

POWYS TEACHING HEALTH BOARD

CONFIRMED

MINUTES OF THE MEETING OF THE BOARD

HELD ON TUESDAY 27 SEPTEMBER 2023

VIA TEAMS

Present

Carl Cooper	Independent Member (Chair)
Kirsty Williams	Independent Member (Vice Chair)
Hayley Thomas	Interim Chief Executive
Ronnie Alexander	Independent Member (General)
Simon Wright	Independent Member (University)
Rhobert Lewis	Independent Member (General)
Ian Philips	Independent Member (ICT)
Cathie Poynton	Independent Member (Trade Union)
Jennifer Owen Adams	Independent Member (Third Sector)
Pete Hopgood	Director of Finance, Information Services and IT/Interim Deputy Chief Executive
Stephen Powell	Director of Planning, Performance and Commissioning
Claire Madsen	Director of Therapies and Health Sciences
Joy Garfitt	Interim Director of Operations/Community and Mental Health
Kate Wright	Medical Director
Mererid Bowley	Director of Public Health
Claire Roche	Director of Nursing and Midwifery

In Attendance

Mark McIntyre	Deputy Director Workforce and OD
Adrian Osborne	Assistant Director of Communications and Engagement
Chris Moss	Assistant Director Performance and Commissioning
Nina Davies	Powys County Council (Associate member)
Katie Blackburn	Regional Director Llais
Liz Patterson	Interim Head of Corporate Governance
Belinda Mills	Corporate Governance Officer

Apologies for absence

Mark Taylor

Chris Walsh

Debra Wood Lawson

Helen Bushell

Independent Member (Capital & Estates)

Independent Member (Local Authority)

Director of Workforce and OD

Director of Corporate Governance/Board Secretary

PRELIMINARY MATTERS	
PTHB/23/070	WELCOME AND APOLOGIES FOR ABSENCE The Chair welcomed all participants to the meeting, Apologies for absence were noted and recorded as above.
PTHB/23/071	DECLARATIONS OF INTEREST The following declarations of interest were made in relation to agenda item 2.5 (Belmont Branch Surgery Gilwern closure application) <ul style="list-style-type: none">• Ronnie Alexander, Independent Member (General) declared that several family members were registered with Crickhowell Group Practice, therefore he would not participate in the agenda item.• Kate Wright, Medical Director declared that she was a patient of Crickhowell Group Practice and would therefore limit her contribution to the item to that of her professional capacity as Medical Director; and• Katie Blackburn, Regional Director Llais declared that she was a patient of Crickhowell Group Practice and would therefore limit her contribution to the articulation of the perspective of Llais.
PTHB/23/072	UPDATE FROM THE CHAIR The Chair presented his report. UPDATE FROM THE VICE CHAIR The Vice Chair presented her report. UPDATE FROM THE CHIEF EXECUTIVE OFFICER The Chief Executive presented her report and drew attention to the following matters: <ul style="list-style-type: none">• Speaking Up Safely Framework;

	<ul style="list-style-type: none"> • National Commissioning arrangements; • Winter Respiratory Virus/Keeping Powys Safe; • Reinforced Autoclaved Aerated Concrete (RAAC); • Putting PTHB on the National Map; • Shaping the Future of Health Services; • PTHB Staff Excellence Awards; and • Joint Inspection of Child Protection Arrangements (JICPA) <p>The Interim Chief Executive highlighted that the Health Board monitoring status had been changed from routine monitoring to enhanced monitoring.</p> <p><i>The escalation status will result in additional activity for parts of the Health Board. To what extent will this impact on frontline services for the people of Powys?</i></p> <p>The Interim Chief Executive advised that work was underway on the financial situation and plan. The quarterly meetings with Welsh Government will increase to monthly meetings to enable Welsh Government to take assurance that the Health Board is taking the necessary actions to return to a balanced position. These meeting will be supported at Executive level to avoid additional impact on capacity elsewhere in the organisation.</p> <p><i>Is it expected that the changed arrangements for National Commissioning will result in cost savings?</i></p> <p>The Interim Chief Executive explained that the recommendations arose from the work related to consolidating the expertise and the capacity around commissioning nationally. A number of strategic principles had been set out to support that work to ensure the new Joint Committee operates as efficiently as possible including cost reduction programmes and work to achieve economies of scale.</p> <p><i>Does the Health Board take up the offer of the Public Services Ombudsman for Wales (PSOW) to train staff on complaints handling?</i></p> <p>The Director of Nursing and Midwifery explained that over the last 18 months the team has worked very closely with the PSOW to provide training to the Health Board staff and is open to any offers of additional training from the PSOW.</p>
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	<p>There has been an increase in the number of concerns and complaints that are resolved early and a reduction in concerns and complaints progressing to formal complaints.</p> <p><i>Can assurance be given that proper contingency arrangements are in place to cope with a Covid-19 outbreak?</i></p> <p>The Director of Public Health explained the new variant was being closely monitored nationally. There had been an increase in the number of Covid-19 cases due to the multiple variants circulating. However, there are plans in place which include surveillance, case management and working closely with the local authority, Health Protection Service and Incident Management Team to monitor current cases. Proactive actions taken include vaccination programmes, where Care Homes are prioritised. Appropriate infection prevention and control precautions are being taken within the Health Board.</p> <p>The Interim Chief Executive noted that a Joint Inspection of Child Protection arrangements is underway in Powys which is an excellent opportunity to review, learn and improve the way children are protected and safeguarded in the county. It is a comprehensive inspection involving Education, Health Education and Improvement Wales (HEIW), Care Inspectorate Wales (CIW) and His Majesty's Inspectorate of Constabulary and Fire and Rescue Services.</p> <p>The learning from the Joint Inspection will be brought to the Patient Experience and Quality Safety Committee and broader learning will be shared across the Board. It is expected the report will be received later this year or early in 2024.</p> <p>The Board RECEIVED and NOTED the Reports of the Chair, Vice Chair and Chief Executive.</p>
PTHB/23/073	<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>Delivery and Performance Committee</u></p>

	<p>The Committee Chair presented the item which provided an overview of matters considered by the Delivery and Performance Committee on 31 August 2023.</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 when it met on 19 July, 26 July, 9 August, 23 August, and 6 September 2023.</p> <p>There were no matters for escalation, relevant items have been considered by other Board Committees and communicated as appropriate.</p> <p>The Board NOTED the report.</p>
ITEMS FOR APPROVAL/RATIFICATION/DECISION	
PTHB/23/074	<p>MINUTES OF PREVIOUS MEETING:25 JULY 2023 (FOR APPROVAL) AND ACTION LOG</p> <p>The minutes of the meeting held on 25 July 2023 were APPROVED as a true and accurate record subject to correcting a formatting error.</p> <p><i>Are the long waiting times for children in relation to cochlear implants and bone conduction services adversely affecting children?</i></p> <p>The Director of Planning, Performance and Commissioning explained these services were specialised in nature, but children were not disproportionately affected. All patients, both children and adults have to wait to receive these services. The service constantly reviews the position to identify where access can be improved.</p> <p>It was suggested that a report on the breakdown of the latest position by age be taken to the Delivery and Performance Committee.</p> <p>Action: Director of Planning, Performance and Commissioning.</p> <p>The Vice Chair advised that the issue of long waits for children was regularly discussed at the Welsh Health Specialised Services Committee (WHSSC) Patient Safety</p>

	<p>and Quality Committee. At present the projection for services commissioned by WHSCC are expected to meet Government expectations.</p> <p>The Board RECEIVED and DISCUSSED the Action Log.</p>
PTHB/23/075	<p>DIRECTOR OF CORPORATE GOVERNANCE AND BOARD SECRETARY REPORT</p> <p>The Interim Chief Executive presented the item which provided an overview of a series of updates and requested approval of various decisions.</p> <p>It was highlighted that the Standing Orders and Standing Financial Instructions for the Emergency Ambulance Services Committee (EASC) and Welsh Health Specialised Services Committee (WHSSC) had been considered by EASC and WHSCC before being presented to the respective Health Boards for approval and will apply until the end of the financial year after which the National Commissioning Body will be in place</p> <p>It was confirmed the changes in relation to the Health Board's Model Standing Financial instructions were in common with the other Welsh Health Boards.</p> <p>The Common Seal had been affixed on one occasion since the last report to Board in July 2023 in relation to a lease extension at Llanfyllin Library.</p> <p>The Board:</p> <ol style="list-style-type: none"> 1. APPROVED the Model Standing Financial Instructions and Standing Orders for EASC - Appendix A; 2. APPROVED the Model Standing Financial Instructions and Standing Orders for WHSSC – Appendices A and B (further detailed recommendations are listed on page 4); 3. APPROVED the revised Model Standing Financial instructions for Powys Teaching Health Board – Appendix E; 4. RATIFIED the application of the Common Seal applied on one occasion since 25 July 2023 and received ASSURANCE that the action was taken in accordance with Section 9 of the Standing Orders.

ITEMS FOR BOARD ASSURANCE	
PTHB/23/076	<p>INTEGRATED PERFORMANCE REPORT</p> <ul style="list-style-type: none"> • 2023/24 Month 03 <p>The Director of Planning, Performance and Commissioning presented the item which provided an update on the latest available performance position for Powys Teaching Health Board against NHS Wales Performance Framework to the end of June 2023 (month 3).</p> <p>The report was longer than previously as it included the new performance measures for the 2023/24 performance framework that had been issued. The changes from last year's to this year's Reporting Framework were documented.</p> <p>The following matters were highlighted for the Board's attention:</p> <ul style="list-style-type: none"> • key performance challenges remain in access to planned and unscheduled care; • waiting times were a particular issue in both provider and commissioned service. Provider services are reliant on in-reach support and whilst waiting times in England have improved this has not been the case in Wales; • Compliance against quadruple aims remains challenging with only two reporting a positive percentage of measures achieved; and • Progress has been made against five of the nine Ministerial Priorities and, where progress has been identified as an issue, this is treated as an escalated matter with remedial actions in place to improve performance across the remaining of the year. <p>Independent Members sought assurance by asking the following questions:</p> <p><i>In terms of long waiting times, how will Powys ensure that the neighbouring Health Boards that are commissioned to provide services include Powys patients in their long wait initiatives, ensure that they are treated fairly, and the Health Board is not charged twice?</i></p>

	<p>The Director of Planning, Performance and Commissioning explained that when providers schedule treatment, this is based on clinical needs rather than where they live.</p> <p>It was confirmed that Welsh Government had made available £50m to address long waiting times. The Health Board had received £1m of this. There was an expectation that Health Boards should not double charge patients treated at another Health Board, and there is a system in place to prevent double billing.</p> <p><i>What are the barriers to increasing theatre usage or has the Health Board reached the limit for the foreseeable future?</i></p> <p>The Director of Planning, Performance and Commissioning confirmed that staffing remains a constraint both locally and in commissioned services. This is an issue that is actively being addressed in order to increase access to day surgery. A national review on theatre utilisation had been called for.</p> <p><i>The pressures on Emergency Services at the District General Hospitals (DGH) are known. Aneurin Bevan UHB is considering downgrading their Minor Injury Units. Can assurance be given that the situation will be kept under review to prevent Powys residents from having to go to DGH for minor injuries?</i></p> <p>The Director of Planning, Performance and Commissioning advised that it was not possible to give this assurance until further detailed work was undertaken. However, Health Boards were in general looking to reduce opening hours of MIUs when usage is low which is typically out of hours.</p> <p>The Director of Operations advised that overnight use of Powys MIUs was extremely low.</p> <p><i>How confident are you that the Health Board is not surprised by decisions made by other organisations. How coordinated is the system?</i></p> <p>The Director of Planning, Performance and Commissioning confirmed that the system was generally well coordinated.</p>
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	<p>However, on occasions urgent service changes are announced which are unexpected.</p> <p>The Interim Chief Executive noted the scale of problems the NHS was facing meant that strategic change reporting will become ever more important. Changes in relation to MIUs was a small part of overall changes which affected the Powys population. Powys pathways were complex as residents were provided with care from a number of neighbouring Health Boards. Adjoining Health Boards were encouraged to consult their catchment population rather than resident population.</p> <p><i>How is the organisation learning as it develops its response to current pressures?</i></p> <p>The Director of Planning, Performance and Commissioning advised that for Powys provided services the team are spending more time with service managers to understand performance in greater detail. For commissioned services this is a standing agenda item to discuss performance in depth. The team has been asked to review the performance trajectories of neighbouring Health Boards and Trusts to assist in the planning process.</p> <p>The Llais representative advised that the Health Board has a strong system in place to monitor service change but there are instances where neighbouring Health Boards do not share information which will impact on Powys residents.</p> <p>The Board:</p> <ul style="list-style-type: none"> • DISCUSSED and NOTED the content of this report. • Took ASSURANCE that the Health Board has appropriate systems in place to monitor performance and respond to relevant issues. <p>Q1 ANNUAL DELIVERY PLAN</p>
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	<p>The Director of Planning, Performance and Commissioning presented the report which provided an update of the progress made against the Integrated Plan for Quarter 1 period (April to June 2023). It was noted that the plan had been submitted to Welsh Government, but it had not yet been approved as an endorsed plan. It remains the plan for the Health Board to deliver against.</p> <p>It was noted that a number of improvements have been made to the report this financial year in terms of overall visual presentation including a delivery confidence assessment on each of the actions within the plan.</p> <p>It was noted that this was an Executive-led process with each Executive signing off their areas. A review of each of the areas had taken place in light of the current position. If changes to deployment were necessary, this will be brought to Board for endorsement.</p> <p>Good progress against the plan was being made. At Q1 there were some challenges, but overall progress was positive.</p> <p>The Interim Chief Executive noted that Q1 period was when scoping and initial work was undertaken with delivery taking place in Q2 and beyond. The plan was therefore on track to deliver. However, changes may be necessary in light of, for example, winter pressures.</p> <p>The Board:</p> <ul style="list-style-type: none"> • RECEIVED the report as an update of progress against the Integrated Plan delivery for 2023-24; in relation to progress tracking of Quarter 1 and forecasting of the year end position against plan; and • Took ASSURANCE that the Health Board has appropriate systems in place to monitor performance against the Integrated Plan.
PTHB/23/077	FINANCIAL PERFORMANCE

- **2023/24 month 05**

The Deputy CEO / Director of Finance, Information and IT presented the report which provided an update on the August 2023 (Month 05) Financial Position, including progress with savings delivery. The following matters were highlighted for the Board's attention:

- As of month 5, there is a £14.277m overspend against the planned deficit of £13.948m giving the Health Board an operational overspend of £0.329m;
- The year end forecast is in line with the submitted plan at £33.474m. The capital resource limit for 2023/24 is £3.656m. To date £0.513m has been spent;
- Budget pressures include an overspend in commissioning (due to an increase in emergency activity), primary care prescribing and agency spend;
- The report includes detail regarding the costs associated with Delayed Transfers of Care (£1.378m to date relating to 2,337 days of delayed discharge);
- Continuing Health Care is broadly within budget, but total costs have almost doubled since 2019/20; and
- £3.4m of green saving schemes have been identified to date. £4.2m amber saving schemes have also been identified, with a further £1.7m Red pipeline schemes.

It was noted that there was a push to move amber schemes to green to give a confidence of delivery.

Some savings has been delivered on a non-recurrent basis and budget holders were being pressed to reduce their expenditure on a recurrent basis to help the position in future years.

Due to the £33.5m planned financial deficit, the Health Board will require Revenue Working Capital Cash in the latter part of the year (months 11 and 12).

The Interim Chief Executive noted the scale of deficit and level of service change that was required to bring the organisation back to a balanced position

	<p>Independent Members sought assurance by asking the following questions:</p> <p><i>In relation to agency spend are there any further increases in agency rates expected in year?</i></p> <p>The Deputy CEO / Director of Finance, Information and IT advised that he was not aware of any further increases. However, this was not within the Health Board's control and reinforced the focus was on using 'on contract agency' where there is greater certainty in relation to the cost element of control rather than 'off-contract agency'.</p> <p><i>What steps can be taken to address the emerging overspend in primary care prescribing, as this is partly driven by supply chain issues?</i></p> <p>The Director of Finance, Information and IT explained that it was difficult to control inflationary pressure and stock availability. The focus is on data and intelligence to identify prescribing patterns that can be improved through use of inexpensive alternative medicines. Additionally, this data is used to highlight any practices that may have different prescribing patterns. However, there are some factors that are outside the control of the Health Board.</p> <p>The Medical Director added that there was a lot of work being undertaken by the Medicines Management team measuring many prescribing metrics. The team were working with primary care prescribers and feedback information to encourage improvement in prescribing. However, cost pressures are extremely challenging. The Medicines Management team is involved in national programmes where learning takes place including on more efficient delivery methods.</p> <p><i>In terms of progress against savings target, what can be done to shift the red schemes to amber zones?</i></p> <p>The Deputy CEO / Director of Finance, Information and IT thanked the whole organisation for identifying ideas for schemes and stated there will always be a number of ideas and opportunities in the pipeline which were being</p>
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	<p>reviewed to help identify which opportunities to be taken forward or discounted.</p> <p><i>Has the provision of Revenue Working Capital Cash been agreed?</i></p> <p>The Deputy CEO / Director of Finance, Information and IT advised that this expected requirement had been reported to Welsh Government who will use this information for their planning assumptions.</p> <p>The Board:</p> <ul style="list-style-type: none"> • DISCUSSED and NOTED the Month 05 2023/24 financial position. • DISCUSSED and NOTED the 2023/24 financial forecast deficit position.
PTHB/23/078	<p>GILWERN BRANCH CLOSURE ASSURANCE REPORT</p> <p>The Deputy CEO / Director of Finance, Information and IT presented the report which provided an update on the continued development and delivery of the mitigation plan for the closure of Crickhowell Group Practice's Belmont Branch Surgery in Gilwern, Monmouthshire. It also updated the Board on ongoing liaison and correspondence with Llais in relation to the closure application.</p> <p>It was noted that the task and finish group (a multi-organisational set up with representatives from Llais, local authorities and Health Board Partners) was now meeting on a regular basis.</p> <p>Regular meetings with local community transport providers had taken place and the team was working through the potential impact of this change on residents, and how it meets their needs.</p> <p>Any changes in practice registration were being kept under review and no significant issues had been identified, although it is recognised that the closure in November may be a trigger for further re-registrations.</p> <p>It was noted that planning was under way for the community development and participation event to engage local stakeholders in the Gilwern area in confirming opportunities to strengthen health and social care provision in the area.</p>

	<p>It was noted that a patient letter was due to be issued to households of registered patients living in Gwent postcode areas by mid-October, with plans also under way for community participation activities in the Gilwern area.</p> <p>The Board:</p> <ul style="list-style-type: none"> a) RECEIVED and NOTED the update on the mitigation plan and took ASSURANCE in relation to the progress being made on the further development and delivery of the mitigation plan. b) RECEIVED and NOTED the correspondence with Llais in relation to the closure application.
PTHB/23/079	<p>WINTER RESPIRATORY VACCINATION PROGRAMME</p> <p>The Director of Public Health presented the item which informed Board Members of the plan for delivering the Winter Respiratory Vaccination Programme (Covid-19 and flu vaccines) to eligible population groups in line with Welsh Government and the Joint Committee on Vaccination and Immunisation guidance.</p> <p>It was noted that the Winter Respiratory Vaccination Programme, began in early September with the focus this year on protecting the most vulnerable and supporting the resilience of our health and care systems.</p> <p>The Programme was guided by the latest advice from the Chief Medical Officer for Wales and the Joint Committee on Vaccination and Immunisation (JCVI) and Welsh Government who set out the eligible groups for vaccinations.</p> <p>A blended delivery model had been adopted, including vaccination centres established in Bronllys and Newtown, GP practices, participating pharmacies, school nursing teams, mobile teams and many specialist teams such as midwives/nurses and occupational health teams.</p> <p>This autumn's delivery model has increased the availability of clinics in communities across Powys to improve access with the aim of increasing uptake of eligible groups with ambitious targets. Colleagues from Public Health Wales are running a public communications campaign to promote the uptake of the vaccine.</p>

	<p>The deployment plan and blended delivery models will continue to be 'agile' and deployed to offer vaccines to eligible population groups as quickly as possible, throughout the autumn period in accordance with Welsh Government guidance.</p> <p>Independent Members sought assurance by asking the following questions:</p> <p><i>What is the status of Covid-19 vaccination and flu vaccination for staff groups and where do they fit in the programme schedule?</i></p> <p>The Director of Public Health confirmed invitations have been sent to eligible healthcare workers and social workers and scheduled appointments had been offered for the week commencing 11 October 2023. However, individuals at high risk may be called sooner from their GP practice. If they are unable to attend any appointment, it could be rescheduled.</p> <p><i>When considering the mixed approach adopted by Powys what determines why some GP practices take part while others do not?</i></p> <p>The Director of Public Health explained that all GP practices offer Influenza Vaccination and have done so for several years. However, the Covid-19 vaccine was a new addition to the programme. In terms of GP uptake, there were a number of factors including the availability of the vaccines and capacity to vaccinate. Where practices are not participating in the Covid-19 vaccination programme, the vaccine will be offered in the local community.</p> <p><i>What is the level of confidence that the Health Board will be able to deliver the winter respiratory vaccination programme?</i></p> <p>The Director of Public Health advised that in terms of delivery the flu programme was well-established with GP practices and pharmacies taking part. However, the Covid-19 programme was a blended delivery model. Uptake will be monitored, and the service will respond accordingly.</p>
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	<p>The Board:</p> <ul style="list-style-type: none"> • NOTED the eligible populations groups for flu and covid-19 vaccines forming part of the Winter Respiratory Vaccination Programme • NOTED the blended delivery models to deploy the Winter Respiratory Vaccination Programme in Powys • NOTED the complex logistics and that 'agile' planning will continue to be deployed to deliver the Programme to eligible population groups throughout the Autumn/Winter period in line with Welsh Government guidance. • Took ASSURANCE that the Winter Respiratory Vaccination Programme provides access to eligible population of Powys.
PTHB/23/080	<p>CORPORATE RISK REGISTER, SEPTEMBER 2023</p> <p>The Interim Chief Executive presented the August 2023 version of the Corporate Risk Register. It was noted that the development of a revised Corporate Risk Register was underway to ensure the register accurately reflects the organisation's current strategic risks following Board approval of the Integrated Medium-Term Plan 2023-26 in March 2023 and the Integrated Annual Plan 2023-24 in May 2023.</p> <p>Revised risks will be presented to the November 2023 Board.</p> <p>Two risks will be considered at the In-Committee meeting of the Board in relation to cyber security and planning around managing the impact of a national power outage.</p> <p>An emerging risk had been identified in relation to the capital and estates programme's capital costs, particularly in mid rural Powys. Further consideration will be given to this risk and any mitigating controls although it was noted that mitigations will be difficult for this risk.</p> <p>The Board:</p> <ul style="list-style-type: none"> • RECEIVED the August 2023 version of the Corporate Risk Register included at Appendix 1, ensuring that it is a complete and a true reflection of the Health Board's current high-level risks, recognising that a broader review of the organisation's risks is currently underway. • NOTED there are no proposed amendments set out to the Corporate Risk Register at this time.

	<ul style="list-style-type: none"> • NOTED the emerging risks in relation to costs associated with capital and estate development as set out in the paper. • NOTED that CRR 009 (Cyber Security) and CRR 012 (National Power Outage) will be reported to the In-Committee Board due to the confidential nature of its content.
PTHB/23/081	<p>ASSURANCE REPORTS</p> <ul style="list-style-type: none"> • BOARD'S PARTNERSHIP ARRANGEMENTS <p>The Interim 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) held on 20 July 2023; • Regional Partnership Board (RPB) held on 18 September 2023, which is examining Winter Resilience arrangements which will be reported to Board in November 2023; and <p>The Board RECEIVED and NOTED the updates contained in this report in respect of the matters discussed and agreed at recent partnership board meetings</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) held on 18 July 2023 and 1 August 2023; and • Emergency Ambulance Service Committee (EASC) held on 18 July 2023. The engagement process in relation to changes in Emergency Medical Retrieval and Transfer Service (EMERTS) is due to start in October 2023. <p><i>Can assurance be provided that ambulance performance improvement is being investigated given Powys has been</i></p>

	<p><i>in the 'Red Response' zone for a substantial period of time?</i></p> <p>The Interim Chief Executive stated that this had been an ongoing problem and performance targets have consistently not been met. However, it was highlighted that the reports generated are generic and are circulated to all Health Boards across Wales including Powys. A deep dive into arrangements for Powys ambulance performance will be undertaken and discussed as part of the annual In-Committee session planned with the Chief Ambulance Commissioner. The findings of the deep dive will be reported to Board.</p> <p>Action: Director of Corporate Governance</p> <p><i>The Mid Wales Joint Committee for Health and Social Care had not met since the last meeting of Board. Given the alignment needed between Health and Social Care should this body be meeting more frequently?</i></p> <p>The Interim Chief Executive advised that whilst the Joint Committee met infrequently there had been work undertaken jointly between the three Health Board and three County Councils operating across the mid Wales area.</p> <p>The Director of Planning, Performance and Commissioning confirmed that at an operational level, meetings between the partners are taking place daily and the Medical Director confirmed that operationally partners were working together to share posts and avoid duplication.</p> <p>NOTED the updates contained in this report in respect of the matters discussed and agreed at recent Joint Committee meetings.</p>
PTHB/23/082	<p>REPORTS OF THE REGIONAL DIRECTOR OF LLAIS</p> <p>The Regional Director of Llais presented her report adding that, since the report had been written, the proposed changes to the MIU at Nevill Hall had become known. The lack of communication had been disappointing and the need to engage with patients using the service was highlighted. This need for communication has been shared with Llais colleagues. It is important to recognise the</p>

	<p>depth of feeling within local communities and the sense of another service being removed given the commitment of a 24/7 MIU when Emergency Services were relocated to The Royal Gwent. The extension of the engagement period was welcomed.</p> <p>The locality approach had proven effective with 750 people engaged with. The focused approach in Welshpool was positive and the focused approach at Ystradgynlais had recently been completed. The next focused approach will be undertaken in Builth Wells in November 2023. It was noted that the volume of feedbacks and rich data received from those sessions will be useful.</p> <p>It was highlighted that the issue for Llais in Powys, as well as the Health Board and local authorities, was how information was shared and how it was used to inform service development. It was noted that seven reports have been published and there were plans to make them more accessible using avatars and artificial intelligence to simplify these reports.</p> <p>Llais was keen to recruit volunteers and Powys has been divided into 13 localities which will need at least five or six volunteer members from each of these communities.</p> <p>The Interim Chief Executive welcomed the report acknowledging the strength of feeling of local communities in south Powys regarding potential changes in MIU opening times at Nevill Hall.</p> <p>The Director of Nursing and Midwifery noted the need to triangulate all intelligence and data collectively gathered through the Health Board and Llais. It is intended to scale up 'snap surveys' of people who have used commissioned services. There has been a shift from receiving feedback to actively seeking feedback from people who use multiple pathways.</p>
OTHER MATTERS	
PTHB/23/083	BOARD WORK PROGRAMME

	<p>The Interim Chief Executive presented the item. Clarity would be sought regarding the inclusion of Llandrindod Wells Hospital Phase 2 item on the work programme.</p> <p>It was highlighted that the Business Justification Case was due to come back to Board noting the increasing cost of construction that had previously been raised. It was noted that further rapid work was in progress to review the position and the Business Justification Case will be brought to the Board as soon as possible.</p>
PTHB/23/084	<p>ANY OTHER URGENT BUSINESS</p> <p>No other urgent business was raised</p>
PTHB/23/085	<p>DATE OF THE NEXT MEETING:</p> <p>29 November 2023, via Microsoft Teams</p>
PTHB IC/23/086	<p>The following motion was passed:</p> <p><i>Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.</i></p>
<p>Present</p> <p>Carl Cooper</p>	<p>Chair</p>
<p>Hayley Thomas</p> <p>Kirsty Williams</p> <p>Jennifer Owen Adams</p> <p>Cathie Poynton</p> <p>Ian Phillips</p> <p>Rhobert Lewis</p> <p>Simon Wright</p> <p>Ronnie Alexander</p> <p>Mark Taylor</p> <p>Pete Hopgood</p> <p>Claire Roche</p> <p>Mererid Bowley</p> <p>Stephen Powell</p> <p>Kate Wright</p> <p>Claire Madsen</p>	<p>Interim Chief Executive</p> <p>Vice Chair</p> <p>Independent Member (Third Sector)</p> <p>Independent Member (Trade Union)</p> <p>Independent Member (ICT)</p> <p>Independent Member (General)</p> <p>Independent Member (University)</p> <p>Independent Member (General)</p> <p>Independent Member (Capital & Estates)</p> <p>Director of Finance, Information and IT</p> <p>Director of Nursing & Midwifery</p> <p>Director of Public Health</p> <p>Interim Director of Performance & Commissioning</p> <p>Medical Director</p> <p>Director of Therapies & Health Sciences</p>

Debra Wood Lawson Joy Garfitt	Interim Director of Workforce, OD & Support Services Interim Director of Operations, Community Care and MH
In Attendance Helen Bushell Wayne Tannahill Marie Davies Liz Patterson Chris Moss Katie Blackburn	Director of Corporate Governance Associate Director Capital and Estates Assistant Director Performance and Commissioning Interim Head of Corporate Governance Assistant Director Performance and Commissioning Regional Director Llais
Apologies for absence Mark Taylor Chris Walsh Debra Wood Lawson	Independent Member (Capital and Estates) Independent Member (Local Authority) Interim Director of Workforce, OD & Support Services
PRELIMINARY MATTERS	
PTHB IC/23/087	WELCOME AND APOLOGIES FOR ABSENCE The Chair welcomed all participants to the meeting. Apologies for absence were received as recorded above.
PTHB IC/23/088	DECLARATION OF INTEREST No interests were declared in addition to those already declared within the published register.
ITEMS OR APPROVAL, DECISION OR RATIFICATION	
PTHB IC/23/089	FINANCIAL SUSTAINABILITY/SCENARIO PLANNING Rationale for item being held in private: Information relating to the financial and business affairs of the organisation that were confidential but would be released, either partially or fully, into the public domain in the future. The Interim Chief Executive gave a briefing to Board Members.
PTHB IC/23/090	CORPORATE RISK REGISTER • CYBER SECURITY AND POWER OUTAGE

	<p>Rationale for item being held in private: Information relating to the financial and business affairs of the organisation that were confidential but would be released, either partially or fully, into the public domain in the future.</p> <p>The Board:</p> <ul style="list-style-type: none"> RECEIVED the <u>August 2023</u> extract of the Corporate Risk Register for CRR 009 (Cyber Security) and CRR 012 (National Power Outage) ensuring that these are a true reflection of the Health Board's current high-level risks.
PTHB IC/23/091	<p>MINUTES FROM THE IN-COMMITTEE MEETINGS HELD ON 25 JULY 2023 AND 11 AUGUST 2023</p> <p>The minutes of the In-Committee meetings held on the 25 July 2023 and 11 August 2023 were agreed as a true record.</p>