

POWYS TEACHING HEALTH BOARD

CONFIRMED

MINUTES OF THE MEETING OF THE BOARD

HELD ON MONDAY 29th JULY 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)
Owen James	Independent Member (Community)
Susan Newport	Independent Member (TUC)
Ian Phillips	Independent Member (ICT)
Mark Taylor	Independent Member (Capital & Estates)
Frances Gerrard	Independent Member (University)
Tony Thomas	Independent Member (Finance)
Julie Rowles	Director of Workforce, OD & Support Services
Stuart Bourne	Director of Public Health (remote attendee)
Hayley Thomas	Director of Planning & Performance
Wyn Parry	Medical Director (remote attendee)
Claire Madsen	Director of Therapies & Health Sciences
Jamie Marchant	Deputy Chief Executive and Director of Primary, Community Care and Mental Health
Alison Davies	Director of Nursing & Midwifery
Samantha Moss	Assistant Director of Finance and IT

In Attendance

Rani Mallison	Board Secretary
Adrian Osborne	Assistant Director (Engagement and Communications)
Frances Hunt	CHC
Katie Blackburn	CHC
Elaine Matthews	Wales Audit Office
Helen Higgs	NWSSP Internal Audit
Rebecca Collier	Health Inspectorate Wales
Liz Patterson	Corporate Governance Manager

Apologies for absence

Matthew Dorrance

Pete Hopgood

Alison Bulman

Independent Member (Local Authority)

Director of Finance & IT

Corporate Director Children & Adults (PCC)

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. Members of the public had been offered the opportunity to contact the Board Secretary should they wish to observe the meeting. The meeting was being recorded and would be uploaded to the PTHB website and YouTube channel after the meeting.

PTHB/20/32

WELCOME AND APOLOGIES FOR ABSENCE

The Chair welcomed all participants to the meeting noting that a number of observers were present as outlined in the attendance record. Apologies for absence were noted as recorded above. Questions in advance of the meeting had been invited from Independent Members and a copy of the questions and answers would be uploaded to the PTHB website after the meeting. Questions which had not received a written response would be addressed during the meeting.

PTHB/20/33

DECLARATIONS OF INTEREST

No new declarations of interest were made.

PTHB/20/34

MINUTES OF MEETING HELD ON 29 JUNE 2020

The minutes of the meeting held on 29 June 2020 were received and AGREED as being a true and accurate record.

PTHB/20/35

MATTERS ARISING

There were no matters arising from the minutes.

PTHB/20/36

BOARD ACTION LOG

The Board Secretary noted there were three outstanding actions all of which had been addressed in the Board Development Plan or Board Work Programme. All three actions were closed.

<p>PTHB/20/37</p>	<p>UPDATE FROM THE:</p> <p>a)Chair</p> <p>The Chair noted this was the first meeting she had attended at Headquarters since the lockdown. Whilst Heath Board meetings could no longer be held in public the organisation was expediting plans to live stream the meetings and the recording of the current meeting, which would be uploaded for public viewing, was part of this process.</p> <p>The Chair noted that a vacancy remained for an Independent Member after the Public Appointments body suspended the appointments process in March. It was expected this suspension would have a significant effect and the Health Board was working with the Public Appointments body to consider IM appointments on a risk-based approach.</p> <p>The Chair advised that the Minister had extended Independent Member Susan Newport's term of office until 30 September 2021 and thanked Ms Newport for her continued application to this role.</p> <p>b) Vice-Chair</p> <p>The Vice-Chair advised that meetings had taken place with the Minister, the National Psychological Therapies and Together for Children and Young People Programme. Interview Panels had also restarted. Additional meetings of the Experience, Quality and Safety Committee had been arranged to ensure all the required work could be covered and Partnership meetings had restarted including the Mental Health Programme, Start Well and the Regional Partnership Board.</p> <p>c)Chief Executive</p> <p>The Chief Executive presented her report attached to the agenda and drew attention to the following matters.</p> <ul style="list-style-type: none"> • The ongoing covid-19 pandemic and an expected difficult winter period • Formal arrangements for partnership working with the County Council and the third sector had restarted • The difficulties being experienced at the Shrewsbury and Telford Hospitals NHS Trust on which the Board
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	<p>have received and will continue to receive additional information</p> <ul style="list-style-type: none"> • Proposed arrangements to bring forward the opening of The Grange in November 2020 • Access to services in a covid environment including challenges around unscheduled care, ambulance performance and an increasing referral to treatment time <p>The Chief Executive reiterated the thanks expressed by the Chair to staff and the community for the assistance in suppressing the spread of covid-19 and stressed the importance of continuing to be vigilant over the coming months.</p>
ITEMS OR APPROVAL, DECISION OR RATIFICATION	
PTHB/20/38	<p>Covid-19 Response: Update on implementation of the Phase 2 Response Plan</p> <p>The Chief Executive presented the report for information (attached to the agenda) which was an overview of the response of the organisation to the pandemic over recent months highlighting key areas which have been progressed. Committees of the Board have received specific and detailed reports. The following areas were highlighted:</p> <ul style="list-style-type: none"> • Test, Trace and Protect • Harm from covid itself • Harm from an overwhelmed health and care system • Harm from a reduction in non-covid activity • Harm from the impacts of lockdown <p>The overview of Phase 2 Response Plan was NOTED.</p>
PTHB/20/39	<p>PTHB Quarter 2 Operational Plan</p> <p>The Director of Planning and Performance presented the report (attached to the agenda) which was taken to the Strategy and Planning Committee on 9 July 2020 and a draft plan was submitted to Welsh Government with feedback received.</p> <p>The Phase 2 Plan has been set out to address the four harms and the Test, Trace and Protect programme. It built</p>

	<p>on the Phase 2 Plan approved at Board in May 2020 and submitted to Welsh Government. The plan reflected the unusual position of PTHB being both a provider and commissioner and responded to the requirements of the Welsh Government Operating Framework for Q2 – July to September 2020. The plan included a self-assessment for the delivery of essential services and the reintroduction of planned care and included detail on the North Powys Wellbeing Programme and the response to the proposed early opening of The Grange.</p> <p><i>Can some of the language and data around the South Wales programme be clarified for a document in the public domain for example '7.3 minutes' – what does this mean? It is understood there will be a session in September on The Grange. Is this just for Board Members?</i></p> <p>The Chief Executive advised it was important to ensure Welsh Government were aware this was important and significant to PTHB and the south Powys community. Bringing forward the opening date for The Grange changes the landscape and PTHB are still working through the impacts of the change with Aneurin Bevan UHB. There are approximately 47 pathways and Aneurin Bevan UHB will help identify which pathways are being implemented in line with the original plan and which are being brought forward. PTHB will then work out how many patients this will impact on. The South Powys programme will consider this together with the impact on Cwm Taf Morgannwg UHB and Wye Valley NHS Trust on a monthly basis.</p> <p>At the Board session in early September it is intended to bring forward information on the 47 pathways, the amount of provision which will be retained at Nevill Hall Hospital, Abergavenny, and the number of and proportion of people who potentially will have their pathways changed.</p> <p>It is important to stress that these changes do not only affect the Aneurin Bevan UHB resident population but affects the catchment population.</p> <p><i>Could the document include a reference to Community Pharmacy regarding a review to see how it can be improved in the future?</i></p> <p>The Chief Executive advised that additional investment had been made in community pharmacy in particular to support</p>
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	<p>care homes via Regional Partnership Board Integrated Care Funding monies.</p> <p>The Deputy Chief Executive advised that all services are being continuously reviewed in relation to the 'new normal' as it will be necessary to question all what is undertaken as it will not be possible to do some things in the same way in the future. Of all of the contractors Community Pharmacy has been the one which has had to keep the door open to the public more than any other. There has been more of a triage approach to dentistry and optometry together with the GP services. The organisation will continue to work with the pharmacies taking into account national contract discussions and maximise the learning from covid-19.</p> <p>The following question had been asked in advance:</p> <p><i>What has been the response of Powys residents affected by changes in shift of care provision?</i></p> <p>The Chief Executive advised the organisation was still trying to understand a comprehensive picture of the response. The organisation has had very few concerns raised around the changes, people have been very understanding of the need for services to have been modified. The CHC has provided some strong feedback on progressing with digital consultation for both during the covid experience and a saving on travel times and disruption to people's lives.</p> <p><i>Is PTHB confident that Community Pharmacies will be able to deliver medicine during the winter period to people who are housebound or shielding?</i></p> <p>The Deputy Chief Executive advised that shielding was expected to end on 16 August and therefore this would not be an issue for the winter period unless this changes. Pharmacy and medical supplies are always closely monitored. There were some national challenges on pharmacy items before covid but mechanisms are in place to address this. The organisation is looking at what worked well and have identified that the voluntary service delivering medication, from both community Pharmacies and dispensing GP practices, was one of these areas and it was hoped that this would be in place if a second wave of covid-19 emerged.</p>
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	<p>The CHC Chief Officer commented that whilst the CHC was happy to embrace new innovation in relation to digitisation, at present, as the organisation was only working through digital means the only consultation that was undertaken was with people who were digitally connected. It is intended to undertake work to gain the views of those who are less digitally connected.</p> <p>The PTHB Operational Plan Q2 was APPROVED.</p>
PTHB/20/40	<p>Re-prioritised Strategic Objectives 2020/21</p> <p>The Chief Executive presented the report (attached to the agenda) noting when the Board had signed off the revised Annual Plan in May 2020 this had been subject to a 90 day review. Whilst it is a little short of 90 days it was appropriate to undertake a review to assist in planning for an expected difficult winter.</p> <p><i>The document is helpful in reprioritising what is happening. A question was asked in advance on the Corporate Risk Register and this helps with understanding the capacity and capabilities of staff and Directors during this time.</i></p> <p><i>In terms of the Bro Dyfi and the rest of the capital programme how is this reflected in the re-prioritised plan. In Performance and Resources the capital plan was considered with the Rural Healthcare Academy prioritised. It was not expected that this would be at the expense of other projects such as Bro Dyfi.</i></p> <p>The Chief Executive advised that the North Powys Wellbeing Programme (of which a degree of focus has been on preparing a business case for a capital programme in Newtown) was about the whole of north Powys and the Bro Dyfi plan was part of this. At the Executive Innovative Environments Group last week it was agreed to progress this programme.</p> <p>The Director of Planning and Performance confirmed that this continued to be a priority and the organisation was working with new partners on tendered costing to resubmit the full business case in the autumn. This would come back through Committee and Board in the autumn.</p> <p>The re-prioritised Strategic Objectives were APPROVED.</p>

<p>PTHB/20/41</p>	<p>PTHB Podiatry Service Engagement Outcome</p> <p>The Director of Therapies and Health Sciences presented the report (attached to the agenda). Arrangements for the Podiatry Service was being considered as part of a review of all services in light of the covid-19 pandemic. A number of questions in advance had been received and some of the answers are provided in the document to be published online.</p> <p>A further question had been received:</p> <p><i>What are the plans for a supplementary on-line service and is there a means of accessing feet via a soon/app in the first instance (like most physiotherapists do). This would only be appropriate in a minority of situations for podiatry?</i></p> <p>It was confirmed that the service had been considering digital podiatry. Some of the team were trained in Attend Anywhere. The potential to work with musculoskeletal patients virtually was being examined and virtual consultations were part of the plan going forward.</p> <p>The Chair of the CHC noted the Executive Committee considered this matter electronically and responded on 29th June. Members agreed the consultation had been adequate, the number of responses were disappointing although the health board had allowed additional time. The CHC were unsure how much more the health board could have done given the restrictions in place due to the covid-19 pandemic. CHC members wished the following observations to be recorded:</p> <ul style="list-style-type: none"> • Access issues – parking was already an issue in Welshpool and Newtown • Concerns regarding transport issues attending clinics from outlying rural areas <p>Option 3 was agreed subject to a number of mitigations and a monthly update to be provided by the health board to the CHC Executive Committee.</p> <p>The Director of Therapies and Health Sciences confirmed that the mitigations had been agreed to.</p> <p>The Board APPROVED the proposed changes to the Podiatry service as outlined in the cover report namely:</p>
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	<p>a) The Engagement Report (Appendix A and Annexes), the response from the Community Health Council (Appendix B) and the Equality Impact Assessment (Appendix C) were NOTED</p> <p>b) The recommendation for the future model of podiatry services in the county was RATIFIED.</p> <p>c) To RECEIVE, REVIEW and APPROVE The proposed mitigations that should be put in place if the recommendation is approved was APPROVED</p> <p>d) The proposed approach to patient and stakeholder communication if the recommendation is approved was APPROVED.</p> <p>e) The assurance provided against the NHS Wales Engagement guidance and the Gunning Principles was NOTED.</p>
PTHB/20/42	<p>PTHB Standing Orders</p> <p>The Board Secretary presented the report (attached to the agenda) proposing amendments to Standing Orders that the health board were required to make in relation to a temporary suspension of public appointments between July 2020 and March 2021. This would allow public appointments to be made to health boards for more than the usual 8-year period and potentially up to 10 years to support the Public Bodies Unit with recruitment during the covid-19 pandemic. A second proposal was to amend Standing Orders to allow the 2020 Annual General Meeting to be held by the end of November 2020 rather than September 2020. The final proposal was to amend the Joint Committee Standing Orders for the Welsh Health Specialised Services Committee and Welsh Emergency Ambulance Services Committee in the same way.</p> <p>The amendments to Standing Orders as outlined above were AGREED.</p>
PTHB/20/43	<p>Board and Committee Workplans 2020/21</p> <p>The Board Secretary presented the report (attached to the agenda) outlining the work plans for the Board and</p>

	<p>Committees for the remainder of the period 2020/21. These align to the reprioritised plan agreed earlier on the agenda. They have been produced in light of the decision at Board in May 2020 that Committees would have shorter agendas focussed on strategic matters and would be held virtually.</p> <p>The Chief Executive noted a question in advance had been received:</p> <p><i>Workforce, digital & innovative environments are important enablers in transforming care in support of managing into the winter period (winter pressures, potential 2nd wave COVID-19). Should these be included in the Board work programme?</i></p> <p>The Chief Executive advised that Quarter 2 Plan shows that workforce, digital and environment were included and expected that these issues would continue to feature during Quarters 3 and 4 and they were included in the Strategic Priorities paper. These are items had already been identified in the Health and Care Strategy and the pandemic had given an opportunity to focus on how these ways of working could help both during this period and in the future.</p> <p><i>It is noted that Digital is included in the Performance and Resources Committee programme and that the Digital Plan has been signed off by the Executive Committee. Should this also be signed up to by the full Board? And/or should Digital be considered in the Strategy and Planning Committee work plan?</i></p> <p>The Chief Executive confirmed the Digital Plan was included in the paper on Strategic Priorities. Attend Anywhere was being introduced and it was intended that the uptake of this would be tracked.</p> <p><i>Where will the ongoing progress and monitoring of Workforce Futures be undertaken?</i></p> <p>The Chief Executive advised this was a partnership endeavour where the key priorities of Workforce Futures and reporting arrangements had been discussed at the Regional Partnership Board earlier in the week.</p>
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	<p><i>How do Board Members get to influence strategic elements of the digital plan going forward?</i></p> <p>The Chief Executive advised that staff working in the digital arena had found that covid-19 had effectively been an opportunity for rapid progress. Towards the end of this financial year it would be necessary to take stock and see what progress has been made and what needed to happen next.</p> <p>The Board and Committee Work Plans were AGREED.</p>
PTHB/20/44	<p>Board Development Plan 2020/21</p> <p>The Board Secretary presented the report advising that a two-year Board Development Plan had been agreed at Board in July 2019. The report provided an updated plan, the progress made during 2019/20, where additional priorities were identified during the year and proposed the actions which would be taken for Board development.</p> <p>The Board Development Plan was AGREED.</p>
ITEMS FOR DISCUSSION	
PTHB/20/45	<p>Exiting the European Union</p> <p>The Director of Public Health presented the report (attached to the agenda) providing an update on EU transition planning ahead of the 31st December 2020 end date of the transition period. The paper recapped the 'no deal' position which was in place until January 2020 and outlined the issues and governance arrangements which would be put in place again for the second half of 2020 with a phased approach commencing in July 2020 and becoming more active in preparatory work with a renewed focus on medicines supply, medical devices, clinical consumables and workforce retention. In addition, the need to consider longer term social and economic impacts in the planning response was noted.</p> <p><i>It is important to prepare for this despite not knowing what the outcomes will be. Where will reports on preparing for Exit of the EU come back?</i></p> <p>The Director of Public Health confirmed that update reports would be brought to Board as outlined in the Board work programme. Whilst some of the short-term impacts had</p>

	<p>been tested recently (access to medicines and medical supplies) medium to longer term impacts needed further attention both locally and across Wales and some would need to be considered in the partnership arena.</p> <p><i>During the pandemic the organisation was drawing on supplies and it was understood that we were dipping into the 'brexit' stocks. Have these been replaced so the organisation can manage when the UK has left the EU and if there is a further surge in covid-19?</i></p> <p>The Director of Public Health advised that some of these areas related to national supply chain issues. There was an acute awareness that EU stocks and national flu stocks have been utilised, including around PPE. The need to restock was recognised to ensure continuity of these items.</p> <p>The Director of Planning and Performance reminded Board that the central stores on Bronllys and Newtown sites had been maintained and it would be necessary to retain these for the next 12 months. In relation to workforce the organisation had identified those staff that need support to get settled status and would ensure that this support was available.</p> <p>The Exiting the European Union Report was NOTED.</p>
PTHB/20/46	<p>Performance Overview Report: Q4, 2019/20 & Q1,2020/21</p> <p>The Director of Planning and Performance presented the report (attached to the agenda) which had been considered at Performance and Resources Committee on 30th June 2020. The report provided an overview of performance including interim performance reporting arrangements due to the covid-19 pandemic and the suspension of Welsh Government Performance reporting during Quarter 4 2019/20 and Quarter 1 2020/21.</p> <p>A question in advance had been asked regarding safe care.</p> <p>The Director of Nursing noted the full response had been provided and would be published on the website after the meeting. A detailed discussion would take place at the Experience, Quality and Safety Committee on 30th July 2020 regarding improvement activities relation to infection prevention and control activities. There has been a refreshed approach to infection prevention and control</p>

	<p>strategic overview and sub-groups during the pandemic. Additional resources had been made available to enhance this function. It was expected that this would result in additional assurance and improvements. It should be noted that in terms of data small numbers are seen and therefore if an indicator went from 0 to 1 this was a 100% increase.</p> <p>Questions in advance had also been received in terms of improvement trajectories relating to Serious Incidents and concerns. The organisation were totally committed to responding in a timely fashion and a clinical plan was in place to support this work. Any resurgence of covid-19 may impact the ability of the service to maintain improvement in this area as was seen earlier in the year. Confidence was expressed that the plans in place to work alongside clinical teams would enable Serious Incidents and Concerns to be addressed in a timely fashion.</p> <p>The Director of Planning and Performance advised that significant work had been undertaken to sustain services during the last period and the report drew attention to the digital work undertaken to allow patients to continue to access consultations during this period and the work to maintain Mental Health services which remained robust through Q4.</p> <p>The Deputy Chief Executive advised in response to a question on diagnostics (written answer available online) that there was a challenge in re-introducing levels of activity and there would be an ongoing issue around capacity because of the requirement to socially distance. The safety and confidence of patients and staff was paramount. People were returning to hospitals expecting to see a safe environment with staff modelling socially distanced behaviour. Access to digital alternatives would help with capacity issues. The team were looking at timelines for outpatients and day case surgery with the intention of reintroducing these services during August when robust processes are in place.</p> <p>The Director of Planning and Performance outlined how it was now possible to access information regarding commissioned planned care but there was a key issue relating to an increasing backlog in place across all</p>
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	<p>services. A report would be brought to Planning and Resources Committee and then Board when this assessment is complete. It was expected that there will be both local and regional solutions.</p> <p>The Director of Workforce and OD noted that there had been a reduction in the rates of PADR compliance. Plans are in place to bring this back on track but this was understandable given the number of staff who had been redeployed. Sickness rates had remained steady and the expected increase was not seen. Compliance rates on mandatory training were maintained.</p> <p>The Director of Planning and Performance confirmed this was an interim performance report and normal reporting arrangements would be in place for the next period.</p> <p>The Performance Overview Report was NOTED.</p>
PTHB/20/47	<p>Financial Performance Report Month 03, 2020/21</p> <p>The Assistant Director of Finance and presented the report (attached to the agenda) advising that the organisation was £156k overspent on the revenue account assuming Welsh Government fund all costs related to covid-19. The Capital Resource Limit was £1.9million, the organisation had spent approximately £300k. There have been a number of late payments to non-NHS suppliers and the reason for this was under investigation. Plans were in place to meet the savings target of £5.6million in full, however, covid has impacted on this. The latest assessment was that £1.8million savings were possible but this was reviewed on a monthly basis during the pandemic.</p> <p>At the end of June covid related revenue expenditure totalled £20.3million. Some of this was from the plans for surge capacity, Test, Trace and Protect and proposals included in the Q2 Plan. Other areas related to the block arrangements with providers which were prescribed by Welsh Government and the Department of Health. This cost around £3million if the arrangements continue (currently under discussion). This was a pressure because it was more than had been planned for in the IMTP. Finally there was a pressure related to the non-delivery of savings planned since the start of the financial year.</p>

	<p>In Mid July PTHB was asked to submit an updated plan on the capital requirements related to covid which totalled £1.9million. There had been no confirmation to date that PTHB would receive this funding and it was noted that the final figure may be amended as costs relating to ventilation had yet to be confirmed.</p> <p>The most significant risk was of Welsh Government not funding the revenue required to support covid-19. At the end of June £0.7million of the £20.2million had been received from Welsh Government.</p> <p>A balanced position was forecast predicated on Welsh Government funding covid-19 expenditure.</p> <p>Members were asked to note the position at the end of month 3, the position in relation to savings and the covid financial position in relation to revenue and capital.</p> <p><i>What is the position in relation to the write off of historic debt?</i></p> <p>The Assistant Director of Finance confirmed the organisation was not holding historic debt and therefore this would not affect PTHB.</p> <p>The Chief Executive noted that this was a significant risk for the Health Board. The Strategic Priorities paper discussed earlier had discussed the matter of money and value. It was understood that within the £20.3million approximately £7million were fixed costs and £12million were variable costs. If winter was better than anticipated it may not be necessary to spend money particularly around surge capacity and the TTP programme but if winter was not good these costs could be incurred. This would be revised ahead of Q3 planning. There was also concern regarding the levels of funding going into Welsh Government and from Welsh Government to the NHS. PTHB believes there was a good case to be funded by Welsh Government with robust information to support the expenditure. It would be necessary to revisit this in the autumn to examine the level of financial risk the organisation holds.</p>
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	<p><i>A substantial amount of funding into NHS England will result in a consequential to Wales however, there is no requirement that Welsh Government forward this to Wales NHS. Has there been any indication that the consequential will come in its entirety to NHS Wales?</i></p> <p>The Assistant Director of Finance confirmed that Welsh Government had the power to choose where any consequential funding was directed. There was no indication on the amount of funding that was being held to support the NHS. PTHB were regularly assessed by Welsh Government to understand the financial position which will be used to compare the organisation with others in Wales.</p> <p><i>With regard to the PSPP target is there any indication why this is showing red for performance?</i></p> <p>The Assistant Director of Finance noted that whilst further work was required it was thought to relate to invoicing of agency workers and the team were working with colleagues to resolve this. It may be possible to implement digital solutions which may help address high volume areas.</p> <p>The Financial Performance Report was NOTED.</p>
PTHB/20/48	<p>Corporate Risk Register, July 2020</p> <p>The Board Secretary presented July version of the Risk Register (copy attached to the agenda) drawing attention to one change since the version considered in May namely re-escalating the risk associated with exiting the EU which was de-escalated to the Director of Public Health's Directorate earlier in the year. It was confirmed that the risks have been assessed in relation to covid-19.</p> <p><i>Risk CR002 Finance risk regarding breakeven position – should this be escalated given what was presented in the finance performance report including the block grant and the organisations reliance on commissioning?</i></p> <p>The Chief Executive noted this had been discussed this with the Director of Finance and IT and it was concluded that this risk would remain at present awaiting further information by Welsh Government, but if further information was not forthcoming the risk would be</p>

	<p>reviewed ahead of September Board with the score likely to increase.</p> <p><i>There are a number of risks in a number of areas and it would be necessary to have sufficient capacity in the system to mitigate and control the risks. How will this happen?</i></p> <p>The Chief Executive advised that this was the reason behind the production of the Strategic Priorities paper. The country was still suffering from the pandemic including senior managers and clinical leaders in the NHS. Key areas of the Strategic Priorities largely correlate to the challenges identified on the risk register and it was acknowledged that capacity was tight. It was important to remain focussed and not allow business as usual matters to distract from strategic matters but some operational and service delivery matters such as winter planning and operational service delivery were appropriate.</p> <p>The Corporate Risk Register was NOTED.</p>
PTHB/20/49	<p>Report of the Chief Officer of the Community Health Council</p> <p>The Chief Officer of the CHC presented the report (attached to the agenda) and drew attention to the suspension of visiting activities of the CHC earlier in the year due to the pandemic. The CHC were starting to examine how work could restart for example at the Town Markets which are starting to re-open. Electronic surveys had been used to allow for ongoing helpful input. Thanks were extended to colleagues in the health board for the close working partnership and for acting on the majority of the issues raised. The CHC were yet to hold meetings in public but this was planned. There had been a lot of lessons learnt including how technology may be able to free the organisation from only holding meetings during the day because of long travel times. Evening meetings would allow a wider range of people to be able to take part.</p> <p>It was intended to meet with the Director of Planning and Performance to discuss some of the temporary and urgent service changes that have had to take place and being more innovative in the future, taking into account the regulation and guidance that is in place.</p>

	<p>The CHC remain slightly concerned regarding understanding the pathways for The Grange and the need to communicate this to residents in south Powys.</p> <p>The Director of Planning and Performance noted the complexity in Powys was not only what has had to be changed from the perspective of a provider but also what changes neighbouring health boards had introduced both in England and Wales. PTHB have been tracking all the changes to pathways and would be going through this log with the CHC and would bring this back to Strategy and Planning Committee for review.</p> <p><i>Given the truncated timeframe for The Grange what public engagement is planned?</i></p> <p>The Chief Officer of the CHC note that there were regular discussions with colleagues in PTHB including with the communications team and a plan would need to be developed considering that pre-covid means of engagement and information sharing would not always be appropriate now. The changes affect a significant amount of people in south Powys and only a short timeframe is available.</p> <p>The Director of Planning and Performance advised that discussions had already started regarding a communications plan for these changes.</p> <p>The Report of the Chief Officer of the CHC was NOTED.</p>
PTHB/20/50	<p>Assurance Reports of the Board's Committees:</p> <p>a)PTHB Committees</p> <p><u>Audit, Risk and Assurance Committee</u></p> <p>The Chair drew attention to last years Structured Assessment and the Internal Audit Report and noted that considerable progress in governance arrangements had been seen over the last 5 years. The Structured Assessment last year was positive recognising the work which had been done including putting a tracker in place. Reasonable Assurance reports were also being received and thanks were extended to the Chief Executive and Board Secretary.</p>

	<p><u>Charitable Funds Committee</u></p> <p>The Chair had no matters to escalate to Board.</p> <p><u>Experience, Quality and Safety Committee</u></p> <p>The Chair noted this committee had covered a large amount of work over the year and whilst it had not been possible to undertake a self-assessment due to the pandemic it was intended to do one in February 2021.</p> <p><u>Performance and Resources Committee</u></p> <p>The Chair had no matters to escalate to Board. The opportunities afforded for digital transformation due to the pandemic were noted, the presentation of financial information in an easily understood format was welcomed along with a return to full performance reporting.</p> <p><u>Strategy and Planning Committee</u></p> <p>The Chair noted the Committee met after a period of suspension in July. Much of what was considered in Committee would go to the Board but the opportunity to consider it in more depth in Committee was welcomed.</p> <p><u>Executive Committee</u></p> <p>The Chief Executive noted items discussed at Executive Committee would progress to either a meeting of Board or Board In-Committee.</p> <p>b)Joint Committees</p> <p>The Chief Executive drew attention to the update from the WHSSC outlining the decision to proceed with the South Wales Trauma Network going into the winter period. Attention was also drawn to performance challenges in the Ambulance Service which had affected Powys patients. The Chief Executive and Deputy Chief Executive had met with the Chief Executive of WAST and the Ambulance Services Commission and a further meeting would take place in September.</p>
PTHB/20/51	<p>Assurance Reports of the Board's Partnership Arrangements</p> <p>The Chief Executive confirmed the Public Service Board, Regional Partnership Board and Joint Partnership Board were all in the process of becoming re-established and were holding virtual meetings. These groups allowed</p>

	attention to be focussed on the wider implications of covid-19.
PTHB/20/52	<p>Update Reports from the Board's Advisory Fora</p> <p>The Chief Executive thanked Executive colleagues and in particular the Director of Workforce and OD for the more frequent and focussed engagement with trade union colleagues, and also thanked trade union colleagues for their flexibility during this period. Attention was drawn to the partnership work that was being undertaken on social distancing in the work place with two seconded trade union representatives.</p> <p><i>Whilst it is acknowledged that this is an extremely difficult period, and it is clear from audit reports that the organisation undertakes good levels of engagement formal arrangements are not yet in place via a Stakeholder Reference Group.</i></p> <p>The Chief Executive recognised that this question was a request to formally establish the group and for mechanisms to support stakeholder and healthcare professions engagement. The audit report reflected good levels of stakeholder and healthcare professions engagement, however, the formal mechanisms were not in place for the Stakeholder Reference Group and Healthcare Fora to meet. The Chief Executive held the view that there was much to do in the next six months, if these more formal meetings could be held they would, however, assurance was given that both stakeholder engagement and the involvement of healthcare professionals in work undertaken was taking place even if the formal groups were not being held.</p> <p>The Director of Workforce and OD thanked the trade union partners for their work over recent months and drew attention to the Wellbeing Hubs that are jointly sponsored by the trade unions and Charitable Funds.</p> <p><i>The informal stakeholder and healthcare professional engagement is acknowledged but it is important that a wide range of views is presented to the Board. The difficult situation at present is also acknowledge but it is important that the organisation seeks to maintain and extend engagement with these groups to inform decision making.</i></p>

	<p>The Chair noted that the organisation was not meeting statutory requirements and it would be appropriate to refresh the Stakeholder Reference Group and establish the Healthcare Professionals Forum once the existing challenges around covid-19 and Brexit have been addressed.</p>
OTHER MATTERS	
PTHB/20/53	<p>ANY OTHER URGENT BUSINESS:</p> <p>The Chair thanked the Medical Director for his contribution to Powys Teaching Health Board during his time at the health board, virtually presented him with leaving gifts and wished him well for his retirement</p> <p>The Medical Director thanked colleagues for their support over the last two years which had been an interesting period.</p> <p>The questions from Independent Members asked in advance of the meeting, together with the answers are available at www.pthb.nhs.wales.</p>
PTHB/20/54	<p>DATE OF THE NEXT MEETING:</p> <p>30 September 2020, 09:30 venue TBC</p>