

POWYS TEACHING HEALTH BOARD

CONFIRMED

MINUTES OF THE MEETING OF THE BOARD

HELD ON WEDNESDAY 25th November 2020, 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)
Susan Newport	Independent Member (TUC)
Ian Phillips	Independent Member (ICT)
Mark Taylor	Independent Member (Capital & Estates)
Tony Thomas	Independent Member (Finance)
Matthew Dorrance	Independent Member (Local Authority)
Julie Rowles	Director of Workforce, OD & Support Services
Jamie Marchant	Deputy Chief Executive and Director of Primary, Community Care and Mental Health
Hayley Thomas	Director of Planning & Performance
Paul Buss	Interim Medical Director
Claire Madsen	Director of Therapies & Health Sciences
Alison Davies	Director of Nursing & Midwifery
Pete Hopgood	Director of Finance and IT

In Attendance

Rani Mallison	Board Secretary
Katie Blackburn	Community Health Council
Elaine Matthews	Audit Wales
Liz Patterson	Corporate Governance Manager
Caroline Evans	Head of Risk and Assurance
Shania Jones	Committee Secretary

Apologies for absence

Stuart Bourne	Director of Public Health
Frances Hunt	Community Health Council

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/20/86

WELCOME AND APOLOGIES FOR ABSENCE

The Chair welcomed all participants to the meeting noting that invited observers were present as outlined in the attendance record. Apologies for absence were noted as recorded above.

PTHB/20/87

DECLARATIONS OF INTEREST

Once declaration of interest was received from Independent Member Trish Buchan regarding Item 2.4 Winter Pressures. Ms Buchan is a Trustee of PAVO who receive ICF Funding as outlined in the report. This was a personal interest only and it was not necessary for Ms Buchan to leave the meeting for this item.

PTHB/20/89

MINUTES OF MEETING HELD ON 22 October 2020

The minutes of the meeting held on 22 October 2020 were received and AGREED as being a true and accurate record subject to the following amendments:

Page 5 para 2:

The risk is accurately worded and it was expected this will decrease once all three sites are fully operational (Newtown *Welshpool* was nearing completion).

The record of the Annual General Meeting of the Board held on 22 October 2020 was AGREED.

PTHB/20/90

MATTERS ARISING

It was requested the presentation on the North Powys Well-being Programme Business Case presented to Board on 22 October 2020 be made available on the public website.

<p>PTHB/20/91</p>	<p>BOARD ACTION LOG</p> <p>PTHB/20/70 – A deep dive into risk to ascertain if any escalations or de-escalations were required to include the workforce risk - An Update was due to go to Performance and Resource committee in December 2020.</p> <p>PTHB/20/79 - Report on the opening of The Grange University Hospital, Aneurin Bevan University Health Board – An update was provided to the Experience, Quality and Safety Committee on the 6th October 2020 and a further update was included in the Chief Executives Report to the Board meeting of 25 November 2020.</p> <p>Both actions to be marked as Complete.</p>
<p>PTHB/20/92</p>	<p>UPDATE FROM THE:</p> <p>a) Chair</p> <p>Recruitment is underway to appoint to the two Independent Member vacancies currently held with interviews scheduled for January 2021.</p> <p>The Chair, jointly chaired the Rural Health Care Conference for Mid-Wales on the 11th November 2020. This was a welcome opportunity to meet and collaborate with colleagues on research in the rural healthcare arena.</p> <p>b) Vice-Chair</p> <p>The Vice-Chair confirmed that meetings had continued to take place on a regular basis although they have all been held virtually.</p> <p>c) Chief Executive</p> <p>The Chief Executive presented her report (copy attached to agenda). An update on the Covid-19 pandemic was provided noting the national restrictions and firebreak had had a positive impact on numbers of cases and currently the are numbers are 83 per 100,000, a significant reduction on a couple of weeks ago although it is expected these numbers will increase. Discussion is taking place regarding the Christmas period, and it is important to continue to encourage sensible precautions</p>

	<p>including, social distancing, not mixing too much in social settings, hand hygiene and use of face coverings.</p> <p>There has unfortunately been COVID-19 transmission in some high-risk settings, in care homes as well as community hospitals, this is being managed very tightly. This a result of the higher transmission rates which have been seen in local communities in particularly through asymptomatic transmissions.</p> <p>There has been some positive news regarding vaccines and the organisation is working extremely hard to get the covid-19 vaccination programme arranged. It is hoped that some early vaccination will take place before Christmas with the main mas vaccination programme for the public is likely to start early 2021. This is dependent on getting final confirmation of the vaccines that will come through to us. It is likely however that a covid environment will be in place over the next year and the focus will gradually move to recovery.</p> <p>South Powys Pathways and the opening of the Grange University Hospital on the 17th November 2020 as planned. The work under the South Powys Pathways Board has allowed confidence in the arrangements that have been put into place. The most recent programme board reviewed the final outstanding risk, which was reducing but had not been fully managed. This had been reviewed and after further work the risk had reduced further.</p> <p>A new Medical Director had been appointed with thanks expressed to Paul Buss and Dr Catherine Woodward for support during the interim period.</p> <p>The Staff Survey had closed the day before with thanks expressed to those who had completed it. The results were awaited.</p>
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ITEMS OR APPROVAL, DECISION OR RATIFICATION

<p>PTHB/20/93</p>	<p>Reprioritised Strategic Objectives 202/21 (Impact of Covid-19) – 60 Day Review</p> <p>The Chief Executive presented the report reminding Members that in January 2020 the integrated medium plan</p>
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	<p>and the annual plan had been signed off. The Board in its meeting in May 2020, agreed a revised Annual Plan and in July agreed a substantial revision to the priorities, with 12 Strategic Priorities agreed. Progress reviews would take place at least every 90 days and this report is an update to Board which also proposes to amend the Strategic Priorities to add an additional one regarding Planning Ahead. The report gives headline progress on each of the priorities with more detailed reports on some of the priorities having been taken to Board Committees.</p> <p>The report proposes implementing the thirteenth objective, entitled 'Planning Ahead' regarding planning for 2021/22 and beyond, on the assumption that there will be a transition out of the pandemic during that period. The strategic priority proposed allows for a structured approach to planning and preparing for 2021/22. It is hoped this will be the transition year into the post-pandemic era.</p> <p>Attention was drawn to key elements including assessment of learning and reflections and the 'New Ways of Working', commissioned by the Executive Committee to help understand how the organisation had changed and adapted during the pandemic. Also understanding the impact to the population including, the economic factors, social factors and others. The issue of access to health services and how the organisation has adapted along with the challenge of addressing the significantly extended waiting times for patients.</p> <p>It is important to identify the crucial priorities and the proposals that will help to deliver them, which will help formulate the annual plan for next year.</p> <p>The Strategic Priorities together with the additional priority 'Planning Ahead' was APPROVED. The need for flexibility and regular reviews was recognised.</p>
<p>PTHB/20/94</p>	<p>Maintaining Good Governance Arrangements During COVID-19: Q3/4 Governance Arrangements</p> <p>The Board Secretary presented the report updating a previous report presented to the Board in May 2020. The paper sets out arrangements to ensure maintenance of an appropriate level of oversight and scrutiny at Board level, as responsibilities are discharged during quarters three and four.</p>

The paper also provides the revised Governance Framework for the Strategic Gold Commend and Control structure. The paper sets out a proposed plan for the Board to continue to run its meetings and committees, as set out in the agreed terms of reference with regular frequency of meetings continuing. It is proposed that the committee frequencies will be amended for Remuneration and Terms of Service Committee and Executive Committee, which will meet as deemed necessary with the Chair and Chief Executive.

In addition, it is proposed to re-establish regular briefings for Board Members thought the winter period to ensure that Board Members are sighted on progress.

Would it be helpful to have something on the channels of communication that remain in place for raising concerns and that Board Members continued to monitor risks and incidents to demonstrate Board is continuing oversight in these areas?

The paper does refer to the internal audit reviews of the governance arrangements during phase one of the pandemic and also the structured assessment undertaken by Audit Wales. This can be brought together moving forward in the next phase of reporting.

It is understood why the Advisory Groups are not yet established and that whilst we work with clinicians and stakeholders does the organisation evidence this?

The Audit, Risk and Assurance Committee considered the findings of the Structured Assessment produced by Audit Wales. The organisation has committed to bring a paper to Board which will set out the existing mechanisms for engaging with the stakeholders and the clinical colleagues. This will enable a risk-based approach to be taken on the establishment of that advisory group structure and be clear about the mechanisms that are maintained during this period. This will be presented at a future meeting.

The Chief Executive gave further examples on stakeholder and partner level as well as the clinical level where engagement has been strong through the pandemic.

	<p>On a health professionals' level, the clinical executives on the Board have their own professional advisory infrastructure, which is continued and has been enhanced during the pandemic.</p> <p>There is a GP and Executive Joint Forum which meets fortnightly and enables feedback from the frontline in terms of primary care. There had been a number of Clinical Summits to keep the clinicians as part of the South Powys work Programme.</p> <p>The organisation has worked well with Powys County Council by being able to update county councillors and Cabinet Members, with jointly run sessions. Finally, there have been briefings and discussion workshops with the Community Health Council.</p> <p>It is recognised the Fora are not fully established as set out in Standing Orders however, the spirit of the requirements are being implemented in practice.</p> <p>The approach outlined in the report ensuring an appropriate level of Board oversight and scrutiny to discharge responsibilities effectively during the COVID-19 pandemic, together with the revised Strategic (Gold) Command and Control structure for Quarters 3 & 4, and reintroduced Board Briefings was APPROVED.</p>
<p>PTHB/20/95</p>	<p>Proposal for a Powys Health and Care Academy</p> <p>The Chief Executive introduced the proposal for a Powys Health and Care Academy one of the twelve Strategic Priorities of the Board. The inclusion of this item at this time was questioned but as the organisation had worked through the pandemic and going forward it is clear the talents of the workforce will be critical to the success of health and care services. The Board recently approved the Workforce Futures Framework. This is the first major flagship development from this Framework. The Chief Executive noted that she chaired the local Regional Partnership Board who have embraced this as a core priority and there has been strong engagement across the Health Service, Local Government (and in particular Social Care) together with the third sector and others to develop this. The proposal is a 'blueprint' or starting point for the Health and Care Academy.</p>

The proposal outlines the challenges in Powys around workforce, in particular the availability and access to education, training and development. It also outlines the strengths to build on as a county.

There are two elements to the paper; one relates to the blueprint of the Academy which will be structured around four schools, including the schools of; professional and clinical education and training; research, development and innovation; volunteers and carers; and of leadership. These will be multi-agency, cross sector schools.

The Health Board have been working alongside Health Education and Improvement Wales and Social Care Wales which has proven to be extremely valuable particularly as new commissions for undergraduate education and non-medical are encouraging a more out-reach model which it is hoped the proposal will benefit from.

The second element outlines the development of one of the buildings to be a physical environment to supplement a digital environment for learning. Integrated Care Funding has been awarded to this multi-agency project.

The Director of Workforce and OD and Chair of Workforce Futures drew attention to the need to focus on the future whilst acknowledging the challenges faced by the current situation to achieve the aspirations outlined in the Workforce Future document. The Academy is more than a physical space but it is vital to have a physical space to provide focus for the programme. Overwhelming support has been provided by partners and the opportunity to have in-reach university level education within the county and provide education and training for Powys residents at all levels in the health and care sector is cutting edge.

The blueprint outlines the ambition to 'be the sector of choice by growing the health and care workforce through skills development...'. Whilst the section regarding growing the health and care workforce is an ambition which is deliverable is the ambition to 'be the sector of choice' beyond the scope of deliverability for this scheme?

The Director of Workforce and OD noted that it was the intention to be the sector of choice when people are looking at their careers and is not about a building but more about

the Workforce Futures programme and how this can support careers. This may need to be made clearer within the documentation. It is accepted that this is a challenging ambition but the Workforce Futures Programme accepts this challenge.

The Chief Executive welcomed the challenge regarding measurable outcomes and what can be achieved. This ambition has been carefully considered and the necessity to be both ambitious and realistic was noted. What is understood is that because undergraduate education is often outside of the county, people will perhaps make career choices into areas other than health and social care. By offering local health and care education opportunities it is hoped that people will actively choose this sector. The Programme will be happy to be tested on these outcomes.

Has a Business Case been prepared outlining how this programme will be funded now and sustainably in the future? It may have been undertaken but does not appear to have been included in the paper before Board.

The Chief Executive noted that at present the organisation and partner organisations do invest in training but it is not joined up. The first step has been to map current resources and look to see what can be pooled for future years. A draft implementation plan has been prepared but was not included as further work was needed on this however, this can be brought forward.

The Interim Medical Director noted that this was an important programme for Powys with great potential. For twenty years it has been known that educating the workforce improves outcomes. Powys is uniquely known for health and social care partnerships.

The Chief Executive recognised this is the starting point, and it is important to gain confidence in the ability to improve the education, training and development on offer, in particular to build on learning around how to develop future hubs. In the last Board meeting the North Powys Wellbeing Programme business case was approved and there is a strong further educational development aspect to that programme. Therefore, whilst starting in South Powys there is real potential of having a North Powys hub and by the time that building comes to fruition, much

	<p>will have been learnt. Additionally, the programme is also underpinned by digital access; therefore, it is important to gain confidence from the recent developments.</p> <p>The Blueprint for a Powys Health and Care Academy was APPROVED. The work to meet the ICF funding allocation to redesign the initial physical space within Basil Webb at Bronllys within a limited timeframe to 31 March 2021 was APPROVED.</p>
<p>PTHB/20/96</p>	<p>Regional Partnership Board: Winter Unscheduled Care Plan</p> <p>The Director of Primary, Community Care and Mental Health presented the report noting the important context this year that in entering the winter period the organisation had already had a challenging time dealing with the covid-19 pandemic. At the last Regional Partnership Board (RPB) the Winter Protection Plan was approved and submitted to Welsh Government. Winter Plan had previously been prepared by the Health Board alongside partners but this year the requirement by Welsh Government was for the RPB to develop the Winter Plan. As the RPB is not a statutory body there is a requirement this paper is ratified.</p> <p>The Winter Plan articulates the range of services and how partners will interact to support patients, teams, services and citizens. Welsh Government allocated an additional £417k to the RPB to support a range of services based on learning from last winter including discharge to recover and assess along with learning from the covid period.</p> <p>This will be a challenging winter but colleagues are working with partners across the county.</p> <p>The Winter Unscheduled Care Plan was RATIFIED.</p>
<p>PTHB/20/97</p>	<p>Business Case for Radiotherapy Satellite Centre at Nevill Hall Hospital</p> <p>The Director of Planning and Performance presented the report setting out a strong case for change and the benefits the change will deliver across the region. It is known that demand is increasing as cancer incidence increases with demand for radiotherapy reaching an all time high and are projected to increase at 2% per year. It is clear access</p>

	<p>rate for radiotherapy has been relatively poor and it is intended to bring therapy closer to home. The development of the centre will absorb approximately 20% of the Velindre Cancer centre current demand. This is part of the Transforming Cancer Services programme which proposes a network model. There will be capacity to treat up to 80 patients a day and there may be opportunities to repatriate patients currently treated in Cheltenham and Gloucester. The benefits include improved access to radiotherapy, local outreach services to promote more equitable access and an opportunity to improve integration of services. There will be an increase in access to care and reduced travel times. The case is funded by Welsh Government capital funding. The Health Board are expected to meet ongoing revenue costs via a calculated percentage figure of 2.1% (£55,500/annum revenue costs). This ties closely with ambitions in Powys to bring services closely to home and with Cancer being one of the Big Four priorities. Pending approvals the aim is for the centre to be operational by August 2023.</p> <p>The Outline Business Case for the development of a Radiotherapy Satellite Centre at Nevill Hall Hospital was APPROVED.</p>
<p>PTHB/20/98</p>	<p>Charitable Funds Annual Report and Annual Accounts for 2019-20</p> <p>The Director of Finance and IT presented the Charitable Funds and Annual Accounts to March 2020. These are recommended to Board for Approval being the Corporate Trustee having been through Charitable Funds Committee and Audit Committee.</p> <p>The Charitable Funds and Annual Accounts for 2019-20 were APPROVED.</p>
<p>ITEMS FOR DISCUSSION</p>	
<p>PTHB/20/99</p>	<p>Integrated Performance Overview: Month 07, 2020/21</p> <p>The Director of Planning and Performance presented the report noting that the latest figures show that 10,342 residents had tested positive for covid-19 and the seven day incidence rate for this week had further reduced as a</p>

result of the firebreak but it was necessary to encourage everyone to take steps to reduce the risk of the spread of the virus. Testing continues to be delivered and the report outlines robust performance in following up contacts in the 24- and 48-hour timescale. Sadly, as of 25 November 2020 131 Powys residents had lost their lives to covid-19. There are a number of incidents which are being strongly managed with learning taking place which can be applied to similar settings. Significant work is being undertaken to prepare for the mass vaccination programme which will be feature in future performance reports. Other priorities are being progressed with the focus during the second phase is to maintain as much routine and essential care as possible. The health and care system is under significant strain and some providers for the Powys population have had to suspend non-urgent services during this time. Work is on-going with recovery planning, this will be a considerable challenge and will take some time. The report also highlights the position for PTHB as a provider and whilst progress has been made to put services back in place there has been reduced capacity. The number of people waiting 36 and 52 weeks for treatment provided by PTHB has increased significantly. There are around 3,000 patients who have waited over 36 weeks and nearly 1,500 patients who have waited over 52 weeks for commissioned services. Work is taking place locally, regionally and nationally to meet the challenge of this backlog.

The report also highlights continued and robust performance across key areas including measures relating to mental health and workforce. The rolling figure for sickness is currently 5.01%.

The Chief Executive noted that the Experience, Quality and Safety Committee had been arranged for next week as part of the ongoing governance arrangements. The significant issue regarding the number of patients waiting for treatment will be of particular importance to this Committee together with the mechanisms that have been put in place to assess the urgency required to access treatment and how people are supported whilst waiting for treatment.

	<p>The Vice-Chair stepped in whilst the Chair was disconnected noting the report regarding the actions taken to reduce harm during the longer waiting times would be welcomed by the Experience, Quality and Safety Committee.</p> <p>The Community Health Council yesterday published a report on 'Feeling Forgotten' about non-urgent and routine services and it may be of use to the Experience, Quality and Safety Committee to have sight of this document.</p> <p>The Vice-Chair suggested that this should be shared with all Board Members.</p> <p><i>Disappointment was expressed regarding the decline in performance regarding Child and Adolescent Mental Health measures but it was noted that this was now improving.</i></p> <p>The Director of Primary, Community Care and Mental Health offered to discuss this offline but observed that the targets for this measure had been met during the current period.</p> <p>The Performance Report was NOTED.</p>
PTHB/20/100	<p>Financial Performance Report, Month 07, 2020/21</p> <p>The Director of Finance and IT presented the report drawing attention to the following key issues:</p> <p>There is a revenue overspend of £259k, with an in-month improvement of £43k with a breakeven position forecast based on the assumption that the organisation would live within the funding allocated for the Q3 covid response plan. The capital position shows a spend of £1.5million against a current capital resources limit of £2.2million. This resource limit will increase as further covid related spend takes place.</p>

The current forecast for covid-related spend is just over £26million as per the Q3/4 plan and based on assumptions regarding surge capacity and on the funding allocated.

Risks and opportunities were outlined with the risk noted to have reduced dramatically now covid funding has been confirmed. The main outstanding risk relates to surge requirements outstripping what has been identified within planning assumptions. However, if surge demand is lower than planned there may be slippage.

It will be necessary to closely monitor the position and identify variances promptly so remedial action can be taken to deliver the forecast to breakeven.

The Chief Executive noted there were challenges ahead as the financial outlook was not yet known. It will be necessary to catch up on treating people who have been subject to delays. At this stage the assessment for catch-up work has yet to be budgeted for and this will take place over the next few months. It is understood there has been an announcement of the funding for NHS in England and whilst Wales will receive a consequential this is not ringfenced to health and is flagged as a future risk.

When would it be expected that the assessment work will be completed to address these matters of recovery?

The Chief Executive noted that earlier in the meeting Planning Ahead Strategic Objective had been approved and early work towards this had started. This would be discussed at during Board Development on 8 December 2020 and the Finance Allocation letter was due on 24th December 2020.

The Director of Finance noted the Finance Allocation letter is the key document which helps to inform plans however, it is a continuous cycle working with Welsh Government and as matters progress updates will be brought back to Board.

The Finance Report was NOTED.

PTHB/20/101

Respiratory Clinical Change Programme

The Director of Therapies and Health Sciences presented the report noting that the Breathe Well Programme had formally been stood down in March 2020 to release capacity to support the pandemic response however, during the intervening period seven actions have been fast-tracked to support the covid-19 response. The Programme has now been formally reinstated with an updated Programme Initiation Document and reviewed the programme aims which have been agreed at Executive Committee.

A Specialist Respiratory Physiologist post was fast-tracked with the individual commencing in post in May 2020 to support with the Covid-19 response including with advice and guidance on aerosol generating procedures.

The NHS Wales Respiratory App was rolled out for asthma and COPD patients.

The first virtual pulmonary programme was developed and commenced in September 2020 with all patients showing an improvement in their exercise tolerance, quality of life measures and symptom burden.

The Breathe Well Programme is now fully reinstated and Chaired by the Director of Therapies and Health Sciences following the departure of the Medical Director with the main challenges faced were to support the Winter Plan as respiratory is a key area of challenge in the winter period and to improve respiratory diagnostics within Powys.

The Chair re-joined the meeting 11.38

The use of the Project Initiation Document and in particular the Prince 2 format is welcome and will be useful going forward in particular the gap analysis. The attention drawn to the issues around spirometry testing is welcome. What action will be taken to address this?

The Director of Therapies and Health Sciences acknowledged that this was a really challenging issue. Spirometry had been identified as an Aerosol Generating Procedure and so is difficult to undertake in a number of venues, and is a challenge faced across Wales. National guidance is awaited but in the meantime the Director is

	<p>meeting with GPs to ascertain what can be undertaken to address this issue.</p> <p><i>On page 14 of the report there is reference to training and investment which cannot be implemented?</i> This is part of the reason for meeting with GPs and who is sufficiently skilled to undertake this testing. This is acknowledged as a challenged.</p> <p><i>On page 12 of the report there are concerns that contact data goes back to 2018. This appears to be somewhat old data to be basing planning assumptions on.</i> The Director of Therapies and Health Sciences confirmed that it was difficult to collect this data due to the range of services commissioned across a number of different District General Hospitals and different services. In addition, the data is a little skewed because covid-19 is primarily a respiratory condition and also because of the pandemic people have not been accessing services. Thus the older data is more representative of normal population data but it is acknowledged it will be necessary to examine more recent data as the programme progresses. It is also acknowledged that the pandemic has changed the way services are delivered and there is an opportunity to review how it is intended to deliver services in the future.</p> <p><i>It will be interesting to see the 2019 data to see if the beginning of a developing trend continues.</i></p> <p>The update on the Breathe Well Programme was NOTED.</p>
PTHB/20/102	<p>European Union Transition Planning Update</p> <p>The Chief Executive presented the paper noting the key point at present was that it was not known if there would be a trade agreement when the UK exited from the European Union. The mechanisms that were put in place last year have been operating over the last few months and there is a strong community across Wales on this issue. The preparations that were put in place to manage exiting the EU have helped managing the pandemic such as stores. There are issues which are been kept under review including medicine, non-medicine supplies, workforce and longer-term impact including economic and potential social challenges. Internally meetings are continuing to ensure planning is kept up to date including around stock levels</p>

	<p>and keeping in contact with Welsh Government on planning arrangements. Most areas are showing green apart from those which are dependent on a trade agreement. This is being managed proactively to ensure the organisation is as prepared as possible in the event of whatever outcome is achieved.</p> <p>The update on the European Union Transition Programme was noted.</p>
<p>PTHB/20/103</p>	<p>a) Corporate Risk Register, November 2020</p> <p>The Board Secretary presented the Corporate Risk Register to November 2020 and drew attention to the following material change:</p> <ul style="list-style-type: none"> • A decrease to CRR 015 (South Powys planning and activity assumptions to inform flows/operational response arrangements are not robust, which could result in significant harm to patients) from 15 (almost certain) to 12 (likely) <p>And advised that two new high risks identified:</p> <ul style="list-style-type: none"> • CRR 016 (The Health Board is non-compliant with legal obligations in respect of Health and Safety due to a lack of identification and management of health and safety related risks across the organisation) • CRR 017 (A fire incident occurring within health board premises is not effectively managed) <p>b) COVID-19 Risk Register, November 2020</p> <p>The Board Secretary presented the Covid-19 Risk Register to November 2020. There has been one change agreed by Gold Group:</p> <ul style="list-style-type: none"> • C-19RR-018 (People with COVID-19 do not come forward for testing and pass on infection to others) has increased from 'possible' to 'likely'. <p>Four risks are now defined at a managed level which will be archived into a summary register for Gold Group to take account of.</p>

The Director of Workforce and OD advised that as Executive Director responsible for fire the risks note the actions that need to be taken to strengthen the ability to evacuate in event of a fire. Members of Audit Committee will recall the organisation has recently received a Limited Assurance Internal Audit in this area. To reassure the Board one of the key areas that needed focus was fire drills and the number of fire drills had increased with the expectation that all organisational areas will have undertaken a drill before the end of December 2020. In addition, the identification of extra fire wardens is taking place who will then be trained. A review is also taking place to ensure the correct evacuation equipment is available. It is recognised that this will be of concern to Board and appropriate management actions are in place to address this.

The risk rating related to Health and Safety was identified through the management structure and is in respect of the ability to undertake robust risk assessments in the workplace. The Executive Team have agreed a programme of work to complete this in a tight timescale and it is expected this risk will reduce in the near future.

How was the Health and Safety risk identified?

This risk was identified within the last month at the Health and Safety Group, was escalated to the Executive Team and this is the first time it has been brought before Board.

The Chief Executive added in the discussion at the Executive Committee regarding the health and safety work programme the confidence level that issues of concern were properly understood. In the case of issues coming forward from the health and safety group it was felt that the Executive Committee could not take full confidence that there was a sufficiently robust and consistent approach. It is expected that this will be undertaken swiftly.

This approach was welcomed as a healthy position despite being disappointing.

	<p>The Risk Registers were REVIEWED, the changes included within the Corporate Risk Register was APPROVED and the Covid-19 Risk Register was NOTED.</p> <p style="text-align: right;">Matthew Dorrance left 12.00</p>
<p>PTHB/20/104</p>	<p>Report of the Chief Officer of the Community Health Council</p> <p>The Chief Officer of the Community Health Council presented the report and drew attention to the positive feedback regarding the administration of the flu vaccination by GPs and also thanked the Planning and Performance and Communications team regarding the booklet that had been circulated regarding the changes in South Powys which had received positive feedback.</p> <p>The organisation had a number of surveys ongoing including in respect of dental service and general practice. The national report 'Feeling Forgotten' has been forwarded to the Board Secretary for sharing with Members.</p> <p>The organisation has a new interactive website.</p> <p>The next challenge is to survey mental health services during covid including a focus on the farming community.</p> <p>Thanks were extended to the Planning and Performance and Communications Team for arranging the check and challenge meeting which had taken place regarding the early opening of The Grange. This was successful and it was suggested that this could work well on a project basis in the future.</p>
<p>PTHB/20/105</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 outlining the areas of focus which are part of the strategic priorities. A query had been raised regarding the progress being made with Investigation Training for investigating serious incidents and concerns. This comes under the Clinical Quality Framework and continues to be a key action. There has been an opportunity to consider the Additional Learning Needs Act and the change in legislation. The sub-groups</p>

are continuing including Strategic Planning, Delivery and Performance and Quality Governance which are adding value. The Executive Team are trying to manage workload and are therefore maintaining flexible arrangements.

Audit, Risk and Assurance Committee

The Chair of Audit Committee presented the report advising that the Structured Assessment had been presented to the report noting that good governance had been found which is positive in light of the pandemic.

Charitable Funds Committee

The Board Secretary presented the report advising the Chair position of Charitable Funds Committee is currently vacant. The Committee has not met since Assurance reports were last presented to Board and therefore this report is submitted as an update on activity during this period.

Experience, Quality and Safety Committee

The Chair of the Experience, Quality and Safety Committee presented the report noted that two meetings had been held in the intervening period with the additional meeting called to consider the South Powys Pathways Programme for Members to draw assurance on that matter. Attention was drawn to the reduction of availability of performance reports due to the pandemic although this position was improving.

Performance and Resources

The Chair of Performance and Resources presented the report drawing attention to the challenging financial position and also to the approach taken to savings and efficiencies which was value based rather than the traditional salami slicing approach. The issue with this will relate to the time this will take to embed but should be effective in the long term. Two reports on primary care and dental services were received which highlight the efforts made in these areas to deliver as normal as possible service given the challenges of the pandemic.

The Chief Executive advised that a year ago work had been undertaken examining the approach to strategic commissioning and recognising the need for a whole

	<p>system approach to deliver outcomes and the appointment of the Interim Medical Director to shift this to a clinically focussed outcome approach. It is recognised there is a timelag to recognise the improvements and efficiencies.</p> <p><u>Strategy and Planning Committee</u></p> <p>The Vice-Chair presented the report noted that excellent progress was being seen on some major issues despite the pandemic. The opportunity to scrutinise these documents before they are presented to Board is welcomed and considered an effective way for Independent Members to understand and scrutinise these projects.</p> <p>b) Joint Committees</p> <p><u>WHSSC</u></p> <p>The Chief Executive presented the report noting that Ian was also an Independent Member of WHSSC. The theme of the meeting focussed on the pandemic but had also started to look forward at other work that needed to be done.</p> <p><u>EASC</u></p> <p>The Chief Executive advised the meeting had heard about time related pressures paramedics were under when responding to emergency calls but still having to don and doff PPE. A close watch will be kept on this for the Powys population. The Mid Wales Rural Health Care Conference had taken place digitally.</p> <p><i>The progress on neo-natal transport, although not resolved was welcomed.</i></p>
PTHB/20/106	<p>Assurance Reports of the Board's Partnership Arrangements</p> <p>The report was noted.</p>
PTHB/20/107	<p>Report of the Board's Local Partnership Forum</p> <p>The Director of Workforce and OD presented the report. The staff survey has closed with 29% of the workforce completing this. The Trade Unions have been very helpful with support on health and wellbeing.</p> <p><i>The Health Board have been good at keeping staff updated during this time and staff have kindly received a thankyou</i></p>

	<i>card and pin from the Chief Executive and Chair which was appreciated.</i>
OTHER MATTERS	
PTHB/20/108	ANY OTHER URGENT BUSINESS: There was no other urgent business.
PTHB/20/109	DATE OF THE NEXT MEETING: 27 January 2021, 10:00 via Teams