

Swansea Bay University Health Board
Unconfirmed Minutes of the Performance and Finance Committee
held on 24th March 2020
in the Millennium Room, Health Board HQ

Present:

Reena Owen	Independent Member (in the chair) (via Skype)
Martin Sollis	Independent Member
Mark Child	Independent Member (via Skype) (from minute 48/20)
Darren Griffiths	Interim Director of Finance

In Attendance:

Hannah Evans	Director of Transformation (via Skype)
Pam Wenger	Director of Corporate Governance (via Skype)
Liz Stauber	Interim Head of Corporate Governance
Gareth Howells	Director of Nursing and Patient Experience (for minute 51/20)

Minute	Item	Action
43/20	WELCOME AND APOLOGIES	
	Reena Owen welcomed everyone to the meeting and noted that no apologies for absence had been received.	
44/20	DECLARATIONS OF INTEREST	
	There were no declarations of interest.	
45/20	MINUTES OF PREVIOUS MEETINGS	
	The minutes of the meeting held on 25 th February 2020 were received and confirmed as a true and accurate record, except to note the following amendment to the resolution for minute 30/20:	
	(i) <u>30/20 Draft Three Year Plan/IMTP</u>	
	- Emma Woollett to discuss with the Director of Corporate Governance the need for a special board meeting be arranged for Mid-March in order for board members to agree the annual plan before the final sign off at Board.	EW
46/20	MATTERS ARISING	
	(i) <u>30/20 Draft Three Year Plan/IMTP</u>	

Martin Sollis sought confirmation that approval had been received for the remedial works for ward G at Morriston Hospital following a recent multi-resistant bacteria outbreak. Darren Griffiths advised that it had been received however the ward was scheduled to be an area for Covid-19 patients therefore it was agreed that the design work would be completed but not taken to market as yet. Reena Owen queried as to whether the ward had been decontaminated. Darren Griffiths advised that a deep clean had been undertaken but the structure of the ward remained as was, following a decision made through a risk-based approach to use it as such.

Martin Sollis queried whether an accountable officer letter had been sent to Welsh Government in relation to the plan. Hannah Evans responded that the plan had been submitted the previous week to Welsh Government as agreed at the special board meeting on 16th March 2020 but no accountable officer letter had been sent.

47/20

ACTION LOG

The action log was **received** and **noted**.

48/20

MONTHLY PERFORMANCE REPORT

The monthly performance report was **received**.

In introducing the report, Darren Griffiths highlighted the following points:

- Red call response rate performance had improved to almost 68%;
- One hour ambulance handover delays had reduced;
- The 'Hospital 2 Home' programme was starting to have a positive impact on unscheduled care;
- A significant decrease in the number of attendances at the emergency department had been evident as had the number of admissions;
- Some unscheduled care models had been adapted in response to the Covid-19 outbreak;
- Direct admission to a stroke bed and access to a stroke consultant had improved which demonstrated the impact improved unscheduled care performance could have;
- Patients waiting more than 26 weeks for an outpatient appointment had improved, with insourcing providing more capacity for gastroenterology patients. A new outpatient model was in place as a result of the Covid-19 outbreak and this would need to be considered once the organisation returned to normal;

- 5,700 cases were waiting more than 36 weeks for planned care which had been affected by the improvement in outpatient performance, however it was anticipated that fewer referrals would be made during the Covid-19 outbreak, which could present a challenge once the pandemic was over;
- Diagnostic performance was starting to improve and was close to 80%;
- Some improvement in relation to delayed follow-ups had been evident, with 140,000 patients engaging with the health board in a different way;
- Following a successful pilot in the Cwmtawe cluster, 'Ask my GP' had been approved for roll-out, which enabled patients to type in symptoms and either be booked a phone call or appointment, or be posted a prescription. 35 out of 49 practices had taken up the option at a cost of £330k.

In discussing the report, the following points were raised:

Martin Sollis queried whether funding would be received to cover any expenditure incurred as a result of Covid-19. Darren Griffiths responded that the Director General for NHS Wales had asked chief executives to keep him apprised any costs or investment and the roll-out of 'Ask my GP' was an example of a future model for investment which had been expedited due to the Covid-19 outbreak. In addition, work was taking place with local authorities to support nursing homes and domiciliary contracts which were at risk due to social distancing. He added that national guidance was expected imminently and discussions had taken place at the all-Wales directors of finance peer group meeting to ensure a consistent approach was being taken. Martin Sollis stated that the executive directors would be required to make big decisions for the protection of its communities and it was important that they knew they had the support of the board. Reena Owen concurred, adding that this was an opportunity to demonstrate new ways of working, for example, working more sustainably by using technology rather than travelling.

Pam Wenger advised that advice was being sought from Welsh Government regarding standing orders and the scheme of delegation to address some of the issues regarding significant decisions, such as not opening board meetings to the public but still ensuring public accountability, and the board secretaries network was developing a once-for-Wales approach. Reena Owen queried whether, as the board was in a gold command situation, decisions could be made outside of boards or committees. Pam Wenger confirmed that decisions could be undertaken via chair's action and a framework to make the process more clear was in development.

Martin Sollis queried if there was a mechanism in place to capture expenditure as a result of Covid-19. Darren Griffiths advised that as part of the immediate response, a specific cost centre had been identified, through which all expenditure was processed, and this was in addition to a separate and detailed capital process. Procurement guidance had been issued to staff but the challenges would occur once expenditure started to be incurred in the units, for example when staff were redeployed to different areas temporarily.

Martin Sollis sought clarity as to the impact of freezing performance targets. Hannah Evans responded that as performance targets had been loosened nationally, the same approach was being taken internally, and while it was still being tracked where possible, accountability conversations, such as performance reviews, were not taking place. She added that consideration was also to be given as to how the health board would recover after Covid-19, and what could be changed as a result.

Martin Sollis noted the number of serious incidents reported within mental health was not improving, adding that this needed to be monitored and a plan established if the situation continued. Reena Owen concurred, adding that CAMHS (child and adolescent mental health services) performance had also deteriorated at what was a potentially stressful time. Darren Griffiths responded that in relation to CAMHS, the target was for referrals to be seen within 28 days and as patients were seen chronologically, the wait was around 35-42 days, but as soon as it was below 28 days, performance would be 100%.

Darren Griffiths advised that the performance team was reviewing which aspects of performance related directly to clinical care, as this would still be recorded by staff, to not only enable an abridged version of the report to be received by the committee but also to demonstrate the impact of Covid-19.

Mark Child commented that at some point, consideration was needed as to how to work with local education providers to encourage more young people to consider careers in psychiatry and psychology.

Mark Child stated it was encouraging to see the positive impact being made by 'Hospital 2 Home'. Reena Owen concurred and queried whether funding had been agreed for 2020-21. Darren Griffiths responded that pathway one, which was currently funded, would be funded next year but monies were yet to be agreed for phases two and three, and given the current circumstances, it was not the right timing to be implementing these.

Resolved: Current health board performance against key measures and targets and the actions being taken to improve performance be **noted**.

Resolved: The agenda order be changed and item 3.1 be taken next.

50/20 REPORT ON THE FINANCIAL POSITION AND RECOVERY ACTIONS

A report setting out the month 11 financial position and progress against the recovery actions was **received**.

In introducing the report, Darren Griffiths highlighted the following points:

- The in-month position was an overspend of £1.197m, with a cumulative overspend of £13.4m, against a forecast deficit of £16.3m;
- There was confidence that the year-end target would be delivered;
- While the capital plan was forecast to balance, expenditure was being incurred in response to the Covid-19 outbreak, but work was progressing to ensure the capital resource limit was achieved;
- The public sector payment target was achieved in month but the cumulative performance was below the 95% target at 93%;
- Continuing healthcare figures decreased in February 2020;
- Savings had increased from £1.8m to £2.5m but some of this was non-recurrent;
- Business continuity plans were in place to support the finance department to continue to function.

In discussing the report, the following points were raised:

Reena Owen sought assurance that any capital expenditure in response to the Covid-19 outbreak would be recognised by Welsh Government. Darren Griffiths confirmed that it would and that one of the first letters received at the start of the outbreak had been in relation as to what what capital could be used. He added that discussions between directors of finance were ongoing to ensure consistent approaches were being taken.

Martin Sollis commented that the capital resource limit was likely to increase but he was comfortable with the reasons reported. Mark Child concurred but added that once the outbreak was over, a focus needed to be given to creating a more sustainable financial position for the next year.

Reena Owen sought confirmation that the health board was no longer at risk of clawback of either the planned care monies or the £10m show of confidence. Darren Griffiths responded that an assumption of planned care clawback had been included in the monitoring return to prompt the discussion but the £10m had been included in the allocation letter for 2020-21 from Welsh Government.

Reena Owen referenced the report by KPMG, the external financial support commissioned by Welsh Government, and queried as to how the recommendations would be taken forward. Darren Griffiths advised that detailed work was being undertaken to respond to the report, but not all of the actions required could be progressed until the Covid-19 outbreak had ceased and the health board had recovered. He added that budget baselines were being reset in order to understand the impact of the virus, which would include letters of delegation from the Chief Executive to units and corporate departments, as discipline and control would still need to be maintained.

Martin Sollis highlighted the reference within the KPMG report to 70% workforce controls which was fundamental, and needed a proper assessment as to the health board's position, for example in terms of rostering and job planning. Hannah Evans responded that some grip and control had started to become evident but this had been superseded by the Covid-19. Darren Griffiths added that there was some potential in terms of the pipeline as a result of the outbreak, for example, savings would be made as a result of the cancellation of outpatient appointments but how that was harnessed and used to inform the future models would be critical as there would be a significant learning to come out of the outbreak.

Resolved: The report be **noted**.

51/20 CONTINUING HEALTHCARE QUARTERLY PERFORMANCE REPORT

Gareth Howells was welcomed to the meeting.

A report providing an update in relation to quarter three continuing healthcare performance was **received**,

In introducing the report, Gareth Howells highlighted the following points:

- A significant amount of work had been undertaken as to paediatric cases resulting in a three-way agreement between health, education and local authorities to divide payments and work was progressing in relation to pooled budgets;
- The work had provided principles for the way in which mental health and learning disability cases could be managed, as well as general complex adult cases;
- A high-value opportunity workstream had been established to provide some grip and focus and good progress was being made.

In discussing the report, the following points were raised:

Martin Sollis sought an update on the publication of the national framework. Gareth Howells stated that it was expected within this quarter of the year

but he was yet to receive the final version, however it would be aligned with the high value opportunity work in order to be taken forward.

Mark Child stated that some positive lessons had been learned across the organisation from the work which may provide the organisation with the opportunity to be a leader in Wales as well as an openness as to how cases would be managed in the future.

Reena Owen noted the reference to the temporary closure of mental health beds at Tonna Hospital, Gareth Howells responded that historically, there were examples of changes made to one system impacting on another, and in this case, more continuing healthcare cases were evident as a result of the closure. However, while it was the right thing to in terms of clinical care, time needed to be taken to fully understand the impact.

- Resolved:**
- The update on the Supreme Court judgement for funded nursing care rates be **noted**;
 - The impact resulting from the closure of the Powys all-Wales retrospective review team in March 2019 be **noted**;
 - The impact of the closure of mental beds on primary care and community services be **noted**;
 - Issues in relation to LAC funding be **noted**.
 - The change in commissioning arrangements for mental health and learning disabilities be **noted**.

52/20 KEY ISSUES: FINANCIAL MANAGEMENT GROUP

A report outlining the key discussions of the financial management group was **received** and **noted**, with the agreement that future iterations would include accountability and milestones.

DG

53/20 MONTHLY MONITORING RETURN

The monthly monitoring return was **received** and **noted**.

54/20 PERFORMANCE AND FINANCE COMMITTEE WORK PROGRAMME 2019-20

The committee's work programme was **received** and **noted**, recognising that given the current Covid-19 outbreak, changes would be made the committee structure for the coming months which would impact on future agendas, but there would also need to be a mechanism to plan the progression of the KPMG work at a time which was appropriate.

55/20 ITEMS FOR REFERRAL TO OTHER COMMITTEES

There were no items to refer to other committees.

56/20 ANY OTHER BUSINESS

(i) Covid-19

Reena Owen, on behalf of the committee, thanked and provided support to the executive team as it managed the health board through the outbreak.

57/20 DATE OF NEXT MEETING

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