

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

CONFIRMED

**MINUTES OF THE MEETING HELD ON TUESDAY 17 OCTOBER 2023
VIA MICROSOFT TEAMS**

Present:

Ronnie Alexander	Independent Member (Chair)
Robert Lewis	Independent Member (General)
Kirsty Williams	Independent Member (PTHB Vice-Chair)
Cathie Poynton	Independent Member (Trade Union)

In Attendance:

Pete Hopgood	Director of Finance, Information and IT
Steve Elliot	Special Advisor (Finance)
Stephen Powell	Director of Planning, Performance and Commissioning
Debra Wood-Lawson	Director of Workforce and Organisational Development
Joy Garfitt	Director of Operations/Director of Community and Mental Health
Lucie Cornish	Assistant Director of Therapies and Health Sciences
Elizabeth Patterson	Interim Head of Corporate Governance

Observers:

Carl Cooper	Powys Teaching Health Board Chair
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Apologies for Absence:

Hayley Thomas	Chief Executive
Bethan Hopkins	Audit Wales
Helen Bushell	Director Of Corporate Governance
Claire Madsen	Director of Therapies and Health Sciences
Mark Taylor	Independent Member (Capital and Estates)

Committee Support:

Belinda Mills	Corporate Governance Officer
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D&P/23/54	<p>WELCOME AND APOLOGIES FOR ABSENCE</p> <p>The Committee Chair welcomed everyone to the meeting. Apologies for absence were noted as recorded above.</p> <p>The Chair welcomed Steve Elliot as the new Special Advisor (Finance) to the Committee. Steve has been appointed by PTHB to provide additional support to both this Committee and to the Audit Risk and Assurance Committee.</p>
D&P/23/55	<p>DECLARATIONS OF INTERESTS</p> <p>No interests were declared in addition to those already declared in the published register.</p>
D&P/23/56	<p>MINUTES OF THE DELIVERY AND PERFORMANCE COMMITTEE ON 31 AUGUST 2023</p> <p>The minutes of the previous meeting held on 31 August 2023 were AGREED as a true and accurate record subject to the following amendments:</p> <p>The Chair highlighted that there has been a formatting error had occurred whereby the wrong job titles had been assigned against some staff Members in the minutes.</p> <p>The Interim Head of Corporate Governance undertook to ensure this was corrected.</p> <p>The following matters were raised:</p> <p><i>Can the start date for Transnasal Endoscopy be confirmed?</i></p> <p>The Director of Planning, Performance and Commissioning confirmed that Transnasal Endoscopy had been planned to go live in October 2023, however, it will now go live in December 2023.</p> <p><i>What is the position with regard to the Dermatology GP with an extended role who was due to start in July 2023?</i></p> <p>The Assistant Director of Commissioning confirmed that the Dermatology GP with the extended role is in post. The readiness assessment was agreed by the Medical Director on the 5 October 2023. The Commissioning meeting to confirm the external governance arrangements from the consultant in Swansea is scheduled for 17 November 2023 and the revised start date for the service is the 30 November 2023.</p> <p><i>Can an update be provided in relation to the Asthma Specialist post?</i></p> <p>The Assistant Director of Therapies and Health Sciences confirmed that the post has been recruited to and an appointment had been made. A start date was awaited but it was anticipated that the person will be in post by the end of December 2023.</p>

D&P/23/57	<p>COMMITTEE ACTION LOG</p> <p>The Action Log recorded updates with the following information provided during the meeting:</p> <p>PTHB/22/105, D&P/23/11, ARA/22/104a - The Director of Finance, Information and IT clarified that these three actions are not at risk, as they had been deferred to a future meeting due to the volume of business on the agenda. The Committee were asked to agree the revised dates.</p> <p>The Chair noted the number of substantial items that were consequently scheduled for consideration at the next meeting and observed that Committee meetings appeared to be on a cycle of heavier and lighter content. He expressed a wish that a more equal distribution of items be scheduled.</p> <p>The Director of Finance, Information and IT suggested a meeting with the Director of Corporate Governance to examine the work programme.</p> <p>Action: Director of Corporate Governance</p> <p>The Committee RECEIVED the Action Log updates and AGREED the revised dates.</p>
ITEMS FOR ASSURANCE	
D&P/23/58	<p>INTEGRATED PERFORMANCE REPORT (IPR) MONTH 04</p> <p>The Director of Planning, Performance and Commissioning presented the report providing the Committee with the latest available performance update against the 2023/24 NHS Wales Performance Framework. The IPR for Month 4 highlights areas of escalation and exception. Detailed slides on compliant measures will be included bi-annually. Attention was drawn to the following areas:</p> <ul style="list-style-type: none"> • PTHB provided planned care was showing signs of stress with a decrease in provision of in-reach sessions; • for commissioned services all targets for planned care failed in England and Wales, although access remains inequitable as recovery in England is at a faster pace than in Wales; • no commissioned provider is meeting targets for cancer care. Future reports will include the actual number of days before patients were treated; • compliance against the NHS Delivery Framework was shared along with a month by month exception and escalation measure guide;

- of the nine Ministerial Targets set, the Health Board, at month 4, are not achieving five for which remedial action plans have been developed. It is expected Therapies and Diagnostics will return to compliance, however, there is lower confidence that planned care will return to compliance due to the difficulties in backfilling planned care in-reach sessions; and
- the PTHB team will be working with all commissioned providers to get a detailed finance and performance forecast for the remainder of the financial year.

What are the effects of finance and budgets of other Health Boards going forward, and how does this affect the ability of other Health Boards to maintain the current rate of tackling the backlog? What mechanisms are used to pick up those changes and how are they communicated to enable an assessment of impact?

The Director of Planning, Performance and Commissioning explained that this was picked up immediately through routine monitoring and if it becomes a wider issue it was escalated to the Clinical Quality Performance Review meetings with the provider, and if necessary, this would be escalated to an Executive to Executive meeting.

In relation to in-reach cancellations, can assurance be provided regarding the reasons and concerns for those cancellations, and that commissioned services are not cancelling in-reach services to protect their own priorities?

The Director of Planning, Performance and Commissioning advised that routine cancellations do occur with six weeks' notice and occasionally urgent cancellations happened. It was recognised that some acute providers have extremely long waiting lists (which will include Powys patients) and there is a need to prioritise services.

It appears that primary care is not very prominent in the report. This reflects the plan submitted which did not contain detailed targets for this service and it is therefore difficult to gain assurance on performance.

The Director of Planning, Performance and Commissioning agreed this was an area that needed further consideration in relation to data availability and reporting mechanisms to provide the necessary oversight.

The Director of Finance, Information and IT noted there were capacity constraints across the Health Board and cautioned that if additional reporting was found to be necessary, it was likely to be at the expense of the provision of an existing activity. It would be necessary to ascertain the relative importance of requests.

Regarding the fragility of the in-reach service, and whilst there are a number of reasons for cancellation, can it be confirmed that the Health Board are not paying for any services cancelled, and is the Health Board confident that we are not responsible for any cancellations?

The Director of Planning, Performance and Commissioning explained that payments for the English contracts were based on a cost per session this year, so if sessions are cancelled, payments are not made. The funds are reused for the further sessions and the Health Board have negotiated the same agreement with all but one other Health Board in Wales for the first time this year.

The Director of Planning, Performance and Commissioning advised that the team had worked on preparing the environment and testing the infrastructure for in-reach services and no issues had been identified with the mobilisation of the contract or delivery of those sessions.

What are the consequences of not meeting five of the nine Ministerial Priorities. What does it mean for the enhanced monitoring the Health Board is under and how will the Health Board respond to that situation?

The Director of Planning, Performance and Commissioning noted that the Health Board was not currently achieving five of the nine Ministerial Priorities. The Therapies priority would shortly be met. However, there was some ambiguity in some of the Ministerial measures.

One of the new Ministerial Priorities includes drug and alcohol treatment and the percentage of people completing their drug and alcohol treatment. It appears from the report that the service was commissioned in 2022 on the basis of harm reduction, yet this is given as a mitigation for not meeting the 2022/23 Ministerial Target for completion of drug and alcohol treatment. It is not clear how this could be an appropriate mitigation.

The Director of Operations, Community and Mental Health explained there is tension between the Ministerial Priority which was focused on abstinence and NICE guidance and research which focuses on harm reduction. It may be the case that the Ministerial Priority will change slightly to reflect this.

What confidence do you have that 'therapies will be back on track'?

The Director of Planning, Performance and Commissioning explained as part of the Integrated Performance Framework a remedial action plan has been developed where the performance team worked with the operational managers to understand why a service is not delivering its target, and what steps can be taken to improve performance. With therapies

	<p>there had been a number of staff vacancies and some sickness, and the team are now fully staffed. This capacity will enable the service to return performance back to compliance.</p> <p>The Assistant Director of Therapies and Health Sciences added that there was a remedial action plan with clearly defined actions. There had been illness within a number of services and now these staff have returned to work the trajectory looks more positive. The professional manager was also supporting a comprehensive assessment of workload management and demand capacity planning. The trajectory was improving, and recovery was visible.</p> <p><i>In relation to patients waiting up to six years for an intervention can you clarify the specialities that relates to?</i></p> <p>The Director of Planning, Performance and Commissioning confirmed that no Powys residents have been waiting for six years, but there are residents across Wales in other Health Boards who have waited this long. However, there are Powys patients waiting more than four years and key pressure points across Wales are in surgical specialities such as orthopaedics, especially for elective care requiring an overnight stay, joint replacement, general surgery, ophthalmology and breast surgery. Most surgical specialities have difficulty reducing waiting times, especially for patients who need to stay overnight. Progress has been made using the use of day case to improve waiting times.</p> <p><i>Is there any remedy that one can foresee in relation to these specialities?</i></p> <p>The Director of Planning, Performance and Commissioning explained that it was complicated with priority given to treat extreme long waiters, however, Getting It Right First Time (GIRFT) was seen as a key programme to improve the efficiency and effectiveness of current resources.</p> <p>The Committee:</p> <ul style="list-style-type: none"> • DISCUSSED and NOTED the content of the report. • CONSIDERED any areas for further discussion or action. • Took ASSURANCE that the Health Board has appropriate systems in place to monitor performance and respond to relevant issues.
D&P/23/59	<p>FINANCE PERFORMANCE REPORT MONTH 06</p> <p>The Director of Finance, Information and IT presented the report which provided an update on the September 2023 (Month 06) Financial Position, including progress with savings delivery. At month 06, there was a £17.240m over-spend against the planned deficit of £16.737m giving the Health</p>

Board an operational overspend of £0.503m. Attention was drawn to the following areas:

- Key areas of pressure include agency spend supporting the high number of vacancies and pressures in commissioned services, although there could be a financially improved position due to recent strikes;
- Continuing Health Care remains an area of concern;
- The Health Board continue to hold the forecast deficit of £33.5m despite the overspend at Month 6 of £0.5m based on the ability to manage risk and opportunities. To meet this every budget holder will need to be focussed on delivering the actions within the plan and reduce expenditure where at all possible;
- The savings target is covered by green and amber schemes. It is essential the amber schemes are turned green as soon as possible; and
- The financial challenges will remain for the foreseeable future.

Noting the increase in the commissioning costs and other costs, do you see these costs continuing to increase over the next couple of years and will that increase be incorporated in the baseline going forward, or do you think in terms of commissioning the position will stabilise due to a lack of additional staff to tackle the backlog?

The Director of Finance, Information and IT explained that it was important to understand the financial position, what the cost drivers are, whether they are related to activity and demand, inflation or any other factors and to be clear on what the ask is in the financial plan for the future.

In relation to variable pay which is a major risk across Wales, but one that this Health Board particularly struggles with, what level of confidence do the Executives have that the position can be improved?

The Director of Workforce and OD explained that the agency reduction plan was in place but will take time to have an effect. To supplement the plan a long term strategy to grow our own has been developed in order to increase the number of substantive staff therefore reducing the reliance on agency and off-contract agency (off which the latter is the bigger cost). Last year two overseas nurses joined the Health Board and this year nine overseas nurses have been recruited. There is a plan to bring in an additional four overseas nurses in April 2024 and when overseas nurses pass their Objective Structured Clinical Examination (OSCE) this will help end the use of off-contract agency staff. In September 2023 22 aspiring nurses were recruited to support healthcare. They have received their pin numbers and will contribute 30 hours as healthcare support workers. This will eliminate agency costs for healthcare support staff. Many agency workers have

	<p>registered with the bank, and Wage Stream has recently been implemented which allows all agency workers to promptly access pay.</p> <p>The Director of Operations, Community and Mental Health added that a fortnightly meeting was held with the project team to review data to manage agency spend and assured the Committee that every single agency shift is scrutinised, and everything possible is done to contain agency spend.</p> <p><i>What is the degree of confidence that the mid-year overspend of £0.5m will be brought back into balance rather than increasing to a year end overspend of £1m, and what is your confidence that the savings target which at mid-year is £0.5m off track will be met?</i></p> <p>The Director of Finance, Information and IT explained that in relation to savings it is an area of close scrutiny, actions are tracked and will be tracked for the rest of the year. The overall level of confidence is on behalf of the organisation and relates to all budget holders to commit to reduce spend wherever possible. In addition, there are some potential areas of slippage against expenditure plans which will assist the organisation in delivering to plan.</p> <p>The Director of Planning, Performance and Commissioning outlined some of the actions which were being taken in the Commissioning area to accurately forecast spend to assist in budgetary control.</p> <p>The Committee:</p> <ul style="list-style-type: none"> • DISCUSSED and NOTED the Month 06 2023/24 financial position. • DISCUSSED and NOTED the 2023/24 financial forecast deficit position.
D&P/23/60	<p>PRIMARY CARE OUT OF HOURS ASSURANCE REPORT</p> <p>The Director of Finance, Information and IT presented the item in relation to Out of Hours (OOH) Service provision for Powys patients during 2022/2023. Attention was drawn to the following points:</p> <ul style="list-style-type: none"> • Shropdoc are the main service providers apart from in Ystradgynlais where the service is provided by Swansea Bay UHB; • The quality of service and level of cover provide by Shropdoc is remains good whilst Swansea Bay UHB have been unable to fill their shifts at Ystradgynlais; <p><i>Can assurance be provided in relation to the contract with Shropdoc that the procurement process for a future contract is undertaken within an appropriate timeframe?</i></p>

	<p>The Director of Finance, Information and IT confirmed this was under consideration. The team are monitoring for any potential changes to legislation from Welsh Government in terms of public procurement, as that will have an impact on how future procurement is undertaken. If procurement rules are changed to a similar model that is used in England, it will not be necessary to undertake a tender process. If procurement rules remain as present it will be necessary to undertake a tender process.</p> <p><i>Given Swansea Bay UHB have been unable to fulfil their contracted shifts at Ystradgynlais, what approach is being taken to ensure the situation is regularised and the residents of Ystradgynlais receive the contracted service?</i></p> <p>The Director of Finance, Information and IT highlighted that this had been a longstanding issue and Powys patients living in that area are attending at Morriston or Neath OOH if they need face to face contact.</p> <p>The contract with Swansea Bay UHB remains unsigned and both parties are discussing OOH provision as part of a wider discussion which includes District Nursing and Community Services.</p> <p>The Director of Finance, Information and IT offered a further update in terms of OOH in Ystradgynlais.</p> <p>Action: Director of Finance, Information and IT</p> <p>The Committee:</p> <ul style="list-style-type: none"> RECEIVE the update provided and take ASSURANCE that the OOH Commissioning Assurance Framework monitoring process provides effective assurance to PTHB on OOH contract management
D&P/23/61	<p>IT INFRASTRUCTURE AND ASSET MANAGEMENT (UPDATE AGAINST AUDIT REPORT AND PROGRESS)</p> <p>The Director of Finance, Information and IT presented the item which provided the updates against actions from the Infrastructure and Asset Audit recommendations.</p> <p>It was noted that a number of recommendations and action areas had been identified and that internal audit will be undertaking a follow up review audit of this area shortly.</p> <p>It was noted that the majority of actions were now complete. There is some ongoing work in relation to the telephony upgrade. Work to reduce the risk associated with old network devices had been completed, however, a physical</p>

	<p>audit would be undertaken to ensure all digital assets are recorded.</p> <p>Two areas are noted as overdue as follows:</p> <ul style="list-style-type: none"> • fire and water detection and potential of dedicated power supply to the Bronllys room, fire suppression at Brecon, and air conditioning at Brecon, and • the network should be split into Vlans, and firewalls should be deployed. <p>The team are working with the Associate Director of Estates and Property on these actions.</p> <p><i>In relation to the two areas which have been identified as not complete, are you concerned about that in any way?</i></p> <p>The Director of Finance, Information, and IT stated there are reasons why progress had not been timely and assured the Committee that if these continue to be an issue it will become a highlighted risk. If this is the case, it will be brought to the next meeting of the Committee.</p> <p>Action: Director of Finance, Information and IT</p> <p>The Committee RECEIVED the report taking ASSURANCE against progress.</p>
ITEMS FOR DISCUSSION	
<i>There were no items for inclusion within this section</i>	
ESCALATED ITEMS	
<i>There were no items for inclusion within this section</i>	
ITEMS FOR INFORMATION	
<i>There were no items for inclusion within this section</i>	
OTHER MATTERS	
D&P/23/62	<p>COMMITTEE WORK PROGRAMME</p> <p>The Committee RECEIVED the Committee Work Programme for information.</p>
D&P/23/63	<p>ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND OTHER COMMITTEES</p> <p>The Delivery and Performance Committee will bring to the Board the financial position as an ongoing escalated item.</p>
D&P/23/64	<p>ANY OTHER URGENT BUSINESS</p> <p>It was noted that there was a first meeting held by Welsh Government in relation to escalation and intervention status and the team were working through the process in relation to the terms of reference and the key performance metrics. There would be a monthly meeting in the form of an IQPD</p>

	(Integrated Quality, Performance and Delivery) and the Executive team are working through the governance arrangements. . It was a constructive and helpful meeting, the details of which will be reported to the Board																																				
D&P/23/65	DATE OF THE NEXT MEETING The date of the next meeting is scheduled on 19 December 2023 at 10:00 via Microsoft Teams.																																				
D&P IC/23/66	The following resolution was passed: Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.																																				
<p>Present:</p> <table> <tr> <td>Ronnie Alexander</td> <td>Independent Member (Chair)</td> </tr> <tr> <td>Cathie Poynton</td> <td>Independent Member</td> </tr> <tr> <td>Rhobert Lewis</td> <td>Independent member</td> </tr> <tr> <td>Kirsty Williams</td> <td>Independent Member (PTHB Vice-Chair)</td> </tr> </table> <p>In Attendance:</p> <table> <tr> <td>Pete Hopgood</td> <td>Director of Finance, Information and IT</td> </tr> <tr> <td>Steve Powell</td> <td>Director of Performance and Commissioning</td> </tr> <tr> <td>Debra Wood-Lawson</td> <td>Director of Workforce and Organisational Development</td> </tr> <tr> <td>Joy Garfitt</td> <td>Director of Operational/Director of Community and Mental Health</td> </tr> <tr> <td>Lucie Cornish</td> <td>Assistant Director Therapies and Health Sciences</td> </tr> <tr> <td>Steve Elliot</td> <td>Special Advisor (Finance)</td> </tr> <tr> <td>Liz Patterson</td> <td>Interim Head of Corporate Governance</td> </tr> </table> <p>Observer:</p> <table> <tr> <td>Carl Cooper</td> <td>PTHB Chair</td> </tr> </table> <p>Apologies for Absence:</p> <table> <tr> <td>Mark Taylor</td> <td>Independent Member</td> </tr> <tr> <td>Helen Bushell</td> <td>Director of Corporate Governance</td> </tr> <tr> <td>Hayley Thomas</td> <td>Interim Chief Executive</td> </tr> <tr> <td>Claire Madsen</td> <td>Director of Therapies and Health Sciences</td> </tr> <tr> <td>Joy Garfitt</td> <td>Director of Operational/Director of Community and Mental Health</td> </tr> </table> <p>Committee Support:</p> <table> <tr> <td>Belinda Mills</td> <td>Corporate Governance Officer</td> </tr> </table>		Ronnie Alexander	Independent Member (Chair)	Cathie Poynton	Independent Member	Rhobert Lewis	Independent member	Kirsty Williams	Independent Member (PTHB Vice-Chair)	Pete Hopgood	Director of Finance, Information and IT	Steve Powell	Director of Performance and Commissioning	Debra Wood-Lawson	Director of Workforce and Organisational Development	Joy Garfitt	Director of Operational/Director of Community and Mental Health	Lucie Cornish	Assistant Director Therapies and Health Sciences	Steve Elliot	Special Advisor (Finance)	Liz Patterson	Interim Head of Corporate Governance	Carl Cooper	PTHB Chair	Mark Taylor	Independent Member	Helen Bushell	Director of Corporate Governance	Hayley Thomas	Interim Chief Executive	Claire Madsen	Director of Therapies and Health Sciences	Joy Garfitt	Director of Operational/Director of Community and Mental Health	Belinda Mills	Corporate Governance Officer
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D&P IC/23/67	<p>MINUTES OF IN-COMMITTEE 31 AUGUST 2023</p> <p>The minutes of the In-Committee meeting held on 31 August 2023 were AGREED as an accurate and true record.</p>
D&P IC/23/68	<p>FINANCIAL SUSTAINABILITY</p> <p>Rationale for item being held in private: Information relating to the financial and business affairs of the organisation that were confidential but would be released, either partially or fully, into the public domain in the future.</p> <p>The Director of Finance, Information and IT provided the Committee with a verbal update in relation to financial sustainability.</p> <p>The Committee NOTED the update on financial sustainability.</p>