face to face or via telephone/video technology?**
• **Would you be happy to travel a little further if you could be seen quicker?**
• **Would you be happy to travel a little further if you could see someone that is 'best matched' to meet your needs?**

Tier 3 (a) Crisis Assessment Support Unit (CASU)

In October 2019, we increased capacity in our Out of Hours crisis assessment service within Talygarn in County Hospital. This change was made with the intention of providing a better assessment service and reducing the numbers of people who were admitted to an inpatient ward.

Having the Out of Hours service in one place has made it easier for referrers to access the service. It has also resulted in less individuals being admitted out of hours.

To build on the success of this change, we would now like to develop a Crisis Assessment Support Unit that would operate 24 hours a day, 7 days a week. This would be staffed by a multi-disciplinary team, dedicated to assessing individuals in crisis. We would like to co-locate this service with other services that would help the onward support for patients in crisis. This would mean co-locating the unit near an acute adult ward, Section 136 suite and Psychiatric Intensive Care Unit.

All crisis referrals would be processed through a central booking site and appointments made in a centralised calendar. Between 9am and 9pm appointments will be offered to patients at their local Crisis Resolution Home Treatment Team. This would mean that between these times the majority of patients would not see a difference in the way they are assessed. However if there are no appointments available locally, an appointment would be offered at the Crisis Assessment Support Unit.

Between 9pm and 9am all crisis referrals will be assessed at the Crisis Assessment Support Unit. This Unit will also provide a single point of contact for the ambulance and police services, including individuals attending the 136 suite.

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Under this proposed change, in the short term this would result in a Crisis Assessment Support Unit being established at St Cadoc's Hospital, on the same site as Adferiad acute ward, Section 136 suite and PICU.

- **Would you agree/disagree that it is useful to co-locate the crisis assessment function with the section 136 suite and Psychiatric Intensive Care Unit?**

- **Would you support the change of location of the assessment unit from Talygarn Hospital in Pontypool to St Cadoc's Hospital in Caerleon to achieve this co-location?**

Because of the immediate concerns about the isolated nature of the current out of hours service in Talygarn, we have been discussing with the Community Health Council about the possibility of moving the out of hours service to St Cadocs Hospital where a critical mass of staff are on hand to provide additional expertise and support if required. Engagement on this element of the service change will therefore be progressed separately to the broader engagement and consultation exercise.

As part of the crisis transformation work-stream we identified that there should be a single point of contact across all agencies (Health, police, ambulance service, social services, primary care etc) to enable individuals to get the help and advice whenever they need it. A national discussion has started on developing an approach to creating a Single Point of Contact. We would welcome your views on whether you feel one single point of contact for everyone with a mental health problem would be a good idea or not.

- **Do you think that having one single point of contact for all agencies for anyone in crisis is a good idea?**

Another theme that emerged from the crisis transformation work-stream was the lack of alternatives to admission or lack of provision in the community which was felt to be a contributing factor to high numbers of admission and readmission in our services.

As part of the planned developments to better support individuals in crisis the Health Board has been working with our partners to develop proposals for a crisis support house. This type of facility is common in many areas and provides community based overnight and day time support for individuals in crisis. Recently the Health Board was successful in securing resources to enable the establishment of a local facility that will provide a real alternative to admission in a homely setting. It is planned that this development will become operational this year.

Tier 3 (b) The Inpatient Model

We have already outlined in section 5 some of the challenges facing our patients and staff in delivering our inpatient services. Through the work being undertaken as part of our crisis transformation programme, an inpatient task and finish group was set up in June 2019 to explore what a modern acute adult mental health inpatient assessment and treatment service should look like in the future. This work was overseen by a multi-agency group with representation from agencies such as the police and social services.

The group reviewed the current evidence in relation to acute inpatient care and a number of focus groups with senior clinicians, ward staff and service users were held to consider the data and evidence gathered. In addition, the group looked at the ways in which other NHS organisations arranged their services.

The group reviewed the way in which the current service was working, whereby each adult acute ward supports patients admitted in crisis, as well as patients at different stages of their recovery. They also considered the potential for adopting a different model that separates the crisis assessment and admission function from the recovery part of an individual's stay.

The feedback from the discussion was that there were advantages and disadvantages to both models. However, the consensus supported a new model that provided a separate crisis assessment admissions ward, supported by a number of local treatment and recovery wards. A brief summary of some of the advantages and disadvantages of both models are outlined below.

All wards perform assessment and recovery functions – (current model)		**Single assessment ward and recovery wards**	
Advantages	**Disadvantages**	**Advantages**	**Disadvantages**
Locality based- closer alignment with CMHTs and locality	Lack of specialist function and expertise	Expertise developed in both assessment and recovery functions	Some patients will need to travel further for admission
Flexibility with flow, as all areas take all patients	Disruptive ward environment due to crisis admissions across all areas.	Provides safer ward environments with patients in similar stage of recovery grouped together	Additional transfer to recovery ward necessary
Closer to home for patients-units geographically aligned	Lack of critical mass of staff to provide support in the event of acute crisis issues in some areas	Critical mass of staff for acute assessment and admissions functions	Challenges in maintaining local links for some patients
No bed changes or disruption	Variation in practice across all wards	All admissions would be to one ward, aligned to Crisis Assessment Support Unit, 136 suite and PICU	
	Challenges in transporting patients to PICU	Improve staff retention and recruitment	
	Recruitment/retention challenges	Improved therapeutic environment on recovery wards	

If this model was adopted, there would be one single assessment admission ward serving the Health Board. This would be the point of admission for all inpatients in crisis. In order for this model to function effectively this ward would need to sit alongside a centralised crisis assessment service, place of safety (136 suite) and Psychiatric Intensive Care Unit. This would provide a single point of access for all agencies and for individuals presenting in crisis.

The creation of a single, centralised assessment ward will enable a team of dedicated specialist multi-disciplinary clinical staff to undertake a comprehensive assessment of all aspects of the individual's needs. The length of stay on the assessment ward is anticipated to be relatively short and is typically 7 days or less in other similar units.

The new model would also require a number of recovery wards to enable patients admitted to the crisis assessment admissions ward to step down when ready and support the co-production of a plan to enable their recovery. This would be supported by multi-disciplinary staff focused on recovery.

The development of a centralised assessment ward with a step down to local treatment and recovery wards should provide a clear pathway for supporting individuals on their road to recovery. We believe it could provide a safer environment and enable individuals to receive more specialist care in more appropriate environments that are better matched to their needs.

There would be changes that would be needed if this model is adopted. We currently have a locality based inpatient model of care, with each ward covering a geographical area. The area that each recovery ward would cover would need to change if this new model was adopted. The exact way in which this would change would depend on where the centralised assessment ward was located. The work to determine the configuration of wards has not yet been undertaken, and we would be interested in your views to help inform this.

• **Would you agree/disagree with separating the assessment and recovery elements of an in-patient stay?**
• **Would you agree/disagree with having a single assessment ward for Gwent?**
• **Would you keep talking to us to help us work through how wards could be configured moving forward?**

Tier 4 Specialist In-patient provision

The proposal is for the development of a Specialist In-patient Unit in Gwent which will provide support and services for those people who need crisis assessment, psychiatric intensive care, low secure provision and specialist learning disability acute care. We believe that this will also be the right development for a purpose built Crisis Assessment Support Unit and ward. We are pleased to have received initial support for this development from Welsh Government and are currently in the process of developing an outline business case to support the development. When this building opens, it is proposed that the following existing services move into it:

- Psychiatric Intensive Care Unit (Currently in St Cadoc's hospital)
- Ty Lafant Learning Disabilities Acute Care Unit (Currently in Llanfrechfa Grange)
- The Crisis Assessment Unit which is currently located in Talygarn Unit Pontypool but we are currently proposing to transfer this to St Cadoc's Hospital in the interim
- 136 Suite – currently on the St Cadoc's Hospital site
- An acute adult ward - currently no specific ward identified

The development will also enable us to bring back patients who are in placements outside of Gwent to be supported locally in a new Low Secure Unit.

We are in the process of appointing a health care planner who will help us undertake an option appraisal on the best site for the development. We would value your input as part of these discussions. Please let us know if you would be interested in taking part.

• **Would you agree/disagree that Gwent should have a specialist in-patient unit?**
• **Would you agree/disagree that the following services should be co-located?** • Psychiatric Intensive Care Unit (Currently in St Cadoc's hospital) • Ty Lafant Learning Disabilities Acute Care Unit (Currently in Llanfrechfa Grange) • The Crisis Assessment Unit which is currently located in Talygarn Unit Pontypool but we are currently proposing to transfer this to St Cadoc's Hospital in the interim • 136 Suite – currently on the St Cadoc's Hospital site • An acute adult ward - currently no specific ward identified • Low Secure Unit
• **Would you wish to be part of the option appraisal process that determines where the best site for the Specialist Inpatient Unit is?**

8. OUR PREFERRED OPTION FOR DELIVERING ADULT MENTAL HEALTH SERVICES IN GWENT

In summary, our preferred option for delivering an adult mental health service for Gwent is outlined below. We are genuinely interested in hearing your thoughts about these suggestions, and to consider these as we move towards developing a final proposal that we will consult widely upon.

A Gwent wide enhanced foundation service	• Social Prescribing • Five ways to well-being • Road to well-being • Digital technology • Integrated well-being networks • Voluntary sector services • Sanctuary • National Helplines
Mental health support for Primary Care	• Psychological wellbeing practitioners working in practices to support primary care in meeting the needs of individuals with low level mental health issues.
A locality based hub model for primary care mental health support services	• Standardisation of GP referrals via introduction of E-Referrals (in progress) • Rather than being seen in individual surgeries, patients will attend appointments in community based 'hubs' servicing a small number of GP practices • All face to face activity will be undertaken within the 'hubs' including mental health assessment, individual and group based therapeutic intervention. Specialisms will be provided within each hub and therapy provided consistent with need • In order to provide timely support, consultation and advice to GPs, a dedicated email advice service will be introduced • A named practitioner will be allocated to each surgery to attend practice meetings when needed • Patients will have the choice to attend appointments in person or 'virtually' using video technology or telephone
A centralised assessment unit with enhanced local home treatment teams	• Single point of contact for crisis referrals 24 hours a day, 7 days a week. Local appointments offered to patients between the hours of 9am and 9pm unless no free

	appointments available locally to see them
A single assessment ward supported by three recovery wards	• Single assessment ward (location to be determined) • Three locality based recovery wards (location to be determined)
A Specialist In-Patient Unit	• Low Secure Unit (new development) • PICU (from St Cadocs) • Learning Disabilities Acute Unit (From Llanfrechfa Grange) • Crisis Assessment Support Unit (currently Talygarn but proposed move to St Cadocs) • 136 suite (from St Cadocs) • Acute Adult Ward (TBC)

This will mean that should these proposals be supported that the following changes will take place:

What Happens Now?	**What Would The Change Mean?**
Primary care mental health practitioners are attached to every practice – there is variance in provision and difficulty in recruitment, retention and covering absence.	Primary care mental health teams will become more sustainable and move to a hub model of delivery, enabling equality of access, with a broader range of therapies offered locally, regardless of where in Gwent you live.
Crisis assessments are done in the locality, with those patients requiring crisis assessment and support outside of working hours being seen at Talygarn Unit in County hospital. Patients in crisis who have a first response from the police or WAST present to a variety of places across Gwent - there is no single point of access.	Crisis assessments will still be done in the locality with additional daytime slots, with out of hours provision being available at a crisis assessment support unit at St Cadoc's Hospital. For patients receiving their first response from the police or WAST, a single point of access will be enabled 24/7 on the St Cadoc's site. A support house will be available as an alternative to admission.

Patients needing a hospital stay are admitted for both assessment and support/recovery to a hospital as close as possible to their own locality	Patients requiring assessment will be admitted to a specialist assessment ward. Following a period of assessment, they will return to their home, or be transferred to a specialist recovery ward as close as possible to their own home. Some individuals may be supported on their discharge through the shared lives scheme.
People needing more specialist support for mental health may have their needs met through a stay on our Psychiatric Intensive Care Unit – this is currently in St Cadoc's Hospital	People needing more specialist support for mental health may have their needs met through a stay on our Psychiatric Intensive Care Unit – in the future this will be in a newly built Specialist In-patient Support Unit.
People with a learning disability needing in-patient care currently have their needs met at Ty Lafant on the Llanfrechfa Grange Site.	People with a learning disability needing in-patient admission will have their needs met through a new adult learning disabilities acute care in-patient unit in a purpose built specialist in-patient unit
People needing support in a low secure environment currently have no NHS provision in Gwent and their needs are met by having placements outside of Gwent and often outside Wales.	People needing low secure environments will have their needs met from a new Low Secure Unit, delivered out of a purpose built Specialist In-patient Unit.

9. TELL US WHAT YOU THINK

We have shared a lot of information in this briefing and are keen to hear your views about our thoughts on transforming adult mental health services in Gwent. We have attached a questionnaire which you can also access via doopoll link (Link to be inserted). But please do not let this restrict you if you want to tell us more, you can also write to us with your thoughts through the following contacts:

- ABB.MHLDEngagement@wales.nhs.uk
- Engagement, Mental Health and Learning Disabilities, Divisional Office, St Cadoc's Hospital, Lodge Road, Caerleon. NP18 3XQ

We would welcome your response by xx/xx/xx to enable us to share your thinking with our Health Board.

10. WHAT NEXT

You have our commitment that this conversation is only the start of discussions which we hope you will continue to have with us over many years. We will consider all of the comments received and share what we have heard and learned with you, the Community Health Council and the Aneurin Bevan University Health Board. We will also continue to update our equalities impact assessment and publish this as part of our outcome report. We may wish to formally consult on the proposals after this first conversation and if so would anticipate this starting approximately xx/xx/xx.

APPENDIX 1

QUESTIONNAIRE

(Note needs response options adding – for now looking for consensus on the questions and whether they reflect what we need to learn through this first phase of engagement)

GENERAL
• Do you agree/disagree with the general direction of travel for adult mental health services in Gwent?
FOUNDATION TIER
• Do you agree/disagree with the suggestions for developing our foundation Tier services?
• Is there anything you would like to tell us that you think would support mental well-being for yourself and in your community?
PRIMARY CARE TIER
• Would you agree/disagree with the need to have more mental health roles working alongside general practice?
• Would you support/not support the proposed way of doing this?
• Would you agree/disagree with a community hub based model for the delivery of primary care mental health support services?
• Do you think it is good/bad to have a choice in the way that people can be seen i.e. face to face or via telephone/video technology?
• Would you be happy to travel a little further if you could be seen quicker?
• Would you be happy to travel a little further if you could see someone that is 'best matched' to meet your needs?
CRISIS AND IN-PATIENT SERVICES
• Would you agree/disagree that it is useful to co-locate the crisis assessment function with the section 136 suite and Psychiatric Intensive Care Unit?
• Would you support the change of location of the assessment unit from Talygarn Hospital in Pontypool to St Cadoc's Hospital in Caerleon to achieve this co-location?
• Do you think that having one single point of contact for all agencies for anyone in crisis is a good idea?
• Would you agree/disagree with separating the assessment and recovery elements of an in-patient stay?

• Would you agree/disagree with having a single assessment ward for Gwent?
• Would you keep talking to us to help us work through how wards could be configured moving forward?
SPECIALIST INPATIENT SERVICES PROVISION
• Would you agree/disagree that Gwent should have a specialist in-patient unit?

• Would you agree/disagree that the following services should be co-located?
  ○ Psychiatric Intensive Care Unit (Currently in St Cadoc's hospital)
  ○ Learning Disabilities Acute Care Unit (Currently Ty Lafant in Llanfrechfa Grange)
  ○ The Crisis Assessment Unit which is currently located in Talygarn Unit Pontypool but we are currently proposing to transfer this to St Cadoc's Hospital in the interim
  ○ 136 Suite – currently on the St Cadoc's Hospital site
  ○ An acute adult assessment ward - currently no specific ward identified
  ○ Low Secure Unit - (no current unit in Gwent)

• Would you wish to be part of the option appraisal process that determines where the best site for the Specialist Inpatient Unit is?
OTHER
• Do you feel you have had all of the information you need to consider the questions here? If not, what else would be useful for you?
• Is there anything you would specifically draw our attention to in respect of the Equality Impact Assessment?

APPENDIX 2 JARGON BUSTER

Assessment	When someone is unwell, health care professionals meet with the person to talk to them and find out more about their symptoms so they can make a diagnosis and plan treatments. This is called an assessment. Family members should be involved in assessments, unless the person who is unwell says he or she does not want that.
Carer	A friend or relative who voluntarily looks after someone who is ill, disabled, vulnerable, or frail. Carers can provide care part-time or full-time.
Crisis	A mental health crisis is a sudden and intense period of severe mental distress.
Crisis Liaison Team	Crisis workers who provide a liaison service with the Royal Gwent Hospital and Nevill Hall Hospital (Local General Hospital) and the Grange University Hospital (Specialist Critical Care Centre) and provides assessment for anyone who presents with a mental health crisis.
Duty Desk	A referrer would contact the Duty Desk for a person to be triaged. If they require an assessment they will then be referred to the local Crisis Resolution Home Treatment Team.
Early intervention service	A service for people experiencing their first episode of psychosis. Research suggests that early detection and treatment will significantly increase recovery.
Forensic services	Services that provide support to offenders with mental health problems.
Foundation Tier	Self-help resources, mental health promotion and education freely available to the wider community.
General practitioner (GP)	GPs are family doctors who provide general health services to a local community. They are usually based in a GP surgery or practice and are often the first place people go with a health concern.
Inpatient services	Services where the service user is accommodated on a ward and receives treatment there from specialist health professionals.
Learning Disabilities Acute Care Unit	A unit providing acute care for some individuals with a learning disability requiring in-patient support.
Local Authority	A county council or a county borough council
Low secure mental health services	A locked, secure inpatient service for individuals who have mental health problems and assessed as at risk of harming themselves or others.
Older Adults	Adults aged over 65.
Primary care	Health services that are the first point of contact for people with health concerns. Examples include GP surgeries, pharmacies, the local dentists, and opticians

Primary Care Teams	Primary Care teams are responsible for planning and securing health services in their local area and are attached to every GP practice.
Primary Care Mental Health support Services	Mental health practitioners providing assessment and psychological interventions for individuals referred through primary care as having non urgent mild to moderate mental health conditions.
Psychiatric intensive care unit (PICU)	A locked ward in a hospital where some people detained under the Mental Health Act may stay. They stay in the unit because they have been assessed as being at risk to themselves or others on an open acute inpatient care ward.
Rehabilitation	A programme of therapy that aims to restore someone's independence and confidence and reduce disability.
Secondary Mental Health Services	Specialist mental health services usually provided by a Mental Health Trust. Services include support and treatment in the community as well as in hospitals.
Section	When someone is sectioned it means they are compulsorily detained to a hospital under provisions of the Mental Health Act.
Service user	This is someone who uses health services. Some people use the terms patient or client instead.
Shared Lives	Offers service users the opportunity to stay with a host family who can support them in their home. May also provide a step down provision for people ready to leave an inpatient ward but requires ongoing support.
Specialist Inpatient Services Unit (SISU)	Proposed development of a centralised inpatient unit, consisting of a number of specialist wards for patients with some of the most complex needs who require admission to hospital in a safe and secure environment.
Third Sector Providers	The third sector plays a pivotal role in providing a broad range of care, support and advice for individuals, both in the community and other settings.

Abbreviations Explained

CASU	Crisis Assessment and Support Unit
CMHT	Community Mental Health Team
CRHT	Crisis Resolution and Home Treatment
EIS	Early Intervention Service
GP	General Practitioner
LA	Local Authority
LACU	Learning Disabilities Acute Care Unit
LD	Learning Disabilities
LSU	Low Secure Unit
MHA	Mental Health Act
PICU	Psychiatric Intensive Care Unit

APPENDIX 3

CONSULTATION DISTRIBUTION LIST

Stakeholder List

- Public
- Patients, Families and Carers
- Community Health Council

ABUHB

- MHLD Adult & Specialist, Older Adult MH, LD and PCMHSS/IAS staff
- MHLD Professional Leads and Forums
- MHLD Complex Care Team
- ABUHB Gwent GP Surgeries
- ABUHB Gwent NCN Networks
- ABUHB Corporate Departments
- ABUHB All Divisions
- CAMHS service
- Trade Unions/ Partnership Forums
- ABUHB Stakeholder Specialist Services (SaLT/CHAMS/other MH services)
- ABUHB Welsh Language Standards
- ABUHB Stakeholder reference groups
- ABUHB Clinical Leadership Forum
- ABUHB Gwent Arts Therapy
- Child and Young Person transition services
- Gwent LNC
- NCN Leads/Networks

Wider Health Stakeholders

- Public Health Wales
- Other Health Boards
- Local Authorities
- WAST
- HIW
- Royal Colleges
- Welsh Government
- Local MPs/ AMs/Councillors
- Professional Bodies
- Gwent Mental Health Alliance and Associated Organisations
- Gwent Association of Voluntary Organisations
- Gwent Drug and Alcohol Services
- Third Sector Providers

- Gwent Police
- Prison Services
- Probation Service
- Integrated Health and Well Being Coordinators (for links to associated groups/organisations)
- Registered Social Landlords
- Other associated MH Charities/organisations
- Other Independent Sector Gwent Adult MH Provider forums
- Advocacy service providers
- Other local providers/forums/community groups identified in conjunction with corporate Communications and Engagement Teams

APPENDIX 4 EQUALITY IMPACT ASSESSMENT

EQUALITY IMPACT ASSESMENT

Adult Mental Health Transformation

AUGUST, 2020

ANEURIN BEVAN UNIVERSITY HEALTH BOARD
St Cadocs Hospital

1.	**What are you equality impact assessing?**	Adult Mental Health & Learning Disabilities transformation of services programme of work
2.	**Brief Aims and Description**	Transforming MH and LD services for Gwent, with a focus on providing a Tier 4/ Low secure provision.
3.	**Who is responsible for the work?**	MHLD Division/ ABUHB Body Corp
4.	**Who is involved in undertaking this EqIA?**	Business Improvement & Development Service/ ABUHB
5.	**Is the Programme related to other policies/areas of work?**	Programme includes work streams for the Divisions top 10 Divisional priorities that form the Divisional Integrated Medium Term Plan (IMTP) and Specialist Inpatient Services Unit
6.	**Stakeholders – who is involved with or affected by this Programme**	Stakeholder analysis attached **

7.	**What might help/hinder the success of the Programme?**	Ensuring the programme as a whole understand the views, perspective and experience of those affected by the service provision of MHLD Division in ABUHB, and is supported by experiences, perspectives and professional leadership and guidance both operationally and clinically.

	Age	Disability***	Gender	Gender Reassignment	Pregnancy and Maternity	Race/Ethnicity or Nationality	Religion or Belief	Sexual Orientation	Welsh Language	No Differences Either Position or Negative
Is the Programme you are considering relevant to the public duties relating to each Protected Characteristic (listed to the right)? **Place a Tick ✓or a Cross ✖ as appropriate**										
In other words, does the Programme: • **eliminate discrimination and eliminate harassment in relation to…**										✓
• **promote equality of opportunity in relation to…**										✓
• **promote good relationships and positive attitudes in relation to…**	✓	✓	✓	✓	✓	✓	✓	✓	✓	
• **encourage participation in public life in relation to…**	✓	✓	✓	✓	✓	✓	✓	✓	✓	

***** In relation to disability only, as part of your assessment you MUST consider whether there is a need to make reasonable adjustment(s). The law requires this even if it involves treating some individuals more favourably in order to meet their needs**

Form 2: Information Gathering (Human Rights)

Human Rights: The Human Rights Act contains 15 Articles (or rights), all of which NHS organisations have a duty to act compatibly with and to respect, protect and fulfil. The 6 rights that are particularly relevant to healthcare are listed below. For a fuller explanation of these rights and other rights in the Human Rights Act please refer to **Appendix A: The Legislative Framework**.

Depending on the Programme you are considering, you may find the examples below helpful in relation to the Articles.

Consider, is the Programme relevant to:	Yes	No
Article 2 : The right to life **Example**: The protection and promotion of the safety and welfare of patients and staff; issues of patient restraint and control	✓	
Article 3 : The right not be tortured or treated in an inhuman or degrading way **Example**: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; Issues of patient restraint and control	✓	

Article 5 : The right to liberty **Example**: Issues of patient choice, control, empowerment and independence; issues of patient restraint and control	✓	
Article 6 : The right to a fair trial **Example**: issues of patient choice, control, empowerment and independence	✓	
Article 8 : The right to respect for private and family life, home and correspondence; Issues of patient restraint and control **Example**: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; the right of a patient or employee to enjoy their family and/or private life	✓	
Article 11 : The right to freedom of thought, conscience and religion **Example**: The protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers	✓	

SCREENING

Protected Characteristic	List Information Gathered in relation to different protected characteristics	List Information Gathered in relation to multiple protected characteristics
Age	**Relevant to Number of admissions and service users accessing MHLD for adult services**	**Information gathered would all be used in relation to understanding the service user profile to inform service provision development and improvement only and ensure positive impact on service availability and delivery.**
Disability	**Relevant to Number of admissions and service users accessing MHLD services**	
Gender	**Relevant to Number of admissions and service users accessing MHLD services**	
Gender Reassignment	Not required	
Human Rights		
Pregnancy and Maternity	Not required	
Race/Ethnicity or Nationality		
Religion or Belief	For health purposes	
Sexual Orientation		

SCREENING

Welsh Language	Not required Only to ensure provision is met Not required Whether Welsh translation services are required- in line with Welsh standards directives	For communication purposes only

Stage 2

The equality screening process will be discussed and reviewed by the Transformation Board using the NHS Centre for Equality and Human Rights Toolkit as a framework.

Assumptions:

Mental health issues can affect anyone among the population at any stage of life. However, national statistics show that that there are higher incidences of mental health issues among certain protected groups and that it will be important to ensure that the needs of service users are fully explored during the consultation process.

Drawing on national research, Mind (in their report "Our Communities, Our Mental Health" highlight the following:- Individuals or groups of people with 'protected characteristics' as identified under the Equality Act are often at 'high risk' of developing mental health problems:-

SCREENING

Age

20 per cent of children have a mental health problem in any given year, and about 10 per cent at any one time. A quarter of older people in the community have symptoms of depression that require an intervention, and this increases to 40 per cent of care home residents.

Disability

Physical illness more than doubles the risk of depression, and between 30 per cent and 50 per cent of adults with learning disability in the UK have mental health problems.

Gender reassignment

Trans people are at increased risk of depression and self-harm, and a third of trans people have attempted to take their own life.

Religion or belief

Spiritual awareness, practices and beliefs (of any religion or for those engaging in spiritual practices without a particular faith) is associated with psychological benefits, including subjective wellbeing.

Gender (sex)

There are clear differences in the way women and men experience mental health problems. Women are more likely to report common mental health problems. Girls are also more likely than boys to self-harm, and eating disorders are more common in young women compared to young men. Men are more likely to have undiagnosed depression, be detained under the Mental Health Act and take their own life compared to women.

Sexual orientation

Lesbian, gay and bisexual people are at increased risk of mental health problems, including self-harm and attempted suicide. Lesbian, gay and bisexual people have a 1.5 fold increased risk of depression and anxiety.

Pregnancy and maternity

Mental health problems affect between 10 and 20 per cent of women at some point during the perinatal period (pregnancy and one year after birth). Poor maternal health can also increase the risk of mental health in children. Within the Mind report the following issues are also identified as contributory risk factors:-

Marriage and civil partnership

Separation, divorce and being widowed is associated with increased risk of mental health problems

Race

Black African and Caribbean people living in the UK have lower reported rates of common mental health problems compared to other ethnic groups, however they are more likely to be diagnosed with severe mental health problems. Black African and Caribbean people are also much more likely to be detained under the Mental Health Act compared

Statistics collected on referrals and admissions within mental health services will reflect the population from across Gwent. However, we are mindful that the needs of minority groups accessing our services will need to be taken into account working towards a new service delivery.

Looking at evidence outlined above, we believe that Transforming Mental Health Services has a high relevance to the Health Board's obligation to meet its duties under equality legislation to eliminate discrimination, advance equality and foster good relations between people who share protected characteristics and those who do not. The way in which we deliver mental health services must take into account the particular needs of those who access our services. Through consultation, we intend to undertake further targeted engagement with groups identified above as being at higher risk of experiencing mental health issues.

Stage 3

The transformation of Adult Mental Health programme is currently at stage one of the EqIA process. We have started to identify potential impacts and any possible actions for reducing or eliminating disadvantage. Further evidence to inform the EqIA process will be gathered during formal consultation.

We have undertaken an exercise (Stakeholder Mapping and Analysis) to help us identify who we would need to engage with to find out more information on how people accessing our mental health services may be affected by our proposals. We want to know how our decisions may impact on our service users (particularly from protected

groups), their families and carers, our staff and partner organisations. Engagement activities will be undertaken to capture the perspectives of the public, staff and stakeholders about issues, concerns and questions related to existing mental health services and our proposed new model of mental health services.

Methods of engagement will include

- Group facilitated workshops and meetings
- One to one; face to face meetings
- Digital communication: email and survey monkey
- Handwritten free text responses

The engagement will be inclusive, extensive and rigorous. The following ten core areas will be considered and

The following ten core areas of finding will be explored through engagement:-

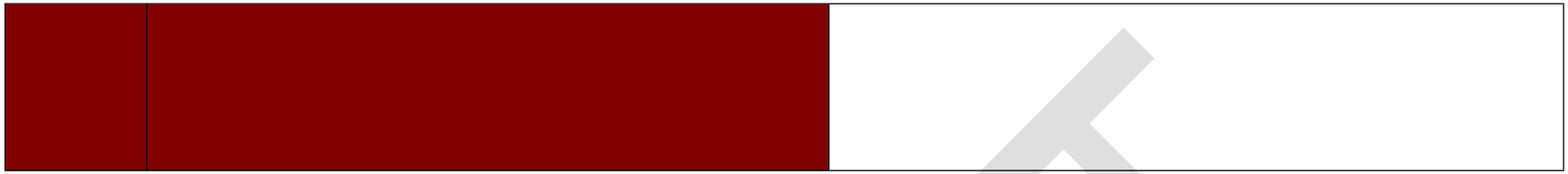
- **Responses to Change**
- **Accessibility to Mental Health Services**
- **Understanding and Managing Crisis**
- **Workforce issues**
- **Rurality and Mental Health Services**
- **Systems and Management**
- **Collaboration**
- **Values and Attitudes**
- **Engagement, Research and Knowledge-Sharing**
- **Desired Outcomes**

FULL EQUALITY IMPACT ASSESSMENT

Form 4: Examine the Information Gathered So Far

1.	**Do you have adequate information?** **(Refer to Form 2 : Information Gathering for assistance if necessary)**	Yes
2.	**Can you proceed with the Programme whilst the EqIA is ongoing?**	Yes
3.	**Does the information collected relate to all protected characteristics?**	No
4.	**What additional information (if any) is required?**	**Number of admissions and service users accessing MHLD services**
5.	**How are you going to collect the additional** **information needed? State which representative bodies you will be liaising with in order to achieve this**	N/A

FULL EQUALITY IMPACT ASSESSMENT



FULL EQUALITY IMPACT ASSESSMENT

Form 5: Judge/Assess the Potential Impact of the programme across the Protected Characteristics

	Information gathered on Forms 2 and 4	Consider the likely/potential impact of the evidence	Positive	Differential	Negative
Age	Yes	Appropriate service provision	**x**		
Disability	Yes	Improve service provision	x		
Gender	Yes	Improve service provision	x		
Gender Reassignment	N/A				
Human Rights	N/A				
Pregnancy and Maternity	Yes	Ensuring health of mother and Baby	x		
Race	N/A				
Religion/Belief	Yes	Facilities and provisions available	x		
Sexual Orientation	N/A	N/A			
Welsh Language	Yes	Welsh language provision		x	

FULL EQUALITY IMPACT ASSESSMENT

Form 6: Consider Any Alternatives which will reduce or Eliminate any Negative Impact

1.	**Describe any mitigating actions taken to reduce negative impact**	Full stakeholder analysis undertaken with consideration giving to all protected characteristics, including appropriate access to documents, access to buildings (if applicable), various methods to communicate/ feedback/ ask questions/ raise concerns. Translation offered on request.
2.	**Is there a handling strategy for any unavoidable but not unlawful negative impacts that cannot be mitigated?**	Advice and support will be requested from specialist services if required to ensure mitigation of any negative impact on individuals
3.	**Describe any actions taken to maximise the opportunity to promote equality, ie: changes to the Policy, regulation, guidance, communication, monitoring or review**	Full stake holder analysis undertaken including governance, seeking advice and guidance from appropriate services such as Local Authority Community Health Council Providers 3rd Sector Charities

		Specialist Services
4.	**What changes have been made as a result of conducting this EqIA?**	

Elimination/mitigation of negative impacts and enhancement of positive impacts for protected groups
The project will work towards eliminating or mitigating negative impacts identified from the engagement process and on an ongoing basis throughout each stage of the project. The development of a new service model offers opportunities for positive impacts and improving staff and patient experiences and work will be centred on the enhancement of these.

It is important to note that as the consultation process progresses, further information on possible equality impacts

Work around improving accessibility for people with sensory loss will be a key point for discussion during service development. The introduction of applications and using technology to support communications is an area that will be considered and the project group will seek to actively engage with sensory loss groups in Gwent on this matter.

Further, a positive impact is expected with the introduction of the proposed Crisis Assessment and Services Unit (CASU) which will provide a localised central building, for 24hr Crisis Assessments, additionally, a Support House provision is in development to provide an alternative to admission.

FULL EQUALITY IMPACT ASSESSMENT

Form 7: Outcome Report

Organisation:		
Proposal Sponsored by:	**Name:**	
	Title:	
	Department:	
Policy Title:		
Brief Aims and Objectives of Policy:		

FULL EQUALITY IMPACT ASSESSMENT

Was the decision reached to proceed to full Equality Impact Assessment?:	**Yes ☐**	**No ☐**
	Record Reasons for Decision:	
If no, are there any issues to be addressed?	**Yes ☐**	**No ☐**
	Record Details:	

Is the Policy Lawful?	**Yes ☐**	**No ☐**

Will the Policy be adopted?	**Yes ☐**	**No ☐**
	If no, please record the reason and any further action required:	

FULL EQUALITY IMPACT ASSESSMENT

Are monitoring arrangements in place?	**Yes ☐**	**No ☐**
	Refer to Action Plan (Form 8)	

Who is the Lead Officer?	**Name:**	
	Title:	
	Department:	
Review Date of Policy:		

Signature of all parties:	**Name**	**Title**	**Signature**

FULL EQUALITY IMPACT ASSESSMENT

Please Note: An Action Plan should be attached to this Outcome Report prior to signature			

How this project will benefit patients, communities and employees with all the nine characteristics protected by the Equality Act 2010

Any option selected will be seen as an opportunity to retain and reinforce any existing good practice and to address any current inequalities or failure to positively promote equality and diversity. Depending on which options are progressed as part of the next phase of the work, different protected groups may see different improvements and these would be identified through subsequent EqIAs as part of plans to implement service change.

We will explore ways of eliminating current weaknesses in the system such as duplication of care and accessibility and we remain committed to ensuring that, as far as practicably possible, opportunities for promoting equality and human rights are maximised and any potential or actual negative impact is eliminated or minimised as this development continues.

FULL EQUALITY IMPACT ASSESSMENT

Form 8: Action Plan

You are advised to use the template below to detail any actions that are planned following the completion of EQiA. You should include any remedial changes that have been made to reduce or eliminate the effects of potential or actual negative impact, as well as any arrangements to collect data or undertake further research. **This Action Plan should be completed in combination with the Outcome Report.**

	Response	Proposed Actions	Lead Officer Identified	Timescale	Progress
1. Will the Policy be adopted?	Yes / No				
2. If No please give reasons and any alternative action(s) agreed: **(If the Policy is not to be adopted please proceed to Step 9).**					

FULL EQUALITY IMPACT ASSESSMENT

	Response	Proposed Actions	Lead Officer Identified	Timescale	Progress
3. How will the affects of the Policy be monitored?					
4. What monitoring data will be collected?					
5. How will this data be collected?					
6. When will the monitoring data be analysed?					

FULL EQUALITY IMPACT ASSESSMENT

	Response	Proposed Actions	Lead Officer Identified	Timescale	Progress
7. Who will analyse the data?					
8. What changes have been made as a result of this EqIA?					
9. Where a Policy may have differential impact on certain groups, state what arrangements are in place or are proposed to mitigate these impacts					
10. Justification: for when a policy may have a negative impact on certain groups, but there is good reason not to					

FULL EQUALITY IMPACT ASSESSMENT

	Response	Proposed Actions	Lead Officer Identified	Timescale	Progress
mitigate, state those reasons here					
11. Provide details of any actions planned or taken to promote equality					
12. Describe the arrangements for publishing the EqIA Outcome Report					
13. When will the EqIA be subject to further Review?					

Monitoring, Evaluation and Review
As part of the project to measure the impacts of the service change for a wide range of stakeholders, inclusive of service users, carers and staff, the Community of Practice for Engagement that provides assurance to the Transformation Board will evaluate the impacts of the change inclusive of protected groups and will be included as a standard agenda item on bi-monthly meetings (Terms of Reference for the Community of Practice for Engagement available on request)

This document is not intended to be a definitive statement on the potential impact on the Transformation of Adult Mental Health programme or on protected characteristic groups. The document's purpose is to describe our understanding at this point in the EqIA process of the likely impact. By following the EqIA process we will identify and address any gaps in our knowledge by continuously engaging and consulting with the public and stakeholders.

Next Steps
In the next stages through consultation we will further explore what people may tell us about how they will be affected by the proposals in relation to their protected characteristics so that we may seek to eliminate or mitigate any potential disadvantage.

We will continue to update the assessment of impact during this consultation, taking into account feedback given to us during the consultation. To help, we are asking for feedback on any impact you think we should know about – whether negative or positive.

We will particularly involve people from protected groups who are disproportionately represented among mental health service users.

We have set up a group which includes independent people who have an interest in equality to help advise and challenge the work, to make sure it is as thorough as possible. The Health Board will be fully informed of the outcome of the assessment before any decisions are made.

GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	Aneurin Bevan University Health Board Monday 23rd September 2020 Agenda Item: 4.2

Aneurin Bevan University Health Board
Nevill Hall Hospital Satellite Radiotherapy Unit

Executive Summary

This paper provides the draft Outline Business Case (OBC) to support the construction of a new Satellite Radiotherapy Unit on the Nevill Hall Hospital site.

The capital cost of the proposed new unit is £30.285 million.

The recurrent revenue cost (All Health Boards) is £2.546m for the delivery of 15,600 fractions around prostate, breast and palliative treatments. The ABUHB indicative share of this (Affordability Gap) is £1.000m.

It should be noted that the majority of the additional revenue costs are associated with forecast radiotherapy demand which will be required in any event to provide additional Radiotherapy capacity to meet this demand. Significant additional revenue costs will be required in excess of the revenue cost of the preferred option to provide the additional Radiotherapy capacity to meet forecast demand if the proposed satellite unit does not progress and the majority of that activity will need to be commissioned via other Providers.

The Health Board is asked to: (please tick as appropriate)

Approve the Report	✓
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	
Note the Report for Information Only	

Executive Sponsor: Nicola Prygodzicz, Director of Planning, Digital and IT

Report Authors: Andrew Walker/Rob Holcombe/Phil Meredith

Report Received consideration and supported by:

Executive Team	14/9/20	**Committee of the Board [Committee Name]**	**Planning and Strategic Change Committee**

Date of the Report: 15th September 2020

Supplementary Papers Attached: Draft Outline Business Case (minus appendices – available on request)

Purpose of the Report

To provide the Health Board with the draft OBC for consideration and seek approval before it is submitted to the Welsh Government.

It should be noted that as this is effectively a joint project in collaboration with Velindre University NHS Trust (VUNHST) the OBC is also going through their own internal governance procedures. The OBC will be submitted to Welsh Government as a joint submission with VUNHST.

Background and Context

The purpose of the OBC is to set out a case for change and a preferred option to develop additional Radiotherapy service capacity, on a satellite basis, which has been a strategic aim of VUNHST Transforming Cancer Services Strategy for several years.

Nevill Hall Hospital was chosen as the preferred location of the Satellite Unit in 2017 following an option appraisal process involving Prince Charles Hospital, Merthyr Tydfil. This decision has been regarded as a fixed point and has not been revisited in this OBC.

The planned facility will include two Linear Accelerators and a CT Simulator along with supporting Radiotherapy clinical accommodation. It will be linked to the existing Nevill Hall Hospital via the demolition of the existing Ante-Natal Clinic following its relocation to vacant ward accommodation.

Whilst the building itself will be an ABUHB facility the clinical services will be managed and run by VUNHST staff. A Service Level Agreement will be agreed that will set out exactly which organisation will be responsible for what but put simply VUNHST will be responsible for the clinical services provision and ABUHB will provide soft and hard FM services.

The Investment Objectives for the project are set out below:

Investment Objective 1	To provide access to quality and safe radiotherapy services that optimises patient outcomes
Investment Objective 2	To provide sufficient capacity to meet future demand for services
Investment Objective 3	To improve patient, carer and staff experience
Investment Objective 4	To provide capacity and facilities to support the delivery of high quality education, research, technology and innovation

Other options considered in the OBC include:

- Additional Radiotherapy capacity is provided as part of the new Velindre Cancer Centre, i.e. there is no satellite unit
- Additional Radiotherapy capacity is out-sourced to other Providers, i.e. there is no additional Radiotherapy capacity provided within South East Wales

Assessment and Conclusion

The estimated capital cost of the preferred option, i.e. the construction of a new Satellite Radiotherapy Unit on the Nevill Hall Hospital site is £30.285 million. This includes circa £3 million for enabling works, which includes the relocation of the ante-natal clinic and temporary car-parking. These costs have been discussed in detail with Welsh Government and it is understood that they are supported in principle subject to receipt of the OBC itself.

The revenue case is predicated on delivering 15,600 fractions across prostate, breast and palliative treatments with the preferred option of the Satellite Radiotherapy on the Nevill Hall Hospital site having a recurrent revenue cost of £2.547m split between pay (£1.900m) and non-pay (£0.646m).

The cost to Health Boards will be charged under the LTA Framework mechanism on a residency basis with the costings underpinning the Velindre LTA contractual framework being updated to reflect the £2.547m stepped cost.

In order to provide Health Boards with an indication of the likely split of costs, the current Velindre LTA shares have been used to give an indicative split.

Commissioners	Split %	Recurring Revenue Costs £
Swansea Bay UHB	0.64%	16,298
Aneurin Bevan UHB	39.25%	999,543
Cardiff & Vale UHB	28.69%	730,622
Cwm Taf Morgannwg UHB	27.78%	707,447
Hywel Dda UHB	1.51%	38,454
Powys THB	2.14%	54,497
Total Recurring Revenue Costs	**100%**	**2,546,607**

However it should be noted that activity will be charged on an actual usage basis. In addition there are estimated to be £0.712m of transitional revenue costs arising from 2022-23. The indicative split by Health Board is as follows:

	Split %	2022-23 Costs £
Swansea Bay UHB	0.64%	4,557
Aneurin Bevan UHB	39.25%	279,460
Cardiff & Vale UHB	28.69%	204,273
Cwm Taf Morgannwg UHB	27.78%	197,794
Hywel Dda UHB	1.51%	10,751
Powys THB	2.14%	15,237
Total Recurring Revenue Costs	**100.00%**	**712,000**

The scrutiny process involving other commissioners has been via the Velindre Collective Commissioning Group (CCG), which consists of senior finance officers and commissioners from the stakeholder Health Boards. The costs produced contractual arrangements were scrutinised at the CCG meeting on the 28 July 2020.

Sustainability: Alongside the OBC process a lot of discussion has taken place with VUNHST regarding the potential to enhance the design of the proposed new building to improve its sustainability and to reduce carbon emissions. A report is being finalised for discussion with Welsh Government which will propose a number of initiatives and their capital cost consequences.

Key Project Milestones are as follows:

- OBC to Health Board/Welsh Government - 23rd September 2020
- Enabling Works – January 2021
- FBC to Heath Board/WG – September 2021
- Start main construction – November 2021
- Completion – August 2023

The timescale is important in the context of radiotherapy demand and capacity over the next few years and the timescale for the VCCC and therefore any slippage on this programme increases the risks to radiotherapy access for the population of South East Wales.

Recommendation
The Health Board is asked to: ▪ Approve the draft OBC for submission to Welsh Government on 23rd September 2020.

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	The OBC includes an assessment of all risks, service, revenue and capital.
Financial Assessment, including Value for Money	The OBC includes a detailed Financial and Economic Appraisal. • Total capital cost £30.286m. • Recurrent Revenue Cost £2.546m (All HBs) • AB Indicative Share – Affordability Gap £1.000m (based on indicative LTA share) • Activity to be charged on an actual usage basis.
Quality, Safety and Patient Experience Assessment	The OBC includes four Investment Objectives and a range of associated Benefits the majority of which are targeted at improving quality, safety and the patient experience.
Equality and Diversity Impact Assessment (including child impact assessment)	A separate EDIA will need to be completed and submitted to Welsh Government along with the OBC.
Health and Care Standards	The OBC had been prepared in the context of the relevant Health Care Standards.
Link to Integrated Medium Term Plan/Corporate Objectives	The development is identified in the IMTP and in the associated capital programme.

The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	**Long Term –** This project will significantly influence the longer term delivery and sustainability of radiotherapy services
	Integration – The project has been planned and designed as a fully integrated service with existing services in NHH.
	Involvement – There has been extensive engagement with other public sector bodies, staff, users and the wider public.
	Collaboration – The project has been planned and designed with the full collaboration of VUNHST.
	Prevention – One of the key aims of the Health and Well Being model is to facilitate, via integrated working, the prevention of ill health.
Glossary of New Terms	OBC – Outline Business Case, this is key document in the planning process leading to the approval of capital monies from Welsh Goverrnment.
Public Interest	There is some local, public and political interest in this project. There has already been some engagement. This paper has been written for the public domain.

GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	Aneurin Bevan University Health Board Wednesday 23rd September 2020 Agenda Item: 4.3

Medi-Park Strategic Outline Case and Llanfrechfa Grange Campus Masterplan

Executive Summary

This paper provides for consideration by the Health Board the following documents:

1. The Torfaen County Borough Council (TCBC) approved Strategic Outline Case (SOC) for the proposed Medi-Park
2. The wider Llanfrechfa Grange Campus Masterplan (LGCM)

The Board is asked for its support for the proposals to enable a joint submission with Torfaen County Borough Council of the documents to Welsh Government.

The Executive Team is asked to: (please tick as appropriate)	
Approve the Report	✓
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	
Note the Report for Information Only	

Executive Sponsor: Nicola Prygodzicz**, Director of Planning, Digital and IT**

Report Authors: Andrew Walker and Tom James (I will add these titles prior to publication)

Report Received consideration and supported by:

Executive Team	14/9/20	**Committee of the Board [Committee Name]**	**Planning and Strategic Change Committee**

Date of the Report: 15th September 2020

Supplementary Papers attached:

1. The TCBC approved Strategic Outline Case (SOC) for the proposed Medi-Park
2. The wider Llanfrechfa Grange Campus Masterplan (LGCM)

Purpose of the Report

To provide the Health Board with the Medi-Park SOC and the Llanfrechfa Grange Campus Masterplan for consideration and approval prior to their planned submission to Welsh Government.

It should be noted that both documents have been prepared in close collaboration with TCBC with them leading the SOC and the Health Board leading the preparation of the LGCM.

If approved both documents will be submitted to Welsh Government as a joint submission.

Background and Context

The Grange University Hospital is seen as a key catalyst for change in the area and the hospital forms part of the Llanfrechfa Grange Strategic Action Area (SAA) in the Local Development Plan. Since the adoption of the Local Development Plan, discussions have been taking place between TCBC and ABUHB about the potential to create a "Medi-Park" to fulfil the requirement for healthcare-related employment land.

In 2018 a Strategic Steering Board was formed comprising senior Council Officers, the Aneurin Bevan University Health Board (ABUHB), Welsh Government (WG) and the regional universities to consider the case for a "Medi-Park" adjacent to the Grange University Hospital.

The Board commissioned a Strategic Outline Case (SOC) to test whether:

- The Medi-Park is commercially viable
- There is demand
- The concept is acceptable to all stakeholders
- It should progress to the OBC stage

During the development of the SOC it became apparent that a Masterplan would be required to support the SOC to ensure that the Medi-Park proposal could be developed alongside other potential health and residential developments. For this reason the Health Board obtained agreement in July 2019 to prepare a Masterplan for the site to:

- Test the assumptions that were being made about the Llanfrechfa Grange site in the SOC.
- To assess the infrastructure requirements of the site in the context of the development of the Medi-Park and other proposed developments.
- To ensure that the future development needs of the Health Board, as far as can be reasonably predicted, are protected.

Assessment and Conclusion

Assessment has concluded that both the SOC and the LGCM are high level documents which require much more detailed work at the next stage, which would be an Outline Business Case, subject to approval.

It should be noted that, at this point in time, support for one or both documents does not commit the Health Board by way of land disposal or financial contributions.

Recommendation

The Heath Board is asked to discuss the attached documentation and address the following key questions:

- Does the Board support the proposed Medi-Park as a concept in itself and the assumptions that have been made on its viability and the potential wider benefits to the Health Board?

- Does the Board support the potential use of Health Board land for the proposed two phases of the Medi-Park, circa 20,000 square metres, in recognition that that will still leave circa 50,000 square metres of developable space for health service expansion?

  This is the key issue/question, i.e. the trade-off between the potential loss of 20,000 sq. metres of developable land for health services versus the potential stated benefits, both economic and health related, that the Medi-Park could bring.

- Does the Board support the LGCM as a representation of the future direction of travel for the Llanfrechfa Grange site, with or without the Medi-Park, and recognise the significant infrastructure costs that will be incurred in its future development, noting that these costs will be the same with or without the Medi-Park?

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	This is very high level proposal which does not pose any direct risk to the Health Board at this point in time. Full risk assessments will be undertaken should specific proposals progress.
Financial Assessment, including Value for Money	The full LGCM report provides an assessment of capital implications. VFM will be assessed in the proposed OBC.
Quality, Safety and Patient Experience Assessment	Subsequent specific business cases will assess these aspects.
Equality and Diversity Impact Assessment (including child impact assessment)	Subsequent specific business cases will assess these aspects.
Health and Care Standards	Subsequent specific business cases will assess these aspects.
Link to Integrated Medium Term Plan/Corporate Objectives	The proposals are identified in the IMTP in the context of the Board approved Estate Strategy.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	**Long Term –** The proposals could significantly influence the longer term delivery and sustainability of health and other services in the Torfaen area.
	Integration – The proposals have been planned as an integrated large scale development.
	Involvement – There has been extensive engagement with other public sector bodies.
	Collaboration – The proposals have been planned with Local Authority, Welsh Government and University input.
	Prevention – One of the key aims of proposals is to promote integrated working across the public and private sectors with a focus on research and innovation.

Glossary of New Terms	N/A
Public Interest	There is likely to be significant staff, public and political interest in these proposals as and when they are developed. Public consultation will be required at the appropriate time. This paper has been written for the public domain.

Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	Aneurin Bevan University Health Board Wednesday 23rd September 2020 Agenda Item: 4.4

Aneurin Bevan University Health Board
Newport East Health and Well Being Centre Outline Business Case

Executive Summary

This paper provides the Outline Business Case (OBC) to support the construction of a new Health and Well Being Centre in Newport East.

The purpose of the OBC is to set out a case for change and a preferred option to develop Health and Well-being services in Newport East.

The planned facility will include a range clinical services provided by Aneurin Bevan University Health Board, General Practitioner, Community Dental and General Dental Practice services together with Social Care and Third Sector provision. The development is a key component of the Newport Public Service Board focus on strong resilient communities and a place based approach in Ringland, as a key priority area.

It will replace Ringland Health Centre, Park Surgery, Alway Clinic and a large proportion of Clytha Clinic.

The estimated capital cost of the new Health and Wellbeing Centre is £26.275 million.

The Board is asked to: (please tick as appropriate)	
Approve the Report	✓
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	
Note the Report for Information Only	

Executive Sponsor: Nick Wood, Director of Primary, Community and Mental Health Services

Report Author: Andrew Walker / Lorraine Morgan

Report Received consideration and supported by :

Executive Team	Approved by Exec Team 14.9.20	**Committee of the Board [Committee Name]**	**Planning and Strategic Change Committee**

Date of the Report: 15.9.20

Supplementary Papers Attached: Draft OBC (minus appendices – available on request)

Purpose of the Report

To provide the Health Board with the draft OBC for its consideration and approval before it is submitted to Welsh Government.

Background and Context

The proposals for this development have been discussed for a number of years in the context of the health and wellbeing needs of the local population, service sustainability issues and the very poor condition of existing infrastructure.

The project was subsequently included in Welsh Government's Primary Care "Pipeline" and approval was given in early 2019 to proceed with the preparation of an OBC.

The Investment Objectives for the project are set out below:

Investment Objective 1	To support the co-location and further collaboration of Ringland Medical Practice and Park Surgery
Investment Objective 2	To support the increased provision and improved integration of Health and Well Being Services within Newport East NCN
Investment Objective 3	To address the significant estate infrastructure issues that exist at the Newport East NCN
Investment Objective 4	To support the effective use of clinical and non-clinical resources that are delivered within Newport East

The preferred way forward is the construction of a new facility on the site of the existing Ringland Health Centre and adjoining land owned by Newport City Council. This will allow the new building to be physically linked to the existing recently upgraded Council Neighbourhood Hub.

A draft Benefits Realisation Plan is being developed to support the OBC which is a requirement of Welsh Government. These will need to be quantifiable and measurable as far as is reasonably possible and make reference to how the new facility will support:

- The Public Service Board Well-being objectives
- The objectives of the WBFGA
- GMS sustainability
- Growth in GDS activity
- Growth in CDS activity
- Service, Social Care and 3rd Sector integration

There has been engagement with local stakeholders and events have been held in the Neighbourhood hub in conjunction with Newport City Council. Newport City Council has also formally expressed their support to deliver the integrated model of care.

Assessment and Conclusion

The estimated capital cost of this option is £26.275 million. This includes circa £3 million for enabling works which includes the temporary relocation of the existing clinic. These costs have been discussed in detail with Welsh Government and it is understood that they are supported in principle subject to receipt of the OBC itself.

The new Health and Wellbeing Centre will increase revenue expenditure recurrently by

£0.45 million (after savings of £0.12 million), as per the table below:

	2024-25 £'000	2025-26 £'000	2026-27 £'000	2027-28 £'000
Increase in revenue expenditure	544	549	555	570
Savings	(120)	(120)	(120)	(120)
Net increase	424	429	435	450

The savings relate to the partial closure of Clytha, and from reduction in existing hire of external accommodation by services.

Included in the forecast additional expenditure is £250k, which will be required to expand the GDS contract value to deliver additional dental treatments. This is not a direct consequence of the building itself.

To cover the £0.45m increase in recurrent revenue expenditure, approval for additional reserve budget funding will be sought as follows:

- Primary Care and Community Services - £0.21 million
- Estates and Facilities - £0.204 million
- ICT and other - £0.036 million

Key Project Milestones are as follows:

- OBC to Health Board / WG - 23rd September 2020
- Enabling Works - June 2021
- FBC to Heath Board / WG - August 2021
- Start main construction - December 2021
- Completion – September 2023

Recommendation
The Health Board is asked to: ▪ Approve the draft OBC for submission to Welsh Government

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	The OBC includes an assessment of all risks, service, revenue and capital.
Financial Assessment, including Value for Money	The OBC includes a detailed Financial and Economic Appraisal.
Quality, Safety and Patient Experience Assessment	The OBC includes four Investment Objectives and a range of associated Benefits the majority of which are targeted at improving quality, safety and the patient experience
Equality and Diversity Impact Assessment	A separate EDIA will be submitted to Welsh Government along with the OBC.

(including child impact assessment)	
Health and Care Standards	The OBC had been prepared in the context of relevant Health Care Standards.
Link to Integrated Medium Term Plan/Corporate Objectives	The development is identified in the IMTP and in the associated capital programme.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	**Long Term –** This project will significantly influence the longer term delivery and sustainability of health services in Newport.
	Integration – The project has been planned and designed as a fully integrated Health and Well Being Centre.
	Involvement – There has been extensive engagement with other public sector bodies, staff, users and the wider public.
	Collaboration – The project has been planned and designed with the Local Authority, Third Sector and Health Board staff.
	Prevention – One of the key aims of the Health and Well Being model is to facilitate, via integrated working, the prevention of ill health.
Glossary of New Terms	Outline Business Case – this is the second stage in the planning process leading to the approval of capital monies from Welsh Government.
Public Interest	There is significant local public and political interest in this project. There has already been extensive engagement. This paper has been written for the public domain.

Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	Aneurin Bevan University Health Board Wednesday 23rd September 2020 Agenda Item: 4.5

Aneurin Bevan University Health Board
Tredegar Health and Well Being Centre – Full Business Case

Executive Summary

This paper provides the Full Business Case (FBC) to support the construction of a new Health and Well Being Centre in Tredegar.

The purpose of the FBC is to confirm the case for change and the preferred option to develop Health and Well-being services in Tredegar that will provide high quality and effective primary, community, social care and well-being services for the local residents.

The planned facility will include a range clinical services provided by Aneurin Bevan Health University Board, General Practitioner, Community Pharmacist and General Dental Practice services together with social care and Third Sector provision.

It will replace Tredegar Health Centre, Glan-Yr-Afon Surgery and the existing Tredegar Hospital will be largely demolished.

The estimated capital cost of the new Tredegar Health & Wellbeing Centre is £17.195 million.

The Board is asked to: (please tick as appropriate)	
Approve the Report	✓
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	
Note the Report for Information Only	

Executive Sponsor: Nick Wood Director of Primary, Community and Mental Health Services

Report Author: Andrew Walker / Lorraine Morgan

Report Received consideration and supported by :

Executive Team	Approved by Exec Team 14.9.20	**Committee of the Board [Committee Name]**	**Planning and Strategic Change Committee**

Date of the Report: 15th September 2020

Supplementary Papers Attached: Draft FBC (minus appendices) – we will need to explain that these are available to see on request.

Purpose of the Report

To provide the Health Board with the draft FBC for its consideration and approval before it is submitted to Welsh Government. This is the final stage in the planning/approval process. Welsh Government approval will allow construction to begin.

Background and Context

The plans for this development began in 2005, when the Blaenau Gwent Primary Care Estates Strategy outlined a new model of service delivery within four locality network areas to deliver primary and community care services. Tredegar was identified as one of the network areas. In 2016 the Health Board began a programme of work to identify the future services required to address the health and wellbeing needs of the local population. This was done in conjunction with the Local Authority and Third Sector from the outset and included wide consultation and engagement with the local community and staff, from all sectors, who were providing services.

The project was subsequently included in Welsh Government's Primary Care Pipeline for completion in 2021 and it was agreed in January 2019 that an OBC should be produced.

The Investment Objectives for the project are set out below:

Investment Objective 1	To support the co-location and potential merger of GP Practices within Tredegar
Investment Objective 2	To support the increased provision and improved integration of Health and Well Being Services within Tredegar
Investment Objective 3	To address the significant estate infrastructure issues that exist at the Tredegar Hospital site
Investment Objective 4	To support the effective use of clinical and non-clinical resources that are delivered within Tredegar

The preferred way forward is the construction of a largely new Health and Well Being Centre on the site of the existing Tredegar Hospital. It is important to note that this option includes some retention of the existing Tredegar Hospital. This is seen as particularly important due to the interest that has been displayed by the local population, the local Member of the Senedd and Councillors in the historical importance of the site, and its association with the birthplace of the NHS.

A Benefits Realisation Plan is be being prepared to support the FBC which is a requirement of Welsh Government. These will need to be quantifiable and measurable as far as is reasonably possible and make reference to how the new facility will support:

- The Public Service Board Well-being objectives
- The objectives of the WBFGA
- GMS sustainability
- Growth in GDS activity
- Service, Social Care and 3rd Sector integration

There has been extensive engagement with local stakeholders and events have been hosted by the Member of the Senedd for Blaenau Gwent, who is very supportive of this development, and the Health Board. In addition, Blaenau Gwent Local Authority has also formally expressed their support to deliver the integrated model of care.

Assessment and Conclusion

The estimated capital cost of the preferred option is £17.195 million excluding the cost of addressing any potential adverse site conditions which can only be properly assessed when the majority of the existing hospital is demolished. These costs have been discussed in detail with Welsh Government and it is understood that they are supported in principle subject to receipt of the OBC itself.

From a revenue affordability perspective, the new Health and Wellbeing Centre is forecast to reduce revenue expenditure recurrently by £65k, as per the table below:

FBC Financial Case	Current Expenditure Incurred	Develop Integrated General Medical and Health and Well-being services.
	£m	**£m**
GMS Costs	0.617	0.106
Additional GDS Contract Costs	0.000	0.250
Other HWBC Running Costs	0.050	0.288
Total Costs	**0.667**	**0.644**
Rent and Service Charge Income from contractors	0.041	0.083
Total Income	**0.041**	**0.083**
Net Cost to the ABUHB	**0.626**	**0.561**

The preferred option assumes there will be a reduction of circa £0.450m in current GMS expenditure that is related to running a managed practice with premium rate locum staffing. It is assumed that the new facility will facilitate the creation of a merged independent practice thus removing the need for locums. There are risks around this assumption as it will be challenging to return the Practices to the independent market.

Included in the forecast additional expenditure is £250k which will be required to expand the GDS contract value to deliver additional dental treatments. This is not a direct consequence of the building itself.

Other 'building' related new cost pressures will need to be budget funded, with a clear and sensible allocation of cost responsibilities to fit with divisional responsibilities i.e. Primary Care, Facilities and Information Management and Technology.

Whilst the overall impact on revenue expenditure is anticipated to be a recurrent reduction of £65k, an initial assessment of the impact on divisional budgets equates to:

- A reduction in Primary Care and Community costs of £117k – these costs mainly relate to the reduction in managed practice costs which are largely ring-fenced
- An increase in Estates and Facilities costs of £44k relating to increased site running costs
- An increase in site related Informatics costs of £8k

Key Next Steps and Project Milestones include:

- Submission of the FBC to the Board on 23rd September and then to Welsh Government
- Approval of FBC December 2020
- Completion of demolition works and site grouting March 2021
- Start on Site – April 2021
- Completion and Occupation of new HWBC – August 2022

Recommendation
The Health Board is asked to: ▪ Approve the draft FBC for submission to Welsh Government

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	The FBC includes an assessment of all risks, service, revenue and capital.
Financial Assessment, including Value for Money	The FBC includes an updated Financial and Economic Appraisal.
Quality, Safety and Patient Experience Assessment	The FBC includes four Investment Objectives and a range of associated Benefits the majority of which are targeted at improving quality, safety and the patient experience.
Equality and Diversity Impact Assessment (including child impact assessment)	A separate EDIA will be submitted to WG along with the FBC.
Health and Care Standards	The FBC had been prepared in the context of relevant Health Care Standards.
Link to Integrated Medium Term Plan/Corporate Objectives	The development is identified in the IMTP and in the associated capital programme.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	**Long Term –** This project will significantly influence the longer term delivery and sustainability of health services in Tredegar.
	Integration – The project has been planned and designed as a fully integrated Health and Well Being Centre.
	Involvement – There has been extensive engagement with other public sector bodies, staff, users and the wider public.
	Collaboration – The project has been planned and designed with the Local Authority, Third Sector and Health Board staff.
	Prevention – One of the key aims of the Health and Well Being model is to facilitate, via integrated working, the prevention of ill health.
Glossary of New Terms	FBC – this is final document in the planning process leading to the approval of capital monies from Welsh Government.

Public Interest	There is significant local public and political interest in this project given the historical context of the old Tredegar Hospital. There has already been extensive engagement. This paper has been written for the public domain.

Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	Aneurin Bevan University Health Board 23rd September 2020 Agenda Item: 4.6

Gwent Healthy Travel Charter

Executive Summary

The Gwent Sustainable Travel Group, comprised of Public Service Board organisations throughout the region, was set up to foster a collaborative approach to sustainable travel. The main focus of this is the adoption of the Gwent Healthy Travel Charter. This paper details the rationale behind the group and the Charter, the agreed targets and the timescales involved.

It is recommended following support from the Executive Team that the Board approves participation in the Charter.

The Board is asked to: (please tick as appropriate)	
Approve the Report	✓
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	
Note the Report for Information Only	

Executive Sponsor: Mererid Bowley/ Gareth Hughes			
Report Author: Chris Davies			
Report Received consideration and supported by :			
Executive Team		**Committee of the Board [Committee Name]**	
Date of the Report: September 2020			
Supplementary Papers Attached: Gwent Healthy Travel Charter			

Purpose of the Report

To provide information on the Gwent Healthy Travel Charter and request from the Executive Team for approval.

Background and Context

In accordance with requirements set out in the Wellbeing of Future Generations Act, ABUHB established a group made up of representatives from Public Bodies across Gwent, to develop a Gwent Healthy Travel Charter with the aim being for Public Service Boards to support and encourage staff and visitors to their sites to use healthy and sustainable modes of transport.

The main principles of the Gwent Sustainable Travel Group (GSTG) are to consider:

- Utilisation of common assets (use of cross-service facilities)

- Different ways of working (shared services, collaborative working, flexible hours etc.)
- Active travel (facilities – changing rooms/showers, cycle 2 work)
- Planning of facilities/locations (accommodation strategy across Gwent)
- Reduced air pollution/decarbonising (car sharing, pool cars, electric vehicles)
- Targeted messaging (use of media, focus on communications)

The Gwent Healthy Travel Charter will commit Public Service Board organisations to address the provision and promotion of sustainable travel, including public transport. Public Health Wales have being supporting this initiative and we are currently utilising a generic implementation toolkit based on the success in Cardiff and Vale University Health Board. It is planned that the Charter will be signed off by G10 on 28th September 2020 for an official launch in October to coincide with Global Climate Change Week (19th – 25th), the format of which will be dictated by the current COVID situation.

A staff survey was completed earlier this year by all member organisations to inform this piece of work and establish benchmark data for future comparative analysis. Following on from the survey the Charter was created, based on the successful Cardiff Healthy Travel Charter, which sets out a number of targets for the next 3 years:

- Reduce the proportion of journeys commuting to and from work made by car from 87% to 77%
- Increase the proportion of staff who use public transport to travel to and from work from 3% to 8%
- Increase the proportion of staff who work from home 1 or more days per week from 14% to 25%
- Increase the proportion of vehicles used during the day which are ultra-low emission from <1% to 5%

It is acknowledged that each organisation will be starting from a different place and therefore may not achieve these targets, but, all members will contribute to the overall achievement of the targets in the Charter. Each member organisation has been asked to gain internal sign off to allow the final joint sign off of the Charter at G10 on the 28th Sept 2020.

A further twenty other regional and local organisations have opted to support and collaborate with elements of the Sustainable Travel Plan through the Gwent Sustainable Travel Group. These include the following organisations:

G10 Partners	***Other Partners***	***Other Partners***
Newport City Council	GAVO	Office for National Statistics
Torfaen CBC	National Probation Service	Passport Office
Blaenau Gwent BC	HM Prison Service	IPO
Caerphilly CBC	Coleg Gwent	Aneurin Leisure Trust
Monmouthshire County Council	Welsh Government	Tai Calon
Gwent Police	ABGPHT	Melin Homes
South Wales Fire & Rescue Service	Newport City Homes	Bron Afon Community Housing
OPCC	CAB	Torfaen Voluntary Alliance
Aneurin Bevan UHB	Newport Live	Monmouthshire Housing Assoc.
NRW	University of South Wales	Torfaen Leisure Trust

The Charter will facilitate synergistic partnership working across the region to increase the take up of sustainable travel including:

- exploratory work on increased active travel routes to link ABUHB and Gwent Sustainable Travel Group member sites through collaborative funding with Local Authorities
- regional cycle hire initiatives
- shared use of facilities
- regional planning opportunities
- closer working between public sector partners in the region

Recommendation	
The Board is requested to: • Approve the Health Board's participation in the Gwent Healthy Travel Charter.	
Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	We are undertaking a dynamic real-time approach to risk assessment.
Financial Assessment, including Value for Money	Further financial assessment will be undertaken once options have been discussed and preferences indicated
Quality, Safety and Patient Experience Assessment	This may be impacted, but this will continue to be fully assessed.
Equality and Diversity Impact Assessment (including child impact assessment)	An EQIA will need to be undertaken to ensure that any impact is understood and mitigated as far as possible
Health and Care Standards	Sustainable travel complies with 'Staying Healthy' - Standard 1.1 Health Promotion, Protection and Improvement
Link to Integrated Medium Term Plan/Corporate Objectives	Promoting public transport use, active travel and reducing single occupancy car journeys will support Standard 1.1 Health Promotion, Protection and Improvement
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	Sustainable travel links to Objectives 2, 3, 7 and 8
	Long Term – Sustainable travel is intrinsically a long term mindset due to its link to carbon reduction (thus negating climate change) and lifelong health/wellbeing improvements
	Integration – For the objectives to be met it would require a whole Health Board approach with cross division collaboration plus external partnership working with the other public sector Charter members
	Involvement – as with Integration it would attempt to involve all staff members and link into working groups such as WbFGA Programme Board, Clinical Futures and Health at Work Group etc

	Collaboration – The Charter was developed in conjunction with Public Health Wales, local authorities, Gwent Police, South Wales Fire Service and NRW
	Prevention – Successfully meeting the Charter targets will positively contribute to employee health and wellbeing and reduce both carbon emissions and poor air quality through particulate emissions
Glossary of New Terms	Terms explained in the document.
Public Interest	Paper written for the public domain.

APPENDIX 1 – GWENT HEALTHY TRAVEL CHARTER

Gwent Healthy Travel Charter

Gwent Public Sector Commitments 2020-23

Teithio Llesol Gwent
Healthy Travel Gwent

Working together, for our sites in Gwent, we commit to...

Communications and leadership
Establish a network of sustainable travel champions, including senior staff and managers who routinely promote and model active and sustainable travel behavior
Agree and use consistent communications messages with the public, visitors and staff on healthy travel and reducing unnecessary travel
Promote and consider healthy travel options and benefits across wider functions, such as; procurement, conferences, and when advertising roles in our organisations
Review together our travel expenses policies, to encourage uptake of sustainable travel
Collaborate with partners and provide strategic leadership and planning on healthy and sustainable travel
Public transport
Explore discounts for staff on Transport for Wales rail services and with local transport providers
Walking, cycling and public transport
Contribute to an interactive map showing all walking and cycling infrastructure and public transport links for our main public sector sites in Gwent
Cycling
Offer the cycle to work scheme to all staff (including e-bikes)
Assess and provide as appropriate secure cycle storage and showers at all main sites
Improve access to bicycles at work where appropriate, e.g. pool bikes and hire bikes
Explore and promote cycle training and maintenance sessions
Agile working
Increase availability and uptake of tele- and video-conferencing for meetings where appropriate
Improve flexible working options, including home working, and develop a culture of agile working across public sector sites
Ultra-low emission vehicles
Review the current and future need for electric vehicle (EV) charging infrastructure on our sites
Review our fleet and procurement arrangements (where applicable) for introduction of ultra-low emission vehicles

Between us, we will...

Reduce the proportion of journeys commuting to and from work made by car from 87% to 77% **Increase** the proportion of staff who use public transport to travel to and from work from 3% to 8%
Increase the proportion of staff who work from home 1 or more days per week from 14% to 25%
Increase the proportion of vehicles used during the day which are ultra-low emission from <1% to 5%

Who we are... 29 public sector organisations who are committed to sustainable travel

GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	Aneurin Bevan University Health Board Wednesday 23rd September 2020 Agenda Item:4.7

Aneurin Bevan University Health Board

Annual Quality Statement 2019-20

Executive Summary

The Annual Quality Statement 2019/20 provides an opportunity for the Health Board to describe to its resident population its quality and safety performance in the previous year.

The Board is asked to: (please tick as appropriate)	
Approve the Report	x
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	
Note the Report for Information Only	

Executive Sponsor: Sarah Aitken Executive Medical Director and Rhiannon Jones Executive Director of Nursing

Report Author: Alexandra Scott – Assistant Director, Quality and Patient Safety

Report Received consideration and supported by :

Executive Team	**17 August 2020**	**Committee of the Board**	**Quality and Patient Safety Committee. 2 September 2020**

Date of the Report: 10th September 2020

Supplementary Papers Attached: WHC/2019/042 and Annual Quality Statement 2019-20

Purpose of the Report

The purpose of the report is to present the 2019/20 Annual Quality Statement to the Board for approval.

Background and Context

All NHS Organisations in Wales are required to publish an Annual Quality Statement (AQS) as part of their annual reporting process. The AQS is developed to provide a transparent reflection of Health Board performance in 2019/20 in relation to delivering services that address local need in the context of quality and safety.

The AQS for 2019-20 was initially required to be published on 31 May 2020 but this was subsequently delayed until 30 September 2020 as a result of Covid-19.

The AQS has been produced to meet the requirements of the Welsh Health Circular WHC/2019/042. It is developed around the priorities identified in the 2019/20- 2021/22 Integrated Medium Term Plan and includes key performance metrics as well as examples

of exceptional practice undertaken to drive improvements around quality and patient safety.

The AQS is produced through a process of collaboration between Corporate and Divisional teams to identify content that ensures that the document reflects Health Board performance. The AQS is subject to Internal Audit to ensure it is consistent with the information reported to the Board and the requirements of WHC/2019/042 and clearance has been received.

Assessment and Conclusion
The AQS provides a comprehensive and transparent overview of quality and Safety performance in 2019/20.

Recommendation
The Board are asked to approve the Annual Quality Statement for publication.

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	The Annual Quality Statement has reputational risks if it is not published, or if the information within it is inappropriate or inaccurate. These are mitigated through review by Committees/Groups of the Health Board and by the Board Secretary, as well as audit by Internal Audit.
Financial Assessment, including Value for Money	The AQS will be required to be published bilingually and therefore will be subject to translation costs
Quality, Safety and Patient Experience Assessment	The AQS reports on the quality of ABUHB services to the public, and is an important part of the Health Boards Annual Reporting process.
Equality and Diversity Impact Assessment (including child impact assessment)	The AQS reports on services only and its development is not subject to EQIA
Health and Care Standards	The AQS is developed around the Health and Care Standards framework and therefore provides assurance against each of the themes within the Health and Care Standards.
Link to Integrated Medium Term Plan/Corporate Objectives	The AQS details performance around priorities set out in the 2019/20-2021/22 IMTP
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	**Long Term –** Many of the services/issues covered within the AQS are important for the long term health of the population.
	Integration – The AQS shows how service provision is now integrated with and across partner organisations.
	Involvement – The AQS demonstrates the involvement of the public with our services in many areas.

	Collaboration – The AQS demonstrates collaboration across services.
	Prevention – The first section of the AQS is on Staying Healthy, and details a Healthier Gwent and includes smoking cessation, weight loss, Exercise referral and Making Every Contact Count.
Glossary of New Terms	The document is written in an accessible and easy to understand format with terminology explained throughout.
Public Interest	The AQS is for developed for the public domain.

WHC/2019/042

WELSH HEALTH CIRCULAR

Llywodraeth Cymru
Welsh Government

Issue Date: 23 December 2019

STATUS: INFORMATION

CATEGORY: QUALITY & SAFETY

Title: Annual Quality Statement 2019 / 2020 Guidance

Date of Expiry / Review March 2021

For Action by:
NHS Wales

Action required by: 29 May 2020

Sender: Jan Firby
Healthcare Quality Delivery
Population Healthcare

DHSS Welsh Government Contact(s) :
Mandy Stone
Population Healthcare
Health and Social Services Group
Welsh Government
Cathays Park
Cardiff
CF10 3NQ

Enclosure(s): Annual Quality Statement 2019-20 Guidance

The Annual Quality Statement 2019-20

1. Background

The Annual Quality Statement (AQS) provides an opportunity for organisations to 'tell the story' of good practice and initiatives being taken forward, as well as confirming what **went well** and what **not so well** and the **actions being taken as a result**. All NHS organisations are required to publish an AQS, as part of the annual reporting process.

NHS organisations need to be mindful that the Health and Social Care (Quality & Engagement) (Wales) Bill includes a new, broader duty of quality which requires NHS bodies in Wales to exercise their functions with a view to securing improvement in the quality of health services.

The Bill is at a relatively early stage in the Assembly's legislative scrutiny process. If the Bill is passed by the Assembly, we hope to bring the new duty into force in Summer 2021.

Detailed guidance will be developed with stakeholders to support its implementation. The Welsh Government will also supply training materials so staff are aware of the new duty and what it means in practice.

The Bill contains annual reporting requirements which require NHS bodies to assess the extent to which the steps they have taken to comply with the new duty of quality have led to improvements in outcomes. This new reporting requirement will build on and replace the existing Annual Quality Statement to form the basis of the mechanism through which the duty will be reported. Revised guidance will be co-produced ahead of the new requirements being introduced.

In the interim, annual quality statements will continue very much as in previous years but with an eye on the future requirements under the Bill. This Welsh Health Circular therefore provides guidance on the content and structure of the statement for 2019-20.

2. What should a Statement include and look like?

The AQS is for each organisation's resident population and provides an opportunity to let the public know, in an open and honest way, how it is doing to ensure its services are addressing local need and meeting high standards. Bringing together a summary highlighting what has been done to improve the quality of the services it provides and commissions, in order to drive both improvements in population health and the quality and safety of healthcare services. In developing the AQS it should enable LHBs and trusts to:

- provide an assessment of how well they are doing across all services, across the patient pathway, including social care and the third sector;
- promote good practice to share and spread more widely;
- confirm any areas which need improvement;
- build on the previous year's AQS, report on progress, year on year;
- account to its public and other stakeholders on the quality of its services; and
- engage the public on the quality of services received from their health board / NHS Trust to help inform the AQS content.

Engagement with the public will be important to understand what matters to them and what they would like to see in their local quality statements.

The statement needs to encompass all key themes in line with the *Health and Care Standards for Wales* and the *NHS Wales Outcome and Delivery Framework.* It also provides the opportunity to reflect improvements being made to services in line with the expectations set out in *A Healthier Wales*, the Social Services and Well-being (Wales) Act 2014 and the Well-being of Future Generations (Wales) Act 2015.

It should be presented in a way that can be understood by those who use the services provided, written in plain English and be jargon-free, using visual graphics to underline key messages. To ensure national consistency in approach, more detailed advice is provided in annex 1.

Organisational communications leads will need to work closely with their quality and safety colleagues to ensure the content and format of the statement is as would be expected of a public-facing report. We expect the communications departments to be actively involved and engaged with the promotion of the AQS through the use of internet, intranet and approved social network sites such as Facebook and Twitter.

A communications strategy should also be developed to aid publication and promotion of the AQS.

3. What does it need to cover?

The AQS should combine an element of looking back at what has been achieved with a forward look using data and information available for the reporting year. In looking back, LHBs and trusts should seek to answer the following questions:

- are we meeting standards and delivery requirements and are we improving outcomes, across the whole patient pathway?
- are we genuinely seeking to understand the patient/user experience and is it improving?
- are we meeting or exceeding our improvement goals?
- are we being open and learning from errors and concerns?

Examples of initiatives or work to demonstrate commitment to the following should also be included:

- Wales for Africa and other international health partnerships
- embedding a rights based approach which challenges ageist attitudes and stereotypes, making rights real in public service.
- mitigating risk in achieving high quality care and being honest about performance.
- identifying and celebrating areas of local innovation in service delivery and transformation to ensure spread and sustainable improvement
- integration and partnership working.

4. Publishing the AQS

As the AQS is a public document it should be presented in a way which is accessible to all. A bilingual AQS must be published electronically on organisations' websites, with hard copies being made available on request. Organisations should also take into account the needs of their local populations and consider making the statement available in other formats or languages where there is a need to do so, considering going beyond meeting the legal requirements in such matters.

Organisations may want to consider using a number of ways to 'tell the story'. This could be through a mix of case studies and patient stories as well as quantitative data presented clearly and succinctly, signposting the reader to more detailed or technical information as required. It should provide a balance between positive information and an acknowledgment of where services need to improve.

The AQS must be produced on a financial-year basis, which aligns with the financial and performance data reporting periods within NHS organisations' Annual Accounts. Statements must be published no later than **29 May 2020**, in line with the annual accounting and reporting timetable.

It is recognised that this can present difficulties in accessing timely data at the year end to meet publication deadlines. To overcome this it is suggested that quantitative information be presented in one of three ways, depending on data availability at the time of reporting:

1. If a full financial year of data is available, then data for the 1st April to 31st March should be included.
2. If a full financial year of data is not available, data for a calendar year, 1st January to 31st December, should be used to show performance trends supported by commentary on projected end of year delivery where possible.
3. If the measure is qualitative in nature or the data is not available either on a financial or calendar year basis then NHS organisations should provide commentary on past and anticipated end of year delivery. Cross correlation, where appropriate with your Annual Report is recommended to reduce duplication and to provide more collaborative approach.

5. Assuring the Annual Quality Statement

The Board is accountable for each organisation's quality statement and must therefore assure itself, through its internal assurance mechanisms, including internal audit, that the information published is both an accurate and representative picture of the quality of services it provides and the improvements it is committing to. The Chair and Chief Executive will need to include a statement confirming this. Organisations may also wish to include statements demonstrating engagement from other stakeholders, such as Community Health Councils and social care when agreeing their statement.

Annex1

Annual Quality Statement
Template for 2018/19

1. **Statement from the Chair and Chief Executive**

2. **Introduction**
   This section should set the context, describing the population needs of the organisation which have been identified and how these will be meet. Summarising the steps being taken to engage with its population and users and the improvement priorities set last year and any in-year challenges including unexpected events which may have influenced this.

3. **Looking Back Over the Past Year**
   This section should be set out in line with the individual themes below. It should aim to ensure a consistent national approach as far as possible, whilst at the same time providing the opportunity to reflect local priorities. When providing specific examples, it is suggested they are chosen to reflect the local context. **Not all of the areas set out below will be relevant to each organisation, so organisations should draft their response in the spirit of this guidance and adapt their content to suit the services or programmes which they provide.**

   Each theme should provide examples of achievements and improvements as well as challenges, including actions in response to any quality triggers or external reviews which may have taken place during the year. It should show how the organisation has listened to, learnt from and is working with all its partners including social care and the third sector.

   - **Staying Healthy**

   Examples of actions to promote and protect health – examples drawn from obesity, smoking, alcohol, exercise, immunisation rates etc. and/or examples of health improvement programmes implemented. Examples of innovative services in primary and community care to help people maintain good health and live independently.

   - **Safe Care (Services)**

   This section should specifically include examples of actions to improve safety, including nutrition and hydration, falls, pressure ulcers and progress in reducing healthcare associated infections. Progress and learning from case note mortality reviews and other sources of mortality data, serious incidents, safeguarding issues and independent reviews and descriptions of any never events and learning should be included in this section.

   - **Effective Care (Services)**

   Examples of achievements and challenges across individual service delivery plans in providing evidence based effective pathways of care, including efforts to ensure integration and joint working with social services. This section may

need to signpost to more detailed reports for some areas e.g. cancer, stroke, mental health, primary care, children etc. A few examples of participation and learning from national clinical audit, clinical outcome reviews and peer review. This could be linked to local improvement priorities also participation in and learning from research, development and innovation.

- **Dignified Care**

A summary of progress against actions agreed in 'Dignified Care', as well as examples of improvements or challenges which have impacted on meeting the needs and overall experience of patients with dementia, cognitive impairment or sensory loss. Summary of actions being taken to ensure the provision of good continence care, including improvement actions where needed. Improvements made following inspections undertaken by Healthcare Inspectorate Wales.

- **Timely Care (Services)**

A summary of progress and actions taken to improve timely access to and discharge from services including GP access, unscheduled care, ambulance handovers, delayed transfers of care and preventing late night/early hours discharges from hospital, working with social services where required. This could include a summary of participation in the national unscheduled care programme. Examples of actions taken to reduce risk of harm associated with delays in accessing services/care, including participation in the national planned care programme.

- **Treating People as Individuals**

Examples of services/care designed to meet individual need e.g. communication needs, sensory loss, disability and maintaining independence, supporting carers as well as improving services for vulnerable groups. Listening and learning from individual feedback, including the Evans Review of Putting Things Right (PTR) and progress and examples in implementing the National Service User Experience Framework. This should include or signpost to PTR data and learning.

- **Our staff**

A summary of the workforce profile and challenges e.g. actions taken to ensure safe staffing levels, tackle recruitment difficulties, etc. and numbers of and the support provided by volunteers. Examples of actions taken following staff feedback/surveys etc. Examples of actions to develop and support staff to deliver compassionate care and make improvements: including through the provision of training and development in areas such as dementia, cognitive impairment and sensory loss, as well as staff appraisal. This section should also include progress in embedding the Improving Quality Together Framework (IQT), individual and team awards.

The OPC also sets out 3 areas relating specifically to staff, including staffing levels, training and responding to the views of staff. LHBs and trusts should increasingly demonstrate how such issues are considered throughout the year

and how findings etc are brought together to support the evidence provided within the Annual Quality Statement. These expectations align with those set out within the Health and Care Standards Framework.

It is suggested the Wales for Africa disclosure is captured within this theme. You may wish to include reference to information such as the number of staff granted 'volunteering' time, number of staff otherwise engaged with health links work, or any international learning opportunities undertaken. This section also provides an opportunity to draw attention to any other wider strategic international links and projects, and to draw attention to activity undertaken locally to implement the principles of the Charter for International Health Partnerships in Wales:

http://www.internationalhealth.wales.nhs.uk/sitesplus/documents/1100/IHCC%20Charter%20for%20IHP%20%28Interactive%29%20E.pdf

4. Forward Look

This section should summarise how each organisation has used this process to identify areas for focus and improvement for the coming year, working with all its partners including social services. It should set out clear, measurable improvement actions against each of the themes above. It should also describe how the organisation will track progress during the year, including evidence from how it listens and learns to drive continuous improvement.

5. Engagement and Feedback

The document should also be seen as a tool for engagement and a key element in the organisation's communication strategy. Organisations are encouraged to engage with all their stakeholders or partners in agreeing the final statement and include any endorsements/engagement statements as appropriate. They should also include details of how the reader can contact the organisation to comment on the statement or to seek further information.

Annual Quality Statement 2019/2020

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Index

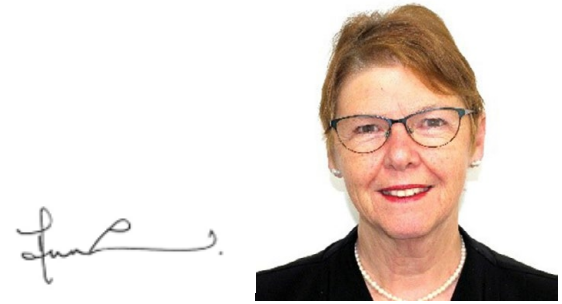
Design by Medical Illustration, ABUHB.

Foreword from the Chair and Chief Executive

2019-20 has been a year of great progress and challenge. Quality and Safety is embedded in everything we do within the Health Board, and as such is a priority for everyone working here, from clinical staff, board members and support services, we all strive to ensure the highest quality and safety of the services we provide. The Annual Quality Statement (AQS) reflects some of the achievements we have seen throughout 2019/20, but it also explains when we could have done better and what we are doing to improve in these areas. Understanding our performance, sharing good practice and driving improvement are fundamental principles of a learning culture that underpins the provision of safe, effective, timely, person centred care across Aneurin Bevan University Health Board.

The Health Board has made significant strides in terms of the Clinical Futures Plan to provide safe, high quality care. As a Health Board, we aim to improve the health and wellbeing of the population, reduce health inequalities, and ensure the sustainability of our NHS healthcare system. The Health Board is changing the way it delivers services, ensuring that people are at the centre of everything it does and every decision it makes. This includes supporting the population to live more of their lives in good health for longer and to provide safe care as locally as possible, often in people's homes. Part of this ambition has been the construction of the Grange University Hospital, our new specialist and critical care centre in Cwmbran. Huge progress has been made and in April over 300 beds were available for the Health Board to use in the event of requiring extra capacity due to of Covid-19. The construction of the hospital brings the Health Board a step closer to realising its Clinical Futures ambitions.

We must thank all of the staff for their continued hard work and recognise the amazing efforts and sacrifices people made to ensure that as a Health Board we have responded effectively to Covid-19. It has been overwhelming to observe how colleagues across the Health Board, our partners in health and social care and the third sector have worked together to respond to this challenge, together with huge support of the public, for which we are very grateful.



An Introduction to the Annual Quality Statement

The Annual Quality Statement (AQS) is a summary of the successes and challenges for the Health Board throughout 2019/20 in relation to quality and safety. The document is a transparent reflection of the progress that has been made towards the priorities that were set at the beginning of the 2019/20 financial year in our *Integrated Medium Term Plan* (IMTP) and explains the Health Board performance against some important indicators used to help us understand the quality of the care we are delivering. The AQS also captures the impact that Covid had during the final 2 months of the reporting period and some of the actions undertaken to respond to it.

The AQS is set out under the seven themes of the Health and Care Standards. At the beginning of each section the priorities that were identified at the beginning of the financial year in the IMTP are specified and the progress the Health Board has made towards achieving them is described.

Staying Healthy

The principle of staying healthy is to ensure that people in Wales are well informed to manage their own wellbeing.

Safe Care

The principle of safe care is to ensure that people in Wales are protected from harm and supported to protect themselves from known harm.

Effective Care

The principle of effective care is that people receive the right care and support as locally as possible and are enabled to contribute to making that care successful.

Dignified Care

The principle of dignified care is that the people in Wales are treated with dignity and respect and treat others the same.

Timely care

The principle of timely care is that people have timely access to services based on clinical need and are actively involved in decisions about care.

Individual Care

The principle of individual care is that people are treated as individual, reflecting their own needs and responsibilities.

Staff and Resources

The principle is that people in Wales can find information about how their NHS is resourced and make careful use of them.

Staying Healthy: *The principle of staying healthy is to ensure that people in Wales are well informed to manage their own wellbeing.*

In this section we explain what the Health Board has achieved in 2019 /20 to ensure that the people that we provide care and treatment for are able to live more of their lives in good health, are well informed to manage their own health and wellbeing and explains how the Health Board supports people to make decisions about their own behaviour and wellbeing that impacts positively throughout their lives.

In 2019/20 we said we would...

- Identify People living with dementia and ensure appropriate care and support for them and their carers
- We would promote children having the best start in life

The progress we have made...

- We have a Dementia Action Plan (for 2018-2022) which sets out multiple aims to improve the experiences of people living with dementia, to include;
  - The early identification of carers
  - Dementia support workers
  - Implementation of a dementia friendly GP accreditation programme.
- We have commenced the *'Talk with me'* and the Early Years Integrated Pathways to ensure progress against this priority.
- 172 women chose to and were supported to initiate breast feeding at birth.

Uptake of influenza vaccination among health care workers with direct patient contact is 61.8% for 2019/2020 in excess of the Welsh Government target of 60%

95.80% of children in Gwent received 3 doses of the '6 in 1' vaccine by age 1

55% of the adult population in Gwent meet their physical activity guidelines

Building a Healthier Gwent

In 2019 we published the Building a Healthier Gwent Report. The report acknowledges the fact that people living in some of our Gwent Communities can expect to live 18 years of their life in less good health than those living in other areas of Gwent. The reason for the 18 year gap is that some people live the kind of healthy lives that prevent heart disease, cancer and lung disease while others don't. The report describes a set of ambitions that will ensure that the places where we live, work, learn and play will make it easier for people in our communities to live healthy, fulfilled lives by 2030.

Ambitions include...

All our children and young people live in smoke free environments and consider not smoking to be the norm.

More of our children and young people live in an environment that supports being a healthy weight.

We have vibrant, connected communities with people preferring to walk and cycle for local journeys.

Families & children are active in shared open spaces and getting the most out of the abundant, natural environment.

We live, learn and work in strong and mutually supportive, resilient communities - both real and virtual.

Concerted action to improve mental well-being because we understand that there is no health without good mental health.

THE AMBITION FOR GWENT 2030

In 2030 the places where we live work, learn and play make it easier for people in all communities to live more of their lives in good health.

Please read full report here

Designed to smile programme (D2S)

Designed to Smile (D2S) is a national programme funded by Welsh Government and whilst it's now 10 years old it remains relevant.

The programme supports supervised tooth brushing for children in some nurseries and infant schools. This is not instead of brushing at home twice a day, but in addition. The programme also implements fluoride varnish treatment being placed on children's teeth to help prevent tooth decay.

The Health Board D2S teams work in 229 schools and nurseries undertaking supervised tooth brushing for 16,628 pre-school children, reception, nursery and Year 1 children. Fluoride varnish has been placed on 10,904 older children's teeth in 128 schools to prevent dental decay.

Making Every Contact Count (MECC)

Making Every Contact Count (MECC) is a national programme that puts the protection and promotion of health and well-being at the heart of every contact. The programme recognises that staff across health, local authorities and voluntary sectors have thousands of contacts every day with patients and are ideally placed to promote health and healthy lifestyles during these contacts by motivating changes in behaviour, offering advice and support and referral to services, as required. The Health Board met its aim of training 10% of front line staff in the principles of MECC by 31 March 2020.

"My confidence has improved and I am trying to identify MECC opportunities where possible in my practice"

"During MECC training we discussed how to approach sensitive issues with patients, this has been the most helpful part of the training and has encouraged me to use my MECC skills with service users"

What our staff said after receiving their MECC Training

Gwneud i Bob Cyswllt Gyfrif
Making Every Contact Count

Health Board midwifery services have used MECC to initiate sensitive and supportive discussions around raised BMI with pregnant women. This enables full participation in solutions to change behaviours to improve their health and that of their unborn baby.

National Exercise Referral Scheme (NERS)

Wales National Exercise Referral Scheme (NERS)
Cynllun Atgyfeirio Cleifion i Wneud Ymarfer Corff Cymru

Exercise can help reduce blood pressure, help with weight loss, reduce cholesterol levels and can benefit mental health, helping you to increase your chances of living healthier and longer. The exercise referral scheme is designed to support individuals to take up a variety of physical activity opportunities. Once referred to the scheme the individual will have a 16 week programme designed specifically to their needs and will have assistance from highly qualified exercise professionals.

All the Health Board Neighbourhood Care Networks, across 12 catchment areas in Gwent, are working to improve the accessibility to these exercise schemes.

Smoking Cessation

Byw Bywyd JustB

The JustB Smoke Free programme across the Health Board supports secondary schools to develop a smoke free culture. Pupils aged 12 to 13 are trained to become Ambassadors. The role of the Ambassadors is to talk to fellow pupils about the benefits of being smoke free and the risks of smoking tobacco

GP Practices across the Health Board are working to raise awareness of free NHS services available to help people stop smoking. Patients are sent a personal letter to attend a smoking assessment with a Help Me Quit Community Advisor.

Support includes:

- An initial assessment to determine the client's readiness to stop smoking.
- Motivational interviewing to assist clients in their attempt to stop smoking.
- Weekly Carbon monoxide monitoring to support a stop smoking attempt.
- Identification of clients who need referring, following the local referral pathway.
- Weekly supply and support in use of nicotine replacement therapy products to maximise therapeutic benefits.

During the year 2019/20 3825 adult smokers accessed the ***"Help Me Quit"*** smoking cessation service, 1610 treated smokers quit smoking at 4 weeks.

Smoke Free Maternity Services

The Smoke Free Maternity service launched in June 2019. The aim is to increase the number of pregnant women who receive professional support to give up smoking and give their babies a healthier start in life.

Every pregnant woman wants the best for her new-born baby and the most important thing she can do for her own health and baby's health is to give up smoking.

This service is available to all pregnant smokers and is part of the normal pregnancy package offered to women in Gwent. We want all pregnant women to know that this specialist support will greatly increase their success of becoming smoke free.

Smokers who use free NHS services with pharmacotherapy medication increase their chances of quitting by 300% compared to going it alone.

There are 89 community pharmacies able to provide one-to-one smoking cessation support and supply Nicotine Replacement treatment.

The Smoke Free Maternity service launched in June 2019 and treated 232 pregnant women in 2019/20.

What does it offer?

- One to one specialist stop smoking support for pregnant woman.
- Weekly behavioural support for a course of 12 weeks or longer at clinics, patients home addresses or telephone.
- Flexible appointment times and days, in the morning, afternoon or evening.
- Access to licensed stop smoking medication for up to 12 weeks via a pharmacotherapy letter issued to Community Pharmacy Level 2 smoking Cessation Services.

What are the benefits?

- A healthier pregnancy and better able to cope with birth.
- The baby is less likely to be born too early and/or be born underweight.
- The baby will have a greater chance of growing up healthy.
- Reduce the risk of miscarriage or stillbirth.
- Reduce the risk of cot death.

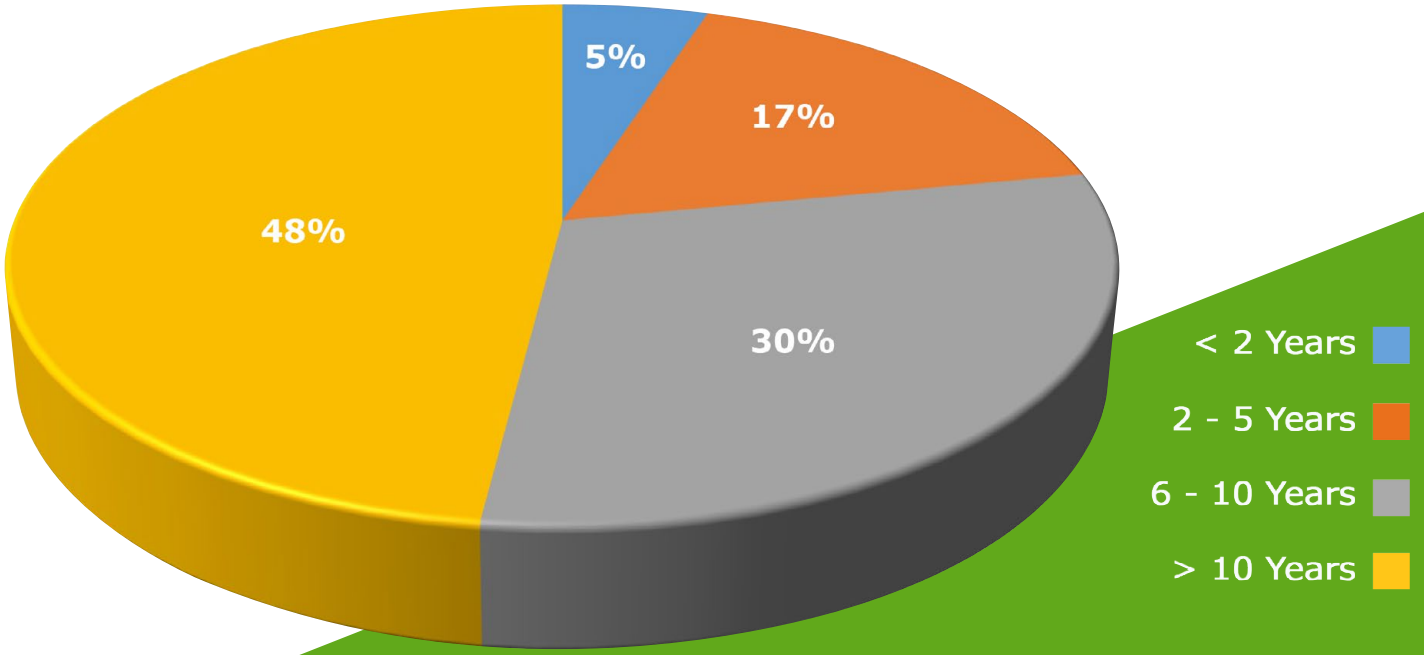
Who delivers the service?

The service is delivered by three Smoke Free Maternity Support Workers based across Ysbyty Ystrad Fawr, Nevill Hall Hospital and the Royal Gwent Hospital who are all passionate about the new service and supporting pregnant women to give up smoking.

Connect

Connect is a Child and Young Person Weight Management Service that commenced in the Health Board in May 2019 and is the first of its type in Wales. It links with families of children and young people aged 16 years and below, where the BMI of that individual is high and they have other medical issues. Since launching, the service has had 329 referrals, 269 of these prior to April 2020, and 159 families were being supported by with relevant medical professionals, such as Dieticians, Psychologists, Nurses, Paediatric Consultants and Therapy Practitioners.

% of referrals per age group



Referral to connect by age

Primary Care Immunisations

The Immunisation Team was re-established within Primary Care and Community Division in January 2020. The team includes a Lead Nurse, an Immunisation Nurse Facilitator and Administrative Support. Immunisation is one of the most successful and cost-effective public health interventions and maintaining immunisation programmes is a key priority to protect public health from preventable infections. Throughout the Covid 19 pandemic the team has encouraged and actively supported the continuation of the childhood immunisation programme within primary care. The Immunisation Team has commenced the delivery of a series of virtual immunisation update training sessions for staff in Primary Care using video conferencing.

Safe Care:

The principle of safe care is to ensure that people in Wales are protected from harm and supported to protect themselves from known harm.

The progress we have made...

We have a well established surveillance mechanism in place.

- In 2019/20, 2001 mortality reviews were undertaken in relation to patients who have died in hospital. The reviews have informed improvements in care.
- The Falls Review Panel has reviewed 68 falls that resulted in fractures in 2019/20. The reviews have identified that the documentation of risk assessments needs to be more robust. A programme of audit will now be developed to ensure that learning from these reviews is being embedded across the Health Board.
- This improves understanding around the prevention and treatment of pressure ulcers.

21,136 Patient Safety Incidents were reported. 83% of these incidents resulted in either no or minor harm

This demonstrates a culture where staff feel safe to report incidents enabling a supportive response to secure learning

31 Health Care Acquired Pressure Ulcers were reported to the Welsh Government as it was established that there was a failure to fully implement care bundles to minimise pressure damage

4381 falls were reported for patients in our care. 94.1% resulted in no/minor physical harm

238 of the patient safely incidents were considered serious enough to report to Welsh Government. This is 1.13% of total incidents reported.

In this chapter we describe what the Health Board has done in 2019 /20 to ensure that we are able to provide high quality and safe care and that we learn from our performance and constantly drive improvements

Never Events

The term Never Event is used to describe a patient safety incident that is considered to be entirely preventable. The Health Board reported 13 Never Events in 2019/20 with four of these occurring in previous years and reported retrospectively. Most of these incidents related to surgery, and included several cases of wrong site nerve blocks and cases of retained products, such as swabs. Improvement work is underway, overseen by the Executive Team and includes a review of the process to manage, investigate and learn from patient safety incidents within theatres, a programme of audit and checks around the Local Safety Standards for Invasive Procedures and a programme of staff education and awareness raising. As a result of the theatre Never Events, Internal Audit have been commissioned to undertake a review of theatre safety and particularly compliance to the World Health Organisation (WHO) Safety Checklist.

Bone Health

The Fracture Liaison Service was started in 2015. The service identifies individuals who are over 50 and who have sustained a low fragility fracture. Patients are either referred for a bone density scan or reviewed by their GP. If the patient is diagnosed with osteoporosis they are reviewed by the Fracture Liaison Nurse where education and advice regarding bone health and treatment is discussed. A total of 584 patients have been seen to date. The benefits of having this service are to prevent further fractures, reduce falls risk and improve bone health. By identifying patients at risk following their first fracture it will prevent more serious fractures from occurring in the future such as hip or spinal fractures. The Health Board is part of a collaborative with the Royal College of Physicians which gathers information on a national database for fragility fractures and allows benchmarking against other organisations to inform learning.

Serious Incidents

Serious incidents are a category of patient safety event that have resulted in unexpected death or serious harm or could undermine the Health Board's ability to deliver safe health care. Serious Incidents are thoroughly investigated to understand their root cause and to allow the Health Board to implement processes to avoid similar incidents occurring where feasible. All Serious Incidents are reported to Welsh Government. The most commonly reported Serious Incidents that the Health Board reports are in-patient falls that result in a fracture

Falls Review Panel

The risk of patients falling in hospital has to be minimised while at the same time ensuring that patients maintain their mobility and independence by getting up out of their beds and moving about the ward. This means that it will never be possible to eradicate falls in hospital, however by understanding each patient's individual risks and managing those risks, the number of falls can be reduced. All inpatient falls that result in a long bone fracture are investigated and presented to the Health Board Falls Review Panel where all elements of the patients care are revisited in order to understand if anything could have been done to prevent the fall. The panel reviewed 68 cases in 2019/20. Improvement actions are identified in each of these cases to ensure that learning from these events are embedded to avoid similar incidents occurring again.

Learning has included the need to ensure lying and standing blood pressure is recorded on admission to a ward to reduce the risk of patients falling as a result of fainting. It was also identified that there was a need to improve the documentation of risk assessment and associated actions and this will be reinforced across all wards and audited in 2020/21.

Unexpected Deaths in Mental Health Services

In 2019/20 the Health Board reported 42 unexpected deaths of patients who had received care in Health Board Mental Health Services in the previous 2 years. These incidents were reported as serious incidents. Unexpected deaths occur for a number of reasons including suicide, accidental overdose and deaths from natural causes. It is important that as a Health Board we review the circumstances behind each of these events in order to understand how the care that we provide may contribute to a reduction is future similar incidents.

The National Confidential Inquiry into Suicide and Safety in Mental Health identified a period of greater risk for some people immediately after they have been discharged from a hospital episode where they were treated for their mental health. Mental Health Services have a standard in place whereby anyone discharged from hospital is followed up with a phone call 48 hours after their discharge. The Health Board achieved over 98% compliance with this standard in 2019/20.

In addition, the Health Board also works with other agencies to consider local suicide data, with the intention of better understand patterns of suicide in Gwent, identifying high risk populations and places and identifying missed opportunities to intervene. This information is used to steer development of local suicide prevention strategy and action plan.

Coloured Walking Frame Pilot

People living with dementia and who have visual impairment can sometimes have difficulty seeing the colour grey. The Health Board have been testing the use of coloured walking frames to see if this improves accessibility for people with visual or cognitive impairment.

The Health Board have tested five different coloured walking frames in care homes and hospital wards to see if they are easier for patients to see; To date 280 residents across 21 care homes in Gwent have been provided with coloured walking frames.

Aneurin Bevan Community HealthCouncil carried out a review of the project in 4 hospital sites and 11 care homes within Gwent where the coloured frames are in use. 42 individuals were asked to share their experience of having a coloured frame. Satisfaction was high overall and people were pleased to be able to choose their own colour. 39 individuals reported having more confidence mobilising with their new frame.

"Zimmer is bright and cheerful. Family thinks the scheme is a very good idea. When I arrived I was using a grey zimmer frame - others had already received the coloured frames. Was very pleased when I was informed I could be part of the trial. I picked a yellow frame as I liked the colour and was not disappointed when it arrived. The zimmer itself was slightly the wrong size but was returned and replaced very quickly - very pleased with the service. Would be a good idea to include other items such as walking sticks."

Friends stated "Think colour frames are a great idea."

Family says that it's "different and promotes more individuality and fun

No Catheter November

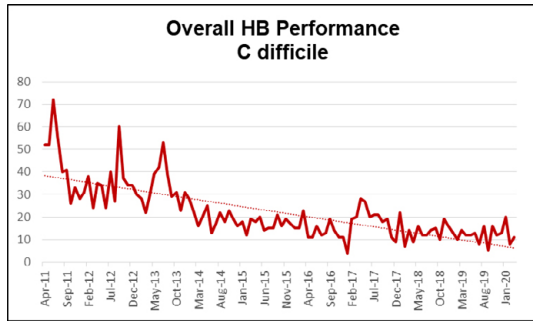
Urinary tract infections are common and account for 19% of all Health Care Acquired Infections (HCAI). Around half of these infections are associated with an indwelling urinary catheter. In November 2019 a project was undertaken to support District Nurses to review patients in their homes and in residential homes to see if it was appropriate for them to have their catheter removed, thereby reducing their risks of developing an infection. The project was successful in improving communication between teams and services and in enhancing knowledge about catheter management. This work will be replicated in the community hospitals across the Health Board in 2020/21.

Clostridium difficile (C-diff)

Clostridium difficile otherwise known as C-diff is a bacteria that can infect the bowel and cause diarrhoea. It most commonly affects people who have recently been treated with antibiotics and is highly virulent. When a case of C-diff is identified within hospitals or the community a detailed review of the patient's care is undertaken to understand what had caused the infection, including reviewing the prescribing of antibiotics and understanding if there has been evidence of cross contamination. This has allowed improvements to be implemented which have led to a sustained reduction in cases over a number of years and led to the Health Board meeting its reduction target in 2019/20. To further improve the rate of C-diff acquisition, Antibiotic Pharmacists have been appointed to ensure appropriate antibiotic prescribing is evident in Primary Care and in hospital. The Health Board has been appointed an Infection Control Nurse to review not only C-diff but all cases of health care acquired infections in Community and Primary Care.

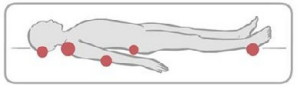
Infection Prevention and Control

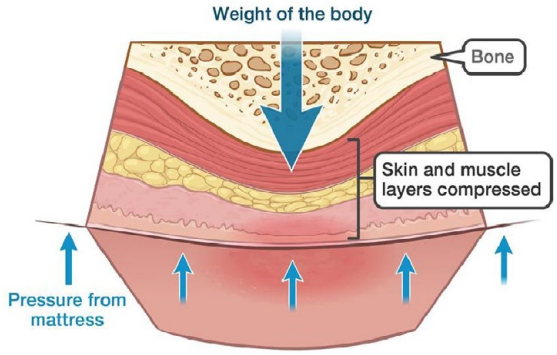
Clostidium Difficile	• The Health Board was successful in reducing cases by 6% and exceeding its target
MRSA/MSSA	• The Health Board narrowly missed the target but was successful in reducing cases by 21%
E coli	• The Health Board narrowly missed the target but successful In reducing cases by 3%
Pseudomonous	• The Health Board noted a 16% increase in cases and did not meet its target
Klebsiella	• The Health Board noted a 27% increase in cases and did not meet its target



Pressure Ulcers

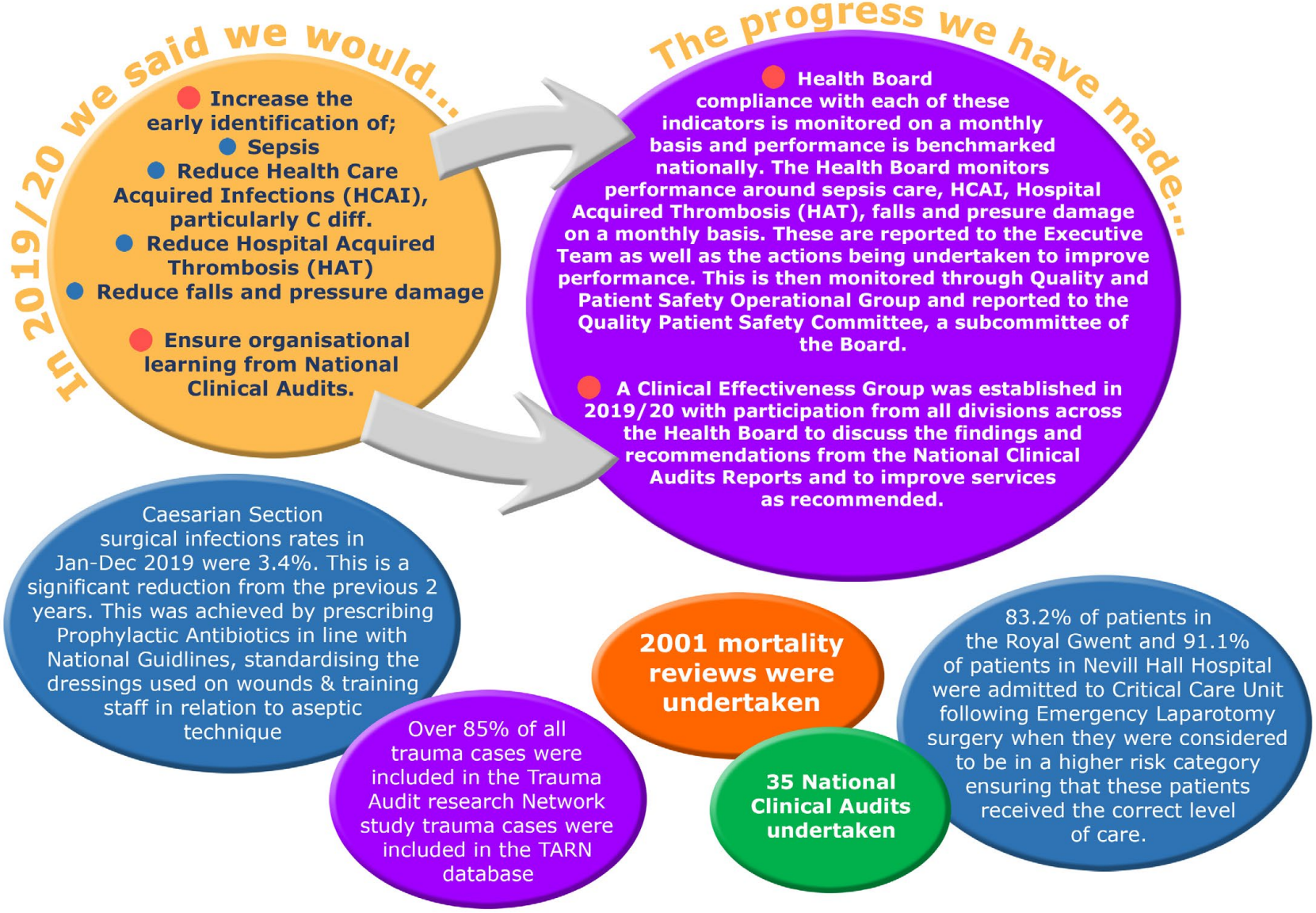
Following a successful pressure ulcer reduction collaborative in 2017/18 that included an informed approach to investigating all cases of pressure ulcers and then implementing the necessary improvements, this work has now been embedded in the Divisions to enable them to continue this approach and to progress the work. The Tissue Viability Team undertake monthly pressure ulcer training for staff to raise awareness of prevention, management and assessments. In addition, a specialist Tissue Viability Nurse has been appointed to support nursing homes in delivering pressure ulcer care



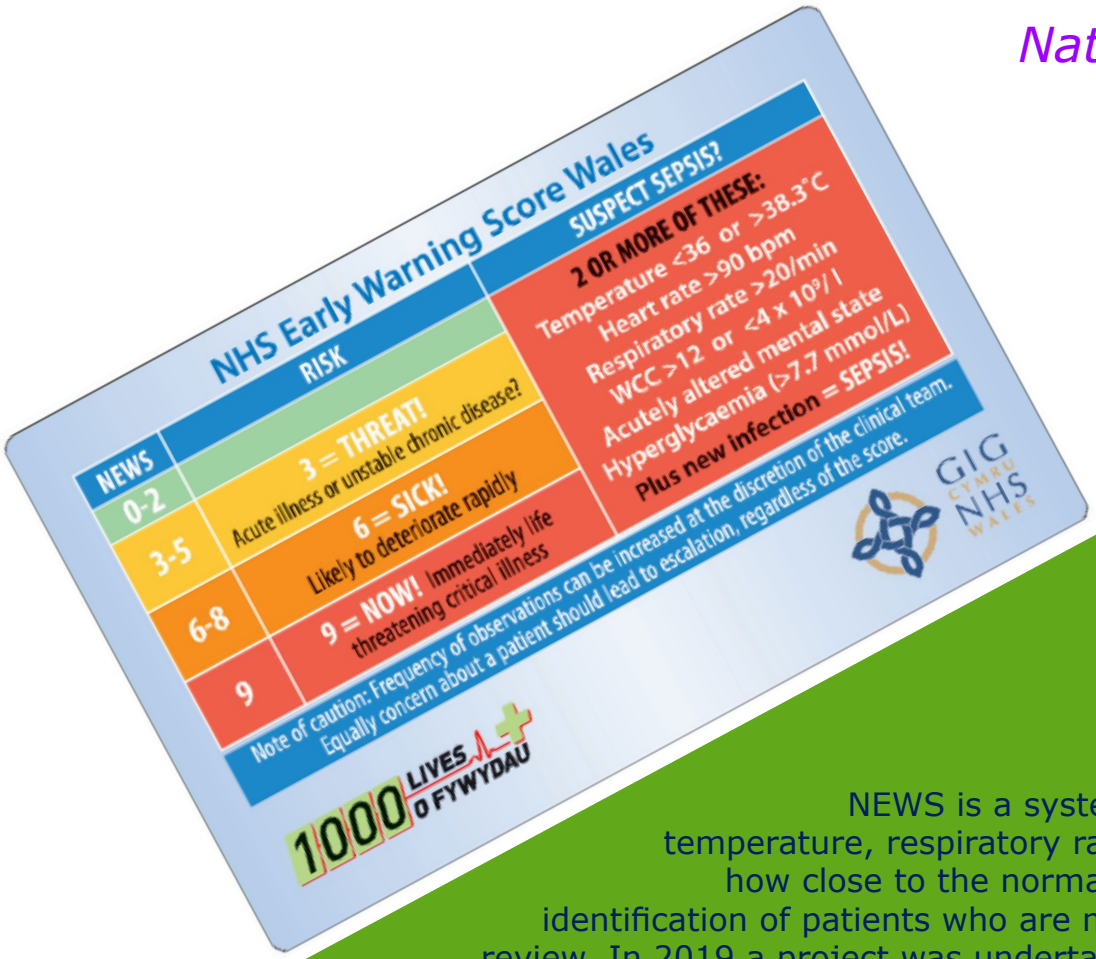


Effective Care: *The principle of effective care is that people receive the right care and support as locally as possible and are enabled to contribute to making that care successful.*

In this section we describe what the Health Board has achieved in 2019 /20 to ensure that the care that we provide reflects best practice and is always based on evidence.



National Early Warning Score (NEWS)



NEWS is a system of recording and scoring patient's vital signs, including temperature, respiratory rate and blood pressure. Scores are attributed according to how close to the normal range the measurements are. These scores assist in the identification of patients who are more unwell and who need increased monitoring or urgent review. In 2019 a project was undertaken on the respiratory ward in Nevill Hall Hospital to start using a different early warning score, Chronic Respiratory Early Warning Score (CREWS) for patients with type 2 respiratory failure. CREWS takes into account the different oxygen levels that would be recorded for patients with respiratory disease. The plan is to introduce this system across the Health Board in 2020/21.

Sepsis awareness across the Health Board has been an area of high priority for a number of years. Timely recognition of the condition is vital to prevent serious harm or even death.

The Health Board is committed to improving identification and treatment of sepsis by constantly monitoring performance across all areas.

The Sepsis 6 intervention bundle is a set of actions that should be undertaken if a patient is suspected of having sepsis. These include giving oxygen when necessary, taking specific blood tests, giving antibiotics and intravenous fluids and measuring urine output.

In 2019/20, 3401 patients had the sepsis 6 bundle completed. Of these patients 52% had the necessary care completed within 1 hour and 65% had their care completed within 2 hours. In 2020/21 we will work to further increase the number of patients who have the sepsis 6 bundle completed.

Healthcare Inspectorate Wales (HIW)

Healthcare Inspectorate Wales provide an important function, inspecting health services to ensure that the public receive good quality health care. Inspections range from GP practices to large hospitals. HIW also ensures that vulnerable people receive good care in mental health services. In 2019 /20 Healthcare Inspectorate Wales undertook a number of inspections across the Health Board, including 3 hospital inspections, 2 mental health inspections, 5 General Practice inspections and 13 dental inspections. In all reviews it was identified that staff were professional and provided safe and dignified care. You can read all of the Health Board inspection reports and improvement plans *here*.

In June 2019 HIW launched a National Review of Maternity Services in Wales. The review has included inspections of inpatient maternity services and maternity units. Health Board inspections have included:

- Nevill Hall Hospital – *Pen-y-Cwm Ward and Birth Centre*
- Royal Gwent Hospital – *Maternity Services*
- Ysbyty Ystrad Fawr Hospital – *Midwifery Led Unit*

Findings from these maternity inspections included:

- There were high standards of care and communications.
- There was strong leadership and good support offered to staff.
- There were professional and kind interactions between staff and patients observed and care was provided in a dignified way.
- There was oversight and management of medical staffing issues facing the department.

It was noted that there were some improvements required and these included;

- Availability of health promotion information.
- Some areas of patient record keeping.
- Regular checking of resuscitaires equipment.

Following inspections action plans are developed to support the necessary improvements and this is monitored to ensure the improvements are progressed and sustained.

End of Life Care

The National Audit of Care at the End of Life helps organisations to understand the quality of care that is provided to patients in their last days. The audit captures how well we communicate with the dying person and with their families and how well the care was planned. It also examines if families felt that they had enough emotional, practical and spiritual support.

The audit showed that our staff were very good at discussing with families the likelihood of the patient dying and what care would be provided. It demonstrated that the necessary medication to keep patients comfortable at the end of their lives was prescribed and administered. However, it also demonstrated that we need to improve our communication with families, helping them to understand the side effects of some medications and the risks and benefits of nutrition and hydration in the last days of life. In order to achieve this we will work to increase attendance at the Sage and Thyme palliative care study days to improve communication skills with patients and their families.

We have been successful in securing funding from the Community Lottery Fund via Help Force, to pilot an end of life care Companion Service on 3 areas at the Royal Gwent Hospital (gastroenterology, care of the elderly and respiratory wards). These Companions will support patients who may have no family or friends visiting and who may have no-one to hold their hand or be with them at the end of their life. We have recruited over 30 companions to date.

Chaplaincy End of Life Support

In 2019 the service to support patients at the end of their lives was strengthened with a dedicated chaplain working in the south of the Health Board with the Palliative Care Team. Chaplaincy in Nevill Hall already had a strong involvement in this area of work but the additional resource meant pastoral and emotional support to patients regardless of their faith, was available more widely. The Chaplaincy visits provide an opportunity for supportive conversations about matters that were important to those patients. These conversations were often around issues that the patients found difficult to articulate to their own families, including their anxieties and fears for themselves and their relatives after their death.

National Emergency Laparotomy Audit (NELA)

The majority of patients that require emergency laparotomy surgery have potentially life threatening conditions that require prompt investigations and treatment. Delays in treatment can lead to increased complications and increased risk of death.

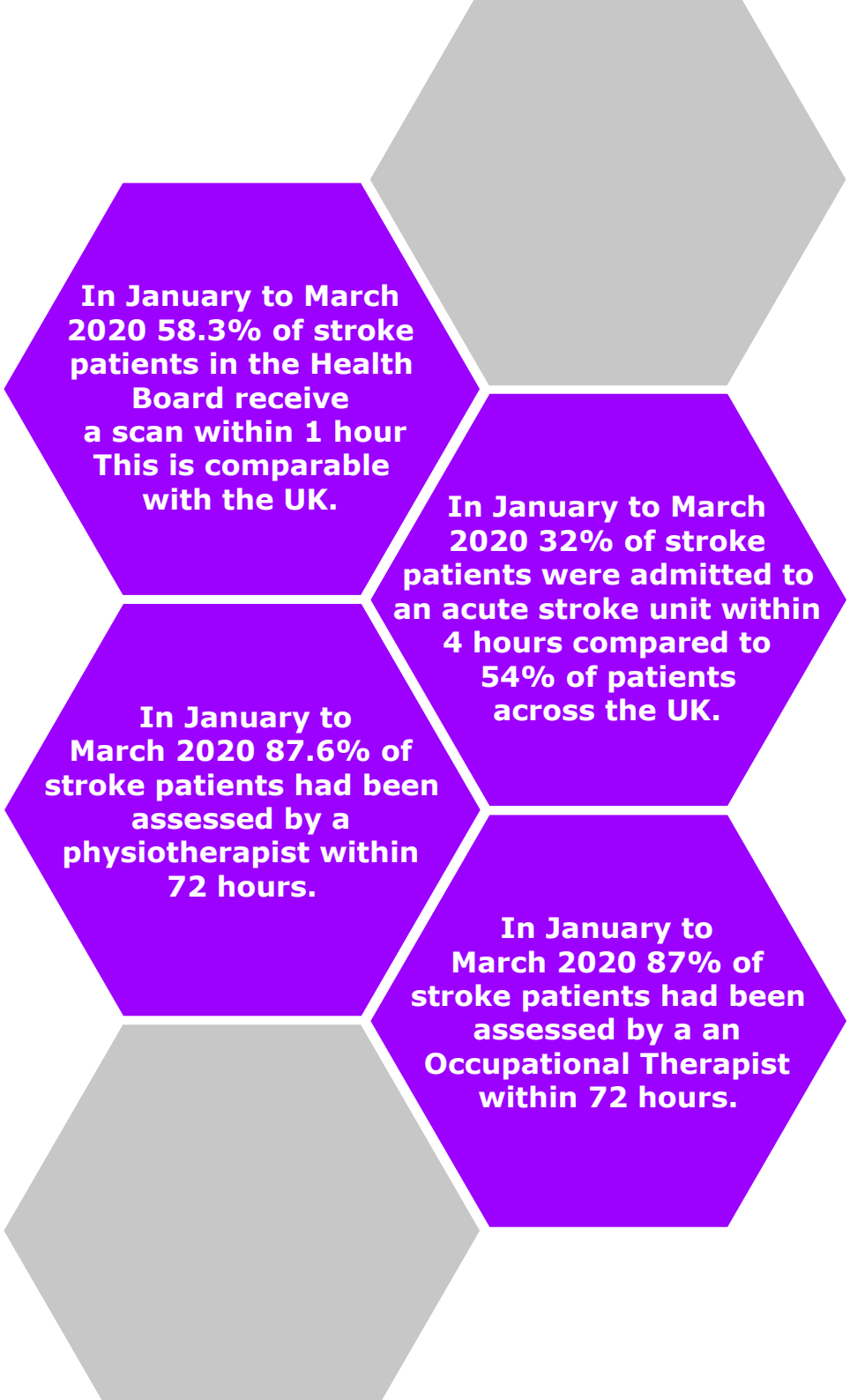
The latest NELA report demonstrated that while the majority of patients recover, nationally 9.6% of patients undergoing Emergency Laparotomy surgery will die within 30 days of their operation. While the Health Board 30 day mortality rate is higher than this, 13.2% in NHH and 12.2% in RGH, they are within the normal range and there has been a sustained improvement in 30 day mortality since NELA started. The clinical team continuously review the information generated from NELA to improve the quality of the service being provided including how quickly patients arrive in theatre in relation to their risk and the proportion of higher risk patients that are admitted directly to critical care following their surgery. In 2020 emergency laparotomy surgery will be centralised in the Grange University Hospital which will allow new opportunities to improve Health Board performance further.

Stroke Care

The Health Board participates in the Sentinel Stroke National Audit Programme to help us to understand performance around stroke care. Good stroke care relies on a system wide approach, timely admission to a stroke unit relies on the availability of a bed; this in turn is dependent on patients being discharged within an appropriate time and this is supported by the treatment and rehabilitation that is provided during their stay in hospital.

Physiotherapists and Occupational Therapists undertook a project on one ward in St Woolos Hospital to increase the intensity of the rehabilitation provided to patients by working jointly with the nursing staff to support the morning routines of the patients.

The project aimed to support patients to complete their personal care as independently as possible, to spend more time out of bed and to support nursing staff to increase their rehabilitation skills and techniques. The project was successful in increasing the intensity of the rehabilitation being provided to patients on the ward.



GIG CYMRU NHS WALES
Tim Gwasanaethau Iechyd Arbenigol Cymru
Welsh Health Specialised Services Team

WHSSC – Welsh Health Specialised Services

Specialised services support people with a range of rare and complex conditions which are provided in relatively few hospitals accessed by comparatively small numbers of people. They are not available in every local hospital because they have to be delivered by specialist teams of doctors, nurses and other health professionals who have the necessary skills and experience. Unlike most healthcare, which is planned and arranged locally, specialised services are planned nationally by Welsh Health Specialised Services (WHSSC) on behalf of the seven Health Boards in Wales.

Health Specialised Services (WHSSC) on behalf of the seven Health Boards in Wales. The quality of care that patients and their families receive, and their experience is central to the commissioning of specialised services driving quality assurance and improvement. One of the key features of the quality assurance framework is the strengthening of the relationships between Health Boards and the role of their Quality & Patient Safety Committee. This is core to ensuring that each Health Board is assured regarding the quality of the services commissioned for their population but also to facilitate shared learning.

Our strategic aim is, on behalf of the Health Boards, to ensure that there is equitable access to safe, effective and sustainable specialist services for the people of Wales, as close to patients' homes as possible, within available resources.

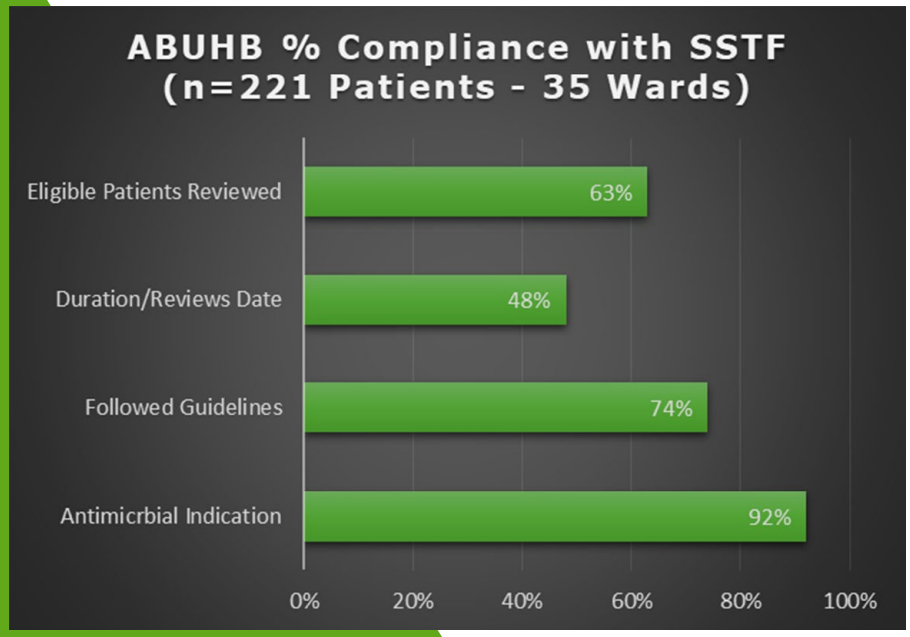
Antibiotic Use

Start Smart Then Focus Audit

Globally, the overuse of antibiotics has resulted in this group of medications becoming less effective and in some bacteria becoming resistant. The Health Board follows Start Smart and Then Focus guidelines. The principles of this programme includes:

- Ensuring that antibiotics are not prescribed unless there is a clear reason why the patient needs them.
- Ensuring the appropriate antibiotic is prescribed.
- Ensure that antibiotic treatment is started within 1 hour of diagnosis for patients with severe sepsis or life threatening infections.

In 2019 an audit was undertaken to review the prescribing in relation to the guidance, it was found that 74% of cases reviewed followed the guidance. In 2020/21 the Health Board will implement an ongoing programme of audit of antibiotic prescribing across all of the Divisions that will allow the Health Board to measure performance against other health organisations.



Individual Care:

The principle of individual care is that people are treated as individuals, reflecting their own needs and responsibilities.

In this section we describe what the Health Board has achieved in 2019 /20 to ensure that the way that we provide care to patients respects their individual choices and ensure that all patients are treated equally.

In 2019/20 we said we would...

- Develop the bereavement service with the Medical Examiner requirements.
- Achieve a more systems wide approach to collecting Patient Reported Experience Measures (PREMs) data with increased board reporting.
- Further develop the aproach to concerns with focus on timeliness quality of contact, response and learning.
- Further develop the approach to patient experience with clinical futures working across the system developing and improving services.

The progress we have made...

- The Health Board did not develop the bereavement service in 2019/20, however during the Covid outbreak a Care After Death service was implemented to support relatives of the deceased. Moving forward we will be developing our systems around the implementation of the Medical examiner across Wales.
- A PREM pilot was implemented from October to January. A plan is now being developed to roll out PREMs across the Divisions.
- Considerable work was undertaken to support divisions to improve the timeliness of concern responses. Work will continue now to improve this further and to ensure the quality of these responses. A trajectory was agreed for every Division which is monitored monthly and compliance is reported to the Executive Team.
- An Assistant Director of Nursing for Patient Centred Care has been appointed together with a team of people to support a consistent approach for patient experience to include volunteering. Work has commenced to include a Winter Patient Experience Report undertaken with the Community Health Council (CHC).

Between June 2019 and March 2020 the Health Board received 638 complaints, which were managed by via 'early resolution'. This means they were satisfactoraly resolved within 24 hours or one working day.

1583 complaints were received by the Health Board, 63.5% were responded to within the required time frame.

Between April 2019 and March 2020 the Public Services Ombudsman for Wales had 140 cases referred to their office.

Our Veterans

The Armed Forces Covenant allows all veterans who formerly worked in the armed forces, as a regular or a reservist to have priority access to NHS treatment for any conditions which results from their time in military service. High on the agenda is help for those suffering from mental health difficulties. In the Health Board we have specialised experts in military mental health who provide therapy services. The Health Board has launched a Peer Mentor service supporting military veterans in the third sector linking in closely with VNHSW and promoting mental health recovery of veterans accessing the service.

The Health Board have been awarded GOLD in the Defence Employer Recognition Scheme (ERS) along with Caerphilly Borough Council and Newport City Council, for their efforts in supporting our armed forces community. Across Gwent there are many groups and clubs that veterans can attend.

If you or anyone you know could benefit from our services, please contact the team on 01873 735240 or email *AdminVnhsw.ABB@wales.nhs.uk*

One of our Ex RAF service personnel said this after using the service...

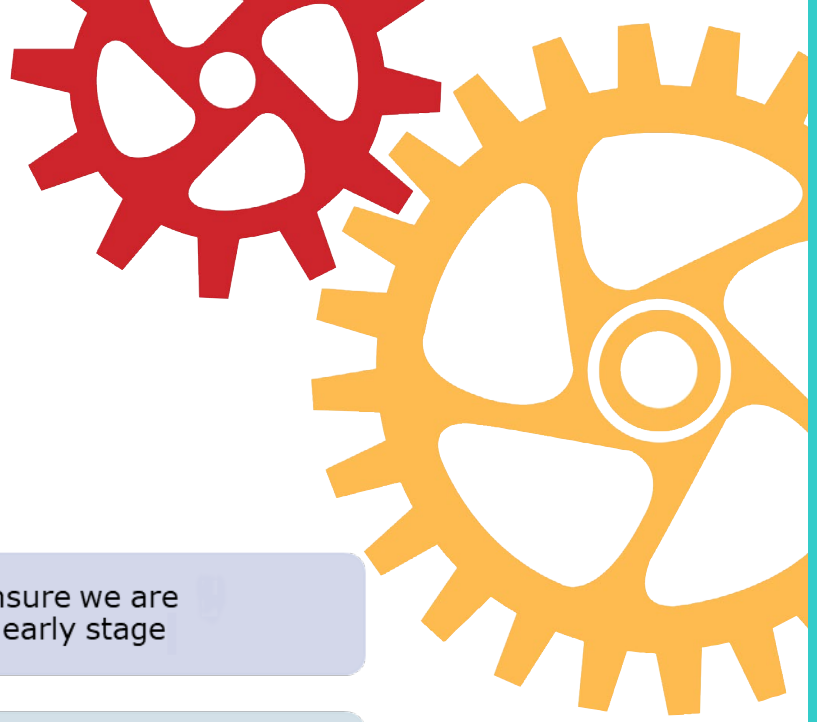
"The level of support from my first appointment to the last has been exemplary. The treatment was rightly challenging but has been extremely effective - even when I sometimes did not believe it would work. I am delighted to be proved wrong! I am now aware of how to manage my mental health and have seen a marked change in my personal contentment and my previously unacceptable behaviour. The service is first rate. I cannot thank the service enough for the help I have received."

Neighbourhood Care Networks (NCN)

The 12 Neighbourhood Care Networks (NCN's) across ABUHB have been developed to identify local needs and explore effective solutions. This work guides the Primary and Community Care agenda for Clinical Futures. Our NCN leads also play a key role in ensuring that clinical pathways to specialist services are seamless and efficient. Here are some of the examples across Gwent of how the NCN's are delivering change

Please read more about the work that is being undertaken in your local Neighbourhood Care Network

Patient Pathways



Promoting	uptake of Immunisation and Screening programmes to ensure we are preventing infectious disease and detecting disease at an early stage
Working	with Age Cymru on the Newport Older Person's Pathway to enable older people to remain socially connected and independent at home
Supporting	Extended Roles and Skill Mix in general practice to ensure people see the right professional to meet their needs, this might mean patients being seen by a nurse or a therapist when it's appropriate.
Funding	Practice Based Pharmacists to ensure that patients are being prescribed the most clinically and cost effective treatments
Developing	Integrated Community Teams that including district nurses, physiotherapists, occupational therapists and social care professionals all working together to meet the needs of the patients that they care for.
Implementing	an Urgent Care Hub to improve same day access alongside NHS 111 and Primary Care Out-Of-Hours with integrated pathways to the wider emergency and urgent care system including the minor injuries unit and acute ambulatory assessment unit at the Royal Gwent Hospital.

Patient Reported Experience Measures (PREMs)

Patient Reported Experience Measures (PREMs) are questionnaires that ask patients about their experiences of the care they have received when in hospital. Between August 2019 and March 2020, the Person Centred Care Team have been piloting the National Patient Reported Experience Measures (PREMs) across hospital wards, 82 wards were visited on all hospital sites. Working closely with the Value Based Healthcare Team and the Health Board Workforce and Organisational Development Team, the PREM is being used alongside staff and relatives feedback. Covid-19 has currently interrupted the programme of work.
In 2020/21 we will work with divisions to develop and implement service specific PREMs.

Our staff are working across several disciplines to improve the Patient Recorded Experience Measures (PREMs) and Family Recorded Experience Measures (FREMs) in a number of service areas including mental health, maternity and children's services.

Value Based Healthcare

Value Based Healthcare maximises the value of health care for recipients; achieving the best outcomes for patients using the finite resources that the health care system has available. The programme aims to support clinicians in direct patient care by providing information including patient reported outcomes which inform shared goals and decision making.

A new workshop that encourages mental health service users to develop woodwork skills opened on 1 July 2019 at St Cadoc's Hospital, Caerleon. Run by Pillmawr Ward, the Wood Shed project aims to encourage service users to engage with activities to learn new skills and gain confidence to facilitate reintegration back into the community.

Ward Manager Liz Lawrence said: *"This project has been in the making for the last two years and it's brilliant to see it finally open to begin helping people. We think the Wood Shed will improve our service users' quality of life and give them new skills which they can take out into the community when they are discharged from us."*

Products made at the Wood Shed include bird boxes, garden planters, benches, rabbit hutches and upcycled furniture. These items will provide furniture for service users when they are discharged from hospital, or sold to members of the public with funds going back to Pillmawr Ward to keep up the running of the Wood Shed.

A service user who enjoys working in the Wood Shed, said...

"It's really good – it's a distraction from my mental health problems. It helps me therapeutically, I'm gaining new skills, and it gives me an incentive to lead a different life. I'm hoping to come back here to volunteer every Thursday. I would encourage other service users to come along as we can help them."

Patient Compliments

Thank you for being there. Thank you ABUHB

My son was taken acutelt unwell in January 2020. Having attended our own GP we were referred to the Children's Assessment Unit at RGH.Just to say Thankyou to all staff involved from refferring GP to the Staff at CALL. Although the department was extremely busy - it was a long night & morning; I am so grateful for the excellent care received.I'm pleased to say that my son is now on the road to recovery.

I took my sister-in-law to the hospital yesterday. It was manic, with staff from all over the hospital helping out. The staff were so polite, helpful & happy, although they were stretched to the limit. The doctore gave us such confidence during an anxious time.Please let them know that all their efforts did not go amiss.

Thank them all

I have been an inpatient on Ward D5 East 3 times this year, looked after by the same team of nurses and domestic staff. I cannot praise them all high enough, the nurses understood and were sympathetic to my complex emotional needs as well as taking care of me physically. The domestic staff do an amazing job in keeping the wards clean. I could not have stayed as long as I neded if it was not for the team. They all deserve a big pat on the back.

Thank you so much

To all the wonderful staff at Rhymney Ward YYF, I was a recent patient who came to Rhymney Ward for a laparoscopy. From the moment I arrived on the ward I received a very warm welcome, my named nurse introduced herself to me & explained the process to me. I was very emotional due to the nature of the procedure & my ongoing fertility problems & the support was absolutely incredible. All staff were fantastic, they were very professional, extremely caring & the care was first class. This is a ward that has the fundamentals of caring absolutely spot on. What occurred to me was how happy the staff were in their jobs & as a patient you feel extremely well cared for & my family know I was very well looked after.

So thank you so very much for the care & support I received whilst on the ward

Nevill Hall Hospital 2/1 Maternity Ward

I would like to say a *massive thank you* to the nurse in the Minor Injuries Unit at Ysbyty Ystrad Fawr for all her help after injuring my foot whilst at work in July 2019. She looked after me really well by explaining the treatment & she was very caring.

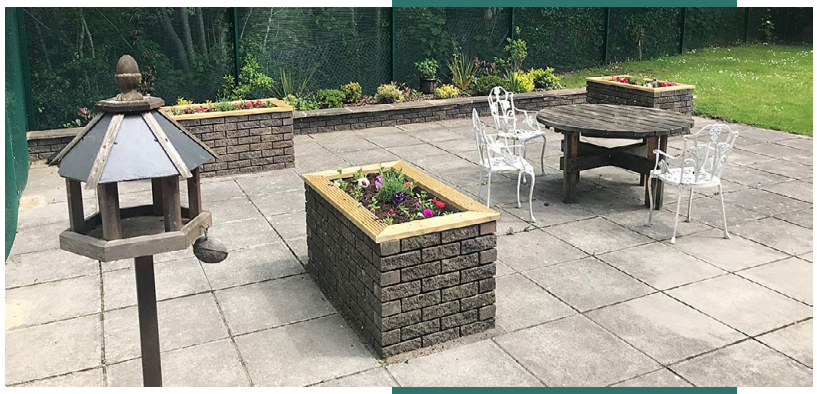
Well done to the NHS

I wish to thank the surgical team, anaesthetists, midwives & all the teams for going the extra mile above and beyond the call of duty which made a difference to my well-being.

Patient's Garden

County Hospital have developed a patient garden on Rowan Ward. The garden is situated at the rear of the ward and overlooks the beautiful canal trail and provides a relaxing, therapeutic safe outdoor space for patients who are undergoing rehabilitation.

"The garden refurbishment is a great addition to the ward for patients, the setting is picturesque and will hopefully bring joy to numerous patients for years to come"



Emergency Departments Patient Feedback

As part of the National Emergency Department Quality and Delivery Project (EDQDF), feedback consoles were installed in the Emergency Departments in Royal Gwent Hospital and Nevill Hall Hospital to gather patient feedback on their experience. Patients were asked to identify the reason for their response, choices include staff, environment, communication. Patients were also able to write additional comments that they felt were important.

This is just one of many ways that information and feedback around patient experience is gathered. Unfortunately it was necessary to remove the feedback consoles as a result of Covid because of infection control measures but they will be reinstated in the future to inform the way that services are delivered.

Very supportive staff which was very reassuring

Seen really swiftly by lovely staff

Dignified Care:

The principle of dignified care is that the people in Wales are treated with dignity and respect and treat others the same

In this section we describe what the Health Board has achieved in 2019/20 to ensure that patients in our care are treated with dignity and respect.

What is John's Campaign?

"Giving carers and families the right to stay with people with dementia to improve everyone's experience"

John's Campaign

John's Campaign is a framework that helps to make carers of people with dementia welcome on hospital wards and reflects a positive attitude towards the importance of carers and sensitivity to their needs. Whilst there are no specific 'rules' associated with John's Campaign, there is an expectation that when a person with dementia is admitted to hospital the person closest to them has a right to stay and to be exempt from any restrictions on visiting. Behind its simple statement of purpose lies the belief that carers should not just be allowed but should be welcomed and that a collaboration between the patients and all connected with them is crucial to their health and their well-being.

Patient Safety Leaderships Walkarounds

The Patient Safety Leadership Walkarounds are an important way for the Health Board Executive Team to reinforce the organisations commitment to patient safety. They provide an informal method for senior leaders to talk to staff about patient safety issues. In 2019/20 members of the Executive Team undertook 24 visits across the Health Board. The main themes raised were relating to equipment and estates and nursing vacancies. The Executives undertaking the visits support the staff in achieving the necessary actions to address the patient safety issues identified during the walkarounds.

Specialist Child and Adolescent Mental Health Services (S-CAMHS)

The Consultant Nurse in S-CAMHS undertook a project as a Bevan Exemplar to develop and deliver formulation training for practitioners in Child and Adolescent Mental Health Services. The aim was to help them to jointly develop an understanding with the young person and their family or carer as to why their symptoms were present. The first stage of the project involved teaching the nurses how to formulate a co-produced treatment plan with the young person designed to identify the individual needs and difficulties and to plan their journey through S-CAMHS.

"The training was great & I feel a lot more confident in formulation with the young person"

"Throughout the entire assessment process, all my concerns & thoughts were taken seriously & as a parent I felt included in the process"

Dementia Support group:

Is a partnership between the Carers Trust and Torfaen Memory Service (TMS). It allows a group of people with dementia and their carers to meet weekly at the Carers Centre in Pontypool. Prior to Covid the sessions were open to anyone with a diagnosed memory condition and included a combination of semi-formal presentations, refreshments and discussion. The Dementia Support Group has currently ceased meeting as a result of Covid.

Protected Meal Times:

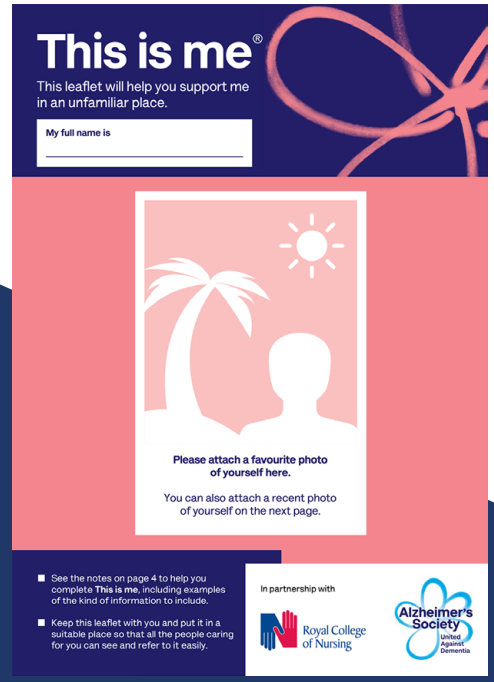
Protecting meal times mean ensuring that patients are not disturbed whilst eating. All wards operate Protected Meal Times (PMT) and encourage carers and relatives to visit during this time to support with eating and drinking. Appointments, ward rounds and clinic interventions are avoided during PMT.

National Audit of Dementia

The National Audit of Dementia allows the Health Board to monitor and benchmark the care delivered to patients who have dementia when they are required to come into the Royal Gwent Hospital, Nevill Hall Hospital and Ysbyty Ystrad Fawr. The audit has demonstrated that the Health Board is good at ensuring the nutritional needs of patients with dementia and at supporting patients to stay active and able to mobilise to the toilet to avoid incontinence. It did however show that we could be better in the way we communicate with carers. The Patient Centred Care Team are making sure this improves by asking patients and their families about their experiences and feedback is sent to the ward managers.

The Health Board use the ***'This is me'*** document to ensure we capture as much personalised patient information as possible, this allows the staff to provide individualised care. ***'What Matters to Me'*** boards are populated with patients details and preferences which provides the staff with information about each patient to make their stay in hospital more comfortable.

In November 2019 the Health Board held its first Person Centred Dementia Care Conference. Teams showcased the services they were delivering to improve dementia care for people across hospitals and in the community. This was a great opportunity for staff to learn from best practice and think about how they could improve dementia care in their own service areas. With the number of people being diagnosed with Dementia increasing year on year, it is important to ensure services are available in the communities as much as in our hospitals.



There was estimated to be 7,768 people living with dementia in the ABUHB area in 2017 and it is predicted to increase to 12,833 by 2035.

370,115 Carers in Wales, approximately 71,497 in the Gwent region. The Alzheimer's Society estimate that there are over 45,000 people with dementia in Wales.

Dementia affects one in fourteen people aged 65+ and one in six people aged 80+.

Volunteering

The Person Centred Care Team have continued to recruit volunteer befrienders who support people who may be lonely and isolated. To date over 100 *Ffrind i mi* volunteers have been recruited who have befriended patients on hospital wards, people living alone and people who l iving in residential care or supported living. *Ffrind i Mi* volunteers have also established two friendship clubs, one in Maindee Library and one in Caerleon.

The team train approximately ***12 new*** *volunteers a month*

ffrind i mi
friend of mine

"It is great for dad to have someone who he considers to be a friend and not family. Someone just for him who he can interact with and enjoy the time spent. Dad has lost a lot of friends and missed that special relationship. Despite his dementia he has never forgotten the volunteers name or who he is. He seems to come to life when he visits."

"There are so many people suffering from this horrendous and painfully sad disease. More support is always welcome....Ffrind I Mi is a vital lifeline for my mum. I cannot express the pleasure that my mum gets even though she cannot express this herself, it is invaluable to me."

End of Life Care Companions

Some people who come into hospital may not have anyone to visit them. It may be because they have no family, or they may have friends and family who live far away or who can't be with them all the time. Sadly, this means that some people may die without someone holding their hand.

In October 2019 the Health Board secured funding to pilot an end of life care Companion Volunteer model. Marketed as ***'Could You Hold the Hand of a Stranger'.***

We are now recruiting volunteers who would like to be Companions. For more information please contact the Person Centred Care Team on; *ffrindimi.abb@wales.nhs.uk*

Community Health Council (CHC)

The Community Health Council are the independent consumer council for the NHS. Their role is to monitor and review the operations of local health services as well as act as a patient advocate supporting by giving advice, information and assistance when individuals want to raise a concern. In 2019/20 the CHC undertook **89** visits to sites across the Health Board, including one follow up visit. In general the visits were positive but on one ward a number of improvements were recommended. These included:

- Improvements to staffing levels
  Following the visit additional staff were appointed and staffing levels were monitored daily.
- A timely response to ward call bells
  A daily buzzer audit was undertaken and intentional rounding (a formal process for checking on patients at an agreed interval) was reviewed.
- Increased variety on patient menus
  The patient menu was updated in March 2020 to include a wider range of sandwiches and hot meals, regular meetings were held to review patient feedback about menus.

CYNGOR IECHYD CYMUNED
COMMUNITY HEALTH COUNCIL

During the winter the Health Board experiences high pressures across the Emergency Departments (ED) within the Royal Gwent and Nevill Hall Hospitals. The CHC captured the patient experience during January to March 2020 in a way that could be used quickly by the Health Board to make improvements during the winter months.

The patients stated that they were treated with dignity and respect during their time in the ED. Some patients reported they were unsure about how to get refreshments while in the department, and since the visits, vending machines in the department have been serviced to ensure easy access to a variety of refreshments

Intergenerational Practice

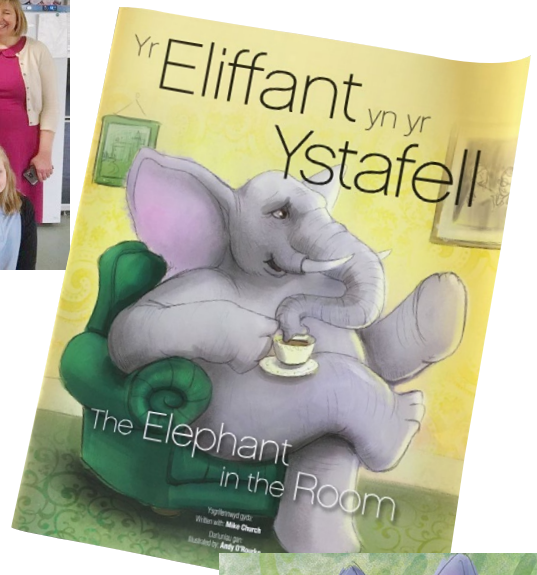
Since publishing the Intergenerational Practice Strategy in 2018, we now have 72 Primary Schools twinned with 64 care homes. Some Primary Schools also visit hospital wards. The Health Board have started to engage with secondary schools and pupils are being encouraged to participate in intergenerational practice by volunteering through the Welsh Baccalaureate.

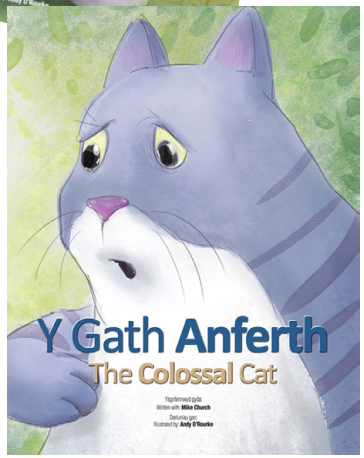
Numerous activities are being enjoyed by older and younger participants. In partnership with Digital Communities Wales over 150 children have been trained to be 'Digital Heroes'. These children are helping older people to use I-pads, cooking and gardening together and undertaking, intergenerational excursions and pen pal schemes.

In 2018, we introduced ***Billy the Superhero***, written and developed by local school children that aimed to introduce the topic of health and social care to other children across Gwent and beyond and to encourage children to think about a career in health care.

Through the ongoing intergenerational friendships we have identified two particular areas where books like Billy the Superhero may support children and their overall wellbeing. The first bilingual book ***The Colossal Cat*** which explores healthy lifestyle choices and the need to keep active.

With growing intergenerational friendships and the inevitable loss of older friends, the second book ***The Elephant in the Room*** explores how we can best help children to cope with their feelings of loss by keeping the channels of communication open and using simple, plain language. Both books have been written by children for children, with the support of a story-teller, teachers, parents and professionals.





Timely Care:

The principle of timely care is that people have timely access to services based on clinical need and are actively involved in decisions about care.

In 2019/20 we said we would...

- Improve Emergency Department transit time and ambulance handover time.
- Reduce waiting times for hip surgery.
- Reduce delayed transfers of care.

The progress we have made...

- Health Board have recruited additional Emergency Nurse Practitioners and Middle Grade Doctors. The implementation of the Patient Offload Department (POD) has reduced handover delays. The Health Board have worked with the CHC to understand and improve the patient experience.
- Two additional hip surgeons have been appointed and the Fracture Clinic model has been revised toincrease the volume of clinics. A pathway has been established to reduce the length of time to theatre for patients who fracture their hip.
- A Discharge Team has been developed and patients and carers are supported to ask these four questions;
  What do you think is wrong with me?
  What is going to happen to me?
  What needs to happen to get me home?
  When can I go home?

During 2019/2020 our midwifes delivered 5705 babies across Gwent.

77.4% of patients attending A&E in both the Royal Gwent and in Nevill Hall Hospitals between April 2019 and January 2020 were seen within 4 hours.

There was a total of 135,514 inpatient admissions during 2019/2020.

Over 511,000 radiology investigations have been undertaken.

33,853 ambulance attendances at A&E.

In this section we describe what the Health Board has achieved during 2019/20 to ensure that people are able to access the services they require in a timely way.

Cancer Referrals

Newly diagnosed cancer patients that have been confirmed as urgent suspected cancer should start definitive treatment within 2 months of referral to hospital. The Health Board achieved 78.7% compliance with this target between April 2019 and January 2020. There was a significant impact on performance in the last quarter of 2019/20 as a result of Covid, but this is being tracked weekly by the Executive team to accelerate recovery. In order to reduce the length of time to diagnosis there is now a focus on "a straight to test pathway" in endoscopy services with the recruitment of Nurse Endoscopists to increase capacity. Tele dermatology is a service that allows the virtual review of referrals by dermatologists to ensure a prudent use of dermatology services. An increase in the capacity of this service will ensure that patients are reviewed in a timely manner and commence treatment within an appropriate timeframe.

Patient Offload Department (POD)

The Patient Offload Department is a new facility that has been installed outside the Royal Gwent Hospital's Emergency Department to ensure that patients who arrive by ambulance receive timely and dignified care. The POD was implemented as a direct result of the Health Board's inability to release ambulances in a timely manner and was a joint initiative with Welsh Ambulance Service NHS Trust, funded by Welsh Government.

The unit is staffed by a team of Welsh Ambulance staff who are dedicated to work in this area 24/7. The POD contains six hospital beds to accommodate patients at times when the Emergency Department is full. The new facility will help patients to be transferred safely, enabling ambulance crews to be released more quickly to answer 999 calls across Gwent. Treatment can be commenced in the POD and any tests required, such as X-Rays can be carried out and this is more dignified for the patient than the being delayed on an ambulance outside ED for hours.

Home First

Home First is a project that has been set up across the five Local Authorities, working in partnership with the Health Board. Home First teams are made up of Social Workers and Occupational Therapists working within the Royal Gwent and Nevill Hall Hospitals. They aim to prevent patients from being admitted unnecessarily to hospital ward and to enable them to be cared for at home. This can mean anything from arranging for the use of low level equipment, for example, a commode if the patient is struggling to walk up the stairs, or arranging for the installation a ***'life line'*** alarm that the patient can use if they have a fall or become unwell.

https://youtube/1sC_lr5NxnI

drdoctor

This is an electronic system used within the Health Board to communicate with patients via their tablet or smart phone.

Patients complete a form sent to them by text or e-mail and on returning the form, a clinician will review the details and decide on how the patient should be seen, whether an urgent face-to-face contact, a virtual appointment, or if no appointment is required.

Being able to send out appointment details and reminders to patients has also enabled us to reduce the number of wasted appointments in clinics, it is estimated that since starting to use ***drdoctor*** the Health Board have avoided wasted expenditure of approximately £3M.

Patients have said that this is a ***'Fantastic'*** service and that it is ***'modern and should be the norm'***.

Clinicians have said that most patients using the service are impressed and we have better patient engagement as a result.

Care Closer to Home

There has been a focus on moving care from hospitals and providing it safely in the community. This has resulted in:

- 74% reduction in the number of blood tests carried out in hospitals for patients who are able to have the INR blood tests carried out in their GP practice.
- 519 extra skin surgery contacts within a Primary Care setting since April 2019.
- 799 new and 3,534 follow up assessments for patients with glaucoma undertaken in Ophthalmic Diagnostic Treatment Centres since October 2018.
- 3,212 referrals received a year across two dental practices for minor oral surgery.

The CWTCH Project

Project CWTCH was launched on 25 June 2019 and is run by the Child and Adolescent Mental Health Service (CAMHS) introducing video consultations to young people. This enables consultations to take place in the patient's home, school or at their GP surgery. The video consultations also allows CAMHS staff to connect to children's wards and help arrange a more timely discharge of patients. The feedback has been positive from the patients and the clinicians.

The feedback has been positive from the patients and the clinicians

"Much quicker than a face to face appointment but more personal than just a phone call"

"Saved us a 45 minutes car journey & having to take the young person out of school"

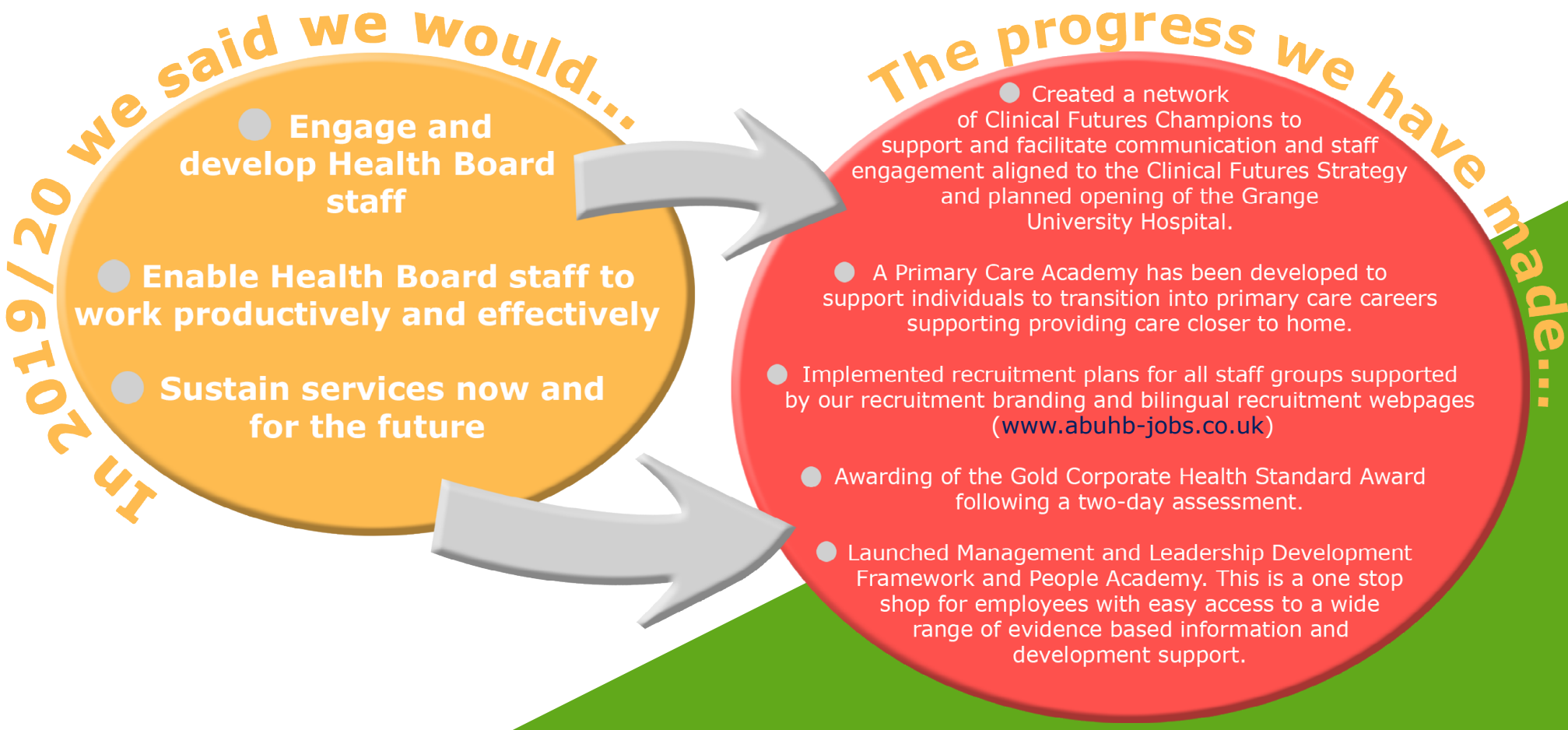
"Not having to go to clinic which is more than half an hour away"

"I was in a comfortable environment"

"It was great to be able to see everyone"

Staff and Resources:

The principle is that people in Wales can find information about how their NHS is resourced.



In this section we describe how staff and volunteers have worked to provide a safe and high quality services in 2019/20.

Nurse Staffing Levels (Wales) Act

The first Nurse Staffing Levels (Wales) Act 2016 annual review report was submitted in May 2019 in line with the Welsh Government recommended template, this will formulate the three year Welsh Government Report (2021). The report outlined the measures taken to assure the Board that the Health Board is meeting the requirements of the Nurse Staffing Levels (Wales) Act 2016 (NSLWA).

In line with the statutory guidance and the operational guidance issued, establishment reviews which include nursing, finance and workforce took place in September/October 2019. In accordance with section 25B, the duty to calculate nurse staffing levels currently applies to adult acute medical and surgical inpatient wards. However, there are a number of All Wales work streams underway to enable the NSLWA to be extended to other settings. Aneurin Bevan University Health Board is actively engaged and progressing each work stream.

These include:

- District Nursing
- Paediatrics
- Health Visiting
- Mental Health Inpatients and Care Homes

Each Health Board has a duty to use the triangulated approach to calculate the nurse staffing level for each adult acute medical and surgical inpatient ward and to record the nurse staffing review, to evidence the method of calculation and outcome. This assessment included the requirement of sign-off by the Executive Director of Nursing as the designated person and to report to the Board.

The review exercised the triangulated approach:

- Patient acuity/workload bi-annual data collation analysis of all medical and surgical wards (utilising Welsh Levels of Care).
- Review and analysis of quality indicators.
- Professional judgement.

A requirement of the Act is to report any episodes of harm that are associated with nurse staffing levels. Since April 2018 a series of questions have been added to the Datix reporting system to ascertain whether nurse staffing levels contributed to any incidents of harm. It is positive to note that despite staffing deficits there are no identified serious incidents where staffing levels are deemed to have contributed to patient harm.

Prior to the bi-annual re-calculation, it was apparent from the acuity data provided in July 2019 by Public Health Wales, that many acute wards were not achieving the necessary Registered Nurse compliment to meet the required nurse staffing levels. The RN deficits, circa 350WTE, are a significant concern and are recorded on the corporate Risk Register

In August 2019, prior to the bi-annual re-calculation, a workshop was held to consider new roles and responsibilities suitable for acute wards promoting the principle of the 'Prudent Registered Nurse' with an emphasis on appropriate and safe delegation practice.

The outcome of the workshop was to introduce the Core Care Team Model into 12 early adopter wards, to provide resilience to our nursing workforce and deliver quality care to patients. This new ward model is a result of a collaborative approach between Divisional and Corporate Nursing, Workforce and Operational Development and Nurse Resource Bank.
Three new roles have been developed:

- *Band 4 – Assistant Practitioner (Nursing)*
- *Band 2 – Ward Assistant*
- *Band 3 – Roster Creator*

Additional Practice Educators have been employed to support the development of these new roles.
Since the workshop in July 2019 the Health Board has employed 42Wte Band 4 Assistant Practitioners with imminent plans to internally develop a further 35Wte. Significant work has been undertaken to develop a competency based programme *'Journey of Achievement'* to support learning and practical skill development.

Further actions taken to address the current vacancy factor include:

- *Overseas Nurse Recruitment Campaign*
  - *47 WTE commenced within the HB 2019-20. The Covid pandemic temporarily paused OSN recruitment in February 2020. Plans in place to recommence September 2020.*
- *Local and National Recruitment Fayres*
- *Role Re-design*
- *Health Care Support Worker – Flexi Route*
- *Retire and Return*
- *Student Streamlining*
- *Improving hiring times*
- *Block booking agencies to provide continuity and reliability.*

The Core Care Team, along with other recruitment strategies are primary enablers to filling vacant posts, taking all reasonable steps to meet the NSLWA and provide safer quality care to patients. More substantive staff will increase availability of bank and overtime to fill unfilled shifts as opposed to an over reliance on temporary staffing.

In summary, extensive nurse staffing level reviews have been undertaken within ABUHB in order to ensure compliance with the requirements of the NSLWA. Additionally, these reviews have been extended to community hospitals to provide assurance that sufficient nurses are being deployed to care for patients within our community wards. The Health Board is fully engaged in the various All Wales work streams to enhance reporting and extend the Act to other specialities.

Staff Wellbeing

The Health Board continues to support staff during times of service and workforce change by ensuring that their wellbeing is a key priority. We have developed an interactive Employment Experience Framework and Toolkit which is based on the 6 evidenced based pillars:

The wellbeing of Staff during Covid-19

An evidenced based well-being plan was introduced offering psychological well-being support through a hub and spoke model across the Health Board which includes a well-being helpline, online resources, and 14 new well-being teams staffed by redeployed psychologists.

The Health Board's Covid-19 Short Term Well-being Strategy formed the foundation of the Health Education and Improvement Wales (HEIW) Well-being Strategy and the guidance issued by the Royal College of Psychiatry. The model also informed approaches in other NHS Wales and NHS England organisations. Our work, scoping the well-being needs within Facilities Staff is pioneering within the UK and created a deeper understanding of the needs of staff within this group which directly influenced how we supported them. We have also provided other support to clinical services such as the provision of additional uniforms; the coordination of childcare provision, temporary accommodation and the extension of hot and cold food provision.

A "check in" well-being survey was launched to enable our staff to tell us how they were feeling and how we could support them now and in the future. This provided an informal way to raise concerns in addition to our formal mechanisms. Consideration is now being given to the well-being needs of staff as a result of the survey outcomes as we move through the recovery phase to support an engaged and healthy workforce.

COVID Volunteering

The Health Board volunteers provided invaluable support throughout the February and March and extending into the 2020/21 year. Around 300 additional volunteers were recruited during the COVID period to support with the volunteer agenda. The current volunteer workforce was reassigned to undertake telephone befriending calls to those at risk of isolation and loneliness. In addition a message from home service was established to enable emails from families to be handed to or read to their relatives on the wards.

COVID Wellbeing

During the peak of the COVID outbreak the Chaplaincy service coordinated the distribution of goods donated to the Royal Gwent Hospital. As well as distributing night clothes and toiletries to patients they opened the unused shop in the Royal Gwent Hospital where staff could stop to pick up well deserved refreshments. It also provided an ad hoc opportunity for the Chaplaincy staff to offer emotional support. This would not have been possible without the astonishing generosity shown by the people of Gwent and local businesses.

https://abuhb.nhs.wales/news/news/the-health-boards-thank-you-to-you/

Winter Heroes

We value hardworking NHS staff particularly when things get tough during Winter. Because of this, we have been presenting staff that are nominated as 'Winter Heroes' with chocolates as a small token of appreciation for their hard work and dedication to ***'Putting YOU First This Winter'***.

Emergency Department Reception Team, Royal Gwent Hospital

"They're the first set of eyes and ears of the A&E team, alerting clinical staff to the sometimes self-presenting very sick patients they often see."

Person-Centred Care Team, County Hospital

"This team have put unfailing drive into increasing volunteering for befriending service Ffrind i mi. This is having significant positive impacts for our patients and volunteers too."

Ward 3/3, Nevill Hall Hospital

"I've stayed on a few different wards but there's something special about the team on 3/3 - they are all amazing."

Winter Heroes (Continued)

The YYF Community Nurses based at Gelligaer GP's Surgery

"No matter how busy they are they still work together to deliver exceptional care. Supporting their colleagues and always sharing the workload."

Tŷ Cyfannol Ward, Ysbyty Ystrad Fawr

"The staff work really hard, treating patients with mental health issues. They go above and beyond to ensure a real duty of care is given."

The Stoma Team, Royal Gwent Hospital

"The Stoma nurses were so kind and patient with me. At a time in my life when I was so confused I would never have got through the trauma without this team of magical people."

Gwent Robins Volunteer Service

Age Cymru Gwent took over the Gwent Robins Service in October 2019. Funding has been secured from Charitable Funds to enable the Service to extend, expand and improve the welcoming service at the Royal Gwent Hospital. Work is being undertaken to improve the appearance of the areas where the welcoming service is available.

Currently in the Royal Gwent Hospital the welcome service is available on levels 1 and 3. The Robins Volunteers continue to help out on 4 wards at St Woolos Hospital and 7 wards, as well as A&E and MAU at the Royal Gwent Hospital. This is proving very popular with both staff and patients who appreciate the help the volunteers are able to provide.

Volunteering Aneurin Bevan

British Red Cross

The Red Cross Support Service commenced in the Royal Gwent Hospital on 20 December 2018. Currently there are 7 staff who work within the Emergency Department 7 days per week, 10 hours each day.
Offering a pathway for frail older people and vulnerable adults who require support in hospital settings and to return home after a period in hospital, the Red Cross service complements the role of hospital staff by assessing and attending to patients' non-clinical needs. The primary objectives are to:
Support the patient experience whilst in the Emergency Department; for example, providing emotional and practical support to help reduce anxiety and promote their mental well-being, sitting with someone who is confused, distressed or disorientated (providing supervision to minimise risk); talking to someone about their concerns; being a friendly face or a supportive listening ear;

- Having a *'What Matters'* conversation with the patient to establish if there are any additional support needs to maintain independent living and enhance their quality of life
- Improve patient flow through the ED; for example, liaising with staff and arranging patients' safe transport home; Taking prescriptions to the pharmacy on behalf of patients about to be discharged;
- Facilitate safe and timely resettlement of the patient in their own home;
- Connect patients into community-based services to support their well-being and reduce their risk of readmission.

Since the outset the team have assisted 39,587 people within the hospital and supported 491 people who were discharged back home.

Welsh Language Standards

In May 2019 the new Welsh Language Standards replaced the existing Welsh Language Scheme. The standards set out the specific requirements for the Health Board when dealing with the public, including how we deal with correspondence, telephone calls, meetings, events and external communication channels. In addition to increasing the use of Welsh within the Health Board's internal administration.

The Welsh Language Strategic Group provides leadership, commitment and operational support for Welsh language service provision, supporting the embedding of the Welsh language into service delivery and coordinating the Health Board's approach to the implementation of the Welsh Language Standards under the Welsh Language (Wales) Measure 2011.

The Health Board remains committed to treating the Welsh and English languages on the basis of equality. We are working towards offering services wherever possible in the language of choice, without the need for the patient to make a specific request for it. This 'active offer' of Welsh is a key component of the Welsh Government Strategic Framework: More than just words. A new bilingual Health Board website was launched in March 2020.

A Welsh Language Policy has been established in line with the Welsh Language Standards and are supported by a suite of protocols. The Welsh Language Unit continues to support and train staff and disseminate best practice across the Health Board to support the implementation of the standards.

A 3 year review of the 5 year plan for increasing the offer of Clinical Consultations within the Health Board has been undertaken. A 12 month pilot of Welsh Language Translation Service for patients is planned to commence September 2020.

The Health Board are leading collaborative working with other Health Boards and Public sector bodies to learn lessons, share best practice and develop an all Wales approach to the Standards where relevant. We have launched our 'PartnerIAITH' language buddy scheme working in partnership with Gwent Police colleagues to support each other and improve our skills.

Feedback from staff ...

"Excellent opportunity for education"

"Will be a better role model leading by example"

"Massive insight into what it is like to nurse in another country"

Namibia leadership project

The Namibia leadership project supports a buddy scheme between senior nurses in Namibia and Aneurin Bevan University Health Board, facilitating the sharing of information, knowledge and skills and providing nurses with insight into other cultures.

The Health Board has formed links with 3 University sites in Namibia, Windhoek, Oshakati and Rundu. 3 fantastic films have been made to share with the nurses in Namibia outlining what it is like to nurse working in District Nursing services, Intensive Care and the Accident and Emergency Unit in our Health Board.

The SAFE Operating Room (SAFE OR)

Dr Tei Sheraton is the anaesthetic lead for a multidisciplinary team working on a project called SAFE Operating Room.

The SAFE OR course is a multi-disciplinary two-day course for teams of surgeons, obstetricians, nurses and anaesthetists who frequently work together, but rarely train together. These courses have been run in Ethiopia, Uganda and Rwanda. The focus of the course is to discuss the major issues which occur in the operation theatre. The teams discuss leadership and communication, anaesthetic emergencies, the prevention of surgical site infections and the use of antibiotics.

Care for Uganda and Hernia International

For the past 3 years Dr David Hepburn has travelled to Luwero in central Uganda as part of a surgical charity team performing hernia repairs. The team have performed around 350 hernia operations on 270 adults and 80 children in often challenging circumstances such as intermittent power, lighting, and sometimes unreliable oxygen supply.

Care for Uganda funds sustainable infrastructure projects in rural communities such as building schools, funding and training local healthcare workers and improving sanitation and clean water. Good relationships have been forged with the local healthcare team and they have played a role in education and training.

Looking Forward

The consistent delivery of safe, high quality and compassionate care relies on everyone contributing. That contribution is wide ranging and includes organisations such as Wales Audit Office, Internal Audit, Health Inspectorate Wales and the Community Health Council, all Staff working in Aneurin Bevan University Health Board as well as the patients and the public who use our services.

In March 2020 a new Quality Assurance Framework was developed to mitigate and manage risk which may occur with regards to the achievement of our priorities as set out in the Health Board's Integrated Medium Term Plan. The Board of Aneurin Bevan University Health Board has the overall responsibility for ensuring the systems and controls in place, are working well and are sufficient to mitigate any significant risks which may occur. The framework will inform the Board in its focus on quality and quality improvement and will also substantively inform the approach of the Quality and Patient Safety Committee.Over the next 12 months we will review the governance and reporting arrangements that are set out in The Framework to strengthen our systems and controls and thereby ensuring that patients and their families receive high quality, safe and compassionate care from staff who are supported to work in a culture of openness and transparency.

The Health and Social Care (Quality and Engagement) (Wales) Act 2020 became law on 1st June 2020. The Act strengthens the duty of quality and establishes a duty of candour for health and social care organisations. The Health Board will work with Welsh Government over the next year to ensure we are prepared to implement the Act by spring 2022.

Finally the Health Board will continue to work toward the priorities set out in the 2019/20- 2020/21 Integrated Medium Term Plan and identified at the beginning of each chapter throughout the Annual Quality Statement.

If you would like to contact the Health Board in relation to anything you have read in the Annual Quality Statement or in relation to anything else, then our contact details are:

Email: *abhb.enquiries@nhs.uk*
Twitter: *www.twitter.com/aneurinbevanhb*
Letter: Aneurin Bevan University Health Board Headquaters, St Cadoc's Hospital, Lodge Road, Caerleon, Newport. NP18 3XQ
Facebook: *www.facebook.com/AneurinBevanHealthBoard*

Aneurin Bevan University Health Board

Strategic Risk Report

Executive Summary

This paper provides an overview of the profile of the current risks of the organisation. This report is presented differently for this month. It is presented as an overview of the high levels risks on the revised Corporate Risk Register (as at the end of August 2020).

As suggested by the Board, we have moved to presenting the high level risks in overview only. The full Corporate Risk Register prepared by the Executive Team is also considered in detail by the Audit Committee on behalf of the Board and all other committees of the Board will monitor and scrutinise a basket of risks assigned to them from the Corporate Risk Register, appropriate to their terms of reference and key work programmes. However, this has been different during the period of adjusted governance for the Pandemic and as well as the Audit Committee considering the full risk register, the Quality and Patient Safety Committee has also considered the full Corporate Risk Register at its meeting on the 2nd of September 2020. The views of the Committees will be referenced in their Assurance Reports, which will be reported to each Board Meeting.

The information from the Corporate Risk Register and the Board Assurance Framework principal risk schedules will also inform the programmes of work for the Board and Committees and support the setting of risk based agenda. Currently the specific risks and impact of the COVID-19 have also been reflected and used to inform the revised Corporate Risk Register.

The Board is asked to note this report and the profile of the current highest assessed risks from the Corporate Risk Register.

The Board is asked to: (please tick as appropriate)	
Approve the Report	
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	✓
Note the Report for Information Only	

Executive Sponsor: Judith Paget, Chief Executive

Report Author: Richard Bevan, Board Secretary

Report Received consideration and supported by :

Executive Team	✓	**Committee of the Board [Committee Name]**	Risks will be submitted to each of the Board's Committees.

Date of the Report: 15th September 2020

Supplementary Papers Attached:
None

Purpose of the Report

This report is provided for assurance purposes to highlight for the Board a summary of the current key risks of the organisation.

Background and Context

1. Background

Risk Management is a process to ensure that the Health Board is focusing on and managing risks that are current or might arise in the future and that the organisation or in our partnership work the risks are being responded to appropriately. Active risk management is happening every day throughout all sites and services of the Health Board. Nevertheless, the Health Board's risk management system and reporting seeks to ensure that the Board is aware, engaged and assured about the ways in which risks are being identified, managed and responded to across the organisation and our areas of responsibility. This will be managed via the implementation of the Risk Management Strategy approved by the Board in March 2020.

The strategic risks referenced within this report have been identified through work by the Board, Committees, Executive Team and items reported through the Health Board's management structures with regard to the implementation of the IMTP. It also reflects the specific risk register that has been developed for the COVID-19 Pandemic, which is managed via the Strategic Co-ordinating Group.

Key risks and issues will be regularly considered at each of the Board's Committees and at the Executive Team, which takes responsibility for keeping the Corporate Risk Register under review and updated. There is also a range of specific divisional, departmental and project based risk registers, which inform the Health Board's Corporate Risk Register and are reflected in Executive Team's review.

The profile of organisational risks will also be actively used to inform the setting of agenda for the Board and committees and will be linked to the assessment against the Board Assurance Framework and the principal risk schedules within the Framework. The Board will be undertaking further work during October to review the Board Assurance Framework and revisit the Risk Appetite Statement agreed in March of this year. This work will be further considered by the Audit Committee at the end of October and a full review report of the Board Assurance Framework and Risk Appetite Statement will be presented to the Board at its November 2020 meeting.

The risks reported within the Corporate Risk Register are assessed by using the following assessment table. These are reflected in in the full Corporate Risk Register and the high level risks outlined below.

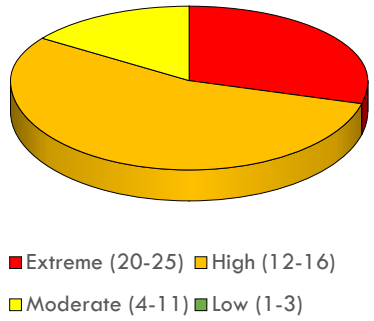
Table from the updated Risk Management Strategy – March 2020

Consequence Score	Likelihood Score				
	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain
5 - Catastrophic	5	10	15	20	25
4 - Major	4	8	12	16	20
3 - Moderate	3	6	9	12	15
2 - Minor	2	4	6	8	10
1 - Negligible	1	2	3	4	5

There are currently 24 risks on the Corporate Risk Register. These are broken down by the following levels of risk severity.

Risk by Severity	
Extreme (20-25)	7
High (12-16)	13
Moderate (4-11)	4
Low (1-3)	0

Risk by Severity - August 2020



Risk Trends	
Total Risks	**24**
New Risks	**0**
Increased Risks	**1**
Risk remains the same	**23**
Risks Reduced	**0**
Risks Removed	**0**

Changes since the last report:

Risk with an Increased Score:

- Due to the UK leaving the European Union (BREXIT) the provision of health and care services will be affected. (16 to 20)

The top risks on the Corporate Risk Register are as follows:

Risk	Current Risk Rating	Progress against Actions
Failure to reduce healthcare associated infections.	**20**	Good progress made with engagement of the Infection Control Team in the COVID-19 response and advice followed. Review of IPAC Team and

		Medical support being explored. IP&C monitoring service has been implemented in care homes with COVID-19 cases. HPV Cleaning Programme for 2020/21 approved and being taken forward. Good progress made with the TTP and social distancing programmes.
Failure to recruit and retain appropriately skilled staff and senior leadership to deliver high quality care. Signification gaps in workforce e.g.. Nursing	**20**	The Staff Retention Framework has been developed and approved by the Executive Team. Organisational Succession and Talent Strategy to be implemented in conjunction with HEIW and progress being made with these discussions. Weekly analysis of the Workforce Dashboard to assess and understand sickness rates and the validity of the allocated uplift. A review of the reasons for staff absence and shielding staff is being undertaken to plan for any potential return to the workplace. Progress being made with recruitment, retention and redeployment during the Pandemic. Positon under constant review. High level of RN vacancies.
Failure to meet the needs of the local people in relation to emergency care provision including WAST based on the levels of demand.	**20**	Quarter 3 plan for winter and GUH opening to support predicted increased demand and potential second COVID-19 surge. POD re-established at the RGH post COVID surge 1. Now funded 24/7 gradually able to increase to this level of cover using WAST/agency staff. Revised footprints being established to manage Emergency Care in light of COVID. This Plan is agile and responsive to changes in demand/guidance
Failure to implement Welsh Community Care Information System (WCCIS)	**20**	Legal processes are in progress and all Health Board information is with the Health Board's Solicitors. Ongoing discussions regarding re-planning with supplier (Advanced). Internal planning exercise undertaken July 2019. Prospective go live date circa June 2021. Extension of support agreed with ePEX supplier for 2021.
There is a risk that the Health Board fails to effectively respond to the COVID-19 Pandemic resulting in harm to patients, staff, and the population.	**20**	Response Plan has been agreed and is being actively implemented with positive results in terms of levels of infections in the community and hospital. However, cases have increased in the Caerphilly County Borough, which has been placed into local lockdown by Welsh Government and numbers of cases are also rising in Newport and other areas of Gwent. Social Distancing at Work measures have been established to protect staff and patients and to support the restarting of services. Comprehensive risk assessments have been completed. The Test Trace and Protect Service has been established. This is being fully implemented and monitoring and reporting taking place. Antibody testing has also been undertaken**.**
Inability to restart non-COVID-19 associated patient care and inability to maintain essential services. Risk of	**20**	Operational Plans for Quarters 1 and 2 have been developed and submitted to Welsh Government. A 'recovery plan' for elective services to be developed to include adapt and sustain plan for urgent and cancer work and zoning of COVID-19/Non-COVID-19. Restart of Primary care services to be continued

being able to start key improvement programmes to delivery increased efficiency and capacity.		in line with national guidance e.g. dental services and communicated to the public. Adopt requirements for right sizing community based services.
Due to the UK leaving the European Union (BREXIT) the provision of health and care services will be affected.	**20**	Preparations continue at a national and local level on a range of areas following the UK leaving the European Union on 31 January 2020. The Health Board is making progress in this area, but further work will be required Autumn 2020 in line with national requirements.
Poor uptake of flu vaccination among Health Board staff, primary school-age children, patients aged 65 and over and people under the age of 65, staff in care homes and delays in vaccine availability. Risk of co-infection with flu and COVID-19.	**16**	Lessons learnt from the 2019/20 programme incorporated into planning of the 2020/21 programme. Continued communication and engagement activities generally and through Flu Champions Network being planned for commencement in the Autumn. Benefit expected with awareness due to COVID-19. Continued focus on the seasonal flu action plans within the Health Board.
Fragility of the Care Home Sector service provision and support.	**16**	Sustainability Funding Plan developed and being implemented. Support Teams in place for care homes providing advice and assistance with care standards and delivery of services (when warning signs are identified). Support being provided for care homes during the COVID-19 Pandemic in terms of closed settings guidance and PPE. Considerable increase in vacancies in sector post first wave COVID-19. Work has commenced with local commissioners to review market stability and sustainability. Good progress being made with Health/Social Care response to COVID-19 pandemic and the protection of residents in sector.
Failure to achieve financial balance at end of 2020/2021. However, an additional risk and impact has arisen due to the COVID-19 Pandemic and the significant cost of the organisational response above IMTP planned levels.	**16**	Progress being made to develop Q3/4 plan incorporating use of GUH in November. Plan developed and funding secured for Contact Tracing service. Plan being developed for mass vaccination programme. Work being undertaken to identify deliverable savings plans during 2020/21 and impact on financial forecast.

Assessment and Conclusion

This paper provides an overview of the current risks.

Recommendation

The Board is asked to consider and not this report.

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	The coordination and reporting of organisational risks are a key element of the Health Board's overall assurance framework.
Financial Assessment, including Value for Money	There may be financial consequences of individual risks however there is no direct financial impact associated with this report.
Quality, Safety and Patient Experience Assessment	Impact on quality, safety and patient experience are highlighted within the individual risks contained within this report.
Equality and Diversity Impact Assessment (including child impact assessment)	There are no specific equality issues associated with this report at this stage, but equality impact assessment will be a feature of the work being undertaken as part of the risks outlined in the register.
Health and Care Standards	This report would contribute to the good governance elements of the Health and Care Standards for Wales.
Link to Integrated Medium Term Plan/Corporate Objectives	The risks against delivery of key priorities in the IMTP, will be outlined as specific risks on the risk register.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	Not applicable to this specific report, however WBFGA considerations are included within the consideration of individual risks.
Glossary of New Terms	None
Public Interest	Report to be published.

Aneurin Bevan University Health Board

Finance Report – July (Month 04) 2020/21

Executive Summary

This report sets out:

1. The financial performance at the end of July 2020 and forecast for 2020/21 – against the statutory revenue and capital resource limits,
2. The revenue reserve position at the 31st July 2020,
3. The Health Board's cash position and compliance with the public sector payment policy,
4. A financial assessment of the risks and opportunities impacting on the financial forecast for 2020/21,
5. A summary of the opportunities for making best use of resources, critical to improving outcomes for patients and financial sustainability, and
6. Financial governance – update on financial and wider governance arrangements in place during the first few months of the Covid-19 pandemic.

The financial performance is measured by comparing the expenditure with the budgets as delegated in the Budget Delegation paper agreed at the March 2020 Board meeting. The Health Board has statutory financial duties and other financial targets which must be met. The table below summarises these and the Health Board's performance against them.

July 2020 (Month 04)
Performance against key financial targets 20/21
+Adverse / () Favourable

Target	Unit	Current Month	Year to Date	Trend	Year-end Forecast
Revenue financial target To secure that the HB's expenditure does not exceed the aggregate of it's funding in each financial year. *This confirms the YTD and forecast variance.*	£'000	1,124	8,050	↑	**68,783**
Capital financial target To ensure net Capital Spend does not exceed the Capital Resource Limit. *This confirms the curent month and YTD expenditure levels along with the % this is of total forecast spend.*	£'000 £106.2m	4,672 4.4%	26,972 25.4%	↑	**£110.4m spend** **£4.257m variance - Covid - 19**
Public Sector Payment Policy To pay a minimum of **95%** of all non NHS creditors within 30 days of receipt of goods / invoice (by Number)	%	98.3%	96.7%	↓	**>95%**
Cash balances Cash balance held by the Health Board to not exceed 5% of monthly cash draw down from WG (overdrawn)	£'000	n/a	4,520	↑	**Within Target Level**

Performance against Statutory Requirements 20/21		17/18	18/19	19/20	3 Year Aggregate
Ensure the aggregate of the HB's expenditure does not exceed the aggregate of its funding in a 3 year period	✓	-246	-235	-32	-513
Prepare & Submit a Medium Term Plan that is signed off by Welsh Ministers	✓				

At Month 4, the revenue financial forecast is £68.7m, with a risk range up to £78.5m. This takes account of the full year cost estimates for the Health Board's response to managing Covid-19 for 20/21, including the accelerated opening of the Grange University Hospital as an operational acute site (from November 2020) and Covid-19 funding notified by Welsh Government at the end of July.
A verbal update on the financial position and forecast, at Month 5, will be provided at the September board meeting, to include further funding secured and new risks and opportunities.

The Board is asked to: (please tick as appropriate)	
Approve the Report	
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	√
Note the Report for Information Only	
Executive Sponsor: Glyn Jones – Director of Finance & Performance	
Report Author: Rob Holcombe – Assistant Finance Director	
Report Received consideration and supported by :	
Executive Team	**Committee of the Board [Public Partnerships & Wellbeing Committee]**
Date of the Report: 28th August 2020	
Supplementary Papers Attached: Appendices provide further financial details and glossary.	

Purpose of the Report

This report sets out the following:

- The financial performance at the end of July 2020 and forecast for 2020/21 – against the statutory revenue and capital resource limits,

- The revenue reserve position at the 31st July 2020,
- The Health Board's cash position and compliance with the public sector payment policy,
- A financial assessment of the risks and opportunities impacting on the financial forecast for 2020/21,
- A summary of the opportunities for making best use of resources, critical to improving outcomes for patients and financial sustainability, and
- Financial governance – update on financial and wider governance arrangements in place during the first few months of the Covid-19 pandemic.

Assessment & Conclusion

1. Revenue Performance

The Health Board produced a Covid-19 financial plan during April 2020, based on best assumptions and information available at that time. During June, the operational plan for quarter 2 (2020/21) was developed and financial planning assumptions were updated to take account of the full financial year, based on available service and workforce information. These plans have been submitted to Welsh Government and are the basis for the month 4 financial reporting and forecasting.

The **month 4 position forecasts a full year deficit of £68.7m**, with additional risks of £9.7m associated with Winter pressures (£4m), the potential extension of testing plans (£3m) and the possible increase in the Health Board Welsh Risk Pool (WRP) contribution(£2.6m).

The Health Board is also developing a mass vaccination plan, for submission to Welsh Government in early September. Given the short timescales for implementing the plan, which requires key staff in place during October, the Executive Team have supported the recruitment of additional staff within an additional financial envelope of c£1.7m. Where appropriate, staff will be redeployed and costs will be minimised and this needs to be recognised as a further financial risk, for which there is currently no additional funding.

With regard to Covid-19 related funding, the Health Board has:

- Received £8.5m funding from Welsh Government for additional staff costs related to Covid-19 for quarter one,
- Anticipated funding notified by Welsh Government for the Gwent Partnerships Contact Tracing project of £9.6m,
- Anticipated funding for use of the independent healthcare sector (St Joseph's Hospital) up to 5th September, notified by Welsh Government,
- Anticipated funding notified by Welsh Government for Health Board commissioned domiciliary and residential care; this is a temporary uplift in funding to recognise additional costs incurred during the period 1st April to 30th September 2020, and
- Assumed, in accordance with Welsh Government correspondence that the Mental Health Service Improvement Funding (£0.669m) will be used to fund Covid-19 costs incurred within Mental Health services and the Primary Care Improvement Grant (£0.324m) will be used to fund Covid-19 costs associated with Primary Care services.

Where appropriate, these assumptions will be factored into the month 5 financial reporting and forecasting. Given reporting timescales, a verbal update will be provided at the September board meeting.

The Health Board is awaiting further details from Welsh Government regarding the allocation of the additional £800m funding secured for the NHS in Wales during this year.

At the **end of July 2020 (Month 4), the year to date financial position is a £8.050m deficit**. This is attributable to the impact of the Health Board's response to the Covid-19 pandemic, after applying relevant Covid-19 funding provided.

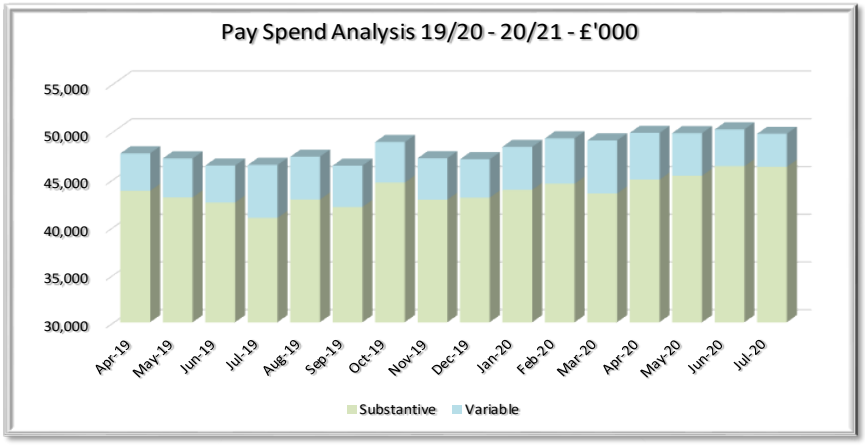
The July position identifies consistent pay and non-pay expenditure run rates for 2020/21, with a slight improvement against the forecast Month 4 position, due to a reduction in agency costs.

A summary of the July 2020 financial performance is provided in the following table, by operational divisions, corporate functions and externally commissioned services.

Month 04 - July 2020	Full Year Budget £000s	YTD M04 Reported Variance £000s	YTD M03 Reported Variance £000s	Movement M4-M3 £000s
Operational Divisions:-				
Primary Care and Community	250,245	1,000	927	73
Prescribing	99,187	3,346	2,523	823
Community CHC & FNC	63,124	(1,301)	(338)	(963)
Mental Health	92,827	1,367	1,772	(405)
Director of Primary Community and Mental Health	910	100	79	21
Total Primary Care, Community and Mental Health	**506,292**	**4,513**	**4,964**	**(452)**
Scheduled Care	201,714	(3,532)	(193)	(3,339)
Unscheduled Care	113,974	624	1,959	(1,336)
Family & Therapies	106,726	1,469	1,356	113
Estates and Facilities	62,109	1,613	2,127	(514)
Director of Operations	5,808	253	149	103
Total Director of Operations	**490,331**	**426**	**5,399**	**(4,972)**
Total Operational Divisions	**996,623**	**4,939**	**10,363**	**(5,424)**
Corporate Divisions	80,502	4,706	5,663	(957)
Specialist Services	155,671	(1,029)	(1,041)	12
External Contracts	71,988	(185)	469	(654)
Capital Charges	114,577	(0)	(0)	(0)
Total Delegated Position	**1,419,361**	**8,430**	**15,453**	**(7,023)**
Total Reserves	19,539	(380)	(8,527)	8,147
Total Allocations	(1,417,871)	0	0	0
Total Income	(21,029)	(0)	0	(0)
Total Reported Position	**1,417,871**	**8,050**	**6,926**	**1,124**

Workforce Costs

The Health Board spent £49.8m on workforce in month 4 20/21. This is £2.15m more than the average in 19/20, of which c£1.1m relates to A4C wage awards.

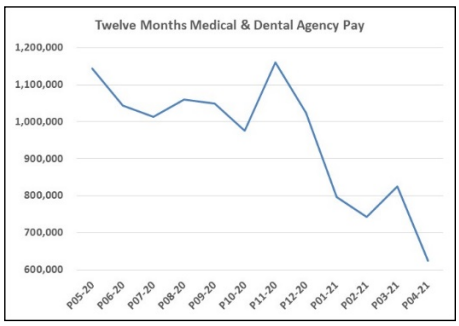


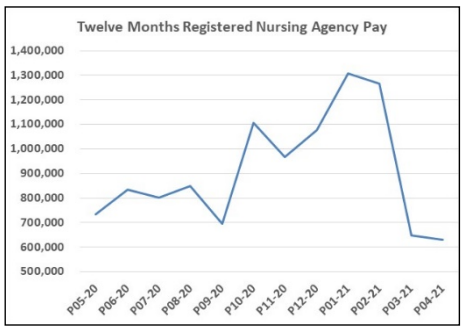
**excludes Pension Costs paid directly by WG and recharged in month12 (£22m 19/20)*

Agency spend:

The Health Board spent a total of £1.8m on agency staff in July 2020, this is £0.4m lower than the average for 19/20 and a 12% reduction on agency spend from June 2020. Spend by categories of agency are:

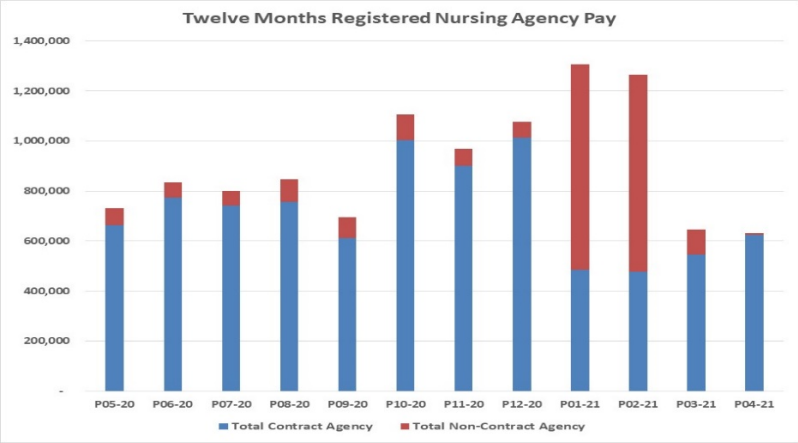
- £0.6m on Medical Agency 24% lower than month 3 (average in 19/20 of £1m),
- £0.6m on Nurse Agency 26% lower than month 3 (average in 19/20 of £0.85m),
- £0.4m on Estates & Ancillary 11% lower than month 3 (average in 19/20 of £0.13m),





Use of "off-contract" Registered Nurse Agency:

The Health Board spend £6k on 'off-contract' registered nurse agency in July 20; £48k lower than the average in 19/20 and £96k lower compared to June 2020. Spend on 'off contract' Registered Nurse agency is shown in the following graph.



Off Contract' RN Agency	P01-21	P02-21	P03-21	P04-21
Total	821,492	788,616	101,743	6,236

- Unscheduled Care (£6k): this was incurred on medical wards in RGH,
- Scheduled Care (£1.5k): this was incurred in Critical care and C7W in RGH and YYF Surgical Unit.
- Other Divisions (-1.4k): invoice credits received.
- The Health Board also used 'off contract agency' for HCSW within the CAMHS Outreach Team and CAMH Tier 3 Units spending £26k during July 2020. This has increased compared to months 1 (£7.7k), month 2 (£13.7k) and month 3 (5.6k).

Drugs / Prescribing:

Prescribing is reporting a £3.3m deficit as at month 4, with the full year forecast deficit at £5.3m. This reflects the net changes due to Covid-19 and is based on April prescribing information.

Mostly driven by price increases relating to:

- Category M drugs - these changes took effect from June and have been assumed to continue until the end of September 2020, and
- NCSO price concessions (particularly for an antidepressant drug Sertraline). Higher NCSO costs are assumed to continue to apply until the end of July. Again there is uncertainty over the timing of when they will cease to take effect, and so a best estimate view has been taken based on past experience.

Normal underlying growth in the number of prescriptions (excluding Covid-19 impact) is assumed at 2%, based on the year on year increase in item volumes for 12 months to Feb 2020, compared with 12 months to Feb 2019.

The Covid-19 impact is estimated to be circa £2m of the forecast deficit for the Prescribing budget.

Referral to Treatment (RTT):

Elective activity has significantly reduced as part of the Health Board's Covid-19 planned response. As a result, there was limited activity in July 20:

Elective Treatments:

- Only 775 of the planned 2,374 treatments for July were performed – this was in the specialties of Urology (293), General Surgery (180), Dermatology (128) and Max Fax (101), with a smaller number in ENT (48), and Ophthalmology(25),
- Year to date the treatments are 8,445 behind the pre-Covid-19 plan of 10,434.
- Elective treatment activity is beginning to increase as services recommence.

Outpatients:

- 2,772 of the planned 6,418 outpatient appointments for July were undertaken – this was in the specialties of General Surgery (1,000), Dermatology (746), Urology (373), Ophthalmology (187), Rheumatology (179) and ENT (144). A smaller number in Max Fax (93) and T&O (50),
- Year to date the outpatients appointments are 16,931 behind the pre-Covid-19 plan of 27,196.

As a direct result of the reduced elective activity, costs have been avoided and this offset non-delivery of savings plans and some Covid-19 cost pressures.

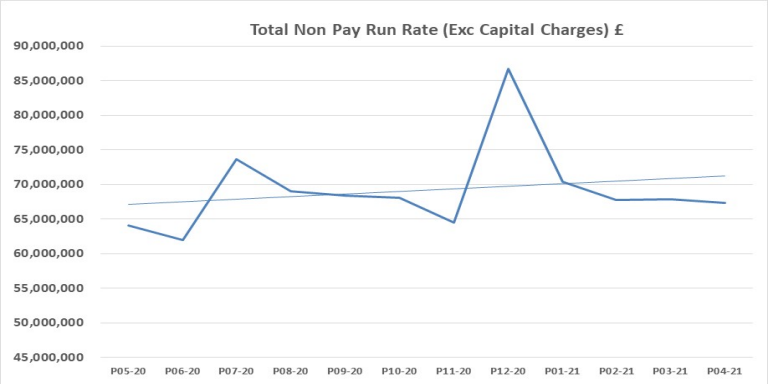
With regard to Waiting List Initiative (WLI) spend and activity, the Unscheduled Care Division made the following payments of £32k, for:

- Gastroenterology (17.7k): 42 backfill sessions, 12 WLI's at the weekend and 2 outpatient sessions, and
- Cardiology (16k) for 23 virtual clinics.
- WLI's are expected to increase along with a rise in the use of agency for Physiologists for Echo activity.

No other WLI's were paid in July.

Non Pay Costs:

Non-pay expenditure was £61.1m in month 4, a reduction of £8.7m compared to expenditure of £70.2m in month 3. This is a result of a capital charges technical accounting adjustment for indexation (inflation) and not a reduction in operational revenue expenditure. Excluding the capital charge adjustment, the non-pay expenditure reduced by £0.458k compared to month 3 and was £0.355m higher than the average in 19/20.



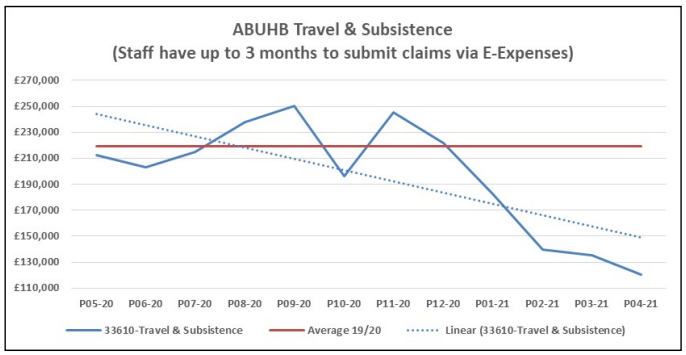
In July expenditure increased for the General Dental Contractual payments as these increased to 90% of contract value, as per Welsh Government policy directive, compared with 80% in previous months.

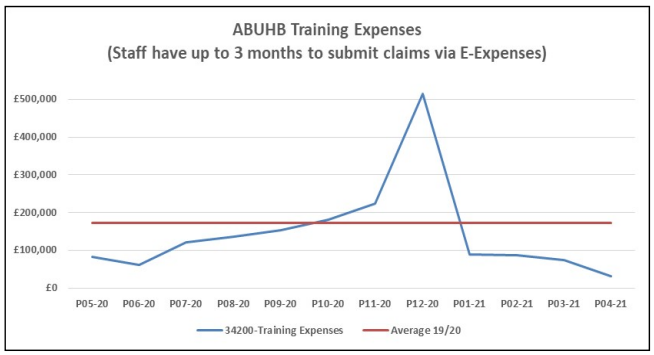
Adult CHC reported a decrease in patient numbers of 5 (current patients 578) and Funded Nursing Care an increase of 10 (current patients 798). Along with a release of a prior year financial provision, this decreased expenditure in month. However, it is estimated that there are eleven patients in hospital likely to require CHC, which will increase future expenditure.

Mental Health CHC spend has increased due to a net increase of two new patients during July.

Whilst costs have increased in a number of areas, due to Covid-19, some areas of expenditure relating to travel, conferences and seminars have decreased. Whilst there is sometimes a time lag between incurring and claiming expenses (staff have up to three months to claim) the lower level of spend is expected to continue whilst the current social distancing and working from home measures are in place. It will be important to ensure the Health Board sustains the benefits of the new ways of agile working introduced, both in terms of financial benefits and non-financial benefits (e.g. improved efficiency, reduced travel time and reduced carbon footprint).

The following graphs demonstrate the reduction in travel and training costs:





Savings delivery:

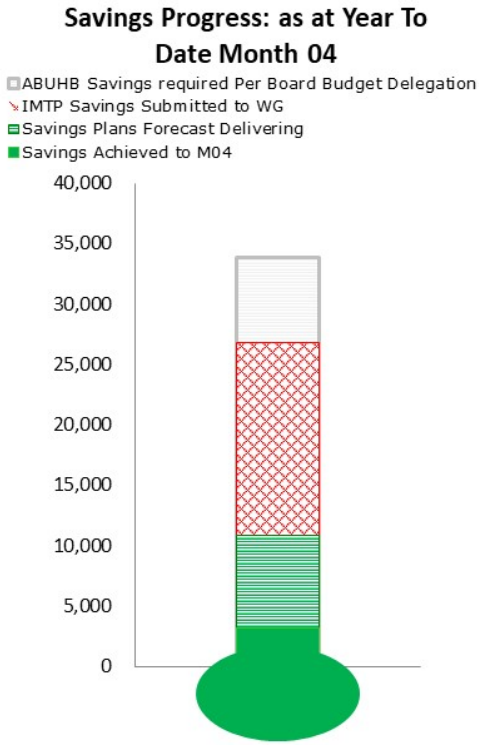
As part of the budget delegation, agreed in the March board, the Health Board's financial pan for 2020/21 identified a savings requirement of **£33.8m.**

Actual savings delivered to July amounted to £3.2m, with a forecast delivery for 2020/21 financial year increasing by £5m to £10.9m (Green Schemes). This represents 32% of the total required savings.

The increase in forecast delivery of savings is due to:

- Mental Health: £3m savings from CHC that are driven by a review of patient needs as a result of revised assessments, structured clinical management and reduced support required in line with improvements in patients outcomes,
- Primary Care & Community: additional in year savings of £1.3m for reduced rates for GMS premises, reduced sickness absences and a reduction in medical locum premiums in Managed Practices. £0.4m relates to pharmacy savings and Edoxaban (drug) cost avoidance.
- Contracts & Commissioning: new savings of £0.350m as a result of a review of prior year provisions.

As part of the Health Board's response to Covid-19 it is important that service changes which have achieved an improved patient outcome are continued (e.g. via greater use of technology to support remote delivery and alternative pathways of care). As the organisation starts to plan the resumption of services, this provides an opportunity to improve outcomes for patients and make better use of resources. This is aligned with value based healthcare principles and enables the Health Board to be more flexible in delivering services given the uncertainty that Covid-19 brings, during the rest of the year and supports greater service sustainability in the future. Work is ongoing to capture the benefits from the changes in the way the Health Board operates, with further detail in section 5 of this report.



Revenue Reserves:

The Health Board is holding in-year reserves for a small number of specific issues, in line with the budget delegations approved by the Board, these are awaiting final plans, arrangements or start dates. These are:

Description	20/21
RGH Car Park	420,000
Wage Award Pass through - HEIW	197,000
Hospital Pharmacy system	56,130
Total Commitments	**673,130**

The Health Board is also holding specific funding allocations from Welsh Government in reserves, which will be allocated once plans have been finalised. These are outlined in the following table.

Confirmed or Anticipated	Description	20/21
Anticipated	Anticipated Prevention and Early Years	832,968
Confirmed	Additional Cluster Funding Primary Care	1,895,000
Confirmed	Mental Health Core Uplift Funding 2020/21	381,962
Anticipated	Liver Disease	1,000,000
Confirmed	Trans. Fund - Financial Support to Optimise Flow and Outcomes (now Discharge)	1,819,724
Confirmed	COVID-19 Additional Pay costs quarter 1	379,790
Anticipated	Contact tracing funding	9,600,000
Anticipated	Medical & Dental Pay Award estimate (1.8%)	2,076,000
Anticipated	Single Cancer Pathway (SCP)	471,000
	Confirmed Allocations to be apportioned	**18,456,444**

Welsh Government are expecting Health Boards and their partners to reprioritise uncommitted funding towards the Covid-19 response, where appropriate to do so. The above reserves may offer an opportunity to support the Covid-19 cost pressures being experienced.

With the exception of reserves held, for specific purposes, the Health Board has delegated all other budgets. Therefore the Health Board continues to hold **no** contingency.

Risks & Opportunities

There remain several risks, opportunities and uncertainties during 2020/21, including:

- Covid-19 pandemic 'surge' profiles - scale and timing of future increases will drive costs of responding.
- Phase 5 and 6 surge plans have not been factored into the financial forecast.
- Government policy changes may drive further expansion of testing, mass vaccination programmes and other requirements. The expansion of contact tracing and associated population testing to wider population cohorts and new testing regimes may require revenue and capital solutions to be deployed.
- Non-delivery of recurrent and non-recurrent savings required to fund the delegation of budgets agreed at the March board,
- Delivery of CHC financial surplus as forecast,
- The opportunity to divert existing funding to support Covid-19,
- Treatment plans and associated costs – where elective services are resumed and/or reset,

- Managing seasonal pressures (e.g. winter),
- Welsh Risk Pool (WRP) increased contributions
- The impact of any agreed changes to the commissioning of GUH during 2020/21 financial year, and
- Opportunities from implementing changed ways of working, including digital solutions and agile working arrangements.

Covid-19 – Revenue Financial Assessment

During June the operational plan for quarter 2 was developed and the financial planning assumptions refreshed to correlate with operational plans, the assumptions submitted have not changed for month 04.

Forecast costs related to Covid-19 is £68.7m for 20/21, and can be summarised as follows:

Field Hospital / GUH early opening	£25.4m
Covid-19 non Field Hospital costs	£71.1m
Savings not achieved	£22.9m
Operational costs not incurred	-£28.5m
Repurposed planned investments slippage	-£1.9m
Welsh Government funding – direct allocations & redirected	-£20.3m

£20.3m of funding has been directed to Covid-19 Funding as notified from Welsh Government:

- Q1 Covid-19 related staff costs (£8.5),
- Gwent partnership contact tracing service (£9.6m),
- Independent Health Sector funding for St Joseph's contract to July to September (£869k), and
- The Health Board was also advised to direct the Mental Health Service Improvement funding (£0.6695m) and Primary Improvement Grant funding (£0.324m) to help mitigate Covid-19 costs.

In conclusion, the full year forecast for 2020/21 is **£68.7m** (£68.3m month 03), this includes recognising the funding received and anticipated from Welsh Government.

Due to the level of additional beds planned to be available (assuming the proposed GUH November opening is approved) and the challenge of recruiting the appropriate workforce, the forecast does not include the financial implications of further winter pressures. The financial risk is estimated at c£4m.

In addition, any government policy which requires the expansion of testing and or contact tracing, with the associated pathology costs, will drive costs that are not currently accounted for in the forecast. This will be reviewed as service plans are refreshed and updated, an indicative figure of £3m is estimated as the financial risk at this time.

The financial risks related to implementing the phase 5 and 6 bed surge options are not reflected in these financial estimates.

The current financial commitment for implementing a mass vaccination plan in October, is up to £1.7m, based on key posts and a 3-month programme. The ongoing cost of delivering such a programme is likely to be greater. The plan is due to be finalised and submitted to Welsh Government in early September 2020.

2. Capital Performance

The Capital Resource Limit at Month 4 was £106.2m, with a year-end forecast of £110.4m. The adverse variance against plan of £4.3m relates to the currently unfunded costs associated with the acceleration of the Grange University Hospital opening (April and November acceleration costs) and the additional expenditure being incurred in relation to the Health Board's Covid-19 surge response across other sites. The breakdown is set out in the table below:

Scheme	Forecast Expenditure £m	Confirmed Funding at M4 £m	Costs to be covered initially by DCP £m	AWCP Funding Shortfall £m
GUH Early Opening Acceleration (April & November)	9.980	8.094	0.000	1.886
Covid-19 Surge Funding	5.732	2.961	0.400	2.371
TOTAL	**15.712**	**11.055**	**0.400**	**4.257**

The Grange University Hospital scheme is progressing well. A bid of £9.980m has been submitted to Welsh Government to include the works and equipment required to enable the partial early opening of the hospital by the end of April, and the acceleration costs associated with the proposed November Opening of the hospital. Funding of £8.094m has been confirmed to date against this request to reflect LOR agreed contract amendments and equipment items received to date. The Health Board agreed to underwrite the remaining £1.886m of acceleration costs from the Discretionary Capital Programme until AWCP funding is confirmed. Welsh Government confirmation has also been received in month to allow the Health Board to reallocate forecast savings within the Grange original scheme budget to progress up to £6.6m of additional essential equipment purchases.

Of the £5.7m funding requested in relation to the Covid-19 essential building works and equipment requirements for the surge capacity at existing sites, £2.961m has been received to reflect equipment received/works completed to date. WG have informed the Health Board that new Covid-19 spend identified post June must initially be covered from the Health Board's Discretionary Capital Programme (at month 4 a provision of £400k has been included against the DCP plan to cover these costs). The overspend of £2.371m after utilising DCP coverage relates to the remaining Covid-19 surge funding request submitted to Welsh Government.

The approved allocation for the HSDU scheme has been reduced to £12m in month to recognise the slippage caused by known programme delays. The remaining funding will be transferred to 2021/22 and assumes that the scheme will complete in June 2021.

Currently, the forecast outturn for the Discretionary Capital Programme has been reduced by £565k in order to cover potential AWCP scheme overspends on fees to develop the Newport East H&WBC OBC, high asbestos costs on Tredegar H&WBC and Covid-19 related costs identified post June 20 (£400k). AWCP funding to cover these items will be sought where possible.

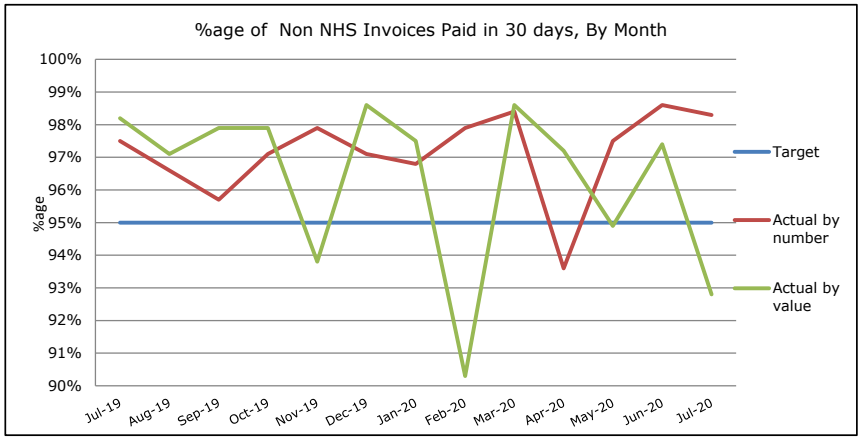
Assuming the remaining funding coverage for the Covid-19 expenditure and Grange University Hospital Opening acceleration is received, the year-end capital forecast would be breakeven.

3. Cash Position

The cash position at the end of July was a balance of £4.520m, which is less than the target balance of 5% of the Health Board's monthly cash draw down limit from Welsh Government.

4. Public Sector Payment Policy (PSPP)

The Health Board has achieved the target to pay 95% of the number of Non-NHS creditors within 30 days of delivery in July 2020. The following graph identifies the trend for in month performance for the rolling twelve month period.



The decrease in performance of the 'actual by value' payment target is a result of 6 large invoices (totalling £2m) being delayed. The causes of these delays are being investigated with the NWSSP Accounts Payable department. The Assistant Finance Director (Corporate) will be reviewing the causes to avoid a recurrence of these delays.

5. Making best use of resources

The Health Board will spend c£1.5bn this year as revenue financial resources. In addition, capital investment of over £100m, including completion of the GUH, amounts to significant financial investment for commissioning improved health and healthcare services for our local communities.

The opening of the GUH as part of the Clinical Futures hospital network alongside changes in service delivery resulting from the COVID pandemic presents one of the greatest opportunities for the Health Board to make permanent improvements in healthcare. The financial context, moving forward, will require a critical review of current healthcare services to ensure that they are delivered effectively, achieving better outcomes for patients and making best use of the resources available. The non-delivery of savings plans during 2020/21 and additional financial commitments made to implement the GUH/e-LGH hospital model, places a greater reliance on driving financial improvements alongside effective care.

The Health Board has identified a number of key programmes aimed at improving outcomes for patients/improving population health, whilst releasing and/or reallocating resources. These include:

- Musculoskeletal (MSK) – improving patient care along the pathway,
- Eye care - improving patient care along the pathway,
- Outpatient care – changes in delivery and re-allocation of resources, based on appropriate outpatient care,
- Improving quality and effectiveness – including reduced hospital re-admissions, day of surgery admission, appropriate day case/inpatient surgery, reducing/eliminating procedures with limited or no evidence of improved outcomes,
- Effective use of medicines,
- Implementing the Care Aims model, and
- Rationalising use of estates, reduced use of energy and linking office accommodation rationalisation to more agile working arrangements.

These feature as top priorities in the Health Board's IMTP and through the implementation of the GUH/e-LGH model and changes made as a result of the COVID pandemic represent real opportunities that need to be delivered and sustained.

The Health Board's Delivery Framework will focus executive leadership, programme resource and specific support (Value Based Health Care, ABCi) to delivering these priorities with the clear aim of demonstrating improved outcomes and better use of resources. An early estimate of the potential resource release and/or re-allocation across the areas identified above is c£23m to £31m along with a baseline being established to help drive performance improvements in quality, safety and access to care through the Clinical Futures service models.

It will be important therefore that these programmes are prioritised and early progress is achieved in order to deliver benefits during the remainder of the 2020/21 financial year and ongoing. The successful delivery of these programmes and further care pathway improvements will be vital to determining future choices regarding the availability and allocation of resources along with improving outcomes in health for our local population.

6. Financial Governance arrangements

The Board will be aware that temporary changes were made to the Health Board's governance arrangements during the first part of this financial year, as part of its response to the Covid-19 pandemic, and these included changes to financial governance arrangements. A review of the Health Board's governance arrangements, during the Covid-19 pandemic, was undertaken by the Internal Audit team during June/July with the following main observations:

- The Health Board's temporary governance arrangements operated effectively during the peak. The Health Board complied with the guidance and principles issued by the Welsh Government.
- The Board, Audit Committee and Quality & Patient Safety Committee meetings continued…the business of those meetings was appropriate, balanced with regular briefing of independent members outside the formal committees...
- The Command Structure operated effectively and enabled the organisation to make decisions in an agile way.
- Financial governance was maintained with changes to the Scheme of Delegation, following the appropriate approval route.
- Partnership working and involvement of the Community Health Council was effective.

The report provides advice on some improvements that could be made and these will be considered as part of the review being undertaken to ensure that the Strategic/Tactical/Operational arrangements are resilient and sustainable during the remainder of this year and for future use.

This will be considered in more detail at the October Audit Committee.

Recommendation

The Board is asked to note:

- The financial performance at the end of July 2020 and forecast for 2020/21 – against the statutory revenue and capital resource limits,
- The revenue reserve position at the 31st July 2020,
- The Health Board's cash position and compliance with the public sector payment policy,

- A financial assessment of the risks and opportunities impacting on the financial forecast for 2020/21,
- A summary of the opportunities for making best use of resources, critical to improving outcomes for patients and financial sustainability, and
- Financial governance – update on financial and wider governance arrangements in place during the first few months of the Covid-19 pandemic.

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	Risks of achieving the Health Board's statutory financial duties and other financial targets are detailed within this paper.
Financial Assessment, including Value for Money	This paper provides details of the financial position of the Health Board as at Month 04 and the forecast position for 2020/21. It identifies the key financial risks and actions required to manage them.
Quality, Safety and Patient Experience Assessment	This paper links to AQF target 9 – to operate within available resources and maintain financial balance. This paper provides a financial assessment of the Health Board's delivery of its IMTP priorities and opportunities to improve efficiency and effectiveness.
Equality and Diversity Impact Assessment (including child impact assessment)	Not Applicable
Health and Care Standards	This paper links to Standard for Health services One – Governance and Assurance.
Link to Integrated Medium Term Plan/Corporate Objectives	This paper provides details of the financial position that supports the Health Board's 3 year plan. The Health Board has a statutory requirement to achieve financial balance over a rolling 3 year period.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	**Long Term** **Integration** **Involvement** **Collaboration** **Prevention** The Health Board Financial Plan has been developed on the basis of the approved IMTP, which includes an assessment of how the plan complies with the Act.
Glossary of New Terms	See Appendix
Public Interest	Circulated to board members and available as a public document.

Appendices

Delegated Positions – Highlights

Primary & Community Care	**Mental Health**	**Unscheduled Care**	**Scheduled Care**
• Covid-19 and non Covid-19 prescribing costs are the main pressures along with non-delivery of savings plans • Managed Practices continue to be a cost pressure • Risks –Prescribing uncertainty and loss of Dental Patient Charge Revenue due to decreased activity continuing past September • Opportunity – reduced activity for direct delivery, slippage on spend plans & decreased prescribing	• CHC growth in month of net 2 patients • Mental Health Service Improvement funding released to offset non pay covid-19 costs. • Risks – CHC growth, Savings non achievement & Covid-19 funding requests • Opportunity – Mental Health funding held in WG & the temporary closure of Sycamore Older Adult ward continuing	• The position includes Covid-19 costs which are offset by significantly reduced WLI, MSE and drugs costs due to low levels of non Covid-19 activity. • Drugs costs are less than expected for Respiratory, neurology and Hep C. • 12 Gastro WLI's were undertaken at the weekends • Some of the costs avoided so far are expected to be incurred when services are resumed • Risk – Endoscopy recovery plan • Opportunity - possible national heart disease delivery plan funding & new ways of working	• The pre Covid-19 average spend was £17.5m per month, for July it was £15.8m this is a result of reduced activity generally as a result of the effects of Covid-19. • Drugs spend is increased compared to previous months for Urology, Dermatology & Rheumatology • Elective activity has increased this month mainly in Max fax and General Surgery directorates • Risks – potential stock level movement.
Family & Therapies	**Community CHC**	**Facilities**	**Corporate**
• Cost pressures in month include Covid-19, non-delivery of saving plans and neonatal under performance and a late backdated claim (09/2018-01/2019) for HIV drugs from an Independent Pharmacy • Risks – additional packages of care Children's CHC and birth rate plus costs for GUH • Opportunities – reduction of costs due to early GUH opening & possible stroke delivery plan funding	• CHC patient numbers show a further reduction of 11 patients in July, to 578, however, a net increase of 6 patients allocated to Discharge to assess and Winter beds in the month reduces this decrease to net 5 reduction in month • Some of this is offset by increased 1-2-1 care due to Covid-19 • Risk – extraordinary payments to nursing homes & potential retrospective costs for delayed MDT's	• Overspend to date due to Covid-19 and GUH, partly offset by a Divisional underspend. • Part of the Divisional underspend is now recognised in the forecast, whilst some of the activity is expected to take place at a later date • Risks - Laundry transfers to Shared Services without income target adjustment, on-call costs may increase & growth in GUH commissioning costs	• Greatest pressure is the Covid-19 costs within Planning • Other pressures include Informatics Schemes such as Care Flow and MS Office Licences also within Planning. • An emerging pressures is the RGH Emergency Department POD, opened 15/5/20 for 4 days/week and from 31/7/20 24/7 with funding not yet identified. • Risks – low RTC income and additional WRP contributions

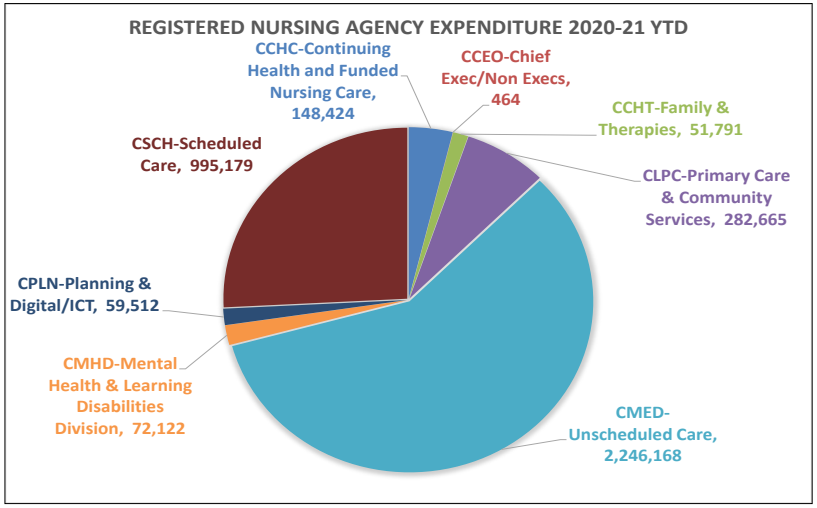
Pay

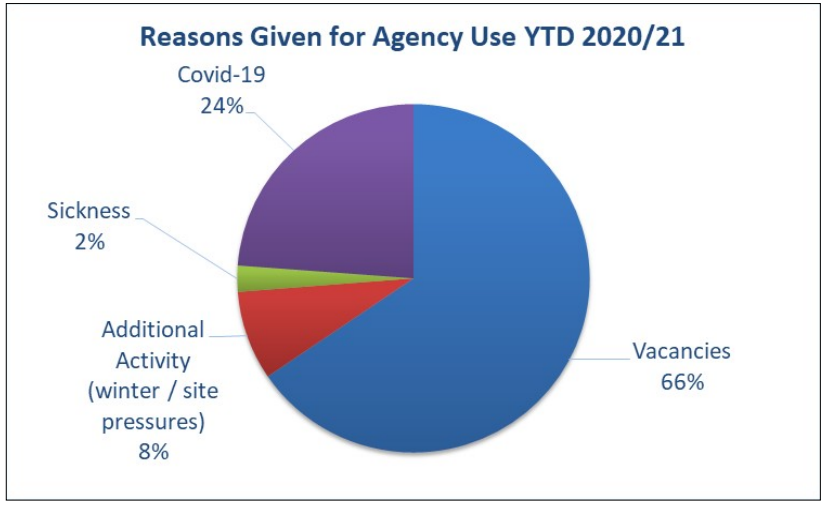
Pay by Staff Group (£m's)	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Total Rolling 12 Months
NURSING & MIDWIFERY REGISTERED	14.6	14.5	14.9	14.6	14.3	15.1	15.1	15.4	15.9	15.6	15.1	15.1	180.2
MEDICAL & DENTAL	11.2	10.8	12.3	11.3	11.2	11.3	11.6	11.5	10.8	10.9	11.5	10.8	135.2
ADMIN & CLERICAL	6.9	6.6	7.0	6.9	6.9	7.0	7.4	7.1	7.3	7.3	7.4	7.4	85.3
NURSING HCSW	5.2	4.9	5.0	4.9	4.8	5.0	5.1	5.2	5.4	4.9	5.1	5.4	60.8
PROF & TECH/HEALTHCARE SCIENTISTS	2.9	2.9	2.9	2.9	3.0	3.0	3.1	3.1	3.1	3.1	3.1	3.1	36.3
ALLIED HEALTH PROFESSIONALS	2.7	2.9	2.9	2.8	2.9	2.9	3.0	2.9	3.0	2.9	3.0	2.9	34.8
ESTATES & ANCILLIARY	2.8	2.7	2.8	2.7	2.6	2.7	2.7	2.6	3.2	3.0	3.0	3.0	33.8
ADDITIONAL CLINICAL SERVICES	1.2	1.2	1.1	1.2	1.2	1.3	1.3	1.3	1.3	1.3	1.3	1.3	14.8
STUDENT NURSES	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.7	0.6	0.8	2.1
AMBULANCE STAFF	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1
Total	**47.4**	**46.4**	**48.9**	**47.2**	**47.1**	**48.4**	**49.3**	**49.1**	**49.8**	**49.8**	**50.2**	**49.8**	**583.2**

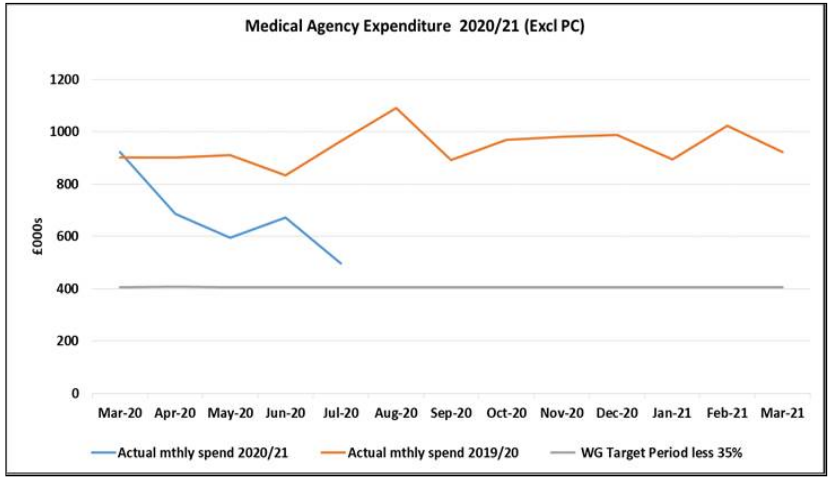
Pay by Division (£m's)	Jul-20
Scheduled Care	11.7
Unscheduled Care	8.7
Family & Therapies	8.6
Primary Care & Community Services	7.1
Mental Health & Learning Disabilities	4.9
Corporate	4.5
Estates and Facilities	3.2
Continuing Health and Funded Nursing Care	1.1
Total July 2020	**49.8**

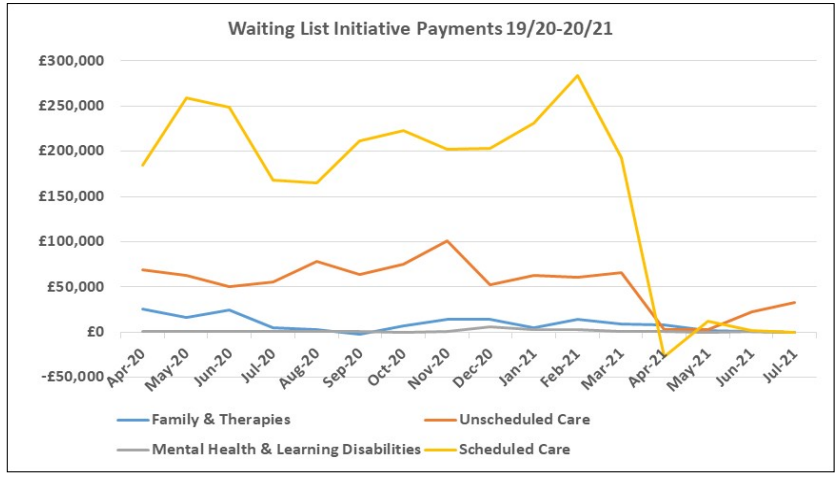
Type of Pay (£m's)	Jul-20
Substantive	45.1
Agency	1.8
Bank	1.5
Students	0.8
ADH's	0.4
Locum	0.2
WLI	0.0
Total July 2020	**49.8**

Pay (2)

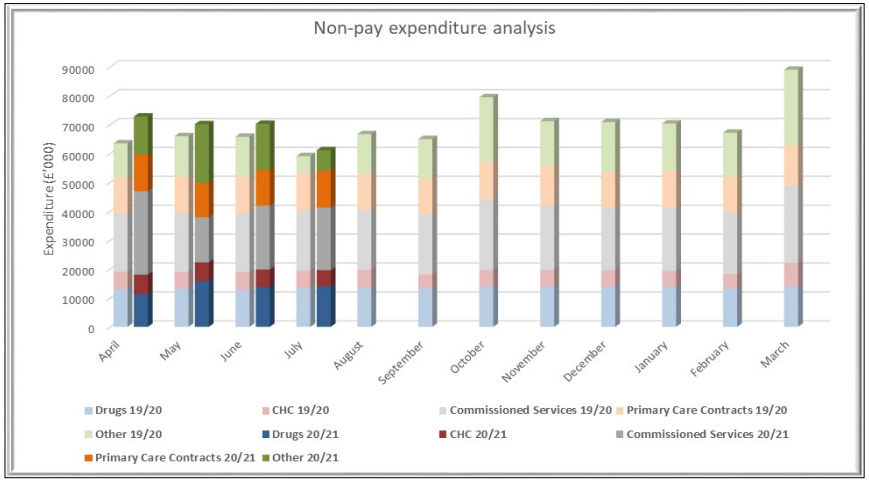

REGISTERED NURSING AGENCY EXPENDITURE 2020-21 YTD
CCHC-Continuing Health and Funded Nursing Care, 148,424
CCEO-Chief Exec/Non Execs, 464
CCHT-Family & Therapies, 51,791
CSCH-Scheduled Care, 995,179
CLPC-Primary Care & Community Services, 282,665
CPLN-Planning & Digital/ICT, 59,512
CMHD-Mental Health & Learning Disabilities Division, 72,122
CMED-Unscheduled Care, 2,246,168

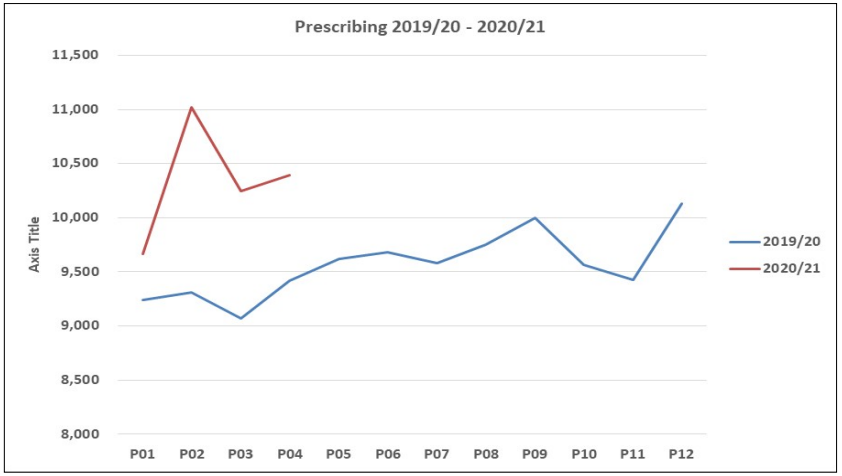

Reasons Given for Agency Use YTD 2020/21
Covid-19 24%
Sickness 2%
Additional Activity (winter / site pressures) 8%
Vacancies 66%

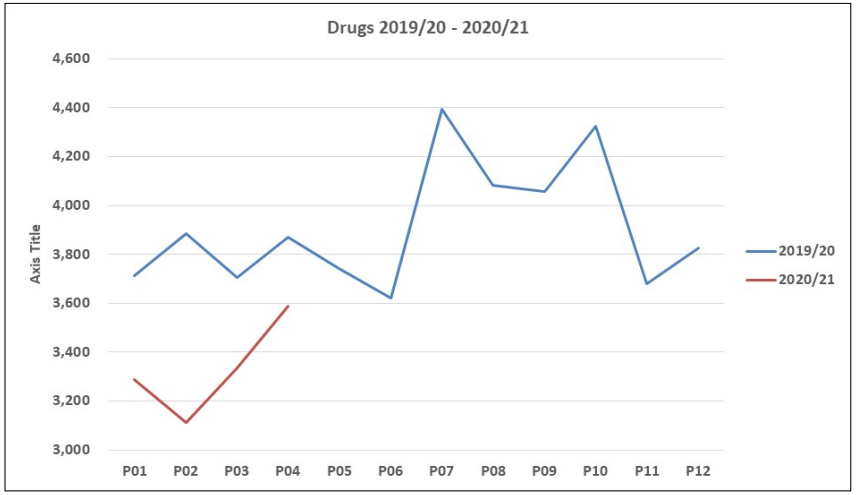

Medical Agency Expenditure 2020/21 (Excl PC)
£000s
1200
1000
800
600
400
200
0
Mar-20 Apr-20 May-20 Jun-20 Jul-20 Aug-20 Sep-20 Oct-20 Nov-20 Dec-20 Jan-21 Feb-21 Mar-21
Actual mthly spend 2020/21
Actual mthly spend 2019/20
WG Target Period less 35%

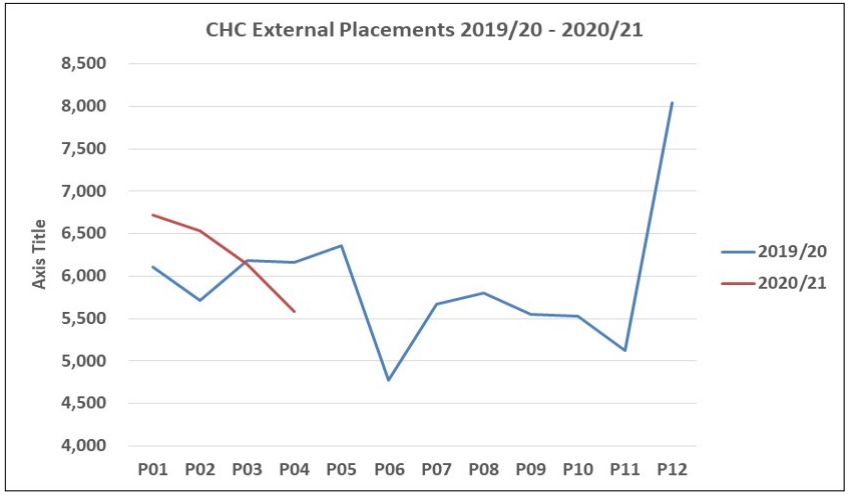

Waiting List Initiative Payments 19/20-20/21
£300,000
£250,000
£200,000
£150,000
£100,000
£50,000
£0
-£50,000
Apr-20 May-20 Jun-20 Jul-20 Aug-20 Sep-20 Oct-20 Nov-20 Dec-20 Jan-21 Feb-21 Mar-21 Apr-21 May-21 Jun-21 Jul-21
Family & Therapies
Unscheduled Care
Mental Health & Learning Disabilities
Scheduled Care

Non-Pay


Non-pay expenditure analysis
Expenditure (£'000)
90000
80000
70000
60000
50000
40000
30000
20000
10000
0
April
May
June
July
August
September
October
November
December
January
February
March
Drugs 19/20
CHC 19/20
Commissioned Services 19/20
Primary Care Contracts 19/20
Other 19/20
Drugs 20/21
CHC 20/21
Commissioned Services 20/21
Primary Care Contracts 20/21
Other 20/21

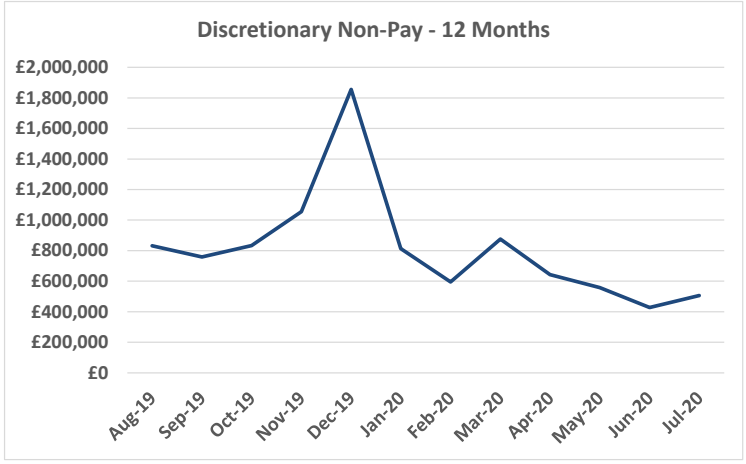

Prescribing 2019/20 - 2020/21
Axis Title
11,500
11,000
10,500
10,000
9,500
9,000
8,500
8,000
P01
P02
P03
P04
P05
P06
P07
P08
P09
P10
P11
P12
2019/20
2020/21


Drugs 2019/20 - 2020/21
Axis Title
4,600
4,400
4,200
4,000
3,800
3,600
3,400
3,200
3,000
P01
P02
P03
P04
P05
P06
P07
P08
P09
P10
P11
P12
2019/20
2020/21

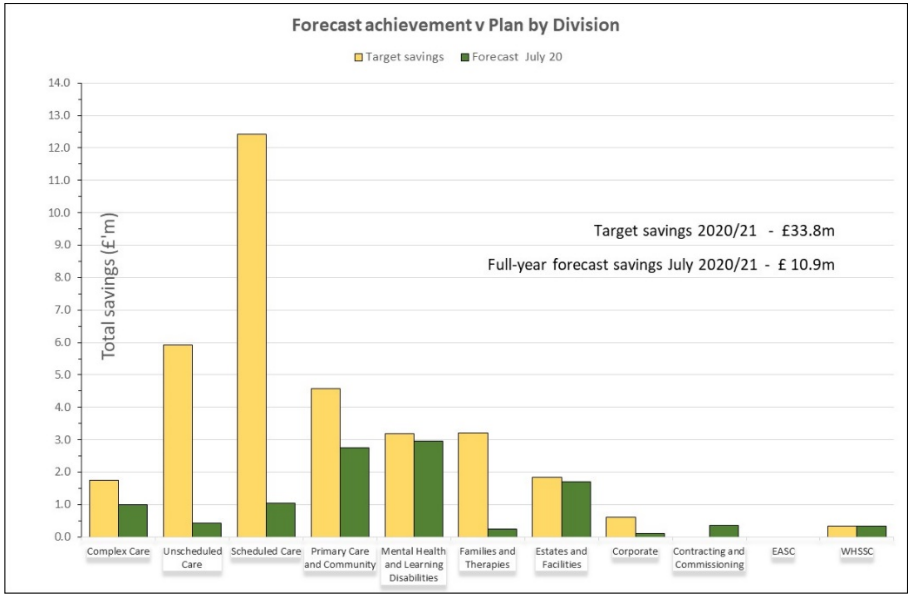

CHC External Placements 2019/20 - 2020/21
Axis Title
8,500
8,000
7,500
7,000
6,500
6,000
5,500
5,000
4,500
4,000
P01
P02
P03
P04
P05
P06
P07
P08
P09
P10
P11
P12
2019/20
2020/21

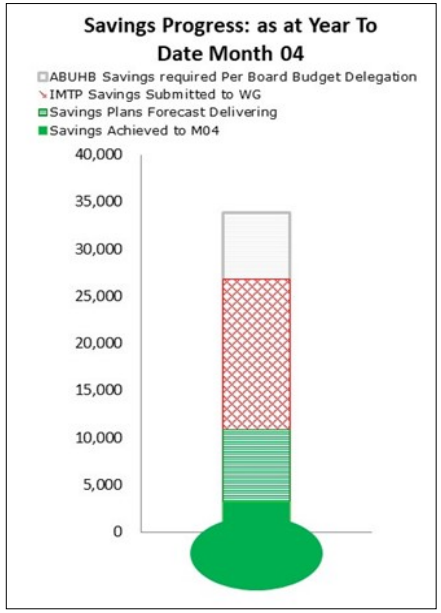
Non-Pay (2) – Discretionary Non Pay

Subjective	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20
33000-Printing Costs	£5,765	£10,314	£3,765	£18,910	£11,638	£31,679	£38,673	£76,640	£20,889	£23,920	-£13,052	£7,851
33010-Stationery	£39,135	£64,783	£59,319	£66,108	£48,371	£59,399	£46,355	£75,747	£36,696	£29,543	£37,690	£54,763
33610-Travel & Subsistence	£212,699	£203,061	£214,793	£237,819	£250,364	£196,418	£245,367	£221,562	£182,680	£139,651	£135,331	£120,351
34200-Training Expenses	£83,798	£61,177	£121,462	£137,159	£153,518	£182,038	£224,343	£515,620	£89,838	£86,763	£73,706	£31,323
34220-Conferences And Seminars	£107,957	-£74,955	£100,162	£66,127	£59,352	£86,652	£114,297	£59,065	£45,628	£25,123	£14,628	£55,777
34270-Room Hire	£8,761	£8,862	£14,818	£20,390	£19,151	£8,143	£17,019	£37,434	£3,073	£8,952	£8,920	£8,723
35500-Furniture & Fittings	£30,658	£48,125	£27,522	£112,768	£63,071	£46,340	£29,756	£21,141	£97,188	£34,508	£29,436	£58,689
35510-Office Equipment & Materials : Purc	£26,868	£27,071	£32,614	£64,383	£15,488	£36,471	£43,790	£12,130	£30,125	£18,141	£25,336	£22,679
35540-Computer Hardware Purchases	£84,172	£93,298	£133,666	£179,674	£130,192	£236,005	-£228,509	£514,118	-£37,485	£163,894	£124,712	£71,117
36500-External Consultancy Fees	£39,740	£156,273	-£988	£43,979	£266,199	-£12,784	£49,668	£89,728	-£8,134	£9,985	-£29,173	-£3,844
36510-Staff Consultancy & Support	£0	-£712	£1,284	-£1,037	£1,697	£2,180	£1,131	£152,677	£0	-£415	£0	£6,600
37470-Miscellaneous Expenditure	£191,655	£161,663	£125,053	£108,381	£836,882	-£59,087	£13,704	-£900,320	£181,924	£17,438	£20,374	£71,706
37650-Recharge : Catering	£0	£19	-£19	£0	£0	£0	£0	£0	£0	£0	£0	£0
37670-Recharge : IT Services	£0	£229	-£229	£0	£0	£0	£0	£0	£0	£0	£0	£0
37710-Recharge : Miscellaneous	£0	£0	-£37	£0	£37	-£36	£36	£0	£0	£0	-£0	£0
Total	**£831,207**	**£759,207**	**£833,186**	**£1,054,660**	**£1,855,959**	**£813,417**	**£595,631**	**£875,543**	**£642,422**	**£557,502**	**£427,908**	**£505,735**

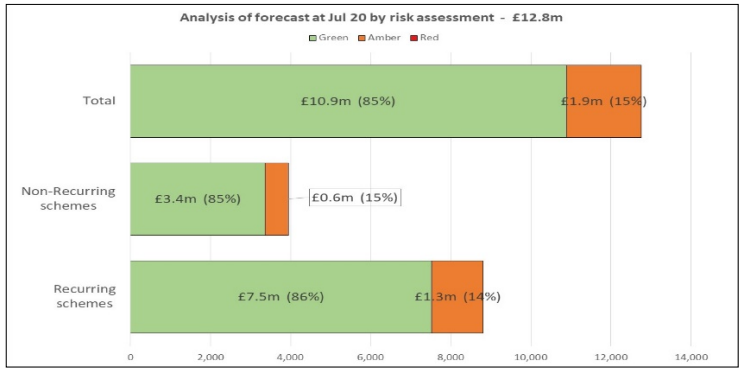


Savings





Green Schemes Only (£'000s)	Forecast	Non Recurrent	Recurrent	Full year effect of Recurring savings
CHC and Funded Nursing Care	2,992	0	2,992	2,992
Commissioned Services	345	0	345	394
Medicines Management (Primary and Secondary Care)	1,961	0	1,961	2,222
Pay	1,663	212	1,451	3,113
Non Pay	3,927	3,148	779	2,057
Total	**10,889**	**3,360**	**7,528**	**10,778**

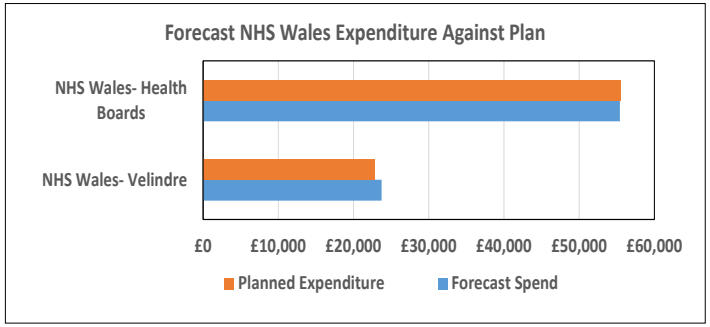


Forecast is £10.9m (Green schemes) with best case achievement of £12.8m, but plans need to be progressed to make these probable

External Contracts

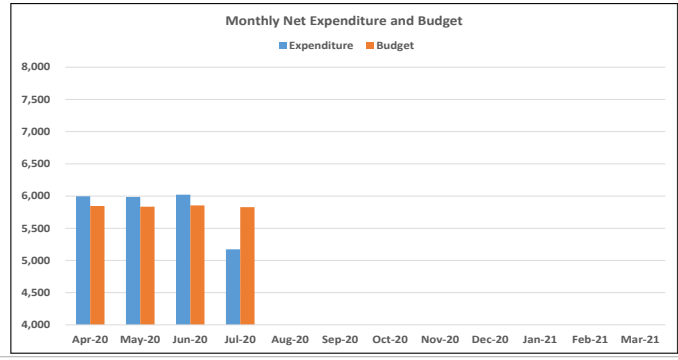
At Month 4 the financial performance for Contracting and Commissioning is an adverse variance of £185k

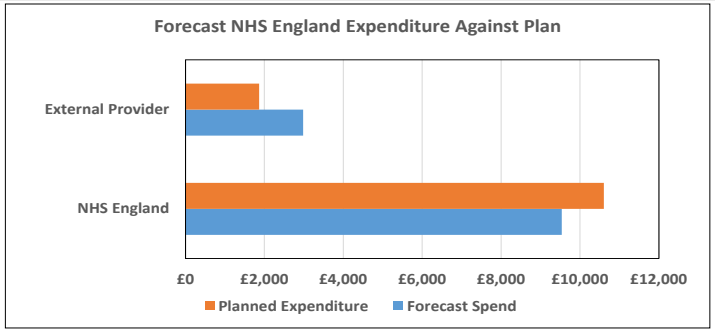
The key elements contributing to this position at Month 4 are as follows:



NHS Wales Expenditure

Commissioning expenditure within NHS Wales is expected in line with plan although this will be reviewed as further information is received.



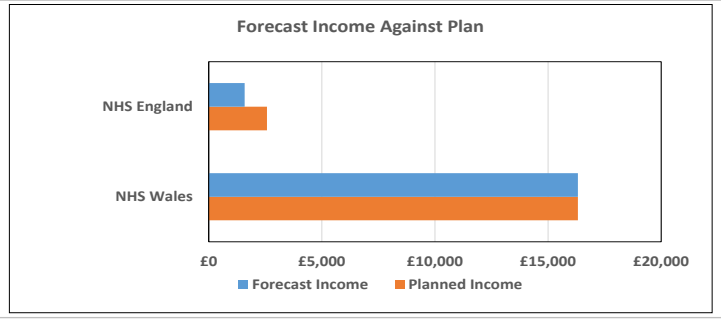


NHS England Expenditure

Expenditure with NHS England organisations is expected to be less than the planned level due to the impact of COVID 19 which is resulting in reduced 'non contract' expenditure for months 1-6 to NHS England.

Key Issues 2020-21

- All LTAs have been agreed with the other Welsh organisations in line with the Welsh Government deadline of 31st March.
- There has been mutual reciprocal agreement with NHS England that due to COVID 19 'block' agreements will be in place for contracts for the first six months of 2020/21 so no variance on activity is incurred – this will be kept under review.
- Provisions have been reviewed and identified a benefit of £350k for 2020/21 which has been reflected in the Month 4 position.



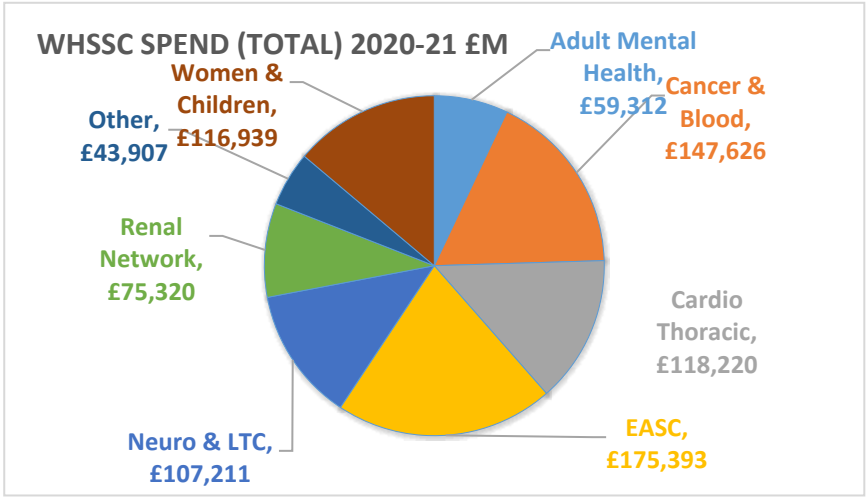
Provider Income

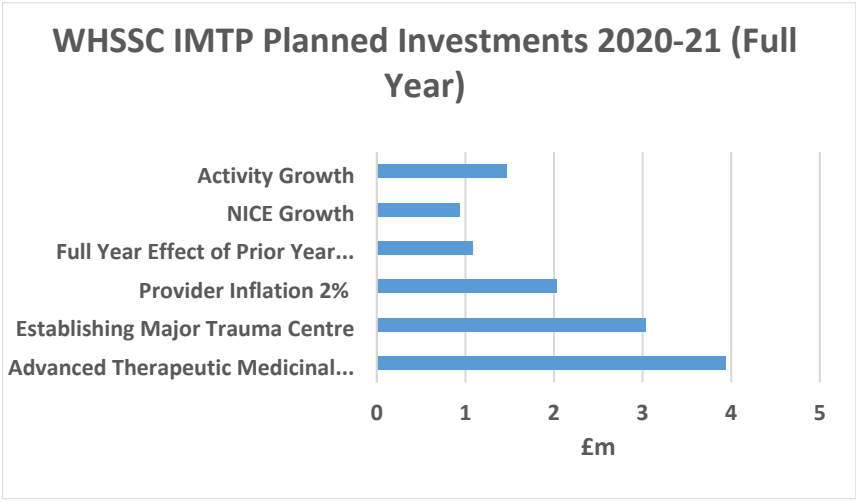
Provider income is expected to fall short of the planned level due to the impact of COVID 19 which is resulting in reduced 'non contract' income for months 1-6 from NHS England.

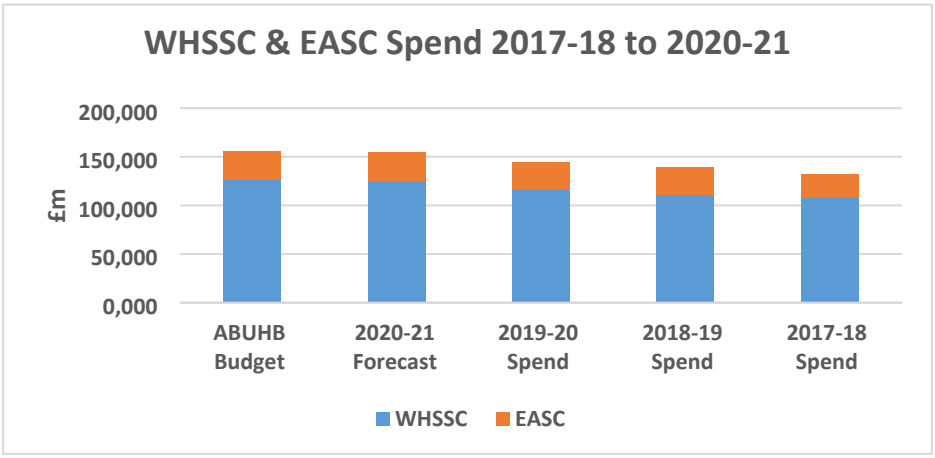
- COVID 19 has resulted in 'block' agreements being reached for all contracts for the first six months of 2020/21 so no variance on activity is incurred. NICE/High cost drug spend and other recharges will be based on actuals for this period and will be reviewed and validated once received. The Quarter 1 reconciliation has been completed and resulted in a favourable variance of £376k against plan that has been reflected in Month 4.
- £869k funding has been received by the Health Board from WG for Outsourcing of activity and this has been delegated to the commissioning budget from Month 4

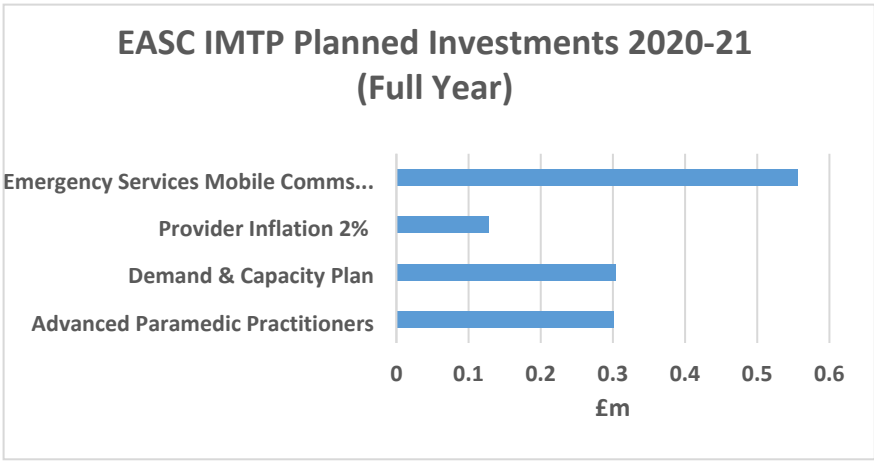
WHSSC & EASC (1)

At Month 4 the financial performance for WHSSC & EASC is a £1.029m underspend.

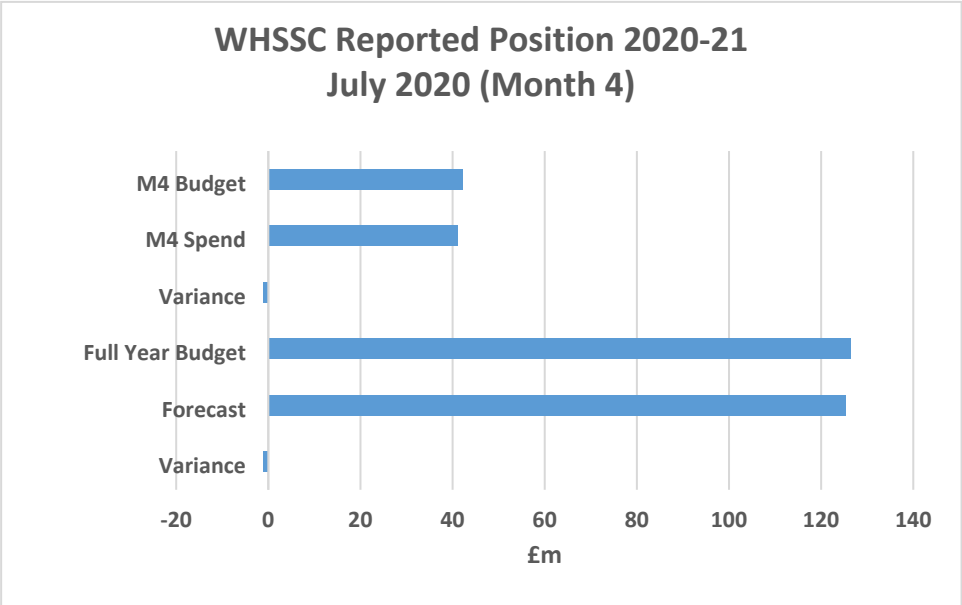


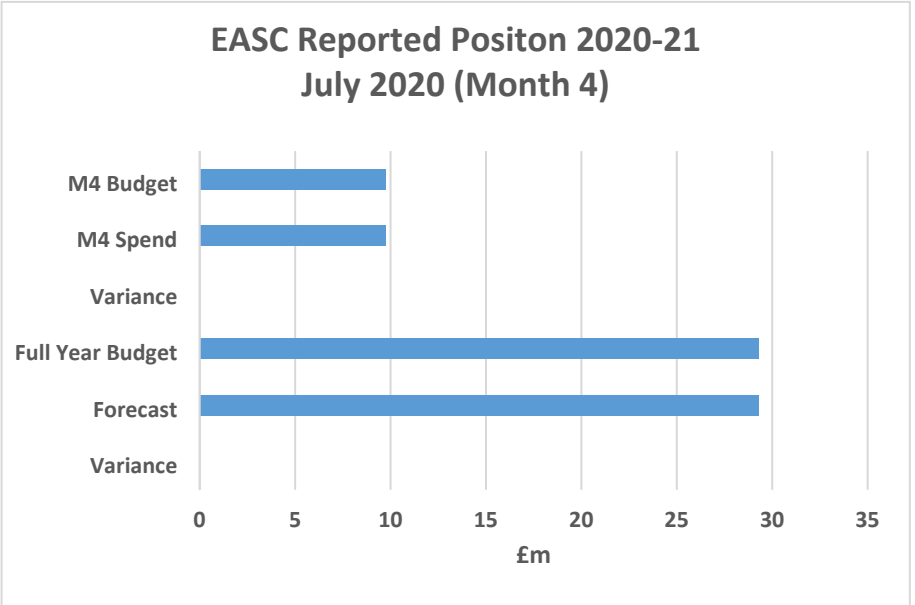






WHSSC & EASC (2)





WHSSC: the Month 4 position reflects the agreed IMTP. **Key risks** - LTA performance - Delivery against the agreed schemes in the WHSSC IMTP - Risk management of the service implications of the investments not agreed in the WHSSC IMTP.	**WHSSC Key Variances** The variance reported against the WHSSC position for Month 4 relates to slippage on investments as a result of Covid-19 for quarter one and the reduction of costs in costs for Quarter 1 where provider are funded on an actuals basis e.g. NICE drugs.	**EASC:** the Month 4 position reflects the agreed IMTP. **Key risks** - LTA performance - Delivery against the agreed schemes in the EASC IMTP - Risk management of the service implications of the investments not agreed in the EASC IMTP	**EASC Key Variances** There are no variances reported for Month 4. The impact of Covid-19 is currently being determined

Balance Sheet

Balance sheet as at 31st July 2020	2020/21 Opening balance £000s	31st July 2020 £000s	Movement £000s
Fixed Assets	760,424	796,498	36,074
Other Non current assets	154,061	150,892	-3,169
Current Assets			
Inventories	9,486	9,203	-283
Trade and other receivables	58,592	55,651	-2,941
Cash	1,301	4,520	3,219
Non-current assets 'Held for Sale'	1,131	1,131	0
Total Current Assets	70,510	70,505	-5
Liabilities			
Trade and other payables	150,150	131,443	-18,707
Provisions	173,831	165,265	-8,566
	323,981	296,708	-27,273
	661,014	**721,187**	**60,173**
Financed by:-			
General Fund	543,040	593,806	50,766
Revaluation Reserve	117,974	127,381	9,407
	661,014	**721,187**	**60,173**

Other Non-Current Assets:
- The decrease relates to the reduction in Welsh Risk Pool claims due in more than one year since the end of 2019/20.

Current Assets, Inventories:
- The decrease in year relates to changes in stock held within the divisions.

Current Assets, Trade & Other Receivables:
- An increase in the value of debts outstanding on the Accounts Receivable system since 2019/20 to the end of July £4.1m
- A decrease in the value of both NHS & Non-NHS accruals of £11.1m, of which £1.7m relates to a decrease of Welsh Risk Pool claims due in less than one year, £7.7m relates to a decrease in NHS & Non NHS accruals and £1.7m relates to a decrease in VAT and other debtors since the end of 2019/20
- An increase in the value of prepayments held £4.1m

Cash:
- The cash held at the end of month 04 is £4.520m.

Liabilities, Trade & Other Payables:
- An decrease in Capital accruals (£0.4m)
- An increase in NHS Creditor accruals (£0.9m)
- A decrease in the level of invoices held for payment from the year end (£11.1m)
- An increase in non NHS accruals (£1.8m)
- An increase in Tax & Superannuation (£8.2m)
- An decrease in other creditors due to the timing of Primary Care payments (£10.1m)
- An increase in payments on account (£8m)

Liabilities, Provisions:
- Due to the decrease in the provision for clinical negligence and personal injury cases based on information provided by the Welsh Risk Pool of £8.5m and the decrease in the provision for Continuing Healthcare and Early Retirement of £0.1m since the end of 2019/20

General Fund:
- This represents the difference in the year to date resource allocation budget and actual cash draw down including capital.

Health Board Income

WG Funding Allocations: £1.4bn

	£'000
HCHS	1,137,535
GMS	101,264
Pharmacy	31,754
Dental	28,668
Total Confirmed Allocations - as at 31 st July 20	**1,299,221**
Plus Anticipated Allocations - as at 31st July 2020	118,650
Total Allocations - as at 31st July 2020	**1,417,871**

Anticipated allocations are detailed opposite

Other Income:

The HB receives income from a number of sources other than WG, based on the year to date income, this will be approximately £85m for 20/21 (£109m in 19/20). The main areas for income is: other NHS Bodies, Frailty, Education & Training, Dental, Child Health Projects, Managed Practices, Retail and Catering.

Community Dental income accounted for £7m of the income the HB received in 2019/20, this was an average of £0.583m per month. As a result of the Covid-19's impact on dental practices this has reduced to an average of £0.047m per month so far in 20/21, if this were to continue it would be a loss of income of approx. £6.4m to the HB.

Based on the year to date data total funding (allocations & income) for the HB is expected to total £1.503bn for 20/21.

WG Revenue Resource Limit : Anticipated Allocations (July 2020)			
Funding Type	**Description**	**Value £'000**	**Recurrent / Non Recurrent**
HCHS	(Provider) Substance Misuse & increase	2,853	R
HCHS	(Provider) SPR's	112	R
HCHS	(Provider) CDA's	285	R
HCHS	I2S Led Lighting	(29)	R
HCHS	Treatment Fund	1,567	R
HCHS	CAMHS In Reach Funding	111	R
HCHS	Technology Enabled Care National Programme (ETTF)	599	R
HCHS	Invest to Save DHR Phase 1	(500)	R
HCHS	Invest to Save DHR Phase 2	(143)	R
HCHS	Invest to Save Omnicell	(310)	R
HCHS	National Mobilisation Programme	276	R
HCHS	Disability Improving Lives Programme	57	R
HCHS	Health Disability Sports Wales	20	R
HCHS	Liver Disese Implementation Group Funding	1,000	R
HCHS	Augmentative and Alternative Communication (AAC) Pa	95	NR
HCHS	Prevention and Early Years	1,171	R
HCHS	Activity Blades for Children	33	R
HCHS	A Healthier Wales Reablement and Recovery	199	R
HCHS	AME Depreciation	372	NR
HCHS	AME Impairment	86,032	NR
HCHS	DEL Strategic Depreciation	3,375	NR
HCHS	DEL Accelerated Depreciation	207	NR
HCHS	DEL Baseline Shortfall Depreciation	865	NR
HCHS	Tansformation Fund	3,907	NR
GMS	GMS Refresh	1,603	R
Dental	Dental trainees anticipated allocation	1,063	R
HCHS	TEC Cymru Tranche 1	1,642	NR
HCHS	Continuous Engagement Programme and Capacity	40	NR
HCHS	Single Cancer Pathway	471	NR
HCHS	Contact tracing workforce Planning	9,600	NR
HCHS	Medical and Dental Pay Award	2,076	R
	Total Anticipated 2020/21 Allocations - July 2020	**118,650**	

Capital Planning

Summary Capital Plan Month 4 2020/21	2020/21			
	Original Plan £000	Revised Plan £000	Spend to Date £000	Forecast Outturn £000
Source:				
Discretionary Capital:-				
Approved Discretionary Capital Funding Allocation	9,955	10,737		10,737
NBV of Assets Disposed (forecast)	1,000	0		0
Total Approved and Anticipated Discretionary Funding	**10,955**	**10,737**		**10,737**
All Wales Capital Programme Funding: -				
AWCP Approved Funding	79,659	95,422		95,422
Total Approved AWCP Funding	**79,659**	**95,422**		**95,422**
Total Capital Funding / Capital Resource Limit (CRL)	**90,614**	**106,159**		**106,159**
Applications:				
Discretionary Capital:-				
Commitments B/f From 2019/20	2,895	2,819	1,327	2,818
Statutory Allocations	797	797	68	797
GUH Enabling schemes at RGH	1,150	934	91	934
Divisional Priorities	2,011	2,170	375	2,174
Informatics National Priority & Sustainability	2,000	2,024	606	2,024
Schemes held until property receipt available	1,000	1,000	0	0
Remaining DCP Contingency	1,102	1,993	0	1,426
Total Discretionary Capital	**10,955**	**11,737**	**2,467**	**10,172**
All Wales Capital Programme:-				
Grange University Hospital - Incl. Early Opening (Apr & Nov)	65,071	76,044	16,246	76,044
Fees for East Newport Health & Wellbeing Centre Development	84	99	164	164
Fees for Tredegar Health & Wellbeing Centre Development	0	1,473	672	1,573
Fees for HSDU	13,103	12,000	2,271	12,000
NHH Gamma Camera Replacement	1,270	1,312	0	1,312
Informatics National Programme - 2019/20 schemes	0	43	43	43
Fees for NHH Satellite Radiotherapy Centre Development	131	314	200	314
ICF - Caldicott Well-being Centre	0	19	0	19
2019/20 EOY Additional Equipment Funding	0	464	413	464
Fees to develop YYF Breast Centralisation Unit	0	89	36	89
Covid-19 Digital Funding	0	2,490	1,514	2,490
Other Covid-19 Funding (Surge Requirements)	0	5,332	2,946	5,732
Total AWCP Capital	**79,659**	**99,679**	**24,505**	**100,244**
Total Programme Allocation and Expenditure	**90,614**	**111,416**	**26,972**	**110,416**
Overspend against Overall Capital Resource Limit				**4,257**
Discretionary Capital Schemes on Hold and Contingency to underwrite GUH Early Opening Costs				-1,886
Overspend after utilising DCP Coverage				**2,371**
AWCP Funding bids submitted to WG for approval:-				
Covid-19 Surge Requirements				-2,371
GUH Early Opening (April and November)				-1,886
Underspend against CRL after anticipated funding				**-1,886**
Reinstatement of DCP funding on hold				1,886
Overall Variance against CRL assuming AWCP funding agreed				**0**

- The Capital Programme was approved by the Board in March 2020. The current approved resource limit is £106.2m with a year-end forecast of £110.4m. The adverse variance against plan of £4.3m relates to the currently unfunded costs associated with the acceleration of the Grange University Hospital opening (April and November acceleration costs) and the additional expenditure being incurred in relation to the Health Board's Covid-19 surge response across other sites.
- The Grange University Hospital scheme is progressing well. A bid of £9.980m has been submitted to Welsh Government to include the works and equipment required to enable the partial early opening of the hospital by the end of April, and the acceleration costs associated with the proposed November Opening of the hospital. Funding of £8.094m has been confirmed to date against this request to reflect LOR agreed contract amendments and equipment items received to date. The Health Board agreed to underwrite the remaining £1.886m of acceleration costs from the Discretionary Capital Programme until AWCP funding is confirmed. Welsh Government confirmation has also been received in month to allow the Health Board to reallocate forecast savings within the Grange original scheme budget to progress up to £6.6m of additional essential equipment purchases.
- Of the £5.7m funding requested in relation to the Covid-19 essential building works and equipment requirements for the surge capacity at existing sites, £2.961m has been received to reflect equipment received/works completed to date. WG have informed the Health Board that new Covid-19 spend identified post June must initially be covered from the Health Board's Discretionary Capital Programme (at month 4 a provision of £400k has been included against the DCP plan to cover these costs). The overspend of £2.371m after utilising DCP coverage relates to the remaining Covid-19 surge funding request submitted to Welsh Government.
- The approved allocation for the HSDU scheme has been reduced to £12m in month to recognise the slippage caused by known programme delays. The remaining funding will be transferred to 2021/22 and assumes that the scheme will complete in June 2021.
- Currently, the forecast outturn for the Discretionary Capital Programme has been reduced by £565k in order to cover potential AWCP scheme overspends on fees to develop the Newport East H&WBC OBC, high asbestos costs on Tredegar H&WBC and Covid-19 related costs identified post June 20 (£400k). AWCP funding to cover these items will be sought where possible.
- Assuming the remaining funding coverage for the Covid-19 expenditure and Grange University Hospital Opening acceleration is received, the year-end capital forecast would be breakeven.

Glossary

A		
A&C – Administration & Clerical	A&E – Accident & Emergency	A4C - Agenda For Change
AME – (WG) Annually Managed Expenditure	AQF – Annual Quality Framework	AWCP – All Wales Capital Programme
B		
B/F – Brought Forward	BH – Bank Holiday	
C		
C&V – Cardiff and Vale	CAMHS – Child & Adolescent Mental Health Services	CCG – Clinical Commissioning Group
C/F – Carried Forward	CHC – Continuing Health Care	Commissioned Services – Services purchased external to ABUHB both within and outside Wales
COTE – Care of the Elderly	CRL – Capital Resource Limit	
D		
DHR – Digital Health Record	DNA – Did Not Attend	DOSA – Day of Surgery Admission
E		
EASC – Emergency Ambulance Services Committee	EDCIMS – Emergency Department Clinical Information Management System	EoY – End of Year
ETTF – Enabling Through Technology Fund		
F		
F&T – Family & Therapies (Division)	FBC – Full Business Case	FNC – Funded Nursing Care
G		
GMS – General Medical Services	GP – General Practitioner	GWICES – Gwent Wide Integrated Community Equipment Service
GUH – Grange University Hospital		
H		
HCHS – Health Care & Hospital Services	HCSW – Health Care Support Worker	HIV – Human Immunodeficiency Virus

HSDU – Hospital Sterilisation and Disinfection Unit		
I		
IMTP – Integrated Medium Term Plan	IPTR – Individual Patient Treatment Referral	I&E – Income & Expenditure
L		
LoS – Length of Stay	LTA – Long Term Agreement	
M		
MH **–** Mental Health		
N		
NCN – Neighbourhood Care Network	NCSO – No Cheaper Stock Obtainable	NICE – National Institute for Clinical Excellence
NHH – Neville Hall Hospital	NWSSP – NHS Wales Shared Services Partnership	
O		
ODTC – Optometric Diagnostic and Treatment Centre		
P		
PAR – Prescribing Audit Report	PCN – Primary Care Networks (Primary Care Division)	PER – Prescribing Incentive Scheme
PICU – Psychiatric Intensive Care Unit	PrEP – Pre-exposure prophylaxis	PSNC –Pharmaceutical Services Negotiating Committee
PSPP – Public Sector Payment Policy		
R		
RGH – Royal Gwent Hospital	RN – Registered Nursing	RRL – Revenue Resource Limit
RTT – Referral to Treatment		
S		
SCCC – Specialist Critical Care Centre	SCH – Scheduled Care Division	SCP – Service Change Plan (reference IMTP)
SLF – Straight Line Forecast	SpR – Specialist Registrar	
T		
TCS – Transforming Cancer Services (Velindre programme)	T&O – Trauma & Orthopaedics	

U		
UHB / HB – University Health Board / Health Board	USC – Unscheduled Care (Division)	
V		
VCCC – Velindre Cancer Care Centre		
W		
WET AMD – Wet age-related macular degeneration	WG – Welsh Government	WHC – Welsh Health Circular
WHSSC – Welsh Health Specialised Services Committee	WLI – Waiting List Initiative	WLIMS – Welsh Laboratory Information Management System
WRP – Welsh Risk Pool		
Y		
YAB – Ysbyty Aneurin Bevan	YTD – Year to date	

Aneurin Bevan University Health Board
23rd September 2020
Agenda Item: 5.3

Aneurin Bevan University Health Board
Integrated Performance Report

Executive Summary

The Board is asked to: (please tick as appropriate)	
Approve the Report	✓
Discuss and Provide Views	✓
Receive the Report for Assurance/Compliance	
Note the Report for Information Only	

Executive Sponsor: Glyn Jones, Director of Finance & Performance

Report Author: Lloyd Bishop, Assistant Director of Performance and Information

Report Received consideration and supported by :

Executive Team		**Committee of the Board**	Public Board

Date of the Report: 4th September 2020

Supplementary Papers Attached: Dashboard Attached

Purpose of the Report

This report provides a high level overview of activity and performance at the end of month 4 with a focus on delivery against key national targets included in the performance dashboard.

Report Narrative

It is important to note that performance reporting of many of the national indicators has been suspended to enable the Health Board to focus on the mobilisation phase of the pandemic. Staff time has been released to manage the pandemic and therefore the data included in this report has not been subject to the full level of validation and quality control as would normally be the case.

In line with other Health Boards and Trusts across the UK, COVID-19 has impacted on the Health Boards services resulting in the need to discontinue elective services and undertake major reconfiguration of wards and departments to create COVID-19 and non COVID-19 pathways.

The relaxation of monitoring arrangements included the cessation of all reporting to Welsh Government and consequently the publication of Health Board performance has been suspended until the end of September 2020.

Cases of COVID-19 have now fallen to a level whereby the NHS in Wales is now moving towards a new phase in the response to the pandemic. In addition to providing a high standard of care to patients with COVID-19 and maintaining essential services, there is a need to provide a variety of other routine services, including planned surgery and routine diagnostic procedures. The restarting of services must be agreed in line with the NHS Wales COVID-19 Operating Framework.

The Chief Medical and Nursing Officer for Wales are clear that infection prevention and control will be a hugely important component of this next phase where the avoidance of nosocomial transmission of COVID-19 will be key. In light of this, NHS Wales has published guidance to assist the NHS in Wales to return to urgent and planned services in hospital settings during COVID-19.

As a consequence of the changes in the planning cycle for 2020-21 and the uncertainty around the future levels of COVID-19 the ability to produce month on month profiles to monitor performance against is severely limited. Therefore the report contains factual information on services as a comparison to pre-COVID-19 levels of activity. It is recommended that the performance reported for June and July is not compared as 'like-for-like' to previous months/year's performance and should be viewed as a snapshot as to how services are managing at present. In addition the accompanying dashboard reflects un-validated performance for key services still being delivered through the COVID-19 pandemic.

Elective Treatment Access

Elective activity undertaken during the first phase of the pandemic was based on the Essential Services Framework guidance distributed by Welsh Government where delivery was defined by the clinical prioritisation of the patient rather than a time based approach. Services deemed as essential are broadly defined as services that are life-saving or life impacting where harm would be significant or irreversible without timely intervention. We are now moving towards phase two of the Health Board plans, where the focus will be on re-establishing elements of routine services whilst ensuring that capacity is available to respond to new COVID outbreaks and maintain essential services.

Patients requiring treatment will continue to be prioritised based on clinical need rather than time on waiting list and this has had and will continue to have a negative impact on RTT waits.

The services have embraced new ways of working due to COVID especially within outpatients where the number of virtual clinics and office based decisions have increased.

Although activity levels increased from the start of the year, it is still lower compared to pre-COVID levels with the focus on being able to deliver services in a safe environment and mitigate against the risk of nosocomial transmission and protecting capacity for the management of COVID-19.

New outpatient activity increased between April and June by nearly 5,500 attendances (including virtual), and then by a further 600 in July, however this is significantly lower than pre-COVID levels with activity at around 60% compared to the same period for previous financial year. Elective admissions increased by 940 between April and June, and then by a further 570 in July, but activity is at just over 32% compared to same period for previous year.

Consequently, the volume of elective patients waiting beyond 36 weeks has increased significantly, following the pattern seen in April. The reporting of these measures has been suspended by Welsh Government and work is currently ongoing to derive new performance management methodologies of waiting lists as a result of COVID-19.

The Health Board maintains an un-validated position on the number of patients waiting over 36 weeks with the waiting list continuously reviewed to determine the risk of harm as set out within the Essential Services Framework guidelines.

At the end of July the Health Boards un-validated number of patients waiting over 36 weeks numbered 17,967, the increase from the anticipated end of March position of 850 is attributed to the cancellation of already booked patients and the cessation of any non-essential surgery as a result of COVID-19.

The re-establishment of the routine services is the most complex element of the emerging plan in the context of testing and PPE requirements to protect staff and patients, clinical prioritisation, staffing plans and interdependencies, throughput and treatment location.

Through quarter two, specialties will continue to expand service provision where it is feasible to do so, increase further the implementation of new ways of working, and apply principles of value based healthcare in redesigning pathways to reduce reliance on traditional models of care.

Diagnostic Services
The high volume of previous activity, combined with low level of non-essential service capacity result in significant increases in waiting times for patients.

The Health Board were anticipating zero patients waiting over 8 weeks at the end of March however the impact of COVID-19 resulted in all booked patients being cancelled and patients scheduled for April and May not having their appoints arranged.

The result of these cancellations and booking only the most urgent patients during the course of the pandemic has resulted in an increase in the number of patients over target since March 2020 with numbers peaking in May at 13,171, however improvement was achieved in June with the numbers waiting over 8 weeks reducing to 12,577 and a slight increase to 12,901 at the end of July.

Radiology services continue to provide access for essential services patients whilst supporting imaging of covid-19 patients. The requirements for social distancing and cleaning and PPE is significantly reducing capacity, however recovery plans are in place to improve performance through the next quarter for the majority of modalities with the exception of ultrasound.

For endoscopy, the initial response to COVID mirrored guidance from the British Gastroenterology Society and the Royal College of Surgeons. As a consequence of reduced capacity, and with clinical agreement of the physicians and surgeons, the FIT10 test was rolled out with a new pathway for lower GI USC and clinically assessed urgent referrals. Lists are now running at three sites with two theatres at each site running AM and PM. Weekend activity has also commenced at all three sites which will assist in managing demand. The service is working in collaboration with the National Endoscopy Programme to deliver robust delivery and capacity plans.

Therapy Services

The 14 week therapy target has also been impacted by COVID 19 with the number of patients waiting over target increasing from 48 at the end of March 2020 to 3,360 by the end of June. Improvement has been realised in July with numbers waiting over target reducing by over 1,000 to 2,358.

Mental health access
Sustained performance above the 80% target for Primary Care Mental Health Measures for both assessment and intervention with 99.4% and 94.5% respectively in July 20.

Sustained performance of the CAMHS measures of 80% with 100% of patients waiting less than 28 days at the end of July 20. The implementation of the SPACE wellbeing (development of single point of access, multi-agency panels) which is operational in all five boroughs has had a continued impact on the excellent performance.

A slight deterioration in the percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist adult Mental Health with 66.5% at the end of July compared with 68.5% in June against a target of 80%. Due to Covid-19 all psychological therapy services ceased at the start of the outbreak and resumption of services has been problematic. Unlike acute outpatient services which have adopted remote working and non face to face consultations to continue to see patients this is not possible for psychological therapy services. These services often require detailed assessments to be carried out in the presence of a clinician and at present there is no substitute for this which delivers the same level of clinical information. To recover services and associated performance the directorate team have proposed a plan to safely restore face to face consultations however with the current increase in infections in the area the plan remains under consideration. The directorate have also collaborated with ABCi and Cardiff University to build a model of flow through adult psychology services and to model the impact of wider systems (such as care coordination and working with highly complex cases). Whilst the requirement for face to face consultations is a necessity for new patients entering the service it should be noted that for existing patients the directorate are undertaking non face to face consultations.

A deterioration in performance in the percentage compliance of valid care treatment plans completed with 65.7% in June and 64% in July against the target of 90%. There has been a comprehensive review into care and treatment plan (CTP) completion within all the division's relevant directorates and a significant amount of work is ongoing to address the current compliance shortfall. All appropriate clinical staff are being supported to comply with the Mental Health Measure which is the first phase of performance improvement, with clear and consistent protocols developed to address the performance compliance.

Performance was stable in June and July for the CAMHS Neurodevelopmental pathway with 89% against the 80% target. The service has introduced additional decision points into the clinical model which reduce the length of the assessment and diagnostic pathway.

Unscheduled Care access
Attendances at the Health Board's Emergency Departments has been increasing since the start of the year with an additional 4,000 attendances in June compared to April, and a further additional 1,300 patients in July compared to June. Activity levels at the Health Board's Emergency Departments are 75% compared to previous year. Performance on the

unscheduled care indicators has improved compared to pre-Covid-19 performance partly due to the continued reduced number of attendances over this period.

Improvement has been seen against 4 hour compliance target with performance at 83% in June and 81.3% in July compared to 78% for March 2020.

With demand beginning to increase, performance against the number of 12 hour breaches and ambulance handovers over 60 minutes has been declining compared to the start of the year, however performance is improved compared to previous year.

In July 2020, 279 patients waited over 12 hours in the Health Board's Emergency Department's which was improvement against March 2020 where 490 were reported and against the same period last year where 691 patients waited over 12 hours.

The number of ambulance handovers over 60 minutes has been increasing since the start of the year with performance going from 149 to 502 between April and July due to the increasing demand. Staffing shortages at the Royal Gwent have contributed to this deterioration but these have now been addressed and an improvement to previous levels is anticipated.

Emergency admissions are increasing week on week and combined with care home safe discharge policies are contributing to increasing bed occupancy.

Cancer Access
The combination of publicity campaigns to encourage patients to present early, and the recommencing of screening programmes has resulted in referrals increasing for cancer services since the start of the year with USC demand in July 2020 at 90% compared to the same period for previous financial year.

Within the cancer pathways the latest guidance is being applied for patients who are at the treatment stage. This means that some patients have been deferred for surgery or managed via alternative treatments.

Performance for the 62 day cancer pathway improved slightly to 75% in June and 77% in July, performance of the 62 day pathway is impacted by lower numbers of patients being treated and the clearance of backlog due to the impact of covid-19.

Performance for the 31 day cancer pathway has been consistent for the first few months of the year but not achieving April's 98% performance. June saw performance of 95% and July 94%.

Welsh Government has sent a proposal to all Health Boards about returning to reporting cancer waiting times. The proposal suggests a switch to reporting against the Single Cancer Pathway only, with minimal suspensions, supported by a suite of measures. Whilst there has been no formal notification of this the Health Board will be expected to undertake work to prepare and derive new performance management methodologies of waiting lists as a result of COVID-19.

Outpatient Follow-up access

Follow up outpatient appointment services in particular have been adapting to new technologies for non-face to face consultations. Progress is being made on the implementation of Attend-anywhere, this is a virtual consultation product and is supported for 12 months by Welsh Government. It enables video consultations for patients or multi-disciplinary team working.

Outpatient follow up access modernisation is a key national priority for this year to ensure that patients are continually reviewed and risk assessed whilst COVID-19 remains a risk.

Since the start of the COVID-19 pandemic virtual telephone consultations have been taking place and between April and July 2020 over 81,000 virtual appointments have been undertaken compared to 18,000 in the previous financial year. Despite the increase in the number of virtual contacts, the total number of follow up appointments being delivered is lower than pre COVID levels with activity for July at 67% compared to previous year. This has resulted in an increase in both the number of patients on a follow up waiting list, and the number of patients delayed 100% past their target date going from 99,703 and 6,616 in March 2020 to 109,674 and 7,806 respectively in July 2020.

There has been a continued focus on the follow up Ophthalmology patients with high risk patients being prioritised. Performance for the R1 (greatest risk) patients was 61.6% in July which was lower than previous months performance of 66.6%.

Risk stratification of the waiting lists combined with optimising virtual consultations is important to mitigate harm.

Primary care out-of-hours

Performance against the new national standards in Urgent Primary Care Out-of-Hours for patients advised within timeframe has been maintained. For urgent patients advised within 1 hour (P1CT) performance in June was 79.8% which is an improvement against March 2020 outturn of 74.6% and a slight improvement on June's 79.3%.

There has been a deterioration in performance in Out of Hours (P2CT) with 88% of routine patients advised within 2 hours in July compared with 91% in June.
The 90% national target for routine patients being advised with 4 hours (P3CT) has been achieved for the fourth consecutive month in July with 94.7% which is a further improvement on June's 93.8%.

Stroke Care

The provision of Stroke services have been maintained during COVID-19, however the reporting of Stroke care was suspended by Welsh Government in February 2020 but data submission has recommenced from June 2020.

Performance against a number of measures have continuously been met through quarter one and in July 100% of patients were assessed within 24 hours by a stroke consultant, 61% of patients received the required minutes for speech and language therapy, and 67.6% of patients received a six month follow up assessment. Delivery against patients admitted directly to a stroke unit within 4 hours remains challenging with July performance at 49.1% against the target of 54%.

Outpatient attendance
The DNA rates in July remain low compared to previous financial year with new outpatient rate at 4.7% and follow up rate at 5.1% compared to 6.4% and 6.7% for previous year.

The implementation of the Attend-anywhere video consultation solution and a focus on more innovative solutions for outpatient activities for the remainder of this year should enable improvement in both of these areas.

DToC
Delayed transfer of care (DToC) reporting has been suspended nationally until September 2020. It is likely that the measurement and reporting of DToC will be significantly revised as a result of covid-19 and the Health Board is working with Welsh Government on these changes.

Safe and Effective care
The performance against the number of e-coli cases per 100k population continues to improve with a month on month reduction since February 2020 and reducing from 75 per 100k population in February to 59.8 in July. Performance against the cases of staph aureus has seen in deterioration in July to 21.4, this follows several months of improving performance with the national reduction target being achieved in June 20. The number of clostridium difficile cases per 100k was under the target of 25 between March and May however an increase was seen in June and July with 25.4 and 26.4 cases reported.

Prevention
There have been no updates received in relation to the child vaccine and smoking measures since the previous report.

Clinical Coding
Clinical coding services have been reconfigured as a result of COVID-19 with a much higher proportion of activity being coded from electronic sources rather than physical case notes. Patients admitted with covid-19 symptoms are being prioritised to inform analysis and reporting.

Compliance against the 95% clinical coding completeness is below what is expected but has improved to 91.1% during May from 86.5% in March. Current clinical coding capacity does not meet the increased demand in finished clinical episodes and alternative ways to code activity are currently being explored. One of the approaches currently in its early phases is the development of an automation process for the more simple episodes, these would include endoscopies and elective day cases which are high volume and when achieved would release clinical coding resource to code the more complex inpatient episodes in a more timely manner. This project is in its very early investigative stage and delivery of an automated solution for aspects of clinical coding activity is not anticipated until early 2021/22.

Handling of Concerns and Complaints
The timely handling of concerns and complaints within 30 days has improved since the beginning of the year with performance going from 52% in April to 71% in June, and 73% in July which is slightly under the national target of 75%.

Serious Incidents
The number of serious incidents reviewed and assured, on a timely basis, was 62% in June and 50% in July, this is below the 76% reported in March 2020, but a significant improvement against the 25% reported in May.
There has been a reduction in the number of serious incidents recorded during the period March to July, this impacted on the percentage calculation of performance.

Workforce
COVID-19 has impacted on staff absence rates due to the need to self-isolate or positive test results. Staff have responded rapidly with changes in working patterns and location of work to meet the immediate COVID-19 response. Support for staff well-being is available via occupational health.
PADR compliance has improved slightly to 67.6% in July from 66.8% in June.

Sickness rates have improved in July to 5.6% from 5.7% in June, sickness performance is now below the national 6% target. The higher rate of sickness in March, April and May were as a result of COVID-19.

Hip Fracture Measures
Reporting of The National Hip Fracture measures was reinstated in June after being suspended by Welsh Government as a result of COVID-19. Whilst reporting has recommenced, it is understood that the widespread effects of COVID-19 and policy guidance relaxing the reporting of clinical audits and the monitoring of hip fracture data may not fully reflect the services provided.

Delivery against the percentage of patients who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours remains above the expectation of 75% with performance at both Royal Gwent and Nevill Hall above 96%.

Summary
This report reflects on activities which have continued throughout the COVID-19 pandemic and compares these activities to previous periods to illustrate the impact that COVID-19 has had.

For current year, the accompanying performance dashboard has been RG (Red, Green) rated against the National Targets. However it is noted that national performance arrangements have been suspended and the dashboard is for information purposes only.

Recommendation

The Board is asked to:

- Note for information only the current Health Board performance and trends against the national performance measures and targets.

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	The report highlights key risks for target delivery.
Financial Assessment	The delivery of key performance targets and risk management is a key part of the Health Board's service and financial plans.
Quality, Safety and Patient Experience Assessment	There are no adverse implications for QPS.
Equality and Diversity Impact Assessment (including child impact assessment)	There are no implications for Equality and Diversity impact.
Health and Care Standards	This proposal supports the delivery of Standards 1, 6 and 22.
Link to Integrated Medium Term Plan/Corporate Objectives	This paper provides a progress report on delivery of the key operational targets
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	An implementation programme, specific to ABUHB has been established to support the long term sustainable change needed to achieve the ambitions of the Act. The programme, will support the Health Board to adopt the five ways of working and self-assessment tool has been developed, and working with corporate divisions through a phased approach sets our ambition statements for each of the five ways of working specific to the Division and the action plan required to achieve the ambitions.
Glossary of New Terms	New terms are explained.
Publication	This paper has been written for the public domain.

GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	Aneurin Bevan University Health Board Wednesday 23rd September 2020 Agenda Item: 5.4

Aneurin Bevan University Health Board

Committee and Advisory Group Update and Assurance Reports

Executive Summary

The purpose of this report is to provide an update on the work of the Health Board's Committees.

The Board is asked to note this report and the updates provided from Health Board Committees for assurance.

The Board is asked to: (please tick as appropriate)	
Approve the Report	
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	✓
Note the Report for Information Only	
Executive Sponsor: Richard Bevan, Board Secretary	
Report Author: Bryony Codd, Head of Corporate Governance	
Report Received consideration and supported by :	

Executive Team	**N/A**	**Committee of the Board [Committee Name]**	**As outlined.**

Date of the Report: 9th September 2020

Supplementary Papers Attached: Committee Assurance Reports

Purpose of the Report

This report acts as a mechanism for Committees to provide assurance to the Board with regard to business undertaken in the last period. It also allows the Committee to highlight any areas that require further consideration or approval by the Board.

Background and Context

The Health Board's Standing Orders, approved in line with Welsh Assembly Government guidance, require that a number of Board Committees and advisory groups are established. In line with this guidance, the following Committees and advisory groups have been established:

- Audit Committee
- Charitable Funds Committee
- Quality and Patient Safety Committee
- Information Governance Committee
- Mental Health Act Committee
- Remuneration and Terms of Service Committee
- Stakeholder Reference Group
- Healthcare Professionals Forum

In addition the Board has established the following additional Committees:

- Finance and Performance Committee
- Planning and Strategic Change Committee
- Public Partnerships and Well Being Committee
- People and Culture Committee

Revised Governance Arrangements during the COVID-19 Pandemic
During the COVID-19 Pandemic, it has been agreed that the full Committee structure of the Health Board will not continue to meet. However, that as a minimum the Audit Committee and the Quality and Patient Safety Committee will continue to meet and this principle has been established. All other committees have been suspended until further notice. This position will be reviewed again at the end of September 2020.

However, the Planning and Strategic Change met for the first time in June and again in July.

This position with the meeting of Committees is being regularly reviewed on a month by month basis, the restarting of the full programme of Committees will be considered following the review of the adjusted governance arrangements at the end of September 2020.

Assurance Reporting
The following Committee assurance reports are included for adoption by the Board:

- Planning and Strategic Change Committee – 9th July 2020
- Audit Committee – 13th July 2020
- Charitable Funds Committee – 3rd August 2020
- Quality and Patient Safety Committee – 2nd September 2020

External Committees and Group
Representatives from the Health Board also attend a number of external Joint Committees and Groups, these are:

  - Emergency Ambulance Services Committee
  - Welsh Health Specialised Services Committee
  - Shared Services Partnership Committee

In order to provide the Board with an update on the work of these Committees and Groups the minutes, assurance reports and briefings are included for the Board when submitted from these Committees. The following assurance reports are provided:

- Welsh Health Specialised Services Committee – 14 July and 8th September 2020
- Emergency Ambulance Services Committee – 8th September 2020

Assessment and Conclusion
In receiving this report the Board is contributing to the good governance practice of the organisation in ensuring that Committee business is reported to the Board and any key matters escalated, where appropriate.
Recommendation
The Board is asked to note this report and the updates provided from Health Board Committees.

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	There are no key risks with this report. However, it is good governance practice to ensure that Committee business and minutes are reported to the Board. Therefore each of the assurance reports might include key risks being highlighted by Committees.
Financial Assessment, including Value for Money	There is no direct financial impact associated with this report.
Quality, Safety and Patient Experience Assessment	A quality, safety and patient experience assessment has not been undertaken for this report as it is for assurance purposes.
Equality and Diversity Impact Assessment (including child impact assessment)	An Equality and Diversity Impact Assessment has not been undertaken for this report.
Health and Care Standards	This report will contribute to the good governance elements of the Standards.
Link to Integrated Medium Term Plan/Corporate Objectives	There is no direct link to the Plan associated with this report, however the work of individual committees contributes to the overall implementation and monitoring of the IMTP
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	Not applicable to this specific report, however WBFGA considerations are included within committee's considerations
Glossary of New Terms	None
Public Interest	This report is written for the public domain

Name of Committee:	**Planning and Strategic Change Committee**
Chair of Committee:	**Ann Lloyd**
Reporting Period:	**9 July 2020**

Key Decisions and Matters Considered by the Committee:

Newport (Ringland) OBC: The Committee received an update on the OBC for the Newport East Health and Wellbeing Centre, noting that the preferred option was the construction of a new facility on the site of the existing Ringland Health Centre and the adjoining land owned by Newport City Council. This would allow the new building to be physically linked to the existing recently upgraded neighbourhood Hub.

Medi-Park Masterplan: The Committee received an update on the Strategic Outline Case (SOC) for the proposed Medi-Park Masterplan, noting that the development of the SOC had been led by Torfaen County Borough Council in close collaboration with the Health Board. It was noted that the Medi-Park offered a unique opportunity to maximise the economic development, research and innovation potential offered by The Grange University Hospital (GUH).

Clinical Futures GUH Update and Review of Early Opening Risks: The Committee received an update on the Clinical Futures Programme, with a particular concentration on the risks of the early opening of the GUH. The Committee was asked to note that a Service and Operational Commissioning Group had now been established, the purpose of the Group being to take responsibility for the delivery of a safe transfer of services to the new hospital along with reconfiguration of the services across all sites as a result of the move.

Mental Health and Learning Disabilities Clinical Futures Model and Low Secure Unit Update: The Committee received an update on the development of the Mental Health and Learning Disabilities Clinical Futures Model and the progression of the OBC for a new Specialist Inpatient Unit, with a particular discussion on the Communication and Engagement workstream. The Division was implementing a review and transformation of whole system pathways to enable the services to be optimised, to more effectively respond to and support the needs of people in Gwent with Mental Health problems and/or a Learning Disability.

Matters Requiring Board Level Consideration or Approval:

None

Key Risks and Issues/Matters of Concern:

None

Planned Committee business for the Next Reporting Period:

- Medi-Park Masterplan Update

Date of Next Meeting:

Thursday 20 October 2020

Name of Committee:	Audit Committee
Chair of Committee:	Shelley Bosson
Reporting Period:	13th July 2020

Key Decisions and Matters Considered by the Committee:

The meeting was held as a virtual meeting via Teams only due to the COVID-19 Pandemic.

Audit Tracker: The Committee reviewed the tracker of audit recommendations, noting that all actions had been reviewed and assessed for the impact of COVID-19 on delivery and for their continued relevance.

Risk and Assurance Update: The Committee received an update on the work undertaken to review the Board Assurance Framework to assess the impact of COVID-19. It was noted that the schedules would be kept under review to reflect that the IMTP process was currently on hold and replaced by a quarterly planning process. The Committee reviewed and discussed the principal risk areas. It was noted a basket of risks will be reported to individual committees with a focus on outcomes and impact rather than process.

Internal Audit Progress Report and Revised Internal Audit Plan: The Committee noted that progress against the plan was good considering the current environment and the Committee received those reports which had received reasonable assurance. The Committee approved the revised Internal Audit Plan and noted the unchanged Audit Charter.

Job Planning: The Committee received an update on the work undertaken to address the recommendations within the Job Planning Internal Audit Report. It was explained that Job Planning took place during SPA time and therefore had not been taking place during COVID-19. As a result there had been a reduction in the number of current job plans however Clinical Directors were developing individual structures for job planning in readiness for the GUH. A tracker had been developed of those consultants affected by GUH to ensure job plans were in place. It was noted that job planning was on the agenda at weekly COVID-19 medical leadership meetings to ensure that every consultant moving to the GUH had an agreed job plan. The Interim Medical Director said that she was assured regarding the process for consultants moving to the GUH.

Omnicell: The Committee received an update on the actions to address the recommendations within the Omnicell Internal Audit Report. It was noted that an Action Plan had been developed and all actions were in progress. A revised Project Board had been established and each action was in progress as per timeline. The Director of Operations said that she was confident that actions with a June deadline had been completed and those for July were on track.

Update on Governance, Financial Control Procedures and Technical Accounting Issues: The Committee noted and endorsed the amendments to the Scheme of Delegation and approved the following Financial Control Procedures:

- Medical Agency Management System (Retinue)
- Prepayments FCP (in response to the COVID-19 global pandemic).
- Procurement Policy

Finance Report: The Committee received an overview of the Month 3 financial position, a deficit was £6.9m (including COVID-19 funding for quarter 1). This showed a small improvement in some pay costs due to reduced use of agency and off-contract staff during June. The £6.9m deficit was almost directly related to funding COVID-19 plans (non-staff) such as the purchase of beds, preparation of GUH for surge capacity. It was highlighted that the full year forecast assumed the early opening of the GUH and the assumptions contained within the Quarter 2 Operational Plan was a £68m deficit. It was confirmed that additional costs were being tracked through the year.

Schedule of Decisions: The Committee noted the financial decisions taken by Strategic and Tactical Groups as part of the revised governance arrangements.

Matters Requiring Board Level Consideration or Approval:

- There were no matters requiring Board level consideration or approval.

Key Risks and Issues/Matters of Concern:

-

Planned Committee Business for the Next Reporting Period:

- Board Assurance Framework
- Internal Audit Reports
- Internal Audit Tracker
- Internal Audit Progress Report
- Counter Fraud Progress Report

Date of Next Meeting: Thursday 22nd October 2020 at 1pm via Microsoft Teams

Name of Committee:	**Charitable Funds Committee**
Chair of Committee:	**Katija Dew**
Reporting Committee Period:	**3rd August 2020**

Key Decisions and Matters Considered by the Committee:

There were a number of matters considered and discussed by the Committee including the following:

Update on COVID-19 Funds – Since the end of March 2020, the charity had received a total of £349k. £219k in donations and £130k in grants from NHS Charities Together (NHSCT), to support the Health Board in responding to COVID-19.

A COVID-19 fund had been set up, and all monies received had been placed into that account, including the £130k that had been received from NHSCT. Since the COVID-19 fund was set up, the charity had been advised that it would be considered best practice to record the money received from NHSCT in a separate restricted fund. The Committee approved the setting up of a new restricted COVID-19 fund and agreed that the fund would come under the control of the Committee.

Bids related to COVID-19 to be considered by the Committee – There were 8 bids submitted to the Committee for consideration totalling to £331k. The Committee was asked to note that before being submitted for approval all bids had been checked to ensure that they met the criteria.

The Charity did not have sufficient COVID-19 funds to currently support all of the bids as there was a shortfall of £73k. However, it the Committee did have the option of using some of the money from their general funds to top up the COVID-19 fund, which they agreed to.

The Committee supported the following bids:

- **CFC-238 End of Life Companions Extension**
- **CFC-238 ABUHB Wellbeing Support**
- **CFC-240 Artwork in response to COVID-19**
- **CFC-244 Support for Sparkle Services in Newport**
- **CFC-245 Infection Control Equipment**
- **CFC-246 CPET Equipment for Respiratory at RGH and YYF**

Matters Requiring Board Level Consideration or Approval:

There were no matters requiring consideration by the Board.

Key Risks and Issues/Matters of Concern:

There were no risks, issues or matters of concern to note.

Planned Committee business for the Next Reporting Period:

To be confirmed.

Date of Next Meeting: Tuesday 15th September 2020,

Name of Committee:	Quality and Patient Safety Committee
Chair of Committee:	Emrys Elias
Reporting Period:	2nd September 2020
Key Decisions and Matters Considered by the Committee:	

Annual Quality Statement (AQS) – The Committee received an overview of the AQS for 2019-20, which provided a transparent reflection of the Health Board's performance in relation to delivering services that address the local need in relation to Quality and Safety. The Committee discussed the content and their views were provided. The format and style of the document was very engaging.

Sepsis Update – The Committee received a retrospective review of the performance around the management of sepsis between April 2019 and May 2020 and a plan to reinvigorate and further embed the Sepsis work. Although there had been a reduction in the number of Sepsis forms completed across the Health Board, this had not been associated with an increased incidence of failure to identify deteriorating patients. Assurance was provided that the compliance with interventions remained high and despite the reduction in proformas, this had not resulted in an increase in incidents. The lead clinician for sepsis had also recently retired which is felt to have impacted on proforma management. World Sepsis Day would be used to launch the new education programme and to raise the profile of the recognition and rescue of deteriorating patients. The Committee agreed to monitor the uptake and any issues raised.

Quality & Safety Performance & Outcomes Report – The new report format has been developed around the themes of the Health and Care Standards and highlighted emerging issues and trends in relation to the indicators. It was acknowledged the report was an evolving document and much improved, whilst more work to do.

Complaints 30 day compliance had increased to 71% and overall performance around the timely management of Serious Incidents had improved for June 2020. There had been an increase in the number of C.diff cases across the Health Board, a report for which has been received by Executive Team outlining key actions to improve the position. Compliance with Level 1 mortality reviews remained below target and the results of a national audit of DNACPR emphasised the whole pathway was working well. There had been joint work with Primary and Community Care and Mental Health to audit caseloads in relation to the pregnancy prevention programme when prescribing sodium valproate. It was noted that the Health Board was participating in a National Clinical Audit of Covid-19 Hospital care.

The Committee received an update in relation to delay to treatment and noted that the Executive Team received fortnightly reports regarding cancer pathways, including data and delays, and the position was positive. The Committee queried the position in terms of health care acquired pressure ulcers. Pressure Ulcer data will be included in the next performance report, with Committee members being assured as to robust

data collection and monitoring. The Committee received an update in relation to the restarting of services and the clinical prioritisation of patients.

QPS Risk Register – Due to the amended governance arrangements and processes during Covid-19, the whole risk register had been provided as many of the risks had a quality and patient safety dimension. There were currently 24 risks on the corporate risk register. One had increased its score since July (Brexit risk), but all others had remained at the same risk level score. This was not because actions had not been taken in these areas, but that the general level of risk had increased in the system due to the COVID-19 pandemic and therefore, the actions taken had continued to mitigate risks. The Committee received an update in relation to the child, seasonal flu and Covid vaccination programmes. The results from the CHC Winter Planning Survey highlighted a willingness for the majority of participants to access the flu vaccination this year. It was acknowledged that throughout the pandemic partnership working across the public sector in Gwent had been constructive and productive, with the overall approach described as robust.

Clinical Coding Update - Compliance for June 2020 coding was 90.58%. There had been a significant improvement in frozen compliance since mid-2019. Coding continued beyond the 2 month reporting mark and therefore further improvement was noted taking coding completeness close to the 95% target.

Patient Experience Report – The Committee received an overview and examples of patient feedback across a number of service areas, gathered immediately prior to and during COVID-19. Discussions were taking place around the systems that would be used for 'Ward to Board' reporting of electronic PREMS. Face to Face PREMS surveys were undertaken at Ysbyty Aneurin Bevan and County Hospital in July 2020. Patients were generally very complimentary of staff and direct clinical care, although the theme of boredom was common, which was significantly impacted by the inability for relatives and friends to visit patients as a result of the pandemic. Discussions had taken place and a risk assessment had been undertaken to re-introduce volunteers into the wards. The Patient Centred Care Team were facilitating meaningful activities for patients, which will be enhanced by the re-introduction of volunteers.

It was emphasised that service user involvement was an integral part of shaping, influencing and improving services. During COVID-19 the use of social media to share information, interact in an open way and address concerns was a powerful tool for service improvement. The Aneurin Bevan University Health Board Maternity Services Facebook page had over 6200 followers, with a reach of 32,100 people in July alone. The page has also

been proactively used to undertake real time surveys and a recent Facebook Live session was very successful.

The Committee received an update on the Volunteer Telephone Befriender service. The trial of the coloured walking frames was completed in March 2020. Satisfaction with the new frames was extremely high and consideration was now taking place for the procurement of colour walking frames as a standard issue both for ABUHB and Wales wide. The Committee emphasised the value of CHC interaction and the number of patient surveys undertaken as a result.

The Committee was advised of the next steps and key pieces of work going forward to capture patient experience. This included the importance of digital stories and the re-starting of Volunteering Services. The Committee discussed the impact of Covid upon the assessment process for Deprivation of Liberty Safeguards (DoLS). Assurance was provided that action had been taken including online support. The Committee acknowledged the excellent work undertaken across the Health Board to capture patient experience and the constructive and valuable relationship with the CHC.

Highlight Reports – The Committee received highlight reports from the Maternity Services Assurance Group, Safeguarding Committee and the Quality & Patient Safety Operational Group.

Matters Requiring Board Level Consideration:

- There were no matters requiring Board level consideration.

Key Risks and Issues/Matters of Concern:

- There were no risks and issues identified.

Planned Committee Business for the Next Reporting Period:

- Child Vaccination Programme Update
- Pharmacy and Medicines Management Annual Report

Date of Next Meeting: Wednesday 2nd December 2020 at 09:30am in Conference Room 3, Headquarters, St Cadoc's Hospital.

WELSH HEALTH SPECIALISED SERVICES COMMITTEE
JOINT COMMITTEE MEETING – JULY 2020

The Welsh Health Specialised Services Committee held its latest public meeting on 14 July 2020 with a 'consent agenda', as described on the WHSSC website. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening in Welsh Health Specialised Services.

Written questions from members and answers had been published in advance of the meeting and would be embedded within the meeting papers.

The papers for the meeting are available at:
http://www.whssc.wales.nhs.uk/2020-21-whssc-joint-committee

Minutes of Previous Meeting
The minutes of the meeting of 12 May 2020 were taken as read and approved.

Action log & matters arising
Members noted there were no outstanding actions or matters arising.

Managing Director's Report
The Managing Director's report, including updates on the mother and baby unit, IVF, the Swansea mobile PET scanner, the PET international webinar and NCCU expenditure on mental health services for the COVID-19 period, was taken as read.

Paediatric Ketogenic Diet
A paper that set out the current concerns and risks associated with the implementation of the Integrated Commissioning Plan scheme for the Paediatric Ketogenic Diet service at CVUHB, as a result of a funding shortfall on one of the key posts for the service, was taken as read and the funding of the dietitian element to allow the service to be developed in NHS Wales was approved.

All Wales Traumatic Stress Quality Improvement Initiative
A paper setting out the commissioning arrangements for the All Wales Traumatic Stress Quality Improvement Initiative and informing members of the confirmation of funding from Welsh Government for the Initiative was taken as noted.

Integrated Commissioning Planning
The Director of Planning presented an overview of the suite of papers describing the WHSS Team approach to the Integrated Commissioning Plan for specialised services during the COVID-19 pandemic, acknowledging that priorities needed to be aligned between specialised and other services and that there was a need to remain flexible.

The content of the suite of papers was noted, particularly (1) the approach to new investment agreed for 2020-21 by Management Group and (2) the work underway regarding new interventions which may offer alternative treatment options for patients which reduce the risks of COVID-19 harm. Support was confirmed for (1) the revised process for the development of the WHSSC 2021-24 Integrated Commissioning Plan and (2) the revised process for the prioritisation of new interventions during the COVID-19 pandemic.

Risk assessment during the COVID-19 pandemic
A paper outlining the risk management approach being taken by the WHSS Team during the COVID-19 pandemic was taken as read and supported.

In particular, members noted (1) that the CRAF continues to be monitored, (2) that risk assurance was being undertaken on individual services, and (3) the additional strategic risks detailed in the paper and their link to the risk appetite statement.

Independent Hospitals Commissioning
The Director of Finance presented an overview of the paper that provided an update on the commissioning of independent hospitals in Wales for the initial three month period to 6 July 2020, funded by Welsh Government, and the extension period to 6 September 2020, funded by health boards. Six hospitals had been commissioned from the outset but the arrangement had only been extended with four of the hospitals. It would be for local health boards to contract direct with the independent hospitals beyond 6 September committing their own funding but the WHSS Team would be available to assist in the process. NHSE was extending similar English contracts for two months but for reduced capacity.

The content of the paper was noted.

Trauma Network "Go Live" Update
A paper that provided an update on the progress made to determine readiness of the South Wales Trauma Network and to recommend a 'go live' date of Monday 14 September 2020 was noted. Members received assurance that the Trauma Network is ready to go live and approved the proposed 'go live' date.

WHSSC Protocol for Dealing with Concerns
A revised version of the Protocol (previously approved in 2016) was presented that reflected changes to the structure of the WHSS Team, including addition of the Quality Assurance team, and improved clarity around the process for concerns regarding the function of the WHSS Team. The revised version of the Protocol was approved.

WHSSC Sub-Committee 2019-20 Annual Reports
A suite of papers setting out the WHSSC Sub-committee 2019-20 Annual Reports was taken as read. It was noted that the WCRN Annual Report would follow.

WHSSC Annual Self-Assessment Exercise 2019-20
A paper that provided members with information and assurance relating to the WHSSC Annual Self-assessment Exercise for 2019-20, for the Joint Committee and its Sub-committees and Groups, was taken as read. The actions arising from the exercise, recorded in section 3.7 of the paper, were noted.

Financial Performance Report – Month 2 2020/21
A paper that set out the financial position for WHSSC for month 2 of 2020-21, including a forecast under spend of £2m at year end, was taken as read. The Director of Finance reported that, while the full month 3 report was not yet available, finance teams had been made aware that the month 3 forecast under spend at year end had increased to around £6m.

Other reports
Members also took as read the update reports from the following joint Sub-committees and Advisory Groups:

- All Wales Individual Patient Funding Request Panel;
- Integrated Governance Committee;
- Management Group;
- Quality & Patient Safety Committee; and
- Welsh Renal Clinical Network Board.

WELSH HEALTH SPECIALISED SERVICES COMMITTEE
JOINT COMMITTEE MEETING – SEPTEMBER 2020

The Welsh Health Specialised Services Committee held its latest public meeting on 8 September 2020 with a 'consent agenda', as described on the WHSSC website. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening in Welsh Health Specialised Services.

Written questions from members and answers had been published in advance of the meeting and would be embedded within the meeting papers.

The papers for the meeting are available at:
http://www.whssc.wales.nhs.uk/2020-21-whssc-joint-committee

Minutes of Previous Meeting
The minutes of the meeting of 14 July 2020 were taken as read and approved.

Action log & matters arising
Members noted there were no outstanding actions or matters arising.

Chair's Report
The Chair's Report referred members to a Chair's Action taken on 14 July 2020 to approve temporary amendments to the WHSSC Standing Orders, which was ratified.

The Chair reported that, as planned, this would be her last meeting and that the Minister had appointed her replacement, the details of which would be announced shortly.

Managing Director's Report
The Managing Director's report, including updates on a new commissioning assurance framework and Radio-frequency Ablation for Barrett's Oesophagus, was taken as read.

TAVI Management of Severe Aortic Stenosis during the COVID-19 Pandemic

Members received a paper outlining the current situation and the impact of the COVID-19 pandemic on the management of severe aortic stenosis and the evidence to support the short term commissioning arrangements for TAVI for the intermediate patient group during the pandemic, together with proposed funding arrangements.

Members (1) supported the recommendation that WHSSC formally changes the commissioning policy to include intermediate risk patients but allows decision making on individual cases to be taken by clinical discretion through the MDT process, and (2) approved the WHSSC position regarding funding in that payments under the block contract and pass through arrangements for TAVI devices will be limited up to 2019-20 outturn levels.

Options Appraisal for a Permanent Perinatal Mental Health In Patient Mother and Baby Unit (MBU) in Wales

Members received a paper that informed them of the options appraisal exercise and scoring of the short listed options for a permanent perinatal mental health in patient MBU in Wales.

It was reported that a letter from the Board of Community Health Councils in Wales had been received that was supportive of the options appraisal process but noted that more further formal public engagement was expected on the options once a preferred option was identified.

Members (1) noted that both options meet the WHSSC service specification, (2) supported the recommendation from the non-financial options that Neath Port Talbot Hospital is the preferred location of a permanent mother and baby unit, and (3) noted that the final preferred option will be subject to the usual business case process to access Welsh Government capital.

Major Trauma Network Readiness Assurance Update

Members received a paper that provided final assurance that the South Wales Trauma Network is ready to go live on 14th September 2020.

Members received final assurance and noted that following a robust assessment process by the Trauma Network Team and as recommended by the Trauma Network Implementation Board all component parts of the Trauma Network are ready and the Network can proceed to launch on 14th September 2020.

Welsh Renal Clinical Network 2019-20 Annual Report

The Welsh Renal Clinical Network 2019-20 Annual Report was taken as read.

Financial Performance Report – Month 4 2020-21

A paper that set out the financial position for WHSSC for month 4 of 2020-21, including a forecast under spend of £6m at year end, was taken as read. The under spend related mainly to months 1-4 underspend on the pass through elements of Welsh provider SLA's, COVID-19 block arrangements with NHSE for Q1 and Q2 below the plan baseline and Q1 2020-21 development slippage.

The Director of Finance reported that, while the full month 5 report was not yet available, the position had continued to improve.

Other reports

Members also took as read the update reports from the following joint Sub-committees and Advisory Groups:

- All Wales Individual Patient Funding Request Panel;
- Integrated Governance Committee;
- Management Group;
- Quality & Patient Safety Committee; and
- Welsh Renal Clinical Network Board.

Pwyllgor Gwasanaethau Ambiwlans Brys
Emergency Ambulance Services Committee

Reporting Committee	**Emergency Ambulance Services Committee**
Chaired by	Chris Turner
Lead Executive Directors	Health Board Chief Executives
Author and contact details.	Gwenan.roberts@wales.nhs.uk
Date of last meeting	14 July 2020

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

An electronic link to the papers considered by the EAS Joint Committee is provided via the following link: http://www.wales.nhs.uk/easc/july-2020

Chris Turner (Chair), welcomed Members to the virtual meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee.

CHAIRS REPORT

Members noted the meetings which the Chair had participated in since the last meeting of the Committee. The Chair also report that he had been invited and had accepted a further year's appointment as Interim Chair of EASC until end October 2021.

CHIEF AMBULANCE SERVICES COMMISSIONER'S REPORT

Stephen Harrhy presented an update on the following areas:

- **Year End Accounts and Annual Governance Statement** – Members noted that the year-end accounts and Annual Governance Statement had been received and approved by the Audit and Risk Committee at Cwm Taf Morgannwg UHB in June 2020.
- **Ministerial Ambulance Availability Task Force** – Members noted that the plans for the Taskforce had been temporarily paused although plans were in place for recommencing the work. The work would need to be modified from the original direction and would involve critiquing work and proposals from sub groups with an aim to provide an interim report in the autumn to coincide with the commissioning cycle.
- **Ambulance Service response times –** generally these had been good during the first quarter although the performance in most rural areas was not at the level expected. Further work would take place by the WAST team to understand why this had occurred.
- **Learning lessons from the pandemic –** Members noted the desire to learn from the impact of the pandemic on the service and the aim to capture the positive changes for future service provision.
- **Emergency Medical Services Framework Agreement –** it was noted that this Agreement was due for review with the aim to modify to get a better balance between the service provision, patient safety/harm and staff experience. A new agreement would be presented at a future committee meeting.

- **Grange University Hospital –** Good progress was being made with the EAS Team, WAST and the team from Aneurin Bevan University Health Board working together to find a solution for the new transport arrangements required.

PROVIDER ISSUES

The update report from the Welsh Ambulance Services NHS Trust (WAST) was received and in presenting the report Jason Killens highlighted key areas which included:

Pandemic and response

- Members noted: An internal debriefing process in relation to the first wave was coming to a close and 500 staff had given their reflections on the work to date.

Activity and performance

- Very few patients had experienced long waiting times for ambulances between April and June due to the reduced activity and additional capacity in the service
- The RED performance had been over 70% in the first quarter although not at the level expected in rural areas; members noted the impact of not using community first responders and the rapid response vehicles

Emergency Departments

- Members discussed the ongoing work at WAST, Cardiff and Vale and Aneurin Bevan University Health Board in terms of managing access to emergency departments using the Consultant Connect app and analysing data to assist with early identification for surges in demand

Health and Safety Executive

- A notification of a material breach of health and safety legislation had been received in relation to the use of personal protective equipment and evidence would be provided to the HSE

Members **RESOLVED** to: **NOTE** the provider report and the actions agreed.

FOCUS ON – THE EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS)

Professor David Lockey provided a presentation based on his report on the EMRT service.

The following areas were highlighted:

- Phase 1 of the 24/7 went live from the Cardiff Heliport on 1 July 2020
- Summary of EMRTS and activity improving service provision and service transfer
- Lots of the EMRTS work took place by road not air during the pandemic, particularly the twilight rapid response vehicle although it was anticipated that the service would soon be flying more again
- Activity levels
- The impact of the Covid 19 pandemic which included flying restrictions by the air operator (and reduction in the numbers of pilots available); curtains are in place on all aircraft; the EMRT service was maintained throughout
- Network work; noted to be time consuming in relation to teleconferencing and maintaining links

- Severe escalation plan in place; worked with the Critical Care Network and planned to mobilise key staff to any hospital overwhelmed with Covid 19 cases and would transfer patients to less affected areas for critical care treatment
- Support to wider NHS Community
- Monthly activity by base: rapid response vehicle usage was clear and in constant demand within the south East Wales region
- Twilight rapid response vehicle (RRV) originally resourced through winter funding; averaging 3.2 calls per shift; nature of calls include: cardiac arrest, road incidents, falls and unconscious patients
- RRV – useful project met unmet need this service enabled the move to 24/7 expansion
- 24/7 service expansion; noted the national shortage of pilots; the charity was working with the provider and aiming for an All Wales response; phase 2 for North Wales will be more difficult and will have a workload of 160 patients at night each year
- National Critical Care Transfer Service; working together with the Critical Care Network; separate to the core work and ring fenced; aiming for set up in 9-12 months time; recruitment of key staff, project manager and clinical lead – interviews next week.

In receiving and noting the report Members also asked Prof Lockey whether there might be an impact on the work of the major trauma network and whether it could overwhelm trauma centres. Prof Lockey explained that the vast majority of patients already attended the unit which would provide definitive care and therefore this would not change matters.

The requirement for capital funding for the EMRT Service and for the Critical Care Network was also discussed and further work would take place to ensure that the service.

FINANCE REPORT

The finance report was received. Members noted that over the next few months further work would take place with WAST to ensure that the new investment including the additional staff would be isolated in terms of the costs and a reconciliation exercise would provide clarity on the activity and the costs incurred.

EASC GOVERNANCE UPDATE

The EASC Governance Report was received.

Members **RESOLVED** to:

- **NOTE** the report
- **APPROVE** the EASC Committee Annual Report for 2019-2020
- **RATIFY** the EASC Annual Governance Statement 2019-2020
- **APPROVE** the EASC Management Group Annual Report for 2019-2020 and the Terms of Reference
- **APPROVE** the NEPTS DAG Annual Report for 2019-2020 and the Terms of Reference and **NOTE** the Internal Audit Report.
- **RATIFY** the EMRTS Hosted Bodies Annual Report for 2019-2020.

CONFIRMED MINUTES OF SUB GROUPS

Members received the confirmed minutes of the EASC Sub Groups as follows:

EASC Management Group - 21 February 2020.

Non-Emergency Patient Transport Service Delivery Assurance Group (NEPTS DAG) for the following dates:

- 07 Feb 2020
- 24 Apr 2020
- 12 May 2020
- 26 May 2020
- 09 Jun 2020
- 23 Jun 2020.

Members **RESOLVED** to: **APPROVE** the confirmed minutes as above.

FORWARD PLAN OF BUSINESS

Following discussion, Members **RESOLVED** to **APPROVE** that the Chair and the Chief Ambulance Services Commissioner further review the Forward Plan.

TEMPORARY AMENDMENTS TO MODEL STANDING ORDERS, RESERVATION AND DELEGATION OF POWERS – LOCAL HEALTH BOARDS, NHS TRUSTS, WELSH HEALTH SPECIALISED SERVICES COMMITTEE, EMERGENCY AMBULANCE SERVICES COMMITTEE AND HEALTH EDUCATION AND IMPROVEMENT WALES

Gwenan Roberts presented the report which outlined the requirements of the Welsh Health Circular published on 9 July. Members noted the temporary changes to the Standing Orders in relation to the tenure of the Chair and Vice Chair which would cease to have effect on 31 March 2021.

Members **RESOLVED** to:

- **APPROVE** the changes for ratification at all Health Board meetings before the end of July 2020.

Key risks and issues/matters of concern and any mitigating actions				
• Performance in rural areas • Capital funding for EMRTS and Critical Care Network.				
Matters requiring Board level consideration and/or approval				
• EASC Governance Update • Temporary Amendments to the Model Standing Orders.				
Forward Work Programme				
Considered and agreed by the Committee.				
Committee minutes submitted	Yes	✓	No	
Date of next meeting	**8 September 2020**			

GIG CYMRU NHS WALES

Pwyllgor Gwasanaethau Ambiwlans Brys
Emergency Ambulance Services Committee

Reporting Committee	**Emergency Ambulance Services Committee**
Chaired by	Chris Turner
Lead Executive Directors	Health Board Chief Executives
Author and contact details.	Gwenan.roberts@wales.nhs.uk
Date of last meeting	8 September 2020

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

An electronic link to the papers considered by the EAS Joint Committee is provided via the following link: http://www.wales.nhs.uk/easc/september2020

Chris Turner (Chair), welcomed Members to the virtual meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee.

CHIEF AMBULANCE SERVICES COMMISSIONER'S REPORT

Stephen Harrhy presented an update on the following areas:

- **Ministerial Ambulance Availability Taskforce**

Members noted that arrangements were continuing to start the work related to the Taskforce. The proposed framework was being developed including the key output products identified. Stephen Harrhy agreed to share the draft work and asked for comments to shape the work as it develops. The aim was to use existing mechanisms where possible and an interim report was planned to be developed by the end of November.

- **Refreshing the Emergency Medical Services (EMS) Framework**

Members were aware of the plans to refresh the EMS Framework and it was suggested that this take place by April 2021. Detailed discussions would take place at the EASC Management Group and a report would be developed for the next EAS Committee meeting. The aim of the refresh would be to ensure that the Framework was streamlined and more reflective of the current position for EMS services.

- **Quality and Delivery (Q&D) Meeting with the Welsh Government (WG)**

Members noted a recent Q&D meeting had taken place and the areas discussed where the biggest concern, and the majority of the meeting's focus, was on the current performance.

- **EASC allocation letters for Major Trauma Services and Critical Care Transfer Services**

Members noted that the allocation letters had been received by the CASC and were pleased to note that they were in line with the expectations of the financial plan within the Integrated Medium Term Plan (IMTP).

- **Progress on the Emergency Medical Services Demand and Capacity Implementation Plan**

Members were aware of the agreement at EASC to fund up to 90wte additional staff within the plan. The WAST team had previously discussed that a further 46wte staff could be recruited and trained within the financial year.

Members noted that a discussion had taken place at the EASC Management Group regarding the recruitment of the additional front line staff which had been supported, although the source of the funding was unclear. Stephen Harrhy suggested that this additional cost of £1.4m could be included as part of the process to bid for resources under the winter protection fund to ensure maximising front line staff. This suggestion was supported by Members.

The Chair thanked Stephen Harrhy for his report and Members discussed the following matters:

- Concerns were raised regarding the capacity of the system to meet all of the ongoing plans during the potential resurgence of the pandemic. In terms of the revision of the EMS Framework, Members felt that clinical outcomes would be important but there may be a wider requirement to filter the work of the Committee to business critical areas only.
- Members noted that the review of the IMTP would provide an opportunity to redefine the key areas of work and this would be discussed at the EASC Management Group and would be reported to the next EAS Committee meeting.
- Members noted the opportunity to align with the work already underway on seasonal planning and the potential opportunity to be more coordinated with the option of needing to work outside of the formal Committee arrangements if required.
- Members noted that good collective progress had been made on the arrangements to open the Grange University Hospital and a helpful recent meeting had taken place which had resolved some key outstanding issues.

The Chair summarised the discussion and Members **RESOLVED** to:

- **NOTE** the Chief Ambulance Services Commissioner's report
- **NOTE** the need to identify a set of specific priorities
- **NOTE** the aim to link to seasonal priorities
- **APPROVE** the intention to seek £1.4m from the winter protection funding for the additional staff within the EMS Demand and Capacity Implementation plan.

PROVIDER ISSUES

The update report from the Welsh Ambulance Services NHS Trust (WAST) was received and in presenting the report Jason Killens highlighted key areas which included:

- **Serious Adverse Incidents (SAIs)** – a marked reduction in numbers over the recent months although now monitored weekly by the WAST Directors, reported to a WAST sub-committee and onto the WAST Board. The Chair asked if it would be possible to compare the levels of SAIs with other comparable areas as it was difficult to set in context the data presented. Jason Killens agree to try and benchmark with other areas and present the information in the next report.
- **Health and Safety Executive (HSE)** – two improvement notices had been received (sharps injury (disputed) and extended time spent in personal protective equipment).

A full response had been provided to the HSE and the policy position on personal protective equipment (PPE) had been updated. The importance of the turnaround of ambulances at emergency departments was discussed and that WAST staff wearing PPE were reliant on health board staff to comply with the guidance (added to the Action Log). Members noted that it was likely that the HSE would escalate this issue if further situations arose

Performance position

- RED position – for August was below 65%, however the number of calls responded to in 8 minutes was more than the previous August
- 999 handling and 999 calls – good performance
- Incidents – volumes increased from August 2019
- Production comparison August – more this year compared to previous years
- EMS Abstractions – increase due to annual leave as staff were encouraged to take leave before winter
- Overtime reductions – no incentivised overtime
- Covid 19 abstractions now at 3%
- More activity August 2020 compared with 2018 and 2019
- Emergency Ambulance Utilisation (3% tolerance)
- Staffing – focus is on additionality and recruitment

Forecast

- Production stronger in September – on or over 100% for emergency ambulances, more work required on rapid response vehicles
- Amber performance and patients experiencing long waiting times
- Anticipating further Covid19 surge
- Modelling forecast for September - 66%.

Members were concerned about the deterioration in performance; it was noted that Powys had not met the target over the last 5 or 6 months although ongoing discussions were taking place. The performance was worse during 2020 and it was suggested that this could be attributed to the switch away from the deployment of rapid response vehicles (RRVs); it was hoped that the recommencement of RRVs would improve the performance in Powys and other health board areas.

Members asked regarding the impact of 'consultant connect' in terms of managing conveyance and whether any learning could be shared across the system. Members noted that the numbers to date were small and that there was a large variation in the uptake.

The CASC responded to the content of the presentation and highlighted:

- Helpful to note that more front line staff available in August than previous year despite reduction in overtime and an increase in annual leave allocated; therefore, additional investment in demand and capacity plan is starting to become effective
- Support the rebalancing of emergency vehicles and RRV as this will have a positive impact on red performance; however, WAST need to keep in mind any potential negative impact on amber performance

- Keen to work with health board colleagues re handover delays and what do their plans look like – it was agreed that the CASC to contact everyone for their plans (added to the Action Log)
- Confirmed that a detailed analysis of the ambulance performance in August was being undertaken to supplement WAST improvement plan including variation in mobilisation times in South East Wales compared with other regions
- Opportunities for learning across Wales including Cardiff and Vale UHBs CAV 24/7.

The Chair asked regarding the information on current and forecasted future performance and suggested that it would be helpful to have a coordinated plan from WAST to tackle the issues identified. It was felt this overview list would also be helpful for the work of the Ministerial Ambulance Availability Taskforce to coordinate the actions to be taken.

Members agreed that the EASC Management Group receive and discuss the overview list (Added to the Action Log). Members also noted the importance of the impact of cultural issues in terms of the ownership and professional responsibilities in working together and this would be key during the winter months.

Other matters highlighted from the WAST provider report included:
- the recruitment of the additional staff for the front line which was at 119.28wte to date which subject to additional resources could be increased although the additional work by the finance teams would provide clarity.
- Where health board service changes had been planned, Jason Killens thanked colleagues for including the WAST Team as early as possible to support service changes across NHS Wales.

Members **RESOLVED** to:
- **NOTE** the provider report and the actions agreed.

FOCUS ON – NON EMERGENCY PATIENT TRANSPORT SERVICE (NEPTS)

The report and presentation on the Non-Emergency Patient Transport Service (NEPTS) was received. In presenting the report, James Rodaway and Mark Harris explained that the report had been received at the NEPTS Delivery Assurance Group and also at the EASC Management Group.

Members noted:
- NEPTS Headline statistics
- The Collaborative approach undertaken at the NEPTS Delivery Assurance Group – this work included the team at WAST but also health board teams with a focus on continuous improvement
- Commissioning and Quality Assurance undertaken – the Framework was in place and robust processes were in operation. Step 1 and 2 were considered key in ensuring the transport solution is as good as possible
- NEPTS Service Development
- Enhanced Service Provision – renal, oncology and end of life service; renal patients account for 30% of all NEPTS journeys which was steadily increasing and more work ongoing to develop oncology services. It was noted that the End of Life Care Service

had won a Health Service Journal Award and the team were warmly congratulated on this achievement
- Performance/ Service Delivery Improvements
- Governance and Planning – this included a more joined up approach and particularly the tiered staff structure in health boards to support the local commissioning
- NEPTS Demand and Capacity Review now underway
- The Impact and Learning from Covid19
- The NEPTS Delivery Assurance Group at the end of September would be discussing winter planning and discharge capacity matters and the impact of Covid19 on NEPTS activity.

Mark Harris provided detailed operational information regarding the different ways of working within the NEPT service during the pandemic which included support providers, people driving themselves to appointments, student paramedics and also the voluntary sector. The team were working to manage through the agreed script and were finding alternative ways of transporting patients.

The importance of the whole system approach to developing winter plans was discussed and particularly for this service. The longer term issues would also need to be considered including the resetting of plans for outpatients and other work.

The CASC emphasised the importance of the joined up approach and informed Members of the ongoing work with the procurement team to look at all spend on private providers as there may be an opportunity to realise savings and the further development of the NEPT service in line with the 'Once for Wales' ethos. Members were very supportive of the All Wales approach and the improvements being made within the NEPT service to date.

Members discussed the outstanding transfers to complete the 'Once for Wales' approach as agreed and asked about the timescales. Members noted that prior to the pandemic and lockdown all of the work required pre transfer had been completed for the ABUHB area. The aim was now to revisit the data and WAST had appointed a lead manager to oversee the work – ABUHB would be the next area to transfer. The Powys area had also provided data and would follow ABUHB before the end of the financial year.

The CASC explained that the detail would be developed and reported via the NEPTS DAG to the next Committee meeting. In terms of the timescales, it was expected that CTMUHB would transfer in the first half of 2021 and BCUHB by the end of the financial year 2021-22 (added to the Action Log).

The Chair, in summary, confirmed that effectively phase 1 had been achieved and further work was now required to transfer the other services as soon as possible. The WAST team were also congratulated by the Chair on their achievement of the Health Service Journal Award for their End of Life service.

Members **RESOLVED** to: **NOTE** the presentation and report.

Other reports received included:

- Outline Commissioning Intentions which included timescales
- Finance Report – no specific concerns to report
- Unscheduled Care Presentation
- EASC Integrated Medium Term Plan (IMTP) Revised Delivery Plan – to be developed
- Emergency Medical Retrieval And Transfer Service (EMRTS Cymru) Framework Agreement Final Draft
- EASC Risk Register

Key risks and issues/matters of concern and any mitigating actions

- Red performance
- Increasing handover delays
- Decreasing Amber performance
- Agreed timescales for roll out of transfer of work from health boards to WAST – ABUHB, followed by Powys this financial year; CTMUHB by the end of June in the new financial year and BCUHB by the end of the financial year

Matters requiring Board level consideration and/or approval

- None

Forward Work Programme

Considered and agreed by the Committee.

Committee minutes submitted	Yes	√	No	
Date of next meeting	**10 November 2020**			