

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

CONFIRMED

**MINUTES OF THE MEETING HELD ON 12 SEPTEMBER 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 (<i>Joined for part</i>)
Hayley Thomas	Director of Primary, Community Care and Mental Health (<i>Joined for part</i>)
Stephen Powell	Director of Planning and Performance
Pete Hopgood	Director of Finance & IT (Information Technology)
James Quance	Interim Board Secretary
Jamie Marchant	Director of Environment
Mererid Bowley	Director of Public Health
Clare Lines	Assistant Director of Transformation and Value
Lucie Cornish	Assistant Director of Therapies and Health Science

Observers:

David Collington	Community Health Council
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Apologies for Absence:

Tony Thomas	Independent Member
Julie Rowles	Director of Workforce and Organisational Development
Claire Madsen	Director of Therapies and Health Sciences
Claire Roche	Director of Nursing and Midwifery

Committee Support:

Bethan Powell	Interim Corporate Governance Business Officer
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D&P/22/34	<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/22/35	<p>DECLARATIONS OF INTERESTS</p> <p>No interests were declared.</p>
D&P/22/36	<p>MINUTES OF THE DELIVERY & PERFORMANCE COMMITTEE ON 23 JUNE 2022.</p> <p>The minutes of the previous meeting held of the Delivery and Performance Committee on 23 June 2022 were CONFIRMED as a true and accurate record.</p>
D&P/22/37	<p>MATTERS ARISING FROM PREVIOUS MEETING</p> <p>There were no matters arising.</p>
D&P/22/38	<p>COMMITTEE ACTION LOG</p> <p>The committee RECEIVED and NOTED the Delivery and Performance Action Log.</p>
D&P/22/39	<p>FINANCIAL PERFORMANCE OVERVIEW. MONTH 4 FINANCIAL POSITION AND EXCEPTION REPORTING</p> <p>The Director of Finance and IT presented the report to the Committee and highlighted that based on the month 4 position, the organisation is at £2m overspend with month 5 at £2.8m overspend. The key pressure areas include continuing growth and spend in terms of complex care, renewal and recovery and an increase within variable pay. As a result of the lack of progress on the key deliverables, the organisation has reported a £7.5m forecast deficit to Welsh Government. Without corrective action the organisation will have a significant underlying deficit based on the forecast outturn position that is being worked through.</p> <p>In addition to delivering the health board's core financial position clear exit strategies in place regarding temporary COVID response funding and associated costs were also required. As a result of the month 4 position, enhanced monitoring by the Financial Delivery Unit would be triggered which would seek to implement targeted actions.</p>

An Executive Finance and Performance subgroup had been established to manage the financial position and forecast which will also inform and develop the variable pay progress update which would be shared with Delivery and Performance Committee members at the next meeting. The Committee recognised the challenging position and the scale of deficit across NHS Wales.

The impact of the forecast deficit on the organisation's underlying position continues to be monitored to aid the necessary actions to reduce pressures into the forthcoming year. The trend analysis across Continuing Health Care outturn conveys a significant increase in demand. This remains a key risk for the organisation should the growth continue.

Why does the total pay position for 2021/2022 during month 12 convey a significant increase and when would Committee members expect to see the identification of subsets that are driving financial pressure trends?

The Director of Finance and IT confirmed that the significant increase during month 12 demonstrates the adjustment for additional pension contributions covered centrally by Welsh Government. It was confirmed that the Delivery and Performance committee would expect to see the identified variable pay concerns within the next report to the Committee.

What is the current position of the £4.6m savings target as the report suggests no progress, although it has been identified that a number of savings have been acted upon?

The Director of Finance confirmed that limited progress has been made in terms of the recurrent delivery. This will be a major point of focus of the Finance and Performance subgroup and reporting to this Committee going forward.

Is there any progress in terms of the Continuing Health Care concerns?

The organisation has taken the appropriate steps to ensure that the correct process and governance are in place in supporting regular assessment reviews and the effectiveness of care packages for the individual outcome. Further work is required to understand the position, and this continues to be monitored on a more frequent basis.

What is the current position for Pharmacy services, given the demand and prescribing pressures being experienced across the organisation and within Primary Care?

It was confirmed that the Pharmacy team have identified a number of areas that are deliverable in which the appropriate action would be taken. Prescribing remains a risk

	<p>for all NHS organisations due to the inflation costs across the system. However, there are some areas of benefit nationally and the health board will ensure the necessary communication approach with Welsh providers are followed.</p> <p>The Director of Primary, Community Care and Mental Health reported that due to the level of questions raised around CHC risks, a specific report around CHC will be brought to the next meeting for scrutiny by members of the Committee. The Chair welcomed the benefit of additional granularity of the finance detail specific to the key areas of focus.</p> <p>Action: Director of Primary, Community Care and Mental Health Services.</p> <p><i>Are there any assumptions in terms of the financial data that are not included within the report that Committee members should be aware of?</i></p> <p>It was confirmed that all risks identified are included within the report. The forecast is based on the full analysis undertaken to date which includes assumptions of continuation of trend and levels of expectation, in-year additional pressures and forward plans.</p> <p>The Committee DISCUSSED and NOTED the Report.</p>
D&P/22/40	<p>INTEGRATED PERFORMANCE REPORT</p> <p>The Director of Planning and Performance provided the Committee with the latest performance update against the 2022/23 NHS Wales Performance Framework. The organisation's performance remains challenging most notably regarding emergency flow and access to acute care settings. Certain metrics have been revised as the Welsh Government performance framework evolves to increase assessment of improvements towards 'A Healthier Wales' ambitions.</p> <p>The healthboard is supporting and maximising repatriation of patients to improve acute flows and has placed further focus on increased management input into the organisation's bed flow in a bid to maximise provider beds supporting demand. It was noted that this would reduce repatriation delays to a minimum.</p> <p>The organisation continues to work with insource contracts for surgical and diagnostic capacity across south and mid Powys, in addition to ongoing national workstreams to provide regional solutions of care.</p>

	<p><i>Are the integrated changes within the English system a service risk to the organisation, reducing willingness to accept Welsh patient referrals?</i></p> <p>The Director of Planning and Performance confirmed the health boards expectation is that activity commissioned in the English system, such as with Wye Valley Trust (WVT) and Shrewsbury and Telford (SaTH) would continue to accept all Welsh patient referrals and is seen as part of the Trusts' capacity. The health board's focus remains on increasing NHS Wales efficiency, capacity, and flow with potentially moving longer waiting patients from Wales into England which may incur additional financial pressure. It was agreed that the Committee should receive assurance of the direction of travel for the ongoing work for surgical and diagnostic capacity as part of future performance reporting.</p> <p><i>What is the dynamic of delivery given the current staff sickness rate affecting services?</i></p> <p>The health board's sickness absence rate is currently at 5.9%. It was noted that further narrative would be strengthened across all data sets to provide the clear scale of sickness rates and variable pay data.</p> <p><i>What are the organisation's plans to ensure improvements are made to the benchmarking position of the health board within Wales?</i></p> <p>It was highlighted that plans are being developed to provide performance benchmarking into the Integrated Performance Report. This would focus on specific individual service performance to develop more informative assessment versus the traditional measures position.</p> <p><i>What are the organisation's plans to improve the compliance of Staff Performance Appraisal (PADR)?</i></p> <p><i>It was confirmed that the health board's compliance is 73% which has been consistent over recent months. Executive Directors are working closely with the Workforce Team to strengthen this area to ensure progress is made in the coming weeks and months. An updated position will be provided at the next committee.</i></p> <p><i>What are Powys' priorities, in order to support long waiting patients?</i></p> <p>The Director of Planning and Performance described the challenges faced due to the majority of Day Case and Endoscopy services that are currently supported through in-reach consultants. The organisation is seeking to in-source consultant anaesthetist sessions from partners which has been identified as an additional financial pressure. Consideration has been given to bringing long waiting</p>
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	<p>patients with English providers back into Powys to ensure lower acuity patients are being seen appropriately.</p> <p>The Assistant Director of Therapies and Health Science highlighted the ongoing work with regards to the repatriation complexity and how the organisation achieves this. The redesign of the Orthopaedic Musculoskeletal (MSK) workstream pathway is being reviewed, although access to data has been challenging. The sub-specialties would be reviewed to allocate the appropriate resources for those individuals.</p> <p><i>What is the Executive risk balance between improving the financial position and ensuring treatment for patients where there is capacity in English providers?</i></p> <p>The Chief Executive confirmed that there is increasing inequity between the treatment available for Powys residents in Wales, compared to England. Discussions have taken place with WHSSC and Welsh Government in terms of the access challenges.</p> <p>As an organisation the focus remains on working with providers to ensure validated lists are escalated appropriately. The Chief Executive confirmed this is a priority in order to bring forward proposals.</p> <p>The Committee DISCUSSED and NOTED the Integrated Performance Report.</p>
D&P/22/41	<p>CHILDREN AND YOUNG PEOPLE (RENEWAL PORTFOLIO) HIGHLIGHT REPORT</p> <p>The Assistant Director of Transformation and Value presented the report highlighting the progress to date to ensure recovery and renewal of health services for children and young people. It was noted that the key measures indicating the extent of recovery and the focus of the work going forwards are:</p> <ul style="list-style-type: none"> • continuing to seek to understand what matters most for children in terms of health and wellbeing, ensuring that the voice of children and young people is heard; • participating in the Mental Health Strategic Review; • ensuring the recovery of key healthy development indicators; • urgent and emergency care (including clarity about 111 pathways for children in Powys and alternative pathways for lower risk needs); and • transforming planned care for children, including outpatient transformation. <p><i>How does the health board aim to ensure the voice of children support the service design?</i></p>

	<p>It was highlighted that utilising multi-agency sources to ensure the voice of children's experiences and outcomes will aid the support of service design. The focus remains on how this will be rolled out in practice to avoid duplication and to distil key messages into a triangulated view. Many of the existing routes would be reviewed in order to ensure that there is appropriate collaboration in the redesign of services.</p> <p>The Committee DISCUSSED and NOTED the Children and Young People Renewal Programme.</p>
D&P/22/42	<p>INNOVATIVE ENVIRONMENTS OVERVIEW REPORT</p> <p>The Director of Environment provided the Committee with a detailed overview of the established major projects that are in development across the organisation. The majority of schemes from 2021/2022 are now completed with a number of handover items required to be closed.</p> <p>It was highlighted that recruitment remains a challenge across the Estates Team and risks in terms of comparable pay within other sectors is evident. Further revenue challenges remain across the health board with the Estates Funding Advisory Board (EFAB) funding being suspended for 2021/2022.</p> <p><i>How is the health board managing the issues around centralised management of health record storage?</i></p> <p>It was confirmed that the Welsh Government building within Llandrindod Wells is currently being utilised as the Mass Vaccination centre, although this has potential to be transferred to an adequate records management storage unit due to the requirement for a solution for archive record storage.</p> <p><i>Does the health board provide adequate accommodation for the international nursing staff programme?</i></p> <p>The Director of Environment confirmed that the health board currently has two international nursing staff temporarily located within Bronllys who are awaiting permanent housing within the Brecon area. It was confirmed future planning for substantive accommodation for this programme is an aspiration for the health board.</p> <p><i>What is the timeframe for the improvement in compliance, in particular to the 39% fire risk?</i></p> <p>The Director of Environment confirmed that there are current challenges faced with fire risk assessments due to recruitment issues. The skill base required is under review, and the possibility of internal recruitment was being taken forward. A more comprehensive review across the Health</p>

	<p>and Safety risk would be included within the next report at the end of the year.</p> <p>Action: Director of Environment</p> <p>The Committee Chair welcomed the progress to date in terms of the Fire training and reiterated the importance of the risk assessment challenges due to the lack of resources.</p> <p>The Committee RECEIVED and NOTED the Innovative Environments Overview Report.</p>
ITEMS FOR DISCUSSION	
D&P/22/43	<p>RESPONSE TO AUDIT WALES REPORT ON TACKLING THE PLANNED CARE BACKLOG</p> <p>The Director of Planning and Performance provided the Committee with an update on the health board response to the Audit Wales report 'Tackling the Planned Care Backlog.' The Auditor General for Wales had published the national report which sets out the challenges in tackling the planned care backlog in NHS Wales. The report included a number of recommendations for Welsh Government in the context of their national recovery plan. These recommendations have been accepted by Welsh Government.</p> <p>The health board provided a response that sets out how the organisation plans to address the issues identified and to centralise the challenges set out in the report.</p> <p>It was recommended that the Committee received regular updates in relation to actions being undertaken to reduce the planned care backlog.</p> <p><i>Has a response been received from Welsh Government to date?</i></p> <p>The Director of Planning and Performance confirmed that no response to date has been received, although all of the recommendations made from Audit Wales have been accepted.</p> <p>The Committee RECEIVED the Response to Audit Wales on Tackling the Planned Care Backlog.</p>
ITEMS FOR INFORMATION	

UPDATE ON SCREENING PROGRAMMES

The Director of Public Health provided the Committee with an update on the national screening programmes for the period April 2020 to March 2021. It was highlighted that although Welsh Government agreed the Public Health Wales recommendations to temporarily pause national screening programmes, alongside all healthcare services which were impacted by the Covid-19 pandemic response, it was noted that the New-born Hearing Screening, New-born Bloodspot Screening, and the Antenatal Screening programmes continued throughout the pandemic and were not paused at any point.

The disruption to the usual way of working resulted in a change in reporting on the national Screening Programmes by Public Health Wales Screening Division for 2020-2021. Screening uptake data for the period April 2020 to March 2021 is presented at health board level within the context of the disruption to usual healthcare services experienced during the Covid-19 pandemic.

It was noted that Public Health Wales statistical reports for each of the individual screening programmes would resume for 2021/22. A further report with screening uptake data for 2021/22 for each of the programmes would be presented to the Committee following the publication of these reports

What is the health board's role in promoting screening programmes to secure greater uptake?

The Director of Public Health confirmed that processes are in place for Screening Engagement Officers who identify and promote screening. There is inequity in uptake across some areas and it was highlighted that further work is required to enhance screening uptake within action plans at cluster level.

How will the health board benchmark performance against high performing areas across the United Kingdom?

It was noted that this is an area that requires review, both in terms of uptake and pathway intervention where delays are currently evident. Both areas would be prioritised as an area of focus.

What is the reason for 68% of the public that do not respond to bowel screening appointments?

The Director of Public Health confirmed that as a result of the extension of the age group within this programme, the uptake has increased which is a continued priority for the service. The Committee welcomed the comprehensive report

	<p>and recognised importance of any actions to improve programme promotion.</p> <p>The Committee welcomed personal stories, highlighting the importance to promote uptake and enhance positive outcomes.</p> <p><i>What is the follow up process patients received prior to Diabetic eye screening appointments given the increase of 'Did Not Attend' (DNA) rate?</i></p> <p>It has been identified that as a result of providing specific appointment dates to residents, the response rate has improved. As part of the recovery of programmes, in order to maximise clinic appointments, the service has piloted the process of open invitations and evaluating the impact or benefit of this to the service. The Director of Public Health agreed to provide further detail in terms of the reasons for the increased DNA rate of Diabetic retinopathy appointments to members for information following the Committee.</p> <p>Action: Director of Public Health.</p> <p>The Committee raised awareness of the Listeria outbreak established in cold smoked products in Scotland and England, which has been identified as a particular high risk for pregnant women and those individuals over the age of 60. It was highlighted for the Director of Public Health to be sighted of this issue should the outbreak cross the border.</p> <p>The Committee DISCUSSED and NOTED the report.</p>
OTHER MATTERS	
D&P/22/45	<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 associated to the delivery of the health board's strategic objectives which was provided to Board in July 2022.</p> <p>The Board Secretary highlighted the need for cyber security to be more clearly incorporated into the Committee Work Programme.</p> <p>The management and mitigation process for departmental emerging risks would be reviewed to ensure a clear process of escalation points are transparent.</p> <p>Action: Board Secretary</p>

	The Committee Risk Register was DISCUSSED and NOTED.
D&P/22/46	<p>COMMITTEE WORK PROGRAMME</p> <p>The Interim Board Secretary presented the Committee Work Programme for 2022-2023. The Corporate Governance team are programming the additional agenda items requested in order to provide a current schedule of work. The programme provides flexibility to respond to risks, issues and escalations as required.</p> <p>The Committee RECEIVED and NOTED the Committee Work Programme.</p>
D&P/22/47	<p>ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND OTHER COMMITTEES</p> <p>There were no items noted.</p>
D&P/22/48	<p>ANY OTHER URGENT BUSINESS</p> <p>There was no urgent business.</p>
D&P/22/49	<p>DATE OF THE NEXT MEETING</p> <p>27 October 2022 at 10:00, via Microsoft Teams (subsequently re-scheduled to 11 November 2022).</p>