

POWYS TEACHING HEALTH BOARD
CONFIRMED

MINUTES OF THE MEETING OF THE BOARD
HELD ON THURSDAY 11 APRIL 2024
VIA TEAMS

Present

Carl Cooper (CC)	Independent Member (Chair)
Kirsty Williams (KWi)	Independent Member (Vice Chair)
Rhobert Lewis (RL)	Independent Member (General)
Ian Philips (IP)	Independent Member (ICT)
Cathie Poynton (CP)	Independent Member (Trade Union)
Mick Giannasi (MG)	Independent Member
Hayley Thomas (HT)	Chief Executive
Pete Hopgood (PH)	Director of Finance, Information Services and IT/Interim Deputy Chief Executive
Stephen Powell (SP)	Director of Planning, Performance and Commissioning
David Farnsworth (DF)	Interim Director of Operations/Community and Mental Health
Kate Wright (KW)	Medical Director
Mererid Bowley (MB)	Director of Public Health
Debra Wood Lawson (DWL)	Director of Workforce and OD
Claire Roche (CR)	Director of Nursing and Midwifery

In Attendance

Helen Bushell (HB)	Director of Corporate Governance
Adrian Osborne (AO)	Deputy Director of Communications, Engagement & Corporate Governance
Nina Davies (ND)	Associate Member: Director of Social Services and Wellbeing, Powys County Council
Katie Blackburn (KB)	Regional Director Liais
Stephen Harray (SH)	Chief Ambulance Services Commissioner
Liz Patterson (LP)	Interim Head of Corporate Governance
Hayley Hughes (HH)	Corporate Business Manager (Minutes)

Apologies for absence

Joy Garfitt (JG)	Director of Operations/Community and Mental Health
Claire Madsen (CM)	Director of Therapies and Health Sciences
Jennifer Owen Adams (JOA)	Independent Member (Third Sector)
Ronnie Alexander (RT)	Independent Member (General)
Simon Wright (SW)	Independent Member
Chris Walsh (CW)	Independent Member (Local Authority)

PRELIMINARY MATTERS	
PTHB/24/001	<p>WELCOME AND APOLOGIES FOR ABSENCE</p> <p>CC welcomed all participants to this Extra Ordinary meeting of the Board including Stephen Harray, Chief Ambulance Services Commissioner who will be helping with the discussions as part of the business at today's Board meeting.</p> <p>Apologies for absence were noted and recorded as above.</p> <p>CC welcomed all to the meeting.</p>
PTHB/24/002	<p>DECLARATIONS OF INTEREST</p> <p>No declarations of interest were made in addition to those already recorded on the register.</p>
ITEMS FOR APPROVAL/RATIFICATION/DECISION	
PTHB/24/003	<p>EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS)</p> <p>CC noted that this Board meeting had been convened to consider the Health Board's view on the Emergency Medical Retrieval and Transfer Service (EMRTS) review, where a decision will be taken by the newly constituted NHS Wales Joint Commissioning Committee (JCC), of which HT is a member, along with the other 6 Welsh Health Boards. CC noted that the Board has already had significant involvement in the review, with a number of engagement events and Board briefings on this topic.</p> <p>CC noted that the Board are aware and informed of the work undertaken within the review and of the issues that exist for the Wales Air Ambulance Charity, fully understanding the high levels of engagement from the people of Powys and strength of concerns that have been raised from a</p>

number of stakeholders. CC noted the impact that the process and period of change was having on the Charity and was aware of the strength of feeling within the Powys population. With the county of Powys being a rural county, the population seek assurance that any changes are fit for purpose for the area; the Board need to take into account the evidence and information available to enable any decision and to ensure there is clarity on the distinction between assurance and reassurance. CC finally noted that at the 20 March 2024 Board meeting, the Board had requested additional assurance in a number of critical areas.

HT presented the full recommendations that were considered at the Board meeting on the 20 March 2024; with the key themes being:

- Responding to unmet need;
- Conscientious consideration of the views of the public and stakeholder voice (view of Llais);
- Maintaining the Charity partnership;
- Consideration of the totality of the recommendations including our confidence in the mitigating action being proposed for Recommendation 4; and
- Engagement assurance (66% response rate from the Powys population).

HT noted that Powys Teaching Health Board (PTHB) has formally adopted the Standing Orders of the NHS Wales JCC; HT represents PTHB at the meeting and there is shared responsibility for decisions as a collective duty for the population of Wales.

HT presented the recommendations from the National Review, noting that whilst Recommendation 4 had been updated, recommendations 1-3 are unchanged.

CC expressed thanks to those members of the public that had submitted a question for today's meeting and those have been responded to.

KB noted that further correspondence from Llais has been submitted. The letter that had been discussed at the Board meeting on the 20 March 2024 referenced the insufficient detail in relation to the recommendations and that community of Powys are not assured of the proposed impact of changes. KB noted that the recent letter has been

shared with the Board and sent to SH which expressed particular concern that a decision is being sought before the work is being undertaken and clarity on how the services would look like for people living in rural and remote areas.

SH advised that a formal response will be provided, working closely with Llais. He noted that:

- the service is a highly specialised service which attends 1% of the 999 incidents;
- the engagement process has been underway for 18 months and a large number of concerns were not about that 1% but about other serious clinical presentations that Powys people felt they were not getting as good a service; hence why recommendation 4 has been included; and
- this is about patient care.

Independent Members and Members of the Board sought assurance by asking the following questions:

Can the Chief Ambulance Commissioner advise, in relation to Recommendation 4, if there is any additional information available, and if so why this has not been provided in the papers that will be considered at the JCC?

SH accepted that additional information was required to be provided to provide assurance; and advised that the additional information sent to Llais will be included in the full report considered by the JCC on the 23 April 2024, along with any additional information arising from the current round of Health Board meetings that were taking place.

How confident is the Chief Executive that it will be possible to sufficiently influence the Task and Finish Group to come up with a solution to satisfy Recommendation 4?

HT noted that should the JCC approve the suite of recommendations the key issue will be the terms of reference for the Task and Finish group. The Health Board will be an equal partner in this, and will fully participate in the process if the recommendations are approved by the JCC.

SH confirmed that the Health Board would be a significant partner in the Task and Finish Group given the degree to which the proposals affected the Health Board area. He advised that work will be in collaboration with PTHB, and should a bespoke service be put in place, how it will align

with the Health Board's ambitions with the service in the future. The JCC would agree the governance of the Task and Finish Group. Positive engagement with Llais and the public will be necessary in moving this forward in an open and transparent way. Clarity will be required on timescales and accountability of delivery.

Can the Chief Ambulance Services Commissioner assure Board that the information resulting from this exercise will be used when considering performance at WAST given that one of the reasons for the concerns arising is a general dissatisfaction including the performance of WAST and distances involved in the transfer to district general hospitals?

SH advised that:

- rural areas face specific challenges and the reason for the inclusion of the recommendation 4 is an opportunity to start the process to address these;
- there is a need to ensure through the commissioning framework with WAST that the specific needs of rural areas are clear;
- it is acknowledged in Powys that ambulances are out of the area for long time and this results in pressures on the system and affects response time;
- the advantage of recommendation 4 will keep a rapid response type resource in the Powys area and noted that should and will improve response times whilst acknowledging it will not fully deal with issue of poor performance; and
- there are a collection of other schemes that can be used to support improved ambulance responses and it will be necessary to capture these in a formal commissioning framework specific to Powys.

KWi noted there were two issues here, both the proposals for EMRTS and Ambulance Services performance. The community deserves to have better Ambulance response times and those issues should be taken forward regardless of a decision on EMRTS. The additional of recommendation 4 is welcomed as a direct result of engagement and the changes to the wording are recognised. However, assurance is yet to be provided that the revised recommendation mitigates the detriment to the service should the proposals to consolidate the bases be approved.

KW advised that if the proposal was of benefit to the population of Wales, and not of disbenefit to the population of Powys, it should be supported. The information and additional information has been examined, but the margin of gain for the population of Wales remains questionable, and it does not appear that there will not be disbenefit to rural populations.

Looking at the information, struggling to convince myself that the margin of gain is there for the population of Powys and there not being a disadvantage to rural areas; and asked whether other options have been considered.

SH advised that when reviewing options, 5 factors were looked at (equity; health gain; clinical skills; value for money and affordability) and those were tested, and adjusted through the engagement process. A lot of time has been spent gathering the information.

What assessment or workforce modelling has been undertaken to identify what workforce will be required, including for the bespoke road service? Recognising the challenge in recruiting and retaining staff across all disciplines, what is the confidence in being able to recruit and retain for this bespoke road service?

SH noted that the level of staffing has been testing with the leaders within EMRTS and colleagues in WAST; who see this as an opportunity to enable recruitment in. SH aware of the difficulty to fill in rural areas, but the ability to rotate through the EMRTS service will be an opportunity to attract and retain more highly qualified practitioners and there will be benefits associated with that.

Unmet need is being noted as a driver; and the key to unlocking the service for Powys is recommendation 4, but would have liked to have had more information to clearly see the intent of that recommendation. Could the suggested timeline be brought forward (currently September 2024) to see that work and any mitigation come in sooner to support the comments made around ambulance response times.

SH advised he was happy to write formally around the content of recommendation 4. SH noted that there will be people in Powys that will get a service, if recommendations are approved, and a better red and amber response, within the existing resource envelope. Development will be continually looked at for a better service; making best use of the valuable service.

KW noted that understanding the scale of the gains is important and noted there are questions around mitigation, knowing how challenging the service is. KW also questioned whether the detail of costs for deriving the different options would be available to view for further understanding.

There are justified concerns that the safety of the communities of Powys would be impacted negatively by the consolidation of the two aircraft bases. We are looking for evidence that alternative road based measures can be put in place which would mitigate that detriment. It would be helpful to understand the assessment of 12% improvement in the service.

Welcome the approach to value, efficiency and improvement in service; but difficulty in supporting the recommendations and asked about governance and process around the development of a proposal.

SH noted that in terms of the proposal of a rapid response solution, allows you to stay within the footprint and then for any transfers out of area it will be ambulance transport. One of the commissioning commitments made is improving transport discharge services. When looking at amber performance, it is quite robust, but not robust enough. When looking at all 999 incidents within Powys, this bespoke service will deal with the 12% (based on red and amber calls) – there is a need to do more work on that in terms of indicative response times. SH confirmed that if you get a service now, you will get a service in the future; and that recommendation 4 will add more to the red and amber. SH noted that when aircraft was deployed; other resources were available and could have responded. SH confirmed that his view is that he can commit to the red line and continue to get that service in the future.

HT recognised the huge amount of work undertaken; reflecting on the response and strength of feeling, there is a level of fear particularly in rural communities about the changes being proposed. The feedback on unmet need shows there is a substantial case for working as a collective on how to best align that service for best outcomes. HT queried whether there is anything that can be done to further expedite the work to get further assurance in particular to recommendation 4; and to respond fully to

	<p>those concerns that have been raised by Board members at today's meeting.</p> <p>CC read out MG's comments that the Board were not able to support the recommendations at the last Board meeting due to not being assured there was sufficient information to demonstrate that the outcome of recommendation 4 would mitigate the potential negative consequences for people in Powys; that the papers provided today didn't provide additional assurance; noting that from SH's verbal updates suggest there is more information available which might potentially provide that assurance, but without seeing it, is difficult to support the proposals as they stand.</p> <p>CC summarised the comments from today's meeting and whilst the Board accepts and recognised the critical importance of addressing the level of unmet need identified by the review, the Board must be assured that the proposed approach sufficiently addressed the concerns that had been raised by residents and stakeholders, including Llais.</p> <p>The Board agreed that further detail was needed in relation to Recommendation 4 and that they were not currently in a position to support the recommendations.</p> <p>The Board were UNABLE TO SUPPORT the approval of recommendations one to four on the following basis:</p> <ul style="list-style-type: none"> • Insufficient detail and evidence that recommendation 4 will mitigate the loss of the base in Powys and that the proposed road response and/or critical care service will be a sufficient mitigation. • Not yet assured that the representations made by Llais, the national citizen's voice body have been sufficiently answered. <p>The Board are willing to receive further information at the appropriate time once that further detail has been developed.</p> <p>CC thanked everyone for their contribution to the meeting.</p>
OTHER MATTERS	
PTHB/24/004	<p>ANY OTHER URGENT BUSINESS No other urgent business was raised.</p>
PTHB/24/005	<p>DATE OF THE NEXT MEETING: 22 May 2024, via Microsoft Teams.</p>