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Powys Teaching
Health Board

**POWYS TEACHING HEALTH BOARD
SUMMARY OF THE
DELIVERY & PERFORMANCE COMMITTEE MEETING HELD ON
MONDAY 28 FEBRUARY 2022
VIA MICROSOFT TEAMS**

Present:

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

In Attendance:

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| Carol Shillabeer | Chief Executive |
| Claire Madsen | Director of Therapies and Health Sciences |
| Hayley Thomas | Director of Planning and Performance |
| Jamie Marchant | Director of Primary, Community Care and Mental Health |
| Pete Hopgood | Executive Director of Finance, Information & IT Services |
| 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 |
| David Collington | Community Health Council |

Apologies for absence:

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

Committee Support:

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| Liz Patterson | Interim Head of Corporate Governance |
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COMMITTEE ACTION LOG

There were no action log updates.

Integrated Medium Term Plan (IMTP), including Performance Trajectories and Financial Plan

The Committee received the item which updated Members on the development of the IMTP for 2022-25 ahead of submission to PTHB Board for approval on 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.

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

The Committee was 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 IMTP in relation to commissioned services.

The paper provided the Committee with the 2022/23 IMTP Revenue Plan outlining that a benefit in the opening position had been received with an additional 0.8% above the standard 2% uplift. The 1% pay award was not required. 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.

The IMTP update was NOTED.

Performance Reporting

a) Performance Overview

The report outlined performance against the 2021/22 NHS Delivery Framework.

b) Commissioning Assurance

The report outlined those providers who were in Special Measures or who scored Level 4 or above in the PTHB Commissioning Assurance Framework.

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.

The Ockenden Report on Maternity Services in SaTH was due to be published imminently

Financial Performance: Month 10, 2021/22

The report provided an update on the September 2021 (Month 05) Financial Position including Financial Recovery Plan (FRP) delivery and Covid.

The current position is a £149k underspend with a forecast of breakeven. Capital expenditure to date was £4.4M 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 Committee:

- 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 2022/2023.

Report of the Director of Environment:

a) Health, Safety and Fire Safety Update, including risks de-escalated from Corporate Risk Register

The report provided an update that Health and Safety had previously fallen within portfolio of the Director of Workforce and OD and Health and Safety Policies were being updated to reflect the change as of 1 December 2021.

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.

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.

The Executive Committee have recommended that Health and Safety and Fire risks should be removed from Board monitoring but continue to be monitored by the Director of Environment.

The Health and Safety and Fire Safety risks were DISCUSSED.

b) NEPTS Performance

The report 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 report provided an update in relation to 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
- 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 delivery of the Capital Programme in 2021/22 and position for 2022/23 was DISCUSSED.

PLANNED AND UNSCHEDULED CARE REPORT

The paper provided an update 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. 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.

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.

In relation to cataracts there are three waiting lists:

- Powys providers queue which is moving
- English providers queue which is moving slowly
- Welsh providers queue which is moving very slowly

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 now being counted as Powys wait times.

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 not all the work necessary for return to compliance was yet financed.

In relation to unscheduled care the current ambulance response time for red calls is variable 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.

The Planned and Unscheduled Care Report was DISCUSSED and NOTED.

COMMISSIONING ASSURANCE FRAMEWORKS:

a) GENERAL MEDICAL SERVICES (GMS)

The report provided an update 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.

b) GENERAL DENTAL SERVICES

The paper provided an overview outlining that for the period 2020/21 9 practices were at Level 1 Routine Monitoring whilst 14 practices were at Level 3 Enhanced Monitoring. The actions because of the Level 3 monitoring were outlined within the report.

The Commissioning and Assurance Frameworks 2020/21 for General Medical Services and General Dental Services were DISCUSSED and NOTED.

DIGITAL FIRST UPDATE

The report provided an update of 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 Welsh Governments 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.

The Digital First Update was DISCUSSED and NOTED.

There was no urgent business.

DATE OF THE NEXT MEETING

3 May 2022 at 10:00, via Microsoft Teams.