

**POWYS TEACHING HEALTH BOARD**

**CONFIRMED**

**MINUTES OF THE MEETING OF THE BOARD**

**HELD ON WEDNESDAY 28 SEPTEMBER 2022**

**VIA TEAMS**

**Present**

Vivienne Harpwood	Independent Member (Chair)
Kirsty Williams	Independent Member (Vice Chair)
Carol Shillabeer	Chief Executive
Cathie Poynton	Independent Member (Trade Union)
Ian Phillips	Independent Member (ICT)
Mark Taylor	Independent Member (Capital & Estates)
Rhobert Lewis	Independent Member (General)
Simon Wright	Independent Member (University)
Hayley Thomas	Deputy Chief Executive/Director of Primary Community Care and Mental Health
Claire Roche	Director of Nursing and Midwifery
Pete Hopgood	Director of Finance and IT
Claire Madsen	Director of Therapies and Health Sciences
Mererid Bowley	Director of Public Health
Stephen Powell	Interim Director of Planning and Performance

**In Attendance**

James Quance	Interim Board Secretary
Jamie Marchant	Director of Environment
Mark McIntyre	Deputy Director of Workforce
Dr Richard Stratton	Assistant Medical Director
David Collington	Community Health Council
Katie Blackburn	Community Health Council
Liz Patterson	Interim Head of Corporate Governance
Stella Parry	Interim Corporate Governance Manager

**Apologies for absence**

Ronnie Alexander	Independent Member (General)
Tony Thomas	Independent Member (Finance)
Dr Kate Wright	Medical Director

## PRELIMINARY MATTERS

RESOLVED THAT due to the unprecedented health emergency of COVID-19, and the clear Public Health instruction to practise 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/22/52	<b>WELCOME AND APOLOGIES FOR ABSENCE</b> The Chair welcomed all participants to the meeting. Apologies for absence were noted as recorded above.
PTHB/22/53	<b>DECLARATIONS OF INTEREST</b> There were no declarations of interest.
PTHB/22/54	<b>MINUTES OF MEETINGS HELD ON 27 JULY 2022</b> The minutes of the meeting held on 27 July 2022 were approved as a true and accurate record subject to the following amendments: <ul style="list-style-type: none"><li>• Mererid Bowley was in attendance.</li><li>• PTHB/22/XX: The Director of Public Health reported that the Southern Hemisphere had reported an increase in flu activity for the 2022-23 flu season, therefore the delivery of <del>procurement</del> of flu vaccinations in early autumn would be a key area of focus for Welsh Government and NHS Wales. No concerns in relation to logistics had been reported at the time of the meeting. Learning from COVID-19 vaccination delivery was also being reviewed and co-delivery of vaccines was due to be trialled in 2022-23 as a transitional year.</li></ul>
PTHB/22/55	<b>MATTERS ARISING FROM THE MINUTES OF THE PREVIOUS MEETING</b> There were no matters arising.
PTHB/22/56	<b>BOARD ACTION LOG</b> The Board RECEIVED and NOTED the Board Action Log.
PTHB/22/57	<b>PATIENT EXPERIENCE STORY</b>

	<p>The Director of Therapies and Health Sciences presented Sheila's Story, who had provided an overview of her experience with rheumatology, audiology and occupational therapy services in Powys and the way in which the support provided had enabled Sheila to feel empowered to live independently. The Board welcomed the presentation and wished to express their thanks to Sheila for sharing her story.</p>
<p>PTHB/22/58</p>	<p><b>UPDATE FROM THE CHAIR</b></p> <p>The Chair presented the report and provided an overview of the following matters:</p> <ul style="list-style-type: none"> <li>• The Chair welcomed Simon Wright, the newly appointed Independent Member for Universities, to his first formal meeting of the Board. Simon has been Cardiff University's Academic Registrar since 2015.</li> <li>• It was confirmed that Jennifer Owen Adams had been newly appointed as the health board's Independent Member for Third Sector. Jennifer is Chair of Cricket Wales and Chair of the Impelo dance organisation based in Llandrindod Wells.</li> <li>• Interviews for the vacancy of Independent Member for the Local Authority were held on 20th September. The interview panel have submitted their report to the Minister for the next stage of this appointment.</li> <li>• The Chair had represented Powys Teaching Health Board, along with the Chief Executive and other public service leaders in Wales, at a very moving service of Prayer and Reflection for the life of Her Majesty Queen Elizabeth II of in Llandaff Cathedral in the presence of His Majesty King Charles III and the Queen Consort.</li> <li>• The Chair also highlighted that the meeting would be her final Board meeting as she steps down after eight years in role as Chair of Powys Teaching Health Board. Thanks were expressed to all colleagues and partners for their friendship and support over the years, particularly the Independent Members and Executive Team members, past and present.</li> </ul> <p><b>UPDATE FROM THE VICE CHAIR</b></p> <p>The Vice Chair presented the report and highlighted the following matters for the Board's attention:</p> <ul style="list-style-type: none"> <li>• Royal Welsh Show 2022;</li> <li>• Corporate Induction;</li> </ul>

- Power of Discharge Committee; and
- Visits to Ystradgynlais and Brecon Hospitals Therapy Services.

### **UPDATE FROM THE CHIEF EXECUTIVE OFFICER**

The Chief Executive presented the report and highlighted the following matters for the Board's attention:

- The Chief Executive wished to publicly express her thanks to the Chair on behalf of the Executive Team for her leadership, challenge and support over the past 8 years and commended the progress made since the Chair commenced in post in 2014.
- The system continued to experience significant pressures with patients experiencing delays during their pathway of care at several junctures. The response times for emergency ambulances continues to be below the national standard; delays at Emergency Departments of patients in ambulances and arriving by other means with no secondary care provider currently meeting the required national standard; and significant numbers of patients experiencing delayed discharge or transfer of care, thus spending excessive time in hospital.
- Significant concern remained regarding the speed of 'catch-up' in services provided to Powys residents by other providers. Approximately 680 Powys patients are waiting over 104 weeks for treatment in Wales and 22 patients in England. A proposal for developing and implementing alternative arrangements is being drawn up for decision by the Board. There is a significant risk that extreme winter pressures on urgent and emergency care could further impact the rate of recovery relating to planned care. Work to understand contingency plans in both Welsh and English providers is being undertaken.
- The finance report is detailed on the agenda, however in headline terms the health board is experiencing significant difficulty in managing services within the resources allocated. An overspend position is reported with a further deterioration in month of approximately £700k, taking the in-year position to a deficit of £2.8M and a forecast deficit of £7.5M at year end.

This is a significant position given the health board has managed a balanced financial position each year

	<p>since 2015. A number of steps have been taken by the Chief Executive in response to the situation.</p> <p>The Board RECEIVED and NOTED the Reports of the Chair, Vice Chair and Chief Executive.</p>
<b>ITEMS FOR APPROVAL/RATIFICATION/DECISION</b>	
<p>PTHB/22/59</p>	<p><b>ANNUAL REPORT ON CIVIL CONTINGENCIES 2021-22</b></p> <p>The Director of Public Health presented the item which provided an account of the key resilience activities undertaken between 1st April 2021 to the 31st March 2022, and to set out the health board’s civil contingencies planning priorities for 2022/2023.</p> <p>Members emphasised the importance of the report and highlighted the key operational purpose of business continuity arrangements, particularly in light of the current global concerns in relation to cyber security. The Board APPROVED the Civil Contingencies Annual Report 2021-22.</p>
<p>PTHB/22/60</p>	<p><b>INTEGRATED PERFORMANCE FRAMEWORK</b></p> <p>The Director of Planning and Performance presented the item and noted that the Improving Performance Framework and Commissioning Assurance Framework (CAF) documents were reviewed at a Board development session on the 28th June 2022. Building on the feedback from the Board development session, a subsequent Informal Executive Committee meeting was held on the 17th August 2022 where further discussion took place on potential revisions to the frameworks.</p> <p>Incorporating the feedback and suggestions from both meetings and feedback from providers on the Commissioning Assurance Framework, the suggested revisions were presented as follows: -</p> <ul style="list-style-type: none"> <li>• That the current Improving Performance Framework is renamed to that of an Integrated Performance Framework.</li> <li>• To note the inclusion of the previous separate Commissioning Assurance Framework into the overall Integrated Performance Framework. A greater focus will be placed upon data insight across core areas of the Integrated Performance Framework for each commissioned provider.</li> </ul>

	<ul style="list-style-type: none"> <li>To note that all services both commissioned, provided and those in support of patient services will be assessed against the Core Standards within the revised framework to ensure consistency of reporting and oversight. Corporate services will also be included.</li> </ul> <p>Independent Members sought assurance by asking the following questions:</p> <p><i>How was feedback gathered from sources, including patients, and operationalised?</i></p> <p>The Director of Planning and Performance reported that feedback was collected through a variety of modes and mediums, and it was highlighted that the Civica Patient Experience System was under procurement. This system would allow for real time feedback from both provided and commissioned services.</p> <p><i>Was it felt that the health board had balanced forecasting and reporting metrics, or was it felt that further forecasting indicators would be beneficial?</i></p> <p>The Director of Planning and Performance noted the importance of reporting indicators and agreed that forecasting indicators, which supported the planning functions were of equal importance. It was suggested that in some areas there was an intention to increase the prevalence of forecasting indicators.</p> <p>The Board APPROVED the revised Integrated Performance Framework and RECOMMENDED its adoption and implementation within the health board. The Chair welcomed the framework and recognized that further work would be undertaken in relation to implementation.</p>
<b>ITEMS FOR DISCUSSION</b>	
PTHB/22/61	<p><b>INTEGRATED PERFORMANCE REPORT, MONTH 4</b></p> <p>The Director of Planning and Performance presented the item which provided the latest available performance update including data up until the end of month 4 (July 22) and provided an overview of performance against the:</p> <ul style="list-style-type: none"> <li>NHS Wales Performance Framework;</li> <li>National Outcomes Framework: Performance Scorecard;</li> <li>Quadruple Aims; and</li> </ul>

- Operational Measures

It was suggested that following the approval of the Integrated Performance Framework (PTHB/22/60) future iterations of the report would seek to provide a more exception-based approach to reporting.

Independent Members sought assurance by asking the following questions:

*GP in-hour access was reported as 100%. However, does this include patients' perspective in relation to the ease of getting an appointment?*

The Director of Planning and Performance confirmed that the metric measures against the access standard, not first-hand patient experience. It was noted that availability and the ability to respond to patient convenience was highly complex and it was suggested that a more detailed analysis of this issue, beyond the Integrated Performance Report would be discussed at a committee level.

*Was it anticipated that the rise in demand for Mental Health Services was temporary or sustained?*

The Director of Primary, Community Care and Mental Health noted that discussions had been held with front-line clinicians and it was anticipated that increased demand would continue, alongside the increased complexity of cases presenting to services. Service level actions were in place to improve systems and processes and there had been investment in Tiers 0 and 1 support.

*What steps had been implemented to improve ambulance performance in Powys?*

The Chief Executive noted that an update in relation to ambulance performance was included in the forthcoming Winter Plan. It was reported that handover delays remained a key area of concern for Welsh Ambulance Services Trust (WAST) and that a suite of preventative measures would be deployed for the winter period. All Wales Chief Executives had also committed to reduce handover delays and increase immediate release. It was highlighted that handover delays were directly linked to hospital discharge and that work across Wales to increase the number of community beds was designed to enable greater flows through the system to ease the pressure on ambulance services. The Board also noted

	<p>that for Powys there would be particular focus on Maternity Services due to the rurality of the county.</p> <p><i>Had any consideration been given to the use of monetary incentives to reward good performance?</i></p> <p>The Director of Planning and Performance confirmed that the Welsh system operated a block contract and tolerance approach. A whole system review of the mechanisms in place would be required to enable incentive payments however it was confirmed that this would be considered and discussed in more detail following the meeting.</p> <p>The Board DISCUSSED and NOTED the Integrated Performance Report, and the Chair of the Delivery and Performance Committee reported the intention of the Committee to focus further on forecasting performance metrics.</p>
<p>PTHB/22/62</p>	<p><b>FINANCIAL PERFORMANCE REPORT, MONTH 5</b></p> <p>The Director of Finance and IT presented the item which provided an overview of the financial position as at Month 5. It was highlighted that as of Month 5 the health board has reported an overspend of £2.809M. As a result of the Month 5 position a reported a £7.5m forecast deficit for the financial year 2022/23 had been reported to Welsh Government. Letters had been issued to all Executive Directors escalating the organisation into Financial Recovery status and a Finance and Performance sub-group of the Executive Committee had been established. A number of operational pressures against the financial position remained in relation to continuing health care (CHC), commissioned services and nursing variable pay in response to which immediate recovery action in relation to the identification and delivery of recurrent cash releasing savings schemes and further opportunities including exit strategies for current COVID response cost drivers was due to be undertaken.</p> <p>The Chief Executive noted that planning for the forthcoming three years would be undertaken during quarter three and that it would be necessary to consider the wider economic challenges which would affect all public services in both the short and medium term. It was highlighted that the Board would need to balance its responsibilities and ensure that the health board was as efficient as possible prior to enacting any potentially difficult decisions.</p>



	<p>The Board DISCUSSED and NOTED the Report and recognised that the Board's focus over the coming months would be the identification of barriers as well as the realisation of opportunities were possible.</p>
<p>PTHB/22/63</p>	<p><b>WINTER PLANNING</b></p> <p>The Director of Planning and Performance presented the item which was produced in response to a request received by All Wales Directors of Planning. The plan intended to build on System Resilience Arrangements put in place in 2021-22, which in turn is set in the context of 'A Healthy Caring Powys' - the shared Health and Care Strategy for Powys. It was highlighted that engagement had been held with partner organisations and there was a shared commitment to work on further improvements to address pressures in the system, to be prepared for Winter, and ensure Powys residents are supported. The plan also highlighted:</p> <ul style="list-style-type: none"> <li>• principles of good practice and expected benefits;</li> <li>• the latest system performance positions;</li> <li>• system priorities;</li> <li>• mobilisation; and</li> <li>• key dates</li> </ul> <p>Independent Members sought assurance by asking the following questions:</p> <p><i>Had the health board considered any workforce actions, such as a health board pool to support Primary Care absence rates?</i></p> <p>The Director of Primary, Community Care and Mental Health highlighted that the high variance of numbers was in part in relation to the small numbers of staff within Powys. It was noted that there were no plans in place for a health board supplied pool, however significant work was underway in relation to supporting recruitment for all opportunities, including Primary Care. Further work was also underway at a cluster level to review workforce models in Primary Care, with a greater focus on a partnership approach. The Board also noted the Primary Care Health and Care Academy which would strengthen opportunities in relation to education and training for Primary Care staff.</p> <p><i>What were the financial implications of the plan?</i></p> <p>The Chief Executive confirmed that for 2022-23 there would be no Welsh Government funding for winter plans. However, it was anticipated that the Regional Partnership Board (RPB)</p>

	<p>Regional Investment Fund (RIF) would release funding to support the Winter Plan.</p> <p><i>Was there any preliminary anecdotal evidence that there had been an increase in vaccine hesitancy ahead of winter 2022-23?</i></p> <p><i>The Director of Public Health noted that staff uptake had been lower in the previous two years. However, plans had been implemented for 2022-23 to ensure that all staff were systematically invited for both COVID-19 and flu vaccines at the Powys Mass Vaccination Centres. This would then be followed by mobile teams. Early indicators suggested that COVID-19 and flu vaccination uptake was good, this would continue to be monitored closely throughout the winter period.</i></p> <p><i>Had consideration been given to the potential impact on the plan should nurses take industrial action?</i></p> <p>The Chief Executive confirmed that the Royal College of Nursing (RCN) had provided the health board with notification that members would be balloted and work was underway at a national level to work through potential scenarios should industrial action occur. It was noted that the impact of action from other unions would also need to be carefully considered.</p> <p>The Committee DISCUSSED and NOTED the Winter Plan.</p>
<p>PTHB/22/64</p>	<p><b>RISK AND ASSURANCE: CORPORATE RISK REGISTER, SEPTEMBER 2022</b></p> <p>The Board Secretary presented the item and noted that focused work had been undertaken alongside Executive Directors to review and update the Corporate Risk Register to ensure it consistently reflected the health board's latest position. Key themes arising from the revised Register included:</p> <ul style="list-style-type: none"> <li>• financial sustainability and use of resources;</li> <li>• sustainability of services throughout the health and care system;</li> <li>• the ongoing need to monitor quality, defined as safety, effectiveness and experience and the potential for harm to patients;</li> <li>• the risk represented by ongoing challenges in recruiting and retaining staff;</li> </ul>

	<ul style="list-style-type: none"> <li>• the focus that continues to be needed on effective working with partners;</li> <li>• the potential for care to be compromised due to the health board’s estate not being fit for purpose;</li> <li>• the ever-present risk of a cyber-attack; and</li> <li>• the risk presented by a significant public health event/emergency.</li> </ul> <p>Independent Members sought assurance by asking the following questions:</p> <p><i>Had sufficient consideration been given to the magnitude of the risk in relation to the lack of integrated care record in Powys?</i></p> <p>The Chief Executive noted that Register was a live document and was under continuous review. It was highlighted that a Board Development session was due to be held in October in relation Digital First and it was suggested that this provided a pertinent opportunity to further explore the risk in relation to records management.</p> <p>The Board REVIEWED and DISCUSSED the September 2022 version of the Corporate Risk Register.</p>
<p>PTHB/22/65</p>	<p><b>REPORT OF THE CHIEF OFFICER OF THE COMMUNITY HEALTH COUNCIL (CHC)</b></p> <p>The Chief Officer of the CHC presented the item which provided an overview of the following matters:</p> <ul style="list-style-type: none"> <li>• Current Powys CHC Surveys;</li> <li>• Gathering Public and Patient Feedback;</li> <li>• Service change and patient engagement; and</li> <li>• Advocacy</li> </ul> <p>The Chief Officer also wished to express her thanks to the Chair for her ongoing commitment to the population of Powys over the past 8 years.</p> <p>The Board RECEIVED an NOTED the Chief Officer’s Report.</p>
<p>PTHB/22/66</p>	<p><b>ASSURANCE REPORTS OF THE BOARD’S COMMITTEES</b></p> <ul style="list-style-type: none"> <li>• <b>PTHB COMMITTEES</b></li> </ul> <p>The following Chair’s Assurance Reports were received:</p> <p><u>Executive Committee</u></p>

The Committee Chair presented the item which provided an overview of matters considered by the Executive Committee on 13<sup>th</sup> July, 3<sup>rd</sup> August, 10<sup>th</sup> August, 24<sup>th</sup> August, 5<sup>th</sup> September, 14<sup>th</sup> September 2022 and 22<sup>nd</sup> September.

The Committee Chair wished to escalate the following matters to the Board:

- It was requested that the Board ENDORSE the steps taken to limit the impact of the cybersecurity incident on the Adastra system and monitor progress (5<sup>th</sup> September 2022, Item 1).
- It was requested that the Board ENDORSE the Executive Committee's ongoing support for the satellite radiotherapy unit at Neville Hall Hospital and the wider Integrated Radiotherapy Solution following recent approval of the Final Business Case, as previously supported by the Board at the earlier Outline Business Case process point (14<sup>th</sup> September 2022, Item 3).
- It was requested that the Board ENDORSE the Executive Committee's agreement to the transfer the local public health team function, staff and resources to the health board from Public Health Wales, subject to the clarifications requested by the Committee (14<sup>th</sup> September 2022, Item 10).
- It is requested that the Board ENDORSE the Executive Committee's agreement to provide inflationary uplift for continuing healthcare of up to 8%, noting the impact financially (22<sup>nd</sup> September 2022, Item 4).

The Board ENDORSED the escalated matters and NOTED the report.

#### Audit, Risk and Assurance Committee

The Committee Chair presented the item which provided an overview of matters considered by the Audit, Risk and Assurance Committee on 18 July 2022.

The Board NOTED the report.

#### Delivery and Performance Committee

	<p>The Committee Chair presented the item which provided an overview of matters considered by the Delivery and Performance Committee on 12 September 2022.</p> <p>The Board NOTED the report.</p> <p><u>Patient Experience, Quality and Safety Committee</u></p> <p>The Committee Chair presented the item which provided an overview of matters considered by the Patient Experience, Quality and Safety Committee on 13 September 2022.</p> <p>The Board NOTED the report.</p> <p><u>Planning, Partnerships and Population Health Committee</u></p> <p>The Committee Chair presented the item which provided an overview of matters considered by the Planning, Partnerships and Population Health Committee on 14 July 2022.</p> <p>The Board NOTED the report.</p> <p style="text-align: center;"><b>• JOINT COMMITTEES</b></p> <p>The Chief Executive presented the item which provided an update to the Board in respect of the matters discussed and agreed at recent meetings of the Joint Committees of the Board:</p> <ul style="list-style-type: none"> <li>• Welsh Health Specialised Services Committee (WHSSC);</li> <li>• Emergency Ambulance Service Committee (EASC); and</li> <li>• an update in respect of the Mid Wales Joint Committee for Health and Social Care (MWJC).</li> </ul> <p>The Board NOTED the updates contained within the report in respect of the matters discussed and agreed at recent Joint Committee meetings.</p>
<p>PTHB/22/67</p>	<p><b>ASSURANCE REPORT OF THE BOARD'S PARTNERSHIP ARRANGEMENTS</b></p> <p>The Chief Executive provided an update to the Board in respect of the matters discussed and agreed at recent partnership board meetings, including the following:</p>

	<ul style="list-style-type: none"> <li>• NHS Wales Shared Services Partnership Committee (NWSSPC);</li> <li>• Powys Public Services Board (PSB);</li> <li>• Regional Partnership Board (RPB); and</li> <li>• Joint Partnership Board (JPB).</li> </ul> <p>The Board DISCUSSED and NOTED the updates contained in the report in respect of the matters discussed and agreed at recent partnership board meetings.</p>
PTHB/22/68	<p><b>REPORT OF THE BOARD'S LOCAL PARTNERSHIP FORUM</b></p> <p>The Chief Executive and Independent Member, Trade Union presented the item which provided an update on the work of the Board's Local Partnership Forum since the last meeting of the Board.</p> <p>The Board DISCUSSED and NOTED the Report of the Board's Local Partnership Forum.</p>
<b>OTHER MATTERS</b>	
PTHB/22/69	<p><b>ANY OTHER URGENT BUSINESS</b></p> <p>No other urgent business was declared.</p>
PTHB/22/70	<p><b>DATE OF THE NEXT MEETING:</b></p> <p>30<sup>th</sup> November 2022, 10am, via Microsoft Teams</p>