

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

**CONFIRMED**

**MINUTES OF THE MEETING HELD ON TUESDAY 7 MAY 2024  
VIA MICROSOFT TEAMS**

**Present:**

|                       |                                      |
|-----------------------|--------------------------------------|
| Ronnie Alexander (RA) | Independent Member (Chair)           |
| Robert Lewis (RL)     | Independent Member (General)         |
| Kirsty Williams (KWi) | Independent Member (PTHB Vice-Chair) |
| Cathie Poynton (CP)   | Independent Member (Trade Union)     |
| Steve Elliot (SE)     | Independent Member (Finance)         |

**In Attendance:**

|                                |   |
|--------------------------------|---|
| Pete Hopgood (PH)              | Deputy Chief Executive and Director of Finance,<br>Information and Support Services |
| Stephen Powell (SP)            | Director of Planning, Performance and<br>Commissioning                              |
| Helen Bushell (HB)             | Director Of Corporate Governance  |
| Samantha Ruthven-Hill<br>(SRH) | Assistant Director of Planning  |
| Hywel Pullen (HP)              | Deputy Director of Finance  |

**Observers:**

|                   |                |
|-------------------|----------------|
| Jayne Gibbon (JG) | Internal Audit |
|-------------------|----------------|

**Apologies for Absence:**

|                       |   |
|-----------------------|---|
| Hayley Thomas (HT)    | Chief Executive Officer   |
| Joy Garfitt (JG)      | Director of Primary Care, Community and Mental<br>Health                  |
| Mick Giannasi (MG)    | Independent Member  |
| Carl Cooper (CC)      | Chair PTHB  |
| David Farnsworth (DF) | Interim Director of Operations/Director of<br>Community and Mental Health |

**Committee Support:**

|                     |                                      |
|---------------------|--------------------------------------|
| Elizabeth Patterson | Interim Head of Corporate Governance |
|---------------------|--------------------------------------|

| <b>PRELIMINARY MATTERS</b> |  |
|----------------------------|--|
| D&P/24/001                 | <p><b>WELCOME AND APOLOGIES FOR ABSENCE</b></p> <p>RA welcomed everyone to the meeting. Apologies for absence were noted as recorded above.</p>  |
| D&P/24/002                 | <p><b>DECLARATIONS OF INTERESTS</b></p> <p>No interests were declared in addition to those already declared in the published register.</p>   |
| D&P/24/003                 | <p><b>MINUTES OF THE DELIVERY AND PERFORMANCE COMMITTEE ON 29 FEBRUARY 2024</b></p> <p>The minutes of the previous meeting held on 29 February 2024 were AGREED as an accurate and true record.</p> <p>It was queried whether the following statement had been recorded accurately; <i>The average number of appointments and contacts is circa 80,000-85,000 per month.</i> PH confirmed this information was correct.</p>  |
| D&P/24/004                 | <p><b>COMMITTEE ACTION LOG</b></p> <p>The Action Log recorded updates with the following information provided during the meeting:</p> <p><b>D&amp;P/23/97 – Priorities and Competing Demand:</b> SP provided an update against the business case process, at which each development case is reviewed through various groups, prior to Executive approval. Prioritising expenditures are responded to accordingly and as guidance is received, the service aims to prioritise healthcare to ensure delivery of the service. This is dependent on challenges; however, it was noted to minimise risk and improve quality and workforce resources. The Committee AGREED to close this action.</p> <p><b>D&amp;P/23/79 – Digital First Monitoring Report:</b> PH provided assurance on the provision of NHS App services in relation to the Out of Hours services across the Ystradgynlais area. Work had been undertaken in partnership with the National team to ensure a level of uptake in order to compare data. Data collection across Primary Care has been a challenge and the service continue to work with the National team to review cross border issues. It was discussed and agreed that future reporting of Digital First Updates would be inclusive of recent data to help inform both NHS Wales and England Apps. The Committee AGREED to close this action.</p> <p>The Committee RECEIVED the Action Log updates and noted the closed items.</p> |
| <b>ITEMS FOR ASSURANCE</b> |  |

|            |  |
|------------|--|
| D&P/24/005 | <p><b>FINANCE PERFORMANCE REPORT MONTH 12</b></p> <p>PH presented the report which provided an update as of Month 12. Attention was drawn to the following areas:</p> <ul style="list-style-type: none"> <li>• PTHB is reporting a £11.983m overspend at year end against the revised deficit of £12.000m giving the Health Board an operational underspend of £17k.</li> <li>• The capital resource limit for 2023/24 is £6.481m of which £6.456m had been spent, a £25k underspend.</li> </ul> <p>PH highlighted that the underlying deficit of the Health Board is currently reported as £26.3m. This is a worsening position and of concern. It was noted that this is due to the Health Board having increased recurrent cost pressures, which it has been unable to match with recurrent savings.</p> <p>Other matters raised included:</p> <ul style="list-style-type: none"> <li>• Due to the financial deficit, the Health Board had received £11.8m of strategic cash support from Welsh Government.</li> <li>• The Health Board is not currently achieving the target of paying 95% of non-NHS invoices within 30 days. This is due to delays in approving agency invoices.</li> </ul> <p>The Committee RECEIVED the financial report and NOTED the revenue target control total of £12m deficit and the capital resource limit have been achieved for 2023/24.</p> |
| D&P/24/006 | <p><b>INTEGRATED PERFORMANCE REPORT (IPR) MONTH 11</b></p> <p>SP presented the report which provided an update on the latest available performance position against the NHS Wales Performance Framework to February 2024 advising that the report was a reduced version due to a lag in performance reporting. Attention was drawn to the following matters:</p> <ul style="list-style-type: none"> <li>• Continued poor progress of improvement in secondary care services,</li> <li>• Substandard performance in Accident and Emergency (A&amp;E), Referral to Treatment Times and cancer and diagnostics,</li> <li>• Some areas of improvement in commissioned services such as waits for first appointment and long waits for treatment, however, there is an increase in patients waiting for treatment moving through the system, and</li> <li>• Performance in Mental Health Services has recovered since the data recording issues and operational challenges seen in the February report.</li> </ul> <p><i>The improvement in Mental Health Services is welcomed, however, it appears that performance in neurodiversity services is still a challenge. When might improvements in this service be seen?</i></p>  |

|            |  |
|------------|--|
|            | <p>SP acknowledged that the business case was not as advanced as had been hoped, however, this would be brought forward shortly, and an update provided to the next Delivery and Performance Committee.</p> <p><b>Action: Director of Planning, Performance and Commissioning.</b></p> <p><i>There is a system wide issue with commissioned unscheduled care. To what extent can the Health Board influence improvements?</i></p> <p>SP advised that the issue is across the whole pathway. Primary Care can help prevent admissions, and when patients are in District General Hospitals the Health Board need to facilitate discharge to the right destination. The Health Board have to ensure that the local system is moving at the right speed to ensure that other providers' performance is not negatively impacted.</p> <p><i>Whilst the Performance Appraisal and Development Review (PADR) performance is best in Wales, why is it 8% less than the expected level?</i></p> <p>SP advised that further detail would be provided to the next meeting.</p> <p><b>Action: Director of Planning, Performance and Commissioning.</b></p> <p><i>Can it be confirmed if boys are now eligible for the Human Papillomavirus (HPV) vaccination?</i></p> <p>SP advised that this information would be sought from the Director of Public Health.</p> <p><b>Action: Director of Planning, Performance and Commissioning / Director of Public Health</b></p> <p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>DISCUSSED</b> the content of this report;</li> <li>• Took <b>ASSURANCE</b> that the Health Board has appropriate systems in place to monitor performance and respond to relevant issues;</li> <li>• <b>NOTED</b> that an updated version of the report will be presented to Board at their next meetings in May 2024.</li> </ul> |
| D&P/24/007 | <p><b>2023/24 ANNUAL DELIVERY PLAN Q4</b></p> <p>SRH presented the report which provided an update on progress made against the Integrated Plan for quarter 4 (year-end). The report took into account the partial reset to the plan made in-year. The report will be taken to Board prior to submission to Welsh Government.</p> <p>SP advised that the majority of the plan had been delivered, however, there were some areas which were behind due to</p>  |

delays in recruitment. An exercise had been undertaken to compare the confidence assessment with delivery. This will be continued in future years.

*The implementation for Trans nasal Endoscopy (TNE) is now scheduled for 5 June 2024. The Joint Advisory Group on Gastrointestinal Endoscopy (JAG) accreditation has been deferred for six months. What is the level of confidence that TNE will be implemented?*

SP advised that this had taken far longer than expected but training had now been arranged for the clinician. An update will be sought from the Medical Director on TNE implementation including JAG accreditation.

**Action: Director of Planning, Performance and Commissioning / Medical Director**

*What is the reason for the hold-up on Community Dermatology?*

SP advised that this was due to the requirement to get appropriate governance and oversight arrangements in place for North, Mid and South Powys areas. This is all now in place.

*It appears that that cardiology diagnostics are working well. Could this model be replicated in other areas? Do the proposals for Getting It Right First Time (GIRFT) mean that the Health Board will stop providing some day case surgery locally, and if so, what will be the impact of this change?*

SP advised that the service had advanced during the year and was working on developing the offer in Newtown, Llandrindod Wells and Brecon. Some of the offer would be dependent on funding from Welsh Government (as part of the North Powys Programme) but other low level diagnostic services would be made available more widely. The intention was to concentrate on a restricted range of specialities where a better supply of in-reach support could be obtained. The team were producing a presentation which could be presented to Board at an appropriate forum to be agreed with the Director of Corporate Governance.

**Action: Director of Planning, Performance and Commissioning / Director of Corporate Governance.**

*What is the process for quality assuring the report?*

SP advised that process started with the Planning Team working with project leads, this is signed off by the Executive leads. The report is peer reviewed in Executive Committee before being brought to this Committee.

SRH added that when the report is brought together it goes through a moderation process and the information is triangulated with information contained within the risk register and any known quality concerns.

|                       |   |
|-----------------------|---|
|                       | <p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>CONSIDERED</b> the report ahead of submission to PTHB Board and</li> <li>• Took <b>ASSURANCE</b> that there is a process in place for monitoring progress against plan.</li> </ul>  |
| <p>D&amp;P/24/008</p> | <p><b>EMERGENCY AMBULANCE SERVICES UPDATE</b></p> <p>SP gave a presentation updating the Committee as follows:</p> <ul style="list-style-type: none"> <li>• Emergency Medical Retrieval and Transfer Services (EMRTS) – five Health Boards had supported the proposal with two Health Boards not supporting the proposal at a meeting of the Emergency Ambulance Services Committee (EASC). At the Joint Commissioning Committee (JCC) all four recommendations were agreed with further work needed for Recommendation 4 to be brought back to the JCC in October 2024. A further two recommendations were agreed. The further work required on Recommendation 4 will be undertaken in an EMRTS action group of which SP is a member,</li> <li>• Welsh Ambulance Services Trust (WAST) have agreed their Integrated Medium Term Plan (IMTP) with a focus on remote and community based assessment and care, closing cases without onward travel unless absolutely necessary,</li> <li>• Ambulance response times remain poor (60% nationally but 40% in Powys for red calls), a large reduction in lost hours is necessary, and</li> <li>• A recovery plan will be brought through the next performance report.</li> </ul> <p><b>Action: Director of Planning, Performance and Commissioning</b></p> <p><i>What arrangements are there for the EMRTS Action Group to be able to report by October 2024?</i></p> <p>SP advised that as a Member of the EMRTS Action Group he would be looking for measurable outputs that could be documented.</p> <p><i>Given that ambulances are often stuck out of county, is it known if there would be sufficient ambulance capacity if there were no delays in returning to base?</i></p> <p>SP advised that part of the improvement work being undertaken with WAST is to obtain data on resources allocated in Powys at the start of shift, and what was actually used. It is known that it is difficult for Powys ambulances to get back to county as they are either stuck at an acute site or are called to attend non Powys residents. The ambulance service, however, need the whole system to</p> |

|                       |  |
|-----------------------|--|
|                       | <p>work to enable them to return to base. Turnaround time at different hospitals varies greatly.</p> <p><i>What is the policy of care homes when people fall given the length of time it can take for an ambulance to attend?</i><br/> SP advised that falls training has been offered but it would be necessary to check that care homes were accepting the training package.</p> <p><i>It appears that in some cases families are being encouraged to transport patients directly to A&amp;E, and on arrival are then at the back of the queue for treatment.</i><br/> SP advised that on arrival all patients are triaged to assess their need and schedule an appropriate response to their care needs.</p> <p>The Committee RECEIVED the presentation and took ASSURANCE that measures were in place to monitor improvements which would be reported to Committee.</p>  |
| <p>D&amp;P/24/009</p> | <p><b>INFORMATION GOVERNANCE ANNUAL REPORT 2023/24</b></p> <p>PH presented the report which provided assurance of the arrangements in place to ensure the Health Board complies with its statutory obligations in relation to data protection legislation, national frameworks and good practice. Attention was drawn to:</p> <ul style="list-style-type: none"> <li>• the increasing numbers of Freedom of Information (FOI) requests received,</li> <li>• the improved response rate to FOI requests,</li> <li>• an increase in requests for personal information,</li> <li>• 144 Information Governance (IG) related incidents were reported of which 56 were not reported within the regulatory 72 hours due to service delays in reporting,</li> <li>• Two IC related complaints were received and resolved with no further action, and</li> <li>• National Intelligent Integrated Audit Solution (NIIAS) notifications are increasing (where staff access family or friends records) but, as yet none are reportable to the Information Commissioners Office (ICO).</li> </ul> <p><i>Is guidance given to staff regarding appropriate access of records?</i><br/> PH advised that guidance was given via an e-learning package. Where notifications happen, these are investigated. The reason for the increased inappropriate access of records will be investigated and any further action required will be taken.</p> <p>The Committee:</p> |

|            |   |
|------------|---|
|            | <ul style="list-style-type: none"> <li>• NOTED the contents of the report and the work planned for 2024/25, and</li> <li>• SUPPORTED the actions required and take ASSURANCE that implementation will lead to improved compliance.</li> </ul>   |
| D&P/24/010 | <p><b>DIGITAL FIRST UPDATE</b></p> <p>PH presented the report which provided an update and offered assurance against the delivery of the Digital Strategic Framework which aims to enhance the quality of community care provision through digital transformation and innovation. Updates against the Digital Portfolio Programme Plan and Cyber and Infrastructure improvements are provided.</p> <p><i>Is there a digital strand in the work undertaken in Primary Care Clusters?</i></p> <p>PH advised that Digital Health Care Wales (DHCW) have a digital plan for primary care. There are extensive opportunities for data sharing between primary care, community care, mental health and secondary care. Whilst primary care are independent practitioners, the link with DHCW will enable opportunities for more joined up working to be explored.</p> <p><i>Is there an intention to roll out Power BI to budget holders across the organisation?</i></p> <p>PH advised that Power BI was a common platform used to report the financial position. As soon as useful applications were identified they would be rolled out across the organisation.</p> <p>SP added that part of the Integrated Quality and Performance Framework was to build an application where all information was held such as finance, activity, concerns, workforce information etc. This would enhance the way existing data would be used.</p> <p><i>Given the age of the Estate, are contractors mindful of the potential existence of asbestos when undertaking works?</i></p> <p>PH advised the team were aware of these issues and it had impacted on the timing that works could take place.</p> <p><i>Given the current constraints, is digital delivery where it would be expected to be?</i></p> <p>PH noted that there was always a focus in the digital sphere to improve given the constant developments that take place in this sphere.</p> <p><i>Is it possible to get upstream for the end of year capital bids?</i></p> <p>PH advised the capital situation was challenging, there is a digital fund to which bids can be made and the team always</p> |

|                        |  |
|------------------------|--|
|                        | <p>try to be ready to take any opportunities of end of year slippage.</p> <p>The Committee welcomed the level of detail provided within the report and would welcome an annual deep dive into the digital programme with lighter touch assurance reports during the year.</p> <p><b>Action: Director of Finance, Capital and Support Services.</b></p> <p>The Committee:</p> <ul style="list-style-type: none"> <li>• RECEIVED the report taking ASSURANCE that the organisation is delivering against the Digital Portfolio of Projects and Plans that underpin the delivery of the Digital Strategic Framework;</li> <li>• NOTED the National Programmes updates and challenges impacting the PTHB delivery of Digital enablers;</li> <li>• NOTED the progress with Business Intelligence Dashboards.</li> </ul> |
| D&P/24/011             | <p><b>IT INFRASTRUCTURE AND ASSET MANAGEMENT</b></p> <p>PH presented the report outlining the ongoing action and management response in relation to the 2022 IT Infrastructure Audit. Progress had been made such that it was recommended that monitoring of this Audit was removed from the Delivery and Performance work programme and considered as business as usual activity.</p> <p>The Committee APPROVED that the ongoing actions in relation to the 2022 internal audit on IT Infrastructure are now business as usual activities and there is no further need for regular progress reports to the Committee.</p>   |
| <b>ESCALATED ITEMS</b> |  |
| D&P/24/012             | <p><b>RECORDS MANAGEMENT IMPROVEMENT PLAN</b></p> <p>PH presented the report which provided an update in relation to the outstanding actions for each of the Records Management Internal Audit recommendations dating back to 2019. This has been an area of challenge, particularly around the destruction of records but progress continues to be made.</p> <p><i>Will records be stored at Spa Road, Llandrindod Wells?</i></p> <p>PH advised that Spa Road was currently been used to store some, but not all records.</p> <p><i>Some records are being stored in the Powys County Council Modern Records store which is costing money.</i></p> <p>PH confirmed this was correct.</p>  |

|            |   |
|------------|---|
|            | <p><i>What is the timeframe for digitisation of records?</i><br/>PH advised that full digitisation of records would require a significant business case that given the current financial climate was unlikely to be supported. It is therefore intended to progress this by way of a phased approach.</p> <p>The Committee:</p> <ul style="list-style-type: none"> <li>a) NOTED the current position with the progress against the 2019 Internal Audit recommendations.</li> <li>b) NOTED the areas requiring immediate attention together with the longer-term plan.</li> <li>c) NOTED the challenges and identified risks with mitigation recommendations.</li> <li>d) NOTED the achievements resulting in completion of the Internal Audit actions and take ASSURANCE these actions have been completed.</li> </ul>  |
| D&P/24/013 | <p><b>ORGANISATIONAL STATUS – INCLUDING ENHANCED MONITORING SELF-ASSESSMENT</b></p> <p>HB gave a presentation outlining that there were now five levels of escalation as set by Welsh Government, with the Health Board in Enhanced Monitoring (level 3) for Strategy, Planning and Finance. The Health Board have remained at this level for nearly 12 months. The Integrated Quality, Performance and Delivery (IQPD) meetings with Welsh Government have increased from quarterly to monthly. The most recent IPQD slides have been shared with the Committee (item 4.2).</p> <p>Welsh Government are due to confirm de-escalation criteria. Whilst the Health Board are not in escalation for other areas of the escalation framework, a self-evaluation will be undertaken. When the de-escalation criteria have been confirmed the position against that criteria will be reported to Committee.</p> <p><i>Workforce is an important part of the issues faced by the Health Board and the progress made with the Internationally Educated Nurses (IEN) programme locally is welcomed to what extent can these colleagues be retained on completion of their Objective Structured Clinical Examinations?</i></p> <p>HB advised that this information would be sought from the Director of People and Culture</p> <p><b>Action: Director of People and Culture / Director of Corporate Governance</b></p> |

|                      |  |
|----------------------|--|
|                      | <p><i>Will the IEN be suitably qualified to work in Mental Health settings?</i><br/> HB advised that this information would be sought from the Director of People and Culture<br/> <b>Action: Director of People and Culture / Director of Corporate Governance</b></p> <p><i>What opportunities are there to share learning and best practice with other Health Boards in relation to organisational escalation?</i><br/> HB advised that learning took place informally in peer group networks, but little feedback was received from Welsh Government regarding the IQPD meetings.</p> <p><i>It is understandable that the Health Board have been put into escalation for Finance, but why is it in escalation for Planning?</i><br/> HB advised that the escalation for planning is because the Health Board is planning to overspend. It should be noted that the Structured Assessment and Committee Effectiveness feedback is positive regarding planning and provides assurance in this area.</p> <p>The Committee NOTED the update provided on organisational status – enhanced monitoring.</p> |
| <b>OTHER MATTERS</b> |  |
| D&P/24/014           | <p><b>COMMITTEE RISK REGISTER</b></p> <p>HB presented the Committee Risk Register for information. The Committee CONSIDERED the February 2024 version of the Committee Risk Register, which reflects the risks identified as requiring oversight by this Lead Committee. This iteration of the Committee Risk Register is based upon the Corporate Risk Register (CRR) considered by the Board on 20 March 2024.</p>   |
| D&P/24/015           | <p><b>ANNUAL WORK PROGRAMME</b></p> <p>The Committee received the Annual Work Programme for information.</p>   |
| D&P/24/016           | <p><b>COMMITTEE ANNUAL REPORT</b></p> <p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>CONSIDERED</b> the Delivery and Performance Committee Annual Report for 2023/24 summarising the key areas of business activity undertaken;</li> <li>• Took <b>ASSURANCE</b> that the Delivery and Performance Committee is fit for purpose and operating effectively in fulfilling its terms of reference;</li> </ul>  |

|            |   |
|------------|---|
|            | <ul style="list-style-type: none"> <li>• <b>RECOMMENDED</b> the report to the Board for the 22 May 2024 meeting.</li> </ul>             |
| D&P/24/017 | <p><b>ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND OTHER COMMITTEES</b></p> <p>No items were raised.</p>                       |
| D&P/24/018 | <p><b>ANY OTHER URGENT BUSINESS</b></p> <p>There was no other urgent business.</p>  |
| D&P/24/019 | <p><b>DATE OF THE NEXT MEETING</b></p> <p>The date of the next meeting is scheduled on 27 June 2024 at 10.00am via Microsoft Teams.</p> |

|            |  |
|------------|--|
| D&P 23/020 | <p>The following resolution was passed:</p> <p><i>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.</i></p> |
|------------|--|

|                               |  |
|-------------------------------|--|
| <b>Present:</b>               |  |
| Ronnie Alexander              | Independent Member (Chair)   |
| Robert Lewis                  | Independent Member (General)   |
| Kirsty Williams               | Independent Member (PTHB Vice-Chair)   |
| Cathie Poynton                | Independent Member (Trade Union)   |
| Steve Elliot                  | Independent Member (Finance)   |
| <b>In Attendance:</b>         |  |
| Pete Hopgood                  | Deputy Chief Executive and Director of Finance, Information and Support Services |
| Stephen Powell                | Director of Planning, Performance and Commissioning                              |
| Samantha Ruthven-Hill         | Assistant Director of Planning   |
| Helen Bushell                 | Director Of Corporate Governance   |
| Hywel Pullen                  | Deputy Director of Finance   |
| <b>Apologies for Absence:</b> |  |
| Hayley Thomas                 | Chief Executive Officer  |
| Joy Garfitt                   | Director of Primary Care, Community and Mental Health                            |
| Mick Giannasi                 | Independent Member   |
| David Farnsworth              | Interim Director of Operations/Director of Community and Mental Health           |
| <b>Committee Support:</b>     |  |
| Elizabeth Patterson           | Interim Head of Corporate Governance   |

|                              |  |
|------------------------------|--|
| <p>D&amp;P<br/>IC/23/021</p> | <p><b>IN-COMMITTEE RISK REGISTER</b></p> <p>Rationale for item being held in private: The details of the report and sensitive, confidential and not in the public interest.</p> <p>The In-Committee element of the Risk Register was presented to Committee.</p> <p>The Committee NOTED the update on Cyber Security Risk.</p>   |
| <p>D&amp;P<br/>IC/23/022</p> | <p><b>DRAFT ANNUAL PERFORMANCE REPORT 2023/24</b></p> <p>Rationale for item being held in private: The details of the report and sensitive, confidential and not in the public interest.</p> <p>The draft report was presented to the Committee.</p> <p>The Committee NOTED the draft report and opportunity to submit comments to the Director of Corporate Governance.</p> |