

BOARD MEETING: 29 JULY 2020
QUESTIONS RECEIVED IN ADVANCE OF THE MEETING

PRELIMINARY MATTERS

AGENDA ITEM 1.5: BOARD ACTION LOG

No.	Requestor	Date Received	Question Received	Director Lead	Response
1.	Trish Buchan, Independent Member	27/07/20	The Board Briefing on Equalities (including BAME) will not take place until February 2021. In light of the impact of Covid-19 on BAME community, what plans are there to strengthen our approach to EIA in the intervening months?	Director of Therapies & Health Sciences	Work continues to take forward the development of an all-wales EqIA approach which the health board is actively engaged in

PRELIMINARY MATTERS

AGENDA ITEM 2.2: PTHB QUARTER 2 OPERATIONAL PLAN

2.	Frances Gerrard, Independent Member	27/07/20	Are there plans to look at saliva testing instead of swabs?	Director of Public Health	Saliva based testing is briefly mentioned in the 'New Technologies' section of the recently published WG Testing Strategy. There is no specific detail on availability other than reference to it overcoming the constraints of swab supply. The WG Testing Strategy is available at: https://gov.wales/covid-19-testing-strategy-html
3.	Frances Gerrard, Independent Member	27/07/20	Have there been difficulties in tracing contacts?	Director of Public Health	The current mean number of contacts per case in Powys is 3.38. This is at the higher end of numbers of contacts per case across Wales – although there is a small numbers issue when making comparisons. Ad hoc issues do arise in some instances when contact tracing, but currently there is no systematic issue with tracing contacts. This is obviously aided by the social distancing arrangements in place to date which have brought down the number of contacts.
4.	Frances Gerrard, Independent Member	27/07/20	Can the Director of Public Health briefly describe how deaths are recorded i.e. are we counting	Director of Public Health	Deaths are recorded on a weekly basis using two approaches. The first captures deaths wherever COVID-19 is mentioned in a death

			COVID where it is on any part of death certificate or simply the main cause?		certificate. This is shown as a weekly bar chart. The second is a weekly record of all deaths measured against a 5-year mean to record overall excess deaths each week. The latter approach overcomes potential underreporting of COVID-19 on death certificates. Both approaches are reported to the PTHB Gold group weekly.
5.	Frances Gerrard, Independent Member	27/07/20	Are there currently challenges in recruitment and training of workforce and how are provisions made (an example)	Director of Workforce & OD	There is a risk that the health board will be unable to recruit the required level of the staff. Detail of this and mitigating actions is included in the Corporate Risk Register (agenda item 3.4. In addition, pages 45 & 46 of the Operational Plan outline actions the health board will take forward during the COVID-19 pandemic.
6.	Frances Gerrard, Independent Member	27/07/20	What has been response of Powys residents affected by change in shift of care provision?	Chief Executive	Answered in the meeting.
7.	Frances Gerrard, Independent Member	27/07/20	With regard to the risk of paying twice on block contracts – how likely is this? And what is done to mitigate?	Director of Finance & IT	The Health Board is currently paying its providers on an LTA (Long Term Agreement) 'Block' arrangement whereby the Health Board is paying an agreed set amount but unlike the standard cost and volume or cost per case arrangements the Health Board will not receive reimbursement for underperformance against the contract, whilst in this Block arrangement. This is as per the guidance issued by the Department of Health (DoH)/Welsh Government (WG) and these LTA Block arrangements are currently in place until the end of Q2, when this will be reviewed both by WG for Welsh providers and between WG and DoH with regard to the English providers. We are aware that during the pandemic providers have not be able to deliver the normal level of service/activity against the LTA requirements.

					<p>The Health Board will in the coming weeks be in receipt of the first quarters activity performance data to fully assess the level of underperformance from a financial perspective. It will then be the intention to share this data with WG, via the Mth 5 Monthly Monitoring Return and also with the Board. The risk is that in addition to the financial pressure these Block arrangements have had in 2020/21 above the budgeted IMTP levels, there is a further risk from the perspective of the Health Board potentially having to pay for additional activity in Q3/Q4 of 2020/21 and future years to mitigate the under-delivery in Q1/Q2 of 2020/21. In recognition of this risk the Health Board has commenced work in collaboration with WHSSC and Betsi Cadwallader UHB, who also commission significant levels of activity from their providers. These discussions focus on the options and approach for managing this risk into Q3/Q4 of 2020/21 and 2021/22 as well and the need for ongoing dialogue with WG and DoH. Finance will update the Board on this and the actions being taken throughout 2020/21, as well as working closely with colleagues within the Health Board Commissioning Team.</p>
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ITEMS FOR APPROVAL/RATIFICATION/DECISION

AGENDA ITEM 2.4: PTHB PODIATRY SERVICE ENGAGEMENT OUTCOME

No.	Requestor	Date Received	Question Received	Director Lead	Response
8.	Frances Gerrard, Independent Member	27/07/20	What are the plans for a supplementary on-line advice service?	Director of Therapies & Health Sciences	Answered in the meeting.
9.	Frances Gerrard, Independent Member	27/07/20	Is there a means of assessing feet via zoom/app in the first	Director of Therapies &	Answered in the meeting.

			instance (like most physiotherapists do?) This would only be appropriate in a minority of situations for podiatry.	Health Sciences	
10.	Mark Taylor, Independent Member	25/06/2020	<p>a) It was picked up by one consultee in terms of questioning why it is proposed to have a wound clinic in both Newtown and Welshpool? Taking that further is there a need for a community clinic in both as well?</p> <p>b) Supplementary Question: As these locations are only a relatively short distance apart and the rationale is to reduce locations would it not following this logic and be more efficient to just have one location?</p>	Director of Therapies & Health Sciences	<p>a) The plan is to include two specialist wound clinics in North Powys to meet the higher population demand and also provide clinical supervision and development for other staff. The Community Podiatry Clinics will also continue as these clinics provide a different broader service.</p> <p>b) Isochrones were completed and the larger volume of populations are in the Newtown and Welshpool area therefore the requirement to keep the clinics in both areas. The isochrones reviewed from the activity the travel times of the population who accessed the podiatry service in the North.</p>
11.	Mark Taylor, Independent Member	25/06/2020	<p>a) What is the rationale for providing a community clinic in Bronllys when utilisation/demand is under 3%</p> <p>b) Supplementary Question: What is unique about Bronllys, apart from it is in our ownership? It may serve a wide area but it seems to have a very low utilisation rate and is in close proximity to Brecon, where I believe, there is still going to be service provision?</p>		<p>a) Bronllys offers a service to a much wider population e.g Hay/Talgarth, Crickhowell, Brecon and Builth. As this is a Health Board owned building, we have flexibility and opportunities to develop a double chair clinic in the future for supervision and mentorship of the workforce. The accommodation in Crickhowell GP Practice is challenged and can only accommodate lone working. There is also an overall aim to reduce the number of bases, to minimise staff travel (staff, efficiency and environmental reasons) and maximise staff face to face with patient time and to make the job more attractive and less stressful. Staff report the constant travel and lone working a reason they leave. This is a</p>

					<p>service we have chronically struggled to attract people to and to keep staff.</p> <p>b) There is only the facility available for a 2-chair clinic in Brecon at present and the service for the population will require a 3rd clinic room which is why we are keen to retain Bronllys plus now with the COVID challenges we do have opportunity for a 2nd clinic room in Bronllys which can support the challenges of COVID and future clinical templates. Therefore, future proofing the model.</p>
12.	Mark Taylor, Independent Member	25/06/2020	<p>a) Whilst there is no formal split for service numbers between Brecon and Crickhowell, the figure of 232 patients (April-December) for Crickhowell suggests a split of approx. 50/50. If correct then some 8 - 9% of the overall demand comes from this area. Should we not have at least some provision in this locale, albeit that weekly clinics have not previously proved effective?</p> <p>b) Supplementary Question: For me this still leaves 8-9% with a gap in service provision, in comparison with other areas. I take the point re suitability of premises but would it not be appropriate to explore options for alternate location or commissioning option as Neville Hall is in close proximity? If it is taking around</p>		<p>a) If the clinic is run on a monthly basis from Crickhowell, it reduces the flexibility and safety for patients who need to be seen urgently and we struggle to fill slots if we have late cancellations (losing valuable patient time). This is a very inefficient way to benefit the total population.</p> <p>b) The community podiatry clinics do see simple wounds that may need to be seen more regularly than monthly however we know from experience we have not always been able to fill the weekly clinic slots in Crickhowell. A 2-chair clinic would not be efficient use of clinicians time in Crickhowell as there is not the demand/population and therefore a business case to explore renting a second room would not be ideal. We are committed to changing the booking system and improving the patient experience from referral to discharge.</p>

			6 weeks to book /get an appointment then is a small number of urgent referrals a sound logic to question safety as a reason not to provide a reduced service. if it is urgent then other locations maybe more appropriate anyway?		
ITEMS FOR APPROVAL/RATIFICATION/DECISION					
AGENDA ITEM 2.5: PTHB AMENDED STANDING ORDERS					
No.	Requestor	Date Received	Question Received	Director Lead	Response
13.	Trish Buchan, Independent Member	27/07/20	What will be the impact on PTHB Board?	Board Secretary	The temporary amendments will mean that an Independent Member who was due to reach an 8-year maximum term between July 2020 and March 2021 would be able to be extended for up to 2 years (10-years maximum) whilst Public Appointments are suspended due to COVID-19. This does not apply to any Independent Member on the PTHB Board. We are required to make the amendments to the Model Standing Orders, in-line with the Welsh Health Circular.
ITEMS FOR APPROVAL/RATIFICATION/DECISION					
AGENDA ITEM 2.6: BOARD AND COMMITTEE WORKPLANS 2020/21					
14.	Ian Phillips, Independent Member	27/07/20	Workforce, digital & innovative environments are important enablers in transforming care in support of manging into the winter period (winter pressures, potential 2 nd wave COVID-19). Should these be included in the Board work programme?	Chief Executive	Answered in the meeting.
15.	Ian Phillips, Independent Member	27/07/20	I note Digital is included in the P&R Committee programme and that the Digital Plan has been signed off by the Executive	Chief Executive	<ul style="list-style-type: none"> Digital Plan presented to Performance & Resources Committee on 30th June 2020.

			Committee – should this also be signed up to by the full board? And/or should Digital be considered in the S&P Committee work plan?		
16.	Ian Phillips, Independent Member	27/07/20	Where will the ongoing progress and monitoring of Workforce Futures be undertaken?	Chief Executive	Answered in the meeting.

ITEMS FOR DISCUSSION

AGENDA ITEM 3.2: PERFORMANCE OVERVIEW REPORT

No.	Requestor	Date Received	Question Received	Director Lead	Response
17	Trish Buchan, Independent Member	27/07/20	Page 6 Safe Care: a) Will red rated issues be discussed at Experience, Quality & Safety Committee on 30 th July 2020? b) Going forward, when can we expect to see an improvement in these areas?	Director of Nursing & Midwifery	<p>Yes, red rated issues will be discussed at Experience, Quality & Safety Committee on 30th July 2020.</p> <p>In relation to improvement, the focus of the infection prevention and control group has been strengthened, supplemented with an additional nursing resource to support community and enhanced settings. the appointment of an antimicrobial pharmacist and the partnership with general practice and specialist nurses, will further enable improvement</p> <p>Because of the zero number of hospital acquired thromboses last year, an increase of 1 results in the red rate attributed to it. at this stage, this is not currently an area that requires targeted improvement work, however monitoring of this key quality metric will continue.</p> <p>In terms of serious incident management within the 60-day timeframe, the effects of the covid19 pandemic have hindered some of the progress made earlier in 2020. However, on the specific focus has been reintroduced,</p>

					supportive meetings held regularly with clinical teams has resulted in early improvement in the quality of investigation and identifying learning, as well as compliance within the 60-day target. Progress reporting should identify improvement next quarter. Implementation of the clinical quality framework implementation plan will support sustainable improvement longer term, although the potential for resurgence of covid19 may have an adverse effect on delivering the improvement required.
18.	Trish Buchan, Independent Member	27/07/20	Page 7 Effective Care: a) When can Experience, Quality & Safety Committee expect an update on Mortality Reviews? b) Is risk stratification routinely taking place for all patients and all pathways?	Medical Director	a) A Mortality Report is scheduled for discussion at the Experience, Quality & Safety Committee in October 2021, set out within its workplan for agreement by the Board (agenda item 2.6)
19.	Frances Gerrard, Independent Member	27/07/20	Timely response to complaints: Given the continued constraints and uncertainties with COVID is the Health Board confident is can arrange a catch up to meet the agreed standards within the next 12 months?	Director of Nursing & Midwifery	As referenced in question 17, the effects of the covid19 pandemic have hindered some of the progress made earlier in 2020 in relation to managing concerns within 30-day timeframe. The specific focus on concerns (along with serious incidents) has been re-established, supportive meetings held regularly with clinical teams has resulted in early improvement in the quality of response and identification of learning, however, at present compliance with the 30-day target remains below the level required. The potential for resurgence of covid19 may have an adverse effect on delivering the improvement required, however, at this stage, the expectation is that steady progress can be made over the next 12 months.

20.	Frances Gerrard, Independent Member	27/07/20	With regard to PTHB not having access to the central validated reports that provide Powys resident wait details. How are we sorting this - what guarantees do we have – this is vital as all our secondary care is external?	Director of Planning & Performance	During the COVID pandemic multiple information flows were temporarily suspended nationally, including RTT. However, since the creation of this document routine patient wait data is now available. The NWIS processes which are accessed by the health board are now functioning normally, and this has allowed the most recent position for both English and Welsh providers to be reviewed through the Commissioning Assurance process.
21.	Ian Phillips, Independent Member	27/07/20	In one of the tables under Care Services Information it states that No data available currently – requires information flow. What is the impact of this lack of data in terms of ongoing planning and appropriate escalation of services?	Director of Planning & Performance	<p>The information flow for Powys residents who were admitted for COVID in DGH & Specialised services was an ask by the health board leads for the GOLD scorecard. This information under normal conditions is not available live, it was hoped that during the early phases of the COVID pandemic this level of granular detail might be available, as this was not possible to report daily it was removed from later revisions of the scorecard. Only ONS sourced death numbers by Provider and escalations commentary was used.</p> <p>In regards to planning and escalation of COVID patients, Powys resident demand and capacity planning was carried out in-line with the National models. Commissioned services had also incorporated our normal patient flow impact within their models to assess the requirement on urgent/high level care needs. Discharges or step downs into PTHB services for recovery were actively and robustly managed by the PTHB Bed Hub.</p> <p>The impact of this data not being available “live” meant that Powys demand on Commissioned services was dealt with by soft intelligence and close linking in cross-border command level meetings. Another</p>

					complication to the process during the first wave of the pandemic is linked to Clinical Coding suspensions/delays, this process provides the detail of care within the health boards admitted patient care (APC) data set. Further retrospective work will be carried out around admissions, discharges and deaths.
22.	Ian Phillips, Independent Member	27/07/20	What are the plans for reintroduction of diagnostic services?	Director of Primary, Community Care and MH	As outlined in the performance overview report there were a range of necessary modifications to pathways and activity during the early phase of covid. Diagnostic services are now increasing their activity and range of provision, albeit all services are having to adapt their approaches due to social distancing rules. Endoscopy services were halted in their entirety but they recommenced within PTHB on 20 th July focusing on urgent suspected cancers. Colonoscopies will commence on 7 th August. Plain film services were available in PTHB for urgent referrals and this offer has now been expanded to more "routine" patients with all radiology depts working through these patients now since the expansion of the service in the last fortnight With regards to Non-Obstetric Ultrasound (NOUS) the increase in local activity across urgent and routine referrals will take place over the next two weeks across the PTHB estate linking with appropriate in-reach providers as necessary.

ITEMS FOR DISCUSSION

AGENDA ITEM 3.4: CORPORATE RISK REGISTER

No.	Requestor	Date Received	Question Received	Director Lead	Response
23.	Trish Buchan, Independent Member	27/07/20	Do we currently have capacity to take forward identified actions?	Chief Executive	Answered in the meeting.

ITEMS FOR DISCUSSION					
AGENDA ITEM 3.6: PTHB JOINT COMMITTEES					
No.	Requestor	Date Received	Question Received	Director Lead	Response
24.	Frances Gerrard, Independent Member	27/07/20	What has been done during COVID-19 to ameliorate local distress from this well-funded charity in health care?	Board Secretary	<p>The Charity was able to appoint its Charity Manager in April, one month earlier than initially planned, to support the Health Board's charitable response to COVID-19. In this time, the Charity has joined the national COVID-19 response campaign, coordinated by the membership body, NHS Charities Together. As part of the campaign, the Charity has to date received £49,500 in grant funding to distribute specifically to support staff and patients across the health board as they adapt to the pandemic in the first of a three phase response. The first phase has prioritised supporting an immediate impact for staff and patients, with future stages to focus on collaborative projects with community partners and a Powys-wide recovery phase.</p> <p>To distribute the funding, the Charity has launched a new funding scheme for all staff with a streamlined application process to allow greater flexibility and easier access to funding. As of July, £22,000 of this grant has been distributed, with a further £12,500 earmarked against projects pending approval. The new funding stream has allowed the Charity to proactively engage with staff to ensure local priorities across Powys are addressed. In addition to the above funding, £26,000 has been spent by the Charity on other initiatives to support staff during the COVID-19 pandemic outside of the response to COVID-19 fund.</p>

					Projects funded by these grants include: provisions for staff wellbeing hubs and areas, new equipment to support social distancing and provide patients with remote access to support, digital screens to improve communication at each hospital site, wellbeing packs for patients, staff training and online leadership support services for frontline staff. The Charity has balanced its time between the above and also supporting the numerous community fundraising initiatives in support of the Health Board during this time. There has been overwhelming generosity from Powys communities wanting to support NHS staff and patients, which has also helped to guide the priorities of the Charity's funding response.
25.	Frances Gerrard, Independent Member	27/07/20	Major Trauma Network – Clearly this has greater resonance at present. Is the date of 14 th September 2020 to “go” live still extant?	Director of Therapies & Health Sciences	The Major Trauma Network is due to go live on the 14 th September 2020 with the following caveat: <i>This is subject to no significant surges of COVID-19 that impacts on system capacity across South Wales, West Wales and South Powys.</i> More information can be found at: https://gov.wales/announcements/search .

ITEMS FOR DISCUSSION

AGENDA ITEM 3.8: ADVISORY GROUPS

No.	Requestor	Date Received	Question Received	Director Lead	Response
26.	Trish Buchan, Independent Member	27/07/20	Given the current situation, is there a realistic prospect of reviewing the arrangements for the Stakeholder Reference Group and Healthcare Professionals' Forum during the course of the year?	Chief Executive	Answered in the meeting.