

# PTHB Board Pack 2

Wed 24 November 2021, 09:15 - 14:30

Teams

## Agenda

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09:15 - 09:15    **1. PRELIMINARY MATTERS**

0 min

 Board\_Agenda\_24Nov1\_Final.pdf (2 pages)

**1.1. Welcome and apologies for absence**

**1.2. Declarations of interest**

**1.3. Minutes of previous meeting for approval 29 September 2021 (for approval)**

**1.4. Matters arising from the minutes of previous meeting**

**1.5. Chairs Action of 12 November 2021 (for ratification)**

**1.6. Board Action Log**

**1.7. Update Reports of the**


**1.7.1. Chair**

Oral

**1.7.2. Vice-Chair**

Oral

**1.7.3. Chief Executive**

 Board\_Item\_1.7c\_CEO's Report for Board -Nov 2021.pdf (6 pages)

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09:15 - 09:15    **2. ITEMS FOR APPROVAL/RATIFICATION/DECISION**

0 min

**2.1. PTHB Planning Framework and 3 Year Strategic Priorities 2022/23 - 2024/25**

**2.2. Radiology informatics System Procurement (RISP) Programme Outline Business Case**

**2.3. Llanfair Caereinion Primary Care Centre Development, Full Business Case**

**2.4. South Powys Programme: Consultant-led maternity & Neonatal Care**


**2.5. PTHB Health and Safety Policy**

## 2.6. PTHB Risk Management Framework & Risk Appetite Statement

09:15 - 09:15  
0 min

### 3. ITEMS FOR DISCUSSION

#### 3.1. System Resilience/Winter Plan Update

 Board\_Item\_3.1\_System Resilience Board paper November 2021.pdf (8 pages)

#### 3.2. Presentation on Renewal Priorities:

##### 3.2.1. Priority 1: Frailty & Community Model

##### 3.2.2. Priority 3: Diagnostics, Ambulatory & Planned Care

#### 3.3. Performance Reporting:

##### 3.3.1. Performance Overview against National outcome Framework, October 2021

##### 3.3.2. Progress against Annual Plan 2021/22, Quarter 2

#### 3.4. Financial Performance, Month 07, 2021/22

#### 3.5. Corporate Risk Register, November 2021

#### 3.6. Report of the Chief Officer of the Community Health Council

#### 3.7. Assurance Reports of the Board's Committees

##### 3.7.1. PTHB Committees

 Board\_Item\_3.7a\_App1\_Executive Committee Chairs Report Nov 2021.pdf (11 pages)

##### 3.7.2. Joint Committees

#### 3.8. Assurance Report of the Board's Partnership Arrangements

#### 3.9. Report of the Board's Local Partnership Forum

09:15 - 09:15  
0 min

### 4. OTHER MATTERS

#### 4.1. Any other urgent business

#### 4.2. Close

#### 4.3. Date of next meeting:

DRAFT

**POWYS TEACHING HEALTH BOARD  
BOARD MEETING  
WEDNESDAY 24 NOVEMBER 2021  
10.15am – 2.30pm  
TO BE HELD VIA MICROSOFT  
TEAMS**



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

**AGENDA**

Time	Item	Title	Attached / Oral	Presenter
<b>1: PRELIMINARY MATTERS</b>				
10.15am	<b>1.1</b>	Welcome and Apologies for Absence	Oral	Chair
	<b>1.2</b>	Declarations of Interest	Oral	All
	<b>1.3</b>	Minutes of Previous Meeting: 29 September 2021 (for approval)	Attached	Chair
	<b>1.4</b>	Matters Arising from the Minutes of the Previous Meeting	Attached	Chair
	<b>1.5</b>	Chairs Action of 12 November 2021 (for ratification)	Oral	Chair
	<b>1.6</b>	Board Action Log	Attached	Chair
	<b>1.7</b>	Update from the: a) Chair b) Vice Chair c) Chief Executive	Oral Oral Attached	Chair Vice Chair Chief Executive
<b>2: ITEMS FOR APPROVAL/RATIFICATION/DECISION</b>				
10.35am	<b>2.1</b>	PTHB Planning Framework and 3 Year Strategic Priorities 2022/23 – 2024/25	Attached	Chief Executive and Director of Planning & Performance
10.55am	<b>2.2</b>	Radiology informatics System Procurement (RISP) Programme Outline Business Case	Attached	Director of Therapies and Health Sciences
11.10am	<b>2.3</b>	Llanfair Caereinion Primary Care Centre Development, Full Business Case	Attached	Director of Primary, Community Care & Mental Health
11.15am	<b>2.4</b>	South Powys Programme: Consultant-led Maternity & Neonatal Care	Attached	Director of Nursing & Midwifery
11.30am	<b>2.5</b>	PTHB Health and Safety Policy	Attached	Director of Workforce & OD
11.45am	<b>2.6</b>	PTHB Risk Management Framework & Risk Appetite Statement	Attached	Board Secretary
<b>COMFORT BREAK</b>				
<b>3: ITEMS FOR DISCUSSION</b>				

12.30pm	<b>3.1</b>	System Resilience/Winter Plan Update	Presentation	Chief Executive with Executive Directors
12.45pm	<b>3.2</b>	Presentation on Renewal Priorities: a) Priority 1: Frailty & Community Model b) Priority 3: Diagnostics, Ambulatory & Planned Care	Attached	Medical Director and Director of Primary, Community Care & Mental Health
1.10pm	<b>3.3</b>	Performance Reporting: a) Performance Overview against National Outcome Framework, October 2021 b) Progress against Annual Plan 2021/22, Quarter 2	Attached	Director of Planning & Performance with Executive Directors
1.30pm	<b>3.4</b>	Financial Performance, Month 07, 2021/22	Attached	Director of Finance & IT
1.45pm	<b>3.5</b>	Corporate Risk Register, November 2021	Attached	Board Secretary
2.00pm	<b>3.6</b>	Report of the Chief Officer of the Community Health Council	Attached	Chief Officer of CHC
2.10pm	<b>3.7</b>	Assurance Reports of the Board's Committees a) PTHB Committees b) Joint Committees	Attached	Committee Chairs Chief Executive
	<b>3.8</b>	Assurance Report of the Board's Partnership Arrangements	Attached	Chief Executive
	<b>3.9</b>	Report of the Board's Local Partnership Forum	Attached	Director of Workforce & OD
<b>4: OTHER MATTERS</b>				
2.25pm	4.1	Any Other Urgent Business	Oral	Chair
2.30pm	4.2	Close		
	4.3	Date of the Next Meeting: ▪ 26 January 2022 at 09:00 Via Microsoft Teams		

#### MESSAGE TO THE PUBLIC:

**Powys Teaching Health Board is committed to openness and transparency, and conducts as much of its business as possible in a session that members of the public are normally welcome to attend and observe. However, in light of the current advice and guidance in relation to Coronavirus (COVID-19), the Board has agreed to run meetings by electronic / telephony means as opposed to in a physical location, for the foreseeable future. This will mean that members of the public will not be able attend meetings in person. The Board has taken this decision in the best interests of protecting the public, our staff and Board members. The meeting will be available to view by the public both in real time by a live-stream and after the meeting when it has been uploaded to the website.**



**Agenda item: 1.7c**

**BOARD MEETING**

**DATE OF MEETING:**  
**24<sup>th</sup> November 2021**

**Subject:**

**CHIEF EXECUTIVE REPORT**

**Approved and  
Presented by:**

Carol Shillabeer, Chief Executive

**Prepared by:**

Carol Shillabeer, Chief Executive

**Other Committees  
and meetings  
considered at:**

Elements of this report may have been considered at various committees or meetings prior to being presented.

**PURPOSE:**

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

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

**RECOMMENDATION(S):**

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

**Approval/Ratification/Decision<sup>1</sup>**

**Discussion**

**Information**

✓

<sup>1</sup> Equality Impact Assessment (EiA) must be undertaken to support all organisational decision making at a strategic level

## THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

Strategic Objectives:	1. Focus on Wellbeing	✓
	2. Provide Early Help and Support	✓
	3. Tackle the Big Four	✓
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	✓
	6. Promote Innovative Environments	✓
	7. Put Digital First	✓
	8. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	✓
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

## EXECUTIVE SUMMARY:

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

- An overview of the current service status and key issues of escalation
- An update on key engagement and involvement activity
- An update on senior staff changes

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

## DETAILED BACKGROUND AND ASSESSMENT:

### Overview of current service status

The health and care system continues to experience considerable pressure. The main areas of focus of the system include:

- Teat, Trace, Protect and the Vaccination Programme
- Urgent and Emergency Care
- Planned Care
- Essential and Routine services

## ***Test, Trace, Protect and the Vaccination Programme***

High rates of COVID-19 continue to circulate in Powys with the rate over 500 per 100,000 population. Whilst the case rate reduced as a result of the school half term break it has since increased. The TTP service has been expanded to help manage the high number of cases and the prioritisation mechanism has been implemented in order to support those settings at highest risk. It is key that wherever possible the strategies known to reduce infection are enacted including social distancing, the wearing of masks in crowded indoor places, regular hand hygiene and spending time out of doors if meeting people or ventilating indoors spaces (Hands – Face – Space – Ventilation).

The COVID-19 Vaccination Programme continues at pace, and further categories of vaccination have been added since the previous report to Board. These include:

- Booster doses to be made available to people aged 40 years and over, signifying an expansion of the age range from 50 years and over. This is aimed at 6 months following the second dose.
- Second doses for young people aged 16 and 17 (12 weeks interval from the first dose).

A further change has been made indicating that young people aged 18 and under should not present for COVID vaccine until 12 weeks following a COVID infection (previously 4 weeks).

The changes bring additional complexity to the Vaccination Programme. The Programme within Powys continues to be delivered largely through 3 mass vaccination centres and a range of peripatetic services to the housebound and care homes. Some GP practices are providing the vaccination to their local population.

The Programme continues to perform well with many of the indicators showing the health board as the best performer in Wales, including:

- 1<sup>st</sup> and 2<sup>nd</sup> doses
- 16-17 year olds
- 12-15 year olds

There are however risks to delivery that are being managed or mitigated, including:

1. Workforce: expansion of workforce is underway to help support a timely implementation for all categories of people eligible for vaccination. The contracts for those staff who have joined the vaccination programme on a temporary basis are being reviewed with a view to longer term employment offers where appropriate.
2. Venue for vaccination: Not all mass vaccination centres are in health board premises and thus negotiating extensions to the current agreements are being sought. There is potential for other locations to



be needed for the continuation of the vaccine programme into the spring and beyond.

### ***Urgent and Emergency Care***

Service pressures, particularly in urgent and emergency care, continue to significantly impact. Across Wales bed occupancy is at its highest than at any time during the pandemic, staff absence remains significantly above the usual pre-pandemic rates and services, particularly in social care, remain challenged. In Powys this has manifested itself in people being delayed in hospital awaiting discharge, mostly to a care home or home with a package of support. Other impacts of the wider system pressures include extended delays at Emergency Departments for people attending District General Hospitals that serve the Powys population, and this results in extended delays for people in need of an emergency ambulance.

Given that COVID-19 case incidence remains high it is essential that the vaccination programme offer – both the covid-19 and influenza – is taken up by the people of Powys. Very high uptake of the COVID vaccine has been reached by the population and therefore attending for boosters is now key. Flu vaccination is underway and this again is key to preventing avoidable hospitalisation during winter.

There is a separate agenda item on the Board agenda that outlines the further actions being taken within the regions winter/system resilience plan.

### ***Planned care***

Progress continues to be made in seeking to reduce the numbers of patients on a waiting list for their outpatient, diagnostic or interventional procedure. In relation to the funding made available by Welsh Government for helping to tackle the planned care 'backlog', positive progress is being made.

There are approx. 19,000 Powys patients on a waiting list (note this does not equate to 19,000 people as some people may be on several lists); this has increased over the last 6 months. Referral rates into services have been climbing and in most cases are at or near to pre-pandemic levels, indicating a more usual flow of patients to services.

As a provider of services, the health board waiting times has improved and nearly 80% of people are now having their treatment within 26 weeks, against a target of 95%. Steady progress is being made. In some areas, therapies in particular, the waiting times are within or very close to target times.

Positive progress is being made with NHS Trusts in England who support the Powys population and marked reductions in people waiting over 104 weeks is

now being seen. Whilst numbers of people waiting over 104 weeks in Wales is higher, the WG funding stream for planned care is considered to have increased impact in quarters 3 and 4, although dependent on winter pressures.

### **Key engagement and involvement activity**

A range of engagement and involvement activity has taken place since the last report including:

- A Showcase event with the Test, Trace, Protect and the COVID-19 Vaccination service was held recently. This included colleagues from the health board and Powys County Council. Achievements and challenges were shared from frontline practitioners and leaders and a real appreciation was gained of the teamwork, can-do attitude and innovative approaches that have been deployed over the last 20 months or so. Performance has been very high in both services, demonstrating the commitment to high quality support and provision to the people of Powys.
- Dyfed-Powys Police extended an invitation to their Police Awards on 18<sup>th</sup> November. The virtual event showcased the broad range of achievements demonstrated by colleagues in that service. The Chief Constables Award for Outstanding Achievement was awarded to the NHS in both Dyfed (Hywel Dda) and Powys. Both CEO from the health boards attended and spoke of the significance of the recognition from another public service that daily goes above and beyond to support and protect communities.
- Public Engagement Session. This took place on 16<sup>th</sup> November as part of the generally monthly session held throughout this year. An overview of the position on COVID-19 was given along with an update on the Vaccination Programme. Opportunity was taken to share with the public the continued pressures on the urgent and emergency care system. As always a range of excellent questions were asked during the Q&A session.
- The monthly regular meeting with political representatives both from the Welsh and UK Parliaments have taken place both in group briefing session and some individually. Key matters discussed relate to the vaccination programme and in particular the new eligibility introduced, as well as an update on North Powys Wellbeing Programme.
- The Mid Wales Joint Committee, through Rural Health and Care Wales, held its annual rural health conference earlier in the month. A wide range of speakers, some international, brought perspectives on rural care particularly in light of the context of the pandemic. The 3 CEOs from the partners health boards gave a perspective on the key priorities moving forward.

## Senior Staff Changes

The Health Board welcomes Paula Walters the Associate Director of Corporate Business who joins the Chair and Chief Executives Office from Public Health Wales. Paula, a former Director of the Centre for Equality and Human Rights, has spent the last few years supporting Public Health Wales Programme Management and change programme. The key is an important one in terms of enabling effective executive and wider organisational business.

Dr Kate Wright has now been appointed substantively into the role of Medical Director following the interim secondment period. Kate has already made a significant contribution to the leadership of services including cancer and frailty as well as providing profession specific leadership across the organisation.

I would wish to end this report on a personal note, by thanking both Melanie Davies, Vice Chair and Rani Mallison, Board Secretary for their commitment and contribution to the health board. Having been in the organisation for well over 8 years (and more), they have both played a significant role in the development and success the organisation has achieved. Personally, I have valued their wise words, pragmatism and support and wish them both well for the future.



**Agenda item: 3.1**

<b>BOARD MEETING</b>		<b>DATE OF MEETING:</b> <b>24<sup>th</sup> November 2021</b>
<b>Subject:</b>	<b>SYSTEM RESILIENCE/WINTER PLANNING UPDATE</b>	
<b>Approved and Presented by:</b>	Carol Shillabeer, Chief Executive	
<b>Prepared by:</b>	Carol Shillabeer, Chief Executive	
<b>Other Committees and meetings considered at:</b>	Elements of this report may have been considered at various committees or meetings prior to being presented.	

**PURPOSE:**

This report is intended to update the Board in relation to the progress made in relation to System Resilience and Winter planning. At the Board in September a high level discussion of a system resilience approach was discussed. This report provides an update on the work currently underway, the progress being made and the risks the organisation, with partners, seeks to manage.

**RECOMMENDATION(S):**

The Board is asked to DISCUSS any key issues relating to the report, NOTE the risks that need to be managed and SUPPORT the work underway.

<b>Approval/Ratification/Decision<sup>1</sup></b>	<b>Discussion</b>	<b>Information</b>
	✓	

<sup>1</sup> Equality Impact Assessment (EiA) must be undertaken to support all organisational decision making at a strategic level

## THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

Strategic Objectives:	1. Focus on Wellbeing	✓
	2. Provide Early Help and Support	✓
	3. Tackle the Big Four	✓
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	✓
	6. Promote Innovative Environments	✓
	7. Put Digital First	✓
	8. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	✓
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

## EXECUTIVE SUMMARY:

This report provides an update to the System Resilience Approach presented to the Board in September 2021. At that stage preparation had already begun regarding the need to step up measure and action to increase system resilience. This was particularly key given the context of the third wave of the pandemic and an increase in both COVID and non-COVID activity pressures in the health and care system.

The health and care system has been under sustained pressure since the summer and as at mid-November bed occupancy in Wales' hospitals was at the highest level since the pandemic began. The challenges include:

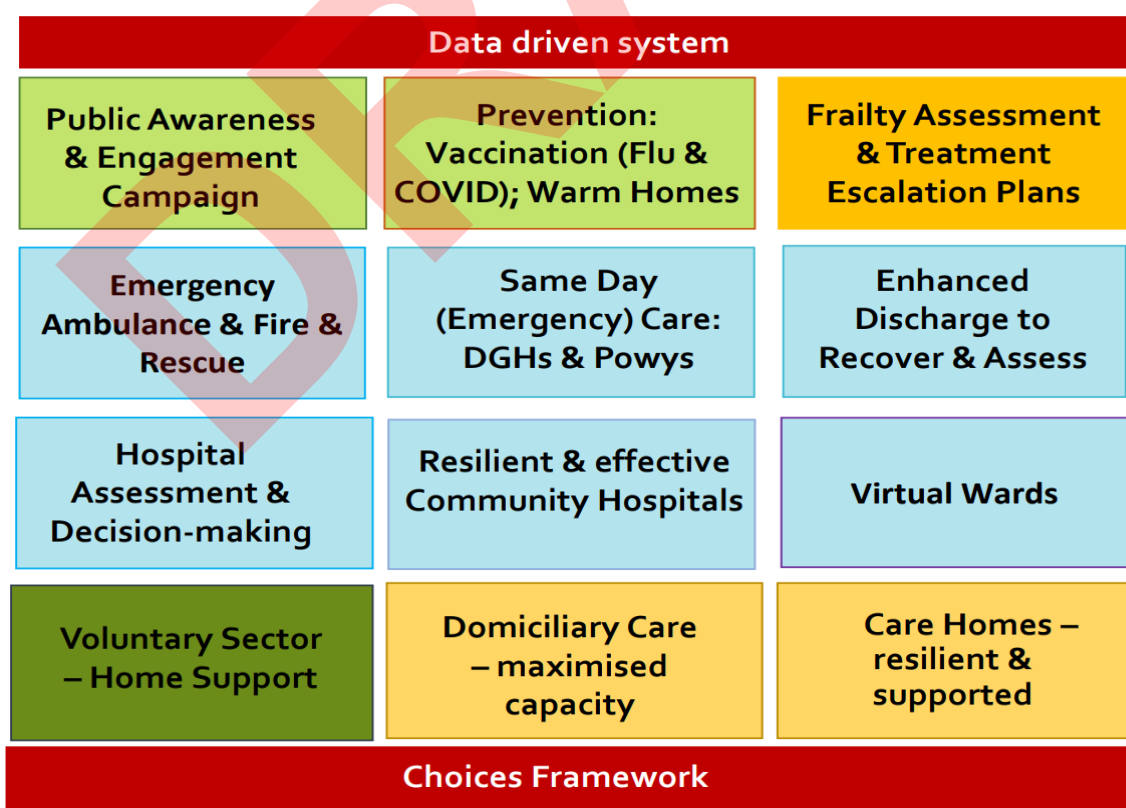
- High number of patients in hospital who are ready for discharge but where no suitable onward service is available (e.g. care home placement, domiciliary care service).
- Bed occupancy in hospitals are high risking postponement of planned care and affecting progress in managing down the planned care 'backlog'.
- Extended waits at Emergency Department in District General Hospitals. This is particularly the case for Ambulances.
- Delayed ambulance availability, with some significant delays being experienced by patients.

Significant work has been taking place in order to strengthen the system for the winter period and to reduce the risk of harm caused to patients as a result of the pressures. The health board, with partners in the Local Authority and Third Sector, is working to ensure a comprehensive approach and plan is activated ahead of the main peak of winter pressures thought to be in early January onward. This is usually the most pressured time for the NHS and with the potential of increased levels of respiratory illness, every preparation needs to be made. A Delivery coordination Group has been re-established to oversee the development and implementation of system resilience/winter plan actions, and includes colleagues from health, social care and the third sector.

The Welsh Government has published its Health and Social Care Winter Plan 2021 to 2022. The key aspects of the Plan include:

1. Protecting us from COVID
2. Keeping people well
3. Maintaining safe health services
4. Maintaining our social care services
5. Supporting our health and social care workforce
6. Supporting unpaid carers
7. Keeping everyone informed
8. Working together across Wales

The Partnership plan builds on the key aspects endorsed by the Board at its meeting in September:

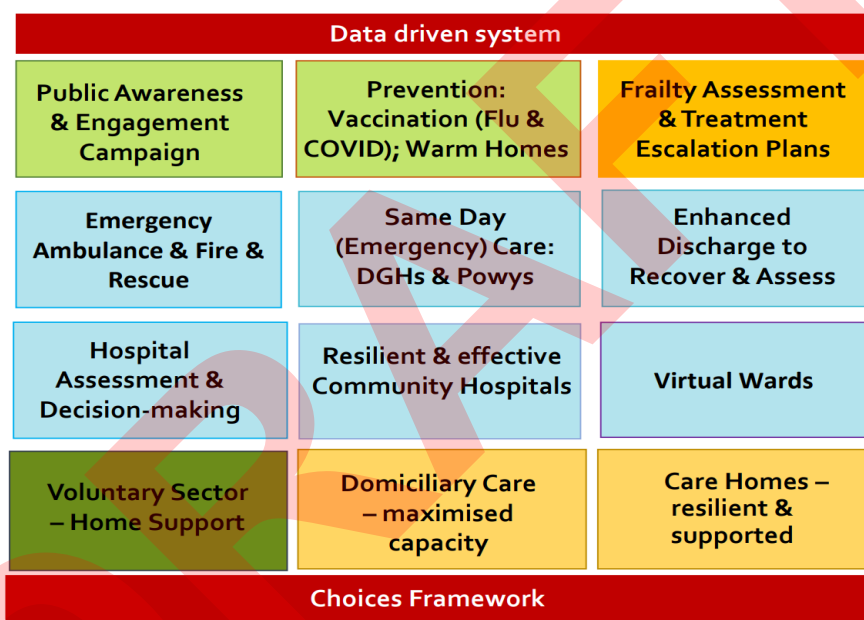


## DETAILED BACKGROUND AND ASSESSMENT:

### Context

This report updates the Board in relation to work underway to increase system resilience as part of the current significant pressures on the health and care system, and to prepare for the winter period which is expected to be very difficult.

At the Board in September an overview of a System Resilience Approach was presented. This represented the early stages of work and indicated that further collaboration with Regional partnership Board partners, and other NHS partners was required to firm up actions that would be taken.



### National Direction

Since the Board report in September, Welsh Government has published the Health and Social Care Winter Plan 2021 to 2022. The link to the document is provided here: [Winter Protection Plan 2021-2022 \(gov.wales\)](https://gov.wales/winter-protection-plan-2021-2022)





The Winter Plan sets out a number of key areas for action including:

1. Protecting us from COVID
2. Keeping people well
3. Maintaining safe health services
4. Maintaining our social care services
5. Supporting our health and social care workforce
6. Supporting unpaid carers
7. Keeping everyone informed
8. Working together across Wales

The figure below sets out the core principles for the approach to winter.

#### PRINCIPLES

The core principles underlying this plan are to focus on safety first, prioritising care for people with the greatest need and ensuring the balance of risk across all of the five harms is considered.

##### Harm from COVID itself:

- Maintain infection prevention and control measures to keep you safe
- Protect the public through delivery of COVID booster, and Test Trace Protect

##### Harm from an overwhelmed health and social care system:

- Protect the public through flu vaccination
- Utilise hospital care only for those in need of hospital care
- Ensure urgent and emergency care services are there for those who need them
- Ensuring social care has the resources to support care delivery

##### Harm from reduced non-COVID activity:

- Maintain essential services across primary, community and secondary care
- Protect cancer services to maintain lifesaving diagnosis and treatment
- Maintain planned care where it is safe to do so
- Protect children's services maintaining them throughout winter

##### Harm from wider societal actions/ lockdown:

- Ensure mental health crisis services are available
- Maximise the available mental and emotional wellbeing support services
- Keep people informed through a Winter Communications Plan

##### Harm from new or existing inequalities:

- Ensure vulnerable groups are prioritised for COVID-19 and flu vaccination



Welsh Government has now held a series of accountability meetings with Health Board to understand and test the work underway to improve system resilience and to plan and prepare for the winter period. The health board meeting was held on 27<sup>th</sup> October 2021.

The summary response of the meeting drew specific attention to the following:

- *The health board Minor Injuries Unit services were performing well but were under-utilised and could offer more. The four sites were seeing similar reduced use overnight with the majority of patients being discharged home. Increasing use of these facilities would reduce the burden on GPs and developing the hybrid model further would be helpful.*
- *General Practice pressures are substantial with an increase to approx 120% from pre-covid levels and staff absences are impacting further, although the Out of Hours service is more resilient. Abandoned calls to the 111 service is high and more needs to be done to understand this and to implement mitigating action. Pharmacy services are more robust and offering further support with GPs signposting to pharmacists in greater numbers.*
- *Ambulance demand and responses are mismatched and response times for urgent care are deteriorating. Handover delays have been the most significant at Morriston, the Grange, Shrewsbury and Glangwili hospitals and work with WAST is underway to find ways to ensure that ambulances are released back to the county. However positive discussion with WAST have reached agreement that once emergency vehicles are released they will return to Powys. Powys is to receive additionality of support. Meal breaks will be taken at the stations in order to ensure ambulances are in county.*
- *'Hear and treat' rates are the lowest in Wales and more needs to be done to understand the reasons for this.*
- *Too many patients are remaining in community hospitals for too long; reducing the length of stay would release more capacity. Some 30% of patients are deemed medically fit but remain in hospital suffering unacceptable deconditioning. There is a need for more capacity to discharge patients with the right level of support but recruitment drives must take care not to destabilise the existing social care workforce.*
- *Social care issues need to be resolved and the health board and local authority are looking to unlock more capacity. Increased funding for social care is helpful but there is a high reliance on agency staff.*

### **Updated Local Approach**

There are a number of areas to update in relation to progress made:

1. Mechanisms for planning and overseeing implementation have been strengthened and the **Delivery Coordination Group**, that was established early in the pandemic, has been re-established. Chaired by the Deputy Chief Executive/Director of Planning and Performance, this is a senior leadership group made up of colleagues from adult social care and the third sector as well as the health board. The Group meets twice weekly to review actions and progress, and reports more directly each week to the Executive Committee of the health board.
2. Both CEO of the health board and Powys County Council have met jointly with the leads in DCG to establish **escalation mechanism** that involved joint working/action. Each month a review is being held of progress. The issue of system resilience and progress being made is also discussed at the monthly meeting of the Chair of the health board and Lead of the Local Authority.
3. The **Regional Partnership Board** is due to review and agree the partnership approach to the Winter Plan for submission to Welsh Government on Thursday 25<sup>th</sup> November 2021. The RPB has responsibility for allocating the Winter Funding allocated by Welsh Government. The senior officer group, 'Cross Cutting, Resources and Oversight Group' has focused the development of partnership working and a joint approach over recent months.
4. It is recognised that some aspects of the Powys System Resilience Approach are reflected in other national plans, including for example the **WG Coronavirus Control Plan**. The Test, Trace, Protect elements will be covered by that plan.
5. A specific focus is on the need to reduce the **delays to patients in community hospitals** as a result on lack of availability for ongoing care. Currently 10 Care Homes in Powys are closed to admissions for reasons such as COVID infection, staffing issues and regulatory matters. This prevents a high number of patients from being admitted or transferred back to their care home. Work is underway to support each care home and to release bed capacity as much as possible. It is anticipated that a national review of guidance is imminent which is likely to be supportive.
6. One of the key factors for patients staying longer in hospital is the **assessment process for long term care**. Under the Welsh Government guidance on Home First, potential complex care pathways should be in place which enable a patient to be discharged to recover and then assessed following a few weeks. Part of the funding provided by Welsh Government for winter will be utilised to progress implementation of these changed pathways which should result in a immediate benefit to patients in community hospitals and those who would be awaiting a transfer back to a Powys community hospital from other District General Hospitals.
7. **Enhanced third sector capacity** has been enabled through additional funding via Welsh Government. Powys Association of Voluntary Organisations is the lead organisation, although there is additional

funding being allocated to national third sector organisations. The funding will be aimed at supporting local support for people in their own homes and communities.

8. In terms of **resilient and effective community hospitals**, a workforce workshop was held to focus on key, high impact changes that would provide immediate support to wards and to reduce the reliance on bank and agency staffing which is significant. Recognising that a reduction in availability of temporary staffing solutions could significantly undermine the safety and viability of a ward, the resilience approach is key. Volunteers on wards, whose support was suspended at the beginning of the pandemic, are to be reinstated with a clear risk assessment as part of the standard operating procedure. This will provide valued, additional support for patients as part of the ward team.
9. Important increased capacity has been provided to the **Welsh Ambulance Service** by the military. This has had a key impact, however, there remain particularly challenging response times to 'red' (potentially life-saving) calls. Careful monitoring of the response times and the impact of late responses will be key.

## Risks

There are a number of high level risks of not managing effectively the systems resilience and winter pressures. This includes:

- Harm, or at least poorer experience and/or outcomes, as a result of delays to urgent and emergency care and community care.
- Workforce pressure and gaps resulting in poorer care standards and wellbeing consequences for staff and patients.
- The level of demand and the impact of poor flow across the system particularly in urgent and emergency care could lead to the need to reduce the level of planned care service provision. This would increase the lengths of wait and the number of people awaiting outpatient/procedures.
- The pressures in managing winter draws leaders and managers away from other organisational objectives.

## Conclusion

The System Resilience/Winter plan will be a critical priority for the health board over the next few months in particular. The partnership approach that has been established is key to success, driven by the Delivery Coordination Group. Regular reporting on progress is envisaged through the relevant Board Committee or through escalated arrangements.

Reporting Committee:	Executive Committee
Committee Chair	Carol Shillabeer
Date of last meeting:	3 <sup>rd</sup> November 2021
Paper prepared on:	12 <sup>th</sup> November 2021

## KEY DECISIONS AND MATTERS CONSIDERED BY THE COMMITTEE

I am pleased to provide the Board with a summary of the matters considered by the Executive Committee when it met on 22<sup>nd</sup> September, 6<sup>th</sup> October, 18<sup>th</sup> October and 3<sup>rd</sup> November.

### **22<sup>nd</sup> September 2021**

#### **1. Integrated Quality Report: Primary Care, Community and Mental Health**

The Committee RECEIVED the item which provided a composite report of patient quality and safety metrics across three service groups within the Primary, Community Care and Mental Health Directorate (Women and Childrens, Mental Health and Community Services). The report consolidated information across these three groups for the period of April to June 2021. The item was due to be presented to the Patient Experience, Quality and Safety Committee on 10<sup>th</sup> October 2021. The Committee DISCUSSED the key matters arising from the report and recognised there would be further development in the coming months in line with Audit Wales Report.

#### **2. Maternity Assurance and Improvement Plan Update Report**

The Committee RECEIVED the item which provided an update regarding the Powys Maternity Improvement Plan, HIW Reports, Ockenden Enquiry and the South Wales Pathways Programme. COVID-19 pressures and national developments and their implications for Powys had been referenced throughout the report. The item was due to be presented to the Patient Experience, Quality and Safety Committee on 10<sup>th</sup> October 2021. The Committee DISCUSSED the report. The Committee also recognised the value added by the thematic nature of the report.

### **3. Commissioning Escalation Report**

The Committee RECEIVED the item which provided an overview of those providers within Level 4 escalation. It was noted that a similar report was presented to the Delivery and Performance Committee by the Director of Planning and Performance however this iteration would be presented to the Patient Experience, Quality and Safety Committee by the Director of Nursing with a focus on Quality Assurance. The report highlighted two providers at Level 4 escalation. The Committee DISCUSSED the report and the specific circumstances and issues relating to the escalated organisations.

### **4. Infection Prevention and Control Report**

The Committee RECEIVED the item which provided an overview of the Annual Report, Nosocomial work undertaken, Decontamination and Quality and Assurance. It was noted that significant work has taken place particularly over the period of the pandemic to respond to the wide-ranging matter of infection prevention and control. The Executive Committee discussed the report and recognised that an assurance report would be provided to the Patient Experience Quality and Safety Committee subject to the amendments suggested.

### **5. St Michaels Clinic**

The Committee RECEIVED the item which provided an overview of the key financial and operational issues pertaining to the administration of the St Michael's Clinic (Independent health care provider) contract for 2021/22. The health board commissions specialist dermatology interventions and treatments for North Powys patients from this specialist independent health care provider. The item had previously been considered by the Committee on 25th August 2021 and the report had been updated to include further detail on activity, Referral to Treatment Times and wait time performance, all of which had performed well. The service had been in place for several years in Powys and provided a preferable outcome for Powys residents that other options. The Committee also received assurance regarding the financial aspects of the proposed contract. The Committee APPROVED the contract for 2021/22.

### **6. Workforce and Organisational Development Policies**

The Committee RECEIVED and APPROVED the following Workforce Policies:

- HR061 Engagement of Medical and Dental Locums and Agency Locums
- Medical & Dental Sabbatical Policy and Procedure

### **7. Regulatory Inspections Report**

The Committee RECEIVED the item which provided the following overview:

- Recent activity relating to Healthcare Inspectorate Wales (HIW) inspections provided assurance on progress with Tier 1 and unannounced inspections. Quality check summary reports for dental practices were now highlighted within the report, with the primary care team leading the assurance monitoring arrangements.
- A dashboard overview of the current position was provided, relating to the implementation of actions in response to recommendations from the Health and Social Care Regulators.
- An update on the National Maternity Improvement plan priorities 2021, seeking agreement to extend the timeframe for 5 actions. HIW have confirmed their decision not to progress with phase 2 of the review.

The Committee SUPPORTED the update to the Maternity Improvement Plan.

### **8. Putting Things Right Report**

The Committee RECEIVED and DISCUSSED the Putting Things Right Report. The Committee noted the improved arrangements in place and offered thanks to colleagues for their efforts in this area. Whilst there is more to achieve, the progress was considered to be sustained.

### **9. Board and Committee Arrangements**

The Committee RECEIVED the item which provided an overview of the revised Board and Committee arrangements. The Annual Priorities had been aligned to the Annual Plan and these would in turn inform the Committee Workplans. It was noted that the Terms of Reference would be submitted directly to the Board.

### **10. Corporate Risk Register, September 2021**

The Committee RECEIVED the item and CONSIDERED the following two amendments which had been suggested:

- CRR07: Updated risk descriptions: "There are delays in accessing treatment in Secondary and Specialised care services, in excess of 36 and 52 weeks (including PTHB provided services)". It was AGREED that the updated description would need be implemented at that time.
- CRR016: Risk Rating increased from 12 (L3xI4) to 16 (L4xI4). It was AGREED that the Committee would not accept this update until additional information and rationale had been received.

### **11. Clinical Quality Framework: Goal 5 Intelligence**



The Committee RECEIVED the item which provided an overview of Audit Wales Daft recommendations linked to Goal 5 and the actions within the CQG for Goal 5:

- Review and develop performance monitoring arrangements for clinical services; aligning to work undertaken on [the] Commissioning Assurance Framework(s).
- Review and develop ward/department and service-level dashboards.
- Develop arrangements for the clinical validation/interpretation of the core datasets relating to clinical services, including the use and interpretation of data in providing assurance.
- Develop/integrate a valid and robust organisational benchmarking approach, using national/international comparators where available.

The Committee NOTED the report and AGREED that further development would be undertaken in relation to Goal 5.

## **6<sup>th</sup> October 2021**

### **1. Urgent and Emergency Care**

The Committee held discussion regarding Urgent and Emergency Care and the following decisions were made by the Committee:

- The Committee APPROVED the reinstatement of the Delivery Coordination Group to assist with the development and implementation of System Resilience/Winter Plans. It was recognised that it would be important to ensure strong links with the Finance Directorate. It was requested that Terms of Reference be developed and the Group be established at pace and it was AGREED that the Director of Planning and Performance would Chair the Group.

### **2. Hay on Wye Medical Centre Lease (Haygarth Medical Practice)**

The Committee RECEIVED the item and NOTED that the Hay on Wye Medical Centre lease expired on 25th June 2019. Through joint agreement between the landlord (Assura PLC) and the tenant (the Haygarth partners who originally signed the lease in 1998) numerous Section 25 Notices have been served by the landlord to the practice enabling the practice to remain as legal occupants of the building. On the 18th March 2021 the discussions between the health board and the practice concluded when the practice agreed that the current partnership would sign the lease renewal. A new lease had been negotiated, including a small extension and refurbishment at the property, and included:

- a two storey extension, which is within the practices notional rent space entitlement, attracting an increase in notional rent
- extensive refurbishment to bring the building up to the latest standard compliant with WHBN36,

- the current Haygarth partnership agreeing to sign a 25 year 'Tenant Internal Repairing' exemplar lease.

The Executive Director of Primary, Community Care and Mental Health had agreed the recommendation as advised by NHS Wales Shared Services Partnership – SES. The Committee RATIFIED the Hay on Wye Medical Centre Lease.

### **3. Revised Severe Weather Plan**

The Committee RECEIVED the Severe Weather Plan which is reviewed on an annual basis. The plan provides a framework for response and a description of the action taken for severe weather, as part of the Business Continuity Planning process. Amendments had been made to reflect changes which had occurred since 2020.

The Committee APPROVED the revised Severe Weather Plan.

### **4. PTHB Internal Planning Framework**

The Committee RECEIVED the draft version of the Powys Planning Framework and Parameters which incorporated Integrated Medium-Term Plan (IMTP) requirements and approach. The Committee provided comments and feedback and NOTED that the item would be presented to the Planning, Partnership and Population Health Committee on 12<sup>th</sup> October 2021. This would then be used to inform focused IMTP development sessions in early November and the development of the IMTP strategic framework which would be presented to the Board on 24<sup>th</sup> November 2021.

### **5. Partnerships Overview Report**

The Committee RECEIVED the item and NOTED that this would be presented to the first meeting of the Planning, Partnerships and Population Health Committee. The report provided an overview of the arrangements, their complexity and what was required. The paper had been written as an introductory paper to the Committee to inform their agenda. The Committee SUPPORTED the report.

### **6. Population Health Overview**

The Committee RECEIVED the item and considered its two main aspects; a definition of population health and what it means for Powys and a high level assessment of the population health priorities for Powys. The item would report to the first meeting of the Planning, Partnerships and Population Health Committee. The Committee DISCUSSED the report and AGREED that the Director of Public Health would verbally include an overview of the Wellbeing Population Assessment to the Planning, Partnerships and Population Health Committee. The Committee SUPPORTED the Population Health Overview.

### **7. Investments Benefits Group Summary Report**



The Committee RECEIVED and NOTED the Investments Benefits Group Summary Report.

## **8. Staff Influenza Vaccination**

The Committee RECEIVED the item and NOTED that a Programme Lead had been appointed. It was highlighted that Staff Flu Vaccinations would be a key strand of system resilience for the winter period and that the Welsh Government ambition for 2021/22 was to see 80% staff with direct patient contact vaccinated. Based on an estimate of 1,629 direct patient facing staff, this would equate to 1,303 vaccinations. Alongside this, uptake among total staff will be monitored, and to be near the top performing health board approximately 70% uptake would be required. Based on 2,469 total staff, this would equate to 1,728 vaccinations in total (i.e. a further 425 vaccinations among non-patient facing staff). The model for staff vaccination would have two elements; individual teams (e.g. wards, services areas) vaccinating their own colleagues, and bookable vaccination clinics open to everyone. These would operate concurrently. The Director of Workforce and OD AGREED to hold further discussions with the Director of Public health regarding options for delivery

## **9. North Powys Wellbeing Programme Planning Framework**

The Committee RECEIVED the item which would be reported to the first meeting of the Planning, Partnerships and Population Health Committee. It was highlighted that the proposed multi-agency wellbeing campus development in the centre of Newtown, which would include a number of settings on the same site, had come under scrutiny and review by a range of different audiences in relation to the naming of the site. The members discussed this matter and SUPPORTED the further discussion that was planned for this development.

## **18<sup>th</sup> October 2021**

### **1. Support for Volunteers**

The Committee RECEIVED the item which reported that during the Pandemic the COVID-19 Gold Group paused the deployment of volunteers to patient facing roles to reduce the risks to both patients and the volunteers themselves from COVID-19. The success of the vaccination programme had resulted in an increasing number of requests to consider allowing volunteers to return to patient facing clinical service areas, such as Wards. This was supported by a recommendation from the Nosocomial Group who had asked for work to be undertaken which would support the reintroduction of volunteers to patient facing roles. In order to manage the risk and support volunteers to safely return, a

detailed risk assessment process had been developed which would be built into the deployment of volunteer's standard operating procedure. The Committee APPROVED the return of volunteers to patient facing roles and the package of measures to support them.

## **2. Relocation of the Health Emergency Coordinating Centre (HECC)**

The Committee RECEIVED the item which reported that the previous HECC was in Basil Webb Hall. As this had been repurposed for the Health and Care Academy an updated location for the HECC was required. It was suggested that a number of sites had been surveyed and the recommended option was the Board Room in Glasbury House, Bronllys Hospital. The only minor concern was the availability of wall space for a whiteboard and television as required for a HECC. The Committee APPROVED the relocation IN PRINCIPLE however it was requested that it be ensured that the functionality of the Board Room was not lost due to overcrowding.

## **3. Financial Performance Report, Month 6**

The Committee RECEIVED the item which provided an overview of the financial forecast and performance. The Committee recognised the significant challenges in the Plan for 2022/23 and DISCUSSED the two main cost pressures (CHC and Staffing). It was requested that a number of items within the report received further enquiry and that an integrated approach to reporting was developed. The Committee also DISCUSSED the challenges in relation to the delivery of the Capital Plan for 2021/22.

### **3<sup>rd</sup> November 2021**

#### **1. South Powys Programme: Consultant-led Maternity & Neonatal Care paper**

The Committee RECEIVED the item which reported that the health board was not yet in a position to make a recommendation to the Board regarding changes to the Consultant Obstetric and Neonatal Pathway from Aneurin Bevan University Health Board (ABUHB) to Cwm Taf University Health Board (CTUHB). This was due to the further work required, following consideration of the IMSOP Panel, which is not due to be published until early 2022. The Committee DISCUSSED that the ABUHB Pathway remained in place and was undergoing consistent monitoring to ensure no unplanned pathways would take place, with Serious Incidents/Concerns being carefully tracked.

#### **2. All Wales Secondment Policy**

The Committee RECEIVED and APPROVED the All Wales Secondment Policy.

### **3. Llanfair Caereinion Full Business Case**

The Health Board had committed to the development of a new Primary Care Centre at Llanfair Caereinion following an announcement in November 2017, when the Cabinet Secretary for Health & Social Services agreed to fund the new build scheme as part of the national Premises Pipeline development. The paper provided an update to the paper presented to PTHB Board on 27th January 2021 regarding the development, where Board agreed for PTHB to hold the head lease on the new premises and to sub-let part of the building to Llanfair Caereinion Medical Practice on a flexible lease mirroring the length of the head lease. Following approval of the Full Business Case by the Board, the FBC would be submitted to Welsh Government, for approval assurance around the scheme and the committed investment. The Committee SUPPORTED the FBC for presentation to the Board on 24th November 2021. It was NOTED that due to commercial sensitives this item may be considered In-Committee.

### **4. Control of Contractors Audit**

The Committee RECEIVED the item which reported that a Limited Assurance Report had been received in relation to Control of Contractors. A sample of 20 small scale reactive jobs had been audited within the period of pandemic mobilisation. Twelve recommendations and actions had arisen from the audit which were due to be considered by the Audit, Risk and Assurance Committee. The Committee was assured that a plan for the completion of the recommendations had been developed.

### **5. Health and Safety Policy and Workplan**

The Committee RECEIVED the Health and Safety Policy and Workplan which had been updated following feedback from the Committee on 25<sup>th</sup> August 2021. The policy had been cross referenced to the Fire Safety policy to ensure alignment where appropriate. It was noted that there had been no changes in legislation and the policy was in accordance with the requirements of the Health & Safety at Work etc Act 1974 and the Management of Health & Safety at Work Regulations 1999. A robust training package had been developed and would be required at a number of levels within the organisation, to ensure that the policy implementation was embedded and a health & safety-aware culture was developed.

The Committee SUPPORTED the Policy for presentation to the Board on 24<sup>th</sup> November 2021. The Committee recognised the interim nature of the work plan and suggested that further consideration on performance management and management hierarchy was required. The Committee SUPPORTED the workplan subject to the feedback provided. It was

suggested that a more comprehensive plan would be available by April 2022.

## **6. Security Measures Policy**

The Committee RECEIVED the item which had been amended following feedback provided by the Committee on 8<sup>th</sup> September 2021. The Committee welcomed and APPROVED the updated policy.

## **7. Radiology Informatics System Procurement (RISP) Programme Outline Business Case**

The Committee RECEIVED a presentation regarding the Radiology Informatics System Procurement (RISP) Programme Outline Business Case. The Committee considered the benefits envisaged for the people of Powys and SUPPORTED the item for presentation to the Board on 24<sup>th</sup> November 2021. It was NOTED that the uncertainty regarding the financial aspect of the case would need to be highlighted.

## **8. Risk Management**

The Committee RECEIVED the updated Risk Management arrangements prior to their presentation to the Board. The Committee DISCUSSED specifically the need to reflect upon the increasing risk of a difficult winter period that could affect patient care. Currently urgent and emergency care pressures could potentially exacerbate increasing risk further. The Committee recognised the concern going into winter and it was AGREED that risks in relation to system resilience, service fragility, workforce and community care would be managed by the Delivery Coordination Group and reported weekly to the Executive Committee.

## **9. Annual Governance Programme Reporting**

The Committee RECEIVED the Q2 update in relation to the performance priorities set at the start of the year. The Committee DISCUSSED and NOTED the update.

## **10. Audit Recommendation Tracking**

The Committee RECEIVED an update in relation to Audit Recommendation Tracking. The Committee DISCUSSED and NOTED the update.

## **11. Welsh Health Circular (WHC) Tracker**

The Committee RECEIVED an update in relation to the Welsh health Circular Tracker. The Committee DISCUSSED and NOTED the update.

## **12. PTHB Annual Plan 2021/22 Quarter 2 Delivery Plan Report**

The Committee RECEIVED an updated Quarter 2 Delivery Plan Report. The Committee DISCUSSED the report, recognising that further

development of its format may assist in presentation organisationally and to external stakeholders. The Committee NOTED the update.

### **13. Performance Overview against National Outcome Framework – October update, 2021/22**

The Committee RECEIVED the Performance Overview against National Outcome Framework – October update, 2021/22. The Committee DISCUSSED and NOTED the update.

#### **Sub-Groups of Executive Committee**

There are a number of sub-groups of the Executive Committee which enable a greater degree of development and review of specific priorities and issues. The following key agenda items were considered:

##### **a. Strategic Planning and Commissioning Group**

The Strategic Planning and Commissioning Group has not met since the last meeting of the Board. The sub-structure of the Executive Committee is under review, therefore all items which would previously have reported via the Strategic Planning and Commissioning Group are reporting to the Executive Committee.

##### **b. Delivery and Performance Group**

- i. Future Delivery and Performance Arrangements including Improving Performance Framework
- ii. Finance Performance Report - Month 6
- iii. Performance Overview
- iv. Workforce Report
- v. Childhood Immunisations Update
- vi. Progress against delivery plan – Quarter 2 commissioning Assurance Framework

##### **c. Quality Governance Group**

The Quality Governance Group has not met since the last meeting of the Board. The sub-structure of the Executive Committee is under review, therefore all items which would previously have reported via the Quality Governance Group are reporting to the Executive Committee.

#### **ITEMS TO BE ESCALATED TO THE BOARD**

There are no matters for escalation to the Board at this time.

#### **NEXT MEETING**

The next meeting of the Executive Committee is scheduled for 25<sup>th</sup> November 2021.

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