

**POWYS TEACHING HEALTH BOARD
STRATEGY & PLANNING COMMITTEE**

CONFIRMED

**MINUTES OF THE MEETING HELD ON 9 JULY 2020
VIA SKYPE**

Present:

Trish Buchan	Independent Member (Committee Chair)
Ian Phillips	Independent Member
Mark Taylor	Independent Member
Owen James	Independent Member

In Attendance:

Hayley Thomas	Director of Planning & Performance (Exec Lead)
Carol Shillabeer	Chief Executive
Stuart Bourne	Director of Public Health
Pete Hopgood	Director of Finance & IT
Sam Ruthven-Hill	Assistant Director (Planning)
Rani Mallison	Board Secretary
Claire Madson	Director of Therapies and Health Sciences
Liz Patterson	Corporate Governance Manager

Observer:

Andrea Blayney	Community Health Council
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Apologies for Absence:

Julie Rowles	Director of Workforce and OD
Jamie Marchant	Director of Primary, Community and Mental Health Services
Alison Davies	Director of Nursing and Midwifery
Katrina Rowlands	Assistant Director of Nursing

MEETING GOVERNANCE

S&P/20/1	<p>WELCOME AND APOLOGIES FOR ABSENCE</p> <p>The Chair welcomed everyone to the meeting and NOTED that there was a quorum present.</p> <p>Apologies for absence were noted as recorded above.</p>
S&P/20/2	<p>DECLARATIONS OF INTEREST</p> <p>No declarations of interest were received.</p>
S&P/20/3	<p>MINUTES OF THE PREVIOUS MEETING: 16 January 2020</p> <p>The minutes of the last meeting of the Committee held on 16 January 2020 were AGREED as being true and accurate record.</p>
S&P/20/4	<p>MATTERS ARISING FROM THE PREVIOUS MEETING</p> <p>The Board Secretary advised that an opportunity for Independent Members to ask questions relating to items on the agenda in advance of the meeting had been introduced but noted that the questions had to be in relation to agenda items. A comment had been received which related to issues wider than specific agenda items for this meeting but did relate to a matter which would be discussed at the July Board meeting.</p>
S&P/20/5	<p>COMMITTEE ACTION LOG</p> <p>The Committee RECEIVED and discussed the Action Log as recorded below:</p> <p>S&P/19/38 – The 3 Horizons workshop had been delayed but it was hoped it would take place before the end of the year.</p> <p>S&P/19/18 – Noted in the action log as replaced by S&P/19/38, however, an Independent Member observed that these were not the same actions and wanted to ensure that monitoring opportunities were available. The Director of Planning and Performance advised that the North Powys Wellbeing Programme was an item on the agenda for this meeting and governance arrangements would be brought back to a future meeting.</p> <p>The Chief Executive advised that the proposals were developed at the Regional Partnership Board where the Health Board have a duty to plan and work together with partners under the Well-being of Future Generations Act. The agenda item on the meeting today would bring greater clarity to this committee on the work undertaken with partners on this project.</p> <p>S&P/19/46b – the wording ‘deferred in light of covid-19’ suggests inaction although it is known there are wider issues relating to SaTH.</p>

The Board Secretary confirmed the wording related solely to the action within the action log.

The Chief Executive advised that whilst the Health Board were keen to push forward with strategic developments the present focus was on re-establishing services. Those items which would need substantial time and effort to address had been paused during the pandemic.

The Independent Member stressed the need to ensure that issues that impact on quality are monitored.

The Board Secretary confirmed that Work Plans would be brought to July Board.

ITEMS FOR ASSURANCE

S&P/20/6

STRATEGIC PLANNING:

a)WG Operating Framework and Q2 Plan

The Director of Planning and Performance presented the report covering the period July – September 2020. It built on the Quarter 1 plan signed off by Board in May 2020. This plan would be taken to Board for approval on 29 July 2020. Welsh Government specified certain requirements for Quarter 2 and feedback had been received from them that whilst there was a strong strategic approach, more detail was required on the covid response, the recovery plan for essential services and the re-establishment of routine services. A further element which would be developed for the Quarter 3 plans was winter planning.

The plan was structured around the four harms (harm from covid itself, harm from an overwhelmed NHS system, harm from a reduction in non-covid activity and harm from wider societal actions/lockdown, together with the Test, Trace and Protect arrangements.

Independent Members thanked the Executive for providing a comprehensive and easy to read report.

What is the role of the Strategy and Planning Committee in relation to this Plan? Much of the governance around covid 19 is undertaken in Gold and items are then taken to Board.

The Board Secretary confirmed that the role of Strategy and Planning Committee was to comment on this item before it was considered at Board.

The report outlines under Primary Care that Community Pharmacy arrangements are working well. Local concerns have been raised regarding Community Pharmacies. Can the Executive explain what local arrangements are being made?

The Board Secretary advised that the role of Independent Members in this Committee was to examine the overall Plan and specific issues could be raised outside of the meeting.

The Director of Planning and Performance confirmed that a discussion would be held regarding the Community Pharmacy element of the plan and this item would be strengthened before it was submitted to Board for approval.

Action: Director of Planning and Performance

One of the Quarter 2 priorities is described as 'Establish internal laboratory testing capability'. There is much excess testing capacity across Wales, what is the Health Board's rationale for looking to add to it?

The Chief Executive explained that in-house testing capability would enable a rapid turnaround of results. As the Health Board restarted routine services it was important to be able to screen patients before a procedure and have the capability to do this locally.

The Director of Public Health advised that at present covid-19 tests are taking between 24 and 48 hours to return. The equipment it was intended to use would produce results within 45 minutes. Whilst the equipment was limited in the number of samples that could be processed in a run (40-50 compared with hundreds of samples in larger testing facilities) this was considered appropriate for local needs. The equipment could also be used to test for c-difficile and MRSA which could be an issue in in-patient settings. By having in-house testing facilities there would be more control rather than relying on courier services.

The Independent Member requested a meeting with the Director of Public Health to discuss the infrastructure in place to support the proposal.

Why are staff sent to the mass testing sites in Powys rather than testing arranged for their place of work?

Staff who are symptomatic are advised to book a test either at a mass testing site or by post. In-house testing would allow for a more flexible approach to be taken in respect of staff testing. If a ward outbreak occurred all staff would be tested by using the mobile testing unit.

What are the governance arrangements for this service?

The Chief Executive advised that this was a matter for the Experience, Quality and Safety Committee.

It is noted that 26 beds have been lost due to requirements for bed spacing. Have these 26 beds been lost from core capacity or surge capacity?

The Director of Planning and Performance advised that surge capacity had reduced from 199 to 180 (a loss of 19 beds), the

	<p>remaining reduction has come from core capacity and was a result of ensuring that there was a safe distance between beds.</p> <p>The Director of Finance and IT advised that as reported to Board and Planning and Resources Committee the sum of £19m revenue spend and £1.9m capital spend on covid-19 would be funded by Welsh Government.</p> <p>The Director of Planning and Performance advised that the Executive Team would review this document and any amendments made would be highlighted in the cover paper to Board. Independent Members of Strategy and Planning were thanked for their comments and the Planning and Performance Team were thanked for their work in producing the Quarter 2 Plan.</p> <p>The Committee recognised the efforts of the organisation in preparing the Plan and extended its thanks to all involved. <i>The Committee recommends that the Plan is approved by the Board.</i></p>
S&P/20/7	<p>STRATEGIC CHANGE REPORT</p> <p>a)The Grange University Hospital, Aneurin Bevan UHB</p> <p>The Director of Planning and Performance presented the report which outlined that Aneurin Bevan UHB had approved the early opening of The Grange University Hospital in November 2020 (rather than March 2021) at their June 2020 Board. Approval is currently being sought from Welsh Government. PTHB had established a Programme to plan a response to the proposed changes in Aneurin Bevan UHB, however, this was paused due to the covid-19 pandemic. It would be necessary to work closely with Aneurin Bevan UHB and the CHC to determine the short term implications of the change, but to also consider the medium term arrangements as part of the work on South Wales pathways.</p> <p><i>Does the Planning and Performance team have capacity to undertake this work at present?</i></p> <p>The Director of Planning and Performance advised that it would be necessary to prioritise and redirect resource which may mean other programmes will slow down.</p> <p><i>A number of Independent Members will not have a corporate memory of the history of this issue. Could a summary of the proposals be provided?</i></p> <p>The Chief Executive confirmed that this would be provided for when this matter is next considered.</p> <p><i>What services are provided at Neville Hall?</i></p> <p>The Director of Planning and Performance advised that from the detail provided in the original proposal there were nearly</p>

50 pathways which would change and impact on the population of south Powys.

What does 're-establish the South Powys programme arrangements during July mean'?

The South Powys arrangements were put in place but paused due to the covid-19 pandemic. Planning resource would be made available to focus on this now the timescale has been brought forward.

The report stated we will "work with other NHS partners to assess the options against a short-term planning horizon (November 2020) and for the longer term." What does this mean?

It may be necessary to take a short-term decision on pathways which may subsequently change. It will be necessary to carefully consider longer term pathways considering current issues, for example, there are issues in Cwm Taf UHB around obstetrics and maternity services.

Work was being undertaken to demonstrate that decision making was in line with the original work on South Wales pathways. The planning team would assess this and if there were any issues these will be raised.

The Chief Executive advised there would be an opportunity to look at this in more detail at an In-Committee meeting of the Board, potentially in July. There was a long history associated with this including Clinical Future and the South Wales Programme where decisions have been made. There would be both a short-term and medium-term impact for Powys residents and this must be considered in the light of the risks of entering the winter period. Whilst some engagement had happened it would be necessary to engage on this issue specifically with the CHC.

Given the significant work required in the coming months and the potential impact of the changes on the Powys population, the **Committee recommends to the Board that a briefing session is held with all Board members on this matter as swiftly as possible.**

Action: Board Secretary

b) PTHB Podiatry Services – Consultation and Engagement Outcomes

The Director of Therapies and Health Sciences presented the report advising that the engagement period, which had been extended due to the covid-19 pandemic, had now closed. The Health Board had faced challenges with the recruitment and retention of podiatrists along with a limited ability to offer training, supervision and mentorship and long periods of

isolated clinical practice which was not a supportive environment, in particular, for new graduates.

Public feedback focussed on concerns regarding the booking system. A new booking system had been introduced and an improving position was being seen.

A new Head of Podiatry has been appointed which had strengthened the service.

Whilst supportive of the hub and spoke model is there duplication of clinics in Newtown and Welshpool? It appeared that there was only 3% utilisation in Bronllys which it was proposed to retain and yet with a 50:50 split between Crickhowell and Brecon (with Crickhowell having 8-9%) utilisation, it was proposed to close Crickhowell. What is the rationale behind these decisions?

The Director of Therapies and Health Sciences advised the main criteria behind the decision making related to safety and quality of services. Two chair clinics were preferable for avoiding the issue of isolated clinical practice and services needed to be accessible to deliver. The service in Crickhowell was located in a small room which is not fit for purpose.

This needed to be looked at in terms of service provision not physical constraints.

The Director of Therapies agreed but noted that it was important to get the best value out of the service and a way to do this was to ensure that podiatrists spent the most time possible in front of patients rather than travelling.

What is the rationale for maintaining the service at Bronllys?

The Chief Executive advised this was an environmental issue, this site was owned by the Health Board and the flexibility that could be offered meant that Bronllys came through as a key area. The reasoning behind this recommendation would be confirmed.

The Director of Planning and Performance noted that the proposals also related to the efficiency of throughput.

It was RECOMMENDED that the podiatry report is strengthened to address the issues raised prior to submission to Board.

STATUTORY PARTNERSHIPS

S&P/20/9	<p>REGIONAL PARTNERSHIP BOARD: a)North Powys Wellbeing Programme Update</p> <p>The Director of Planning and Performance presented the report outlining how this programme had been on hold since March 2020 as staff had been redeployed as part of the Phase 1 response to the Covid-19 pandemic. The Programme Board</p>
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had yet to meet and governance arrangements would need to be re-established. The Model of Care was approved at March 2020 Board shortly before the pandemic and the service are now working on what changes have taken place since the pandemic started. A review period was planned to examine where there were areas for accelerated change, and whilst the funding period for this programme was short term it would be necessary to gain an understanding of what the exit strategy would be if this was necessary. Conversations have taken place with local authority partners and there was still a strong drive to progress this programme. It would be necessary to reflect on how the principles of co-production would be met in light of the available frontline resource whilst both organisations were still dealing with the pandemic. The Director of Planning and Performance drew attention to a potential risk relating to the availability of capital funding and how the programme could make best use of the available funding before it ceases.

The Director of Public Health left the meeting 11.30

Is the reference to an Exit Strategy because of delay to the programme due to the pandemic?

The Director of Planning and Performance confirmed that originally the transformation funding was only made available until 2021. It is not known what view Welsh Government would take in respect of extending this funding period. The programme had always had an exit strategy but the risk highlighted was an additional risk. Even if, as planned, a Programme Business Case was in place by September 2020 Welsh Government may have limited capital availability. The Chief Executive advised that Welsh Government would wish to be as flexible as possible although it was noted that covid-19 costs would be significant and there would be potential consequences for Welsh Government spending plans which would need to be prioritised. There were other schemes which were more advanced than the North Powys Well-being Programme but it is appropriate that this continues to approval in principle stage.

If this programme does not receive funding will alternative ways of working still be considered?

The Chief Executive confirmed this was the case.

The Committee will receive a further update in due course. In the meantime, the **Board is asked to NOTE the inevitable delays in progressing the Programme because of the impact of COVID-19.**

OTHER MATTERS

S&P/20/10	<p>COMMITTEE CHAIR'S ANNUAL REPORT 2019/20</p> <p>The Chair presented the Annual Report of the Strategy and Planning Committee 2019/20 and gave thanks to the Committee Members, the Executive Team and colleagues for their work during the year. This report would be presented to Board in July 2020.</p>
S&P/20/21	<p>MATTERS FOR ESCALATION TO THE BOARD</p> <p>The following matters would be included in the Chair's report to Board:</p> <ul style="list-style-type: none"> • PTHB Quarter 2 Plan is recommended for approval by the Board • Committee recommends to the Board that a briefing session is held with all Board members on The Grange University Hospital Aneurin Bevan UHB as swiftly as possible. • Board is asked to NOTE the inevitable delays in progressing the North Powys Well-being Programme because of the impact of COVID-19.
S&P/20/22	<p>ANY OTHER URGENT BUSINESS</p> <p>No urgent business was raised.</p>
S&P/20/23	<p>DATE OF NEXT MEETING</p> <p>22 October 2020 at 10.00am</p>