



POWYS TEACHING HEALTH BOARD

CONFIRMED

DELIVERY & PERFORMANCE COMMITTEE MEETING HELD ON THURSDAY 2 SEPTEMBER 2021, 10:00 – 13:00 VIA MICROSOFT TEAMS

Present:

Mark Taylor	Independent Member (Chair)
Melanie Davies	Independent Member
Rhobert Lewis	Independent Member
Tony Thomas	Independent Member

In Attendance:

Carol Shillabeer	Chief Executive
Hayley Thomas	Director of Planning and Performance
Julie Rowles	Director of Workforce and Organisational Development
Pete Hopgood	Director of Finance and IT
Rani Mallison	Board Secretary
Jayne Lawrence	Assistant Director of Primary Care Services
Jason Crowl	Assistant Director of Community Services Group
Louise Turner	Assistant Director of Women's and Children's Services
Lucie Cornish	Assistant Director Therapies & Health Science
Marie Davies	Deputy Director of Nursing
Ian Virgil	Head of Internal Audit

Observers:

David Collington	Community Health Council
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Apologies for absence:

Ronnie Alexander	Independent Member
Claire Madsen	Executive Director of Therapies & Health Science
Jamie Marchant	Director of Primary, Community Care and Mental Health
Rebecca Collier	Welsh Government

Committee Support:

Holly McLellan	Senior Administrator / Personal Assistant
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MEETING GOVERNANCE	
D&P/21/01	<p>WELCOME AND APOLOGIES FOR ABSENCE</p> <p>The Chair welcomed everyone to the meeting and confirmed the meeting was quorate. Apologies for absence were noted as recorded above.</p>
D&P/21/02	<p>DECLARATIONS OF INTEREST</p> <p>No declarations of interest were received.</p>
D&P/21/03	<p>MINUTES OF THE PREVIOUS MEETING</p> <p>No minutes were received from a previous meeting.</p>
D&P/21/04	<p>MATTERS ARISING FROM THE PREVIOUS MEETING</p> <p>No matters arising from previous meetings were received.</p>
D&P/21/05	<p>DELIVERY AND PERFORMANCE COMMITTEE ACTION LOG</p> <p>The Board Secretary provided the following update:</p> <p>Completed: ARA/21/46 - (Action transferred from Audit, Risk & Assurance Committee) - Machynlleth Post-Project Evaluation and Lessons Learned reported included on the Committee's agenda.</p> <p>PTHB/21/25 - PTHB Annual Performance Report 2020/21 - Performance Update and Planned Care update included on the Committee's agenda.</p> <p>PTHB/21/10 - Financial Performance (Action transferred from Board) - Integrated CHC Report included on the Committee's agenda.</p> <p>Updated: PTHB/21/10 - Performance Reporting (Action transferred from Board) - Issue regarding the non-availability of performance data regarding cancer from Welsh providers to be monitored by Performance and Resources Committee. – Data was now available, action completed.</p> <p>The Committee RECEIVED the updated Action Log.</p>

ITEMS FOR APPROVAL/RATIFICATION/DECISION

There were no items for approval, ratification or decision at this meeting.

ITEMS FOR DISCUSSION

D&P/21/06

PERFORMANCE OVERVIEW

a) PERFORMANCE DASHBOARD

The Director of Planning and Performance presented the previously circulated report which provided the Committee with a performance update against the 2020/21 NHS Delivery Framework and limited local measures.

It continued to be an interim process as a result of the COVID-19 pandemic in the absence of the regular Integrated Performance Report. The report contained a high-level summary of COVID-19 including infection rates, mortality and vaccination progress.

It provided an update on Powys Teaching Health Board's (PTHB) performance, set against the four aims and their measures including a dashboard showing the levels of compliance against the National Framework and Powys Teaching Health Board local measures.

Using the data, performance achievements and challenges at a high level were highlighted, a brief comparison to the All Wales performance benchmark was detailed.

Since the report had been finalised in August the case rate had increased to 295.99 per 100,000. In the last 21 days there had been an additional 1,212 positive cases recorded. Contact tracing and activity to support the increased case rates were significant and work was being undertaken with partners to ensure the increased workload could be supported. One additional resident death had been reported in Powys since the report was written, the total figure now stood at 274. For Mass Vaccination the number of first doses increased to 117,110 (94.8% of the current accessible population) with 104,000 second doses also administered. The potential of offering a third dose to the immunocompromised was being assessed for mid-September 2021.

There had been an increase in demand on Mental Health services. The summer of 2021 had been challenging for scheduled care. Planning was being undertaken to prepare the winter resilience plans.

	<p>In response to the recent difficulties in accessing data on the cancer position a deep dive on cancer performance was being undertaken to be brought to a future Committee.</p> <p><i>What were the contributing factors in Aneurin Bevan and Swansea Bay breaching the 52-week Referral to Treatment Time (RTT) deadline?</i></p> <p>The Director of Planning and Performance responded that there were a number of contributing factors and an analysis would be included in the next report. The Chief Executive added that key areas of issue for Swansea Bay related to trauma and orthopaedics, where orthopaedics saw the most significant wait time and for Aneurin Bevan were ophthalmology issues.</p> <p><i>To what extent had the accelerated enactment of the Winter Resilience Plan been considered?</i></p> <p>The Chief Executive responded that winter demands were already impacting PTHB. Discussion was underway with cluster leads and a more comprehensive plan would be available within the next 2-3 weeks. Testing may be undertaken during implementation to facilitate development and an acceleration of implementation.</p> <p style="text-align: center;">b) COMMISSIONING ASSURANCE</p> <p>The Director of Planning and Performance presented the previously circulated report which highlighted providers in Special Measures or scored as Level 4 and above following the 18th August 2021 PTHB Internal Commissioning Assurance Meeting (ICAM). At the time of the last meeting there were:</p> <ul style="list-style-type: none"> • 2 providers with services in Special Measures; • 1 provider at Level 4; <p>The report also provided:</p> <ul style="list-style-type: none"> • A high-level summary of key issues in relation Shrewsbury and Telford Hospitals NHS Trust (SaTH) and Cwm Taf Morgannwg University Health Board (CTMUHB); • Referral to treatment times (RTT) times. <p>The Committee DISCUSSED and NOTED the reports.</p>
D&P/21/07	<p>ELECTIVE CARE PERFORMANCE UPDATE</p> <p>The Assistant Director of Community Services presented the previously circulated report which provided a summary</p>

of current operational performance across a range of measures, and national programme requirements relating to Elective Care, including areas where the Community Service Group had made significant improvements or had particular challenges. The paper provided an update of Powys provided services.

Actions were listed where performance was not compliant with national or local Powys Teaching Health Board (PTHB) annual plan targets and highlighted short- and long-term risks to delivery.

PTHB had received funding from Welsh Government for the renewal priorities and non-recurring money had been allocated for the workstream of Diagnostics, Ambulatory and Planned Care. The paper was not an update on that specific programme but did refer to specific actions relating to outpatients and theatres as part of the work to deliver improved waiting times.

The waiting time target for therapies (and audiology) was 14 weeks from referral whilst the target for diagnostics was 8 weeks. The service had been working to a 12-13-week margin however COVID-19 exposure in staff had caused deadline issues. In order to compensate for staff absence, the action deadline had been moved to 4-5 weeks to ensure demand was met in good time.

For Referral to Treatment Time (RTT), an increase in demand was predicted to move through the system. The numbers of patients waiting had been reduced across the board. From 1,478 in November 2020 to 463 patients waiting over 36 weeks in July 2021.

Specialised care services were showing an underlying fragility. Recruitment was a focus with additional specific recruitment plans for the theatre team. Some success had been had in recruitment and 'growing our own' PTHB staff.

All patients waiting had been triaged and the waiting list had been validated with assurance given that patients on the waiting lists were appropriately supported. The backlog for endoscopy cancer services had been cleared in July however since it had deteriorated however, new endoscopists were being trained. The waiting list was intended to be brought back on track by the end of the year. The Bowel Screening Service continued to be fragile with Bowel Screening Wales having supplied some of their staff to help keep on top of the waiting list.

	<p>PTHB was the best performing area in Wales for Eye Care Measure, the service was in breach of their performance targets however were regularly reviewed. The Hereford team would be adding importing PTHB patients onto their waiting list.</p> <p>Key challenges moving forward were noted as general surgery, orthopaedics, eyecare and endoscopy.</p> <p><i>Had Elective Care information requests been received from Community Health Council (CHC) or the general public?</i></p> <p>The Assistant Director of Community Services responded that no formal request from the CHC had been received, however, a record of any requests received was kept. The Chief Executive added that 4 - 5 months ago a session was undertaken with CHC on recovery and renewal. Views were shared on flexibility for members of the public on accessing care where a faster route was available. In the public arena question and answer sessions and public briefings were undertaken to facilitate discussion. The challenge was that members of the public did not understand the impact on the rest of the service of high levels of emergency care and how the capacity to deal with the backlog was affected both by levels of emergency care and staffing.</p> <p><i>What would be the potential consequences from not achieving that reaccreditation Joint Advisory Group (JAG)?</i></p> <p>The Assistant Director of Community Services responded that the team was confident reaccreditation would not be an ongoing issue and existing accreditation would be maintained. The Director of Planning and Performance added that the endoscopy suite in Llandrindod, had been completed to JAG (Joint Advisory Group for endoscopy services) standards however it needed to be operational for one year prior to achieving the accreditation to ensure operational measures were met.</p> <p>The Committee DISCUSSED and NOTED the report.</p>
D&P/21/08	NEURODEVELOPMENTAL SERVICES PERFORMANCE UPDATE

The Assistant Director of Women's and Children's Services presented the previously circulated report which provided progress on the implementation of a redesigned ND service.

The Powys Teaching Health Board (PTHB) ND service had experienced an increase in demand that had been compounded by the COVID-19 pandemic. Insufficient capacity to meet the referral demand, coupled with a deficient professional skill mix had resulted in non-compliance with respective evidence-based Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) recommendations from the National Institute for Health and Care Excellence (NICE) guidelines.

The paper:

- Explored the key drivers for change.
- Outlined the breach of the Welsh Government (WG) 26-week RTT waiting time target.
- Highlighted the challenges experienced by the ND service due to a mismatch in demand and capacity.
- Outlined solutions to address the backlog, maintain the ND service and effectively respond to post diagnostic support for families.
- Outlined a new ND service model and the objectives and benefits the proposal will deliver for the organisation and the local child and young person's population of Powys.

The implementation of a new ND workforce model would recognise the need to enable recovery in the short term and realise renewal and transformation long term. Through Welsh Government, an investment of £299k had been allocated on a non-recurrent basis to address the waiting list backlog.

A significant increase of demand had resulted in a decline in the treatment time. Non-recurrent monies would be used to address these issues with investment in significant and multidisciplinary capacity. Key areas of recruitment were Speech and Language Therapy and Occupational Therapy. Prior to the pandemic the team were compliant with the RTT service. Service was suspended during COVID-19 and there had been an increase in demand post May 2021 when the service reinitialised. A project plan was in place however it would take some time to meet the diagnostic time scale.

	<p><i>To what extent was the recruitment process indicating successful outcomes?</i></p> <p>The Assistant Director of Women's and Children's Services responded that the Workforce Team were providing close support, work had been undertaken on the posts which were more likely to be recruited to. For instance, there had been more success in the multidisciplinary recruitment rather than in recruiting paediatricians. The Chief Executive added that increased creativity and re-design were required and supporting families would be key. The Director of Workforce and Organisational Development advised a specific approach regarding the recruitment of doctors may be necessary.</p> <p>The Committee DISCUSSED and NOTED the report.</p>
D&P/21/09	<p>FINANCIAL PERFORMANCE, MONTH 04</p> <p>The Executive Director of Finance and IT Services presented the previously circulated report which outlined:</p> <ul style="list-style-type: none"> • PTHB was reporting an overspend at month 4 for financial year 2021/22 of £0.063m. • Financial forecast to 31 March 2022 was to maintain a balanced plan based on the plan submitted to Welsh Government and presented to Board on 31 March and 30 June 2021. • To date £0.275m of green savings schemes had been identified by the Health Board for delivery in 2021/22 to meet the required target as per the plan of £1.7m. • PTHB had a capital resource limit of £15.125m and had spent £1.117m to date. <p>A number of assumptions were included in the 2021/22 Financial Plan approved by the Board. One of the assumptions was that the Health Board would deliver £1.7m of savings, with the remaining unmet savings to be supported via assumed COVID-19 funding to 31 March 2022.</p> <p>Any changes in the expenditure assumed within the plan would impact on the Health Board's ability to deliver a balance position based on the 'opening plan' position of £5.6m over committed. A level of COVID-19 funding was anticipated but yet to be confirmed in full by Welsh Government.</p>

No additional savings target was included in the 2021/22 Plan which meant all budget holders needed to remain within their funding envelope however at present some areas were not remaining within their budgetary levels.

If to support patient care and ensure a safe service the costs for CHC and variable pay continued at the levels seen in quarter 1, as a result there was a risk on the Health Boards ability to deliver financial balance in 2021/22. Workshops had been planned to address and mitigate the issue.

Tracking the underlying deficit was important. In a number of areas, recurrent funding was favoured to recruit staff. The would be a focus on saving schemes towards the end of the year.

How would challenges be managed considering current pressures particularly around staffing?

The Director of Workforce and Organisational Development responded that efficiency was key, whole system changes would be required ensuring areas were staffed most appropriately. Workforce Efficiency were reviewing what changes were needed in skill remits. The Executive Director of Finance and IT Services added that PTHB was focused on embedding wellbeing outcomes, financial stability would take a number of years to address.

To what extent would Continuing Health Care be a focus as an underlying area of concern?

The Chief Executive responded that a piece of work had been established looking at complex care. The 2021 CHC Framework and Decision Support Tool (DST) were being published by Welsh Government and were due to be implemented by November. Domiciliary care was used to support patients at home, the independent sector was also utilised. The review of key issues was timely and could be brought to the Committee.

Action: Consideration to be given for a future agenda item on the key issues in Continuing Health Care to be provided by the Executive Director of Finance and IT Services.

Given that Health Boards in Wales would have to arrive at a position in the next couple of years where the budget

	<p><i>was constrained while trying to expand services. Would the situation arise where PTHB would need to limit expansion?</i></p> <p>The Chief Executive responded that the 10-year strategy and COVID-19 harms had recently been discussed. Board was to discuss strategic planning on 21 September 2021. The prioritisation of key actions would be needed. There were some constraints to overcome through creativity and sustainability. In the next few months PTHB would decide on issues for the next 3-year plan.</p> <p>The Committee:</p> <ul style="list-style-type: none"> • DISCUSSED and NOTED the Month 4 2020/21 financial position. • NOTED that actions required in 2021/22 to deliver a balanced position at the 31st March 2022, including savings delivery. • NOTED the Covid-19 Report position reported on page 8 and in the attachments detailed in Appendix 1. • NOTED additional risks on delivery of balanced position at 31st March 2022. • NOTED the underlying financial position
D&P/21/10	<p>GENERAL MEDICAL SERVICES OUT OF HOURS PERFORMANCE 2020/2021</p> <p>The Assistant Director of Primary Care Services presented the previously circulated report which provided assurance around the Out of Hours (OOH) service provision for Powys patients. PTHB contracts with three providers to deliver its OOH services, 111, Shropdoc and Swansea Bay University Health Board (SBUHB).</p> <p>Attention was drawn to the inability the first providers (Shropdoc and SBUBH) IT systems to report against the OOH standards. PTHB had commissioned a data feed to access the necessary data to enable full reporting against these standards.</p> <p>A national replacement IT system for 111 / Out of Hours, called SALUS, was being developed for implementation in the next financial year. The 111 OOH offer to PTHB included call handling and first line triage only.</p> <p>Shropdoc provide PTHB with monthly reports detailing contract achievement against the All Wales OOH standards. Shropdoc performance against the standards is</p>

consistently very good. The current Shropdoc contract would terminate in June 2022.

SBUHB, formerly known as ABMUHB reporting on the relevant standard measures for the Powys element of the service was limited due to the inability to extract Powys specific data and no data was available regarding timely patient access. The new national reporting IT system SALUS, would resolve this issue in 2022.

A light touch reporting approach had been in place since the pandemic. The first draft of business intelligence reports had been done and by the end of quarter 3 a full report of the end to end access standards would be completed. Call handlers had been introduced to ensure patients in the queue knew they would be dealt with. A current challenge for Shropdoc was attending appointments within 1-2 hours due to the geography of Powys. Next steps for improving assurance would be end to end reporting by the end of December, and a CAFF framework approach be applied to monitor out of hours contracts.

In what timeframe did Shropdoc GP's attend the home therefore negating residents opting to go to A&E?

The Assistant Director of Primary Care Services responded that the data was available in the paper's appendices, any breaches beyond 2 hours were reviewed and reported. Where a delay occurred there would be regular contact with the patient in the form of triage and observation. The Chief Executive added that the performance of 111 was a concern. The All Wales service needed to provide a strong offer to give confidence to patients.

Action: Follow-up on 111 abandonment rates to be provided by the Director of Primary, Community Care and Mental Health.

Did Shropdoc and the 111 nurses have access to the electronic patient information?

The Assistant Director of Primary Care Services confirmed this was the case although occasionally firewall issues occurred which were escalated and resolved.

Would Shropdoc services with the current provider be continued?

	<p>The Chief Executive responded that this was a highly complex contract, there had been Board, Government and Council involvement and the relationship was with the Shropshire and Telford Clinical Commissioning Group. In every other part of Wales, the provision was from the Health Board themselves. PTHB providing similar provision had been discussed but was not considered to be a good option. Future commissioning arrangements would be brought back through Board for decision.</p> <p>The Committee:</p> <ol style="list-style-type: none"> 1) NOTED OOH performance during 2020/2021, recognising the challenges and limitations of reporting fully against the national standards and quality indicators, and 2) NOTED and endorse the agreement by the Delivery and Performance Group to progress Commissioning Assurance Framework (CAF) reporting for OOH for implementation by year end 2021/2022
D&P/21/11	<p>FUNDED NURSING CARE AND CONTINUING HEALTHCARE PERFORMANCE REPORT</p> <p>The Deputy Director of Nursing presented the previously circulated report which provided an update on Funded Nursing Care (FNC) and Continuing Health Care (CHC) provided to adults, children and young people’s Continuing Care (CC) in 2020-21, and to identify future plans for oversight and reporting.</p> <p>The Health Board commissioned care for individuals within their own home and those requiring long term nursing care in care homes.</p> <p>The Health Board sought assurance in relation to the quality of services provided in a variety of ways. It was noted that in 2020-21 there had been a significant impact from the COVID-19 pandemic. Over the year a wider focus to view the service on a population basis had been taken, and the opportunity to maximise the presentation and interpretation through data and intelligence which helped to inform and develop a value-based approach to care provision.</p>

	<p>The live Complex Care Dashboard was used in conjunction with the Council’s Dashboard.</p> <p>Work was being undertaken to produce patient stories, and the implementation of CHC was being considered for November. A closer working relationship had been seen with the Council during the pandemic, and Care Homes had been supported with infection prevention and control. CHC governance arrangements had been strengthened, and the increased spend would be subject to scrutiny to ascertain where savings could be made. Quality and value-based work would be a focus for the 2021/22 report, and quality metrics would be further developed and presented regularly.</p> <p><i>Had the joint work with the Council created a positive environment?</i></p> <p>The Deputy Director of Nursing responded that there had been challenges but it was a positive environment. A project was underway to develop partnership arrangements and there was willingness to cooperate. The Chief Executive added that it was a complex and challenging environment, local government were also constrained financially, and at a government level the funding of social care was a national issue. There was tension surrounding who paid for which services. The role of PTHB was to support practitioners to help ensure they supported the patient in what worked for them. Public sector services found it difficult to meet provisions.</p> <p>The Director of Planning and Performance noted in respect of Section 33 arrangements, and given the changes in some of the legislative spaces, it would be necessary to consider if PTHB had the right architecture and supporting arrangements in place to support the increase in care.</p> <p>The Committee DISCUSSED and NOTED the report.</p>
D&P/21/12	<p>CAPITAL AND ESTATES PERFORMANCE UPDATE</p> <p>The Director of Planning and Performance presented the previously circulated report. The Health Board had benefitted from an increase in capital allocation in 2021/22 with the Welsh Government (WG) committed Capital Resource Limit (CRL) at £14.575M. Progress had been made to engage a further three substantive Project Managers.</p>

	<p>The construction industry material supply issue could impact availability, cost and project programmes; to date it had caused limited disruption. COVID-19 remained an underlying issue affecting project activity.</p> <p>From the Estates Funding Advisory Board (EFAB), PTHB had secured an additional £2.2M funding across a number of technical / specialist areas. This meant exceptional items no longer need to be funded by Discretionary Capital.</p> <p>The following major projects were supported by the All Wales Capital Funding (AWCF) / Integrated Care Funding (ICF):</p> <ul style="list-style-type: none"> • North Powys Programme, • Llandrindod Phase 2 and • Brecon Car Park <p>PTHB had developed and submitted Business Cases to Welsh Government. At Machynlleth works on site had advanced well, with the status of other business cases set out within the report.</p> <p>From Welsh Government COVID/Recovery Capital, circa £550K had been secured to support the pandemic recovery. Additionally, a request was received from Welsh Government to identify any COVID-19 or associated recovery capital bids.</p> <p>Business case approaches were still awaiting response from Welsh Government for the 3 major projects, North Powys Programme, Llandrindod Phase 2 and Brecon Car Park.</p> <p>Anti-ligature work was on track. There had been opportunity to bid for some additional COVID-19 capital monies. Estates higher level risks had been identified in the discretionary level capital. There was a low level of contingency going into the winter.</p> <p>Progress had been made around the environmental sustainability and decarbonisation which would be reported to Board.</p> <p>The Committee DISCUSSED and NOTED the report.</p>
D&P/21/13	<p>INFORMATION GOVERNANCE PERFORMANCE REPORT</p>

	<p>The Board Secretary presented the previously circulated report which showed compliance and an assessment against key Information Governance (IG) performance and compliance indicators.</p> <p>The paper provided an overview of Quarter 1 (Q1) performance. In terms of Freedom of Information requests Q1 saw 77 requests with a 62% compliance. This was due to a number of factors, including sickness within the team. These had now been resolved. 149 Access to Information requests had been received with an 86% compliance rate. 14 Access requests had not been responded to within the one-month deadline. This was due partly to capacity but also increased complexity of requests.</p> <p>One complaint had been received for Information Governance, which related to the Womens and Childrens Service Group, an investigation was undertaken and improvements had been made.</p> <p>There had been 28 Information breaches within Q1, Datix reporting was being maximised. 1 breach had been escalated and a tracker had been established.</p> <p>Key themes were identified around staff and patient confidentiality, records management and information being sent to the wrong places.</p> <p><i>Could a theme be identified in the Freedom of Information and Access requests?</i></p> <p>The Board Secretary responded that no key theme could be identified at present, however, the trend was an increase in Freedom of Information requests.</p> <p><i>Was there an opportunity to discuss with the applicant if significantly complex requests were received to inform that it was untenable to respond within the designated time frame?</i></p> <p>The Board Secretary confirmed that the clock could be stopped and the request discussed with the requestee.</p> <p><i>When would the tracker be available?</i></p> <p>The Board Secretary advised that the tracker would be embedded from the next report.</p>
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	<p>The Chief Executive raised that in respect of the issue of Information Governance breaches and hotspot areas, some of the root causes could be the systems currently in place. An improvement plan was in place to address this including the intention to digitise current records.</p> <p>The Committee DISCUSSED and NOTED the report.</p>
D&P/21/14	<p>RECORDS MANAGEMENT IMPROVEMENT PLAN UPDATE</p> <p>The Board Secretary presented the previously circulated report which provided an outline of progress made in implementing the Records Management Improvement Plan, approved in November 2019.</p> <p>The Health Board, via the Records Management Framework, had committed to a systematic and planned approach to the secure and effective management of all records within the organisation, particularly patients' records.</p> <p>The Executive Committee had agreed investment in the appointment of a "Documents and Records Manager". This post would replace the Service Improvement Manager role previously established on an interim basis, which had been vacant since January 2021.</p> <p>The Executive Committee had also agreed investment in the appointment of an experienced Project Manager to lead the planning and development of the Health Board's approach to digitisation of records.</p> <p>Progress had been made, especially on governance related programmes.</p> <p><i>The new appointment is to be welcomed, however, could the Business Case be produced in a shorter timeframe than the 10 months outlined within the report?</i></p> <p>The Board Secretary responded that some work was ongoing behind the scenes. The Director of Finance and IT Services added that the objective was to complete the Business Case as soon as possible, however, for the level of work, it was considered a reasonable time scale therefore avoiding false expectations.</p> <p>The Committee:</p> <ul style="list-style-type: none"> • NOTED the progress made to date; and

	<ul style="list-style-type: none"> NOTED those actions where progress has been delayed due to the impact of COVID-19.
ITEMS FOR INFORMATION	
There were no items for information.	
OTHER MATTERS	
D&P/21/15	<p>ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND OTHER COMMITTEES</p> <p>No items were noted.</p>
D&P/21/16	<p>ANY OTHER URGENT BUSINESS</p> <p>The Assistant Director Therapies & Health Science provided an update on the supply of blood vials as discussed at informal Board Development.</p> <p>BD blood vial supply was a national issue. BD was an All Wales supplier, the issue particularly affected types of 4 tubes, there was less reliance on them by PTHB. Usage and flow had been advised not to be re-routed.</p> <p>There was work being undertaken on a national level with, supplies due to arrive from the USA by the week ending 3 September 2021. The shortage was expected to continue until November with a critical point in the next few weeks.</p> <p>From a local perspective a tactical response meeting would be undertaken. The Director of Primary, Community Care and Mental Health was the Executive lead and would escalate any issues as required. A stock take had been done of all relevant stock across the Health Board and was being managed by the community services group. The situation was more complex in primary care, there had been queries around clinical compliance.</p> <p>The national advice was that there should be a reduction in use to only essential bloods. Primary care had requested more definitive guidelines from the PTHB Medical Director. PTHB had requested that robust guidance be provided to help with decision making. A 70% reduction of usage had been achieved across primary care. An impact on delivery and performance was predicted in the future. PTHB was in line with the national response.</p> <p><i>What was the national view point on how long the plans would be in place and when would the local impact be seen?</i></p>

	<p>The Assistant Director Therapies & Health Science responded that there was one type of tube which was now down to a 3.5-week central stock level. The next were an 8-week, 10-week and 20-week supplies. Stock had been restricted and normal stock orders could not be undertaken but Health Boards had amalgamated their stock levels. A traffic light system had been set up to help monitor stock and there had been no amber stock levels as yet. NWSSP had advised that if orders were placed they would be fulfilled and the situation was predicted to continue until November. A factory was shut in Plymouth for essential maintenance but had now restarted work.</p>
D&P/21/17	<p>DATE OF THE NEXT MEETING: 1 November 2021, 14:00 – 17:00, Microsoft Teams.</p>