



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

CONFIRMED

**MINUTES OF THE MEETING HELD ON TUESDAY 3 MAY 2022
VIA MICROSOFT TEAMS**

Present:

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

In Attendance:

Carol Shillabeer	Chief Executive
Kate Wright	Medical Director
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 Services
Claire Roche	Director of Nursing and Midwifery
Julie Rowles	Director of Workforce and Organisational Development
Samantha Ruthven-Hill	Assistant Director of Planning
Amanda Smart	Head of Information Governance
Clare Lines	Assistant Director of Transformation and Value
James Quance	Interim Board Secretary

Observers:

David Collington	Community Health Council
Anne Beegan	Audit Wales

Apologies for absence:

None

Committee Support:

Bethan Powell	Interim Corporate Governance Business Officer
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D&P/22/01	<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/22/02	<p>DECLARATIONS OF INTERESTS</p> <p>No interests were declared.</p>
D&P/22/03	<p>MINUTES OF THE DELIVERY & PERFORMANCE COMMITTEE ON 28 FEBRUARY 2022.</p> <p>The minutes of the previous meeting held of the Delivery and Performance Committee on 28 February 2022 were CONFIRMED as a true and accurate record.</p>
D&P/22/04	<p>MATTERS ARISING FROM PREVIOUS MEETINGS</p> <p>The following matters arising were discussed:</p> <ul style="list-style-type: none"> • D&P/21/24. It was noted that the percentage total pay comprising agency costs is 9.4%, the highest in Wales. <p><i>What is the dynamic of the position and has there been an improvement with the variable pay concerns?</i></p> <p>The Director of Finance confirmed that action had been taken to recruit to additional Health Care Support Workers (HCSW) to help to reduce the alliance on agency staff within this area. There is an ongoing focus of financial costs being reviewed through a Task and Finish Group which has been implemented. It was agreed that an update would be provided regularly to the Delivery and Performance Committee.</p> <p>Action: Director of Finance and ICT</p> <p>The Director of Primary, Community Care and Mental Health added that the establishment reviews have been discussed during Executive Committee and it has been agreed that a formal project would be established across the services. The recruitment process for HCSW is paramount with the aim to recruit 9WTE and 11 substantive posts. The Chief Executive highlighted to Committee members for awareness in terms of openness and transparency, proposals are being worked through to ensure that a clear vision on funded</p>

	<p>establishment are moving forward and to ensure the organisation is clear where the highest vacancy levels are.</p>
<p>D&P/22/05</p>	<p>COMMITTEE ACTION LOG</p> <p>The following updates were provided to the Action Log and agreed closure:</p> <p>D&P/21/27: Investigate reason for high level of GP Absence.</p> <p>A review has been undertaken where high levels of incidents and system pressures are apparent. The health board is currently providing support to Powys wide General Practices. Committee members were assured of progress and agreed to close the action.</p>
<p>D&P/22/06</p>	<p>DRAFT PERFORMANCE REPORT SECTION OF THE ANNUAL REPORT</p> <p>The Director of Planning and Performance, together with the Assistant Director of Planning presented the report which provided the Committee with an overview on the development of the Performance Report section of the Annual Report for consideration and feedback.</p> <p>The Assistant Director of Planning reported that this report is one component that makes up the statutory Annual Report. It is structured to provide an account of progress against the Powys Teaching Health Board Annual Plan for 2021/2022, which has been agreed initially in draft form to Board on 31 March 2021 and submitted to Welsh Government. The final version of the Annual Report would subsequently be presented for approval to Board on 14 June 2022 ahead of submission to Welsh Government on 15 June 2022.</p> <p>It was noted that key performance data and supporting intelligence inclusive within the report is current information available at the time of inclusion of Committee papers. The Committee were advised that further update would be carried out for inclusion of the final report in June 2022, where further year end data would be available.</p> <p><i>Who is the target audience, and does it include the general public?</i></p> <p>The Assistant Director of Planning confirmed that the Performance report is published to a complex set of audiences which provides the public with detailed technical information in relation to the complex work that has been undertaken by the health board over the previous year. The</p>

	<p>report structure follows specific guidance from NHS manual of accounts, set out in chapter 3 to which the health board has suppressed into simple narrative.</p> <p><i>Would the final Annual Report be made available to the public in an easy read and simplified format?</i></p> <p>The Chief Executive confirmed that following the final submission of the Annual Report there is an opportunity for the health board to develop a summarised slide pack which would be available ahead of the Annual General Meeting (AGM) in July 2022. Further work will be undertaken with a view to the detail, style, tone, and balance to ensure clear navigation through the organisation's performance throughout 2021/22.</p> <p>It was highlighted that further examples could be provided within the Performance Report in relation to the concerns issues where performance across the health board has been challenging.</p> <p>Action: Assistant Director of Planning</p> <p><i>What impact is being made in terms of the trajectories in relation to the changes to health indicators?</i></p> <p>The Chief Executive confirmed that this specific piece of work has been commissioned from Dr Catherine Woodward, former Public Health Director, highlighting the importance to identify the differences of the impact of the Covid-19 pandemic (direct and indirect). It was stated that there is evidence emerging continually on population well-being of relevance to Powys that has informed the health board's work during the year and the development of its Annual Plan for 2021-22. This would help enable the health board to prevent indirect harms becoming known.</p> <p>The Chief Executive advised that the trajectories form part of the Renewal priorities with the intention to shape, adapt and improve services previously delivered.</p> <p>The Draft Performance Report was NOTED, and feedback was provided by the Committee to inform the final version of the Performance Report section of the Annual Report.</p>
D&P/22/07	<p>INFORMATION GOVERNANCE TOOLKIT OUTTURN AND IMPROVEMENT PLAN</p> <p>The Medical Director presented the Information Governance Toolkit Report which outlined the health boards performance as assessed by the NHS Wales Information Governance Toolkit for Health Boards and Trusts 2021-2022.</p>

	<p>It was highlighted that the toolkit contains assessed categories that determine the level of assurance achieved. It was highlighted that each category is scored from Level 0 (lowest compliance) to Level 3 (highest compliance). When developing the toolkit assessment, it was agreed across NHS Wales that a Level "0" should be put in place to demonstrate that Level 1 requirements have not yet been met but work is underway to meet this level.</p> <p>The Improvement plan has been developed to highlight those areas of work required to improve the current score and assurance level ahead of the 2022-2023 submission. The toolkit is a self-assessment tool which enables organisations to measure their level of compliance against national Information Governance standards and legislation.</p> <p>The Medical Director highlighted that there has been a delay in reporting the 2021-2021 assessment due to the re-prioritisation of resources for Covid-19. It was noted that while the toolkit demonstrates IG performance, some aspects are also assessed under the biennial Welsh Cyber Assurance Process (WCAP).</p> <p>The IG toolkit Improvement Plan for 2022-2023 was not available during Committee and therefore it was agreed for this to be circulated to Committee members and brought to the Delivery and Performance committee in June for information.</p> <p>Action: Medical Director/Interim Board Secretary</p> <p>The committee APPROVED the publication of the toolkit scores and final out-turn report.</p>
D&P/22/08	<p>FINANCIAL PERFORMANCE: MONTH 12, 2021/2022</p> <p>The Director of Finance, Information and IT Services presented the Financial Performance Report which provided an update on the March 2022 (Month 12) Financial position including Financial Recovery Plan (FRP) delivery and Covid-19.</p> <p>It was highlighted that as per 2020/21 spend in relation to Covid-19, is included in the overall position but is offset by an anticipated or received allocation from Welsh Government, as per the planning assumptions and so is not directly contributing to the Year to Date £0.08m under spend.</p> <p>The Director of Finance and IT Services raised that excluding Covid-19, the areas of overspend which continue to be a concern as we move into the next financial year, are the</p>

	<p>growth in Continuing Health Care costs and ongoing increase above historic trend in variable pay. This was noted as a recurrent impact on the 2022/2023 plan. The health board continues to forecast a balanced year end position, with the total revenue spend in 2020/2021 at £393 million.</p> <p><i>In terms of the Task and Finish Groups in place, how will recent data be reported back to the Delivery and Performance Committee?</i></p> <p>The Director of Finance and ICT Services confirmed that a dashboard would be implemented to address which financial reports would be reported to the appropriate Committee in order to provide the relevant detail required and assurance to Committee members.</p> <p>Action: Director of Finance and ICT</p> <p>The Committee DISCUSSED and NOTED the Month 12 2021/22 financial position.</p>
D&P/22/09	<p>OVERVIEW OF RENEWAL STRATEGIC PORTFOLIO DEVELOPMENTS, INCLUDING PROGRESS AND RISKS.</p> <p>The Chief Executive introduced the Renewal Strategic Portfolio Developments report which articulates a collection of programmes, all of which provide potential new solutions to care, embedding Value Based Healthcare in order to improve costs, care, and outcomes. The portfolio of programmes drives forward recovery and longer-term service 'Renewal' in response to the pandemic with a key focus on: Emergency and frailty care, cancer, respiratory, circulatory, and mental health conditions, Children and Young people, diagnostics, ambulatory and planned care.</p> <p>The Assistant Director of Transformation and Value provided the committee with an overview of the Renewal priorities which focus on the things which will matter most to the wellbeing of the population of Powys. The scale of the challenge, and of the opportunity, requires new radical solutions using a Value-Based healthcare approach.</p> <p>During December 2021 and January 2022, the programmes were stood down (and many staff redeployed) to help respond to the immediate demands of mass vaccination and Omicron. Nearly all programmes are back up and running but this, coupled with earlier recruitment challenges, has affected progress. Despite this, significant steps were still taken in the last quarter to address delayed care for patients including:</p>

- in-sourcing additional capacity for pre-operative assessment, outpatient appointments, and day case general surgery, oral surgery, and endoscopy with just under 200 additional appointments provided to date
- new clinical equipment installed for ophthalmology, endoscopy, and lung function testing (and secured for tele dermatology)
- 139 patients with delayed respiratory follow-up in north Powys were reviewed through a strengthened multidisciplinary team with 73 patients either to be discharged or to receive alternatives to consultant care
- Powys managed patients waiting more than 26 weeks contacted, with 21% indicating they may no longer need to be on a waiting list, which is to be confirmed clinically
- strengthened information about wellbeing advice and sources of support made available
- school vision screening letters distributed to parents of children missed due to Covid-19
- tests made available across primary care in Powys in relation to symptomatic bowel cancer - with learning sessions in relation to Cancer involving just under 400 clinicians and other staff
- virtual pulmonary rehabilitation continuing to reduce waiting times
- and an external Getting it Right First Time Review of orthopaedics completed to guide the way forward.

What is the current dynamic of the recruitment position of the 7 unfilled vacancies?

The Assistant Director of Transformation and Value reported that the 7 unfilled vacancies are across various services, 4 involve Medicines Optimisation pharmacists. It was reported that these posts may require a collaborative approach across Mid and West Wales as a key element of the Value-Based Healthcare work is to ensure medicines are being utilised with maximum effect. Another post related to physiology where in order to achieve the board's future vision, a review of the current vacancy Banding within the Respiratory service would be required to recruit to the required capacity.

The report states that 21% of patients contacted may not need to be on a waiting list, how can the Committee take assurance that this clinical judgement decision is correct?

The Assistant Director of Transformation and Value advised that whilst the patients contacted had indicated they may not

need to be on the waiting list this was subject to a clinical decision. In-reach consultants clinically risk stratify the waiting list and keep it under review. Patients would only be removed from lists with clinical agreement. The purpose of contacting the patients was not just validation but to ensure that patients at risk of a delayed intervention had access to sources of advice and support which could help to improve outcomes. The Patient Liaison Team was proactively providing links to wellbeing advice and support, including Silver Cloud in relation to emotional wellbeing.

What is the alignment between renewal and the strategic review risks identified across Mental Health services?

The Assistant Director of Transformation and Value advised the committee that the strategic review of Mental Health Services was a Renewal Priority. The progress of the Review would be closely monitored and reported through Executive Committee.

How does the frailty renewal work align with accelerated cluster development and how is this managed within the community by the wider Primary Care teams?

Discussions have taken place with primary care, for example within North Powys in relation to Frailty and there was primary care representation on the Frailty Programme Board. However, the Renewal Strategic Portfolio Board had already identified that further discussion was needed about how best to ensure alignment with accelerated cluster plans and the discussion would take place at the Strategic Board imminently.

Is there further scope within cancer pathways for Powys residents to attend services closer to home?

Further opportunity is available to provide cancer services closer to home for the residents of Powys. Work is underway to identify the parts of pathways which could be provided more locally, such as patient education which could be made available virtually in order to reduce travel distances for patients. PTHB was identifying the diagnostics which could be provided closer to home, for example FIT (Fecal Immunochemical Test), for early diagnosis of bowel cancer, had been made available across all GP practices in Powys. Protected learning time had been for clinicians and other staff, including linking with the Wales Cancer Network.

What is the current status of the Nevill Hall Business Case for patients to access services closer to home?

Powys Teaching Health Board has supported the business case for Nevill Hall Hospital to become a Satellite Radiotherapy Centre, which was an important development

	<p>to bring some services closer to those living in South Powys through a commissioned service.</p> <p>The Renewal Strategic Portfolio, including Progress and Risks was DISCUSSED AND NOTED.</p>
<p>D&P/22/10</p>	<p>INTEGRATED PERFORMANCE REPORT – QUARTER 4 2021/2022</p> <p>The Director of Planning and Performance presented the Integrated Performance Report noting that the data provided is the latest available performance update against the phase one Ministerial Measures. It was highlighted that Performance for the health board remains challenging against the key Welsh Government metrics that are used to assess improvement towards the ‘A Healthier Wales’ ambitions priority areas. The key areas that remain challenging are linked to the ongoing Covid-19 outbreak exacerbating pressures with ongoing fragility for Planned care with in-reach consultant led services.</p> <p>The Director of Planning and Performance advised the committee that in response to supporting and maximising repatriation to improve acute flows, the health board has placed further focus on increased management input into Powys bed flow which aims to maximise provider beds in supporting demand and reducing repatriation delays to a minimum.</p> <p><i>What work can be implemented with partners to understand the increase of referral patterns of neurodiversity and Children and Young people presentation of self-harm and the requirement for assessment?</i></p> <p>The Chief Executive reported that the key aim is to ensure that the approach remains comprehensive and holistic with the focus on population health and wellbeing, albeit with the need to understand this through the lens of the impact of the pandemic. A view to seek local and national guidance in relation to the upward trend of neurodiversity referrals patterns would enable the health board to identify the level of demand and intervention required.</p> <p><i>What steps are being implemented to support the wider issues regarding social care with commissioned services and</i></p>

what is the appetite for discussion with the partners for the organisations ability to affect change?

The Chief Executive reported that plans would be developed with the support of the Board to implement a proposition to test acceptability to patients and to ensure social care issues are addressed with partners. The Committee agreed that an update would be presented to members at a future committee.

Action: Chief Executive Officer

The Performance scorecard for improved health and wellbeing with better prevention and self-management conveys no progress in relation to the Public Health Wales Coverage of Cervical and Breast Screening, what are the key priorities of focus for the new Public Health Director in Powys?

The Chief Executive highlighted that a detailed report and assessment is due to be undertaken for review at Executive Committee. This review would ensure the public have full access to screening with particular focus across communities who are less likely to attend. It was agreed that the report and assessment results would be shared at the Delivery and Performance Committee for assurance.

**Action: Director of Planning and Performance/
Interim Board Secretary**

Pre-pandemic, Diabetic retinopathy waiting lists were extremely long, what is the current position of coping with patient demand within this area?

The Chief Executive responded through highlighting the progress position of staff and environment challenges due to Covid19 have resulted in a pause in the service. The alternative for residents to visit Optometrists which has proven difficult across rural areas, specifically within the North of Powys. The service has now been reinstated within Machynlleth in order to review the backlog of waiting lists.

The Director of Planning and Performance advised that there are currently over 700 patients on an external Health Board or English Trust waiting list for treatments such as Diagnostics, Outpatients, and routine care. The key area of focus is to review the greater waiting times in order to proceed with intervention through a different pathway of care in order to reduce the waiting times.

Has progress been made in terms of providing wider care and the approach to regional centres?

The Chief Executive advised the Committee that an area of focus relates to the potential expansion of the Endoscopy service and the productivity of what the expectation of Day cases should be seen as opposed to the reliance on inpatient beds.

The Director of Primary, Community Care and Mental Health advised that work is underway to review the physical available capacity across Powys given the workforce constraints. Together with the demand and capacity model which provides additionality due to the level of significant backlog, a formal offer has been made to regional working in terms of available capacity. The Committee agreed for a detailed update report to be provided around the wider care across regional centres to include proposals around the various skill mix of procedures potentially taking place within theatres across Powys at a future Delivery and Performance Committee.

Action: Director of Primary, Community Care and Mental Health/Interim Board Secretary

It was highlighted that new Endoscopy decontamination equipment funding via Welsh Government Renewal monies have been installed and are operational in Brecon Hospital. The Joint Advisory Committee (JAG) annual review has successfully been completed for Brecon, with Powys' first trainee Nurse Endoscopist successfully JAG accredited.

Is the external funding time bound for expiration and has the Organisation provided enough resources for future plans if the funding expires?

During previous years it has been recognised that the number of Tranches provided have been proven difficult with non-recurrent monies in respect of revenue more so than in relation to Capital spend. Welsh Government have confirmed that further tranches will be made available to Health Boards for this financial year, however dependant on the challenges of recruitment the majority are recurrent at present, with the intention that non recurrent would not be so great within this financial year.

	<p><i>Are compliments systematically analysed in the same that complaints are?</i></p> <p>The Chief Executive responded in light of Patient Experiences, values, and concerns. It was highlighted that a commitment has been implemented within the Integrated Medium-Term Plan (IMTP) in relation to a Digital Support System in order to analyse patient experiences. There is the aim that this will provide an elicit a greater number of patients to provide feedback, specifically those outside of the health board within Commissioned services. In addition, a learning group has been established by Clinical Directors which has a focus on various trends via existing patient experience framework.</p> <p>The Integrated Performance Report was DISCUSSED and NOTED.</p>
<p>D&P/22/11</p>	<p>INFORMATION GOVERNANCE PERFORMANCE REPORT</p> <p>The Director of Finance presented the report, providing an overview of the assessment against key performance and compliance indicators for information governance (IG). The reporting period of the report covers both Quarters 3 and 4, from 1 October 2021 to 31 March 2022.</p> <p>The Director of Finance reported that a total of 166 requests were received (1 October 2021 – 31 March 2022) to access information. This is a slight decrease of 13.8% when compared to the same period in 2020/21 (189 requests). It was highlighted that the overall compliance remains below the Information Commissioners target of 90% with continuous improvements being made. It was noted that the dashboard is a work in progress and further work will be implemented to identify longer trends.</p> <p>It was confirmed that a project plan is in place to steer a significant piece of work over the next 9 months to retrospectively register all projects/initiatives that have previously required IG input. The purpose is to ensure all programmes are in one place within the IG file structure to enable more accurate searching and comply with records management. This will aid future project development, prevent duplication of work, and assist with cost savings. It will also enable more accurate KPIs to better manage provision of resources within the team to provide the support required.</p>

	<p><i>Given the number of initiatives within the Information Governance team following review of the conversion rate, are the right resources in place in order to deliver successful outcomes?</i></p> <p>The Information Governance team are involved with various assessments where the report references to conversion rates supporting a number of functions. The Committee agreed that the dashboard would be reviewed in order to include a trend analysis spanning over 1 year to help identify longer trends providing assurance to Committee members.</p> <p>The Information Governance Performance Report was DISCUSSED and NOTED.</p>
<p>D&P/22/12</p>	<p>COMMITTEE BASED RISK REGISTER</p> <p>The Interim Board Secretary provided the committee with the end of April 2022 version of the committee risk register. The Committee risk register reflects the summary of the significant risks identified as requiring oversight by this lead committee. The risks also include widespread risks beyond the local area and for which the cost of control is reviewed by the Executive Committee on a bi-monthly basis. It was also noted that there is clear correlation between the Committee and Board in terms of providing oversight and assurance.</p> <p>The Committee discussed the potential for a further consideration of Finance risk balance across the three-year cycle. The current in year short term risk reporting mechanism which is currently monitored monthly is working well with a review of risks not being delivered, in addition to a future reporting position. The Director of Finance was to give consideration as the best way to present this future look ahead.</p> <p>The Director of Nursing and Midwifery highlighted that the Unscheduled Care risk, access to emergency care services for Powys residents, is not articulated within the risk management matrix.</p> <p>Consideration would be given to focus on the Corporate Risk Register reporting at Executive Committee in order review the pattern assessment of risks within the financial year. It was discussed and agreed that directorates would demonstrate the mitigation feature of each risk identified within the Corporate Risk Register during Committees going forward.</p> <p>Action: Interim Board Secretary</p> <p>The Corporate Risk Register was DISCUSSED and NOTED.</p>

ITEMS FOR INFORMATION	
There were no items for inclusion in this section.	
OTHER MATTERS	
D&P/22/13	<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>
D&P/22/14	<p>ANY OTHER URGENT BUSINESS</p> <p>There was no urgent business.</p>
D&P/22/15	<p>DATE OF THE NEXT MEETING</p> <p>23 June 2022 at 10:00, via Microsoft Teams.</p>