

POWYS TEACHING HEALTH BOARD

CONFIRMED

MINUTES OF THE EXTRAORDINARY MEETING OF THE BOARD

HELD ON MONDAY 21 DECEMBER 2020, AT 09.30

VIA TEAMS

Present

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

In Attendance

Rani Mallison	Board Secretary
Caroline Evans	Head of Risk and Assurance

Apologies for absence

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

	<p><i>What percentage of cases are due to the new variant?</i></p> <p>The Director of Public Health confirmed the percentage of new variant cases were in the range of 11%-60% although the laboratories had not routinely been testing for this variant therefore the exact figure was not known.</p> <p>The Chief Executive advised that Lighthouse Labs were routinely testing for the new variant. In Powys 25% of samples had been tested for the new variant and of this sample 18% had been found positive.</p> <p><i>Are the rates of transmissibility higher than for other variants? What is known about transmission?</i></p> <p>The Director of Public Health confirmed this was not known for certain although the current view was that it was still droplet spread. It was not known what is driving the increased transmissibility, however, the new variant appears to be more persistent than previous strains.</p> <p>The Chief Executive advised that whilst at present Wales was tracking above the reasonable worst-case scenario this would be reconsidered in light of the new variant and the newly introduced Level 4 interventions.</p> <p><u>Summary of Key System Issues</u></p> <p>The Chief Executive advised:</p> <ul style="list-style-type: none"> • Increased case incidence routed via extensive community transmission with approximately 2,200 patients in hospitals in Wales with covid-19, the highest numbers seen to date • Increased hospital admission of covid-19 patients were putting pressure on critical care capacity • The system was seeking to continue to manage essential/routine activity • Staff absence was increasing and was causing service sustainability issues. It will become necessary to look at service sustainability based on staff availability with some pockets of extreme difficulty. This was more of an issue across Wales than in Powys at present. <p>On 10 December 2020 Welsh Government issued a Local Options Framework which gave permission for local</p>
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	<p>decisions to be made to reduce activity based on staffing constraints.</p> <p><u>Local preparations already undertaken for system resilience</u></p> <p>The Chief Executive outlined the following arrangements:</p> <p><u>Leadership and Management</u></p> <ul style="list-style-type: none"> • Gold Command continues with three Silver Groups • Executive On Call arrangements in place • Each Directorate has reviewed its leadership and management arrangements <p><u>Prevention and Response</u></p> <ul style="list-style-type: none"> • Testing to continue over Christmas period with new Walk-In testing capability in Brecon and Newtown. Mobile Testing Units deployed more flexibly. • Incident Management Team and Infection Prevention and Control arrangements in place over the Christmas period. • Tracing capacity ready to expand to meet increased demand • Preparation of Lateral Flow Testing for staff in place (some delays experienced for reasons outside the control of the Health Board). The position regarding testing in schools is still emerging. <p><u>Mass Vaccination</u></p> <ul style="list-style-type: none"> • Three cycles of 1st dose vaccination is now complete with approximately 2,800 doses administered to primary care, health board and social care staff. • Further cycles had been scheduled for the weeks commencing 21 and 28 December 2020 with the focus in January on staff second vaccines. Slots for staff in resilience roles had been made available. • Mass vaccination would start with booking for Over 80s from the week commencing 4 January 2021 • Three sites had been arranged for mass vaccination including Bronllys, Builth Wells (RWAS) and Newtown (this venue under review) plus primary care provision (arrangements under consideration) • An update is expected from the regulator on the AstraZeneca vaccine (which would be used at Primary
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	<p>Care Sites). The Care Home vaccination plan was ready for deployment.</p> <p><u>Unscheduled Care (provider)</u></p> <ul style="list-style-type: none"> • From 14 December 2020 the Welsh Government guidance on discharge had been used with a focus on home first rather than transfer to a community hospital • The aim is for a zero wait to repatriate patients to community hospitals • Ambulance Service pressure persists with several critical incidents recently • Minor Injury Units are open on a phone first basis • ShropDoc and Out of Hours remain robust at present • Surge capacity plans for community hospitals are in place (which would require redeployment of staff) • There is limited domiciliary care capacity and contingency plans are under consideration <p><u>Overview of commissioned services for Powys residents</u></p> <p><u>Welsh Health Boards</u></p> <ol style="list-style-type: none"> 1. Aneurin Bevan: suspended non-urgent services; some services running as limited (e.g. district nursing) due to staff absence 2. Cwm Taf Morgannwg: suspended non-urgent services; established field hospital and seeking to expand 3. Swansea Bay: suspended some non-urgent services; seeking to staff field hospital 4. Hywel Dda: suspended non-urgent services; seeking to further open field hospital capacity 5. Cardiff and Vale – not known <p><u>English Trusts</u></p> <ol style="list-style-type: none"> 1. Shrewsbury and Telford Hospitals – stepping down non-urgent care under discussion 2. Wye Valley Trust – had temporarily stepped down non-urgent care two weeks ago which had then restarted <p>This position is likely to be updated given developments at a national level.</p>
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	<p><u>Proposal for further local measures</u></p> <p>The Chief Executive outlined that Welsh Government had issued a Local Options Framework to support local decision making in respect of redeployment of workforce to support:</p> <p>Critical activities:</p> <ul style="list-style-type: none"> A. Urgent and emergency care including unscheduled care, inpatient (community hospital flow) care. B. Prevention and Response activity (testing, tracing, incident prevention and management) C. Maintenance of mass vaccination programme (plus potential acceleration) <p>Welsh Government had outlined how any further measures to ensure prioritisation of essential activities should include a number of considerations:</p> <ol style="list-style-type: none"> 1. It is assumed that all options to expand and augment the available workforce have been exhausted, recognising that there are competing priorities for the workforce. 2. A reduction in non-patient facing work for clinical staff. 3. Reducing involvement in education and training. <p>The Chief Executive outlined that PTHB had expanded the local options framework to assess any impact in fully or partially suspending services to enable staff to be redeployed.</p> <p>A trial analysis of the impact of service suspension on service areas had been undertaken on the School Nurse service and this is now being undertaken on all service areas potentially at risk of service suspension.</p> <p>The intention is to understand the service, what the specific responsibilities are, what the potential implications of stopping or reducing the service are and what mitigating actions which could be put in place are. The intention is to consider the balance of risk and harm and can act as a mechanism to prioritising the reintroduction of services.</p> <p>The following process will be followed</p> <ul style="list-style-type: none"> • Complete assessment of the pre-requisite elements week commencing 21 December 2020
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	<ul style="list-style-type: none"> • Assess service area, including impact of reduction rather than cessation, by 29 December 2020. • Determine elements of service to reduce/cease, unless Welsh Government instruct on this point (CEO/Chair) • Develop communication/deployment arrangements for implementation • Reassessment of service reduction/cessation every 2 weeks <p>The Board agreed that decisions in respect of reducing and/or ceasing services temporarily would be delegated to the Chair and Chief Executive, recognising the pace at which decisions may need to be taken.</p> <p><i>Concern was expressed that there is a lack of children presenting for childhood vaccination in GP surgery's and with children not in school there is no opportunity for this to be picked up by school nurses.</i></p> <p>The Chief Executive acknowledged this as a key issue noting that young people were being disproportionately affected by the pandemic. A GP Executive Group meets fortnightly where the position in Powys could be considered and a message communicated regarding the importance of accessing GP services for children during the pandemic. Primary Care remained open to provide these services. It is unlikely that it will be possible to deliver programmes via School Nurses in early 2021. However, it is hoped that after the Easter Holidays a catch-up programme could be put in place, including newly appointed vaccinators.</p> <p><i>What notice will be given to staff under redeployment arrangements, given the training issues for registrants returning to clinical areas?</i></p> <p>An exercise was undertaken during the first phase of the pandemic and building on work undertaken then, the organisation would be potentially looking to enact this in early January. The Clinical Educator roles will not be redeployed to enable redeployed staff to continue to be supported.</p> <p><i>The plan for consideration of services for the reduction/cessation was welcomed although with some concerns it was a little reactive in places.</i></p>
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	<p>The firebreak lockdown gave the NHS the opportunity to take stock, however, that lockdown did not reduce the numbers sufficiently. There is much pressure to undertake non Covid-19 work and all the health boards in Wales should be working together to an agreed position.</p> <p><i>What actions are being taken regarding Community Services?</i></p> <p>Locally the organisation was focussing on maintaining a resilient community to enable people to remain at home.</p> <p><i>It is understood that it may be necessary to suspend some services but what is the position regarding urgent cancer care?</i></p> <p>There are a broad range of cancer services from outpatient appointments to interventions which would require two operating teams with intensive care for a number of days or weeks. There had been a desire for Health Boards to maintain local choice however, there is a recognition that there may be some essential services that it is not possible to continue to undertake. The basis for considering these was to look at which decisions would cause least harm.</p> <p><i>Is the organisation working with third sector partners, for example palliative care providers?</i></p> <p>These services, along with Mental Health services are not under consideration for redeployment.</p> <p><i>With the requirement of redeployment, will staff be able to carry over leave into 2021/22?</i></p> <p>There was a need to ensure staff take their leave as there is a financial accounting process to be undertaken if staff carry forward leave. It is expected that a national position will be taken on this. The organisation was supporting staff to take their leave.</p> <p><i>During the first surge some staff members were working 12-hour shifts. This may not be possible for redeployed staff.</i></p> <p>The organisation was looking at what shifts staff were able to cover and fitting them to the rotas available.</p>
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	<p>The Chief Executive confirmed the request to delegate the prioritisation of essential services through the process of discussion at Executive Committee and Gold Command. The Experience, Quality and Safety Committee also receive updates on key areas of service provision and harm. It may be the case that Welsh Government take a decision to cease all non-essential services in this fast-moving position.</p> <p>The current position in relation to the progression of the pandemic was NOTED.</p> <p>The preparations already enacted were NOTED.</p> <p>It was AGREED to delegate any decisions relating to the prioritisation of critical activities including the assessing of impact on de-prioritised activity to the Chair and Chief Executive in accordance with the process outlined above.</p>
3. OTHER MATTERS	
PTHB/20/113	There was no other urgent business
PTHB/20/115	<p>DATE OF THE NEXT MEETING:</p> <p>27 January 2021, 10:00 via Teams</p>