



## PERFORMANCE & RESOURCES COMMITTEE

**CONFIRMED**

### MINUTES OF THE MEETING HELD ON MONDAY 30 JUNE 2020 LOCATION, BRONLLYS HOSPITAL AND VIA SKYPE

#### **Present:**

Mark Taylor	Independent Member (Chair)
Mel Davies	Independent Member
Ian Phillips	Independent Member
Tony Thomas	Independent Member

#### **In Attendance:**

Carol Shillabeer	Chief Executive
Pete Hopgood	Director of Finance and IT
Hayley Thomas	Director of Planning and Performance (attended remotely)
Julie Rowles	Director of Workforce and Organisational Development
Rani Mallison	Board Secretary (attended remotely)
Jamie Marchant	Executive Director of Primary, Community and Mental Health Service (attended remotely)
Vicki Cooper	Assistant Director Digital Transformation and Informatics

#### **Observers:**

David Collington	Community Health Council
Rebecca Collier	Health Inspectorate Wales
Elaine Matthews	Audit Wales

#### **Apologies for absence:**

Vivienne Harpwood	PHTB Chair
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#### **Committee Support:**

Liz Patterson	Corporate Governance Manager
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<b>MEETING GOVERNANCE</b>	
P&R/20/1	<p><b>WELCOME AND APOLOGIES FOR ABSENCE</b></p> <p>The Chair welcomed everyone to the meeting and confirmed the meeting was quorate. Apologies for absence were noted as recorded above.</p>
P&R/20/2	<p><b>DECLARATIONS OF INTEREST</b></p> <p>No declarations of interest were received.</p>
P&R/20/3	<p><b>MINUTES OF THE PREVIOUS MEETING: 16<sup>TH</sup> DECEMBER 2019</b></p> <p>The minutes of the meeting held on 24 February 2020 were AGREED as being a true and accurate record subject to the correction of the word 'bit' to 'bid' in the second paragraph on page 7.</p>
P&R/20/4	<p><b>MATTERS ARISING FROM THE PREVIOUS MEETING</b></p> <p>There were no matters arising.</p>
P&R/20/5	<p><b>PERFORMANCE AND RESOURCES COMMITTEE ACTION LOG</b></p> <p>The Committee RECEIVED the updated Action Log.</p> <p>P&amp;R/19/60 – Progress on Waste Management Contract. This is on the agenda</p> <p>P&amp;R/19/69 – Update on Digital First. This is on the agenda.</p> <p><i>Will the Strategic Framework be taken to Strategy and Planning Committee?</i> It is intended that this item will be taken to Strategy and Planning Committee in July 2020.</p> <p>P&amp;R/19/64 – Embedded Carbon to be considered for inclusion on Board Development Programme. The Board Development Programme was paused due to covid-19. This item will be considered for inclusion when the 2020/21 programme is recommenced.</p>
<b>ITEMS FOR APPROVAL/RATIFICATION/DECISION</b>	
There were no items for approval, ratification or decision at this meeting.	

## ITEMS FOR DISCUSSION

P&R/20/6

### **PERFORMANCE OVERVIEW**

The Director of Planning and Performance presented the Performance Overview as outlined in the report noting that the overview covered the difficult period of the onset of the covid-19 pandemic. Normal arrangements had changed significantly with many services suspended. The response to covid-19 was outlined together with interim performance arrangements which had been put in place. A dashboard had been prepared which was updated daily providing service status on all sites and detail on DGH pathways with a strong focus on support services including PPE and transport. Partnership working with care homes and closed settings was included together with key indicators at a county level and national level such as infection rates and numbers of deaths. Testing was originally included in this dashboard as part of Test, Trace and Protect but now has a separate dashboard.

Throughout the pandemic the organisation had been working alongside Government direction in Wales and the policy context in England, with new ways of working implemented. Research on lessons learnt during the initial phase of the pandemic response was being undertaken. Future areas of inclusion in the revised performance arrangements for the next stage include infection control, social distancing and the requirements of working within the context of a pandemic.

The Health Board now needed to submit the Quarter Two plans in line with other Health Boards across Wales, with England having similar planning arrangements. The focus at this stage would be on restoring essential services and this would be considered at Strategy and Planning Committee on 9 July 2020.

The report provided a summary position with more detailed information having been presented at Experience, Quality and Safety Committee including reports such as Safe Care, Dignified Care and response to complaints. These were all areas of focus with the requirement to bring services up to an acceptable level. The primary focus of this report was around planned care and, in particular, the backlog across the specialties of planned care, diagnostic and therapeutic services resulting from the suspension of routine activity. There had been good progress in some areas such as Mental Health,

	<p>unscheduled care and ambulance services which had managed to sustain performance but in respect of referral to treatment times, where previously there were no patients waiting over 36 weeks, there was now, in common with the rest of Wales, and England a growing backlog. Between May 2019 and May 2020 there had been a 430% increase in patients waiting 36 weeks or longer. There was also a backlog in patients waiting 8 weeks or longer for diagnostics with 312 waiting in May 2020 and a backlog of patients waiting 14 weeks or longer for therapies with 466 waiting in May 2020. This should be viewed in the context of a significant drop in referrals into the system and thus there was a challenging picture across health services. This was why there is a focus in Quarter Two Plans to assess capacity in the system taking into account issues including social distancing, infection control and cleaning regimes, together with new working arrangements such as digital offers. In addition, there will be workforce constraints, including with in-reach arrangements with neighbouring health boards. Work was on going to work out what the capacity is and what the long-term plans are to reduce the backlog which will not be possible to solve immediately.</p> <p>Rolling sickness rates were reported as 5.07% in May 2020. This small increase was due partly to covid-19 and to redeployment arrangements. There had been a sustained performance in mandatory training.</p> <p>The Chief Executive noted that in taking improvements forward it was not possible to plan for additional expenditure but it would be necessary to understand if additional resources were required to catch up, exactly what would be required. It was expected that Welsh Government would take a view on the backlog and the organisation should take every opportunity to reduce the backlog where possible.</p>
P&R/20/7	<p><b>COMMISSIONING ASSURANCE OVERVIEW</b></p> <p>The Director of Planning and Performance presented the report. It was not possible to fully run the commissioning assurance framework as normal due to reporting changes during the covid-19 period. Arrangements have been put in place to ensure that regular contact is made with providers both in England and Wales and there has been discussion around work around covid, essential services and addressing the backlog. Initially the work focussed</p>

on protecting critical care capacity and identifying additional surge capacity together with protecting emergency care. Close work with partners had taken place to understand the pathways for ventilated, non-ventilated patients and general acute care for Powys patients has been built into plans for commissioned care. Work had also been undertaken regarding access to treatments for cancer and renal dialysis which needed to be maintained. The point had been reached where the health board is connecting with Shropshire, Hereford and Worcester and with providers in Wales to ascertain what services can be restarted.

The Director of Planning and Performance gave a presentation on the scoring of ability of partners to provide essential services:

Essential Service Area	PTHB Return submitted	Welsh Health Boards' Scores								
		BCUHB	HDUHB	SBUHB	CTMUHB	C&VUHB	ABUHB	Velindre	PHW	
Primary Care	2	2	2	2	2	2	2	2	0	0
General Medical Services	2	3	2	2	3	2	2	2	0	0
Community Pharmacy Services	2	2	2	2	3	2	2	0	0	0
Red Alert urgent/emergency dental services	2	2	2	2	2	2	2	0	0	0
Optometry Services	2	2	2	2	2	2	2	0	0	0
Community Nursing & Allied Health Professionals Services	2	2	2	3	2	2	2	0	0	0
111/Out of Hours Services	4	2	0	3	3	2	4	0	0	0
Safeguarding Services	2	3	0	3	2	2	3	0	0	2
Urgent Eye Care	2	2	0	3	2	2	2	0	0	0
Urgent Surgery	2	2	2	2	2	2	3	0	0	0
Urgent Cancer Treatments	2	2	2	2	0	2	2	3	1	1
Life-saving Medical Services	2	3	2	2	3	2	4	0	0	0
Interventional Cardiology	2	2	2	2	2	2	3	0	0	0
Acute Coronary Syndromes	2	2	2	2	2	2	4	0	0	0
Gastroenterology	2	2	2	4	3	2	2	0	0	0
Stroke Care	2	2	2	3	3	2	3	0	0	0
Diabetic Care	2	2	2	3	3	2	3	0	0	0
Diabetic Care (Diagnosis of new patients)	2	2	2	3	3	2	3	0	0	0
Diabetic Care (DKA / hyperosmolar hyperglycaemic state)	2	2	2	3	3	2	4	0	0	0
Diabetic Care (Severe hypoglycaemia)	2	2	2	3	3	2	4	0	0	0
Diabetic Care (Newly diagnosed patients especially where insulin control is problematic)	2	2	2	3	3	2	3	0	0	0
Diabetic Care (Diabetic Retinopathy and diabetic maculopathy)	2	0	2	3	3	2	2	0	0	3
Diabetic Care (Emergency podiatry services)	2	0	2	3	3	2	2	0	0	0
Neurological Conditions	2	2	2	3	3	2	2	0	0	0
Rehabilitation	2	2	2	3	4	2	2	0	0	0
Life-saving or life-impacting paediatric services	2	4	2	2	2	2	4	0	0	0
Paediatric intensive care & transport	2	4	2	3	0	2	4	0	0	0
Paediatric and neonatal emergency surgery	2	4	2	0	0	4	4	0	0	0
Urgent paediatric cardiac surgery	2	4	2	0	0	4	4	0	0	0
Urgent paediatric illness	2	4	2	2	2	4	4	0	0	0
Immunisations & vaccinations	2	2	2	2	2	4	4	0	0	2

  

Essential Service Area	PTHB Return submitted	Welsh Health Boards' Scores								
		BCUHB	HDUHB	SBUHB	CTMUHB	C&VUHB	ABUHB	Velindre	PHW	
Screening (Blood spot)	2	4	2	2	2	4	4	0	2	2
Screening (Hearing)	2	4	2	2	2	4	4	0	0	2
Screening (New born)	2	4	2	2	2	4	4	0	0	0
Screening (6-week physical exam)	2	4	2	2	2	3	4	0	0	0
Community paediatric services for children	3	3	2	3	2	3	3	0	0	0
Termination of pregnancy	3	2	2	3	2	4	3	0	0	0
Other infectious conditions (sexual / non-sexual)	3	2	2	4	2	2	3	0	0	0
Urgent infectious services for patients	2	2	2	2	2	2	3	0	0	0
Maternity services	3	2	3	4	4	3	3	4	0	0
Surgery for neonates	2	4	2	0	4	3	4	0	0	0
Isolation facilities for COVID19+ neonates	2	4	2	2	4	3	4	0	0	0
Usual access to neonatal transport & retrieval services	2	4	2	2	0	3	4	0	0	0
MH Crisis Services including perinatal care	4	2	2	2	2	3	4	0	0	0
MH Inpatient Services	4	2	2	4	2	3	4	0	0	0
Community MH services	4	2	2	2	2	3	2	0	0	0
Substance Misuse services	4	4	2	2	2	3	3	0	0	0
Renal care - dialysis	2	3	0	2	0	4	4	0	0	0
Urgent supply of medications	3	2	0	3	4	4	2	4	0	0
Blood and Transplantation Services	1	0	0	4	0	2	0	3	0	0
Blood & blood components	2	2	0	4	0	2	0	3	0	0
British Transplant Society	1	0	0	0	0	2	0	0	0	0
Transplantation Services	1	0	0	0	0	2	0	3	0	0
Stem Cell transplantation services	1	2	0	0	0	2	0	3	0	0
Solid organ services	1	2	0	0	0	2	0	0	0	0
Platlet Services	2	2	0	4	0	2	0	3	0	0
Palliative Care	2	3	2	2	3	3	3	3	0	0
Emergency Ambulance Services	2	0	0	0	0	4	4	0	0	0

Key - Service Status	Code
Do not provide or commission this service	0
Essential services unable to be maintained	1
Essential services maintained (in line with guidance)	2
Immediate services able to be delivered	3
Normal services continuing	4

This demonstrated a high level of impact across all service areas. This information was constantly under review as partners make changes to their Quarter Two Plans and arrangements. Breaches are occurring regarding wait times but at present this information was being shared between provider and commissioner rather than through official channels, however, there was now a better understanding of the 36/52 week backlog. Funding arrangements had changed and this is included in the finance item on the agenda.

It had been necessary to quickly implement different ways of working and this has been shared with CHC colleagues. For example, the Robert Jones and Agnes Hunt Hospital have been taking trauma patients which is not the normal pathway but does allow capacity to be protected. Chief Executive level meetings have been maintained, most recently with Shrewsbury and Telford Hospitals (SATH). The Commissioned Services risk had increased over this period and it would be necessary to work in partnership to address this. A detailed report on SATH went to the Experience, Quality and Safety Committee. SATH have had Care Quality Commission reports since 2018 and the most recent report had assessed them as Inadequate. The Chief Executive met with the CQC on 10<sup>th</sup> June 2020 to discuss this matter.

*Given that pathways have changed as a result of the covid-19 pandemic how can Members be assured that these alternations do not become the new normal by default, and that if it is intended that they remain, that proper consultation is undertaken?*

The Chief Executive noted that this was a conversation that had been held with the CHC. It appeared that unless or until a mass vaccination programme for covid-19 was in place there would be a requirement to suppress infection rates. This meant timeframes would be a little longer and new ways of working would be a point along the way to the way. It was suggested that this would take the financial year and then it was hoped that any changes of arrangements for service delivery would be clearer.

The Director of Planning and Performance thanked the CHC for the close working they had undertaken with the health board during the pandemic.

*With regard to SATH it is understood a new leadership team is in place. Will monitoring take place whilst the*

	<p><i>new leadership team have an opportunity to put improvements in place?</i></p> <p>The Chief Executive noted that this was a difficult issue. SATH have been in this position for a considerable time and there have been several changes at senior leadership level over the last 10 years, indeed over the last three years there have been 3 Chief Executives. The Chief Executive noted that she had not been wholly assured at the most recent Chief Executive meeting and now intended to discuss with the CQC the prospects for improvement. An understanding of the support the CQC intended to provide SATH would be sought. There was a sense that the organisation had been in the same position for some time.</p>
P&R/20/8	<p><b>WORKFORCE PERFORMANCE OVERVIEW</b></p> <p>The Director of Workforce and Organisational Development presented the report. The Performance Overview included items such as sickness and PADR compliance and now a focus needed to be given to increase compliance for PADR which at 69% in May was one of the lowest seen. Whilst sickness had increased in May it was just over 0.5 percentage points higher than May 2019 and a focus had been placed on sickness with support from HR and Occupational Health. Staffing figures had increased by over 100 Full Time Equivalent with some of these posts temporary and some held by student nurses. There had been an increase in Health Care Support staff and a reduction in overtime and bank staff. For the first time there had been deployment of volunteers into the organisation and a significant amount of work had been undertaken by PAVO on the Memorandum of Understanding for volunteers.</p> <p>The use of volunteers and student nurses was commended together with the minimal level of increase in sickness rates.</p> <p><i>It is noted that the top reason for absence is now anxiety and stress. Is this a common trend and whilst it is known the organisation has a wellbeing programme is this sufficient?</i></p> <p>The Director of Workforce and OD confirmed the top reason for absence was stress and this was common across many sectors having taken over from muscular skeletal issues. However, it was noted this was not broken down to workplace stress or stress from a different source. For every staff member on stress related absence there was an expectation that attention would be drawn to the individual to ascertain what as an employer could be done. A stress risk assessment would be undertaken and any actions to help the individual identified. As an employer there is a responsibility in regard to workplace stress but the organisation is also exploring possibilities to help people in a wider context. In</p>

	<p>addition, the health board offers Silver Cloud and a counselling service and has an active Occupational Health service.</p>
<p>P&amp;R/20/9</p>	<p><b>CAPITAL AND ESTATES UPDATE</b></p> <p>The Assistant Director of Estates and Property presented this item outlining that a paper on seeking approval on discretionary capital spend would normally be considered by Board at the beginning of the financial year. This paper sought approval for a refreshed capital programme outlined in Appendix B of the paper in light of the covid-19 pandemic. Attention was drawn to pressures on capital funding from Welsh Government.</p> <p>The report highlighted that whilst the organisation was proceeding with producing business cases for major capital projects, the only secure funding was for the Rural Learning Academy at Bronllys and all other projects were subject to Welsh Government approval.</p> <p>Covid-19 related estates activity was outlined including oxygen bulk tanks, ventilation proposals, upgrading of staff showers and changing facilities and social distancing signage.</p> <p>One of the two Water Improvement Notices had been closed and the Water Risk Assessments were currently with the Health and Safety Executive for consideration. Two RIDDOR reports on Hand Arm Vibration Syndrome were with the Health and Safety Executive who have requested additional information.</p> <p>The Chief Executive drew attention to the considerable risk around the availability of capital funds which was closely linked to Welsh Government budget issues. It may be the case that Welsh Government look to the capital budget for resources to mitigate covid related expenditure, however, PTHB would work to try to persuade Welsh Government to maintain their commitment to a modest capital programme. The view of Independent Members on the risk-based approach to discretionary capital priorities was sought.</p> <p><i>It is understood that ICF funding had been made available for the Rural Learning Academy, however, a commitment of £250k is required from PTHB. How is capital spend prioritised against other discretionary projects?</i></p> <p>The Chief Executive advised that this was partly about balancing the programme between short and medium-term objects. The Health and Care Academy (sometimes called the Rural Learning Academy) for was for Health and Care learning and a large part of the Workforce Futures</p>



programme which looked to 'grow your own' staff in the health and care sector. Without this it would be difficult to educate, train and support people in Powys to develop. The ICF funding was available only for the current financial year and whilst there may be a decision to extend this, this was not guaranteed and it was the intention to try to take advantage of this opportunity which came via the Housing Department in Welsh Government rather than the Health and Care Department. The Director of Planning and Performance reminded Members that there had been discussion regarding the use of funds resulting from the disposal of Mansion House to make up the difference.

*There appeared to be only a modest amount allocated to digital projects. Was this appropriate in light of the current reliance on digital?*

The Director of Finance and IT advised that digital spend consisted of a mix of revenue and capital spend. There were a number of sources that could be used to assist with digital development all of which were under consideration and cover a mix of capital and revenue spend.

The Director of Finance and IT advised that the organisation had submitted a request of £1.8million to support the covid response and expected that to be funded in full.

*The Prime Minister will be announcing large capital expenditure plans in England which would result in a consequential to Wales. Had there been any discussion with Cardiff or was the organisation waiting for an announcement?*

The Director of Finance and IT noted that Welsh Government would be looking to receive any consequential funding because of the announcements in England but at present the organisation was working within the current capital allocation available.

The Chief Executive confirmed that Welsh Government would be looking to identify any consequential funding due. The organisation needed to be as persuasive as possible that cases such as Machynlleth and North Powys together with smaller capital schemes, were ready to go if additional funding does become available.

The Director of Planning and Performance drew Members attention to the levels of contingency available considering the aging estate and number of unforeseen failures.

	<p>There was a slight increase in risk this year as there was constraint on the all Wales capital position with a resulting lack of ability to access slippage which had previously been relied upon.</p> <p>The Chair noted that the income from the sale of the Mansion House was money that could be spent according to organisational priorities and could be redirected if considered appropriate but, having raised the Health and Care Academy, was content that this issue had been tested.</p> <p>Independent Members noted they had been advised that the year coming would be financially difficult in respect of capital funding for estates projects and across the organisation including the expected reduction of access to slippage.</p> <p>The following recommendations outlined in the report were AGREED:</p> <ul style="list-style-type: none"> <li>• Agree the Discretionary Capital Programme schemes for 2020/2021 to allow work to be progressed.</li> <li>• Support the bid for WG funding for anti-ligature works in the sum of £1.25M.</li> <li>• Support the development of the Rural Academy of Learning at Bronllys with ICF funding in the sum of £0.446M with an additional £0.250M from Mansion House sale allocated for the refurbishment of part of Monnow Ward for the relocation of staff from Basil Webb building.</li> <li>• Continue to progress business case development for Machynlleth, North Powys, Llandrindod Phase 2 and Brecon Car Park with papers to be brought forward for specific business case approvals as required.</li> </ul>
P&R/20/10	<p><b>FINANCIAL PERFORMANCE MONTH 2</b></p> <p>The Director of Finance and IT presented this item focussing on the revenue position and outlined that at Month 2 a year to date deficit of £98k was recorded the majority of which was a pressure on the prescribing budget (excluding spend on covid-19). Covid-19 had also impacted on the ability of the organisation to deliver savings which in the original plan had been set at £5.5m. This had been revised to £1.8m which left a gap of £3.4m which it was currently assumed will be funded by Welsh Government as an indirect consequence of covid-19.</p> <p>The direct costs of covid-19 were forecast for the period 2020/21 as £16.2m made up of pay costs relating to surge capacity (if fully occupied) and Test, Trace and Protect programme (four teams in operation) of £6.7m. Other areas of expenditure (primary care,</p>

	<p>PPE, provider (non pay costs), LTA (block contract)) totalling £6.6m, non-delivery of savings totalling £3.7m and a reduction in spend of £0.7m. It is likely that this figure will increase to £18-19m because of Phase Two plans (in part due to a lack of dental income (fees paid by patients)).</p> <p>The risk against the plan was highlighted as £21.5m. It was assumed that £16.2m will be received from Welsh Government in relation to direct and indirect covid-19 expenditure but this is currently highlighted as a risk as this funding has yet to be received.</p> <p>On the summary page of the report there is an error where the likely delivery of savings should read '£1.8m' rather than '£31.8m'. Further detail is included in the Monthly Monitoring Returns which are attached to the paper.</p> <p><i>If the potential savings are examined in light of the potential for similar arrangements regarding pathways to continue through the financial year will the forecast automatically be £2m out?</i></p> <p>The Director of Finance and IT advised this was an issue that was being addressed at a national level including with NHS England in respect of the approach which will be taken to contracts. PTHB were fully involved in these discussions which was finding that if block contracts were in place the ability to make significant change to move resources was limited in the short term. It was also likely that the organisation had been overpaying due to limited activity during the early part of the financial year, and care needed to be taken to ensure that the organisation does not effectively end up paying twice in relation to any catch up activity. It was confirmed that Welsh Government were fully sighted on this issue.</p> <p>The Financial Performance Report Month 2 was RECEIVED.</p>
P&R/20/11	<p><b>DIGITAL FIRST UPDATE</b></p> <p>The Director of Finance and IT presented this item which covered the digital response to covid-19, key performance indicators, Section 33 performance and the high level digital plan.</p> <p>The Chief Executive noted that a considerable amount of learning had taken place over the last few months and blocks, either real or perceived, had disappeared with new ways of working rapidly becoming accepted. Conversations had taken place with the CHC who were embracing the new ways of working whilst it was also accepted that these new ways would not be appropriate for the whole community. There had been some staff issues with some redeployed staff lacking some basic IT knowledge and it would be necessary to follow this up.</p> <p>Independent Members welcomed this report but it was not solely due to covid-19 that the steps forward have been achieved. Board were aware that work was needed in this area and credit should be given for this cohesive report.</p>

	<p><i>How would progress in this area be monitored?</i></p> <p>The Chief Executive advised that monitoring reports would be made available to the Performance and Resources Committee although reports relating to the patient experience of digital services could be considered at Experience, Quality and Safety Committee.</p>
P&R/20/12	<p><b>WASTE CONTRACT PROCUREMENT PROCESS</b></p> <p>The Director of Workforce and OD presented this item which had been requested at a previous meeting of the committee. Waste collection services had previously been provided under a single contract waiver by Powys County Council but the organisation was now moving towards a full procurement process and tendering for the contract via open competition. Shared Services were providing procurement advice for this process.</p> <p><i>How would quality, reliability and reduction of environmental impact be weighted in the process?</i></p> <p>This will be picked up as a core part of the procurement process. The service had not had sight of the documents to date but would ensure that this was contained within it and that assurance would be provided to Independent Members.</p> <p><b>Action: Director of Workforce and OD</b></p> <p>The Chair of Audit, Risk and Assurance Committee welcomed the update on this item which had been referred by the Audit Committee.</p>
<b>ITEMS FOR INFORMATION</b>	
	There were no items for information at this meeting.
<b>OTHER MATTERS</b>	
P&R/20/13	<p><b>ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND OTHER COMMITTEES</b></p> <p>No items were noted.</p>
P&R/20/14	<p><b>ANY OTHER URGENT BUSINESS</b></p> <p>The questions from Independent Members asked in advance of the meeting, together with the answers are available at <a href="http://www.pthb.nhs.wales">www.pthb.nhs.wales</a>.</p> <p>No other urgent business was raised.</p>
P&R/20/15	<p><b>DATE OF THE NEXT MEETING:</b></p> <p>6 October 2020, Board Room, Glasbury House, Bronllys Hospital</p>