

PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE

CONFIRMED MINUTES OF THE MEETING HELD ON TUESDAY 04 FEBRUARY 2025 VIA MICROSOFT TEAMS

Present:		
Rhobert Lewis	RL	Independent Member (Committee Chair)
Ronnie Alexander	RA	Independent Member (General)
Kirsty Williams	KW	Independent Member (PTHB Vice Chair)
Jennifer Owen-Adams	JO-A	Independent Member (Third Sector)
Simon Wright	SW	Independent Member (University)
In Attendance:		
Debra Wood-Lawson	DW-L	Executive Director of People and Culture
Mererid Bowley	MB	Executive Director of Public Health
Pete Hopgood	PH	Deputy Chief Executive and Executive Director of Finance, Information & IT
Nicola Johnson	NJ	Executive Director of Planning, Performance and Commissioning
Elaine Lorton	EL	Executive Director of Primary, Community Care and Mental Health
Claire Roche	CR	Executive Director of Nursing, Quality, Women and Family Health
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Sciences and Digital
Adrian Osborne	AO	Deputy Director of Communications and Engagement
Joe Wellard	JW	Strategic Commissioning and Project Manager for Regional Partnership Board (RPB)
Helen Bushell	HB	Director of Corporate Governance and Board Secretary
Zoe Ashman	ZA	Assistant Director of Quality and Safety
Luke Jones	LJ	Designated Education Clinical Lead Officer
Carly Skitt	CS	Strategic Planning Manager
Carl Cooper	CC	PTHB Chair (Observing)
Ian Thomas	IT	Independent Member (General)
Katie Blackburn	KB	Llais (Observing)
Stella Gwynne	SG	Deputy Board Secretary (Observing)
Beth Powell	BP	Corporate Governance Officer (Committee Support)
Apologies for absence:		
Hayley Thomas	HT	Chief Executive
Lucie Cornish	LC	Director of Improvement and Transformation
Rachel Jowitt	RJ	Governance & Transformation Senior Manager

Meeting started:10:00

PRELIMINARY MATTERS

WELCOME AND APOLOGIES FOR ABSENCE (PPPH/24/054)

The Committee Chair welcomed Members and attendees to the Committee meeting and **CONFIRMED** a quorum was present. Apologies for absence were **NOTED** as recorded above.

DECLARATIONS OF INTEREST & BOARD MEMBERS REGISTER OF INTERESTS (PPPH/24/055)

RA declared an interest against agenda item 5.8, Endoscopy Services (Including JAG) as he is a JAG assessor, although he confirmed he has not carried out any assessments within Powys, and does not expect to do so in future. It was agreed no further action was required.

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

CONSENT BUSINESS AGENDA

There were no items from the consent agenda that Committee members wished to bring forward to the main agenda.

ITEMS FOR APPROVAL/DECISION/RATIFICATION

UNCONFIRMED MINUTES OF THE PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE HELD 14 NOVEMBER 2024 (PPPH/24/056)

The Committee **APPROVED** the minutes of the meeting held on 14 November 2024, as being a true and accurate record.

COMMITTEE ACTION LOG (PPPH/24/057)

The Committee Action Log was received, and ongoing actions were discussed.

PPPH/24/012 - Antibiotic Resistance

Can clarity be provided on Antibiotic Resistance reporting and what specific responsibilities across the Organisation does the Pharmacist have?

MB explained that the action plan reports are submitted to the Infection, Prevention and Control (IPC) Committee and onwards to the Patient Experience, Quality and Safety Committee (PEQS), under the responsibility of the Executive Director of Nursing, Quality, Women & Family Health. There is a Welsh Health Circular in place which corresponds to the action plan which is supported by a lead Pharmacist. The specific responsibilities of this role would be confirmed outside of the meeting.

Action: Director of Public Health

PPPH/24/042 – Winter Respiratory Vaccination Campaign

EL explained that all General Practices had been contacted to support the rollout of the RSV Campaign. A small number of practices had responded to support the programme.

PPPH/24/046- Cluster Leads quality and performance.

EL provided an update where the Primary and Community Academy have been reviewing resilience and leadership. There is a national programme of work in place which focuses on competence, skills and development. Powys has General Practice collaborative across the three areas, noting that Mid Powys does not have a Cluster lead at present, with initial discussions underway to explore opportunities and needs across the Clusters.

Two actions are Not Yet Due but remain on track (PPPH/24/038 & PPPH/24/027).

Four actions were recommended and AGREED for closure (PPPH/24/024, PPPH/24/045, PPPH/24/038a and PPPH/24/039)

The Committee **AGREED** the updates provided for implementation to the Action Log.

ESCALATED ITEMS

There were no items for inclusion within this section.

ITEMS FOR ASSURANCE

STRATEGIC CHANGE REPORT (PPPH/24/058)

NJ presented the quarterly report and provided an update against the service changes which impact the Powys population and services. NJ drew attention to the report format change and the key highlights which had been included within the cover paper. A list of the escalation status for all Wales Health Boards was highlighted.

A report was shared with members which outlined the detail of changes across Stroke services which impact Powys residents and neighbouring Health Boards and Trusts. Powys has key clinical relationships across all services and partners and the importance of tracking change and maintaining relationships will be important moving forwards. Key themes included:

- Cwm Taf Morgannwg University Health Board (CTMUHB) have implemented a temporary change to stroke service provision to the Royal Glamorgan Hospital (RHG) (Llantrisant) from Prince Charles Hospital (PCH) (Merthyr Tydfil),
- The new Velindre satellite radiotherapy centre at Nevill Hall Hospital is due to open to patients in June 2025,
- The NHS Executive launched the first Women's Health Plan for Wales setting out a 10-year vision to improve healthcare services for women,
- NHS England launched "The Elective Reform Plan" which sets out a whole system approach to hitting the 18-week referral to treatment target and;
- Shrewsbury and Telford NHS Trust have signed the design and build contract which will include construction to facilitate the Princess Royal Hospital site in Telford to specialise in planned care and the Royal Shrewsbury Hospital specialise in emergency care.

Service Change Engagement Report

AO provided an overview of current and forthcoming NHS Service Change engagement and consultation activity with potential impact for Powys residents, patients, and services. Key highlights included:

- **Temporary Service Changes:** Engagement on temporary changes to Powys services including Minor Injury Unit (MIU) and community hospital inpatient wards closed on 8 September 2024. The proposals were approved by the Board on 10 October and have now moved to implementation. An update was presented to the Board on 29 January 2025.
- **Emergency Medical Retrieval and Transfer Service (EMRTS):** Recommendation 4 of the EMRTS review had been anticipated to a meeting of the

Joint Commissioning Committee (JCC) in January. However, this update has been deferred with proposed engagement timetable remain outstanding.

- **The Commissioned and Cross-Border Services Watch List** included: urgent measures to make temporary changes to stroke services at CTMUHB with transfer from PCH to RGH, impacting residents in the south of the county. An update on the Hywel Da University Health Board (HDUHB) clinical services plan was discussed at their Board Meeting in November 2024 with engagement on the next steps including potential changes to stroke services anticipated from Spring 2025.

Members asked the following questions:

Are we confident that Powys has the ability to repatriate patients for rehabilitation within Community Hospitals across Powys?

CM explained that wards in Newtown and Brecon had been configured to become Stroke focused, to provide care for those patients who are repatriated into Powys. The Home First approach remains the first choice of transfer with the Neurorehabilitation service and Outreach workers placed across hospitals with the exception of The Grange.

What contingency discussions and analysis are being undertaken given the potential changes to Nurse Education as a result of the ongoing consultation at Cardiff University?

DWL explained there had been conversations with All Wales Nurse Directors and Health Education Inspectorate Wales (HEIW) as the contract for nurse commissioning placements runs up to 2029. Powys have bespoke arrangements in place and do not commission Nurse placements through Cardiff. Powys had issued an internal statement last week with the nursing team linking with all students to ensure they are supported. This would be kept under close review to ensure there are no unintended consequences locally.

SW confirmed that as Independent Member of Cardiff University he has not had any involvement in recent discussions around the proposed changes of Nurse Education. The University, due to competition of marketing regulations, are unable to enter into any discussion with other providers until the proposals are announced.

Do we have the ability to be able to keep up with tracking change across Powys borders and to what extent are we at risk to ensure potential implications are captured and incorporated into the plan?

Changes are tracked through the Planning team, and they produce the Strategic Change report as part of their core work to ensure that risks and also opportunities are captured and incorporated into the planning, commissioning and, where necessary, operational response.

How can the Board be assured that The Elective Reform Plan which sets out a whole system approach is built into future planning?

NJ explained that the ambition for NHS England is that under 65% of patients are on a waiting list which is set out within their constitution over the five-year plan. Discussions at Board Development with providers and Welsh Government are scheduled for February and early March to discuss choices around the plan and differences across performance ambitions to inform next year's plan.

How long are the EMERT's transfer service delays to be expected?

AO & HB responded that the hearing took place on 22 and 23 January, however a decision had not been made. A further hearing has been scheduled on 7 February to conclude the discussion and decision. The JCC is undertaking work in relation to Recommendation 4 with progress made collectively to develop commissioning intentions which was presented to Welsh Ambulance Service Trust (WAST) for consideration. An initial response had been received; however, it had been recognised that further scrutiny against the financial implications was required. An update on progress would be reported back to committee in due course. Detail within the JCC meeting papers would be circulated to members outside of the meeting

Action: Deputy Director of Communications and Engagement.

Is there a sense of what is emerging from the Sustainable Powys Engagement workshops that have taken place recently?

AO explained that this would be picked up within the 'Better Together' item on the agenda.

What was the outcome following the Ophthalmology South-East regional review meeting held in August 2024?

AO explained that an update is yet to be received. This would be shared with members in due course.

Action: Deputy Director of Communications and Engagement.

Is communication shared closely with Shrewsbury and Telford, Wye Valley Trust and Robert Jones and Agnus Hunt Health Boards in relation to system pressures?

Powys are in close dialogue with providers and highlighted the importance of relationship management with the Integrated Care Board (ICB) across two systems remains significant.

Is it anticipated that the EMERT's judicial review would conclude at the next hearing and are Health Boards contributing one seventh of the associated financial costs?

HB explained that it is anticipated that the review would be concluded on Friday. Powys will contribute to one seventh of the costs, including the additional costs associated with the additional day of the review.

Is it anticipated that the Grange University Hospital would actively see more Stroke patient activity from the South than in Llantrisant?

NJ explained that WAST's operation protocol is to convey suspected Stroke patients to an Acute Stroke Unit. Following CTMUHB's declaration of modelling difficulties at PCH, patients nearest option would be the Grange University Hospital if transferred by an ambulance. Powys will need to track behaviour changes should Stroke patients self-present.

The Committee **NOTED** the report and took **ASSURANCE** that mechanisms are in place to ensure strategic change programmes are captured that do or may impact on Powys.

JW joined the meeting 10:20

REGIONAL PARTNERSHIP BOARD (RPB) APPROACH TO THE DELIVERY PLAN 2025/26 (PPPH/24/059)

MB and JW provided an overview of the development work undertaken across the RPB Evaluation, Prioritisation and Assurance (EPA) Framework, to strengthen decision making for the future Regional Investment Fund (RIF) funding programme into 2025/26.

The findings from the EPA process were presented to the RPB Executive and RPB Board in December which highlighted areas of stronger compliance and subjective support. The following areas were highlighted from the EPA process:

- The scoring generally worked as designed, noting a small number of questions led to some clustering of responses – the responses regarding population impact indicates a need to improve understanding;
- scores were consistent and aligned – which was positive in terms of the design process;
- More focus on business case development, monitoring of implementation plans, management of risk and development of exit strategies was indicated;
- Current performance management arrangements may not be picking up/addressing key issues, and;
- Differences between primary, secondary and tertiary prevention requires further work within the RPB partners

Members acknowledged the recommendations, and the process presented to the RPB Board on 31 January 2025 was endorsed.

KW highlighted the challenges going forward and the availability of resources to support the framework. Members noted the need to focus on exit strategies should projects be transferred and the need to capture learning for integrated into future programmes. KW thanked Joe Wellard, Mererid Bowley and colleagues from across the Voluntary sector and Powys County Council for the work undertaken.

The Committee **RECEIVED** the Regional Partnership Board Update for information noting the annual plan would be provided at the appropriate time.

TRANSFORMATION PROGRAMME: BETTER TOGETHER (PPPH/24/060)

DWL introduced the item and highlighted the new version of the report which Committee members would receive going forward as a result of the establishment of the Transformation and Improvement Directorate. CS provided members with an overview of the Better Together Transformation Portfolio. The following key areas were highlighted:

- A framework is currently in development for the portfolio approach, the overarching structure was presented at the January Better Together Portfolio Board with further development due in February.
- Work is ongoing under the Site Review Workstream to align Clinical Strategy with Estates Strategy, an update was presented to Informal Executive Committee on 18 December.
- The programme continue to work to the 2024/25 Delivery Plan, an update on Q3 progress has been included as part of the Health Board Q3 Integrated Plan progress report to the Delivery & Performance Committee.

The most significant risk identified for the present phase is the capacity across the organisation and partner organisations to deliver the Better Together portfolio, affected by a number of operational pressures, delivery of Temporary Service Changes and other monitoring and reporting requirements against the clinical model.

Members recognised the difficult decisions that the Board would need to consider based on the financial position together with the transformation agenda offering opportunity to alleviate system pressures. Members acknowledged and welcomed the collaboration of work undertaken under one governance model.

Independent Members sought assurance by asking the following questions:

Do you think there is capacity to stretch and increase pace against the deliverability and impact?

A moderation session was due to take place the following day with Executive colleagues to review the plan prior to submission to Welsh Government at the end of March. This is to ensure the priority elements are incorporated which contribute to the financial challenges, the development of financial planning and to seek opportunities for next year's implementation.

Is there a strategic interface of how Powys collaborate working with the Local Authority and sustainable Powys?

Given the scale of change over the next year, further discussion was required around reinvestment of money within existing allocations for change management, recognising further discussion was yet to take place. CS explained that the six projects are under review to form the model for Health and further assessment was required to understand the alignment of work across Powys County Council (PCC) and the Better Together Programme.

Has there been external change and leadership management facilitation or are there existing internal skills in place?

There is a Change Management process in Powys, however it was recognised that the landscape is cluttered with various methodologies utilised. Following the evaluation of the RPB, opportunity maybe presented to refine capacity.

The Committee:

- Took **ASSURANCE** on the progress made in relation to the Better Together Portfolio/Route Map to Sustainability;
- **NOTED** the planned forward activity and the risks identified in relation to organisational capacity to deliver the Portfolio and actions in place to support assessment and;
- **NOTED** further actions to be taken in relation to future reporting arrangements.

JW left the meeting 11:00

ADDITIONAL LEARNING NEEDS (ALN) UPDATE (PPPH/24/061)

CR introduced the report which outlined the activity under the Additional Learning Needs (ALN) since May 2024. ZA provided an overview on the structures that have been implemented to ensure Powys complies with its statutory duties under the Act.

Activity had progressed to support the collaboration between the Health Board and PCC in line with legislation. Significant activity had progressed to ensure that relevant

operational services have a clear understanding of the Health Education processes and mechanisms to ensure that these are correctly followed. Challenges with access to the ALN App and the development of dashboards had been delayed and the development of robust data validation processes implemented. A structure of regular meetings and bi-monthly reporting had been setup to provide assurance going forward.

It was noted that validated compliance data is not currently available, this would be available from April 2025 as a result of key changes in development. An update would be provided to the committee when available.

Members asked the following questions:

Do we think we are complying with statutory obligations under the terms of the Act?

LJ explained that key work had progressed in relation to this, and refinement of digital infrastructure was due to be undertaken to validate data. It was anticipated that data validation would be completed by the end of March and would be shared with members at the next meeting.

With future demand projected to rise contributing to the additional pressures on operational and the delivery of services, can the service meet the demand?

It was recognised that full implementation of the Act will place additional demand on operational services, especially in the Women and Children's Directorate. As new and additional demands presented by the Act come into effect over the next year, the demand and capacity activity will be fundamental to articulating risks and identifying potential solutions. Collaborative working with the Local Authority and Education Wales remains key to enabling mitigating actions identified which will report to the Women and Children's Quality and Performance Meeting on a regular basis.

Members recognised that learning from neurodevelopmental services is to be shared across ALN and the importance of children's referral patterns are in the right place. The service is challenged against the flow into the service and the education system where demand is variable. Members discussed the importance of connecting services across Education, Social Services, Family Support and the Health Board to support individual assessments and child requirements.

The Committee:

- **RECEIVED** the report and accepted it as an accurate overview of activity from the Health Board to fulfil the requirements of the ALN Act;
- **NOTED** an internal audit is underway reviewing the structures and processes in place to ensure compliance with the requirements of the ALN Act- an update would be provided to members when available.
- Took **ASSURANCE** of the activity to date and plans moving forward to meet the requirements of the ALN Act and;
- recognised that relevant data is not available to comply with Statutory Obligations and a further update would be received in due course.

Ian Thomas left the meeting at 11:39

Zoe Ashman, Luke Jones and Claire Roche left the meeting at 11:45

NORTH POWYS WELLBEING PROGRAMME (PPPH/24/062)

CS presented an update on the North Powys Wellbeing Programme, the key activity undertaken to date and a look forward of the programme including decisions pending from Welsh Government (WG) on Capital funding for the Integrated Wellbeing Hub. Assurance was provided that risks are being fully assessed and a robust plan to enable the partners to determine an appropriate way forward to deliver the case for change for Newtown that was strongly articulated in the Strategic Outline Case (SOC), dependent on WG funding decisions. The following key themes were highlighted:

- Submission of a joint letter from the Chief Executives of PTHB and PCC setting out a phased approach for capital development, but also clearly seeking full approval for the whole programme before partners could commit to taking forward the Integrated Wellbeing Hub as Phase 1.
- Submission of a bid to the Health & Social Care Integration and Rebalancing Capital Fund (IRCF) for first phase of the development: the Integrated Wellbeing Hub. The bid is to develop a combined Strategic and Outline Business Case (SOC/OBC) for the Hub to secure further capital funding to deliver the scheme.
- Ongoing liaison with WG officials to discuss next steps in relation to the IRCF application, with outcome expected by mid-March 2025.

Members recognised the importance of stakeholder and public engagement. This had been well received to date in relation to the campus in Newtown and therefore continuation of communication on progress remained a priority. It was recognised that since the inception of the North Powys Wellbeing programme a lot had changed, and it would be important to align work across organisations and their new strategies. It was noted establishment of the new Improvement and Transformation Directorate would provide opportunity to take stock and determine priorities for the future of the North Powys Wellbeing programme.

Members asked the following questions:

Is the anticipated IRCF funding likely to be fully or partly received?

The application is yet to be considered, noting larger schemes have been funded circa £40m. An update would be shared with members once received.

Can clarity be provided on the position of registered social landlords for student accommodation?

There is a common challenge across Powys for adequate accommodation for Students, visiting Doctors and International Educated Arrivals (Nurses and/or Medics) with appropriate facilities and further accommodation for wider families.

The Committee:

- **NOTED** progress on the programme;
- **NOTED** the commitment of the partners to the whole campus and original strategy but acknowledgment of the decision to a phased approach due change in funding strategy from Welsh Government (WG) due to availability of funding; and;
- **Took ASSURANCE** that robust programme management is being applied and that the Partnership has processes in place to determine the future strategy for delivery of the Campus.

SUMMARY OF SCREENING PROGRAMMES (PPPH/24/063)

MB provided a summary of the current adult screening uptake across Powys. There is geographical variation in uptake and Powys are generally higher compared to the average for Wales. Breast screening was noted to be the only programme where uptake is slightly below the national average.

The overall screening performance across Powys was relatively good with the inequity gap within individual programmes providing a more reliable insight into where activity should be focused.

Members asked the following questions:

Where are Powys' major and/or minor vulnerabilities?

MB explained uptake in Bowel Screening is relatively good, noting the reduction in age eligibility which continues to be monitored. Further work was required in terms of patient pathways. There has been a decrease in Cervical screening uptake which corresponded with introduction of HPV vaccination. The service continues to highlight the importance of attending for cervical screening which can be accessed through Primary Care.

Are we making an impact to reduce the inequality gap?

MB explained progress had been made in this area, recognising gaps are still present and further work required to reduce the impact.

What more can be done to reverse the reduced uptake trend across Breast and Cervical screening?

MB explained both services had been in recovery mode which had impacted coverage. Access to screening services across Powys had seen an improvement, and in February and March of this year, Breast Screening Wales is due to attend Knighton to provide services, which historically had not been available.

Diabetic Eye Screening uptake had seen an improvement at uptake of 84%. Work had been undertaken with Screening services to reduce and limit patients travel time to provide services within communities. An improvement in access of services has seen a positive impact on patient's health and reducing inequalities in uptake.

Members recognised the progress undertaken to date and suggested in future reporting to include a wider comparison in data from other regions beyond Wales.

The Committee took **ASSURANCE** from the actions being undertaken to maintain and increase further uptake and reduce inequity.

HEALTH PROTECTION SUMMARY REPORT (PPPH/24/064)

MB provided a summary of health protection incidents and outbreaks responded to during the last 12 months and updated on some of the proactive health protection work undertaken to respond to wider health protection threats.

Health boards have been allocated health protection funding to transition and develop an agile, integrated team with the ability to maintain ongoing response to the pandemic / post emergency pandemic phase and prepare for future health protection threats.

Members asked the following questions:

Due to the importance of the multi-agency exercise meeting on a regular basis, when is the next exercise likely to take place?

The last exercise which took place in March 2024 was well received. The M-pox exercise focused on the outbreak control plan which was utilised in the exercise response. There is a UK exercise being planned for later this year which will focus on looking at the pandemic response.

Where does Health Prevention begin and Health Protection end?

Looking at proactive health protection, a lot of work has been undertaken across Care Homes regarding Infection Prevention and Control (IPC) and the importance of providing support to prevent incidents occurring and preventing spread of infections. Health Improvement has a wider scope which includes working with individuals and population groups to modify behaviours.

The Committee:

- **RECEIVED** the contents of the report regarding health protection incidents/outbreaks responded to during the last 12 months;
- Took **ASSURANCE** that a process is in place to collect and report relevant data and;
- **NOTED** the proactive work undertaken to respond to wider health protection threats.

ENDOSCOPY SERVICES UPDATE (PPPH/24/065)

EL provided members with an update on the Powys Endoscopy Service JAG site reaccreditation assessment undertaken in March 2024 and progress undertaken to date against the required actions. It was noted that of the 19 endoscopy sites in NHS Wales, only three are currently JAG accredited the others are all working toward accreditation.

Following the assessment, it was advised that accreditation standards around speciality leadership had not been met and the award accreditation was deferred. JAG required the appointment of a new consultant speciality lead and job planned time for speciality leadership role. Recognising the significant service progress to date, JAG have advised that the re accreditation process will be scheduled for November 2025.

Members raised the following observations:

- The accreditation loss is a disappointing loss for staff and the importance to ensure that the team continue to be supported in their strength of work of achievement is acknowledged.
- To consider making contact with the medical assessor prior to the next assessment in November 2025 to gain assurance on the progress being made on medical in-reach services is coherent and robust.

The Committee:

- **RECEIVED** the report and took **ASSURANCE** that actions are in place in readiness JAG reaccreditation later in 2025.

COMMITTEE RISK REGISTER (PPPH/24/066)

HB presented the report and explaining that the Committee Risk Register had been in development and now provided an updated Risk Register inclusive of the two risks allocated to the Committee by the Board for enhanced oversight. 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 drew members attention to Risk 007 – Primary Care Services. It was noted that following a procurement process for General Practice Out of Hours service by Shropshire, Telford and Wrekin Integrated Care Board, it had been confirmed that the contract for Shropshire, Telford and Wrekin was due to be awarded to MEDVIVO. Currently this service is provided by ShropDoc, who also provide General Practices Out of Hours service for Powys under separate contract arrangements. Work is being undertaken to understand any potential impact in relation to Powys. An update would be provided on next steps at the relevant time.

It was noted that Committee has a key role to consider the relevant risks in more detail seeking assurance about the effective management of corporate risks.

Members asked the following questions:

CRR-010 Public Health Enquiry: *Two actions remain 'At Risk' although the deadline reflects different, can this be confirmed?*

MB confirmed the Business Continuity Audit of Community Services is due to be completed in Q4 2023/24 which remains 'on track' and a management plan is in place for care homes pathways and therefore has been completed. The status would be updated to reflect this.

The Committee:

- **RECEIVED** and **DISCUSSED** the corporate risks within the Committee's remit and;
- **TOOK ASSURANCE** that risks are being managed in line with the Risk Management Framework.

ITEMS FOR DISCUSSION

There are no items for inclusion within this section.

CONSENT AGENDA

NWSSP PERFORMANCE REPORT (FOR ASSURANCE)(PPPH/24/067)

The Committee **RECEIVED** the NWSSP Performance Report.

INTERNAL AUDIT REPORTS:

BOARD AND COMMITTEE STRUCTURE/EFFECTIVENESS (Substantial Assurance) (PPPH/24/068)

The Committee **RECEIVED** the Board and Committee Structure Effectiveness report.

COMMITTEE WORK PROGRAMME (PPPH/24/069)

The Committee **RECEIVED** the Work programme.

POWYS TEACHING HEALTH BOARD (PTHB) GLOSSARY

The Committee **RECEIVED** the PTHB Glossary.

OTHER MATTERS

ANY OTHER URGENT BUSINESS (PPPH/24/070)

There was no urgent business raised.

ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND/OR OTHER COMMITTEES (PPPH/24/071)

None.

COMMITTEE REFLECTIONS (PPPH/24/072)

The following summary and reflections were provided by Committee members:

- Comprehensive nature of Screening Programmes Update well received,
- Quality reporting and comprehensive discussions,
- ALN item – recognised the importance of receiving validated data,
- Good meeting flow and well chaired.

DATE OF THE NEXT MEETING (PPPH/24/053)

19 May 2025 at 10:00, via Microsoft Teams.

Meeting ended: 12:37