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Powys Teaching
Health Board

POWYS TEACHING HEALTH BOARD
CONFIRMED

MINUTES OF THE MEETING OF THE BOARD
HELD ON WEDNESDAY 24 JULY 2024
VIA TEAMS

Present

Carl Cooper (CC)	Independent Member (Chair)
Kirsty Williams (KWi)	Independent Member (Vice Chair)
Rhobert Lewis (RL)	Independent Member (General)
Ian Phillips (IP)	Independent Member (ICT)
Mick Giannasi (MG)	Independent Member (General)
Jennifer Owen Adams (JOA)	Independent Member (Third Sector)
Ronnie Alexander (RT)	Independent Member (General)
Simon Wright (SW)	Independent Member (University)
Chris Walsh (CW)	Independent Member (Local Authority)
Steve Elliot (SE)	Independent Member (Finance)
Hayley Thomas (HT)	Chief Executive Officer
Pete Hopgood (PH)	Executive Director of Finance, Capital and Support Services / Deputy Chief Executive
Stephen Powell (SP)	Interim Executive Director of Planning, Performance and Commissioning
Kate Wright (KW)	Executive Medical Director
Mererid Bowley (MB)	Executive Director of Public Health
Claire Madsen (CM)	Executive Director of Allied Health Professions, Health Sciences and Digital

In Attendance

Helen Bushell (HB)	Director of Corporate Governance
Katie Blackburn (KB)	Regional Director Llais
Joanne Allen (JA)	Respiratory Clinical Lead
Marie Davies (MD)	Deputy Director of Nursing
Paul Buss (PB)	Director of Clinical Strategy
Sarah Powell (SP)	Assistant Director People and Culture
Liz Patterson (LP)	Interim Head of Corporate Governance
Hayley Hughes (HH)	Corporate Business Manager (Minutes)

Apologies for absence

Cathie Poynton (CP)	
Claire Roche (CR)	Independent Member (Trade Union)

Debra Wood Lawson (DWL)	Executive Director of Nursing, Quality, Women and Family Health
Joy Garfitt (JG)	Executive Director of People & Culture
Nina Davies (ND)	Interim Executive Director of Operations / Community and Mental Health
	Associate Member: Director of Social Services and Wellbeing, Powys County Council

PRELIMINARY MATTERS	
PTHB/24/051	<p>WELCOME AND APOLOGIES FOR ABSENCE CC welcomed all participants to the meeting and apologies for absence were received and recorded as above.</p>
PTHB/24/052	<p>DECLARATIONS OF INTEREST No declarations of interest were made in addition to those already recorded on the register.</p>
PTHB/24/053	<p>BOARD ACTION LOG The Board noted there are two actions on the Action Log, with none being recommended for closure.</p> <p>HB advised that the first action is a transfer of an action relating to reducing waste and efficiencies from business process improvement. This has been transferred to the Delivery and Performance Committee and added to that Committee’s work programme.</p> <p>The second action is in relation to clarification regarding the length of retention of patient records. KW advised that clarification had been sought and confirmed that the list does not apply to secondary care and, therefore, the programmes of notes management and records management have been able to continue. This action was closed.</p>
PTHB/24/054	<p>EXPERIENCE STORY</p> <p>Patient Experience Story MD introduced this item which included a video of a patient’s experience with the Health Board’s midwifery service. MD noted this was a great example of how the service strives to keep a community provision to enable women to deliver their babies in Powys.</p> <p>The Board welcomed the presentation and expressed thanks to the patient for sharing their story.</p> <p>Staff Experience Story CM introduced the item which provided an overview of a staff member’s experience with the Health Board. JA is employed as the Respiratory Lead and shared her career journey with Board</p>

	<p>Members. CM noted that the team has developed the Respiratory Service and she was proud to watch the team grow, in particular the introduction of new professionals and skills into Powys; and being able to offer excellent services much closer to patients' homes.</p> <p>The Board welcomed the presentation and expressed thanks to JA for sharing her story.</p>
<p>PTHB/24/055</p>	<p>QUESTIONS TO BOARD FROM THE PUBLIC HB advised the Board that no questions to the Board from the public had been received.</p>
<p>PTHB/24/056</p>	<p>UPDATE REPORTS:</p> <p>REPORT FROM THE CHAIR CC presented his Chair's report.</p> <p>REPORT FROM THE VICE CHAIR KWi presented her Vice Chair's report.</p> <p>REPORT FROM THE CHIEF EXECUTIVE HT introduced the Chief Executive's report and drew attention to the following matters:</p> <ul style="list-style-type: none"> - The UK Covid-19 Inquiry Module 1 report has been published. This will be reviewed, and any recommendations or learning will be considered. - Welsh Government (WG) has confirmed that the Health Board remains in Enhanced Monitoring for strategy planning and finance and in Routine Monitoring for all other areas. - Emergency Medical Retrieval and Transfer Service (EMRTS): The Health Board received a Letter Before Action on 5 July 2024 in relation to a potential Judicial Review of the decision relating the EMRTS Service Review. <p>Independent Members sought assurance by asking the following questions: <i>What certainty is there that the work of the (EMRTs) Task and Finish Group will be completed on time?</i> HT advised that the Task and Finish Group has been established and Health Boards have been given assurance in the Joint Commissioning Committee that the work is on target to be completed in accordance with the timetable (November 2024).</p> <p><i>In relation to the 'Vaccine Saves Lives Awards', what is the position in relation to the Mumps, Measle and Rubella (MMR) and Covid Spring vaccination campaign?</i></p>

	<p>MB advised the Board that a multi-agency working group had been established for MMR which had seen a good response and driven up vaccination rates via an open-door centre for all.</p> <p>MB advised that the Covid Spring Programme had now been completed with Powys achieving the highest uptake across Welsh Health Boards (around 60%). The team is now in the planning stages for the Winter Respiratory programme.</p> <p><i>The important work on the diagnosis of dementia is noted. Diagnosis is the first step in aftercare provision. What assurance can be given that the care arrangements which are necessary to support that diagnosis are effectively in place?</i></p> <p>MD responded as Chair of the Regional Dementia Working Group and advised that one of the great successes is the improvement of diagnosis. MD noted the importance of identifying people early and looked forward to co-producing support for people with dementia with partners across Powys over the next year. The Health Board is also about to commence work to improve the navigation once diagnosed.</p> <p>The Board RECEIVED and NOTED the Reports of the Chair, Vice Chair and Chief Executive.</p>
PTHB/24/057	<p>ASSURANCE REPORTS OF THE BOARD’S COMMITTEES</p> <p>The following Chair’s Assurance Reports were received:</p> <p><u>Audit, Risk and Assurance Committee</u></p> <p>RL presented an overview of matters considered by the Committee on the 9 July 2024. Attention was drawn to the following matters for assurance:</p> <ul style="list-style-type: none"> - The Annual Report and Accounts had been considered and agreed at the Board’s meeting on the 11 July 2024. - Despite best intentions, internal audit reports are coming through in batches for review and consideration. The Committee is looking at ways of prioritising audits and outcomes. <p><u>Delivery and Performance Committee</u></p> <p>RA presented an overview of matters considered by the Committee on the 7 May 2024 and the 27 June 2024. Attention was drawn to the following matters</p> <ul style="list-style-type: none"> - Particular financial challenge in relation to staff agency costs. - Positive to note that 82% of patient contacts/outcomes are concluded by Shropdoc assessment and advice with little onwards referral to other services (less than 2% to 999).

Planning, Partnerships and Population Health Committee

RL presented an overview of matters considered by the Committee on 16 May 2024.

Charitable Funds Committee

CC presented an overview of matters considered by the Committee on the 10 June 2024. CC expressed his gratitude to Abe Sampson, previous Charity Manager, for his contribution during the time in post, and wished Abe well in his new role. Martin O'Brien is temporarily covering the Charity Manager role.

Executive Committee

HT presented an overview of matters considered by the Executive Committee on the 2 May, 8 May, 15 May, 29 May, 12 June and 26 June 2024. It was noted the Chair's report is presented in a new format and welcomed feedback from Board Members. The updated format provides a clear line of sight of what is discussed at the Executive Committee and how it feeds into other Committees and Board.

Escalation and Information to the Board

What is the process for reviewing information that is escalated to Board?

HB advised that items may be escalated to Board from Committees for two reasons. A service may be in local escalation, or a matter has arisen that the Committee considers Board should be sighted on or may need to take action on. Further clarity will be provided within the next paper to Board, and a review of each Committee's escalated items to Board will be undertaken in the next round of Committees.

Action: Director of Corporate Governance

Are there any key themes emerging from the Committee Chairs' Forum meetings?

HB advised that the Committee Chairs' Forum brings together the Chairs on a quarterly basis to review themes, committee work programmes and how to further integrate learning and reflection. For example, meeting effectiveness evaluation at each Committee meeting is being implemented.

The Board **RECEIVED** and **NOTED** all the Committee Reports recognising the key assurance role the Committees have in supporting the Board in its work.

CONSENT AGENDA BUSINESS

PTHB/24/058	There were no requests to consider any items from the Consent Agenda in the main meeting.
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ITEMS FOR APPROVAL/RATIFICATION/DECISION

PTHB/24/059	<p>MAJOR INCIDENT AND EMERGENCY RESPONSE PLAN AND THE HEALTH BOARD'S CORPORATE BUSINESS CONTINUITY PLAN</p> <p>MB presented the Major Incident and Emergency Response Plan and the Corporate Business Continuity Plan. The following items were brought to the Board's attention:</p> <ul style="list-style-type: none">- The Health Board is a Category One Responder.- The Health Board is required to undertake risk assessments, produce emergency plans and have business continuity management arrangements in place.- Both plans have been reviewed and updated to incorporate changes which have occurred at local and national levels; continuous cycle of reviewing and learning from exercises.- The Health Board has participated in the all-Wales NHS exercise and the Major Incident and Emergency Response Plan was tested as part of that exercise. Part of the exercise was setting up the strategic and tactical response, as well as the NHS Wales response arrangements.- Important to note that both plans align.- The Health Board has responded to several disruptive events, including industrial action; but noted that during these events it was not necessary to formally activate the business continuity plans.- The Business Continuity arrangements, at a corporate level, were subject to a recent audit and received 'Substantial Assurance'. <p>Independent Members sought assurance by asking the following questions: <i>How will the new Major Incident e-learning module work? Has it been shared with Local Authority partners?</i></p> <p>MB advised that a new e-training package has been introduced as part of the Local Resilience Forum (LRF) and national training. It is an introduction to emergency response arrangements to raise awareness of all staff. It is not statutory or mandatory, but staff will be encouraged to complete the training over the next 12 months. There are different levels of training for staff who participate in the on-call rota.</p> <p>MB confirmed that the plans are shared through the LRF system with partners (which includes the Local Authority and other</p>
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	<p>Category 1 responders). MB confirmed that a live exercise will be planned during the year, and different elements of the plan will be tested through desktop exercises.</p> <p><i>Whilst arrangements with partners in Wales will be strong, are similar arrangements in place with partners in England which operate under different arrangements? How wide will the planned live exercise extend?</i></p> <p>MB confirmed that the live exercise will be undertaken as a Health Board. If there is a national Wales live exercise the Health Board will participate in those where appropriate. The Health Board takes part in the LRF arrangements where there is national work, with cross border arrangements led by Welsh Government. The Health Board works closely with colleagues in neighbouring English health trusts, for example when there are strikes in England.</p> <p>HT noted that the national exercises look at the cross-border support. Consideration will be given to including this element in future reports.</p> <p><i>Who undertook the recent audit, and are partner organisations audited on their emergency planning arrangements?</i></p> <p>MB confirmed that the audit was an Internal Audit of the Health Board arrangements.</p> <p>HT advised that emergency planning was not a key theme across Health Boards for this year. All Health Boards would be tested on a rolling programme.</p> <p><i>How is a siloed approach to audit avoided?</i></p> <p>HB noted from an audit perspective, internal auditors will look at localised systems, plans and response to national guidelines which the Health Board will have oversight of. Occasionally thematic reviews are undertaken on an all-Wales basis. The report that will be considered in the In-Committee session will examine national standards and guidelines against the Civil Contingencies Act, along with the operational working. Information is also shared through working in the Dyfed Powys regional space.</p> <p>The Board:</p> <ul style="list-style-type: none"> • APPROVED the Major Incident and Emergency Response Plan, and • APPROVED the PTHB Corporate Business Continuity Plan.
PTHB/24/060	<p>CIVIL CONTINGENCIES ANNUAL REPORT</p> <p>MB presented the Civil Contingencies Annual Report to provide the Board with an account of the key resilience activities undertaken between 1 April 2023 to the 31 March 2024, and to set out the</p>

	<p>Health Board’s civil contingencies planning priorities for 2024/25. The following items were brought to the Board’s attention:</p> <ul style="list-style-type: none"> - The Annual Report details other plans that have been reviewed. - The Pandemic Plan has been revised. - 77 staff trained. - Loggist training has been reviewed, with Public Health Wales taking a lead and producing loggist books that all Health Boards are able to adopt. - The All-Wales Exercise saw the Local Authority and Health Board working together; with other partners actively participating in the plan. - The report includes reference to the LRF structure and continued collaboration in multi-agency planning, training and exercises to ensure that the Health Board continues to strengthen its arrangements. <p><i>What has been the level of uptake of the e-learning now offered?</i> MB confirmed that the e-learning is not mandatory or statutory. However, the In-Committee report includes information on training participation, particularly in relation to Gold and Silver arrangements.</p> <p>The Board APPROVED the Civil Contingencies Annual Report for 2023/2024.</p>
<p>PTHB/24/061</p>	<p>DIRECTOR OF CORPORATE GOVERNANCE REPORT: HB presented this report to the Board which provided a series of recommendations for the Board’s consideration linked to:</p> <ul style="list-style-type: none"> • Chair’s Action • Board Committee Membership 2024/25 <p>The Board</p> <ul style="list-style-type: none"> • RATIFIED the Chair’s Actions take on the 15 June 2024 to APPROVE the recommendation not to apply for Core Participant status in Module 8 (UK Covid-19 Public Inquiry) either directly or as part of an NHS Group). • APPROVED the Chair’s recommendations for Board Committee Membership.
<p>PTHB/24/062</p>	<p>MINUTES OF PREVIOUS MEETINGS The minutes of the meeting held on the 22 May and 11 July 2024 were AGREED as an accurate record.</p> <p>HB advised Board Members that, for future meetings, draft Minutes will be circulated to Board Members for review before the final draft is presented to Board for approval.</p>

ITEMS FOR BOARD ASSURANCE

PTHB/24/063

FINANCIAL PERFORMANCE (MONTH 3)

PH presented the Month 3 Financial Performance report to Board and brought the following items to Board's attention:

- Currently have a deficit plan of £22.9m, which is yet to be accepted or supported by Welsh Government. The Health Board continues to monitor performance and actions against this deficit plan.
- At month 3, there is a variance of £877k. This includes a savings target of circa £9.9m. To be off track against that plan at month 3 is of concern.
- Key areas of pressure include Continuing Health Care (CHC) and ongoing agency use in Mental Health (both nursing and medical staff). CHC and Variable Pay will be subject to deep dives at the next Delivery and Performance Committee.
- PH is taking over the chairing of the Variable Pay group.
- Monthly financial meetings have been instigated between the Chief Executive and Executive Directors.
- Vacancy levels are circa 20% for Mental Health, 13% in Community Services – noting the pressures on alternative staff cover and the use of bank, overtime and agency.
- The Health Board is ensuring that its plans and actions are aligned with the Welsh Government's Value and Sustainability Board workstreams.

Independent Members sought assurance by asking the following questions:

The paper appears to show a year end cash shortfall of £29.3m which is larger than the planned deficit. How will this £6m difference be managed?

PH advised that this was the current forecast and, as the balance sheet is worked through over the next two months, it is expected this will move. There is a strong focus on CHC and agency spend with a particular emphasis on quality of care which is most efficient.

Spending on CHC has been subject to significant scrutiny which has found robust processes are in place. However, demand is increasing. To what extent will it be possible to contain or shrink this budget?

PH advised that CHC costs had risen significantly over recent years. It is necessary to check the right processes are in place, then examine if care can be provided in an alternative way.

KW advised that when patient flow is good people do not remain in the wrong setting where they decondition and require enhanced

CHC. A reduction in CHC spend could be achieved by improving patient flow.

Delayed discharges due to a lack of social care are likely to cost ~£5m and it is expected that demand will increase. Can assurance be given regarding the robustness of plans to address this?

PH advised there was pressure in the system due to inadequate availability of domiciliary care. The solution will have to be found in collaboration with the local authority and third sector.

SP advised that all delays (in and out of county) are discussed daily between health and social care. Twice weekly meetings are held on a system wide basis, and this is a regular item on the Joint Leadership Team agenda.

There is evidence that substantive staff provide the best care. However, some patients require additional staff due to their level of need. How much of the agency spend relates to vacancies or to acuity of need?

PH noted the agency spend primarily related to vacancies and sickness absence. There will always be some patients that require higher levels of care, and methods of predicting and managing this will be important.

Given that the Month 03 outturn is off track by ~£0.9m how can it be the case that the forecast outturn is held?

PH advised that there was some uncertainty regarding the costs of commissioned care, and if these were less than expected the position would improve. If this was not the case, then further action will be necessary to return to the forecast outturn.

SP advised that, in relation to commissioned care, growth had been budgeted for but some providers were behind on their delivery plans. Further detail was required but this would not solve the whole of the Health Board's budget issues.

HT advised that the submitted plan was, at present, unapproved. When feedback has been received from Welsh Government appropriate action would be planned.

The Board:

- **RECEIVED** the financial report and took assurance that the organisation has effective financial monitoring and reporting mechanisms in place.
- **CONSIDERED** and **DISCUSSED** the financial forecast for 2024/25 and the underlying deficit.

PTHB/24/064

UPDATE ON INTEGRATED PLAN 2024-29 AND TEMPORARY SERVICE CHANGES

CC introduced the item explaining that the Board had met In-Committee in May where a decision was taken to mandate the Executive Committee to implement the temporary service change proposals. This item is to receive assurance in relation to the implementation of the service changes to inform the evaluation.

HT presented the report which updated the Board on the work under way to develop and implement the temporary service changes endorsed for public engagement by the Board on the 30 May 2024 and update the Integrated Plan following correspondence from Welsh Government. HT noted that the revised plan set a challenging position for the Health Board to deliver. The plan clearly sets out the need for substantial change to work towards a more sustainable position. The current system is under substantial pressure, which is reflected in issues around patient flow and managing increased demands on services.

KW presented the Board with the two cases for change that have been scoped and were proposed to be taken forward for wider staff and public engagement:

- Clinical Co-location of Patients
- Overnight Closure of Minor Injury Units (MIU)

There is ongoing work on further opportunities which the Board will be kept updated on.

KW set out the case for change for temporary changes to the inpatient model in relation to clinical co-location of patients. The case set out matching the support of clinical need with two elements:

- Ready to Go Units (given 52% of patients currently in hospital are clinically ready to go home) in Llandrindod and Bronllys, and
- Co-location of patients with similar active rehabilitation needs, placed in wards in Newtown and Brecon.

The proposal would provide a secure, stable and safe model of care. Cohorting of patients, which happens in other health boards, would aid clinical safety.

KW presented the case for change for reducing opening hours for the MIUs which would allow for the service to be managed more effectively, enhancing the quality and experience of staff and patients and reducing the risk of lone working. Currently some MIUs are seeing one or two patients at night, who could safely be seen the following day. The proposal would provide a more reliable

service. KW noted the provision for Welshpool and Newtown remains unchanged, with opening hours for Brecon and Llandrindod Wells MIU proposed to change to 08:00-20:00. These adjusted hours would be consistent with other rural health boards.

HT advised that staff engagement had commenced, and this will continue during the public and stakeholder engagement. Further areas would be brought forwards to the Board to consider, to develop a sustainable health system for the future. The Health Board will continue to learn from these changes, working with frontline staff and communities to identify a permanent future model. HT expects the temporary changes to be in place for 6 months, with a conscious check point to ensure the anticipated outcomes are delivered.

HT outlined that public engagement would commence from the 29 July 2024.

KB reminded Board that Llais is independent, and that the decision is for the Board members, but confirmed that Llais and the Health Board are liaising on these matters on an ongoing basis. KB will continue to work closely around the communications and engagement plan; and will provide feedback from the community events held. KB also advised that Regional Directors across Llais meet weekly so have oversight of changes across all Health Boards.

CC advised that today's Board meeting, whilst held in Public, is not a public meeting with only Board Members able to contribute to discussions. There are opportunities for engagement by residents, partners and stakeholders in the public engagement exercise.

Independent Members sought assurance by asking the following questions:

Can assurance be given that these changes are compatible with the 5-year plan? For example, will the changes proposed to MIUs fit in with plans for the MIU Plus model?

KW noted the MIU workstream had undertaken work to examine current activity, benchmarking against other Health Boards' activity and, within this plan, there is scope to continue to train and upskill staff. It is believed this is a move towards sustainability and better outcomes, noting that evaluation will be important and will help inform what happens next.

The need to continually monitor the situation has been outlined. How will it be known that the patient outcomes we believe we will

achieve as a result of these changes have been achieved, and what data will be available to us, to change these decisions if necessary?
KW noted that, in terms of medical care, this has been challenging during the pre-election period, not being able to have as open a dialogue as would have been wished. However, it should be noted that discussions have taken place over the last 12-18 months.

What impact will these changes on the wards have on our relationship with GP practices in the area that support medical care in those wards?

KW advised that it will be critical to treat as many patients as possible, keeping all the skills of primary care colleagues, who provide an excellent service. There is an ambition to do more step-up care. In order to get to a position where it is possible to care for higher acuity patients, there is a need to consolidate first.

PB advised that the team is looking at outcome measures for this work. Some will be activity focused whilst some will be outcome focused (for example autonomy, emotional wellbeing activity and daily living skills).

HT added that the organisation will continue to work closely with primary care colleagues to ensure any temporary changes do not destabilise primary care further.

Have discussions taken place with the local authority in relation to Ready to Go Units?

CM confirmed that regular discussions were taking place with local authority colleagues including invitations to weekly operational meetings. The local authority, along with PAVO, will be invited to participate in full operational planning of these wards.

HT added that this discussion was being held in the Regional Partnership Board as, to enable the Ready To Go units to work, will require support from the third sector and social care colleagues.

Will the proposed changes incur additional costs?

HT confirmed that, in the first instance, additional costs would not be incurred but, in future, it may be necessary to consider options which might incur investment costs.

The Board:

- **RECEIVED** the report noting the status of the Integrated Plan 2024-29 and Annual Delivery Plan 2024-25.
- Took **ASSURANCE** that two of the three temporary service changes have progressed as planned (dedicated units for patients according to clinical need and MIU opening hours)

	<ul style="list-style-type: none"> • NOTED that further work is under way to identify additional schemes for future consideration including in relation to Older Adult Mental Health inpatient services.
<p>PTHB/24/065</p>	<p>INTEGRATED QUALITY AND PERFORMANCE REPORT (IQPR) – MONTH 2</p> <p>SP presented the IQPR which provided an update on the latest available performance position for Powys Teaching Health Board against the NHS Wales Performance Framework 2024/25 to the end of May 2024 (month 2). The following items were brought to the Board’s attention:</p> <ul style="list-style-type: none"> - Planned Care delivery remains challenging with several services reporting fragility. - Some delays in access to diagnostics. - An improved position with therapy; with all targets being met for under 18s and two targets in adult population that had some breaches. - For the Health Board’s own provider arm one patient had breached the 100-day target. - In Mental Health services, provided in Powys, performance under 18’s remains robust, except for neurodevelopment for children. - Part 1A assessments showed a slight improvement in performance but remained below target. - The Mental Health service is in local escalation within the Health Board. The action plan is being worked through with the service supported by the Executive Team. - Commissioning waiting lists are increasing. 187 Powys patients are waiting for care in other Health Boards. In England, there are 29 patients waiting more than 104 weeks. - Page 7 of the report summarises the Health Board’s performance as a provider against the trajectories for the 24/25 financial year. <p>It was noted that, at a recent Board Development session on the 11 July 2024, Members looked at the Health Board’s performance and performance reporting. Discussion had taken place on commissioning intractables (where there are services not in the Health Board’s direct control but commissioned from other organisations). The team is going to look beyond the high-level data to see if any underlying measures are improving along the pathway. An example is the Accident and Emergency target, which has not been met for a number of years in terms of the 4-hour wait, but what experience are patients getting in terms of the total duration that they wait to see a clinician, the time to be discharged and the time to be admitted to a ward (or not) and the time for recommended care packages? SP acknowledged it would not be</p>

	<p>possible to include such information across all measures each month, but this would be brought through to Board development sessions, on a rotational basis, which will broaden understanding and direction of improvement.</p> <p>Action: Director of Planning, Performance and Commissioning</p> <p><i>In relation to our commissioned services from England, given that the Secretary of State has now launched a review of NHS provision in England, how might that affect commissioning figures and intentions?</i></p> <p>SP confirmed that a review has been requested and there have been commitments to improve capacity within the English NHS, whether that be outpatient capacity treatments, reduction in waiting times and development of community diagnostic centres and surgical elective hubs. SP noted that NHS Wales is also doing similar work to improve capacity and regional working.</p> <p><i>Across the spectrum of Planned Care, demand is increasing. Has modelling previously been successful in predicting the increases that we are seeing now? If yes, is there any prediction of when demand will plateau?</i></p> <p>SP advised that a lot of modelling has been done by both NHS Wales and England into future referral demands. Modelling has also been done internally to look at demand and capacity planning for own provided services. Further work is needed to fully understand that relationship between demand and capacity in all services. SP noted that, due to nature of Powys population, it is likely that demand will increase.</p> <p><i>What assurance can be given regarding data quality?</i></p> <p>SP advised that there is a mixture of both internal and external challenges. Given the number of systems used across the NHS there are occasionally data issues. It should be noted that the Health Board received 'Substantial Assurance' on a recent internal audit of its performance processes.</p> <p>The Board:</p> <ul style="list-style-type: none"> - DISCUSSED and NOTED the content of this report. - Took ASSURANCE that the Health Board has appropriate systems in place to monitor performance and respond to relevant issues.
PTHB/24/066	<p>CORPORATE RISK REGISTER AND REVISED RISK APPETITE STATEMENT</p> <p>HB presented the report which provided the Board with the revised corporate risks. Corporate risks form part of the Board's Assurance</p>

Framework and provide a summary of the significant risks to the delivery of the Health Board's strategic objectives. The report also confirmed the revised Board level risk appetite that was approved by the Board on the 30 May 2024 during an In-Committee meeting. HB noted the following:

- Eleven new risks that span the Health Board's strategic objectives (three relate to financial sustainability; four to quality; three to performance and service sustainability and one to health and safety).
- From July 2024, in order to enhance the role of the Board Committees as sources of Board assurance, Committees will receive the full risk registers for those risks that fall within the respective remit of the Committees.
- The Board, at its September meeting, will receive a full copy of the new risk register together with a developed Board Assurance Matrix reflecting assurance levels and gaps in control.
- In May the Board approved the Board Assurance Framework.

It is noted that the Delivery and Performance Committee is the lead Committee for five of these risks. Does the Committee have the capacity to give due attention to this level of work?

HB noted that this was being considered and will be actively monitored.

A risk of 20 is recorded for Cyber Attack and Failure Outage, and a lower risk for Recruitment and Retention. Could the Workforce & Culture Committee be asked to review the risk level for Recruitment and Retention?

HB noted the point and advised that she would ask the Senior Risk Owner to review.

Action: Executive Director of People and Culture

The recent cyber issues with Microsoft brought to the fore the reliance of several large organisations on Microsoft.

HB noted that CM and the Digital colleagues are reviewing and exploring if there are wider considerations to be made.

The Board:

- **RECEIVED** the revised corporate risks included at Appendix 1, **NOTED** the previous risk register is superseded by the new risks and took **ASSURANCE** that it is a complete and a true reflection of the Health Board's current high-level risks.

	<ul style="list-style-type: none"> - RECEIVED in public session the revised Board level risk appetite statement that was approved by the Board on the 30 May 2024, during an In-Committee Board meeting.
<p>PTHB/24/067</p>	<p>REPORT OF THE CHIEF OFFICER OF LLAIS</p> <p>KB presented the Chief Officer report to the Board and brought the following items to the Board’s attention:</p> <ul style="list-style-type: none"> - Llais Local completed at Llanidloes with the report published on their website. - Stakeholder Panel held and completed for Brecon Llais Local - Joint Workshop with representatives from PTHB, Powys County Council and PAVO was held to discuss the key themes that emerged during the focused engagement in Brecon locality. A joint action plan has been developed and will go back to the community in 6 months’ time. The main theme was Access and Access to Primary Care challenges. Once individuals had got into the system, the service received was excellent. - Further work on complaints and statistics will take place and the Board will receive that report at a forthcoming meeting. - KB represents Llais at the EMRTS task and finish group and noted that a comprehensive engagement plan is going to the Joint Commissioning Committee in October 2024. - Llais has been referenced as an Interested Party in the application for a Judicial Review of the EMRTS decision. - A revised plan for activity for 2024/25 will be shared with Board in September 2024. <p>A brief discussion took place around working with Llais to better understand the feedback regarding ‘access’ to services. This could have different meaning for people, and it would be useful to record and quantify these concerns. HB agreed to explore and feedback to the Board</p> <p>Action: Director of Corporate Governance</p> <p>The Board NOTED and thanked KB for the report.</p>
CONSENT AGENDA	
<p>PTHB/24/068</p>	<p>The following items were taken under the Consent Agenda:</p> <p>APPROVED:</p> <ul style="list-style-type: none"> • Welsh Language Annual Report • Equalities, Diversity and Inclusion Annual Report <p>FOR ASSURANCE</p>

	<ul style="list-style-type: none"> • Assurance Report of the Board’s Joint Committees • Assurance Report of the Board’s Partnership Arrangements • Assurance Report of the Board’s Local Partnership Forum • Workforce and Culture Annual Report
OTHER MATTERS	
PTHB/24/069	<p>ANY OTHER URGENT BUSINESS</p> <p>CC advised that it is IP’s last Board meeting. CC acknowledged the significant contribution to the Board during his years of membership. CC expressed his deep gratitude to IP, noting the Board had the opportunity to thank IP at a recent in-person Board Development session.</p>
PTHB/24/070	<p>DATE OF THE NEXT MEETING</p> <p>25 September 2024, in person, Bronllys Hospital.</p>
PTHB 24/071	<p>The following motion was passed:</p> <p>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.</p>

Present	
Carl Cooper (CC)	Independent Member (Chair)
Kirsty Williams (KWi)	Independent Member (Vice Chair)
Rhobert Lewis (RL)	Independent Member (General)
Ian Phillips (IP)	Independent Member (ICT)
Mick Giannasi (MG)	Independent Member (General)
Jennifer Owen Adams (JOA)	Independent Member (Third Sector)
Ronnie Alexander (RT)	Independent Member (General)
Simon Wright (SW)	Independent Member (University)
Chris Walsh (CW)	Independent Member (Local Authority)
Stephen Elliot (SE)	Independent Member (Finance)
Hayley Thomas (HT)	Chief Executive Officer
Pete Hopgood (PH)	Executive Director of Finance, Capital and Support Services / Deputy Chief Executive
Stephen Powell (SP)	Interim Executive Director of Planning, Performance and Commissioning
Kate Wright (KW)	Executive Medical Director
Mererid Bowley (MB)	Executive Director of Public Health
Claire Madsen (CM)	Executive Director of Allied Health Professions, Health Sciences and Digital
In Attendance	
Helen Bushell (HB)	Director of Corporate Governance

Marie Davies (MD) Sarah Powell (SP) Vicky Cooper (VC) Liz Patterson (LP)	Deputy Director of Nursing Assistant Director People and Culture Chief Digital Officer Interim Head of Corporate Governance
Apologies for absence Cathie Poynton (CP) Joy Garfitt (JG) Debra Wood Lawson (DWL) Claire Roche (CR)	Independent Member (Trade Union) Interim Executive Director of Operations/Community and Mental Health Executive Director of People & Culture Executive Director of Nursing, Quality, Women and Family Health

PTHB IC/24/072	WELCOME AND APOLOGIES FOR ABSENCE CC welcomed all participants to the meeting. Apologies for absence were received as recorded above.
PTHB IC/24/073	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/24/074	MINUTES OF PREVIOUS IN-COMMITTEE MEETINGS HELD ON 22 MAY AND 30 MAY 2024 The minutes of the In-Committee meetings held on the 22 May and 30 May 2024 were agreed as a true record.
PTHB IC/24/075	COVID-19 PUBLIC INQUIRY Rationale for item being held in private: Information relating to business affairs of the organisation that were confidential and legally privileged. The Board: <ul style="list-style-type: none"> • NOTED the submission of a statement from the Chief Executive in response to a Module 3 Rule 9 request. • Took ASSURANCE from this report and APPROVED the recommendation not to apply for Core Participant Status for Module 9. • NOTED the current position in relation to the Welsh Government Special Purposes Committee.
PTHB IC/24/076	ELECTRONIC PRESCRIBING AND MEDICINES ADMINISTRATION (ePMA) BUSINESS CASE Rationale for item being held in private: Information relating to the financial and business affairs of the organisation that were confidential and legally privileged.

	<p>The Board:</p> <ul style="list-style-type: none"> • RECEIVED the recommendation from the Executive Committee to APPROVED option 1.2 (a phased approach deploying ePMA across all in-patient wards and out of hours services before moving to outpatient and community services) as the preferred implementation approach. • NOTED the recurrent internal Business as Usual (BAU) costs. • APPROVED the ePMA Business Case for submission to the National Portfolio Leaders Board.
<p>PTHB IC/24/077</p>	<p>JUDICIAL REVIEW – EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE</p> <p>Rationale for item being held in private: Information relating to the financial and business affairs of the organisation that were confidential and legally privileged but would be released into the public domain in the future.</p> <p>The Board NOTED the update provided.</p>
<p>PTHB IC/24/078</p>	<p>EMERGENCY RESPONSE AND PLANNING SELF ASSESSMENT</p> <p>Rationale for item being held in private: Information relating to the financial and business affairs of the organisation that were confidential and legally privileged but would be released into the public domain in the future.</p> <p>The Board:</p> <ul style="list-style-type: none"> • RECEIVED the attached NHS Emergency Planning Annual Report and APPROVED that the report is submitted to the NHS Executive in line with national requirements.
<p>PTHB IC/24/079</p>	<p>COMMITTEE ANNUAL REPORTS – REMUNERATION AND TERMS OF SERVICE COMMITTEE</p> <p>Rationale for item being held in private: Information containing the personal data of any living patient, staff member or any other person if disclosure would not be fair to that person.</p> <p>The Board:</p> <ul style="list-style-type: none"> • RECEIVED the Committee Annual Report for 2023/24 summarising the key areas of business activity undertaken; • Took ASSURANCE that the Committee is fit for purpose and operating effectively in fulfilling its terms of reference.
<p>PTHB IC/24/080</p>	<p>ANY OTHER URGENT BUSINESS</p> <p>No other urgent business was raised.</p>