

Swansea Bay University Health Board

Unconfirmed

Minutes of the Performance and Finance Committee held on 27th July 2021 at 9.30am to 11.30am Microsoft Teams

Present:

Reena Owen	Independent Member
Mark Child	Independent Member
Stephen Spill	Vice Chair
Darren Griffiths	Interim Director of Finance
Sian Harrop-Griffiths	Director of Strategy

In Attendance:

Rab McEwan	Chief Operating Officer
Michelle Mason-Gawne	Divisional Manager, Children and Young People Service (Minute 112/21)
Kath Ellis	Clinical Lead, Neurodevelopmental Service (Minute 112/21)
Joanne Abbott-Davies	Assistant Director of Strategy (Minute 113/21)
Claire Mulcahy	Corporate Governance Manager

Minute	Item	Action
106/21	WELCOME AND APOLOGIES	
	Reena Owen welcomed everyone to the meeting	
	Apologies were received from Pam Wenger, Director of Corporate Governance.	
107/21	DECLARATIONS OF INTEREST	
	There were none.	
108/21	MINUTES OF PREVIOUS MEETING	
	The minutes of the meeting held on the 22 nd June 2021 were received and confirmed as a true and accurate record.	
109/21	MATTERS ARISING	

There were no matters arising.

110/21

ACTION LOG

The action log was **received** and **noted** with updates on the following actions.

Open Actions

i. Action Point 1

In relation to the figures for 'friends and family' survey returns within Mental Health and Learning Disabilities service group, Darren Griffiths advised that the although performance figures were 100%, they were small targeted pieces of work and only reflect a low sample size. Reena Owen advised that a referral to Quality and Safety Committee would be made for further consideration as it was important that the service group were undertaking surveys with their patients.

ii. Action Point 4

Darren Griffiths advised that Primary Care Metrics would be included within the August iteration of the integrated performance report.

Closed Actions

i. Action Points 5 and 6

Discussion had taken place and it was advised that a briefing session is to be arranged with local authorities to discuss solutions to the clinically optimised patient's position. Reena Owen was content with a briefing in the first instance but advised that further exploration at the formal committee would be required. In terms of public assurance, it was important to demonstrate this issue was being fully considered. It was agreed that the briefing session is arranged with local authority colleagues, with a formal consideration to take place at the September Committee.

Resolved

- A briefing session on solutions to the clinically optimized patient position is arranged with local authority colleagues, with a formal consideration to take place at the September Committee; **SHG/RM**
- A referral be made to Quality and Safety Committee in relation to friends and family surveys within Mental Health and Learning Disabilities; **RO**
- The action log was **noted**.

111/21

INTEGRATED PERFORMANCE REPORT

A report providing an update on the current performance of the health board was **received**.

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

- As of today the number of new cases for COVID-19 stood at 100 and bed occupancy rated remained low with 12 confirmed COVID patients;
- Staff absence due to COVID-19 remained steady despite the increase of notifications via the NHS COVID-19 Track and Trace app;
- Both Urgent and Emergency care and Cancer performance had been escalated via the performance framework to Level 1 and would be subject to weekly monitoring;
- Current demand for the emergency department had increased with attendances now at pre-COVID levels;
- Performance for red calls responded to within 8 minutes had decreased to 62% as at 27th July 2021;
- Performance in the number of ambulance handovers had improved since January 2021 but had decreased since pressure of COVID-19 had increased over recent months;
- Performance in 4-hour waits stood at 75% to date;
- The total number of clinically optimized patients in the system continued to increase and stood at 206 patients to date;
- The percentage of hip fracture patients receiving orthogeriatrician assessments within 72 hours had increased in May 2021;
- June 2021 saw a slight in-month reduction in the number of patients waiting over 26 weeks for a new outpatient appointment, however the number waiting over 36 weeks for treatment has seen a slight increase;
- The number of patients waiting for diagnostics remained steady but focus was needed in endoscopy and cardiac services;
- Therapy waiting times had significantly reduced since June 2020 and their performance was currently best in Wales;
- Performance against the Single Cancer Pathway measure was at its lowest to date at 58%;
- The single cancer pathway backlog was 531 patients to date,

primarily relating to diagnostic testing;

- There was one new Never Event reported in June 2021 for Morriston Hospital which relates to a retained guidewire in a fistula;
- Performance against the Mental Health Measures continued to be maintained. All targets were achieved in May 2021. Reports on performance within Child and Adolescent Mental Health Services (CAMHS) and Neurodevelopment Services will be considered as part of the agenda;

In discussing the report, the following points were raised:

Stephen Spill made reference to ambulance performance highlighting the great amount of pressure in the system and this was resulting in long waits for patients waiting for ambulance to arrive. He queried whether there was anything further that could be done as it was of interest of both the public and patients that this was addressed.

Rab McEwan concurred advising the ambulance service were currently at their highest escalation level at level 6 and there were severe delays for some calls. The health board red response time was relatively good but the pressure was being felt across Wales. This was an issue across the whole health and care sector. He advised that a national taskforce had been established to address ambulance waiting times.

Within SBUHB, the biggest issue across all 6 domains was within the Home First arena and there was regularly 200 Clinically optimised patients in the system. The health board had 16 care homes and 7 providers within the domestic care which were unable to provide a service due to a 40% reduction in resource issue. The health board was working with local authority colleagues closely to find solutions to the workforce issue. There was focus on the pay rate for this staff group and sourcing workforce from a range of areas. There was also policy work underway in order to aid some of these changes.

In relation to the other measures, significant progress was being made and Rab McEwan informed that a positive meeting had taken place with the '111' Service in relation to Virtual Wards and an investment for a combined acute hub. He added that an alternative to admission via the older person's service was being worked through and there was some flexibility in that for the workforce in relation to the overtime rate. There had also been the establishment of the same day emergency care unit within existing facilities and the establishment of a weekend discharge team.

Stephen Spill commented that it was clear there was a wide range of initiatives underway to tackle the pressures in urgent and emergency care but a focus on ambulance performance was key, particularly in relation to the admission of the frail and elderly. Rab McEwan advised that the

ambulance service were the first responders and this can take a significant amount of time, therefore they can be tied up in the community setting. There was also the issue of emergency department overcrowding alongside the delays in organising assessments for and/or admitting our frail and elderly patients.

Mark Child queried whether the increase in notifications from the NHS COVID-19 app had impacted on the ability to provide services due staff absences. Rab McEwan advised that it had and staff absence from work had risen. Wales, unlike England, currently did not have the ability to undertake risk assessments and provide rapid tests within 2-3 days allowing staff to come back to work. Mark Child queried whether this had been raised with Welsh Government as this could help assist in getting patients out of the hospital setting. Reena Owen undertook to raise the issue with the Health Board Chair for further escalation to Welsh Government.

RO

Reena Owen requested that performance trajectories for urgent and emergency care, planned care and cancer are included within the performance report. Darren Griffiths undertook to do this within the next iteration.

DG

In relation to the number of patients waiting more than 14 weeks for therapies, Mark Child queried the figures for Speech and Language Therapy as these did not appear to have reduced. Darren Griffiths informed that Primary Care and Community Service Group had set out an improvement trajectory to reach by the end of quarter 3, the service were on course with a decrease from 130 to 106 total patients waiting over 14 weeks. He assured members that this was being closely monitored.

Reena Owen queried whether the action plans for both Cancer and Urgent and Emergency care could be received at Committee. Darren Griffiths advised that they would need to go through the Management Board in the first instance and then would come through to this committee, appended to the integrated performance report.

DG

Reena Owen made reference to the funding available to the top ten specialities for planned care recovery and queried what this would be used for. Darren Griffiths informed that it would be used to support and maintain virtual appointments, the outsourcing for ophthalmology and ENT, to increase internal capacity in theatres as COVID restrictions ease.

In relation the theatres, Reena Owen queried the performance percentages for theatre efficiencies and asked whether they were they relative to the ones currently open or was this a total figure. Rab McEwan advised that the health board was currently at 89% of pre-COVID levels in terms of availability and the aim was to be at 100% by September 2021. Productivity had slightly decreased due to the impacts of COVID-19

restrictions, but *Productive Partners* had compared our throughput in theatres and the health board had compared favourably. The key priority for the health board was to get theatres open again.

Reena Owen requested that the performance report included more information on theatre efficiencies and this was agreed.

RM/DG

Resolved;

- The performance trajectories for urgent and emergency care, planned care and cancer to be included within the next iteration of the performance report; **DG**
- The impact on the availability of staff due to an increase in notifications of NHS COVID-19 app be raised with the Health Board Chair for further escalation to Welsh Government; **RO**
- The action plans for both Cancer and Urgent and Emergency to be could be received at Committee following their approval at Management Board. To be appended to the performance report; **DG**
- The performance report to include more information on theatre efficiencies; **RM/DG**
- The Health Board performance against key measures and targets was **noted**.

112/21

NEURODEVELOPMENT SERVICE PERFORMANCE UPDATE

A report providing an update on Neurodevelopment Service performance was **received**.

In introducing the report, Michelle Mason-Gawe and Kath Ellis highlighted the following points;

- The levels of referrals remained steady, there was a rise in July 2021 but this was as expected prior to school holidays;
- The long term sickness issue within the team still remained;
- Since the last report, capacity had increased by 17 initial assessments;
- A waiting list initiative validation exercise had taken place and this had resulted in accurate recording of dual assessments;
- Discussions were underway with Cwm Taf Morgannwg Health Board colleagues surrounding the repatriation of their patients and the termination of the Service Line Agreement (SLA) by March 2022;
- There had been a slight improvement in the waiting list position but

there were still concerns as the number remained high with 569 patients waiting over 26 weeks as at the end of July;

- A consultant post has been advertised which would provide more capacity in the team for assessments, the service was currently using locum agency to cover this post;
- Work was underway on a regional level for the new legislation Additional Learning Needs Education Tribunal (ALNET) and within, it sets out a universal offer to support children and families. Work was underway with stakeholders to have something available in terms advice, training and signposting;
- On a local basis, families are supported with links to local authority service *Footprints* and the message was reinforced to families that the NDD service is open for support;
- It was important to highlight that a balance was needed in providing support and ensuring that performance targets for assessments are met;
- The health board would need to consider a response to the Autism Code of Practice and the service has been in contact with Directorate of Therapies and Health Services;
- The service had participated in a Welsh Government review of services of which phase 1 was complete and proposals will be drawn up to create a sustainable service across Wales;
- The review highlighted that all health boards were in a similar position in terms of performance;
- Two proposals have arisen from the review, one of which is within budget and the other requires additional funding;

In discussion of the report, the following points were raised

Mark Child commented that he was glad to hear that children and families were being supported whilst on the waiting list.

Stephen Spill commented on the repatriation of patients to Cwm Taf Morgannwg Health Board and queried whether this would require a review of budgets and workforce. Michelle Mason-Gawne replied that a detailed conversation was required with both health boards on this basis. It was important to note that they would not be able to lose staff in post, this would destabilise the service. Darren Griffiths advised that further consideration was required to understand the financial element including the income stream and those staff who may be subject to TUPE.

Michelle Mason-Gawne advised that the value of the SLA was £150k and this was difficult to disaggregate during the boundary change , the

complexity of which was still there. Sian Harrop-Griffiths advised that a wider discussion was also needed as how this could best be commissioned internally, ensuring any decision made aimed at enabling the best outcome for the children and the service. Kath Ellis highlighted that this specific group of patients were already seen by Cwm Taf Morgannwg Health Board staff but as part of the agreement during the boundary change, SBU Health Board managed the referrals and the administration of the cases.

Stephen Spill made reference to the transition for children and young people to the Integrated Autism Services (IAS) as they approach their 18th birthday. He stressed that the need for this to be managed appropriately as the children should not be put at the bottom of IAS lists. Kath Ellis agreed advising that urgent work was underway with the adult assessment team to address. Reena Owen queried whether this was a health board issue or a broader national issue. Kath Ellis advised that historically, there had been no clear guidance from Welsh Government as to how best to manage and it was the business of the health board to ensure this is done in the best way possible. In April 2021, clear guidance was issued which stipulated this group of young people should not go back to the start of a waiting list and an operating process is to be created at a local level to manage appropriately.

Reena Owen queried what good practice performance looked like, Kath Ellis advised this was 26 weeks as per RTT targets. Reena Owen requested that a further report be presented at committee in 3 months' time, which sets out the strategy to get to that position and what is required to achieve it in a reasonable time period. Michelle Mason-Gawne advised that demand and capacity assessments were underway on national level and once that work was complete, the service would have a local strategy to work towards.

Darren Griffiths highlighted the need to develop a plan and gain clarity on the Cwm Taf SLA discussion before the report is brought back to committee.

Resolved;

- A further report be received at committee in October 2021, which sets out the strategy to get to the best practice position and what measures are proposed to get there in a reasonable time period.
- The current Neurodevelopment Service position, the actions taken to increase capacity to date, and to seek support for the further actions identified necessary to build a sustainable service, reduce waiting times and improve performance were **noted**.

MMG

113/21

CHILD AND ADOLESCENT MENTAL HEALTH SERVICE PERFORMANCE

Joanne Abbott-Davies was welcomed to the meeting.

A report provided an update on the performance within the Child and Adolescent Mental Health Service (CAMHS) was **received**.

In introducing the report, the following points were highlighted;

- Performance had deteriorated in recent months following a period of significant improvement and achievement of the Welsh Government targets;
- The small team within the CAMHS was susceptible to changes in staffing and funding;
- Primary age CAMHS performance had dropped in year due to staff being relocated to Ty Llidiard;
- There had been a consistent average wait of 2 to 3 weeks for primary CAMHS but this has now increased to 6 weeks and the aim was to return to previous performance levels;
- There had been an increase in referrals and the acuity of patients due to impacts of COVID-19. This was causing pressure in the service and it was anticipated to continue for a number of years;
- A plan had been agreed with local authorities to repurpose primary CAMHS staff into the intake team in the Summer months to work on the backlog in readiness for the surge at the start of September;
- There was also the intention to undertake waiting list initiatives over the Summer months through locum staff although an issue had arisen with CTMHB with regards to overtime and agency usage;
- Discussions were required on the above point as this was within the health board's resource allocation and a meeting would take place today. The health board would not reach the Welsh Government targets by the start of the new financial year if this was not resolved;
- Clear plans were identified to address the backlog but were heavily dependent on the discussion with CTMHB which if not resolved, may need to be escalated;

In discussion of the report the following points were raised;

Stephen Spill advised that there was great deal of interest at a Ministerial level particularly with the performance figures of both Swansea Bay University Health Board (SBUHB) and Cwm Taf Morgannwg Health board (CTMHB) and there was also an awareness of the situation within Ty

Llidiard.

Stephen Spill commented that discussions within a particular GP cluster had highlighted the issue of a lack of the single point of access and the rejection of some referrals. Joanne Abbott-Davies responded that the GP view was understood but the CAMHS service had to adhere to a national criteria and access was restricted due to that in some cases. Through the single point of access, there will be support for emotional health and wellbeing needs and the ability to be able to re-direct patients to the appropriate support but this was still in progress. CAMHS was at the top of the pyramid as such and not all referrals were appropriate for that level of support.

Mark Child made reference to the insufficiency of low level emotional health and wellbeing support available and sought further information on this. Joanne Abbott-Davies advised that the local authority areas had a different approach but for Swansea, the service for primary schools was hosted by CAMHS and the local authority hosted a similar service within secondary schools. Through the Whole Schools Approach hosted by CAMHS and the emotional health and wellbeing support within each school, children will be identified much earlier and will be linked to the low level support.

Reena Owen queried when it was likely that the initiatives highlighted would be in place. Joanne Abbott-Davies advised that some were in place i.e. Whole Schools Approach but this had been dependent on when resources were received from Welsh Government. She also advised that the health board had been awaiting the mental health allocation monies for some time. The aim was that the majority would be in place the end of the year but this was dependent on the release of money and getting staff in post.

Mark Child queried whether the health board would continue to persist with commissioning the service from CTMUHB. Joanne Abbott-Davies informed this would continue as it would not be the right time to disaggregate due to with issues with performance. Clarity was also needed surrounding on-call cover arrangements as the SBUHB would not be able to resource that ourselves. There was a level of complexity in this issue which needed to be worked through. Sian Harrop-Griffiths agreed, stating that it would be important to continue for the moment to ensure the least amount of disruption to the service.

In reference to the overtime and agency usage issue, Reena Owen queried the reasons why there was push back. Joanne Abbott-Davies advised that CTMUHB had made a health board wide decision and they were trying to ensure consistency across all areas. Reena Owen requested that the committee receives an update in August on the

progress of discussions with CTMUHB regarding the overtime and agency usage.

Resolved

- The committee to receive an update in August on the progress of discussions with Cwm Taf Morgannwg Health board regarding the overtime and agency usage;
- The latest performance position of CAMHS and consider the action being progressed to improve this position was **noted**
- The actions taken in the short term to rectify the deterioration in performance were **noted**;
- The committee **noted** that plans are in place to address the backlog in primary CAMHS patients waiting over the summer and that further discussions are underway between Swansea Bay and Cwm Taf Morgannwg UHBs to agree the most appropriate way to ensure the primary CAMHS targets are achieved prior to end of March 2022;
- The work that is being progressed strategically to enable the service to become sustainable was **noted**.

JAD

114/21

MANAGEMENT OF THE CLINICALLY OPTIMISED PATIENTS (COP) GROUP

A report providing an update on the management of Clinically Optimised Patients was **received**.

Rab McEwan and Sian Harrop-Griffiths highlighted the following points;

- There was a total of 198 clinically optimized patients at the date of reporting, of which 36 patients were awaiting packages of care, 56 were in the social work process, 18 were in the therapy process and 21 in the health process;
- A clear issue is that 'blockages' were cleared in sequence and not in parallel, particularly in the areas of packages of care, therapies and social work processes;
- Work was to be done on the parallel process which included the internal processes on the ward;
- An emergency community silver group took place to focus on actions needed to improve the position;
- One option put forward was to place patients back into the community on a *residential discharge* but this was not the best

option and was being worked through;

- It had been highlighted that different workforce models were required and the health board was working with local authority colleagues to look at options in terms of work being carried out by other staff members;
- On the national call, it was highlighted that there was significant pressure in the community system in relation to packages of care and closed care homes, of which SBUHB had 16 shut to admissions;
- Welsh Government had requested all health boards report their position of closed care homes and clinically optimized patients in the system;
- The profile of the issue across Wales has been raised to a Welsh Government level and all other health boards were in a similar position;
- The issue of the pay rating for domiciliary and social care staff was highlighted to Welsh Government.

In discussion of the report, the following points were raised;

Mark Child commented that this was difficult situation as a consequence of the structure of the market coming out of the pandemic. There was clear difficulty in finding solutions. The paper highlighted that there was a significant level awaiting social work interventions and there was a bottle neck where local authorities had reduced the number of packages of care. He queried whether Welsh Government were asked for solutions during the national call and advised that he had requested Ministers to relax COVID-19 restrictions and accelerate the pay issue.

Mark Child added that a significant portion of the '*reason in bed*' was in the control of the health board i.e. therapy processes and the location of patients. There clearly needed to be a focus on what can be done within the health board.

Mark Child advised that local authorities were making the request to family members for their support and help in any way possible. Sian Harrop-Griffiths advised that the health board and the two local authorities had agreed to set out the communications on what the crisis is and this was being discussed at the moment.

Stephen Spill made reference to the bed night value to the health board and queried whether that money could be used to fund domiciliary care. Sian Harrop-Griffiths advised that this was being looked at and was part of the money in the Home First pathway and was being used to employ staff members. Local authorities preferred to have the funding in their gift but

there was risk in recruitment. She assured that this was being reviewed. Alternative workforce models were also being reviewed and the use of our own Health care Support Workers and Bank staff to support the delivery of packages of care.

Rab McEwan advised that addressing the failures within the domiciliary care market was a key priority in terms of the road out. There was the need for a stronger hand in the market and a focus on what the health board can do to support. Pay rates should be a priority and the health board working with providers and contractors to give them the support they require. It was important that the health board reiterate this point to Welsh Government.

RM

Reena Owen raised her concern on the matter as this was a key risk to the health board, she queried whether this was recognised. Rab McEwan advised this was recognised on the health board risk register but would review the risk rating and update as appropriate. Members agreed that this should be escalated to Board particularly those areas where there are blockages in leaving hospital and packages of care, this was an immediate problem to address. Reena Owen advised that she would raise the concerns to Board via the Key Issues Report discussion and would provide a verbal update be Chair and Chief Executive.

Resolved

- The Committee Chair to raise the concerns to Board via the Key Issues Report discussion and a verbal update be provided to Chair and Chief Executive;
- Rab McEwan to review the risk rating of Clinically Optimized Patients Group on the health board risk register and update as appropriate;
- The contents of the paper and the work in progress to reduce the number of clinically optimized patients occupying in-patient beds was **noted**;

RO

RM

115/21

FINANCIAL POSITION

A report providing a detailed analysis of the financial position for month three was **received**.

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

- The agreed draft Annual Plan for 2021/22 indicated a £42m year-end deficit ;
- The revised forecast following the £17.672m non recurrent funding from Welsh Government for unachieved savings during 2020-21

sits at £24.4m;

- The month 3 reported in-month position was an overspend of £1.976m and £6.081m cumulatively against the £6.1m forecast deficit;
- The overspend of £136k within Mental health and Learning Disabilities related to CHC costs and a plan was being prepared for consideration by Management Board;
- The second area was within the Directorate of Workforce and OD as savings plans were at 48%. A temporary vacancy freeze within the budgets was in place pending an urgent review of savings plans;
- Members could be assured that the board were acting on variants from the financial plan;
- Pay budgets have reported a £0.713m underspend for the first quarter;
- Non-pay budgets have reported an underspend of £0.107m during the first quarter and within this there were underspend in theatre consumables due to reduced activity;
- The health board is anticipating £120.4m of additional funding to support COVID response and recovery, £26m of which has been received and £22m is due in the 2nd half the year, this will include funding for Childrens Respiratory Disease;
- The health board was currently on target to deliver the £24.4m forecast deficit ;
- The health board has identified £27.7m savings requirement for 2021/22 of which £25.4m are green and amber;
- For the 1st quarter in plan, £7m of savings have been delivered, which was on track;
- In terms of risk, it was proposed that the Risk 73 (Residual Cost Base) and Risk 79 remain unchanged;
- It was proposed to Committee that the Capital availability risk 72 is re-opened and scored at 15 in light of the health board's immediate need for funding developments such as Enfys ward;

In discussion of the report, the following points were raised;

Mark Child noted the remarkable performance against the planned budget and asked for assurance that this was correct. Darren Griffiths assured that these figures were correct and advised there was now an improved system of control on the delegated budgets and action was being taken on

variants against the financial plan. He further advised that the Director of Finance had the flexibility to ensure the figures were as close as possible.

In reference to savings, Mark Child stressed the need to maximise the amount of savings opportunities available, Darren Griffiths agreed and advised this was the goal to get ahead of the curve.

Stephen Spill made reference to savings table within the appendix and queried the figure of £1m sat under 'Non-recurrent'. Darren Griffiths advised this represented any non-recurrent opportunities due to the health board and he was confident they would be received and used by the end of financial year. He further advised that an assessment of this figure would be undertaken in the next 6 weeks.

Stephen Spill queried what was the value represented under 'Chief Operating Officer' budgets and was informed that this included estates, facilities and hotel services staff costs as well the business rates for utilities costs for the health board and these come with cost improvement plans.

Reena Owen commented that it was useful for members to know how the health board was actually delivering savings against the target and requested that this is set out within the report every month going forward.

DG

Resolved;

- Savings delivery against the target to be set out within the finance update report each month going forward;
- The agreed 2021/22 financial plan was **noted**;
- The Board's financial performance for Period 3 (June) 2021/22 was **noted**, in particular:
 - the revenue outturn position of £6.081m deficit; and
 - the adjusted year-end forecast deficit of £24.405m.
- The actions to ensure delivery of the financial forecast were **noted**;
- The risk scores for risks 73 and 79 were **agreed**;
- The re-opening of risk 72 on capital availability was **agreed**.

DG

116/21

FINANCIAL MONITORING RETURN

The Financial Monitoring Return was **received** and **noted**.

117/21 ITEMS FOR REFERRAL TO OTHER COMMITTEES

Items to refer to other committees were discussed earlier in the meeting.

118/21 ANY OTHER BUSINESS

There was no further business and the meeting was closed.

119/21 DATE OF NEXT MEETING

The next scheduled meeting is Tuesday, 24th August 2021.