

**POWYS TEACHING HEALTH BOARD**

**CONFIRMED**

**MINUTES OF THE MEETING OF THE BOARD**

**HELD ON MONDAY 30<sup>th</sup> SEPTEMBER 2020, AT 10.00AM**

**VIA TEAMS**

**Present**

Vivienne Harpwood  
Carol Shillabeer  
Melanie Davies  
Trish Buchan  
Susan Newport  
Ian Phillips  
Mark Taylor  
Frances Gerrard  
Tony Thomas  
Julie Rowles  
Jamie Marchant

Hayley Thomas  
Paul Buss  
Claire Madsen  
Alison Davies  
Pete Hopgood

Independent Member (Chair)  
Chief Executive  
Independent Member (Vice-Chair)  
Independent Member (Third Sector Voluntary)  
Independent Member (TUC)  
Independent Member (ICT)  
Independent Member (Capital & Estates)  
Independent Member (University)  
Independent Member (Finance)  
Director of Workforce, OD & Support Services  
Deputy Chief Executive and Director of  
Primary, Community Care and Mental Health  
Director of Planning & Performance  
Interim Medical Director  
Director of Therapies & Health Sciences  
Director of Nursing & Midwifery  
Director of Finance and IT

**In Attendance**

Rani Mallison  
Adrian Osborne

Clare Lines

Katie Blackburn  
Elaine Matthews  
Rebecca Collier  
Liz Patterson  
Caroline Evans  
Josh Thomas  
Kara Price

Board Secretary  
Assistant Director (Engagement and  
Communications)  
Assistant Director (Commissioning  
Development)  
CHC  
Wales Audit Office  
Health Inspectorate Wales  
Corporate Governance Manager  
Head of Risk and Assurance  
IT Network Support Officer  
Digital Transformation Project Manager

## Apologies for absence

Matthew Dorrance

Stuart Bourne

Independent Member (Local Authority)

Director of Public Health

### PRELIMINARY MATTERS

RESOLVED THAT due to the unprecedented health emergency of COVID-19, and the clear Public Health instruction to practice social distancing, meetings will run by electronic means as opposed to in a physical location. This decision had been taken in the best interests of protecting the public, staff and Board Members.

The meeting was live-streamed and uploaded to the website after the meeting for viewing on demand.

PTHB/20/55

#### **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.

PTHB/20/56

#### **DECLARATIONS OF INTEREST**

No new declarations of interest were made.

PTHB/20/57

#### **MINUTES OF MEETING HELD ON 29 JULY 2020**

The minutes of the meeting held on 29 July 2020 were received and AGREED as being a true and accurate record subject to the following amendments:

PTHB/20/39, para 4 should read:

'There are approximately 47 pathways....'

Item PTHB/20/49, para 1 should read:

'...the suspension of *visiting* activities'

'...yet to hold meetings *in public* but this was planned'

A summary of the In-Committee meeting held on 29<sup>th</sup> July 2020 was received.

PTHB/20/58

#### **MATTERS ARISING**

There were no matters arising from the minutes.

PTHB/20/59	<b>BOARD ACTION LOG</b> There were no outstanding items on the Action Log.
PTHB/20/60	<b>UPDATE FROM THE:</b> <b>a) Chair</b> <p>The Chair confirmed that the Board were committed to openness and transparency but the pandemic had meant it was not possible to hold meetings in person and virtual meetings had instead been held. The Board had moved to livestreaming the meetings which improved inclusivity as it enabled proceedings to be watched remotely and the recording could be watched at the viewers convenience.</p> <p>Governance arrangements were being kept under review during this extremely busy period and the Chair thanked staff and partners who were all acting together in the best interests of the people of Powys.</p> <p>The Board at present had two Independent Member vacancies and it was anticipated these would be advertised in October 2020. Thanks were extended to Owen James who had served as an Independent Member for a number of years with commitment to the people of Powys.</p> <b>b) Vice-Chair</b> <p>The Vice-Chair drew attention to the range of partnership work that was being undertaken and how well this was working in Powys including the Joint Partnership Board, Startwell and the Regional Partnership Board.</p> <p>The Vice-Chair had attended the Brecon and Radnor CHC meeting where a lot of concern had been expressed regarding the work that was taking place around arrangements in South Wales.</p> <p>An annual self-assessment had been undertaken with the Wales Health Specialised Service Committee which included discussion with all Chairs of Experience and Quality and Safety Committees across Wales.</p> <b>c) Chief Executive</b> <p>The Chief Executive presented a report (contained within the agenda pack) and drew attention to the work ongoing to plan for provision of services during the pandemic, with a focus on winter planning.</p>

	<p>The number of Covid-19 cases continued to rise and fall within the county but had remained at a lower level than would require a local lockdown, although this could change. There had been challenges around testing but two weeks ago the highest level of testing during the pandemic was reached. Testing was a critical part of the process of preventing the spread of covid-19 and positivity remained low, an important indicator to ascertain if sufficient people were being tested.</p> <p>The organisation was working well with Powys County Council on the tracing element of the programme with high levels of contact made which gave confidence that this part of the programme was working well. Resourcing for this service was being considered to ensure there were enough staff to cover any further increases in demand.</p> <p>Planning was taking place for delivery of mass vaccination when a vaccine became available.</p> <p>After the last Board meeting an In-Confidence Board had been held to discuss the Shrewsbury and Telford Hospitals NHS Trust. This Trust provide a significant amount of care to North Powys residents and the Board were fully aware of the difficulties in Shrewsbury and Telford which were outlined in Care Quality Commission (CQC) reports. The organisation was working closely with key stakeholders including Clinical Commissioning Groups, the CQC and NHS England and NHS Improvement, and were pleased to see an Improvement Alliance had been formed between the University Hospital Birmingham and Shrewsbury and Telford Hospitals. A risk balanced plan is being introduced in Powys to ensure all that can be done is being done as a commissioner and provider of care for the people of North Powys.</p> <p>A summary had been provided against the key strategic priorities agreed at the last Board.</p> <p><i>The management of specific outbreaks outlined in the report should be commended. Was it intended to use the enhanced vaccination plans for a covid-19 vaccination for this seasons flu vaccination?</i></p> <p>The organisation was in the flu vaccination campaign season and evidence for elsewhere (Australia) indicated uptake may be high. It was complicated by the widening of categories of people eligible for flu vaccination. The organisation was working with general practices to ascertain what could be done in relation to the core</p>
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	<p>programme and the enhanced programme and it was expected that a hybrid model would be developed. It would be necessary to be clear with the public what would be a complex position.</p> <p><i>What were the timelines for the University of Birmingham being brought in as Improvement partners with Shrewsbury and Telford Hospitals NHS Trust?</i></p> <p>The announcement of the new Improvement Alliance was made in the same week that the CQC Report was published. Thus, it was an intervention in relation to the CQC findings.</p>
ITEMS OR APPROVAL, DECISION OR RATIFICATION	
PTHB/20/61	<p><b>Annual Reports, 2019-20:</b></p> <p><b>a) PTHB Annual Performance Report - Ratification of Chair's Action</b></p> <p>The Chief Executive presented the report drawing attention to the AGM which would take place on 22<sup>nd</sup> October 2020. In contrast to previous years where partners and stakeholders came together this would be a virtual AGM which would be live streamed and details for participation would be made available on the website.</p> <p>The report contained a Chair's Action which took place on 25<sup>th</sup> August 2020 due to a requirement for submission by the end of August. This would require ratification.</p> <p>To summarise, 2019-20 was a good year for PTHB with an approved Integrated Medium-Term Plan (IMTP) and good progress made against it in areas including:</p> <ul style="list-style-type: none"> <li>• Well-being</li> <li>• Early help and support, especially in Primary Care Clusters</li> <li>• Tackling the Big Four including respiratory care which has had an impact since the pandemic)</li> </ul> <p>The report was received and the Chair's Action was RATIFIED.</p> <p><b>b) PTHB Annual Quality Statement</b></p> <p>The Director of Nursing and Midwifery presented the report outlining how the Annual Quality Statement (AQS) fitted into the annual reporting process and had been developed in accordance with the Welsh Health Circular related to this</p>

	<p>matter. The formal outcome of the annual Internal Audit undertaken by Shared Services is awaited. The way in which the AQS has been developed this year had been affected by the emergence of the covid-19 pandemic. With the Board's approval, the AQS will be published in Welsh and English.</p> <p><i>The report was commended particularly in respect of infection prevention and control and the nutrition and hydration strategy where good progress has been made. It would be important to look at Goal 1 to ensure focus is given to areas of greatest risk.</i></p> <p>The report was APPROVED for publication</p> <p><b>c) PTHB Welsh Language Annual Report</b></p> <p>The Director of Therapies and Health Sciences presented the report, the first since the requirements outlined in May 2019. The report was required to follow a specific template and outlined the progress made on the 121 standards during 2019/20 and the work that was yet to be done.</p> <p>The PTHB Welsh Language Annual Report was NOTED and RATIFIED.</p>
PTHB/20/62	<p><b>Capital Planning and Business Cases:</b></p> <p><b>a) Innovative Environments Overview</b></p> <p>The Director of Planning and Performance presented the report outlining how the pandemic had required much refocussing of work in this area. The paper summarised the interim position in respect of capital proposals which would be coming through Board over the next few months. Further work would be undertaken in respect of the longer-term position and this report would be brought to Board for approval later in the year.</p> <p><i>This is a really useful holding paper giving an indication of work over the next two years. Could a definitive timescale be included under next steps and a commitment to deliver the framework during 2020/21?</i></p> <p>The Chief Executive agreed that it would be good to get the longer-term framework, however, at the moment the organisation was being hopeful about the items that can be committed to in 2021/22. It would be necessary to review the position at the end of this calendar year. It was</p>

	<p>expected Welsh Government will require an annual report in 2021/22 rather than an IMTP.</p> <p>The Director of Planning advised that work had started on this but it had been necessary to reprioritise the work of the team. This was again under consideration and a report could be provided to Performance and Resources Committee should this be requested.</p> <p><i>Looking at table on page 9 of the report which showed that PTHB are in a very different place to the rest of Wales in terms of estates, the amount of pre-1948 buildings and associated maintenance. What confidence was there that Welsh Government would continue to provide funding to support necessary improvements?</i></p> <p>PTHB had worked closely with Welsh Government in recent years and they have continued to support a number of PTHB developments. This was tied to the strategy of Health and Care in Powys with a shift of focus to wellbeing and prevention. PTHB seek to attract capital funding including primary care pipeline funding and are confident that compelling cases for investment can be made to Welsh Government but it should be noted there are significant pressures on the all Wales capital position and any proposals put forward will be subject to scrutiny and prioritisation from an all Wales perspective.</p> <p><i>The Annual Report references anti-ligature work in mental health facilities. Will this work be undertaken in the year ahead?</i></p> <p>The Director of Planning and Performance confirmed that the anti-ligature works had already been prioritised for approval and active discussions are taking place with Welsh Government to secure funding for this work.</p> <p>The report was NOTED.</p> <p><b>b) Bro Ddyfi Community Hospital – Full Business Case</b></p> <p>The Director of Planning and Performance presented the report for Board approval of the updated Full Business Case. This had been necessary due to a need to engage a new supply chain partner. Close working had been undertaken with Wilmott Dixon and improvements had been made around design and learning from the pandemic had been included. All the necessary planning approvals had been secured, the highways work had been approved</p>
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	<p>along with the Section 278 agreement and Heads of Term with the Housing Association regarding the necessary works to the junction. The investment would also deal with significant and high-risk areas of non-compliance and maintenance backlog to the value of £4.269million. The proposals had also received a good BREEAM assessment in relation to the environmental and sustainability aspect of the refurbishment. The project had been identified as a priority for funding from the Primary Care pipeline funding and it was hoped that a decision would be made by Welsh Government by January 2021. The overall programme was 77 weeks with a revised value of £14.923million.</p> <p><i>With the expansion in intended use of the site and the increase in digital working since the onset of the pandemic will sufficient bandwidth be made available for the renovated site?</i></p> <p>The Director of Planning and Performance confirmed as part of learning from the pandemic digital requirements have been checked to ensure that they are appropriate to support the new ways of digital working.</p> <p><i>If this project receives funding from Welsh Government when will contractors start work?</i></p> <p>The mobilisation period is 4-6 weeks.</p> <p>The Board APPROVED the Full Business Case for Bro Ddyfi Community Hospital together with a Project Bank Account as required by Welsh Government for projects costing over £2million.</p> <p><b>c) Mechanical Ventilation - Ratification of Chair's Action</b></p> <p>The Director of Planning and Performance presented the report to ratify a Chair's Action taken on 25 August 2020 in relation to a spend of £630k to support installation of ventilation systems at Brecon, Llandrindod and Welshpool hospitals.</p> <p><i>Was ratification of the Chair's Action in relation to the First Phase funding of £640k or the full funding of £970K.</i></p> <p>It was confirmed that the proposal was to ratify the Chair's Action in relation to £640k and a further decision would be</p>
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	<p>needed in respect of the second phase of ventilation funding.</p> <p>The Chair's Action relating to the First Phase of Funding for Mechanical Ventilation for a sum of £640k was RATIFIED.</p>
<b>ITEMS FOR DISCUSSION</b>	
PTHB/20/63	<p><b>Winter Planning Requirements</b></p> <p>The Director of Planning and Performance gave a presentation on the Quarter 3/4 Operational Plan (available within the recorded meeting on the PTHB website).</p> <p>The plan would be considered by the Strategy and Planning Committee on 6<sup>th</sup> October and would be presented to Board on 22<sup>nd</sup> October to ensure full Board oversight and approval of the document.</p> <p>The Chief Executive noted that the Welsh Government Winter Protection Plan which had been published two weeks previously was an umbrella plan with a number of plans sitting below this. PTHB had been in discussion with colleagues in Powys County Council and the RPB who all agreed that the separate organisations needed to have their plans aligned. It was likely that the health board would be required to submit an annual plan for 2021 and it would be necessary to consider the long-term impacts of the pandemic including how it had impacted on children and young people and mental health. Attention was drawn to essential and routine services and the intention to provide as much as possible. There would be a medium-term challenge in respect of dealing with a backlog of activity.</p> <p><i>The presentation outlined the provision of mass testing with support from the military and the support provided by the military was recognised. There have been issues reported in the media regarding the efficacy of the independent contractors for mass testing. What has been the experience in Powys following the transition from military to contractors to support mass testing?</i></p> <p>The Director of Planning and Performance acknowledged there had been problems with mass testing and the organisation had been working alongside Public Health Wales to resolve these issues.</p>

	<p>The Chief Executive advised that the core of the issues had been well aired in the media. The capacity of the Lighthouse Labs has been found to be challenged. It was the intention of PTHB to continue to use the Lighthouse Labs as reassurance has been given that the issues are being dealt with, however, Welsh laboratory capacity was also being used and the organisation was rapidly exploring the potential of having local laboratory capability. This would not be for mass testing but would be used for point of care testing which would provide flexibility. The organisation had been able to respond to requests for tests but some of the experience of people within the community has not been as intended.</p> <p><i>Are there plans for the military to be involved in the PTHB mass vaccination programme?</i></p> <p>The Chief Executive advised that a range of options were under development for mass vaccination. The military were still working with the organisation sharing their expertise in logistics, planning and emergency situations which has been most helpful. Discussions were taking place with primary care and direct delivery but it is recognised it may be necessary to partner with the military or others to enable such a large vaccination programme to take place. Further detail would be included in the plan as it is developed.</p> <p><i>One of the requirements included is zero tolerance to Delayed Transfers of Care (DToC). To what extent is this reasonable given the experience of the last six months?</i></p> <p>The Director of Primary, Community Care and Mental Health advised that the reporting mechanisms had been altered for DToCs nationally and there was now a key focus on flow which is tracked locally on a daily basis. Overall flow had been expedient on a daily basis from all DGHs and it is intended that this should continue. Delays could take place for health or social care reasons and it was important that the patient was transferred to the right place for that individual. The focus here was on discharge to recover and assess as it was recognised that hospital was not always the best place for this to take place. The zero tolerance of DToC was a good intention and the ambition was to honour this.</p>
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	<p><i>On the last page of the presentation should 'transforming in partnership' and 'primary care' be noted as aligned?</i></p> <p>The Director of Planning and Performance confirmed that this aligned.</p> <p>The Winter Planning requirements presentation was NOTED.</p>
PTHB/20/64	<p><b>Report of the South Powys Pathways Programme</b></p> <p>The Director of Planning and Performance presented an update on the South Powys Pathways Programme (attached to the agenda) noting that the organisation was responding to this programme in a compressed timeframe as a result of the intended early opening of The Grange hospital as part of Aneurin Bevan's winter protection planning. PTHB are implementing the recommendations contained in the South Wales programme. Within this programme Neville Hall was identified as a strategically important hospital because it was the nearest DGH with an emergency department for the majority of the south Powys population. It was expected that emergency flows will shift to Prince Charles hospital. The Programme Board were working closely with Cwm Taf UHB, Aneurin Bevan UHB and WAST to understand the whole system. In addition, bilateral discussions were taking place with Cwm Taf to ensure a smooth transition and that PTHB do all that can be done to facilitate flow to and from Powys, ensuring that all the services that are provided locally are fully utilised including Brecon Minor Injuries Unit. Significant work had also been undertaken planning communications to enable the public to understand the changes that would take place. The CHC have assisted in developing this plan and have offered local insights. This was a key strategic priority as agreed at the last Board. Close partnership working would be essential to support Aneurin Bevan in the early opening of The Grange ahead of what was likely to be a very challenging winter period.</p> <p>The Chief Executive noted this was a challenging position in respect of the speed in which it has been necessary to proceed. The second Covid-19 surge was here with projections shared widely in the media and it was</p>

	<p>necessary to do all that was possible to ensure that the organisation was well prepared. Ordinarily winter was a difficult period but across Wales an extra 5,000 beds had been made available by way of surge capacity. The South Powys Programme would be further considered in Strategy and Planning Committee and Board for assurance that PTHB has done all it can to prepare for the changes and the close working that has taken place with the CHC in this regard was recognised.</p> <p>The representative of the CHC advised there had been a challenging meeting in August between the Radnorshire and Brecknockshire CHC and the Health Board which provided an opportunity for Members to air their concerns namely clarity on the pathways, communication and the pressure on the timescales due to early opening. Since then positive discussions had taken place with weekly meetings, a commitment to a lessons learnt session at a later date and thanks were offered to PTHB for their use of the CHC for check and challenge purposes.</p> <p>The South Wales Programme update was NOTED.</p>
PTHB/20/65	<p><b>European Union Transition Planning Update</b></p> <p>The Chief Executive presented the update (attached to the agenda) which was RECEIVED.</p>
PTHB/20/66	<p><b>Nurse Staffing Levels (Wales) Act 2016</b></p> <p>The Director of Nursing and Midwifery presented the report (attached to the agenda) outlining how this applied to services the organisation provides, services commissioned from Welsh providers, services commissioned from English providers and an indication of how it was intended to extend the remit of the Nurse Staffing Levels Act. The Act was passed in 2016 with annual reporting requirements the date of which was extended this year due to the pandemic. Arrangements within Wales were such that assurance could be gained that other Health Board in Wales were striving to comply with the Nurse Staffing Levels Act. Welsh legislation does not apply in England but nurse staffing was set out in a policy context and was subject to scrutiny by the Care Quality Commission (CQC). As part of internal</p>

	<p>quality assurance process a variety of reports were used to help inform the position regarding staffing in English providers commissioned by Powys teaching Health Board. Attention was drawn to the position of nurse staffing at Shrewsbury and Telford NHS Trust and the actions taken to address the situation. As a provider and subject to Welsh legislation, PTHB have a number of arrangements in place to assist in compliance with the Nurse Staffing Levels Act as reported.</p> <p><i>Could the report contain more objective data regarding our own provision?</i></p> <p>This could be built into the report going forward.</p> <p><i>Is it the aim to always have two registered nurses on duty to ensure best practice?</i></p> <p>We would use professional judgement to identify the levels of registrants and health care support workers needed in any clinical setting, this largely equated to two registrants in community hospital wards in Powys. Part of planning for the future is to look at new models of care predicted on providing safe and effective nursing care. There is a significant challenge in registrant availability in Powys, across Wales and the UK and professional judgement is one of the most important factors in deciding appropriate levels of nurse staffing.</p> <p><i>The Experience Quality and Safety Committee had closely monitored the implementation of this Act and the proposed extensions were welcomed. What was the mechanism for the Board to remain sighted on this?</i></p> <p>The newly formed internal group will report through the Quality Governance Group to the Experience, Quality and Safety Committee for scrutiny and oversight.</p> <p>The report was RECEIVED and NOTED.</p>
PTHB/20/67	<p><b>Performance Reporting:</b></p> <p><b>a) Quarter 2 Operational Plan</b></p> <p>The Director of Planning and Performance presented the report (attached to the agenda), and a high-level narrative summary. During this period the language was changed from Test, Trace and Protect to Prevention and Response Plan. Significant work had also taken place in respect of</p>

	<p>planning for mass vaccination and thanks were expressed to all partners involved in this planning.</p> <p>The Quarter Two Operational Plan was RECEIVED.</p> <p><b>b) Performance Overview</b></p> <p>The Director of Planning and Performance presented the report (attached to the agenda) which provided an overview to Month 5 (August). The report summarised the covid-19 position in respect of testing and outlined how since the start of the pandemic sadly 100 Powys residents had passed away. The 7-day incidence rate was tracked and these results in Powys are increasing with a figure of 19.6/100,000. It was important that people work together to reinforce all the measures in place as individuals and organisations to reduce the spread of the virus in the community. 2,000 tests were performed on Powys residents to the week ending 18<sup>th</sup> September 2020 and testing performance was tracked on a daily basis. A strong contact tracing service was in place with Powys County Council as partners and the capacity of this service was being reviewed to ensure the performance of this service can be maintained as the number of positive cases to be traced increased.</p> <p>Attention was drawn to the significant work required to deliver the winter flu vaccination programme and the backlog of people waiting for treatment was now significant both as a provider and commissioner of services, despite the significant work undertaken to maximise the number of patients that could be seen. An error is contained within the report on page 12 regarding the Referral to Treatment Times sourced from NWIS regarding the accuracy of information relating to Robert Jones and Agnes Hunt which is inaccurately recorded as zero patients waiting over 52 weeks for treatment. Work is being undertaken to correct this and will be reported to Performance and Resources Committee. From local information it is understood there are 34 patients waiting over 52 weeks. This issue has been escalated to NWIS for investigation.</p> <p>The Chief Executive outlined the steps that are being taken to reduce the risk of harm during this period. Clinicians were reviewing lists to see who most urgently needed an</p>
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	<p>appointment (risk stratification), there were an increasing number of digital consultations which whilst not appropriate for everyone, feedback has generally been positive. As a provider the organisation is working hard to see as many people as possible during the current infection control requirements. A recent update indicated that the organisation was beginning to reduce the backlog but this would be an uphill climb for Powys, Wales and the UK.</p> <p><i>The report outlined a positivity rate of 6.8/100,00 on the 19<sup>th</sup> September but the presentation mentioned a rate of 19.6/100,000 as of today.</i></p> <p>This changed on a daily basis as it was a seven-day rolling figure. The figure was increasing so it was essential to maintain social distancing and other infection control measures to avoid any additional lockdown.</p> <p><i>Will this be communicated to inform the local population of the current position?</i></p> <p>An incident meeting has been arranged with the input of Communications and Engagement to plan for reinforced messaging if the incidence rate rises above 20/100,000. The Director of Workforce noted the effort of staff during this difficult period and the focus of the organisation on supporting staff to stay well. This approach was borne out by the figures contained within the report.</p> <p>The Performance Review was RECEIVED.</p>
PTHB/20/68	<p><b>Financial Performance Report, Month 05, 2020-21</b></p> <p>The Director of Finance presented the report (attached to the agenda) and drew attention to the £270k overspend recorded at month 5 but noted that the forecast remained to breakeven. This assumption was based on the full funding of direct and indirect costs of covid-19 both to date and to year end. Year to date capital expenditure totalled £573k against an allocation of £2,200k. The Public Sector Payment Policy target of 95% was not met recording a figure of 87.8%.</p> <p>A capital spend on the Covid-19 response of £1.9million was forecast with an indication that this would be fully funded by Welsh Government.</p>

	<p>The blended forecast for covid-19 expenditure included direct costs (such as surge capacity, test, trace and protect arrangements and mass vaccination) and indirect costs (such as block contracts and non-delivery of savings). To date this had totalled £5.9million with the year end to be forecast between £14.9 and £23.1million depending on the level of surge capacity and test, trace and protect services required.</p> <p>The Q3/4 Operating Framework outlined that confirmation from Welsh Government had been provided that areas including mass vaccination, test, trace and protect and PPE would receive ring fenced funding whilst areas such as surge capacity, block contracts and the inability to deliver planned savings would be met from discretionary funding which to date has been confirmed as £15.5million.</p> <p><i>In light of the position regarding covid-19, an upcoming recession and Brexit, funding from Westminster will be under pressure. Are Welsh Government guaranteeing that covid-19 expenditure will be met, bearing in mind the pressures in London?</i></p> <p>Confirmation had been received that £15.5million would be provided and was included in the operating framework for Q3/4 together with nationally ringfenced funding in relation to Test, Trace and Protect, PPE and mass vaccination. Going forward there would be uncertainty and consideration was being given to how this would be approached and how this would impact on future planning.</p> <p><i>This appeared to be relatively good news in relation to the non-ringfenced element which fell within projected figures. In relation to the nationally ringfenced figure would our expenditure be covered?</i></p> <p>It would be necessary for the team to work out what this exactly meant. A number of returns are completed on a monthly basis which are included in the appendices to the Finance Report. The expectation was that the costs to date would be covered together with the costs that were forecast. It was a reasonable allocation of funding which was the middle of the range.</p> <p><i>Are there sufficient funds ringfenced for PPE?</i></p> <p>Shared Services and the procurement teams had done a considerable amount of work to secure supplies nationally</p>
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	<p>which PTHB link into. The funding for this was ringfenced nationally.</p> <p>The Finance Report was RECEIVED.</p>
PTHB/20/69	<p><b>Report of the Chief Officer of the Community Health Council</b></p> <p>The Chief Officer of the CHC presented the report (attached to the agenda) and drew attention to page 3 which referenced a survey relating to GP access. 766 responses have now been received. Headline findings show:</p> <ul style="list-style-type: none"> <li>• Concerns around potential mis-diagnosis and missed diagnosis through virtual appointments</li> <li>• Frustration around telephone systems</li> <li>• Wanting and suggesting a specific time for call-back</li> <li>• Difficulty in expressing the health issue</li> <li>• Internet connectivity and equipment</li> </ul> <p>The responses would be analysed although it was not known by when as there had been a significantly higher number of responses than had been received before. The findings would be shared with PTHB and Welsh Government.</p> <p>Page 4 of the report referred to the Q3/4 plan which the CHC had an opportunity to feed into their views.</p> <p>Since the last report the Executive Committee had met in relation to Haygarth. 140 comments had been received and the concerns at present relate to process. Discussions had taken place with the Director of Primary, Community and Mental Health and further discussions would take place with the Chief Executive and CHC Chair shortly.</p> <p>The Minister had agreed to extend Frances Hunt term as Chair of CHC of Powys.</p> <p><i>Page 2 of the report identifies a concern that better communication was required to assure people that they have not been forgotten. Is this being put in place?</i></p> <p>The Chief Executive advised that during the first wave of the pandemic a dedicated phone line was introduced to support people with appointment issues. The calls to this number had reduced and this had been stepped down. It should be noted that some services continued throughout the pandemic and other services were restarting now. The survey findings would be interesting.</p>

	<p>The Chief Executive confirmed that the Haygarth Developments would be discussed at the meeting with the CHC on 1<sup>st</sup> October 2020 and noted this recent period had been one where the most interaction with the CHC had taken place.</p> <p>The Chief Officer of the CHC was thanked for her report.</p>
PTHB/20/70	<p><b>a) Corporate Risk Register, September 2020</b></p> <p>The Board Secretary presented the report (attached to the agenda) noting that there was only one risk escalated for Board consideration namely the South Powys Programme with a score of 15 and the detail is recorded within the register.</p> <p>The Chief Executive noted that in respect of the South Powys Programme risk each week work is being undertaken which reduced the risk.</p> <p><i>The risk escalated in respect of Nurse Staffing has also been picked up in the Covid-19 Risk Register which would indicate the risk is increasing and yet the risk rating in the corporate risk register has not been increased. How is increased risk recorded?</i></p> <p>The risk was escalated by the Risk and Assurance Group in relation to operational matters and as this risk was already recorded on the risk register no changes were made. As part of the planning for the winter plan response a deep dive into risks would be undertaken to ascertain if any escalations or de-escalations were required and this would include the workforce risk. This would include testing if all mitigation actions were in place. <b>Action: Chief Executive</b> Board would have a further opportunity to consider the risk register in October.</p> <p>The Director of Workforce and OD advised that the staffing profile was kept under continual review both generally and in respect of winter flexibility. Live adverts were out and if it was not possible to recruit to these areas the risk would be re-evaluated. At the moment the organisation was optimistic that it would be possible to recruit to those vacancies. Gold Group monitor this on a weekly basis and daily monitoring takes place with regard to the staff available.</p>

	<p>The Corporate Risk Register September 2020 was REVIEWED and the proposed amendments APPROVED.</p> <p><b>b) COVID-19 Risk Register, September 2020</b></p> <p>The Board Secretary advised the Covid-19 Risk Register is effectively the risk register of Gold Command in relation to the PTHB response to Covid-19. The register remained under review of Gold Group weekly and would be updated to reflect Q3/4 plans.</p> <p><i>What was the decision regarding a fire in a PTHB building?</i> The Board Secretary advised that a meeting had been held last week of the Fire Safety Group regarding Fire Risk Assessments, the outcome of which would be considered at the Executive Committee. It was this Committee which would determine whether or not this was a risk for escalation to the Risk Register.</p> <p>The Covid-19 Risk Register was NOTED. It was requested that the cover paper provides additional context in respect of the review of risks.</p>
PTHB/20/71	<p><b>Assurance Reports of the Board's Committees:</b></p> <p>The Board Secretary introduced the report and drew attention to the Internal Audit review on Governance Arrangements during the Covid-19 pandemic. The findings were largely positive but did identify some areas for learning which will be considered through the Q3/4 planning process.</p> <p><b>a) PTHB Committees</b></p> <p><u>Executive Committee</u></p> <p>The Chief Executive advised there was nothing specifically to escalate from the report</p> <p><u>Audit, Risk and Assurance Committee</u></p> <p>The Chair of Audit drew attention to the planned meeting with the new lead of Counter Fraud which had been cancelled and it was hoped would be rearranged. It had been necessary to make some small amendments to tracking. The one single tender had been very straightforward.</p>

	<p><u>Experience, Quality and Safety Committee</u></p> <p>The Chair noted that the Committee was not working under normal arrangements during the pandemic. Discussions had taken place on what could be expected going forward.</p> <p><b>b) Joint Committees</b></p> <p><u>WHSSC</u></p> <p>The Chief Executive confirmed the WHSSC had continued to meet and the range of matters under consideration was outlined within the report. The Major Trauma centre in Cardiff has now been launched which people in Powys have access to.</p> <p><u>EASC</u></p> <p>The Chief Executive advised there had been a real challenge in respect of the performance of the Emergency Ambulance Service in particular in respect of staff safety and the time that adds in wearing PPE. In addition, the activity is now back to pre-covid levels. The Committee had been considering arrangements to improve resilience as the winter period approaches.</p>
PTHB/20/72	<p><b>Assurance Reports of the Board's Partnership Arrangements</b></p> <p>The Chief Executive advised that all of the Partnerships had met. Attendance at partnership meetings had been quite high with it appearing that partners had found the use of digital means helpful in enabling attendance. Partnership arrangements continue to be under review.</p>
PTHB/20/73	<p><b>Update Reports from the Board's Local Partnership Forum</b></p> <p>The Director of Workforce and OD presented the report from a proactive advisory group to the Board. Attention was drawn to the progression of the All Wales Staff Survey where confirmation had been received that this would take place in October.</p>
<b>OTHER MATTERS</b>	
PTHB/20/74	<p><b>ANY OTHER URGENT BUSINESS:</b></p> <p>There was no other urgent business.</p>

PTHB/20/75

**DATE OF THE NEXT MEETING:**

22 October 2020, 10:00 via Teams