

POWYS TEACHING HEALTH BOARD

CONFIRMED

MINUTES OF THE MEETING OF THE BOARD

HELD ON WEDNESDAY 26 MAY 2021, AT 10.00AM

VIA TEAMS

Present

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

In Attendance

Rani Mallison	Board Secretary
Andrea Blaney	CHC
Carl Cooper	PAVO (item 3.1)
Peter Taylor	Head of Podiatry and Orthotics (Item 3.4)
Liz Patterson	Corporate Governance Manager
Caroline Evans	Head of Risk and Assurance

Apologies for absence

Frances Gerrard
Wayne Tannahill
Katie Blackburn

Independent Member (University)
Head of Estates and Properties
CHC Chief Officer

PRELIMINARY MATTERS

RESOLVED THAT due to the unprecedented health emergency of COVID-19, and the clear Public Health instruction to practice social distancing, meetings will run by electronic means as opposed to in a physical location. This decision had been taken in the best interests of protecting the public, staff and Board Members.

The meeting was live-streamed and uploaded to the website after the meeting for viewing on demand.

PTHB/21/01	WELCOME AND APOLOGIES FOR ABSENCE The Chair welcomed all participants to the meeting noting that a number of observers were present as outlined in the attendance record. Apologies for absence were noted as recorded above.
PTHB/21/02	DECLARATIONS OF INTEREST No new declarations of interest were made.
PTHB/21/03	MINUTES OF MEETING HELD ON: 31 March 2021 The minutes of the meeting held on 31 March 2021 were received and AGREED as being a true and accurate record.
PTHB/21/04	MATTERS ARISING FROM THE MINUTES OF THE PREVIOUS MEETING There were no matters arising from the minutes.
PTHB/21/05	BOARD ACTION LOG The following actions on the action log had been completed: <ul style="list-style-type: none">• PTHB/20/147 Capital Programme 2021-2023 (transferred to Performance and Resources Committee Action Log)• PTHB/20/148 - Socioeconomic Duty for Wales (transferred to Experience, Quality and Safety Committee Action Log)

	<ul style="list-style-type: none"> • PTHB/20/153 - Corporate Risk Register (transferred to Performance and Resources Committee Action Log) <p>The following action remained:</p> <ul style="list-style-type: none"> • PTHB/20/155 - P&R Committee Chair's Report - A Board discussion to take place on risks associated with Workforce Sustainability and Model as articulated in the Corporate Risk Register will be included in the workplans to be presented to Board on 29 June 2021
PTHB/21/06	<p>UPDATE FROM THE:</p> <p>A) CHAIR</p> <p>The Chair presented a written report drawing attention to the recent election and new Members who had been elected to the Senedd. The newly appointed Health Secretary was a Senedd Member for the area and had a keen interest in Health. The Chief Executive and Chair were taking every opportunity to meet with the new Senedd Members and wished to thank the previous Health Secretary Vaughan Gething and to wish him well in his new role. The Board had completed a Development Session examining the effectiveness of Committees which would be considered alongside Committee terms of reference, membership and Board Champion roles. Appraisals with Independent Members had been undertaken with one remaining outstanding.</p> <p>B) VICE-CHAIR</p> <p>The Vice-Chair presented a report drawing attention to the recent launch of NEST under the Children and Young Peoples Programme.</p> <p>C) CHIEF EXECUTIVE</p> <p>The Chief Executive presented a report noting that much work had taken place since Board had approved the Interim Annual Plan. It was expected that PTHB would receive £2.5million of the £100million that Welsh Government had made available for recovery. Discussions had taken place in a variety of settings including the Local Partnership Forum, with the CHC and with staff regarding the annual plan which had been useful.</p>

	<p>A sustained lower level of covid-19 cases had been seen with the testing and tracing service now adapting to focus on supporting returning international travellers.</p> <p>All eligible adults over 18 had now been invited for their first vaccination. The focus now would move to second doses and booster vaccinations.</p> <p><i>What arrangements are being made to work with individuals who are hesitant about vaccination?</i></p> <p>The Deputy Chief Executive advised that each person who had not attended a vaccination appointment was contacted and asked for their reasons for not attending. Information was offered and a new appointment was made available.</p> <p><i>How is the Health Board ensuring that no-one gets left behind in the vaccine rollout?</i></p> <p>The Deputy Chief Executive advised a key workstream had been created ensuring no-one got left behind which was targeting groups such as the homeless. Information was being shared with England to ensure that people living in border communities had been offered vaccinations allowing for the complexities of where a person lived and where their registered GP was situated. The focus had moved to second doses and whilst the Health Board had had excellent uptake it was getting harder to persuade those who were not yet vaccinated to come forward. Best practice in this regard was being shared with Health Boards across Wales.</p> <p>The Director of Public Health advised it was vital to ensure people received both doses of the vaccine to be best protected but vaccination was voluntary and it was necessary to ensure people had all the information required to make an informed decision.</p>
ITEMS FOR APPROVAL, DECISION OR RATIFICATION	
PTHB/21/07	<p>POLICY ON PUTTING THINGS RIGHT AND MANAGEMENT OF CONCERNS</p> <p>The Director of Nursing and Midwifery presented the report and policy 'Putting Things Right and Management of Concerns' following a review of existing policies and</p>

procedures to comply with Section 38 of the Public Services Ombudsman (Wales) Act 2019.

Are there any plans to make a pocket version available?

It was confirmed there was an intention to develop a user guide in addition to the excellent documentation provided by the Ombudsman. The organisation was also looking to develop a Charter.

Section 2.2 of the policy outlined that 'staff involved in complaints are given support'. The information provided by the Public Services Ombudsman talks of 'treating staff equally' which is stronger than the policy. Could this be considered?

The Director of Nursing and Midwifery noted the helpful comment and advised this would be developed for the revised policy.

Will the duty of candour included in the Quality and Engagement Act 2021, which will be implemented in 2023, be affected by the simplification of a complex subject?

The Director of Nursing and Midwifery agreed that oversimplification could lead to the loss of detail. It was expected that guidance would be published regarding the Quality and Engagement Act and it was expected that the organisation would need to make changes in light of such guidance.

At the end of Section 6, in relation to vexatious and repetitive complaints, the policy states 'Our response to these situations will be dependent on the individual circumstances.' Could the additional wording be added: 'nevertheless we will take every step to ascertain the substance of any complaint'? A complaint should not be ruled out solely by the way it is presented.

The Director of Nursing and Midwifery noted the link between this comment and the one regarding the treatment of staff noting that both will be considered when the policy was brought back to Board later in the year.

The Chief Executive added that complaints were welcomed as a means to help improve services and it was only in extreme circumstances that the vexatious or repetitive complaints point would be triggered.

	<p>The Interim Policy on Putting Things Right Policy and Management of Concerns was AGREED for submission to the Ombudsman’s Office.</p> <p>Board NOTED the need for continued review and changes necessary to both the Putting Things Right Policy and Serious Incident Policy through June and July 2021, to take account of finalised policy documents issued at national level.</p> <p>Board SUPPORTED the work in progress to develop a simplified process to support staff in managing complaints.</p> <p>Board SUPPORTED the work in progress to develop guidance or a charter for Powys residents and their families clearly setting out what they can expect from the health board when they raise a complaint.</p>
<p>PTHB/21/08</p>	<p>REORGANISATION OF LOCALISED VASCULAR SERVICES INTO A ‘HUB AND SPOKE’ MODEL VASCULAR NETWORK FOR THE SOUTH EAST WALES REGION: A REPORT ON ENGAGEMENT 2021</p> <p>The Deputy Chief Executive presented the report regarding proposals to reorganise localised vascular surgery services into a vascular network to meet quality and safety standards. An eight-week period of engagement was held between February and April 2021 proposing a hub and spoke model with the hub situated at University Hospital Wales in Cardiff and spokes in Royal Gwent Hospital, Grange University Hospital, Royal Glamorgan Hospital, University Hospital Llandough. Pre and post-operative care would continue to be undertaken locally across the region.</p> <p>The Equality Impact Assessment noted an issue of increased travel time to the hub with early transfer of the patient back to a local hospital identified as mitigation.</p> <p>The CHC supported the proposal and their observations were included in the papers attached to the report.</p> <p><i>The direction of travel is clear from the documents but from the perspective of PTHB it appears that planned care is focussed along the M4 corridor. The organisation had already expressed an intent to offer more services locally.</i></p>

	<p><i>Are discussions taking place to provide any of these vascular services locally?</i></p> <p>The Deputy Chief Executive advised that this would be included in the recovery response and that Cwm Taf UHB and Aneurin Bevan UHB were both keen to discuss this with PTHB. It would not be possible to put this in place from the start but it would be examined and it was intended that post-operative care would continue to be provided locally.</p> <p><i>Has the socio-economic duty been considered in the preparation of these proposals?</i></p> <p>The socio-economic duty was referenced within the report as one area amongst others for consideration. The socio-economic duty ensured that the findings of the equality impact assessment were taken into account.</p> <p><i>There is an unfinished sentence within the cover report at 2.2 on page 5. What should this read?</i></p> <p>This should read ‘...to ensure that equality considerations continue to be at the heart of implementation’.</p> <p>Board NOTED the content of the Reorganisation of Localised Vascular Services into a ‘Hub and Spoke’ model Vascular Network for the South East Wales Region: A Report on Engagement 2021, and,</p> <p>CONSIDERED the views of the Community Health Councils, submitted directly by the CHC, and,</p> <p>APPROVED the use of the engagement feedback to inform the implementation of the South East Wales Vascular Network.</p>
ITEMS FOR DISCUSSION	
PTHB/21/09	<p>WORKFORCE FUTURES STRATEGIC FRAMEWORK</p> <p>The Director of Workforce and OD and Carl Cooper (PAVO) gave a joint presentation on the Workforce Futures Strategic Framework which had been undertaken in partnership with PTHB, Powys County Council and PAVO.</p>

The Director of Workforce and OD highlighted that the Framework had five themes:

- Education, training and development
- Partnership and Citizenship
- Designing, planning and attracting the workforce
- Leading the workforce
- Engagement and wellbeing

All of these themes were underpinned by digital infrastructure.

The Health and Care Academy would be instrumental in achieving the education, training and development part of the framework. Work had commenced in fitting out the Hub at Bronllys. The Academy will have four schools:

- Research and innovation
- Leadership
- Professional and Clinical Education and Training
- Volunteers and Carers

The aspiration was for the Bronllys Campus to open in autumn 2021 and beyond the work being undertaken to fit out the Basil Webb building it was intended to develop adaptive learning opportunities within one of the bungalows where a home environment would be created for practitioners to learn to provide care. These are the first developments of learning sites across Powys.

The Programme had been scoped with the following early deliverables:

- Bronllys Campus
- Digital Learning Management System
- Rural nursing degree with Aberystwyth University
- Working with HEIW regarding a Primary Care Academy

Career pathways start with attracting young people to work in health including employability training in conjunction with Arwain and the Kickstart Programme for 16-24 years olds on Universal Credit. The Apprenticeship scheme had

grown from 2 to 10 and would continue to grow. The Academy site is central to this.

The Chief Executive of PAVO presented on Theme 3 - Partnership and Citizenship. A Citizen Sector Response Group (CSRG) had been set up originally in response to the covid pandemic. This fitted the criteria of the Social Services and Wellbeing Act for areas to have a Social Value Forum. The purpose was to support the development of social value initiatives to improve people's wellbeing and support their health and social care requirements.

Within the Workforce Strategic Framework there was a commitment to develop a volunteer workforce which had been kickstarted over the last year with 1,380 volunteers coming forward in addition to the volunteers placed within the mass vaccination settings. Thirteen community support networks had supported local community resilience.

Within the Health and Care Academy there was a school of Volunteers and unpaid Carers which demonstrated the value placed upon those residents.

PAVO were about to launch a five-year strategy for volunteering in Powys for unpaid carers supported by a three-year operational plan and three-year resource plan. This would come to Board and it was hoped would support PTHB plans. Consultants had been engaged to develop what the school will deliver in order to build the skills for volunteers and unpaid carers.

The main risk related to the unknown extent of ICF funding upon which community connectors rely.

The Director of Workforce and OD continued with the presentation outlining how Leadership and Talent pipelines were being developed. A digital transformation bid had been made with partners including the University of South Wales to improve digital skills across the workforce.

To date investment had included capitalising on the investment support from ICF along with support from Kickstart and Arwain together with the National Volunteer Grant and Carers Grant.

	<p><i>Progress on this is welcomed along with the partnership working. This will help towards meeting requirements of the Future Generations Act and responsibilities under the socioeconomic duty. It will be essential to have a firm business case and understanding that sustainable funding is in place.</i></p> <p>The Academy funding for this phase is set out and the partnership nature of the project means that different funding can be accessed. Universities are increasingly looking to in-reach and the organisation will now be able to take up an in-reach offer now the Academy is in place.</p> <p><i>The project is dazzling in ambition and importance. The people of Powys should be reassured by this as the way medicine will be delivered will be different and it will need skilled staff to deliver this.</i></p> <p><i>This is a wonderful opportunity for all grades of staff and the tremendous amount of work is acknowledged from the volunteers in conjunction with mass vaccination.</i></p> <p>These comments were noted.</p> <p>The Workforce Futures Strategic Framework was discussed and NOTED.</p> <p style="text-align: right;"><i>Carl Cooper left the meeting.</i></p>
<p>PTHB/21/10</p>	<p>PERFORMANCE REPORTING:</p> <p>a) PERFORMANCE OVERVIEW</p> <p>The Deputy Chief Executive presented the report giving a brief update on the changes to the NHS Delivery Framework 2020/21 and the latest performance position at March 2021. Across Powys there had been a total of 4,291 positive covid-19 test results. The seven-day covid-19 case incidence rate had dropped to 2.72/100k with just 3 cases in the last 7 days. Positivity was 0.37% for the week ending 21 May 2021 based on 2,157 testing episodes.</p>

Test and Trace continued to perform well in partnership with the local authority. In addition to the tracing element of the service there was a requirement to follow up travellers returning from amber rated countries. A broader range of asymptomatic testing would will start in June.

156,445 first and second vaccine doses had been administered with over 48% of the population now offered both doses. The focus now was on second doses and leaving no-one behind. Phase 3 of the programme was in the planning stages in respect of booster vaccinations.

The Director of Public Health noted that PTHB had one of the lowest case incidence rates but caution was needed as this could change quickly in particular in relation to returning travellers.

Over the summer a number of mass events were planned and the organisation, local authority and wider partners were examining how these could be supported. As part of the national trial events a mass event was planned to take place in Brecon.

The Prevention and Response Plan was being refreshed for submission at the start of June with the inclusion of detail on potential surge testing and testing of returning travellers.

The Deputy Chief Executive noted there had been a focus on the backlog of people waiting for treatment. There were now over 3,000 people waiting over 52 weeks for treatment across Welsh and English providers and as of April 443 people waiting over 52 weeks within Powys as a provider. The key specialties of concern remain the same for all providers namely trauma, orthopaedics, ophthalmology and general surgery.

The Director of Primary, Community Care and MH noted that unscheduled care was fully open with the key challenge for unscheduled care relating to the red performance of the Welsh Ambulance Services Trust (WAST). PTHB were working with WAST on the actions they were taking, the opportunities for further

improvement and the Rural Model which WAST were scoping which would reflect the specific needs in Powys. It should be noted that the amber service and community service waits were invariably the lowest in Wales.

Powys teams were doing all they could to minimise wait times; a number of services had recommenced; clinical teams monitored and prioritised referrals but the wait times continued to present a challenge. However, progress is being seen with a reduction in wait times continuing. For people waiting over 36 weeks the number had reduced from 690 last month to 618. For people waiting over 52 weeks the number had reduced from 536 last month to 453. Further progress would be made using the recovery and renewal money.

Therapies was performing well with the only service showing waits of more than 14 weeks being podiatry. It was expected that podiatry waits would be back to pre-covid levels in the coming weeks.

Non-surgical ultrasound remained a challenge but additional workforce has been secured and it was expected that the position in this area would improve by mid-July or earlier.

In Mental Health all targets had been achieved whilst the Mental Health teams had additionally undertaken care home vaccinations. Silver Cloud was receiving an increasingly level of referrals. This service was able to refer people to the right kind of support which was not always a Mental Health professional.

The Director of Nursing and Midwifery advised that there was an improving trajectory in terms of compliance with 30-day response rate for complaints. The organisation remained below the all Welsh trajectory but is improving. Some of the challenges include national changes in the way this portfolio was managed along with the impact of covid. Internal oversight arrangements and assurance and reporting mechanisms were strong, targeted

intervention had taken place with the team to focus on the improvement trajectory. The Once for Wales system had now been introduced.

The Director of Workforce and OD noted a dip in performance appraisals during covid but arrangements were in place to improve in this important area. The Director of Primary, Community and MH in support of the Director of Workforce assured Members that as Director of the largest workforce areas, improvements were being seen with the exception of Medicines Management who understandably had been focussing on the mass vaccination programme.

Prior to the covid pandemic there were questions regarding the ability of WAST to abstract their vehicles when taking patients to The Grange. Has this concern materialised?

The Director of Primary, Community Care and MH noted that it was early days but the flows were similar to what had been expected. There were fewer patients going to The Grange than went to Nevill Hall Hospital as the majority now go to Prince Charles Hospital. There is no suggestion that the red WAST performance has been affected by the change to pathways in south Powys. There were a low level of red calls in Powys (approximately 18-25/week).

The Chief Executive advised a weekly review was undertaken of which WAST participate to plan and monitor the pathway change in south Powys. There were no signs that ambulances were being diverted in respect of the change.

The changes to the format of the report are to be commended with the move to statistical process control.

Has any confirmation been given regarding the non-availability of performance data regarding cancer from Welsh providers, and is it known when this will be available?

The Deputy Chief Executive advised this was an ongoing issue but a meeting had taken place with Welsh Government and delivery unit colleagues to discuss the

need to resolve this issue. A timeframe was not available but an update would be brought to Performance and Resources Committee. It was a longstanding issue on which workarounds are being sought.

Action: Deputy Chief Executive

In respect of follow-up reviews, are these designed to review the appropriateness of follow-ups or is there a move to prevention? Are there any measures that are nationally being developed to measure those people who are under continuous review or seen on symptoms?

The Director of Primary, Community Care and MH noted that follow-ups were a long-standing issue. Patients are concerned that they will be lost in the system if they are taken off a list, but a move towards PIFU (Patient Initiated Follow-up) and SoS (Seen on Symptoms) should give confidence that this is not the case.

Is the mortality graph skewed because of the models of care in Powys, particularly around palliative care and low numbers? Is there confidence the reviews are in place and are being done in a timely way?

The Medical Director advised that mortality reviews were undertaken twice yearly on all deaths in PTHB hospitals in line with all Wales practice. These were rigorous with each patient's notes examined by a Senior Clinician for good practice and to share learning. Feedback was given to individuals and teams where there learning was. Additionally a number of 'deep dives' were undertaken.

The Performance Overview Report was DISCUSSED and NOTED.

FINANCIAL PERFORMANCE

The Director of Finance and IT presented two reports, for month 12 of 2020/21 and for month 1 of 2021/22 advising that the financial position at year end was a £129k underspend against revenue and a £27k underspend against capital. Subject to audit the organisation had met the statutory requirement to breakeven against revenue

and capital. The year-end timetable was included covering the submission of the annual accounts. Wales Audit were progressing well with the audit, and final audited accounts would be submitted to Board in early June.

The Month 1 report monitored performance against the draft annual plan. At month 1 a £15k overspend was noted but a breakeven position forecast. The capital resource limit was £14.5million, a significant increase on last year's capital spend.

Page 4 of the report noted there were a number of unachieved savings brought forward from last year (mainly as a result of the pandemic). The draft plan includes the assumption that savings delivery would start in quarters 3 and 4 and that £1.7million of efficiency and savings would be delivered. Progress on this would be reported regularly.

Attention was drawn to two areas of concern firstly in respect of variable pay and secondly in respect of long-term packages of care that were emerging cost pressure areas that will require management action and focus to manage and mitigate going forward.

Page 8 outlined at present the forecast covid related spend was £20million for the current financial year.

Continuing Health Care has been highlighted as a risk. Can this be included in a Board Development session?

The Director of Finance and IT suggested it could be either included within a Board Development session or as part of a report to Performance and Resources Committee.

Action: Board Secretary

The Chief Executive noted it was important to track the underlying brought forward deficit identified as an indicative figure and forecast as -£7.3million for 2022/23. The long term national fiscal policy was as yet unknown but it was recognised that the pandemic had had an enormous impact on the economy and it would be important to make strategic changes this year to enable the organisation to be on a stronger position at the start of 2022/23.

	<p><i>The Finance Independent Member passed on their Congratulations to the finance team and the wider organisation for delivering a balanced budget given the challenges faced in year. A question was asked in relation to the financial outlook going forward and Pay Awards and any impact this may have on the Health Board financial position.</i></p> <p>The Director of Finance and IT noted there was an element of uncertainty and plans could only be made on the basis of information currently known. It was important to maximise the impact of the Health Boards expenditure as per funding available to deliver the best outcomes for the Powys population.</p> <p>The Chief Executive advised that pay awards were set by the Pay Review Body who were due to report imminently. What was decided for England may mean some consequential funding would feed through to Wales but additionally devolved decisions may differ which could present challenges.</p> <p>Board NOTED the reports.</p>
<p>PTHB/21/11</p>	<p>ANNUAL REPORT: NURSE STAFFING LEVELS (WALES) ACT 2016</p> <p>The Director of Nursing and Midwifery presented the report outlining the organisations compliance with the Nurse Staffing Levels (Wales) Act 2016 together with commentary on nurse staffing in NHS Trusts in England which were not subject to Welsh legislation. The impact of the proposed extension of this legislation to nursing and health visiting services was outlined.</p> <p>The report suggested a reasonable assurance could be taken in respect of nurse staffing internally and from commissioned services.</p> <p><i>What assurance can be given regarding the mechanisms for monitoring the progress in SATH?</i></p> <p>The Director of Nursing and Midwifery noted that compliance with the requirements in England were one of</p>

	<p>the areas that the Quality Review meetings concentrate on including nurse staffing levels. This was included within the Commissioning Assurance Frameworks.</p> <p>Board NOTED the contents of the report.</p>
<p>PTHB/21/12</p>	<p>PODIATRY SERVICES IN POWYS</p> <p>The Director of Therapies and Health Sciences introduced the paper noting that this area had received a No Assurance rating from Internal Audit in 2018/19. It was re-audited in September 2019 with a Limited Assurance outcome. All of the recommendations have now been implemented. One of the recommendations had been to improve leadership and a new Head of Podiatry and Orthotics was appointed in July 2020.</p> <p>The Head of Podiatry and Orthotics presented the report outlining to address the findings of the internal audit report changes were made to the management of caseload. The caseload was large with many patients not having had contact with the service for two years or more. Contact with patients was initially undertaken by podiatrists but this was then undertaken by the contact centre who initially phoned patients and then wrote to them. The case load was now fully validated.</p> <p>Changes were made to the way appointments were managed. Originally patients rang the contact centre but were unable to make an appointment. The new arrangement meant existing patients book their next appointment with the podiatrist and only new patients go through the contact centre. The service were moving to Seen on Symptoms and Patient Initiated Follow-up.</p> <p>All new patients were assessed for a risk category to ensure they were seen in an appropriate timescale. The team had moved to working across 10 sites. There had been an improvement in multi-disciplinary working both within PTHB and with surrounding providers. Relationships had been built with the District Nursing Teams., and the team are working well with referrers so that they know a referral had been followed up. A team member was</p>

gaining experience with the School of Podiatry in Cardiff Metropolitan University. The team has undertaken professional development including having difficult conversations, diabetic training, soft cast study day and it was planned to train on access to prescription only medicines, non-medical prescribing and access to ultrasound which would help avoid delay to care.

Positive feedback had been received from patients and the contact centre undertook a survey, the results of which are outlined in the paper.

The team would now look to work closely with the surrounding District General Hospitals to provide extended services such as soft tissue injections and joint injections. Training was planned to help practice nurses and health care assistants to improve the standard of referrals into the service. The patient survey would be extended and a mystery shopper experience will be undertaken.

It is great to see the progress made in a short time. What should patients expect in respect of podiatric diabetic footcare and toenail cutting services. Are patients who previously received this service no longer receiving it?

The Head of Podiatry advised that all patients were given a risk category in line with NICE guidelines. This would determine the services that patients can access. For example a high-risk patient would receive anytime access but a low risk patient would be encouraged to self-care. Low risk patients could decide to pay privately for services or access this via the third sector. As the service offered open access people were always able to refer themselves back into the service if this was required.

Does the service have sufficient multi-chair clinics?

This was an issue, particularly in the north of the county as for example one of the busiest clinics in Newtown is single chair. Discussions have taken place with the Property Department who had suggested a mobile solution. This would be examined.

	Board DISCUSSED and NOTED the report.
PTHB/21/13	<p>ASSURANCE REPORTS OF THE BOARD'S COMMITTEES</p> <p>a) PTHB COMMITTEES <u>Executive Committee</u></p> <p>The Chief Executive presented the report which included a request for endorsement of a decision to relocate NHS General Dental Services from Llanfyllin to Llansantffriad ym Mechain. This had been considered by the Executive Committee and was supported by the CHC.</p> <p>The Board RATIFIED the decision of the Executive to proceed with the relocation of NHS General Dental Services from Llanfyllin to Llansantffriad ym Mechain.</p> <p>Reports from the Audit, Risk and Assurance Committee held on 29 April 2021, Experience, Quality and Safety Committee held on 15 April 2021 and Performance and Resources Committee held on 6 May 2021 were RECEIVED.</p> <p>b) JOINT COMMITTEES</p> <p>Reports from WHSSC held on 11 May 2021 and EASC held on 9 March 2021 were RECEIVED.</p>
PTHB/21/14	<p>REPORT OF THE CHIEF OFFICER OF THE COMMUNITY HEALTH COUNCIL</p> <p>The Deputy Chief Officer of Community Health Council presented the report on behalf of the Chief Officer of the CHC.</p> <p>The report of the Chief Officer of the Community Health Council was NOTED.</p>
PTHB/21/15	ASSURANCE REPORT OF THE BOARD'S PARTNERSHIP ARRANGEMENTS

	<p>Reports from the NWSSPC held on 18 March 2021 and the Powys PSB held on 29 April 2021 were RECEIVED.</p> <p>The Chief Executive advised that she would be stepping down as Chair of the Regional Partnership Board but would remain as Chair of CROG (Crosscutting Resources and Oversight Group).</p>
PTHB/21/16	<p>REPORT OF THE BOARD'S LOCAL PARTNERSHIP FORUM</p> <p>The report of the Local Partnership Forum was RECEIVED.</p>
OTHER MATTERS	
PTHB/21/17	<p>ANY OTHER URGENT BUSINESS:</p> <p>The Chair, with advice from the Board Secretary, had determined that the following items include confidential or commercially sensitive information which is not in the public interest to discuss in an open meeting at this time. The Board was asked to take this advice into account when considering the following motion to exclude the public from this part of the meeting:</p> <p><u>Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960</u></p> <p><i>"Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest".</i></p> <p>The meeting moved to confidential session.</p>
PTHB/21/18	<p>CONTRACT AWARD (NON-EMERGENCY PATIENT TRANSPORT)</p> <p>This item was considered In-Committee.</p>
PTHB/21/19	<p>ANY OTHER URGENT BUSINESS</p>
PTHB/21/20	<p>DATE OF THE NEXT MEETING:</p> <p>10 June 2021, 10:00 via Teams</p>