



DELIVERY & PERFORMANCE COMMITTEE

CONFIRMED MINUTES OF THE MEETING HELD ON THURSDAY 05 DECEMBER 2024, VIA MICROSOFT TEAMS

Members Present:		
Rhobert Lewis	RL	Independent Member (General) Chair
Kirsty Williams	KWi	Independent Member (PTHB Vice-Chair)
Cathie Poynton	CP	Independent Member (Trade Union)
Steve Elliot	SE	Independent Member (Finance)
In Attendance:		
Pete Hopgood	PH	Deputy Chief Executive and Executive Director of Finance, Capital and Support Services
Elaine Lorton	EL	Executive Director of Primary, Community Care and Mental Health Services
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Sciences and Digital Services
Nicola Johnson	NJ	Executive Director of Planning, Performance and Commissioning Services
Hayley Thomas	HT	Chief Executive Officer
Claire Roche	CR	Executive Director of Nursing, Quality, Women and Family Health
Kate Wright	KW	Executive Medical Director
Helen Bushell	HB	Director of Corporate Governance/Board Secretary
Carl Cooper (Observing)	CC	PTHB Chair
Apologies for Absence:		
Ronnie Alexander	RA	Independent Member (Chair)
Mick Giannasi	MG	Independent Member (General)

PRELIMINARY MATTERS
1.1 WELCOME AND APOLOGIES FOR ABSENCE (D&P/24/074)
RL welcomed everyone to the meeting. Apologies for absence were noted as recorded above. RL confirmed he was chairing the meeting in the absence of RA.
1.2 DECLARATIONS OF INTERESTS (D&P/24/075)
No declarations on interest were received in addition to those already recorded on the register.
2. CONSENT AGENDA BUSINESS (D&P/24/076)
The Chair asked members if they wish to bring forward any items from the Consent agenda to the main agenda. No items were raised.
3. ITEMS FOR APPROVAL/DECISION/RATIFICATION
3.1 MINUTES OF THE PREVIOUS MEETING (D&P/24/077)
The minutes of the meeting held on 22 October 2024 were DISCUSSED. The following amendments were made:

Steve Elliott sent apologies to the In-Committee on 22 October 2024.

(D&P/24/064) - 'to engage with patients and stakeholders regarding experiences of General medical service (GMS) access'

Can clarity be provided on the delivery of GMS access as part of the Health Boards commitment to the plan?

EL confirmed that all GP practices undertake population surveys with further conversation needed with Llais to understand the presenting concerns. Powys are awaiting guidance from Welsh Government regarding actions that are to be undertaken regarding access. Feedback would be provided to the committee at the February meeting with a brief discussion with the Committee Chair prior to this meeting.

Action: Executive Director of Primary, Community Care and Mental Health.

(D&P/24/065) – 'Are Powys comfortable that Clusters are achieving what is expected as an organisation'

When is it anticipated that we understand what the service wants and ensure the appropriate functions are in place?

EL highlighted that appropriate functions are not fully in place as yet given the evidence, outcomes and projects implemented by Clusters. Recent engagement with Town Councils and the Local Authority had highlighted opportunities for change, recognising a broader discussion is required with Cluster Leads regarding place-based planning and how this is aligned to health board processes. It was agreed that an annual update would be presented to Committee members to review the system of Clusters.

Action: Executive Director of Primary, Community Care and Mental Health

To what extent is Powys learning from other Health Boards in terms of Clusters operating across rural areas?

EL explained she had led this work across Hywel Dda University Health Board for a number of years and across practice-based commissioning in England. Learning and experience from these roles would be implemented into the plan across Powys.

The Committee **CONFIRMED** the minutes of the meeting held on 22 October 2024, subject to the agreed amendments.

3.2 COMMITTEE ACTION LOG (D&P/24/078)

HB introduced the Action Log that recorded updates with the following information provided:

D&P/24/062a – Provide analysis on the positive variance income from service providers

PH explained that additional funding had been allocated from HEIW in relation to the ongoing training with benefits evident across the Community Services group. The data was shared with members of the Committee.

The following actions had been completed and were AGREED to be closed:

D&P/24/063

D&P/24/063a

D&P/24/063b

D&P/24/063c

The Committee **RECEIVED** the Action Log updates and noted the closed items.

4. ESCALATED ITEMS

4.1 ORGANISATIONAL STATUS (NHS WALES ESCALATION FRAMEWORK) ENHANCED MONITORING REPORT (D&P/24/079)

PH confirmed that Powys had been placed into an increased level escalation status by Welsh Government, with PTHB placed into Level 4 of the framework (targeted intervention) for Strategy, Planning and Finance. The increased escalation is largely due to an unsupportable Integrated Medium-Term Plan (IMTP) and deficit budget.

Products implemented locally are:

- Monthly IQPD meeting, previous two meetings are included within the Committee papers
- Biannual joint executive team with Welsh Government
- Finance – monthly finance reporting and escalation action plan in place
- Planning – regular reporting and draft maturity matrix in place

Detail on the roles and responsibilities against the criteria set by Welsh Government along with assurance dashboards was highlighted. NJ highlighted the following key themes:

- The Health Board awaits a follow up letter regarding the de-escalation criteria for Level 4 which is expected in December;
- PTHB remains in routine monitoring for all other domains of escalation within the Welsh Government Framework with good progress against the delivery of planning and performance;
- A baseline assessment had been undertaken on the planning maturity matrix as part of the de-escalation criteria and following consideration at the PTHB Board, this is due to be submitted to Welsh Government and;
- A letter had been received following a recent Joint Executive Team (JET) meeting which noted positive progress.

HT highlighted that as part of the learning process, plans are ongoing for Welsh Government colleagues to attend a Board Development session to discuss the escalation status. Following discussions, feedback would be provided to the committee on how the organisation plans to respond to the escalation status.

Action: Chief Executive Officer

Has Powys received dialogue of what the Clinical Services Plan looks like?

Welsh Government are seeking for a medium to long service plan for service sustainability. Powys had set their clinical services strategy in 2017 across the shared Health and Social care system.

The Committee **RECEIVED** the report as part of a package of assurance that PTHB continues to report as required in relation to its organisational escalation status. The Committee also **NOTED** the latest position on organisational escalation status for PTHB.

5. ITEMS FOR ASSURANCE

5.1 FINANCE PERFORMANCE REPORT MONTH 07 (D&P/24/080)

PH presented the report and noted the same report has been presented to the Board last week with no additional changes. The following key areas were highlighted:

- Powys Teaching Health Board (PTHB) continue to monitor against the current year-end deficit plan of £22.9m which continues to be unsupported;

- At month 7, there is a £17.182m overspend against the planned year to date deficit of £13.387m giving the Health Board an operational overspend of £3.794m;
- The year end forecast remains in line with the resubmitted plan at £22.948m, but this is not without risk;
- The capital resource limit for 2024/25 is £12.647m. To date £0.776m had been spent;
- Pressure areas continue across Continuing Health Care (CHC) linked to the number of packages received had been higher than anticipated against agency spend.
- Secondary Care delays- Discharge delays from community and district general hospitals (DGH) due to capacity and performance challenges with Adult Social Care Services has caused an increased pressure on the Health Board of £5.5m.
- Further work is being considered to mitigate actions to enable delivery to improve the financial position;
- Additional funding had been made available cross all Health Boards regarding inflation pressures of Prescribing, Secondary Care Medicines and Packages of Care across CHC and FMC. Based upon Powys' population, a total allocation of £2.178m would be received;
- A total of £5m had been allocated across Wales given the pressures of English performance impacts on 104 week waits.

Committee members sought assurance by asked the following questions:

What is the rationale for the significant increase in social care hospital delays comparable to last year?

PH explained that monitoring and reporting of this had improved with assessment delays being reported as an addition this year. Given pressures across the system, Powys continue to work with the Local Authority (LA) to mitigate actions and continue to monitor those challenged areas.

Is the additional funding recurrent?

The funding aligns a number of conditions with the assumption that should these be met, the funding would be re-current.

The agency E-rostering issues highlighted in previous reports is not referred to within the report and is the Agency spend more real time accurate?

PH explained this had been closely monitored with issues considerably reduced and therefore no concerns are to be reported.

Is there opportunity to think about a different long term CHC service model?

PH explained that action across CHC is multilayered which links with the Value and Sustainability Board. Work is being undertaken to review capacity and demand to ensure this is aligned, recognising the constraint of vacancies across the service.

Would Powys be liable for further treatment arrangements, should a patient outside of Powys be placed within a community hospital?

PH explained that the responsibility is based upon the residency who would be liable for the CHC costs. EL acknowledged the potential risks associated with nursing home beds and the challenge and need to balance into future planning. A paper is scheduled to be presented at Executive Committee to review the scope of Childrens options for CHC led by the Director of Nursing, Quality, Women and Family Health

The Committee:

- **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** the Board recognised on the 27 November that further ongoing in year mitigations would need to be delivered to achieve the in-year forecast.

5.2 INTEGRATED QUALITY AND PERFORMANCE REPORT MONTH 07 LITE (D&P/24/081)

NJ provided an update on the latest performance position, highlighting that Month 06 of the Performance report had been considered by the Board last week.

The following key areas across Performance were highlighted:

- Overall Performance across Powys had maintained;
- Improvement across Mental Health Services is anticipated within the next reporting cycle;
- Neurodevelopmental Services for Children remains in escalation, improvement is anticipated given the work being undertaken;
- Cancer waiting times remain a challenge;
- Planned Care remained compliant with Referral to treatment time (RTT) measures.

Committee members observed: What leverage does the organisation have as a commissioner to Welsh providers on ways that can be improved. Members recognised that further discussion would be undertaken at the next meeting following receipt of new data.

The Committee **DISCUSSED** the content of the Integrated Quality and Performance report, and **ASSURANCE** was provided that the Health Board has appropriate systems in place to monitor performance and respond to relevant issues.

5.3 COMMUNITY PHARMACY ANNUAL REPORT (D&P/24/082)

KW introduced the report which demonstrated significant progress over the 12-month period to strengthen performance and quality contract monitoring across Community Pharmacy. The position conveys fragilities and challenges across the system with the service under review of its delivery. Monitoring the spend against the monies allocated to community pharmacy continues to be a priority.

The following themes were highlighted:

- Increased trend of contractors submitting requests to reduce their opening hours.
- Electronic subscription services setup in four Practices with additional three onboarding next year;

Committee members asked the following questions:

What is the cause of fragility across the service?

JS explained that National Funding remains a challenge across England and Wales with difficulties to recruit to Pharmacists into Powys. GP contracts remain an issue with core hours declared by the Practice with minimal input from the Health Board.

Is there a plan for all Pharmacies to move into the system of 56 day prescribing other than those managed by GP Surgeries?

JS noted that 79% of the Powys population is registered with a dispensing practice. There would be a loss of income should all Practices move to 56 day prescribing due to the nature of population demand. The rationale for the 56-day prescribing system to be in place, is to allow Pharmacists to focus on clinical duties which continues to remain a challenge in Powys.

Is there data available for uptake across Clinical Community Pharmacy?

JS confirmed that Clinical Community Pharmacy services are monitored on a monthly basis to review uptake and act where imbalances may occur. This data is also shared with contractors to ensure transparency of demand and work undertaken across the Organisation.

Given the absence of Pharmacy Lead roles, is there a mechanism to ensure Community Pharmacy feed into Cluster planning?

Currently, both Mid and South Clusters have no Community Pharmacy lead, although recruitment is continued to be encouraged working with Welsh Government and Independent Wales. The main challenge for Powys is to identify designated prescribing practitioners to support training. It was noted that two additional prescribing Pharmacists are due to begin in post in the forthcoming financial year and it is anticipated that figures will begin to increase.

The Executive Medical Director congratulated the extensive work undertaken across the Pharmacy team regarding the 56-day prescribing system. The committee recognised the challenges and importance of contractual change, and the service is awaiting a response from Welsh Government regarding mitigation for practices.

The Committee:

- **RECEIVED** the Community Pharmacy Performance Report **NOTING** the progress made and were **ASSURED** that a clear understanding of the challenges in community pharmacy and are taking proactive steps to address them.

5.4 PRIMARY CARE: GENERAL DENTAL SERVICES (GDS) (D&P/24/083)

EL provided members with an update on the General Medical Services Commissioning Assurance Framework process applied to the 2023/24 contract year. Changes introduced in the national GMS Unified Contract, outlined detail from PTHB GMS Commissioning Assurance Framework from 1st April 2023 – 30th September 2023 and GMS Unified Contract Assurance Framework from 1st October 2023 – 31st March 2024. The following key themes were highlighted:

- Mid-year reviews are ongoing and 100% will be concluded by 29 November 2024,
- Non-recurrent contract reductions agreed for 2024/25 include My Dentist Newtown and My Dentist Welshpool. Discussions ongoing regarding a permanent contract rebases.
- Non-recurrent contract increases agreed for Clifton Dental Practice and Llansantffraid Dental Practice.
- A new Mobile Dental Unit located in Hay-on-Wye provides NHS dental services in the area enabling easy access to vulnerable groups. Any patients that are highlighted as 'high needs' or 'vulnerable' are referred for ongoing NHS access within Brecon Community Dental Service.

Access to general dental services (GDS) continues to be a local and national challenge. Supporting patients to access appropriate GDS provision continues to be a high priority for Powys. The Powys dental waiting list has recently transferred to the national Dental Access Portal (DAP) which is a Welsh Government initiative that shows accurate data of the NHS dental access issues being faced in Wales. Powys had been chosen as the pilot site for the DAP to check whether patients still required access to an NHS dentist. This is ongoing, but the majority of patients have now been transferred to the DAP.

Members asked the following questions:

What is the rationale for those practices that are under performing?

EL explained that Workforce challenges remain a high priority across dental services in addition to the risks of prioritisation of Private dental work over NHS work is seen to have increased.

4,876 patients are on an NHS dental waiting list, is this seen to be increasing?

EL would seek confirmation of the data trend and an email would be circulated to members to confirm the trend over the last 3 years to specify the number of patients waiting for routine dental care to date.

Action: Executive Director of Primary, Community Care and Mental Health

Is there any scope to support service family's access to dental care whilst temporarily living in Powys?

EL explained that this would need to be reviewed with two available routes for access through Community Dental Services for Children and Young People and Urgent dental access.

Action: Executive Director of Primary, Community Care and Mental Health

CC shared with the committee that he had recently visited the mobile dental unit situated within Hay-On Wye which had reported to have seen almost all dental patients on a waiting list from the immediate region with the intention to move the unit to various locations across Powys with a revisit within 12 months. CC explained the positive impact of the service and was encouraged by the team's enthusiasm.

The following observations were made:

All Children and young people receive NHS dental services, although it was noted that stats show 49% of individuals receive treatment. The Committee recognised the stats did not represent a realistic reflection and would be reviewed by the Executive Director of Primary, Community Care and Mental Health. EL explained that there remains a strong cohort of patients that will not access NHS dental services, and this would also be reviewed.

Action: Executive Director of Primary, Community Care and Mental Health

Can clarity be given against the total forecast for last year against the £596,000 underspend with £419,000 remaining and are these payments that have been made, that need to be recovered?

PH clarified that the underperformance is a benefit to the Organisation which is contributed to the financial performance and the transactions related to this.

How does the NHS Business Services Authority (BSA) Clinical Advisory team work, and how are referrals made to the team if concerns are raised regarding operations within a particular practice?

KW confirmed that the Dental Director carries out a number of different audits across all practices. Should concerns be raised, this is alerted to the Medical Director with additional audits undertaken.

HT expressed that further work is required to understand how to triangulate audits undertaken contractually of quality improvement. It was agreed that a report would be considered at the Patient Experience, Quality and Safety Committee in the near future to fully understand how quality is measured from a general and community dental perspective.

Action: Executive Director of Primary, Community Care and Mental Health

The Committee **RECEIVED** the update report and took **ASSURANCE** that the General Dental Services Commissioning Assurance Framework monitoring process is providing the required information on dental contract management.

5.5 CAPITAL PROGRAMME DELIVERY AND PIPELINE OVERVIEW (D&P/24/084)

WT provided members with an overview on the current status of the Organisations Capital Programme. The availability of Welsh Government (WG) funding, both revenue and capital, is recognised as a significant challenge. Whilst the 2024/2025 capital allocation for PTHB, at over £12M, is the highest for any years, there are concerns around the future position as the outcome of the WG Capital Prioritisation Process is yet to be announced – this recognised the disparity between the Health Board bids to WG for £6.7Bn over 10 years and the circa £400M per annum allocation.

Powys is seeking Capital investment wherever possible and is currently on track to meet the anticipated spend profile for the year, it had been recognised that the risks to delivery include resource availability across the Capital team. Noted 20 of the 51 projects are complete, however pressures on the second half of the financial year spend cycle is significant as capital is released from various sources.

The criticality of the Routemap work had been recognised and the importance of Capital expenditure to enable activity. It is vital that any capital requirements for next financial year and beyond are understood as the new Capital Programme planning cycle approaches. PH thanked the Estates team for the hard work undertaken to date given the challenges faced.

Members asked the following questions:

Are the Capital and Estates plans being integrated into the master plan?

Yes.

Where money is limited, how will this affect the health board to achieve objectives in terms of decarbonisation?

Powys has £4m investment for refit with work underway across multiple sites delivering £3.6m within this financial year, this is anticipated to see a significant benefit of energy savings. Within the Estates and Facilities Advisory Board (EFAB), there is specific funding of £6m for bids set by Welsh Government to supplement refit funding on an invest to save basis. Welsh Government expect health boards to work with Refit to reduce Co2.

How does the repayment mechanism work in terms of Refit and is it anticipated that EFAB funding would be available for the North Powys scheme?

There is a payback period over nine years with anticipated savings per annum is written by EFAB framework which is underwritten and paid back by the company.

Powys are working closely with Welsh Government to review opportunities as part of the campus which is preventative care and at the forefront of the bidding process. Complex discussions are ongoing regarding financial benefits which are distributed in various ways.

Where is the Estates strategy placed within the planning for the Integrated Medium-Term Plan (IMTP)?

Significant work had been undertaken regarding Transformation activity and a paper is scheduled at Executive Committee on 18 January 2025 regarding how Estates links into the broader transformation activity. WT explained it is critical to define what the health boards vision is for the future and the importance to recognise the agile nature of supporting the Transformation agenda from Estates and Capital perspective.

When is it expected that the IRCF bid would be submitted?

The IRCF bid for fees would be submitted through business case progression timelines with the aim to submit during summer 2026 and an estimated completion date of IRCF hub 2027/2028. The benefits of the scheme will deliver within its entirety.

The SOC submitted in 2022 is not yet supported, is there a risk developing a plan which doesn't succeed due to the holistic vision for North Powys isn't approved?

There is a risk but it is important to follow the recognised business case process.

The committee recognised Capital as an enabler which follows Transformation and Service development. Noted the Regional Partnership Board (RPB) is now in a better integrated place to support the Health and Care strategy. HT added that there is a need to review various scenarios of availability of Capital which will require Board discussion regarding how a response is put forward as the service strategy is reviewed.

The Committee **NOTED** the update and associated risks and took **ASSURANCE** in respect of the delivery of the programme of activity.

5.6 COMMUNICATIONS AND ENGAGEMENT REPORT (D&P/24/085)

HB introduced the report in which each Committee of the Board would receive a Communications and Engagement report specific to each Committee at various quarters of the year. An overview was presented to members of the team's delivery during Q2 2024/25 and a look forward to Q3 2024/25. Key highlights during Q2 included:

- Intensive programme of work to support engagement and decision-making on a number of temporary service changes, a continued programme of environmental improvements, and further expansion of our use of govDelivery to support targeted and personalised communication, and a focus on wellbeing and early help & support including through smoking cessation, vaping, SilverCloud.
- Work programme delivery continued to be driven by the organisation's principal priorities, risks and reputational impact issues.
- The health board continues to deliver and/or support a range of campaigns. Active planning for the future remains in place including ongoing review of governance and resources.

Members sought assurance by asking the following questions:

Should the need to revisit Temporary Service Changes work, would the team have the capacity to manage this effectively?

This would depend on the Risk appetite overall for the organisation. The team work effectively, given the resources available to adapt to the needs of the health board in order to deliver a programme of engagement. The organisation would need to review how to best manage the totality of risks including financial elements using the resources available.

HT referred to the assessment against the quality standards and noted the Communication team is composed of a range of substantial and temporary appointments with a plan to increase the capacity of the team. The Executive Committee had recently discussed team expansion with a risk to not having a functioning team to lead the communications and engagement work with frontline staff, stakeholders and the public. Further discussions are underway regarding how current capacity is sustained. A paper would be submitted to the Board for consideration to incorporate into the annual plan for the next financial year.

The Committee **DISCUSSED** the report and took **ASSURANCE** from the PTHB Engagement and Communication Team Q2 Impact and Delivery Assurance Report.

5.7 IN-REACH FRAGILITY (D&P/24/086)

EL introduced the report and noted the importance to recognise Powys' strong position, comparable to other health boards across Wales. The position statement is taken from the Integrated Quality and Performance report which lays out the complexities on provision across nine sites in Powys. Powys has a high dependence on commissioned in-reach service provision to achieve performance targets. Access targets cannot be achieved without in-reach provision.

Challenges across in-reach Planned care linked to the wider NHS Planned Care system is ongoing. Work is underway to develop more sustainable services and discussions continue with Commissioned Service providers to explore capacity opportunities and fragility challenges.

KW added that a new AMD had been recruited to within planned care to review pathways and outcomes focusing on Gastroenterology and to review commissioning arrangements from a clinical perspective.

Members sought assurance by asking the following questions:

Are consultants contributing to the In-reach services not attending because of demands in their DGH, or does it reflect the fact that PTHB in-services are generally of lower clinical priority?

NJ confirmed that SLAs are based upon a service and not an individual with the requirement to give notice both sides. A number of 'at risk' areas are present across Endoscopy which are being worked through in collaboration with other health board. This will be kept under close review whilst reviewing service provision.

What is the position regarding Joint appointments between PTHB and the DGH as a possible aid to reducing in-reach 'no shows'?

Joint appointments require strengthening and the health board are in continuous dialogue with other Trusts to look at options to repatriate services with recruitment remaining a significant challenge across larger Organisations. KW stated that the loss of JAG accreditation has no impact upon service delivery.

The Committee welcomed the report which illustrated the complexities across the In-reach service. It was agreed to bring an update report in December 2025 and by exception should back to Committee on an annual cycle to review the position. It was also agreed that an update report regarding JAG accreditation would be considered to the Patient Experience, Quality and Safety Committee to reflect on the quality elements.

Action: Executive Director of Primary, Community Care and Mental Health./Executive Medical Director

The Committee **RECEIVED** the updated report and took **ASSURANCE** that the organisation has clear understanding of its in-reach provision and associated risks.

5.8 DIGITAL FIRST MONITORING REPORT (D&P/24/087)

CM presented the report and noted that the presentation would be collated into an annual report going forwards to include the challenges faced across Digital and the planned work for the forthcoming year. Key achievements, challenges and forward plan were highlighted across the Digital service.

Members sought assurance by asking the following questions:

For patients within a Powys facility, can assurance be provided that access to connectivity and IT services are made available?

Engagement with the Community Council had taken place to address in-patient connectivity across Powys estates. Significant improvement had been made to transform connectivity with further developments planned across the digital workstream. An update would be provided to members outside of the meeting regarding long standing digital issues related to patient experiences.

Action: Executive Director of Allied Health Professions, Health Sciences and Digital

What is the rationale for the low uptake across virtual consultations for planned care?

Low adoption across technology is evident with a continuous challenge across digital literacy. Powys has dedicated individuals to encourage adoption across a number of teams recognising that Powys remains the only health board to drive this.

What is the UK NHS Federated Data Lakehouse?

The majority of data is dispersed across several inconsistent systems. The benefit of collating data into one central location such as the Data Lakehouse enables Powys to undertake analysis to identify trends and drive real data decisions.

Members recognised the key challenges relating to the Cross Border programme and the National vs Local Programme priorities required further discussion at a Board Development session related to Risk 12 on the Corporate Risk Register. Following consideration, an update would be brought back to the Committee.

Action: Director of Corporate Governance

CM suggested that a position statement on Wi-Fi Connectivity across Powys with a forward look of future planning to include information governance would be brought back to Committee for consideration.

Action: Executive Director of Allied Health Professions, Health Sciences and Digital

The Committee:

- Took **ASSURANCE** that arrangements are in place for continued delivery against the Digital Strategic Framework, and that the pace of the delivery to improve the IT Infrastructure and Data Platform had been significant.
- **CONSIDERED** the updates in relation to the first twelve months of delivery against the Digital Strategic Framework (DSF)
- Took **ASSURANCE** of the actions and workstreams undertaken to improve and upgrade the Digital Services offering as set out in the DSF.
- **NOTED** the key achievements and successful implementation of the Target Operating Model (TOM) and;
- **NOTED** the challenges for the Cross Border programme, national priorities and local priorities, and digital adoption across the organisation.

5.9 COMMITTEE RISK REGISTER (D&P/24/088)

HB presented the report explaining that the Committee Risk Register had been in development and now provides an actioned based Risk Register inclusive of six risks that fell within the Committee's remit, two of the risks would be held in private session given the sensitivity of its content.

The Committee **NOTED** the November 2024 version of the Committee Risk Register and took **ASSURANCE** that it is a complete and a true reflection of the Committee's current high-level risks.

6. ITEMS FOR DISCUSSION

There were no items for discussion.

7. CONSENT AGENDA

7.1 COMMITTEE WORK PROGRAMME (FOR INFORMATION) (D&P/24/089)

The Committee **RECEIVED** the Committee Work Programme for 2024/2025.

8. OTHER MATTERS

8.1 ANY OTHER URGENT BUSINESS (D&P/24/090)

No urgent business was raised.

8.2 ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND/OR OTHER COMMITTEES (D&P/24/091)

As agreed under agenda item 5.7, an update report regarding JAG accreditation would be considered to the Patient Experience, Quality and Safety Committee.

8.3. COMMITTEE REFLECTIONS (D&P/24/092)

The following summary of business and reflections were provided by members:

- Agenda deemed manageable and good variety of reporting
- Quality of reports and appropriate to the committee
- Timing of agenda items worked very well
- Excellent practice covers challenges as needed.
- Appreciate wider focus on Delivery and Performance e.g., Dental and Pharmacy
- Broader participation provided exposure

8.4 DATE OF THE NEXT MEETING (D&P/24/093)

The date of the next meeting is scheduled on 06 February 2025 at 10:00 via Microsoft Teams.

8.5 The following resolution was passed:

'Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.'

Members Present:

Rhobert Lewis – Chair	RL	Independent Member (General)
Kirsty Williams	KWi	Independent Member (PTHB Vice-Chair)
Cathie Poynton	CP	Trade Union
Steve Elliot	SE	Independent Member (Finance)

In Attendance:

Pete Hopgood	PH	Deputy Chief Executive and Executive Director of Finance, Capital and Support Services
Elaine Lorton	EL	Executive Director of Primary, Community Care and Mental Health Services
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Sciences and Digital
Nicola Johnson	NJ	Executive Director of Commissioning, Performance and Planning
Hayley Thomas	HT	Chief Executive Officer
Claire Roche	CR	Executive Director of Nursing, Quality, Women and Family Health
Kate Wright	KW	Executive Medical Director
Helen Bushell	HB	Director of Corporate Governance/Board Secretary
Beth Powell (Forum Support)	BP	Corporate Governance Business Officer

Apologies for Absence:

Ronnie Alexander	RA	Independent Member (Chair)
Mick Giannasi	MG	Independent Member (General)

6.8 CORPORATE RISK REGISTER: CYBER SECURITY AND NATIONAL DIGITAL PROGRAMMES (D&P/IC/24/026)

Rationale for item being held in private: The details of the report and sensitive, confidential and not in the public interest.

The Committee **RECEIVED** the following Committee Risks and **NOTED** the updates:

- Cyber Security
- National Digital Programme

6.9 MINUTES OF THE PREVIOUS IN-COMMITTEE MEETING (D&P/IC/24/027)

The Committee **RECEIVED** the item and **APPROVED** the In-Committee Minutes of the meeting held on 22 October 2024 as an accurate and true record.

Meeting Closed at 12:50