



DELIVERY & PERFORMANCE COMMITTEE

CONFIRMED MINUTES OF THE MEETING HELD ON TUESDAY 22 OCTOBER 2024, VIA MICROSOFT TEAMS

Members Present:		
Ronnie Alexander	RA	Independent Member (Chair)
Rhobert Lewis	RL	Independent Member (General)
Kirsty Williams	KWi	Independent Member (PTHB Vice-Chair)
Mick Giannasi	MG	Independent Member (General)
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
Deb Wood-Lawson	DWL	Executive Director of People and Culture
Chirs Moss	CMO	Assistant Director of Performance and Commissioning Services
Helen Bushell	HB	Director of Corporate Governance/Bord Secretary
Bethan Hopkins (Observing)	BH	Internal Audit
Carl Cooper (Observing)	CC	PTHB Chair
Beth Powell (Forum Support)	BP	Corporate Governance Business Officer
Apologies for Absence:		
Steve Elliot	SE	Independent Member (Finance)
Cathie Poynton	CP	Independent Member (Trade Union)
Hayley Thomas	HT	Chief Executive Officer

PRELIMINARY MATTERS
1.1 WELCOME AND APOLOGIES FOR ABSENCE (D&P/24/057)
RA welcomed everyone to the meeting. Apologies for absence were noted as recorded above.
1.2 DECLARATIONS OF INTERESTS (D&P/24/058)
No declarations on interest were received.
1.3 MINUTES OF THE PREVIOUS MEETING (D&P/24/059)
The minutes of the meeting held on 29 August 2024 were CONFIRMED as an accurate record.
1.4 COMMITTEE ACTION LOG (D&P/24/060)
The Action Log recorded updates with the following information provided:
D&P/24/026a – Provide detail to enable delivery of the areas that “shone under a value spotlight” across the Transformation programme: Quarter 2 updates against the Delivery Plan was received. Route Map work remains under

development and the route for this through the governance structure is to be confirmed. Members recognised that projects across the Transformation programme need to be costed, and benefits quantified recognising the current financial position. This was noted as an essential part of project management. Further discussion around the balance and focus of work across the programme would be discussed at the Chairs Forum later today.

D&P/24/026ai - Key performance targets to manage the demand of referrals made from GP's: This has been scheduled as a topic for further discussions at Board Development in January 2025. An update would be shared with Committee members following this.

PTHB/24/16 – Waste and Efficiency Update: Members agreed this item would be presented at the December meeting as the Executive Director of Planning had begun in post and the Director of Transformation and Value has now been appointed to.

The following items were AGREED to be closed given that action had been completed:

D&P/24/046- Detail of patients waiting over 104 weeks for Nerve Conduction Studies at Aneurin Bevan Health Board: All patients who had been waiting over 104 weeks have now been seen.

D&P/24/047- Detail of the trajectory to begin to improve achievements against the current colonoscopy performance was inclusive within the Integrated Performance report on the agenda. Members recognised the extensive waiting times across Bowel Screening service and the substantial difference in performance across providers. Further discussion would take place when this item is presented later on the agenda.

Members questioned the reasons behind the Colonoscopy waiting times in Powys which differ between two weeks and five days, and on 20 September reporting at four weeks and four days?

It was explained that the total waiting time shows the current position which conveys an improvement from data displayed from 20 September to 27 September 2024.

D&P/24/048- Work with Primary Care to develop staff in training diagnostic skill professions and improve triage in partnership with HEIW. A briefing was inclusive within the agenda pack which provided this detail.

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

2. CONSENT AGENDA BUSINESS (D&P/24/061)

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 ASSURANCE

3.1 FINANCE PERFORMANCE REPORT MONTH 06 (D&P/24/062)

PH presented the report which included Monthly Monitoring Returns and progress with savings delivery and highlighted the following key areas:

- 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 6, there is a £14.793m overspend against the planned year to date deficit of £11.475m giving the Health Board an operational overspend of £3.318m.

- 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 £11.619m. To date £0.366m has 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. However, costs have continued to be at a lower than the previous year due to the mitigating actions taken;
- 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.
- Savings programme – There is a requirement to deliver £9.9m savings within the financial plan. Good progress to meet this requirement has been made to date with £9.854m savings identified.
- Further action will be reconsidered to identify mitigation to enable plan delivery as and when required.

Committee members sought assurance by asked the following questions:

Is the assumption that further savings would be achieved within this financial year given the role of Welsh Health Specialised Services Committee (WHSSC) and Emergency Ambulance Services Committee (EASC) are £400,000 over budget?

PH explained that the current impact level of overspend is based on the latest position. At a recent Joint Commissioning Committee (JCC), the need for further action to reduce the forecast overspend was discussed. Following confirmation of the identified mitigating actions, this would be reflected into the Health Board plans.

What is the current position at Felindre ward given the unexpected expenditure resulting in a reduced capacity and use of private sector?

Discussions had taken place during Executive Committee last week given the reduced bed capacity; it is anticipated that the ward would be back to full capacity as soon as possible, an update is yet to be received on the current position. This would be shared with members once available.

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

Is there scope to focus on Community services support to avoid the increased trend of admissions to Felindre Ward?

There has been additional spend in agency across Mental Health due to acuity and ratio of staff to one patient, depending on the need and level of requirement. It had been requested within the variable pay probe whether a different approach is needed to better manage the level of acuity on a more substantial basis, based on the establishment. Support from Community Services remains a wider issue based around the sustainability programme.

Is Welsh Government aware of the need for strategic cash and what is the current position to date?

PH confirmed there is an annual process of which health boards would identify the need for any strategic cash cover. This is yet to be formally confirmed by Welsh Government. However, Welsh Government are aware of the Health Boards deficit plan and current position. This is not of any significant risk but would continue to be monitored on an ongoing basis.

What is the rationale for the rate of overspend had reduced in month six?

This is based on the latest Commissioned Services position given best intelligence which informs a forecast for year end. A high-level action plan is in place to ensure provider trajectories are clear given the number of challenges experienced. Actions are being worked through which will inform the forecast, a number of which have delivered an improvement.

What action resulted in the reduction of overspend for external commissioning and is this seen as sustainable?

At month six, an improvement had been made resulting in an underspend of £68,000. To date, there is a lack of clarity on the total delivery against the Commissioned Services position and the Health Board is holding the forecast due to this not being delivered. In September, the Board made a decision to continue to monitor the position to identify further actions as required to ensure delivery against the deficit plan.

Where is Powys seen against other Health Boards in terms of the deficit position?

The total expected deficit plan for NHS is circa £123m which all health boards had a target control total, with exception of Cwm Taf Morgannwg Health Board which had a break-even plan. The latest forecast plan across Wales is £222m. It was noted that future reports would include further analysis against other health board bodies for context. Members recognised the significant system pressures across Wales and secondary care delay pressures across the UK.

How confident are we that spending improvements across Prescribing will be maintained?

Prescribing is financially performing well with a circa of £1m savings target being delivered, this has helped to offset some pressure areas. Actions had been identified in the National, Value and Sustainability Board in which prescribing remained an area of focus and this is fully aligned to local plans. It was noted there is a lag in prescribing information being available, this is being monitored to ensure the accuracy of data is received. It is anticipated that Prescribing will deliver an underspend year-end, and this is continued to be monitored.

What are the reasons for the Capital expenditure position being 4% of the overall figure?

PH explained that it is not unusual for the Capital spend to be waited during the second half of the year. It is anticipated that Powys will remain within the Capital resource limit given year-end. It was highlighted that at any one-point concerns against the target are triggered, this would be escalated through the appropriate governance structure and to the Board.

Is Powys actively recruiting to International Mental Health Nurses or is training being implemented to provide additional capacity?

DWL confirmed that four internally educated Registered Mental Health Nurse's will be recruited as part of the 2024/25 plan. A further two overseas Consultant Psychiatrists are currently going through the onboarding process. As part of the strategy, a total of 19 international educated Nurses have onboarded by the end of the financial year, with expectation to increase to 35 into 2025/26. HEIW have released the Primary Care Workforce Strategy which was published in May 2024 providing funding and was designed following extensive consultation and involvement.

DWL provided an update on Falls rate across community wards which had seen a decline in agency off contracts with only one shift being covered. Other agency work was covered on contract with an increase in uptake of Bank requests.

Given the payment of invoices are nearer the planned target, is the year-end position seen as achievable and what action is being taken to improve this?

The Public Sector Payment Policy has been a significant area of challenge. Historically, this has seen an improved performance year on year and a robust action plan had been implemented to monitor closely to ensure target delivery.

Given the 10% vacancy rate across Community Services had resulted in an underspend, suggesting limited agency spend in some areas and not in Community Services, how does this impact on local service delivery?

The health board are seeking to organise substantive staff in the best way to minimise agency spend and ensure effective cover. No action has been taken to reduce the quality of care provided for patients across Powys.

Can further detail be provided in relation to the positive variance income from service providers?

PH confirmed further detail, and analysis would be shared with members outside of the meeting.

Action: Executive Director of Finance, Capital and Support Services.

The Committee RECEIVED the financial report month 06 and the deficit position. ASSURANCE was provided that the organisation has effective financial monitoring and reporting mechanisms in place.

3.2 INTEGRATED QUALITY AND PERFORMANCE REPORT MONTH 05 (D&P/24/063)

NJ provided an update on the latest performance position, highlighting the achievements and challenges and comparison to the All-Wales performance benchmark. Following an Internal Audit, 'substantial Assurance' rating was received on the Integrated Quality and Performance processes and framework which forms part of the reporting structure. The following key areas across Performance were highlighted:

- Overall Performance across Powys had maintained;
- Diagnostic targets had seen improvements in comparison to the previous month;
- Eco-cardio remains a challenge.
- Endoscopy small waiting times over target waiting
- Therapies – remain compliant against 14 week wait target;
- Improvement in a number of measures across Mental Health;
- Decrease in Adults Mental Health targets due to staff capacity

In a previous report, Mental Health services had been reported in internal escalation. The Executive committee had agreed to de-escalate the service based on meeting the appropriate objectives. NJ thanked the team for their work undertaken for the benefit of the patients effected.

- Neurodevelopmental services for Children had been placed in internal escalation. A further update would be provided later in the agenda. It was noted that the Executive Director of Planning, Performance and commissioning would lead the improvement process going forwards.
- The Mental Health Neurodevelopmental service is awaiting confirmation from Welsh Government to secure additional monies based on the plans to reduce

waiting times. This is subject to trajectories which were submitted to Welsh Government last week.

- Planned Care remained compliant with Referral to treatment time (RTT) measures.
- Waiting time variance across providers remained unchanged for the English and Welsh position.
- Further tranches of monies are expected into the Welsh system to target specialities with the longest waiting times. This continues to be monitored closely.

Neurodevelopmental Services for Children

HB provided an update on the Neurodevelopmental Services for Children. A paper was presented to Committee in August which outlined the diagnostic work being undertaken across Neurodevelopmental Services. The Committee took assurance on the work undertaken and agreed a further update would be provided at the December meeting. Since then, diagnostic work had progressed, and the Executive Committee had placed the service into level 3 escalation within the Integrated Quality and performance framework in line with performance trigger points for escalation.

A report has been scheduled into the Patient Experience Quality and Safety Committee in November given the remit of its committee and performance reporting would continue to be reported to this committee via the IQPR. The escalation Framework was presented to members and the full presentation would be shared with the committee outside of the meeting.

Action: Director of Corporate Governance.

Committee members sought assurance by asked the following questions:

Does modelling suggest that their will continue be an increase in total demand over the next year or is it anticipated to peak, and will capacity of Commissioned Services change over the next year?

The demand for Commissioned services had increased and modelling is under review to look at the contracting position for the forthcoming year. Members are aware of the increased number of patients waiting for planned care in addition to the backlog of patients being worked through post covid. This will be factored into the Integrated Medium-Term Planning (IMTP). Discussion with partners and Welsh Government are ongoing to secure additional funding to support planned care, subject to strategic drivers across all providers.

In recent weeks, changes to opening hours have been agreed by the Board across two Minor Injury Units (MIUs) in Powys. can we expect to see data of the total number of days of when MIUs were not available?

The service will be monitored to track any impact upon services. Feedback received of the change in opening hours are expected to see a reduction in closures from 01 December 2024. A robust evaluation plan has been implemented to monitor changes of MIUs and co-location.

What is the Organisation doing to try to resolve the constant theme of issues across performance to in-reach fragility and is this realistic?

EL suggested that a report outlining the detail of ongoing work across in-reach fragility, to include outcomes and next steps would be brought to the next meeting.

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

How can we ensure the quality of Cancer data is robust and received appropriately? CMO acknowledged the challenges in receiving robust data from English providers and this is being worked through to ensure data is received more frequently. An update would be provided at the next meeting on progress.

Action: Assistant Director of Performance and Commissioning Services

Given the inabilities of performance improvement across the Neurodevelopmental services, can assurance be provided that we would not only look at numbers of Referral to Treatment Time (RTT) data but to ensure we meet national standards of expectation?

Improving services for patients and families remain a core focus of patient experience and is part of measures within the performance framework. As this work progresses, escalation oversight will focus on four domains within the Integrated Quality and Performance report (IQPR).

Why are Health care acquires infection measures not being reporting against and when is this likely to be resolved?

CMO confirmed an update would be provided at the next meeting regarding this detail.

Action: Assistant Director of Performance and Commissioning Services

Members acknowledged the quality of detail provided within the performance report which demonstrates clear trajectories and work undertaken. It was recognised that future reporting would be beneficial to see an overlay of the wider service showing variance longer term. This would help scope a vision to the committee and a look forward in balancing any change of direction of the service.

NJ highlighted the planning and performance strategic cycle which is used as part of planning process for the Integrated Medium-Term Plan (IMTP). NJ welcomed further discussion regarding strategic messaging outside of the meeting to help further refine the IQPR and what the trends identified are telling us.

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.

3.3 QUARTER 2 INTEGRATED PLAN PROGRESS REPORT (TO INCLUDE DIAGNOSTIC SERVICES) (D&P/24/064)

NJ presented an update on the progress made against the Integrated Plan for the Quarter 2 period of this year. Following consideration this will subsequently be submitted to the Board and to Welsh Government.

NJ drew attention to the commentaries within the appraisal of progress and delivery confidence to year end. Each of the 27 strategic priorities set out within the Integrated Plan had been reviewed and a commentary provided by Executive Leads on key achievements and challenges. An additional explanation including mitigating actions where any items are 'RAG rated' as red.

NJ highlighted the gap regarding the Cross Cutting work across Diabetes to identify an SRO which will form part of the Transformation Programme. The Director of Transformation and Value has now been appointed to and will take action to address matters.

Can further detail be given to the key deliverable identified as 'to engage with patients and stakeholders regarding experiences of General medical service (GMS) access'?

GMS remains an important feature that the population provide feedback on services. Powys GMS access is currently above the All-Wales average, however, remains an area of concern. Welsh Government and NHS Wales are seeking to progress GMS access. It was recognised that further work around communication with the public regarding use of services requires improvement.

Members suggested adding a unique reference number against each deliverable, to enable ease of navigation. NJ welcomed this and would be incorporated into future reporting.

What are the predictions with the introduction of replacing X-ray equipment which has capacity to utilise Automatic intelligence against the background of shortage of radiologists?

NHS England have an ongoing project which look at factors on a trial basis. Powys does have the appropriate capacity equipment, however not the available software to implement this service. It is anticipated to await the research outcome from English providers as this would result in governance structures being implemented.

The Committee RECEIVED the report ahead of submission to PTHB Board and were **ASSURED** that there is a process in place for monitoring progress against plan and **NOTED** the change requests that have been approved at Executive Committee as submitted by leads as part of the Quarter 2 process.

3.4 GENERAL MEDICAL SERVICES (GMS) COMMISSIONING ASSURANCE FRAMEWORK (D&P/24/065)

PH provided members with an update on the General Medical Services Commissioning Assurance Framework process applied to the 2023/24 contract year. Due to the changes introduced in the national GMS Unified Contract effective from October 2023, the report outlined detail from PTHB GMS Commissioning Assurance Framework from 1st April 2023 – 30th September 2023 and GMS Unified Contract Assurance Framework 1st October 2023 – 31st March 2024.

Ongoing general practice workforce sustainability is a risk for the health board, which included age profile for both GPs and members of the multidisciplinary team. Patient Access and patient contact activity is closely monitored on a monthly basis. During 2023/24 Powys total patient contacts was 958,063, this averages to circa 80,000 practice contacts per month. National Additional Capacity funding for 2023-24 enabled practices to provide a total of an additional 12,545 hours which equated to 18,036 patient appointments.

Members sought assurance by asking the following questions:

Given the contract termination, has this seen any impact on patient services?

This Practice continues to provide a service for the population with no significant impact on patients. Next steps involve how the transition to the Unified Contract Assurance Framework as the need of a new provider. Ongoing interaction with the health board continues to review areas of work to minimise impact on patient services.

Is it anticipated that Welsh Government will be evaluating the success of Clusters and is Powys comfortable that Clusters are achieving what is expected as an organisation?

The Organisation encourage pilots to go through the Investment Benefits Group process to ensure a clear process regarding scaling across the health board. The accelerated cluster programme for NHS Wales had taken lead to evolve and develop a wider holistic population-based model of care. It is unknown of any external review of clusters to see delivery. It was recognised that further work is needed to better understand what the service wants to achieve and whether the appropriate functions are in place to ensure delivery. Communications with Clusters to understand their views and their roles to enable collective working relationships is an important factor to review into 2025/26. PH highlighted that a recent impartial peer review had taken place to help share learning.

Members sought assurance by asking the following questions:

What are the reasons for the variance in additional appointments given the significant high number in Brecon in comparison to no additional appointment in Llanfair Caereinion?

This is dependent on available funding for Practices to best use and support additional capacity in demand. This is an area in which the health board will reflect to ensure best value and balance of equity is implemented.

What are the reasons for the significant variation in performance regarding vaccinations?

As the service transitions into the new contract, the need to better understand changes within the assurance framework. A recent quality review had taken place with Welsh Government to review Primary Care data and issues raised via Civica. A total of 17 issues were raised out of 80,000, this has been recognised as an area for development and improvement. It is expected that variation would be evident across communities given the rural setting of Powys.

Members also raised queries about where Powys sits in comparison to other Trusts across Wales in relation to GMS performance and how the quality and safety of services monitored, as this was unclear within the report?

What is Powys' approach to improve relationships with General Practices?

EL noted the different relationships that Powys has with all 16 GP practices. Practice visits are taking place to provide opportunity to raise challenges, grow and develop communications. Through responding to GP concerns and continuously supporting Practices remains a key element to improving relationships and building trust. It had been recognised that further work is needed across wider service delivery impacts and aim to bring services closer to home through commissioning services through clusters.

How do we ensure Powys does not lose the ability to tailor make own service needs as we move to the National Assurance Framework?

EL explained that the National Assurance Framework as seen as a specification as a minimum standard. Powys would need to be proportionate to ensure what is seen as critically important to Powys are acknowledged and prioritised as a need. It was noted that there are gaps for opportunity to grow and develop, however this would need to be worked through.

What scope and capacity do Powys have to think about the future of Primary Care and are there a variety of models which can be adopted to improve access?

Working collectively across the system and alongside providers to define what we think the future looks like is key. Communications with partners to take a measured step-based approach to pull together a common vision would be worked through.

When are we likely to see an improvement in data quality given the gap in GP age profile?

PH stated this is an area in which we are consistently seeking to refine and improve given the reliance sits with the Practices to complete and obtain accurate information. EL explained that GMS data had always been advanced in comparison to Powys' own provision. The use of digital systems is a challenge given the variation in approach across all 16 practices. Further work was recognised to understand the gap in data, and this would be addressed with Practices.

The Committee **RECEIVED** the update report and took **ASSURANCE** that the General Medical Services Commissioning Assurance Framework monitoring process is providing assurance to PTHB on general practice contract management.

3.5 COMMITTEE RISK REGISTER (D&P/24/066)

HB provided an update on the Committee Risk Register (CRR) and highlighted the agenda sequence change placed under the 'assurance' section. The CRR had been refreshed and updated along with the Board Assurance Framework (BAF) and received by the Board in September 2024. This had enhanced reporting assurance and continues to be monitored to benchmark risk status. It was noted that two of the six risks would be discussed at the In-Committee given the confidential sensitivity of its content. All risks are reviewed and updated on a cycle driven by the Board and will continue to be monitored by the Delivery and Performance Committee.

Members suggested to highlight any new updates in future reporting to ensure members are sighted on changes from a previous version that had been received. HB welcomed this and agreed this would be incorporated into reporting.

The Committee **NOTED** the September 2024 version of the Committee Risk Register and recognised this was under development. Members took **ASSURANCE** that it is a complete and a true reflection of the Committee's current high-level risks.

4. ITEMS FOR DISCUSSION

There were no items for discussion.

5. ESCALATED ITEMS

5.1 ORGANISATIONAL STATUS (NHS WALES ESCALATION FRAMEWORK) ENHANCED MONITORING REPORT (D&P/24/067)

PH confirmed that there were five levels of escalation set by Welsh Government, with PTHB in Enhanced Monitoring (level 3) Planning and Finance.

Products implemented locally are:

- Monthly IQPD meeting, previous two meetings are inclusive within papers
- Biannual joint executive team with WG escalation part of this
- Finance – monthly finance reporting and escalation action plan in place
- Tri part meeting held biannually to agree escalation status of organisations.

Detail on the roles and responsibilities against the criteria set by Welsh Government along with assurance dashboards was received. NJ added that the planning maturity matrix has been considered at a recent Board Development which will form part of the Integrated Medium-Term Plan (IMTP). This is due to be submitted to the Board in November 2024 as part of the de-escalation process.

HB noted that an additional tripart meeting with Welsh Government had taken place in October and it is anticipated that an update would be received early November regarding the outcome of Organisational status. HB welcomed feedback from members on the presentation.

Members suggested to highlight any new updates in future reporting to ensure members are sighted on changes from a previous version that had been received. HB welcomed this and agreed this would be incorporated into reporting.

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.

6. CONSENT AGENDA

6.1 COMMITTEE WORK PROGRAMME (D&P/24/068)

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

7. ITEMS FOR INFORMATION

7.1 INTERNAL AUDIT REPORTS: INTEGRATED PERFORMANCE FRAMEWORK AND CLEANING STANDARDS (D&P/24/069)

The Committee **RECEIVED** the Internal Audit Reports of the Integrated Performance Framework and Cleaning Standards which had been received by the Audit, Risk and Assurance Committee on 08 October 2024. Further Internal Audits would be received where relevant to the remit of the Committee.

8. OTHER MATTERS

8.1 ANY OTHER BUSINESS (D&P/24/070)

There was no other urgent business.

8.2 ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND/OR OTHER COMMITTEES (D&P/24/071)

It was noted that the Chair would reference the Performance Report regarding Neurodevelopmental (Children) Services escalation within the Chairs report to the Board in November 2024.

8.3 COMMITTEE REFLECTIONS(D&P/24/072)

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

- Welcomed new Executive Directors of Primary, Community care and Mental Health and Director of Planning, Performance and Commissioning to the first Delivery and Performance Committee meeting
- Development of quality reporting evident;
- A lessons learned report will be completed from the Mental Health escalation given that Neurodevelopmental services enter escalation;
- Clear understanding of Neurodevelopmental Services and escalation pressures;
- Integrated Quality and Performance Report showed proactive developments;
- Good level of trust to conduct the business of the Committee and level of delivery.

BH asked whether clarification can be sought regarding the three items within the action log that were proposed for closure and that members gained satisfaction that they were closed and removed from the action log. HB confirmed that the general sense of completed items were agreed by members.

8.4 DATE OF THE NEXT MEETING (D&P/24/073)

The date of the next meeting is scheduled on 05 December 2024 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:

Ronnie Alexander	RA	Independent Member (Chair)
Mick Giannasi	MG	Independent Member (General)
Cathie Poynton	CP	Trade Union

In Attendance:

Pete Hopgood	PH	Deputy Chief Executive and Executive Director of Finance, Capital and Support Services
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Sciences and Digital
Sim Foreman	SF	Deputy Board Secretary
Beth Powell (Forum Support)	BP	Corporate Governance Business Officer

Apologies for Absence:

Kirsty Williams	KWi	Independent Member (PTHB Vice-Chair)
Deb Wood-Lawson	DWL	Executive Director of People and Culture
Joy Garfitt	JG	Executive Director of Mental Health and Learning Disabilities
Rhobert Lewis	RL	Independent Member (General)
Steve Powell	SP	Executive Director of Commissioning, Performance and Planning
Kate Wright	KW	Medical Director
Helen Bushell	HB	Director of Corporate Governance/Board Secretary
Steve Elliot	SE	Independent Member (Finance)

6.8 CORPORATE RISK REGISTER: CYBER SECURITY (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 29 August 2024 as an accurate and true record.

Meeting Closed at 12:34