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Addysgu Powys
Powys Teaching
Health Board

BOARD

CONFIRMED

MINUTES OF THE MEETING HELD ON 25 SEPTEMBER 2024 AT 09:30

HELD AT GLASBURY HOUSE, BRONLLYS, BRECON

MEMBERS		
Carl Cooper	CC	Chair
Hayley Thomas	HT	Chief Executive Officer
Ronnie Alexander	RA	Independent Member (General)
Mererid Bowley	MB	Executive Director of Public Health
Steve Elliot	SE	Independent Member (Finance)
Pete Hoggood	PH	Executive Director of Finance, Capital and Support Services / Deputy Chief Executive
Mick Giannasi	MG	Independent Member (General)
Rhobert Lewis	RL	Independent Member (General)
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Science and Digital
Jennifer Owen Adams	JOA	Independent Member (Third Sector)
Stephen Powell	SP	Interim Executive Director of Planning, Performance and Commissioning
Kirsty Williams	KWi	Vice-Chair
Kate Wright	KW	Executive Medical Director
Simon Wright	SW	Independent Member (University)
IN ATTENDANCE		
Helen Bushell	HB	Director of Corporate Governance
Nina Davies	ND	Associate Member (Director of Social Services, Powys County Council)
David Farnsworth	DF	Assistant Director Community Services (for Item 4.2)
Nicola Kelly	NK	Senior Manager Planned Care (for Item 4.2)
Elaine Lorton	EL	Observer
Liz Patterson	LP	Head of Corporate Governance (meeting support)
Jayne Wheeler Sexton	JWS	Assistant Director Nursing (on behalf of Claire Roche)
APOLOGIES FOR ABSENCE:		
Katie Blackburn	KB	Regional Director Llais
Joy Garfitt	CG	Interim Executive Director of Operations / Community and Mental Health

Cathie Poynton	CP	Independent Member (Trade Union)
Claire Roche	CR	Executive Director of Nursing, Quality, Women and Family Health
Chris Walsh	CW	Independent Member (Local Authority)
Debra Wood-Lawson	DWL	Executive Director of People and Culture

1. PRELIMINARY MATTERS

1.1 WELCOME AND APOLOGIES FOR ABSENCE (PTHB/24/93)

The Chair welcomed everyone to the meeting. Apologies for absence were received as recorded above.

1.2 DECLARATIONS OF INTEREST (PTHB/24/94)

No interests were declared in addition to those already declared within the published register.

1.3 BOARD ACTION LOG (PTHB/24/95)

HB advised that of the four open actions, two were on track for completion in November 2024 and January 2025, and two had been completed. Of the completed items, one related to the assurance reports to Board (item 1.7 on the agenda), and one related to the Corporate Risk Register (item 4.4 on the agenda).

The Board RECEIVED the action log.

1.4 EXPERIENCE STORY (PTHB/24/96)

CC advised that a staff or patient story was not available for this Board meeting, however, a presentation on Planned Care will be received at item 4.2 on the agenda.

1.5 QUESTIONS TO THE BOARD FROM THE PUBLIC (PTHB/24/97)

CC confirmed no questions to Board had been received.

1.6 BOARD UPDATES (PTHB/24/98)

Update from the Chair:

CC presented his report.

It was noted that the Health Board's Annual Plan was yet to be approved, and in the absence of such approval, the organisation will continue to deliver the current plan, although this was not without risk. Should Welsh Government require the organisation to make further savings the actions previously considered by Board to be unpalatable will need to be revisited.

One third of recommendations by the Ombudsman were not complied with in time. The small number of recommendations made by the Ombudsman meant that a change in compliance of one or two cases would have a large impact on the percentage compliance. The Chair of the Patient Experience, Quality and Safety Committee undertook to examine this when the Ombudsman report was considered at the November meeting.

Action: Chair of Patient Experience, Quality and Safety Committee

Update from the Vice-Chair:

KWi presented her report, there were no further questions.

Update from the Chief Executive:

HT presented her report and drew attention to the following:

- Elaine Lorton (Executive Director Primary Care, Community and Mental Health) will join the Health Board on 30 September 2025
- Nicola Johnson (Executive Director Commissioning, Performance and Planning) will join the Health Board on 07 October 2024.
- The Emergency Medical Retrieval and Transfer (EMRTs) group tasked with considering Recommendation 4 will be reporting to the Joint Commissioning Committee in October 2024 after which there will be a period of public engagement. This will be brought back to Board for assurance. A Judicial Review had been submitted and the health boards are awaiting communication from the Court as to next steps.
- It was confirmed that SignLive, a facility to support patients with hearing difficulties was only available in English BSL (British Sign Language).

The Board **RECEIVED** and **NOTED** the Reports of the Chair, Vice Chair and Chief Executive.

1.6 ASSURANCE REPORTS OF THE BOARDS COMMITTEES (PTHB/24/99)

The following Chair's Assurance Reports were received:

Executive Committee (EC)

HT advised that six meetings had taken place since the July Board meeting and drew attention to the following matters:

- The successful implementation of the Body Store decommissioning programme with thanks to CM and team and Funeral Directors across Powys,
- Regular reports are received on the escalated Mental Health Services with good progress being made,
- Difficulties are being encountered in finding accommodation for Internationally Educated Nurses,
- Action is being taken in respect of Neurodiversity services. Performance of this service is being monitored through Executive and Delivery and Performance Committees, and
- The Radiology Informatics System Procurement (RISP) programme is on track to provide replacement equipment in Powys before March 2025. The information technology (IT) will be provided nationally and is slightly behind schedule. Powys residents will benefit from a quicker service with improved images. The technology is Artificial Intelligence (AI) enabled but this is dependent on the national IT programme deciding when to use AI.

CM confirmed that the replacement of the Welsh Community Care Information System (WCCIS) was at the procurement stage with Digital Health Care Wales (DCHW).

Delivery and Performance Committee (D&P)

RA presented the report and noted that whilst the Committee has a heavy work programme, the work is being completed in the meetings. HB advised responsibility for Information Governance had recently transferred to Audit, Risk and Assurance Committee, and the workload across all Committees was regularly reviewed.

Patient Experience, Quality and Safety Committee (PEQS)

KW presented the report and drew attention to:

- The positive Care Inspectorate Wales Inspection of Cottage View Knighton,
- continued improvements in the escalated Infection Prevention Control were welcomed and will continue to be monitored,
- Assurance was taken that improvements in the escalated Mental Health Services were evidenced. This will continue to be monitored,
- The improvements in recruitment to Tawe Ward were noted and this matter is now de-escalated from Board, and
- The Committee remained concerned in respect of capturing patient experience with capacity challenges within the team. A paper is due to the next meeting of the Committee where there will be an opportunity to discuss this in more detail.

CC expressed concern in relation to the update on patient experience. HT advised that CR had confirmed Civica was not being used to its full extent, however, a national Patient Experience Framework is in development and whilst there is a capacity issue to be addressed locally it will be necessary to remain cognisant of the national work. The future work is expected to include a recommendation, via Executive Committee, for the redirection of resource to support the Patient Experience Framework.

RA observed that any patient experience framework should not be overly reliant on digital methods of data collection as not all patients had the digital capability to respond in this way.

Planning, Partnerships and Population Health Committee (PPPH)

RL presented the report and drew attention to:

- The Strategic Change Report which provided an excellent overview of all proposed changes affecting Powys residents,
- The Committee were looking forward to measuring the impact of changes made under the Better Together transformation programme, and
- The outcome of the deep dive into forecasting rates of diabetes which showed a plausible increase of ~10% by 2035.

MB advised that in response to an increase in vaping amongst young people a group had been set up which had produced educational materials for use in schools from April 2024.

MB advised that the deep dive into diabetes had taken a considerable amount of resource, but this information will prove useful for the planning team.

Board Members welcomed the report noting the data will be of value both in planning terms and to support investment in the preventative agenda. A lack of data had proved difficult when examining other areas of Health Board activity including neurodiversity and changing demands in mental health services.

HT confirmed that the Health Board was committed to the Health and Care Strategy for Powys and providing early help and support, however, resourcing remains an issue.

RL confirmed that in relation to the Transformation Programme, working closely with partners was part of the ongoing work.

Charitable Funds

CC presented the report and confirmed that a League of Friends forum had been set up to enable greater co-operation across the county.

HB advised that the issue of equity of provision is under consideration at Committee who are examining the allocation of funds, including historically, and how grants are promoted with a caveat that some donations are made for specific purposes.

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

2. CONSENT AGENDA BUSINESS

There were no requests to consider any items from the Consent Agenda in the main meeting.

3. ITEMS FOR APPROVAL/RATIFICATION/DECISION

3.1 ANNUAL DUTY OF QUALITY REPORT 2023/24 (PTHB/24/100)

JWS presented the report noting this was the first Duty of Quality Annual Report under the Duty of Quality (Health and Social Care (Quality and Engagement) (Wales) Act 2020).

KWi confirmed that the PEQS Committee had considered the report and taken assurance that the necessary work had been undertaken in compliance with the first year of reporting requirements.

Members observed that the two reports in front of Board differed in presentation and suggested implementing a corporate style and to consider the use of an 'easy read' version for the public to sit alongside the technical report required under legislation.

HB confirmed annual report formats will be considered at either the Executive Committee or Chair's Forum

ACTION: HB

Members made the following additional observations for future consideration:

- How is the feedback responded to (for example one third of patients are stating they do not always understand what is happening with their care),

- A measure of quality is timeliness.

The Board **APPROVED** the Annual Duty of Quality Report 2023/24.

3.2 SAFEGUARDING ANNUAL REPORT 2023/24 (PTHB/24/101)

JWS presented the Safeguarding Annual Report 2023/24.

KWi confirmed the PEQS Committee had considered the report and advised the Committee had been pleased to receive the outcome of the Joint Inspection of Child Protection Arrangements, noted the recommendations made and will seek assurance on the implementation of the recommendations.

The Board **APPROVED** the Safeguarding Annual Report 2023/24.

3.3 DIRECTOR OF CORPORATE GOVERNANCE REPORT (PTHB/24/102)

HB presented the report for assurance which outlined Board In-Committee activity since the last scheduled meeting of Board, Board Development activity and the new Petitions Protocol.

The Board **RECEIVED** the Director of Corporate Governance Report.

3.4 JOINT COMMISSIONING COMMITTEE GOVERNANCE ARRANGEMENTS (PTHB/24/103)

HB presented the report which outlined additional governance arrangements which have been put in place for the Joint Commissioning Committee (JCC) including sub-Committee Terms of Reference, the Memorandum of Agreement and Hosting Agreement and continuation of transitional reporting arrangements pending the establishment of a new Collaborative Commissioning Leadership Group.

Board Members made the following observations:

- Previously sub-Committee membership had been drawn from Health Board Independent Members and reporting of this work will now need careful consideration to enable the Board to receive assurance of the work undertaken in the jointly commissioned arena,
- The Health Board has equal membership of the JCC alongside the other six health boards, however, decisions are now made by majority not consensus and in the interests of the population of Wales, which may be at odds with the interests of the population of Powys, and
- JCC officers are intending to meet with health boards and arrangements are being made for this to take place in Board or Board Development over the winter period.

The Board **APPROVED:**

- The terms of reference (ToR) for the JCC Quality, Safety and Outcomes Sub-Committee
- The terms of reference (ToR) for the JCC Planning, Performance & Finance Sub-Committee
- The Memorandum of Agreement (MoA) and the Hosting Agreement (HA) for the JCC
- The continuation of the transitional reporting arrangements for the IPFR Panel, WKN and Specialised Services Management Group pending the establishment of a new Collaborative Commissioning Leadership Group (CCLG).

Board **NOTED:**

- The terms of reference (ToR) for the CTMUHB Audit and Risk Committee (ARC) for hosted bodies are contained within the CTMUHB ARC ToR which are under review and will be presented to the CTMUHB Board meeting on 26 September 2024 for approval.

**3.5 MINUTES OF PREVIOUS MEETING HELD ON 24 JULY 2024.
MATTERS ARISING: TEMPORARY SERVICE CHANGE
(PTHB/24/104)**

The minutes of the meeting held on 24 July 2024 were **CONFIRMED** as an accurate record.

CC advised that at the last meeting it was reported that the Health Board were embarking on engagement in relation to a decision made in respect of two temporary service changes. The engagement process had heard of the concern regarding the proposals and the Board has amended the governance process to extend the timetable for engagement and amend the delegation for decision-making on these proposed operational service changes so the Board retain the decision. The proposed temporary service changes will be brought back to Board on 10 October 2024 for decision.

4. ITEMS FOR BOARD ASSURANCE

**4.1 FINANCIAL PERFORMANCE: MONTH 05 - 2024/24
(PTHB/24/105)**

PH presented the report and drew attention to the following matters:

- The Health Board currently has a deficit plan of £22.9m, which is yet to be supported by Welsh Government. The Health Board continues to monitor performance and actions against this deficit plan.
- As of month 5, there had been a continued decline against performance with a deficit variance of £3.4m which is challenging and of great concern. All budget holders have been asked to reduce their run rate. This includes a savings target of circa £9.9m.
- Key areas of pressure include pay pressures (agency spend), commissioned services (provided by other bodies), Continuing Health Care (CHC) and Funded Health Care (FHC).
- An action plan had been developed in relation to commissioned services which targets reductions of approximately £4m against the position in the coming months. Monitoring this performance will be key in informing if it will be possible to hold the deficit plan, or if there is significant risk it cannot be held. Month 06 will be key to understand if the commissioned services plan is having an impact.

- Pay pressures are particularly acute in mental health and learning disability services in relation to the use of agency staff.
- Pressure in commissioned services is predominantly related to English providers including increased activity at Robert Jones and Agnes Hunt (RJAH), increased community hospital attendances and length of stay in Wye Valley Trust and increased Joint Commissioning Committee activity.
- Secondary care delays are tracked and have cost ~£6m by month 05. Close working is taking place with local authority partners but demonstrates a level of inefficiency within the system, in effect, system failure.
- Good performance in prescribing had helped offset other pressures.
- The savings target offered by the Health Board increased from £7.9m to £9.9m in year and forms part of the deficit plan. Green and amber schemes total £8.5m with a shortfall of £1.4m.

In summary, the position remains challenging. The deficit plan includes a savings target of £9.9m. Urgent mitigations need to be actioned immediately, and their impacts monitored to ascertain if the projected deficit plan can be held.

Independent Members asked the following questions for assurance:

Is the current financial situation a result of a lack of sound planning?

SP advised the following matters had impacted on the forecast:

- RJAH has undertaken an 18% increase in planned care activity over the same period as last year but have front loaded activity this year as flexible capacity is no longer available. This had not been accounted for in straight line forecasting.
- There had also been an increase in emergency activity beyond the growth planned for due to system failure. Action had been undertaken with the local authority to address this and the position is improving, however, winter pressures are imminent.
- Some providers in England and Wales have opened Same Day Emergency Care (SDEC) centres and are charging for this service. The appropriateness of such charges is under investigation.

Last year the cost of social care delays was in the region of £5m and will potentially increase to over £10m this year. What more can be done to improve this position?

PH advised that social care delays were a problem across the United Kingdom. There had been no lack of oversight of this matter in the Health Board and Local Authority, along with external scrutiny.

ND confirmed that the Local Authority was working closely with the Health Board and third sector and noted this was not purely a financial matter but affected patient outcomes. This was a key priority for the local authority.

What other options can be taken to offset against the overspend?

PH advised that actions such as vacancy control have been instigated but it may be necessary to reconsider actions previously discounted as unpalatable by the Board.

The CHC forecast is based on providing the same number of packages of care. Is this appropriate given the aging population?

HT advised that the work was ongoing with the Public Health team to look at CHC and FHC locally. It is understood the numbers are approximately correct, however, the cost of the packages is increasing.

HT made the following observations:

- Welsh Government (WG) expect each health board to deliver their plan and performance trajectory,
- WG has a clear expectation that Board can articulate their financial position and cost drivers,
- In May an agreement was made to repatriate patients from England to Powys hospitals. This has proved challenging.
- The Joint Commissioning Committee is overspent and despite mitigating actions are likely to have a £5m overspend.
- The Health Board can no longer pay the increasing costs of commissioned care, jointly commissioned care and system failure.
- The Regional Partnership Board (RPB) recently met and set additional targets to reduce delays.
- Whilst month 06 will provide important information straight line forecasting has its limitations (for example does not take into account winter pressures or new ministerial directives)
- The aim of the Health Board is to meet the year end forecast.

Members expressed seriousness in relation to the financial position and made the following comments:

- *At what point would the Health Board determine the year end forecast may not be met, and alternative mitigations will need to be put in place?*
- *What will be the outcome if strategic cash support is not available?*
- *The largest agency overspend relates to mental health provision; will Internationally Educated Nurses help this position?*
- *Are bank staff being used optimally?*
- *Should decisions on further mitigations be made now?*
- *Increased costs are significant but delayed transfers of care result in harm. A considerable amount of effort has been spent tackling delayed transfers of care, but the system still is not working.*

PH advised that colleagues work hard to forecast spend over the year, but it is more complex than the straight line that is measured against. It is hoped that strategic cash will be available to support the deficit plan submitted but potentially this will be the limit of strategic cash available. Appointments had been made to Medical and Nursing staff in Mental Health services which is expected to result in an improvement on agency spend. The Health Board has a scheme whereby vacant shifts are first offered as overtime to substantive staff, then to Bank, then to on-contract agency and finally to off-contract agency. It will shortly be necessary to consider further mitigations if the month 06 figures do not show an improvement.

HT noted there needed to be systemic change to the health and social care system to tackle the increase in numbers of patients and acuity of care needs. The staff bank service will be considered at Workforce and Culture Committee.

Action: Director of Corporate Governance

HT confirmed that the Health Board was currently in Welsh Government escalation for finance, strategy and planning but it was possible this may increase/change after the October tri-partite meetings and Ministerial consideration. It may be necessary to revisit the Boards previously rejected savings proposals.

CC noted the nervousness, discomfort and dissatisfaction expressed along with appreciation and recognition of work undertaken. This is a system wide issue, and the Health Board is fast approaching a point where, if spending cannot be brought back into line, and if strategic cash is not available unpalatable decisions will need to be taken.

CC proposed an amendment to the recommendation in the paper regards year end forecast.

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.
- **RECOGNISED** that, pending the outcome of the urgent action plans initiated to address the increased financial deficit, further options may need to be considered when finalising the month 06 financial position and year end forecast.

4.2 INTEGRATED QUALITY AND PERFORMANCE REPORT 2024/25 MONTH 04 AND PRESENTATION ON PLANNED CARE (PTHB/24/106)

DF and NK gave a presentation on Planned Care (included within agenda pack).

DF confirmed the following:

- that theatre space was offered to other health boards; however, all health boards were similarly financially challenged and were struggling to take up this offer. Rooms were however, maximised for use within Powys provider services,
- that a visit was due in relation to JAG (Joint Advisory Group on gastrointestinal endoscopy) accreditation.

NK confirmed 'Did Not Attend' rates were approximately 3% due to an efficient booking system and clinical call made shortly before the appointment.

CM advised that it was intended to make rooms generic so they could be used for different specialities.

KW advised that not only had it proved challenging to increase theatre usage by providing additional in reach capacity, but clinics were also being cancelled and service level agreements not adhered to.

CC thanked NK and DF for their presentation, which was welcomed by the Board.

The Board **RECEIVED** the presentation on Planned Care.

MG left the meeting 12:55

SP presented the Integrated Quality and Performance Report Month 04 and drew attention to the following matters:

- provided planned care performance is good two breaches: waits over 104 weeks (three in relation to nerve conduction studies which are being addressed), and the number of patients waiting over 8 weeks for specific diagnostics where additional capacity is being sought,
- challenging trajectories in mental health services had been set with four off target including neurodevelopmental assessment for children.
- in relation to commissioned planned care long wait times are slowly decreasing, however, waiting lists are still growing, and
- cancer performance remains poor, as does the 4 hour wait for emergency care in commissioned services.

The Commissioning Team has an improved understanding of the issues and mitigations which need to be taken to improve the position. Commissioned services are under pressure to deliver improved performance.

SP confirmed that:

- there was a national lack of capacity to undertake nerve conduction studies
- surgical hubs, similar to those operating in England are planned in Llantrisant and Llandudno.

The Board:

- **DISCUSSED** the content of this report; and
- Took **ASSURANCE** that the Health Board has appropriate systems in place to monitor performance and respond to relevant issues.

4.3 ANNUAL DELIVERY PLAN 2024/25 QUARTER 1 (PTHB/24/107)

SP presented the report of delivery against the unapproved plan submitted by the Health Board for quarter 1 2024/25 and drew attention to the summary on page 3 which highlighted areas behind target due primarily to delays in recruitment.

The Board:

- **CONSIDERED** the report ahead of submission to Welsh Government,
- took **ASSURANCE** that there is a process in place for monitoring progress against plan, and
- **NOTED** the current unapproved and unsupportable status of the plan submission to Welsh Government.

4.4 CORPORATE RISK REGISTER (PTHB/24/108)

HB presented the revised full Corporate Risk Register noting the inclusion of the Risk Appetite of the Board and the level of assurance that can be taken against actions within each risk. Committees of the Board have an opportunity for detailed consideration of risks associated with their work. Risk 006 (Workforce) has been reviewed by the Director of People and Culture and the Executive Committee who are content it is appropriately rated and a new risk (012 - that the national digital programmes do not always meet Powys requirements) has been added and will be considered In-Committee.

HB confirmed that a summary including information regarding movement of the various risks will be found in the Board Assurance Framework presentations moving forwards.

HT noted that it will be necessary to consider how to manage risks that the Health Board did not own.

The Board:

- **RECEIVED** the CRR as a full and accurate record of the Health Boards strategic risks,
- Took **ASSURANCE** on the controls and assurance to manage strategic risks and there are actions to address any identified gaps,
- **APPROVED** the inclusion of the new risk CRR 012 onto the Corporate Risk Register, and
- **NOTED** that three of the strategic risks (008, 011 and 012) will be considered in-committee due to the confidential and sensitive nature of the actions and controls. These risks relate to Cyber, Power Outage and Digital Programmes.

4.5 VACCINATION PROGRAMMES (PTHB/24/109)

MB presented the Winter Vaccination Programme update and confirmed that there will be changes to Covid-19 vaccination procurement which, after 2025/26, will be procured centrally and will require close liaison with primary care.

Board Members:

- **NOTED** the eligible population groups for flu and covid-19 vaccines forming part of the Winter Respiratory Vaccination Programme
- **NOTED** the blended delivery models to deploy the Winter Respiratory Vaccination Programme in Powys.
- **NOTED** the complex logistics and that 'agile' planning will continue to be deployed to deliver the Programme to eligible population groups throughout the Autumn/Winter period.
- **NOTED** the shortened window to deliver the campaign this year from 01 October to mid-December 2024.
- Took **ASSURANCE** that the Health Board has in place an appropriate plan for the Winter Respiratory Vaccination Programme 2024/25 and that delivery will be continually monitored and adapted to maximise uptake.

MB presented the Respiratory Syncytial Virus update advising that new eligibility criteria had been confirmed and advising of arrangements for the catch-up campaign.

The Board:

- **NOTED** the eligible population groups for the new RSV programmes that started on 01 September 2024,
- **NOTED** the eligible population groups for the catch-up campaign from Spring 2025,
- **NOTED** the complex planning arrangements currently underway, and
- Took **ASSURANCE** that the Health Board is planning for an appropriate Respiratory Syncytial Virus (RSV) Programme 2024/25.

4.6 REPORT OF THE REGIONAL DIRECTOR OF LLAIS (PTHB/24/110)

The Report of the Regional Director of Llais was deferred to the Consent Agenda.

5. CONSENT AGENDA (PTHB/24/111)

The following items were taken under the Consent Agenda:

FOR ASSURANCE:

- 5.1 Assurance Report of the Board's Joint Committees
- 5.2 Assurance Report of the Board's Partnership Arrangements
- 5.3 Regional Partnership Board Annual Report 2023/24
- 5.4 Board Work Programme
- 5.5 Report of the Regional Director of Llais

6. OTHER MATTERS

6.1 ANY OTHER URGENT BUSINESS (PTHB/24/112)

There was no other urgent business.

6.2 DATE OF NEXT MEETING:

The next meetings of Board will be held on 10 October 2024 and 27 November 2024.

6.1 ANY OTHER BUSINESS (PTHB/24/113)

Meeting closed at 13:15

7. CONFIDENTIAL MATTERS

The following motion was passed:

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.

PRESENT

Carl Cooper	CC	Chair
Hayley Thomas	HT	Chief Executive Officer
Ronnie Alexander	RA	Independent Member (General)
Mererid Bowley	MB	Executive Director of Public Health
Steve Elliot	SE	Independent Member (Finance)
Mick Giannasi	MG	Independent Member (General)
Pete Hopgood	PH	Executive Director of Finance, Capital and Support Services / Deputy Chief Executive

Rhobert Lewis	RL	Independent Member (General)
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Science and Digital
Stephen Powell	SP	Interim Executive Director of Planning, Performance and Commissioning
Kirsty Williams	Kwi	Vice-Chair
Kate Wright	KW	Executive Medical Director
Simon Wright	SW	Independent Member (University)
IN ATTENDANCE		
Helen Bushell	HB	Director of Corporate Governance
Nina Davies	ND	Associate Member (Director of Social Services, Powys County Council)
Liz Patterson	LP	Head of Corporate Governance (meeting support)
APOLOGIES FOR ABSENCE:		
Joy Garfitt	CG	Interim Executive Director of Operations / Community and Mental Health
Jennifer Owen Adams	JOA	Independent Member (Third Sector)
Cathie Poynton	CP	Independent Member (Trade Union)
Claire Roche	CR	Executive Director of Nursing, Quality, Women and Family Health
Chris Walsh	CW	Independent Member (Local Authority)
Debra Wood-Lawson	DWL	Executive Director of People and Culture
7.1 WELCOME AND APOLOGIES FOR ABSENCE (PTHB IC/24/114)		
The Chair welcomed everyone to the meeting. Apologies for absence were received as recorded above.		
7.2 DECLARATIONS OF INTEREST (PTHB IC/24/115)		
No declarations of interests were received.		
7.3 MINUTES OF PREVIOUS IN-COMMITTEE MEETINGS (PTHB IC/24/116)		
The minutes of the meetings held on 24 July, 7 August and 21 August 2024 were CONFIRMED as an accurate record.		
HB gave an update on the Judicial Review of the decision relating to the Emergency Medical Retrieval and Transfer Service.		
7.4 IN-COMMITTEE CORPORATE RISK REGISTER (PTHB IC/24/117)		
Rationale for item being held in private: Information relating to the financial and business affairs of the organisation that were confidential and legally privileged.		
The Board considered the following strategic risks In-Committee (008 (Cyber), 011 (Power outage) and 012 (Digital Programmes), and		
<ul style="list-style-type: none"> • Took ASSURANCE on the controls and assurance to manage strategic risks and there are actions to address any identified gaps. 		
7.5 BOARD ACTION LOG (PTHB IC/24/118)		

Rationale for item being held in private: Information relating to the financial and business affairs of the organisation that were confidential and legally privileged.

The Board In-Committee action transferred to the Planning, Partnerships and Public Health Committee was **NOTED**.

7.6 ANY OTHER BUSINESS (PTHB IC/24/119)

Rationale for item being held in private: Information relating to the financial and business affairs of the organisation that were confidential and legally privileged.

HT gave Board Members an update on procurement arrangements for Out of Hours services in Powys.

Meeting closed 15:00