



## DELIVERY & PERFORMANCE COMMITTEE

### CONFIRMED MINUTES OF THE MEETING HELD ON THURSDAY 06 FEBRUARY 2025, VIA MICROSOFT TEAMS

<b>Members Present:</b>		
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)
<b>In Attendance:</b>		
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
Vicki Cooper	CR	Chief Digital Officer
Kate Wright	KW	Executive Medical Director
Jayne Lawrence	JL	Assistant Director of Primary Care
Ruth Derrick	RD	Assistant Director of Mental Health
Wayne Tannahill	WT	Associate Director of Capital, Estates and Property
Helen Bushell	HB	Director of Corporate Governance/Board Secretary
Laura Keighan	LK	Cancer Recovery Business Manager- NHS Executive
Tomos Jones (Observing)	TJ	Audit Wales
Katie Blackburn (Observing)	KB	Chief Officer -Llais
Stella Gwynne (Observing)	SG	Deputy Board Secretary
Ian Thomas (Observing)	IT	Independent Member (General)
Bethan Powell	BP	Corporate Governance Officer
<b>Apologies for Absence:</b>		
Ronnie Alexander	RA	Independent Member (General)
Carl Cooper	CC	PTHB Chair
Mick Giannasi	MG	Independent Member (General)

#### PRELIMINARY MATTERS

##### 1.1 WELCOME AND APOLOGIES FOR ABSENCE (D&P/24/094)

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/24/095)

KWi requested an amendment to her declaration submitted within the Board members Declarations register and that she is now the Director of Samaritans Powys. KWi would provide the relevant amendments to the register.

## **2. CONSENT AGENDA BUSINESS (D&P/24/096)**

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/24/097)**

The minutes of the meeting held on 05 December 2024 were **CONFIRMED** as an accurate record.

### **3.2 COMMITTEE ACTION LOG (D&P/24/098)**

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

#### **D&P/24/064- GMS Access**

*Was further action required to communicate GMS access with Llais?*

EL explained that discussions were underway regarding specific actions with Llais. A Board Development session was due to be scheduled with Llais in the near future.

#### **D&P/24/065- Clusters Review**

The following amendment would be updated. *The team would undertake a review of the effectiveness of clusters in achieving their purpose on an annual basis.*

The following actions were AGREED to be transferred to the Patient Experience, Quality and Safety Committee for further discussion:

#### **D&P/24/86a - In-reach Fragility**

#### **D&P/24/83c - Primary Care: General Dental Services (GDS)**

The following actions were AGREED for closure:

#### **D&P/24/064**

#### **D&P/24/079**

#### **D&P/24/083**

#### **D&P/24/083a**

#### **D&P/24/083b**

#### **D&P/24/087**

#### **D&P/24/87a**

#### **D&P/24/87b**

#### **D&P/24/065**

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/24/099)**

NJ confirmed that Powys had been placed in escalation status Level 4 of the targeted intervention framework for Strategy, Planning and Finance. The team were awaiting confirmation of a meeting with Welsh Government to discuss the Level 4 escalated status which will be chaired by the Director General / NHS Wales Chief Executive. The Board would have oversight of the discussions, with Delivery and Performance Committee members providing scrutiny and assurance on behalf of the Board.

A mapping exercise had been undertaken to understand the roles across other Committees. Work was ongoing to develop and monitor actions against the draft criteria, however the de-escalation criteria was expected to be received in early March 2025.

Committee members asked the following questions:

*Given that Powys was in targeted intervention for Planning, what support was being provided by Welsh Government as Powys moves towards submitting the Integrated Plan (IP)?*

Feedback from neighbouring health boards confirmed that a formal meeting with Welsh Government requires a considerable amount of work. As Powys had previously been placed in Level 3 escalation, the draft de-escalation criteria had already been received. The Level 4 criteria had not changed considerably, and Powys continue to be in close dialogue with the Director of Planning in Welsh Government regarding clinical services plans and were awaiting formal feedback.

KWi shared concern regarding the time taken to receive confirmation of a formal meeting with Welsh Government, given that Powys had been in level 4 targeted intervention for several months. Additional support was welcomed to enable Powys to satisfy Welsh Government concerns regarding performance across Finance and Planning.

HB highlighted the importance of the formal meetings to discuss Level 4 escalation and recognise that Welsh Government's Chief Operating Officer (COO) had attended a recent Board development session to contribute to discussions.

*Was there any standardised documentation that should be shared with members of the Board prior to the meeting with Welsh Government?*

NJ confirmed that the de-escalation criteria had been received and was not aware of any other documents that require action.

*Were there any internal staff that may have historically experienced de-escalation criteria, which may be of benefit to share personal experiences?*

NJ confirmed that Mick Giannasi, Independent Member, had experienced escalation processes across other Trusts. In addition, a number of the Executive Director team had experienced Level 4 escalation, so were familiar with processes.

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 09 (D&P/24/100)**

PH presented the month 09 report and noted the same report has been presented to the Board in January. The following key areas were highlighted:

- Powys Teaching Health Board (PTHB) continue to monitor against the current year-end deficit plan which had been revised from £22.948m to £15.770m;
- At month 9, there was a £18.333m overspend against the revised planned year to date deficit of £11.828m giving the Health Board an operational overspend of £6.504m;

- The year end forecast remains in line with the adjusted plan at £15.770m, but given the current overspend surpasses this figure, significant remedial actions of over £9m, as discussed by the Board, would be required to achieve the Plan;
- The Month 10 position was being assessed to understand the anticipated year-end position and to assess the additional actions approved by the Board;
- Additional funding had been received to support the longest waiting times across Powys. The assessment had been completed and would be incorporated into the Month 10 report to Welsh Government.

Committee members sought assurance by asking the following questions:

*Was there an update against the risks related to Commissioning demand across the Joint Commissioning Committee (JCC)?*

PH confirmed that it was anticipated that an update would be received this week which would be incorporated into the overall position.

*Could assurance be provided against the Capital spend progression target?*

PH explained that Powys received significant funding in October 2024 to support three areas to discharge in Q4. The programme of work across the areas were monitored and are expected to deliver against plans within the Capital resource limit.

*Was it expected that an improvement in relation to agency spend would become a permanent feature?*

Additional action and focus had been undertaken across the Community Services Group, resulting in a decrease in agency expenditure. The Director of Primary, Community Care and Mental Health had implemented additional scrutiny, grip and control across the Mental Health services, and it was expected that locum and agency trends would continue to decrease to the end of the financial year.

EL explained that positive recruitment had taken place to stabilise and strengthen the reduction in variable pay costs. It had been recognised that further work was required, noting an escalation process had been implemented and would be closely monitored. Members recognised and applauded the successful recruitment across Mental Health Services which demonstrates the importance of substantial appointments.

The Committee:

- **RECEIVED** the Financial Month 09 Report,
- Took **ASSURANCE** that the organisation has effective financial monitoring and reporting mechanisms in place and;
- **NOTED** the current increased risk of achieving the projected in year forecast for 2024/25.

## **5.2 INTEGRATED QUALITY AND PERFORMANCE REPORT MONTH 09 SCORECARD (D&P/24/101)**

NJ provided an update on the latest performance position by exception against the NHS Wales Performance Framework 2024/25 and highlighted the changes since the previous report. Diagnostic performance had flat lined, however it was projected to improve in 2025/26. NJ acknowledged the work undertaken across the Health Board, particularly across performance given that the organisation is under routine monitoring. The following key areas across Performance were highlighted:

- Overall performance across Powys had maintained;
- Provider performance had strengthened with 104 week waits targets met. Powys continue with insourcing in place;

#### Areas for improvement:

- Adult Mental Health: A mixed picture largely down to small teams, however recent recruitment within the service should be of benefit.

#### Interventions:

- Care and treatment plans decreased last month due to staff fragility;
- Neurodevelopmental services across Children and Young People remains in internal escalation. As previously agreed, the Patient Experience, Quality and Safety (PEQS) Committee would monitor the position and is due to receive an update in Q1. A change in service model was anticipated to increase capacity, working towards specific Neurodevelopmental standards to reduce waiting times and closure of cases.

#### Commissioning:

- Acknowledged the waiting time standards between England and Wales. It had been agreed by the Board to not change the commissioning position.

NHS Wales had anticipated four out of six health boards would meet 104 week waits for year-end with the target to maintain in the next financial year.

- Waiting times for all providers across Cancer and ambulances remains a concern;
- Access to A&E services conveys and improvement in Wales in comparison to England;

Committee members sought assurance by asking the following questions:

*Was it possible to confirm which two of the six health boards would not meet the 104 week wait target, given the potential impact on Powys residents?*

NJ confirmed both Cardiff and Vale University Health Board and Betsi Cadwaladr University Health Board would not meet the 104 weeks wait target for this financial year.

*What was the anticipated target waiting time in NHS England for next year?*

The ambition was to achieve 65% of patients waiting 18 weeks or less, with significant improvement in reduction of waiting times this year. NHS England are working towards full delivery by 2029, noting this remains a significant financial risk for Powys. Powys would consider choices at a Board Development session the following week to build into next year's plans.

*What more could be done to improve Cancer Services performance?*

Work is underway to review the Cancer tracking service with the use of Power BI which provides live intelligence. There was a need to define causes for delay, recognising patient and acute flows remain complex. The service was reviewing gaps across pathways to intervene where appropriate, recognising that numbers were relatively small in Powys.

It was suggested that a report focused on internal cancer performance progress and external cancer pathways be brought forward to the Committee in Q2. This would allow sufficient time for engagement with all relevant parties and work to progress across the service. Committee Members SUPPORTED the proposal.

### **Action: Executive Director of Planning, Performance and Commissioning**

SE observed the consistent poor level of ambulance response times reported and asked what was actively being done through the Joint Commissioning Committee (JCC), to address this. Concerns were raised around patient clinical outcomes, given the delay in ambulance response times and the long-term impact on Powys residents.

NJ added that a quarterly programme would be setup to allow service deep dives and transparency to committee members. NJ noted that Welsh Ambulance Service Trust (WAST) were changing the clinical model regarding how they triage and respond to patients. This was largely to address concerns raised around quality and the impact across the system. An update on progress would be scheduled to Committee in due course.

### **Action: Executive Director of Planning, Performance and commissioning.**

The following updates were agreed to be incorporated into future performance reporting:

- Amber 1 calls: to confirm data for patients who travel longer distances to Stroke Centres.
- A&E departments: to confirm the total patient wait time from the emergency call to the hospital which excludes time that patients are waiting within an ambulance.

The Committee:

- **DISCUSSED** the report and took **ASSURANCE** that the Health Board has appropriate systems in place to monitor performance and respond to relevant issues.
- **SUPPORTED** that an update report would be brought back to committee for discussion.

### **5.3 Q3 ANNUAL DELIVERY PROGRESS REPORT (D&P/24/102)**

NJ provided an update of the progress made against the Integrated Plan for Q3 2024/25. Good progress had been made with delivery of the actions and priorities in the Plan as reported at Q3. Following discussion at Executive Committee, further analysis had been carried out to provide a fuller and more consolidated picture of the Year-to-Date position and delivery confidence assessment to Year End.

NJ highlighted that a recent Internal Audit had been undertaken against the Planning Processes, including reporting on progress against the Delivery Plan which had received Reasonable Assurance. The progress report scheduled at the next meeting in May 2025 would provide the year-end position, the team would draw out the achievements and changes for the Powys population and patients in addition to the Delivery plan for 2025/26. This would be highlighted within the cover report for ease.

*Given the positive impact of the Child and Adolescent Mental Health (CAMHS) emergency crisis service located at Llandrindod Wells Hospital, how was this funded and what was the long-term plan for the service to secure a permanent workforce?*

EL confirmed this was a Welsh Government funded scheme, and the Health Board were awaiting confirmation whether this would be continued. This position was the

same across all Welsh health boards. Capital was also provided to support the implementation of the environment established at Llandrindod Wells Hospital.

Committee members asked the following questions:

*Given the financial position, was it expected that elements of the plan would need to be deferred and could we confirm what was deliverable?*

NJ confirmed that the Board had signed off the initial strategic priorities for next year in terms of the deliverable position. The 2025/26 plan would need to address priority risks and planning to enhance sustainability. The Executive team had reviewed the emerging plan which would be recommended to the Board in February, this outlined elements to be deferred and also a number of high impact priorities for delivery. NJ noted that the service was building on good delivery confidence to deliver the plans given Powys' escalation status, recognising that a different lens was required.

*Given the demographics of Powys' ageing population, how should we future proof phase frailty to a high standard?*

Overall, the aging population of Powys is expected to peak in 2040 and the importance of supporting the older population to remain independent would be critical from a Health and Social care strategy perspective. KW explained that consolidation of services was ongoing with cluster collaboration and prevention. EL noted that a review would be undertaken around integrated Community resource teams and virtual ward responses across Powys which was a critical starting point.

The Committee were **ASSURED** that there was a process in place for monitoring progress against the plan and **SUPPORTED** the report for onward submission to the Board.

#### **5.4 PRIMARY CARE: OUT OF HOURS (OOH) (D&P/24/103)**

JL provided an update against the Out of Hours (OOH) General Medical Services (GMS) provision for Powys patients for Q1 and Q2 in 2024/25. Meeting the standard for completing home visits within one and two hours remained a challenge for Shropdoc. Due to the geography of Powys the achievement of both these standards would always be challenging.

The current Shropdoc contract would terminate on 31 March 2025. A new short-term contract was being progressed to be in place from 01 April 2025, with advice from NHS Wales Shared Services Legal and Risk to secure OOH services with Shropdoc. The new regulations once passed, would allow the Health Board to direct award the continuation of the OOH service with Shropdoc. Due to the tight timescale the Health Board would not be able to enact the new regulations by the 31 March 2025.

Weekend base cover at Ystradgynlais Hospital had not been achieved since the pandemic. It is recommended that PTHB confirm to Swansea Bay University Health Board (SBUHB) that the weekend pathway continues to follow the weekday pathway.

Members asked the following questions:

*Could clarity be given as to whether Powys have been operating a service without a contract and what was the reason that the new contract was yet to be confirmed?*

EL explained that the contract had not been signed due to visitation attendance at Ystradgynlais Community Hospital (YCH) during the weekends. There were also concerns from SBUHB that PTHB does not have a 24/7 District Nursing service. A lack of data continues around the total contract provision, response times and District Nursing services.

*As SBUHB had not been able to deliver weekend service from YCH, had Powys been paying for a service which had not been received and if patients were expected to be seen at Morrison Hospital, how would this pathway be reflected within the contract?*

JL confirmed that the service had been delivered for Powys throughout 2024/25, although it was recognised the position would be kept under review. Historic arrangements in place during the weekends would see a SBUHB GP in YCH aligned to medical cover on the wards which were applied for a number of years although not specified within the contract. JL explained a formal decision was required moving forward.

KB observed an engagement and communication plan with the public regarding the service change. JL confirmed that a plan was in place and should the recommendations be approved by Committee members, engagement with the public would be communicated.

Members raised concern that no formal contract was in place and the lack of patient data available for the residents in Ystradgynlais. Members proposed a further discussion around the service change agreement and timelines of process. EL confirmed that further work would be progressed around contract negotiations, data source and provision to provide assurance around OOH provision in line with Shropdoc changes in Ystradgynlais. A report would be brought back to committee for endorsement.

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

The Committee:

- **RECEIVED** the update provided,
- Took **ASSURANCE** that the OOH Commissioning Assurance Framework monitoring process was providing assurance to PTHB on OOH contract management and;
- **NOTED** the concerns around lack of data from Swansea Bay University Health Board and;
- **AGREED** that a further report would be brought back to committee around contract negotiations, data source and provision and Shropdoc changes across in Ystradgynlais.

## **5.5 SIX MONTHLY REPORT ON CONTINUING HEALTH CARE COSTS (D&P/24/104)**

EL provided an overview of the current operational pressures and financial performance in relation to Continuing Health Care and Complex Care position which remained an area of concern. A systematic approach was being taken to address some of the challenges and has established a working group to review the improvement required. A meeting had been setup for 19 February and feedback would be provided to the committee following this.

RD explained that overall, there had been an increase in packages across EMI and Learning Disabilities which drive increased costs and wider market issues. The service had developed staff training in partnerships with Powys County Council (PCC) and achieved good working relationships with Care Homes. Compliance regarding reviews has been maintained but this is a constant balance and keeping this on a positive trajectory impacts on other team functions.

The priorities for Complex Care will be identified in the Integrated Plan for 2025/26 and will include:

- **Data management** – The development of a clear dashboard / dataset to ensure performance of the team. This was linked to one of the national recommendations through the Value and Sustainability Board.
- **Workforce plans** – Team structure options recognising that the current organisation of the teams was based on the recognition of the different functions of each specialised area of work.
- **Review collaborative opportunities** with the local authority to ensure a timely and appropriate commissioning system – ensuring a getting It Right First Time (GIRFT) approach which has a clear timeframe for delivery. Plans to meet with the local authority are in place.
- **Focus on the spend** – Work with the national team to develop a clear programme of work and the benchmarking with Hywel Dda University Health Board was underway.

The Committee:

- **REVIEWED** and **DISCUSSED** the report and **NOTED** the actions in place to manage service demand, improve performance and control spending.

#### **5.6 SIX MONTHLY REPORT ON CATERING SERVICES (D&P/24/105)**

PH presented an overview of the current compliance levels of food safety in relation to statutory regulations, guidelines and best practices. The following key highlights were noted:

- the successful implementation of a refined Food Safety Management System (FSMS), maintaining high Food Hygiene Ratings (Level 5) across all sites, and the introduction of a new catering assurance system that has effectively reduced serious non-compliance issues.
- Enhanced Staff training efforts with improved completion rates
- challenges remain with achieving 100% compliance in audit completion rates and further refining allergen control systems. Actions are in place to mitigate this.

The Committee **RECEIVED** the report and were **ASSURED** that appropriate quality control measures are in place.

#### **5.7 DIGITAL FIRST ASSURANCE REPORT (MID-YEAR) (D&P/24/106)**

CM introduced the report and highlighted that an Annual Digital First assurance report was presented to the Board in January 2025, noting that the report in which members received for this committee focuses on specific progress undertaken with a look forward.

VC provided an overview of the progress, challenges and areas that require improvement. A newly established clinically led digital group would systematically review performance dashboards with the objective of enhancing clinical patient outcomes.

Members asked the following questions:

*What progress has been made for patients to utilise the Welsh App to its full extent in order to access personal information and appointments should they need treatment cross border?*

The NHS Wales App had been launched and was fully accessible to individuals should their GP be registered and connected. This enables individuals to access a number of health care pathways and information. The Digital team have worked with Digital Health and Care Wales and the NHS Wales App teams to discuss options for cross border challenges. Engagement with Cluster leads and the National Lead for the NHS App has included direct training with GP Clusters.

*What was the position on those service areas that were not utilising video consultations and what engagement has taken place with clinical managers to date?*

This is for PTHB services only which is being standardised to ensure it is made available to patients. To date, positive feedback had been received from those patients using the platform, however it was recognised that further work is required to better understand what was preventing services from utilising this. It was agreed that an update in terms of progress would be included in the next report to Committee.

*Given that Shrewsbury and Telford Hospital Trust(SaTH) are excluded from this work, how can the service engage with them to encourage uptake of the App?*

SaTH had been excluded in the short term given the recent clinical system replacement with minimal capacity to support Powys as required. Engagement with the Integrated Care Board (ICB) for SaTH had taken place to support communications of the work being undertaken. Committee members acknowledged the breadth of work undertaken across the digital service, in addition to the clinical based work.

The Committee were **ASSURED** that work had progressed and delivery against the Digital Strategic Framework, to embed a clinically led digitally enabled service in support of Digital First as a Strategic enabler for transformation, improvement, quality, safety and efficiency. Members **NOTED** the key achievement and **NOTED** the challenges.

## **5.8 APPROACH TO ANNUAL ACCOUNTS (D&P/24/107)**

HB provided members with a verbal update against the approach to Annual Accounts and noted draft guidance had been received from Welsh Government which indicated a number of changes required from Health Boards. The Performance element of the Annual Report would be shared with Delivery and Performance members prior to the 01 May meeting for comments. The following key dates were noted:

- 09 May 2025 – Draft submission of Annual Accounts and Annual Report submission to Audit Wales and Welsh Government.
- A series of Committees of the Board would then receive the Annual Accounts and Annual Report for consideration and scrutiny.

- PTHB Board 25 June 2025 – Receive Final Annual Account and Annual Report.
- 30 June 2025 – Final submission to Audit Wales and Welsh Government.
- 30 July 2025 – Final submission to PTHB Annual General Meeting (AGM)

PH explained that a paper was taken to the Audit, Risk and Assurance Committee on an annual basis, which outlines the methodology and approach to the year-end process. This highlights key areas of expenditure and areas to reflect within the financial position.

The Committee **RECEIVED** the update on the approach to Annual Accounts.

### **5.9 CAPITAL AND ESTATES COMPLIANCE REPORT (D&P/24/108)**

WT provided members with an overview on the position in relation to Capital and Estates compliance which had been considered at Informal Executive Committee on 30 January 2025. Powys had benefitted from an increase in Welsh Government capital allocation in 2024/25 with the committed Capital Resource Limit (CRL) at circa £13M, and with circa 56 schemes being delivered, this represents the largest capital delivery programme for many years. Slippage monies had recently been secured which added circa £900K and 8 projects to the pipeline. This would place pressure on the existing internal capital team resource to manage the step-change in activity within the financial year cycle.

The following key changes were highlighted:

- Environmental Financial Advisory Board (EFAB) have changed to Targeted Estates funding, there is £40m available for Powys to bed into alongside the rest of the NHS in recognition of the maintenance backlog.
- Welsh Government have increased Powys discretionary Capital allocation from £1.431M to 2.7M recurring.

Committee members asked the following questions:

*What was the position across the Powys estate in terms of Reinforced aerated autoclaved concrete (RAAC)?*

WT confirmed that RAAC is not present across the PTHB estate, and no incidents have been reported. The search had been broadened across the leased Primary Care estates in addition to PTHB.

*How was Powys adhering to good practice across an old estate?*

Investment of £4.2M through the Welsh Government Scheme REFIT has been allocated of which £3.6M is anticipated to be spent within this financial year. WT confirmed that this investment will provide significant savings on electrical and gas utilisation across the estate.

*How was backlog maintenance across Capital planning being managed?*

WT confirmed this remains a significant challenge. An Estates Condition Audit was conducted last year across all health boards in Wales which received Limited Assurance. This was primarily due to Capital not being available to address the backlog.

*Was it anticipated that the additional funding would present pressures and challenge?*

WT highlighted that £9M of the £12M had been allocated within the second half of this financial year and to date, Powys had not spent 50% of the allocation, recognising the substantial planning work required. A significant challenge was around confidence in delivery, recognising the positive impact that Capital investment will bring to Powys estate.

The Committee **RECEIVED** the report and were **ASSURED** that the organisation has appropriate systems in place to monitor capital and estates compliance.

#### **5.10 COMMITTEE RISK REGISTER (D&P/24/109)**

HB presented the report explaining that the Committee Risk Register inclusive of six risks allocated to the Committee by the Board for enhanced oversight. Two of the risks, CRR 008 and CRR 012 would be held in private session given the sensitivity of its content. All corporate risks continue to be reviewed by the relevant lead Directors prior to the next iteration of updates. The committee cycle and timing of each meeting will impact on whether the risk register updates have already been considered by the Board. The version shared in meeting had been presented to the Board on 29 January.

HB highlighted that at a meeting on 29 January, the Board supported the increase in score against CRR 001 from 16 to 20 which related to the in-year financial projections. This change had been reflected within the Corporate Risk Register.

Members observed Risk CRR 003 around the longer-term financial sustainability allocation of resources and how this aligns to the Transformation and Better Together Programme. It was acknowledged that the Board Assurance Framework (BAF) is inclusive of the wider health board challenges and highlighted that the Transformation team are undertaking a review of the resources required across specific areas.

The Committee **RECEIVED** and **DISCUSSED** the Corporate Risks within the Committees remit and took **ASSURANCE** that the risks are being managed in line with the Risk Management Framework.

#### **6. ITEMS FOR DISCUSSION**

There were no items for discussion.

#### **7. CONSENT AGENDA**

##### **7.1 ENDOSCOPY UPDATE TO INCLUDE JAG ACCREDITATION (D&P/24/110)**

HB provided an update to members that Endoscopy (including JAG Accreditation) was presented to the Planning, Partnerships and Population Health (PPPH) Committee on 04 February 2025 for detailed review. It was recognised that Delivery and Performance members shared a specific interest in Endoscopy and therefore the report was shared with members for information. It was noted that the PPPH Committee would continue to receive progress reports for Endoscopy and JAG Accreditation.

The Committee **NOTED** the Endoscopy Update and JAG Accreditation.

##### **7.2 INTERNAL AUDIT REPORTS (D&P/24/111)**

The Committee **RECEIVED** the following Internal Audit Reports for **ASSURANCE**.

- Core Financial Systems – Treasury Management (*Substantial Assurance*)
- Board & Committee Structure / Effectiveness (*Substantial Assurance*)
- Capital Systems (*Reasonable Assurance*)

- Energy Management (*Reasonable Assurance*)

### **7.3 COMMITTEE WORK PROGRAMME (FOR INFORMATION) (D&P/24/112)**

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

### **7.4 POWYS TEACHING HEALTH BOARD (PTHB) GLOSSARY (FOR INFORMATION) (D&P/24/113)**

The Committee **RECEIVED** the PTHB Glossary for Information.

## **8. OTHER MATTERS**

### **8.1 ANY OTHER URGENT BUSINESS (D&P/24/114)**

No urgent business was raised.

### **8.2 ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND/OR OTHER COMMITTEES (D&P/24/115)**

There were none.

### **8.3. COMMITTEE REFLECTIONS (D&P/24/116)**

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

- Thanks were given to RL for conducting the meeting in absence of RA.
- Good balance of topics discussed
- Quality of reports and appropriate to the Committee

### **8.4 DATE OF THE NEXT MEETING (D&P/24/117)**

The date of the next meeting is scheduled on 01 May 2025 at 13:00 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
Helen Bushell	HB	Director of Corporate Governance/Board Secretary
Beth Powell (Forum Support)	BP	Corporate Governance Business Officer

<b>Apologies for Absence:</b>		
Ronnie Alexander	RA	Independent Member (Chair)
Mick Giannasi	MG	Independent Member (General)
Carl Cooper	CC	PTHB Chair
Kate Wright	KW	Executive Medical Director
<b>6.8 CORPORATE RISK REGISTER: CYBER SECURITY AND NATIONAL DIGITAL PROGRAMMES (D&amp;P/IC/24/026)</b>		
Rationale for item being held in private: The details of the report and sensitive, confidential and not in the public interest.		
The Committee <b>RECEIVED</b> the following Committee Risks and <b>NOTED</b> the updates:		
<ul style="list-style-type: none"> <li>• Cyber Security</li> <li>• National Digital Programme</li> </ul>		
<b>6.9 MINUTES OF THE PREVIOUS IN-COMMITTEE MEETING (D&amp;P/IC/24/027)</b>		
The Committee <b>RECEIVED</b> the item and <b>APPROVED</b> the In-Committee Minutes of the meeting held on 05 December 2024 as an accurate and true record.		

*Meeting Closed at 13:15*