

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

CONFIRMED

**MINUTES OF THE MEETING HELD ON THURSDAY 27 JUNE 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)
Mick Giannasi (MG)	Independent Member (General)

In Attendance:

Hayley Thomas (HT)	Chief Executive Officer
Pete Hopgood (PH)	Deputy Chief Executive and Executive Director of Finance, Capital and Support Services
Stephen Powell (SP)	Executive Director of Planning, Performance and Commissioning
Helen Bushell (HB)	Director of Corporate Governance
Claire Madsen (CM)	Executive Director of Allied Health Professions, Health Sciences and Digital
Debra Wood-Lawson (DW-L)	Executive Director of People and Culture
Sim Foreman (SF)	Deputy Board Secretary
Kate Wright (KW)	Medical Director
Louisa Kerr (LK)	Assistant Director of Mental Health and Learning Disabilities

Observers:

Toboline Mupita (TM)	Shadowing Independent Member
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Apologies for Absence:

Joy Garfitt (JG)	Executive Director of Primary Care, Community and Mental Health
Carl Cooper (CC)	PTHB Chair
Wayne Tannahill (WT)	Associate Director of Estates, Capital & Property
Claire Roche (CR)	Executive Director of Nursing, Quality, Women and Family Health

Committee Support:

Beth Powell	Corporate Governance Business Officer
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PRELIMINARY MATTERS

D&P/24/021	<p>WELCOME AND APOLOGIES FOR ABSENCE RA welcomed everyone to the meeting. Apologies for absence were noted as recorded above.</p>
D&P/24/022	<p>DECLARATIONS OF INTERESTS No interests were declared in addition to those already declared in the published register.</p>
D&P/24/023	<p>MINUTES OF THE DELIVERY AND PERFORMANCE COMMITTEE HELD ON 7 MAY 2024 The minutes of the previous meeting held on 7 May 2024 were AGREED as an accurate and true record.</p>
D&P/24/024	<p>COMMITTEE ACTION LOG The Action Log recorded updates with the following information provided during the meeting:</p> <p>D&P/24/06a – Neurodiversity Update: A report would be presented to Committee at the August meeting as opposed to today’s meeting. Members raised concern in receiving a delayed report on standing performance issues where demand was growing, providing extreme long waits in the lives of children. The Executive Committee had reviewed the business case and recognised further work would be required to reference potential capacity issues and ensure the service had the correct model and approach in place. HT provided personal assurance on meetings held to review the level of investment given the recent change in leadership. The Committee acknowledged this and recognised the need to address key concerns with partners.</p> <p>D&P/24/07a-The Joint Advisory Group on Gastrointestinal Endoscopy (JAG) Accreditation: The Chair thanked colleagues for the previously circulated report that confirmed the intention to achieve full compliance in six months and asked whether there would be an additional cost to the Health Board, noting that assessments provided stress and work for PTHB staff. HT confirmed that specific focus was on a retest and KW provided assurance on clear actions across the in-reach service to ensure consistence in order to fulfil the assessment criteria.</p> <p>D&P/24/013b-Internationally Educated Nurses: The Chair requested an update on the work undertaken to support Nurses to fulfil the testing process and retain the workforce. DW-L confirmed there has been no turnover amongst International Nurse recruitment, which suggested the level of pastoral care and access has been successful. It was highlighted that an ambitious programme was in place for 2025 to recruit a further 18 Nurses across Powys. It was restated that each international Nurse appointed, saved £50k-£75k in agency costs.</p> <p>D&P/24/08a- Emergency Ambulance Update: SP advised that Ambulance response times had seen an improvement month on month. A Performance Improvement Plan would be incorporated into the Performance Report at the meeting in August 2024.</p>

	<p>Action: Director of Planning, Performance and Commissioning</p> <p>D&P/24/008b- Uptake of Falls Training Package by Care Homes Update: SP updated that the service had been successful in recruiting three Therapy Practitioners. Following completion of their training by the end of Quarter 2 it was expected they would be active across the county to ensure the majority of training would be completed by Quarter 3. Concerns were raised as to how the service encouraged the private sector to uptake training and participate in the programme. It was noted how this would be monitored and if there was potential to follow up with Powys County Council. The Committee recognised the need to build working relationships and the benefits of engagement with the wider Community.</p> <p>It was AGREED that a follow up note would be circulated to Committee members from the Primary Care, Community and Mental Health team to provide further detail on uptake of training across care homes and confirmed whilst commissioning arrangements provided some leverage, relationship management would be a priority. It was noted that the National Commission Framework for social care provided additional levers.</p> <p>Action: Director of Primary Care, Community and Mental Health</p> <p>The Committee RECEIVED the Action Log updates and noted the closed items.</p>
ITEMS FOR ASSURANCE	
D&P/24/025	<p>FINANCE PERFORMANCE REPORT MONTH 02</p> <p>PH presented the report (which included Monthly Monitoring Returns and progress with savings delivery) and highlighted the following key areas:</p> <ul style="list-style-type: none"> • PTHB continue to monitor against the current year-end deficit forecast of £22.948m despite no acknowledgement of this amount by Welsh Government • At month 2, there was a £4.245m overspend against the planned year to date deficit of £3.825m giving the Health Board an operational overspend of £0.420m. • The capital resource limit for 2024/25 was £2.706m. To date £0.111m has been spent. • Pressure areas continue across Pay and Agency costs, alongside Continuing Health Care (CHC), Mental health and Learning Disabilities (MH&LD) services and pay breakdown. • Future reporting to include detail on five national work streams. <p>Committee members were asked to identify and suggest deep dive topics for future meetings. PH confirmed that future reporting would highlight the main cost pressure areas for further analysis. The Chair welcomed the report and the additional commentary which was available to the MMR component of the report.</p>

The following questions were asked for assurance:

If the overspend of £420,000 continues to grow, this would result in an additional £2.5m over the forecast target. How is this being monitored?

PH confirmed this was under review and the full year position would address the M2 variant to achieve the target position.

What were the drivers for Mental Health and Learning Disability (MH&LD) agency spend?

LK confirmed a number of factors impacted increased agency spend including growth across acuity pressures and demand. In-patient setting presentation units required specialised care across Primary and Secondary care and i response, development work was underway to rationalise services. It was also confirmed that operational controls to limit and manage this spending were in place.

The report states an overspend with Continuing Health Care (CHC) costs. Are the Saving schemes fully delivered?

PH confirmed that CHC savings actions were recorded with additional actions added as part of the work to track growth on case numbers. The Committee recognised this would be a fundamental topic for a deep dive at a future Committee.

What was the reasons given the underspend on the Corporate Team on slide three of the report?

This was attributed to a number of factors and detail of the breakdown would be presented to members outside of the meeting.

Action: Director of Corporate Governance

HT highlighted that the closed beds on Felindre Ward had now reopened following an environmental review. This would allow patients to be admitted and reduce out of county spend. LK confirmed that a phased plan was in place to repatriate adult patients in private beds.

Is there a means of comparing levels of agency spend against other rural Trusts within the NHS, to be assured that Powys was not out of line for a rural area, given PTHB was at 10.6% higher than other Health Boards at 4.6%?

PH confirmed that he was unaware of any reasoning for direct comparators and would note this for future reporting to Committee.

What is the reason for the decrease across Continuing Health Care from £8.8m pro rata to £5m?

Delayed Transfer of Care costs were factored into the system as holding beds that could potentially have been reused.

	<p><i>What is the reasoning for the 15.1% increase across Continuing Health Care in the North locality with a 3.1% reduction in the South?</i></p> <p>The detail would be provided to members outside of the Committee.</p> <p>Action: Director of Finance, Capital, and Support Services</p> <p><i>Although the Finance report explained the drivers for overspend and provided assurance on the process, the position described was difficult and the numbers were not reassuring. How can Committee members understand the dynamics of conversations taking place?</i></p> <p>PH explained that Strategic Cash Support was a facility used in 2023/24 which worked for Welsh Government once a plan had been recognised. Once this had taken place, Powys would seek to strengthen its position though the Transformation Programme and discussions were ongoing. The Board had previously discussed and identified a number of actions and consequences within the transformation programme at a development session. Some had been accepted and some discounted due to the impact on quality.</p> <p><i>If Welsh Government were to acknowledge the plan, would this allow greater confidence on the cash position?</i></p> <p>PH confirmed it would, but until work to reach agreement on all contract values for 2024/25 across Wales and England had been agreed, the position was unknown. The deadline for commissioner negotiations was the following day (28 June 2024) with this being brought forward over the next two years (May 2025 and April 2026). HT thanked colleagues for their work to date and the Committee acknowledged the significant work undertaken due to the number of Service Level Agreements (SLAs) in place being much greater than anywhere else across Wales.</p> <p>The Committee RECEIVED the financial report and ASSURANCE was provided that the organisation has effective financial monitoring and reporting mechanisms in place.</p> <p>The Committee RECEIVED and DISCUSSED the financial forecast for 2024/25 and the underlying deficit.</p>
D&P/24/026	<p>INTEGRATED QUALITY PERFORMANCE REPORT (IQPR) MONTH 01</p> <p>SP presented the first IQPR of the financial year which had been updated to include metrics and commentary to show whether targets had changed in line with 2024/25 requirements. Cabinet Secretary performance matches were now referenced to convey performance within month 01. The Health Board showed consistent performance across Planned Care and MIU as previously reported. Key planned care targets remained challenging with Powys planned care services remaining highly fragile especially with reliance on commissioned diagnostic pathways and in-reach clinical services. There had been improvement from Welsh providers albeit slowly against the 104 week and 52-week new outpatient targets, but the</p>

total waiting list continued to grow. Cancer performance remained poor against the 62-day targets in both English and Welsh commissioned services and was under continued scrutiny at a national level.

As part of the operationalisation of the IQPF there was an expected element of exception, either in a clinical or corporate service area triggering cause for concern. In such circumstances the Clinical Service Area may be put into an escalation arrangement.

The Committee raised concern regarding the long wait bands at Robert Jones Agnus Hunt Hospital, what affect does this have on Powys residents?

The number of Powys patients waiting over 104 weeks in England is lower when compared with the number of Powys residents waiting more than 104 weeks in Wales. Robert Jones Agnus Hunt (RJAH) has a number of Powys patients waiting over 104 weeks for treatment. PTHB is in active discussion with RJAH over the timescales for treating these patients. SP explained that statistical methods help understand data collection and metrics would underpin further analysis of patients waiting over 100 weeks. Committee members recognised the need to review the data to understand the failing targets and mechanisms of trigger points across all levels. A further update on figures would be provided at the next meeting. **Action: Director of Planning, Performance and Commissioning**

Is there scope to better manage the demand of referrals made from General Practices?

SP confirmed that all referrals made from General Practices were regularly monitored. The Health Board was able to intervene at any one time should a referral require a different pathway into Secondary Care. HT added the importance of prioritisation to enable capacity choices to ensure trajectories are met. It was noted that the key performance targets would be an area of focus at a future Board Development session. An update would be provided to the Committee following discussions.

Action: Director of Corporate Governance

Given the significant growth in demand across Waiting Lists, are there any predictions of when it is likely to peak?

This was unknown across England and Wales, all waiting lists are monitored on a weekly basis which has shown an influx of referrals into the system. However, it was confirmed that the number of extreme long waiting patients was beginning to decrease.

A high percentage of Endoscopy patients are offered an appointment within four weeks, what is the rollout of screening for 50-year-olds?

SP confirmed that a general increase in demand for screening posed a challenge across Powys and work continued to improve

	<p>capacity for regional diagnostic centres for both Health Boards and English Trusts to improve activity flow. Due to Wales' current position, this was designed to show incremental change moving forwards.</p> <p>The Committee DISCUSSED the content of this report and was ASSURED that the Health Board has appropriate systems in place to monitor performance and respond to relevant issues.</p>
D&P/24/027	<p>PRIMARY CARE: GENERAL DENTAL SERVICES (GDS)</p> <p>PH provided an update on the GDS Commissioning Assurance Framework (CAF) which is updated monthly, and internal assurance would be delivered through the monthly GDS Monitoring meetings.</p> <p>In 2023/24 the PTHB uptake of Contract Reform was 77% (14) with 23% (four) of practices choosing to continue working under the UDA contract. During 2023/24 the end CAF position resulted in seven practices in Routine Monitoring and 11 in Enhanced Monitoring. Access to GDS continued to be a local and national challenge and supporting patients to access appropriate GDS provision continued to be a high priority for PTHB.</p> <p><i>Is the trend static of Practices in monitoring?</i></p> <p>PH confirmed that the trend was static, and this was due to under performance against the contracts.</p> <p><i>Over 4,000 patients do not have access to an NHS Dentist, how has the number changed?</i></p> <p>PH noted that the trend analysis would be reviewed and would be included within future reporting.</p> <p><i>11 out of 18 General Practices are in escalation, is this proportionate against other Health Boards?</i></p> <p>PH would review the position, comparable against other Health Boards and explained that the underperformance across Dentistry was relatively consistent across all Trusts.</p> <p>The Committee RECEIVED the report and was ASSURED that the General Dental Services (GDS) Commissioning Assurance Framework monitoring process was providing the required information PTHB on dental contract management.</p>
D&P/24/028	<p>PRIMARY CARE: OUT OF HOURS (OOH)</p> <p>PH provided assurance to the Committee against the Out of Hours (OOH) and General Medical Services (GMS) provision for Powys during 2023/24. The following key themes were discussed:</p> <ul style="list-style-type: none"> • 82% of patient contacts/outcomes are concluded by Shropdoc assessment and advice. Little onward referral to other services (1.73% to 999).

- Challenges remain with meeting the standard around completing home visits within one hour and two hours. Due to the geography of Powys the achievement of both these standards will always prove to be challenging.
- the current Shropdoc contract was due to terminate on 30 June 2024 and will be extended to 31 March 2025. Any contract award beyond this date will depend on the outcome of changes to the procurement regime across the NHS in Wales.

PH explained that there has been an expectation that the weekend out of hours cover included a GP to be based at Ystradgynlais Community Hospital for a morning session on both a Saturday and Sunday. It was highlighted this had not been explicit within the contract for a number of years. The past two years, the default weekend patient pathway was the same as during the weekday OOH period whereby patients registered with Ystradgynlais practice attend a Swansea Bay University Health Board (SBUHB) base, mainly at Morryston Hospital. The Committee noted that Powys had received three complaints/ concerns relating to OOH services during this period.

The Committee discussed the report and recognised the strong performance provided by Shropdoc and concerns were raised for the patients within the Ystradgynlais Community as the service had not been delivered as expected.

Committee members sought assurance by asking the following questions:

As the Contract for 2024/25 is yet to be agreed, what OOH services are expected to be provided for the Ystradgynlais Community?

PH confirmed that discussions were ongoing with SBUHB to work through related OOH issues. Powys was aware patients of the Community do not currently receive an onsite service; however, a service continues to be provided. It was noted that an agreement would be required as a priority.

Committee members raised concern over the ongoing uncertainty and timescales for the Ystradgynlais Community. It was agreed that a definitive solution is required of what the OOH service looks like going forwards, recognising that 84% of Shropdoc interaction required no subsequent referrals. This was recognised as reducing the demand into Emergency departments. It was agreed that future reporting would be inclusive of 111 and Dentistry trend analysis.

Have the issues with Palliative care patients been escalated to CEO level?

PH confirmed that the CEO was aware of the issues and work is underway to resolve this.

	<p><i>Are there any concerns of the continuity of the services given the short extension of the contract until March 2025 and is there an alternative plan should the contract not continue beyond this timeframe?</i></p> <p>PH confirmed that this is not seen as a fragility, Powys sets out the approach to contractual and procurement arrangements in the appropriate way. The Health Board had long-standing relationship with Shropdoc, and this was seen as an area to strengthen and protect the long-standing service. It was noted that the short-term extension and future work had been approved by the Board.</p> <p>The Committee:</p> <ul style="list-style-type: none"> • RECEIVED the update provided. • took ASSURANCE that the OOH Commissioning Assurance Framework monitoring process has provided the required assurance to PTHB on OOH contract management. • NOTED that from 1 April 2024, commissioning and performance management of 111 moved to the new NHS Wales Joint Commissioning Committee and data will not be reviewed locally. • NOTED the Executive Committee approved the OOH weekend pathway continues to follow the weekday pathway for Swansea Bay University Health Board.
D&P/24/029	<p>FOOD SAFETY COMPLIANCE AND ASSURANCE REPORT</p> <p>PH presented the report and provided assurance on the current compliance levels of food safety in relation to statutory regulations, guidelines and best practices. The key area highlighted was that PTHB has achieved the highest level 5 Food Hygiene Ratings across all nine Hospital Sites, indicating its commitment to maintaining standards. The following questions were posed:</p> <p><i>Are different training methods utilised for staff to ensure full compliance?</i></p> <p>It was confirmed that PADR training remained an active method to track compliance in various ways. Various training abilities had also been reviewed to ensure accessible for all staff needs. Staff efforts were recognised as a fundamental element across the Health Board for their contribution to patient experience.</p> <p>The Committee was ASSURED of the Health Boards processes in monitoring food safety and compliance systems.</p>
D&P/24/030	<p>DECARBONISATION- ACTION PLAN AND PROGRESS</p> <p>PH presented the report and highlighted that the Health Board was on target to meet the 16% carbon reduction by 2025 milestone. This had been enabled by the anticipated £4M investment in upgrades to the buildings and infrastructure associated the Welsh Government Salix 'spend to save' investment which was with Ministers for consideration/approval. It was also highlighted that the Health Board had received 'Reasonable Assurance' following an Internal Audit review of the Decarbonisation Action Plan.</p>

	<p><i>The Internal Audit stated that Powys are the only Health Board in Wales on Target, what is Powys doing so well comparable to other Trusts?</i></p> <p>PH was unaware of other Health Board challenges and would seek to review this for future reporting.</p> <p><i>If services are centralised, what is the carbon consumption impact on patients and has this been considered when service change is planned?</i></p> <p>PH explained that all aspects had been considered and detail had been inclusive within the North Powys Wellbeing Programme. Data collection of virtual appointments had been reviewed and Powys had been successful in winning the 'Powys Living Well Service' to enable the highest number of virtual appointments taken place and had been recognised for its sustainability.</p> <p>The Committee RECEIVED the report outlining the present carbon emission status and decarbonisation progress and took ASSURANCE in the delivery confidence to contribute to a net zero public sector in Wales by 2030.</p>
<p>D&P/24/031</p>	<p>INFORMATION GOVERNANCE TOOLKIT OUTTURN REPORT AND IMPROVEMENT PLAN</p> <p>KW presented the report outlining the performance against the NHS Wales Information Governance Toolkit for Health Boards 2023/24. An improvement plan had been developed highlighted areas of work required to improve the current compliance in readiness for the 2024/25 submission.</p> <p>The Committee noted the new platform in readiness for this year's submission and the overall compliance score would no longer be available, however would be conveyed as an individual score against each category going forwards.</p> <p><i>Is strength seen in the change to the new platform?</i></p> <p>KW explained yes, it would provide greater granularity.</p> <p>The Committee:</p> <ul style="list-style-type: none"> • RECEIVED the report and took ASSURANCE that the management actions identified in the Improvement Plan underpin the 2024/25 submission. • NOTED that due to the change in the platform and additional categorisation an overall score will no longer be provided, and each category is scored separately, and; • NOTED that the Executive Committee approved the publication of the Toolkit scores and final out-turn report in accordance with the requirements of the Wales Information Governance Board (WIGB) and providing open and transparency to the wider public.
ESCALATED ITEMS	
<p>D&P/24/032</p>	<p>ORGANISATIONAL STATUS (NHS WALES ESCALATION FRAMEWORK) ENHANCED MONITORING REPORT.</p>

	<p>HB provided 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. It was highlighted that an adapted presentation had been shared within the public domain due to the sensitive nature of patient identifiable information. The Health Board have remained at this level for nearly 12 months. The Integrated Quality, Performance and Delivery (IQPD) meetings with Welsh Government had increased from quarterly to monthly.</p> <p>Welsh Government had now confirmed the de-escalation criteria and a self-evaluation exercise would be worked through. The expected outcomes were shared with the Committee with a submission of a balanced three-year medium-term plan in line with the framework and to approve the Integrated Medium-Term Plan (IMTP) 2024/26. The Committee would expect to see a dashboard including IQPD content at each meeting going forwards, this would form part of the Board escalation framework.</p> <p>SP noted that additional key themes would be incorporated to the IQPD such as; Workforce, Finance and Governance as this would provide a holistic message for discussions with Welsh Government to ensure broader services are included.</p> <p>The Committee NOTED the update provided on organisational status – enhanced monitoring.</p>
OTHER MATTERS	
D&P/24/033	<p>COMMITTEE RISK REGISTER</p> <p>HB provided a verbal update to confirm work was underway to review and reframe the Corporate Risk Register. An updated version would be presented to the Board in July 2024, and each Committee would receive risks within its scope and remit. The Committee recognised the need to simplify the register to gain a better understanding through benchmarking against comparator organisations.</p> <p>The Committee was ASSURED that the Risk Register was under review and acknowledged that a reframed Corporate Risk Register would be presented to the Board in July 2024.</p>
D&P/24/034	<p>COMMITTEE WORK PROGRAMME</p> <p>HB explained that the Committee Work Programme was a standing item on the agenda and to remind members of the reasons for business being presented and highlight any reasons for deferred or rescheduled business.</p> <p>The Committee RECEIVED the Work Programme for information.</p>
D&P/24/035	<p>ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND OTHER COMMITTEES</p> <p>No items were raised.</p>

D&P/24/036	ANY OTHER URGENT BUSINESS There was no other urgent business.
D&P/24/037	COMMITTEE REFLECTION The Chair explained that a new standard agenda item would be added to all Committee agendas going forwards for governance best practice. The following summary of business and reflections were provided by RL: <ul style="list-style-type: none"> • Important topics discussed; • selective and perceptive questions asked; • presentation on Enhanced monitoring was informative; • discussions show how well Executive colleagues work together; • from the public's view- a good selection of topics discussed eg: OOH and Dentistry. • Financial issues were clearly documented; • Decarbonisation report was clear on uncertainties and complemented the Internal Audit Report • chaired very well given timing structure. Members and attendees were invited to share further feedback on the meeting, actions and themes via email. Action: All Members and Attendees.
D&P/24/038	DATE OF THE NEXT MEETING The date of the next meeting is scheduled on 29 August 2024 at 10.00am via Microsoft Teams.
D&P/24/039	The following resolution was passed: <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>

Present:	
Ronnie Alexander	Independent Member (Chair)
Robert Lewis	Independent Member (General)
Kirsty Williams	Independent Member (PTHB Vice-Chair)
Steve Elliot	Independent Member (Finance)
Mick Giannasi	Independent Member (General)
In Attendance:	
Pete Hopgood	Deputy Chief Executive and Executive Director of Finance, Capital, and Support Services
Hayley Thomas	Chief Executive Officer
Debra Wood-Lawson	Executive Director of People and Culture
Stephen Powell	Executive Director of Planning, Performance and Commissioning
Helen Bushell	Director of Corporate Governance
Sim Foreman	Deputy Board Secretary
Louisa Kerr	Assistant Director of Mental Health and Learning Disabilities
Apologies for Absence:	

None	
Committee Support:	
Beth Powell	Corporate Governance Business Officer
D&P IC/24/022	<p>DIGITAL FIRST UPDATE: CYBER SECURITY</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 Digital First Update of Cyber Security was presented to Committee.</p> <p>The Committee NOTED the update on Cyber Security Risks.</p>
D&P/IC/24 /023	<p>MINUTES OF THE IN-COMMITTEE MEETING HELD ON 7 MAY 2024</p> <p>The Committee RECEIVED the item and APPROVED the In-Committee Minutes of the meeting held on 7 May 2024 as an accurate and true record.</p>