

July 2020 Board Supplementary Pack

29 July 2020, 10:00 to 14:00
Via Teams

Agenda

1. PRELIMINARY MATTERS



Board_Agenda_29June2020_Supplement.pdf

(1 pages)

1.1. Welcome and apologies for absence

1.2. Declarations of interest

1.3. Minutes of previous meeting for approval 29 June 2020

1.4. Matters arising from the minutes of previous meeting

1.5. Board Action Log

1.6. Update Reports of the

1.6.1. Chair

1.6.2. Vice-Chair

1.6.3. Chief Executive



Board_Item_1.6c_CEO's Report for Board - July
2020.pdf

(6 pages)

2. ITEMS FOR APPROVAL/RATIFICATION/DECISION

2.1. Covid-19 Response: Update on implementation of Phase 2 Plan



Board_Item_2.1_Phase 2 (Q1) Overview
Report_July 2020.pdf

(8 pages)

2.2. PTHB Quarter 2 Operational Plan

2.3. Re-prioritised Annual Plan 2020/21



Board_Item_2.3_Strategic Priorities for Board_July
2020.pdf

(6 pages)

2.4. PTHB Podiatry Service Engagement outcome

2.5. PTHB Standing Orders

2.6. Board and Committee Workplans 2020/21



Board_Item_2.6_Draft Board and Committee
Workplans_July20.pdf

(2 pages)



Board_Item_2.6a_AppA_Board_Work
Programme_2020-21_July20_RM.pdf

(10 pages)



Board_Item_2.6b_AppB_ARA_Committee Work
Programme 2020-21_July20_RM.pdf

(4 pages)



Board_Item_2.6c_AppC_EQS_Committee Work
Programme_2020-21_July20_RM.pdf

(6 pages)



Board_Item_2.6d_APPD_P&R_Committee Work
Programme_2020-21_July20_RM.pdf

(4 pages)



Board_Item_2.6e_AppE_S&P_Committee Work
Programme_2020-21_July20_RM.pdf

(3 pages)



Board_Item_2.6f_AppF_Annual Charity Plan 2020-
21_July20_RM.pdf

(10 pages)

Patterson, Liz
07/28/2020 08:53:18

2.7. Board Development Plan 2020/21



Board_Item_2.7_Board Development Plan 2020-21.pdf

(3 pages)



Board_Item_2.7a_Board Development Plan_2019-20 to 2020-21_July20.pdf

(10 pages)

3. ITEMS FOR DISCUSSION

3.1. Exiting the European Union

3.2. Performance Report, Quarter 1, 2020/21

3.3. Financial Performance Report Month 03, 2020/21

3.4. Corporate Risk Register, July 2020

3.5. Report of the Chief Officer of the Community Health Council

3.6. Assurance Reports of the Board's Committees

3.6.1. PTHB Committees



Board_Item_3.6a_App1_Executive Committee Chair's Assurance Report 29 July 2020.pdf

(7 pages)

3.6.2. Joint Committees

3.7. Assurance Reports of the Board's Partnership Arrangements

3.8. Update Reports from the Board's Advisory Fora

4. ITEMS FOR INFORMATION

5. OTHER MATTERS

5.1. Any other urgent business

5.2. Close

5.3. Date of next meeting:

Wednesday 30 September 2020, 9:30am, Venue TBC

**POWYS TEACHING HEALTH BOARD
BOARD MEETING
WEDNESDAY 29 JULY 2020
10.00am – 2.00pm
TO BE HELD VIRTUALLY VIA
MICROSOFT TEAMS**



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

SUPPLEMENTARY AGENDA PACK

Time	Item	Title	Attached / Oral	Presenter
1: PRELIMINARY MATTERS				
10.00am	1.6	Update from the: c)Chief Executive	Attached	Chief Executive
2: ITEMS FOR APPROVAL/RATIFICATION/DECISION				
10.30am	2.1	COVID-19 Response: Update on implementation of the Phase 2 Response Plan	Attached	Chief Executive
11.05am	2.3	Re-prioritised Strategic Objectives 2020/21	Attached	Director of Planning & Performance
11.40am	2.6	Board and Committee Workplans 2020/21	Attached	Board Secretary
	2.7	Board Development Plan 2020/21	Attached	Board Secretary
1.15pm	3.6	Assurance Reports of the Board's Committees: a) PTHB Committees – Appendix 1 Executive Committee	Attached	Chief Executive

Patterson, Liz
07/28/2020 08:57:18



BOARD MEETING		DATE OF MEETING: 29 July 2020
Subject :	CHIEF EXECUTIVE REPORT	
Approved and Presented by:	Carol Shillabeer, Chief Executive	
Prepared by:	Carol Shillabeer, Chief Executive	
Considered by Executive Committee on:	Not before paper submitted to the Board	
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 the key actions and 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

Discussion

Information

✓

Patterson, Liz
07/28/2020 08:57:18

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:

- High level commentary on the organisation's response to the COVID-19 pandemic
- Shrewsbury and Telford Hospitals NHS Trust
- Grange University Hospital, part of the Aneurin Bevan University Health Board
- Key performance matters

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

DETAILED BACKGROUND AND ASSESSMENT:

Response to the COVID-19 pandemic

There are a number of reports presented for consideration to the Board relating to the COVID-19 pandemic and in particular the progress made during quarter 1 and the quarter 2 plan, which is presented for approval. The Board will appreciate that although the first significant wave of the pandemic has now subsided, the pandemic itself is not yet over. Indeed, the period of quarters 3 and 4 are considered to be a significant risk and planning and preparation for the winter period is critical. It is essential that the planning for the next period takes into account the learning in the health board,

amongst partners, in Wales and farther afield. Military support to the health service continues and the focus of planning the next phase of work will also be supported by military colleagues.

This report gives the opportunity to publicly thank a number of stakeholders for their partnership and support during the first significant peak of the pandemic. Firstly, the role of the public in Powys has been tremendous and their efforts during the lockdown has meant that health and care services, although under pressure, have not been overwhelmed. It remains hugely important that the public can maintain their commitment to reducing the risk of spreading the virus by undertaking the precautions of social distancing, hand hygiene and where appropriate consider the wearing of face coverings in enclosed spaces. Further, where the public do feel that possible symptoms of COVID-19 exist accessing testing and supporting the social isolation if and when directed by the contact tracing service is key.

The role of partners such as the Third Sector and Powys County Council has been critical. Working closely in establishing the immediate response; and monitoring and acting during the first wave of the virus has been highly successful. The achievements have been considerable in light of the highly pressured environment and reflections and modifications to the approaches are taking place to embed learning and prepare for the next stage of the pandemic.

Working closely with Primary Care has been key. Significant changes to service provision have enabled all of primary care to remain open, although in some areas to emergencies only (such as dental services). Colleagues across the health board and with partners in other sectors (including the independent sector – Care Homes and Domiciliary Care) have worked very hard to ensure the best possible care is provided to patients/clients, despite having to change the way the service operates at short notice.

Finally, working closely with other health boards and Trusts has brought a significant value to the preparations and actions to mitigate risk. Strong input into the Command arrangements in England as well as All Wales working approaches, have enabled a more connected and agile approach to the emergency. Much of this way of working could offer significant benefit in the future.

Further detail of the response so far and the plan for Quarter 2 is presented elsewhere on the Board agenda.

Patterson, Liz
07/28/2020 08:57:18

Shrewsbury and Telford Hospitals NHS Trust (SaTH)

SaTH is the main provider of District General Hospital (DGH) care for North Powys residents. The Executive Committee and relevant Board Committees have been receiving up-dates on service provision through the Commissioning Assurance Framework Escalation Report. SaTH was placed in special measures (2018). There has been a series of inspection by the Care Quality Commission over recent year; the summary of which is provided below.

- The Care Quality Commission's (CQC) original Inspection Report was published on the 29th November 2018 and is available on the CQC website. The emergency department, critical care and maternity services were of particular concern. Whilst the CQC had imposed conditions on the Trust's regulated activity, at that time the CQC found staff to be caring and dedicated and that there were areas of outstanding practice.
- Further CQC inspections took place in April 2019 of the Emergency Departments at the Royal Shrewsbury Hospital and the Princess Royal Hospital. The findings, published on the 2nd August 2019, are available on the CQC website. The detail of the conditions imposed thereafter were reported to the Performance and Resources Committee on the 6th August 2019.
- On the 6th December, 2019, the CQC published a quality report following an unannounced focused inspection of the midwife led unit at Royal Shrewsbury Hospital on the 16th April, 2019. The full report is on the CQC website.
- CQC reports were published on the 8th April 2020 based on the inspection in November 2019 and visits in February 2020. The inspection reports are available on the CQC website and have been provided to the EQS Committee. Overall the rating is as follows:

Overall trust quality rating	Inadequate
Are services safe?	Inadequate
Are services effective?	Inadequate
Are services caring?	Requires improvement
Are services responsive?	Inadequate
Are services well-led?	Inadequate

Further unannounced inspections took place on the 9th and 10th June 2020, resulting in a further warning of enforcement action and the CQC's report is expected to be published in August.

In relation specifically to Maternity services, in 2017 the then Secretary of State commissioned an independent review (led by Donna Ockenden) into the way in which the Trust undertook investigations of serious maternity incidents and whether the approach was robust and learning evidenced. In November 2019 the terms of reference of the Ockenden review were extended.

The health board is engaging in a number of different ways with the broad range of key stakeholders involved with SaTH.

- PTHB is receiving copies of the weekly reports from SaTH to regulators, as well as participating in meetings involving the main commissioners of SaTH (the Clinical Commissioning Groups in Shropshire, Telford and Wrekin) and regulators.
- The Assistant Director for Quality and Safety has been attending joint assurance meetings. During COVID the representation at the Safety Oversight and Assurance Group was restricted, however the health board sought reinstatement which has been secured.
- Up until the onset of the COVID period there had been monthly Commissioning Quality Review Performance Meetings led by PTHB. Whilst telephone conferences took place during the first COVID peak, from Quarter 2 virtual meetings following the CAF agenda are being restored.
- There have been further changes to the senior executive and professional leadership structure of the trust, following a new Chief Executive who started in February 2020. A number of key Board posts are interim at present. Whilst the format had to change due to COVID-19 PTHB led CEO level calls, involving key Executives, have taken place on the 10th June 2020 and 22nd July 2020.

The health board is liaising with key stakeholders in relation to SaTH, and will discuss the detail of this further with the Board, particularly in regard to next steps.

Aneurin Bevan University Health Board (ABuHB): Grange University Hospital

The health board is in detailed discussions with ABuHB in relation to the potential early commissioning and opening of the Grange University Hospital (GUH). The original plan was for GUH to open in spring 2021, however in light of COVID-19 the ABuHB Board has considered and supported a recommendation to open during November 2020 as part of its plan for managing what is likely to be a very challenging winter for the NHS. Welsh Government approval for the early opening is awaited; in the meantime plans are being progressed. As Board members will be aware, the Grange University Hospital changes are in the context of the wider South Wales Programme.

The Board will be presented with further detail in relation to the specific services. There are 47 service pathways/models in total and each of these will be assessed to understand the potential impact of the change. It is envisaged that the full extent of the original change in pathways/models will not be enacted in November and further detail on full implementation is awaited.

Patterson
07/28/2020 08:57:18

The South Powys Programme Board has now been established and activated, having been paused during the first wave of the pandemic. Monthly Programme Board meeting will take place.

Performance

There is a separate Performance Report on the Board agenda. In headline terms however there are some key areas for the Board to be sighted on:

- 1. Unscheduled care.** Whilst the last few months has seen a marked reduction in unscheduled, emergency patients there is now an upward trend in accessing unscheduled care services. Steps are being taken to protect both patients and safe by introducing a number of measures, including phone first and enhanced environmental safeguards (one way systems, physical screens, PPE etc). Ambulance service response times have received some particular focus and discussions are planned with the Chief Executive of Welsh Ambulance Services NHS Trust and the Chief Ambulances Commissioner as a result of inconsistent service provision, with the red response standard of 8 minutes (for 65% of call) not being consistently met over the last few months.
- 2. Referral to Treatment.** Careful review of the RTT has been taking place to monitor the impact the that changes in service provision through the pandemic has had on patients waiting times for services. Work to date indicates a significant build-up of waiting lists in some specialities and further detailed work on how these might be reduced will take place over the next few weeks and months, some at a regional and national level. A further detailed briefing on the position and trajectory will be provided to Performance and Resources Committee, following full consideration by the Executive Team.

NEXT STEPS:

The key issues highlighted in the report will continue to have focused attention in order to support the next stage of development.

Patterson, Liz
07/28/2020 08:57:18

Agenda item: 2.1

BOARD MEETING		Date of Meeting: 29 July 2020	
Subject:	Overview of Phase 2 (Q1) Response Plan for COVID-19 Pandemic		
Approved and Presented by:	Carol Shillabeer Chief Executive Officer		
Prepared by:	Carol Shillabeer Chief Executive Officer		
Other Committees and meetings considered at:	Elements considered at different Committees		
PURPOSE:			
The purpose of this paper is to present an overview of the Phase 2 (Q1) Response Plan for the COVID-19 Pandemic and to give an outline of the key areas taken forward. Specific Board Committees will have received specific, more detailed reports in certain areas and these are not repeated here. The updated Phase 2 Plan, which also incorporates Quarter 2 Operational Plan is presented as part of the Board agenda (item 2.2), which includes the key elements of learning and continuity from both Phases 1 and 2 to date.			
RECOMMENDATION(S):			
The Board is asked to DISCUSS and NOTE the overview of the Phase 2 (Q1) Response Plan.			
Approval/Ratification/Decision		Discussion	Information
		✓	

Patterson, Liz
07/28/2020 08:57:18

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 paper provides an overview of the organisations Phase 2 (Quarter 1) Response Plan for the COVID-19 Pandemic. It is intended to demonstrate the action taken in the critical areas of the response, which focused on the period of Quarter 1 2020/21, inclusive of the first wave impact of the pandemic.

The COVID-19 (Phase 2/Q1) Response Plan covered a number of key areas:

- 1. Test, Trace, Protect**
- 2. Harm from COVID itself**
- 3. Harm from an overwhelmed health and care system**
- 4. Harm from reduction in non-COVID activity**
- 5. Harm from impacts of lockdown**

As the Board will know, the Response Plan was developed within the Emergency Planning Policies of the Board. In establishing the appropriate Command structure, arrangements for deploying the Response Plan have been flexed and adapted as the emergency progressed. Command arrangements were modified to support the implementation of the Phase 2 (Q1) Plan to include:

- Gold command (meetings scheduled weekly)
- Strategic Oversight Group: Test, Trace, Protect
- Strategic Oversight Group: Care Homes
- Oversight Group – Operational Services

Patterson, Liz
07/28/2020 08:37:18

Key aspects of the Implementation Plan for Phase 2 (Q1) were routed directly to Gold command.

DETAILED BACKGROUND AND ASSESSMENT:

This report gives an overview of the work undertaken during the Phase 2 (Q1) of the COVID-19 pandemic. The sections below reflect the areas of the Response Plan (Phase 2/Q1).

1. Test, Trace, Protect

The following key arrangements/mechanisms/actions were taken:

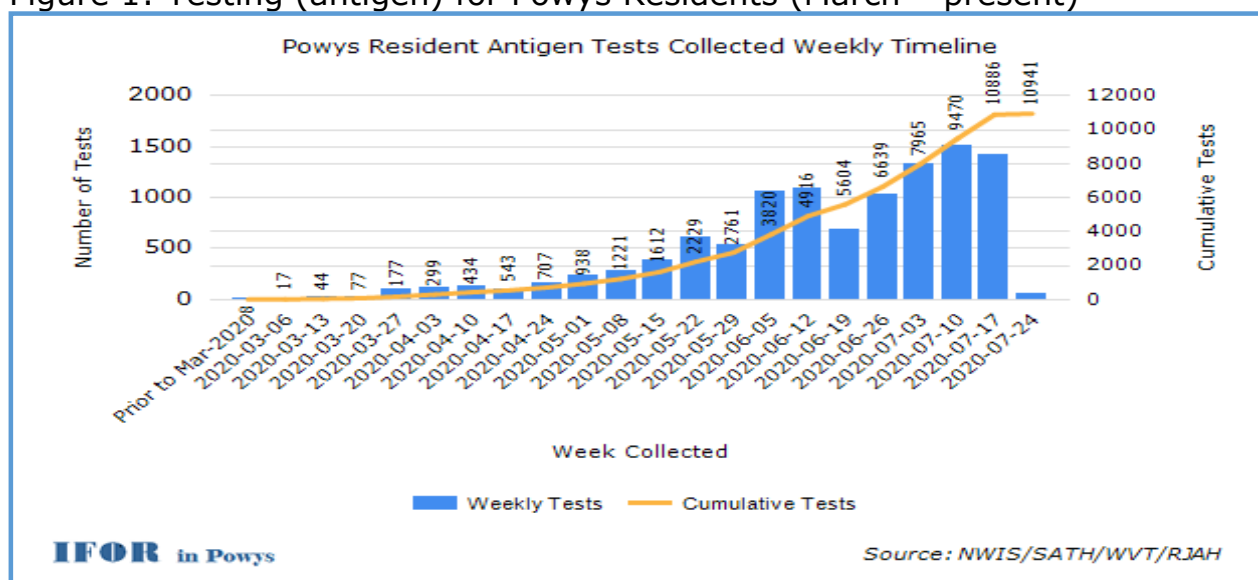
- **Leadership and management:** Strategic Oversight Group (SOG) and wider governance arrangements put in place as joint arrangements with Powys County Council. This included a weekly SOG to establish the new system jointly; to review progress and to help unblock any critical matters.
- **Expert advice and guidance:** A Regional Response Cell has been established to provide expertise in managing the testing and tracing outcomes in order that protective measures for individual and population health can be implemented. Input from Public Health Wales specialist team is also available.
- **Testing:** a new Testing function has been established, led by the health board, that enables a far greater number of people to be tested within Powys as well as the available home testing approaches. The Military remains a core part of the service provision in particular with the Mobile Testing Units. The health board continues to see increasing numbers of tests being taken and the chart below indicates the increase.
- **Tracing:** a new Contact Tracing service has been established, led by Powys County Council (PCC), that enables tracing of the contacts of COVID-positive people. Supported by health board employed Contact Tracers and Contact Leads, the contact advisers are managed by PCC. A new information system contracted and implemented at pace is now in place and working well.
- **Outcomes and Experience:** The new TTP system, established very quickly, is working well. There are key areas of development that have taken place to enable further improvements to be identified including a new single dataset needed to support planning and decision making; the follow-up of a small number of specific cases where the testing experience has not been satisfactory and the development of local capability for test analysis (lab machines) to assist in testing turnaround times.

Patterson, Liz
07/28/2020 08:57:18

Testing

Figure 1 below outlines the increase in testing particularly since June. A significant number of the tests have related to focussed and regular testing in Care Homes (both staff and residents) and which will potentially change in line with the new Test Strategy issued by Welsh Government more recently. Other detailed graphs are available that demonstrate the level of positivity proportion which reflects the number of people tested in order to identify positive cases.

Figure 1: Testing (antigen) for Powys Residents (March – present)



2. Harm from COVID itself

The following key arrangements/mechanisms/actions were taken:

- **Clinical Response Model:** Modifications were made to the Clinical Response Model following the experience in the initial COVID Response Plan. The Clinical response Plan therefore now focuses on the elements of the pathway that the health board with primary care partners can most effectively deliver directly, and those where early secondary care is advisable.
- **Rehabilitation and Recovery:** A specific national workstream has developed a pathway approach to support health boards in modifying and further developing rehabilitation services, with the Director of Therapies and Health Science being to co-chair. This work has helped shape the offer for rehabilitation in Powys.
- **Care Homes/Enhanced Settings:** A specific Strategic Oversight Group had been established to provide close support and oversight of the management of the pandemic, particularly important during the peak of the first wave. In line with the need to remain flexible in approach the 'business as usual' type elements of this work will revert to the joint arrangement under the Section 33; with the Enhanced Settings approach

Patterson, Liz
07/28/2020 08:57:18

becoming more centre stage. This will mean working closely with the TTP work area moving forward.

- **Early Warning:** Welsh Government have been developing a set of service indicators, 'circuit breakers', that when triggered will require an escalation of action to ensure an appropriate COVID-19 response. Local intelligence on trends of cases however, also provides a useful early warning system, although this will need to be understood in light of regional and national data.

3. Harm from an overwhelmed health and care system

The following key arrangements/mechanisms/actions were taken:

- **Planning and Operating Framework:** In line with WG Operating Framework Q1 Guidance, work to develop an increasing balanced approach to COVID and non-COVID focus has taken place. The Q1 submission to WG gave helpful feedback that has been considered for the Q2 Operating Framework submission. Significant work continues to take place on the social distancing measures for direct patient services as well as staff measures across the health board to facilitate expansion of essential and routine service provision.
- **New Ways of Working:** The Executive 'Gold' Command has commissioned work to understand a broad range of views on the new ways of working the health board has implemented. This will further inform that areas that have been particularly valued by staff and other key stakeholders and identify issues for further consideration in terms of what has not worked so well, both informing future work particularly during Q3 and 4.
- **Core Services Support:** Significant work took place in phase 1 on developing a rapidly changed support services model, which has been reviewed during Phase 2(Q1). Further work on digital enablers and on social distancing of the environment have been critical areas that have considerably moved further during the last quarter. Staff wellbeing support has continued to be reviewed and strengthened, and through close working with Trade Union colleagues, positive developments have been agreed including the secondment of Trade Union colleagues to work with operational teams and Health and Safety manager to redesign environments for safety.

Patterson, Liz
07/28/2020 08:57:18

4. Harm from reduction in non-COVID activity

The following key arrangements/mechanisms/actions were taken:

- **Planning for non-COVID activity:** Significant work has been undertaken to assess the level of access/backlog of waiting times that has occurred through stepping down and changing the delivery of some essential and routine services. Utilising the categories of essential and routine services as issued by WG (based on World Health Organisation guidance) and the equivalent documentation issued to the NHS in England, the complexity of the task of increasing non-COVID services in a COVID context has become evident. Significant challenges to productivity and usual working practices has meant reduced numbers of people being seen and changes to the way care is delivered. The importance of offering digital consultations and support is underlined in this context.
- **Regional, DGH and Specialist Services:** This work is highly complex and the arrangements put in place to manage the initial COVID wave has been key to considering the recovery and restoration work, across multiple providers. Specific meetings with Wye Valley Trust and SaTH as key secondary care providers indicate the significant numbers of people waiting longer for assessment and treatment. Within Wales, some regional solutions to service provision are being explored in particular in relation to some diagnostic services.
- **Powys Provider:** A systematic approach to assessing readiness for resuming service provision has been undertaken across the Powys Provider. This has been difficult given the number of patient facing areas across so many geographically dispersed sites, and considerable learning is taking place. Some higher risk specialties such as endoscopy have taken longer to re-establish however services are now in place following detailed planning and with tested Standard Operating Procedures being developed. There are significant numbers of patients awaiting treatment and further discussion on the development of a backlog plan is key.

5. Harm from impacts of lockdown

The following key arrangements/mechanisms/actions were taken:

- **Leadership and Management:** The arrangements for managing the pandemic during Phase 2 were reviewed, modified and implemented. This included the Strategic Groups working into Gold Command. A review of communication and engagement and in particular the targeting and frequency of this has been undertaken. Use of digital message boards has further developed during this period and are proving very popular. The Partnership arrangements in particular for the Public Service Board and the Regional Partnership Board have now resumed; this being a critical part of reducing the harm from the impacts of lockdown. Close working

Patterson, Liz
07/28/2020 08:53:18

with the Community Health Council continues and a specific briefing session proved useful to members.

- **Safeguarding and vulnerable people:** The core focus has been on domestic abuse given the significant increase in numbers of people accessing support. Important work to support homeless people has also taken place led by PCC and supported by mental health services within the health board.
- **Children's wellbeing:** The focus on children and schools has been key and although schools reopened more widely for only a few weeks this was an important opportunity for additional contact. The Start Well Partnership Group is currently reviewing their priorities as part of realigning work to focus on the COVID environment.
- **Emotional Health and Wellbeing:** Work being undertaken by Public Health Wales in terms of Horizon scanning suggests a significant impact is likely to be experienced by many people in relation to their emotional and mental health. The impact of the virus itself, the lockdown and the emerging scale of the economic challenges are likely to compound with the potential for increased stress and anxiety, substance misuse and suicide. The Live Well Mental Health Partnership Group (as part of the RPB) will give this further consideration, however Board members will be interested in the work of Professor Mark Bellis in this regard.

This report provides a high-level overview only of the work undertaken and progress made in implementing the Phase 2 (Q1) Plan. Several key and more detailed reports have been provided to Board Committees (specifically Experience, Quality and Safety Committee, Finance and Performance Committee and Audit, Risk and Assurance Committee). The updated Phase 2 (Q2) Plan is presented elsewhere on the Board agenda.

NEXT STEPS:

Implementation of an approved Phase 2 (Quarter 2) Plan which incorporates the learning and provides continuity from the Phase 2 (Quarter 1) Plan.

Patterson, Liz
07/28/2020 08:57:18

The following Impact Assessment must be completed for all reports requesting Approval, Ratification or Decision, in-line with the Health Board's Equality Impact Assessment Policy (HR075):

IMPACT ASSESSMENT				
Equality Act 2010, Protected Characteristics:				
	No impact	Adverse	Differential	Positive
Age				✓
Disability				✓
Gender reassignment				✓
Pregnancy and maternity				✓
Race				✓
Religion/ Belief				✓
Sex				✓
Sexual Orientation				✓
Marriage and civil partnership				✓
Welsh Language				✓
Statement				
The actions taken as part of the Phase 2(Q1) Plan outline a positive impact on protected characteristics.				
Risk Assessment:				
	Level of risk identified			
	None	Low	Moderate	High
Clinical		✓		
Financial		✓		
Corporate		✓		
Operational		✓		
Reputational		✓		
Statement				
The Phase 2(Q1) Plan outlined key risks which have largely been managed and/or transferred for ongoing management into the Phase 2 (Q2) updated plan.				

Patterson, Liz
07/28/2020 08:57:18

Agenda item: 2.3

BOARD MEETING		Date of Meeting: 29 July 2020	
Subject:	Revised Strategic Priorities 2020/21		
Approved and Presented by:	Carol Shillabeer Chief Executive Officer		
Prepared by:	Carol Shillabeer Chief Executive Officer		
Other Committees and meetings considered at:	Considered by Executive Directors in informal session		
PURPOSE:			
The purpose of this paper is to present revised Strategic Priorities for 2020/21. The Board, in its meeting in May 2020, agreed a revised Annual Plan subject to review every 90 days. In conjunction with the updated Phase 2 (Quarter 2) Plan presented elsewhere on the agenda, this paper proposes Strategic Priorities that will form the focus of the Executive and Board. In doing so it recognises the challenging environment of the ongoing pandemic and the need to ensure sufficient focus on critical areas of business. Given the uncertain nature of the pandemic, the Strategic Priorities will need to be kept under close review, formally reviewed every 90 days.			
RECOMMENDATION(S):			
The Board is asked to CONSIDER, DISCUSS and APPROVE the revised Strategic Priorities, recognising the need for regular review and flexibility.			
Approval/Ratification/Decision		Discussion	Information
✓		✓	

Patterson, Liz
07/28/2020 08:57:18

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 paper outlines proposed Strategic Priorities for the Executive and Board during the remainder of 2020/21. milestones for implementation (see Appendix). As a result of the COVID-19 pandemic and the activation of Business Continuity Arrangements, there has been and is likely to continue to be an impact on the ability of the organisation and its partners to deliver the objectives in the previously agreed Annual Plan (approved at Board end of January 2020 and modified in May 2020). As the health board learns from the Phase 2/Q1 Plan into the Phase 2/Q2 Plan the context remains highly uncertain. Many of the actions thought to be possible for delivery in Quarter 1 have not been feasible. Planning for Quarters 3 and 4 is critical with the potential of a very challenging winter and every need to ensure a high level of preparedness. A realistic assessment of the key strategic priorities has therefore been essential.

DETAILED BACKGROUND AND ASSESSMENT:

The review and revision of the previously approved Annual Plan (in January Board) had been undertaken by Executive Directors, aligned to the planning for the Phase 2 (Q1) Response to the managing the pandemic. The Board approved the revised annual plan in May 2020, with a 90-day review period agreed. The work undertaken in reviewing and revising the Phase 2 plan to incorporate the Quarter 2 Operating Framework requirements and the complexity and challenge associated with key aspects of delivering the Phase 2 Plan has required earlier review of the revised Annual Plan than was scheduled (end of August). Furthermore, the emerging scenarios for the winter period requires a significant

level of focus and attention, and it is expected that Quarters 3 and 4 plans will be required during the late summer/early autumn.

As a result of reflection on the key strategic priorities (the 'must do's), there are 12 key areas presented. Most of these align and are included to some extent in the Phase 2/Q2 Plan, however some do not feature. These areas have been selected on the basis that if focused work is not undertaken to move forward in these areas the risks are significant in both the short term and medium term; and/or the benefits of taking focused action are important for the medium term and could not easily be deferred.

Proposed Strategic Priorities

There are currently 12 proposed strategic priorities for the remainder of 2020/21 (Figure 1). In addition, some key work in partnership and under the remit of Start Well Partnership Group (Regional Partnership Board) would form an area of focus.

Figure 1: proposed 12 Strategic Priorities



Patterson, Liz
07/28/2020 08:57:18

In summary, the strategic priorities can be summarised as:

Priority	Rationale/Deliverable
SaTH focus	<ul style="list-style-type: none"> Key quality and service sustainable concerns requiring escalated and key stakeholder response Deliver a clear and agreed approach to managing service quality issues for the affected population
North Powys Programme	<ul style="list-style-type: none"> Major strategic, multiagency programme supported by time limited WG Transformation Fund. Deliver a Programme Business Case submission to WG within required timeframes. Deliver core accelerated service improvements to support the provision of effective care in a COVID-19 context.
Clinical Quality Framework: Year 1 priorities	<ul style="list-style-type: none"> Key system improvement already identified to improve safety and effectiveness of care Deliver Year 1 priorities of the Clinical Quality Framework as approved by Experience, Quality and Safety Committee.
Big 4: Respiratory	<ul style="list-style-type: none"> COVID-19 as well as predominant winter presentations are respiratory illnesses. Implement improved care pathways/outcomes for the winter 2020/21.
South Powys Project	<ul style="list-style-type: none"> The Grange University Hospital is likely to open in November 2020, changing pathways of care. Deliver an assessment of changes/impacts in order for decision/plan on management of pathways during winter 2020/21.
Health & Care Academy	<ul style="list-style-type: none"> Significant workforce supply/training/education challenges and opportunities, underpinned by RPB commitment and funding for stage 1 development. Stage 1 proposal, plus refurbishment of existing building to form Health and Care Academy (South).
Elective Care: Risk of harm waiters	<ul style="list-style-type: none"> Significant demand for elective care exists (including those chose not to access services). Implement the essential and routine services plan; consider management plan for long waiters.
Exiting the EU	<ul style="list-style-type: none"> The UK is exiting the EU at end Dec 2020, possibly with no deal in place. Update risk assessment and mitigation plan; implement plan
Money (Value)	<ul style="list-style-type: none"> There is a risk of significant overspend and/or limited opportunity to implement value-adding changes Act to manage costs to essential areas and gain support for costs (from WG); mitigate risk for 2021/22.

Digital Plan	<ul style="list-style-type: none"> Provision of services has moved to digital means where possible to maintain maximum provision Deliver the interim Digital Plan to maximise effective patient service provision
Organisational capability	<ul style="list-style-type: none"> There are key gaps in organisational capability (including capacity); phase 2 realignment interrupted by pandemic. Deliver realignment for key critical areas only, taking a consensus change approach where possible.
Winter Protection Plan (+ Vaccination)	<ul style="list-style-type: none"> Significantly challenging winter period scenario for 2020/21. Develop and deliver a robust system winter protection plan for Powys, including vaccination programme as soon as possible.

The additional priority of Children's Services as a collaboration between partners within the Start Well Partnership will also be developed.

The proposed Strategic Priorities reflect the need to identify the key critical 'must do's' for the organisation for the rest of 2020/21, in conjunction with partners. The rationale and deliverables are described. There will continue to be challenges in delivering the extent of this agenda, however this is more focused than the previously approved Annual Plan. Some other 'business as usual' activities will be essential; however, it is important for the Executive Team to focus on the critical strategic endeavours in providing leadership to the wider organisation.

The Board is asked to consider, discuss and approve the focus on the above strategic priorities.

NEXT STEPS:

Implementation of agreed Strategic Priorities in association with the Phase 2/Q2 pandemic response.

Patterson, Liz
07/28/2020 08:57:18

The following Impact Assessment must be completed for all reports requesting Approval, Ratification or Decision, in-line with the Health Board's Equality Impact Assessment Policy (HR075):

IMPACT ASSESSMENT					
Equality Act 2010, Protected Characteristics:					
	No impact	Adverse	Differential	Positive	<p>Statement</p> <p>The actions proposed in the paper outline a positive impact on protected characteristics, given the core objectives that the Board has already approved.</p>
Age				✓	
Disability				✓	
Gender reassignment				✓	
Pregnancy and maternity				✓	
Race				✓	
Religion/ Belief				✓	
Sex				✓	
Sexual Orientation				✓	
Marriage and civil partnership				✓	
Welsh Language				✓	
Risk Assessment:					
	Level of risk identified				<p>Statement</p> <p>There is some risk that the milestones may not be achieved. This would be as a result of priorities being amended in response to a significant second wave of the pandemic.</p>
	None	Low	Moderate	High	
Clinical		✓			
Financial		✓			
Corporate		✓			
Operational		✓			
Reputational		✓			

Patterson, Liz
07/28/2020 08:57:18

BOARD MEETING		DATE OF MEETING: 29 July 2020
Subject:	BOARD AND COMMITTEE WORKPLANS 2020-21	
Approved and Presented by:	Rani Mallison, Board Secretary	
Prepared by:	Rani Mallison, Board Secretary	
Other Committees and meetings considered at:	Executive Team Meeting, 22 July 2020	

PURPOSE:

The purpose of this paper is to provide the Board with draft workplans for 2020/21 for:

- Board (**Appendix A**)
- Audit, Risk & Assurance Committee (**Appendix B**)
- Experience, Quality & Safety Committee (**Appendix C**)
- Performance & Resources Committee (**Appendix D**)
- Strategy & Planning Committee (**Appendix E**)

In addition, this paper provides the Board with the annual work programme for the health board's Charity (**Appendix F**) - implementation of which will be overseen by the Charitable Funds Committee. The work programme has been created in order to establish a framework for the progression and development of the Health Board's Charity across 2020-21.

RECOMMENDATION(S):

The Board is asked to approve the workplans for itself and Committee for 2020/21, as appended to this report.

Approval/Ratification/Decision	Discussion	Information
✓	✗	✗

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:

Good governance practice dictates that Boards and Committees should be supported by an annual programme of business that sets out a coherent overall programme for meetings. The forward plan is a key mechanism by which appropriately timed governance oversight, scrutiny and transparency can be maintained in a way that doesn't place an onerous burden on those in executive roles and create unnecessary or bureaucratic governance processes.

Proposed workplans for 2020/21 are attached as:

- Board (Appendix A)
- Audit, Risk & Assurance Committee (Appendix B)
- Experience, Quality & Safety Committee (Appendix C)
- Performance & Resources Committee (Appendix D)
- Strategy & Planning Committee (Appendix E)
- PTHB Charity (to be overseen by Charitable Funds Committee) (Appendix F)

Workplans have been developed in-line with respective terms of reference, the Board's strategic objectives and Corporate Risk Register. Each workplan will be reviewed routinely at each meeting.

Patterson, Liz
07/28/2020 08:53:18

Annual Plan of Board Business for 2020-21

This Annual Programme of Business has been developed with reference to:

- Powys Teaching Health Board's Standing Orders;
- the health board's Integrated Medium-Term Plan for 2020-23 and related Annual Plan for 2020/21;
- the Board's Assurance Framework and Corporate Risk Register;
- key statutory, national and best practice requirements and reporting arrangements.

Key:

	Matters of essential governance
	Matters related to risks and assurance (including performance reporting)
	Strategic Plans and Significant Strategic Investment decisions

During 2020/21, some routine items will have been stood down or postponed in light of the COVID-19 Global Pandemic. These are noted with a red cross (✗).

			Scheduled Public Board Meeting Dates							
MATTER TO BE CONSIDERED BY BOARD	Lead	Reason for inclusion in the programme	27 May 20	29 June 20	29 July 20	30 Sept 20	20 Oct 20	25 Nov 20	27 Jan 21	31 March 20
BOARD MEETING GOVERNANCE										
Welcome and Apologies	Chair	Good Practice	Every Meeting							
Declarations of Interest	Chair	Standing Orders	Every Meeting							
Minutes of the previous meeting	Chair	Standing Orders	Every Meeting							
Matters Arising	Chair	Good Practice	Every Meeting							
Board Action Log	BS	Good Practice	Every Meeting							
Story (Patient/Staff)	BS	Good Practice	x	x	x	✓	AGM	✓	✓	✓
STANDING ORDER, STATUTORY AND WELSH GOVERNMENT REQUIREMENTS										
Annual Accountability Report for 2019-20, including: <ul style="list-style-type: none"> Corporate Governance Report Directors Report Remuneration Report 	BS	Treasury and Welsh Government set out in Manual for Accounts		✓						
Annual Accounts for 2019-20, including: <ul style="list-style-type: none"> Audit of Financial Statements 	DF	Treasury and Welsh Government set out in Manual for Accounts		✓						

			Scheduled Public Board Meeting Dates							
MATTER TO BE CONSIDERED BY BOARD	Lead	Reason for inclusion in the programme	27 May 20	29 June 20	29 July 20	30 Sept 20	20 Oct 20	25 Nov 20	27 Jan 21	31 March 20
▪ Letter of Representation										
Annual General Meeting	BS on behalf of Chair and CEO	Standing Orders					✓			
Annual Programme of Board Business	BS	Standing Orders			✓ 20-21					✓ 21-22
Annual Quality Statement	DN	Welsh Government requirement Manual for Accounts and WHC				✓				
Annual Report for 2019-20	CEO	Standing Orders				✓				
Annual Reports of Board Committees	BS	Standing Orders			✓					
Auditor General's Annual Audit Report for 2020	BS	Audit Wales/Welsh Government requirement							✓	
WAO Structured Assessment for 2020	BS	Wales Audit Office/Welsh Government requirement							✓	
Board Advisory Group/Forum Reports: ▪ Stakeholder Reference Group ▪ Healthcare Professionals' Forum ▪ Local Partnership Forum	BS	Standing Orders	✓		✓	✓		✓	✓	✓

			Scheduled Public Board Meeting Dates							
MATTER TO BE CONSIDERED BY BOARD	Lead	Reason for inclusion in the programme	27 May 20	29 June 20	29 July 20	30 Sept 20	20 Oct 20	25 Nov 20	27 Jan 21	31 March 20
Board Development Plan 2020/21 – 21/2022	BS	Standing Orders			✓					✓
Board Governance Framework for 2020/21. Annual Review of: <ul style="list-style-type: none"> ▪ Standing Orders ▪ Scheme of Reservation and Delegation of Powers ▪ Terms of Reference of Committees of the Board 	BS	Standing Orders			✓			✓		
Chair's Report, including: <ul style="list-style-type: none"> ▪ Ratification of Chairs Action ▪ Affixing the Common Seal ▪ WG Consultations 	Chair	Standing Orders	✓		✓	✓	AGM	✓	✓	✓
Vice Chair's Report	Vice Chair	Good Practice	✓		✓	✓	AGM	✓	✓	✓
Chief Executive's Report	CEO	Good Practice	✓		✓	✓	AGM	✓	✓	✓
Charitable Funds Annual Report and Annual Accounts for 2018-19	DF	Charities Act Requirement						✓		
Committee Annual Work Programmes	BS	Standing Orders			✓ 20-21					✓ 21-22

			Scheduled Public Board Meeting Dates							
MATTER TO BE CONSIDERED BY BOARD	Lead	Reason for inclusion in the programme	27 May 20	29 June 20	29 July 20	30 Sept 20	20 Oct 20	25 Nov 20	27 Jan 21	31 March 20
Committee Chair's Assurance Reports: <ul style="list-style-type: none"> Executive Committee Audit, Risk & Assurance Experience Quality & Safety Strategy & Planning Performance & Resources Charitable Funds 	BS	Standing Orders	✓		✓	✓	AGM	✓	✓	✓
Development and Approval of PTHB's Annual Plan for 2021/22 & an Assessment of Organisational Capability	DPP	Welsh Government requirement							✓	
Reprioritised Strategic Objectives 2020/21 (impact of COVID-19) – 60 day review	DPP	Welsh Government requirement	✓		✓	✓		✓	✓	✓
Development and Approval of PTHB's IMTP for 2021-24, including: <ul style="list-style-type: none"> Capital Programme Workforce Plan Finance Plan 	DPP	Welsh Government requirement							✓ (TBC)	

			Scheduled Public Board Meeting Dates							
MATTER TO BE CONSIDERED BY BOARD	Lead	Reason for inclusion in the programme	27 May 20	29 June 20	29 July 20	30 Sept 20	20 Oct 20	25 Nov 20	27 Jan 21	31 March 20
Health and Safety Annual Report	DWOD	Statutory requirement HSE Regulations								✓
Healthcare Inspectorate Wales Annual Report	DN	Welsh Government requirement								✓
Joint Committee Reports: ▪ Emergency Ambulance Services Committee ▪ Welsh Health Specialised Services Committee ▪ Mid Wales Joint Health and Care Committee	CEO	Standing Orders	✓		✓	✓		✓	✓	✓
Partnership Board Reports: ▪ Joint Partnership Board ▪ Public Services Board ▪ Regional Partnership Board ▪ NHS Wales Shared Services Partnership Board	CEO	Standing Orders	✓		✓	✓		✓	✓	✓
PTHB's Revenue Allocation Letter for 2021-22	DF	Welsh Government requirement							✓	
Annual Resource Plan 2021/22	DF	Welsh Government requirement	✓						✓	

Annual Plan of Board Business
For 2020-21

			Scheduled Public Board Meeting Dates							
MATTER TO BE CONSIDERED BY BOARD	Lead	Reason for inclusion in the programme	27 May 20	29 June 20	29 July 20	30 Sept 20	20 Oct 20	25 Nov 20	27 Jan 21	31 March 20
Items Cutting Across all Well-being Objectives										
Operational Planning in response to COVID-19	DPP	Welsh Government Requirement			✓ Q2	✓ Q3			✓ Q4	
COVID-19 Response Plan & Progress	CEO	Organisational Delivery Objective	✓ (Phase 2 plan)		✓	✓		✓	✓	✓
COVID-19 Learning & Reflections	CEO	Organisational Delivery Objective	✓ (Phase 1)							
Patient and/or Staff Experience Presentation	TBA				✓	✓		✓	✓	✓
Risk and Assurance Report: ▪ Board Assurance Framework ▪ Corporate Risk Register	BS	Welsh Government requirement This report will include: ▪ Any escalated matters ▪ Any risks not being managed/mitigated	✓		✓	✓	AGM	✓	✓	✓
Integrated Performance Report	DPP	Welsh Government requirement			✓	✓		✓	✓	✓
Report of the Chief Officer of the Community Health Council	CHC	Good Practice	✓		✓	✓	AGM	✓	✓	✓
Well-being Objective 1: Focus on Well-being										
Director of Public Health's Annual Report for 2019-20	DPH	Welsh Government requirement						✓		

			Scheduled Public Board Meeting Dates							
MATTER TO BE CONSIDERED BY BOARD	Lead	Reason for inclusion in the programme	27 May 20	29 June 20	29 July 20	30 Sept 20	20 Oct 20	25 Nov 20	27 Jan 21	31 March 20
Well-being Objective 2: Early Help and Support										
Well-being Objective 3: Tackle the Big Four										
Respiratory Clinical Change Programme	MD	Organisational Delivery Objective						✓		
Mental Health Clinical Change Programme	DPCCMH	Organisational Delivery Objective								✓
Well-being Objective 4: Joined Up Care										
PTHB Serious Incidents Policy	DN	Standing Orders	✓							
PTHB Claims Policy	DN	Standing Orders	✓							
Commissioning Arrangements: SATH	CEO					✓				
Strategic Equality Plan	DTHS	Organisational Delivery Objective	✓							
Winter Protection Plan 2020/21	DPCCMH	Welsh Government requirement				✓				
Well-being Objective 5: Workforce Futures										
Nursing Staffing Levels (Wales) Act	DN	Welsh Government requirement				✓				
Well-being Objective 6: Innovative Environments										
Business Cases/Capital Developments	DPP	Standing Financial Instructions/ Welsh Government requirement	As Required							

			Scheduled Public Board Meeting Dates							
MATTER TO BE CONSIDERED BY BOARD	Lead	Reason for inclusion in the programme	27 May 20	29 June 20	29 July 20	30 Sept 20	20 Oct 20	25 Nov 20	27 Jan 21	31 March 20
Discretionary Capital Programme for 2021/22	DPP	Standing Financial Instructions/ Welsh Government requirement								✓
Well-being Objective 7: Digital First										
Well-being Objective 8: Transforming in Partnership										
Financial Performance Report	DF	Standing Financial Instructions/ Welsh Government requirement	✓		✓	✓	AGM	✓	✓	✓
Pooled Budgets Funding Arrangements for 2021/22	DF	Standing Financial Instructions								✓
Welsh Language Standards Report	DTHS	Welsh Language Commissioner/ Regulatory requirement	✓			✓ (Annual Report)				
Annual Report on Civil Contingencies Planning 2020/21	DPH	Welsh Government requirement								✓
Policy Management Framework	BS	Organisational Delivery Objective				✓				
Governance Arrangements during COVID-19	BS	Standing Orders	✓							
Arrangements for Exiting the European Union	DPH	Organisational Delivery Objective			✓	✓		✓		

			Scheduled Public Board Meeting Dates							
MATTER TO BE CONSIDERED BY BOARD	Lead	Reason for inclusion in the programme	27 May 20	29 June 20	29 July 20	30 Sept 20	20 Oct 20	25 Nov 20	27 Jan 21	31 March 20
Annual Governance Programme 2021/22	BS	Organisational Delivery Objective								✓
Podiatry Service Engagement Outcome	DTHS	Welsh Government/Statutory Requirement			✓					
North Powys Programme Business Case	DPP	Organisational Delivery Objective						✓		
Proposal for a Health & Care Academy	DPP	Organisational Delivery Objective						✓		
South Powys Programme	DPP	Organisational Delivery Objective						✓		

KEY:

CEO: Chief Executive
 DPP: Director of Planning and Performance
 DF&IT: Director of Finance and IT
 DPCCMH: Director of Primary, Community Care and Mental Health
 MD: Medical Director
 DN: Director of Nursing & Midwifery
 DTHS: Director of Therapies and Health Sciences
 DWOD: Director of Workforce & OD
 DPH: Director of Public Health
 BS: Board Secretary

Patterson-Liz
 07/28/2020 08:57:18

Annual Plan of Board Business
 For 2020-21

10 of 10

AUDIT, RISK & ASSURANCE COMMITTEE PROGRAMME OF BUSINESS 2020-21

The purpose of the Audit, Risk and Assurance Committee is to support the Board and Accounting Officer by reviewing the comprehensiveness and reliability of assurances on governance, risk management, the control environment and the integrity of financial statements and the annual report.

This Annual Programme of Business has been developed with due regard to guidance set out in HM Treasury's Audit and Risk Assurance Committee Handbook (March 2016), to enable the Audit, Risk and Assurance Committee to: -

- fulfil its Terms of Reference as agreed by the Board;
- seek assurance and provide scrutiny on behalf of the Board, in relation to the delivery of the key elements of the health boards internal and external audit, counter fraud and PPV arrangements (second and third lines of defence);
- seek assurance that governance, risk and assurance arrangements are in place and working well;
- seek assurance in relation to the preparation and audit of the Annual Accounts;
- ensure compliance with key statutory, national and best practice audit and assurance requirements and reporting arrangements.

Patterson, Liz
07/28/2020 08:57:16

MATTER TO BE CONSIDERED BY COMMITTEE	EXEC LEAD	SCHEDULED COMMITTEE DATES 2020-2021						
		18 May	25 June	20 July	08 Sept	03 Nov	26 Jan	09 March
Governance & Assurance:								
Annual Governance Programme Reporting	BS				✓			✓
Audit Recommendation Tracking	BS	✓	✓		✓	✓	✓	✓
Application of Single Tender Waiver	DF&IT	✓	✓	✓	✓	✓	✓	✓
Losses and Special Payments Annual Report 2019-20	DF&IT				✓			
Annual Accounts 2019-20, including Letter of Representation	DF&IT	✓	✓					
Annual Accountability Report 2019-20	BS	✓	✓					
Review of Standing Orders	BS					✓		
Charitable Funds Annual Report and Accounts 2019-20	DF&IT					✓		
Register of Interests	BS				✓			
Policies Delegated From the Board for Review and Approval	BS/ DF&IT	As and when identified						
Internal & Capital Audit:								
Internal Audit Progress Report 2020-21	HoIA		✓	✓	✓	✓	✓	✓
Internal Audit Review Reports	HoIA	In line with Internal Audit Plan 2020-21						
Internal Audit Plan 2020-21	HoIA		✓					
Head of Internal Audit Opinion 2019-20	HoIA	✓						
External Audit:								
External Audit Progress Report 2020-21	EAO	✓	✓	✓	✓	✓	✓	✓
External Audit of Financial Statements 2019-20	EAO		✓					
External Audit Annual Report	EAO						✓	
External Audit Structured Assessment	EAO						✓	

MATTER TO BE CONSIDERED BY COMMITTEE	EXEC LEAD	SCHEDULED COMMITTEE DATES 2020-2021						
		18 May	25 June	20 July	08 Sept	03 Nov	26 Jan	09 March
External Audit Plan 2021	EAO							✓
External Audit Review Reports	EAO	In line with External Audit Plan 2019/20						
Anti-Fraud Culture:								
Bribery Policy	HoLCF							✓
Counter Fraud Update	HoLCF			✓	✓		✓	
Counter Fraud Workplan 2020-21	HoLCF							✓
Counter Fraud Annual Report 2019-20	HoLCF			✓				
Post Payment Verification Annual Report 2019-20	PPVO				✓			
Post Payment Verification Workplan 2020-21	PPVO				✓			
Committee Requirements as set out in Standing Orders								
Development of Committee Annual Programme of Business	BS			✓				
Review of Committee Programme of Business	BS				✓	✓	✓	✓
Annual Review of Committee Terms of Reference 2019-20	BS				✓			
Audit, Risk and Assurance Committee Members to meet Independently with:								
External Audit Team				✓			✓	
Internal Audit Team					✓			✓
Local Counter Fraud Team						✓		

KEY:
BS: Board Secretary
DF&IT: Director of Finance and IT
HoIA: Head of Internal Audit
HoLCF: Head of Local Counter Fraud
EAO: External Audit Officer
PPVO: Post Payment Verification Officer

Patterson, Liz
07/28/2020 08:57:18

EXPERIENCE, QUALITY & SAFETY COMMITTEE PROGRAMME OF BUSINESS 2020-21

The scope of the Experience, Quality & Safety Committee extends to the full range of PTHB responsibilities. This encompasses all areas of experience, quality and safety relating to the workforce, patients, carers and service users, within directly provided services and commissioned services. The Committee embraces the Health and Care Standards as the Framework in which it fulfil its purpose

This Annual Programme of Business has been developed with reference to:

- the Committee's Terms of Reference as agreed by the Board;
- the Board's Assurance Framework;
- key risks identified through the Corporate Risk Register, Commissioning Assurance Framework; and Operational Risk Registers.
- audit and regulatory reports identifying weaknesses in internal control (following consideration by the Audit, Risk and Assurance Committee);
- key statutory, national and best practice requirements and reporting arrangements.

In May 2020, the Board agreed its governance arrangements during the COVID-19 Pandemic. It was agreed that Formal meetings of the Board's Committees would have a shortened, concise agenda focussing on essential matters only and will be held virtually to ensure compliance with social distancing guidance.

Patterson, Liz
07/28/2020 08:57:18

MATTER TO BE CONSIDERED BY COMMITTEE	EXEC LEAD	SCHEDULED COMMITTEE DATES 2020-21					
		16 April	04 June	02/30 July	01 Oct	03 Dec	04 Feb
Annual Reports							
Putting Things Right Annual Report	DNM			✓			
Public Services Ombudsman Annual Report	DNM			✓			
Annual Report of the Accountable Officer for Controlled Drugs	MD				✓		
Safeguarding Annual Report	DNM				✓		
Annual Report of the Caldicott Guardian	MD						✓
Annual Data Quality Report	DF&IT					✓	
Annual Quality Statement	DNM			✓			
Quality & Safety Assurance Reports							
Clinical Quality Framework Implementation Plan	DNM			✓		✓	
Organisational Quality Governance Actions - Update	BS		✓			✓	
Clinical Audit Programme	MD		✓	✓			
Clinical Audit Report	MD				✓		
Quality Performance Report (Provided and Commissioned Services)	DNM				✓	✓	✓

MATTER TO BE CONSIDERED BY COMMITTEE	EXEC LEAD	SCHEDULED COMMITTEE DATES 2020-21					
		16 April	04 June	02/30 July	01 Oct	03 Dec	04 Feb
Serious Incidents and Concerns Report	DNM		✓	✓	✓	✓	✓
Inspections and External Bodies Report	DNM			✓	✓	✓	✓
Mortality Reporting	MD			✓	✓		✓
Mental Health Act Compliance & Powers of Discharge	DPCCMH				✓		✓
HIW Action Tracking	DNM / BS				✓		✓
Information Governance Quality Report	BS				✓		✓
Staff Well-being and Engagement Update (including Staff Survey)	DWOD	✓			✓		✓
Quality Improvement Programme	MD					✓	
Infection Prevention & Control Report	DNM		✓			✓	
Safeguarding Report	DNM		✓				✓
Estates Compliance Update	DPP				✓		
Health and Safety Update	DWOD			✓			✓
Welsh Language Standards Update	DTHS						✓

MATTER TO BE CONSIDERED BY COMMITTEE	EXEC LEAD	SCHEDULED COMMITTEE DATES 2020-21					
		16 April	04 June	02/30 July	01 Oct	03 Dec	04 Feb
Audit and Regulatory Reports		As and when identified					
Additional reports Scheduled as an Organisational Priority/Strategic Risk							
Maternity Services Assurance Framework	DNM					✓	
Commissioning Arrangements: Shrewsbury & Telford Hospitals NHS Trust	ADCD		✓	✓	✓	✓	✓
Once for Wales Complaints Management System (DATIX) Implementation Update	DF&IT			✓			✓
Refreshed Patient Experience Framework	DNM						✓
Refreshed Values and Behaviours Framework	DWOD						✓
Quality & Engagement (Wales) Act	BS			✓			✓
Coronavirus (COVID-19): <ul style="list-style-type: none">• Overview• Non-COVID Activity• Staffing of Clinical Response Model• PPE Arrangements• Ethical Framework• Clinical Decision Making	CEO & Directors	✓					
Risk Assessment: Transmission of COVID-19 in the workplace			✓				
Support to Care Homes during COVID-19			✓				

MATTER TO BE CONSIDERED BY COMMITTEE	EXEC LEAD	SCHEDULED COMMITTEE DATES 2020-21					
		16 April	04 June	02/30 July	01 Oct	03 Dec	04 Feb
Use of PPE for CPR procedures during COVID-19	MD			✓			
Committee Governance Reports							
Committee Risk Register	BS				✓	✓	✓
Policies Delegated From the Board for Review and Approval	BS	As and when identified					
Review of Committee Programme of Business	BS			✓	✓	✓	✓
Committee Requirements as set out in Standing Orders							
Development of Committee Annual Programme Business	BS						✓
Annual Review of Committee Terms of Reference 2021-22	BS						✓
Annual Self-assessment of Committee effectiveness 2021-22	BS						✓
The Committee will meet in a closed session to discuss any matters deemed of a confidential and/or sensitive nature, including where reports include patient identifiable information							

Patterson.Liz
07/28/2020 08:57:18

KEY:
CEO: Chief Executive
DPP: Director of Planning and Performance
DF&IT: Director of Finance and IT
DPCCMH: Director of Primary, Community Care and Mental Health
MD: Medical Director
DoN: Director of Nursing
DoTHS: Director of Therapies and Health Sciences
DWOD: Director of Workforce & OD
DPH: Director of Public Health
BS: Board Secretary
ADC&E: Associate Director of Capital & Estates
ADCD: Assistant Director of Commissioning Development

Patterson.Liz
07/28/2020 08:57:18

PERFORMANCE & RESOURCES COMMITTEE PROGRAMME OF BUSINESS 2020-21

The purpose of the Performance & Resources Committee is to provide advice and assurance to the Board on the effectiveness of arrangements in place for securing the achievement of the Board's aims and objectives, in accordance with the standards of good governance determined for the NHS in Wales.

The scope of the Committee extends to the full range of PTHB responsibilities. This encompasses the delivery and performance management of all directly provided and commissioned services. The Committee will also focus on the alignment of the health board's resources, including financial and workforce, to ensure achievement of the Board's aims and objectives.

This Annual Programme of Business has been developed with reference to:

- the Committee's Terms of Reference as agreed by the Board;
- the Board's Assurance Framework;
- key risks identified through the Corporate Risk Register, Commissioning Assurance Framework; and Operational Risk Registers.
- audit and regulatory reports identifying weaknesses in internal control (following consideration by the Audit, Risk and Assurance Committee);
- key statutory, national and best practice requirements and reporting arrangements.

In May 2020, the Board agreed its governance arrangements during the COVID-19 Pandemic. It was agreed that formal meetings of the Board's Committees would have a shortened, concise agenda focussing on essential matters only and will be held virtually to ensure compliance with social distancing guidance.

MATTER TO BE CONSIDERED BY COMMITTEE	EXEC LEAD	SCHEDULED COMMITTEE DATES 2020-21			
		30 June	06 Oct	14 Dec	22 Feb
Assurance Reports					
Financial Management:					
Financial Performance Reporting	DF&IT	✓	✓	✓	✓
Strategic Resource Planning, including Efficiencies	DF&IT			✓	
Delivery of the Discretionary Capital Programme	ADC&E	✓			✓
Overview report of work taken forward on behalf of PTHB via NHS Wales Shared Services Partnership	DF&IT			✓	
Organisational Performance:					
Performance Report	DPP	✓	✓	✓	✓
Commissioning Assurance Framework	DPP	✓		✓	
Performance Exception Reporting (Commissioned Services)	DPP & Exec Lead	As and when identified by Executive Delivery & Performance Group			
Performance Exception Reporting (Provided Services)		As and when identified by Executive Delivery & Performance Group			
Workforce Key Performance Metrics	DWOD	✓		✓	
Information Governance Performance Report	BS		✓		✓
Section 33 Performance	CEO				✓

MATTER TO BE CONSIDERED BY COMMITTEE	EXEC LEAD	SCHEDULED COMMITTEE DATES 2020-21			
		30 June	06 Oct	14 Dec	22 Feb
Primary Care Services Performance Report	DPCCMH		✓		
Dental Services Performance Report	DPCCMH		✓		
Digital First Update	DF&IT	✓		✓	
Waste Management Procurement	DWOD	✓			
Governance Reports					
Audit and Regulatory Reports		As and when identified			
Committee Risk Register	BS		✓	✓	✓
Policies Delegated from the Board for Review and Approval	BS	As and when identified			
Review of Standing Financial Instructions (NHS Wales Review)	DF&IT BS				✓
Review of Committee Programme of Business	BS		✓	✓	✓
Committee Requirements as set out in Standing Orders					
Development of Committee Annual Programme Business	BS				✓
Annual Review of Committee Terms of Reference 2020-21	BS				✓
Annual Self-assessment of Committee effectiveness 2020-21	BS				✓

KEY:
CEO: Chief Executive
DPP: Director of Planning and Performance
DF&IT: Director of Finance and IT
DPCCMH: Director of Primary, Community Care and Mental Health
MD: Medical Director
DoN: Director of Nursing
DoTHS: Director of Therapies and Health Sciences
DWOD: Director of Workforce & OD
DPH: Director of Public Health
BS: Board Secretary
ADC&E Associate Director of Capital & Estates

Patterson, Liz
07/28/2020 08:57:19

STRATEGY & PLANNING COMMITTEE PROGRAMME OF BUSINESS 2020-21

The purpose of the Strategy & Planning Committee is to provide advice and assurance to the Board on the effectiveness of arrangements in place for the development of strategy, strategic frameworks and plans for the delivery of high quality and safe services, consistent with the board's overall strategic direction. The scope of the Committee extends to the full range of PTHB responsibilities. This encompasses all directly provided and commissioned services and partnership arrangements.

This Annual Programme of Business has been developed with reference to:

- the Committee's Terms of Reference as agreed by the Board;
- the Board's Assurance Framework;
- key risks identified through the Corporate Risk Register, Commissioning Assurance Framework; and Operational Risk Registers.
- audit and regulatory reports identifying weaknesses in internal control (following consideration by the Audit, Risk and Assurance Committee);
- key statutory, national and best practice requirements and reporting arrangements.

In May 2020, the Board agreed its governance arrangements during the COVID-19 Pandemic. It was agreed that Formal meetings of the Board's Committees would have a shortened, concise agenda focussing on essential matters only and will be held virtually to ensure compliance with social distancing guidance.

MATTER TO BE CONSIDERED BY COMMITTEE	EXEC LEAD	SCHEDULED COMMITTEE DATES 2020-21		
		09 July	22 Oct	28 Jan
Assurance Reports				
North Powys Wellbeing Programme Update	DPP	✓		✓
Regional Partnership Board Update	CEO		✓	
Public Services Board Update	DPH		✓	
Joint Partnership Board Update	CEO			✓
Strategy, Strategic Frameworks & Plans in Development				
WG Operating Framework & Q2 Plan	DPP			
WG Operating Framework & Q4 Plan	DPP		✓	
South Powys Pathways Programme	DPP	✓	✓	
PTHB Podiatry Services – Consultation and Engagement outcome	DTHS	✓		
North Powys Wellbeing Programme: Programme Business Case	DPP		✓	
Proposal for a Health & Care Academy	CEO		✓	
Annual Plan 2021/22 & Assessment of Organisational Capability	DPP			✓
Discretionary Capital Programme 2021/22	ADC&E			✓

MATTER TO BE CONSIDERED BY COMMITTEE	EXEC LEAD	SCHEDULED COMMITTEE DATES 2020-21		
		09 July	22 Oct	28 Jan
Governance Reports				
Audit and Regulatory Reports	As and when identified			
Committee Risk Register	BS		✓	✓
Policies Delegated from the Board for Review and Approval	As and when identified			
Review of Committee Programme of Business	BS	✓	✓	✓
Committee Requirements as set out in Standing Orders				
Development of Committee Annual Programme Business	BS			✓
Annual Review of Committee Terms of Reference 2020-21	BS			✓
Annual Self-assessment of Committee effectiveness 2020-21	BS			✓

KEY:

CEO: Chief Executive
 DPP: Director of Planning and Performance
 DF&IT: Director of Finance and IT
 DPCCMH: Director of Primary, Community Care and Mental Health
 MD: Medical Director
 DoN: Director of Nursing
 DoTHS: Director of Therapies and Health Sciences
 DWOD: Director of Workforce & OD
 DPH: Director of Public Health
 BS: Board Secretary
 AD&E: Associate Director of Capital & Estates



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

ANNUAL CHARITY WORKPLAN 2020/21

June 2020

Patterson, Liz
07/28/2020 08:57:18

Purpose

The following work programme has been created in order to establish a framework for the progression and development of the Health Board's Charity across 2020-21.

To date, the Charity has operated with no dedicated full-time members of staff. There is, therefore, capacity to expand its scope and reach with the introduction of a full-time Charity Manager as of April 2020.

The objectives outlined in this work plan have been set out in-line with the strategic objectives of the Powys Teaching Health Board's Integrated Medium Term Plan and its core values.

This work plan will aim to:

- Provide clarity on the Charity's purpose and remit for PTHB staff and members of the public.
- Outline key areas for development.
- Establish a strategic pathway for progression.
- Demonstrate the synergies between the objectives of the Charity and those of the PTHB as set out by the Integrated Medium-Term Plan (IMTP).

This plan will continue to be developed as the year progresses to ensure it remains responsive and effective.

Placing the Charity in context

In order to develop a work programme for the Powys Teaching Health Board Charity, the existing context of the organisation must be considered. Until April 2020, the Charity was operating with no full-time members of staff and under the guidance of supporting health board staff and the commitment of the Independent Members that form the Charitable Funds Committee. As such, the scope of the Charity and its objectives were limited by its resources.

The appointment of a full-time Charity Manager in April 2020 has afforded the opportunity to review and expand upon the existing objectives in line with the strategic aims of the Charitable Funds Committee and the Powys Teaching Health Board. This work plan takes into consideration the existing position of the Charity when establishing objectives, ensuring that the targets and milestones are realistic and achievable.

Perhaps the most influential factor on this work plan has been the disruption and impact of the COVID-19 pandemic in 2020. Naturally, the pandemic

has greatly impacted operations and restricted engagement with stakeholders but it has also emerged as a major priority for the Charity to address through the distribution of funds.

Understanding the third sector landscape

It is also important to understand the wider landscape within which the Charity will operate. This will allow the Charity to more accurately set targets and better benchmark itself against the progress and performance of other comparable organisations.

Where possible the Charity will look to take a lead from the most influential and impactful third sector organisations from across the UK, particularly those in the field of healthcare and medical support.

More locally, the Charity will also look to the other health board charities in Wales for a steer on relevant issues and to coordinate campaigns and communications for the widest possible impact.

Maintaining a strong relationship and open dialogue with the aforementioned organisations can ensure the Charity is as knowledgeable, responsive and effective as possible within its field.

Key objectives

The following objectives have been chosen in order to outline a clear and consistent identity for the Charity, build a profile and increase its impact through greater engagement, and ensure it remains sustainable.

- 1) Ensure strategy, planning and governance are efficient and effective.
 - a) Review all Charity governance and bidding arrangements to implement operational efficiencies.
 - b) Establish clear Charity guidelines and policy for PTHB staff and independent members.
 - c) Develop a new Stakeholder Engagement Strategy and Operational Framework for the Charity.
 - d) Scale and adapt the Charity whilst ensuring its long-term viability and sustainability.
- 2) Develop a timely and effective charitable response to health and wellbeing issues across Powys, such as the COVID-19 pandemic.
 - a) Proactively engage with staff and patients to facilitate new charitable funding proposals.

Patterson, J.
07/28/2020 08:57:18

- b) Collaborate with third sector partners on fundraising and awareness raising campaigns.
 - c) Implement a new support programme for staff, volunteers and patients who are impacted by COVID-19.
 - d) Generate relevant engagement opportunities to allow the public to connect with the Charity.
- 3) Create and implement an effective communication strategy.
- a) Create a new brand identity for the Charity with input from key stakeholders (PTHB staff, third sector partners, service users, beneficiaries and local residents).
 - b) Establish a public fundraising presence and generate new fundraising opportunities for the Charity.
 - c) Produce effective and engaging campaigns to widen the Charity's reach and engage new audiences.
- 4) Develop and coordinate a comprehensive engagement and partnership network.
- a) Build on existing regional partnerships in order to further the Charity's strategic objectives.
 - b) Form new partnerships with key stakeholders which support the implementation of the Charity's strategic objectives.
 - c) Manage the Charity's engagement network (staff, volunteers and public).

Delivery and monitoring

These objectives have been divided into key performance indicators (KPIs) which are listed in the attached workplan – **Appendix A**. The workplan provides clarification on the actions required, responsible lead and the associated timescales. It also identifies key issues addressed by actions once implemented.

Delivery of the Annual Charity Plan will be overseen and monitored by the Charitable Funds Committee, included as a key programme of work to support the Committee and Health Board in achieving both wellbeing and charitable objectives.

Patterson, Liz
07/28/2020 08:57:18

Appendix A – PTHB Charity Workplan 2020/21

Objectives	Planned deliverables	Timescale	Charity Manager to lead with support from:
1. STRATEGY, POLICY & GOVERNANCE			
Establish clear Charity guidelines and policy for PTHB staff.	<ul style="list-style-type: none"> Produce an updated organisational Charity policy for PTHB staff members to be reviewed annually. 	Q1 2020/21	<ul style="list-style-type: none"> ➤ Board Secretary ➤ Head of Financial Services
Review all Charity governance and bidding arrangements to implement operational efficiencies.	<ul style="list-style-type: none"> Survey PTHB staff and Independent Members for feedback. Produce an updated Terms of Reference for the Charity. 	Q2 2020/21	<ul style="list-style-type: none"> ➤ Board Secretary ➤ Charitable Funds Committee
Develop a new Stakeholder Engagement Strategy and Operational Framework for the Charity.	<ul style="list-style-type: none"> Produce a first annual workplan to support the Charity's day to day operation. Produce a three-year Stakeholder Engagement Strategy (2020-23). 	Q1 2020/21 Q2 2020/21	<ul style="list-style-type: none"> ➤ Board Secretary ➤ Charitable Funds Committee
Scale and adapt the Charity whilst ensuring its long-term viability and sustainability.	<ul style="list-style-type: none"> Develop an accompanying resource plan to the Stakeholder Engagement Strategy to outline spend and recruitment over three years. 	Q2 2020/21	<ul style="list-style-type: none"> ➤ Board Secretary ➤ Charitable Funds Committee ➤ Head of Financial Services

Objectives	Planned deliverables	Timescale	Charity Manager to lead with support from:
2. CHARITABLE RESPONSE			
Proactively engage with staff and patients to facilitate new charitable funding proposals.	<ul style="list-style-type: none"> Collaborate with WOD and other departments to identify key staff requirements during COVID-19. Run at least 3 separate surveys for staff, patients and community members to help inform fund priorities. Evaluation of existing funding streams and the COVID-19 funding stream with a view to widening access to Charitable Funds. Process at least 80 funding proposals in 2020/21. 	<p>Q1 2020/21</p> <p>Q2 2020/21</p> <p>Q2 2020/21</p> <p>Q4 2020/21</p>	<ul style="list-style-type: none"> ➤ Communications Team ➤ WOD
Collaborate with third sector partners on fundraising and awareness raising campaigns.	<ul style="list-style-type: none"> Become members of NHS Charities Together to participate in the national COVID-19 fundraising appeal and widen the Charity's network. Participate in and promote an All Wales NHS Fundraising campaign. 	<p>Q1 2020/21</p> <p>Q1 2020/21</p>	<ul style="list-style-type: none"> ➤ Communications Team ➤ Third sector partners

Patterson, Liz
07/28/2020 08:57:18

Objectives	Planned deliverables	Timescale	Charity Manager to lead with support from:
	<ul style="list-style-type: none"> Establish at least joint 2 joint campaigns with third sector partners 	Q4 2020/21	
Implement a new support programme for staff, volunteers and patients who are impacted by COVID-19.	<ul style="list-style-type: none"> Launch a new funding stream to support staff, volunteers and patients impacted by COVID-19. Expand the scheme to incorporate community groups and third sector partners. Deliver an effective COVID recovery support scheme. Achieve a spend of at least £100,000 against COVID related support schemes and proposals. 	<p>Q1 2020/21</p> <p>Q2 2020/21</p> <p>Q3 2020/21</p> <p>Q4 2020/21</p>	<ul style="list-style-type: none"> ➤ Board Secretary ➤ Head of Financial Services ➤ Charitable Funds Committee
Generate relevant engagement opportunities to allow the public to connect with the Charity.	<ul style="list-style-type: none"> Recognise public and staff contributions during COVID-19 through written acknowledgments and a legacy project tied to the Charity's new brand. Create a series of supporter guides and fundraising packs Promote monthly fundraising opportunities. 	<p>Q3 2020/21</p> <p>Q3 2020/21</p> <p>Q4 2020/21</p>	<ul style="list-style-type: none"> ➤ Communications Team

Patterson, Liz
07/28/2020 08:57:18

Objectives	Planned deliverables	Timescale	Charity Manager to lead with support from:
3. BRAND, IDENTITY & COMMUNICATION			
Create a new brand identity for the Charity with input from key stakeholders (PTHB staff, third sector partners, service users, beneficiaries and local residents).	<ul style="list-style-type: none"> Establish a baseline by researching staff, patient & community views on the Charity. Collaborate with marketing and creative support to create a new brand with opportunities for supporters and stakeholders to contribute. Launch the brand alongside a new website for the Charity. 	<p>Q2 2020/21</p> <p>Q3 2020/21</p> <p>Q4 2020/21</p>	<ul style="list-style-type: none"> ➤ Charitable Funds Committee ➤ Key External Partners
Establish a public fundraising presence and generate new fundraising opportunities for the Charity.	<ul style="list-style-type: none"> Establish an online donation option for donors and the public (Just Giving). Launch a new donation campaign on the online platform. Reach a target of at least 20 unique fundraisers across the year for the PTHB Charity (external fundraisers). 	<p>Q1 2020/21</p> <p>Q3 2020/21</p> <p>Q4 2020/21</p>	<ul style="list-style-type: none"> ➤ Communications Team ➤ Community Fundraisers

Patterson, Liz
07/28/2020 08:57:18

Objectives	Planned deliverables	Timescale	Charity Manager to lead with support from:
	<ul style="list-style-type: none"> Ensure the Charity is able to raise at least £100,000 across all donations and grants. 	Q4 2020/21	
Produce effective and engaging campaigns to widen the Charity's reach and engage new audiences.	<ul style="list-style-type: none"> Launch at least 4 Charity campaigns throughout the year. Publish and distribute at least 12 separate Charity press releases to local and national media. 	<p>Q4 2020/21</p> <p>Q4 2020/21</p>	<ul style="list-style-type: none"> ➤ Board Secretary ➤ Communications Team
4. STAKEHOLDER DEVELOPMENT			
Build on existing health board and regional partnerships in order to further the Charity's strategic objectives.	<ul style="list-style-type: none"> Develop a strategic partnership to contribute to all future capital projects to enhance provision for patients and staff. Continue to evaluate and develop the existing 'small grants scheme' with PAVO. 	<p>Q3 2020/21</p> <p>Q3 2020/21</p>	<ul style="list-style-type: none"> ➤ Board Secretary ➤ Charitable Funds Committee
Form new partnerships with key stakeholders which support the implementation of the Charity's strategic objectives	<ul style="list-style-type: none"> Launch a 'Work for Good' profile to allow businesses to donate and contribute to the Charity. 	Q1 2020/21	<ul style="list-style-type: none"> ➤ Charitable Funds Committee

Objectives	Planned deliverables	Timescale	Charity Manager to lead with support from:
	<ul style="list-style-type: none"> Establish at least 4 working partnerships with third sector partners and businesses Achieve COTY (Charity of the Year) status with a local business. 	<p>Q3 2020/21</p> <p>Q4 2020/21</p>	
Build and manage the Charity's engagement network (staff, volunteers and public).	<ul style="list-style-type: none"> Create new social media channels for the Charity. Update the Charity's information and presence on the PTHB website. Establish a bi-monthly Charity newsletter and mailing list Reach a total of over 30,000 total impressions across social media platforms Reach a total of over 1,000 engagements (a rate of 3.3%) across social media platforms Reach a total of over 450 followers across social media platforms 	<p>Q1 2020/21</p> <p>Q1 2020/21</p> <p>Q3 2020/21</p> <p>Q4 2020/21</p> <p>Q4 2020/21</p> <p>Q4 2020/21</p>	➤ Communications Team

Patterson, Liz
07/28/2020 08:57:18

BOARD MEETING		Date of Meeting: 29 July 2020
Subject :	Board Development Plan 2019-20 to 2020/21 Updated July 2020	
Approved and Presented by:	Board Secretary	
Prepared by:	Board Secretary	
Other Committees and meetings considered at:	Executive Team Meeting, 22 July 2020	

PURPOSE:

The purpose of this paper is to present an updated Board Development Programme for 2020/21 to the Board for approval.

The purpose of the Board Development Plan outlines the key components of an effective Board, areas for further development as identified through a process of self-assessment and reflection and confirms the Board Development Plan for delivery throughout 2020/21.

RECOMMENDATION(S):

The Board is asked to APPROVE its Board Development Programme 2020/21.

Approval/Ratification/Decision	Discussion	Information
✓	x	x

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

EXECUTIVE SUMMARY:

At its meeting in July 2019, the Board approved its Development Plan for 2019-20 to 2020-21. This set out the key components of an effective Board, areas for further development as identified through a process of self-assessment and reflection, and the actions the board would take forward to support its development and effectiveness.

The Board Development Plan (the Plan) predominantly focuses on the continued development of the Board as a cohesive team, recognising that the Board's OD Framework and Annual Governance Programme will also take forward actions that improve the effectiveness of the Board's systems and processes. In addition, the Plan sets out a number of thematic sessions which will take place throughout the year to provide interactive learning sessions and enhance knowledge and understanding. Thematic sessions will include items related to the Board's strategic vision and objectives; corporate risks; and new or amended legislation.

The updated Plan includes amendments to its appendices only, which:

- provide an update on board development which took place in 2019/20 (**Appendix A**);
- sets out the actions to be taken forward in 2020/21 to support the board's development and effectiveness (**Appendix A**);

- provide an update on the Thematic Sessions held in 2019/20 (**Appendix B**); and
- set out the Thematic Sessions planned for 2020/21 (**Appendix B**).

The actions and sessions identified for 2020/21 have been considered in the context of the Board's Strategic Objectives and the impact of COVID-19.

NEXT STEPS

The Board's Development Plan will be delivered in-line with the timeframes set out herein.

Patterson, Liz
07/28/2020 08:57:18

BOARD DEVELOPMENT PLAN

2019/20 – 2020/21

Updated July 2020



Patterson, Liz
07/28/2020 08:57:18

1. Introduction and Context

In 2017, the Board approved 'A Healthy, Caring Powys', the first integrated health and care strategy within public services in Wales. The strategy aligns with the strategic direction for health and care in Wales described in the Welsh Government Long Term Plan: 'A Healthier Wales' our Plan for Health & Social Care (2018). The Powys long term plan outlines the future vision of a whole system approach to health and care, with a focus on wellbeing; early help and support; tackling the big four diseases that limit life and joined up care.

To support achievement of the 10-year health and care strategy, the Board approved its Organisational Development (OD) Framework in May 2019. The OD Framework outlines the development priorities to improve organisational effectiveness, enabling the health board to be best placed to deliver against its commitments for the population of Powys (as articulated in the strategy and Integrated Medium Term Plan). An agreed organisational Operating Model underpins the OD Framework. This seeks to balance the key elements that exist within any organisation, knowing that a lack of focus in any area will have an impact on the others: Strategy; People; Structure; Process; and Culture.

Strong and effective board leadership is essential to maintain and deliver safe, high quality and sustainable services. Furthermore, reviewing and enabling the next stage of development of the Board will be key in order to support the delivery of the health and care strategy. The OD Framework confirms that the development and implementation of a Board Development Plan that focuses on improving effectiveness is a key priority for the next year and beyond.

The purpose of the Board Development Plan outlines the key components of an effective Board, areas for further development as identified through a process of self-assessment and reflection and confirms the Board Development Plan for delivery throughout 2019/20 and 2020/21.

2. The Role of an Effective Board

The three key roles through which effective Boards demonstrate leadership within their organisations are known as:

- a) Formulating strategy;
- b) Ensuring accountability by holding the organisation to account for the delivery of the strategy and through seeking assurance that systems of control are robust and reliable; and
- c) Shaping a positive culture for the Board and the organisation.

a) Formulating Strategy

It is vital that the Board articulates a clear picture of what it wants the future to look like in as much detail as possible. This is not only restricted to being just about the shape and style of the organisation, but about what is happening in the outer world and how the organisation's facilities and services are interacting with those of partner organisations. Strategic decision-making is an integral part of the Board's role in formulating strategy.

Patterson
07/28/2020 08:57:18

As mentioned above, the Board has articulated its vision through its 10-year health and care strategy and integrated medium-term plan.

b) Ensuring Accountability

A key role of the Board is ensuring accountability. The main aspects of which are:

- Holding the organisation to account for its performance in the delivery of strategy;
- Being accountable for ensuring the organisation operates effectively and with openness, transparency and candour; and
- Seeking assurance that the systems of control are robust and reliable.

The fundamentals for the Board in holding the organisation to account for performance include:

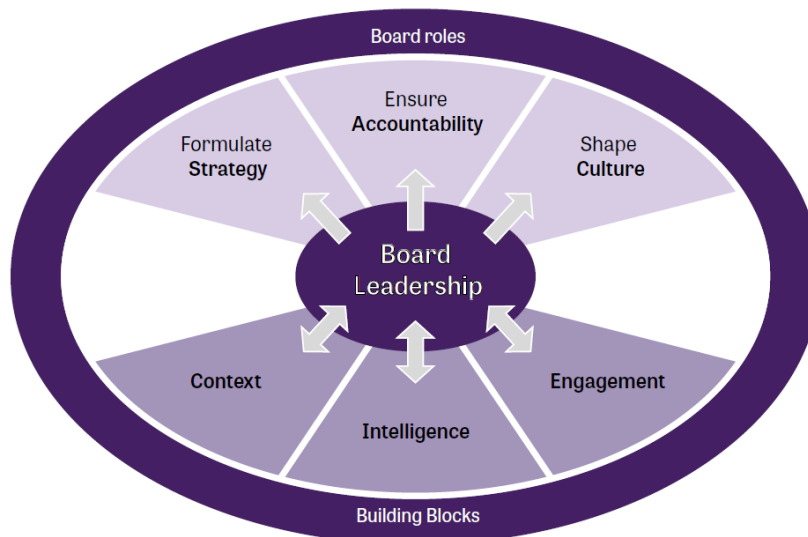
- Drawing on timely Board intelligence – to monitor the performance of the organisation in an effective way and satisfy itself that performance is continually improving and that appropriate action is taken to remedy problems as they arise;
- Looking beyond written intelligence to develop an understanding of the daily reality for service users and staff, to make data more meaningful;
- Seeking assurance that staff are clear about their responsibilities and accountabilities and how these fit with the organisation's vision and purpose;
- Triangulation which ensures that Board members are able to 'test' the intelligence and seek assurance by looking at more than one source and type of information, including through direct engagement with the services;
- Seeking assurance of sustained improvement where remedial action has been required to address performance concerns;
- Offering appreciation and encouragement where performance is excellent or improving;
- Taking account of, and positively encouraging, independent scrutiny of performance; and
- Rigorous but constructive challenge from all Board members, executive and independent (non-executive) as corporate Board members.

c) Creating a Positive Culture

A core role of the Board is shaping a positive culture for the Board and the organisation. This recognises that good governance flows from a shared ethos or culture, as well as from systems and structures. The Board takes the lead in establishing and promoting values and standards of conduct for the organisation and its staff.

Effective Boards shape a culture for the organisation, which is caring, ambitious, self-directed, nimble, responsive, inclusive, and encourages innovation. A commitment to openness, transparency and candour means that Boards are more likely to give priority to the organisation's relationship and reputation with service users, the public and partners as the primary means by which it meets policy and/or regulatory requirements. As such it holds the interest of service users and communities at its heart.

Patterson, Liz
07/28/2020 08:57:18



(NHS Leadership Academy, 2013)

In fulfilling its role, an effective Board:

- is informed by the external context within which it must operate;
- is informed by, and shape, the intelligence which provides trend and comparative information on how the organisation is performing together with an understanding of local people's needs, market and stakeholder analyses; and
- gives priority to engagement with key stakeholders and opinion formers within and beyond the organisation; building a healthy dialogue with, and being accountable to, patients, the public, and staff, including clinicians.

3. An Effective Board Team

The behaviour and culture of the Board are key determinants of the Board's performance. Effective Boards and their members:

- Prioritise service quality and safety;
- Behave consistently in line with Nolan's seven principles of public life;
- Model an open approach to learning;
- Invest time to develop constructive relationships around the Board table;
- Reflect a drive to challenge discrimination, promote equality, diversity, equity of access and quality of services. They respect and protect human rights in the treatment of staff, service users, their families and carers, and the wider community;
- Ensure that their approach to strategy, accountability and engagement are consistent with the values they seek to promote for the organisation.

Building an effective unitary Board team is fundamental in view of its role in shaping an organisation's vision. Boards that provide strategic leadership are part of perpetuating excellence within an organisation, which cannot be achieved without teamwork. An effective Board team:

- Has a clear understanding of their primary purpose and goals and uses this to guide all their activities;
- Knows one another well enough to understand what strengths in terms of knowledge, skills and personal attributes each person can bring to assist the delivery of the team's outcomes;

Patterson, L.
07/28/2020 08:57:18

- Is well led;
- Has an overall plan of how they are going to use available resources to achieve their outcomes;
- Identifies crucial breakthrough activities and milestones;
- Communicates effectively so that there is a common understanding of what is required in each moment from each person;
- Knows who is doing what to deliver outcomes;
- Regularly reviews ways of working to see if there are better ways of doing what they are doing; identify and plan how to surmount obstacles and grasp opportunities; and track their progress and performance in delivering goals; and
- Regularly celebrates its successes to motivate further achievement.

Boards are 'social systems'. The most effective Boards invest time and energy in the development of mature relationships and ways of working.

4. PTHB Board Review of Effectiveness

In 2018/19, the Board used a number of opportunities to reflect on its effectiveness and identify areas for improvement. The Board used self-assessment tools to support this, which included "The Good Governance Standard for Public Services (OPM and CIPFA, 2004)" and NHS Improvement (England) Well Led Framework. Both tools support public service organisations to review governance and leadership arrangements.

In reflecting on its effectiveness, the Board identified a number of areas where its effectiveness could be enhanced. These included:

Strategy

- Appointing a Stakeholder Reference Group Chair as Associate Member of the Board to strengthen the stakeholder voice;
- Appointing a Healthcare Professionals' Forum Chair as Associate Member of the Board to strengthen the clinical voice;
- Strengthening the approach to Horizon Scanning to support renewal of thinking;

Accountability

- Improving the quality of information and reporting to support effective decision making and assurance reporting;
- Reviewing the Board's Scheme of Delegation and producing an easy-read version for the organisation;
- Developing a Decision Rights Framework, with an easy-read version, to support the organisation in understanding levels of authority;
- Strengthening the reporting of risks to ensure mitigating actions are being delivered and impact evidenced;

Culture and Board Team

- Undertaking a skills mapping audit to identify skills and gaps ;
- Establishing operating principles for the way in which the Board will work as a team, e.g. allowing members freedom to challenge each other constructively;
- Introducing a process to reflect and learn with the Board on the effectiveness and efficiency of meetings;

Patterson, L.Z.
07/28/2020 08:57:18

- Understanding the personal insights of all Board members to understand styles and preferences;
- Sharing with the Board the process for Public Appointments and the Terms and Conditions by which Independent Board Members are appointed;
- Tailoring the Independent Member Appraisal documentation to be meaningful for Powys THB;
- Establishing a Board Member Skills Plan, including Chairing meetings and interpreting and analysing data;
- Developing a succession plan for Board Members, linked to a talent management process.

Much of the information arising from the Board's reflections has informed the development of the OD Framework (referred to earlier) and an Annual Governance Programme. The Annual Governance Programme focusses on actions required to: providing clarity of purpose, roles and responsibilities; ensuring an effective Board; and embedding a risk and assurance culture. Actions taken forward through both of these documents will contribute to the effectiveness of the Board. Additional areas identified to further enhance the Board's effectiveness will be taken forward through the Board Development Plan.

5. Board Development Plan 2019/20 – 2020/21

The Board Development Plan will predominantly focus on the continued development of the Board as a cohesive team, recognising that the OD Framework and Annual Governance Programme will take forward actions that improve the effectiveness of the Board's systems and processes.

The Board Development Plan is designed to meet the following objectives:-

1. Enhance knowledge and awareness of Board Members on the principles and practices of good governance;
2. Ensure effectiveness of the Board collectively and Board members individually in meeting core duties of the Board:-
 - meeting legal duties;
 - thinking strategically;
 - formulating policy and understanding risk;
 - scrutinising and supervising management actions to gain assurance;
 - exercising stewardship and accountability to all stakeholders;
 - building a culture that drives continuous improvement.
3. Support collective and individual learning on how boards function effectively and how board members can improve their contribution;
4. To develop Board members with a clear sense of how to:-
 - formulate and inform the Board agenda
 - ask the right questions for effective Board level scrutiny and challenge
 - use data intelligently and develop clear insight from the data
 - understand and ensure improvement in user experience
 - respond to the employee voice
 - ensure strategic engagement with partners.

All Board members (executive directors and independent members) participate in an appraisal process on an annual basis. The identification of individual development

Patterson
07/28/2020 09:57:18

needs, including continuing professional development, and implementation of any follow up action is undertaken as part of the appraisal process.

6. Thematic Sessions

In addition to the Development Plan, the Board will hold a number of thematic sessions to provide interactive learning sessions and enhance knowledge and understanding. Thematic sessions will include items related to the Board's strategic vision and objectives; corporate risks; and new or amended legislation. A schedule of planned sessions is included at **Appendix B**.

BOARD DEVELOPMENT PLAN 2019/20 – 2020/21

Key Activities	Board Development Plan 2020/21		
	Achieved in 2019/20	Timescale for Delivery	
		2020/21 Quarter 1-2	2020/21 Quarter 3-4
Implement the Executive Team Development Plan	Delivered in-line with the Executive Team Development Plan	To be delivered in-line with Executive Team Development Plan	To be delivered in-line with Executive Team Development Plan
Implement the Independent Member Development Plan			Develop a development plan for Independent Members
Refresh the Board's Values and Behaviours Framework			Scheduled for Board March 2021, in-line with the OD Strategic Framework
Undertake a skills mapping exercise to ensure knowledge, skills and expertise of the Board are well understood and used optimally in Board, Committees and by the organisation more widely		Commission external support to design and facilitate skills mapping and assess results	Mapping Exercise to be undertaken with gaps identified for discussion by Board and any required actions agreed
Undertake an assessment of Board Members individual and collective insights and preferences (consider use of 16pf and Strengths Deployment Inventory)	<ul style="list-style-type: none"> Executive Team SDI assessment undertaken Independent Member SDI assessment undertaken 	Commission external support to facilitate further assessment of board member insight and preferences and analyse outputs	Commence assessments and discuss the collective Board profile (linked to skills mapping)
Undertake an assessment against the determinants of a High Performing Unitary Board and develop a corresponding action plan		Undertake a review of board effectiveness & develop an action plan where improvements required	Agree and implement action plan for improvement
Develop a succession plan for Board Members, linked to a talent management process		Link to work commissioned in respect of skills mapping and assessment of board profile	Link to work commissioned in respect of skills mapping and assessment of board profile
Introduce a process of 360 degree feedback from stakeholders and partners			Agree a process and implement in readiness for 2020/21 board member appraisals

BOARD THEMATIC SESSIONS 2019/20

Session Topic	Date of Session 2019/20					
	08 May	25 June	03 Sept	23 Oct	10 Dec	25 Feb
Dental Care Services in Powys	✓					
Organisational Development Framework	✓					
Welsh Health Specialised Services Committee		✓				
Policy Approach: Putting Things Right and Concerns		✓				
Board Reflection & Development Priorities		✓				
Risk Management: Appetite & Tolerance		✓				
Environmental Sustainability			✓			
Out of Hours Services			✓			
Digital First			✓			
Integrated Medium Term Plan 2020/21 – 22/23				✓		
Strategic Commissioning				✓		
Corporate Manslaughter and Health & Safety Legislation					✓	
Emergency Services Ambulance Committee					✓	
Reflections on the WAO/HiW Joint Review of Quality Governance Arrangements at Cwm Taf Morgannwg University Health Board					✓	
Coronavirus (COVID-19)						✓
North Powys Wellbeing Programme: Model of Care						✓
South Powys Pathways Programme						✓
Topic identified in Board Development Plan agreed by Board in July 2019						
Topic identified as a priority during 2019-20						
<p>In view of there being a number of additional priorities which the Board required briefing and discussion on, the following items were deferred to a future session:</p> <ul style="list-style-type: none"> • NHS Wales Finance Regime • Tackling the Big 4: Clinical Change • The Prevention Agenda • The Role and Strategic Objectives of Public Health Wales • Approaches to Business Intelligence • Approach to Genomics in Wales 						

BOARD THEMATIC SESSIONS 2020/21

Session Topic	Date of Session 2020/21						
	April	May	02 July	03 Sept	20 Oct	08 Dec	23 Feb
In light of the COVID-19 Pandemic, the Board held 2-weekly sessions during April and May to be briefed on the emerging situation and the health board's response.					Annual General Meeting		
Serious Incidents and emerging risks			✓				
Safeguarding, Domestic Violence & Children's Rights Training				✓			
South Powys Pathways Programme				✓			
Strategic Planning, including: 3 Horizons & the Longer-Term Challenges emerging from the COVID-19 Pandemic						✓	
Equalities, including the Socioeconomic Duty, BAME and Strategic Equality Plan							✓
Those items deferred from 2019/20, will be remain under consideration for future sessions. Those items scheduled for 2020/21 have been identified as priorities, aligned to the Board's Annual Strategic Objectives and the Operational Plan.							

Patterson.Liz
07/28/2020 08:57:18

Reporting Committee:	Executive Committee
Committee Chair	Carol Shillabeer
Date of last meeting:	15 th July 2020
Paper prepared on:	16 th July 2020

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 3rd June, 17th June, 1st July and 15th July.

3rd June 2020

1. DECONTAMINATION POLICY

The Committee RECEIVED and APPROVED the health board's Decontamination Policy and reviewed its contents. The policy has been developed to provide clear information to staff at all levels of the organisation on the requirements for the safe and effective decontamination of reusable medical and surgical devices. This policy covers the life cycle of such reusable devices, from procurement to eventual disposal and the requirements for safe decontamination including storage and transportation.

2. PODIATRY SERVICES: OUTCOME OF ENAGEMENT

The Committee was provided an update on engagement on the future shape of podiatry services in the county. It was agreed that the outcome would be taken to the Board to seek approval for the implementation of a new model of safe and sustainable services subject to the views of the Community Health Council. It was noted that the approach to Quality First and NEPTS/Transport would require strengthening.

This item is included on the agenda of the Board's meeting of 29 July 2020 (agenda item 2.4).

3. CLINICAL QUALITY FRAMEWORK: IMPLEMENTATION PLAN

In November 2019, the Board approved its Clinical Quality Framework. The specific purpose of the framework is to realise a vision of systematic,

clinically-led, continuous and sustained, year-on-year improvement in the quality of clinical care provided by PTHB.

In advance of presentation to the Experience, Quality & Safety Committee, the Executive Committee considered the development of the Clinical Quality Framework Implementation. Implementation of this will be overseen by the Quality Governance Group (sub-Group of the Executive Committee) with assurance provided to the Experience, Quality & Safety Committee.

4. PULSE SURVEY OUTCOMES

In light of the COVID-19 Pandemic, a Pulse Survey was undertaken with staff during May 2020. The purpose of which to assess the wellbeing of staff and to identify any further supportive measures that could be taken by management during this period. The Committee was provided a summary of the outcomes and finding of the surveys undertaken. The following key areas of focus were suggested:

- Creating clarity and reducing anxiety about the future
- Reducing the feeling of isolation
- Reducing redeployment anxiety
- Improving home working technology and environment
- Continuously improving access to support

The Committee welcomed the work undertaken and noted that surveys would be repeated in Quarter 2. The importance of being able to evidence change implemented in response to feedback was highlighted.

5. WASTE SERVICES PROCUREMENT

The Committee received an update on the procurement process to be undertaken for the health board's waste contracts, in line with PTHB and NWSSP policies and procedures. Specifically, for the collection and disposal of PTHB's domestic type wastes, which is currently provided by agreement by Powys County Council (PCC). The paper outlined the measures that the procurement process to take to ensure that PCC are not disadvantaged by the process taken. The value of the current SLA for 2019/20 was £75,420.51. This matter was also considered by the Board's Performance and Resources Committee on 30 June 2020.

6. CAPITAL: LLANDRINDOD WELLS ENDOSCOPY

The Committee received two reports which identified the design defects related to the capital project reconfiguration at Llandrindod Wells Hospital. The Committee was requested to approve the appointment of a contractor to replace the defective Air Handling Unit plant for the endoscopy suite at Llandrindod Wells Hospital and approve an action to appoint legal advice to pursue a claim against the Design Consultant for the costs of remedying the defective plant.

The Committee APPROVED the proposal.

7. DIGITAL CARE: PAIN AND FATIGUE MANAGEMENT

The Committee considered a proposal to develop a business case for a digital infrastructure project which would support the work of the pain and fatigue management's response to the COVID-19 Pandemic. Features of the business case for prioritisation would include the following:

- Referral acknowledgement
- Virtual consultations
- Shared Health Record
- Broadcast messaging

Virtual Consultations have many of the advantages of face-to-face consultations and have the potential to deliver high quality care to more people, particularly those in high-risk groups even during social distancing. They provide peer support for people in isolation and re-engage clinicians from all disciplines (even those self-isolating).

The Committee SUPPORTED the further development of a business case to progress the ongoing development of the Pain and Fatigue Management Service.

17th June 2020

1. DISCRETIONARY CAPITAL PROGRAMME UPDATE

The Committee received an update regarding the discretionary capital programme for 2019/20. It was noted that the discretionary capital programme had been developed in 2019/20 prior to the COVID-19 pandemic. Context was provided regarding the capital position at a Welsh Government level and it was noted that due to COVID-19 £2M is to be transferred from Capital to Revenue, it is anticipated that this will result in the receipt of the discretionary programme with only minor adjustments.

£1.4M of discretionary capital funding had been allocated to PTHB for 2019/20, the Discretionary Capital Programme would usually presented to the Board for approval prior to the start of the new financial year. Due to COVID-19 it was felt that there was a need to reassess the programme. Schemes for support to progress in the present climate were presented to the Committee and was expressed that it would be important that the programme is fixed prior to the end of Quarter 1 to avoid pressure at the end of the financial year. It was proposed that health board would continue to develop business cases in readiness for if/when funding becomes available

It was expressed by the Committee that an item should be presented to the Performance and Resources Committee on 30th June 2020 to allow for Committee engagement and approval in the reprioritisation. The outcome of this is reported to the Board in Performance and Resources Committee Chair's Report.

2. FIRE SAFETY GROUP MINUTES: 12 MARCH 2020

The Fire Safety Group minutes were presented to the Committee for information.

It was AGREED that the terms of reference for the Group would be presented to the Executive Committee for review and that exception reporting would be brought forward to the Committee going forward.

3. PTHB DIGITAL PLAN

The impact of Covid-19 has resulted in increased demand for Digital and ICT services and provided an opportunity to accelerate a number of initiatives and to implement Digital Solutions to support new ways of working. Decisions have been made to implement new ways of working at pace locally and supported at a National level.

The Committee received the high-level plan for digital transformation as part of the health board's response to COVID-19.

The Committee ENDORSED the high-level plan and it was requested that the item be presented for discussion at the appropriate Committees of the Board. This was considered by the Performance and Resources Committee on 30 June 2020.

4. COVID-19 RELATED AUDIT REVIEWS: INTERNAL AUDIT AND EXTERNAL AUDIT STRUCTURED ASSESSMENT

The Committee was provided a briefing regarding Internal Audit and the External Audit Structured assessment spanning business as usual activities and COVID-19. It was highlighted that duplication had been identified between the two audits.

The Internal Audit Plan for 2020/21 would begin with Advanced Health Practitioners and Theatres and the completion of the audit on Section 33 arrangements. The plan would be presented to the Audit, Risk and Assurance Committee for approval.

The Structured Assessment would focus on Governance, Planning and Finance.

5. UPDATE FROM THE MAJOR TRAUMA NETWORK BOARD

The Major Trauma Network Implementation Board had met on 15th June 2020. It had been agreed that the Major Trauma Network Board would seek to have the network implemented by September 2020. PTHB had been requested to review its systems in processes in readiness for implementation. A response was anticipated by the Major Trauma Network Board by 1st July 2020.

The Committee ACCEPTED the policies provided and AGREED that the readiness assessment would be responded to by 1st July 2020.

1. MIDWIFE LED PERTUSSIS IMMUNISATION

In 2018/19 maternity services implemented a phased approach to influenza immunisation for pregnant women. Following success in year 1, full implementation has occurred during 2019/20 flu season with midwives now being the default provider for flu vaccinations for pregnant women. Feedback was gathered over the two seasons and women questioned why they were unable to receive the pertussis vaccine from the midwives. Pregnant women are advised to receive low dose diphtheria, tetanus, acellular pertussis and inactivated poliomyelitis vaccine (dTaP/IPV) during pregnancy to protect the baby from birth until routine immunisations commence at eight weeks of age. This had previously been received via Primary Care at a separate appointment. This programme is referred to as the pertussis or whooping cough vaccination.

The Committee received a proposal to add pertussis to the programme of immunisation as arrangements were already in place.

The Committee noted that the proposal was in line with PTHB's overall strategy. The Committee APPROVED the implementation of midwife-led pertussis immunisation programme.

2. FIRE SAFETY GROUP

The Committee received an updated Fire Safety group Terms of Reference. The purpose of the Fire Safety Group is to:

- Manage and monitor fire safety issues in order to comply with the Regulatory; and
- Reform (Fire Safety) Order (RRO) Health Technical Memorandum Fire code (HTM 05 suite), Building Regulations and other fire relevant British Standard documents.

The group will also provide the strategic direction for the development of fire safety within the Health Board. This will include the establishment of an annual Fire code project plan and a strategy for fire safety management within the Health Board.

The Committee AGREED the Terms of Reference for the Group, as a sub-Group of the Executive Committee.

3. PTHB CHARITY WORKPLAN 2020/21

The Committee received the workplan which established the key priorities for the Charity and undertook the context of other health boards and health charities. The objectives had been split into key areas particularly for the first 12 months. The plan would be under continuous development and would be reviewed at regular intervals.

The Committee SUPPORTED the PTHB Charity Workplan 2020/21 ahead of its presentation to the Board for approval. This is included on the Board's agenda at item 2.6.

4. CHARITY POLICY AND FCP

The Committee was presented with the revised Policy and FCP and reported that the key elements of the policy had been maintained however amendments had been made to include the Charity Manager role, updates staff processes and alignment to the 2020/21 Workplan.

The Committee SUPPORTED the revised Policy and FCP ahead of approval by the Charitable Funds Committee.

5. BIDS FOR SUPPORT FROM THE PTHB CHARITABLE FUND

The Committee was informed that NHS Charities Together funding applications would be approved via Gold Group for applications below £10k. Application above this threshold would be considered by the Executive Committee prior to presentation for final approval by the Charitable Funds Committee.

An application regarding the End of Life Programme was considered and it was noted that this item would be presented to the Charitable Funds Committee for final approval.

15th July 2020

1. WORKFORCE POLICIES

The Following policies were presented to the Committee for APPROVAL:

- a.** HR036 – Flexible Working Policy
- b.** HR020 – Shared Parental Leave Procedure
- c.** HR083 – Retirement Policy and Procedure
- d.** HR011 – Recruitment Policy and Procedure
- e.** HR084 – All Wales Reserve Forces Training and Mobilisation Policy

The Committee APPROVED the workforce policies.

2. CORPORATE RISK REGISTER

The Committee discussed the Corporate Risk Register ahead of its presentation to the Board. This is presented to the board at agenda item 3.4, with amendments proposed.

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 next meeting of the Group is due to be held on 9th September 2020.

b. Delivery and Performance Group

- i. Quarter 1 Plan in response to WG Operating Framework Feedback
- ii. Quarter 2 Plan
- iii. Finance Performance Report Month 3
- iv. Workforce Analysis Report – May 2020
- v. Performance Dashboard
- vi. Restarting Commission Assurance Framework

c. Quality Governance Group

- i. Concerns and Serious Incidents Report
- ii. Care Home Governance Audit Action Plan
- iii. Commissioning Assurance Framework with focus on Shrewsbury & Telford Hospitals
- iv. HSIB Maternity Report & PTHB Response
- v. Inspections and External Bodies Reports
- vi. Annual Quality Statement
- vii. Health & Safety Group Update Report
- viii. Quality & Engagement (Wales) Act
- ix. PSOW Annual Report

ITEMS TO BE ESCALATED TO THE BOARD

The committee did not indicate any items for Board Committee consideration at this stage, beyond those items already on the Board agenda as outlined.

NEXT MEETING

The next meeting of the Executive Committee is scheduled for 12th August 2020.