



## POWYS TEACHING HEALTH BOARD

### CONFIRMED

## PERFORMANCE & RESOURCES COMMITTEE MEETING HELD ON MONDAY 22 FEBRUARY 2021 VIA MICROSOFT TEAMS

### Present:

Mark Taylor	Independent Member (Chair)
Melanie Davies	Independent Member
Ian Phillips	Independent Member
Tony Thomas	Independent Member

### In Attendance:

Claire Madsen	Director of Therapies and Health Sciences
Hayley Thomas	Director of Planning and Performance
Kate Wright	Medical Director
Lucie Cornish	Assistant Director Therapies & Health Science
Mark McIntyre	Deputy Director Workforce and OD
Pete Hopgood	Director of Finance and IT
Rani Mallison	Board Secretary
Wayne Tannahill	Head of Estates and Property

### Observers:

David Collington	Community Health Council
Elaine Matthews	Audit Wales

### Apologies for absence:

Carol Shillabeer	Chief Executive
Jamie Merchant	Director of Primary, Community Care and Mental Health

### Committee Support:

Holly McLellan	Senior Administrator / Personal Assistant
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<b>MEETING GOVERNANCE</b>	
P&R/20/33	<p><b>WELCOME AND APOLOGIES FOR ABSENCE</b></p> <p>The Chair welcomed everyone to the meeting and confirmed the meeting was quorate. Apologies for absence were noted as recorded above.</p>
P&R/20/34	<p><b>DECLARATIONS OF INTEREST</b></p> <p>No declarations of interest were received.</p>
P&R/20/35	<p><b>MINUTES OF THE PREVIOUS MEETING: 6 OCTOBER 2020</b></p> <p>The minutes of the meeting held on 6 October 2020 were AGREED as being a true and accurate record subject to the following amendment:</p> <p>Page 8 should read <i>'...this is not clearly articulated in the <del>property strategy</del> strategic property framework.'</i></p>
P&R/20/36	<p><b>MATTERS ARISING FROM THE PREVIOUS MEETING</b></p> <p>It was confirmed that no new independent member had been appointed at this stage.</p> <p>The Committee Chair noted that P&amp;R/20/21 'CONTINUING HEALTH CARE ANNUAL REPORT 2019-20' had received resubmitted comments, the Committee Chair was scheduled to meet with the Director of Nursing and Midwifery and Director of Primary, Community Care and Mental Health to discuss. The Committee Chair requested the time scale be confirmed and an interim update be presented at Performance &amp; Resources Committee on 6 May 2021.</p>
P&R/20/37	<p><b>PERFORMANCE AND RESOURCES COMMITTEE ACTION LOG</b></p> <p>The Board Secretary provided the following update:</p> <ul style="list-style-type: none"> <li>• P&amp;R/20/12 - Waste Management Procurement Process was deferred until appropriate timing on the contract had been established. Procurement had been postponed during the COVID-19 pandemic as an appropriate disposal system would be required. An environmental review was to follow.</li> </ul> <p>The Committee RECEIVED the updated Action Log.</p>

## ITEMS FOR APPROVAL/RATIFICATION/DECISION

There were no items for approval, ratification or decision at this meeting.

## ITEMS FOR DISCUSSION

P&R/20/38

### **FINANCIAL PERFORMANCE:**

- **MONTH 10,2020/21**
- **DELIVERY OF ANNUAL SAVINGS**

The Director of Finance and IT presented the previously circulated report and advised that PTHB was reporting an under spend at month 10 for FY 2020/21 of £0.045M. The Financial Forecast to 31 March 2021 was to maintain a balanced plan based on the assumption. That the Health Board would remain within the funding envelope provided by Welsh Government for Covid-19. PTHB were projected to achieve £0.5M savings against the target of £5.6M. The £5.1M shortfall was being met from the £15.5M Covid funding from Welsh Government. Any further deterioration in the position would impact on the funding available to support Surge and the baseline winter plan. PTHB had a Capital Resource Limit of £3.6M and had spent £2.4M to date. £1.2m of the spend to date related to Covid-19 capital spend, in line with the profiles supplied to Welsh Government.

*Substantial savings were identified every year, however, neither seem to be achieved or achievable. Should Powys Teaching Health Board be more realistic when setting out savings goals?*

The Director of Finance and IT responded that PTHB's history of performance in previous years had been very good. It had been part of PTHB's ability to provide a balanced position. COVID-19 had been a key contributing factor, the impact had been identified in monthly papers and was presented to the Strategy & Planning and Performance & Resources Committees yearly. Savings goals were discussed and signed off at appropriate governance stages. Rebalancing of risk share arrangements had been signed off in the Integrated Medium Term Plan (IMTP). Block contract arrangements had limited the sharing of patient pathways. A new target would not be set for 2021/22. PTHB's new Proficiency Framework has previously been brought through.

The latest forecast cost of COVID-19 included the additional cost of Annual Leave provision.

*Are the Variable Wage Costs related to COVID-19?*

	<p>The Director of Finance and IT confirmed the Variable Wage Costs were COVID-19 related and the paper identified the budgetary pressures.</p> <p><i>If PTHB had historically reported an underlying deficit were finances really in balance?</i></p> <p>The Director of Finance and IT advised that that this was used as a reference of how PTHB’s financial forecast was built. There would always be an element of variability in spending.</p> <p><i>What level of confidence was there that PTHB would deliver its break-even position?</i></p> <p>The Director of Finance and IT noted there was a high level of confidence subject to any variables. Budget Setting Principles had previously been brought to Board which picked up on historic levels and realigning resources to value and identifying where this was delivering the best outcomes.</p> <p><i>How would PTHB intend to deal with the overspend in Continuing Healthcare (CHC)?</i></p> <p>The Director of Finance and IT identified that there were known historic pressures in the area and a workstream is examining this area. The best value of care and the right outcome for those people is a key priority and is fully recognised in work plans and work streams along with learning from best practice. Care Home funding was increased by an additional £75 per person per week.</p> <p>The Director of Planning and Performance queried whether additional content around bench marking would provide assurance. The Committee Chair agreed.</p> <p>The Committee DISCUSSED and NOTED the Month 10 2020/21 financial position. NOTED that actions would be required in 2020/21 to deliver a balanced position on 31 March 2021. NOTED and APPROVED Covid-19 Revenue position in main report and the Capital and TTP and Mass Vaccination positions detailed in appendix 1. NOTED additional risks on delivery of balance position at 31 March 2021.</p>
P&R/20/39	<p><b>WORKFORCE PERFORMANCE REPORT</b></p> <p>The Director of Workforce, OD &amp; Support Services presented the previously circulated paper and advised there were significant complexities and challenges faced in relation to staffing. The Workforce &amp; OD team continued</p>

to support services to identify staffing requirements which included:

- Community Services
- Test, Trace, Protect
- Mental Health
- Medical Staffing
- Women & Children's Service
- Facilities

An update had also been included in relation to staff who were shielding.

*What governance processes are in place for assurance to be given in respect of the significant increase of absentees due to shielding?*

The Deputy Director Workforce and OD confirmed there was an understanding of the number of staff who originally required shielding. Of this cohort a number had re-entered the work place with appropriate risk assessment although this was not deemed appropriate for all staff. Work had been carried out to ensure those working from home had meaningful work to undertake. Staff who had received the vaccine were still required to work from home under current guidance. Consideration was being taken of those who were clinically high risk and did not want the COVID-19 vaccine. Line managers were keeping in contact with their staff.

*It is of vital importance that useful employment is found for staff whilst shielding.*

The Deputy Director Workforce and OD responded that national guidelines were being followed, there was confidence that there would be guidance to bring staff back into the workplace when it was safe. Work had been undertaken with Line Managers to ensure the correct resources were available.

The Deputy Director Workforce and OD noted recruitment changes were visible from week to week. The overall position showed there had not been instances where cover could not be found.

In respect of the Test, Trace and Protect Service the Deputy Director Workforce and OD advised that 1 post had been filled and applications had been received for the 30 hour per week role. There had been significant interest in remaining vacancies. PHTB was in a strong position to fill all necessary roles. Mass vaccination had been the most challenging in resourcing requirements due to an initial required dependency on registrants. The deficit had been narrowed and would further decrease following the

	<p>employment of non-experienced vaccinators. A sustainable position would be established in PTHB's COVID-19 mass vaccination centres. No major issues had been identified in Mental Health. Corporate Risk was up to date as of the date of the report.</p> <p>The Committee Chair raised concern in staff resilience and opportunity for staff to recharge. This area would be escalated to Board to assess a restructure and change to our staffing profiles. The escalation to Board would not manage current risk, but look at innovation moving forwards.</p> <p><b>Action: Committee Chair - staff resilience to be escalated to Board.</b></p> <p>The Director of Planning and Performance raised the importance of taking a different approach to the model in order to have a sustainable skill mix going forward. There was opportunity to look broadly across team mixing and how staffing risks would be taken forward.</p> <p>The Executive Director of Finance and IT noted that identifying where deficit areas needed to link to current capacity and activity should be a key area in the paper. If PTHB were at full establishment there should be an increase in activity.</p> <p><i>Would be possible to have a breakdown of staffing numbers on the table on pg 3 and it appears that the number of fixed term appointments compared to full time are disproportionate?</i></p> <p>The Director of Planning and Performance noted that the intention was to have a buffer of remaining fixed term staff to fulfil roles in Test, Track and Protect. Individuals in the service could be encouraged into taking a substantive vacancy in PTHB's core services. The current position is due to the current uncertainty in funding.</p> <p>The Committee NOTED the paper and further resolved that whilst the risk rating was currently considered acceptable by the Director of Workforce &amp; OD, that there were a number of areas where wider organisational change was likely to be required to address areas of concern. Including recruitment, retention and recovery from the pandemic and future staffing structures. As such it was considered appropriate that this matter be ESCALATED to the Board for more in depth consideration.</p>
P&R/20/40	<b>DISCRETIONARY CAPITAL PROGRAMME:</b>

**DELIVERY OF 2020/21 – 2021/22 PLAN AND DRAFT 2021/22 – 2022/23 PLAN**

The Assistant Director of Estates & Property presented the previously circulated report and advised the overall capital position had been affected by COVID-19 during the 2020/2021 financial year period, which had impacted on the progress of schemes, supplier and contractor costs, availability of materials and access to clinical areas to deliver projects. In addition, the department had experienced internal staff resource impacts, including availability of the Capital and Estates resource, who had been instrumental in supporting COVID-19 project activity, which had not been envisaged at the start of the 2020/2021 financial year.

The position, at Quarter 4 and looking forward to the 2021/2022 financial year, was more positive, reflecting on achievements under significant pressures in the current financial year and acknowledging substantial funding opportunities moving forward.

It was noted that since the Assistant Director of Estates & Property's appointment there had been a dramatic improvement in spending. Audit, Risk and Assurance Committee were very satisfied with work undertaken by the Assistant Director of Estates & Property.

The quality of the paper was commended and the capacity available in 2021/22 was queried. The Assistant Director of Estates & Property responded that capacity needed to be kept in line with aspirations, a significant amount of funding was expected in the coming years. If PTHB did receive extra capital funding it would be possible to employ more people in substantive roles. Strong appointments were being made to the core team.

*What was the deadline for money in terms of slippage to be spent.*

The Assistant Director of Estates & Property stated it would be necessary for slippage to be spent during this financial year. Schemes had been identified where the ground work had been done and equipment had been identified for procurement.

*If PTHB committed to such projects would there be a danger of overrun?*

The Assistant Director of Estates & Property responded that Welsh Government expected that any funding for overrun would come out of the discretionary capital fund.

	The Committee RECOMMENDED the Discretionary Capital Programme go to Board for final ratification and approval.
P&R/20/41	<p><b>INFORMATION GOVERNANCE:</b></p> <p><b>A) KEY PERFORMANCE METRICS</b></p> <p>The Board Secretary presented the previously circulated report and advised the paper had been developed to show compliance against key information governance (IG) performance indicators. The Committee was asked to note the reporting period was 1 September to 31 December 2020.</p> <p><i>Was there an escalation programme for long term staff illness?</i></p> <p>The Board Secretary confirmed that active follow-up was taking place. Work on records management would help build resilience.</p> <p><i>The Electronic Staffing Record (ESR) learning course for the Key Performance Metrics was one of the longest modules, would it be possible to break the course up or make it more interactive and engaging?</i></p> <p>The Board Secretary noted that it was a national module but a task and finish group was being set up to improve the module.</p> <p>The Committee NOTED the paper.</p> <p><b>B) IG TOOLKIT</b></p> <p>The Medical Director presented the previously circulated paper which informed the Performance &amp; Resources Committee of the Health Board's performance against the Welsh Information Governance (IG) Toolkit assessment for the period 2019-2020. During this submission the IG Toolkit was in Pilot Phase and the Covid-19 pandemic meant key staff/services were not available to progress certain areas of work. An IG Toolkit Improvement Plan had been developed which highlighted those areas of work required to improve the current score and assurance level in readiness for the 2020-21 submission.</p> <p>In 2018, data protection legislation had been strengthened with the UK adoption of the General Data Protection Regulation (GDPR) EU 2016/679 and Data Protection Act (2018). To update the current assessment, the Caldicott Principles into Practice (C-PiP), a review was undertaken by the national Information Governance Management Advisory Group (IGMAG) to determine if it still met requirements to assess IG compliance under the new legislation. The review concluded that the C-PiP</p>



	<p>assessment no longer provided sufficient assurance. A new assessment was developed, the Welsh IG Toolkit for Health Boards and Trusts (the toolkit), to replace the C-PiP assessment.</p> <p>The toolkit (2019 – 2020) was launched in 2019 as a pilot, incorporating the new legislation, good practice, the Caldicott Principles, and was aligned with the NHS Digital (England) toolkit to provide assurance for appropriate cross border information sharing. The toolkit was an annual online self-assessment that enables organisations in NHS Wales to measure their level of compliance against national Information Governance Standards and data protection legislation.</p> <p>Health Boards and Trusts had the opportunity to agree on amendments to the toolkit made throughout this first pilot year, and future reviews would be undertaken periodically on a national level. It should be noted that while Health Boards no longer use the C-PiP to measure IG compliance, it was still available for Health Board use. Recent communications with Information Governance leads had confirmed completion would be required where there were Section 251 agreements in place or CAG approvals were required. The IG Team had received confirmation that the completion of the C-PiP assessment was not required for the 2019/2020 submission as neither of these were in place within the Health Board. This position would be reviewed for the 2020/2021 submission.</p> <p>The Board Secretary noted this would be a helpful tool for the Board to check. and confirmed the pilot was still running but noted it would move into core business, in terms of monitoring improvement actions as they go through the committees and would be built in to the annual development plan.</p> <p>Will Committee receive an update on Records Management? The Board Secretary confirmed there was a Records Management Improvement Plan, an update would be brought forward. The Committee Chair and Director of Finance and IT had a meeting scheduled regarding the digitalisation of records.</p> <p>The Committee DISCUSSED and NOTED the paper.</p>
P&R/20/42	<p><b>COMMISSIONING ASSURANCE FRAMEWORK</b></p> <p>The Director of Planning and Performance presented the previously circulated paper which provided the</p>

	<p>Performance &amp; Resources Committee with a view of providers in Special Measures (including Shrewsbury and Telford Hospitals NHS Trust) or scored as Level 4 under the PTHB Commissioning Assurance Framework.</p> <p>The report highlighted providers in Special Measures or scored as Level 4 following the January 2021 PTHB Internal Commissioning Assurance Meeting (ICAM). There were:</p> <ul style="list-style-type: none"> <li>• 2 providers with services in Special Measures.</li> <li>• 1 provider at Level 4.</li> </ul> <p>The report also provided an update in relation to:</p> <ul style="list-style-type: none"> <li>• Shrewsbury and Telford Hospitals NHS Trust (SaTH), including the publication of the first Ockenden Report.</li> <li>• Essential Services.</li> <li>• The deteriorating position in relation to referral to treatment times (RTT) times and the programme of work needed for renewal and recovery.</li> </ul> <p>In the period covered by this report the NHS had been responding to the second COVID-19 peak; winter; mass vaccination; and the EU exit.</p> <p><i>It is necessary to make progress on the issue of block contracts, from an assurance stand point. There were 2,000 patients on waiting lists which would have an impact for years.</i></p> <p>The Director of Planning and Performance responded that there were positives and negatives to block contracts. There was an ongoing timing conversation around how best to put in arrangements whilst stabilising the system. The scale of the problem around waiting times was increased by the number of patients already on waiting lists. The Director of Planning and Performance noted the need for a national and regional discussion around how to tackle waiting lists.</p> <p>The Committee DISCUSSED the paper and the Committee Chair noted the paper would be further discussed in Board Development on 23 February 2021.</p>
P&R/20/43	<p><b>COMMITTEE CHAIR’S ANNUAL REPORT 2019/20</b></p> <p>The Committee Chair presented the previously circulated paper which provided the Performance &amp; Resources Committee with an overview of the Chair’s Annual Report.</p>

	<p>The Committee Chair thanked all members for work contributed and thanked the Executive Team for bringing through timely and accurate reports.</p> <p>The Committee RECEIVED and DISCUSSED the paper.</p>
<b>ITEMS FOR INFORMATION</b>	
P&R/20/44	There were no items for information.
<b>OTHER MATTERS</b>	
P&R/20/45	<p><b>ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND OTHER COMMITTEES</b></p> <p>No items were noted.</p>
P&R/20/46	<p><b>ANY OTHER URGENT BUSINESS</b></p> <p>No other urgent business was raised.</p>
P&R/20/47	<p><b>DATE OF THE NEXT MEETING:</b> 6 May 2021 from 14:00 – 17:00, via Microsoft Teams.</p>