

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

CONFIRMED

**MINUTES OF THE MEETING HELD ON MONDAY 28 FEBRUARY 2022
VIA MICROSOFT TEAMS**

Present:

Mark Taylor	Independent Member (Committee Chair)
Kirsty Williams	Vice-Chair
Rhobert Lewis	Independent member
Ronnie Alexander	Independent member
Tony Thomas	Independent Member

In Attendance:

Carol Shillabeer	Chief Executive
Claire Madsen	Director of Therapies and Health Sciences
Hayley Thomas	Director of Planning and Performance
Jamie Marchant	Director of Environment
Pete Hopgood	Director of Finance & IT Services
Andrew Gough	Deputy Director Finance
Jason Crowl	Assistant Director Community Services
Samantha Ruthven-Hill	Assistant Director of Planning
Steven Powell	Assistant Director Performance and Commissioning
Sophie Lloyd	Planning Manager
James Quance	Interim Board Secretary

Observers:

David Collington	Community Health Council
Bethan Hopkins	Audit Wales

Apologies for absence:

Vivienne Harpwood	PTHB Chair
Alison Davies	Director of Nursing and Midwifery
Mitchell Parker	Health Inspectorate Wales

Committee Support:

Liz Patterson	Interim Head of Corporate Governance
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PPPH/21/17	<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> <p>The Chair highlighted that as of 01 April 2022 Ronnie Alexander, Independent Member, will stand as Vice Chair of the Delivery and Performance Committee.</p>
PPPH/21/18	<p>DECLARATIONS OF INTERESTS</p> <p>No interests were declared.</p>
PPPH/21/19	<p>MINUTES OF THE DELIVERY & PERFORMANCE COMMITTEE ON 1 NOVEMBER 2021</p> <p>The minutes of the previous meeting held of the Delivery & Performance Committee on 1 November 2021 were CONFIRMED as a true and accurate record.</p>
PPPH/21/20	<p>MATTERS ARISING FROM PREVIOUS MEETINGS</p> <p>No matters arising were declared.</p>
PPPH/21/21	<p>COMMITTEE ACTION LOG</p> <p>There were no action log updates.</p>
ITEMS FOR APPROVAL/RATIFICATION/DECISION	
There were no items for inclusion in this section.	
ITEMS FOR DISCUSSION	
PPPH/21/22	<p>Integrated Medium Term Plan (IMTP), including Performance Trajectories and Financial Plan</p> <p>The Assistant Director of Planning presented the report which updated Members on the development of the IMTP for 2022-25 ahead of submission to PTHB Board for approval on</p>

30 March 2022 and submission to Welsh Government on 31 March 2022. A presentation on performance trajectories was provided which had been constructed in conjunction with the services provided by PTHB. It was the intention to be compliant with expected performance by the end of 2022/23 but there would be a period when the organisation was still in a pandemic recovery position.

The Chief Executive confirmed that work on performance trajectories was ongoing, and the Executive Committee would be considering this matter at their meeting on 9 March 2022.

The Director of Planning and Performance advised that the trajectories were subject to several assumptions, some of which were external and changes to these could impact on the trajectories in a positive or negative way. The trajectories only related to performance of services operated by PTHB. The public also received services from adjoining health boards and the Powys IMTP would need to include information from adjoining health boards' IMTPs in relation to commissioned services.

How can the Board take assurance that commissioned services will be delivered? What impact does public expectation and political pressure have on the morale of staff?

The Director of Planning and Performance confirmed that PTHB is involved with Welsh Government and other health boards relating to the planned care national recovery plan. Work is undertaken to ascertain what is possible as a service provider including considering insourcing opportunities. The plan is at its initial stage and further work will be undertaken with Welsh Government. However, it is acknowledged that managing expectations will be difficult.

The Chief Executive noted that the Welsh Government recovery priorities were likely to be published shortly after the IMTP was due for submission. However, there it is unlikely that adjustment to IMTP priorities will be required.

The Director of Finance and IT presented the 2022/23 IMTP Revenue Plan included in the agenda pack outlining that a benefit in the opening position had been received with an additional 0.8% above the standard 2% uplift. Pressures were outlined as Continuing Health Care funding and variable pay. The assumption was made that delivery would be made against savings. Specific details regarding WHSSC (Welsh Health Specialised Services Committee) and EASC (Emergency Ambulances Services Committee) were provided as requested by Members. Potential national

	<p>pressures such as energy costs and employers National Insurance (from the Health and Social Care levy) were noted as risks if they materialised and were not supported nationally. Covid related spending was expected to be covered nationally if required. If this expenditure was not covered nationally, it would be a risk.</p> <p>Savings of £8.9M had been identified as necessary to balance the plan. Of this £1.8M were still to be found and would be identified within the next six weeks.</p> <p><i>Is the organisation being too optimistic in terms of risk by not including items within the plan?</i></p> <p>The assumptions contained within the Plan are consistent with other health boards and the expectations of the Finance Delivery Unit. The assumptions are kept under constant review to reflect changes in circumstances and risk.</p> <p><i>Are assumptions relating to covid still valid now national government has outlined its direction in relation to covid?</i></p> <p>Welsh Government will soon announce the Test, Trace and Protect preferred option including financial implications, noting that much of the infrastructure is provided by UK Government. Assumptions are based on the best available information at this point in time.</p> <p>The Chief Executive asked the Committee to note that a forthcoming accountable officer letter will include risks to break-even as it is not certain at the present time whether the Board will accept the level of risk outlined.</p> <p>The IMTP update was NOTED.</p>
<p>PPPH/21/23</p>	<p>Performance Reporting</p> <p>a) Performance Overview</p> <p>The Director of Planning and Performance presented the Integrated Performance Report included within the agenda pack which outlined performance against the 2021/22 NHS Delivery Framework.</p> <p><i>There has been a fall in breast screening of 7% in the four years to 2018/19 and PTHB are now 7th in Wales. Is this decrease consistent with other health boards or are Powys patients not been treated by other health boards? Is this under the control of Public Health Wales (PHW)?</i></p> <p>PTHB neither commission nor provide screening which is undertaken by PHW. Some of the data regarding screening is old and a report on screening will be brought to a future meeting.</p> <p>Action: Director of Planning and Performance</p>

	<p>b) Commissioning Assurance</p> <p>The Director of Planning and Performance presented the Commissioning Assurance report included within the agenda pack outlining those providers who were in Special Measures or who scored Level 4 or above in the PTHB Commissioning Assurance Framework.</p> <p>Attention was drawn to Shrewsbury and Telford Hospitals NHS Trust (SaTH) and Cwm Taf Morgannwg University Health Board who remained in Special Measures along with Wye Valley NHS Trust who were at Level 4.</p> <p>The Ockenden Report on Maternity Services in SaTH was due to be published imminently.</p> <p>A Strategic Change report is being prepared outlining the situation in all neighbouring trusts. This paper will be included in the Committee Work Programme.</p> <p>Action: Director of Planning and Performance</p> <p><i>Has the organisation had advance sight of the Ockenden Report?</i></p> <p>The Chief Executive advised that the Ockenden Report will be published in March and PTHB were in contact with the affected families and would provide support if required. A recent Panorama programme had rehearsed the situation but highlighted more recent cases which was a cause for concern. Whilst green shoots of recovery were apparent three months ago, recent developments were concerning and an Executive to Executive escalation is sought.</p> <p><i>A report to PEQS before Christmas had suggested that the position was improving.</i></p> <p>The Chief Executive noted that it would be necessary to take stock and suggested a Board Development session in April to understand the current challenges.</p> <p>Action: Interim Board Secretary</p>
<p>PPPH/21/24</p>	<p>Financial Performance: Month 10, 2021/22</p> <p>The Director of Finance, Information and IT Services presented the paper which provided an update on the September 2021 (Month 05) Financial Position including Financial Recovery Plan (FRP) delivery and Covid.</p> <p>The current position is a £149k underspend with a forecast of breakeven. Capital expenditure to date was £4.4M</p>

however, there is a considerable amount of work ongoing, and many payments are expected to be made in the short term.

Key areas of concern continue to be variable pay and continuing health care costs.

The percentage of total pay consisting of agency costs is 9.4% in Powys, the highest in Wales and far above the average of 5.2%. What is the cost of agency staff, and can a different approach be taken?

The Director of Finance and IT reiterated variable pay was one of the key areas of concern and was an area of focus within the IMTP. This is both a financial issue but also affects continuity of care for patients.

It appears there were no professions within the organisation that do not have recruitment challenges. Block booking of agency staff is understandable but is not good from a financial perspective.

The Director of Planning and Performance noted that the number of vacancies in inpatient services was concerning and confirmed block booking had taken place during the omicron wave. Frontline staff did not like using agency staff but did so when struggling to find cover. The establishment was under review and would be considered at Executive Committee in March 2020. It was expected that a change of practice would be recommended which would be more challenging in some areas than others. This matter would be considered at Workforce and Culture Committee.

Action: Director of Workforce and OD

The feedback from the aspiring nurses programme has been positive. It will be necessary to build on this progress.

The Assistant Director of Performance and Commissioning confirmed Ward Reviews were taking place to ascertain the minimum staffing level that is necessary. This is a particular challenge for rural areas.

It is understood that in Mental Health services there is a reliance on locums for some parts of the service. This is a concern for continuity of service to patients.

	<p>The Chief Executive advised that a strategic review of Mental Health services was planned due to issues of sustainability particularly in respect to staffing.</p> <p>The Director of Therapies and Health Sciences noted that the national shortage of psychiatrists in England and Wales meant a creative approach to support of patients was required.</p> <p>The Committee:</p> <ul style="list-style-type: none"> • DISCUSSED and NOTED the Month 10 2021/22 financial position • NOTED the actions required in 2021/22 to deliver a balance position on 31 March 2022, including savings delivery • NOTED the Covid-19 position report • NOTED the additional risks on delivery of a balanced position on 31 March 2022 • NOTED the underlying financial position and actions required to deliver recurrent breakeven for 2022/23
PPPH/21/25	<p>Report of the Director of Environment:</p> <p>a) Health, Safety and Fire Safety Update, including risks de-escalated from Corporate Risk Register</p> <p>The Director of Environment presented the report noting that Health and Safety had previously fallen within the portfolio of the Director of Workforce and OD and that Health and Safety Policies were being updated to reflect the change as of 1 December 2021.</p> <p>Specialised Health and Safety subgroups had been set up and reporting timeframes had been reduced from quarterly to monthly. Regular reports would be presented to the Delivery and Performance Committee. Health and Safety had been escalated to Board with a risk score of 12. The Health and Safety risk score remains at 12.</p> <p>The Fire risk score remains at 16. An operational fire management structure has been put in place and all sites have had fire drills. 400 staff have received Fire training.</p> <p>The Executive Committee has recommended that Health and Safety and Fire risks should be removed from Board monitoring but continue to be monitored by the Director of Environment.</p>

Will it be necessary to employ external fire safety trainers and what will be the timescale for completion of this training?

A training needs analysis will be undertaken from which it will be possible to ascertain whether external training is sourced, or the internal training resource expanded to meet the demand. It is intended that the training needs analysis will be reported to Executive Committee in March 2022, and it is expected that external training will be required.

Are specific health and safety issues subject to Datix reports and if so, what is the outcome of these reports?

There is a process of monitoring incidents to ascertain if they should be subject to RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations). Reports should include not just the data but what happened because of the incident.

If the scores for Health and Safety and Fire Risks remain the same what is the rationale for de-escalating them from Board monitoring?

The de-escalation reflects the arrangements that have been put in place to manage the risks operationally which has reduced the need for Board oversight. The Director of Environment noted that should the monitoring of these risks identify any matters for a return to enhanced monitoring at Board level this would be reported.

The Health and Safety and Fire Safety risks were DISCUSSED.

b) NEPTS Performance

The Director of Environment presented the report which provided an update on the performance of WAST (Welsh Ambulance Services Trust) as the core NEPTS (Non-Emergency Patient Transport Services) provider, and the cross-border NEPTS contracts in Shropshire and Herefordshire with E-Zec Medical Services Limited. The National Collaborative Commissioning Unit will consider the transfer of the two E-Zec contracts to the national commissioner over the next 18 months. This will enable all activity in Powys to be visible.

The position in respect of the three NEPTS contracts was NOTED.

c) Capital Developments

The Assistant Director of Estates and Property presented the report included in the agenda pack. The current Capital Resource Limit (CRL) is £15.495M which is the highest level

for some years and with 46 projects will be challenging for the team to deliver. The Discretionary Capital Programme (DCP) 2021/22 is on target to spend the £1.43M allowance. The DCP for 2022/23 has been reduced from £1.43M to £1.089M.

£2.2M was secured from the Estates Funding Advisory Board in 2021/22 for areas including decarbonisation, fire safety and infrastructure. Welsh Government have advised this scheme will be paused in 2022/23.

All Wales Capital Funding and Integrated Care Funding projects include:

- North Powys Programme;
- Llandrindod Phase 2 Programme.
- Brecon Car Park;
- Health and Care Academy, Bronllys; and
- Machynlleth Project.

Welsh Government Covid/Recovery capital has granted an additional £960k to the £550K already received to fund equipment and urgent capital project activity.

The decrease in discretionary capital funding is minimal. Why is this being flagged as an issue?

It was noted that one of the main implications is the reduced contingency that the health board is able to carry and it will need to be alert to slippage towards the end of the financial year.

The Director of Planning and Performance explained that the reduction in discretionary capital funding had a disproportionate overall effect and it is vital that the capital funding pipeline is sufficient to support the strategic ambition of the health board.

The Chief Executive drew attention to statistics which showed that PTHB had 38% of its estate predating 1948 compared with an all-Wales average of 12%. PTHB also had the least new estate with only 5% built post 2005 compared to an all-Wales average of 20%. The Chief Executive advised that a letter would be sent to the NHS Wales Chief Executive outlining that the impact of the reduction of capital funding on PTHB.

The report refers to the air handling unit at Llandrindod Wells Hospital. Have lessons been learnt from this issue?

The Assistant Director of Estates and Property confirmed that capital funding at current levels is recent for PTHB and whilst there were specific issues in this instance wider lesson have been learned.

	<p>The Chair confirmed that this had been subject to an Internal Audit report where the lessons learned had been codified.</p> <p>The delivery of the Capital Programme in 2021/22 and position for 2022/23 was DISCUSSED.</p>
<p>PPPH/21/26</p>	<p>PLANNED AND UNSCHEDULED CARE REPORT</p> <p>The Assistant Director of Performance and Commissioning presented the report noting that in Planned Care there were challenges relating to echo-cardiograms, endoscopy and non-obstetric ultrasound. Plans were in place to improve the position relating to echo cardiogram and endoscopy. However, there was a particular issue for musculoskeletal (MSK) scans and options under consideration including pooling lists with Betsi Cadwalladr UHB.</p> <p>Whilst the overall waiting list was falling it remains high in adult audiology which was reliant on in-reach Service Level Agreements (SLAs). In-reach consultants had been called back during the omicron wave however, with the return of in-reach SLAs it was expected that the waiting list target would be met by June 2022.</p> <p>Performance in planned care was less positive and this would be a key area of work. There are waiting lists in both England and Wales, however, the performance and pace of recovery in planned care is better in England than in Wales.</p> <p>In relation to cataracts there are three waiting lists:</p> <ul style="list-style-type: none"> • Powys providers queue which is moving; • English providers queue which is moving slowly; and • Welsh providers queue which is moving very slowly. <p>The intention is to see if any patients in the English and Welsh queues can be bought back into the Powys queues. This would be the best outcome for patients. However, it was noted this would result in the wait times from England or Wales lists now being counted as Powys wait times.</p> <p>Performance across planned care was outlined within the report and the summary position outlined. It was noted that the Ministerial Outcome measures for 2022/23 were expected to define stretch targets moving back to a compliance with standards position. It was noted that some areas were expected take until March 2024 to recover and</p>

	<p>not all the work necessary for return to compliance was yet financed.</p> <p><i>What are the assumptions that have been made to reach the position outlined?</i></p> <p>The model of planned care provided by Powys is considered to be accurate. However, planned care in provider services which might be affected by Emergency Department pressures is less easy to model.</p> <p><i>Are in reach consultants being recalled to their Health Boards on a fair basis or is this having a disproportionate effect on Powys residents?</i></p> <p>The Chief Executive noted this was a complex issue with Powys patients accessing planned and unscheduled care both in Powys and in the District General Hospitals. The omicron wave had resulted in unusual levels of volatility, but it was hoped that the position would now settle down.</p> <p>In relation to unscheduled care the current ambulance response time for red calls is variable and being driven by demand, the number of ambulances available to respond to calls and the waiting time to unload. The Minor Injury Unit performance is compliant, however, performance at Welsh Accident and Emergency sites has deteriorated in recent weeks. A number of 12-hour trolley breaches have been recorded which would previously have resulted in the imposition of Special Measures. Despite an intention to improve urgent care the current position appears to be ongoing with no sign of improvement. The average length of stay in a community hospital has reduced from 54 days (November 2021) to 36 days (January 2022). Over the same period the number of patients staying over 120 days has reduced from 20 to 3. Thousands of bed days have been released for repatriation of patients from District General Hospitals or to take patients directly from GPs.</p> <p>The Director of Planning and Performance highlighted the need to sustain this progress and reduced the length of stay to 21-28 days.</p> <p>The Planned and Unscheduled Care Report was DISCUSSED and NOTED.</p>
PPPH/21/27	<p>COMMISSIONING ASSURANCE FRAMEWORKS: a) GENERAL MEDICAL SERVICES (GMS)</p>

The Director of Finance presented the report relating to the period 2020/21, noting that there had been a number of temporary contract changes during this period and that the focus had been on maintaining essential services. It was confirmed that all 16 Practices remained in Level 1 Routine Monitoring and that there were no contractual or regulation breaches during the period. Outside of GMS contractual obligations, quality and service delivery was monitored with a general theme of non-compliance relating to the national influenza targets and childhood immunisation targets. These areas are monitored and considered by the PTHB Influenza Vaccination Oversight Group and PTHB Health Child Wales Programme.

Current Powys practice absences are higher than others, for example 20% of GPs are absent, far higher than the Welsh average. Is the reason for this known?

The Director of Finance and IT was not aware of a specific reason for this but would investigate it.

Action: Director of Finance and IT.

This appears to be a positive position. Is this reflected on the ground?

The Director of Finance and IT confirmed that an Access Survey has taken place which will be reported at the Patient Experience, Quality and Safety Committee in March 2022. This paper has been through Executive Committee and can be circulated to Delivery and Performance Committee members.

Action: Interim Board Secretary

The Chief Officer of the Community Health Council (CHC) has indicated there is patient concern regarding General Practice and would wish to reinstate Patient Participation Groups in each of the Surgeries. The pressure that GPs are under is acknowledged and there is the potential of reinforcing negative views without evidence.

The Director of Planning and Performance confirmed that local practices were feeling under pressure and did not always feel supported by their local communities. It may be more appropriate to start Patient Participation Groups on a cluster basis to include community, GP and hospital services. The Director of Therapies and Health Sciences advised that an offer had been made to assist the CHC with thematic analysis and patient consent.

b) GENERAL DENTAL SERVICES

The Director of Finance presented the report outlining that for the period 2020/21 9 practices were at Level 1 Routine

	<p>Monitoring whilst 14 practices were at Level 3 Enhanced Monitoring. The actions taken as a result of Level 3 monitoring were outlined within the report.</p> <p><i>What progress has been made on the new Dental Contract?</i> The Director of Finance and IT confirmed that discussion was ongoing with the intention to move towards supporting dental health rather than focusing on units of work.</p> <p>The Commissioning and Assurance Frameworks 2020/21 for General Medical Services and General Dental Services were DISCUSSED and NOTED.</p>
PPPH/21/28	<p>DIGITAL FIRST UPDATE</p> <p>The Director of Finance and IT presented the report which provided an update on Digital First and detailed progress and performance within Digital Transformation and Informatics, including Section 33 ICT performance activity. Attention was drawn to the successful implementation of the Medilogik Endoscopy Management system which PTHB were the first to implement across Wales. Additionally, PTHB have secured over £2.3M from the Welsh Government Digital Priorities Improvement Fund for improved infrastructure and Wi-Fi. It was noted that it would be necessary to modernise the performance indicators used in respect of Section 33 agreements.</p> <p><i>Does this project cover all aspects of infrastructure rather than focus primarily on Wi-Fi?</i> The Director of Finance and IT confirmed that the project covered all areas including servers and resilience.</p> <p>The Digital First Update was DISCUSSED and NOTED.</p>
ITEMS FOR INFORMATION	
There were no items for inclusion in this section.	
OTHER MATTERS	
PPPH/21/29	<p>ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND OTHER COMMITTEES</p> <p>There are no items for inclusion in this section</p>
PPPH/21/30	<p>ANY OTHER URGENT BUSINESS</p> <p>There was no urgent business.</p>
PPPH/21/31	<p>DATE OF THE NEXT MEETING</p> <p>3 May 2022 at 10:00, via Microsoft Teams.</p>

