

POWYS TEACHING HEALTH BOARD

CONFIRMED

MINUTES OF THE MEETING OF THE BOARD

HELD ON WEDNESDAY 25 JANUARY 2023

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)
Tony Thomas	Independent Member (Finance)
Jennifer Owen Adams	Independent Member (Third Sector)
Ronnie Alexander	Independent Member (General)
Chris Walsh	Independent Member (Local Authority)
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

Helen Bushell	Director of Corporate Governance and Board Secretary
Jamie Marchant	Director of Environment
David Collington	Community Health Council
Katie Blackburn	Community Health Council
Liz Patterson	Interim Head of Corporate Governance
Shania Jones	Charity Administrative Support Officer

Gareth Lacey

Audit Wales Manager (Audit Wales) (joined for item 2.3)

Cai Hale

Audit Lead (Audit Wales) (joined for item 2.3)

Apologies for absence

None

PRELIMINARY MATTERS	
PTHB/22/95	<p>WELCOME AND APOLOGIES FOR ABSENCE</p> <p>The Chair welcomed all participants to the meeting. There were no apologies for absence.</p> <p>The Chair outlined that due to system pressures the business of the Board had been focussed with some items of business postponed including the digital strategic framework.</p> <p>Action: Director of Finance and IT</p>
PTHB/22/96	<p>DECLARATIONS OF INTEREST</p> <p>There were no declarations of interest in addition to the declarations already made and published on the register.</p>
PTHB/22/97	<p>MINUTES OF MEETINGS HELD ON 30 NOVEMBER 2022</p> <p>The minutes of the meeting held on 30 NOVEMBER 2022 were APPROVED as a true and accurate record.</p>
PTHB/22/98	<p>MATTERS ARISING FROM THE MINUTES OF THE PREVIOUS MEETING</p> <p>There were no matters arising.</p>
PTHB/22/99	<p>BOARD ACTION LOG</p> <p>PTHB/22/82 – Full costs of delayed transfers of care across all service areas to be included in future financial reports to Delivery and Performance Committee - this action has been transferred to Delivery and Performance committee.</p>
PTHB/22/100	<p>PATIENT EXPERIENCE STORY</p> <p>The Director of Therapies and Health Sciences read a story from an anonymous patient who wished to share their experience of physiotherapy and how it helped with her pain. It was noted that the story brought to Board was not commonly discussed and the aim of sharing this story was to raise awareness of the seriousness of a prolapsed uterus and how physiotherapy can help ease pain and prevent intrusive measures.</p>

	<p>The Board welcomed the presentation and expressed thanks to the patient for sharing their story.</p>
PTHB/22/101	<p>UPDATE FROM THE CHAIR</p> <p>The Chair presented his update report.</p> <p>UPDATE FROM THE VICE CHAIR</p> <p>The Vice Chair presented her update report.</p> <p>UPDATE FROM THE CHIEF EXECUTIVE OFFICER</p> <p>The Chief Executive presented the report and drew attention to the following matters:</p> <ul style="list-style-type: none"> • significant service resilience matters; • performance, including financial performance; • engagement activity; and • staff excellence <p>It was noted that the engagement activity sought the views of the public on the following concerns:</p> <ul style="list-style-type: none"> • Cochlear Implant and Bone Conduction hearing Implant Services in South Wales; • Belmont Surgery in Gilwern; and • Wales Air Ambulance and EMRTS services <p><i>What is the rapid escalation plan? When will it be implemented and what are the timescales?</i></p> <p>The Chief Executive Officer explained that the rapid escalation action plan was developed between the health board and local authority to work on health, social care and community care. The plan covers a range of issues including assessment processes, community capacity (helping people get home and stay at home), patient flow and coordination (looking at the complex journeys taken by patients to and from District General Hospitals (DGH)). This is covered in more detail in the Winter Resilience report. The health board and local authority are committed to working together to address these matters.</p> <p><i>Can assurance be provided that the health board's relationship with the neighbouring English Trusts is robust, in relation to the development of the Integrated Medium-Term Plan (IMTP)?</i></p> <p>The Chief Executive Officer advised that the English integrated care systems and integrated care boards are still relatively</p>

	<p>new. However, the cross-border group has good lines of communication and is attended by representatives from Welsh Government, UK Government officials and senior NHS colleagues.</p> <p>It was noted that there is a scheduled meeting to discuss the implementation of the Health and Care Act in England and the implications of cross-border relationships. A paper was recently considered at the NHS Wales Leadership Board which considered the differences in legislation which may cause potential difficulty to health boards.</p> <p><i>Can assurance be provided that the health board is continuing to support displaced Ukrainian citizens?</i></p> <p>The Director of Public Health provided assurance that there is a continued support package in place for Ukrainian citizens. The health board is working closely with the local authority to support them.</p> <p>The Board RECEIVED and NOTED the Reports of the Chair, Vice Chair and Chief Executive.</p> <p><i>The Associate Director of Corporate Business joined the meeting.</i></p>
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ITEMS FOR APPROVAL/RATIFICATION/DECISION

PTHB/22/102	<p>WINTER RESILIENCE REPORT</p> <p>The Chief Executive presented the Winter Resilience Report noting the Board had considered and approved the Strategic Winter Plan 2022/23 in September 2022. The Plan, developed in partnership, had also been considered and supported as part of the Powys Regional Partnership Board arrangements.</p> <p>The aim of the Plan was to make further improvements in addressing existing pressures in the system, to be prepared for Winter and to ensure that Powys residents were supported. Key partners include Powys County Council (PCC) and the Powys Association of Voluntary Organisations (PAVO).</p> <p>The Plan outline focuses on 5 key areas of action:</p> <ol style="list-style-type: none"> 1. 'six goals' of urgent and emergency care; 2. primary care; 3. vaccination and wider public health; 4. system capacity; and
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	<p>5. resilience and business continuity</p> <p>There are significant issues and risks across a range of areas which are being managed. The three weeks around Christmas were particularly challenging, but it appears to be an improving position.</p> <p>The Chief Executive apologised to those patients who had found it difficult to access services at times, including primary care, ambulance services and planned care. Thanks were expressed to colleagues who had gone above and beyond in challenging times.</p> <p>The Director of Primary, Community Care and Mental Health drew attention to demand which had increased due to the fifth wave of COVID-19, respiratory viruses, Strep A and scarlet fever which had resulted in double the number of patients accessing primary care. Welsh Government had written to Primary Care instructing a focus on urgent care and the service was now transitioning back to routine arrangements. Local surge capacity of 11 beds had been instigated, supported by Primary Care, to help avoid admissions to DGHs. Contingency arrangements had to be put in place to support the 111 service which was receiving a high level of demand in relation to under 15s.</p> <p>Acute hospitals accessed by Powys patients had been at their highest levels of escalation with 500 surge beds provided across Wales. The health board is continually trying to improve the discharge profile with 55 patients fit to discharge on 24 January 2023. There is an issue around the community capacity to support discharge with Social Care colleagues facing challenges including in social work (to assess need) and domiciliary care (to provide packages). On 24 January 2023 89 people had been assessed and were waiting for packages of care, with 24 patients in interim placements awaiting permanent packages of care.</p> <p>The health board is in active discussion with Care Inspectorate Wales (CIW) regarding the potential provision of additional capacity at Knighton to enable step down placements. The health board is also scoping the potential to provide domiciliary care in addition to community care, as it is</p>
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	<p>recognised the ability of the market to respond to demand is limited in certain parts of Powys.</p> <p>The Director of Public Health confirmed that the fifth wave of covid appeared to have peaked with current rates of infection in Wales 1 in 22. The uptake in covid vaccination was around 80% of those eligible for the autumn booster. However, the flu vaccination uptake rates are lower than expected.</p> <p>The Chief Executive confirmed the Local Options Framework had not been employed at this time. The health board was currently working on risk mitigation in relation to Industrial Action.</p> <p>Independent Members sought assurance by asking the following questions:</p> <p><i>The NHS '111' is an important response service. Will the extra capacity built in due to winter pressures become a permanent feature?</i></p> <p>The Director of Primary Community Care and MH explained that the service had received an unprecedented number of calls over Christmas which caused the abandonment rate of calls to increase above usual levels of around 3-5%. Capacity had been increased and this will continue. The organisation had learnt much in respect of contingency arrangements for handling extreme peaks. There will be a national review of the 111 processes.</p> <p><i>The NHS '111 press 2' campaign is a service focusing on mental health, has the health board publicised this widely enough and will it be able to meet the expected demand?</i></p> <p>The Director of Primary Community Care and Mental Health explained that the health board is in the process of building this capacity for Powys in the next quarter. There will be publicity around this system for Powys residents when it goes live.</p> <p><i>Regarding the joint investigation with Welsh Ambulance Services Trust (WAST) into the ambulance delays at emergency department. What is the feedback mechanism of the outcomes of that investigation? How will the learning feed into the improvement plans?</i></p>
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	<p>Director of Nursing and Midwifery explained in Wales there is a Putting Things Right (PTR) process which outlines how the health board responds to a concern or complaint including across health organisations.</p> <p>If a Powys resident is involved in handover delay, there will need to be three organisations involved. The Delivery Unit, WAST and all Welsh health boards are working together to build the joint investigation framework.</p> <p><i>Is it expected the arrangements put in place to improve the 111 service will lead to a sustained improvement?</i></p> <p>The Director of Primary Community Care and Mental Health confirmed that both the 111 and 111 press 2 services will be evaluated and reported to the Delivery and Performance Committee.</p> <p>ACTION: The Director of Primary Community Care and MH</p> <p>The Board ENDORSED the actions of the Winter Resilience Report and approaches taken to manage the associated system risks.</p>
PTHB/22/103	<p>DEVELOPMENT OF INTEGRATED MEDIUM-TERM PLAN (IMTP) 2023-2026</p> <p>The Director of Planning and Performance presented the development of the IMTP for 2023-2026 and outlined the purpose and requirements of the IMTP.</p> <p>It was noted the approach taken by the health board previously included a six step process with regular Board Development and Committee consideration at key stages including:</p> <ul style="list-style-type: none"> • situational analysis updating PESTLE and SWOT; • consideration of key insights including Powys Population and Wellbeing Assessments October to November 2022; • Accelerated Sustainable Model work commenced November 2022; • confirmation of principles and strategic framework – Reaffirming importance of Health and Care Strategy and Wellbeing Objectives November to December 2022; and • setting Strategic Priorities – updating Plan on a Page December 2022 - January 2023

	<p>The IMTP will consider the following:</p> <ul style="list-style-type: none"> • long term ambition and alignment of plans; • reaffirming the guiding principles; • NHS Wales planning guidance; and • refinement of the health board's strategic priorities and links to planning and guidance <p>The Director of Finance and IT advised the macro-economic outlook was challenging and noted that 2023/24 would no longer be considered a post covid-19 'transition' year. The health board had not delivered the level of recurrent savings required in 2022/23 which cannot continue. The inflationary pressures bring known challenges but are yet to be quantified and understood in terms of what can be mitigated, or what solutions need to be developed.</p> <p>Financial sustainability needs to be delivered in the short term and improvement needs to be made with respect of the health board's overall allocation of resource to improve outputs and outcomes.</p> <p>The timetable for developing the plan for submission by 31 March 2023 was shared.</p> <p>The Board sought assurance by asking the following questions:</p> <p><i>Can assurance be provided regarding the impact and value for money there will be for the £15m allocated for directly funded bodies?</i></p> <p>The Director of Finance and IT advised the health board has a relationship with the directly funded bodies and a process in place to monitor performance for the services they provide.</p> <p><i>Is the health board's share of £90m (£3.807m) at 4.32% a constant or variable?</i></p> <p>The Director of Finance and IT explained that the 4.32% is the health board's population share of allocation and was a constant share.</p> <p>The Chief Executive drew attention to the seriousness of the position. It was likely that an Accountable Officer Letter would be written at the end of February and sent to Welsh Government. Work is ongoing but there are significant impacts and issues to such a challenging cost reduction scenario. Getting to a breakeven position in one year was</p>
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	<p>unlikely to be achievable. This was a challenging position, and the Executive Team would continue to work towards submitting an approvable plan, however, it was not possible to provide assurance that an approvable plan could be submitted for 2023/24.</p> <p>The Board:</p> <ul style="list-style-type: none"> • RECEIVED a financial update including the financial allocation for 2023/24; • RECONFIRMED the commitment to the guiding principles for developing the IMTP; and • NOTED the timescales and next steps for developing an approved IMTP by 31 March 2023
PTHB/22/104	<p>CHARITABLE FUNDS ANNUAL REPORT AND ANNUAL ACCOUNTS FOR 2022-2023</p> <p>The Director of Finance and IT presented the Charitable Funds Annual Report and Annual Accounts for 2022-2023 to Board.</p> <p>The Audit Manager and Audit Lead were invited to present their findings to Board.</p> <p>The health board, as the Corporate Trustee, must provide to the Charity Commission an Annual Report and Accounts for the year ending 31 March 2022. The Powys Teaching Health Board Charitable Fund had been subject to Statutory Audit by External Audit and was for approval by the Board. The deadline for this submission was 31 January 2023.</p> <p>The Audit Manager explained an unqualified audit opinion would be issued, that all misstatements were confirmed as minor and had been corrected, and there were no other significant issues identified.</p> <p>Subject to approval at Board the Auditor General would certify the accounts on the 30 January 2023.</p> <p>The Audit Manager and Director of Finance and IT offered their thanks to both teams who have worked on the Annual Report and Annual Accounts.</p> <p>The Chair reported that the Annual Report and Accounts had been considered by PTHB's Charitable Funds Committee and that the committee recommended their approval.</p> <p>The Board APPROVED the Charitable Funds Annual Report and Annual Accounts for 2022-2023 as Corporate Trustee.</p>
ITEMS FOR DISCUSSION	

INTEGRATED PERFORMANCE REPORT

The Director of Planning and Performance presented the item which provided a performance update against the 2022-2023 NHS Wales Performance Framework to the end of November 2022. Attention was drawn to the following:

- the childhood vaccination programme is performing well – a polio catch-up for under 5s who have missed their vaccination is ongoing along with an offer for MMR vaccinations;
- the covid-19 vaccination programme is performing extremely well;
- flu vaccination is below target but is performing well against all Wales performance;
- cancer screening (where services are provided in Powys) rank first in Wales for bowel and breast screening.
- In Primary Care the health board has met all the national standards relating to access.
- In relation to unscheduled care directly provided, Minor Injuries Units comply well with the 4 hour standard, although there has been a challenge in maintaining access due to sickness. Where patients are conveyed to DGHs in ambulances the 8 minute target was performing at 38% (compared to a target of 65%).
- There has been an increase in ambulance handover delays at DGHs (with a consequential, detrimental impact on ambulance response times).
- Some planned care in DGHs has had to be cancelled to accommodate the increase in urgent care demand, along with increases in Referral to Treatment times and waiting times.

Strong performance is being maintained in provided services with no long waiting times. There have been breaches in relation to diagnostic endoscopies and therapy breaches due to staffing capacity.

In England based Trusts, the long wait backlog is being reduced with only 14 patients waiting more than 2 years. English Trusts have been asked to ensure no patients wait more than 78 weeks by the end of March 2023 (this will include Powys patients on English lists), and no more than 65 weeks by the end of March 2024.

In Wales the recovery is slower than in England, with 580 patients waiting more than 2 years. The Welsh Government

	<p>has set out revised targets with no patients to wait more than 2 years by the end of June 2023 or 52 weeks for a new outpatient appointment by the end of June 2023.</p> <p>Child and Adult Mental Health service performance remains strong although some challenges remain in Adult Mental Health service interventions.</p> <p>The Director of Primary, Community Care and MH advised that the challenges in relation to Adult Mental Health are in the context of increasing demand for services, vacancies in the service (overall around 20% but variable between teams) and sickness absence. The assessment targets within 28 days are generally met but the interventions that are required are taking longer, and patients are presenting with complex needs. Whilst the health board ranks first across Wales for neurodevelopmental services there has been a decline in performance. There has been an increase in demand for this service from 20 referrals per month pre-covid to around 50 per month recently.</p> <p>The Board sought assurance by asking the following questions:</p> <p><i>Would the paper benefit from outlining some actions and key areas being taken by the health board to mitigate risks for example in ambulance services?</i></p> <p>The Director of Planning and Performance confirmed that the actions taken by the ambulance services on behalf of the health board needed to be strengthened to provide better assurance.</p> <p>The Chief Executive advised that an improvement plan is under development by Emergency Ambulance Service Committee (EASC) regarding ambulance services. The core issue is the number of hours lost by ambulances waiting outside the Emergency Departments. Step down targets have been agreed, for example a four-hour maximum hand over period which will incrementally reduce to 15 minutes.</p> <p><i>For the single cancer pathway it is noted the performance and compliance is a concern. What steps are the health board taking to address those concerns?</i></p>
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	<p>The Director of Planning and Performance highlighted that capacity is an issue, which increases the referral demand. Many cancer referrals get downgraded, therefore there is potential for better streamlining around quality of referrals. Providers in England and Wales have been asked to improve cancer performance and as a part of the commissioning process and IMTP. The health board is working towards understanding what additional capacity and actions are being put into place with a recovery trajectory which would result in Powys patients receiving improved services.</p> <p><i>The paper states 'we are exploring opportunities to repatriate patients.' Has the health board succeeded in repatriating any patients, and is it realistic given the performance of Welsh providers? Could the Ministerial Targets be outlined?</i></p> <p>The Director of Planning and Performance explained that the health board does have facilities which are underutilised. There is an opportunity to improve the ethos of care closer to home and use facilities health board have. There has been improvement to utilisation and some patients have been repatriated including from Cwm Taf to Brecon together with some follow-up waiting lists. There is more that can be done. However, there are workforce constraints as the health board does not currently employ consultants or anaesthetists which are supplied by adjoining health boards across England and Wales.</p> <p><i>The availability of data is improving but this needs to be taken to the next stage.</i></p> <p>The Director of Planning and Performance confirmed data collection had improved and the aim was to develop it further with benchmarking and business intelligence with the aim of getting the best outcomes for Powys patients.</p> <p><i>Could the table on page 38 relating to Follow Up Outpatient appointments be explained further?</i></p> <p>The follow-up outpatient appointment is an issue flagged by the health board. The intention is to have the validation of follow-ups completely up to date, to ensure that those follow-ups are valid, and the pathways are not dormant. A data cleansing exercise is required where the outcome will be better oversight of data quality and potential improvement in</p>
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	<p>operating procedures across clinical, administrative and data areas.</p> <p><i>The primary care commentary mentions loss of data due to a cyber-attack. Could clarification be given that no patient data was breached? What mitigations were put in place to address this issue?</i></p> <p>The Chief Executive Officer advised that a separate report would be brought to the Delivery and Performance Committee to note the impact of the cyber-attack. This relates to a service provided by an independent organisation across Wales and England. A recovery process was put in place across Wales with mitigations to ensure patient records could be accessed.</p> <p>Action: Director of Finance and IT</p> <p><i>Flu vaccination rates are lower than desired, and the health board is waiting for the figures to be validated. Is the health board maximising efforts to ensure staff receive flu vaccinations?</i></p> <p><i>Should a different approach to vaccination be considered?</i></p> <p>The Director of Public Health highlighted there is variation of uptake across different eligible groups. This year there has been a lower up-take amongst staff across Wales. The health board has issued two formal invitations to staff, one when receiving their Covid vaccination offer and a second, in late December, via a letter with an appointment. Some staff members receive their vaccine via a GP or outside the health board and work is on-going to collect this data. Vaccination champions have also been active across the health board area to offer the vaccination.</p> <p>It was noted that it is not too late to receive the flu vaccine.</p> <p><i>In relation to concerns, and complaints (p84) could further clarification be given in relation to the figures and graph.</i></p> <p>The Director of Planning and Performance confirmed that the graph needed to be reviewed and descriptors improved.</p> <p>It was explained that the graph shows the measurement of the number of complaints received on the left axis and the percentage of how quickly the health board responded on the right axis.</p>
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	<p>The Board DISCUSSED and NOTED the change requests in the IMTP Performance Report.</p>
PTHB/22/106	<p>FINANCIAL POSITION MONTH 9</p> <p>The Director of Finance and IT presented the paper which provided the Board with an update on the December 2022 (Month 09) Financial Position including Financial Recovery Plan (FRP) delivery and Covid.</p> <p>The following was highlighted:</p> <ul style="list-style-type: none"> • the health board is reporting an overspend at month 9 for FY 2022/23 of £5.914m; • a £7.5m deficit is forecast for year end 2022/23. Letters have gone out to all Executive Directors escalating the organisation into Financial Recovery status, a Finance and Performance sub-group has been established; • a £4.6m savings target is profiled into the position. Limited recurrent savings have been identified to date; • recovery actions totalling £0.7m have been identified to support and stabilise the financial position; • operational pressures needing to be addressed including Continuing Health Care (CHC), underlying commissioning pressures and nursing variable pay as run rates continue to increase. <p>Key actions being taken include:</p> <ul style="list-style-type: none"> • management of all operational pressures: <ul style="list-style-type: none"> ◦ CHC growth and provider inflation ◦ Variable pay – specifically agency usage based in community wards ◦ Commissioned activity – core and recovery <p>Focussed working groups have been set up for each of the above areas reporting through to Delivery and Performance Committee</p> <ul style="list-style-type: none"> • immediate recovery action required - identification and delivery of recurrent cash releasing savings schemes and further opportunities – focus needs to be on short, medium, and long term; and • identify exit strategies for current COVID response cost drivers.

	<p>The Board sought assurance by asking the following questions:</p> <p><i>If the health board does not break even this year, will it have failed to meet its statutory duty?</i></p> <p>The Director of Finance and IT confirmed that if the organisation fails to breakeven it will not have met its statutory duty.</p> <p><i>What are the implications of not meeting the statutory duty?</i></p> <p>The Chief Executive explained that if the health board has a deficit at the end of the year, this deficit continues into the following year. This provides an additional challenge on what can be spent on the health and wellbeing of the population. If the organisation moves into a deficit position there will be increased scrutiny and challenge from Welsh Government, along with potentially a loss of reputation that the organisation can deliver its objectives.</p> <p>The Director of Finance and IT confirmed that if an organisation fails to meet its statutory obligation, then its accounts would be qualified and there would be a potential increase in intervention.</p> <p><i>The cost exposures on page 9 are viewed as shared risks, is that realistic in the current context?</i></p> <p>The Director of Finance and IT confirmed these should no longer be seen as shared risks. The level of funding has been confirmed based on the forecast at Month 8. They covered health board's position in relation to exceptional cost items and the ongoing covid response.</p> <p>The Board:</p> <ul style="list-style-type: none"> • DISCUSSED and NOTED the Month 09 2022/23 financial position. • DISCUSSED and NOTED the 2022/23 financial forecast deficit position. • DISCUSSED and NOTED the 2023/24 financial outlook.
PTHB/22/107	<p>CORPORATE RISK REGISTER</p> <p>The Director of Corporate Governance and Board Secretary presented the Corporate Risk Register to December 2022,</p>

	<p>which provided a summary of the significant risks to the delivery of the health board's strategic objectives.</p> <p>Attention was drawn to the following:</p> <ul style="list-style-type: none"> • Risk 004 - The urgent and emergency health and social care system fails to deliver a timely response for care for Powys citizens – this had been discussed at Executive Committee where it was decided that, given the variability of the situation and the mitigations in place, including Winter Resilience and Gold Command, the risk would remain at 20. This risk will remain under close review. • Risk 008 - The demand and capacity pressures in the primary care system led to services becoming unsustainable – this reduced from 16 to 20, staying Red and reflected the current position. <p>The Risk categories have been reviewed in relation to the Risk Appetite agreed in November 2022.</p> <p>The Board sought assurance by asking the following questions:</p> <p><i>Could clarification be given on risk CPR 004, it indicates an increase to 25 overall risk score but in the narrative says it remains at 20. Which one is correct?</i></p> <p>The Director of Corporate Governance and Board Secretary explained this was an administrative error and confirmed the risk remained at 20. The report would be amended to reflect this position.</p> <p>The Chief Executive advised of the discussion as to whether the risk should be 20 or 25. The risk had at times reached 25 but the mitigations in place meant that, when the report was produced, it was judged 20 was appropriate.</p> <p><i>Please clarify that CPR 009 (risk of a cyber-attack) was the same incident that had been discussed previously and was not a new risk?</i></p> <p>The Chief Executive confirmed it was the incident discussed earlier. It was recognised that cyber-attacks were likely to happen. The health board has preventive measures in place and confirmed this also related to the ability to recovery from an incident.</p>
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	<p>The Chair noted that all but one of the risks were outside the risk appetite and requested information on what could be expected in the future.</p> <p>The Director of Corporate Governance and Board Secretary noted this related to the Board Assurance Framework and Integrated Performance Report which would be subject to future consideration.</p> <p>The Board RECEIVED and ENDORSED the Risk Register.</p>
PTHB/22/108	<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"> • Monitoring and scrutiny • Increased face-to-face engagement activity including at: <ul style="list-style-type: none"> ○ Knighton soup kitchen; ○ Ystradgynlais senior citizen club; and ○ Newtown Community café • A visit to Shrewsbury and Telford Hospital NHS Trust has been postponed at their request. <p>The question of the month related to 111 but there was a sense that the community had been asked to complete too many surveys. The team will reflect on means of engagement.</p> <p>The CHC is working on service change in relation to proposals for the Air Ambulance service and Gilwern Branch Surgery.</p> <p>The Citizens Voice Body will now be known as Llais (Voice) from 1 April 2023. Relations with the local authority are being strengthened.</p> <p>There are three consultations out which relate to Llais:</p> <ul style="list-style-type: none"> • access to premises; • service change; and • representations <p>Board Members were encouraged to respond to consultations.</p> <p>The Board sought assurance by asking the following question:</p> <p><i>Will Llais reproduce the geography of the old structure, will Powys retain its integrity?</i></p>

	<p>The CHC Chief Officer explained that specifics are still being reviewed but there is a strong commitment to the principle of the new organisation being local, regional, and national. The local element is likely to be local authority boundaries with regional likely to be Regional Partnership Board boundaries. Powys therefore has a local and regional perspective. Discussion is ongoing as to how the local element will be implemented given the number of different pathways experienced across the local authority area.</p> <p>The Board RECEIVED and NOTED the Chief Officer's Report.</p>
PTHB/22/109	<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>Charitable Funds</u></p> <p>The Committee Chair presented the item which provided an overview of matters considered by the Charitable Funds Committee on 7 December 2022.</p> <p>The Board NOTED the report.</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 16 November 2022, 29 November 2022, 14 December 2022, 21 December 2022, and 11 January 2023.</p> <p>The Board NOTED the report.</p> <p><u>Patient Experience, Quality and Safety Committee</u></p> <p>The Committee Chair presented the item which provided an overview of matters considered by the Patient Experience, Quality and Safety Committee on 24 November 2022.</p> <p>The Board NOTED the report.</p> <p><u>Workforce and Culture Committee</u></p> <p>The Committee Chair presented the item which provided an overview of matters considered by Workforce and Culture Committee on 13 December 2022.</p> <p>Members welcomed the offer made to an Occupational Health Lead which would help improve the fragility of the service.</p>

	<p>The Board NOTED the report.</p> <ul style="list-style-type: none"> • JOINT COMMITTEES <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); and • Emergency Ambulance Service Committee (EASC) <p>The earlier items on IMTP and Performance had relevance to the Joint Committees. The Chair's Report from EASC refers to handover delays and the Emergency Medical Retrieval and Transfer Service (EMRTS) remains a key issue.</p> <p>There have been several discussions about the Integrated Commissioning Plan under development at WHSSC. This will form part of the health board's IMTP.</p> <p>A letter has been received from the Welsh Government Director General announcing there will be a review of functions of WHSSC, EASC and the National Collaborative Commissioning Unit. This commitment had been made in A Healthier Wales and been delayed due to the pandemic. The health board would contribute to this review.</p> <p>The Board NOTED the report.</p>
PTHB/22/110	<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) had not met since November Board. A workshop was due to take place to discuss the Well-being Plan Objectives which would be brought to all statutory bodies for endorsement; • Regional Partnership Board (RPB) met recently with a focus on the Winter Pressures, the Area Plan, and the

	<p>Social Services and Wellbeing Act (Wales) which takes the Health and Care Strategy and translates that into actions worked on in partnership; and</p> <ul style="list-style-type: none"> Joint Partnership Board (JPB) - the priority is Older People and the Community, working on clearing financial disputes and a focus on working in partnership. <p>The Board RECEIVED and NOTED the updates provided.</p>
OTHER MATTERS	
PTHB/22/111	<p>ANY OTHER URGENT BUSINESS</p> <p>No other urgent business was raised.</p>
PTHB/22/112	<p>DATE OF THE NEXT MEETING:</p> <p>29 March 2023, 10am, via Microsoft Teams</p>
PTHB/22/113	<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>
PTHB IC/22/114	<p>MINUTES OF BOARD IN-COMMITTEE 30 NOVEMBER 2022</p> <p>The Board APPROVED the minutes of Board In-Committee.</p>