

POWYS TEACHING HEALTH BOARD

CONFIRMED

MINUTES OF THE MEETING OF THE BOARD

HELD ON WEDNESDAY 27th MAY 2020, AT 9.30AM

VIA SKYPE AND IN THE BOARD ROOM, BRONLLYS HOSPITAL

Present

Vivienne Harpwood	Chair (remote attendee)
Carol Shillabeer	Chief Executive
Trish Buchan	Independent Member (Third Sector Voluntary) (remote attendee)
Matthew Dorrance	Independent Member (Local Authority) (remote attendee)
Owen James	Independent Member (Community) (remote attendee)
Susan Newport	Independent Member (TUC)
Ian Phillips	Independent Member (ICT)(remote attendee)
Mark Taylor	Independent Member (Capital & Estates) (remote attendee)
Frances Gerrard	Independent Member (University)
Tony Thomas	Independent Member (Finance)
Pete Hopgood	Interim Director of Finance & IT (remote attendee)
Julie Rowles	Director of Workforce, OD & Support Services (remote attendee)
Stuart Bourne	Director of Public Health
Hayley Thomas	Director of Planning & Performance (remote attendee)
Wyn Parry	Medical Director (remote attendee)
Claire Madsen	Director of Therapies & Health Sciences
Alison Davies	Director of Nursing & Midwifery (remote attendee)
Jamie Marchant	Director of Primary, Community Care and Mental Health (remote attendee)

In Attendance

Rani Mallison
Adrian Osborne

Frances Hunt
Katie Blackburn
Elaine Matthews
Stuart Fitzgerald
Rebecca Collier
Liz Patterson

Board Secretary
Assistant Director (Engagement and Communications) (remote attendee)
CHC (remote attendee)
CHC (remote attendee)
Wales Audit Office (remote attendee)
Health Inspectorate Wales (remote attendee)
Health Inspectorate Wales (remote attendee)
Corporate Governance Manager (remote attendee)

Apologies for absence

Frances Hunt
Mel Davies
Jamie Marchant

Alison Bulman
Katie Blackburn

CHC Chair
Independent Member (Vice Chair)
Director of Primary, Community & Mental Health Service
Corporate Director Children & Adults (PCC)
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 / telephony means as opposed to in a physical location. Members of the public will not be able to attend in person or observe on-line. This decision has been taken in the best interests of protecting the public, our staff and Board members. A summary of this Board Meeting will be published on our website within a week of the meeting.	
PTHB/20/01	WELCOME AND APOLOGIES FOR ABSENCE The Chair welcomed all participants to the meeting noting that a number of observers were present as outlined in the attendance record. She advised that if her skype connection was lost the role of Chair would pass to IM Tony Thomas who was present in the Board Room. Apologies for absence were noted as recorded above.
PTHB/20/02	DECLARATIONS OF INTEREST No declarations of interest were declared.
PTHB/20/03	MINUTES OF MEETING HELD ON 25 MARCH 2020

	The minutes of the meeting held on 25 March 2020 were received and AGREED as being a true and accurate record.
PTHB/20/03	<p>MATTERS ARISING</p> <p>Confirmation was sought that all Board Briefing notes, papers and presentations would be made available on AdminControl. Action: Board Secretary.</p>
PTHB/20/04	<p>BOARD ACTION LOG</p> <p>The Board Secretary advised of the following position:</p> <p>EQS/19/72 – this will be included in the Board Briefing programme as part of the revised governance arrangements which will be implemented from June 2020 (item 2.4 of the agenda).</p> <p>EQS/19/68 – complete (Serious Incidents Policy was considered at the meeting)</p> <p>PTHB/19/171 – Annual Report of the Director of Public Health to be brought to the next PTHB meeting.</p>
PTHB/20/05	<p>UPDATE FROM CHAIR</p> <p>The Chair gave a brief oral report thanking the Executive Team and all staff for the hard work which had been undertaken during the current crisis.</p> <p>During this period a reduced number of Committee meetings had taken place including Experience, Quality and Safety and Audit, Risk and Assurance together with a series of briefings for Board Members and Unions which has meant that Board Members have been able to keep an eye on governance matters. The Board Secretary was thanked for her close attention to governance matters and it was noted that moves were being made to ensure that these meetings would be accessible by the public at the earliest opportunity.</p> <p>UPDATE FROM CHIEF EXECUTIVE</p> <p>The Chief Executive advised that the current focus continued to be the response to COVID-19. There was a sense that the organisation was coming to the end of the first phase and moving into the second phase of response to COVID-19. This is reflected in the agenda which includes a review of Phase 1 and the planning for Phase 2. The re-prioritised Annual Plan will be presented which aims</p>

	<p>to outline how the priorities have been altered in light of the ongoing pandemic.</p> <p>The Chief Executive confirmed that the thanks expressed by the Chair would be shared with colleagues and partners during this difficult time. The Chief Executive reflected on the significant loss of life which had had major impact on the community.</p> <p>Welsh Government were now encouraging a broader agenda and the presence of observers at this meeting was part of the move towards looking at the wider picture.</p>
ITEMS FOR APPROVAL, DECISION OR RATIFICATION	
PTHB/20/06	<p>COVID-19 Response: Review of Phase 1, including: Decisions; Learning & Reflections</p> <p>The Chief Executive presented this paper which was considered to cover the period until the end of May 2020. It was noted that this was a high level paper and Board Members may wish to examine parts of the paper in more detail at a future meeting.</p> <p>The paper outlined the measures taken to plan, prepare and activate plans (where necessary) together with the decision making arrangements including at Board and Gold Group, assurance arrangements; Experience, Quality and Safety Committee and Audit, Risk and Assurance Committee, and briefings for Board and the Local Partnership Forum. The learning from this has helped inform the arrangements that have been developed for Phase 2.</p> <p>Risk identification and management has been key during this very uncertain time and the Corporate Risk Register is attached to the agenda. Key risks have included:</p> <ul style="list-style-type: none"> • PPE – both a national and local challenge but well managed and the organisation has not run out of stocks • Testing – subject to considerable national dialogue and changing over time this has been a key element which it has been necessary to manage • Data – a particularly complex issue including who has been tested, what is their status, who has sadly lost their life. The status and comprehensiveness of

	<p>different data in the public domain has been particularly challenging.</p> <ul style="list-style-type: none"> • Closed settings – infection prevention and control has been a challenge nationally and locally particularly in care homes. A number of steps have been taken to reduce transmission in closed settings. • The impact on the wider organisation objectives <p>A number of positive outcomes have been identified including the opportunity to do things differently with both staff and patients open to digital solutions. Clinical leaders have emerged, partnership working has worked well, in particular with the local authority and communications have largely been successful although some learning has been identified.</p> <p><i>It is understood this is a fast moving situation. Have the early concerns from GPs regarding access to PPE been addressed?</i></p> <p>An informal group of GPs was set up which in the early days did raise concerns regarding the availability and the guidance for use of PPE. Once it had been confirmed that there was sustained community transmission and clear guidance was issued on the use of PPE this has no longer been an issue. National arrangements have been put in place regarding reporting of PPE stocks</p> <p><i>The CHC representative observed that close working had taken place between the CHC and planning and primary care and confirmed that there had been no complaints to the CHC regarding COVID-19 matters. This partnership appeared to be particularly strong in Powys compared to other areas in Wales and it should be recognised that this was a continual learning experience for all parties.</i></p> <p>The Chief Executive thanked the CHC representative and noted the value of good working relationships.</p> <p><i>Why does Public Health Wales (PHW) and the Office for National Statistics (ONS) report such different figures for death data? The figures – 13 (PHW) and 84 (ONS) appear incongruous. Is one a subset of the other and why is the PHW figure reported which suggests to the public that COVID-19 is not an issue locally?</i></p>
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	<p>The Chief Executive explained this was a complex and sensitive subject. The PHW data only includes people who have sadly died in a hospital in Wales who have had a positive COVID-19 laboratory test. The ONS originally reported on deaths on a monthly basis but since the pandemic have changed to weekly reporting separating out those people who have sadly died with COVID-19 mentioned on their death certificate. It appears that media are moving to use the ONS data rather than PHW data. The use of data to indicate prevalence will become increasingly important as the country moves to the Test, Trace and Protect phase. It may be the case that the organisation will have to work with its own data to provide information on a localised basis (such as down to school or housing estate level). The presentation of data will require careful consideration as it will need to be open, transparent and sensitive.</p> <p>The Director of Public Health confirmed in principle the PHW data was a subset of the ONS data.</p> <p><i>Will community testing be for all residents or will it remain for symptomatic individuals only?</i></p> <p>Community testing will be for symptomatic individuals.</p> <p>The Board APPROVED the Review of Powys Teaching Health Board's Response to COVID-19 (Phase 1), including Decisions, Reflections and Learning</p>
PTHB/20/07	<p>COVID-19 Response: Phase 2 Response Plan</p> <p>The Chief Executive thanked colleagues in the Executive Team in particular and in the Planning Directorate for co-ordinating Phase 2 planning. Welsh Government had recently published an operating framework for Quarter 1 which is incorporated within the Phase 2 Response Plan but in Powys the plan has been limited with regards to its completeness until the plans of commissioning partners have been published.</p> <p>The Plan covers the following areas:</p> <ul style="list-style-type: none"> • Test, trace and protect • Harm from Covid-19 • Harm from an overwhelmed NHS and Social Care system

	<ul style="list-style-type: none"> • Harm from a reduction in non-covid activity • Harm from wider societal actions/lockdown <p>A draft has been submitted to Welsh Government for comment and feedback was expected this week. The organisation has responded as a provider but as a commissioner it has been necessary to have sight of partner LHBs in Wales and it may be necessary to request amendments having considered these partner plans. Powys also commissions services from English providers who are working on their regional sustainability footprints and the organisation has worked closely with these regional partnerships regarding commissioned services in these areas. It will be essential to keep the CHC and the public fully informed of the complex pathways to access care which will develop over the coming months.</p> <p><i>The document is clear but at present does not contain much detail. To what extent is it reliant upon modelled assumptions and what assurance can be given that these assumptions are accurate?</i></p> <p>The Chief Executive outlined how difficult it had been to gain certainty from models and scenarios during Phase 1. The modelling was recognised but not relied upon for management actions and Welsh Government are hopeful that the modelling will improve as more data becomes available. The complexity of the modelling is increased by its reliance upon public behaviour and one of the major issues will be how this changes as lockdown is relaxed.</p> <p>The Director of Public Health outlined how the models had changed greatly over time but that there appeared to be a gap in the modelling in relation to detailed testing models.</p> <p>The Director of Planning and Performance advised that in addition to the work nationally on modelling a local team had been brought together to understand how to model the next stage including trigger points which would allow non-covid work to be commenced or withdrawn. A daily dashboard had been produced to inform Gold Group of the current position but it was essential to ensure the trigger points were correct.</p>
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	<p><i>When looking at the surge capacity modelling and recommendations (p9 of Item 2.2a) what is the key message?</i></p> <p>The key message is that a series of models have been produced over time but that at each stage a cautious approach has been taken.</p> <p><i>When considering essential services is it intended to explore remote consultation?</i></p> <p>It is intended that as much as possible will be undertaken digitally however, there will be times that face to face consultations are unavoidable and appropriate measures will be in place to make this safe.</p> <p><i>Where in the financial summary are commissioning costs noted (page 18 of Item 2.2a)?</i></p> <p>These are noted under the additional block contract costs and are expected to be funded by Welsh Government.</p> <p><i>What risks have been identified in moving towards increased digital provision?</i></p> <p>The Chief Executive outlined the risks identified in relation to the costs of digital resources however clinicians have been extremely keen to use these options and this must be built on to avoid a full return to the old ways of working.</p> <p>The Board APPROVED the Phase 2 Response Plan.</p>
PTHB/20/08	<p>Re-prioritised Annual Plan 2020/21</p> <p>The Chief Executive presented this item.</p> <p><i>What is the position in regard to the Digital Strategic Framework?</i></p> <p>The organisation is looking to record how digital work supports tackling covid-19 and will use this to inform a better plan for digital provision. The organisation is also focussing on how the pace of change is maintained over the coming weeks and months. This will be brought to a future meeting of the Board for approval.</p> <p>The CHC representative welcomed the exciting developments in this arena but noted that service change would require the appropriate engagement.</p> <p>Action: Director of Finance and IT.</p>

	The Re-prioritised Annual Plan was APPROVED.
PTHB/20/09	<p>COVID-19: Maintaining Good Governance Arrangements</p> <p>The Board Secretary presented the report outlining that during this period a number of Committees had been stood down however, the Audit, Risk and Assurance and Experience, Quality and Safety Committees had continued to meet along with briefings to the Board and Local Partnership Forum (LPF). The proposal now was to continue with Gold Group which would now meet on a weekly basis; that Board meet bi-monthly alternated with a bi-monthly covid-19 briefing; that LPF meet bi-monthly alternated with a bi-monthly briefing; that Board Committees are stood up with Performance and Resources Committee moving to a quarterly schedule and that all Committees have short, essential items only agendas and are conducted digitally. The opportunity to live stream Board was being actively pursued and it was hoped this would be in place for the July meeting. It is intended that these arrangements are kept under review.</p> <p>The Chair thanked the Board Secretary for all the work she had done in the governance arena during this recent period.</p> <p>It was AGREED that the arrangements outlined in the Maintaining Good Governance report were implemented.</p>
PTHB/20/10	<p>Policies reserved for Board:</p> <p>a) Serious Incidents</p> <p>The Director of Nursing and Midwifery presented the report which had been reviewed at the Executive Quality Governance Group.</p> <p><i>Can assurance be given that appropriate training available to any staff appointed as an Investigating Officers?</i></p> <p>This is being considered on an all Wales basis and any training sourced would be agreed with partners (Health Inspectorate Wales). It is proposed to amend the policy in the following terms to provide the assurance sought:</p> <p>Section 21 - Sections 3 and 4 are applicable to Managers, Specialist Leads, Service Group Leads and Board Members <i>and required for any member of staff identified as the investigating officer for a serious incident</i></p>

	<p>The Serious Incidents Policy was APPROVED subject to the amendment outlined above.</p> <p>b)Claims</p> <p>The Director of Nursing and Midwifery presented this item which has been consulted on with no amendments required.</p> <p>The Claims Policy was APPROVED</p>
PTHB/20/11	<p>Welsh Language Standards Compliance</p> <p>The Director of Therapies and Health Sciences presented this update outlining the position in response to the Standards Appeal process. The Welsh Language Officer has been redeployed during the covid-19 pandemic but is continuing to do essential work in her substantive role.</p> <p><i>The ability for the organisation to meet Standard 19 appears fraught with difficulty. What are the particular challenges the organisation faces in this regard?</i></p> <p>At present the organisation has one Welsh speaking receptionist. It would be against HR policies to redeploy non-Welsh speaking receptionists and replace the posts with Welsh speaking receptionists in addition to the difficulties of recruiting such staff to these posts. At present there is no central switchboard. Such a facility would assist in meeting this standard. The 'attend anywhere' proposals will help meet this standard as it will be possible to map Welsh speaking patients and staff and match them. At present the organisation is largely working off paper records however, there is a facility within WCCIS to note the language of choice.</p> <p><i>Has the organisation provided sufficient resources to meet the standards?</i></p> <p>It is difficult to ascertain the precise financial requirements to meet this standard. There is a budget for translation which is overspent. There is a requirement to translate job descriptions and colleagues are working to share national translated job descriptions. It is expensive to translate whole documents therefore translated summaries are being provided. Whilst the Welsh Language Officer is employed</p>

	<p>on a substantive post the need for translation capacity varies.</p> <p>The Director of Finance confirmed there is a baseline budget and any additional resource required would need to be applied for by way of a business case.</p> <p><i>Concern was expressed regarding the risk of a fine.</i></p> <p>At present there have been no complaints. The organisation knows where Welsh is spoken and in these areas Welsh speaking staff are employed therefore the needs of the population in this regard are generally met.</p> <p>The Welsh Language Standards Update report was NOTED and the decisions taken at the Executive Committee on 6th May 2020 were RATIFIED.</p>
PTHB/20/12	<p>Strategic Equality Plan</p> <p>The Director of Therapies and Health Sciences presented this report regarding the new Strategic Equality Plan (SEP) which is required to be published by 30 September 2020 (extended from 31 March 2020 due to the covid-19 pandemic).</p> <p><i>The current SEP does not appear to make reference to lessons learnt from previous SEPs. For example the cover report makes reference to tackling sexism in the workplace but it is discrimination which needs to be tackled. The experiences of BAME, LGBT+ and disabled residents to access care and have a choice in the care provided has been poor and this plan does not outlined how these groups will be empowered to access the right types of care.</i></p> <p>The Director of Therapies and Health Sciences noted that this was a shared plan across health boards and therefore was high level and lacked detail. It will be necessary for the organisation to do actions for specific areas. The reference to sex discrimination is a particular requirement which all Health Boards are expected to address, other areas of focus will vary across the different areas.</p> <p>The Chief Executive noted that this area had not had a large amount of strategic and operational focus in the recent past. New appointments have been made and it should be acknowledged that the organisation is starting from a low base although there are some areas where good</p>

	<p>work is taking place. It will be necessary to look at all protected characteristics.</p> <p><i>It will be necessary for the Board to examine its behaviours together with the information which is brought to the Board, in particular in respect of Equality Impact Assessments.</i></p> <p>The Board Secretary noted that this was required together with a requirement to look at the Economic and Social responsibilities. Work had started in partnership with the local authority on these matters but this has been paused due to the covid-19 pandemic.</p> <p><i>With regard to the work that Estates will be undertaking it will be necessary to define the clinical objectives or there will be a danger that the work focuses solely on physical barriers.</i></p> <p>The Director of Therapies and Health Sciences advised that the current paper records made it difficult to know what was needed but the move to digital records would allow physical characteristics to be recorded and used to plan necessary work.</p> <p>The Strategic Equality Plan 2020-2024 was APPROVED.</p>
PTHB/20/13	<p>Pharmaceutical Applications Committee: Terms of Reference</p> <p>The Board Secretary presented this report and advised that this group would meet as a Panel rather than a Committee. The Panel meets infrequently and therefore rather than define which three Independent Members would be Members it is suggested that any three Independent Members could make up the Panel which would also assist with availability issues. The Panel is supported by Shared Services who have experience in these matters.</p> <p><i>What is a serious difficulty application?</i></p> <p>This relates to how difficult it is to obtain dispensed drugs in an area.</p> <p><i>Are applications ever turned down?</i></p> <p>Some applications are rejected.</p>

	<p>It was agreed that subject to renaming the meeting as Pharmaceutical Applications Panel, the Terms of Reference were APPROVED.</p>
PTHB/20/14	<p>Financial Resource Plan 2020/21</p> <p>The Director of Finance outlined that the organisation had a budget of £276million and was proposing £5.6million efficiency savings.</p> <p><i>Are the effects of the covid-19 pandemic taken into account in this resource plan?</i></p> <p>This is shown in the Month 1 figures which separate out the direct costs of covid-19 (additional staff etc) and the indirect costs (impact on delivery of savings etc).</p> <p><i>How close is the financial plan aligned to the IMTP?</i></p> <p>The financial plan provides the financial mechanisms to deliver the IMTP. The alignments include tackling the big 4, a focus on wellbeing, early help and support and joined up care but covid-19 has introduced uncertainty to this and there has been a shift to providing services digitally. It will be necessary to outline where the resources have moved to support this.</p> <p>The Financial Resource Plan was APPROVED.</p>
PTHB/20/15	<p>Corporate Risk Register – May 2020</p> <p>The Board Secretary presented the Corporate Risk Register (copy filed with minutes) advising that the document had been presented to the Audit, Risk and Assurance Committee the previous week.</p> <p><i>It is understood that there was limited assurance in an Internal Audit report on Risk Management and Board Assurance. What steps have been taken to address this?</i></p> <p>The Board Secretary advised this is reported in the Chairs Report from Audit, Risk and Assurance. Whilst improvements have been made it is acknowledged that further work is required in the near future.</p> <p>The Chief Executive expressed disappointment that the Internal Audit report continued to show as Limited Assurance despite outlining the progress that had been made. The organisation has always managed risk but covid-19 has brought a new focus on how risks are</p>

	<p>assessed and managed which can be seen in the reprioritised Annual Plan. The Governance agenda is moving forward and whilst the assurance given by Internal Audit is Limited annual audits will be undertaken.</p> <p><i>The Chair of Audit, Risk and Assurance outlined how of the eight Internal Audit reports received, six had reasonable or substantial assurance with only two recording Limited Assurance (governance and Welsh Language). He noted that Limited Assurance reports would continue to be received outlining where improvements were needed.</i></p> <p>The Board Secretary confirmed that she understood the concerns regarding risk assurance and that the Structured Assessment had recognised the progress that had been made on risk. Further work at operational level was acknowledged to be necessary in relation to risk management.</p> <p><i>The risk regarding a no deal Brexit was removed from the risk register in January as a response to Welsh Government standing down the no deal planning arrangements. Will these arrangements be stood up again?</i></p> <p>The Chief Executive outlined that this would need to be re-examined in the next few weeks. The work done to date on a no deal Brexit still stands although would need to be refreshed moving forward.</p> <p>The Board Secretary confirmed this risk was not removed entirely but had been de-escalated to the Risk Register for the Director of Public Health.</p> <p><i>The risk relating to the out of hours service was de-escalated but there was a considerable increase in calls to 111 during the covid-19 pandemic. Does this represent a risk?</i></p> <p>The risk was de-escalated once the out of hours contract had been established. The 111 service was busy during the build up to covid-19 but has been robust during the pandemic. Arrangements have been put in place with Shropdoc to help manage demand and this has not been an issue in recent weeks.</p> <p><i>CRR 010 – Resources (financial and other) are not fully aligned to the health board’s priorities is showing as</i></p>
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	<p><i>moderate. Does this need to be reviewed in light of the covid-19 pandemic?</i></p> <p>The Director of Finance noted that as the organisation moves through the pandemic increased information will be available which will enable the organisation to reflect on this point and make any required changes.</p> <p><i>Whilst CRR 010 may be correctly designated at present is future risk considered?</i></p> <p>The Chief Executive advised that this would have been thoroughly considered in November/December 2019 but much had changed since then. The medium term plans for the country were unknown at present and it was expected that further information would be available in the next financial quarter. It would be necessary to make decisions regarding what was or was not taken forward this year.</p> <p><i>CRR 001 notes that 'some commissioned services are not sustainable or safe...' does the inclusion of the word 'safe' mean the organisation is changing its risk appetite?</i></p> <p>The Director of Planning and Performance noted that the issues regarding commissioned services generally related to delays to treatment and consideration would be given to providing clarity regarding delay and backlog for the next risk register.</p> <p>The Board NOTED the Corporate Risk Register.</p>
ITEMS FOR DISCUSSION	
PTHB/20/16	<p>a)Financial Performance Report Month 12, 2019-20</p> <p>The Director of Finance drew attention to the £55k underspend outturn position and confirmed that the statutory financial targets had been met.</p> <p>b)Financial Performance Report Month 1, 2020-21</p> <p>The Director of Finance noted an overspend of £47k in Month 1 but advised the forecast was to breakeven. The variations against the IMTP were noted with a recognition that the forecast was based on maintaining surge capacity at 199 beds (affecting direct costs (pay) and indirect costs (block contracts, savings plans). It has been calculated that £12.6million is related to the covid-19 pandemic.</p>

	<p><i>Does the organisation have sufficient resources to support 199 beds?</i></p> <p>This has been included in the forecast but any additional surge is not included.</p> <p>The Director of Workforce and OD confirmed that modelling is used to know what would be required in respect of different levels of demand.</p> <p>The Chief Executive observed that it should be acknowledged that year-end balance had been achieved in 2019/20 but that the current year would be uncertain and the challenges and risks will this will need to be communicated to Welsh Government.</p> <p>The Chief Executive advised the Remuneration and Terms Committee had supported the appointment of the Director of Finance of Finance and IT in a substantive role.</p> <p><i>The Chair of Audit, Risk and Assurance observed that the country was heading into a deep recession and this would have implications for the organisation.</i></p>
PTHB/20/17	<p>ASSURANCE REPORTS OF THE BOARD'S COMMITTEES:</p> <p>The Board RECEIVED the reports from the Chairs of Committees of the Board (copy filed with minutes):</p> <p>a) PTHB Committees</p> <ul style="list-style-type: none"> • Experience, Quality and Safety Committee 4 April 2020 • Audit, Risk and Assurance Committee May 2020 • Charitable Funds Committee February 2020 <p>The Board Secretary confirmed that other Committees had been suspended in light of the covid-19 pandemic but that as agreed earlier any committees that had been paused would restart from June 2020.</p> <p>b) Updates for the following Joint Committees:</p> <ul style="list-style-type: none"> • Welsh Health Specialised Services Committee (WHSSC); • Emergency Ambulance Service Committee (EASC); • NHS Wales Shared Services Partnership Committee (NWSSPC).

PTHB/20/18	<p>ASSURANCE REPORT OF THE BOARD'S PARTNERSHIP ARRANGEMENTS</p> <p>The Board NOTED the Partnership Board Activity Report. (copy filed with minutes) including updates on the following partnerships:</p> <ul style="list-style-type: none"> • Powys Public Services Board (PSB); • Regional Partnership Board (RPB); • Joint Partnership Board (JPB). <p>The Board NOTED the Joint Committee Activity Report.</p>
PTHB/20/19	<p>UPDATE REPORTS FROM THE BOARD'S ADVISORY FORA</p> <p>The Board NOTED the Advisory Group Activity Report.</p>
OTHER MATTERS	
PTHB/20/20	<p>ANY OTHER URGENT BUSINESS:</p> <p>No other urgent business was considered.</p>
PTHB/20/21	<p>DATE OF THE NEXT MEETING:</p> <p>29 July 2020: Bronllys Hospital (under review)</p>