

POWYS TEACHING HEALTH BOARD

CONFIRMED

MINUTES OF THE MEETING OF THE BOARD

HELD ON WEDNESDAY 29 SEPTEMBER, AT 10.15

VIA TEAMS

Present

Vivienne Harpwood	Independent Member (Chair)
Carol Shillabeer	Chief Executive
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)
Hayley Thomas	Deputy Chief Executive and Director of Planning & Performance
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
Mark McIntyre	Deputy Director of Workforce and OD
Wayne Tannahill	Assistant Director of Estates and Property
Steve Bromley	Environment and Sustainability Manager
Marie Davies	Deputy Director of Nursing
Katie Blackburn	CHC
Liz Patterson	Corporate Governance Manager
Caroline Evans	Head of Risk and Assurance

Apologies for absence

Melanie Davies

Julie Rowles

Independent Member (Vice-Chair)

Director of Workforce, OD & Support Services

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/21/53

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/21/54

DECLARATIONS OF INTEREST

No new declarations of interest were made.

PTHB/21/55

MINUTES OF MEETING HELD ON 28 July 2021 for approval

The minutes of the meeting held on 28 July 2021 were received and AGREED as being a true and accurate record.

PTHB/21/56

MATTERS ARISING FROM THE MINUTES OF THE PREVIOUS MEETING

There were no matters arising from the minutes.

PTHB/21/57	<p>BOARD ACTION LOG</p> <p>PTHB/20/155 - Board Discussion to take place on risks associated with Workforce Sustainability and Model as articulated in the Corporate Risk Register - To be discussed by the Workforce & Culture Committee at its meeting on 5 October 2021. Action Complete.</p>
PTHB/21/58	<p>UPDATE FROM THE:</p> <p>A) CHAIR</p> <p>The Chair presented a written report drawing particular attention to the end of the term of office of Independent Member Susan Newport. The Chair expressed thanks to Ms Newport for her contribution to the work of the Board during her term of office.</p> <p>B) CHIEF EXECUTIVE</p> <p>The Chief Executive presented a written report drawing attention to the current service pressures and wider system pressures that health and care were currently experiencing. There was widespread community transmission during the third wave of the covid pandemic and case rates were at the highest rate seen during the pandemic in Powys. This was contributing to significant pressure in the testing and contact tracing teams and thanks were expressed to Powys County Council who continued to support the contact tracing team. This had impacted on staffing in the health service and other sectors including social care.</p> <p>The Chief Executive recognised and apologised for the challenges that the community had experienced in accessing urgent and emergency care. It was clear the service was under significant pressure with difficulties discharging people from hospital, difficulties getting into hospital and the challenges for the ambulance service to be able to respond in a timely way.</p> <p>Attention was drawn to the Staff Awards and Showcase events which had received a positive response.</p> <p>Public Engagement sessions had continued along with maintaining good dialogue with politicians.</p> <p>Steven Powell was welcomed to the organisation in his role as Assistant Director of Performance and</p>

	<p>Contracting, and Hayley Thomas was congratulated on her appointment as Deputy Chief Executive alongside her role as Director of Planning and Performance.</p> <p>With regard to the fuel crisis there were tried and tested procedures in place overseen by Emergency Planning and partners in the Local Resilience Forum. However, there are no issues reported locally to date.</p> <p>The updates from the Chair and Chief Executive were RECEIVED.</p>
ITEMS FOR APPROVAL, DECISION OR RATIFICATION	
PTHB/21/59	<p>STRATEGIC APPROACH TO SYSTEM RESILIENCE</p> <p>The Chief Executive introduced the item reminding Members that at this time of year the Winter Plan was generally brought to Board, however, this year August had seen demand at winter levels which had put pressure on the system and noted that outlining the approach to system resilience was timely.</p> <p>PTHB work with a number of health partners both within Wales and across the border and wider partners including Powys County Council, PAVO, Mid and West Wales Fire and Rescue Services, Dyfed Powys Police and Welsh Government.</p> <p>Within the Strategic Annual Plan there were three core elements – the Covid response, Essential Healthcare and Renewal activities underpinned by the enabling objectives. Winter pressures experienced in July and August were continuing including:</p> <ul style="list-style-type: none"> • Loss of workforce across health and social care • Difficulty discharging patients as a result of insufficient community care • Poor flow of patients through the hospital system causing inability to admit patients • Significant ambulance delays, for which apologies were given • Very busy primary care seeking to provide urgent care and catch up care • High covid-19 incidence

	<p>As a result of these pressures there was a significant risk patients would experience a poorer outcome. There was also an increased risk of staff stress and burnout which could lead to increased rates of sickness and lower retention. The health and care system was at its greatest risk now than throughout the whole pandemic. Priorities were outlined and linked to responsibilities including individual, social care, the health sector and voluntary sector. The system was driven by data to understand the pressure points and underpinned by the Choices Framework published by Welsh Government which allowed local health organisations the ability to reduce or suspend activity.</p> <p>A public awareness campaign was in development to promote Getting Ready for Winter and Choose Well. The Director of Public Health advised that for the flu campaign this year 50-64 year olds would be invited due to the risk of admission to secondary care of this cohort. Secondary school age children (11-16) would also be invited due to the source of transmission. Flu vaccines had been delayed on a UK level as a result of supply issues but were beginning to reach primary care for the over 65s, the school stocks had arrived and the stocks for staff vaccination had been also been received.</p> <p>The Chief Executive advised that work was being undertaken with the local authority regarding Warm Homes for Winter with the link between housing and health and also having regard to the increasing fuel costs.</p> <p>The Medical Director advised that work on frailty was already embedded with the service becoming more proactive in assessing and managing of patients to identify frailty early to plan and prevent deconditioning. Treatment escalation plans would be used more often to avoid crisis management plans.</p> <p>The Chief Executive outlined how the Welsh Ambulance Service was struggling with the military being brought in to support the service. A daily review of ambulance service issues would be put in place, unfortunately there had been three issues in the last week where patient care was delayed due to a late ambulance response. PTHB were working with Primary Care, Shropdoc and WAST to prevent unnecessary transfers to District General Hospitals (DGH). Discussions were in place with the fire service in regard to</p>
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	<p>what support they could provide which demonstrated public sector partnership working.</p> <p>The Medical Director advised that whilst there was no DGH in Powys Virtual Wards did provide care which was also provided in hospitals. The organisation was scoping what can be undertaken in PTHB without having to travel to a DGH. This was a medium-term plan.</p> <p>The Director of Therapies and Health Sciences was undertaking staff consultation to introduce seven day working from November and to expand the Discharge to Recover and Assess service by working longer days. This was intended to improve discharge times and provide an increased quality of support to allow patients to return to their home or care home where they were best placed to recover.</p> <p>The Director of Primary, Community Care and MH emphasised that this was a partnership approach to quickly assess patients as soon as possible for where they will next be placed when they are discharged from hospital. Adding that whilst there were staffing problems both within hospitals and the community around 140 hospital beds were provided with a similar number of patients supported in Virtual Wards.</p> <p>The Chief Executive outlined how important it was to build and sustain home and community support and was hopeful that additional money would be available to extend the Home Support service across Powys. It would be necessary to maximise the capacity of domiciliary care linked to the prescription of care packages. Care Homes have had a difficult time during the pandemic and still needed the additional support made available earlier during the pandemic. The Choices Framework which was last considered during winter 2020 would be refreshed.</p> <p>The key priorities form an updated plan which would be assessed against the Winter Plan which Welsh Government were expected to publish in October 2021. A further report will be brought to Board in November.</p> <p><i>Is it likely that Respiratory Syncytial Virus (RSV) will be a major problem?</i></p> <p>The Director of Public Health advised that there had been an increase in RSV cases across the UK. This was expected to continue into the autumn/winter period. The Respiratory</p>
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	<p>Virus Plan would include RSV, flu and covid-19 and there would be a national approach including the potential for testing for multiple viruses.</p> <p><i>The high-level plan is welcomed and it is positive the plan focuses on partnership working. However, given the current pressures how realistic is the Plan?</i></p> <p>The Chief Executive advised that the seriousness of the situation was becoming apparent. Winter was always difficult for the NHS and it was important to develop the best plan possible with the next 4-6 weeks being key. Preventative actions were vital including accessing vaccinations and Preparing for Winter, and the community needed to help during this period, as if action is taken early then it may not be necessary to be in a position of suspending service in the new year. The plan would be kept under regular review.</p> <p><i>The issues with the supply of care is beginning to become known in the public arena. What is the scale of this problem in our hospitals and local DGHs? It will be important to have this information to be able to ascertain if interventions are working.</i></p> <p>The Chief Executive advised that this would be incorporated into the dashboard. Last week there were 39 people in community hospitals of which 23 were going through the assessment process (which take too long) and 16 waiting for domiciliary care or a return to a Care Home currently closed to admissions due to covid. Thus there were around 40 patients in this situation out of a bed base of 140. There was an issue with the length of time people spend in hospital due to the deconditioning effect. Across Wales there were approximately 1,400 people medically fit for discharge.</p> <p>The Director of Primary, Community Care and MH added that the numbers change on a daily basis but there needs to be a systematic shift to assess patients in a setting other than hospital.</p> <p><i>What is the situation in Powys regarding the number of sick paediatric patients.</i></p>
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	<p>The Chief Executive advised there had been a national focus on this to ensure there was a sustainable offer during the winter period.</p> <p><i>If services were suspended what might they be and might that lead to staff redeployment into other areas?</i></p> <p>The Chief Executive advised that the organisation was guided by the World Health Organisations advice on what should not be suspended. If there was a need to move staff under the Local Choices Framework this would happen in a similar way to what happened at the beginning of the pandemic however, this would be at the more extreme end of the response.</p> <p>The Board DISCUSSED and ENDORSED the Strategic Approach to System Resilience.</p>
PTHB/21/60	<p>STRATEGIC SERVICE CHANGE PROPOSALS:</p> <p>a) CHANGES TO SERVICES COMMISSIONED BY WHSSC</p> <p>The Director of Planning and Performance introduced the item outlining that the WHSSC Joint Committee held on 7 September 2021 had supported requests received from the NHS Wales Health Collaborative for WHSSC to:</p> <ul style="list-style-type: none"> • Commission Hepato-Pancreato-Biliary Services; • Commission the Hepato-Cellular Carcinoma (HCC) MDT and; • Develop a specialist orthopaedic paediatric service specification with a view to future commissioning of the service. <p>PTHB Board approval was required for WHSSC to commission/develop the services on behalf of Powys residents.</p> <p><i>This relates to services in Mid and South Powys. What is the pathway for patients in north Powys?</i></p> <p>The pathways for patients in north Powys were already in place to either Liverpool or Birmingham. The service specification would apply on an all Wales basis.</p>

	<p><i>With the development of this proposal will there be equitable access?</i></p> <p>WHSSC plan and commission the service which will include monitoring all pathways including those in England. Equitable access could be discussed in a separate meeting.</p> <p>The Board:</p> <ul style="list-style-type: none"> • NOTED the decision of the Joint Committee on the 7 September 2021 supporting the requests received from the NHS Wales Health Collaborative Executive Group (CEG) requesting that WHSSC commissions Hepato-Pancreato-Biliary Services (HPB), the Hepato Cellular Carcinoma (HCC) MDT and develops a service specification for specialised paediatric orthopaedic surgery; • APPROVED the delegation of the commissioning responsibility for HPB services and the HCC MDT services, with the required resource mapped to WHSSC; • APPROVED that WHSSC develop a service specification for specialised paediatric orthopaedic surgery; and • APPROVED the delegation of Paediatric Orthopaedic surgery commissioning, if considered appropriate by the Joint Committee, following development of the service specification, to WHSCC. <p>b) SOUTH EAST WALES VASCULAR SERVICES</p> <p>The Director of Planning and Performance introduced the item giving an update of the future shape of Vascular Services in South East Wales and seeking approval for the Programme Business Case.</p> <p>The Medical Director advised that there were several drivers for this work including the availability of Senior Surgeons along with the increasing use of interventional radiology rather than surgery which is less invasive. It is highly specialist and needs to be delivered in a specialist setting to achieve better patient outcomes.</p> <p>The Board:</p>
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	<ul style="list-style-type: none"> • APPROVED the South East Wales Vascular Network Business Case which includes establishing UHW as the hub, and supporting the establishment of the Network, the host of which is yet to be determined. • NOTED that the business case does not have a direct revenue consequence for PTHB. • NOTED that a separate capital business case is in development for the hybrid theatre at UHW. • NOTED the readiness assessments due to be completed in October, and subject to the outcome of this, and Board approval of the business case, support implementation from 31st October 2021 (subject to the assessment of operational pressures by provider health boards). <p>c) SOUTH WALES ADULT THORACIC SURGICAL CENTRE STRATEGIC OUTLINE CASE</p> <p>The Director of Planning and Performance introduced the item asking Board for support to transform the South Wales Thoracic Surgery Service moving from a twin site model to a single site model centred on the Morriston Hospital. The number of Powys patients affected by this service was between 120-140 who were referred to outpatients, of which approximately 30 per year would go for surgery via the Morriston pathway.</p> <p>The Board ENDORSED the Strategic Outline Case to develop a new site option at the Morriston Hospital in Swansea in order to deliver a wider range of treatment options with greater capacity and improved patient outcomes that will be of benefit to the residents of South Powys.</p>
PTHB/21/61	<p>PHARMACEUTICAL NEEDS ASSESSMENT</p> <p>The Medical Director introduced the report by outlining the progress to date regarding the development of the first Pharmaceutical Needs Assessment (PNA) in Powys under the NHS (Pharmaceutical Services) (Wales) Regulation 2020 which required the publication of a PNA by 1 October 2021.</p> <p><i>What is the review period for this document?</i></p> <p>The Medical Director advised there was a five-year review period and the Director of Primary, Community Care and</p>

	<p>MH added that the PNA was a living document and if changes took place these could be incorporated within the document. The Director of Public Health noted the contribution of local authority colleagues who were able to provide data in a way that was more accessible than in a written document adding that whilst access and supply could be easily measured it would be necessary to look at need for these services.</p> <p>The Board APPROVED the Pharmaceutical Needs Assessment for publication.</p>
PTHB/21/62	<p>ENVIRONMENT AND SUSTAINABILITY STRATEGIC PLAN</p> <p>The Director of Planning and Performance presented the report outlining the reasoning and work that had taken place to reach the point of proposing the following Environmental Policy Statement:</p> <p><i>Environment Policy Statement</i></p> <p><i>Climate Change is the single greatest challenge to global health and threatens all life on this planet. Without action this jeopardises not only our way of life, but also that of future generations.</i></p> <p><i>Powys Teaching Health Board recognises its impacts on the environment and supports the Welsh Government's declaration of a Climate Change and Nature Emergency. The Board commits to prioritise the delivery of actions in the national NHS decarbonisation and biodiversity plans as a minimum, and strives to go beyond these wherever possible.</i></p> <p><i>Environment and Sustainability will become a central theme throughout the organisation. 'Life cycle' principles, which consider environmental impacts of products and services, will support the decision-making processes.</i></p> <p><i>Carbon reduction and biodiversity improvements will be made utilising our certified ISO14001 (2015) Environment Management System, for the benefit of patients, staff and the environment. This will be done through five areas of activity:</i></p> <ul style="list-style-type: none"> <i>Waste</i> <i>Energy and Water</i> <i>Travel</i> <i>Procurement</i> <i>Building Design and Biodiversity</i>

	<p><i>The Health Board will deliver against initiatives and actions in the 'NHS Decarbonisation Strategic Delivery Plan 2021-2030' and publish an updated delivery plan every two years through the IMTP.</i></p> <p><i>Powys Teaching Health Board is committed to continual improvement, reducing our impact on the environment and increasing the protection of biodiversity. This policy will be reviewed every three years or sooner, and progress reported for all to see.</i></p> <p><i>This important environmental statement is welcomed, which Committee will be monitoring this?</i></p> <p>The Chief Executive confirmed that the plan would be developed by the Planning, Partnerships and Population Health Committee but the delivery of the plan would be monitored by the Delivery and Performance Committee.</p> <p>The Assistant Director of Estates and Property added that it was essential to have a collaborative approach and the organisation was working to local and national targets, in particular Step 3 of the Powys Public Service Boards' Well-being Steps relating to transport.</p> <p>The Board:</p> <ul style="list-style-type: none"> • APPROVED the updated Environment Policy Statement as recorded above • APPROVED the key priorities in the Biodiversity Action Plan • APPROVED the Decarbonisation Delivery Plan approach
PTHB/21/63	<p>PTHB FIRE SAFETY POLICY</p> <p>The Director of Planning and Performance presented the revised Fire Safety Policy for approval. The document had been endorsed at the Executive Committee on 15 September 2021.</p> <p><i>Congratulations were extended to the team for the work that had been done to mitigate the risk. What arrangements will be in place to monitor compliance rather than waiting for external regulators to undertake a review?</i></p>

	<p>The Assistant Director of Estates and Property noted that whilst external assurance was important and he could confirm that regular visits took place from the Fire and Rescue Service which had increased in regularity since Grenfell. All sites had been visited except Brecon and Bronllys. PTHB is one of the few Health Boards across Wales which had not been subject to interventions as a result of these visits.</p> <p><i>This assurance was welcomed and it was suggested that this was included in the document.</i></p> <p><i>Whilst the role of independent advice is important it is the way that the system works in practice that is central to success. This should be acknowledged.</i></p> <p>The Chief Executive confirmed personal and professional accountability for this noting the importance of having a deployable policy. Independent Member comments on this document were welcomed.</p> <p>The Board APPROVED the PTHB / EWP004 Fire Safety Policy.</p>
PTHB/21/64	<p>BOARD AND COMMITTEE ARRANGEMENTS:</p> <p>a) COMMITTEE TERMS OF REFERENCE 2021/22</p> <p>The Board Secretary presented the paper outlining that at the Board meeting in July 2021 Board had approved a revised assurance committee structure. Terms of Reference and Operating Arrangements for all assurance committees were outlined.</p> <p><i>Why do Estates matters come to Board and Digital matters go to Committee?</i></p> <p>The Board Secretary advised that those items that required Board approval went to Board. Board would be notified of all items considered at Committee by Committee Chair's reports.</p>

	<p>The Board APPROVED the Terms of Reference and Operating Arrangements for the following assurance committees constituted for the financial year 2021/22:</p> <ul style="list-style-type: none"> a) Audit, Risk and Assurance Committee; b) Patient Experience, Quality & Safety Committee 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. <p>b) ANNUAL PRIORITIES 2021/22</p> <p>The Board Secretary presented the paper outlining the Annual Priorities for 2021/22.</p> <p>The Chief Executive advised that work had also been undertaken regarding where Executive decisions were taken with an increase in the number of decisions taken at Executive Committee rather than in the sub-groups. Over the next few months it was essential that focus was maintained on essential risks as the organisation moved from resilience to recovery and renewal.</p> <p>The Board APPROVED the Board and Committee Workplans for 2020/21.</p>
PTHB/21/65	<p>LABORATORY INFORMATION NETWORK CYMRU (LINC) PROGRAMME BUSINESS CASE</p> <p>The Director of Finance presented a synopsis of the Full Business Case (FBC) for the procurement of a new laboratory information management system (LIMS) service for Wales to the Board, the subject of which had been considered in an earlier Board In-Committee. The FBC included the spending objectives, scope, and resource requirements for both the proposed solution and the LINC Programme.</p>

	<p>The Board NOTED the synopsis provided on the Full Business Case for the deployment of a new National Laboratory Information Management System (LIMS); and</p> <p>NOTED the decision taken at the earlier Board In-Committee meeting namely that:</p> <p>The Board APPROVED the Full Business Case in principle, noting that further work was required to fully understand the financial implications upon the Health Board for both the proposed solution and the LINC Programme, and that the letter of support include reference to the issues of cross border information exchange.</p>
ITEMS FOR DISCUSSION	
PTHB/21/66	<p>NURSE STAFFING LEVELS ACT (WALES) ASSURANCE REPORT</p> <p>The Deputy Director for Nursing presented the report outlining the compliance with regulations and guidance relating to nurse staffing within PTHB's provided and commissioned services within England and Wales. Attention was drawn to the difficulty to recruit locally, nationally and across the four nations but there were strategies in place to address this.</p> <p><i>Is recruitment becoming more difficult because of increases in the cost of living and whilst other sectors are seeing wage increases this is not being seen in the health and care sector?</i></p> <p>The Director of Nursing and Midwifery confirmed this was a national debate given recent events but confirmed that salary was only one part of the recruitment package.</p> <p><i>What assurance can be given that the Workforce and Organisational Development team are processing applications in a timely manner?</i></p> <p>The Deputy Director of Workforce and OD advised that a track was kept on each stage of the process so that the steps could be monitored. There was a particular problem with receiving references from a named individual and on</p>

	<p>occasion it had been necessary to go back to the candidate in this regard. Timelines had reduced over the last 12 months but there were also external factors such as receiving DBS certificates which are outside of our control that affect timelines.</p> <p><i>What is the target length of time for recruitment?</i></p> <p>The Deputy Director of Workforce and OD advised the national target was 75 days and PTHB were within this target.</p> <p><i>Is the organisation considering alternative staffing approaches such as are being introduced in Shropshire Community Hospitals by way of Advanced Practitioners?</i></p> <p>The Director of Nursing advised that as part of the wider approach to workforce it was intended to look at what could be achieved most by maximising the professional span.</p> <p><i>Given that the indications are the organisation is compliant at present, but this will become increasingly difficult to maintain, what efforts are being made to retain existing staff, and when staff leave, are exit interviews conducted?</i></p> <p>The Director of Workforce and OD confirmed that exit interviews were offered but, similar to the national picture, take-up was low. Managers indicated that the main reasons for leaving the workforce were job opportunities and retirement. The organisation does have a good track record of attracting staff via the retire and return programme and it was intended to encourage an increase in the completion of an exit survey linked to ESR.</p> <p>The Chief Executive noted that the difficulties in recruitment should not be underestimated. It had proved impossible to reopen Knighton Hospital due to vacancies with an extremely challenging position. It would be necessary to make the offer more attractive and the new model of care was a way to do this.</p>
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	The Board DISCUSSED and NOTED the report.
PTHB/21/67	<p>PERFORMANCE OVERVIEW AGAINST NATIONAL OUTCOMES FRAMEWORK, AUGUST, 2021/22</p> <p>The Director of Planning and Performance presented the report which had previously been considered at the Delivery and Performance Committee on 2 September 2021.</p> <p>Mass vaccination</p> <ul style="list-style-type: none"> • Mass vaccination was implementing the booster vaccination programme with over 3,300 doses already administered, first doses for clinically extremely vulnerable 12-15 year olds had commenced and vaccination of healthy 12-15 year olds would commence on 5 October 2021 • Partnership working was in place to identify the severely immunocompromised who would need a 3rd covid-19 vaccination prior to the booster • There had been a good uptake in the 16-17 year old cohort of the covid-19 vaccination <p>Covid -19 update</p> <ul style="list-style-type: none"> • In the 7-day period to 24.09.2021 there had been 610 new cases with a case rate of 460/100k and a positivity rate of 13% • Numbers were 90% higher than the peak of the second wave with very high community transmission • It was concentrated in primary and secondary pupils <p>Track, trace and protect</p> <ul style="list-style-type: none"> • % of cases followed up within 24 hours decreased to 35% • % of contacts followed up within 24 hours decreased to 28% <p>However, there has been a change of focus with priority given to focus on those at highest risk (e.g. health and care workers, the elderly, returning travellers).</p> <p>Flu vaccination</p> <ul style="list-style-type: none"> • Supplies were now arriving after a delay

	<p>Emergency and elective care</p> <ul style="list-style-type: none"> • Minor Injuries Units were at 100% but there were staffing challenges • Welsh Ambulance Services were red, with the number of red calls increasing. The Chief Executive Officer would attend a Board Development session • Endoscopy was finding it difficult to recruit specialist staff <p>Commissioned Services</p> <ul style="list-style-type: none"> • Some surrounding Health Boards had invoked local choices which had impacted on referral to treatment times. A national and regional solution was being sought. <p>Workforce</p> <ul style="list-style-type: none"> • A focus on returning to pre-pandemic levels for PADR which remains at 15pp below the ambitious national target. • Sickness absence remained a concern both as an employer and because of the affect on employees. A small increase has been seen in absence levels over the period but varied between directorates. <p><i>Sympathies were extended to all trying to deal with delays in the clinical system. Were there problems in Powys accessing cataract surgery before patients were at a risk of going blind?</i></p> <p>The Medical Director advised that the organisation was working to prioritise patients to identify those in most need. The Director of Planning and Performance advised that this information could be included in a report to the Delivery and Performance Committee.</p> <p>Action: Director of Planning and Performance to report to Delivery and Performance Committee on cataract surgery time referral to treatment times.</p>
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	<p>The Chief Executive advised that the referral to treatment times were the highest in the last 12 years but that advice was being providing during the waiting period with a key focus on reducing harm where possible.</p> <p>The Board DISCUSSED and NOTED the report.</p>
PTHB/21/68	<p>FINANCIAL PERFORMANCE REPORT: MONTH 05, 2021</p> <p>The Director of Finance and IT presented the report advising that the cumulative revenue overspend now stood at £32K with an end of year breakeven forecast. Capital spend totalled £1,577K 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 as £31m with an assumption that this would be funded.</p> <p>Attention was drawn to the expected £7.5m underlying deficit (against the £5.6m brought forward deficit). However, this figure was subject to change.</p> <p><i>Is the £7.5million deficit an increase on the previous month?</i></p> <p>The Director of Finance and IT confirmed that this figure was reasonably stable but expected benefits from savings were not being seen.</p> <p>The Board DISCUSSED and NOTED the report.</p>
PTHB/21/69	<p>CORPORATE RISK REGISTER SEPTEMBER 2021</p> <p>The Board Secretary presented the report which provided the September 2021 risk register position.</p>

	<p><i>Whilst it is noted that the risk register has been recently reviewed given the recent information provided to Board would it be appropriate to again review the risk register?</i></p> <p>The Chief Executive advised that the Executive Committee owned the Risk Register and confirmed it was a dynamic document. The extent of the third wave of covid-19 had not been anticipated. It was difficult to balance the risks of issues that had been long in the making, for example health equity. Over the next few weeks the organisation would be working on a three-year plan as part of a return to the IMTP approach.</p> <p>The Board</p> <ul style="list-style-type: none"> • REVIEWED the <u>September 2021</u> version of the Corporate Risk Register included at Appendix 1, ensuring that it is a complete and a true reflection of the health board's current high-level risks; and • NOTED the proposed amendments set out within this paper to those risks already recorded within the Corporate Risk Register.
PTHB/21/70	<p>REPORT OF THE CHIEF OFFICER OF THE COMMUNITY HEALTH COUNCIL</p> <p>The Chief Officer of Community Health Council presented the report and drew advised that discussions were taking place with a view to gather evidence virtually in hospitals.</p> <p>Face to face engagement was slowly restarting and conversations had taken place with the Chief Executive and Director of Planning and Performance with regard to resilience planning.</p> <p>A report was in preparation regarding the work undertaken during the summer on mental health which would be shared with the Health Board.</p> <p>It was noted that Frances Hunt would be retiring as Chair at the end of October. Dave Collington would act as an Interim Chair until an appointment had been made.</p> <p>The Board Chair wished the outgoing CHC Chair well for the future.</p>

	<p>The report of the Chief Officer of the Community Health Council was NOTED.</p>
PTHB/21/71	<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 covering the period July and August 2021.</p> <p><u>Audit, Risk and Assurance Committee</u></p> <p>The Chair of Audit, Risk and Assurance Committee presented the report of the meeting held on 14 September 2021.</p> <p><u>Delivery and Performance Committee</u></p> <p>The Chair of the Delivery and Performance Committee presented the report of the meeting held on 2 September 2021.</p> <p>The minutes of the following meetings of the Board that were no longer constituted had been signed off and were available on the website:</p> <ul style="list-style-type: none"> • Strategy and Planning Committee 6 October 2020 • Performance and Resources Committee 24 June 2021 • Experience, Quality and Safety Committee 15 July 2021 <p>The Committee Chairs Reports were RECEIVED.</p> <p>JOINT COMMITTEES</p> <p>Reports from WHSSC held on 7 September 2021 and EASC held on 7 September 2021 were RECEIVED.</p>
PTHB/21/72	<p>ASSURANCE REPORT OF THE BOARD'S PARTNERSHIP ARRANGEMENTS</p> <p>Reports from the NWSSPC held on 22 July 2021 and the Powys Public Service Board held on 30 July 2021 were RECEIVED.</p>

PTHB/21/73	<p>REPORT OF THE BOARD'S LOCAL PARTNERSHIP FORUM</p> <p>The Director of Workforce and OD provided a report on a Local Partnership Forum meeting held on 16 September 2021.</p> <p>The report of the Local Partnership Forum was RECEIVED.</p>
OTHER MATTERS	
PTHB/21/74	<p>ANY OTHER URGENT BUSINESS:</p> <p>There was no other urgent business</p>
PTHB/21/75	<p>DATE OF THE NEXT MEETING:</p> <p>24 November 2021, 10:00 via Teams</p>