

Swansea Bay University Health Board
Unconfirmed Minutes of the Performance and Finance Committee
held on 23rd June 2020
in the Millennium Room, Health Board HQ/via Microsoft Teams

Present:

Reena Owen	Independent Member (in the chair)
Martin Sollis	Independent Member
Mark Child	Independent Member
Darren Griffiths	Interim Director of Finance

In Attendance:

Steve Spill	Special Advisor to the Board – Performance and Finance
Hannah Evans	Director of Transformation
Pam Wenger	Director of Corporate Governance
Liz Stauber	Head of Corporate Governance

Minute	Item	Action
58/20	<p>WELCOME AND APOLOGIES</p> <p>Reena Owen welcomed everyone to the meeting, particularly Steve Spill, who had joined the board as a special advisor on performance and finance. Apologies for absence were noted from Siân Harrop-Griffiths, Director of Strategy.</p>	
59/20	<p>DECLARATIONS OF INTEREST</p> <p>There were no declarations of interest.</p>	
60/20	<p>MINUTES OF PREVIOUS MEETINGS</p> <p>The minutes of the meeting held on 24th March 2020 were received and confirmed as a true and accurate record.</p>	
61/20	<p>MATTERS ARISING</p> <p>(i) <u>50/20 Report on the Financial Position and Recovery Actions</u></p> <p>Reena Owen sought an update on the action plan in response to the KPMG findings. Darren Griffiths advised that work had paused as a result of the Covid-19 pandemic but had recommenced to review the actions and</p>	

bring them back into focus. He undertook to provide an update at a future meeting. **DG**

Martin Sollis commented that the discussion at the previous meeting had given an optimistic view of financial recovery but given the current circumstances, there was a growing risk that the health board would need to provide more justification for its financial position and why it was not as planned. Reena Owen concurred and queried as to whether the cost implications of the decisions made due to Covid-19 had been recorded. Darren Griffiths confirmed that they had, and the decision log would be considered by the Audit Committee in July 2020, with a deeper analysis provided to the Performance and Finance Committee in due course.

62/20 ACTION LOG

The action log was **received**.

In discussing the action log, the following points were raised:

Reena Owen undertook to discuss the timing of some of the items listed with Liz Stauber to update the work programme. **RO**

Darren Griffiths advised that in relation to the action surrounding dental waiting lists, there were no such lists for general dental services only for specialist services or those provided by the health board, therefore dental practices did not have waiting times. He added that while general services were paused during the current pandemic, arrangements were in place for emergency treatments.

Resolved:

- The action log be **noted**.
- Reena Owen to discuss the timing of some of the items listed with Liz Stauber to update the work programme. **RO**

63/20 RESET AND RECOVERY CO-ORDINATION OF SERVICES

A report setting out the reset and recovery of essential services as part of the response to the Covid-19 pandemic was **received**.

In introducing the report, Darren Griffiths, Hannah Evans and Chris White highlighted the following points:

- The report was also to be received by the Quality and Safety Committee later that day and the focus for this discussion was on performance;
- Advice had been issued from Welsh Government that the level of performance reporting could be reduced but the health board had

continued with the traditional level where possible to provide a robust appraisal of its position;

- There had been a significant reduction in attendances at the emergency departments since the start of lockdown, particularly from the younger demographic, although these were now started to increase to pre-Covid-19 levels;
- Despite the increasing attendances, performance against the four-hour target continued to improve, reaching 88% in June 2020;
- The number of one-hour ambulance handover delays was almost nil and the 12-hour waits had significantly reduced;
- While the planned care waiting list size remained relatively static due to a stark reduction in the number of referrals, the length of time people were waiting was increasing due to fewer services operating fully;
- Referral numbers were now starting to increase and while some patients may have already been seen virtually, it was possible there was a significant number of referrals yet to be received;
- The planned care waiting list stood at more than 10,000 cases at the end of May 2020;
- The cancer waiting list was followed a similar trend to that of planned care but on a smaller scale;
- A significant number of cancer patients were breaching the 62-day target and work was being undertaken to analyse and address the backlog of cases;
- The classification of services considered 'essential' was being driven by Welsh Government and the World Health Organisation, supported by specific guidance for each speciality;
- A co-ordination group was in place for the reset and recovery programme under which sat under a number of work cells, while other services were being considered on a board-wide basis, such as paediatrics and maternity;
- A quality assurance framework was in development as it was important that the work was quality and clinically-led;
- As a number of appointments and procedures had been cancelled, it was possible this could be a theme in future complaints;
- It was more difficult to put essential services back online than it was to take them down as capacity was reduced due to social distancing guidelines and personal protective equipment (PPE), therefore theatres needed more staff and were undertaking fewer operations per day;

- Work was being undertaken to understand the potential demand for essential services and the possible capacity, including external capacity such as diagnostic equipment within Swansea University and regional solutions;
- To put the efficiency issues into context, previous theatres could be run by seven or eight staff and undertake four procedures per day. As a result of the pandemic, 21 staff were needed and only two cases could be completed each day;
- Prioritisation would be key to delivering services and new criteria had been issued by Welsh Government which differed to that of the traditional referral to treatment time (RTT) targets, and included additional categories, which blurred the boundaries;
- Each work cell was led by a unit director and while timelines were not made explicit within the report, each one had a plan aligned with timescales and objectives;
- As many services would be brought back online for which it was safe to do so;
- While the numbers of Covid-19 cases in the hospitals were reducing, it was still present within the community, therefore preventative steps were being included as part of the pre-operative assessment, such as self-isolation;
- Should the guidance change as to the level of PPE needed for each patient, this could enable more to be treated per day so long as it was safe to do so.

In discussing the report, the following points were raised:

Mark Child stated that he had concerns that the numbers attending the emergency departments were now increasing, commenting that it was important that the health board did not return to a similar position to that prior to Covid-19. Therefore it was important that the right messages were being given to the public. He queried as to whether alternatives were suggested. Chris White responded that alternatives were suggested but often this led to aggression towards staff. He added that the messages were being promoted through GP clusters and social media to encourage people to 'Choose Well' in-line with the national campaign.

Mark Child advised that it was pleasing to hear that there were timescales in place for the work as these were not documented in the report. He added that he was concerned as to how easily cancer diagnostics could be stepped-up as the service needed to make progress. Chris White advised that there was a suite of timescales for each cell in development which could be shared in due course. He added that diagnostics were key for both cancer and planned care services, with endoscopy being a major contributor, a service which had been paused and staff deployed to general

surgery to support the response to the pandemic. Now it was coming back online, consideration was being given as to whether there was potential for a new way of working. In addition, discussions were ongoing as to whether CT (computerised tomography) scanning could be extended into the evenings and weekends as well as patients seen within Swansea University if the imaging systems were comparable. On the whole, a broad plan was in place to increase diagnostics.

Mark Child commented that if a decision was made to reduce social distancing and/or PPE requirements, staff would need to be properly prepared in order to feel comfortable. Chris White advised that in terms of social distancing, if this was to be applied to all the beds in Morriston Hospital, almost 20% of the capacity would be lost. He added that outpatient departments were asking patients to wait in the car and only come in 10 minutes before their appointment which required new ways of working to ensure they were not kept waiting but inroads had been made in terms of the use of technology, particularly for GPs.

Steve Spill stated that it was evident that a significant amount of work was being undertaken to bring some sense of normality to services but it would be useful to see milestones and timescales as it would be important for the committee to measure progress. Chris White advised that it was important to note that targets would be different to pre-Covid-19 while capacity was reinstated, with most organisations looking to improve planned care over three years. He added the critical element was how patients were prioritised, with the clinicians consulting on the right thing to do for each one. The next 13 weeks would be critical for ensuring core services were ready.

Steve Spill queried to what extent the message was being given that people who needed to come in for care should do so. Pam Wenger responded that a significant amount of communication was being undertaken with the public including a message on social media from the chair and chief executive thanking people by supporting the health board by not coming in unnecessarily but reminding them that services were available should they be needed, as well as outlining all the work being undertaken in response to the pandemic. This was also to be published in the local newspapers.

Reena Owen sought clarity as to what extent engagement with the public was taking place. Hannah Evans advised that a significant amount of work was being undertaken in terms of consent and discussions between patients and consultants as to the potential risks of coming in for treatment. She added that many were nervous about coming in and the relationship with the clinical team, particularly during the pre-operative assessment, was critical.

Reena Owen queried whether there were possibilities for regional working. Hannah Evans responded that there was an all-Wales mechanism for

sharing learning and the health board had regional partnerships with Hywel Dda, Cwm Taf Morgannwg and Cardiff and Vale university health boards.

Reena Owen commented that additional funding would be needed for some of the work and queried whether there was confidence that the health board could deliver without it. Darren Griffiths responded that the health board was detailing its Covid-19 expenditure as part of its monthly returns to Welsh Government to have a clear idea as to the impact of the pandemic. He added that its year-end forecast was currently a deficit of £140m, but it was anticipated that Welsh Government would start to release the monies for elements of the field hospitals in the next few weeks and would then move on to other areas such as PPE and students. Peer reviews would be undertaken across the health boards in Wales as to the costs incurred during the pandemic but the health board was already reflecting on early decisions, such as accommodation for staff in which to isolate from families so they could continue to work and use of the independent sector, to see where changes could be made. There were three elements of risk which needed to be taken into account in terms of the financial position; the in-year performance, ability to deliver savings and the impact on the capital programme.

Reena Owen highlighted that the report referenced the need to understand the reduced demand for services and referrals, and queried if the drivers were known. Hannah Evans advised that health board's lead cancer clinician was a member of the all-Wales network at which such discussions were taking place and where patients were accessing primary care services, it was important that the referral pathways were open. She added that Public Health Wales was to restart some screening processes which would increase the demand on diagnostics.

Martin Sollis referenced the plan to evaluate and track the benefits of measures taken during the response to the pandemic, which would be critical for any scrutiny the health board would be subject to once the recovery process had commenced. He added that the likelihood of the financial position achieving one which was sustainable was concerning. Darren Griffiths stated that the health board was not quite in the position to understand fully the expenditure but budgets had been rebased to pre-Covid-19 levels in order to measure costs as well as to understand where other expenditure was being incurred.

Martin Sollis queried as to whether the quantification of the modelling work would be evident in the quarter two plan. Hannah Evans responded that it was there in part for some specialities but not all. Martin Sollis advised that that needed to be made clear so the board understood to what it was agreeing. Chris White commented that work was needed on modelling in general to determine what the health board could achieve for Covid-19 and non-Covid-19 productivity. This was not easy to do but was more straightforward while the country was in lockdown, but it was important to

note that small clusters of the virus were reappearing within Europe which had the potential to be replicated within Wales, and the health board needed to be prepared when planning for quarter two and use the learning from the first wave of the pandemic.

Resolved: The update on the reset and recovery programme be **noted**.

64/20 ITEMS FOR REFERRAL TO OTHER COMMITTEES

There were no items to refer to other committees.

65/20 ANY OTHER BUSINESS

There was no further business and the meeting was closed.

66/20 DATE OF NEXT MEETING

The next scheduled meeting was noted to be 28th July 2020.