

POWYS TEACHING HEALTH BOARD

CONFIRMED

**MINUTES OF THE MEETING OF THE BOARD
HELD ON WEDNESDAY 28 JULY, 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)
Frances Gerrard	Independent Member (University)
Ronnie Alexander	Independent Member (General)
Stuart Bourne	Director of Public Health
Jamie Marchant	Director of Primary, Community Care and Mental Health
Kate Wright	Medical Director
Alison Davies	Director of Nursing & Midwifery
Pete Hopgood	Director of Finance and IT
Claire Madsen	Director of Therapies & Health Sciences

In Attendance

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

Apologies for absence

Hayley Thomas

Deputy Chief Executive and Director of
Planning & Performance

Julie Rowles

Director of Workforce, OD & Support Services

Katie Blackburn

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/21/33

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. A particular welcome was extended Independent Member R Alexander who was attending his first meeting of the Board.

PTHB/21/34

DECLARATIONS OF INTEREST

No new declarations of interest were made.

PTHB/21/35

MINUTES OF MEETING HELD ON 26 May 2021, 10 June 2021 and 29 June 2021:

The minutes of the meeting held on 26 May 2021 were received and AGREED as being a true and accurate record.

The minutes of the meeting held on 10 June 2021 were received and AGREED as being a true and accurate record

The minutes of the meeting held on 29 June 2021 were received and AGREED as being a true and accurate record

PTHB/21/36

MATTERS ARISING FROM THE MINUTES OF THE PREVIOUS MEETING

There were no matters arising from the minutes.

<p>PTHB/21/37</p>	<p>SUMMARY OF BOARD IN-COMMITTEE MINUTES FROM 26 MAY 2021</p> <p>The summary of the minutes of the Board In-Committee meeting from 26 May 2021 was RECEIVED.</p>
<p>PTHB/21/38</p>	<p>BOARD ACTION LOG</p> <p>The following actions on the action log had been added, all of which had been transferred to the Performance and Resources Committee to track:</p> <ul style="list-style-type: none"> • PTHB/21/25 - PTHB Annual Performance Report 2020/21 - Detailed report on access waiting times to be reported to Performance and Resources Committee • PTHB/21/10 - Financial Performance - Report on Continuing Healthcare and associated risks to be presented to Performance and Resources Committee • PTHB/21/10 - Performance Reporting - Issue regarding the non-availability of performance data regarding cancer from Welsh providers to be monitored by Performance and Resources Committee <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
<p>PTHB/21/39</p>	<p>UPDATE FROM THE:</p> <p>A) CHAIR</p> <p>The Chair presented a written report drawing attention to recent Ministerial meetings and the eight Ministerial Priorities. The Charitable Fund had had a successful year supporting many new projects.</p> <p>B) VICE-CHAIR</p> <p>The Vice-Chair presented a report drawing attention to recent meetings with the Deputy Minister for Health and Wellbeing, and that the Partnership meetings were taking place again after a changed scheduled during the pandemic.</p>

	<p>C) CHIEF EXECUTIVE</p> <p>The Chief Executive presented a report noting that the eight Ministerial Priorities outlined in the report align with work undertaken to produce the Annual Plan.</p> <p>When the report was written there was a clear sense that the third wave of the pandemic was increasing although there has been a reduction in case numbers over the last few days. The system was still under pressure due to the pandemic, directly as well as through staff absence and high demand for urgent and emergency care.</p> <p>The organisation has continued to maintain stakeholder engagement and this remained a key focus.</p> <p>The updates from the Chair, Vice-Chair and Chief Executive were RECEIVED.</p>
ITEMS FOR APPROVAL, DECISION OR RATIFICATION	
PTHB/21/40	<p>ORGANISATIONAL DEVELOPMENT STRATEGIC FRAMEWORK</p> <p>The Chief Executive presented the report seeking approval for an updated Framework to underpin the delivery of the Health and Care Strategy by aligning the organisation’s process, people, structures and culture to ensure organisational effectiveness. The Framework focussed on recovery from the pandemic and renewal of services whilst continuing to improve the effectiveness of the Health Board. In producing the updated Framework extensive dialogue had taken place in Board Development sessions, at informal Executive Committee and in a Local Partnership Forum workshop. The original principles were found to still be valid and the key priorities were outlined within the report. Whilst much work had taken place it was acknowledged that there was further work to be done.</p> <p>The Organisational Development Strategic Framework 2021-24 was APPROVED.</p>

PTHB/21/41

ALL WALES POSITRON EMISSION TOMOGRAPHY (PET) PROGRAMME BUSINESS CASE

The Director of Therapies and Health Sciences presented the report outlining that the Welsh Health Specialised Services Committee had requested that the Programme Business Case for the All Wales Positron Emission Tomography Programme was brought to Board for approval. The Capital Estates and Facilities Team at Welsh Government had indicated that they would be willing to accept the Business Case once letters of support from Health Boards had been submitted.

The need for more capacity in PET across Wales is recognised. Are there any other locations that Powys residents attend for PET scans? Is PTHB paying for PET scans on a pay per scan basis and would this proposal result in PTHB paying disproportionately for infrastructure?

The Chief Executive noted that Powys residents had travelled a considerable distance into England to have a PET scan. The specialised nature of the service meant the benefits outweigh the challenges of long-distance travel. Wales was behind England in provision of PET scans and whilst the additional capacity was welcomed it was essential that it was accessible to, in particular, north Powys residents. Discussion was on-going regarding the final proposed site.

Across Wales there a risk share agreement was in place which calculated how much PTHB use a service and how much should be paid. This was last calculated two years ago and was increased. There had been no recalculation during the pandemic but it was expected to be recalculated shortly so that the risk share remains fair.

The Director of Therapies and Health Sciences noted that PTHB had good representation on WHSSC and confirmed that public engagement would take place on the proposed site. The potential for a mobile solution had been examined but due to the nature of the scanning that took place and the need be able to visit toilet facilities during the process a static site was preferable.

Independent Members made the following observations:

	<ul style="list-style-type: none"> • <i>This paper highlights where Wales is in scanning capacity compared to other countries. With regard to the Business Case, has the assumption for growth been underestimated? It is projected to be 17.5% but given that England's growth is projected to be 18% will Wales fall further behind?</i> • <i>Proposals for PET are welcomed but proposals for other scans at a sub-regional level should also be looked at.</i> • <i>Whilst it is important to get the infrastructure and location right it will also be important to staff it to ensure maximum use. Additional discussion regarding maximising the benefits of the investment would be welcomed.</i> <p>The Board APPROVED the all Wales PET/CT Programme Business Case for submission to Welsh Government.</p>
<p>PTHB/21/42</p>	<p>ANNUAL EQUALITY MONITORING REPORT, 2020-2021</p> <p>The Director of Therapies and Health Sciences presented the report outlining how the Public Sector Equality Duty required Health Boards to produce an Annual Report outlining the steps taken to achieve its Strategic Equality Plan objectives. Despite the pandemic significant progress had been made to implement the SEP objectives, progress was outlined together with risks identified and mitigation actions described. The main areas of focus for 2021/22 were outlined as:</p> <ul style="list-style-type: none"> • BAME, • Sensory Loss, and • Gender Identity <p><i>What was the process for identifying the three areas? Why was inequality as a result of poverty not identified as a priority?</i></p> <p>The priorities were selected as they were particularly highlighted due to the challenges caused by covid, along with a national directive to look at these areas. New legislation exists that requires the organisation to take certain actions in relation to the impact of poverty via the</p>

Equality Impact Assessment and therefore this was already covered in business as usual processes. There were many areas that need consideration but if all areas were looked at every time then none would get the required attention. It was recognised that public engagement would be necessary, this had been difficult during the pandemic but arrangements would be made for this going forward.

It is welcomed that our Strategic Equality Plan links closely to our IMTP objective but given a number of objectives relate to partnership activities and how the organisation works in partnership to address the issues of equality how will the Board gain assurance that this is taking place?

The Director of Therapies and Health Sciences advised that as Lead Officer a report could be prepared outlining the meetings that are attended and the engagements undertaken. Partnership working was close with organisations such as PAVO and the Council as well as with other Equality Leads across Wales NHS.

The Board Secretary advised that the proposals to alter the Committee Structure included the creation of a new Workforce and Culture Committee which had a clear remit regarding the equality and diversity agenda and the work programme for that Committee could monitor the implementation of that plan.

The second part of the paper outlines areas of work such as the Menopause Café, Neurodiversity network and the Wales Career events which are welcome areas of work. When will an update be available regard the Gender Pay Gap?

The Director of Workforce and OD had commissioned a piece of work regarding this and would be able to update Board when this had been completed.

Substantial progress has been made including in networks for the advancement of under represented groups and minorities in the Health Board. Do these groups influence the development of policy and the way services are delivered for them? For example for an LGBT person access to prep as a Powys resident is still a barrier, as this is only provided out of county. How we can we ensure the Powys population have the same access to services as those who live outside Powys? The establishment of a

	<p><i>Gender Identity network is a positive step to establish the Health Board as a trans ally, however in the Workforce Data Equality Annual Report the only options given for identity were male or female. How, therefore is the network influencing and changing the way the workforce and patients are able to freely express their gender identity?</i></p> <p>The Director of Therapies and Health Services noted that this was an example of where IT needed to catch up with changes in culture. Work was taking place examining how equalities data was collected for patients. This observation would be shared with the Director of Workforce and OD in respect of workforce data collection.</p> <p>In respect of the impact of the work of the equalities groups, a new equalities impact assessment had been introduced which drew the attention of policy makers to consideration of the impact of their work on all groups.</p> <p>The Chief Executive noted that strategically the organisation was gathering momentum on the equalities agenda although was at an early stage. There was a keenness to have a broad-based approach linked to health inequalities and people in communities that are more socially and economically disadvantaged. This was effectively a transitional year where the groups had been set up and now the organisation needed to make the strategic and operational changes identified. A systematic approach was needed to respond to the types of issues that had been raised.</p> <p>The Board Secretary advised that the collation of information was via ESR and the Director of Workforce and OD would feedback the comments on data collection to the national team.</p> <p>The Board APPROVED the Equality Annual Monitoring Report.</p>
PTHB/21/43	<p>BOARD GOVERNANCE:</p> <p>a) AMENDMENTS TO STANDING ORDERS, JULY 2021</p>

The Board Secretary presented the report outlining that amendments to Standing Orders had been issued by Welsh Government in April 2021. These related to Powys Teaching Health Board and the Joint Committees of WHSSC and EASC. The changes were minor reflecting updated wording and changes to guidance.

The Board ADOPTED the amendments to Standing Orders the Reservation and Delegation of Powers, and Standing Financial Instructions as issued by the Minister for Health and Social Services in accordance with his powers of direction contained within sections 12(3) (for Local Health Boards) and 19(1) (for NHS Trusts) and 23(1) (Special Health Authorities) of the National Health Service (Wales) Act 2006.

These amendments included adopting amendments made to the Standing Orders of the Welsh Health Specialised Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC). These form Schedules 4.1 and 2.2 of the Health Board's Standing Orders.

b) COMMITTEE ARRANGEMENTS 2021/22, INCLUDING MEMBERSHIP

The Board Secretary presented the report outlining proposed changes to the Committee arrangements for 2021/22 and membership thereof. Terms of Reference for the Committees were in development and would be brought to Board in September 2021 after discussion in the committees.

It was confirmed that the membership of Charitable Funds included both Independent Members and Executive Directors with equal standing as trustees of the charity.

The Board AGREED the following Board Committees being constituted for the financial year 2021/22:

- a)** Audit, Risk and Assurance Committee;
- b)** Patient Experience, Quality & Safety Committee
 - Mental Health Act Power of Discharge Group
- c)** Workforce & Culture Committee
- d)** Delivery & Performance Committee

- e)** Planning, Partnership and Public Health Committee
- f)** Charitable Funds Committee;
- g)** Remuneration and Terms of Service Committee; and
- h)** Executive Committee;

The Board APPROVED Membership for the above Committees as set out in the report;

The Board AGREED that Terms of Reference & Operating Arrangements would be developed (reviewed where they already exist) and agreed by respective Committees with onward presentation to Board for ratification in September 2021 (Committees will consider these virtually if meetings were not scheduled in advance of the Board meeting);

The Board NOTED the Schedule of Board and Committee meetings attached at Appendix C, based on the proposed committee structure;

The Board NOTED that Annual Work Programmes for each committee were under development and would be aligned to priority areas identified through the Annual Plan 2021/22, the Board Assurance Framework (when populated) and Corporate Risk Register; and

The Board NOTED arrangements established in addition to formal Board and Committee meetings to support the Board in fulfilling its responsibilities.

c) CORPORATE RISK REGISTER, JULY 2021

The Board Secretary presented the report outlining that in June 2021 the Board agreed the Annual Plan for 2021/22 which included some risks. These risks had now been mapped against the Corporate Risk Register and Executive Directors had reviewed the risks with their teams to ensure the CRR fully reflected the risks.

The emerging strategic risks do not appear to include a strategic digital/information risk in respect of an up to date and complete patient record (at present there is a mix of digital and paper records). There is risk around workforce

and sustainability, and around patient safety with patients receiving care from different providers. There is also a workforce issue with staff expected to maintain numerous and different records. A further risk relates to inequality of access to digital services due to digital poverty and a lack of accessibility in Powys. This is an ongoing strategic risk.

The Board Secretary advised that in respect of inequity of access, the digital aspect and mitigations could be included. In respect of safeguarding and records management a report was in preparation for the September meeting of the Delivery and Performance Committee and a view could then be taken on the need for escalation to the Risk Register.

The Chief Executive noted that inequality was key and one of the emergent risks was in relation to this. This could be perpetuated in some cases by digital means and the Annual Plan included a digital inclusion stream to support people in the digital environment. The last year had been an accelerator in digital terms and the organisation was raising its ambition in respect of what could be achieved. This needed to be kept under review.

In respect of CRR 05 (The care provided in some areas is compromised due to the health board's estate being non-compliant and not fit for purpose), the risk target has been altered although the risk score is the same. Does this mean the risk is reduced overall?

The Board Secretary advised that risk target was examined in line with risk appetite. There had been little movement in relation to the management of the risk and the target was very low. A discussion ensued regarding the potential that the target would ever be achieved or, if there was a level of risk that would need to be accepted, and an adjust to the target level rather than the risk was made.

The Chief Executive noted that this had been on the Risk Register for a long time. Capital investment had increased recently and it appears that likelihood had reduced.

Overall, the organisation was developing in terms of risk management and the Chief Executive was challenging as to whether the organisation was too risk averse. These were live issues that were being challenged particularly where there was a long-term risk that had not moved. There may

be more of this movement coming through and challenge from Independent Members is welcomed.

The Board Secretary advised that the Performance and Resources Committee had recently received an update on the Estate and it was intended to ensure regular updates were programmed which would enable the Committee to monitor this risk and mitigating actions.

Attention was drawn to the acknowledgement of new risks outlined in the report, a number of which were the result of impacts of the pandemic.

The Board Secretary advised that the Risk Register was a key document to inform the Boards focus and business for the year ahead and work would be undertaken to improve the reporting arrangements to highlight risks.

The Director of Primary, Community Care and Mental Health noted that this related to CRR13 (There are delays in accessing treatment in for Primary and Community Care Services in excess of 36 and 52 weeks, and a reduction in levels of enhanced services provided by General Practices under the GMS Contract) and noted this was a key area of focus which would be monitored in Board Committees.

In respect of CRR04 (There is ineffective partnership working and partnership governance), given that so much of our work is with partners why is the impact is scored as 3?

The Board Secretary advised this was about the governance arrangements rather than the effectiveness of partnership working. The new Planning, Partnerships and Population Committee would have a key role in monitoring this risk.

	<p>The Board REVIEWED the July 2021 version of the Corporate Risk Register, ensuring that it was a complete and a true reflection of the health board’s current high-level risks; and APPROVED the proposed amendments set out within the paper to those risks already recorded within the Corporate Risk Register.</p>
ITEMS FOR DISCUSSION	
<p>PTHB/21/44</p>	<p>PTHB’S RESPONSE TO BRONLLYS WELLBEING PARK COMMUNITY LAND TRUST’S VISION DOCUMENT, ‘THE NEXT TEN YEARS (2020-2030) WORKING TOGETHER FOR WELL BEING’</p> <p>The Chief Executive presented the report which provided an overview of the PTHB’s response to Bronllys Wellbeing Park Community Land Trust’s Vision Document, ‘The Next Ten Years (2020-2030) Working Together for Well Being’ and an update on progress on developing Bronllys Community Hospital Site.</p> <p>The Chief Executive noted that site at Bronllys continued to be a major site for the provision of health and care services. When the Chief Executive had joined the Health Board twelve years ago there were questions regarding the future of the provision of service on this site. It was acknowledged there had been a history of uncertainty regarding the commitment of the PTHB to the Bronllys site but back in January 2019, prior to the pandemic, the Board were able to publicly confirm their commitment to the site for provision of health and care. At this time it was indicated that this was not a priority for major capital investment under the Health and Care Strategy. However, attention was drawn to the considerable investment that had been made on this site including the renovation of Basil Webb as a Health and Care Academy and bringing buildings backing into use such as Glasbury House, brought back into use in 2015 as Head Quarters for the Health Board. Other demonstrable improvements had been made with over £4million of investment since 2016. This demonstrated clear intent of the Health Boards commitment to the site</p>

and reassurance was again given of a long-term commitment to the Bronllys site.

The Health Board had responded to the CLT Vision Document and details regarding correspondence between the PTHB and CLT is outlined within the report. The Health Board intends to meet with the CLT to make clear the position and receive feedback. The Health Board was secure in its position regarding the importance of the site for health and care along with the opportunity to develop further the Chapel, grounds and gardens for the benefit of patients and staff.

Independent Members made the following observations:

- *The outside space is precious for the future as has been seen with the current pandemic and it is important to preserve these spaces as we have done.*
- *The BWBP is a local group and is keen to enhance provision. It is a shame that the community have not understood the message that that the site is in use and continues to be so. The report which outlines the journey is welcomed and it is hoped the local community read the report to understand that it is over a decade that the site has been under threat. It is disappointing that the conversation has just been about developing the site for housing and similar which will never be realised. It is time to move from this and continue the business of the Health Board.*
- *The site is crucially important for our patients including those on the Mental Health ward who may have been brought in under the Mental Health Act or are recovering and benefit from quiet and peaceful surroundings. The Palliative Care Suite, supported by the Friends of Bronllys Hospital also benefits from the peaceful site and it should be noted that a Mortuary is also sited within the grounds.*
- *The report contains much of detail including the history of this issue and Board have spent a considerable amount of time discussing this. The CLT appear unable or unwilling to accept the PTHB position and whilst the meeting with the CLT is crucial, concerns were expressed that the Health*

Board appeared unable to change the CLTs unwillingness to accept the position and this was taking a considerable amount of time and taking colleagues away from important work during the pandemic.

- The Health Board are willing to work with all Community Group and there is some common areas such as the Chapel and grounds where the Health Board are happy to engage with all interested groups.*
- There are very specific situations in which a CLT is an appropriate method to take through projects. This is usually in relation to accessing funding that other bodies cannot access. This is not one of them as this land is owned by the Health Board.*
- There is legislation in England that applies to CLTs that does not apply in Wales and may be the cause of some confusion.*
- Any work must be for the benefit of patients and staff.*

The Chief Executive agreed that outdoor space had never been more valued and discussions had taken place regarding outside learning at the Health and Care Academy. Independent Members had reflected on the communication and engagement with the CLT. The Deputy CEO would be able to attest to the interactions between the two parties and the attempts to build engagement and communication opportunities. It was disappointing that the Health Board had got to the point where it had been necessary to publicly state its position, but this is done for the avoidance of doubt, and it was reiterated that the Health Board remains committed to this site. It was hoped that by laying out the position it would draw a line under the issue and allow the organisation to focus on core business and the response to the pandemic. The Chief Executive wished the CLT well in pursuing other areas as the CLT has much motivation and the benefit could be seen in other parts of the community but not to the scale of their ambition on the Bronllys site.

	<p>The Chair concluded that this site is to the benefit of Powys patients who live in the area and for education. It should be retained for this purpose.</p> <p>The Board DISCUSSED and NOTED the content of the paper which included the Health Board’s response to the Bronllys Wellbeing Park Community Land Trust’s Vision Document, ‘The Next Ten Years (2020-2030) Working Together for Well Being’.</p>
<p>PTHB/21/45</p>	<p>EXECUTIVE DIRECTOR OF THERAPIES & HEALTH SCIENCE REPORT – ONE YEAR ON</p> <p>The Director of Therapies and Health Sciences presented the report which reflected on Therapies and Health Sciences since her arrival nearly eighteen months ago. It outlined the challenges the service faced and set out key priorities for the year ahead.</p> <p><i>The report was commended for the range of work described and the emerging picture outlined. This group of specialisms was at the forefront of the repatriation service with all the benefits that brings. Is it thought that Therapies and Health Sciences will have a significant impact in reducing treatment times and what can be done to amplify and accelerate this benefit?</i></p> <p>The Director of Therapies and Health Sciences agreed that Therapies and Health Sciences have a lot to offer health care in particular in maximising independence and returning patients to their previous level of function. Powys had a Home First approach as it was known people perform better in their home environment. The service was constantly evolving and looking at new ways of working, this work had been accelerated by the pandemic. A virtual offer had its place as part of mixed provision which could help avoid long journeys in such a rural environment. There was also an opportunity to work with Higher Education to see what is available such as Advance Practitioners and a need to look further at multidisciplinary working.</p>

Thanks were expressed for the improvements and impact made over a short time. The necessity to redesign the service is noted as a challenge and the intention is for this to happen incrementally. There have been problems with recruitment which a substantive redesign would help address. This needs to be commenced urgently and timebound criteria included for the service redesign.

Work has started to look at this and staffing requirements need to be addressed in respect of all renewal priorities. A long-term view was needed, including working with Health Education and Improvement Wales (HEIW) to look at future staffing needs and how to attract people to specific professions.

Can a time-line be provided to allow for monitoring progress?

The Director of Therapies and Health Sciences advised this would be done shortly alongside a national piece of work on staffing requirements.

The Chief Executive advised that work on service redesign was ongoing and would be brought to Board and Committees. Some of these programmes are further ahead than others.

The Director of Workforce and OD noted the Workforce Strategic Framework was in place. There was a specific piece of work ongoing with schools and the Chief Executive is meeting with HEIW to discuss the specific needs identified in Powys.

The change outlined within the paper was evident. Has the wider organisation benefit being captured?

The Chief Executive noted the pandemic had resulted in huge changes with opportunities for people to get on with things. This had been outlined within the first New Ways of Working report which would be revisited. Digital showcase events had been held with staff groups. This was a great opportunity to show achievements, understand challenges and hear what is planned next. Independent Members were welcome to attend these Showcase Events.

	<p>The Board NOTED the Director of Therapies and Health Sciences – One Year On report.</p>
<p>PTHB/21/46</p>	<p>PERFORMANCE REPORTING:</p> <p>a) NATIONAL OUTCOME FRAMEWORK, JULY 2021 The Chief Executive presented the report. As a result of the pandemic the broader integrated performance approach was suspended and replaced by a narrower performance requirement. The Performance and Resources Committee consider this in detail.</p> <p>Fluctuations had been seen in covid-19 case rates with an increase which was now decreasing. The test, trace and protect service continued to be key. The vaccination programme continued to go from strength to strength and planning was taking place to implement the autumn/winter booster campaign and vaccinations for children when JCVI guidance was published.</p> <p>A focus was needed on Health and Wellbeing such as childhood vaccination, smoking cessation, alcohol use and flu vaccination. The flu campaign for this winter would be critical and it was intended to co-ordinate this with the covid-19 booster where possible. Cancer services needed to catch-up. Mental Health was understandably getting attention because of concern within our communities. Performance here remained good although there were some pressures for example with eating disorder services and CAHMS, perinatal mental health and early intervention for psychosis.</p> <p>The Urgent and Emergency system continued to be under significant pressure. It was a national issue felt keenly in Wales. There were significant ambulance service challenges in coping with demand and PTHB were working closely with the Ambulance Service to improve this.</p> <p>For elective and planned care the organisation was doing all that could be done to see as many people as possible. However, demand for services is currently pre-pandemic level and the capacity to see people is restricted due to</p>

covid infection control precautions. Therefore, at present it was a worsening situation. This particularly related to secondary health care including orthopaedics and ophthalmology.

There was a focus on staff who have had a challenging time professionally and personally. A good quality Personal Appraisal and Development Review system was essential to support staff which included wellbeing support.

The unprecedented and sustained efforts on vaccination are acknowledged however, there is still an issue relating to people who have not accepted their first dose of the vaccine. What is being done to improve this position?

There was a programme Leaving No-one Behind which interrogated information to understand why people have not attended. This could include not having residents up to date contact details or an issue with vaccine hesitancy. Uptake in Powys is strong and across Wales second doses are around 80% which does mean 20% are yet to have a second dose. PTHB would continue to provide information to help residents make an informed choice.

The Director of Public Health looked at barriers including age, geography, ethnicity, gender and occupation to analyse uptake. Detailed work had taken place with some care homes where second dose uptake was lower than hoped. One to one conversations were offered to care homes to help provide the right information regarding staff hesitancy. Drop in clinics were now operational and residents are attending who did not attend their original invitation. Location based clinics were also planned to improve access.

Medicine Management run a covid-19 information line provide dedicated information to Powys residents.

b) ANNUAL PLAN 2021/22, JULY 2021

The Chief Executive gave a presentation on the Annual Plan which was available on the PTHB website alongside the Board agenda and papers.

	<p>The report included in the agenda pack provided an update of the progress made against the milestones and actions in the PTHB Annual Delivery Plan for quarter 1 (April 2021 to June 2021).</p> <p>The Board DISCUSSED and NOTED the report.</p>
<p>PTHB/21/46</p>	<p>FINANCIAL PERFORMANCE REPORT: MONTH 03, 2021</p> <p>The Director of Finance and IT presented the report advising that the cumulative revenue overspend now stood at £52k with a end of year breakeven forecast. Capital spend totalled £589K of the £15million capital resource limit.</p> <p>There had a significant increase in variable pay and action was being taken to address this. The increasing costs of Continuing Health Care packages were also an area of focus.</p> <p>The cost of the covid-19 response was outlined with an assumption that this would be funded.</p> <p>Attention was drawn to the efficiencies tracker where the current year started with a deficit of £5.6million and £1.7million of efficiencies are assumed to be made in the current year.</p> <p>The Board DISCUSSED and NOTED the report.</p>
<p>PTHB/21/47</p>	<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 and drew attention to the continued need to work differently due to the pandemic. Aneurin Bevan UHB had recently undertaken a virtual visit using facetime and it was intended to put in place the arrangements to undertake a virtual visit in Powys shortly.</p> <p>The Mental Health survey of young people had finished this week receiving 337 responses. Analysis would be undertaken and a report produced.</p>

	<p>A short Maternity Service survey was online regarding services in SaTH as a result of the Ockenden Report Assurance Committee.</p> <p>The Chair of the Community Health Council was confirmed as Frances Hunt with the Vice-Chair role being held by Dave Collington. These positions will be held until the Citizens Voice Body commenced in April 2023.</p> <p>The Community Health Council had a number of vacancies and interested parties should contact the newly appointed CHC Business Manager.</p> <p>The report of the Chief Officer of the Community Health Council was NOTED.</p>
<p>PTHB/21/48</p>	<p>ASSURANCE REPORTS OF THE BOARD'S COMMITTEES</p> <p>a) PTHB COMMITTEES</p> <p><u>Executive Committee</u></p> <p>The Chief Executive presented the report which included a request for support by Board, for the sign off by the Chief Executive, of action to enact the National Framework element for Powys in respect of Office 365 Licenses, recognising that work to ensure the efficient use of licenses would be undertaken. It was necessary to bring this item to Board as the investment was over £0.5million.</p> <p>The Board RATIFIED the Chief Executives sign off of action to Enact the National Framework element for Powys as supported by Executive Committee'</p> <p>The Chief Executive advised that the proposed change of pathways in South Powys for Maternity and Neonates was likely to be delayed from the expected decision date of September 2021 due to a Deep Dive exercise into Neonatal Services.</p> <p>The Board NOTED the position of a likely delay in decision making on the change of pathway for maternity and neonatal service from ABUHB to CTM UHB.</p>

Audit, Risk and Assurance Committee

The Chair of Audit, Risk and Assurance Committee presented the report drawing particular attention to the Reasonable Assurance that had been received in respect of the Internal Audit Annual Report and Opinion 2020-21. This was the highest level of assurance that could be received.

Charitable Funds

The Chair of the Charitable Funds Committee drew attention to the £120k that had been granted to the Health and Care Academy for equipment and furnishing which was a considerable investment.

Experience, Quality and Safety Committee

The Chair of the Experience, Quality and Safety Committee drew attention to the Maternity Service Improvement Framework.

Performance and Resources Committee

The Chair of Performance and Resources Committee highlighted the continual focus on performance and commissioning assurance and whilst there were encouraging signs there were concerns particularly around Referral to Treatment Times.

It is hoped that the organisation will be successful in recruitment to Dental Services.

The transition from the Deprivation of Liberty Safeguards legislation to Liberty Protection Safeguards legislation will be challenging but it appears the processes to support this are in place although the backlog of cases remains a concern.

The Chairs Reports from the Committees outlined above were RECEIVED.

	<p>JOINT COMMITTEES</p> <p>Reports from WHSSC held on 13 July 2021 and EASC held on 11 May 2021 were RECEIVED.</p>
PTHB/21/49	<p>ASSURANCE REPORT OF THE BOARD'S PARTNERSHIP ARRANGEMENTS</p> <p>Reports from the NWSSPC held on 18 March 2021 and the Powys PSB held on 29 April 2021 were RECEIVED.</p>
PTHB/21/50	<p>REPORT OF THE BOARD'S LOCAL PARTNERSHIP FORUM</p> <p>The Director of Workforce and OD noted that as an advisory committee of the Board the Local Partnership Forum had reviewed a number of items recently including the Organisational Development Strategic Framework, the Renewal Priorities and Agile working.</p> <p>The report of the Local Partnership Forum was RECEIVED.</p>
OTHER MATTERS	
PTHB/21/51	<p>ANY OTHER URGENT BUSINESS:</p> <p>There was no other urgent business</p>
PTHB/21/52	<p>DATE OF THE NEXT MEETING:</p> <p>29 Sept 2021, 10:00 via Teams</p>