

**POWYS TEACHING HEALTH BOARD
SUMMARY OF THE
DELIVERY & PERFORMANCE COMMITTEE**

**HELD ON THURSDAY 23 JUNE 2022
VIA MICROSOFT TEAMS**

Present:

Mark Taylor	Independent Member (Committee Chair)
Kirsty Williams	Vice-Chair
Ronnie Alexander	Independent member
Cathie Poynton	Independent Member

In Attendance:

Carol Shillabeer	Chief Executive
Claire Madsen	Director of Therapies and Health Sciences
Hayley Thomas	Director of Primary, Community Care and Mental Health
Stephen Powell	Director of Planning and Performance
Pete Hopgood	Director of Finance & IT (Information Technology)
Steve Powell	Services
James Quance	Director of Planning & Performance
Wayne Tannahill	Interim Board Secretary
	Head of Estates

Observers:

David Collington	Community Health Council
Vivienne Harpwood	PTHB Chair
Phil Jones	Audit Wales

Apologies for absence:

Tony Thomas	Independent Member
Julie Rowles	Director of Workforce and Organisational Development
Kate Wright	Medical Director
Jamie Marchant	Director of Environment

Committee Support:

Bethan Powell	Interim Corporate Governance Business Officer
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MATTERS ARISING FROM PREVIOUS MEETING

It was raised that an update regarding the variable pay issues relating to agency staff discussed at the previous meeting, would be brought back to future Committee meetings, is this update expected today?

It was confirmed that the variable pay in relation to agency costings would be discussed in further detail as part of the finance Report item on the agenda, providing focus on the key areas discussed at the Task and Finish Group.

COMMITTEE ACTION LOG

The committee RECEIVED and NOTED the Delivery and Performance Action Log.

PERFORMANCE OVERVIEW.

Committee members were provided with the validated performance update, containing a high-level summary of COVID infection rates, vaccination progress, and an update set against the revised 2021/2022 National Outcomes and Delivery Frameworks four aims. This is inclusive of their measures, including a subsection of Ministerial Measures showing performance, and including set trajectories for 2022/23. Over the next 12 months it was reported that over 100 combined indicators are expected. The data will be collated, analysed and presented to the Delivery and Performance Committee for oversight.

PERFORMANCE DASHBOARD

It was reported that the data provided within the dashboards is of month 2, however it was noted that some measures have significant delays in reporting due to national collection processes. Nationally validated Referral Treatment Time (RTT) performance data will be available ahead of the Board meeting in July 2022.

The Committee were advised that the health board remains focused on reviewing and improving performance reporting both to service leads and formal report forums. As part of the review this main performance report continues to evolve with the aim of producing and supplying more insightful information.

COMMISSIONING ASSURANCE

The Commissioning Assurance report provided focus to the Framework which is under review to ensure its purpose, function and content is providing a more meaningful overall assessment. It was advised that this is particularly

important as the NHS recovers from the Covid 19 pandemic and many more performance indicators have been introduced as part of the new Welsh Health Minister's oversight measures. Committee members were advised that more focus will be given on a data driven assessment supplemented by a wider range of qualitative and patient experience measures.

It was reported that the concerns around the extremely long waits have been raised with other Chief Executive Providers that support Powys, to ensure that accurate data has been validated to identify an accurate pathway. It was noted that Welsh Government are considering additional capacity in aid that the revalidation process can be completed as soon as possible.

It was highlighted to Committee that a Screening report update is due to the Delivery and Performance Committee in September 2022.

The Committee DISCUSSED and NOTED the Performance Overview to include; Performance Dashboard and Commissioning Assurance Framework.

FINANCIAL PERFORMANCE OVERVIEW: MONTH 2 FINANCIAL POSITION

The Month 2 Financial position was presented which is part of the Integrated Medium-Term Plan (IMTP). It was highlighted that a balance plan has been implemented amongst various challenges such as the delivery of £4.6m cash releasing/reduction savings target and the management of mitigating actions in order to control all operational pressures including CHC and variable pay.

It was reported that a number of risks require urgent attention in order to maintain an in year balanced position.

Management of all operational Pressures:

- CHC growth and provider inflation
- Variable pay – specifically agency usage based in community wards
- Commissioned activity – core and recovery

Committee members were advised that focused working groups have been implemented for each of the above areas reporting through to Delivery and Performance Committee.

Immediate action is required regarding identification and delivery of cash releasing savings schemes totalling £4.6m and to identify exit strategies for the current COVID response cost drivers. Both of which will be supported by a return to monthly performance reviews with a focus on scrutiny and delivery.

The committee DISCUSSED and NOTED the Month 02 2022/2023 financial position.

- NOTED and APPROVED the Covid-19 Report position.

- NOTED the underlying financial position and draft financial plan for 2022/23.

DIGITAL FIRST UPDATE

The report presented a detailed overview of the progress and performance across the Digital Transformation team in addition to the delivery against the Digital First plan for 2022-2023.

It was highlighted that a draft Digital Framework has been developed for consultation to align the aims to continue to improve patient care experience and outcomes. It was noted that with a mobile workforce increasing confidence with operating remotely there is the potential for longer term developments in digital delivery.

The consultation will start in June with the aim of presenting the final strategy to Board in September 2022.

It was reported that several cyber security functions have been provided across Powys increasing a level of maturity to align to the Network and Information System (NIS) Regulations. The WCCIS was reviewed, and a decision was made to go to soft market testing for Powys County Council, although this would not impact Powys as all NHS Wales WCCIS users are on a separate instance called the NHS Wales Tenant.

The ICT Digital team conducted a Service Desk Survey during April 2022 in order to improve services. Following analysis, common themes were identified, and the team are currently reviewing this to improve this approach.

Committee members agreed that in order to provide direct assurance in terms of Cyber Security, a specific update around Digital systems would be welcomed at a future committee.

Committee members wished to express personal issues to which have been experienced in terms of contacting the Powys ICT service desk. Elongated delays were raised as a persistent issue and concerns were highlighted for staff experiencing delays in order to process material affected through basic ICT elemental issues. The Director of Finance confirmed these issues would be reviewed and addressed by the Digital Team.

The Committee DISCUSSED the Digital First Update and NOTED the Digital First Plan.

CAPITAL PIPELINE OVERVIEW 2021-2022 MACHYNLLETH, BRECON CAR PARK AND LLANDRINDOD PROJECT UPDATE

The Committee received the Capital investments Overview for 2021/20211 drawing significant focus to the expenditure over the previous financial year in the course of the internal and external pressures during delivery.

Plans are to be developed to support prioritised investment in the current estate reducing backlog maintenance to ensure compliance with core Health and Safety standards for the patient environment. The Estates service and Capital Funding are a key enabler to deliver the Health and Care Strategy in Powys. The key priorities include:

- Care Closer to Home
- Integration of Services
- Digital & Agile Working
- Health & Care Academy
- Rural Regional Diagnostic and Treatment Centres
- Integrated Health & Care Centres

There are a number of distribution schemes across Powys and positive feedback has been received from Welsh Government and Shared Services in terms of reporting how the discretionary money is being utilised. The Powys model reporting mechanism is now being utilised by Shared services through the Estates Advisory Board across Wales.

The Capital Pipeline Overview for 2021-2022 was DISCUSSED AND NOTED.

The Chair welcomed the new format and content of the Dashboard reports for ongoing Capital projects.

UPDATE ON IMPLEMENTATION OF VALUE-BASED HEALTHCARE APPROACH

The committee received the implementation of Value-Based healthcare report which forms a key part of the health board's Integrated Medium-Term Plan. Governance arrangements have been established to embed a Value-Based healthcare approach in the organisation's operating model and analysis of low value interventions as well as opportunities to improve value through clinical pathways is underway.

It was highlighted that a consistent approach to patient outcomes and patient experience measures is being developed, and with liaison underway to incorporate data for Powys patients treated in England. Committee members were made aware that engagement activities to embed Value-Based healthcare have commenced and proposals aligned to the health board's priorities have been submitted for additional funding, targeted to support high-value interventions.

The update on Implementation of Value-Based Healthcare Approach was DISCUSSED and NOTED.

RECORDS MANAGEMENT IMPROVEMENT PLAN UPDATE

The Committee received the Records Management Improvement Plan update on the current delivery following the 2019 Internal Audit and outcome of 'No assurance given'. The health board have since developed an action plan to improve this service and additional resources have been agreed to support this going forwards.

Given the pandemic response, the key priority is to develop the business case by August 2022. This requires significant investment which is yet to be made available and therefore may impact the deliverability timeframe, however it was noted that the 6 audit recommendations position deadlines are due in December 2022.

It was reported that significant progress is to be made to meet the overall 100% compliance against the improvement plan. Consideration may need to be given to reinstate records onto the corporate risk register whilst work is underway to progress these areas, this is under constant review and assessment.

The committee NOTED the Records Management Improvement Plan Update.

OUT OF HOURS UPDATE

The Committee received a summary of the performance of Out of Hours service provided in 2021-2022. It was noted that the health board Out of Hours (OOH) Performance Management Group monitors the performance of OOH services for all three providers supporting the Powys service.

Committee members were made aware that the current Shropdoc contract terminates in June 2022 and following recent Executive approval the Board will be considering the approval to a Direct Award with use of a VEAT notice to extend the Shropdoc contract for a period of 24 Months from 01/07/22 to 30/06/24.

Committee members were advised of the elongated delays for Powys patients access to treatment with Swansea Bay due to cover arrangements and medical cover across community hospitals. It was reported that a national reporting system is currently being developed to improve this and timescales of implementation will be provided outside of the meeting. It was highlighted that a more comprehensive report would be available at a future committee to include the gap data, Quality and safety in line with the Commissioning Assurance Framework.

The Out of Hours Update was DISCUSSED and NOTED.

INFORMATION GOVERNANCE TOOLKIT: IMPROVEMENT PLAN

The Information Governance Improvement Plan was NOTED for information.

COMMITTEE RISK REGISTER

The committee received the Committee Risk Register and highlighted to members that the report provides a summary of the significant risks to the delivery of the health board's strategic objectives.

It was noted that a development session is scheduled for Independent Members to review Risk identification to provide any emissions or development required from the Board's perspective. A peer review of the Directorate Risk Registers would be reinstated over the coming weeks to further develop the wider reporting aspect of the Risk Identification.

The Committee Risk Register was DISCUSSED and NOTED.

COMMITTEE WORK PROGRAMME

Committee members were advised that the principles of the Committee Work Programme aim to align to the objectives set against the balance of quality reporting. The programme provides flexibility to respond to risks, issues and escalations as required.

The Committee NOTED the Committee Work Programme.

ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND OTHER COMMITTEES

The Committee wished to highlight to the Board the Workforce model issues, highlighted but not limited, to Swansea Bay University Health Board regarding the Out of Hours service under item D&P/22/27 to ensure the Board are aware and have oversight of the ongoing issues.

Committee members raised awareness of the need for Committee Chair Collaboration to ensure valuable oversight of performance matters considered at Committee meetings. The uniformity was welcomed to highlight what appropriate mechanism cross over in support of the oversight process. An increased focus action is important due to the membership where Executive Committee leads are present.

Committee members agreed that a Committee Chair's panel would be explored to enable oversight of the performance matters identified.

There was no urgent business.

DATE OF THE NEXT MEETING

12 September 2022 at 10:00, via Microsoft Teams.