

**POWYS TEACHING HEALTH BOARD**

**CONFIRMED**

**MINUTES OF THE MEETING OF THE BOARD**

**HELD ON WEDNESDAY 27 JANUARY 2021, AT 10.00AM**

**VIA TEAMS**

**Present**

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

**In Attendance**

Rani Mallison	Board Secretary
Katie Blackburn	CHC
Liz Patterson	Corporate Governance Manager
Caroline Evans	Head of Risk and Assurance

**Apologies for absence**

None

<b>PRELIMINARY MATTERS</b>	
<p>RESOLVED THAT due to the unprecedented health emergency of COVID-19, and the clear Public Health instruction to practice social distancing, meetings will run by electronic means as opposed to in a physical location. This decision had been taken in the best interests of protecting the public, staff and Board Members.</p> <p>The meeting was live-streamed and uploaded to the website after the meeting for viewing on demand.</p>	
PTHB/20/116	<p><b>WELCOME AND APOLOGIES FOR ABSENCE</b></p> <p>The Chair welcomed all participants to the meeting noting that a number of observers were present as outlined in the attendance record. There were no apologies for absence.</p>
PTHB/20/117	<p><b>DECLARATIONS OF INTEREST</b></p> <p>No new declarations of interest were made.</p>
PTHB/20/118	<p><b>MINUTES OF MEETING HELD ON:</b></p> <p><b>25 November 2020</b></p> <p>The minutes of the meeting held on 25 November 2020 were AGREED as a true and accurate record.</p> <p><b>21 December 2020</b></p> <p>The minutes of the meeting held on 21 December 2020 were AGREED as a true and accurate record.</p>
PTHB/20/119	<p><b>MATTERS ARISING FROM THE MINUTES OF THE PREVIOUS MEETING</b></p> <p>There were no matters arising from the minutes.</p>
PTHB/20/120	<p><b>BOARD ACTION LOG</b></p> <p>There were no outstanding items on the Action Log.</p>
PTHB/20/121	<p><b>RATIFICATION OF DECISIONS TAKEN VIA CHAIR'S ACTION ON:</b></p> <p><b>8 December 2020</b></p> <p>The minutes of the Chair's Action held on 8 December 2020 were AGREED as a true and accurate.</p>

	<p><b>14 December 2020</b></p> <p>The minutes of the Chair's Action held on 14 December 2020 were AGREED as a true and accurate record.</p>
PTHB/20/122	<p><b>UPDATE FROM THE:</b></p> <p><b>a) Chair</b></p> <p>The Chair noted this had been a busy period with a need to hold an additional meeting and 2 Chair's Actions since the last Board meeting. In addition, interviews for the two Independent Member vacancies had been held and thanks were expressed to Carl Cooper from PAVO for acting as a Lay Member on the interview panel. Recommendations had been made to the Minister and it is hoped that the two new appointments would be shortly made.</p> <p><b>b) Vice-Chair</b></p> <p>The Vice-Chair presented her report and drew attention to the Maternity Services Framework and Public Services Ombudsman for Wales report which had been considered at the Experience, Quality and Safety Committee where ongoing oversight would take place.</p> <p><b>c) Chief Executive</b></p> <p>The Chief Executive noted that the previous day had been sombre with the announcement of over 100,000 covid-19 deaths with people from Powys communities included in these figures. Although the case rate for covid-19 was falling it was not at the rate hoped for with a Level 4 Alert. New variants of covid-19 were being identified and it was recognised the efforts made by residents in helping to reduce the case rates. Services have been under a huge amount of pressure and had only been weeks or even days away from being overwhelmed. The NHS in Wales and England was now largely focussing on emergency care only. The vaccination programme was progressing well and would be discussed in detail during the meeting. In respect of planned care, arrangements were in place to redeploy staff if necessary, however, it would be essential to ensure that cover for existing services was maintained.</p>
<b>ITEMS OR APPROVAL, DECISION OR RATIFICATION</b>	
PTHB/20/123	<b>COVID-19 VACCINATION PROGRAMME DELIVERY PLAN</b>

	<p>The Director of Planning and Performance presented the report outlining that 16,681 first vaccinations had been administered across three mass vaccination sites and good progress was being made to meet the national targets. Care home residents and staff had been prioritised and nearly all had received their first vaccination unless they had been unwell or had had covid-19 within the last four weeks. Invitations were now being sent to cohorts 1-4 following which the clinically extremely vulnerable would receive their invitations.</p> <p>Challenges to the programme had included the rurality of the county as it was intended to offer vaccinations as close to home as possible. Demographic issues also feature as within the first 4 cohorts there are 40,000 residents (one third of the population of the area).</p> <p>As of this weekend it was expected that all Care Home residents and staff would have been offered their first vaccination and by Mid-February cohorts 1-4 should also have been offered their first vaccination (vaccinating these cohorts is expected to protect against 88% of preventable deaths). By Spring it was expected cohorts 1-6 would have been offered their first vaccination (protecting against 99% of preventable deaths).</p> <p>This was a fast-moving programme aiming to vaccinate as many residents as possible in a safe way with the principle that no-one was left behind. The mass vaccination centres administer the Pfizer vaccine of which there was a guaranteed supply and there was the capacity to flex lane capacity in these sites as necessary. The 16 GP practices were administering the Oxford/AstraZeneca vaccine and pharmacies had expressed an interest although this would require the sourcing of additional vaccine supply.</p> <p>Care home residents were receiving vaccinations from mobile provision and District Nurses were vaccinating housebound residents.</p> <p>The workforce had been exceptional along with volunteers supported by PAVO which have enabled the success of the programme. There had been some issues around telephony which have been addressed by partnering with Powys County Council and more positive comments regarding the reserve list and ability to change appointments were now being received.</p>
--	---

	<p>Further work was planned examining uptake to identify possible barriers such as access to transport along with targeting groups such as the homeless and gipsy traveller community.</p> <p><i>Congratulations on the way this programme has been stepped up which is inspirational. Inevitably there have been teething problems. What additional information can be given regarding the transport plan (at present GP vaccinations in Brecon are being administered from the Sennybridge surgery)?</i></p> <p>The Chief Executive advised that Gold Command had agreed with PAVO a transport scheme and this would be promoted through Community Connectors, Town Councils, County Councillors etc. The Brecon arrangements were designed to allow the continuation of GP services from the surgery in Brecon</p> <p><i>What is the position regarding Shielding residents who are unable to access the reserve list due to their age?</i></p> <p>The Health Board had asked GP surgeries to undertake vaccination of the Shielding cohort as they were best placed to know the particular requirements of Shielding residents. This would be kept under review.</p> <p><i>What arrangements are in place to ensure residents who do not have capacity are able to receive a vaccination.</i></p> <p>The Director of Nursing and Midwifery advised that the need to give informed consent was vital. The Safeguarding Team are building on existing arrangements in place to garner informed consent for the annual flu vaccination.</p> <p><i>What arrangements are in place to vaccinate the Over 80 cohort who are yet to receive their vaccination?</i></p> <p>All residents over the age of 80 have received an invitation for a vaccination. There is an online form to complete if there are any residents who have yet to receive an invitation. Residents who are over 80 and are not online are able to telephone to advise they have yet to receive an invitation.</p>
--	---

	<p><i>Are carers, who are not in the cohorts invited for vaccination, able to access a vaccination under the 'no waste' policy?</i></p> <p>The Chief Executive advised that Carers are in Cohort 6, however, if a carer is unable to leave the person they are caring for there are exceptional circumstances where they could receive a vaccination.</p> <p>The Covid-19 Vaccination Delivery Plan Phase 2 was APPROVED.</p>
PTHB/20/124	<p><b>SOUTH EAST WALES VASCULAR ENGAGEMENT</b></p> <p>The Director of Planning and Performance presented the report which sought endorsement from the Board for a period of region-wide engagement on proposed changes to vascular services in South East Wales. It was confirmed that whilst the timing of the engagement during the pandemic was not ideal all residents potentially affected by the changes would be contacted.</p> <p><i>Would it be possible to include a formal approach to rehabilitation within Powys in the documentation?</i></p> <p>The current engagement proposals are restricted to the acute phase rather than rehabilitation at present.</p> <p><i>What is the problem with information availability since all patient procedures are coded?</i></p> <p>The engagement phase was pre-consultation and offers the community an opportunity to suggest other information which should be taken into account to support decision making.</p> <p>Board:</p> <ul style="list-style-type: none"> <li>• NOTED the background, history and longevity of clinical discussions in respect of vascular surgery in South East Wales</li> <li>• CONSIDERED the proposed focus of engagement and the process designed to enable it</li> <li>• CONSIDERED the documentation prepared to support a discussion on the future configuration of vascular services in South East Wales</li> </ul>

	<ul style="list-style-type: none"> <li>• SUPPORTED the proposed timeline</li> <li>• AGREED to receive the outcome of the engagement back to the May meeting of the Board (or alternate should any programme slippage arise).</li> </ul>
<b>ITEMS FOR DISCUSSION</b>	
PTHB/20/125	<p><b>PLANNING AND PERFORMANCE UPDATE</b></p> <p><b>A) UPDATE AGAINST WINTER PROTECTION PLAN (Q3)</b></p> <p>The Director of Planning and Performance presented the report updating on delivery against the Winter Protection Plan between 1 October 2020 and 31 December 2021.</p> <p>The report was NOTED</p> <p><b>B) PERFORMANCE OVERVIEW (Q3)</b></p> <p>The Director of Planning and Performance presented the report updating on the changes to the NHS Delivery Framework for 2020/21 and latest performance position at Month 8 2020/21, a high-level overview of covid, test, trace and protect and the mass vaccination programme.</p> <p>The Director of Primary, Community Care and Mental Health noted that it had been hoped that waiting times would have been kept shorter however, clinical teams were continuing to monitor referrals and prioritise. At present the service was running at 60% capacity due to shielding but new staff were being appointed to increase capacity and assist with recovery. Eye surgery was a priority with no patients waiting over 52 weeks for cataract surgery and it was hoped that this would be reduced to no longer than 36 weeks by March 2021.</p> <p><i>What actions are being taken to improve GP access (Measure 17 on page 10 of the report)? This does not appear to accord with what is presented at Performance and Resources Committee.</i></p> <p>This measure was wider than simply answering calls. An access forum had been established and the CHC had recently produced a report on access. Welsh Government had recently permitted a reduction in performance for some</p>

	<p>subsets of data. The difference in information presented was a timing issue and this would be brought back to Performance and Resources Committee.</p> <p><i>The improved performance in Mental Health is noted however, the measure relating to a GP diagnosis of dementia remains a longstanding concern.</i></p> <p>This was a longstanding challenge as a dementia diagnosis requires a CT scan and GPs do not always wish to send patients out of county to receive a CT scan.</p> <p>The Performance Overview was NOTED.</p> <p><b>C) ANNUAL PLAN 2021-2022 APPROACH</b></p> <p>The Director of Planning and Performance presented the report providing the priorities set for the Annual Plan 2021/22 and the approach to plan development in line with the NHS Wales Annual Planning Framework 2021/22. This would be brought back to Board in March and attention was drawn to the new Socio-economic Duty which would come into force on 31 March 2021.</p> <p>The Annual Planning Approach was NOTED.</p>
PTHB/20/126	<p><b>FINANCIAL PLANNING AND PERFORMANCE:</b></p> <p><b>A) FINANCIAL PERFORMANCE REPORT, MONTH 09 (DECEMBER)</b></p> <p>The Director of Finance and IT presented the report noting that Month 9 had shown an underspend of £189k giving a cumulative position of an £8k overspend. A breakeven position was forecast on the understanding that covid-19 related expenditure would be fully funded. Capital spend to date is £1.9m and the organisation was slightly under target in relation to the public sector payment policy. The covid-19 spend was estimated to be £28.4million which included local authority partner costs for Test, Trace and Protect and an estimated cost for mass vaccination. It was expected there would be a cost in relation to carry forward leave.</p>

*Bullet point 4 on page 11 describes an assumption that a savings shortfall will be met by covid-19 funding. Is this reasonable?*

The Director of Finance and IT outlined that covid-19 funding included direct and indirect costs. Indirect costs included items such as the block contract with secondary care providers and the impact on the ability to deliver savings due to covid-19.

*Will staff be able to carry forward leave?*

The Director of Finance and IT advised that potentially staff would not be able to take leave for operational reasons. If leave was carried forward there would be an accounting cost.

The Director of Workforce and OD advised that the service was calculating the amount of leave yet to be taken and encouraging staff to take leave where possible. Depending on staff areas and circumstances Gold are looking at up to 10 days leave to be carried forward.

Board:

- DISCUSSED and NOTED the Month 9 2020/21 financial position.
- NOTED that actions would be required in 2020/21 to deliver a balanced position at the 31<sup>st</sup> March 2021.
- NOTED and APPROVED Covid-19 Revenue position in main report and the Capital and TTP and Mass Vaccination positions detailed in Appendix 1.
- NOTED the additional risks on delivery of balance position at 31 March 2021.

## **B) REVENUE ALLOCATION LETTER AND ANNUAL RESOURCE PLAN 2021/22**

The Director of Finance and IT presented the report noting the Allocation letter outlined a total of £323.7million an increase of 2% (£4.6million) excluding covid-19 spend.

The uplift to Primary Care had yet to be agreed and Discretionary Capital Funding remains at £1.4million. The timeline for the development of the plan ahead of Board in March was outlined and it was confirmed baseline budgets had been realigned to ensure resources were allocated to the right areas.

	<p>Board:</p> <ul style="list-style-type: none"> <li>• NOTED the summary provided</li> <li>• NOTED next steps to be taken in the wider Financial Planning process</li> <li>• AGREED principles outlined in Appendix 1</li> </ul>
PTHB/20/127	<p><b>POST-COVID SYNDROME MANAGEMENT</b></p> <p>The Director of Therapies and Health Sciences presented the report updating Board on the Powys pathway for patients with post covid-19 symptoms. This was for people who continued to experience symptoms after 12 weeks with people experiencing a range of symptoms. Whilst the long-term effects of covid-19 were not known the service had experience of treating patients with post viral conditions.</p> <p><i>What is it expected will be needed from this service?</i></p> <p>It was difficult to predict demand but a variety of services may be required including mental health, musculoskeletal, respiratory and cardio. These were services already in place in the community however, a review would be undertaken to ascertain if additional funding is required to support these services.</p> <p>Board NOTED the report.</p>
PTHB/20/128	<p><b>UPDATE ON EU TRANSITION</b></p> <p>The Director of Public Health presented the report which was NOTED.</p>
<b>ITEMS FOR NOTING</b>	
PTHB/20/129	<p><b>ASSURANCE REPORTS OF THE BOARD'S COMMITTEES:</b></p> <p><b>A) PTHB COMMITTEES</b></p> <p><b>B) JOINT COMMITTEES</b></p> <p>The reports were NOTED.</p>
PTHB/20/130	<p><b>ASSURANCE REPORTS OF THE BOARD'S PARTNERSHIP ARRANGEMENTS</b></p> <p>The reports were NOTED.</p>

PTHB/20/131	<b>REPORT OF THE BOARD'S LOCAL PARTNERSHIP FORUM</b> The reports were NOTED.
PTHB/20/132	<b>REPORT OF THE CHIEF OFFICER OF THE COMMUNITY HEALTH COUNCIL</b> The reports were NOTED.
<b>OTHER MATTERS</b>	
PTHB/20/133	<b>ANY OTHER URGENT BUSINESS:</b>
<p>The Chair, with advice from the Board Secretary, has determined that the following items include confidential or commercially sensitive information which is not in the public interest to discuss in an open meeting at this time. The Board is asked to take this advice into account when considering the following motion to exclude the public from this part of the meeting:</p> <p><u>Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960</u></p> <p><i>"Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest".</i></p> <p>The meeting moved to confidential session.</p>	
PTHB/20/134	<b>THIRD PARTY DEVELOPMENT, LLANFAIR CAEREINION: HEAD LEASE ARRANGEMENT</b> This item was considered In-Committee.
PTHB/20/135	<b>TRANSFER OF THE PROPERTY LEASE FOR PRESTEIGNE MEDICAL CENTRE TO PTHB</b> This item was considered In-Committee.
PTHB/20/137	<b>MINUTES OF THE BOARD MEETING HELD IN-COMMITTEE ON 29 JULY 2020, FOR APPROVAL</b> This item was considered In-Committee.
PTHB/20/138	<b>DATE OF THE NEXT MEETING:</b> 27 January 2021, 10:00 via Teams