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Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

DELIVERY & PERFORMANCE COMMITTEE

CONFIRMED MINUTES OF THE MEETING HELD ON THURSDAY 29 AUGUST 2024, VIA MICROSOFT TEAMS

Members Present:		
Ronnie Alexander	RA	Independent Member (Chair)
Cathie Poynton	CP	Independent Member (Trade Union)
Steve Elliot	SE	Independent Member (Finance)
Mick Giannasi	MG	Independent Member (General)
In Attendance:		
Pete Hopgood	PH	Deputy Chief Executive and Executive Director of Finance, Capital and Support Services
Claire Roche	CR	Executive Director of Nursing, Quality, Women and Family Health
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Sciences and Digital
Chirs Moss	CMO	Assistant Director of Performance and Commissioning
Sam Ruthven-Hill	SR-H	Assistant Director of Planning
David Farnsworth	DF	Assistant Director of Community Services
Hywel Pullen	HP	Deputy Director of Finance
Zoe Ashman	ZA	Assistant Director of Women and Children
Steve Bromley	SB	Environment and Sustainability Manager
Hannah Jones (Observing)	HJ	Internal Audit
Carl Cooper (Observing)	CC	PTHB Chair
Toboline Mupita (Observing)	TM	Shadowing Independent Member
Sim Foreman	SF	Deputy Board Secretary
Beth Powell (Forum Support)	BP	Corporate Governance Business Officer
Apologies for Absence:		
Kirsty Williams	KWi	Independent Member (PTHB Vice-Chair)
Deb Wood-Lawson	DWL	Executive Director of People and Culture
Joy Garfitt	JG	Executive Director of Operations, Mental Health and Learning Disability
Helen Bushell	HB	Director of Corporate Governance/Bord Secretary
Rhobert Lewis	RL	Independent Member (General)
Steve Powell	SP	Executive Director of Planning, Performance and Commissioning
Kate Wright	KW	Medical Director

PRELIMINARY MATTERS
1.1 WELCOME AND APOLOGIES FOR ABSENCE (D&P/24/040)
RA welcomed everyone to the meeting. Apologies for absence were noted as recorded above.
1.2 DECLARATIONS OF INTERESTS (D&P/24/041)
No declarations on interest were received.

1.3 MINUTES OF THE PREVIOUS MEETING (D&P/24/042)

The minutes of the meeting held on 27 June 2024 were **CONFIRMED** as an accurate record.

1.4 COMMITTEE ACTION LOG (D&P/24/043)

The Action Log recorded updates with the following information provided:

D&P/24/07a-The Joint Advisory Group on Gastrointestinal Endoscopy (JAG)

Accreditation: Members requested further clarity regarding the costs following a further visit by the JAG team. DF confirmed that detail would be circulated to members outside of the meeting. **Action: Assistant Director of Community Services**

D&P/24/008b- Uptake of Falls Training Package by Care Homes: Members recognised that a full briefing had not been received. PH confirmed that he would link with the relevant Executive to provide an update by close of play tomorrow. **Action: Executive Director of Finance, Capital and Support Services.**

The Committee **RECEIVED** the Action Log updates and noted the closed items.

2. ITEMS FOR ASSURANCE

2.1 FINANCE PERFORMANCE REPORT MONTH 04 (D&P/24/044)

PH presented the report which included Monthly Monitoring Returns and progress with savings delivery and highlighted the following key areas:

- Powys Teaching Health Board (PTHB) continue to monitor against the current year-end deficit forecast of £22.95m
- At Month 4, there was a £10.500m overspend against the planned year to date deficit of £7.6505m giving the Health Board an operational overspend of £2.850m.
- The capital resource limit for 2024/25 was £7.620m. To date £0.257m has been spent.
- Increased pressure areas continue across Pay and Agency costs, Elective and Emergency care alongside Continuing Health Care (CHC), Mental Health and Learning Disabilities (MH&LD) services and pay breakdown.
- CHC overspend total £1.2m at Month 4, these pressures were offset due to the reduced expenditure assumptions on prescribing and dental services.
- New data had been collected and presented around delays across secondary care which potentially could be treated in other provider beds.

Committee members sought assurance by asked the following questions:

Can detail be provided on the process to identify the mitigating actions to offset against the operational deficit?

Each area is tasked with a run rate of controls such as a vacancy panel. PTHB's focus remains against the commissioned services position and work is underway to identify actions which focus on relevant and appropriate activity. This would continue to be monitored closely to understand whether the delivery target would be met.

What is the outcome following the recent meeting with Welsh Government and Executive colleagues, and what is the current position against the red rated savings?

A meeting with Welsh Government colleagues is scheduled for next week to review local plans and an update would be provided to the Board following this meeting. The savings tracker conveys a live position and continues to be an area of focus on the actions being taken to change schemes to move from red to amber or amber to green.

Can assurance be provided that the capital programme will deliver as planned given the spend is relatively low and is the e-roster data likely to impact agency spend and the overall deficit position?

There is no concern or escalation in relation to the significant underspend and this currently matches the plan profile. This system had been utilised for all reporting to ensure all the relevant information is collected and compliance of data is recorded accurately. A Savings page had been added within the report to demonstrate how schemes are linked against the Value and Sustainability Board. Work is underway to identify savings targets to ensure actions are included within our plan moving forwards.

At what stage would pre-empt action be taken should the Organisation predict the planned overspend would not be met?

Should a change in forecast against the plan, a Board decision would be required based upon the actions taken of the commissioned services position. Should this be delivered, this would have significant impact and would continue to be monitored.

How are the costs of delayed transfer of care measured with Provider Services against Commissioned services in England?

Given capacity challenges across social care to meet the demands of the population, delays continue to be monitored. This cost had been included within the commissioned services position. The overriding factor is the number of days costings for those residents in English provider beds who are waiting to be transferred back into Powys.

Is there a plan B, should the current plan not deliver?

The financial plan developed in consultation with the Board identified the potential actions to improve the position. Should the Organisation continue to see pressure against the plan, this would be adjusted, discussed and agreed with the Board in line with the plan.

As prescribing costs had decreased, is it anticipated that this trend would continue?

Yes, this is an area of success given the financial position. PTHB significant savings plan target is £1.1m where the latest data is captured to inform the forecast position.

PH thanked Independent Members for the positive feedback on the finance report format and highlighted the importance that data is fully understood and the drivers for change. Thanks were also extended to Hywell Pullen, Deputy Director of Finance and the wider team who produced the report.

The Committee **RECEIVED** the financial report and **ASSURANCE** was provided that the organisation has effective financial monitoring and reporting mechanisms in place.

2.2 SIX MONTHLY REPORT ON CONTINUING HEALTH CARE SAVINGS (D&P/24/045)

DF provided an update on the operational pressures and financial performance in relation to Continuing Health Care (CHC). The following key areas were highlighted:

- Planned improvements in practice had impacted positively on performance, recognised further improvements would require resourcing.
- The backlog of overdue reviews had been addressed with a satisfactory outcome resulting from 122 overdue in February 2024 to 21 in July 2024.
- 106 CHC applications reported in Month 3 for this year to date (June 2024)
- Elderly Mentally Infirm (EMI) had increased significantly over the twelve months from May 2023.

- General nursing is reasonably stable across the year with an average of 45 cases per month.

PTHB had participated in the national review work on Commissioned Care facilitated by the National Collaborative Commissioning Unit (NCCU) through the Welsh Government's Value & Sustainability Board. This work validated that the team are managing potential price revisions and care planning meet the commissioned care arrangements.

Committee members sought assurance by asked the following questions:

What is driving the increased number of EMI over the last 12 months?

The aging population had proven to be a factor of increased demand, recognising diagnosis is not always clearly identified. Work is underway to review care meeting the appropriate threshold for CHC, recognising clinical and family opinions of those individuals may cause delays in decision making.

Can further detail be provided on dementia diagnosis to community hospitals?

DF confirmed that the service is supporting patients with dementia diagnosis and to ensure the best care is provided for to meet individual needs. The workforce is under review to ensure staffing arrangements are adequate for the level of care packages required. It was noted that a review would be undertaken to create and improve better environments and skill mix across this service in Powys.

Is there anything further that can be done to impact the level of demand and cost of services?

PTHB has been working with the Local Authority for systems to support provision. Powys County Council have approached the Organisation to review Powys Owned Care Homes to source to other providers, however this work is at the early stages of planning. End of life packages of care are under review to seek a potential business case to provide palliative care services which requires governance and financial impacts. A bid would be worked through ensuring compliance with high quality and safety measures.

Is the Local Authority reviewing the concept of micro-providers given commissioned services no-availability of domiciliary care?

The Local Authority is seeking to expand the domiciliary market, recognising that Micro providers governance can be problematic including financial challenges. It was noted that infrastructure is required to align this work going forwards.

Is it recognised that the National Framework for Commissioning of Care will be supported?

Yes, this would be one of the tools that would offer benefits to PTHB with an opportunity to review investment for care provision. This was recognised as a long-term process and to be consistent to drive behaviours, noting the financial impacts and challenges.

The Committee **DISCUSSED** the content of the Continuing Health Care Savings report and **NOTED** the actions in place to manage service demand, improve performance and control finances.

2.3 INTEGRATED QUALITY PERFORMANCE REPORT (IQPR) MONTH 03 (D&P/24/046)

CMO presented the Integrated Quality Performance Report (IQPR) month 03 which highlighted performance achievements and challenges, and a comparison to the All-Wales performance benchmark where available. The following key themes were highlighted for Month 3:

- Key NHS Performance Framework targets remain challenging with Powys planned care services remaining highly fragile at the end of quarter one.
- Challenges across diagnostic pathway breaches which decreased slightly in June with 157 patients waiting over eight weeks.
- Key challenges for Referral to Treatment (RTT) pathways include an especially fragile in-reach service provision.
- Proactive steps continue to be taken and operationally private insource capacity remains key and is confirmed until the end of quarter two.
- Other key actions include ongoing pathway validation and efficiencies work, and use of weekend clinics and theatre sessions.

Committee members sought assurance by asked the following questions:

What is the rationale of patients who are waiting over 104 weeks for Nerve Conduction Studies within Aneurin Bevan Health Board?

This is due to capacity constraints across the service and PTHB continue to work closely with colleagues to ensure patients are given an appointment date. This will be fed back to the Committee. **Action: Assistant Director of Performance and Commissioning**

What is the likely trajectory to begin to improve achievements against the current Colonoscopy performance data?

Detail would be provided and shared outside of the meeting. **Action: Assistant Director of Performance and Commissioning**

CM explained that there is a national shortage of Health Care Scientists and PTHB is working in partnership with Health Education Inspectorate Wales (HEIW) to help support discussions with young people's careers. Work had been undertaken with primary care to develop staff in training diagnostic skill professions and triage improvement to better understand individual needs in order to reduce waiting lists. An update would be provided to Committee following discussions with HEIW. **Action: Executive Director of Allied Health Professions, Health Sciences and Digital**

Independent Members congratulated the Performance team on the work undertaken and for the production of the high-level presentation in terms of its format. It was recommended that future reporting would benefit from focus on smaller elements where the Organisation can make a difference and enable the Committee to monitor key issues that require focus and prospect of improvement. CMO confirmed that the team would seek to incorporate the actions that would deliver the improvement against the red areas into future reporting. CR confirmed that a focus on specific areas had been incorporated into the Integrated Quality Performance Framework (IQPF), with neurodiversity as a topic of specific focus is on the agenda for discussion today.

The Committee **NOTED** the actions in place to manage service demand, improve performance and control spending.

2.4 Q1 INTEGRATED PLAN PROGRESS REPORT (D&P/24/047)

SRH provided members with an update of the progress made against the Integrated Plan for the Quarter 1 period (April to June 2024) and the output of the reviews carried out by each Executive lead and their respective areas.

Progress had been made with the majority of deliverables being 'RAG' (Red / Amber / Green) rated by each Executive lead as either completed, on track or at risk as appropriate. There are a small number which are rated as behind schedule with a significant number of items not yet due. The priorities within the annual Delivery plan determine whether these need to be reset in the context of capacity required to progress work on Strategic Service Changes and the Routemap to Sustainability and this is under consideration.

Committee members sought assurance by asked the following questions:

What are the major vulnerabilities against the red risks?

A potential vulnerability to deliver the plan as it stands given the capacity required to de-risk the plan. It was recognised to refocus capacity and effort which is crucial for the Organisation, noting that further vulnerabilities may arise in Q2 in terms of variances against planned delivery.

The Committee discussed the red areas and the benefits of defining the mitigating actions against the expected impact to make a difference long term. It was recommended to increase the focus to link into the performance framework and progress against the plan, this would develop an improved framework and confirmed that this would transact into the next version of the report.

The Committee **CONSIDERED** the report ahead of submission to Board and was **ASSURED** that appropriate processes are in place for monitoring progress against plan.

2.5 NEURODIVERSITY (CHILDREN) PERFORMANCE/PLANNING UPDATE (D&P/24/048)

CR provided an overview of the Neurodiversity performance following an initial report being considered in January 2024 when the Executive Committee asked for further diagnostic work to be undertaken. ZA presented a high-level summary of the work undertaken and highlighted the following key actions:

- There is a need to address gaps in data and complete population level demand modelling prior to starting work on capacity
- Reduction of time to triage from six months to 28 days
- Establishment of parent and carer group forum focussed on 0–5 years; and 5–11 years to coproduce an early “waiting well” offer and peer support group.
- Implementation of robust communication plan with Carers/parents.
- A Strategic Change Project team had been established to lead and develop a future model on behalf of the Executive Committee.

Committee members sought assurance by asked the following questions:

When will the waiting list be completed for those children awaiting completion of assessment?

The team are working at pace to reduce waiting times for those children awaiting assessments. A review took place in July which saw a significant reduction in numbers by the end of August. It is anticipated that a manageable number would be in place mid-October, although it was recognised that some children are awaiting Multi-Disciplinary Team (MDT) pathways or do not require diagnosis. These children need

further assessment to ensure the correct pathway is provided and supported. Noted that challenges remain across post-diagnosis support to ensure adequate mediation and follow-up is available.

How do we compare with other health boards in a rural setting and what does good practice look like?

This is a challenging area for all organisations in terms of a model to emulate. Aneurin Bevan Health Board model and engagement with Local Authorities and education have won a NHS Wales award. Key work with PCC to be undertaken, commissioning with parents and carers group to align closely with Additional Learning Needs (ALN) encompasses the work. From a national perspective, Welsh Government has provided significant clarity for Referral to Treatment (RTT) quality measures to ensure consistent and quality against the eight standards.

What is the order of change that is needed, is workforce capacity available, and are there financial implications?

Over the next six to eight weeks the structure and flow would be evident with a robust structure in place in terms of clinical space and capacity to ensure the service is as supportive as possible for children, parents and carers to understand the offer. Powys has a strong workforce across the service with adequate capacity. A review would be undertaken to look at skill mix and align multiple services to be accessible at one time.

How would parent and carers' feedback be used to influence development?

The service had received a high volume of concerns and expectations continue to be managed. A proactive communications platform had been implemented to support all parents and carers awaiting an appointment or diagnosis pathway. As part of the quality measures the service had introduced the use of Civica to coproduce working with parents and carers to feedback into the system and support future resources. It was noted that a glossary would also be incorporated into the next iteration of the report for ease of reference.

CR wished to highlight the importance of the live work underway is shared with members to understand the stock of key actions for improvement. The service is focused on undertaking affective assessments to provide sustainable changes going forwards.

The Committee were **ASSURED** on the work undertaken to date with the diagnostic assessments. Key issues had been highlighted and **CONFIRMED** the future reporting mechanisms with an update to committee at the December meeting.

2.6 POWYS PUBLIC SERVICE BOARD CLIMATE WORKING GROUP UPDATE (D&P/24/049)

SB provided an update on the collaborative work undertaken to date by PTHB through the Powys Public Service Board (PSB) Climate Working Group. The group had been formed to develop and deliver a five-year project to scale and speed up climate action across Powys.

Committee members sought assurance by asked the following questions:

Where does the key focus sit to ensure alignment of the PSB and NHS?

The PSB is important to influence and support PTHB, however noted this would not fundamentally impact the decarbonisation strategy, although would provide a wider context of proportion within the County.

The Committee **NOTED** the work completed within the PSB working group to respond to the climate emergency.

3. ITEMS FOR DISCUSSION

There were no items for discussion.

4. ESCALATED ITEMS

4.1 ORGANISATIONAL STATUS (NHS WALES ESCALATION FRAMEWORK) ENHANCED MONITORING REPORT (D&P/24/050)

SF confirmed that there were five levels of escalation as set by Welsh Government, with PTHB in Enhanced Monitoring (level 3) for Strategy, Planning and Finance. A further presentation was shared with members which provided detail on current plans against the criteria set by Welsh Government, assurance dashboards would continue to be developed and confirmation of the de-escalation criteria and action plan would be shared in due course.

The Committee **RECEIVED** the report as part of a package of assurance that PTHB continues to report as required in relation to its organisational escalation status. The Committee also **NOTED** the latest position on organisational escalation status for PTHB.

5. ITEMS FOR INFORMATION

There were no items for information

6. OTHER MATTERS

6.1 COMMITTEE RISK REGISTER (D&P/24/051)

SF provided a summary of the Committee Risk Register (those risks that fall within the Committee's scope and remit). Members sought assurance by asking the following questions:

Had any occurrences taken place against Risk 009 given its high status?

PH confirmed that when a risk is identified this is taken through the standard process to the relevant Committee to review and discuss the mitigating actions. This would continue to be monitored, and where appropriate, to escalate or de-escalate, this would be brought to the committee's attention for discussion accordingly.

Can an update be provided against Risk 001 to review the capacity, capability and sustainability of the Finance team?

PH explained that work continues to monitor capacity levels of expertise across the Finance service. This area was highlighted in a recent Audit Wales report in relation to the Organisations approach to savings to ensure delivery.

What do the highlighted sections tell us as a committee?

The red areas highlight a new update, recognising that a standardised approach would need to be aligned across all Directorate Risks to ensure consistency.

The Committee **NOTED** the July 2024 version of the Committee Risk Register and recognised this was under development. Members took **ASSURANCE** that it is a complete and a true reflection of the Committee's current high-level risks.

6.2 COMMITTEE WORK PROGRAMME (D&P/24/052)

SF explained that the Committee Work Programme was a standing agenda item to remind members of the reasons for business being presented and highlight any reasons for deferred or rescheduled business.

The Committee **RECEIVED** the Work Programme for information.

6.3 ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOAR AND/OR OTHER COMMITTEES (D&P/24/053)

No items were raised.

6.4 ANY OTHER URGENT BUSINESS (D&P/24/054)

There was no other urgent business.

6.5 COMMITTEE REFLECTIONS (D&P/24/055)

The Chair thanked TM who had observed several Committee meetings as part of a Welsh Government project to encourage diversity. TM thanked members for the opportunity to be part of the meeting, which had been constructive with a good balance of power and accountability. The opportunity to ask direct questions to expose services in greater depth had been invaluable.

The following summary of business and reflections were provided by members:

- Important topics discussed;
- High quality reporting;
- Well-constructed and clear messaging across all presentations;
- CHC progress update well received as an area of pressure;
- Neurodiversity showed good progress with high expectations;
- Public Service Board shows proactive developments.

CC welcomed the reflections and recommended that the feedback would be shared with the Board in due course.

6.6 DATE OF THE NEXT MEETING (D&P/24/056)

The date of the next meeting is scheduled on 22 October 2024 at 10:00 via Microsoft Teams.

6.7 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.'

Members Present:		
Ronnie Alexander	RA	Independent Member (Chair)
Steve Elliot	SE	Independent Member (Finance)
Mick Giannasi	MG	Independent Member (General)
Cathie Poynton	CP	Trade Union
In Attendance:		
Pete Hopgood	PH	Deputy Chief Executive and Executive Director of Finance, Capital and Support Services
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Sciences and Digital
Sim Foreman	SF	Deputy Board Secretary
Beth Powell (Forum Support)	BP	Corporate Governance Business Officer
Apologies for Absence:		
Kirsty Williams	KWi	Independent Member (PTHB Vice-Chair)
Deb Wood-Lawson	DWL	Executive Director of People and Culture
Joy Garfitt	JG	Executive Director of Mental Health and Learning Disabilities

Rhobert Lewis	RL	Independent Member (General)
Steve Powell	SP	Executive Director of Commissioning, Performance and Planning
Kate Wright	KW	Medical Director
Helen Bushell	HB	Director of Corporate Governance/Board Secretary

6.8 CORPORATE RISK REGISTER: CYBER SECURITY (D&P/IC/24/024)

Rationale for item being held in private: The details of the report and sensitive, confidential and not in the public interest.

The In-Committee element of the Digital First Update of Cyber Security was **NOTED**. CM explained that no change had been identified to the risk and it was recommended that future updates would be incorporated into the Information Technology reporting cycle. Members recognised the work undertaken and **AGREED** for the Cyber Risk updates to be reported by exception.

The Committee **NOTED** the update on Cyber Security Risks.

6.9 MINUTES OF THE PREVIOUS IN-COMMITTEE MEETING (D&P/IC/24/025)

The Committee **RECEIVED** the item and **APPROVED** the In-Committee Minutes of the meeting held on 27 June 2024 as an accurate and true record.

Meeting Closed at 13:00