

POWYS TEACHING HEALTH BOARD

CONFIRMED

MINUTES OF THE MEETING OF THE BOARD

HELD ON TUESDAY 29 NOVEMBER 2023

VIA TEAMS

Present

Carl Cooper	Independent Member (Chair)
Kirsty Williams	Independent Member (Vice Chair)
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)
Chris Walsh	Independent Member (Local Authority)
Hayley Thomas	Interim Chief Executive
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
Debra Wood-Lawson	Director of Workforce and OD
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

Helen Bushell	Director of Corporate Governance
Zoe Ashman	Assistant Director of Quality and Safety
Nina Davies	Powys County Council (Associate member)
Adrian Osborne	Assistant Director of Communications and Engagement
Wayne Tannahill	Associate Director Capital and Estates

Katie Blackburn
Victoria Sharpe
Nigel Morries
Liz Patterson
Belinda Mills

Regional Director Llais
Volunteer/Carer Manager
Volunteer
Interim Head of Corporate Governance
Corporate Governance Officer

Apologies for absence

Jennifer Owen Adams

Independent Member (Third Sector)

PRELIMINARY MATTERS	
PTHB/23/093	WELCOME AND APOLOGIES FOR ABSENCE The Chair welcomed all participants to the meeting, Apologies for absence were noted and recorded as above.
PTHB/23/094	DECLARATIONS OF INTEREST The following declarations of interest were made in relation to agenda item 2.5 (Belmont Branch Surgery Gilwern closure) <ul style="list-style-type: none">• Ronnie Alexander, Independent Member (General) declared that several family members were registered with the Practice, therefore he would not participate in the agenda item.• Kate Wright, Medical Director declared that she was a patient of the 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 the Practice and would therefore limit her contribution to the articulation of the perspective of Llais.
PTHB/23/095	EXPERIENCE STORY a) Patient Experience Story The Deputy Director of Nursing read out the patient story of an individual whilst at one of the community wards in Welshpool and highlighted her experience at very a critical stage in her life. The Director of Nursing and Midwifery noted that the Patient Experience stories are monitored through the Patient Experience, Quality and Safety Committee where a variety of

	<p>experiences are taken to the Committee. Themes and trends of those experiences are used to improve upon the learning.</p> <p>The Board welcomed the presentation and expressed its thanks to the patient for sharing their story.</p> <p>b) Staff Experience Story</p> <p>The Director of Workforce and OD introduced Mr Morries who provided an overview of a volunteer worker's experience with the Health Board at Bronllys Hospital, and the challenges faced on the ward.</p> <p>The Board welcomed the presentation and echoed thanks to the Mr Morries for sharing his story, the learning from which had been significant.</p>
PTHB/23/096	<p>UPDATE FROM THE CHAIR</p> <p>The Chair presented his report.</p> <p>UPDATE FROM THE VICE CHAIR</p> <p>The Vice Chair presented her report.</p> <p>UPDATE FROM THE CHIEF EXECUTIVE OFFICER</p> <p>The Chief Executive presented her the report and drew attention to the following matters:</p> <p>Stephen Powell has been appointed to the substantive role of Director of Performance and Commissioning for the Health Board and, the Local Authority have appointed, Emma Palmer as Chief Executive.</p> <p>A recent food hygiene inspection at Bronllys had resulted in a rating of one.</p> <p>The Director of Therapies and Health Sciences reassured the Board that urgent action has been taken to ensure all remedial actions are complete. The situation was quickly resolved in 20 days, emphasizing the importance of a safe environment for patients and staff. This prompted additional checks across all facilities in Powys to ensure that the lessons learned were implemented. A reinspection had been undertaken yesterday; it was hoped a revised rating would be issued next week.</p> <p>The Chief Executive noted the mid-year Joint Executive Meeting (JET) had taken place between the Executive Team and Welsh Government which had reflected on progress made to date and the challenges facing the organisation.</p>

	<p><i>Regarding Powys County Council, there is a critical connection concerning Health and Social Care that has an effect on the residents on Powys. Can further actions be taken to improve this relationship and what specific actions can be taken by the Board to ensure it is beneficial, efficient, and supportive to the residents of Powys.</i></p> <p>The Chief Executive Officer highlighted that much has been done in partnership, recognising there is always more to be done, particularly given the significant challenges facing the entire public sector. There are some recent developments whereby Health Board and Council colleagues now have in place a monthly Joint Executive team meeting focusing on areas of joint responsibility/focus. Four meetings have been held. A Board and Cabinet governance arrangement is also in development which will focus on strategic direction and effective partnership.</p> <p><i>From the food hygiene rating perspective, can assurance be provided that we can prevent this from happening in the future?</i></p> <p>The Chief Executive Officer stated that the team responded promptly to address this situation and advised that effective quality assurance systems were being put in place to ensure that the position is identified internally rather than relying on external food hygiene inspection.</p> <p><i>The assurance provided in relation to the food hygiene issue is welcomed. Can assurance be given that the Health Board will work closely with partner Health Protection agencies to ensure that five star ratings are achieved?</i></p> <p>The Chief Executive confirmed that the aim was to achieve five star ratings across all sites and that the Food Hygiene Report, along with the actions taken to address the issue would be subject of an assurance report to Committee.</p> <p>Action: Director of Therapies and Health Sciences</p> <p><i>In relation to the statistics on measles, can assurance be provided that as an organisation we are meeting these requirements in terms of public health?</i></p> <p>The Director of Public Health stated that outbreaks have occurred in both Wales and England. In relation to local action undertaken, a campaign over the summer included letters being sent to families of children between the ages of 4 to 16 who were not</p>
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	<p>fully vaccinated. The response to this campaign had been positive. In Powys, the overall Mumps, Measles and Rubella vaccination uptake is satisfactory, although a minimum of 95% compliance is required to effectively prevent outbreaks.</p> <p><i>Can an update be provided regarding the meeting that took place on 27 November 2023 concerning the Nevill Hall hospital Minor Injury Unit as mentioned on page 5 of the Chief Executive report?</i></p> <p>The Chief Executive Officer stated that the outcome of the meeting on 27 November 2023 would be obtained, and details will be shared with Board members.</p> <p>Action: Chief Executive Officer</p> <p>The Board RECEIVED and NOTED the Reports of the Chair, Vice Chair and Chief Executive.</p>
<p>PTHB/23/097</p>	<p>ASSURANCE REPORTS OF THE BOARD'S COMMITTEES</p> <p>The following Chair's Assurance Reports were received:</p> <p><u>Patient Experience Quality and Safety Committee</u></p> <p>The Committee Chair presented the report which provided an overview of matters considered by the Committee on 24 October 2023. The Committee Chair highlighted the following matters for the attention of the Board:</p> <ul style="list-style-type: none"> • The impact of resource constraints outlined within the Pharmacy and Medicines Management Services Report – the Committee will continue to monitor this at future meetings. • The Board level statement on Infection Prevention and Control – for the Boards awareness. <p>The Board NOTED the report.</p> <p><u>Joint Patient Experience Quality and Safety and Workforce and Culture</u></p> <p>The Committee Chair presented the item which provided an overview of matters considered by the first meeting of the Joint Committee on 24 October 2023.</p> <p>The Chair of the joint meeting welcomed the joint working that had taken place to examine common issues of quality and culture with a focus on good practice and learning. The Board was asked to note the query regarding Board Champions, the</p>

	<p>action has been added to the Board action log. The Director of Corporate Governance advised in relation to the Board Champion query that this would be considered in the PTHB Chair's Forum. It is also understood that the recommended list of Board Champions is currently under review nationally and it was expected that this would be reported following further information from Welsh Government.</p> <p>The Board NOTED the report.</p> <p><u>Executive Committee</u></p> <p>The Committee Chair presented the report which provided an overview of the matters considered by the Executive Committee on 20 September, 04 October, 11 October, 19 October and 01 November 2023.</p> <p>There were no specific items for escalation, a number of topics considered by the Executive Committee do appear on the Board agenda for the 29 November 2023.</p> <p>Page 8 of the report under the Integrated Quality Report the second bullet point should read:</p> <ul style="list-style-type: none"> • Progress within the National Nosocomial Framework now completed all cases received ahead of time. <p>Attention was brought to the following matters:</p> <ol style="list-style-type: none"> 1. Body Store Options <p>The meeting considered the current arrangements and took decisions to clarify the operating model around the Body Store facilities.</p> <ol style="list-style-type: none"> 2. Executive Governance Meeting Structure <p>The Board was advised that changes had been made to the Executive Governance meeting structure resulting in a change of subgroups reporting to the Executive Committee. This was designed to ensure the Committee responded accordingly to both organisational need and the escalation status for the Health Board.</p> <ol style="list-style-type: none"> 3. Continuing Health Care – Care Home Costs <p>The Board was advised that their Continuing Health Care costs have continued to be significant. There is a particular issue around Care Home costs. An uplift to providers of 9.2% has already been agreed, however, further requests for support are being received. The Executive Committee would continue to</p>
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	<p>focus on this matter and reports would continue to be provided to the Delivery and Performance Committee.</p> <p>The Board NOTED the report.</p> <p><u>Charitable Funds</u></p> <p>The Committee Chair presented the report which provided an overview of matters considered by the Committee on the 18 September 2023.</p> <p>The Board NOTED the report.</p> <p><u>Delivery and Performance Committee</u></p> <p>The Committee Chair presented the report which provided an overview of matters considered by the Committee on the 17 October 2023.</p> <p>The Committee reinforced the ongoing attention of the Committee in relation to the financial situation recognising this is also an item consistently on the Board agenda. The Committee will continue to monitor and seek assurance as per its role.</p> <p>The Board NOTED the report.</p> <p><u>Planning, Partnership and Public Health Committee</u></p> <p>The Committee Chair presented the report which provided an overview of matters considered by the Committee on 16 November 2023. Attention was brought to the following matters:</p> <ul style="list-style-type: none"> • Strategic Change Report – where local and adjacent changes to services are proposed • Additional Learning Needs (ALN) – work is taking place jointly with Powys County Council which will be the subject of a report to Board in January 2024 • Future Deep Dive – will examine future demands on services due to an aging population with a focus on diabetes <p>The Chief Executive advised that the ALN issue had been discussed at the joint Executive meeting between the Health Board and County Council.</p> <p><i>In relation to ALN, the close working with the County Council was welcomed by Members. There are specific duties that the organisation needs to determine if they are meeting at present. Whilst the PPPH Committee will monitor this position, it may be appropriate that this is escalated to Board.</i></p>
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	<p>The Chief Executive advised that this matter had been escalated to the Joint Committee to address this issue. It was suggested that this is brought back to either the Planning, Partnership and Public Health Committee or Board to provide assurance that the statutory duties were being met by 31 March 2024.</p> <p>Action: Director of Therapies and Health Sciences</p> <p>The Board NOTED the report.</p> <p><u>Audit, Risk and Assurance Committee</u></p> <p>The Committee Chair presented the item which provided an overview of matters considered by the Audit, Risk and Assurance Committee on 10 October 2023.</p> <p>The Board NOTED the report.</p>
ITEMS FOR APPROVAL/RATIFICATION/DECISION	
PTHB/23/098	<p>REVISED 2023/24 FINANCIAL PLAN AND FORECAST</p> <p>The Chief Executive Officer presented the report providing an update on the national financial context for the NHS and the implications of this for Powys Teaching Health Board (PTHB), and the work that has been taking place in PTHB to respond to this. It proposes a revised financial plan for 2023/24 to achieve the financial improvement control total of £12m set by Welsh Government.</p> <p>On 8 November 2023, Welsh Government published a revised Health Board allocations with Target Control Totals for 2023/24. Additional funding of £460.2m had been allocated from Welsh Government to Health Boards in 2023/24 to support the significant cost pressures being incurred by the NHS, PTHB has received a proportionate allocation including both non-recurrent and recurrent elements. Given this context, it was highlighted that the approved financial plan had to be revised in order to improve the Board's financial performance which is equivalent to 10% of the planned financial deficit before year end.</p> <p>The Health Board, established a financial improvement process by developing scenarios and going through a process of design and review, including discussions in Board and In-committee to respond to the financial challenge.</p>

	<p>The principles and decision-making framework developed as a Board had a key aim of minimising and mitigating impact on patients, took staff welfare into consideration and aimed not to make short term decisions which would make things harder in the long term. The framework promoted a value-based approach to financial improvement and balancing the need for financial prudence with the duty of providing and commissioning health services. Impact assessments had been undertaken. The need to realise efficiency in corporate and administrative processes was emphasised.</p> <p>The Risk Appetite Statement and Corporate Risk Register would be revised to reflect the revised financial plan leading into 2024/25.</p> <p>The Level 2 Assessment process took an integrated approach to quality and equality, determining the impact of each scenario and supported a framework for selecting appropriate options. It was also noted the options being considered came from different sources patient feedback, an open call to all staff and a detailed review across the organisation.</p> <p>A learning approach was taken to ensure the impact assessment was fit for purpose. The Health Board will continue to work with various partners on refining the impact assessment during the implementation of the financial plan.</p> <p>The Financial Position and Target Control Total was outlined as at month 6, the Health Board was £0.5m off its financial plan in relation to the £33.5m deficit plan and within this position, a £7.5m savings and mitigating actions have been identified and were overachieving against this target.</p> <p>In Month 7, the share of the additional funding allocated to PTHB was £18.3m. £14.2m of which is conditionally recurrent and £4.1m is non-recurrent, resulting in a revised financial forecast and plan of £15.2m. It was highlighted that as of Month 7, the Health Board is £0.3m off the plan but forecasting to achieve the £15.2m revised plan. A further savings target of £3.2m was also in place to achieve the control total of £12m, set by Welsh Government.</p> <p>It was noted that there are actions underway to achieve £1.6m of the £3.2m target. This includes 15 schemes that will be delivering a forecast of £0.5m and an underspend of £1.1m as result of reduced expenditures, this is in accordance with letter</p>
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from Welsh Government. It was highlighted that there are schemes which will not be pursued before year end in 2023/24 and for completeness, there were options which were identified but not taken forward because they would have required national decision-making consideration.

The financial improvement target will be incredibly challenging for the Health Board and there are substantial impacts to manage, but the majority of financial improvement are delivered through measures that improve back-office efficiency and also utilise slippage without direct impact on patient facing services. Delaying planned investments to reduce the 2023/24 impact is one of the schemes highlighted.

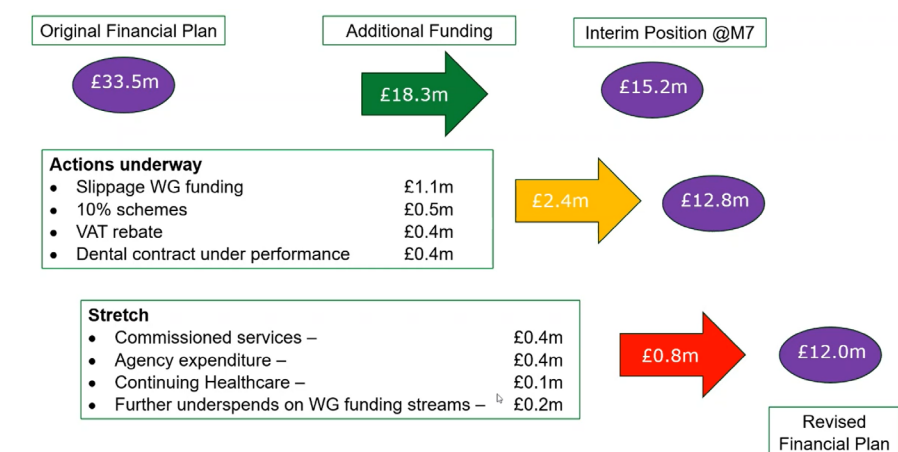
It was noted that some of the schemes discounted for 2023/24 was based on the impact assessment including a reduction in opening times of certain services and planned care treatment.

It was highlighted some of the risks to manage include performance of provider organisations in Wales and England, winter pressures, volume of Continuing Health Care packages, staff retention and unforeseen events.

It was highlighted that there was work underway nationally linked to the Value and Sustainability Board. There are a number of work streams areas underway linked to Continuing Health Care, Agency spend, Medicines and Prescribing, and Non-Pay and Procurement.

In summary, there is a need to find £3.2m savings of which £1.6m has already been identified. To close the £1.6m gap, a number of recommended options were outlined in the paper.

The Revised Financial Plan was set out as follows:



	<p>This plan will take the Health Board to the control total, but it will be challenging.</p> <p>The Chief Executive thanked the Board and colleagues for the work undertaken, the strong set of principles developed by the Board and the way in which the Board and organisation had approach the challenging situation.</p> <p>Independent Members sought assurance by asking the following questions:</p> <p><i>In relation to the statement in slide 8 "There were options which were identified for national decision-making consideration". Can you provide examples of those options and whether Welsh Government is actively considering those options?</i></p> <p>The Chief Executive Officer stated that as part of the submission to Welsh Government the Health Board identified some areas that they may wish to consider giving a national policy direction across NHS Wales. It is understood that active work is currently underway in these areas and although no feedback has been received at this stage. The Health Board is informed that there will be no change in the direction of national policy in the 2023/24 annual plan to support the delivery of financial improvement. As soon as that assessment and information is shared, it will be shared with the Board.</p> <p><i>Noting a target of £0.4m from commissioned services, what work has been done on understanding the potential impacts of those reductions on commissioned providers?</i></p> <p>The Chief Executive Officer explained that one of the issues was allocation to support long waiting patients across Wales. This allocation was given directly to providers and for the Health Board it is important to ensure there is no duplication of payments for certain levels of activity.</p> <p><i>In relation to Continuing Health Care, is it appropriate to be setting a target and saving to be met from that area and what work has been undertaken to understand the impact on potential partners and patients?</i></p> <p>The Chief Executive Officer explained that the national Value and Sustainability Board, has been established to oversee those key area of cost pressures and to suggest ways of working to improve</p>
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	<p>the situation. The savings identified in relation to Continuing Health Care were in relation to this national work.</p> <p>The Regional Director of Llais added that the issue of neighbouring Health Board plans has been picked up at a national level with Llais, an oversight mechanism had been established to understand impacts, including on Powys.</p> <p>Llais recognised that in Powys there had been a focus on patient safety and experience, finding savings from back-office functions and avoiding patient impact. There will be longer term sustainability issues and Llais would work with the Health Board on these matters.</p> <p>The Medical Director noted this had been a really challenging process but shared that safety and quality, sustainability and value had been at the heart of the work undertaken.</p> <p>The Board NOTED the financial improvement required of the Health Board, in the context of its current financial performance; and APPROVED the revised financial plan for 2023/24.</p>
PTHB/23/099	<p>2023/24 ANNUAL DELIVERY PLAN Q2 REPORT AND PARTIAL PLAN RESET</p> <p>The Director of Planning, Performance and Commissioning presented the item providing a detailed update of the progress made against the Integrated Plan for the Quarter 2 period (July to September 2023), incorporating a partial Plan Reset exercise for the remainder of the year.</p> <p>It was noted that the report continues the same approach as with previous quarterly updates, with each Director updating their progress against their plans, and then the Executive team moderating and reviewing the results jointly. The report will go on to Welsh Government as an official statement once agreed by the Board.</p> <p>It was noted that this report and the planning process within the Health Board is also subject to the enhanced monitoring status and the Welsh Government oversight process. The future quarterly report will be provided against the revised reset plan if the plan is approved today.</p> <p>The detailed report in the presentation describes a summary overview of the performance to the end of the second quarter.</p>

	<p>Some of the non-delivery of the milestones is due to slippage in key clinical posts and/or digital projects.</p> <p>It was noted that the report is detailed, and the narratives highlighted in pink represents the milestones that are being requested to be reset by Directors. The end of each section of the report explains why the Executive team are recommending resets.</p> <p>It was noted that the overall strategic aim of the plan remains in place, however, the Health Board had to do some short-term adjustments to improve the delivery of the control total and performance against Ministerial Measures, and as an Executive team take proactive steps to reset some of the planned activities.</p> <p>Independent Members sought assurance by asking the following questions:</p> <p><i>The digital pie chart has a large red section. What is the reason for this? The provision of digital services will be a key element to be able to deliver in the future.</i></p> <p>The Director of Finance, Information and IT highlighted that it was partly linked to when funding becomes available linked to a national programme led by Digital Health and Care Wales requiring an element of national action to make progress. However, the focus is on ensuring that the Health Board has the capacity, resources, skills and expertise to deliver the ambition of the Health Board across all its services.</p> <p>The Board Received ASSURANCE that the organisation has appropriate mechanisms in place to monitor delivery against the Annual Plan;</p> <p>Received ASSURANCE against delivery of the plan at the end of quarter 2;</p> <p>APPROVED the reset to the Annual Delivery Plan for the remainder of 2023/24.</p>
PTHB/23/100	<p>PLANNING APPROACH 2024 ONWARD</p> <p>The Director of Planning, Performance and Commissioning presented the item which provided an update on the planning approach for 2024 onwards. This has been fully considered at the Planning, Partnerships and Population Health Committee who supported the approach for presentation to PTHB Board.</p> <p>It was noted that the Health Board has chosen to implement a five-year plan which is slightly longer than the traditional three-year plan undertaken by NHS organisations in Wales but is in</p>

	<p>recognition of some of workforce, finance and service sustainability challenges faced.</p> <p>It was noted that although the planning guidance for 2024/25 have not been published, the Health Board had started its planning approach.</p> <p>A comprehensive presentation has been prepared which captures the influencing factors on the plan, covers the current year performance and the projected outturn provides a starting point for next year and beyond.</p> <p>The presentation also considers some environmental factors that influence the Health Board from a PESTLE analysis from a Political, Economic, Social, Technological, Legislative and Environmental changes that impact our work and plans, and the expected deliverables that the planning guidance will lay upon the Health Board and the wider NHS for improvements.</p> <p>It was highlighted that slide 12 shows some of the influencing factors over the next 10 years. Public Health Wales and Welsh Government have done a comprehensive review of several factors influencing health provision and population health outcomes in terms of population projection, terms and conditions, risk factors, staff availability, economic consideration, and new technology. All these factors will be built into the plan.</p> <p>The Health Board is working alongside key stakeholders and partners to bring the Powys County Council 'Sustainable Powys' and the Health Board 'Better Together Accelerated Sustainability Model' together to further influence outcomes.</p> <p>The timescale, for submitting a comprehensive, narrative and numerical plan that captures the volume of activity to be delivered within the workforce and finance available before submission by the end of March 2024 was outlined. Further work would be undertaken in forthcoming Board Development sessions.</p> <p>The Board CONSIDERED the approach set out to develop the next 5-year plan, as supported by the Planning, Partnerships and Population Health Committee.</p>
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<p>PTHB/23/101</p>	<p>SOUTH POWYS PROGRAMME-CONSULTANT LED MATERNITY and NEONATAL CARE</p> <p>The Director of Nursing and Midwifery presented the item which provides the organisations' completed readiness assessment and recommendation regarding the strategic pathway change for consultant led maternity and neonatal care for South Powys as consulted upon under the South Wales Programme.</p> <p>Prior to the Covid-19 pandemic the South Powys Programme Board had been established to prepare for changes to obstetric led maternity services from Aneurin Bevan University Health Board (ABUHB) to Cwm Taf Morgannwg University Health Board (CTMUHB). During this time CTMUHB were put into 'Special Measures' for Maternity Services. An Independent Maternity Safety Oversight Panel (IMSOP) has monitored the improvement journey and has now concluded that CTMUHB can continue improvement without the need for independent oversight and support from IMSOP. CTMUHB Maternity Services have been de-escalated and are now at 'Enhanced Monitoring'. The proposed pathway changes for consultant led maternity and neo-natal services for South Powys women and families are now recommended to transfer from ABUHB to CTMUHB.</p> <p>Independent Members sought assurance by asking the following questions:</p> <p><i>How do you intend to provide assurance to the Patient Experience Safety Committee that risks and trends in the CTMUHB services are picked up early through the Integrated quality report?</i></p> <p>The Director of Nursing and Midwifery stated that there is a monthly Maternity Matters Assurance Forum within the organisation. This forum is an assurance meeting, and on a quarterly basis it is extended and has a particular emphasis on assurance from provider services. There is a focus on all of the commissioned services, including Cwm Taf, Shrewsbury, Telford and Hereford, and this will continue to be reported back to the PEQS Committee in the Integrated Quality Report.</p> <p><i>Can you confirm that pathway change from Bristol Royal Hospital for Children to University Hospital Wales is in place in relation to foetal medicine?</i></p> <p>The Director of Nursing and Midwifery confirmed that in relation to foetal medicine, the women do have a pathway into foetal medicine at the University Hospital in Wales via obstetrics services within CTMUHB services.</p>
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	<p><i>What communications will be shared regarding the formal switch of services and what assurance will be given to women and families who have any residual concerns around the negative publicity and the history of CTMUHB services?</i></p> <p>The Director of Nursing and Midwifery advised that this is undertaken via the women's designated midwife. Any woman who qualifies for obstetrics led care during pregnancy will have extensive and meaningful conversation with their midwife during the booking appointment and throughout the pregnancy to ensure that they understand the pathway into obstetric care.</p> <p><i>What plans do we have to capture women's experience if they are accessing commissioned services?</i></p> <p>The Director of Nursing and Midwifery advised that both the Maternity Services Team and Central Quality and Safety Team have been working hard to capture experiences of people who use commissioned services, and this is reported through our Monthly Matters Assurance Committee.</p> <p>The Board RECEIVED the report; and APPROVED the recommendation for the strategic pathway change for consultant led maternity and neonatal services for South Powys to be provided by Cwm Taf Morgannwg University Health Board.</p>
PTHB/23/102	<p>DIRECTOR OF CORPORATE GOVERNANCE REPORT</p> <p>The Director of Corporate Governance presented the report providing an overview of updates and requested approval of decisions in relation to Board related Corporate Governance.</p> <p>The Board APPROVED the amendments to the PTHB Model Standing Financial Instructions for Capital payments; RATIFIED the Chair's Actions taken on the 3 and 23 November 2023; and RATIFIED the Chair's recommendations for Committee membership for the remainder of 2023/24.</p>
PTHB/23/103	<p>MINUTES OF PREVIOUS MEETING: 27 SEPTEMBER 2023 (FOR APPROVAL) AND ACTION LOG</p> <p>The minutes of the meeting held on 27 September 2023 were APPROVED as a true and accurate record subject to two minor amendments on page 3 (declarations of interest) and page 19 (Belmont Surgery).</p> <p><u>Action Log:</u></p> <p>PTHB/23/06, PTHB/23/081 and PEQS & WC/23/05 -</p> <p>These three actions are on track.</p>

	<p>PTHB/23/074 -This item has been transferred to the Delivery and Performance Committee and will move to the action log and will be reported back Board via the Chairs update report.</p> <p>The Board RECEIVED and DISCUSSED the Action Log.</p>
ITEMS FOR BOARD ASSURANCE	
PTHB/23/104	<p>ESCALATION AND INTERVENTION STATUS REPORT</p> <p>The Director of Corporate Governance gave a presentation, the Health Board had been moved from routine monitoring into an enhanced level of escalation and intervention status with Welsh Government, in relation to Planning and Finance. All other areas remained at routine monitoring.</p> <p>Confirmation of status of the monitoring was received from the Minister for Health and Social Services Minister in September 2023, following a number of tri-partite meetings held by Welsh Government officials and other external regulators. An initial meeting with Welsh Government to discuss the enhanced monitoring status has taken place and the Health Board has been given an opportunity to discuss the terms of reference focussing on the implementation approach and the de-escalation criteria.</p> <p>The information had been shared virtually with the Board once received.</p> <p>It was noted that Integrated Quality and Performance (IQPD) meetings with Welsh Government will be increased to monthly from quarterly. A series of Director-to-Director contact meetings (Planning and Finance) will take place on a monthly basis. The Joint Executive Meetings (JET) with Welsh Government will remain on a bi-annual basis.</p> <p>The Executive Committee sub-group structure has been reviewed to ensure there is focussed, efficient governance and assurance in relation to all areas of the Executive Committee responsibilities but particularly in relation to planning and finance. The frequency of the Delivery and Performance Committee had already been increased from quarterly to bi-monthly and an Independent financial advisor has been recruited to support Delivery and Performance and Audit, Risk and Assurance Committees whilst the Independent Member (Finance) vacancy is out to recruitment by Welsh Government.</p> <p>The assurance arrangements of the Board were proposed as, the Executive Committee will continue to lead the Executive led</p>

	<p>scrutiny and assurance; the Delivery and Performance Committee will lead the Board level scrutiny and assurance, both will report to Board at each of its meeting and the Board will receive a bi-annual report, particularly focusing on de-escalation criteria.</p> <p>External assurance arrangements include Welsh Government which will continue to lead their monitoring approach through the increased frequency of the monthly IQPD meetings, JET, and profession to profession sessions. The Structured Assessment Report (Audit Wales) will be received by Board, but this will not comment on the escalation status but on the governance, finance and planning arrangements within the Health Board. The Audit, Risk and Assurance Committee will continue to receive the Internal Audit reports and plan.</p> <p>The Interim Chief Executive advised that the Executive team had undertaken to lead the response to the escalation status with Welsh Government and to be clear about the control the Health Board is taking to minimise the impact of the changed status on the wider organisation. It is vital staffing efforts remains focussed on patients and the delivery of our plans.</p> <p><i>Can the context of monitoring across NHS Wales be shared?</i></p> <p>The Interim Chief Executive noted that it is difficult to draw comparisons but for the Health Board this is an increase from routine monitoring to enhanced monitoring, but other organisations are managing both special measures and targeted intervention and all the Health Boards are in some form of intervention. Collectively the NHS Wales body will work on reducing the escalation of each of the individual organisations.</p> <p>The Board RECEIVED the Escalation and Intervention Status Report for assurance and SUPPORTED the oversight and monitoring mechanisms proposed.</p>
PTHB/23/105	<p>FINANCIAL PERFORMANCE MONTH 7</p> <p>The Director of Finance, Information Services and IT presented the report which provided an update on the October 2023 (Month 07) Financial Position, including progress with savings delivery.</p>

	<p>The following matters were highlighted for the Board's attention:</p> <ul style="list-style-type: none"> • In month 7, Welsh Government issued £18.3m additional funding to the Health Board. This has resulted in the forecast deficit being revised to £15.173m. • As of month, 7 there is a £9.138m overspend against the planned month 7 deficit of £8.851m giving the Health Board an operational overspend of £287k. • The Health Board is on track to spend the Capital Resource Limit for 2023/24 of £3.656m. To date £0.95m has been spent. • Key cost pressures include an overspend in primary care prescribing and agency spend, especially within mental health services. The agency spend relates to a number of vacancies and this is an area of focus and action. • At month 7 there is an overspend of £1.48m on the commissioning budget of £96.024m which accounts for 40% of expenditure and is a result of savings not achieved and increased spend on English providers. • At Month 7 there is an overspend of £1.299m on a prescribing budget of £28.831m as a result of price inflation and increased prescribing activity. It is an area where focused activity has taken place but a significant overspend remains. As at month 7, there is an overspend of £0.173m on year-to-date budget of £16,885m against Continuing Care (CHC) and Funded Nursing Care due to an increase in costs along with an increase in the complexity and number of patients requiring CHC. • £7.5m of savings are required of which £5.1m of green saving schemes and £3.3m amber saving schemes have been identified. This is greater than the £7.5m required which allows for a degree of slippage. A further £1.7m red saving schemes in the pipeline. <p>It was highlighted that due to the £15.173m revised forecast financial deficit, the Health Board will require additional cash in the latter part of the year (month 12) to meet ongoing commitments. Welsh Government had asked that formal applications for strategic cash support be submitted by 23 November 2023, the Health Board had complied with this request.</p> <p>Independent Members sought assurance by asking the following questions:</p>
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	<p><i>What is driving the cost pressures in mental health? How can that situation can be recovered and will some of the national work taking place be beneficial to the Health Board?</i></p> <p>The Director of Finance, Information and IT explained that health is a dynamic system subject to constant pressures in terms of inflation, and availability of staff to fill vacancies. The Health Board is doing everything possible in areas, such as mental health and agency but there is a lot of pressure due to vacancies, increased demand and individual care requirements. The priority is to provide the most appropriate care. From a financial perspective this is being approach through staffing recruitment, using affordable agencies and getting additional people into the bank resource.</p> <p><i>In relation to prescribing, is some of the increase in prescribing as a result of delays in accessing secondary care?</i></p> <p>The Director of Finance, Information and IT stated that that the team do a lot of good work in this area including bio-similar drugs which provide the same outcome for less cost. However, inflation and demand pressures are a continuous challenge that is being managed as part of risks and opportunities.</p> <p>The Medical Director added that the medicine management team has been working together with primary care to implement an efficient plan. This plan aims to explore all opportunities and regularly gathers feedback to ensure optimal medicine management. This is a good practice that improves patient prescribing. Obtaining data to show the impact of delays to accessing secondary care impact has been difficult but anecdotally this appears to be the case. Regarding bio-similar medications, efforts have continued between the Health Board, service providers, and commission services to ensure optimal medication choices for patients.</p> <p><i>In relation to agency spend the Health Board is an outlier in relation to the rest of Wales. Are there any examples of good practice that can be drawn from elsewhere?</i></p>
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	<p>The Director of Finance, Information and IT stated that it is a multilayered action plan and step one is to fill the vacancy removing the need for an agency. However, there may be operational pressures and demand which means increased care may be needed resulting in the use of agency on contract rather than off contract. There is a national programme looking at pay and how contracts can provide the best value if agency was needed.</p> <p>The Director of Workforce and OD added that there is no quick solution to this issue. A number of activities are ongoing including increasing the number of overseas nurses. Currently, there are 10 nurses with 4 or 6 more expected in the next few months. Additionally, 22 aspiring nurses are now health care support workers. Off agency spend data shows that the additional healthcare support workers are now resulting in a reduction in agency spend. The specialist and additional support that some patients require has been problematic, but there is no new insight from other Health Boards that is not already in the PTHB action plan. The plan is to scale up the number of overseas nurses and aspiring nurses next year. Retention of nurses and midwives accounts for 25% of turnover. A national nurses and midwifery retention plan has been implemented, with funding provided by Health Education and Improvement Wales to encourage nurses to stay in the organisation.</p> <p>The Director of Nursing and Midwifery confirmed that the Health Board was not an outlier compared to other organisations in relation to vacancy rates.</p> <p>A recent survey by the Royal College of Nurses has identified an increase in the number of mental health concerns that are being experienced. This of concern in relation to the nursing profession and in relation to Medical Job Planning. The wellbeing of staff is fundamental to the retention of our workforce.</p>
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	<p>The Medical Director considered this was the most challenging time in health care with evidence of stress in the workforce. The challenge in Powys related to the number of small sites and teams, resulting in challenges in providing peer support and mentoring and in providing cover support. The acuity of patients has risen since the pandemic across the whole system. This may mean that despite the best efforts of the team, agency staff may be required.</p> <p>The Board:</p> <ul style="list-style-type: none"> RECEIVED the financial report and took ASSURANCE that the organisation has effective financial monitoring and reporting mechanisms in place. <p>The Director of Operations, Community and Mental Health left the meeting</p>
PTHB/23/106	<p>INTEGRATED PERFORMANCE REPORT MONTH 6</p> <p>The Director of Planning, Performance and Commissioning presented the item which provided an update on the latest available performance position for the organisation against the NHS Wales Performance Framework up until the end of June September 2023 (month 6). It was noted that the month 6 position provided within the report remains in new format (which focuses on metrics in escalation/exception). Attention was drawn to the following areas:</p> <ul style="list-style-type: none"> key performance challenges remain across planned and unscheduled care access. 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. key appointments into a number of roles both in the delivery of planned care, including a new theatre manager, some clinical oversight for planned care and also some appointments to fill vacancies in therapies should result in improved performance. exception and escalation performance framework meetings have taken place with service managers and service leads to get an understanding of when and how performance will improve to deliver the ministerial measures.

	<ul style="list-style-type: none"> • A number of ministerial targets are not being met yet and in some cases the performance is deteriorating. Additional work has been undertaken recently and there is an increasing level of confidence that some of these measures will be improved upon over the last five months. • the next report will provide a restated forecast outturn and delivery confidence particularly for those ministerial measure trajectories. <p>Independent Members sought assurance by asking the following questions:</p> <p><i>Recovery monies to reduce long waiting lists in Wales were given to other Welsh Health Boards. What assurance can be given that Powys patients are being seen in other Welsh Health Board to reduce the very long waits?</i></p> <p>The Director of Planning, Performance and Commissioning confirmed that there is full visibility on all patients waiting across Wales, who is waiting, what for, where and how long the wait is. The reports are received weekly, and work is also being undertaken with the finance team and with a better understanding of the volume and value of activities being undertaken versus the money that is being spent. Each month, the team review contract performance to see how that is getting on.</p> <p>In relation to the funding not received, there is a mechanism in place for communicating with other Health Boards to ensure the Health Board is not being double charged for activity. Work is being undertaken with those Health Boards to create a mechanism by which regular checks can be conducted, and to understand what plans they have in place to progress activity and improve capacity and access.</p> <p><i>When that mechanism is deployed how will that be reported to members of the Board?</i></p> <p>The Director of Planning, Performance and Commissioning confirmed that it will be reported to the Delivery and Performance Committee and that it related to one of the mitigating factors to get down to the control total of £12m which would contribute to the delivery of £400k.</p> <p>Action: Director of Planning, Performance and Commissioning</p> <p><i>In relation to long waits over Referrals to Treatments, how long</i></p>
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	<p><i>over 104 weeks are the waits, and will this affect people mainly in Ystradgynlais? Is this wait time reducing?</i></p> <p>The Director of Planning, Performance and Commissioning stated there are patients waiting over four or five years across some of our Welsh Health providers, but the very extreme long waits (over three years) are beginning to reduce in number across Wales. However, the number of patients being added to the waiting list having to wait for two years is currently increasing not decreasing. It will take some time for extreme long waits to be eradicated in Wales, and similarly in England. In Powys we have some patients waiting over two years, the number of patient waiting from 52 weeks up to 104 weeks is increasing. It is expected that given current pressures this position will deteriorate over the remaining five months.</p> <p>The Board DISCUSSED and NOTED the content of this report.</p> <ul style="list-style-type: none"> • Took ASSURANCE that the Health Board has appropriate systems in place to monitor performance and respond to relevant issues.
<p>PTHB/23/107</p>	<p>GILWERN BRANCH CLOSURE ASSURANCE REPORT</p> <p>The Assistant Director of Communications, Engagement and Corporate Governance joined the meeting.</p> <p>The Director of Finance, Information and IT presented the report providing 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.</p> <p>It was highlighted that the:</p> <ul style="list-style-type: none"> • community well-being and information event took place in Gilwern on 3 November 2023 • letters were distributed to all households of registered patients in the Gwent area of the practice confirming closure of the Belmont Branch Surgery from 30 Nov • regular meetings with local community transport providers are ongoing and will continue post closure to check on what the impact has been • changes in practice registration continues to be monitored and will be kept under review post the closure date to understand and make sure that if there are any other actions needed, they will be taken. <p>Further meetings of the Task and Finish group are arranged in December and January to review the plan and review areas highlighted for any unexpected movement or changes. A</p>

	<p>further update on progress will be presented to the Board on 31 January 2024.</p> <p>The Regional Director of Llais advised a couple of issues have been raised from a Llais perspective, they had been listened to and taken forward.</p> <p>The Board RECEIVED the update on the mitigation plan and took ASSURANCE in relation to the progress being made on further development and delivery of the mitigation plan.</p>
PTHB/23/108	<p>WINTER RESILIENCE PLAN 2023/24</p> <p>The Director of Planning, Performance and Commissioning presented the item which presented the System Resilience 'Winter plan' for 2023/24.</p> <p>It was noted that this was a System Resilience Winter Plan that picks up actions to be taken as a Health Board, with partners such as Powys County Council, and neighbouring Health Boards and Trusts. It is a shared plan which has been developed with the Regional Partnership Board and wider partners in Powys. There was no separate financial allocation this year. Welsh Government has increased an oversight in this area and have set up a planning and response group to look at system pressures.</p> <p>Independent Members sought assurance by asking the following questions:</p> <p><i>Given there is no dedicated funding for winter pressures, is Welsh Government expecting the Further Faster funds will be used to support the Health Board in implementing the plans?</i></p> <p>The Chair of the Regional Partnership Board (Kirsty Williams) advised that a letter had been received from Welsh Government emphasising the importance of improving system flow by decreasing delays in assessment.</p> <p><i>Can an update be given on the position in relation to the Trusted Assessor model with the intention to reduce delays and assessment?</i></p> <p>The Director of Planning, Performance and Commissioning stated that an allocation of £349k has been received via the RPB, plans are in place. The Director of Operations, Community and Mental Health advised that a focus on timely assessment has resulted in assessments being completed more quickly,</p>

	<p>however, the delay has then shifted to the time taken to commission packages of care.</p> <p>The Vice Chair added that the RPB meeting was delayed and will take place shortly.</p> <p><i>In relation to issues around respiratory, vaccination and infection prevention and control. How sensitive is the system to being levered up or down?</i></p> <p>The Director of Public Health confirmed that the Respiratory Vaccination Programme, which covers flu and covid vaccinations is in place. A surge plan is in place for vaccination which has been exercised this year and there is a joint oversight group with the local authority and Public Health Wales. Tests for respiratory infections in vulnerable groups, mainly care homes in Powys are continuing and plans are in place for increased contact tracing and testing if needed. The Director of Nursing and Midwifery added that from an infection prevention and control perspective, the Infection Prevention Control Advisory Group has been established which meets regularly.</p> <p>The Director of Planning, Performance and Commissioning added that he attended a meeting with the newly formed Health and Social Care Service System Resilience Planning group which has been stood up by Welsh Government and meets weekly to discuss concurrent issues and create an eight week forward plan to mitigate some of the risks.</p> <p>The Board took ASSURANCE that the system Resilience 'Winter Plan' is in place for the 2023/24 season.</p>
PTHB/23/109	<p>ASSURANCE REPORTS OF BOARD PARTNERSHIP ARRANGEMENTS INCORPORATING RPB PROGRESS REPORT</p> <p>The Chief Executive provided an update in respect of the matters discussed and agreed at recent partnership board meetings, including a detailed report on the Regional Partnership Board which provided an update on recent activity of the key work programmes and thematic partnerships within the RPB.</p> <p>The Associate Director of Capital, Estates and Property presented detail in relation to the joint Strategic Capital Plan to provide assurance of work in the collaborative arena. It feeds</p>

	<p>into Welsh Government initiatives for estates rationalisation across the public and third sector. It is the first version of a 10-year plan.</p> <p>The Vice Chair (in her role of Chair of the RPB) noted this was ongoing work to improve reporting and assurance mechanisms in respect of capital and revenue spend. Clarity is being provided on the role of RPB, both what it can and cannot do.</p> <p>The Chair welcomed the report and noted that whilst RPBs had been set up by statute there was an accountability gap, and this report was an attempt to provide assurance in this regard.</p> <p>More general updates were provided in relation to the following:</p> <ul style="list-style-type: none"> • NHS Wales Shared Services Partnership Committee (NWSSPC) held on 21 September 2023. • Powys Public Services Board (PSB) last met on the 04 October 2023. • Regional Partnership Board (RPB) held on 18 September 2023; and • Joint Partnership Board (JPB) has not met since the last meeting of Board. <p>Independent Members sought assurance by asking the following questions:</p> <p><i>In relation to decarbonisation route map, how will decarbonisation appear in terms of process for the various organisation within this group. How will partner organisations work together using the example of decarbonisation to demonstrate how well a joint goal can be achieved?</i></p> <p>The Associate Director Capital, Estates and Property stated that as part of governance strengthening an opportunity investment tool has been developed. This tool considers various criteria for prioritising projects, including decarbonisation. A significant amount of work is being done collaboratively, such as the North Powys Project, to develop a net zero approach with guidance from the Welsh Government. Additionally, there is ongoing coordination with the Welsh Government Energy Service for evaluating the overall asset landscape across the estate.</p> <p>The Associate Member advised that the RPB are making positive steps forward in terms of governance and assurance and this will continue to strengthen the partnership.</p>
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	<p>The Board DISCUSSED and NOTED the contents of this report; Took ASSURANCE that the Powys RPB has appropriate governance and engagement systems in place to deliver against agreed joint partnership priorities as set within the Joint Area Plan / Health and Care Strategy; Received ASSURANCE that the RPB strategic capital plan is in place for Powys.</p>
PTHB/23/110	<p>ASSURANCE REPORT OF JOINT COMMITTEES</p> <p>The Chief Executive presented the item summarising 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 19 September 2023. • Emergency Ambulance Service Committee (EASC) held on 19 September 2023 where attention was particularly drawn to the opportunity that Board will have to discuss the Emergency Medical Retrieval and Transfer, and Air Ambulance Service proposals <p>The report also provided an update in respect of the Mid Wales Joint Committee for Health and Social Care (MWJC) and conference held on 14 November 2023.</p> <p>The Board NOTED the updates contained in this report in respect of the matters discussed and agreed at recent Joint Committee meetings.</p>
PTHB/23/111	<p>ASSURANCE REPORT OF LOCAL PARTNERSHIP FORUM</p> <p>The Director of Workforce and OD presented update to the Board in respect of matters discussed at the recent Local Partnership Board meeting on 02 October 2023.</p> <p>The Board RECEIVED and DISCUSSED the update report appended to this report.</p>
PTHB/23/112	<p>LLAIS REGIONAL DIRECTOR REPORT</p> <p>The Regional Director of Llais presented her report and highlighted that the deep dive and local visit to Builth Wells was now complete having also visited Welshpool and Ystradgynlais. The next visit planned is to Llanidloes. Each location has been different providing rich data.</p> <p>Powys is driving the hyper local approach of going to the communities rather than waiting for the communities to come to them and that has worked very well at Builth Wells. It was also noted that the livestock market and schools were visited and community groups.</p>

	<p>Following the deep dive, a workshop is organised involving Local Authorities, Health Board, third sector representatives including volunteers and schools to discuss what has been heard.</p> <p>It was highlighted that there have been a number of service changes that have impacted Powys including the Nevill Hall Hospital MIU, Stroke Services and the EMRTS service. Llais was disappointed not being involved in the phase 2 engagement documentation in relation to EMRTS and had raised this with EASC.</p> <p>The Chief Executive noted that arrangements for the sharing of reports to the Patient Experience, Quality and Safety Committee was being put in place.</p> <p>The Chair noted the hyper local approach was being considered by other Llais regions. The offer of a development session was noted and the appointment of Grace Quantock as a Regional Ambassador was noted.</p> <p>Independent Members sought assurance by asking the following questions:</p> <p><i>There is reference to GP behavioural contracts in the report. Could this be considered by the Patient Experience, Quality and Safety Committee?</i></p> <p>The Chief Executive advised that there was a general concern regarding off listing of patients with certain behaviours from a primary care setting. The process and numbers of patients affected would be reported to PEQS.</p> <p>Action: Director of Corporate Governance</p> <p>The Chief Executive further confirmed that in relation to the EMRTS and Welsh Air Ambulance Services proposals, as part of the Boards consideration the Board will wish to take due note of Llais' views as part of consultation and engagement arrangements.</p> <p>The Chief Executive advised that the Strategic Change Report had been considered at the Planning, Partnerships and Population Health Committee where changes to Stroke Services was reported. She had taken an action to get a pan Wales (including cross border) arrangement for proposed stroke services to ascertain how proposals affect Powys patients.</p>
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OTHER MATTERS	
PTHB/23/113	BOARD WORK PROGRAMME The Director of Corporate Governance highlighted the work programme as part of a rolling programme. A further item to be included is the Digital Strategic Framework to March Board. Action: Director of Corporate Governance
PTHB/23/114	ANY OTHER URGENT BUSINESS No other matters of urgent business were raised
PTHB/23/115	DATE OF THE NEXT MEETING: 31 JANUARY 2024, via Microsoft Teams
PTHB IC/23/116	The following motion was passed: <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>
Present Carl Cooper	Chair
Hayley Thomas Kirsty Williams Cathie Poynton Ian Phillips Rhobert Lewis Simon Wright Ronnie Alexander Chris Walsh Pete Hopgood Claire Roche Mererid Bowley Stephen Powell Kate Wright Claire Madsen Debra Wood Lawson Joy Garfitt	Interim Chief Executive Vice Chair Independent Member (Trade Union) Independent Member (ICT) Independent Member (General) Independent Member (University) Independent Member (General) Independent Member (Local Authority) Director of Finance, Information and IT Director of Nursing and Midwifery Director of Public Health Interim Director of Performance and Commissioning Medical Director Director of Therapies and Health Sciences Director of Workforce, OD and Support Services Interim Director of Operations, Community Care and MH
In Attendance Helen Bushell Wayne Tannahill	Director of Corporate Governance Associate Director Capital and Estates

Liz Patterson Katie Blackburn	Interim Head of Corporate Governance Regional Director Llais
Apologies for absence Jennifer Owen Adams	Independent Member (Third Sector)
PRELIMINARY MATTERS	
PTHB IC/23/117	WELCOME AND APOLOGIES FOR ABSENCE The Chair welcomed all participants to the meeting. Apologies for absence were received as recorded above.
PTHB IC/23/118	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/23/119	COVID-19 PUBLIC INQUIRY PREPARATION AND READINESS UPDATE Rationale for item being held in private: matter subject to legal professional privilege. The Board NOTED the progress on organisational preparedness for the UK Covid-19 Public Inquiry including the sources of assurance.
PTHB IC/23/120	MINUTES FROM THE IN-COMMITTEE MEETINGS HELD ON 27 SEPTEMBER 2023 AND ACTION LOG The minutes of the In-Committee meetings held on the 27 September 2023 were agreed as a true record. The Action Log was received.