

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

CONFIRMED

**MINUTES OF THE MEETING HELD ON THURSDAY 29 FEBRUARY 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)
Mick Giannasi	Independent Member

In Attendance:

Pete Hopgood	Director of Finance, Information and IT
Stephen Powell	Director of Performance and Commissioning
Samantha Ruthven-Hill	Assistant Director of Planning (Item 2.3)
Helen Bushell	Director Of Corporate Governance
Dauids Farnsworth	Interim Director of Operations/Director of Community and Mental Health
Jason Crowl	Assistant Director of Support Services (Item 2.9)
Wayne Tannahill	Associate Director of Capital, Estates and Property (Item 2.10)
Vicki Cooper	CDO and Assistant Director Digital Transformation
Jayne Lawrence	Assistant Director of Primary Care Services (Item 2.7)
Steve Elliot	Special Advisor (Finance)
Debra Wood Lawson	Director of Workforce and OD
Kate Wright	Medical Director
Jacqueline Seaton	Chief Pharmacist (Item 2.8)
Louisa Kerr	Assistant Director of Mental Health and Learning Disabilities(Item 2.5)

Observers:

Daisy Dee	Health Education Improvement Wales
-----------	------------------------------------

Apologies for Absence:

Hayley Thomas	Chief Executive Officer
Joy Garfitt	Interim Director of Operations
Claire Madsen	Director of Therapies and Health Sciences

Committee Support:

Sue Wilcox	Corporate Governance Officer (minutes)
------------	--

D&P/23/92	<p>WELCOME AND APOLOGIES FOR ABSENCE</p> <p>The Committee Chair welcomed everyone to the meeting, introducing Mick Giannasi, Independent Member. Apologies for absence were noted as recorded above.</p>
D&P/23/93	<p>DECLARATIONS OF INTERESTS</p> <p>No interests were declared in addition to those already declared in the published register.</p>
D&P/23/94	<p>MINUTES OF THE DELIVERY AND PERFORMANCE COMMITTEE ON 19 DECEMBER 2023</p> <p>The minutes of the previous meeting held on 19 December 2023 were AGREED as a true and accurate record.</p>
D&P/23/95	<p>COMMITTEE ACTION LOG</p> <p>The Action Log recorded updates with the following information provided during the meeting:</p> <p>D&P/23/74 – Speech and Language Therapy: The Committee noted an update will be provided within the Integrated Performance Report Month 09, item 2.2 on the agenda. The Committee agreed to close the action.</p> <p>D&P/23/80 – The Director of Finance, Information and IT gave assurance the Estates Department had appropriate maintenance arrangements in place. There is a mitigated risk around the power supply whereby generators are in place rather than an individual power supply. The Committee agreed to close the action.</p> <p>D&P/23/79 – Provision of NHS app Services in Powys and Swansea: The Committee noted an update is scheduled for the meeting on 7 May 2024.</p> <p>D&P/23/73 – Number of overseas mental health nurses: The Committee noted there are no specifically trained mental health nurses in current cohorts, however, plans are in place for future cohorts. The Director of Workforce and OD gave assurance this scheme is covered by the All Wales international recruitment agreements and will extend to cover Mental Health Nurses in the future. The Committee agreed to close the action.</p> <p>The Committee RECEIVED the Action Log updates and noted the closed items.</p>

ITEMS FOR ASSURANCE	
D&P/23/96	FINANCE PERFORMANCE REPORT MONTH 10 (INCLUDING SAVINGS REPORT)

The Director of Finance, Information and IT presented the report which provided an update as of Month 10. Attention was drawn to the following areas:

- the additional capital allocation to the Health Board of circa £2m-£3m,
- on track to deliver against the capital resource limit,
- holding the revenue forecast of £12m to meet the control total,
- variance against the plan of £399k, hence slightly off profile to deliver that £12m, this will be managed with the risks and opportunities,
- agency spend remains an area of concern,
- continuing pressures against the commissioning budget,
- good performance against the savings target,
- an impact between the recurrent and non-recurrent element of savings, and
- a need to ensure the right decisions are made to minimise spend across the organisation.

It was noted that against the saving programme with an original target of £7.5m, the Health Board is delivering a total of £11.4m green and amber schemes, which are being actioned as part of the overall financial plan. A significant element (£5.8m) of those savings plans is non-recurrent, which will impact on the financial plan next year.

Independent Members asked the following questions for assurance:

Against the dental contract under performance of £400k, what percentage is this of the overall dental contract?

It was confirmed dental providers not delivering the activity as per their contract. It is not a significant percentage.

It appears that 60% of the capital budget to be spent in the last three months. Is that achievable?

This is as a result of additional funding becoming available towards the end of the year. When submitting bids against slippage money a robust internal process is undertaken to ensure if ordering equipment, it will be delivered before year end.

The document mentions transformational savings are having less financial impact for commissioned services. What does that mean, and can an example be given of why it is having less impact?

When developing the plan for this financial year, the Board identified £20m worth of opportunity areas over the next three years. In year one, a target was set against the commissioned services position, which accounts for 50% of the total spend. There is a need to focus transformational change in these areas, repatriating services, providing more

	<p>services in Powys rather than through secondary care providers, and also preventing referrals. Those actions have not delivered the level of savings initially targeted; however, progress has been made in the year, giving a higher level of confidence of what can be delivered in the future.</p> <p><i>Can assurance be given that the Health Board will get the additional cash required to support the deficit position?</i> The Board approved the submission of a request for strategic cash support given the deficit position. That request has been approved.</p> <p><i>In terms of the risks, one referred to a misalignment between health board and Welsh Government allocation assumptions of £1.5m. What does this relate to?</i> The misalignment affects all Health Boards and NHS organisations and is in relation to the real living wage and the allocation of funding in support of that.</p> <p>The Director of Planning, Performance and Commissioning commented, as the budget holder for commissioning, that work has been undertaken to manage and improve the situation, but some transformational savings have not occurred this year. Some of the elective invoices have reduced recently due to the Junior Doctor strikes in England. Whilst this improves the financial position it worsens the waiting position.</p> <p><i>Why are prescribing costs reported two months in arrears?</i> The Prescribing Audit Reports are produced centrally, which capture all the prescribing information. There is a time issue pulling the information together, doing the analysis and forwarding the information on to the Health Board which result in the delay in reporting.</p> <p>The Committee:</p> <ul style="list-style-type: none"> • RECEIVED and took ASSURANCE the organisation has effective financial monitoring and reporting mechanisms in place.
D&P/23/97	<p>INTEGRATED PERFORMANCE REPORT (IPR) MONTH 09 The Director of Planning, Performance and Commissioning presented the report to the end of December 2023, Month 09. Attention was drawn to the following areas:</p> <ul style="list-style-type: none"> • Commissioned Services – for planned care the waiting position in Wales is improving, particularly for patients waiting over 3 years. Swansea Bay have eradicated all patients waiting over 52 weeks for a new outpatient appointment, including Powys patients. As a result, inpatients continue to experience elongated waits for procedures or diagnostics. There are:

- 260 Powys patients waiting more than two years across Welsh providers.
 - 12 Powys patients waiting over two years for spinal procedures at Robert Jones and Agnes Hunt Hospital (RJAH).
 - Option to commission further activity from Northwest England, to expedite those patients.
 - No improvement in the commissioned performance for cancer patients.
 - A&E performance in all commissioned providers is below the performance standard.
 - A&E services at Wye Valley Trust had a CQC rating that 'requires improvement'.
- Planned Care - the previously set Ministerial targets for this financial year are not being achieved. It is anticipated:
 - Diagnostics - 246 breaches by the end of March, mainly in cardiology.
 - Therapies - breaches will reduce to 86, mainly in audiology.
 - Number of patients waiting more than 36 weeks for an outpatient appointment will reduce to 149.
 - Number of patients waiting more than 52 weeks for treatment, 62.

The reason targets are not being met include ongoing fragility in in-reach provision, strike action and Consultant turnover in some services.

A recovery plan is to be developed, as part of the Integrated Plan submission to deliver the target in a sustainable manner.

Independent Members asked the following questions for assurance:

Some patients have been offered treatment elsewhere in England. Does that refer to the 260 or the 12 patients referenced above?

There are two cohorts in relation to the 12 patients for spinal surgery at RJAH. RJAH has (with patient consent) decided to transfer some of that care to the Northwest. If Wye Valley or SATH have got contractual relationships with other English NHS Trusts some Powys patients may be offered alternative providers.

With Mental Health and therapeutic interventions there is a compliance rate of 15.6%, which is a significant drop in performance. What level of confidence is there that the Health Board will be meeting its target by May?

	<p>Regular Performance meetings are taking place with different teams to understand the problem, creating remedial action plans for performance recovery.</p> <p><i>There is a decline in performance in Autism Spectrum Disorder assessments for children, what steps are being taken to support that service?</i></p> <p>This service has seen a huge increase in referrals. A business case has been submitted to the Executive Committee; however, additional information is required to fully understand the picture and the volume of work. There is a recognition there is a need for investment in this service, but exactly what is required is being worked through.</p> <p><i>In relation to 246 breaches for cardiology and 46 for Therapies in audiology, do any of those breaches apply to children?</i></p> <p>All performance issues within the Health Board are capacity related. An increase in referrals for services and a decrease in waiting list have been seen. In audiology, the main concern lies in adult services, and cardiology is triaging longer waits separately and increasing capacity where possible, to improve the end of year position.</p> <p><i>Is there any benchmarking data available for the English NHS vaccination take up rates?</i></p> <p>A range of health economies have been identified that are similar in demographics to Powys, which can be built in.</p> <p>The Committee:</p> <ul style="list-style-type: none"> • DISCUSSED the content of this report and took ASSURANCE that the Health Board has appropriate systems in place to monitor performance and respond to relevant issues. <p>ACTION: The Director of Performance and Commissioning to update Committee members on how competing demands are prioritised.</p>
D&P/23/98	<p>QUARTER 3 DELIVERY PLAN PROGRESS REPORT</p> <p>The Director of Planning, Performance and Commissioning presented an update to the Integrated Plan progression of the current submitted plan. The plan was altered last year, to tackle the increased ask of the financial requirements in for 2022, 2023, and 2024. This is the first report against the revised plan for 2023-2024.</p> <p>The report is for onwards submission to Welsh Government and provides an oversight of the progress, milestones and actions taken within the organisation towards the Welsh Government planning requirements.</p>

	<p>Independent Members asked the following questions for assurance:</p> <p><i>With reference to Strategic Priority 25 (the rollout of carbon literacy), when and where would we get to see the next instalment and capture the next improvements?</i></p> <p>The Director of Corporate Governance confirmed that next year’s work programmes across all committees are being developed. This item will be included in those work programmes.</p> <p><i>Regarding the summary overview on page 87, what would be the timeframe pf actions due – is it over a longer time than a year?</i></p> <p>The Assistant Director of Planning explained that this is a report against the Integrated Plan, which contains a lot of strategic programmes. Many the completion dates are in quarter 4, as this is an annual programme of delivery.</p> <p><i>The progress on Trans nasal endoscopy is slow, and the Health Board been unable to secure the training. Will it be possible to make progress on this?</i></p> <p>The Health Board is relying on in-reach and for neighbouring Health Boards to provide the training. Industrial action and fragility of the in-reach services in gastro has impacted their ability to deliver the required training. A plan is in place, although it is taking longer than hoped.</p> <p>The Director of Planning, Performance and Commissioning noted there is no link between the Care Quality Commission rating at Wye Valley A&E and the delivery of the training.</p> <p><i>In Dermatology 14 out of 16 practices have signed up to having a Dermatology Dermoscopy camera, what is the timescale for this?</i></p> <p>The Medical Director noted there are no timescales, there is ongoing work in Dermatology regarding pathway development. All practices have received the scopes.</p> <p>The Committee:</p> <ul style="list-style-type: none"> • RECEIVED and took ASSURANCE the organisation has the appropriate mechanisms in place to monitor delivery against the annual plan.
D&P/23/99	<p>SIX MONTHLY REPORT ON CONTINUING HEALTH CARE (CHC) COSTS</p> <p>The Interim Director of Operations/Director of Community and Mental Health presented the report. Historically complex care sat across Mental Health and Community Services, which proved challenging with the integrated pathways. The teams have developed a role that will bridge both pathways in the organisation, freeing capacity.</p>

The report gives a breakdown of performance, and an indication that whilst applications for support are reducing, but the activity is rising. The position on reviews has improved.

The recovery plan will drive greater efficiency within the teams. There is ongoing dialogue with the Local Authority looking at providing a single brokerage and contracting opportunity, to help stabilise the market. This will be a key element in managing costs.

The organisation is moving towards a reliance on interim placements with a potential to increase costs. There have been some opportunities with interim placements at Cottage View, Knighton using beds to accommodate patients waiting for domiciliary care packages.

The overspend has continued to increase in CHC, due to provider challenges such as cost of living rises and staffing issues necessitating the need for agency staff which has driven up baseline costs.

There is pressure on the Mental Health and LD services, some costs have been contained and are levelling off. With better engagement with the Local Authority it has been possible to determine where some of these costs sit, and given more opportunities for alternative care.

Of the twelve CHC dispute cases, seven have been resolved, five are outstanding and will be presented through the escalation process.

Independent Members asked the following questions for assurance:

As an example, if a next of kin dies overnight, is there a procedure to do an emergency review?

The teams are well rehearsed at reprioritising on an hourly basis and clearly such a case would be reprioritised immediately. There have been circumstances where care home providers have failed, and immediate action has been taken. These situations are part of the routine daily prioritisation process.

Given the delays in the reviews being carried out, how does the Health Board know it is meeting the obligations to appropriate levels of care and support for an individual?

Quality and safety are key focal points for the team.

There are 11 retrospective cases for continuing care, what is the financial liability to the organisation for those retrospective cases once they are dealt with?

	<p>It is difficult to assess the likely liability of those costs, because a number of reviews are undertaken, including going through medical records, nursing and therapy records to understand what care was delivered and the level of eligibility.</p> <p><i>This unknown liability could amount to considerable sums of money for each case, where are the financial resources to meet those claims?</i></p> <p>The Director of Finance, Information and IT confirmed it is included in the financial report, under risk and opportunities and is closely monitored.</p> <p>Quality and safety come first; the finance approach has always been putting the resources in the best place for the best outcomes. The financial implications of CHC are a byproduct of having the best possible arrangements, providing the best packages at the best price to the best outcomes. The reviews are about making sure those individuals have the right level of care.</p> <p>The Health Board is involved in a national workstream looking at continuing healthcare as part of the Value and Sustainability Board. Some of that work has given reassurance around where the Health Board is, and what is being done. There are no significant opportunities to reduce costs.</p> <p>The Committee</p> <ul style="list-style-type: none"> • REVIEWED and DISCUSSED the report. • NOTED the actions in place to manage service demand, improve performance and control spending.
<p>D&P/23/100</p>	<p>AGENCY SPEND DEEP DIVE</p> <p>The Assistant Director of Mental Health and Learning Disabilities presented the paper which showed the unprecedented challenges of 2023/24 and highlighted the actions taken:</p> <ul style="list-style-type: none"> • greater roster scrutiny, • enhanced governance procedure, • bed management process introduced, • increased options on-contract agencies, • funding secured for urgent care duty model, • recruitment strategy in place, • income from 111 press 2 to cover Band 6 agency workers, • staff recruited substantively to facilitate the 'All Wales' contract for Silver Cloud Service. <p>Independent Members asked the following questions for assurance:</p>

	<p><i>In the Social Care and Wellbeing Act and other legislation there is an expectation that local authorities participate in the out of hours rota. What discussions have been had with the Local Authority, on how the organisations can work together?</i></p> <p>Joint Senior Leadership workshops are ongoing, which are assisting with the understanding the Local Authority’s future modelling, and working with the Health Board’s transformation project.</p> <p><i>What is the proportion of the total establishment is the agency use outlined in the report?</i></p> <p>Where there are vulnerabilities around quality and safety in terms of agency, thematic analysis is taking place and any issues reported on Datix. At least 50% of the gaps being covered by agency are to make things safer.</p> <p>The Director of Workforce and OD noted the level of agency usage vs establishment usage. There is a need for potential service redesign which will form part of the Health Board’s planning and engagement going forward.</p> <p>The Director of Workforce and OD gave assurance that of the 15 overseas nurses, 11 have passed their OSCES and working as nurses on our wards. The other 4 have very recently arrived with the Health Board.</p> <p>The Committee:</p> <ul style="list-style-type: none"> • RECEIVED and CONSIDERED the paper. • NOTED the actions taken and further mitigations in place. • Took ASSURANCE the moderate financial risk continues to be realised and progress is being made to reduce the use of agency staff.
D&P/23/101	<p>DIGITAL STRATEGIC FRAMEWORK</p> <p>The Director of Finance, Information and IT introduced the paper reflecting the progress of the portfolio of projects in the digital arena, how that fits into the Digital Strategic Framework and the work around a maturity model, noting</p> <ul style="list-style-type: none"> • The implementation of the Maturity Model, • progress on efficiencies against the national programme, and • improvement in infrastructure priorities and plans. <p>The detailed actions in the plan will fall into the Integrated Plan and will be part of the delivery plan moving forward.</p> <p>Independent Members asked the following questions for assurance:</p>

	<p><i>Are there additional costs in relation to the Transfer of Undertakings (Protection of Employment) Regulations under the Section 33 agreement?</i></p> <p>It is a transfer of resource and the people related, so there is no additional cost.</p> <p><i>Digital is dependent on advice and assurance from colleagues and external experts. Would it be possible to highlight that guidance and assurance in more detail, in the future?</i></p> <p>This is aligned to the All Wales Infrastructure programme, which sets out best practice to be followed, using independent and external consultants. Nationally, a programme has been set up that the Health Board fully engages with. The Chief Digital Officer in Welsh Government also sets standards, influencing where the Health Boards should be under the All Wales scheme.</p> <p><i>How are delivery of benefits and financial savings tracked to offset the ongoing development cost?</i></p> <p>There is a clear process for tracking benefits as not all benefits are financial. If there is a resource issue a case will go through the Investment Benefits Group, which provides scrutiny and assurance around all resource decisions.</p> <p><i>Can the committee be assured that the Health Board is where expected to be at this point and what are the next steps are?</i></p> <p>It is a 5-year strategic framework with different levels of detail. The Digital Transformation Board captures the detail of every single work stream and report, which is worked through to provide assurance to the committee and Board, without giving too much detail. The Health Board is where it would expect to be given the framework was signed off six months ago.</p> <p>The Committee</p> <ul style="list-style-type: none"> • NOTED the implementation of the maturity model. • NOTED the efficiency to delivered. NOTED national programmes, updates and challenges impacting the delivery of digital enablers. • NOTED a way forward in relation to reporting mechanisms from this point onwards. <p style="text-align: right;"><i>Jayne Lawrence joined the meeting</i></p>
D&P/23/102	<p>PRIMARY CARE SERVICES – GENERAL MEDICAL SERVICES</p> <p>The Director of Finance, Information and IT presented the report for the 2022/2023 contract year, which outlined the following elements:</p>

- 16 practices are in level 1 routine monitoring
- Annual Returns have been completed by all practices
- All practice review visits have taken place
- Contractual and non-contractual compliance is at 100%
- There is varied performance across the practices with no contractual or regulatory compliance targets linked to the practices.
- The average number of appointments and contacts is circa 80,000-85,000 per month
- Additional capacity is being provided through the funding stream
- Analysis of referrals and emergency admission rates

Independent Members asked the following questions for assurance:

What is the balance of appointments between face to face and digital?

All practices have to offer a mixed model through the access standards that are contracted within the GMS contract. They share the data that is captured in the report.

Is there a way of measuring timely access to appointments?

There is no contractual requirement for a practice to share how long a patient has waited for an appointment. GP practices may be able to offer a GP appointment the same day, but it might not necessarily be with the GP of the patient's choice, and they may choose to wait but this would not be a true reflection of access.

Is there any quantum for the percentage breakdown for face-to-face appointments as opposed to other appointment types?

No, there is no defined quantum for Health Board, this is not contained with the GMS Contracts.

The Medical Director noted virtual consultations began in the pandemic. They have benefits, but the optimal levels are not yet known due to the speed they were rolled out. There is a need nationally to evaluate the outcomes and new working models.

Is this document on an annual or 2-year?

This is the commissioning assurance framework, which is undertaken on an annual basis.

With reference to 85,000 appointments, is that into the practice team, not just the GPs?

This refers to any contact with the practice.

	<p><i>Of the current GP cohort, 14% are over 55. Is that broadly what is expected?</i></p> <p>There is an element of the unknown when the return was completed, but that is the information provided.</p> <p>The Director of Workforce and OD noted there is a national piece of work which recognises the lack of access to data and data validity in this area.</p> <p>In the Allied Health Professionals and for the medics there is an older age profile, as people tend to migrate to Community work later in their careers.</p> <p>The Committee</p> <ul style="list-style-type: none"> RECEIVED the update provided and took ASSURANCE that the commissioning framework monitoring process is providing ASSURANCE to the Health Board on General Practice contract management.
D&P/23/103	<p>PRIMARY CARE SERVICES – COMMUNITY PHARMACY</p> <p>The Chief Pharmacist gave a summary of the Pharmaceutical Needs Assessment published in 2021. This will be updated in 2026. The key elements being:</p> <ul style="list-style-type: none"> Opening Hours/Rota Services Reduction in temporary closures Good control over the finances – ring fenced funding Community Pharmacy Contracts Clinical Community Pharmacy Services Increase in independent pharmacist prescribers. Increase monitoring visits to every Pharmacy in Powys Developed a Contract Assurance Framework to support monitoring. Developing working relationship with the National team. National drive to move from 28 day prescribing to 56 day prescribing. Lack of Pharmacy leads in the Mid or South cluster areas. Possible closures, such as Lloyds Pharmacy <p>Independent Members asked the following questions for assurance</p> <p><i>Are you aware of any work HEIW are doing on staffing community pharmacies?</i></p> <p>No, it is a fragile workforce in Powys, with challenges attracting the workforce. A number of the community pharmacies run on locums, on loan from the West Midlands. All rota services require review to address that problem.</p>

	<p><i>GP practices are open until 18.30, if they are issued with a prescription at 18.30, where is that medication going to be sourced in Powys?</i></p> <p>There have been very few complaints regarding access to services. If a prescription is issued late in the evening, there are two options; if the GP considers it urgent it can be dispensed by the GP practice dispensary, otherwise it waits until the next day.</p> <p><i>With there be any assistance from Welsh Government to move to 56-week prescriptions?</i></p> <p>56-week prescriptions were introduced to allow pharmacists to allocate more time to clinical pharmacy services. In conjunction with Welsh Government there are ongoing discussions with the Dispensing Doctors Association as the contract needs to be reviewed.</p> <p><i>If a national chain such as Boots decided to withdraw what would this mean for access to pharmacies in Powys?</i></p> <p>This would have a massive impact. When Lloyd's pulled out, they sold on to smaller companies. When pharmacies close they usually sell on the contract.</p> <p>The Committee:</p> <ul style="list-style-type: none"> • RECEIVED the Community Pharmacy Report and took ASSURANCE that a Community Pharmacy Contractual Framework is in place and performance is appropriately monitored.
D&P/23/104	<p>HEALTH AND SAFETY ANNUAL REPORT</p> <p>The Assistant Director of Support Services introduced the report, highlighting some of the progress made to improve Health and Safety within the organisation. A Health and Safety Group has been established. There is reasonable assurance from internal audit in respect to the policy framework and the delivery of the Health and Safety Group. Attention was drawn to:</p> <ul style="list-style-type: none"> • No Health and Safety Executive interventions or improvement notices in 2023. • Health and Safety data is received from the Datix system, which provides two years of data. • Limited ability to develop trend lines. • Developed a table showing the improvements over the past two years. • Changes in terms of reporting arrangements. • Identifies key risks <ul style="list-style-type: none"> ○ Training Compliance ○ Management of violence and aggression <p>A significant challenge is the prevention and management of violence and aggression, a considerable amount of work has</p>

	<p>been undertaken in this area, through the Health and Safety Group.</p> <p>Independent Members asked the following questions for assurance:</p> <p><i>There are some issues of violence in relation to staff, where does that sit?</i></p> <p>The Health Board hosts the training for Advisor and Case Coordinator roles for Prevention, Management violence and aggression. Due to long term absence in both roles, this is currently managed by two Health and Safety Advisors, working closely with the Mental Health, LD and general services teams. This strengthened engagement has allowed an improvement in reporting.</p> <p><i>Are you sure that all the near misses are being captured?</i></p> <p>Many of the challenges with near misses is cultural. Some departments are very comfortable in the reporting near misses and familiar with reporting risk particularly in a clinical environment.</p> <p>The Director of Corporate Governance noted there has been a review of reporting routes, a 6-monthly report will be submitted to the Health and Safety Committee, and an annual report to Board is scheduled for March.</p> <p><i>There is no mention in the report of partnership working with the Trade Unions?</i></p> <p>The Trade Union's are members of the Health and Safety Group and undertake a role in health and safety audits as part of their duties.</p> <p>The Committee</p> <ul style="list-style-type: none"> • DISCUSSED and took ASSURANCE from the report that the organisation has implemented its 2022-23 work plan and is implementing the programme for 2024.
D&P/23/105	<p>CAPITAL AND ESTATES COMPLIANCE REPORT</p> <p>The Associate Director of Capital, Estates and Property presented the report which provided an overview of Estates compliance. Attention was drawn to:</p> <ul style="list-style-type: none"> • Legislation and several regulatory bodies set the guidance for specific areas of activity. Additionally, there are the specifics to healthcare, the Estates Department has support from Shared Services partnership and the Health Technical Memorandum which gives an additional layer of understanding and appreciation of the complexities of compliance beyond the legislative and regulatory elements.

- Shared Services Specialist Estate services over a number of key areas of compliance, such as medical gases, electricity, ventilation. This support bolsters the teams and provides independent audit.
- External specialist support for lifts, gas boilers and children's inspections. There is a rigorous process to appoint these contractors, who are managed by internal contract Managers in the estates team.
- For the Internal resources there are a number of specialist subgroups which are managed by a competent person, reporting through the subgroups to the Estates Compliance Group.
- The Department, Directorate and Corporate risk registers capture the risks that identified from the subgroups or from the audits.
- Independent checks are carried out by specialist estate services, and the specialist service unit will pick up on asbestos.
- Fire and Rescue services undertake audits on key areas and disciplines.
- Managing an aged estate.

The report is being updated following the Six Facet survey, circa of £73m worth of work is needed to bring the estate up to a satisfactory condition. The approach to compliance and the rectification of issues identified is on a risk-based approach.

Independent Members asked the following questions for assurance:

Generally, what extent of the estate contains asbestos?

There is an asbestos subgroup that looks at the technical details and an asbestos safety group that looks at departments with the potential to come into contact asbestos containing materials.

The Health Board has a management report register that identifies the asbestos that is known across the estate. The larger elements of asbestos are very low risk. All contractors and staff have rigorous training and are required to have specialist awareness training before undertaking works where asbestos could be disturbed,

The organisation was audited in 2018 with a follow up in 2021, where reasonable assurance was received.

With regards to the £73m required to bring the estate up to what is considered to be an acceptable standard, where are the key vulnerabilities?

	<p>Normally the Health Board receives in the £1.431 million discretionary money, of which £466,000 is ring fenced for the most pressing estates compliance issues. There is a heavy reliance on the major capital programme to look at the larger elements of the estate.</p> <p>To address the maintenance backlog maintenance, the capital program is vital. Relying solely on maintenance, will make it difficult to keep on top of level of backlog required.</p> <p>The Committee</p> <ul style="list-style-type: none"> RECEIVED the report and took ASSURANCE appropriate actions are in place.
	<p>INFORMATION GOVERNANCE MONITORING REPORT</p> <p>The Director of Finance, Information and IT presented the report for Assurance of compliance with IG standards, highlighting the key areas for compliance:</p> <ul style="list-style-type: none"> Freedom of Information, against a target 90% the Health Board is achieving 82% compliance. Subject Access Request, against a target is 90% the Health Board's compliance is 95% an increase from 92% Mandatory training for Information Governance, against a target of 85%, the Health Board is achieving 88% <p>Independent Members asked the following questions for assurance:</p> <p><i>The Freedom of Information requests has increased by almost 10% since 2022, is the trend, steadily increasing year on year?</i></p> <p>This increase has been recognised across the Health Boards. The main requests are in relation to waiting times.</p> <p>The Director of Workforce and OD noted there is a national piece of work that is being undertaken on E-Learning and the number of courses that have been added to individual statutory and mandatory training profile. There is an allied piece of work which is about giving individuals more time for Continuing Professional Development.</p> <p>The Committee:</p> <ul style="list-style-type: none"> RECEIVED the compliance statistics and took ASSURANCE from the report.
ITEMS FOR DISCUSSION	
<i>There were no items for inclusion within this section</i>	
ESCALATED ITEMS	
D&P/23/106	ORGANSIATIONAL ESCALATION AND INTERVENTION STATUS

	<p>The Director of Finance, Information and IT introduced the item. The Health Board remains in escalated monitoring for finance and planning. Regular meetings are taking place with the NHS Executive and with the Financial and Delivery side of the NHS Executive.</p> <p>As part of the process there is an increased level of scrutiny of the financial actions and performance. Work continues on the 3–5-year plan for submission at the end of March.</p> <p>The Director of Performance and Planning noted the next meeting the Finance and Delivery Committee is scheduled for March 2024.</p> <p>Welsh Government have published the oversight and escalation framework policy for the new financial year. Where there were 4 levels, now there are 5. Previously, the Health Board was in level 2 now in level 3, this is not a change in the level of severity, it is because of the new levels which have been introduced.</p> <p>The Director of Corporate Governance stated there is a need to understand the de-escalation process. A self-assessment would be undertaken in relation to the different levels of monitoring. The findings will be shared with this committee.</p> <p>The committee:</p> <ul style="list-style-type: none"> • RECEIVED the report.
ITEMS FOR INFORMATION	
D&P/23/107	<p>INTERNAL AUDIT INFORMATION GOVERNANCE REPORT</p> <p>The report was provided for information and the Committees CONSIDERATION in relation to its responsibilities under its terms of reference.</p>
OTHER MATTERS	
D&P/23/108	<p>COMMITTEE RISK REGISTER</p> <p>The Director of Corporate Governance presented the current version of the Committee Risk Register which is an exact of the overall risk register. There are seven risks attributed to this Committee, under the committees terms of reference. The Risk Register was reviewed and accepted by the Board in January 2024.</p> <p>The Health Board is in the process of updating the corporate risks, adjustments were made November, when the Board agreed and approved the revised annual delivery plan resulting from the financial scenario work that was undertaken in late summer 2023.</p>

	<p>The Committee:</p> <ul style="list-style-type: none"> • CONSIDERED the December 2023 version of the Committee Risk Register.
D&P/23/109	<p>COMMITTEE WORK PROGRAMME</p> <p>The Committee:</p> <ul style="list-style-type: none"> • RECEIVED the Committee Work Programme for information.
D&P/23/110	<p>ANNUAL ASSESSMENT OF COMMITTEE EFFECTIVENESS</p> <p>The Director of Corporate Governance presented the item, outlining the results/comments received from the committee effectiveness survey.</p> <p>The Committee acknowledged the positive comments and reflected on some areas for improvement, as outlined in the report.</p> <p>An action plan will be developed and brought back to the Committee in May in line with all other Board Committees.</p>
D&P/23/111	<p>REVIEW OF COMMITTEE TERMS OF REFERENCE</p> <p>The Director of Corporate Governance presented the paper noting it is a requirement of the Standing Orders to review Committee terms of reference on an annual basis.</p> <p>The Committee considered the paper and supported the proposal to move Health and Safety and Fire Regulations into the Workforce and Culture Committee, subject to the Boards view.</p> <p>The Committee noted that the work programme for 2024/205 is in development.</p> <p>Members were asked to provide any further comments on the terms of reference to the Director of Corporate Governance by the 8 March.</p> <p>The Committee:</p> <ul style="list-style-type: none"> • RECEIVED the terms of reference review and AGREED that the Chair of the Committee and Director of Corporate Governance finalise any recommendations to the Board.
D&P/23/112	<p>ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND OTHER COMMITTEES</p> <p>No items were raised.</p>
D&P/23/113	<p>ANY OTHER URGENT BUSINESS</p> <p>There was no other urgent business.</p>
D&P/23/114	<p>DATE OF THE NEXT MEETING</p>

	The date of the next meeting is scheduled on 7 May 2024 at 13.30 pm via Microsoft Teams.
--	--

D&P IC/23/115	<p>The following resolution was passed:</p> <p>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>
------------------	---

<p>Present:</p> <p>Ronnie Alexander Independent Member (Chair) Rhoert Lewis Independent member Kirsty Williams Independent Member Mick Giannasi Independent Member</p> <p>In Attendance:</p> <p>Pete Hopgood Director of Finance, Information and IT Steve Powell Director of Performance and Commissioning Debra Wood-Lawson Director of Workforce and Organisational Development Helen Bushell Director of Corporate Governance Sue Wilcox Senior Administrator (minutes)</p> <p>Apologies for Absence:</p> <p>Joy Garfitt Director of Operational/Director of Community and Mental Health Steve Elliot Special Advisor (Finance)</p> <p>Hayley Thomas Chief Executive Officer Kate Wright Medical Director Cathie Poynton Independent Member Rhoert Lewis Independent Member David Farnsworth Interim Director of Operational/Director of Community and Mental Health</p>	
--	--

D&P IC/23/116	<p>CYBER SECURITY AND POWER OUTAGE</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 report was presented to the Committee.</p> <p>The Committee NOTED the update on Cyber Security and Power Outage Risk.</p>
------------------	---

D&P IC/23/117	IT INFRASTRUCTURE AND ASSESSMENT ACTION PLAN Rationale for item being held in private: The details of the report and sensitive, confidential and not in the public interest. The report was presented to the Committee. The Committee NOTED the update on the IT Infrastructure and Assessment Action Plan.
------------------	---