



DELIVERY & PERFORMANCE COMMITTEE

CONFIRMED MINUTES OF THE MEETING HELD ON THURSDAY 01 MAY 2025, VIA MICROSOFT TEAMS

Members Present:		
Ronnie Alexander	RA	Independent Member (General) Chair
Rhobert 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 Executive Director of Finance, Capital and Support Services
Elaine Lorton	EL	Executive Director of Primary, Community Care and Mental Health Services
Claire Roche	CR	Executive Director of Nursing, Quality, Womens and Family Health
Chris Moss	CMO	Assistant Director of Performance
Kate Wright	KW	Executive Medical Director
Sophie Lloyd	SL	Planning Manager
Hywel Pullen	HP	
Helen Bushell	HB	Director of Corporate Governance/Board Secretary
Katie Blackburn (Observing)	KB	Llais
Bethan Hopkins (Observing)	BH	Audit Wales
Carl Cooper (Observing)	CC	PTHB Chair
Sarah Powell	SP	Assistant Director of People and Culture
Bethan Powell	BP	Corporate Governance Officer
Apologies for Absence:		
Hayley Thomas	HT	Chief Executive Officer
Nicola Johnson	NJ	Executive Director of Planning, Performance and Commissioning Services
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Sciences and Digital Services
Deb Wood Lawson	DWL	Executive Director of People and Culture
Mick Giannasi	MG	Independent Member (General)

PRELIMINARY MATTERS
1.1 WELCOME AND APOLOGIES FOR ABSENCE (D&P/25/001)
RA welcomed everyone to the meeting. Apologies for absence were noted as recorded above.
1.2 DECLARATIONS OF INTERESTS (D&P/25/002)
There were no Declarations of interests received in addition to those already recorded on the register.
2. CONSENT AGENDA BUSINESS (D&P/25/003)

The Chair asked members if they wish to bring forward any items from the Consent agenda to the main agenda. No items were raised.

3. ITEMS FOR APPROVAL/DECISION/RATIFICATION

3.1 MINUTES OF THE PREVIOUS MEETING (D&P/25/004)

The minutes of the meeting held on 06 February 2025 were **CONFIRMED** as an accurate record subject to the following amendment. RA thanked RL for chairing the meeting in his absence.

Item 5.7 Digital first Assurance report:

RL sought clarity that the following question was a fair reflection of the meeting:

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

HB agreed that clarity would be sought, and the minutes would be updated accordingly.

Action: Director of Corporate Governance

Matters Arising

Given the Out of Hours contract expired at the end of March, what is the current position, and can assurance be provided that interim arrangements are working well?

EL confirmed that the current Alternative Provider Medical Services (APMS) contract with Shropdoc is in place from 01 April 2025. Further work had been undertaken with Clusters and an update would be provided at the next meeting on progress.

A working group had been established to scope long-term commissioning arrangements, a progress report would be provided around GMS access and how data is triangulated in terms of access and patient feedback.

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

3.2 COMMITTEE ACTION LOG (D&P/25/005)

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

D&P/24/086: In-Reach Fragility- Scheduled for discussion on the agenda.

D&P/24/01: Deep Dive, Ambulance Response – Due June 2025

D&P/24/101a- Internal Cancer Performance – Due September 2025

D&P/24/103- Out of Hours update report – Due September 2025

PTHB/24/205- Use of Private Providers in Mental Health – Due June 2025

PTHB/24/205a - Lessons learnt from the financial year to be incorporated into decision-making – Due June 2025

The Committee **RECEIVED** the Action Log updates.

3.3 COMMITTEE WORK PROGRAMME (D&P/25/006)

The Committee **RECEIVED** and **APPROVED** the Committee Work Programme for 2025/2026.

4. ESCALATED ITEMS (D&P/25/007)

4.1 ORGANISATIONAL STATUS (NHS WALES ESCALATION FRAMEWORK) LEVEL 4 MONITORING REPORT

PH provided a verbal update against the Organisational status where the Board had been placed into level 4 escalation in November 2024. Work had progressed to understand the de-escalation framework and criteria as per the action plan provided by Welsh Government. The framework and support packages were discussed at the first level 4 escalation meeting with Welsh Government. Work had progressed to map

the Board structure and Sub Committees to ensure they are aligned to respond to the escalation framework. The Board continued to work against the Integrated Quality Performance framework and have strengthened elements of commissioning. The planning maturity matrix was approved in December 2024 and continues to be monitored by the Planning, Partnerships and Population Health (PPPH) Committee. An update report would be provided to Delivery and Performance members at the next meeting.

Committee members sought assurance by asking the following questions:

What are the timescales for when the work will be commissioned and who is the appropriate contractor to undertake the activity?

Work had progressed in line with the specification. A procurement exercise would be undertaken with Welsh Government to determine who would complete the activity. A timeframe is yet to be confirmed however Executive colleagues welcome the review and are keen to begin the process as soon as possible. HB added that Welsh Government had confirmed a level of funding and procurement actions would be discussed at a Board Development session to ensure it meets the wider health Board needs.

The Committee **RECEIVED** the Organisational Status Level 4 Monitoring report.

5.ITEMS FOR ASSURANCE

5.1 FINANCE PERFORMANCE REPORT MONTH 12 (D&P/25/008)

HP presented the year end finance report and highlighted the following key areas:

- An additional £7.178m of Welsh Government funding had been allocated in month 08 and the financial plan for 2024/25 had been revised from a £22.948m deficit to £15.770m position;
- At month 12, there was a £15.753m overspend against the revised planned year to date deficit of £15.770m giving the Health Board an operational overspend of £0.017m;
- The position excludes an unexpected £5m invoice from Wye Valley NHS Trust (WVT). The basis for the invoice and its value had been refuted;
- Significant pressures continue across Continuing Health Care, Provider pay, Agency spend and Commissioning of Healthcare services. These had been offset due to reduced expenditure on prescribing, Dental and other non-pay expenditure.
- Powys continues to be an outlier within the NHS Wales as agency spend average at 9.2% of total pay in month 11 against the Wales average of 2.7%.
- Additional funding of £5.7 for contracting with English NHS and £0.650 for Specialised Services had helped mitigate the overspend in year.

Committee members sought assurance by asking the following questions:

Can clarity be sought in terms of the meaning to the unexpected invoice?

HP explained that the Trust and Integrated Care Board as its main commissioner had taken a view that there are funding flows within NHS England which are not reflective within the payments made by Powys. It was anticipated that flows that have been in system for some time, are not historically paid by Welsh commissioners. Welsh Government would need to provide clarity in terms of NHS England and NHS Wales

policy for cross border flows. Formal evidence of the data remains outstanding from the Trust.

What is the meaning of 'health processes' in terms of delays?

HP explained, for those patients that receive care within a hospital setting which are suitable to be discharged with possible delays due to assessments.

What are the reasons for the differences in costings for Community Hospital delays?

HP explained that to provide care in Powys Community Hospitals is more expensive than English Trusts, partly due to the size and number of agency staff.

The total opportunity costs for Social Care is at £5.4m and Community Hospital delays at £28.580, is this a rise in comparison to the previous year's figures?

HP would provide this detail outside of the meeting.

Action: Deputy Director of Finance

Given the increased underlying deficit position, what is the impact upon the 2025/26 plan?

HP explained the underlying deficit was at £30.6m, therefore as we move into the new financial year, the current deficit of £32.6m which provide a risk to the plan. The actions which are to be identified, are critical in order to support the management of risk to the plan.

What are the reasons for community Hospital delays and flow?

EL explained that further work would be required to review a number of internal processes to ensure effective patient flow is appropriate. It had been recognised that relationships with the Local Authority processes and provision of patient pathways required review.

a report of the work undertaken would be brought back to the next meeting in June.

What assurance can be provided that the use of private providers across Mental Health would not deteriorate?

EL explained that significant work had been undertaken and recognised the position had peaked last year at 29 Private Provider external placements, comparable to the current position at 15. Work had been undertaken to review processes and the governance required to ensure optimal management. An update would be provided to members at the next meeting in June.

Given the forecast position on the previous year, is there a focus that has gone beyond what was predicted?

Cost drivers such as Continuing Health Care, Agency spend, and Commissioned services remain broadly the same with Private Providers emerged during the year.

Members of the Committee acknowledged the financial challenges that the organisation had experienced and recognised the achievement in the financial savings delivered in year was significant. PH wished to thank colleagues across the health board for the significant work undertaken from budget holders and wider teams for the action taken to ensure delivery.

The Committee:

- **RECEIVED** the financial report and took assurance that the organisation has effective financial monitoring and reporting mechanisms in place.
- **NOTED** that, subject to audit, it is reported that the Health Board has achieved the 2024/25 financial plan of a £15.8m deficit.
- **NOTED** the underlying deficit is assessed as deteriorating by £2.0m to £32.6m.

5.2 INTEGRATED QUALITY AND PERFORMANCE REPORT MONTH 11 (D&P/25/009)

CM provided an overview on the latest performance position against the NHS Wales Performance Framework 2024/25. The following key themes were highlighted:

The health board had not achieved its ministerial priority trajectory and complexity around clinical practice change had increased echo cardiogram demand significantly. An operational review of capacity had been undertaken with additional clinics being undertaken in PTHB Community Cardiology service. A full evaluation of the service would be undertaken to inform future plans for the service coverage to be expanded to Mid and South Powys. It was anticipated that the review would be completed by the end of May 2025 and report to the Community Services Group Directorate Management Team.

- Referral to treatment (RTT) compliance remains positive;
- Planned Care: Long waits remain challenging, The impact of the additional planned care funding that had been released to Welsh providers continues to be monitored;
- Emergency Care: Powys provider Minor Injuries Units (MIU) services performed well, meeting the 4-hour target
- Shrewsbury and Telford Hospital NHS Trust (SATH) data had been unavailable since July-24 following reporting challenges and this is expected to be in place in Q1 2025/26.
- Primary Mental Health Services assessments undertaken and had achieved planned improvement against both National targets. The service had been de-escalated.

Committee members sought assurance by asking the following questions:

What is the timeframe for a resolution on Colonoscopy reporting from Public Health Wales?

CM confirmed that a meeting had taken place with Public Health Wales (PHW) to request formal data. This would be followed up and shared with members outside of the meeting

Action: Assistant Director of Performance

Endoscopy and non-obstetric ultrasound pathways had been persistently reported as small numbers, when is it likely to make progress?

EL explained that the small numbers had been reviewed and given the complexities of patient's appointments due to possible additional specialties and personal choices of availability, the numbers remain low.

Given the recent change in opening times for Minor Injury Units (MIUs) to ensure stability of services, has the service been closed to date due to staff shortage?

EL confirmed that MIUs continues to provide services and had not been reported as closed to date, providing stability. The data provided a good turnaround of MIU triage which conveys a sizeable capacity to better support patients.

Has an evaluation of MIU services been undertaken following the recent changes of opening times?

KW explained that no concerns had been reported during the pilot. A formal evaluation would be provided to the Board in July 2025.

Given the step change across Mental Health Services, what learning can be addressed to improve performance across other services?

It was noted that a sustained focus on Cancer Performance and Diagnostics to ensure improved delivery through the Better Together programme would be provided to members. EL noted that the outstanding measures for Mental Health remain on track, with demand and capacity plans to be fully delivered to ensure a sustained service. It was agreed that a Deep Dive on Cancer Performance would be brought to a future meeting for members assurance.

Action: Assistant Director of Performance

CR explained that development of the maturity quality management system is underway to ensure quality improvement across children's neurodevelopmental services. A progress report is reported to the Patient Experience, Quality and Safety (PEQS) Committee in regard to escalation of performance RTA and to monitor progress. As a result, this had seen improved multi-disciplinary triage processes with key performing indicators recognised.

The Committee **DISCUSSED** the report and were **ASSURED** that the Health Board has appropriate systems in place to monitor performance and respond to relevant issues.

5.3 Q4 ANNUAL DELIVERY PROGRESS REPORT (D&P/25/010)

SL provided members with an update of the progress made against the Integrated plan year end to March 2025. Detail on the progress made with delivery of the actions and priorities in the Plan as reported at the end of the year.

Committee members sought assurance by asking the following questions:

The suggested delay to 'engage with patients and stakeholders in terms of access to General Medical Services' is important to the community, what is the rationale for implementation?

EL explained that Contract negotiations and GMS access is under review by a national group. The National group are yet to confirm a timeframe of expectation to ensure this is aligned to the local programme of work. Confirmation would be sought prior to consideration by the Board in May.

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

Given the phased major conditions transformation plans, would this be incorporated elsewhere?

EL highlighted that this would be incorporated into a chronic condition approach. A great deal of overlap had been identified with the need to link programmes into other workstreams to avoid duplication

The committee recognised the importance of the update and further work required. The Board would receive the progress update in May 2025. HB explained that The Patient Experience, Quality and Safety Committee Terms of Reference had been strengthened to incorporate General Practice Peoples experience context given its role and to monitor activity.

The Committee **CONSIDERED** the report ahead of submission to the Board and took **ASSURANCE** that there is a process in place for monitoring progress against plan.

5.4 IN-REACH FRAGILITY SIX MONTHLY UPDATE (D&P/25/011)

EL provided an update on the planned review of JAG which is scheduled in November 2025 with a key focus around clinical leadership. Confirmation had been received from Cwm Taf Morgannwg University Health Board (CTMUHB) that services would continue to be provided. Discussions are underway with Aneurin Bevan Health Board to explore future options for provider services.

All Service Level Agreements (SLAs) which are under performing are under review with Providers. The Planned care Transformation Programme would seek to improve sustainable services, referral optimisation and digital support around referrals. It was noted that a progress report is scheduled to committee in December 2025 following the planned review of JAG in November.

The Committee **RECEIVED** the In-reach Fragility six monthly update.

5.5 HEALTH AND SAFETY ANNUAL REPORT (D&P/25/012)

SP provided members with an overview of the Health Board's compliance with statutory health and safety requirements. The key areas of performance, areas for improvement and progress made throughout the year were highlighted.

Members sought assurance by asking the following questions:

Can assurance be provided that appropriate action is being taken to protect patients on Felindre Ward to prevent window access to the building roof?

Health and Safety Officers have dedicated portfolios across the organisation to ensure consistent reviews are undertaken across all areas. The Mental Health service has regular site visits to ensure staff and patients are engaged in lessons learnt from injuries or incidents which have occurred.

What lessons have been learnt from the reported hedge cutter incident, and could this be applied across other situations where similar equipment is utilised?

The Health and Safety Group had recently received assurance that further Standing Operating Procedures (SOPs), had been put in place and a number of toolbox talks and safety procedures had been undertaken following the incident.

What mechanisms are in place to ensure that of those incidents reported, are followed up appropriately and are addressed?

The use of the Datix system, automatically alerts the Health and Safety team when an incident is reported. This enables the service to review and provide support to the investigation to undertaken appropriate action.

The Committee **RECEIVED** report and **ENDORSED** the report for onward submission to the Board in May 2025.

5.6 COMMITTEE RISK REGISTER (D&P/25/013)

HB advised that the Board had approved the Risk Management Framework in March 2025 and work was underway to create a Strategic Risk Register and Organisational Risk Register which would be brought to Board in May 2025.

5.7 ANNUAL ASSESSMENT OF COMMITTEE EFFECTIVENESS (D&P/25/014)

HB presented the report which outlined the results of the Committee Effectiveness review. The Corporate Governance team would seek to develop an action plan to ensure that feedback from the Committee effectiveness reviews were addressed individually and as a collective. The Chairs Forum would monitor progress throughout the year.

Members observed the timeliness of synchronisation of committee papers submitted to the Board and occasionally brought back to committee would be reviewed to avoid duplication.

The Committee **NOTED** the Annual Assessment of Committee Effectiveness and suggested actions for improvement.

5.8 REVIEW TERMS OF REFERENCE (D&P/25/015)

HB presented the report, noting the Organisational status of Level 4 escalation, attention was drawn to the time allocated to the committee to the need to ensure sufficient time is given to review and scrutinise financial performance and to seek assurance as required. The Committee agreed to following amendments:

- To retain Finance within the committee and amended title to 'Finance and Performance Committee';
- To review the balance of agendas to allow focus and deep dives as required and extension to the meeting if needed;
- Assurance in regard to the performance management of Digital is removed, to be transferred to the Audit, Risk and Assurance Committee.
- Assurance in regard to Health and Safety arrangements to be transferred into Delivery and Performance Committee which historically sat within Workforce and Culture Committee.
- Continue to strengthen Primary Care and its components within the Delivery and Performance Committee.

The Committee:

- **ENDORSED** the proposed amendments to the Terms of Reference subject to the amendments listed above,
- **AGREED** that the Chair of the Committee and Director of Corporate Governance will finalise the revised Terms of Reference for presentation to the Board in May 2025 for approval.

6. ITEMS FOR DISCUSSION

There were no items for discussion.

7. CONSENT AGENDA

7.1 COMMITTEE ANNUAL REPORT (INCLUDING IC ELEMENTS) (D&P/25/016)

The Committee RECEIVED the Committee Annual Report for Information.
7.2 INTERNAL AUDIT REPORTS (D&P/25/017)
The Committee RECEIVED the following Internal Audit Reports for ASSURANCE . <ul style="list-style-type: none"> • Community Cardiology • Patient Flow and Discharge Management • Pharmacy Sores • Primary Care GMS Unified Contract
7.3 JOINT COMMISSIONING COMMITTEE (JCC) PLANNING AND PERFORMANCE FINANCE SUB-COMMITTEE HIGHLIGHT REPORT (D&P/25/018)
The Committee RECEIVED the Joint Commissioning Committee Planning and Performance Highlight report for information.
7.4 POWYS TEACHING HEALTH BOARD (PTHB) GLOSSARY (FOR INFORMATION) (D&P/25/019)
The Committee RECEIVED the PTHB Glossary for Information.
8. OTHER MATTERS
8.1 ANY OTHER URGENT BUSINESS (D&P/25/020)
No urgent business was raised.
8.2 ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND/OR OTHER COMMITTEES (D&P/25/021)
There were none.
8.3. COMMITTEE REFLECTIONS (D&P/25/022)
The following summary of business and reflections were provided by members: <ul style="list-style-type: none"> • Well Chaired; • In depth scrutiny and challenge; • Finance discussions well received; • Thanks to Assistant Directors and Deputy Directors for their attendance at committees; • Constructive challenge to drive the organisation forward; • To think about how the wider general public are informed of the level of work being undertaken across the organisation.
8.4 DATE OF THE NEXT MEETING (D&P/25/023)
The date of the next meeting is scheduled on 26 June 2025 at 10:00 via Microsoft Teams.
8.5 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>
8.6 WELCOME AND APOLOGIES (D&P/IC/25/001)
The Chair welcomed everyone to the In-Committee meeting, apologies were noted and recorded.

Members Present:		
Ronnie Alexander	RA	Independent Member (Chair)
Rhobert Lewis	RL	Independent Member (General)

Kirsty Williams	KWi	Independent Member (PTHB Vice-Chair)
Cathie Poynton	CP	Trade Union
Steve Elliot	SE	Independent Member (Finance)
In Attendance:		
Pete Hopgood	PH	Deputy Chief Executive and Executive Director of Finance, Capital and Support Services
Elaine Lorton	EL	Executive Director of Primary, Community Care and Mental Health Services
Claire Roche	CR	Executive Director of Nursing, Quality, Women and Family Health
Kate Wright	KW	Executive Medical Director
Helen Bushell	HB	Director of Corporate Governance/Board Secretary
Beth Powell (Forum Support)	BP	Corporate Governance Business Officer
Apologies for Absence:		
Hayley Thomas	HT	Chief Executive Officer
Mick Giannasi	MG	Independent Member (General)
Claire Madsen	CC	Executive Director of Allied Health Professions, Health Sciences and Digital Services
Debra Wood-Lawson	DW-L	Executive Director of People and Culture
Nicola Johnson	NJ	Executive Director of Planning, Performance and Commissioning services
8.7 DECLARATION OF INTERESTS (D&P/IC/25/002)		
There were no Declarations of interests received in addition to those already recorded on the register.		
8.8 MINUTES OF THE PREVIOUS IN-COMMITTEE MEETING (D&P/IC/25/003)		
The Committee RECEIVED the item and APPROVED the In-Committee Minutes of the meeting held on 06 February 2025 and the Joint meeting of the Delivery and Performance and Planning, Partnerships and Population Health Committee on 17 March 2025 as an accurate and true record.		

Meeting Closed at 16:15