

POWYS TEACHING HEALTH BOARD

CONFIRMED

MINUTES OF THE MEETING OF THE BOARD

HELD ON WEDNESDAY 30 NOVEMBER 2022

VIA TEAMS

Present

Carl Cooper	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) (to 13.00)
Tony Thomas	Independent Member (Finance)
Jennifer Owen Adams	Independent Member (Third Sector)
Ronnie Alexander	Independent Member (General)

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
Debra Wood Lawson	Interim Director of Workforce and OD
Kate Wright	Medical Director

In Attendance

James Quance	Interim Board Secretary
Jamie Marchant	Director of Environment
David Collington	Community Health Council (to 13.00)
Katie Blackburn	Community Health Council (to 13.00)
Liz Patterson	Interim Head of Corporate Governance
Stella Parry	Interim Corporate Governance Manager (to 13.00)

Apologies for absence

None

PRELIMINARY MATTERS	
PTHB/22/71	WELCOME AND APOLOGIES FOR ABSENCE The Chair welcomed all participants to the meeting. There were no apologies for absence.
PTHB/22/72	DECLARATIONS OF INTEREST There were no declarations of interest.
PTHB/22/73	MINUTES OF MEETINGS HELD ON 28 SEPTEMBER 2022 The minutes of the meeting held on 28 September 2022 were APPROVED as a true and accurate record.
PTHB/22/74	MATTERS ARISING FROM THE MINUTES OF THE PREVIOUS MEETING There were no matters arising.
PTHB/22/75	BOARD ACTION LOG In respect of PTHB/21/93 – an in-depth review of committee based risks to be undertaken in quarter 4 - the Board Secretary advised the Revised Corporate Risk Register had been reported to Board in September 2022 with Committee Risk Registers routinely reported to Committee. The action was closed.
PTHB/22/76	PATIENT EXPERIENCE STORY The Director of Therapies and Health Sciences presented Richard Davies' story 'Y 'Simmer' a'r Comod' – 'The Zimmer and Commode'. Mr Davies had written a poem and a recording of his recitation was played. He expressed appreciation of the support he had received from the Occupational Therapy Service. The Board welcomed the presentation and wished to express thanks to Mr Davies for sharing his story.
PTHB/22/77	UPDATE FROM THE CHAIR The Chair presented his first report to Board and provided the following overview: <ul style="list-style-type: none">• first impressions as a new Chair had been encouraging;

	<ul style="list-style-type: none"> • induction and introductory meetings had been key, including the National Induction for Independent Members which a number of fellow Independent Members had attended; • attended his first Chair's Peer Group; • attended his first joint Board and Community Health Council meeting; • attended his first partnership meeting with Powys County Council; and • attended at his first NHS Confederation Conference. <p>UPDATE FROM THE VICE CHAIR</p> <p>The Vice Chair presented the report and highlighted the following matters:</p> <ul style="list-style-type: none"> • Vaccination Centre visits to Bronllys and Llandrindod Wells; • Conference Chair for the 'Whole System Approach to Healthy Weight' strategic engagement event; • Interim Chair of the Powys Regional Partnership Board; • met with 3 Dads Walking to discuss service developments relating to suicide prevention in Powys; • attended the all Wales Quality and Safety Committee Chair's Group; • attended the NHS Confederation Dinner; • attended the Vice Chair Peer Group; and • attended the Advancing Health Care Awards with the Director of Therapies and Health Sciences who had been shortlisted for the Welsh Government Award for Compassionate and Outstanding Leadership. <p>UPDATE FROM THE CHIEF EXECUTIVE OFFICER</p> <p>The Chief Executive presented the report and highlighted the following matters:</p> <ul style="list-style-type: none"> • system and organisational performance and outlook for 2023/24 is extremely challenging given the national financial position. The financial settlement was expected in December 2022, and was unlikely to cover inflationary pressures
--	--

	<ul style="list-style-type: none"> • Health and Safety Executive prosecution of the health board for exposure to hand arm vibration syndrome. The health board pleaded guilty at Court, publicly apologised for the historic failings and demonstrated improvements subsequently made. A fine of £160,000 plus costs was imposed in recognition of the seriousness of the failures and nature of the health boards business. • staff excellence where a number of health board colleagues have been finalists or winners in national awards; and • engagement activity including engagement with staff, public and politicians; attending a Certificate of Appreciation Event; meeting the team recently transferred from Public Health Wales to the health board; meeting the Police and Crime Commissioner; attending the opening of the Health and Care Academy; participation in the Welsh NHS Confederation Conference; visiting the mass vaccination centres; presenting at the Digital Transformation Conference; and participation in NHS Wales Peer Group Learning Sessions. <p>The Board RECEIVED and NOTED the Reports of the Chair, Vice Chair and Chief Executive.</p>
--	--

ITEMS FOR APPROVAL/RATIFICATION/DECISION

PTHB/22/78	<p>CHARITABLE FUNDS STRATEGY</p> <p>The Interim Board Secretary presented the Charity Strategy 2022-25 which outlined key strategic priorities for the Charity for the next three to four years in line with the objectives of the health boards Integrated Medium Term Plan and overall vision and values of the Charity.</p> <p>The Chief Executive noted that the decision some time ago to appoint a Charity Manager had enabled the development of the Charity in recent years. The development of the Strategy would enable the funds to be used to the best effect for the people of Powys.</p> <p>The Board APPROVED the Powys Teaching Health Board Charity Strategy 2022-25.</p>
------------	---

PTHB/22/79	<p>MANAGEMENT OF POLICIES, PROCEDURES AND OTHER WRITTEN CONTROL DOCUMENTS</p> <p>The Interim Board Secretary presented the Revised Policy CG 004 Management of Policies, Procedures, and other written control documents.</p> <p>The aim of the policy is to provide a structure or process for the development or review, approval, dissemination, and management of policies ensuring that they are in line with current legislation, guidance, and evidence.</p> <p><i>The impact statement summary notes this policy will adversely affect those who wish to use Welsh Language as policies are not routinely translated into Welsh. What steps will the health board take to address this and what is the risk of not all policies being available in English and Welsh?</i></p> <p>The Interim Board Secretary advised that Welsh Language is fully considered when developing policies and any requirements are considered. There are a number of policies which are available bi-lingually, but the statement relates to the wider written control documents of which there are about 400 documents.</p> <p>The Chief Executive advised that there are large number of Welsh Language Standards that the organisation was trying to achieve and there was a need to balance where resources could be used with most impact.</p> <p>Consideration was given to Welsh Language when developing policies and those that were required to be made available bilingually were translated. There is a need to target Welsh Language resources to patient care and access to services and translation of policies and written control documents this may be affected as access to resource is increasingly challenged.</p> <p>The Board APPROVED the Management of Policies, Procedures and other Written Control Documents Policy.</p>
PTHB/22/80	<p>RISK MANAGEMENT FRAMEWORK AND RISK APPETITE STATEMENT</p> <p>The Interim Board Secretary presented the Risk Management Framework and Risk Appetite Statement report. The Risk Management Framework was presented to Board for annual review with no changes proposed from the previous version approved in November 2021. The Risk Appetite Statement had</p>

	<p>been reviewed in light of the current operating environment. Additional detail had been provided to enable it to be of more use to the organisation which had been considered by the Audit, Risk and Assurance Committee.</p> <p>The Chair of Audit, Risk and Assurance Committee advised the report had been welcomed and a useful discussion had taken place. A suggestion was made to strengthen the Risk Appetite Statement in relation to access to services along with quality and safety of services (p93 of the agenda pack).</p> <p>The Chief Executive advised the Executive Committee had discussed this in detail. The Risk Appetite Statement would help guide decisions that would need to be taken in the coming months.</p> <p>The Deputy Chief Executive confirmed the Risk Appetite Statement had previously helped the organisation in partnership working and the revised document was welcomed. There was a need to be open to change and to recognise that not all innovative approaches may be successful.</p> <p><i>To what extent is the spirit of culture in this Risk Appetite Statement shared across all staff?</i></p> <p>The Chief Executive advised that organisation had increased its focus in finding innovative solutions to deep seated problems. Staff had welcomed the freedom to innovate during the pandemic.</p> <p><i>Given the current recruitment challenges to what extent is the organisation forced into considering all options and does the risk need to change from cautious?</i></p> <p>The Director of Workforce and OD noted the cautious position did not prevent the organisation from being creative. All recruitment pipelines were being reviewed to identify those likely to be most successful.</p> <p>The Board APPROVED the Risk Management Framework and Risk Appetite Statement subject to the strengthening of the risk appetite statement in relation to access which would be communicated to Board Members.</p>
--	---

ITEMS FOR DISCUSSION

PTHB/22/81

INTEGRATED PERFORMANCE REPORT, MONTH 6

The Director of Planning and Performance presented the item which provided the latest available performance update including data up until the end of month 6 (September 22) and provided an overview of performance against the:

- NHS Wales Performance Framework;
- National Outcomes Framework: Performance Scorecard;
- Quadruple Aims;
- Operational Measures; and
- Referral to Treatment performance

Attention was drawn to the following areas:

- provider performance continued to perform well;
- commissioned services were not performing to expected standards;
- ambulance performance for the 8 minute response time was 51% at the end of September and had declined to just over 40%;
- Therapy Services had 252 patients exceeding the 8 week target due to delays in staff recruitment;
- 61% of those eligible had received their covid booster vaccine;
- referral to treatment times in Wales had slightly improved with 596 patients waiting more than 2 years whilst in England 12 patients were waiting more than 2 years;
- Mental Health services have challenges in relation to interventions for over 18s due to an increase in demand and challenges in recruitment;
- agency spend remains high; and
- sickness figures are 6% at the end of September.

The referral to treatment times is noted as a risk on the risk register and there are plans to bring patients back to Powys where it is safe to do so which are nearing readiness for implementation.

The Chair of Delivery and Performance Committee advised that an improved level of information was now available, and it was intended that future reporting would be on an exception basis. Commissioned service information is clearly set out within the report. Innovative solutions to improve the position were welcomed.

	<p><i>In relation to the Decarbonisation Strategy the report notes CO₂ increased between 2018-2021. Is the health board on target to reduce CO₂ emissions by 2025?</i></p> <p>The Director of Environment advised the increase related to improvements made at Ysbyty Bro Ddyfi Community Hospital together with the way the emissions are measured. In future years the benefit will be realised. Health boards are working individually and collectively on the target reduction but, along with other health boards, there is no clear line of sight on this 2025 target.</p> <p>The Deputy Chief Executive noted the Welsh Ambulance Services Trust performance had been an ongoing concern. From 1 December joint working is taking place focusing on returning resources to Powys after handover to District General Hospitals. Powys crews are known to have responded to a number of out of county calls which has had an impact on the available response within Powys.</p> <p>There has been a substantial increase in mental health referrals both in numbers and complexity. The health board are working closely with primary care to provide support as quickly as possible, and the national team to implement the 111 service for mental health in the new year.</p> <p><i>The Greater Devon Trust have improved their recruitment pipeline by 25%. Can colleagues contact the Greater Devon Trust to ascertain if lessons can be learned?</i></p> <p>The Chief Executive noted the organisation welcomed learning which would be picked up by the Director of Workforce and OD.</p> <p>The Board DISCUSSED and NOTED the Integrated Performance Report.</p> <p>Q2 INTEGRATED MEDIUM TERM PLAN PERFORMANCE</p> <p>The Director of Planning and Performance presented the report which provided an update on the progress made</p>
--	--

	<p>against the Integrate Medium Term Plan (IMTP) to September 2022.</p> <p>A number of requests for changes to the milestones have been made as a result of guidance issued after approval of the plan. The health board had also subsequently received additional one-off funding which has been included in the delivery plan.</p> <p>The Chair of Delivery and Performance Committee welcomed the progress against targets. Attention was drawn to one area of concern regarding a request to defer actions relating to Occupational Health to Quarter 4 given the earlier Chief Executive update on the Health and Safety Court case.</p> <p>The Director of Workforce and OD confirmed Occupational Health had been a fragile service and action had been taken recently to stabilise the service. Assurance was given this was an improving position.</p> <p><i>It is concerning that in relation to strategic priority 16 (to enhance access to high quality education and training) that there is a delay relating to work undertaken locally and nationally.</i></p> <p>The Director of Workforce and OD noted this was a critical priority and it was disappointing to be reporting a red indicator in relation to Advanced Practitioners. It was recognised internally it was necessary to tie in with national work in this area, however, work has continued locally to progress this.</p> <p><i>In relation to digital first, whilst the detailed work undertaken and progress made in digital services is commended, without an overarching plan it is difficult for the Board to make informed decisions regarding the allocation of scarce resources.</i></p> <p>The Director of Finance and IT confirmed the Digital Strategic Framework was important and a Board Development session had recently been held to shape this. The learning would be used to develop a framework for approval by Board.</p>
--	---

	<p>The Chief Executive advised the context had been changing through the year with a Welsh Government review of digital funding investment.</p> <p><i>There has been a considerable amount of change regarding the delivery of the IMTP – new guidance, new Welsh Government priorities and new funding streams together with some changes which are due to factors within the health board’s control. It is likely that late guidance and extra funding will continue. What has the health board learnt from the process this year that can help improve planning in future years?</i></p> <p>The Chief Executive drew attention to the Change Control Process, a new process added in to give greater scrutiny and opportunity for learning and reflection.</p> <p><i>Throughout the paper there is commentary on red rated actions except Strategic Priorities 2 (deliver health improvement priorities) and 13 (designing and implementing a comprehensive approach to workforce planning). Could the Board be updated on why the commentary on these two priorities are missing?</i></p> <p>The Chief Executive advised that the missing comments will be followed up.</p> <p><i>Should there be fewer priorities to allow focus and enable substantial progress in priority areas?</i></p> <p>The Director of Planning and Performance agreed there was merit in this approach.</p> <p>The Board DISCUSSED and AGREED the change requests in the IMTP Performance Report.</p>
PTHB/22/82	<p>FINANCIAL RECOVERY PLAN; FINANCIAL PERFORMANCE MONTH 6; AND FINANCIAL POSITION FLASH REPORT MONTH 7</p> <p>The Director of Finance and IT presented the three reports and highlighted the following matters:</p>

	<p><u>Financial Recovery Plan</u></p> <ul style="list-style-type: none"> • a Financial Recovery Group has been convened chaired by the Chief Executive with each Director responsible for reporting their current financial position, forecast position and actions taken to return to balance; • each scheme is categorised as red, amber or green; and • green and amber actions total £728k for 2022/23 and £993k for 2023/24. <p><u>Finance Report Month 06</u></p> <ul style="list-style-type: none"> • The standard report which was presented to Delivery and Performance Committee. <p><u>Finance Flash Report Month 07</u></p> <ul style="list-style-type: none"> • a reported overspend of £4.932m with a forecast deficit position of £7.5m; • key drivers are long term complex care, commissioned care (good performance from English providers and pressures in emergency care), non-delivery of savings against savings target, pressures in relation to variable pay and pressures in prescribing (drug prices); • page 6 of the report outlines operational variance against key cost drivers and included covid response funding. A total operational variance of £15.1m with ongoing covid support of £7.6m resulting in the forecast deficit of £7.5m; • a number of risks were flagged which could result in a deteriorating deficit position including: <ul style="list-style-type: none"> ○ ongoing growth of Continuing Health Care; ○ ongoing pressures in prescribing; and ○ further pressure in the commissioning position, in particular in relation to English providers and emergency care; • page 7 of the report outlines the recovery approach to monitor action on a directorate level; • page 8 and 9 outlook shows 2023/24 will be challenging with a forecast deficit of £15m; and • further potential pressure relating to ongoing covid response costs expected to be business as usual next year.
--	--

	<p>It will be necessary to have a clear focus on priorities, on actions to reduce the run rate and to continue to address the red schemes to reduce expenditure. Underpinning the approach is the Accelerated Sustainability Model and Value Based Health Care.</p> <p>The Chair of Delivery and Performance Committee observed that sight of the Month 7 position, suggests the £7.5m forecast deficit is not now justifiable given there are in month deficits of £1m. The Committee had been time challenged when examining the cost pressures and queried how sustainable the forecast deficit was.</p> <p>The Director of Finance and IT advised that as at month 7 the forecast deficit position held.</p> <p><i>Can the financial consequence of not being able to return patients from District General Hospitals be quantified over the last year?</i></p> <p>The Director of Finance and IT advised an exact figure could not be given but Wye Valley NHS Trust costs for the provision of Community Hospital placements in England are circa £1m. The full costs of delayed transfers of care across all service areas will be included in future financial reports to the Delivery and Performance Committee.</p> <p>Action: Director of Finance and IT</p> <p><i>The financial recovery plan papers are implicit on the point of quality. The health board has a strong focus on quality and value based health care. Should this financial recovery plan be explicit on this point?</i></p> <p>The Director of Finance and IT confirmed quality and financial efficiency go together, and each scheme is impact assessed with quality a key part of the impact assessment.</p> <p><i>In the 2023/24 outlook there are exceptional pressures such as energy costs, real living wage and National Insurance (NI)</i></p>
--	---

	<p><i>health and social care levy. How will the NI Social Care levy impact on these pressures?</i></p> <p>The Director of Finance and IT advised the health and social care levy had been reversed. It is expected the ongoing covid response will be business as usual and therefore a cost pressure. The exceptional cost pressures will be worked through when the financial allocation is received.</p> <p>The Director of Planning and Performance noted that forecasting was challenging, in particular in relation to commissioned care from England. The more commissioned work that is carried out the greater the costs incurred. However, planned work is being cancelled due to winter pressures which makes forecasting complex.</p> <p>The Board DISCUSSED and NOTED the reports.</p>
PTHB/22/83	<p>HEALTH INEQUALITIES REPORT</p> <p>The Director of Public Health presented the report outlining the work that had been undertaken in relation to health inequalities in preparation for the development of the IMTP.</p> <p>Health inequalities are influenced by a variety of complex interlinked factors. Prior to the pandemic the improvements in life expectancy had slowed and the difference between lowest and highest life expectancy had widened. The pandemic had reflected and exacerbated health inequalities. Life expectancy in Powys is the highest in Wales. However, there are differences between the least and most deprived areas.</p> <p>The health board are working in partnership to lessen health inequalities both as a provider of health care, and as a large employer and anchor organisation.</p> <p><i>There are other inequalities such as differences in commissioned provider performance, the distance travelled to access care and the impact of these factors is greater than in other health boards. Should these additional factors be included in the report.</i></p> <p>The Director of Public Health confirmed these issues are important and are captured within the heading 'healthcare'.</p>

	<p><i>Comparison of Powys with other Welsh health boards may not be the best comparators. Should comparisons with other, more similar areas to Powys be included in the report?</i></p> <p>The Chief Executive noted the importance of this work in relation to the Accelerated Sustainable Model work and issues of equity of access. The benchmarks to other areas are important given the uniqueness of the health boards position in Wales. Eden in Cumbria has the same 26 people/km² sparsity as Powys and this work is coming through board development sessions which will help inform the planning process.</p> <p><i>Public Health Wales have estimated the cost of health inequality as £322m/annum. How is this figure calculated?</i></p> <p>The Director of Public Health advised the Observatory Team has worked on the associated and additional costs of not accessing health care resulting in late presentations. The report detailing this will be shared with Board Members</p> <p>The Board DISCUSSED and NOTED the Health Inequalities Report.</p>
<p>PTHB/22/84</p>	<p>DIGITAL FIRST OVERVIEW REPORT</p> <p>The Director of Finance and IT presented the report. The programme was on track for all actions and the following areas were highlighted:</p> <ul style="list-style-type: none"> • Medilogic endoscopy system has been updated and implemented with the health board being the first to move to a fully cloud based system; • Civica rescheduling tool – are ready for introduction; • Attend Anywhere – 12,000 appointments completed using this method. There has been a reduction in use and the system will be relaunched with an emphasis on the benefits when clinically appropriate; • progress made on cyber security; and • full digital programme of work included to show extent of activity in the digital arena.

	<p><i>Concerns were expressed that progress is contingent on short term funding from Welsh Government. There are some advanced proposals within the overview, and it is unclear how these will be developed with current shortfalls in digital infrastructure and issues with cyber security.</i></p> <p>The Chief Executive noted the challenges of infrastructure were known and acknowledged. Cyber security is a serious threat and organisational capacity, and capability has been improved to address this.</p> <p><i>Welsh Government are looking to withdraw funding supporting Attend anywhere and virtual consultation. How does this fit with the proposed relaunch?</i></p> <p>The Director of Workforce and IT noted the health board aimed to have the most ambitious programme within the funding available. The Welsh approach to digital funding is coordinated centrally which provides opportunity for working on single approach for Wales.</p> <p><i>What is the position regarding Welsh Community Care Information System (WCCIS)?</i></p> <p>The Chief Executive as national lead for WCCIS advised that Part 1 of the Strategic Review of the WCCIS programme was complete with Part 2 underway. Important decisions on the programme would need to be made imminently.</p> <p><i>Are the reasons for the fall in use of Attend Anywhere known?</i></p> <p>The Medical Director advised that it was likely to be a combination of factors including access to infrastructure. It will be necessary to provide the public with information relating to the benefits of Attend Anywhere.</p> <p><i>Whilst external funding is available to support digital programmes an appropriated base budget is also required. Is this in place?</i></p> <p>The Director of Finance and IT advised the funding mechanisms were being worked through and the base budget would be a decision for Board as part of the IMTP.</p>
--	---

	<p>The Board DISCUSSED and NOTED the Digital First Overview Report.</p>
PTHB/22/85	<p>CORPORATE RISK REGISTER</p> <p>The Interim Board Secretary presented the Corporate Risk Register detailing that the paper had been considered at Executive Committee where detailed consideration had been given to the proposal by the Planning, Partnerships and Public Health Committee that two of the risks be increased. It was concluded that the two risks should remain the same.</p> <p><i>The lack of a single comprehensive clinical record is a risk. Has this been reviewed?</i></p> <p>The Interim Board Secretary advised that this risk continues to be held at Directorate level and remains under review.</p> <p>The Chief Executive confirmed that this related to the ability of clinicians to access all required information. The NHS continues to transition from a paper based system to an electronic system. This includes the sharing of patient records across the border.</p> <p><i>For Risk 005 (inequity of access to planned, secondary and specialised care results in poorer outcomes and experience for some Powys citizens) there is a reference to creating a funding proposal. When might this happen, and an impact be seen?</i></p> <p>The Director of Planning and Performance confirmed this related to reducing waiting lists across Powys by various means including potentially accessing health care in England for those procedures unable to be undertaken locally. This would create an additional cost pressure.</p> <p>The Board REVIEWED the Risk Register.</p>
PTHB/22/86	<p>REPORT OF THE CHIEF OFFICER OF THE COMMUNITY HEALTH COUNCIL (CHC)</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"> • a visit to Ystradgynlais had taken place, one is planned to Brecon, and it is hoped to visit Shrewsbury and Telford Hospitals Maternity Unit; • concern relating the number of missed red calls in Powys; • concern relating to the reduction in conveyance in Powys, with people choosing or being told to drive to Accident and Emergency departments; • advocacy data provided with a number of issues resolved locally without progression to formal complaint; • improvements in dental services were highlighted; • awaiting detail on Emergency Ambulance Services Committee (EASC) proposals regarding the commissioning of Welsh Air Ambulance Services; and • workstreams have been set up in readiness for the Citizen Voice Body coming into effect in April 2023. <p>The Chief Executive appreciated the noting of improvements in dentistry. The EASC meeting regarding Welsh Air Ambulance Services is on 6 December 2022 where it is expected that the detail will be made available which will enable the health board to assess the proposals evidentially.</p> <p>The Deputy Chief Executive confirmed that the health board receive Have Your Say insights from the Community Health Council which provide valuable information including to the Patient Experience, Quality and Safety Committee.</p> <p>The Board RECEIVED and NOTED the Chief Officer's Report.</p>
PTHB/22/87	<p>ASSURANCE REPORTS OF THE BOARD'S COMMITTEES</p> <ul style="list-style-type: none"> • PTHB COMMITTEES <p>The following Chair's Assurance Reports were received:</p> <p><u>Executive Committee</u></p> <p>The Committee Chair presented the item which provided an overview of matters considered by the Executive Committee on 5 October 2022, 19 October 2022 and 9 November 2022.</p> <p><u>Audit, Risk and Assurance Committee</u></p> <p>The Committee Chair presented the item which provided an overview of matters considered by the Audit, Risk and</p>

	<p>Assurance Committee on 27 September 2022 and 15 November 2022.</p> <p>The Chair advised there was one item which received Limited Assurance – The IT Infrastructure and Asset Management. Further assurance was sought on this item during the meeting.</p> <p>The Board NOTED the report.</p> <p><u>Delivery and Performance Committee</u></p> <p>The Committee Chair presented the item which provided an overview of matters considered by the Delivery and Performance Committee on 11 November 2022.</p> <p>The agenda for this meeting had been ambitious and it had been difficult to get through it all in detail. Many of the items had been on the Board agenda and had already been reported on from a committee perspective.</p> <p>The Board NOTED the report.</p> <p><u>Charitable Funds</u></p> <p>The Committee Chair presented the item which provided an overview of matters considered by the Charitable Funds Committee on 23 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 20 October 2022.</p> <p>Attention was drawn to the requirement for match funding from core funding for any bids made to the Regional Integrated Care Fund, and the impact this would have in light of the current financial challenges.</p> <p>The Chief Executive advised the Welsh Health Chief Executives had discussed this and Welsh Government were intending to look again at this.</p>
--	---

	<p>The Vice-Chair advised that these concerns were echoed by the Welsh Regional Partnership Board Chairs and are being articulated through various channels to Welsh Government.</p> <p>The Board NOTED the report.</p> <p>The Committee Chair presented the item which provided an overview of matters considered by the Workforce and Culture Committee on the 20 September 2022.</p> <p>Attention was drawn to discussions taking place between colleagues in relation to overlaps between the work undertaken in this Committee and the Patient Experience, Quality and Safety Committee.</p> <p>The Board NOTED the report.</p> <p style="text-align: center;">• JOINT COMMITTEES</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"> • Welsh Health Specialised Services Committee (WHSSC); • Emergency Ambulance Service Committee (EASC); and • an update in respect of the Mid Wales Joint Committee for Health and Social Care (MWJC). <p>Attention was drawn to the future plans for the Welsh Health Specialised Services Committee which were particularly challenging in relating to the current financial position.</p> <p><i>The EASC Report notes the ambulance handover loss relates to 30% of ambulance conveyancing capacity. Given there has been work in this area how successful is this, as it appears the situation has deteriorated?</i></p> <p>The Chief Executive advised it was an extremely worrying position. Handover delays have been discussed at a national summit in Wales which the health board attended. Lessons learned were shared by Walsall and Cardiff and Vale University Health Board where significant progress has been made on handover delays. This is one of the indicators on the health of the flow system and needs to urgently improve.</p>
--	---

	The Board NOTED the updates contained within the report in respect of the matters discussed and agreed at recent Joint Committee meetings.
PTHB/22/88	<p>ASSURANCE REPORT OF THE BOARD'S PARTNERSHIP ARRANGEMENTS</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"> • NHS Wales Shared Services Partnership Committee (NWSSPC); • Powys Public Services Board (PSB); • Regional Partnership Board (RPB); and • Joint Partnership Board (JPB). <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/22/89	<p>REPORT OF THE BOARD'S LOCAL PARTNERSHIP FORUM</p> <p>The Director of Workforce and OD 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>
OTHER MATTERS	
PTHB/22/90	<p>ANY OTHER URGENT BUSINESS</p> <p>No other urgent business was declared.</p>
PTHB/22/91	<p>DATE OF THE NEXT MEETING:</p> <p>30 November 2022, 10am, via Microsoft Teams</p>
PTHB/22/92	<p>The following motion was passed:</p> <p><i>Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.</i></p>

<p>PTHB IC/22/93</p>	<p>SECTION 28A AGREEMENT UPDATE</p> <p>The Board considered the report of the Director of Finance and IT in respect of a settlement of a longstanding issue with Powys County Council.</p> <p>The Board AGREED the recommendations within the report.</p>
<p>PTHB IC/22/94</p>	<p>COVID-19 PUBLIC INQUIRY</p> <p>The Board considered the report of the Interim Board Secretary in respect of the UK Covid-19 Inquiry – Module 3.</p> <p>The Board AGREED not to apply for Core Participant status for the UK Covid-19 Inquiry – Module 3.</p>