

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

CONFIRMED

**MINUTES OF THE MEETING 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)
James Quance	Interim Board Secretary
Wayne Tannahill	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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D&P/22/16	<p>WELCOME AND APOLOGIES FOR ABSENCE</p> <p>The Committee Chair welcomed members and attendees to the meeting and CONFIRMED there was a quorum present. Apologies for absence were NOTED as recorded above.</p>
D&P/22/17	<p>DECLARATIONS OF INTERESTS</p> <p>No interests were declared.</p>
D&P/22/18	<p>MINUTES OF THE DELIVERY & PERFORMANCE COMMITTEE ON 3 MAY 2022.</p> <p>The minutes of the previous meeting held of the Delivery and Performance Committee on 3 May 2022 were CONFIRMED as a true and accurate record.</p>
D&P/22/19	<p>MATTERS ARISING FROM PREVIOUS MEETING</p> <p>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?</p> <p>The Director of Finance and ICT 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.</p>
D&P/22/20	<p>COMMITTEE ACTION LOG</p> <p>The committee RECEIVED and NOTED the Delivery and Performance Action Log.</p>
D&P/22/21	<p>PERFORMANCE OVERVIEW.</p> <p>The Director of Planning and Performance provided the Committee 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</p>

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.

What is the reason for the two cases identified, that have been waiting for treatment between 53-76 weeks?

The Director of Planning and Performance confirmed that this is due to the reliance on visiting consultants to deliver specific treatments and/or Day case procedures. The elongated waits are due to the delayed planned care in reach sessions, however the patients who have experienced the extremely long wait for treatment have been identified and have been allocated a treatment date.

The Chief Executive reiterated concerns around the extremely long waits and this has 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.

How can Committee members be assured that exception reporting of staff appraisals are being monitored given that the current compliance is at 72.6%, showing more than a 10% drift?

The Director of Planning and Performance confirmed that Directorate reviews are currently in place with the Chief Executive in terms of accountability and peer review. Performance Appraisal Development Review's (PADR's) are being reviewed across the organisation as part of this. Following review, feedback in relation to how best compliance can be improved and monitored will be provided to Committee for assurance.

How will the service manage the large number of indicators expected given the differing pressures across service areas?

The Director of Planning and Performance confirmed the management of indicators are utilised for the use of oversight measurement and understanding current positions across services. Where the appropriate systems are in place, these aid planning and the input and output of data value for extraction.

What communication links are in place with HEIW (Health Education Improvement Wales) with regards to the National recruitment issue of Dentists Specialist Training Grades?

The Director of Primary, Community Care and Mental Health advised the Committee that discussions are ongoing in relation to the various options of the Dentistry workforce plan. It was agreed that a detailed update would be provided to Committee for assurance.

Action: Director of Primary, Community Care and Mental Health

What are the Organisation's reflections of neighbouring health board's introduction of mask wearing within a hospital setting?

The Director of Primary, Community Care and Mental Health advised members that Powys has a Risk assessment process in place which is regularly reviewed by the Infection and Prevention team. It was noted that regular discussions have taken place with the Medical Director and the Chief Medical Officer to ensure that as a health board, proactive action is being taken. Although it was confirmed that no additional measures locally have been implemented to date, however following review of the risk assessment, this would determine the appropriate action.

What are the consequences of the new Dentistry contract reform with 75% of practices in acceptance, what analysis has been carried out and what does this mean for the deteriorating Performance across Dentistry?

The Director of Primary, Community Care and Mental Health confirmed that discussions continue with Practices to potentially increase the acceptance of the new contract. It has been elucidated that the assessment and impact the contract will have on performance is ongoing and further detail will be shared with colleagues in order to provide assurance.

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

The historic Screening position issue remains unchanged resulting in poor monitoring of patients access to screening services. What escalation process is being taken to ensure data is being received proactively?

A limited number of indicators have been received throughout 2020, however discussions are taking place with the Chief Executive to escalate the data collective issue which is apparent across a number of areas. It was noted that the Joint Executive Team (JET) meeting is scheduled imminently which provides an opportunity to escalate this matter further. It was confirmed that an escalation process would be raised during the Joint Chairs meeting in due course.

The Board Secretary highlighted to Committee that a Screening report update is due to the Delivery and Performance Committee in September 2022.

The indicator in relation to the Complaints compliance has decreased significantly over the previous quarter reporting from 38% to 30%. 30 cases per quarter have been reported within target, is there scope for improvement within this area?

The Director of Primary, Community Care and Mental Health advised that improvement work in terms of the complaints service is underway with a report scheduled at the Patient Experience, Quality and Safety (PEQS) Committee in due course. It was highlighted that significant improvements have been made with regards to the nature and complexity of complaints to strengthen this service. It was agreed that the Complaints Compliance report will be shared with Delivery and Performance members following submission to PEQS Committee.

Action: Director of Nursing and Midwifery

	<p>The Committee DISCUSSED and NOTED the Performance Overview to include; Performance Dashboard and Commissioning Assurance Framework.</p>
<p>D&P/22/22</p>	<p>FINANCIAL PERFORMANCE OVERVIEW: MONTH 2 FINANCIAL POSITION</p> <p>The Director of Finance and IT presented the Month 2 Financial position 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.</p> <p>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:</p> <ul style="list-style-type: none"> • CHC growth and provider inflation • Variable pay – specifically agency usage based in community wards • Commissioned activity – core and recovery <p>The Director of Finance highlighted to committee members that focused working groups have been implemented for each of the above areas reporting through to Delivery and Performance Committee.</p> <p>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.</p> <p><i>Can clarification be sought around the Commissioning block arrangements cost pressures as previously seen as an opportunity to review savings?</i></p> <p>The Director Finance and ICT confirmed that this is an area that the team are seeking clarity in terms of the level of pressure against commissioned services historically. It was highlighted that there is an increased element around assumed recovery and additional activity to support the renewal framework, with the key pressure area focus on community bed consumption with Wye Valley Trust. It was raised that plans are in place to strengthen reporting around these components' to better understand the current position for assurance to the Delivery and Performance Committee.</p> <p><i>How can the committee gain a better understanding of the higher growth of Continuing Health Care issues in Wales?</i></p>

	<p>The Chief Executive raised that there is a need to understand two key elements; Decision making around Eligibility of Continuing Health Care criteria and the provision and cost type? It was added that both elements require a value-based review to ensure the best care plans are implemented with the best outcomes. A further discussion is due at Executive committee in terms of next steps, and it was agreed that the output of the variability workstreams will be shared with the Delivery and Performance Committee.</p> <p>Action: Director of Finance and ICT</p> <p>The committee DISCUSSED and NOTED the Month 02 2022/2023 financial position.</p> <ul style="list-style-type: none"> • NOTED and APPROVED the Covid-19 Report position. • NOTED the underlying financial position and draft financial plan for 2022/23.
D&P/22/23	<p>DIGITAL FIRST UPDATE</p> <p>The Director of Finance and ICT 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.</p> <p>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.</p> <p>The consultation will start in June with the aim of presenting the final strategy to Board in September 2022.</p> <p>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 sperate instance called the NHS Wales Tenant.</p> <p>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.</p> <p>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.</p>

	<p>Action: Director of Finance and ICT</p> <p><i>Can you clarify whether the WCCIS section 33 agreement is expiring?</i></p> <p>The Director of Finance and ICT confirmed that the Local Authority do have individual contracts with WCCIS, however there are larger components across wider services providing that Health is part of a national contract. It was confirmed that Powys aims to remain with the current contracts in place.</p> <p><i>How does the Cyber Security compare against the recent NIS advice?</i></p> <p>The Director of Finance and ICT confirmed that this element of the Cyber response would form part of a Board Development event which will feed through the Strategic Framework and continue to be monitored.</p> <p>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.</p> <p><i>How are the various programmes prioritised and how are the allocation of resources being implemented?</i></p> <p>The Director of Finance and ICT confirmed that as a Directorate, the IMTP is inclusive of local priorities, providing a balance around National priorities. The National Programmes accommodate the relevant resources required which defines the current plans as deliverable. However, it was noted that if elements to the resources are amended this would be assessed by the team.</p> <p>The Committee DISCUSSED the Digital First Update and NOTED the Digital First Plan.</p>
D&P/22/24	<p>CAPITAL PIPELINE OVERVIEW 2021-2022 MACHYNLLETH, BRECON CAR PARK AND LLANDRINDOD PROJECT UPDATE</p>

The Head of Estates presented 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.

Is there a minimum period of viability when works are undertaken across the Organisation, specifically flat roof projects?

30 separate roof leaks were reported across the Estate over a 12-month period with work underway to prioritise each programme. It was reported that discussions with Welsh Government in terms of separate funding for programmes of work are in progress, however the materials supplied provide a 15-year warranty and guarantee.

Is there a limited life span for the Welfare Cabin constructed in Park Street?

It was advised that due to the mobile operation of Cabin use they are found to be extremely beneficial across multiple sites for the use of major works for decant facilities and secure storage on a temporary basis. It was also highlighted that Cabins are easily relocated across a number of sites across Powys for multiple use where required. The format of the reporting slides was welcomed by the Committee.

What is the current status of the delivery of Innovative Environments Strategic Framework?

The Head of Estates confirmed that a first review of the framework has taken place with a focus to 'where are we now, where we want to be, and how to we get there?' approach strategy. The 'Where are we now' section has been

	<p>completed and various workshops are now being implemented to involve Board members to imminently to focus on 'where we want to be' to ensure oversight is aligned across the Board.</p> <p>The Capital Pipeline Overview for 2021-2022 was DISCUSSED AND NOTED.</p> <p>The Chair welcomed the new format and content of the Dashboard reports for ongoing Capital projects.</p>
D&P/22/25	<p>UPDATE ON IMPLEMENTATION OF VALUE-BASED HEALTHCARE APPROACH</p> <p>The Director of Finance and ICT presented 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.</p> <p>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.</p> <p><i>Is there a reputational risk associated with the timescales to deliver the healthcare approach?</i></p> <p>The Director of Finance and ICT confirmed that a final Business case is yet to be confirmed, however clarity to understand further funding is required from Welsh Government. It was advised that a Board decision would be required to identify the priorities going forwards.</p> <p>The update on Implementation of Value-Based Healthcare Approach was DISCUSSED and NOTED.</p>
D&P/22/26	<p>RECORDS MANAGEMENT IMPROVEMENT PLAN UPDATE</p>

	<p>The Director of Finance and ICT presented 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.</p> <p>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.</p> <p>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.</p> <p>The committee NOTED the Records Management Improvement Plan Update.</p>
D&P/22/27	<p>OUT OF HOURS UPDATE</p> <p>The Director of Primary, Community Care and Mental Health presented 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.</p> <p>The 111 OOH offer to the health board includes call handling and first line triage only. Nationally, 111 continue to have challenges to meet the calls abandoned and answered within 60 seconds. This is due to multiple factors and is being reviewed by the OOH service to implement improvements.</p> <p>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.</p> <p>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</p>

	<p>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.</p> <p>Action: Director of Primary, community Care and Mental Health</p> <p><i>The failure to sign the contract with Swansea Bay Health Board is concerning for District Nursing, how are services currently being managed?</i></p> <p>The Director of Primary, Community Care and Mental Health confirmed that discussions are underway with Swansea Bay Health Board for mutual support in establishing 24/7 care support. A comprehensive model of care peer review across primary care OOH care has taken place in order to assess the challenges from a quality experience perspective in partnership with Swansea Bay.</p> <p><i>How are other services covered Out of Hours?</i></p> <p>The Director of Primary, Community Care and Mental Health confirmed the Out of Hours service is currently covered by Shropdoc which has been challenging from a National perspective with regards to the Workforce Model. It was highlighted that there is a requirement to design a multidisciplinary model to review the resources available to improve the ongoing Nursing cover with Swansea Bay OOH.</p> <p><i>What role do Independent members have to contribute to the oversight of the model of care review?</i></p> <p>It was confirmed that a clear delivery programme, taking forward the model of care would be implemented in collaboration with a number of partners. It was confirmed that a structural Board Development session would be dedicated in developing the strategic model of care with the Board owning the key output design process.</p> <p>The Out of Hours Update was DISCUSSED and NOTED.</p>
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ITEMS FOR INFORMATION

D&P/22/28	<p>INFORMATION GOVERNANCE TOOLKIT: IMPROVEMENT PLAN</p> <p>The Information Governance Improvement Plan was NOTED for information.</p>
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OTHER MATTERS

D&P/22/29	<p>COMMITTEE RISK REGISTER</p> <p>The Interim Board Secretary presented 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.</p> <p>It was highlighted 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. It was noted that a peer review of the Directorate Risk Registers would be reinstating over the coming weeks to further develop the wider reporting aspect of the Risk Identification.</p> <p><i>Are the Finance pressures reflected by trend identified as less risk rating in comparison to other risks reported?</i></p> <p>The Director of Finance and ICT confirmed that the current risk ratings would be reviewed and adjusted to reflect the current status of individual risks ahead of the next reporting cycle requirement.</p> <p>The Committee Risk Register was DISCUSSED and NOTED.</p>
D&P/22/30	<p>COMMITTEE WORK PROGRAMME</p> <p>The Interim Board Secretary highlighted to Committee members 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.</p> <p>The Committee NOTED the Committee Work Programme.</p>
D&P/22/31	<p>ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND OTHER COMMITTEES</p> <p>The Director of Primary, Community Care and Mental Health 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.</p> <p>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.</p>

	<p>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.</p> <p>Action: Board Secretary</p>
D&P/22/32	<p>ANY OTHER URGENT BUSINESS</p> <p>There was no urgent business.</p>
D&P/22/33	<p>DATE OF THE NEXT MEETING</p> <p>12 September 2022 at 10:00, via Microsoft Teams.</p>