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Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

BOARD

UNCONFIRMED

MINUTES OF THE MEETING HELD ON 27 NOVEMBER 2024 AT 09:30

HELD VIA TEAMS

MEMBERS		
Carl Cooper	CC	Chair
Hayley Thomas	HT	Chief Executive Officer
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
Nichola Johnson	NJ	Executive Director of Planning, Performance and Commissioning
Rhobert Lewis	RL	Independent Member (General)
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Science and Digital
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
Kate Wright	KW	Executive Medical Director
Simon Wright	SW	Independent Member (University)
IN ATTENDANCE		
Katie Blackburn	KB	Regional Director Llais
Helen Bushell	HB	Director of Corporate Governance / Board Secretary
Hayley Hughes	HH	Corporate Business Manager (Minutes)
Chante Momberg	CMo	Registered Nurse
Liz Patterson	LP	Head of Corporate Governance (meeting support)
APOLOGIES FOR ABSENCE:		
Ronnie Alexander	RA	Independent Member (General)
Elaine Lorton	EL	Executive Director of Planning, Performance and Commissioning
Kirsty Williams	KWi	Independent Member Vice-Chair
Jennifer Owen Adams	JOA	Independent Member (Third Sector)
Nina Davies	ND	Associate Member (Director of Social Services, Powys County Council)

1. PRELIMINARY MATTERS

1.1 WELCOME AND APOLOGIES FOR ABSENCE (PTHB/24/125)

The Chair (CC) welcomed everyone to the meeting. Apologies for absence were received as recorded above. The Chair explained that this was a meeting held in public rather than a public meeting and as such, only Board Members, Health Board officers and those playing a formal role in the meeting would be participating.

CC noted that Members will be aware that during October, the Health Board was placed into Targeted Intervention, a higher level of escalation by Welsh Government for finance, strategy and planning. The escalation status being a result of being in financial deficit, ongoing system demand and workforce pressures. This position continues to be of significant concern for the Board with the need to balance the delivery of plans and statutory responsibilities for providing high quality healthcare for the population, with the reality of rising costs and operational challenges.

The Board is the governing body of the Health Board, is made up of both independent and executive members which together forms a unitary Board with responsibility for:

- Setting the strategic direction of the organisation
- Setting the risk appetite in the delivery of our strategic aims
- Monitoring delivery and performance against our strategic aims
- Setting the tone and culture of the organisation

1.2 DECLARATIONS OF INTEREST (PTHB/24/126)

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

1.3 BOARD ACTION LOG (PTHB/24/127)

The action log was presented.

PTHB/24/66 (explore and feedback to Board concerns regarding access to services) was flagged as 'at risk' and seeking Board acceptance that this report is re-scheduled to be reported to Board in January. RL noted that this could be linked to the existing commitment to engage with patients and working with Llais.

The Board **REVIEWED** and **ACCEPTED** the action log.

1.4 STAFF EXPERIENCE STORY (PTHB/24/128)

DWL introduced the item which provided an overview of a staff members experience with the Health Board. CMO is based at Llanidloes Hospital and shared her journey and recent experience of the Objective Structured Clinical Examination (OSCE) in order to practice as a nurse in the UK. CMO advised that the OSCE experience had inspired her and she is now becoming an OSCE trainer to help others grow their skills and offer the chance to make a difference. CR thanked CMO for her presentation and dedication in an important area of work for our internationally educated nurses, using her own experience to encourage future nurses.

DWL and the Board welcomed the presentation and echoed thanks to CMO for sharing her story and enthusiasm which enabled the Board to understand and visualise the process for internationally educated nurses to practice in the UK and the importance for staff recruitment, retention and wellbeing.

1.5 QUESTIONS TO THE BOARD FROM THE PUBLIC (PTHB/24/129)

One question from a member of the public had been received. The response is outlined below and will be provided in writing to the correspondent.

How has the health board sought to communicate openly and transparently with residents in the Llanidloes area, regarding the changes to admissions criteria for the palliative care suite at Llanidloes War Memorial Hospital?

HB advised that the priority as a health board is to ensure the best possible care and experience for patients and their families receiving end of life care.

The modelling shows that no significant change to the current arrangements for end of life care will be needed in terms of admissions criteria.

It was noted that patients who currently receive end of life care will continue to do so.

The Health Board's standard operating procedures include working closely with the palliative care team and the nature of palliative care also means we will continue to discuss and work closely with patients and their families.

1.6 UPDATES FROM: (PTHB/24/130)

REPORT FROM THE CHAIR

CC presented the report and invited any questions.

The developing relationship with the local authority is welcomed. What actions are being taken in respect of delayed discharges to hospital and a data dashboard?

CC and DF advised that the Health Board and County Council are working on a shared data system (Digiflow) to ensure that both organisations have access to exactly the same information.

REPORT FROM THE VICE CHAIR

CC presented the report.

REPORT FROM THE CHIEF EXECUTIVE OFFICER

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

- Escalation status had increased to level 4 for Finance, Strategy and Planning (targeted intervention) but remain in 'routine arrangements' in all other aspects of health board delivery. Awaiting first formal meeting with Welsh Government (WG).
- The Joint Executive Team met covering a large amount of business with a strong focus on Duty of Quality, winter planning and resilience, NHS waiting times, women's health and population health.

- Joint Commissioning Committee (JCC) update: the JCC had approved the commissioning intention for Recommendation 4 'The development of a commissioning proposal for bespoke road-based model'. Noted the work currently being undertaken to respond to the Letter Before Action received in relation to the judicial review in relation to EMRTS.
- Additional grants secured for energy performance.
- Catherine Davies was announced the winter of Learning Disability Nurse of the Year at the RCN Wales Awards.

In terms of staff recognition and highlighting the fantastic work across the organisation every day, to what extent is that good practice shared across the organisation?

HT noted there are some barriers around capacity in being able to get some learning fully rolled out across teams. This is a key issue that the Improvement Team will be looking at to ensure learning is applied more broadly across the organisation.

CM noted that there are mechanisms in place both locally and at national meetings, to share learning.

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

1.7 ASSURANCE REPORTS OF THE BOARD'S COMMITTEES (PTHB/24/131)

HB introduced an updated format for Committee Assurance reporting for the Delivery and Planning and Patient Experience, Quality and Safety Committees, via an 'Alert, Advise and Assure' report. HB welcomed feedback and depending on that feedback, would be seeking to extend to other Committees ahead of January's Board meeting.

The following Chair's Assurance Reports were received:

Audit, Risk and Assurance Committee

RL presented the item which provided an overview of matters considered by the Committee on 8 October 2024. Attention was drawn to the following matters:

- Internal Audit Reports: Cleaning Standards, which achieved reasonable assurance (clarity of which Committee this reports to was being sought).
- Reviewed the Cost Saving Arrangements.
- Spent time on developing the Board Assurance Framework, particularly focusing on the strategic level risks.
- Assisted in developing the Board Governance, the process and the ability of this system to allow for thematic reviews to be conducted.
- Counter Fraud Update: pleasing to note that there has been an increased emphasis on prevention now that staffing levels had been restored.

Executive Committee

HT presented the item which provided an overview of matters considered by the Committee on the 18 September, 24 September, 2 October and 16 October 2024. Attention was drawn to the following matters:

- Internal escalation of the neurodevelopmental services for children and young people.
- De-escalation of Mental Health services, as part of the integrated quality and performance framework.

Delivery and Performance Committee

RL presented the item which provided an overview of matters considered by the Committee on the 22 October 2024. Attention was drawn to the following matters:

- New targeted intervention status, financial performance and the Integrated Quality and Performance Report (IQPR) had been discussed, noting these are scheduled for today's Board meeting.
- Noted the neurodevelopmental service had been placed in internal escalation, with further updates integrated into the IQPR report. This matter was transferred to PEQS for monitoring.
- The General Medical Services (GMS) commissioning assurance framework was reviewed and assurance taken, noting further work was needed to understand the fragility of the General Practitioner service.
- Received the cyber security and national digital programme risks.

Patient Experience Quality and Safety Committee

SW presented the item which provided an overview of matters considered by the Committee on the 7 November 2024. Attention was drawn to the following matters:

- Received a report for information on the de-escalation of Mental Health Services; will continue to receive assurance updates.
- Neurodevelopmental Services had gone into local escalation (monitoring of this item had been transferred from Delivery and Performance Committee to enable a focus on quality)
- Previous identified items (Civica and Infection Prevention and Control) are closely monitored by the Committee and remain escalated to Board.
- Assurance was taken on Q1 and Q2 metrics on the patient focused Health and Safety report.
- Reviewed the Medical Devices and Point of Care Testing annual report and took assurance that requirements had been fulfilled.
- Assurance taken that the Clinical Audit is progressing as planned.

The rollout of Civica in relation to patient experience has been an escalated item to Board for sometime. Will the People's Experience Framework enable the use of Civica to be strengthened and broadened to good effect?

CR noted that discussion on the People's Experience Framework had taken place at the Patient Experience, Quality and Safety Committee noting this was a nationally driven piece of work which was due to be finalised in early 2025 – working alongside other peers to be able to influence and ensure it offers an opportunity for a structured framework to take forward.

MG recognised the need to invest in an effective Peoples Experience Framework and suggested this be brought to a future Board for discussion.

Action: Director of Corporate Governance.

Planning, Partnerships and Population Health Committee

RL presented the item which provided an overview of matters considered by the Committee on the 14 November 2024. Attention was drawn to the following matters:

- The strategic change report noted the good news from the Robert Jones and Agnes Hunt Hospital where capacity was being considerably expanded, and a new diagnostic centre being built in Wye Valley NHS Trust.
- The draft maturity matrix and winter plan were scrutinised, which form part of the agenda today.

Workforce and Culture Committee

SE presented the item which provided an overview of matters considered by the Committee on the 03 October 2024. Attention was drawn to the following matters:

- The Workforce Performance report showed that vacancy levels remain a challenge. The latest cohort of international educated nurses included 12 nurses and 2 doctors. Turnover rate of staff had continued to reduce and was now below the Welsh average.
- A presentation on Theme 2 of the Workforce Futures programme was received.
- The proposed temporary changes were considered from a workforce perspective ahead of the Board decision.
- A progress update on Agile working, a key enabler for making best use of the health board estate, was received.

Workforce Futures is undertaking impactful work but is heavily reliant on external, time limited funding. To what extent is this a risk to the future of the workstream and what mitigations can be put in place?

DWL acknowledged it was a risk but was working closely with partners to ensure that the priorities of the Workforce Futures team are aligned to the priorities of the organisation. A number of members within the team are Regional Partnership Board (RPB) funded, and all projects will undertake an evaluation exercise for the RPB to consider the in-year position. The project was entering the delivery phase where the powerful work being undertaken (in particular with schools) can be evidenced.

HT noted the shared workforce challenges being seen across the whole system and that one of the key risks was how to attract, recruit, retrain and retain the workforce, and was on the view that this work will need to continue and build in the future to deal with the matters at hand.

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.

3. ITEMS FOR APPROVAL/RATIFICATION/DECISION

3.1 DIRECTOR OF CORPORATE GOVERNANCE REPORT (PTHB/24/132)

HB presented the report which provided an update on Board activity since the last meeting held on the 25 September 2024 and drew attention to the following matters:

- No in-committee meetings of the Board had taken place.
- An additional public Board was held on the 10 October 2024.
- The Common Seal had been applied once in relation to the allotments at Welshpool Hospital.
- The Register of Interests report was confirmed to relate to 2024/25 and is subject to continual update as registerable interests change

The Board:

- **RECEIVED** the Director of Corporate Governance report.
- **RATIFIED** the application of the Common Seal applied on one occasion since 22 May 2024 and received **ASSURANCE** that the action was taken in accordance with Section 9 of the Standing Orders.
- **RECEIVED** (Appendix A – paper 3.1a) the Register of Interests for PTHB Board Members, as at the 22 November 2024 and took **ASSURANCE** that the Audit, Risk and Assurance Committee has taken its own assurance that the organisation has appropriate processes to support the collection, management and reporting of declarations of interest, in line with the Standards of Behaviour Policy.

3.2 MINUTES OF PREVIOUS MEETING HELD ON 25 SEPTEMBER AND 10 OCTOBER 2024 (PTHB/24/133)

The minutes of the meetings held on the 25 September and 10 October 2024 were **AGREED** as an accurate record.

3.3 COMPASSIONATE LEADERSHIP CHARTER (PTHB/24/134)

DWL introduced the item and brought attention to the following key matters:

- The approach to embedding the compassionate leadership model was part of organisational culture.
- The development and delivery of compassionate leadership was regularly reported to the Workforce and Culture Committee.
- Compassionate leadership had been embedded at a leadership since 2021.
- If endorsed today, the signing of the compassionate leadership pledge would demonstrate the commitment to display in the right behaviours and values.

At what level is this leadership programme going to be offered? Will it include clinicians, aspiring leaders and the Board?

DWL confirmed that the compassionate leadership training is offered at all levels including to mature leaders, new leaders and for those aspiring to moving into a leadership role. The Collaborative Learning In Practice (CLIP)

immersive programme also helped and reinforced the support for individuals.

HB confirmed that colleagues in HEIW have developed an online tool and were examining how this could be incorporated into Committee and Board effectiveness reviews.

HT supported the pledge and welcomed the work from an organisational and partnership perspective.

The Board **NOTED** the approach to and progress in embedding Compassionate Leadership in the organisation and **APPROVED** the signing of the Compassionate Leadership Pledge.

10:48-11:05 - Break

4. ITEMS FOR BOARD ASSURANCE

4.1 PTHB TEMPORARY SERVICE CHANGE UPDATE (PTHB/24/135)

DWL presented the report which set out the progress on the two temporary service changes, approved by Board on the 10 October 2024. It was noted that workstreams have continued to prepare for implementation with staff and their representatives, engaged with stakeholders and prepared for the operationalisation of the plans. It was reported at the recent Strategic Change Programme Board that plans are progressing well with no unforeseen issues arising. This will be kept under close review. A digital leaflet for public communication will be circulated to Board.

Action: Director of Corporate Governance.

The temporary changes to MIU opening hours in Brecon and Llandrindod Wells were implemented from the 18 November 2024 with no escalated risks or issues to report. The progress against mitigation plans for the agreed temporary changes for the colocation wards (ready to go home units and dedicated rehabilitation units) was set out in the report. Formal sign-off of standard operating procedures is due to take place this week. Full implementation will commence from 02 December 2024. The report sets out the approach for evaluation and monitoring, with the baseline data being captured along with the criteria to inform future decision making. This will form part of the update report to Board in January.

DWL extended thanks and gratitude for invaluable contributions from all teams, members of staff, Llais, Staff Side and for the public for their comments throughout the process.

When the decision to implement the changes was made, concerns had been raised regarding transport. Have these concerns been addressed?

DWL advised that the workstream have assessed any of the potential issues and are satisfied that it is either resolved or not material.

Have the changes implemented on 18 November 2024 in relation to the Minor Injury Units resulted in increased workforce stabilisation?

DF reported there have been some benefits in terms of stabilisation of the workforce, and there have been no closures during this period. It was

difficult to be clear if this was due to the changes implemented or the greater availability of staff during the day.

These temporary changes are primarily driven by quality, safety, patients, experience concerns, however, there is no reference in the evaluation criteria to monitor the financial impact. The ambition is for a safer, more effective model, and it should be hope that some financial benefits will accrue as a result of delayed discharges and reduced length of hospital stay. Why is no financial evaluation included within the suite of measures?

DWL advised the work is still being undertaken on the suite of measures and financial monitoring and tracking will be included. This will be shared in the report to Board in January 2025.

NJ noted that the report will intersect with the financial performance report and Winter Plan which examine the financial impact as well as quality.

How are the discussions that staff are having with families regarding colocation going? Is support available to staff when difficult conversations are taking place?

DF reported that senior managers are actively supporting the wards and working with the flow team, sharing the experiences of some of these more difficult conversations. Whilst some families were expressing concerns around the impacts, but having those conversations can help assuage those concerns by demonstrating the benefits of these plans.

What level of confidence is there that the working relationship between 111 and the MIUs is as smooth as it should be? If there are issues are these being addressed?

KW noted that this is a very complex system, and the health board need to ensure residents have a clear understanding to know where to go for help when needed.

The ready to go home units appear to be adding an additional step into the process and whilst this is in mitigation for the pressures in social care, what actions are being taken to enable patients to go home as soon as they are ready?

CR assured the Board that colleagues from Powys County Council and the Third Sector had been key members of the colocation workstream, with flow teams working together adopting a person-centred approach (putting person and family at the centre of the decision.

CM confirmed that the home first approach is primary aim, however, on occasion this may not be possible and the ready to go home units will enable patients' condition to be maintained.

HT advised the Board that the Executive Committee receive regular reports from the Strategic Change Programme Board and noted the importance of demonstrating the expected benefits have materialised.

The Board took **ASSURANCE** about the operational readiness to implement the Temporary Service Changes to date.

The Board **NOTED** that the temporary services changes continue to be progressed to full implementation under the oversight of the Strategic Change Programme Board, with further updates through Executive Committee to Board in January and March 2025.

4.2 FINANCIAL PERFORMANCE MONTH 07 – 2024/25 (PTHB/24/136)

CC noted the risks to delivering the in-year deficit forecast of £23m carries significant risks for the Health Board, and the Board recognise that there is a need to either change the forecast or take further action to reduce costs to achieve the forecast deficit for this financial year. CC advised that the Board will be having a further discussion in the In-Committee section of the meeting, due to the sensitive and commercial nature of those discussions. This will be reported in public in the next reporting cycle, or sooner if more immediate action is needed.

PH introduced the item to the Board and brought attention to the following key matters:

- Performance against the unsupported deficit plan continues to be monitored noting that it has been off profile against that plan for a number of months.
- The impacts from the actions that have been taken are shown, but the position remains off profile against the deficit plan.
- At Month 7, there is a £17.182m overspend against the planned year to date deficit giving an operational overspend of £37.94m. If the rate of expenditure continues to the end of the year, there would be a forecast variance against the plan of £6.5m.
- Key pressure areas continue to be commissioning, both in terms of elective and emergency activity, Continuing Health Care and ongoing agency expenditure.
- The opportunity cost of secondary care delays is £11.3m to Month 07.
- It is unlikely that the Health Board will be allocated consequential funding to meet the pay award which will create an additional financial pressure of £3.5m.
- There is a need to take further urgent mitigating actions to enable the Health Board to meet the target deficit plan of £23m.
- The Health Board will be submitting a request to Welsh Government in terms of the strategic cash support that will be required this year given the deficit position.

Given that there is a predicted overspend of £6.5m beyond the target deficit plan of £23m. What does the additional predicted overspend of £3.5m bringing the total to £10m relate to?

PH advised that actions taken to mitigate the overspend are predicted to decrease this by £1m thus reducing the £6.5m to £5.5m. The additional £3.5m relate to an assumption that the pay award would be funded via consequential payments, however, it will be funded via the overall uplift for inflation and growth of 3.67%. The uplift is insufficient to meet the inflation, growth and the pay award.

It appears that funding has not been provided to improve waiting times for Powys patients. Is this fair for the people of Powys?

PH advised that the Health Board had received support to improve waiting times for neurodiversity patients, but that the waiting times in Powys for directly provided services were lower than those in other Health Boards and therefore no additional funding was received for these services. Funding had been made available to other Welsh Health Board and long waiting Powys patients for secondary care in Wales would benefit from improvements in secondary care waiting times in Wales. The Health Board are working with partners to ensure that double payments are not being made in relation to these patients. The waiting times for Powys patients accessing secondary care in England is better than waiting times in Wales.

Will Powys benefit from consequential funding?

HT advised that Welsh Government were working through the figures to allocate any additional funding thought to be in the region of £22m and Health Boards would receive details of any allocations in due course

Is there a year on year consistent approach to funding from Welsh Government?

PH confirmed that the funding approach has varied over the years. There is a focus on savings with all areas expected to have a pipeline of opportunities to make savings.

What is the process within the executive team to ensure that savings are being delivered?

PH outlined the process in place and the levels of assurance meetings including with each Executive Director, the Chief Executive and himself.

HT noted the clear view and position of Welsh Government, that with the escalated targeted intervention status the expectation will be for the Board to take the necessary action to be able to deliver the forecast that was set at the beginning of the year.

CC confirmed that Board would consider the financial forecast in greater detail In-Committee due to commercial sensitivities around this matter.

The Board:

- **RECEIVED** the financial report and took **ASSURANCE** that the organisation has effective financial monitoring and reporting mechanisms in place.
- **NOTED** the current increased risk of achieving the projected in year forecast for 2024/25.
- **NOTED** that further ongoing in year mitigations will need to be delivered to achieve the in-year forecast.

4.3 INTEGRATED QUALITY AND PERFORMANCE REPORT 2025/25 MONTH 06 (PTHB/24/137)

NJ presented the Month 6 IQPR report, noting the importance for the Board to monitor and be assured on the performance and delivery whilst in Welsh Government Level 4 escalation. NJ brought attention to the following matters:

- Good performance has been achieved in relation to vaccination measures.
- Referral to treatment for planned care measures was showing improvement.
- Therapies waiting times targets are being achieved. Health Board Minor Injury Units performed well.
- Mental Health services have been de-escalated from local escalation.
- Neurodevelopmental services for children and young people were put into internal escalation in October. Welsh Government funding has been received to reduce waiting times to access this service.
- Further improvements need to be made on the Mental Health Adult Part 1a measures. It is expected this to be evidenced from month 8 onwards.
- A continuing steady improvement in diagnostics waiting times. Colonoscopy waiting times, which are dependent on in-reach services continue to improve, however, some fragility is evident.
- The difference between NHS England and NHS Wales planned care waiting times remain.
- Additional monies have been released into the system for planned care in Wales. The benefits are expected to be seen in future months.
- Detailed processes are in place to ensure that financial consequences are minimised.

Regular issues with different in-reach services are reported. At what point might it become necessary to accept that in-reach is not sustainable and Powys residents will need to travel to a District General Hospital?

NJ advised that the Delivery and Performance Committee will be receiving a position statement on the in-reach services. It was a complex area and there were a range of mitigations and solutions that are being put in place. It will be considered as part of the transformation programme.

KW noted that fragility is being seen across the whole system which has an impact and alternatives to in-reach such as joint appointments were being explored with neighbouring Health Boards for improved service stability.

Although there are some local issues in provider services overall performance is positive. However, there are difficult performance challenges in commissioned services. What levers does the Health Board have to influence performance in commissioned care, how are these being applied, and what more could be done to drive incremental improvement?

NJ noted the transactional levers in terms of performance management were in the way that contracts with providers were designed and implemented, looking for efficiency and value for example via pricing reform. This work had been started and would continue in relation to this years and next year's contracts. This work intersected with the transformation programme which aimed to provide all services that could be safely provided locally and only commissioning complex care from providers where there is evidence of good outcomes.

HT advised she would be keen to see allocation of funding to come through on a commissioner basis; and noted there are other strategic levels that

could be used if funding allocation was on a commissioner basis which is what the health board should be encouraging and advocating in discussions with WG.

The finance report states the Welsh Long Term Agreements were signed off by the deadline of 30 June and contract proposals from English providers were being reviewed. Are the contracts with English providers yet to be signed off for this year?

NJ noted this is an area of work that is being accelerated and that contracts are at a different status in terms of sign-off.

HT advised that contract sign-off would be brought forward, but this year there were problems with data availability. CC highlighted he would seek a further discussion with NJ to understand the query raised on contracts.

What are the reasons for the challenges and poor performance in the Neurodevelopmental Service? Where is the demand coming from and how are expectations being managed?

NJ advised there was a demand/capacity imbalance in the service, which had led to long waiting times, in common with a national increased demand for these services.

CR reported that a diagnostic deep dive had identified several improvements needed locally and that work was being progressed at pace to address the backlog. The team were working with Public Health colleagues to understand demand and capacity requirements.

NJ confirmed that the performance against the measure had deteriorated whilst additional work and capacity had been directed towards assessment of the position. Additional funding had been received from Welsh Government to address backlog position which will result in improved performance against this measure.

HT chairs the national strategic programme for mental health and was keen to take further action at a national level to understand the referral demand across Wales.

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.

4.4 ANNUAL DELIVERY PLAN 2024/25 QUARTER 2 (PTHB/24/138)

NJ introduced the report which provided an update of the progress made against the Integrated Plan at quarter 2, noting that the plan was approved by the Board but was unsupported by Welsh Government.

NJ reported overall good progress against delivery of the plan, noting that a small number of objectives were off-track related to community and primary care services; the major health conditions plan and some digital schemes where the intersection with national funding had led to delays.

The proportion of actions yet to be started (57%) and those in varying states of progress (22%) means nearly 80% are incomplete halfway through the year. The organisation is entering a busy period, what confidence is there that these actions will be delivered, or might it be necessary to roll some forward to next year, and has the plan been correctly profiled?

NJ noted that there was medium to high confidence for delivery for the rest of the year. Colleagues scrutinise and challenge each other on this. Going forward, will be seeking to improve in terms of the impact, the outcomes, the actions and how those are measured. The team will be looking at and taking away learning from other health boards to assist in this.

HT confirmed that some activity that traditionally took place over the winter period including capital spend and audit activity could lead to difficulties and requests were made to audit partners to front load audits to lessen the impact during quarters 3 and 4. It is generally the case that a small number of actions are rolled over to the following years plan.

The plan is well structured; the process appears to be well managed, but there is a limited use of metrics and focus on outcomes. What difference does all this activity make?

NJ confirmed the use of metrics and outcome measures across Wales would be examined to identify learning that can be implemented locally.

HT acknowledged that there is further work to be done on the outcome measures, development and maturity but this paper should be taken together with the finance and performance reports which give a rounded picture of performance.

The Board **CONSIDERED** the report ahead of submission to Welsh Government and took **ASSURANCE** that there is a process in place for monitoring progress against plan.

4.5 CORPORATE RISK REGISTER (PTHB/24/139)

HB presented the Corporate Risk Register and brought the below to the Board's attention:

- There are 12 corporate risks on the register (risks 8, 11 and 12 will be considered In-Committee)
- The risk register has been reviewed by the Risk and Assurance Group and Executive Committee.
- Board Committees have received the relevant risks related to their work and have undertaken deep dives where appropriate.
- No significant changes to report since September 2024.

In relation to CRR001 Financial Forecast, given the financial position considered earlier, might this risk score change?

HB noted that there is a case to reconsider scoring depending on actions taken and mitigations.

CRR010: given that the vast majority of controls are in place, and have a reasonable / substantial assurance, should there be a difference between

the inherent risk rating and whether the likelihood or impacts reduce given actually quite a confident position around the controls?

MB responded and noted that the risks, in terms of emergency planning, were reviewed regularly reviewed. There were regularly tested plans in place. The risk related to and was aligned to the national risk register.

The Board **RECEIVED** the Corporate Risk Register as a full and accurate record of the Health Board's strategic risks and took **ASSURANCE** on the controls and assurance to manage strategic risks and there are actions to address any identified gaps.

4.6 WINTER PLANNING / RESILIENCE (PTHB/24/140)

NJ introduced the report with the Final Regional Partnership Board System Resilience Plan ('Winter Plan') for 2025/25. NJ noted that the report brought together several organisational, system and national requirements and collectively represented the system wide preparations and response arrangements.

The implication of a winter plan was that the actions were seasonal. In recent years has this changed to a restatement of existing ongoing actions. If there are new activities and actions planned, have they been full costed?
DF acknowledged that many of the actions are underpinned in daily activities but noted that new actions have been introduced which have been costed. Much additional work that was done as part of the winter planning, has become an annual refresh which offers the system assurance ahead of what will be a busier period.

HT acknowledged that although there is pressure all year round, there are heightened levels of both demand and expectation around surge and escalation planning.

Can what seems to be a disconnect between the more positive comments in this plan around progress on pathways of care delays, compared to what is stated in the finance report be explained?

NJ noted that the Local Authority have undertaken market development work, particularly around domiciliary care and were reporting that they are able to release a significant number of hours. The impact on the bed delays in provided and commissioned care is yet to be seen.

DF advised of the variability in these metrics which was due to the small numbers of patients in Powys. Confidence was expressed in the delivery plan, noting there were some external elements that affect both demand and availability of workforce.

The Board:

- Took **ASSURANCE** that arrangements are in place for system resilience planning across the Powys Regional Partnership Board.
- Took **ASSURANCE** that PTHB has actively contributed to those arrangements ('Winter Plan')

- **RECEIVED** the RPB System Resilience Plan ('Winter Plan') attached to this report, which is the end product of those arrangements across partners.
- **APPROVED** that the health board's Board support is given to the final approval of the plan, which will take place at RPB Board in December 2024.

4.7 INTEGRATED PLAN (PTHB/24/141)

NJ presented the report which set out the proposed approach for the development, governance and timeline for the Integrated Plan, noting following Board approval it will be submitted to Welsh Government at the end of March 2025. Mechanisms have been set up internally to integrate the plan with finance, workforce and digital, ensuring that quality and the duty of quality is a golden thread throughout.

Page 10 of the report references internal audit, that gave an overall rate of 'reasonable' with two matters relating to the financial position. What two matters were raised?

PH advised the two matters from the internal audit were ensuring that future plans identify the best schemes to deliver the full annual savings requirement, and to develop a robust and sustainable recovery plan.

Given there are decisions yet to be made, how confident are we of the integration and support with Powys County Council, knowing this may have a material impact on our planning and ability to deliver for the people of Powys?

NJ advised of the mechanisms in place both through the Joint Leadership Team and the Regional Partnership Board Executive Team to ensure that plans are aligned. Both partners were working closely around the impact of budget setting and were actively engaged in their engagement activities with the communities.

HT noted that there will be further discussions and close working with Welsh Government as to what a supportable plan means from their perspective, in relation to pace, delivery and ability to get through the necessary statutory process to submit an overall balanced plan.

What steps are being taken to ensure that Primary Care are appropriately engaged in the development of the plan?

NJ advised of the well-established planning process for Cluster plans, which were aligned with those of the Board and Regional Partnership Board Executive. It was acknowledged that GPs are key stakeholders to any service changes in Powys and the connector to the communities. As the route map is developed, along with the stakeholder analysis and communications and engagement plan, GPs support will be crucial.

The current Integrated Plan is supported by quality analysis, is well structured and had clear priorities and principles but lacked the key steps needed to reach the end point. Will these key steps be included this year?

. There was a close relationship between the planning and transformation teams, to ensure that sustainability theme of the route map is visible.

DWL noted that the Health Board were attending the Local Authority Town and Community Council engagement sessions to discuss the risks in relation to estates and workforce demand and intend to have further engagement sessions in 2025 with the public where the responses will be used to in future plans.

The Board:

- Took **ASSURANCE** on the plan approach, noting the current position, the theme of 'Risk, Recovery and Sustainability', the summary of feedback and learning, and the recap of the national requirements and context.
- **APPROVED** the Strategic Framework, based on the refreshed PESTLE analysis in Appendix 1, which has been developed through consideration at Board Development and Planning, Partnerships and Population Health Committee in November 2024.
- **APPROVED** the Initial Draft Strategic Priorities as the basis for the detailed technical / organisational planning and partnership alignment processes.
- **APPROVED** the Planning Maturity Matrix in Appendix 3, for submission to Welsh Government as part of the Escalation and Intervention arrangements – noting that this has been developed through consideration at Board Development and Planning, Partnerships and Population Health Committee in November 2024.

13:03 – KW left the meeting.

4.8 REPORT OF THE CHIEF OFFICER OF LLAIS (PTHB/24/142)

KB presented the Chief Officer's report to the Board and drew attention to the following matters:

- Visits have been undertaken in both Hay and Talgarth with coffee mornings held in both towns and practices visited.
- A Public Forum in Crickhowell being held on the 04 December 2024, which provides the public an opportunity to come and talk about any issues with regards to health and social care.
- The sessions are used as part of planning process and looking at what could be improved going forward.
- Looking at priorities for 2025/25 including neurodiversity.
- Four social care visits have been undertaken.

HT thanked KB for the valuable work and update and for the commitment in listening to patients and visiting a good mixture of sites. HT noted that the insights raised in this report are linked to the Health Coard's committee work programme; strengthening arrangements and triangulating the information.

The Board **NOTED** the report.

5. CONSENT AGENDA

The below reports were taken under the Consent Agenda and recommendations supported:

- **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 (07 October 2024 – written)
- Board Work Programme (for **ASSURANCE**)

6. OTHER MATTERS

6.1 ANY OTHER URGENT BUSINESS (PTHB/24/143)

No other urgent business was raised.

6.2 DATE OF NEXT MEETING (PTHB/24/144)

29 January 2025, via Microsoft Teams.

Meeting closed 13:11

The Chair, with advice from the Director of Corporate Governance, has determined that the following items include confidential or commercially sensitive information which is not in the public interest to discuss in an open meeting at this time. The Board is asked to take this advice into account when considering the following motion to exclude the public from this part of the meeting:

Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960

"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
Mererid Bowley	MB	Executive Director of Public Health
Steve Elliot	SE	Independent Member (Finance) (left 14.35)
Pete Hopgood	PH	Executive Director of Finance, Capital and Support Services / Deputy Chief Executive
Nichola Johnson	NJ	Executive Director of Planning, Performance and Commissioning
Rhobert Lewis	RL	Independent Member (General)
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Science and Digital
Cathie Poynton	CP	Independent Member (Trade Union) (withdrew 14.35 – 14.35)
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
Simon Wright	SW	Independent Member (University)
Mick Giannasi	MG	Independent Member (General)

IN ATTENDANCE

Helen Bushell	HB	Director of Corporate Governance / Board Secretary
David Farnsworth	DF	Assistant Director Community Services
Liz Patterson	LP	Head of Corporate Governance (meeting support)

APOLOGIES FOR ABSENCE:

Ronnie Alexander	RA	Independent Member (General)
Elaine Lorton	EL	Executive Director of Planning, Performance and Commissioning
Kirsty Williams	KWi	Independent Member Vice-Chair
Jennifer Owen Adams	JOA	Independent Member (Third Sector)
Kate Wright	KW	Executive Medical Director

7.1 WELCOME AND APOLOGIES FOR ABSENCE (PTHB IC/24/145)

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

7.2 DECLARATIONS OF INTEREST (PTHB IC/24/146)

CP declared an interest in a matter under Any Other Business (staffing matter) as a Trade Union representative and withdrew from the meeting for Item 8.5.

7.3 MINUTES OF PREVIOUS IN-COMMITTEE MEETINGS (PTHB IC/24/147)

The minutes of the meetings held on 25 September 2024 were CONFIRMED as an accurate record.

7.4 FINANCIAL PERFORMANCE: YEAR END FORECAST (PTHB IC/24/148)

Rationale for item being held in private: Information relating to the financial and business affairs of the organisation that were confidential and not in the public interest at this time.

The Board:

- **APPROVED** that further options, that had previously been discounted, be developed and brought back to Board in December 2024

SE left the meeting 14.35

7.5 ANY OTHER BUSINESS (PTHB IC/24/149)

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

Staffing Matters

CP withdrew from the meeting (14.35)

The Board **RECEIVED** this update for information, and **NOTED** further information would be provided in due course.

CP rejoined the meeting (14.45)

7.6 JUDICIAL REVIEW (EMRTS) UPDATE (PTHB IC/24/150)

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 **RECEIVED** this update for information, and **NOTED** further information would be provided in due course.

7.7 IN-COMMITTEE CORPORATE RISK REGISTER (PTHB IC/24/151)

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)).

The Board

- Took **ASSURANCE** on the controls and assurance to manage strategic risks and there are actions to address any identified gaps.

7.8 ANY OTHER BUSINESS (PTHB IC/24/152)

Rationale for item being held in private: Information relating to an incident whereby the individual could be identified.

Incident at Llandrindod Wells Memorial Hospital

The Board **RECEIVED** this update for information.

Meeting closed 15.00