

POWYS TEACHING HEALTH BOARD

CONFIRMED

MINUTES OF THE MEETING OF THE BOARD

HELD ON THURSDAY 31 JANUARY 2024

VIA TEAMS

Present

Carl Cooper (CC)	Independent Member (Chair)
Kirsty Williams (KWi)	Independent Member (Vice Chair)
Hayley Thomas (HT)	Interim Chief Executive
Ronnie Alexander (RT)	Independent Member (General)
Simon Wright (SW)	Independent Member (University)
Rhobert Lewis (RL)	Independent Member (General)
Ian Philips (IP)	Independent Member (ICT)
Cathie Poynton (CP)	Independent Member (Trade Union)
Jennifer Owen Adams (JOA)	Independent Member (Third Sector)
Pete Hopgood (PH)	Director of Finance, Information Services and IT/Interim Deputy Chief Executive
Stephen Powell (SP)	Director of Planning, Performance and Commissioning
Claire Madsen (CM)	Director of Therapies and Health Sciences
Debra Wood-Lawson (DWL)	Director of Workforce and OD
Kate Wright (KW)	Medical Director
Mererid Bowley (MB)	Director of Public Health
Claire Roche (CR)	Director of Nursing and Midwifery
David Farnsworth (DF)	Interim Executive Director Operations, Community and Mental Health

In Attendance

Helen Bushell (HB)	Director of Corporate Governance / Board Secretary
Lucie Cornish (LC)	Deputy Director of Therapies and Health Sciences
Sue Williams (SW)	Health Disability Activity Practitioner
Nina Davies (ND)	Associate Member (Director of Social Services Powys County Council)
Katie Blackburn (KB)	Regional Director Llais
Liz Patterson (LP)	Interim Head of Corporate Governance

Apologies for absence

Chris Walsh (CW)

Independent Member (Local Authority)

Joy Garfitt (JG)

Director of Operations/Community and Mental Health

PRELIMINARY MATTERS	
PTHB/23/132	<p>WELCOME AND APOLOGIES FOR ABSENCE</p> <p>CC welcomed all participants to the meeting.</p> <p>CC provided an overview of the role of the Board and the agenda for the day. Apologies for absence were noted and recorded as above.</p> <p>CC welcomed DF as Interim Director of Operations role covering for JG who was unwell and receiving treatment.</p> <p>CC congratulated ND on her recent appointment as the substantive Director of Social Services and Well Being in Powys County Council.</p>
PTHB/23/133	<p>DECLARATIONS OF INTEREST</p> <p>The following declarations of interest were made in relation to agenda item 2.5 (Belmont Branch Surgery Gilwern closure application)</p> <ul style="list-style-type: none"> • RA, Independent Member declared that several family members were registered with Crickhowell Group Practice (Gilwern), therefore he would not participate in the agenda item. • KW, Medical Director declared that she was a patient of Crickhowell Group Practice (Gilwern) and would therefore limit her contribution to the item to that of her professional capacity as Medical Director; and • KB, Regional Director Llais declared that she was a patient of Crickhowell Group Practice (Gilwern) and would therefore limit her contribution to the articulation of the perspective of Llais.
PTHB/23/134	<p>BOARD ACTION LOG</p> <p>HB presented the action log report.</p> <p>In relation to the completed items the deep dive into ambulance performance is included in the Delivery and</p>

	<p>Performance Chair's Report to Board, the food hygiene inspection and closure of Nevill Hall MIU are included in the Chief Executives Report to Board</p> <p>RL advised in respect of ambulance performance that the Delivery and Performance Committee will continue to monitor performance, but a face-to-face meeting with the Chief Commissioner and WAST is required as ambulance response performance remains low and has shown little improvement in the last two years. Assurance is also needed that operations will be appropriately adjusted in relation to proposed strategic changes, such as stroke services and the Super Hospital in Hywel Dda.</p> <p>HT stated that the planned work for the Delivery and Performance Committee is just one part of upcoming conversations with the Chief Ambulance Service Commissioner and Chief Executive of WAST would be asked to join a Board Development in March 2024.</p> <p>RA acknowledged Bronllys Hospitals food hygiene rating increasing from 1 to 5, paying tribute to the team that had achieved this. He requested that reporting mechanisms to Delivery and Performance Committee were put in place to provide assurance that kitchens were well run without relying on outcomes of regulatory inspections.</p> <p>HT stated that the Ystradgynlais hospital kitchen had recently been rated five. The Health Board have completed a quality and assurance review of our internal systems and identified processes to enhance them. These improvements are now in place, and systematic reporting to Delivery and Performance Committee will be added to the work programme twice a year.</p> <p>Action: Director of Corporate Governance</p> <p>CM added that extra measures were put in place to ensure that all lessons from the Bronllys kitchen inspection were implemented across all kitchens with increased oversight during the interim period, particularly focusing on staff training. Discussions are taking place with internal audit, to request an audit in 2024/25 for further assurance purposes.</p>
PTHB/23/135	<p>EXPERIENCE STORY</p> <p>a) Patient Experience Story</p> <p>CR introduced the item which outlined the experience of a patient named Paul who successfully quit smoking with the assistance of the Help Me Quit service.</p>

	<p>The Board welcomed the presentation and expressed its thanks to Paul for sharing their experience.</p> <p>b) Staff Experience Story</p> <p>DWL introduced SW (Health Disability Activity Practitioner) who provided an overview of her career journey and the support she received to return to the NHS practice and expressed great satisfaction in her current position in Powys.</p> <p>The Board welcomed the presentation and wished to extend its thanks to SW for sharing their story, the learning from which had been significant.</p>
PTHB/23/136	<p>UPDATE FROM THE CHAIR</p> <p>CC presented his report and drew attention to the following.</p> <ul style="list-style-type: none"> • Chief Executive Officer Recruitment • Independent Member (IM) Recruitment <p>He noted that today marks Carol Shillabeer's last day as substantive Chief Executive, as she moves to her new role at Betsi Cadwaladr UHB on the 01 February 2024 expressing thanks for her contributions and achievements during her time in Powys and wished her well in her new role.</p> <p>UPDATE FROM THE VICE CHAIR</p> <p>KWi presented her report.</p> <p>UPDATE FROM THE CHIEF EXECUTIVE OFFICER</p> <p>HT presented her report and drew attention to the following:</p> <ul style="list-style-type: none"> • oversight and Escalation Status – The Health Board remains in Enhanced Monitoring Status, as part of the Escalation and Intervention Arrangement led by the Welsh Government. The Health Board is fully engaged in all governance and assurance requirements. • national Commissioning Joint Committee developments will be covered in Partnership Reports • changes in the Minor Injury Unit services in Gwent - Aneurin Bevan University Health Board has decided to close the Nevill Hall Minor Injury Unit between 01.00 and 07.00, the implementation timetable is awaited. • the Outline Business Case has been approved at Shrewsbury and Telford NHS Trust. • the Emergency Ambulance Service Committee (EASC) meeting on January 30, 2024, agreed in principle the

	<p>proposed phase three engagement process for the Air Ambulance service subject to Llais confirming their view on the engagement papers.</p> <ul style="list-style-type: none"> winter pressures and managing the first junior Doctors' strike in January has presented a significant challenge for many healthcare providers in Wales. <p><i>Regarding MIUs changes in Nevill Hall, can assurance be provided that the changes will be publicised when the details are known?</i></p> <p>HT confirmed that the Health Board are actively working with Aneurin Bevan to ensure that information is being shared in a proactive manner with the public, ahead of the go live date.</p> <p><i>Regarding the measles outbreak in the West Midlands, can assurance be provided that the Health Board is taking every possible action to raise vaccination rates and achieve herd immunity?</i></p> <p>MB stated that enhanced work has taken place over the last six months to identify unvaccinated young people up to 16 years old. The team have also worked closely with primary care to ensure that pre-school children receive timely vaccinations. This strategy has increased uptake by age four to 94%. A Borders Group has been formed to explore further action. Uptake rates for Measles Mumps Rubella (MMR) 1 in young people up to age 16 are 94% for MMR2 are 90.6%. The Health Board is currently analysing uptake by school in Powys and will take more targeted action.</p> <p><i>Does Wales have a target similar to NHS England's 500 winter bed pressures and did we achieve it?</i></p> <p>HT confirmed Wales increases bed capacity in line with winter surge. All Health Boards, including Regional Partnership Boards, have been through their winter planning looking at how to flex their capacity. There has not been a national statement from NHS Wales on this matter this year.</p> <p><i>Can you clarify the use of term Lay members in the Chief Executive report in relation to the National Commissioning Joint Committee?</i></p>
--	--

	<p>HT advised that the terminology for non-officer members is subject to discussion, and it has been recommended that the term 'Lay Member' is used.</p> <p>The Board RECEIVED and NOTED the Reports of the Chair, Vice Chair and Chief Executive.</p>
PTHB/23/137	<p>ASSURANCE REPORTS OF THE BOARD'S COMMITTEES</p> <p>The following Chair's Assurance Reports were received:</p> <p><u>Patient Experience Quality and Safety Committee</u></p> <p>KWi gave an oral update on meeting of Patient Experience, Quality Committee held on 23 January 2024. She highlighted the following:</p> <ul style="list-style-type: none"> • concerns regarding capacity constraints in respect of the use of Civica in relation to patient experience (Reported to Board July 2023) – The Committee received a further report on the current progress of our Civica usage, with questionnaires in progress and the rollout expanding. To date, few patients have shared their experiences and the staff in the programme are analysing barriers to understand why this might be happening. • infection Prevention and Control (reported to Board In-Committee July 2023) – The Committee continues to monitor the implementation improvement plan and is assured by the progress of the plan. It is expected that all actions will be completed within the designated timeframe. • the Committee received a paper detailing the findings of a recent Incident Management Quality and Safety Review of mental health services. The Committee took assurance that the plan will now be developed and approved by the Executive Committee to address the findings of the report. This Committee will continue to receive reports. <p>The Board NOTED the report.</p> <p><u>Executive Committee</u></p> <p>HT presented the item which provided an overview of matters considered by the Executive Committee between the 08 November to the 20 December 2023.</p>

	<p><i>Can the Board reflect on the content, structure, and use of plain English in reports received to better enable assurance to be taken?</i></p> <p>HT stated that much business is discussed enroute to other Committees and the Board. Executive Committee transacts a lot of operational matters given its remit. There is a clear consensus at Executive Committee on matters that need to go to committee and Board.</p> <p>HB stated that there is a large amount of material that needs to be reported and colleagues strive to communicate it as clearly as possible. Any feedback for improvement is welcomed.</p> <p>The Board NOTED the report.</p> <p><u>Audit, Risk and Assurance Committee</u></p> <p>RL gave an oral update on the meeting of Audit, Risk and Assurance Committee held on 16 January 2024 including:</p> <ul style="list-style-type: none"> the Committee had received a presentation from Internal Audit comparing Powys' internal audit outcomes with other Health Boards in Wales. This analysis revealed that 67% of all assurance ratings for Powys are reasonable or substantial, indicating a strong position. In clinical governance the assurance is slightly stronger in Powys. there will be a significant agenda in March, including internal audit reports on IT infrastructure, Estates, Board and Committee effectiveness and an All-Wales review of planned care and primary care from Audit Wales. <p>A written report would follow to the next Board meeting.</p> <p>The Board NOTED the report.</p> <p><u>Delivery and Performance Committee</u></p> <p>RA presented the item which provided an overview of matters considered by the Delivery and Performance Committee on 19 December 2023.</p> <ul style="list-style-type: none"> the Committee brought to the ongoing attention of Board the Emergency Access as an escalated matter (related to the attendance of the Chief Ambulance Services Commissioner
--	--

	<p>and Chief Executive of WAST into a future Board session for further discussion).</p> <ul style="list-style-type: none"> the next meeting will focus on assessing agency costs and implementing effective controls. <p><i>Regarding the Board's sightedness on primary care performance, what can we anticipate in terms of how and when we will develop our performance sightedness and performance management of primary care?</i></p> <p>HT stated that this was contained in the Health Board draft Structured Assessment report from Audit Wales and work is being undertaken with primary care and the performance team to put forward a proposal to further develop the Board and Committee's awareness regarding primary care. In addition, more detailed information on the primary care strategic programme and cluster development work will be provided. Arrangements for enabling increased sightedness would be discussed when setting Board and Committee work programmes.</p> <p>PH added that work is being done with performance colleagues to develop a dashboard that reports on those metrics for the Board to address areas of concern. Regular reports on access and primary care performance are provided through our committee structures, ensuring that the right information is available in a timely manner to our independent practitioners and businesses. This allows the Health Board to assess ongoing work and ensure it meets the Board's requirements.</p> <p>The Board NOTED the report.</p> <p><u>Workforce and Culture</u></p> <p>IP presented the item which provided an overview of matters considered by the Workforce and Culture Committee on 14 December 2023.</p> <p>The Board NOTED the report.</p> <p><u>Charitable Funds</u></p> <p>CC presented the item which provided an overview of matters considered by the Charitable Funds on 07 December 2023 and</p>
--	--

	<p>17 January 2024. CC drew the following matters to the attention of the Board:</p> <ul style="list-style-type: none"> • PT confirmed that the Health Board will not be in a position to file its 2022-2023 Charitable Funds accounts with the Charity Commission by the deadline of 31 January 2024. The Health Board Final Audit opinion from Audit Wales is pending third party control assurance from our investment management company. The rest of the audit is complete with no issues. The Health Board's investment management company is actively working to resolve this issue promptly, and once the audit is completed, the Health Board will file accounts with the Charity Commission. • HT stated this is a matter that is also affecting other Health Boards' ability to submit their annual report and accounts. <p>The Board NOTED the report.</p> <p><u>Planning, Partnership and Public Health Committee</u></p> <p>RL presented the item which provided an overview of matters considered by the Planning, Partnership and Population Health Committee on 16 November 2023.</p> <p>The Board:</p> <p>RECEIVED the summary assurance reports appended to this covering paper taking ASSURANCE that Board Committees are fulfilling their roles and reporting accordingly to the Board.</p>
ITEMS FOR APPROVAL/RATIFICATION/DECISION	
PTHB/23/138	<p>INDEPENDENT PATIENT FUNDING REQUESTS (IPFR) POLICY APPROVAL</p> <p>KW presented the report which presented the outcomes from the engagement process with key stakeholders to review the All-Wales Independent Patient Funding Request (IPFR) Policy and to seek approval for the proposed changes to the policy. The review had been led by WHSSC.</p> <p>The IPFR policy is owned jointly by Health Boards, each with its own IPFR Panel. The IPFR process looks at individual funding for treatments not covered by the Health Board. It aims to balance individual patient needs with wider population needs. In 2021, a judicial review resulted in an IPFR decision being overturned, leading to an review of the policy.</p>

	<p>No significant changes were made to the policy. Some wording has been simplified. A table has been added to the policy for decision-making and the policy has been restructured to improve clarity.</p> <p><i>Can a summary be provided of the actions the Health Board will take with the IPFR Panel to ensure training and updates are in place so compliance with the new policy is ensured?</i></p> <p>KW explained the importance of recognising the policy and the significance of its application. The Panel is multidisciplinary including senior clinicians and Lay members. There is a clearly laid out process and the changes are not significant. It is crucial to ensure that the Panel is engaged and understands the subtle changes, that decisions are meticulously documented, outlining the procedures used in making each decision.</p> <p><i>Recognising this is an all Wales review, are there any plans to view the policy from a patients' perspective?</i></p> <p>KW stated that Lay involvement in the development of the policy would be clarified.</p> <p>The Board:</p> <ul style="list-style-type: none"> • NOTED the report and the feedback from the WHSSC Individual Patient Funding Request (IPFR) engagement process with key stakeholders, • NOTED that the proposed changes in the revised Policy have been developed jointly by the Policy Implementation Group and WHSSC, and have taken into consideration, where appropriate, the comments and suggestions received from the Kings Counsel (KC) involved in the previous WHSSC judicial review; and • APPROVED the local adoption of the All-Wales IPFR Policy, and Once the revised policy has been approved by all Health Boards (HBs) it will be shared with Welsh Government prior to adoption.
PTHB/23/139	<p>PUTTING THINGS RIGHT POLICY</p> <p>CR presented the report which provided an updated procedure for the Effective Management and Resolution of Complaints and Concerns, ensuring changes following the implementation of the Quality & Engagement Act 2020 are captured. CR outlined:</p> <ul style="list-style-type: none"> • the policy is informed by the guidance produced for the NHS in Wales to effectively manage concerns according to the

	<p>requirements in the NHS Concerns, Complaints and Redress Arrangement (Wales) Regulations 2011.</p> <ul style="list-style-type: none"> • the Policy has been updated as a result of updates to the Welsh Government Putting Things Right guidance as a result of bringing into effect of the Duty of Quality and Candour from 1 April 2023. • it was noted that the term 'concern' incorporates complaints, claims, and reported patient safety instance and includes concerns which triggers the candour procedure as set out in the Duty of Candour procedure Regulations 2023. <p><i>In relation to 3.4 should reference to advocacy support be made part of this policy for those who lack capacity?</i> CR stated that advocacy support would be considered in such cases.</p> <p><i>Can assurance be provided on our ability to implement this policy, that Investigators receive appropriate training and dedicated time to undertake investigations, so these are undertaken in a consistent way?</i> CR confirmed that over the last 18 months, the central quality and safety team has focused on investigation training and seen an excellent uptake of colleagues from across the Health Board. The Health Board is enhancing support across the organisation, led by the Quality and Safety team to ensure consistent understanding and application of the policy by all employees. The updates in relation to the Duty of Candour have been included when preparing for the implementation deadline and have been incorporated into investigation training touch points within the organisation. Before the Duty of Candour came into effect, capacity issues were a challenge for the Health Board and remain so, but a significant improvement is being seen in the quality of investigations as more people go through training and receive support. Confidence and competence in conducting investigations is increasing.</p> <p><i>Can assurance be provided that this policy will be available through the medium of Welsh?</i> CR confirmed that the policy will be available in medium of Welsh.</p> <p><i>The document is lengthy which makes it difficult for staff and patients to find the relevant section. Can the document be reviewed for consistency in relation to the terms used?</i> CR stated that the language reflects the Putting Things Right Guidance, nationally from Welsh Government. It is</p>
--	--

	<p>acknowledged the language may be confusing for some. The policy has been simplified with the use of flow charts at the end, enabling our Quality and Safety Team to support and develop people's confidence in managing Putting Things Right.</p> <p><i>Does the policy pass through a formal review group before it comes to Executive Committee?</i></p> <p>CR explained that this would not be necessary as it is an update in relation to revised Duty of Candour guidance from Welsh Government which the Health Board is mandated to implement.</p> <p><i>The policy does not specify how formal and informal concerns or complaints are determined or who makes that judgment?</i></p> <p>CR clarified that this was set out within the Putting Things Right guidance.</p> <p><i>The concerns regarding terminology are particularly pertinent in relation to the ability of patients to understand the document. Has there been patient involvement in the development of the policy?</i></p> <p>CR acknowledged that the terminology can be confusing for our service users. It is important that there are arrangements in place to explain this when they express concerns. Our Putting Things Right team is directly accessible to address questions and signpost individuals, providing valuable support behind the scenes. The Health Board follows Welsh Government regulations that changed the terminology from Informal Concerns to Early Resolution some years ago. In relation to the public, we are frequently and consistently seeking feedback from the public in relation to their experience of raising a concern.</p> <p>CR undertook to make some minor amendments to the Policy in response to matters raised during the meeting.</p> <p>The Board:</p> <ul style="list-style-type: none"> • APPROVED the revised Putting Things Right Policy subject to minor amendments that will be agreed by the Chair.
PTHB/23/140	<p>DIRECTOR OF CORPORATE GOVERNANCE REPORT:</p> <p>HB presented the report which included two items for the Board's consideration:</p> <ul style="list-style-type: none"> • the application of the Common Seal had been applied on one occasion. • Board Member declarations of interest register had been updated to the end of December. It was confirmed DF had

	<p>since been appointed as Interim Director of Operations and had submitted his declaration. The register will be updated accordingly.</p> <p>The Board:</p> <ul style="list-style-type: none"> • RATIFIED the application of the Common Seal applied on one occasion since the last report and receive ASSURANCE that the action was taken in accordance with Section 9 of the Standing Orders; • RECEIVED the contents of Register of Interests for PTHB Board Members at 31 December 2023 (Appendix A) and took ASSURANCE that the Audit and Corporate Governance 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.
PTHB/23/141	<p>MINUTES OF PREVIOUS MEETING: 29 November 2023 (FOR APPROVAL)</p> <p>The minutes of the meeting held on 29 November 2023 were APPROVED as a true and accurate record.</p>
ITEMS FOR BOARD ASSURANCE	
PTHB/23/142	<p>FINANCIAL PERFORMANCE MONTH 09</p> <p>PH presented the report which provided an update on the December 2023 (Month 09) Financial Position, including progress with savings delivery. The following matters were highlighted for the Board's attention as of month 9:</p> <ul style="list-style-type: none"> • the Health Board is continuing to hold its forecast to hit its targeted control total of £12m, • the Health Board is £589k behind the planned position of £12m. However, the forecast is being held due to confidence that this variance can be managed. • key areas of highlight include continuing high level spend on agency, pressure against our commission services position (relating to increased emergency activity) and relating to Continuing Health Care and complex Health care packages. • agency is subjected to a further deep dive review that will be presented at the upcoming Delivery and Performance Committee. It is important to stay focused on these areas and reduce spend where possible. • in November there was a significant spike in agency spend but that has reduced in December and returned to levels

	<p>similar to previous months. This needs further improvement to help meet our financial target.</p> <ul style="list-style-type: none"> • commissioning and contracting positions are also included, emergency admissions are resulting in significant challenges and pressure within the system. The usual analysis in relation to prescribing and CHC forecast is also included. • the Health Board is overperforming against the original savings target of £7.5m related to the need to identify further schemes to offset pressures in year, and to the additional control target ask of £12m. However, an element of this is nonrecurrent and it will be essential to the delivery of the plan to ensure the pipeline of saving ideas continues to develop • a summary of how the Health Board financial plan has moved from the original to the revised plan is included at Appendix 5. <p>HT emphasised the seriousness of the situation in relation to the overspend and the need to achieve the control target by year end. It will be necessary to examine current models when planning for future years to tackle issues such as rising emergency admissions which impact on planned care, whilst also considering the effects of industrial action on the system. The Health Board will need to examine what is realistic, sustainable and deliverable in the long term.</p> <p><i>Given the continuous focus on variable pay and the challenges of delays and costs, at what point would the organisation conclude our goals may not be achievable.</i></p> <p>DF noted that reliance on agency staff was less than optimal. Developing the staffing model and creating sustainable services will be critical. The potential to bring services together, either geographically or by specialty will be examined.</p> <p><i>Can ongoing discussions with local authorities provide a roadmap to reduce cost pressures in the health and social care system?</i></p> <p>ND added that it is very clear that the finances are challenging across the public sector. It is important we work together with partners, and as partners across Health and Care, third sector and provider landscape. The Regional Partnership Forum plays a key role in this partnership work. In terms of discharge this is being prioritised in the local authority and close working is</p>
--	--

	<p>ongoing with colleagues in the Health Board in this regard. This needs to be progressed at pace.</p> <p>KW commented that whilst finance was really important, quality is essential. A quality service will provide value and there are quality concerns when using high numbers of agency staff.</p> <p>DF noted key areas of consideration for patients stranded in community hospitals were enabling access to appropriate health and social care in the community, ensuring patients waiting for discharge maintained their health and welfare to avoid a need for higher levels of care, and to support people to avoid coming into the system in the first place. The Accelerated Sustainable Model will develop this and will be preferable to delivering the current fragile services which are not optimal for patients.</p> <p><i>Can clarification be provided on the application for strategic cash support, what does that mean for the Health Board and when are we likely to hear to the Welsh Government?</i></p> <p>PH clarified that the Health Board is in deficit position and will require strategic cash support to make payments to creditors. The request has been submitted and approved by Welsh Government.</p> <p>PH stated that the Health Board has limited resources (financial, workforce and capacity), and we need to make sure we allocate those resources in the right place to deliver those safe and quality care outcomes.</p> <p>The Board:</p> <ul style="list-style-type: none"> • 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 2023/24 and revised underlying deficit.
PTHB/23/143	<p>INTEGRATED PERFORMANCE REPORT MONTH 08</p> <p>SP presented the item which provided an update on the latest available performance position against NHS Wales Performance Framework up until the end of November 2023 (month 8).</p> <ul style="list-style-type: none"> • pages 2-3 of the report highlights challenges in provider services to delivering planned care, but progress is being made. Despite challenges, steps are being taken to reduce

	<p>long waiting times for patients and fill key roles in planned care and endoscopy.</p> <ul style="list-style-type: none"> • minor Injury Unit services maintain very good compliance against the 4 hour target. From a commissioned perspective performance is below target, particularly in Accident and Emergency, Cancer Targets, and Referral to Treatments Times. • the Welsh Ambulance Service and Health Boards have agreed on a Winter Impact Plan. However, performance from an ambulance perspective remains poor despite additional efforts to improve performance. In Wales, all District General Hospitals are at high escalation levels due to winter pressures and emergency demand, Shrewsbury and Telford Hospitals have declared a critical incident and Wye Valley NHS Trust are busy from an urgent care perspective. • pages 4-5 outlines the Health Board's progress on internal indicators and identify services needing further escalation and scrutiny. However, the Health Board has remedial action plans for improving services and is working to determine when a return to compliance will be seen. • page 6 describes performance against the Ministerial Measures. The Health Board are meeting 3 out of 9 ministerial targets and saw improved performance in 5 out of 6 indicators in November compared to October. The Health Board met 6 out of 9 mental health performance targets and have remedial action plans to improve performance. • long wait times continue to be challenging with all commissioned providers. Improvement is slow across England and Wales and Junior Doctor and Consultant strikes have disrupted capacity. • despite all the challenges as a provider, the Health Board is making positive progress to improve care closer to home and additional services in Powys. For example, Robert Jones and Agnes Hunt will provide additional Orthopaedic services in North Powys for some Carpel Tunnel surgical outpatient procedures. An agreement has been reached with Hywel Dda to bring outpatients' Colorectal clinics into Powys and discussions are underway with Hywel Dda to develop Rheumatology and Neurology services in Powys. <p><i>Commissioned work recovery will be slow and measured in timescales of years and the achieving targets and ministerial</i></p>
--	---

priorities will be limited. Is this a true and candid picture representing the NHS professionals' consensus?

SP explained there are substantial performance challenges in Accident and Emergency, Referral to Treatment times and Cancer. A performance forecast will be presented during our Board Development planning session next week to demonstrate how the recovery of these key indicators will progress over the next few years. Some variables are complex, but there are also huge opportunities such as in the areas of Getting It Right First Time (GIRFT) where using existing facilities more efficiently will result in quicker recovery of backlogs.

Regarding Ministerial priorities, what re the implications should the Health Board not deliver on those priorities?

SP stated the importance of delivering on these priorities as they are crucial for achieving good clinical outcomes and align with Ministerial priorities in improving recovery of the waiting list position in Wales. Not delivering these priorities results in longer wait times for patients and the Health Board has an increased the backlog of patients to be treated in the next financial year. The consequences of not delivering on the Ministerial Priorities will be picked up through routine monitoring with Welsh Government, the end of year Joint Executive Team meetings, and monthly Integrated Quality Planning and Delivery meetings.

KW added that there is a huge amount of work ongoing to improve efficiencies, address the backlogs and catch up but more needs to be done. The Health Board must prioritise long term goals and prevention efforts to maintain focus on prevention.

HT stated that the Health Board has maintained its enhanced monitoring status in the last review. However, if the Health Board fails to meet these performance outcomes, further monitoring/escalation would likely result. Additional funding has been provided to the Health Board to address long wait times, but this funding is contingent on the delivery on those outcomes. We continue to be open and honest about our performance. We are striving to find a balance between clearly understanding how our actions impact our patients whilst acknowledging the positive work staff are undertaking.

In relation to Robert Jones and Agnes Hunt for Orthopaedic and Hywel Dda in terms of colorectal patients, rheumatology and

	<p><i>neurology and Nevill Hall for cataracts, given the extreme long waiters in England, is there any potential for us to further repatriate some of our patients?</i></p> <p>SP explained that there is opportunity for Powys to repatriate some patients, but it is subject to the sustainability of our service in Powys and some key recruitment.</p> <p><i>Can you clarify if the turnover rates for nursing midwifery staff in the graph represent HEIW figures or Powys figures, and explain any differences or issues?</i></p> <p>DWL explained that the issue with the data lies with HEIW, as they are responsible for nationally collecting and reporting turnover data. The Health Board is aware of some glitches in their system which are being addressed. The Health Board will continue to caution that there may be some inaccuracies in the data and have reported this to the Workforce and Culture Committee. In the meantime, the Health Board is conducting its own assessment of turnover, particularly in areas such as Nursing and Midwifery where issues are known.</p> <p>SP added that putting together the integrated plan for this financial year was a delicate balancing act, described as the best offer to manage finances, staffing resources and commissioned resource while ensuring quality outcomes, managing risks, and promoting good governance.</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.
<p>PTHB/23/144</p>	<p>PLANNING APPROACH 2024 ONWARDS</p> <p>SP presented the report which provided an update on the development of the PTHB Integrated plan for the period March 2024 onwards.</p> <p>The Boards previous decision to produce a five-year plan instead of a traditional three year plan was noted. The paper is built on the preliminary work undertaken as an organisation starting last autumn and is based on the planning guidance issued by the Welsh Government on 18 December. Attention was drawn to the following matters:</p>

	<ul style="list-style-type: none"> • the revised NHS Oversight Framework which identifies the Health Board as under Enhanced Monitoring - Level 3 (previously Level 2), • acknowledgement that given the current challenges there will be a known period of non-compliance on some of the financial targets and access targets over the next five-year period. This assertion will be supported by our ongoing analytical work, • arrangements are being made to ensure the plan is socialised and integrated with partners including the Regional Partnership Board, Clusters and Powys County Council to ensure successful integration and coherence of the plan, • NHS Wales planning guidance is outlined along with the Ministerial Priorities, • the requirement to breakeven within a three year period was noted, • learning from the business case development for the North Powys wellbeing project have been built in, • the paper includes projected changes in the NHS over the next decade, highlighting the demographic and disease burden challenges that will need to be addressed during this period, and • the schedule for plan delivery was outlined. <p>HT highlighted that the planning requirements are complex and require a significant amount of effort. Clear communications on the Health Board position are crucial to all stakeholders including staff and the wider public. There is ongoing work to map out the extent to which the Health Board can meet its statutory financial requirements within three years and still meet other statutory accountabilities such as the Duty of Quality. These conversations will continue to take place over the next two months before the plan is brought back to Board for final approval. The new plan will mark the beginning of a phase of public engagements. This work will be scheduled in tandem with similar work the local authority is undertaking.</p> <p>IP noted the importance of long-term focus and consideration for staff impact, while also expressing the need to engage the public. However, this issue is not specific to Powys but is a broader problem within NHS Wales.</p>
--	---

	<p>ND added that there will have to be open, honest and difficult conversations with the people of Powys including the need to shift investment and disinvest. In the next couple of months, there will be engagement across the County as part of efforts to keep working together.</p> <p><i>What can we learn from the past about what stands in the way of real progress, and what can we do differently now so that we do not face the same barriers and obstacles?</i></p> <p>SP mentioned that many of the issues are widespread across the NHS in England and Wales, and significant effort is being put into addressing these urgent problems. There are still significant gains to be made in Wales, and in other areas including clinical networks and partnership.</p> <p>The Board:</p> <ul style="list-style-type: none"> • CONSIDERED the update provided, noting any feedback – this will be used to inform the final stage of development of the plan; • Took ASSURANCE that an appropriate approach is in place to develop the PTHB Integrated Plan for the period March 2024 onwards.
PTHB/23/145	<p>THERAPIES AND HEALTH SCIENCES ANNUAL UPDATE</p> <p>LC gave a presentation which provided an annual update on workforce issues within the Therapies and Healthcare Sciences Directorate. The range of staff and services within the Directorate were outlined along with new approaches to tackle recruitment challenges by using existing budgets and seeking funding from HEIW (for 'Grow your own') and Welsh Government (Adfeiriad funding) to support new professionals and enable the repatriation of services. An integrated approach has been adopted along with increasing the digital offer, working on accelerated cluster development and improved partnership working. The team have worked with the University of South Wales to improve processes and improved professional governance arrangements. A case load review has improved case load management and a department staff survey resulted in primarily positive responses with smaller areas for improvement.</p> <p><i>Can we evaluate the benefits of interventions in primary care, such as improved patient experience, faster response times,</i></p>

	<p><i>GP time savings, and reduced need for surgical operations in the long term?</i></p> <p>LC explained that a recent evaluation of the service in the mid cluster had been presented to a panel meeting where the data from patient reported experience and user experience from a GP perspective is positive. There is strong evidence supporting reduced demand on GP time and high utilisation of the service. The Health Board is currently evaluating the service in the North, Mid and South clusters. However, it may be challenging to see a decrease in referral rates and decreased activity in secondary care orthopaedics.</p> <p><i>Are there lessons from the success of the Musculo-Skeletal (MSK) did not attend (DNA) project that other services can learn from?</i></p> <p>CM stated that as part of the project on demand and capacity, they have been examining DNA. A pilot was conducted in MSK as part of the Safe Care Collaborative work and has been shared as an all-Wales piece of work. The Health Board is considering rolling it out in Powys looking next at psychology.</p> <p>LC added that learnings from the MSK DNA project have been shared with the digital team, who are exploring next stages through a text messaging service to demonstrate their potential in using that function.</p> <p>The Board:</p> <ul style="list-style-type: none"> • RECEIVED the information in the presentation as part of the Boards ongoing programme of assurance, and • DISCUSSED any relevant themes impacting on the organisations strategic approach to workforce.
PTHB/23/146	<p>BELMONT BRANCH SURGERY</p> <p>PH presented the report which provided updates to the Board on the continued development and delivery of the mitigation plan for the closure of Crickhowell Group Practice's Belmont Branch Surgery in Gilwern, Monmouthshire.</p> <ul style="list-style-type: none"> • the Task-and-finish group met on 9 January 2024 and reviewed the mitigation plan. There were no issues to escalate to the Board,

	<ul style="list-style-type: none"> • a further meeting of the task-and-finish group is scheduled for mid March where agreement will be proposed to move to business as usual arrangements, • key areas of focus include: <ul style="list-style-type: none"> ○ Monitoring for patient concerns or complaints ○ Reviewing Community transport ○ Reviewing Practice registration and sustainability position ○ Keeping track on the wider service provision • an update will be provided to the March Board meeting. <p>The Board:</p> <ul style="list-style-type: none"> • RECEIVED the update on the mitigation plan and; • Took ASSURANCE in relation to the progress being made on the further development and delivery of the mitigation plan.
PTHB/23/147	<p>CORPORATE RISK REGISTER, DECEMBER 2023</p> <p>HB presented the item which provided the Board with the December 2023 version of the Corporate Risk. The risk register forms part of the Board Assurance Framework and provides a summary of the significant risks to the delivery of the Health Board's strategic objectives.</p> <p>It was noted that a revised Corporate Risk Register is in development alongside the Integrated Plan 2024-29 will be presented to Board in due course March in line with the Board Risk Appetite Statement.</p> <p>12 risks were presented, two of which relate to cyber security and national power outage details of which are included in the confidential papers. The risk scores for these items are included in the board pack for the in public meeting.</p> <p><i>Regarding risk 007 (partnership working), and acknowledging the significant work underway, are we content that this is green?</i></p> <p>HB clarified that the score (likelihood/impact) was amber rating and the green related to the Board Risk Appetite.</p> <p>HT added that there is more work to be done, with substantive changes in place but this is not yet reflected in the detail of the Corporate Risk Register.</p> <p>The Board:</p>

	<ul style="list-style-type: none"> RECEIVED the <u>December 2023</u> version of the Corporate Risk Register, ensuring that it was a true reflection of the Health Board's current high-level risks, recognising that a broader review of the organisation's risks is currently underway. NOTED that CRR 009 (cyber security) and CRR011 (power outage) will be reported to the In-Committee Board due to the confidential nature of its content.
PTHB/23/148	<p>ASSURANCE REPORTS OF BOARD PARTNERSHIP ARRANGEMENTS</p> <p>Reports from the NWSSP held on 23 November 2023 and the Powys PSB held on 15 December 2023 were RECEIVED.</p> <p>HT provided an update to the Board in respect of the matters discussed and agreed at recent partnership board meetings, including the following:</p> <ul style="list-style-type: none"> NHS Wales Shared Services Partnership Committee (NWSSPC) held on 23 November 2023. Powys Public Services Board (PSB) held on 15 December 2023. the RPB met on 8 December 2023 where the following items were discussed: <ul style="list-style-type: none"> Terms of Reference Winter/system resilience RPB Executive Group update RPB Investment Plan 2024/25 onwards, final draft RPB Strategic Capital Programme Review Welsh Government self-assessment RPB Board <p>The Joint Partnership Board (JPB) has not met since the last meeting of the Board. It was noted that a decision was been made to discontinue the JPB arrangement between the local authority and the Health Board. Instead, the Joint Executive Team between the Health Board and Local Authority have been meeting regularly and there are plans to bring the Board and Cabinet together shortly to discuss joint working.</p> <p><i>Where is the Health Board in the process of drafting, developing, and adopting the new arrangements to replace the JPB, and what can be expected moving forward?</i></p> <p>HT explained that agreement will be made in the joint session between the Board and Cabinet.</p>

	<p>KW stated that the RPB has met since September, but the minutes from the December meeting have not yet been ratified. During the December meeting, there was an agreement on indicative plans for the upcoming financial year, and work is progressing at pace.</p> <p>The Board:</p> <ul style="list-style-type: none"> RECEIVED and NOTED the updates contained in this report in respect of the matters discussed and agreed at recent partnership board meetings.
PTHB/23/149	<p>ASSURANCE REPORT OF JOINT COMMITTEES</p> <p>HT presented the item which provided an update to the Board in respect of the matters discussed and agreed at recent meetings of the Joint Committees .</p> <p>Welsh Health Specialised Services Committee (WHSSC) held on 21 November 2023:</p> <p>A further meeting was held on 30 January 2024, where the Integrated Commissioning Plan was discussed, but member Health Boards were unable to approve the draft due to the significant investment decisions needed in comparison to the overall cost and assumptions made for the Integrated Plan. There will be an extra meeting of WHSCC to address the matter regarding Health Board plans.</p> <p>Emergency Ambulance Service Committee (EASC) held on 21 December 2023 – the report was noted.</p> <p>A further meeting was held on 30 January 2024, HT provided a verbal report with attention drawn to the following items:</p> <ul style="list-style-type: none"> progress on work to undertake high impact actions into the Integrated Commissioning actions plan between Health Boards and Welsh Ambulance Services Trust there had been considerable public interest and opinions about the Emergency Medical Retrieval and Transfer Service review, which is being closely done in collaboration with Llais. the outcome of the options appraisal technical work undertaken was discussed to look at the long lists of options for the future of that service that recommends further options. It was also agreed and looked at the engagement materials to go out for the final phase which is phase three

	<p>engagement period with the public. In principle it was agreed subject to Llais being comfortable with the engagement materials to start that public engagement process this week finishing off at the end of February.</p> <p><i>Regarding the WHSCC minutes, there was a projected underspend of £9m. What action can be taken in respect of this reported underspend?</i></p> <p>HT explained that there is a consistent underspend pattern in the Integrated Commissioned Plan with WHSCC. The draft plan revealed a 6.4% increase in the Health Board allocation of funding for specialised services. Further work is being undertaken to understand the relationship between these elements before consideration and approval of the plan for WHSCC.</p> <ul style="list-style-type: none"> • The Board NOTED the report.
PTHB/23/150	<p>ASSURANCE REPORTS OF LOCAL PARTNERSHIP FORUM</p> <p>DWL provided an update on the work of the Board's Local Partnership Forum at the recent Local Partnership Board meeting on 18 January 2024. A development session had taken place where career pathways and non-pay aspects of the pay deal was discussed.</p> <ul style="list-style-type: none"> • The Board RECEIVED the oral update.
PTHB/23/151	<p>LLAIS REGIONAL DIRECTOR REPORT</p> <p>KB presented her report stating that Powys is leading the way with the hyper local approach in conjunction with the communities of Powys, local authorities and the third sector.</p> <p>An in-depth deep dive of the local community for Builth Wells had been completed and the focus would now move to Llanidloes in February. A rotation system will ensure that coverage spans across 13 localities across Powys.</p> <p>Following the Builth Wells deep dive, Llais requested a response from the Health Board and local authority. All parties were convened to discuss the report and collaborate on an action plan. This had proved effective.</p> <p><i>Given that Llais has appointed regional ambassadors, what relationship should we start building with the Powys ambassador?</i></p> <p>KB stated that as with the previous Community Health Council arrangements, there were Chair to Chair and Chief Officer to</p>

	<p>Chief Officer meetings. There is no longer a local Board and therefore no Board to Board meetings will take place. The relationship will be explored further.</p> <ul style="list-style-type: none"> • The Board NOTED the report
	OTHER MATTERS
PTHB/23/152	<p>ANY OTHER URGENT BUSINESS</p> <p>No other urgent business was raised.</p>
PTHB/23/153	<p>DATE OF THE NEXT MEETING:</p> <p>20 March 2024, via Microsoft Teams</p>
PTHB IC/23/154	<p>The following motion was passed:</p> <p><i>Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.</i></p>

Present

Carl Cooper

Chair

Hayley Thomas

Interim Chief Executive

Kirsty Williams

Vice Chair

Ian Phillips

Independent Member (ICT)

Rhobert Lewis

Independent Member (General)

Simon Wright

Independent Member (University)

Cathie Poynton

Independent Member (Trade Union)

Jennifer Owen Adams

Independent Member (Third Sector Voluntary)

Ronnie Alexander

Independent Member (General)

Pete Hopgood

Deputy CEO / Director of Finance, Information and IT

Mererid Bowley

Director of Public Health

Claire Madsen

Director of Therapies & Health Sciences

Debra Wood Lawson

Director of Workforce, OD & Support Services

Kate Wright

Medical Director

Stephen Powell

Director of Planning, Performance & Commissioning

Claire Roche

Director of Nursing & Midwifery

David Farnsworth

Interim Director of Operations, Community Care and Mental Health

In Attendance

Helen Bushell

Director of Corporate Governance

Liz Patterson

Interim Head of Corporate Governance

Apologies for absence

Chris Walsh

Independent Member (Local Authority)

Joy Garfitt

Interim Director of Operations, Community Care
and MH

PRELIMINARY MATTERS	
PTHB IC/23/155	WELCOME AND APOLOGIES FOR ABSENCE CC welcomed all participants to the meeting. Apologies for absence were received as recorded above.
PTHB IC/23/156	DECLARATIONS OF INTEREST No interests were declared in addition to those already declared within the published register.
ITEMS OR APPROVAL, DECISION OR RATIFICATION	
PTHB IC/23/157	COPROPRATE RISK REGISTER -CYBER SECURITY & NATIONAL POWER OUTAGE Rationale for item being held in private: Information relating to the financial and business affairs of the organisation that were confidential but would be released, either partially or fully, into the public domain in the future. <ul style="list-style-type: none">• The Board RECEIVED and noted the two confidential risks.
PTHB IC/23/158	ASSURANCE REPORT FROM BOARD COMMITTEES REMUNERATION AND TERMS OF SERVICE Rationale for item being held in private: The Committee meets in an In-Committee environment as per its terms of reference due to the sensitive and often confidential nature of the agenda. All relevant information is released into the public domain, at a later date, via the Annual Accountability and Remuneration Report. <ul style="list-style-type: none">• The Board RECEIVED the summary report taking assurance that the Committee was fulfilling its role appropriately.
PTHB IC/23/159	MINUTES FROM THE IN-COMMITTEE MEETINGS HELD ON 29 NOVEMBER 2023, 12 DECEMBER 2023 AND 11 JANUARY 2023 AND ACTION LOG The minutes of the In-Committee meetings held on the 29 November 2023, 12 December 2023 and 11 January 2024 were AGREED as a true record.