

**POWYS TEACHING HEALTH BOARD
 SUMMARY OF THE
 DELIVERY & PERFORMANCE COMMITTEE**

**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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COMMITTEE ACTION LOG

The following updates were provided to the Action Log and agreed closure:

D&P/21/27: Investigate reason for high level of GP Absence.

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.

DRAFT PERFORMANCE REPORT SECTION OF THE ANNUAL REPORT

The Committee received the Draft Performance Report section of the Annual Report which provided the Committee with an overview on the development of the Performance Report section of the Annual Report for consideration and feedback.

The Committee received the report which 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.

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.

The Committee were advised that the trajectories form part of the Renewal priorities with the intention to shape, adapt and improve services previously delivered.

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.

INFORMATION GOVERNANCE TOOLKIT OUTTURN AND IMPROVEMENT PLAN

The Committee received 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.

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.

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.

The committee APPROVED the publication of the toolkit scores and final out-turn report.

FINANCIAL PERFORMANCE: MONTH 12, 2021/2022

The Committee received 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.

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.

The Committee DISCUSSED and NOTED the Month 12 2021/22 financial position.

OVERVIEW OF RENEWAL STRATEGIC PORTFOLIO DEVELOPMENTS, INCLUDING PROGRESS AND RISKS.

The report 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.

The report 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.

The Renewal Strategic Portfolio, including Progress and Risks was DISCUSSED AND NOTED.

INTEGRATED PERFORMANCE REPORT – QUARTER 4 2021/2022

The Committee received 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.

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.

The Integrated Performance Report was DISCUSSED and NOTED.

INFORMATION GOVERNANCE PERFORMANCE REPORT

The Committee received 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.

It was 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.

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.

The Information Governance Performance Report was DISCUSSED and NOTED.

COMMITTEE BASED RISK REGISTER

The Interim Board Secretary provided the committee with the end of April 2022 version of the committee risk register.

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.

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.

The Corporate Risk Register was DISCUSSED and NOTED.

There was no urgent business.

DATE OF THE NEXT MEETING

23 June 2022 at 10:00, via Microsoft Teams.