

**POWYS TEACHING HEALTH BOARD
DELIVERY & PERFORMANCE COMMITTEE**

CONFIRMED

**MINUTES OF THE MEETING HELD ON TUESDAY 31 AUGUST 2023
VIA MICROSOFT TEAMS**

Present:

Cathie Poynton	Independent Member (Trade Union)
Robert Lewis	Independent Member (General)
Ronnie Alexander	Independent Member (General)

In Attendance:

Pete Hopgood	Director of Finance, Information and IT
Stephen Powell	Director of Planning, Performance and Commissioning
Debra Wood-Lawson	Director of Workforce and Organisational Development
Claire Madsen	Director of Therapies and Health Sciences
Joy Garfitt	Executive Director of Operations/Director of Community and Mental Health
Clare Lines	Assistant Director of Commissioning and Development
Hayley Thomas	Interim Chief Executive
Elizabeth Patterson	Interim Corporate Governance Manager
Hywel Pullen	Assistant Director of Finance and IT
Jason Crowl	Assistant Director Support Services
Anthony Fenn	Head of Technical Services

Apologies for Absence:

Kirsty Williams	Independent Member
Wayne Tannahill	Associate Director of Estates, Capital, and Property
Carl Cooper	Powys Teaching Health Board Chair
Helen Bushell	Director of Corporate Governance

Committee Support:

Belinda Mills	Corporate Governance Officer
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D&P/23/34	<p>WELCOME AND APOLOGIES FOR ABSENCE</p> <p>The Committee Chair welcomed everyone to the meeting. Apologies for absence were noted as recorded above and the Committees best wishes were extended to the Chair Mark Taylor</p>
D&P/23/35	<p>DECLARATIONS OF INTERESTS</p> <p>There were no declarations of interest made.</p>
D&P/23/36	<p>MINUTES OF THE DELIVERY & PERFORMANCE COMMITTEE ON 27 JUNE 2023</p> <p>The minutes of the previous meeting held on 27 June 2023 were AGREED as a true and accurate record subject to the following amendment:</p> <p>Page 3 – ‘Committee Members agreed that <i>a letter was not needed but, a further update would be provided to Committee for reassurance</i>’.</p> <p><i>In relation to therapy breaches, locum support and the review of demand and capacity for physiotherapy and podiatry is there capacity given the recruitment challenges in terms of substantive posts? Is there capacity for locum support and is it available?</i></p> <p>The Director of Therapies and Health Sciences clarified that where finance was available locum support was used for example within Physiotherapy. However, it had been more difficult to find locum podiatry support.</p>
D&P/23/37	<p>COMMITTEE ACTION LOG</p> <p>The Action Log recorded updates with the following additions provided during the meeting:</p> <p>Three actions had been deferred due to system pressures and are included in the work programme for the next meeting in October.</p> <p>D&P 22/73a -</p> <p><i>The update states that of the 21 homes 11 declined the offer of falls training. What assurance can be given that staff working with patients across Powys are properly trained in this area?</i></p> <p>The Director of Operations advised that some of the homes operating in the area were part of consortia that accessed their own training. It was a requirement of Care Inspectorate Wales that core training, including falls management, was undertaken.</p> <p>Could the Committee be provided with confirmation that those homes which had not taken up the offer of falls prevention training were part of consortia which would offer in house training.</p>

Action 22/73a to remain open for an update as above.

D&P 22/56a - Review whole system approach of Diabetic Care a meeting with the Director of Public Health had taken place with a further meeting scheduled. It was requested that a briefing be circulated to members of the Committee.

Action 22/56a to remain open for an update as above.

ITEMS FOR ASSURANCE

D&P/23/38

Q1 ANNUAL DELIVERY PLAN

The Director of Performance and Commissioning presented the report which provided an update of the progress made against the Integrated Plan for Quarter 1 period (April to June 2023). It was noted that the plan had been submitted to Welsh Government, but it had not yet been approved by Welsh Government as an endorsed plan.

After consideration of the report, it will be submitted to PTHB Board on 27 September 2023 and subsequently, to Welsh Government as a formal report of progress against plan for Quarter 1.

It was noted that a number of improvements had been made to the report, including delivery confidence assessment on each of the actions within the plan. It was noted that during the moderation process at Executive Committee that the changes noted in the Q1 return were not material and therefore would be treated as performance narratives.

It was confirmed that plans will only change if strategic priorities change and would not change the plan if targets were being missed. It was noted that there had been good Executive engagement and sign off in the action updates and all 32 of the strategic priorities had been signed off.

It was highlighted that the report showed a series of pie charts which summarises the overall progress at the end of Q1, nine actions are behind schedule, sixteen are complete, 102 on track and 25 at risk.

Independent Members sought assurance by asking the following questions:

In the relation to Out of Hours Pharmacy what is the current position of North, Mid and South? Is there always out of hours pharmacy provision for communities?

The Director of Finance, Information and IT confirmed that whilst there were challenges, and the system was under pressure, the services would remain in place as they help alleviate overall pressure on the system.

	<p><i>Do we know the process by which the targets, ministerial or otherwise will be reviewed or adjusted during the year?</i></p> <p>The Director of Planning, Performance and Commissioning advised that the organisation had been asked to achieve the ministerial priorities and meet financial goals. This was extremely challenging.</p> <p>The Director of Finance, Information and IT advised that a clear position was yet to be confirmed but this information would be shared with Members when it became available.</p> <p><i>Has trans nasal endoscopy been slowed down due to restrictions in accessing training?</i></p> <p>The Director of Planning, Performance and Commissioning noted a request for training to be expedited had been made.</p> <p>The Director of Therapies and Health Sciences confirmed that clinical governance checks were necessary as the Health Board used external trainers.</p> <p><i>Has the Dermatology GP with an extended role due to take up office in July 2023 taken up their post?</i></p> <p>The Director of Planning, Performance and Commissioning confirmed that a GP has been identified, and work is still underway to identify a Consultant Supervisor for the role. Discussions are ongoing with Wye Valley NHS Trust along with Swansea Bay UHB and Hywel Dda UHB for supervision but until this is in place, the project cannot progress.</p> <p><i>On page 23, there's reference to an asthma specialist post. What is the current position on this post?</i></p> <p>The Director of Therapies and Health Sciences confirmed that an interview was imminent, and the Committee will be updated in the next meeting of the outcome of the recruitment process.</p> <p>The Committee CONSIDERED the report ahead of submission to PTHB Board and subsequently Welsh Government.</p>
D&P/23/39	<p>INTEGRATED PERFORMANCE REPORT (MONTH 03)</p> <p>The Director of Planning, Performance and Commissioning presented the report which provided the Committee with the latest available performance update against the 2023/24 NHS Wales Performance Framework released in June 2023.</p> <p>It was noted that the data provided within the report remained in the new format (which focuses on metrics in escalation/exception) but as the bi-annual report for September Board contained all the applicable NHS Performance Measures.</p>

The new Performance Framework for 2023/24 had been issued with the following changes noted:

- 53 quantitative and 11 qualitative measures of which:
- 21 were new measures.
- 46 measures had been retired.

In relation to the below Wales average performance for responding to Red Calls, are resources allocated to reduce performance differences or performance gaps? Are ambulances diverted after arriving at the DGH rather than returning to Powys; are there any particular staffing issues; and what appetite does the Board have to continue to tolerate this position?

The Director of Planning, Performance and Commissioning confirmed that there were fundamental issues that were hindering performance for the residents of Powys, which have been known for a long time, but they are complicated to solve as it requires a proper coordination and integration of the various parts of the health systems to facilitate the return of resources back to Powys.

The Interim Chief Executive advised that a pilot study examining the returns to base was being undertaken and agreed that a deep dive would be appropriate.

The Interim Chief Executive further advised that an annual meeting between the Board and Emergency Ambulance Services Committee (EASC) would normally take place, however, it is expected that a new Commissioning Function would be in place by April 2024 which would be the appropriate forum for this to be discussed.

The Independent member requested a deep dive on WAST to fully understand the reasons for the poor performance to be brought back to the next meeting.

Action: Director of Planning Performance and Commissioning.

When the pathways in South Powys were changed from Nevill Hall to the Grange it was understood there would be no impact on Wye Valley NHS. This appears not to be the case. Is further examination of the pathways in South Powys required?

	<p>The Director of Planning, Performance and Commissioning confirmed that conveyances to Hereford increased when the Grange was opened, and that Wye Valley NHS Trust have resized the Emergency Department at Hereford Hospital, to recognise the change in flow. The Director of Planning, Performance and Commissioning noted that costs initially increased to reflect the additional use, but this has now been included in commissioning arrangements.</p> <p><i>Some pathways in Wales are still taking two to three years. Are there any signs of recovery of this position?</i></p> <p>The Director of Planning, Performance and Commissioning confirmed that there are signs the extreme long waits in Wales are declining, however, overall waiting times are still rising, especially those undergoing surgical interventions such as orthopaedics and ophthalmology. It was noted that the position was expected to get worse before it improved but work was being done with the Robert Jones and Agnes Hunt Orthopaedic Hospital to see if long waiting patients could be treated there.</p> <p>The Chief Executive advised Welsh Government had provided £50m of recovery money to address the long waiting lists which was expected have a positive impact for Powys patients. Welsh Government had also published a 'Waiting Well' policy with information for self-care and support to enable patients to be in the best position before surgery.</p> <p>The Committee DISCUSSED and NOTED the content of the report.</p>
D&P/23/40	<p>FINANCE PERFORMANCE REPORT MONTH 04</p> <p>The Assistant Director of Finance, presented the item which provided an update on the July 2023 (Month 04) Financial Position, including progress with savings delivery. At month 04, there was a £11.432m over-spend against the planned deficit of £11.158m giving the health Board an operational overspend of £0.274m.</p> <p>It was highlighted that the capital resource limit for 2023/24 was £3.588m and to date £0.486m had been spent. The Assistant Director of Finance highlighted the requirement to focus on key pressure areas going into 2023/24 including:</p> <ul style="list-style-type: none"> • Overspend on Commissioning Budget. • Emerging overspend on primary care prescribing; • Agency expenditure. • Continuing Health Care; and • Recurrent savings delivery.

	<p>It was noted due to the £33.5m planned financial deficit, the Health Board will need to make an application for Revenue Working Capital Cash in the latter part of the year (months 11 and 12).</p> <p><i>Does the £0.274k overspend include the reduced amount of recovery money that was received (£1m instead of £2.8m)?</i> The Director of Finance, Information and IT confirmed this was included in the position and forecast.</p> <p><i>What does 'the Health Board will require Revenue Working Capital Cash' mean?</i></p> <p>The Assistant Director of Finance confirmed this was the cash needed to continue paying Health Board bills for months 11 and 12., It was standard practice to notify the Welsh Government in advance of any need for additional funds.</p> <p>The Director of Planning, Performance and Commissioning assured the Committee that work was in progress with the wider team on the commissioning overspend with efforts being made to mitigate the overspend and get back on track.</p> <p>The Committee DISCUSSED and NOTED the Health Board Month 04 2023/24 financial position and the 2023/24 financial forecast deficit position.</p>
D&P/23/41	<p>SIX-MONTH REPORT ON CONTINUING HEALTH CARE COSTS</p> <p>The Director of Operations presented the item which provided an update of the current operational and financial performance in relation to Continuing Health Care (CHC) and provided an overview of existing mitigation and further actions to be taken to improve the organisational position. It was noted that most of the data in the paper reflected the position to May 23.</p> <p>It was highlighted that for CHC and section 17 of Mental Health Act, which is about aftercare, some providers invoiced weekly, monthly and some quarterly. It was noted that over the last 12 months to May 23, there had been a net increase of 25 CHC packages which included the Mental Health section 117 packages.</p> <p>It was highlighted that costs had increased by almost £5m over the last 12months, to May 23 and this increase was mainly attributed to inflationary cost pressures. The market was difficult with commissioners seeking a finite number of packages which had affected prices. It was noted that a new software package (Broadcare) would be introduced in the next couple of months to</p>

improve data quality and the Community Services Group would undertake a demand: capacity exercise.

In the longer term it was intended to rebalance care so more could be provided locally but as priority it was necessary to improve the processes around CHC.

One of the drivers for increased costs is noted as 'downward pressure on other funding sources. Is there any opportunity to provide seed corn funding for third sector services which might be cost efficient?

The Director of Operations advised that because the Health Board currently commission services that may be quite a generalised service and delivery, it may be necessary to consider moving towards commissioning on outcomes rather than delivering services.

What is the position with the procurement of Broadcare?

The Director of Operations advised that the purchase had been signed off, information governance arrangements were being checked and it was expected it would be in place within the next three months.

Will the additional beds at Cottage View, Knighton take the total number of beds beyond the registered level?

The Director of Operations advised there had been an additional 4 beds at Cottage View taking the total to 12 beds. At present 3 beds are vacant, and patients will be allocated from the Health Boards own bed stock. One bed has been allocated for palliative care.

Does the service benchmark performance in this area?

The Director of Operations confirmed that within Mental Health and Learning Disabilities, there is an opportunity to benchmark with the national UK wide Benchmarking Club. An enquiry will be undertaken to find out what benchmarking opportunities there are within general healthcare.

The Chief Executive advised a national workstream had been established to look at this matter. The outcomes from this workstream will be brought back to this Committee.

What is the current state of the Broadcare scenario and how it relates to other market provision in terms of registration number?

The Director of Operations confirmed that the budget for the purchase has been approved and that work is being finalized with Information Governance. However, the second part of the work will involve pulling some local authority data into the system to

	<p>provide a more comprehensive recap data view of the work. It was noted that Three beds were available this morning, but 12 patients were registered, there is a process of assigning patients from the health board own stock.</p> <p>The proposal to strengthen data analysis is welcomed, however, the number of outstanding reviews is considerable (176). When will these be cleared? The Director of Operations advised that with the appointment of Complex Care Nurses in Mental Health the caseloads would be brought down to around 30. However, for Continuing Health Care it would be necessary to undertake a demand: capacity exercise.</p> <p>When will the Committee receive an update on this Continuing Health Care? The Chief Executive confirmed that as an escalated issue costs would be in each finance report and suggested a detailed report be brought back to Committee in six months. Action: Interim Director of Operations.</p> <p>The Committee:</p> <ul style="list-style-type: none"> • REVIEWED and DISCUSSED the content of this report. • NOTED the actions of the service to manage service demand and contain costs.
D&P/23/42	<p>AGENCY PAY DEEP DIVE</p> <p>The Director of Operations presented the item which provided assurance on the work being progressed, and which was intended to reduce the cost of variable pay (agency and locum spend) across services in Powys Teaching Health Board.</p> <p>It was noted that this paper was an update of progress to date a further report would be provided to the Committee in October.</p> <p>Attention was drawn to the following matters:</p> <ul style="list-style-type: none"> • No evidence of overstaffing had been found; • There is a heavy dependence on agency and locum staff (at an increased cost against substantive staff of x2 for on-contract agency and x3 for off-contract agency) • A detailed delivery plan had been developed. • The work had been renamed Agency Pay rather than variable pay as this better reflected the issue. • A holistic approach had been taken relating to all reasons for using agency staff and the work relating to Safe Staffing. <p>The Director of Workforce and OD advised that the work undertaken to date had enabled the Health Board to understand the issues driving agency pay which were complex and common to all Health Boards. Other Health Boards had flexibility of moving</p>

staff between sites which was not possible in Powys. The increase in agency pay in July had been the result of one agency increasing rates which was outside of the Health Boards control. Work was ongoing to improve roster efficiencies and offer shifts to bank then on-contract agency to secure best value.

Independent Members sought assurance by asking the following questions:

Regarding the 27 aspiring nurses, will HEIW funding continue for the duration of the training?

The Director of Workforce and the OD advised that 23 aspiring nurses take up their roles in September 2023. Funding from HEIW for the aspiring nurses programme had been confirmed. Confirmed that even though there has been work with HEIW on different schemes they have not cut off funding on this.

Are those three Overseas Nurses receiving maximum support to enable them to gain their OSCE (Objective Structured Clinical Examination)?

The Director of Workforce and OD assured the Committee that it not uncommon for Overseas Nurses to not pass the first time because they are still acclimatising, dealing with different terminology, a different language and being in a different location, and confirmed that the three Overseas Nursing awaiting to resit the OSCE were having extensive training. The Health Board had learnt from putting the first cohort of Overseas Nurses through the OSCE and were adapting and intensifying the resources and support provided.

Does the Health Board have sufficient resources to support the next cohort and potential additional Overseas Nurses which may be placed in Powys due to another Health Board withdrawing from the programme?

The Director of Workforce and OD confirmed the best methods of support were being considered including centralising training at Llandrindod or Bronllys.

What measures are put in place to control the flow of people lost from the other end of the system, the people that retire or resign?

The Director of Workforce and OD highlighted that there is an all Wales approach to a 'stay interview', team climate surveys and PADR offered the opportunity for staff to express their views, and the team were strengthening their engagement at sites with individuals. In addition, there is the employee engagement framework in preparation. Other areas to encourage retention included offering compressed hours and opportunities to retire and return. A level of turnover was to be expected but it was

	<p>important ensure that conversations could be had with staff to understand their motivations for leaving.</p> <p><i>What is the reason for the decrease in locum costs this year?</i> The Director of Operations advised that substantive appointments had been made which had reduced the reliance on locums.</p> <p>The Chief Executive confirmed that an update paper on Agency Pay would be brought back to Committee in six months. Action: Director of Operations</p> <p>The Committee considered the issues set out in the paper, REVIEWED actions taken, NOTED the further mitigation in place, and took ASSURANCE that whilst moderate financial risk continues to be realised, progress is being made to reduce the use of agency staffing and the associated cost.</p>
D&P/23/43	<p>HEALTH AND SAFETY ASSURANCE UPDATE</p> <p>The Assistant Director of Support Services presented the item which provided a six-month update from February 2022 to July 2023 in relation to the work of the Corporate Health and Safety Group and the progress that had been made against the 2023/24 work plan.</p> <p><i>Independent Members sought assurance by asking the following questions:</i></p> <p><i>There appear to be a large number of 'Did Not Attends' at health and safety training. Is this in lapses in the staff health and safety passport and what does this mean for the Board?</i> The Assistant Director of Support Services confirmed that there had been lapses in both manual handling and Prevention Management of Violence and Aggression (PMVA). Some of the lapses were due to a legacy from Covid and these had been raised via service departments. Bank staff compliance was being mapped.</p> <p><i>How does the organisation ensure staff are enabled to attend training?</i> The Assistant Director of Support Services advised that work was being undertaken with Ward Managers to enable staff to be released to attend training. If staff have gaps in training, then a local risk assessment is undertaken to ascertain what tasks they are able/unable to undertake.</p> <p>The Director of Therapies and Health Sciences advised that the Executives were planning to undertake a reassessment of mandatory training.</p>

	<p>The Director of Workforce and OD confirmed that once the essential training had been confirmed then it would be necessary to be strict about compliance including sanctions for Managers when staff book training and incur costs but fail to attend.</p> <p><i>In relation to near misses how are these events recorded and the information used?</i></p> <p>The Assistant Director of Support Services advised that the Datix system, currently used in relation the clinical safety would be extended to be used to record near misses.</p> <p><i>Whilst the number of incidents recorded under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) was low there have been two falls from height. What has been learnt from these incidents?</i></p> <p>It was agreed that the two falls from height would be examined to ascertain if there was any learning that could be gained.</p> <p>Action: Assistant Director of Support services</p> <p>The Delivery and Performance Committee DISCUSSED and Took ASSURANCE from the report that the organisation implemented as part of its 2022/23 work plan, and it is implementing as part of the forward work programme for 2023/24.</p>
D&P/23/44	<p>ISO14001 REPORT</p> <p>The Head of Technical Services presented the item which provided an update to Committee regarding the current status of the ISO 14001 annual environment system re-certification audit which took place in June 2023.</p> <p>It was highlighted that four major non-conformances were identified which must be closed out within 90 days before re-assessment by the auditor (minor non-conformances and recommendations have the full year for corrective action to be implemented). It was noted that failure to close the major non-conformances satisfactorily would lead to the removal of the certification.</p> <p>It was noted a management group has been set up to look at these major non-conformances and they were content that the major non-conformances were at the position of either closed or were very close to being closed.</p> <p>It was also necessary to ensure minor non-conformances were closed by next year's audit, or they would become major non-conformances.</p> <p>The Chief Executive advised that the Health Board was on a continuous improvement journey, and it was expected the non-</p>

	<p>conformances would be resolved. However, there were 41 recommendations in the report and there was a question regarding the organisations ability to address these. It will be necessary to review this in the context of other pressing issues.</p> <p>The Delivery and Performance Committee were ASSURED by the contents of this report.</p>
<p>D&P/23/45</p>	<p>INFORMATION GOVERNANCE MONITORING REPORT.</p> <p>The Deputy Director of Finance, Information and IT presented the paper which provided an assessment against key performance and compliance indicators for Information Governance (IG). The reporting period covers Quarter 4 of 2022-23 and Quarter 1 of 2023-2024, (1 January 2023 to 30 June 2023).</p> <p>Attention was drawn to the following matters:</p> <ul style="list-style-type: none"> • Freedom of Information requests had increased by 32% in comparison to the previous reporting period; • compliance of 87% remains below the Information Commissioners target of 90%; • the longest breach was 43 days out of legislative 20-day deadline; • IG training was recorded at 86.35% (a reduction of 3 percentage points but above the 85% target); • IG training for new starters within six months stood at 75% <p>The Chief Executive noted that one of the reasons for a breach of the 20-day rule related to a delay in signoff. Arrangements were being made to improve timeliness of signoff.</p> <p>Members welcomed the improved clarity of the report.</p> <p>The Delivery and Performance Committee took ASSURANCE in relation to the compliance with information governance requirements over the past six months.</p>
ITEMS FOR DISCUSSION	
<i>There are no items for inclusion within this section</i>	
ESCALATED ITEMS	
<i>There are no items for inclusion within this section</i>	
ITEMS FOR INFORMATION	
<p>D&P/23/46</p>	<p>REINFORCED AUTOCLAVED AERATED CONCRETE PLANKS (RACC) REPORT</p> <p>The Head of Technical Services presented the item, it was noted that investigations have been completed by the Health Board and it was confirmed there was no RAAC within the PTHB estate or any properties in which staff are based.</p>

	The Committee RECEIVED confirmation of the nil return in relation to RAAC.																								
<i>There are no items for inclusion within this section</i>																									
OTHER MATTERS																									
D&P/23/47	<p>COMMITTEE WORK PROGRAMME The Interim Head of Corporate Governance presented the item noting that some items had been deferred from the meeting. All items that had been deferred or not taken will be reviewed in the autumn along with upcoming items in the work programme to ensure an appropriate work programme for the remainder of the year.</p> <p>The Committee NOTED the Committee Programme of Business.</p>																								
D&P/23/48	<p>ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND OTHER COMMITTEES</p> <p>There were no items raised.</p>																								
D&P/23/49	<p>ANY OTHER URGENT BUSINESS</p> <p>There were no items of urgent business.</p>																								
D&P/23/50	<p>DATE OF THE NEXT MEETING</p> <p>The date of the next meeting is scheduled on 17 October 2023 at 10:00 via Microsoft Teams</p>																								
D&P IC/23/51	<p>The following resolution was passed:</p> <p>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.</p>																								
<p>Present:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Cathie Poynton</td> <td style="width: 50%;">Independent Member</td> </tr> <tr> <td>Rhobert Lewis</td> <td>Independent Member</td> </tr> <tr> <td>Ronnie Alexander</td> <td>Independent member</td> </tr> </table> <p>In Attendance:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Pete Hoppood</td> <td style="width: 50%;">Director of Finance, Information and IT</td> </tr> <tr> <td>Steve Powell</td> <td>Director of Performance and Commissioning</td> </tr> <tr> <td>Debra Wood-Lawson</td> <td>Director of Workforce and Organisational Development</td> </tr> <tr> <td>Claire Madsen</td> <td>Director of Therapies and Health Sciences</td> </tr> <tr> <td>Joy Garfitt</td> <td>Director of Operational/Director of Community and Mental Health</td> </tr> <tr> <td>Hayley Thomas</td> <td>Interim Chief Executive</td> </tr> </table> <p>Apologies for Absence:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Mark Taylor</td> <td style="width: 50%;">Independent Member (<i>Chair</i>)</td> </tr> <tr> <td>Kirsty Williams</td> <td>PTHB Vice-Chair</td> </tr> <tr> <td>Helen Bushell</td> <td>Director of Corporate Governance</td> </tr> </table>		Cathie Poynton	Independent Member	Rhobert Lewis	Independent Member	Ronnie Alexander	Independent member	Pete Hoppood	Director of Finance, Information and IT	Steve Powell	Director of Performance and Commissioning	Debra Wood-Lawson	Director of Workforce and Organisational Development	Claire Madsen	Director of Therapies and Health Sciences	Joy Garfitt	Director of Operational/Director of Community and Mental Health	Hayley Thomas	Interim Chief Executive	Mark Taylor	Independent Member (<i>Chair</i>)	Kirsty Williams	PTHB Vice-Chair	Helen Bushell	Director of Corporate Governance
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Committee Support:

Liz Patterson

Interim Head of Corporate Governance

D&P IC/23/52	MINUTES OF IN-COMMITTEE 27 JUNE 2023 The minutes of the In-Committee meeting held on 27 June 2023 were AGREED as an accurate and true record.
D&P IC/23/53	FINANCIAL SUSTAINABILITY Rationale for item being held in private: Information relating to the financial and business affairs of the organisation that were confidential but would be released, either partially or fully, into the public domain in the future. The Director of Finance, Information and IT provided the Committee with a verbal update in relation to the Scenario Planning. The Committee NOTED the update on financial sustainability.