Marian Wyn Jones (MWJ)

00:47:38

Thank you, Chair. I'll be speaking in Welsh if I may. I'm interested in the meeting of the vice chair with the Future Generations Commissioner. And this, of course, is extremely timely as we formally come under the requirements of the Act from next spring onwards. Of course, we regularly refer to this pioneering and innovative Act in our discussions.

And of course, there is reference to this in one of our papers before us this morning. But my question, Ruth, is – do we see there being additional implications for us as an organisation in light of this change? And in what way, perhaps, will we be required to reconsider our priorities and our strategies and policies in light of the fact that we come under this legislation?

MWJ: 00:50:50

Thank you.

MWJ: 00:54:53

Thank you chair, and can I echo Helen's words? It was lovely to be at the awards evening and there was a really fantastic atmosphere and it was lovely to see so many staff being rewarded and awarded and celebrating the success across the board.

My question relates to the meeting of the leadership group. Helen, you refer there to the focus on the Welsh language, and I was just wondering perhaps are there implications for us as a Board from that discussion?

Ifan Evans (IE): 1:00:05

Thank you very much, chair. As members of the Board will know, many of our services are delivered through commercial suppliers, and we manage those through contracts. The commercial team is a very busy team throughout the year. April has been unusually and extremely busy, and there's quite a full report coming to you today.

And I will hand over to Michelle, our Chief Commercial Officer to talk you through the report in the usual way. Thanks.

IE: 01:23:25

Thank you very much, Chair. I'll be presenting this item in Welsh. The paper is for noting, so I just want to give a brief summary over a few minutes on what's included. Sorry, I'm having a bit of difficulty here with my tech. Okay, so this is a stakeholder engagement plan – there is an overlap with the engagement which is required with our suppliers.

The engagement team is part of Michelle's department, so there's close collaboration, but I am emphasising the stakeholders here, rather than suppliers specifically. The Board will remember that we discussed the plan in our development day about a month or so ago, I think it was. I'm very grateful to Nadine Payne, who's leading on this work, who also led that session and to others who've contributed to the plan that we have before us today.

The headline is that we are not changing our stakeholder engagement plan. What we're doing is tidying up and refining plan that we have, which follows against the strategy. There's no change in our direction, but we are trying to ensure that we have more confidence in terms of delivery. And the reason for that is, as you know, there is significant pressure on our resources across the organisation, across Digital Health and Care Wales.

It's very important that we focus and prioritise our resources into the areas which are most important to us. And the original plan – the strategy and the plan, actually, had identified hundreds and hundreds of stakeholders and over 50 action points. So that was a considerable amount of work as we established a new engagement team.

So before I summarise the changes that are included the plan itself, I just want to note that there's a need for us to do this in other areas across the organisation. Members will remember the discussion that we've had on the new IMTP and the system that we have there of showing where we have resources, where we need to secure resources, and also, you'll remember finance reports from Claire recently and the report from Helen and the discussion with Welsh government in terms of the need to manage our resources, both people and financial, very carefully in order to face the challenges that we have ahead of us. In the staff conference in April, I emphasised, 'work smarter, stay on target and work smarter, not harder'.

But this is going to be very important to us. So to summarise what the plan says in its new format, firstly, is that you'll see that there are four pillars, four thematic areas as columns. One is culture and the way of working. The second is more emphasis on partnerships, working with others.

The third is leadership across the NHS and across the area of health and care arena. And the fourth is working more in a more agile way. And they are included in the paper that's been appended. In the table at the end of the document you can see 23 actions. Previously there were 52, so we have focused on 23 and there's a timeline for each of those.

And there is a measure to give you assurance as members of the Board and to us as delivery teams that we are delivering and that we can measure ourselves against that.

And finally, it's not in the documents that you've had, but we will be appointing three new members of staff, working with Nadine in the engagement team, so that we can put additional resources into that area.

Those resources come from other areas in my department and that just shows how important it is that we prioritise. Everywhere we put more resources will draw resources from elsewhere. So the hard work of putting our resources against the areas we prioritise will continue throughout the year.

So I'm presenting the report to you for noting. I welcome any questions you might wish to ask or comments you'd like to make. Thanks very much.

IE: 1:29:38

No, nothing, specifically, and I'm very grateful for the comments and for Helen's comments. And I agree the work has developed in this area and that's certainly to be welcomed. And we will continue to keep members of the Board very close to this work because I know that members of the Board have a major interest in this, and it's really important for us as an organisation, as part of Mission five, trusted strategic partner. This is really a fundamental part of that. Absolutely. So we'll keep it as a prominent item.

IE: 3:23:28

Thank you very much, Chair. I would like to present this report and bring it to your attention, but firstly note that it's for discussion also, and hopefully we can have a little bit of a discussion around it as we've had on a number of the items that we've just been through. And as we've discussed in our Board development session recently, there are a number of things in the cover report to draw to your attention, but there's nothing to raise formally to the Board in terms of formal escalation today.

So there's an opportunity for us to have a discussion on what's included, and I will invite other members of the executive board to comment on certain aspects in a moment. The format of the performance report changes from one meeting to the next. Alternately, we will be presenting a report which looks at our organisational performance, and then one which all which also looks in the next session... which looks at our performance against the IMTP.

So, working with the leadership group in the organisation, we've started to talk about four kinds of performance, and I'm just going to take a moment to talk about those. And I will be - we've been having those discussions in English - so I will be presenting them in Welsh here, but also referring to them in English.

So, the first of the four is organisational performance. So, how we operate as an organisation, as a statutory public organisation, how our corporate systems work, and also how our ongoing business and the core services we have operate. And you'll see that in the report today - in the second half.

The second, then, is our delivery performance. Are we delivering the plan that we've put in place for ourselves? Are we delivering against the IMTP that we've published? And our emphasis has been on those two things, and that's what's in today's report. We want to increase our emphasis - or how much attention we pay - to two other aspects, namely, firstly, efficiency, productivity performance, productivity efficiency. Are we getting better at doing our work? Are we able to get more delivery out of the scarce resources we have - people and financial? How well or how effective and how productive are we?

And then finally, the fourth is value performance. So that is, we can be very good at doing things and delivering very many things, but does that deliver value to the health system in general?

Does that improve health outputs and outcomes for people? And does it genuinely make a difference across the health system? So those are the four aspects of performance. And the report today looks predominantly and specifically at the first two. We have to go through them in order. If you haven't got organisational performance, then you're not able to deliver those that are most ambitious.

So the first half of the report that you have, there are about 40 pages in the report. The first half looks at our delivery performance against the IMTP for last year, so the IMTP for 22-23. And there is a plan on a page, which shows almost everything in green apart from two deliveries. And the red does not mean that the programme - and we have discussed this before - red doesn't mean that the programme has a red RAG rating. It just means that that one thing - that milestone - has not been delivered. And then there's a level of detail following each of those through the twenty subsequent pages. They use the mission and portfolio titles from last year's IMTP, so that they've changed a little bit, but last year's are in the first half of the report.

And then at the end of the first half here, there are two pages. One looking at financial performance and one looking at the performance of the principal services we deliver. Mark will talk in the next item about finance. And then - Sam will be talking about service performance this year - and I'll just draw your attention to the fact that there were 45 incidents during the past 12 months up to March and that the availability of our services overall, across all services, was at 99.977% in terms of availability of services.

Moving on then to the second half of the report, and this is where I'll bring other individuals in to contribute. The second half of the document you have in front of you today looks at our organisational performance. There are a number of specific issues that we draw to your attention in the cover report. The cover report has changed a little bit compared to previous ones. There is a greater level of detail in it. And also we are trying to say a little bit more of a story as to what has happened over the recent period, and we also draw out some of the main things.

One of the things I want to note is that there's a mistake in the first word, unfortunately. So the first word where it says 'May was a difficult month' - actually, it means 'April was a difficult month' and hopefully May will not be! So apologies for that. We will rectify that. Then in terms of the principal elements, you'll see in the report that we want, I want to invite some of the other directors in.

So with those words, if I could please invite Rhidian to come in, to say a word about the incident that we had with EMPI, please, at the beginning of April, and where we are at on that.

IE: 3:33:17

Thank you very much, Rhidian. I propose that if we have any questions or comments, we take them at the end after everybody's presented, if that's okay. Thanks very much. I can see people agreeing with that on the screen. So, moving on then, to the second thing that we are drawing to your attention, which are the service level agreements and our relationship with other health boards we deliver services for.

That's going to be part of Mark Cox's report, at the next item. So rather than calling him in now, we'll pause for that, I would propose. And I just want to talk briefly then about the commercial team. I have referred to this already in the report that Michelle presented on strategic procurement.

Members of the Board will know how intense and how complex several items of the commercial work have been over the past eight weeks, and it's ongoing, of course. So I just want to praise the team, this small but very specialist team we have that's been carrying a considerable amount of this stress and pressure and complexity through March and April and into May.

But I'm not going to call myself to say any more. I would also just like to briefly talk next about people, and invite SJ in to talk about the performance assessments and where we are at on that. And maybe something about the staff conference. I know that Helen's already referred to that already. SJ.

IE: 3:36:47

SJ, thanks very much. And then finally, and we've already touched on this. April was unusual in terms of the number of major incidents that we faced in IT service delivery. So I just want to invite Sam Lloyd in to say a word about that. Sam.

IE: 3:39:26

Thanks very much. Just to conclude then... Reporting on performance is part of my responsibilities in the strategic arena. You'll have seen how the performance report has evolved over the last 12 months. We try to make it a useful tool and a tool which communicates transparently and which permits discussion publicly here at the Board. And also we use it internally as part of our management and control work.

I'd like to thank our teams across DHCW who contribute towards this. What you are actually seeing here is the tip of the iceberg. There is a considerable amount of work that goes on, on an ongoing basis from month to month, to prepare this report, but there's always room for improvement, as you know.

So I welcome a discussion and any comment or questions you'd like to put and thank very much to the directors also who've contributed in their sections. Thank you, Simon. Back to you.

MWJ: 3:41:38

Thank you, Chair. And can I say thank you to Ifan for his very clear presentation, and I'm sure we all appreciate how this performance report has evolved and I find it extremely useful and very clear, and transparent as well. A couple of questions arise on different aspects and maybe Helen earlier partially answered this, but I didn't quite grasp her comments.

The SLAs with the health boards... while it's a good thing at the point that this report was being prepared, that 14 of the 22 had held their meetings and signed SLAs, I take it, it would be good to have a definition of what the situation is by now, please. Because clearly there was a deadline, of the end of the month. So that's my first question. Where are we at with those meetings and signing the SLAs within the timetable up to the end of the month.

Secondly, in terms of our information governance strategy, clearly there is work that's been ongoing on this and the expectation is that it will be completed by the end of quarter one.

We've also heard about the workload issue, the major workload issue on the SLTs shoulders, and I just want to ask really if we're likely to see that being completed within the appropriate timeline.

And thirdly, from me, a comment on the appraisals. I'm a bit disappointed to see that that graph was declining once again. But interestingly, looking back 12 months, of course this is showing a trend, isn't it? When the start of the new financial year begins, performance appears to slip a bit and then improves as the financial year goes on. And clearly the suggestion is that there has been action put in place to make sure that that performance can improve. So really just seeking assurance, in a way, on that point, that there is an appropriate focus on the appraisals. Thank you.

IE: 3:44:10

Okay. Thank you. On the appraisals, perhaps SJ would like to come in, but certainly from my point of view, we've discussed it in our senior management team and we've discussed it recently as an executive team. In certain areas there is an impact because of new teams that have come in that have just come forward, such as in the diagnostics area, for example, where having taken on the teams then we're looking at how we can restructure them.

So it's difficult to undertake appraisals and put performance plans in place for the year when there is a process of change ongoing. So that's the case in certain areas. I think also that there is the end of year impact, you know, because the beginning of the year is the time, that means that there's a lot of things that were done 12 years ago just coming to a conclusion and we see a little bit of a dip during the month. So we aim our work towards those. Then in terms of information management, maybe Rhidian would like to come in to talk a little bit about that, about information governance. And I can see that Mark's hand is up, even though I'm sure there will be an update on the SLAs in his finance report following this.

IE: 3:51:46

Can I come back in quickly, Simon? So firstly, thank you. I will certainly pass those thanks on to the team and I'm really grateful, actually, to you for drawing attention to how the public and care are becoming more and more apparent. I'm so close to the document that perhaps I can't see that.

So it's really encouraging to see that that is coming to the fore. In terms of the engagement, we've been thinking carefully in some of our programmes how we can bring the public in. It's difficult to go around all local authorities and all patient groups and all small groups. So we've been thinking, for example, with the DSPP programme app, how we can do something with an open platform where we are able to invite a number of widespread stakeholders in to discuss with us and perhaps even use examples of what we've done for our own staff, because the presentations - we do 10 talks, which are at 10 o'clock in the morning and we do six in 60, so six 10-minute slots on one of our strategic themes - how can we do that in a more public way? So we are thinking about it; we don't have any answers, but we will be bringing an update in due course.