

## **POWYS TEACHING HEALTH BOARD**

**CONFIRMED**

### **MINUTES OF THE MEETING OF THE BOARD**

**HELD ON WEDNESDAY 31 MARCH 2021, AT 10.00AM**

**VIA TEAMS**

#### **Present**

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| Vivienne Harpwood | Independent Member (Chair)                                    |
| Carol Shillabeer  | Chief Executive   |
| Melanie Davies    | Independent Member (Vice-Chair)                               |
| Trish Buchan      | Independent Member (Third Sector Voluntary)                   |
| Matthew Dorrance  | Independent Member (Local Authority)                          |
| 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)                                  |
| Rhobert Lewis     | Independent Member (General)                                  |
| Stuart Bourne     | Director of Public Health                                     |
| Jamie Marchant    | Director of Primary, Community Care and Mental Health         |
| Hayley Thomas     | Deputy Chief Executive and Director of Planning & Performance |
| Kate Wright       | Medical Director  |
| Alison Davies     | Director of Nursing & Midwifery                               |
| Pete Hopgood      | Director of Finance and IT                                    |
| Mark McIntyre     | Deputy Director Workforce and OD                              |
| Lucie Cornish     | Assistant Director of Therapies and Health Sciences           |

#### **In Attendance**

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| Rani Mallison   | Board Secretary               |
| Paul Buss       | Director of Clinical Strategy |
| Katie Blackburn | CHC Chief Officer             |
| Frances Hunt    | CHC Chair                     |
| Liz Patterson   | Corporate Governance Manager  |
| Caroline Evans  | Head of Risk and Assurance    |

## Apologies for absence

Julie Rowles

Claire Madsen

Wayne Tannahill

Director of Workforce, OD & Support Services

Director of Therapies & Health Sciences

Head of Estates and Properties

### 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/20/139

#### **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/20/140

#### **DECLARATIONS OF INTEREST**

No new declarations of interest were made.

PTHB/20/141

#### **MINUTES OF MEETING HELD ON:**

##### **27 January 2021**

The minutes of the meeting held on 27 January 2021 were received and AGREED as being a true and accurate record subject to the following amendments:

##### **Present**

Jamie Marchant – ~~Deputy Chief Executive~~ and Director of Primary, Community Care and Mental Health

Hayley Thomas – *Deputy Chief Executive* and Director of Planning and Performance

PTHB/20/142

#### **SUMMARY OF BOARD IN-COMMITTEE MEETING: 27 JANUARY 2021**

The summary of the Board In-Committee meeting held on 27 January 2021 was noted.

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| PTHB/20/143 | <p><b>MATTERS ARISING FROM THE MINUTES OF THE PREVIOUS MEETING</b></p> <p>There were no matters arising from the minutes.</p>   |
| PTHB/20/144 | <p><b>BOARD ACTION LOG</b></p> <p>There were no outstanding items on the Action Log.</p>  |
| PTHB/20/145 | <p><b>UPDATE FROM THE:</b></p> <p><b>A) CHAIR</b></p> <p>The Chair presented information regarding Board Champion roles within the Powys Teaching Health Board. Details surrounding Board Champions were outlined in the Welsh Health Circular report issued on the 19 January 2021. Board Champions roles in the organisation were currently under consideration with three vacant roles. The outcome of the review would be reported to a future meeting of the Board.</p> <p>The Chair had attended the staff forum where an opportunity was taken to reflect that it was the anniversary of the lockdown.</p> <p><b>B) VICE-CHAIR</b></p> <p>The Vice-Chair gave an oral presentation advising that since the last Board meeting she had attended both Corporate Parenting and Safeguarding meetings. She had taken part in the interview panel for the Deputy Director of Nursing where a candidate was successfully appointed. A Startwell partnership meeting had been attended along with a Mental Health and Planning Partnership meeting. Vice-Chairs had also attended Eluned Morgan AM's meeting on Mental Health where an increased focus on Mental Health was outlined.</p> <p><b>C) CHIEF EXECUTIVE</b></p> <p>The Chief Executive presented a report noting the week commencing 22 March 2021 marked a year since the first lockdown which provided a moment of reflection, for both staff and the public.</p> <p>The report highlighted the good progress made in relation to non-pharmaceutical measures such as lockdown measures and the vaccination programme.</p> |

|  | <p>Case rates within Powys had fallen significantly from a high-level during December and January, which is reflected across Wales. Case rate reduction appeared to be plateauing and would be monitored as easing of lockdown and other restrictions occur.</p> <p>The Chief Executive highlighted that the Health Board would be hosting a staff recognition evening on the 14 April 2021.</p> <p>The Chief Executive welcomed Dr Kate Wright (Medical Director) and Lucy Cornish (Assistant Director Therapies and Health Sciences) to the organisation.</p> <p>Thanks were extended to Dr Paul Buss and Dr Catherine Woodward for supporting on an interim basis the Board Medical Director role.</p> <p>In addition to the performance report, the Chief Executive drew attention to two key areas. An Improvement Notice regarding hand, arm vibration had been received from the Health and Safety Executive. It was recognised there is a need to provide assurance that workplace assessments and correct working practices were in place.</p> <p>The Health Board, in partnership with the University of South Wales and other Health organisations had been supported by the Welsh Government to establish an Intensive Learning Academy focussing on digital transformation. This focus will form a part of the overall Health Care Academy that has been approved by the Board.</p> <p>The organisation has had approval for a Kick Start programme aimed at enabling young people, particularly in more deprived situations to enter training and employment for a 12-month period with a view to securing long term jobs. This was indicative of the organisations commitment to the newly introduced Socioeconomic Duty.</p> |
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| <b>ITEMS OR APPROVAL, DECISION OR RATIFICATION</b> |  |
| PTHB/20/146  | <p><b>STRATEGIC PLANNING 2021/22:</b></p> <p><b>a) LEARNING FROM COVID-19 AND NEW WAYS OF WORKING</b></p>  |

## **b) STRATEGIC PRIORITIES FOR RENEWAL & RECOVERY: INTERIM ANNUAL PLAN**

The Chief Executive introduced the report noting the country was still within the pandemic and those priorities were acknowledged together with a move to focus on recovery and renewal and in particular those areas with greatest impact and greatest need. Thanks were expressed to the Executive Team and Assistant Director of Planning for the work undertaken producing the Annual Plan.

The Director of Planning and Performance presented the report noting that the plan was required to be submitted to the Welsh Government and was a guide for the next 12 months. The Annual Planning Framework, which had been previously published by the Welsh Government set out the priorities, key enablers and expectations for the annual plan. The current status of the plan was draft and it was due to be discussed with Welsh Government in quarter one. The plan took a six-step approach to planning ahead, which included:

1. Assess the learning and reflect
2. Understand the latest evidence
3. Assess the position
4. Identify critical priorities and outcomes
5. Develop proposal
6. Formulate annual plan.

Two influential frameworks had been published by the Welsh Government two weeks prior to the Board meeting; the Recovery Planning Framework and the National Clinical Framework which had both been considered whilst formulating the Annual Plan.

The principles for 'A Healthy Caring Powys' had helped to inform the Health Board of what should be the main focus moving forward.

The Strategic Framework focussed on:  
Part 1:

- COVID-19 response;
  - COVID-19 Prevention and Response,

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|  | <ul style="list-style-type: none"> <li>• COVID-19 Vaccination Programme.</li> </ul> <p>Part 2:</p> <ul style="list-style-type: none"> <li>• Essential Healthcare; <ul style="list-style-type: none"> <li>○ Wellbeing and Prevention,</li> <li>○ Primary and Community, and</li> <li>○ Regional DGH and Specialist.</li> </ul> </li> </ul> <p>Part 3:</p> <ul style="list-style-type: none"> <li>• Renewal; <ul style="list-style-type: none"> <li>○ Frailty and Community Model;</li> <li>○ Long-term conditions and Wellbeing;</li> <li>○ Diagnostics, ambulatory and planned care;</li> <li>○ Advice support and prehabilitation;</li> <li>○ Tackling the Big Four and;</li> <li>○ Children and Young People.</li> </ul> </li> </ul> <p>With four key enablers to support the plan:</p> <ul style="list-style-type: none"> <li>• Workforce futures</li> <li>• Digital first</li> <li>• Innovative Environments</li> <li>• Transforming in partnership</li> </ul> <p>It was confirmed that detailed plans had been developed to meet the needs of the ongoing pandemic response and core operational delivery of services and to ensure the appropriate capacity and investment is identified to progress with the renewal priorities.</p> <p><i>If the aim is to leave no one behind, it would require understanding the needs of the community, strengthening community connections and building resilience. Meaningful engagement would be necessary with disadvantaged communities to gain the evidence required for this to succeed.</i></p> <p><i>With regard to the new ways of working and the two key messages that surround innovation and improvement and digital, could the annual plan be strengthened to reflect these two key priorities?</i></p> <p>The Chief Executive noted that the way in which the Health Board now conduct business was very different to that of a year ago. It had been necessary to accelerate the use of digital technology and the plan included a commitment to renew the organisational development framework, with the</p> |
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|             | <p>focus on 'how we work'. The Chief Executive noted that the New Ways of Working report outlined staff feedback including what had been successful and what had been more challenging, although overall there had been positive feedback regarding innovative ways of working and there was an appetite to develop these. The Organisational Development Framework was a key priority due to be reviewed in quarter one.</p> <p>At this stage the plan was marking the key principles of intent regarding the renewal priorities. More detailed proposals would be worked on during quarter one for submission to the new Welsh Government and to secure the additional investment required to implement the proposals.</p> <p><i>The real issue will be to work out how to prioritise in a way that will generate cooperation.</i></p> <p>The Director of Planning and Performance acknowledged the importance of the comment. It was difficult to present a summary of the plan because of the large amount of detail included. During the discussions surrounding engagement with the Local Partnership Forum, staff side partners, the CHC and others, there were a number of issues that individuals brought forward. For example, the impact of COVID-19 on paid and informal carers. These issues were within the plan; however, it was not possible to outline every detail within the presentation. Staff had efficiently adapted to new ways of working; however, it will be necessary to track staff wellbeing closely as the organisation moves from the intensity of the pandemic through to the recovery and renewal period.</p> <p>The Strategic Priorities for Renewal and Recovery 2021/22 was DISCUSSED and APPROVED by the Board. The New Ways of Working Summary Report was DISCUSSED and NOTED.</p> |
| PTHB/20/147 | <p><b>CAPITAL PROGRAMME 2021-23</b></p> <p>The Director of Planning and Performance presented the Capital Programme 2021/22 to the Board noting the draft Capital Programme was presented to the Board on an annual basis. It was previously developed as a two-year programme which allowed for a broader prioritisation approach. This paper has previously been considered by</p>  |

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|  | <p>the Innovative Environments Group and Performance and Resources Committee.</p> <p>The Health Board had secured approximately £1 Million from Welsh Government Capital slippage in January 2021. This capital had secured essential equipment, medical devices and a number of critical structural works.</p> <p>Since Performance and Resources Committee in January 2021 an application had been submitted to the Estates Funding Advisory Board (EFAB) under a new bidding system which allowed support for new infrastructure. The bid was successful and secured £2.21 million to support essential fire compartmentation schemes, infrastructure investments and carbonisation bids. That represented 6.2% of the overall allocation for Wales. Therefore an additional £3.2 million has been secured for capital schemes. The organisation was grateful to Welsh Government for providing this additional support. The Capital Programme had been developed based on risk prioritisation with funding enabling the maintenance backlog to be tackled which will start to reduce the risk identified on the corporate risk register.</p> <p><i>The success in receiving anti-ligature funding allows this to be addressed in totality. It gives an opportunity to increase the capital programme in the medium term in the knowledge of what schemes are in the pipeline. It is hoped the Estates Team will be able to access resources to allow them to deliver on the challenging target.</i></p> <p><i>Have all the projects outlined in page 5 of the report been subject to the socioeconomic obligations which are now in place?</i></p> <p>The Director of Planning and Performance explained that the schemes had been submitted prior to the implementation of the Socioeconomic Duty. It would be expected that the Duty would have been met but a final check would be undertaken as part of the benefits realisation process for projects.</p> <p><b>ACTION: Director of Planning and Performance to check review delivery against the Socioeconomic duty as part of the project benefits realisation process and report to Performance and Resources Committee.</b></p> <p>The Chief Executive further explained that some items within the programme were a response to challenging</p> |
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|             | <p>estates risks. However, some schemes have been developed in response to socioeconomic issues identified for example the North Powys Wellbeing Programme which was identified as a core strategic priority under the Health and Care Strategy. Llandrindod Wells was given investment to improve health services which will help socioeconomic issues. Additionally, substantial investment was planned in Ystradgynlais hospital to ensure that facilities are upgraded. It is expected that Ystradgynlais will feature in future capital programmes.</p> <p>An Interim Strategic Innovative Environment Framework was approved last year but implementation was disrupted by the COVID-19 pandemic. A commitment was given to this longer-term plan and in addition it was recognised that renewal priorities under the Strategic Plan 2021/22 may have capital implications.</p> <p><i>In the general projects listed on page 10 of the report, there is a zero against roof repairs, will these be funded from alternative funding sources.</i></p> <p>The Director of Planning and Performance explained that the £2.21 million previously mentioned was additional funding secured. The roof repairs would be picked up by the EFAB funding. To confirm, those works will take place.</p> <p>The Board DISCUSSED and APPROVED the Discretionary Capital Programme 2021-23.</p> |
| PTHB/20/148 | <p><b>INTRODUCTION OF THE SOCIOECONOMIC DUTY FOR WALES AND PTHB'S POLICY ON EQUALITY IMPACT ASSESSMENT</b></p> <p>The Board Secretary presented the paper on behalf of the Director of Therapies and Health Sciences.</p> <p>The Socioeconomic Duty came into effect on the 31 March 2021. The Board will now be required to evidence that due regard has been given to the impact of its strategic decisions upon those who are living with socioeconomic disadvantage.</p> <p>To support this the existing equality impact assessment policy had been reviewed to include the requirements of the duty along with an updated assessment tool.</p> <p>Comments had been received since publication from the Community Health Council (CHC). These included updating the statutory requirements section to include the CHC regulations and NHS Wales Guidance on consultation and</p>  |

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|  | <p>engagement, and consideration of including specific reference to seeking the views of the CHC and other key groups when undertaking an Equality Impact Assessment. These commitments would be reflected on when updating the document.</p> <p><i>What should Board Members expect to see in terms of complying with the Socioeconomic Duty? What difference should be expected in papers received at Board Committees and meetings?</i></p> <p>The Chief Executive responded highlighting the Health and Care Strategy and the six core principles that were previously agreed by the Board. These principles were developed for the people of Powys and did relate to the socioeconomic duty. The principles focus on providing services considering areas of greatest need. The Health Board was focussed on addressing underlying health inequalities that exist in Powys. The Chief Executive assured the Board that future decisions made would consider the socioeconomic aspect and will be demonstrated in the papers.</p> <p><i>The number of cases of domestic abuse has increased during the pandemic across the UK. Should it be considered as a protected characteristics list within this paper?</i></p> <p>The Chief Executive drew attention to the Violence Against Women and Domestic Abuse Act, which was led by the Director of Nursing and Midwifery under the safeguarding agenda. The pandemic had accentuated issues in households and awareness of domestic abuse issues had increased. The Director of Nursing and Midwifery further explained that during the Experience, Quality and Safety Committee held on 4 February 2021, a detailed report was presented regarding the safeguarding and public protection. A further update to Committee with a focus on the work surrounding domestic violence in partnership was offered which the Committee Chair welcomed requesting it be extended to include issues relating to mental health and young people</p> <p><b>ACTION: The Director of Nursing and Midwifery to present an update to the Experience, Quality and Safety Committee on the health boards response to the impact of the pandemic on the domestic abuse</b></p> |
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|             | <p><b>agenda, mental health agenda, children and young people agenda.</b></p> <p><i>This is a busy period for the clinical staff, has training on the socioeconomic duty for staff commenced?</i></p> <p>The Chief Executive explained that there were responsibilities at each level within the organisation. It was acknowledged that staff in clinical practice had been extremely busy. The Board had received training and this would be rolled out to Senior Manager but it was necessary to increase awareness amongst frontline staff. The organisation was taking a careful approach being mindful to ensure staff are not overloaded.</p> <p>The Board DISCUSSED the Socioeconomic Duty for Wales and the PTHB's Policy on Equality Impact Assessment. The Board APPROVED the implementation plan and revised Equality Impact Assessment.</p>  |
| PTHB/20/149 | <p><b>FUNDED NURSING CARE – METHODOLOGY TO BE APPLIED 2021/22</b></p> <p>The Director of Nursing and Midwifery presented the report regarding the methodology to be applied to Funded Nursing Care (FNC).</p> <p>FNC referred to NHS funding of registered nursing within care homes which had been assessed as necessary. This was a statutory requirement and the FNC rate covered both the cost of services provided by a registered nurse and continence products where necessary. This issue was subject to a Supreme Court Judgement in 2017. A review of the rate was expected by Welsh Government in Spring 2021.</p> <p>Since 2014 Health Boards have used the Inflationary Uplift Mechanism (IUM) to set the FNC made up of two components; the labour component and the continence supplies component. The IUM was approved initially for five years with an extension of 2 years. The current extension ends March 2021. As the national policy review is yet to commence it was necessary to make interim arrangements.</p> <p>The Board NOTED the following:</p> <ul style="list-style-type: none"> <li>• the need for HB Boards to review the methodology;</li> </ul> |

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|                             | <ul style="list-style-type: none"> <li>the impacts of the COVID-19 pandemic and the lack of a contemporary policy position as key factors that limit the options available to HBs;</li> <li>the recommendation of HB professional and finance leads; lead Executive Directors; and CEOs that the Inflationary Uplift Mechanism be retained for 2021/2022 with a commitment to review when the policy position is updated;</li> </ul> <p>Board CONSIDERED and APPROVED retaining the Inflationary Uplift Mechanism as the recommended option for 2021/2022, with a commitment to review the methodology when the policy position was available.</p>   |
| <b>ITEMS FOR DISCUSSION</b> |  |
| PTHB/20/150                 | <p><b>PERFORMANCE OVERVIEW</b></p> <p>The Director of Planning and Performance presented the performance overview to the Board providing a summary of the latest performance position.</p> <p>The latest position regarding COVID-19, as of the 26 March 2021 was:</p> <ul style="list-style-type: none"> <li>4,231 residents had had a positive test outcome in Powys.</li> <li>7-day case incident rate of the week commencing the 10 March 2021 was 35/100k population however this had dropped to 18.1/100k population.</li> <li>Test positivity rate was 4.7% during to 10 March 2021 however this had improved to 2.2% (based on 1,067 tests).</li> </ul> <p>It was sadly noted that the 266 people as of the 25 March 2021 had lost their lives to COVID-19 within Powys according to ONS figures (which included any deaths that mention Covid-19).</p> <p>The Vaccination Programme had met Milestone 1 for priority groups 1 to 4 and was working towards the delivery of Milestone 2 set on the 19 April 2021 (all people over 50 offered their first vaccination). Over the last fortnight 23,000 first and second doses had been delivered. There was an expectation that there would be a reduction in</p> |

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|  | <p>vaccine supplies in April but this would not impact on the delivery of second doses.</p> <p>There was a significant backlog of people awaiting treatment, with over 2,000 people waiting more than 52 weeks for commissioned treatment across Welsh and English providers. As a direct provider, 554 patients were waiting longer than 52 weeks for treatment as of February 2021. Board was assured that referrals and patients that are waiting were continued to be risked managed to try and provide the most rapid and equitable care.</p> <p>The organisation was in discussion with Welsh Government regarding breast screening rates. An improving picture was seen for Quarters 2 and 3 in respect of child development checks although it was acknowledged that further work is required. Dementia diagnosis rates for residents over the age of 64 remains an area of focus and work continues to improve this. Compliance to complaints results are now showing 69% compared to a target of 75%.</p> <p>A new measure had been included regarding the percentage of children who access primary dental care within 24 months. Work was ongoing to reverse the decline of some workforce measures such as PADR compliance, mandatory training and attention was drawn to the ongoing work on sickness absence. In February 2021 this stood at 4.9% which was a slight improvement on the previous position.</p> <p>The Director of Public Health added the 7-day case incidence rate was currently 14/100k which is approximately 19 cases/week with a positivity of less than 2%. This was considerably better than when this was last reported to Board and was due to the significant effect of the three-month lockdown. Progress on the vaccination programme had been considerable however, it remained clear that by the end of July there would still not be sufficient people vaccinated in Wales to prevent significant outbreaks occurring.</p> <p><i>What is the projected impact of the vaccine supply issue on delivering first doses by promised milestone the end of July 2021?</i></p> <p>The Chief Executive outlined that the health board was confident regarding the end of April milestone as vaccine</p> |
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|  | <p>supply was known approximately 3-4 weeks in advance. It was understood that supply would pick up again in May 2021, but the health board had not yet received confirmation regarding this and therefore cannot yet give a high level of confidence that the end of July Milestone would be met. However, the organisation has just gone through two months of uncertain supply and has still achieved the Milestones. Unless there is a major supply issue there is reasonable confidence that the July Milestone will be met.</p> <p><i>The press has reported that in some areas there are high levels of Did Not Attends. Is this the case in Powys?</i></p> <p>The Chief Executive confirmed there has been an increase in 'did not attend' and 'declines' when there was concern that the AstraZeneca vaccine was potentially causing blood clots. It was noted that Public Health Wales undertook a study regarding blood clotting which determined that there were no cases in Wales. The advice continued to be that the risks regarding this vaccine were low particularly in comparison to falling ill with covid-19. Reserve lists have been used throughout the vaccination programme to ensure really low wastage of vaccine.</p> <p><i>What pressure would be placed on the Health Board if a political decision was made regarding travel abroad and any associated documentation?</i></p> <p>The Chief Executive explained that there was discussion surrounding the potential of vaccine certification or a 'vaccine passport'. As of 31 March 2021, the Government had not provided clarity on this, however, there would be pressure from the holiday and tourism industry in order to give confidence in traveling. A decision from Government was awaited but it would be hoped that the strain on NHS administrative staff would be a key consideration in any decision.</p> <p>The Chief Executive advised that further work was being undertaken on the booster vaccine as part of the aim to build the public's immunity to COVID-19.</p> |
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|  | <p><i>Could the Director of Public Health comment on the anxiety of virologists regarding the lightening of lock down and potential variants and what may happen in the autumn.</i></p> <p>The Director of Public Health explained that the models provided on a UK and local level support a number of predictions including one prediction that proposed there would be an uptick in cases in June or July of 2021 linked to lockdown restrictions being lifted. Moving into the autumn and winter there was a suggestion that the NHS would see an increase of cases likely due to respiratory diseases being more common then.</p> <p><i>A slight increase in the rate of hospital admissions with any mention of self-harm from children and young people is being seen. What is the Health Board doing to understand this?</i></p> <p>The Chief Executive explained that children and young people had been disproportionately affected by the pandemic therefore, it was a key element to the renewal plan. Self-harm does not necessarily mean there was a mental illness but it could be a sign of emotional distress. The All Wales Together for Children and Young People Programme was focused on a new framework which was due to be issued shortly called NEST. This framework was around early help and enhanced support for children and young families who are struggling with emotional health issues.</p> <p>The Director of Nursing and Midwifery reinforced the Chief Executives response and added that the Health Board were undertaking targeted work with commissioning services to understand the admission patterns for children and young people.</p> <p>The Director of Primary, Community and Mental Health confirmed that this was a high priority for the service as part of the long-term impact of covid-19 pandemic on families.</p> <p><i>On Page 10 of the report, has the number of people with dementia over 64, been reduced due to GPs failure to diagnose in Powys was it a positive position with fewer people in that age group in Powys have dementia?</i></p> <p>The Chief Executive explained that there was a general calculation of the expected number of cases in the county</p> |
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|  | <p>and Powys was reporting lower than expected cases. The measure is a GP diagnosis and the use of a specific term confirmed by way of a CT scan. The issue therefore is, are individuals being referred for a CT scan, and are CT scans suitably accessible for the population. Alternatively, GPs may be making other diagnoses such as cognitive disfunction which are not such a firm diagnosis as that of dementia. This is an area which will continue to receive attention to ensure that appropriate decisions are being made.</p> <p>The Director of Primary, Community Care and Mental Health updated Board on the current position regarding waiting lists advising that as of 31 March 2021 there were no patients waiting longer than 36 weeks for PTHB provided cataract surgery. However, there had been peaks and troughs in diagnosis so it would be expected this position would change over the coming weeks and months. Overall the number of patients waiting more than 36 weeks had dropped from 1,470 in November to 750 at present. Significant challenges remain regarding waiting lists for directly provided services. Dentistry remained a particular area of concern, however, recruitment to dental services had taken place over the last six months in Welshpool and Newtown. Assurance was provided that no child who was in pain or who had a known dental need was refused access. Dental hygiene would be an area of focus for the coming years.</p> <p><i>The risk of flu this winter has increased as people have been self-isolating but the uptake of flu vaccination amongst health care workers is relatively low. Are there plans to improve uptake amongst staff to protect both staff and the people they care for?</i></p> <p>The Chief Executive explained that the data provided within the report is not the latest data. It would be important to provide further detail to the Performance and Resources Committee. Vaccine uptake was an opportunity to prevent illnesses and there was concern surrounding the forthcoming winter period. The Health Board would want to maximise the uptake of vaccinations that are available amongst staff and residents.</p> |
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|             | <p>The Director of Public Health added an end of year paper on uptake of flu vaccination was in preparation for the flu season 2020/21 and would be brought to Committee. However, part year data to the end of March 2021 indicated an increase in uptake amongst the over 65s and at risk under 65s. Surveillance data shows there had been a very low incidence of flu this season likely due to the social distancing measures in place.</p> <p>The Board DISCUSSED and NOTED the Performance Review.</p>   |
| PTHB/20/151 | <p><b>FINANCIAL PERFORMANCE REPORT</b></p> <p>The Director of Finance and IT presented the Financial Performance Report noting as of Month 11 the Health Board was £94k underspent for the year to date and continued to forecast to breakeven at the year end. The total capital fund and forecast spend was just under £6.4million. The forecast spend due to COVID-19 (direct and in-direct) was £26million, which would be fully funded by Welsh Government within the overall position.</p> <p>The Chief Executive confirmed that the organisation had given financial reporting for this year and next year considerable focus but expressed caution with regard to the longer-term financial outlook.</p> <p><i>Page 9 of the report outlines opportunities stating 'one of the key deliverables to achieve balance is to see a reduction in the Health Board commissioning costs'. What is the likelihood of that materialising?</i></p> <p>The Director of Finance and IT explained that the table on page 9 related to 2020/21 financial year. The opportunity was in relation to the arrangements in place between NHS England and NHS Wales. Currently there was a block contract arrangement with both Welsh and English providers but there was a framework of tolerance around the levels of performance in relation to NHS England. Therefore, around some levels of performance there was some return in relation to our costs.</p> <p>The Board DISCUSSED and NOTED the Financial Performance Report.</p> |

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| PTHB/20/152 | <p><b>AUDIT WALES: ANNUAL AUDIT REPORT 2020</b></p> <p>The Board Secretary presented the Audit Wales Annual Audit Report 2020. The report summarised findings from the audit work undertaken at the Health Board during the past year.</p> <p>Audit Wales had previously presented these finding to Audit, Risk and Assurance Committee in January 2021. Key messages included that the Health Board’s annual accounts 2019/20 were properly prepared and materially accurate and an unqualified audit opinion was issued with no material weaknesses identified in internal controls. The Health Board maintained overall good governance during the COVID-19 pandemic and the Health Board adapted financial control procedures during this time. However, there was an increasing risk to financial balance at the end of 2020/21.</p> <p>The Board Secretary and Director of Finance and IT thanked Audit Wales for the flexible approach that had been undertaken allowing obligations to be met whilst taking into account pandemic pressures.</p> <p>The Board NOTED the Audit Wales Annual Audit Report 2020.</p> |
| PTHB/20/153 | <p><b>CORPORATE RISK REGISTER, MARCH 2021</b></p> <p>The Board Secretary presented the Corporate Risk Register, March 2021 noting that the report outlined changes to the report, namely:</p> <ul style="list-style-type: none"> <li>• CRR 002: There is a risk that the health board does not meet its statutory duty to achieve a breakeven position in 2020/21. It is proposed that the likelihood of this risk occurring be reduced from ‘Possible’ to ‘Unlikely’</li> </ul> <p>and that the following two risks are de-escalated from the Corporate Risk Register to respective Directorate Risk Registers:</p> <ul style="list-style-type: none"> <li>• CRR 011: in respect of a UK/EU ‘no trade deal’</li> <li>• CRR 015: in respect of the South Powys planning and activity assumptions</li> </ul>   |

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|  | <p>Following the earlier agreement of the Board's Strategic Priorities for the year ahead, the Corporate Risk Register would be reviewed in order to ensure that those risks which could threaten achievement for priorities moving forward are identified, assessed and mitigating actions are established.</p> <p><i>Powys Teaching Health Board's estate has needed a considerable amount of work, in respect of infrastructure and fire risk. Grants have been made available to address estates matters. At what point would a reduction in risk be noted?</i></p> <p>The Director of Planning and Performance explained this was in the context of the extent to the backlog maintenance. The latest report calculates there is approximately £70m of maintenance backlog across the Powys Teaching Health Board's estate. Even though progress had been made the scale of the backlog remains significant. However, as investment was made there was a notable reduction in backlog maintenance costs. The Risk Register will be reviewed on a regular basis although it would take some time to fully reduce that risk due to the scale of the backlog. Further detail could be brought to Performance and Resources Committee on the impact of investment on this risk.</p> <p><b>Action: Director of Planning and Performance to take a detailed report on the Estates Risk to the Performance and Resources Committee</b></p> <p>The Chief Executive noted that the question had appeared to relate to CRR005 and CRR017. In relation to CRR017 relating to fire, estates were an element of this and the investment in compartmentalisation would improve the position however, there are some other non-estates factors which mean the risk is at this level. These were being addressed and when this had taken place the risk would be reviewed. In relation to CRR005 there had been considerable investment and the risk level would be</p> |
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|             | <p>reviewed although it should be noted that considerable work was still required.</p> <p><i>Regarding CRR016 (risk that the Health Board is non-compliant with legal obligations in respect of health and safety due to a lack of identification and management of health and safety related risks across the organisation), would this need to be reviewed in light of the Improvement Notice received as advised by the Chief Executive?</i></p> <p>The Chief Executive explained that the risk identified relates to having a comprehensive assessment of where are the prioritised big issues were. The hand and arm vibration issue was already known to the health board and focused on whether the HSE were of the opinion that the health board could give sufficiently strong assurances. The HSE were of the view that they wanted to see more done. It would be necessary to review the risk and mitigation to understand whether the level should increase or decrease.</p> <p>The Board NOTED the Corporate Risk Register, March 2021 and APPROVED the amendments outlined above.</p> |
| PTHB/20/154 | <p><b>REPORT OF THE CHIEF OFFICER OF THE COMMUNITY HEALTH COUNCIL</b></p> <p>The Chief Officer of Community Health Council presented the report noting the organisation continued to be busy despite the challenges with community engagement but continued to represent Powys patients at a number of different meetings which provided a platform for the public to give feedback. Attention was drawn to the over 50% of advocacy cases which achieved local resolution.</p> <p>The CHC was grateful for the ongoing opportunity to feed into the planning process.</p> <p>Board Members were invited to attend the virtual CHC meetings which were increasingly attended by the public.</p> <p>A recent session had focussed on the mental health of young people which demonstrates the priorities of the CHCH are in line with those of PTHB. The presentation by Maesydderwen School on the impact of the pandemic on students would be made available to Board Members.</p> <p><b>Action: Board Secretary</b></p>   |

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|             | <p>The previous week the Minister had published a statement regarding the implementation date of the Citizen's Voice Body which would now be 2023.</p> <p>The CHC were looking forward to the joint CHC – PTHB Board meeting on 27 April 2021.</p> <p>The Board NOTED the Report of the Chief Officer of the Community Health Council.</p>   |
| PTHB/20/155 | <p><b>ASSURANCE REPORTS OF THE BOARD'S COMMITTEES</b></p> <p><b>a) PTHB COMMITTEES</b></p> <p><u>Executive Committee</u></p> <p>The Chief Executive presented the report which informed the Board of the sub-group meetings of Quality Governance Group, Innovative Environments Group, Delivery and Performance Group and Strategic Planning and Commissioning Group which had been held. Attempts had been made to streamline these groups and work was currently being undertaken regarding future arrangements for the discharge of Executive business in order to maintain a streamlined approach.</p> <p>The Board NOTED the paper.</p> <p><u>Audit, Risk and Assurance Committee</u></p> <p>The Chair of Audit, Risk and Assurance presented the report drawing attention to the audit tracking recommendations and the need to reprioritise the approach due to the pandemic. The Counter Fraud team had expressed some concern about verification of qualifications and a follow-up report would be received.</p> <p>Despite having a large number of single tenders there have been no retrospective single tenders at the last two meetings which was encouraging.</p> <p>The Board NOTED the paper.</p> <p><u>Charitable Funds Committee</u></p> <p>The Chair presented the report which highlighted a substantial sum of money was received from the Captain Tom Fund and expressed gratitude for the donation.</p> <p>The Board NOTED the paper.</p> |

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|  | <p><u>Experience, Quality and Safety Committee</u></p> <p>The Vice-Chair presented the report drawing attention to the scrutiny work which had taken place. Serious Incidents and Concerns Reports continued to be scrutinised along with Mortality Reports which were an area of concern previously highlighted along with Safeguarding. The Committee has also considered the Incident Management Report along with Maternity Services. The Commissioning Assurance Framework had been reinstated although it was not yet in the previous format.</p> <p>The Board NOTED the paper.</p> <p><u>Performance and Resources Committee</u></p> <p>The Chair of Performance and Resources presented the report noting it had been difficult this past year in terms of performance and metrics. Executive members had worked well to provide assurance to the Committee albeit truncated in many national indicators. A Workforce Performance Report was presented to Committee and it was suggested that this would need Board level discussion around some of the issues such as workforce input and how the Health Board would structure the workforce moving forward.</p> <p>It was agreed that Board Discussion would be scheduled to take place on risks associated with Workforce Sustainability and Model as articulated in the Corporate Risk Register.</p> <p><b>Action: Board Secretary to include on Board Work Programme</b></p> <p>The Board NOTED the paper.</p> <p><b>b) JOINT COMMITTEES</b></p> <p><u>WHSSC</u></p> <p>The Chief Executive presented the report which noted that during the second wave of COVID-19, WHSSC Committee dealt with only the essential items and then from February 2021 had a focus of the plan ahead.</p> |
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|             | <p><u>EASC</u></p> <p>The Chief Executive presented and explained that there will be important discussions surrounding EASC which will need to be brought back to Board which will include the rural model of service delivery.</p> <p>The Board NOTED the paper.</p> <p>The Chief Executive noted that it was intended to undertake a review of the Committee structure as the organisation moves into the recovery and renewal phase to ensure the structure meets current and future needs.</p>   |
| PTHB/20/156 | <p><b>ASSURANCE REPORT OF THE BOARD'S PARTNERSHIP ARRANGEMENTS</b></p> <p>The Chief Executive presented the report to the Board and noted the great efforts of the NHS Wales Shared Services partnerships throughout the past year with their focus on ensuring PPE was secured for all of NHS Wales and extending to social care.</p> <p>The Regional Partnership Board (RPB) had met over the previous months with a focus on the priorities for the upcoming year. The Chief Executive advised that she had come to the end of her term of office as Chair of the RPB but that she would support the RPB during the transition to a new Chair and would continue to oversee the Senior Officers of the RPB during this time due to the financial accountability of the RPB.</p> <p>The Board NOTED the paper.</p> |
| PTHB/20/157 | <p><b>REPORT OF THE BOARD'S LOCAL PARTNERSHIP FORUM</b></p> <p>The Deputy Director Workforce and OD presented the report noting that the Chief Executive had undertaken staff briefings on a monthly basis and additional briefings had taken place with the Local Partnership Forum because of their specific role.</p> <p>The Board NOTED the paper.</p>   |

| OTHER MATTERS |   |
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| PTHB/20/158   | <p><b>ANY OTHER URGENT BUSINESS:</b></p> <p>The Chair, with advice from the Board Secretary, had determined that the following items include confidential or commercially sensitive information which is not in the public interest to discuss in an open meeting at this time. The Board was asked to take this advice into account when considering the following motion to exclude the public from this part of the meeting:</p> <p><u>Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960</u></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>The meeting moved to confidential session.</p> |
| PTHB/20/159   | <p><b>MINUTES OF THE BOARD MEETING HELD IN-COMMITTEE ON 27 JANUARY 2021, FOR APPROVAL</b></p> <p>This item was considered In-Committee.</p>   |
| PTHB/20/160   | <p><b>STRATEGIC ANNUAL PLAN &amp; FINANCIAL PLAN 2021/22</b></p> <p>This item was considered In-Committee.</p> <p>The Board discussed the detail of the Annual Plan and Financial Plan and APPROVED this is a draft document.</p>   |
| PTHB/20/161   | <p><b>CONTRACT ARRANGEMENTS FOR GMS OUT OF HOURS SERVICES</b></p> <p>This item was considered In-Committee.</p> <p>The Committee received an update on procurement arrangements. No decision was taken by the Board in this regard.</p>   |
| PTHB/20/161   | <p><b>ANY OTHER URGENT BUSINESS</b></p>   |
| PTHB/20/162   | <p><b>DATE OF THE NEXT MEETING:</b></p> <p>26 May 2021, 10:00 via Teams</p>   |