

**POWYS TEACHING HEALTH BOARD**  
**CONFIRMED**

**MINUTES OF THE MEETING OF THE BOARD**  
**HELD ON TUESDAY 20 MARCH 2024**  
**VIA TEAMS**

**Present**

Carl Cooper (CC)	Independent Member (Chair)
Kirsty Williams (KWi)	Independent Member (Vice Chair)
Ronnie Alexander (RA)	Independent Member (General)
Rhobert Lewis (RL)	Independent Member (General)
Ian Philips (IP)	Independent Member (ICT)
Cathie Poynton (CP)	Independent Member (Trade Union)
Mick Giannasi (MG)	Independent Member
Chris Walsh (CW)	Independent Member (Local Authority)
Hayley Thomas (HT)	Interim 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
Claire Madsen (CM)	Director of Therapies and Health Sciences

**In Attendance**

Helen Bushell (HB)	Director of Corporate Governance
Adrian Osborne (AO)	Assistant Director of Communications and Engagement
Wayne Tannahill (WT)	Assistant Director Estates and Property
Jason Crowl (JC)	Assistant Director of Support Services
Kate Prothero (KP)	Service Development Manager
Nina Davies (ND)	Associate Member: Director of Social Services and Wellbeing, Powys County Council

Katie Blackburn (KB)	Regional Director Liais
Liz Patterson (LP)	Interim Head of Corporate Governance
Belinda Mills (BM)	Corporate Governance Officer
Hayley Hughes (HH)	Corporate Business Manager (Minutes)

**Apologies for absence**

Simon Wright (SW)	Independent Member
Jennifer Owen Adams (JOA)	Independent Member (Third Sector)
Joy Garfitt (JG)	Interim Director of Operations/Community and Mental Health

<b>PRELIMINARY MATTERS</b>	
PTHB/24/160	<p><b>WELCOME AND APOLOGIES FOR ABSENCE</b></p> <p>The Chair welcomed all participants to the meeting and apologies for absence were noted and recorded as above.</p> <p>The Chair notified the Board that ND had been formally appointed, by Welsh Government, to the role of Associate Member (Social Services) on the Board of Powys Teaching Health Board for four years.</p>
PTHB/24/161	<p><b>DECLARATIONS OF INTEREST</b></p> <p>The Board were reminded of the following declaration of interest was made in relation to agenda item 3.6 - Welsh Joint Commissioning Committee:</p> <ul style="list-style-type: none"> <li>• Ian Phillips, Chair of Welsh Kidney Network (currently a sub-Committee of WHSSC).</li> </ul> <p>The Board were reminded of the following declaration of interest was made in relation to agenda item 7.3 Historic Continuing Health Care cases update:</p> <ul style="list-style-type: none"> <li>• CW reminded the Board that he is an Elected Member for Powys County Council.</li> </ul>
PTHB/24/162	<p><b>EXPERIENCE STORY</b></p> <ul style="list-style-type: none"> <li>• <b>Staff Experience Story</b></li> </ul> <p>DWL introduced the item which provided an overview of a staff members experience with the Health Board. KP is employed as a Service Development Manager and shared her career journey, her experience of the Graduate Programme and her recent success in the PTHB staff awards. DWL noted that KP is a role model and important learning point for the Grow Our Own scheme, supporting the moves between teams, directorates and professions,</p>

	<p>showing how pathways can be created in a less traditional format.</p> <p>The Board welcomed the presentation and echoed thanks to KP for sharing her story and enabling the Board to understand and visualise the impact of such schemes, as the Graduate Scheme and Grow Our Own, has for the staff of the Health Board.</p>
<p>PTHB/24/163</p>	<p><b>AGREEMENT TO RUNNING A CONSENT AGENDA</b></p> <p>HB presented to the Board, a proposal to operate a Consent Agenda for all Board and Committee meetings. It was outlined that it is a mechanism to assist with the efficient, and appropriate, management of meetings. The Chair, with advice from colleagues, will decide which items are placed on the Consent agenda where reports will be either for Approval, Assurance or Information. If a Board or Committee Member requests that an item is moved onto the agenda for consideration, this can be raised in advance of the meeting or at the start of the meeting. It is proposed that if implemented, its use and effectiveness will be monitored and reviewed.</p> <p>The Board AGREED the proposal to operate a Consent Agenda.</p>
<p>PTHB/24/164</p>	<p><b>REPORT FROM THE CHAIR</b></p> <p>CC introduced the report and extended congratulations to HT who had recently been appointed as the Health Board's substantive Chief Executive Officer role. The Board <b>RECEIVED</b> and <b>NOTED</b> the report</p> <p><b>REPORT FROM THE VICE CHAIR</b></p> <p>KWi introduced the report.</p> <p><b>REPORT FROM THE CHIEF EXECUTIVE OFFICER</b></p> <p>HT introduced the report and drew attention to the following matters:</p> <ul style="list-style-type: none"> <li>- Junior Doctor Industrial Action and the impact on planning requirements particularly for neighbouring Health Boards; the impact on flow and the need to work with Social Care Partners to support the district general hospitals will be a continued focus for the Health Board; and</li> <li>- Substantial progress has been made with regards to the Belmont Surgery branch closure mitigation plan and this work now moves to business as usual.</li> </ul> <p>Members asked the following questions:</p>

	<p><i>Is the Mumps, Measles and Rubella (MMR) vaccination catch-up being put in place as a response to increasing infection in Powys or as a preventative measure?</i></p> <p>MB responded that the Health Board had proactively stood up the group involving partners in light of the outbreaks of measles in England and in Cardiff. This work has been underway for the past 6-7 months to improve MMR vaccine rates.</p> <p>The Board RECEIVED and NOTED the Reports of the Chair, Vice Chair and Chief Executive.</p>
<p>PTHB/24/165</p>	<p><b>ASSURANCE REPORTS OF THE BOARD'S COMMITTEES</b></p> <p>The following Chair's Assurance Reports were received:</p> <p><u>Patient Experience Quality and Safety Committee</u></p> <p>KWi presented the item which provided an overview of matters considered by the Committee on 23 January 2024. Attention was drawn to the following matter:</p> <ul style="list-style-type: none"> <li>- Infection, Prevention and Control (IPC) – the Committee were pleased to hear the significant progress made in implementing the actions contained within the improvement plan. The Committee were satisfied that the organisation has a comprehensive system for addressing IPC via the plan and will continue to scrutinise its implementation going forward.</li> </ul> <p><u>Executive Committee</u></p> <p>HT presented the item which provided an overview of matters considered by the Executive Committee on 10 and 24 January, 7, 14 and 21 February 2024. Attention was drawn to the following matters:</p> <ul style="list-style-type: none"> <li>- The continued work and positive steps following the Welsh Language Commissioner report;</li> <li>- Deep focus on Nationally Reported Incidents; and</li> <li>- Revision to the Integrated Performance Framework to include a quality governance structure.</li> </ul> <p><u>Audit, Risk and Assurance Committee</u></p> <p>RL presented the item which provided an overview of matters considered by the Committee on 16 January 2024 and 11 March 2024. In relation to the meeting on 11 March 2024 attention was drawn to the following matters:</p> <ul style="list-style-type: none"> <li>- Audit of accounts are scheduled to be completed by end of June in line with national timelines;</li> </ul>

- The Audit Wales Structured Assessment report confirms an overall largely positive and maturing picture of the Health Board; and
- Of the five internal audits reported to 11 March meeting, one was of Limited Assurance (relating to Capital and Estates) which the Committee had explored in more detail.

Planning, Partnerships and Population Health Committee

RL presented the item which provided an overview of matters considered by the Committee on 20 February 2024.

Attention was drawn to the following matter:

- A detailed report on endoscopy and bowel screening was received and noted that from October 2024, screening will be rolled out for the over-50's. The committee recognised that the expansion would place additional pressures on the system.

Delivery and Performance Committee

RA presented the item which provided an overview of matters considered by the Committee on 29 February 2024.

Attention was drawn to the following matters:

- Committee timings have been temporarily extended to ensure the Committee have sufficient time to consider matters; and
- Month 10 finance report was discussed, reporting appropriate mechanisms are in place; the forecast and underlying deficit remains on track to meet the control target.

Charitable Funds

CC presented the item which provided an overview of matters considered by the Committee on 07 December 2023.

It was noted that the team are working with Audit Wales to ensure that assurances from the investment fund managers are received in order to submit the Annual Return to the Charity Commission.

Workforce and Culture Committee

IP presented the item which provided an overview of matters considered by the Committee 05 March 2024.

Attention was drawn to the following matters:

	<ul style="list-style-type: none"> <li>- Sustainability and Growth: Grow our own and inspiring nurse programmes are showing signs of success.; and</li> <li>- Given the high vacancy rates, consideration should be given to the Health Board adopting a more calculated risk in funding fixed term contracts.</li> <li>-</li> </ul> <p>The Board RECEIVED and NOTED all the Committee Reports recognising the key assurance role the Committees have in supporting the Board in its work</p>
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**ITEMS FOR APPROVAL/RATIFICATION/DECISION**

<p>PTHB/24/166</p>	<p><b>2024-2029 INTEGRATED PLAN INCLUDING:</b></p> <ul style="list-style-type: none"> <li>• <b>INTEGRATED PLAN</b></li> <li>• <b>CAPITAL PROGRAMME</b></li> </ul> <p>HT introduced the item supported by Executive Directors, who in turn, presented the report which provided the Draft Integrated Plan for 2024-29 ahead of submission to Welsh Government (WG).</p> <p>CC also noted the significant amount of time that has been spent in Board Development sessions where aspects of the plan and financial approach have been developed as a whole Board.</p> <p>A summary of key points brought the Board’s attention were as follows:</p> <ul style="list-style-type: none"> <li>- The plan sets out £24.9M deficit in 24/25 – this does not meet the statutory financial duty to break-even over a 3-year period;</li> <li>- Quality has to underpin the effectiveness, service planning and financial considerations. Services have to be provided as safely and as sustainable as possible;</li> <li>- As a provider, the Health Board is forecasting to deliver against the NHS Wales performance requirements and maintain compliance thereafter. Further analysis is to be undertaken on respective commissioned services against key performance targets;</li> <li>- The 5-year plan signals the level of challenge being faced;</li> <li>- The plan, with associated technical appendices, is to be submitted to Welsh Government (WG) by 28 March 2024; and</li> </ul>
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- During the first quarter, there will be further discussion and dialogue with WG to feedback on plans.

Independent Members provided the following feedback:

- Significant challenging position noted and helpful to understand the risks;
- Appreciative of the inclusion of Independent Members in the inclusion of the development of the plan; and
- The focus on quality is welcomed, along with a commitment to prevention.

Independent Members sought assurance by asking the following questions:

*Is there opportunity to work with partners to strengthen the voice of the public?*

MB noted there is an opportunity within the plan to strengthen prevention in the Regional Partnership Board Start Well, Live Well and Age Well programmes and improve outcomes. ND assured the Board that the local authority will continue to work with the Health Board on these shared challenges.

*What opportunities are there to improve access to primary and community care given levels of concern expressed by the public in respect of access?*

PH advised that there are around 85,000 contacts in General Medical Services per month in Powys against a population of 134,000. This access is higher than in other areas. There are a number of methods to gauge public experience including patient surveys and information gathered by Llais to gauge public perception.

*How realistic is it that SP9 Urgent and Emergency Plan will be achieved within five years?*

KW noted the blended model in General Practice and Minor Injury Units; and the need to return patients to Powys as quickly as possible. There is a need to make change safely and sustainably; and to develop new models of care with partner organisations. It will be necessary to grow the Powys provision organically over time, supporting and developing staff and working closely with secondary care neighbours to ensure safe provision. HT noted the need to keep a close eye on this as a Board.

*The inability to submit a balanced plan puts the Board in a difficult position. Are the Board clear on the consequences of submitting such a plan, and will there be scope to reduce the time taken to return to a balanced position?*

HT advised the Health Board is currently in enhanced monitoring for finance and planning, and it could be the case that escalation will be reviewed as a result of the plan. The feasibility of reducing the period before a return to financial balance is something that will need continual consideration.

*What additional support will be offered to staff going forward if the plan is accepted?*

DWL noted the importance of staff feeling involved in the change that affects them. The Health Board have experience of offering re-skilling, alternative roles and job trials if necessary. A series of communication is also planned across the organisation where staff will continue to be involved in the implementation of the plan and service transformation / change where appropriate.

*Does the recent reduction in inflation affect the assumptions contained within the plan?*

PH advised the plan is based on assumptions which are assessed throughout the year. Any potential benefits will be reflected in the plan on an ongoing basis.

The implications of not having a balanced budget were fully discussed by the Board. The need to continue to be open and honest with Welsh Government, the people of Powys and partners/stakeholders together with the importance of sustaining progress remain at the heart of the Boards approach.

The Board:

- RECEIVED the Five-Year Integrated Plan for April 2024 to March 2029 (the plan);
- RECOGNISED that as the Plan sets out a £24.9m deficit in 2024/25, it does not meet the statutory financial duty to break even over a three-year period and therefore may not be acceptable to Welsh Government and may impact on our escalation status;
- RECOGNISED the plan seeks to balance all statutory and other duties placed on the Health Board to deliver

- health services and improve the health and wellbeing of our local population and reduce health inequalities;
- RECOGNISED that further work will continue, both locally and nationally, on options to improve the financial plan position;
  - APPROVED the Integrated Plan 2024-2029 for the organisation that sets out to address the challenges we face. Year 1 is well defined and years 2 to 5 will be informed further by the first year of delivery, which will include engagement and consultation with patients, residents, staff and a range of other stakeholders;
  - In approving the plan, the Board RECOGNISED a series of other component parts of the Plan, for example the Joint-Committees including WHSSC (Welsh Health Specialised Services Committee) and EASC (Emergency Ambulance Services Committee), which are both meeting on 19th March to finalise their plans, therefore a verbal update will be given during the Board meeting and relevant plans will be provided to the Board at a future date;
  - DELEGATED the final sign off of the plan to the CEO and Chair recognising minor amendments will be made prior to submission to Welsh Government.

### **CAPITAL PROGRAMME**

WT introduced the Discretionary Capital Programme 2024-26 and provided an update on the general capital funding status, including risks and opportunities and drew attention to the following areas:

- At specific points, there are opportunities for capital – and the need to be agile in how that funding is sought;
- Receipt of additional £1.5M discretionary grant (30% contribution);
- Receipt of funding for emergency works; and
- A bid has been submitted for a whole series of improvements and significant decarbonisation savings.

The following was fed back:

- Thanks were expressed to the team for ensuring a pipeline of projects are ready; and for the support provided to the RPB in respect of their capital programme over the last 12 months;

	<ul style="list-style-type: none"> <li>- Concern was raised that there is no funding stream to meet the digital provision in relation to existing x-ray equipment which will cease being supported in 2026. It was noted that Radiology Information System Procurement is being raised with NHS Wales at a meeting this week.</li> <li>- The challenge of backlog maintenance spend is noted;</li> <li>- Recognition of the need to plan for the future; noting how hard it is to plan strategically on a small amount; and</li> <li>- Noted the need to continuously secure capital and ambition is a key enabler.</li> </ul> <p>The Board:</p> <ul style="list-style-type: none"> <li>• APPROVED the Discretionary Capital Programme, 2024/2025–2025/26.</li> </ul>
<p>PTHB/24/167</p>	<p><b>EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS)</b></p> <p>HT gave a presentation which provided an update in relation to the Chief Ambulance Service Commissioner’s conclusion and amended recommendations for the Emergency Medical Retrieval and Transfer Service (EMRTS) Service Review outlined in the Emergency Ambulance Services Committee meeting held on 19 March 2024. HT brought the below items to the Board’s attention:</p> <ul style="list-style-type: none"> <li>- Strength of public attention received – petition of around 37,000 names;</li> <li>- The need to thank the staff, volunteers, patients and all involved in fundraising of the Wales Air Ambulance charity. Noted that some staff and volunteers have experienced negativity and difficult views;</li> <li>- The need to conclude this process and provide clarity and direction for the charity;</li> <li>- A need to maintain public confidence and maintain charitable income streams to support delivery of this service;</li> <li>- As part of the recommendations in the report and review of the Chief Ambulance Service commissioner, that recommendations are considered collectively rather than individually; and</li> <li>- Noting in light of the decision not being taken at EASC Committee yesterday, the recommendations within the report have been revised for consideration at today’s Board.</li> </ul>

KB outlined the view of Llais as follows:

- Regional Directors of Llais have provided correspondence to all Health Boards across Wales in relation to the EMRTS review;
- Legislation outlines the role of Llais in ensuring citizens are both listened to and heard during time of service change;
- Llais have been closely involved since August 2022 when potential changes first became known;
- Comprehensive engagement has taken place but concerns still exist within the community which need to be heard;
- Additional detail is needed in relation to the four recommendations.

The following feedback was received following queries raised from Board Members:

- The considerable support provided by the Air Ambulance Charity was acknowledged;
- The impact on the charity needs to be taken into account, including the potential reduction in income as a result of this process which may affect the proposed model;
- Note the need to quickly come to a conclusion on detail of recommendation 4, to safeguard those areas and enable unmet need to be addressed. In addition, the Health Board need to press on what can be done to improve Welsh Ambulance Services Trust road ambulance performance for Powys residents.
- Concern hearing the commentary regarding the charity and its impacts on them – particularly if funding streams cease and any consideration on future model. Noted that based on an initial review that the signatures are from local residents.

Independent Members sought assurance by asking the following questions:

*The report includes three priority statements:*

- o *Everyone in Wales should have equal access;*
- o *The Service should be structured to treat as many people as possible; and*

- *Before any change happens there must be a plan for the service to support patients to the same standard as it does today.*

*These should be considered when deciding this matter.*

HT advised additional detail has been requested to assist in the decision-making process and the need to ensure that service, if then approved, is fully in place and tested before the change of the locations to give the public confidence.

*The importance of meeting unmet need and of the uncertainty for staff and the charity. There is insufficient detail in relation to recommendation 4 to make an informed decision;*

HT noted the need to test the proposals put forward in recommendation 4 from a benefit, accessibility and cost perspective in terms of quality and outcomes is important.

*As the Air Ambulance Service is a commissioned service, where would the risk of a judicial challenge sit?*

HT confirmed that the Health Board would have a role in any judicial challenge as the statutory Health Board for the residents of Powys including in relation to costs.

HT confirmed the Llais representation is important and the team at the Emergency Ambulance Services Committee are working hard to provide a response for the Board to consider.

The Board:

- NOTED the progress made on the review, and the recommendations from the Chief Ambulance Service Commissioner;
- NOTED the key considerations for PTHB in the oral report from the Chief Executive;
- NOTED that further work is under way on the development of more detailed proposals for a 'bespoke road based enhanced and or critical care services in rural and remote areas';
- NOTED that further work is underway to provide assurance in relation to the issues raised in the letter from Llais on 15 March 2024 and other representations;
- ENDORSED that further work be undertaken by the Wales Air Ambulance Charity to scope an appropriately located operational base in line with findings, to support future decision making; and

	<ul style="list-style-type: none"> <li>NOTED that an updated timetable for final decision making will be shared with the Board.</li> </ul>
PTHB/24/168	<p><b>STRATEGIC EQUALITY PLAN 2024-28</b></p> <p>DWL presented the Strategic Equality Plan 2024-28, noting that the report sets how the Health Board will create an environment to advance equality, promote diversity and foster health work relationships. It was noted that the report had been reviewed and considered in detail at both Board Development and the Workforce and Culture Committee where it was recommended for approval.</p> <p>The Board:</p> <ul style="list-style-type: none"> <li>APPROVED the Strategic Equality Plan 2024-28.</li> </ul>
PTHB/24/169	<p><b>WELSH LANGUAGE STRATEGY IN HEALTHCARE 2024-29</b></p> <p>DWL presented the Welsh in Healthcare Strategy 2024-29 noting it is an important document setting out strategic direction for the competence and confidence of the use of the Welsh language in service delivery. It was noted that the report had been reviewed and considered in detail at Board Development and Workforce and Culture Committee where it was recommended for approval. The Strategy has also been through the Welsh Service Leads Group.</p> <p>The Board:</p> <ul style="list-style-type: none"> <li>APPROVED the Strategy for Welsh in Healthcare 2024-29.</li> </ul>
PTHB/24/170	<p><b>CORPORATE PARENTING CHARTER</b></p> <p>CR presented the item. The Charter that has been developed by the Welsh Government to support the delivery of the Welsh Government programme and highlight public bodies in their role as Corporate Parents.</p> <p>Board Members welcomed the Corporate Parenting Charter and its importance; wishing to see positive action in areas such as training and employment via the Workforce Futures Grow Our Own Programme. It was noted that whilst the Charter has been brought to the fore by the safeguarding team, consideration needs to be given to ensure that that Members are sighted on the outcomes as a result of signing the Charter. The Director of Corporate Governance to advise on how this is appropriately reported to Members.</p> <p><b>ACTION:</b> Director of Corporate Governance</p> <p>The Board:</p>

	<ul style="list-style-type: none"> <li>• NOTED the Principles and Promises that have been drawn for the Corporate Parenting Charter</li> <li>• APPROVED the signing of the Corporate Parenting Charter.</li> </ul>
PTHB/24/171	<p><b>WELSH JOINT COMMISSIONING COMMITTEE</b></p> <p>HT presented the item providing an update on the establishment of the NHS Wales Joint Commissioning Committee (JCC) and to seek adoption of its governance framework, as a Joint Committee of the Board. It was noted that it is on track to be established from 1 April 2024. The JCC's Standing Orders, Scheme of Delegation and Reservation of Powers had not been fully received in appropriate time to be considered at this meeting of the Board. It was therefore proposed to consider the approval of the governance arrangements and documents via a Chair's Action.</p> <p><i>Have the necessary appointment procedures taken place in time to ensure that the JCC is fully appointed to by 1 April 2024?</i></p> <p>HT advised that it was understood an announcement was imminent in relation to these roles.</p> <p>The Board:</p> <ul style="list-style-type: none"> <li>• NOTED the establishment of the NHS Wales Joint Commissioning Committee (JCC) from 1 April 2024, as directed by Welsh Ministers;</li> <li>• NOTED that the JCC will supersede the Board's current joint committees, Welsh Health Specialised Services Committee (WHSSC) and Emergency Ambulance Services Committee (EASC) with effect from 1 April 2024;</li> <li>• NOTED the development of the JCC's governance framework, as a key component of the Health Board's governance framework; and</li> <li>• AGREED the use of Urgent Chair's Action, in-line with the Health Board's Standing Orders, to formally adopt the JCC's Standing Orders, Scheme of Delegation and Reservation of Powers, and Standing Financial Instructions by 1 April 2024.</li> </ul>
PTHB/24/172	<p><b>INTEGRATED QUALITY AND PERFORMANCE FRAMEWORK INCLUDING ESCALATION</b></p> <p>SP presented the item. providing an update on the modification of the Integrated Performance Framework which had been renamed as the Integrated Quality &amp; Performance Framework (IQPF). CR noted that the updated</p>

	<p>reporting structure will enable the Health Board not only to effectively monitor performance management but provide effective quality governance; the framework also provides clarity on roles and responsibilities. HT supported the report in continuing the drive on the learning culture and how it is implemented across the organisation will be important in driving that forward.</p> <p><i>The link to professional standards and other registered bodies are outlined within the framework. Can it be confirmed if similar links to staff side will be made in relation to escalation?</i></p> <p>CR confirmed that the work links with a number of areas across the Health Board, such as registration, revalidation, speaking up safely and this is one part of supporting psychological safety. The framework is supporting the learning culture and enabling teams to own their learning culture and enhance accountability. CR confirmed she will be seeking to work in partnership with Trade Union representatives and the Local Partnership Forum to enable this.</p> <p>The Board:</p> <ul style="list-style-type: none"> <li>• DISCUSSED and APPROVED the proposed revisions to the new Integrated Quality and Performance Framework to include a Quality and Performance Escalation process.</li> </ul>
<p>PTHB/24/173</p>	<p><b>MINUTES OF PREVIOUS MEETING:31 JANUARY 2024 (FOR APPROVAL) AND ACTION LOG</b></p> <p>The minutes of the meeting held on 31 January 2024 were APPROVED as a true and accurate record.</p> <p>The Board RECEIVED and APPROVED the Action Log.</p>
<p><b>ITEMS FOR BOARD ASSURANCE</b></p>	
<p>PTHB/24/174</p>	<p><b>FINANCIAL PERFORMANCE MONTH 11 INCLUDING FINANCIAL SAVINGS REPORT</b></p> <p>PH presented the report which provided an update on the February 2024 (Month 11) Financial Position, including progress with savings delivery. The following matters were highlighted for the Board's attention:</p> <ul style="list-style-type: none"> <li>• As of Month 11, there is a £11.693m overspend against the revised planned deficit of £11.370m giving the Health Board an operational overspend of £0.323m.</li> </ul>

	<ul style="list-style-type: none"> <li>• There is still a number of risks and opportunities; which the Health Board will continue to focus on until the end of the financial year.</li> </ul> <p>RA, as Chair of the Delivery and Performance Committee, noted that the Committee took assurance that the appropriate reporting mechanisms were in place, and the forecast for 2024/25 was discussed at its meeting in February. The Committee acknowledges the assistance from PH and officers in helping Members focus their discussions appropriately. The Committee also undertook a deep dive in Agency Spend and considered a report on Continuing Health Care spend.</p> <p>SP drew attention to the particular pressures in commissioning of emergency care. It will be necessary to address these challenges to ensure that the increasing costs of emergency care do not affect the provision of planned care.</p> <p>The Board:</p> <ul style="list-style-type: none"> <li>• RECEIVED the financial report and took ASSURANCE that the organisation has effective financial monitoring and reporting mechanisms in place; and</li> <li>• CONSIDERED and DISCUSSED the financial forecast for 2023/24 and revised underlying deficit.</li> </ul>
<p>PTHB/24/175</p>	<p><b>INTEGRATED PERFORMANCE REPORT MONTH 10</b></p> <p>SP presented the item providing an update on the latest available performance position for the Health Board against NHS Wales Performance Framework up until the end of January 2024 (month 10). SP brought the below items to the Board's attention:</p> <ul style="list-style-type: none"> <li>• Provided services in therapies (diagnostics and consultant specialities) continue to breach targets but focussed work has taken place and improvements before year-end are expected;</li> <li>• Mental Health performance (part 1a adult assessment) reported a drop in performance due to a data quality issue, a return to near compliance is expected in the next report;</li> <li>• Neurodevelopment assessment for children is another key area of challenge following significant and ongoing referral demand pressure (noted that this is seen as a national challenge);</li> </ul>

- From a commissioning perspective, cancer targets are short of the performance standard. This has been raised with Welsh Government as part of the enhanced monitoring status and it has been agreed to undertake a deep dive exercise to fully understand any delays;
- Accident and Emergency and Welsh Ambulance performance times is a continued area of concern – 44.1% of calls responded to within 8 minutes, where target is 65%; and
- Close monitoring will take place over the next 10 days of performance targets for year end. There will be a continued focus on areas of non-compliance in the new reporting year.

RA, Chair of Delivery and Performance Committee confirmed Month 9 performance report had been considered at the most recent Delivery and Performance Committee, where the Committee discussed the report in great detail and took assurance on performance. The Committee will consider the data issue and reporting at their next meeting before its onward consideration at Board.

*Does the data issue in relation to Mental Health reporting outlined above mean previous reports have contained incorrect performance detail, and when can assurance be given that the information provided for this measure is correct?*

DF advised that data checks had revealed one team was recording assessment and counselling contact differently to other teams. This resulted in a small error which is being corrected by way of a data validation exercise. It is expected that the next Integrated Performance Report will include validated data with an expected 70% compliance. The team are focusing on improvements to return to the target of 80% compliance.

*Given the continuing high demand for neurodiversity assessments, what is the Health Board's process for meeting that demand and how is that prioritised against other competing pressures?*

DF noted that the figures are demonstrating future growth, although it will be necessary to check the data in relation to the number of referrals converting to assessments. Work is in progress to future proof the service with a proposed draft

	<p>business plan for the Innovative Business Group's consideration in the next two months.</p> <p>The Board:</p> <ul style="list-style-type: none"> <li>• DISCUSSED and NOTED the content of this report;</li> <li>• Took ASSURANCE that the Health Board has appropriate systems in place to monitor performance and respond to relevant issues.</li> </ul>
<p>PTHB/24/176</p>	<p><b>ANNUAL DELIVERY PLAN QUARTER 3</b></p> <p>SP presented the item, providing an update of the progress made against the Integrated Plan for the Quarter 3 period (October to December 2023). This report will be submitted to Welsh Government (WG) as a formal report of Progress against Plan. SP noted the categorisation of the RAG ratings had been further refined in this version of the report.</p> <p>RA, Chair of Delivery and Performance Committee noted that this report had been considered at the February Committee who had been assured that the Health Board has appropriate systems in place to monitor progress effectively.</p> <p>Feedback from Board Members included:</p> <ul style="list-style-type: none"> <li>- Plan on a Page, in terms of public access to documents, is a principle to follow and it was suggested it is rolled out further within the organisation.</li> </ul> <p><i>Whilst it can be ascertained that the systems are in place to monitor progress, how can the Board be assured that the performance is 'good enough'?</i></p> <p>SP advised that for those items that are flagged red a comprehensive response is provided by the Director responsible. The report also contains a delivery confidence indicator. 'Good' could be defined as delivering what the plan set out to deliver. Some of red indicators are due to recruitment delays which is always a challenge. It will be necessary to scrutinise the plan and intervene if an area of plan is significantly off and is of detriment to the wider plan.</p> <p>HT noted the Annual Plan is set at a point in time, and it is necessary to take into account in year events which impact upon the plan. The Delivery and Performance Committee have commissioned deep dives and should there any suggested changes to the plan, then these are agreed</p>

	<p>collectively as a Board. It is necessary to have the ability and agility to adapt when circumstances change.</p> <p>The Board:</p> <ul style="list-style-type: none"> <li>RECEIVED the report and took ASSURANCE the Executive Committee and Delivery and Performance Committee have executed their collective role in the moderation and monitoring of progress against the Annual Delivery Plan.</li> </ul>
<p>PTHB/24/177</p>	<p><b>SPEAKING UP SAFELY AND RAISING CONCERNS REPORT</b></p> <p>DWL presented the item which provided an update on progress against Speaking Up Safely: A Framework for the NHS in Wales. This report also sets out a recommended formal policy statement that supports the all-Wales Procedure for NHS Staff to Raise Concerns that is required to be approved by Board.</p> <p><i>It is important that those who individuals who raise concerns they are appropriately protected. What support can individuals who raise a concern expect to receive?</i></p> <p>DWL advised that mechanisms are in place; that support is provided for individuals raising concerns; a framework for speaking up safely is developed and reference made to Our Voice, which is a portal for individuals to understand and be reassured should they come forward with concerns. The importance for communication and reassurance so staff feel safe to speak up was stressed.</p> <p>HT welcomed the report drew attention to the intention of the Board to model the open space for staff to be confident in the mechanisms in place.</p> <p>The Board:</p> <ul style="list-style-type: none"> <li>NOTED the progress to date against Speaking Up Safely framework, and</li> <li>APPROVED the policy adoption statement and the revised All Wales Procedure for NHS Staff to raise Concerns.</li> </ul>
<p>PTHB/24/178</p>	<p><b>HEALTH AND SAFETY ANNUAL REPORT</b></p> <p>CM presented the item which provided an update from 1 January 2022 to 31 December 2023 in relation to the work of the Corporate Health and Safety Group and the progress that has been made with the 2023/24 work plan and the plans for 2024.</p>

	<p>The report was considered and given assurance at February Delivery and Performance Committee.</p> <p>CM brought the below items to the Board’s attention:</p> <ul style="list-style-type: none"> <li>- No Health and Safety Executive enforcements in the last 12 months.</li> <li>- Key challenges around training, noting there is improvement in this area, with a plan for the following year to address the issue.</li> <li>- Strengthened governance and reporting of Health and Safety work through the Workforce and Culture and Patient Experience, Quality and Safety Committees; with an Annual</li> <li>- Report being considered at Board.</li> <li>- Positive assurance from Internal Audit on the work of the Health and Safety Group and the policy framework.</li> </ul> <p>The Board:</p> <ul style="list-style-type: none"> <li>• NOTED that the Delivery and Performance Committee received the report on the 29 February 2024 and took ASSURANCE from the report;</li> <li>• RECEIVED and were ASSURED that the organisation implemented its Health and Safety 2022/23 work plan and is implementing the programme for 2024.</li> </ul>
<p>PTHB/24/179</p>	<p><b>SOCIO-ECONOMIC DUTY ASSURANCE</b></p> <p>MB presented the item which provided an update on the Socio-Economic Duty and assurance regarding the Health Board’s compliance with the Duty. MB brought the key highlights to the Board’s attention:</p> <ul style="list-style-type: none"> <li>- A Toolkit has been developed, and will require ongoing work across the organisation to build on the good progress being made; and</li> <li>- This had been scrutinised by the Planning, Partnerships and Population Health Committee and noted the adoption of the impact assessment. The Committee Chair advised that the Committee gained assurance from the evidence gained in this report.</li> </ul> <p>The Board:</p> <ul style="list-style-type: none"> <li>• NOTED the Planning, Partnerships and Population Health Committee received and took ASSURANCE from the report on the 20 February 2024;</li> <li>• Were ASSURED on the Health Board’s compliance with the Socio-economic Duty.</li> </ul>

<p>PTHB/24/180</p>	<p><b>CORPORATE RISK REGISTER, MARCH 2024</b></p> <p>HT presented the item which provided the Board with the February 2024 version of the Corporate Risk Register for discussion and assurance. The risk register forms part of the Board Assurance Framework and provides a summary of the significant risks to the delivery of the Health Board's strategic objectives. It was noted that the Corporate Risk Register will be updated and further developed in-line with the updated annual delivery plan, comments from the structured assessment report and linked to risk appetite.</p> <p>The Board:</p> <ul style="list-style-type: none"> <li>• RECEIVED the February 2024 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.</li> <li>• NOTED that details of CRR 009 (Cyber Security) and CRR011 (power outage) will be reported to the In-Committee Board due to the confidential nature of its content.</li> </ul>
<p>PTHB/24/181</p>	<p><b>REPORT OF THE REGIONAL DIRECTOR Llais</b></p> <p>The Regional Director of Llais presented her report to the Board and highlighted the below:</p> <ul style="list-style-type: none"> <li>- Llais are hearing from a significant number of people and engagement model, has been really effective;</li> <li>- Future reports will be more interactive, including videos, to move away from lengthy written reports.</li> <li>- Expressed congratulations to HT in the Chief Executive appointment and congratulations to ND in her recent appointment to Director of Social Services and Wellbeing; and</li> <li>- Noted that Social Care is new to Llais, but the team are working closely with the local authority, establishing links, having joined up conversations and ensuring that governance arrangements are met.</li> <li>- Noted that Llais have identified an issue around isolation of carers (adult and young carers) and noted that crosses over both health and social care.</li> </ul> <p>The Board NOTED the report.</p>
<p><b>CONSENT AGENDA BUSINESS</b></p>	
<p>PTHB/24/182</p>	<p><b>ASSURANCE REPORTS OF BOARD PARTNERSHIP ARRANGEMENTS</b></p>

	<p>A request was received to discuss this item at the Board Meeting.</p> <p>The Board had received an update in respect of the matters discussed and agreed at recent partnership Board to Cabinet and Joint Leadership Team meetings with Powys County Council.</p> <p>IP welcomed the approach to partnership working; working together with the Local Authority is crucial; and wished to hear of the commitment between the two organisations, via the Joint Leadership Team (JLT) and Board to Cabinet meeting. The below was noted:</p> <ul style="list-style-type: none"> <li>- The public sector is facing significant challenges; and the importance of working together as a whole system in order to address challenges and get solutions by working together was stressed.</li> <li>- A number of JLT meetings have taken place, delivering positive joint working – these had given an opportunity to explore both parties commitment to this work; the ways of working in partnership to serve the population of Powys in the best way; and the importance of being aware of decisions of each organisation and how they can impact on others.</li> <li>- A clear direction for Board to Cabinet meetings had been agreed.</li> <li>- Work programmes are being developed.</li> <li>- The Chair and Vice Chair of the Board together with the CEO regularly meets with the Leader and CEO of the Council.</li> </ul> <p>The Board:</p> <ul style="list-style-type: none"> <li>• RECEIVED and NOTED the updates contained in this report in respect of the matters discussed and agreed at recent partnership board meetings.</li> </ul>
<p>PTHB/24/183</p>	<p>Under the Consent Agenda, the Chair of Board read through the recommendations; supported by the Board:</p> <p><b>ASSURANCE REPORT OF THE BOARD'S PARTNERSHIP ARRANGEMENTS</b></p> <ul style="list-style-type: none"> <li>- The Board RECEIVED and NOTED the updates contained in this report in respect of the matters discussed and agreed at recent Joint Committee meeting (Item 5.1).</li> </ul>

	<p><b>ASSURANCE REPORT OF THE BOARD'S LOCAL PARTNERSHIP FORUM</b></p> <ul style="list-style-type: none"> <li>- The Board RECEIVED and NOTED the update on work of the Board's Local Partnership Forum (Item 5.3).</li> </ul>
<b>OTHER MATTERS</b>	
PTHB/24/184	<p><b>ANY OTHER URGENT BUSINESS</b></p> <p>No other urgent business was raised.</p>
PTHB/24/185	<p><b>DATE OF THE NEXT MEETING:</b></p> <p>22 May 2024, via Microsoft Teams.</p>
PTHB IC/24/186	<p>The following motion was passed:</p> <p><b><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></b></p>
Present Carl Cooper	Chair
Hayley Thomas Kirsty Williams Cathie Poynton Ian Phillips Rhoert Lewis Ronnie Alexander	Interim Chief Executive Vice Chair Independent Member (Trade Union) Independent Member (ICT) Independent Member (General) Independent Member (General)
Pete Hopgood	Director of Finance, Information and IT
Claire Roche	Director of Nursing and Midwifery
Mererid Bowley	Director of Public Health
Stephen Powell	Interim Director of Performance and Commissioning
Kate Wright	Medical Director
Claire Madsen	Director of Therapies and Health Sciences
Debra Wood Lawson	Interim Director of Workforce, OD and Support Services
David Farnsworth	Interim Director of Operations, Community Care and MH
<b>In Attendance</b> Helen Bushell Liz Patterson Katie Blackburn	Director of Corporate Governance Interim Head of Corporate Governance Regional Director Llais
<b>Apologies for absence</b> Jennifer Owen Adams Simon Wright	Independent Member (Third Sector) Independent Member (University)

Chris Walsh	Independent Member (Local Authority)
<b>PRELIMINARY MATTERS</b>	
PTHB IC/24/187	<p><b>WELCOME AND APOLOGIES FOR ABSENCE</b></p> <p>The Chair welcomed all participants to the meeting.</p> <p>Apologies for absence were received as recorded above.</p>
PTHB IC/24/188	<p><b>DECLARATION OF INTEREST</b></p> <p>No interests were declared in addition to those already declared within the published register.</p>
<b>ITEMS OR APPROVAL, DECISION OR RATIFICATION</b>	
PTHB IC/24/189	<p><b>HISTORIC CONTINUING HEALTH CARE CASES UPDATE</b></p> <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 Committee noted the update and that a further report would be brought to Board In-Committee in May 2024.</p>
PTHB IC/24/190	<p><b>CORPORATE RISK REGISTER CYBER SECURITY RISK AND NATIONAL POWER OUTAGE</b></p> <p>Rationale for item being held in private: Information relating to the financial and business affairs of the organisation that are confidential and not in the public interest.</p> <p>Board had approved the Corporate Risk Register in open session and Board RECEIVED the detail of the two confidential risks.</p>
PTHB IC/24/191	<p><b>MINUTES FROM THE IN-COMMITTEE MEETINGS HELD ON 31 JANUARY 2024 AND ACTION LOG</b></p> <p>The minutes of the In-Committee meetings held on the 31 January 2024 were agreed as a true record.</p>