

Swansea Bay University Health Board

Unconfirmed

**Minutes of the Performance and Finance Committee
held on 23rd November 2020 at 9.30am to 11.30am
in the via Microsoft Teams**

Present:

Reena Owen	Independent Member (in the chair)
Mark Child	Independent Member
Martin Sollis	Independent Member
Chris White	Director of Primary Care and Mental Health/Chief Operating Officer and Director of Therapies and Health Science
Darren Griffiths	Interim Director of Finance

In Attendance:

Stephen Spill	Special Advisor to the Board – Performance and Finance
Hannah Evans	Director of Transformation
Sian Harrop-Griffiths	Director of Strategy (Minute 118/20)
Deb Lewis	Service Director, Morriston
Karen Stapleton	Assistant Director of Strategy
Michelle Shorey	Assistant Director of Finance
Claire Mulcahy	Corporate Governance Manager
Andrew Jones	Performance Improvement Manager (Minute 122/20)

Minute	Item	Action
112/20	WELCOME AND APOLOGIES	
	Reena Owen welcomed everyone to the meeting. There were no apologies noted.	
113/20	DECLARATIONS OF INTEREST	
	There were no declarations of interest.	
114/20	MINUTES OF PREVIOUS MEETINGS	
	The minutes of the meeting held on 27 th October 2020 were received and confirmed as a true and accurate record.	
	(i) <u>Minute 104/20</u>	
	Reena Owen advised that the issue of the high number of complaints in the	

system for Morriston Hospital had been referred into the Quality and Safety Committee and was on the agenda for today's meeting.

In relation to the discussion around patients Medically Fit for Discharge (MFFD), Hannah Evans advised that some resource had been allocated to focus on metrics to enable some visibility in terms of the challenges. Reena Owen advised that this would be an agenda item for December.

115/20 **MATTERS ARISING**

There were no matters arising.

116/20 **ACTION LOG**

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

117/20 **MONTHLY PERFORMANCE REPORT**

The monthly performance report was **received**.

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

- The report provided an overview of the four quadrants of harm and makes and red, amber or green assessment of the end of October position;
- Medically Fit for Discharge has been included to replace Delayed Transfer of Care (DTC) following feedback at last committee;
- COVID-19 cases were continuing to rise and bed occupancy for suspected and confirmed cases had reached over 300 which highlights the pressure in the system at present;
- Red responses within 8 minutes were consistently good, for November the performance was 68.5%, which was best in Wales. Handover delays were starting to increase but were not at pre-COVID-19 levels;
- The four-hour performance for unscheduled care stood at 76% for November due to the pressures increase of emergency admissions;
- The infection control position for October remained fairly steady with the exception of E.coli, Klebsiella and Pseudomonas cases which had increased;
- The number of serious incidents reported in October remained

steady;

- Closure rates remained an issue and this was being addressed by the Mental Health Unit by reassigning resources to increase capacity;
- Referrals in the planned care system were now at pre-COVID level and there were increased levels of long waits. The outpatient position had improved marginally in October but was a result of the movement in waiting lists due to the reduced demand from the start of the pandemic;
- The number of patients waiting over 36 weeks was now at 30,000;
- Diagnostic tests over 8 weeks showed a period of stability;
- Complaints response times in August were 72% but the latest information shows September at 82%;
- There was strong performance in the Mental Health Measure up until end of September although access to neurodevelopmental disorder assessment access remained challenged;

In discussing the report, the following points were raised:

Chris White highlighted the increased pressure in the system at present, He advised that the situation was different to the 1st wave where elective services were stood down. The system faces pressures in unscheduled care, COVID-19 and planned care. Deb Lewis concurred adding that during the 1st Wave Morriston hospital was in the best position it had been in for some time, the unscheduled care pressure was low, patients were being discharged home and into care home settings and the elective services had been stood down. The system was focussed and was able to manage the COVID-19 demand.

Martin Sollis queried in terms of staffing levels, whether there were concerns about staff isolation as the numbers appeared to be stable. Deb Lewis advised that during the 1st wave there around 900 staff in isolation. Currently numbers were stable but the pattern was different from the 1st wave in that there was increased turnover of staff and an increase in services being provided.

Martin Sollis advised he was pleased with the stabilisation of diagnostics, he queried what had been done to get to this position and whether it could be improved further. Hannah Evans replied in relation to endoscopy, there had been investment in quarter 2 and quarter 3 that had enabled waiting list initiatives over last few months. In addition, there had been some in-sourcing within Neath Port Talbot which has provided more capacity with the aim to increase capacity for cancer diagnostics. Chris White added that there is now addition MRI capacity at Neath Port Talbot and a CT scanner

was now available in Hywel Dda for regional use.

Darren Griffiths added that it was important to highlight that although an improvement could be seen in terms of breaches, the demand for diagnostics was increasing therefore, in 8 weeks we would see an increase in numbers. The health board are observing this carefully.

In terms of Cancer performance, Stephen Spill commented that the health board appeared to be performing well, with the best figures in Wales for urgent suspected cancer (USC). He queried why figures for non-urgent suspected cancer (NUSC) and the single cancer pathway were not doing as well. Chris White advised that there were different pathways for each and therefore different timelines. Darren Griffiths advised that the calculation of performance for each also differed.

Mark Child made reference to the significant increase in numbers of patient medical fit for discharge (MFFD) and raised his concern for the consequences of this. He also highlighted that the terminology on page 20 of the report needed to be updated from DTOC to MFFD for consistency. Darren Griffiths undertook to do this.

In relation to staff absences, Mark Child commented that it was good see the numbers stable but the pressures to do all things would become challenging for staff. He raised his concern for the imminent mass vaccination and queried whether the system would be able to cope with this. Chris White advised that the board were currently working through legislation which could see other clinical staff groups undertaking the vaccinations as well as the registered nurses. The vaccine itself was intermuscular and therefore a straight forward procedure to undertake and an easier training programme to carry out. He added that the debate currently was whether to carry on or decrease services for a month to carry the mass vaccination and move to a place of herd immunity and the 'new normal'. He advised that currently the vaccines were being finalised and an issue in December could be that there is a limited supply. The priority list would be worked through, with health care workers first and care homes second. There was no definitive plan as yet.

With regards to ophthalmology, Reena Owen queried whether there was still a focus on this as she was concerned with the potential harm for patients. Chris White replied yes, the gold command was still in place and as this was a high volume speciality and therefore there was continuous monitoring in this area. He added that recovery plans both locally and regionally were being undertaken.

Resolved: - The health board performance against key measures and targets be **noted.**

118/20

QUARTER TWO OPERATIONAL PLAN – DELIVERY OF ACTIONS

A report setting out the delivery of action for the Quarter Two Operational Plan was **received**.

In introducing the report, Sian Harrop-Griffiths highlighted the following points:

- A quarter 2 operational plan was submitted following Chair's action to Welsh Government on the 3rd July 2020;
- Within the quarter two plan, a series of actions underpinned by milestones were identified with timescales for achievement;
- The paper provides a high level summary of the completed, on-track and off track actions and detailed feedback on the off-track actions including revised milestones;
- Overall there was a good level of progress achieved and delivered against the milestones;
- There were now only two actions that remained off-track at the end of quarter; the finalization for the move for staff within Child and adolescent mental health services (CAMHS) and the implementation of the Welsh Community Care Information System (WCCIS);

Resolved:

- The actions and milestones identified within the quarter 2 plan were **noted**;
- The reported RAG status and supplementary comments against each action that is off-track and the revised milestone were **noted**;
- The timelines for the reporting arrangements for the remainder of 2020/21 were **noted**;

119/20

KPMG ACTION PLAN UPDATE

A report providing an update on the health board response to KPMG was **received**.

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

- The report provides updates on the actions for the four elements from the KPMG reports; *An assessment of the **financial grip and control**; an assessment of the **2019/20 financial plan**; an assessment of the **recovery plan**, an assessment of the governance and broader **delivery framework**;*

- The 2019/20 financial plan assessment work can be considered closed, as this was used to adjust the forecast outturn in 2019/20 to £16.3m;
- In terms of the *assessment of the recovery plan*; it set out the pipeline of opportunities for futures totaling £59.626m which was adjusted to the value of £26.957m over the three year period which was used to formulate the savings plan for 2020/21 of £23m;
- Within the *financial grip and control* element, the assessment showed that this was 'as expected' but there were some challenges with compliance;
- The action plan was flexed to account for the pressures of COVID-19 but there had been a number of areas of development including;
- The utilization of Allocate management tool to scrutinise rostering and cover arrangements, the re-design of the financial review meetings, the implementation of the delivery framework attached as (appendix 1) and the development of the finance excellence programme;

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

Stephen Spill thanked Darren Griffiths for his excellent report, stating that there was good progress with just a small number of areas to address. Darren Griffiths replied that the framework was an asset to the organisation and he assured the Members that the health board would not lose sight of it.

In relation to the savings projection figures, Stephen Spill queried how there had been such a decrease from £59m to £27m. Darren Griffiths replied that the initial figure had included opportunities which were very high level and when drilled down there were significant investment requirements in order to get the return.

Reena Owen added that there needed to be a focus on achieving the recurrent savings, for example in areas such as workforce efficiency, which had been halted due to COVID-19. Darren Griffiths replied that in terms for future savings, a substantial amount was based on service changes and this has proved difficult under the current pressures. He assured that there had been some benefits seen from service reconfiguration and that there was more to come, in terms of next year, on the service change agenda.

Deb Lewis added from operational point of view, the expectations of what can be delivered in terms of workforce efficiencies needs to be clarified, there was a gap in the informatics/analytics element of this and this was vital.

Martin Sollis raised his concern that many of the basic systems to support

cost control were not in place at the time of the review particularly for measuring and controlling workforce costs and productivity e.g. job planning, rostering etc. He asked Darren Griffiths whether he felt that these basic systems and information were now robust enough for his team to support departments to improve efficiency and costs.

With regards to the grip and control element of the action plan, Mark Child commented that the way “finance” was perceived across the organisation appeared to be an issue and work in terms of training and budget management should help improve this. Darren Griffiths concurred adding that an excellent business partner model was in train, which incorporated finance, workforce and planning. The training package was being developed and this will enable closer relationships to budget holders.

Resolved;

- A quarterly report to be received at committee, next update to be provided in March 2021;

DG

120/20

SAVINGS

A report providing an update on savings was **received**.

Darren Griffiths highlighted the following points;

- The agreed financial plan for 2020/21 indicated a £24.4m year-end deficit for 2020/21 and included a £23m savings delivery requirement;
- The report outlined the distribution of the 2020/21 savings plan and the current forecast savings delivery against this, of which £0.5m of the £5.78m assessed delivery, is non recurrent ;
- The report set out what has been deliverable across the high volume areas including procurement and medicines management. The impact of COVID has meant that the improvements planned such as surge, flow, theatres and outpatients in particular have been difficult to realise;
- As at month 7, the savings requirement across Wales stood at £190m with identified savings at £96m and a forecast delivery of £52m. The recurrent forecast savings delivery stood £45m;
- Appendix 1 provided the committee with some assurance that despite the challenges of COVID, there is a lot of additional work underway on flow, medicines management, outpatients and theatres to chase down further opportunities to save;
- Whilst savings delivery is challenging this year every effort was

being made to drive recurrent savings as far as possible, to give the Health Board the best starting position into next year.

In discussion of the report, the following points were raised

Martin Sollis queried whether there had been any lessons learned from a recent peer review exercise with Aneurin Bevan. It was important that the health board learns as much as possible from other organisations. Darren Griffiths advised that due to COVID-19, this had not taken place but plans were in place for quarter 4 and there should be a number of learning opportunities arising from this.

Reena Owen referenced the savings table within the report which gives comparison across health board's in Wales adding that it was important to keep a close eye on how the health board compares with others. She further reiterated the importance of looking ahead in terms of savings, with a focus on both next year and the following year. Darren Griffiths assured that work was underway with Strategy colleagues to develop the three-year financial framework in the context of the organisation's annual plan.

121/20

FINANCIAL POSITION

A report setting out the financial position for month seven was **received**.

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

- The original financial plan for 2020-21 was a forecast deficit of £24.4m, with £23m of savings;
- The £48.2m COVID-19 allocation from Welsh Government now gives a truer reflection of the financial position for month seven,
- The cumulative overspend for month 7 was £14.825m overspend, with movement of £2.016m in-month;
- Page 7 of the report showed the funding and expenditure change in detail and the movement in forecast due to funding streams;
- At month 6 the forecast was reduced from £96.180m to £26.431m due to funding allocations;
- The forecast for month 7 has now been reduced to £25.231m from £26.431 in month 6 following the allocation of £1m funding support for surge capacity;
- This forecast has been recognized as a deliverable outturn by Welsh Government, the formal letter of response was attached (appendix 2);
- The vaccination plan would impact this financial plan due to the

retention of the Bay Field Hospital in terms of the expenditure and funding;

- Vaccination costs were subject to separate forecasting above the base position;
- In terms of the capital position , there has been confirmation that the Singleton cladding costs would be covered by Welsh Government therefore some opportunities within the capital plan have been reinstated;

In discussing the report, the following points were raised:

Reena Owen queried how other health board were attributing COVID costs, and sought assurance that the health board have attributed everything it can. Chris White assured that the health board was utilising the finances in the best way possible.

Stephen Spill queried how the health board allocated these funds, stating the importance of this being done in a structured and informed way. Darren Griffiths advised that the funds were not allocated to every budget line, there was significant reconfiguration work in the background in which they are distributed and allocated based on the plan. Each of the Units has a separate COVID-19 ledger. He further advised that although there had been significant allocation of non-recurrent monies totalling £117m, the health board has been working hard to control the underlying run rate.

Concerning the 'population share', Martin Sollis commented that he hoped there had been recognition for the need to adjust this. Darren Griffiths advised that there were senior meetings underway with the Finance Delivery Unit on the matter.

Resolved:

- The agreed 2020-21 financial plan be **noted**;
- The health board's financial performance for period seven was **considered** and **commented** on, in particular:
 - the revenue outturn position of £14.825m deficit;
 - the COVID-19 revenue impact for Period 7; and
 - the assessed £25.431m forecast based on Quarter 3 and 4 planning assumptions.

122/20

PLANNED CARE UPDATE REPORT

Andrew Jones was welcomed to the meeting.

A report providing an update on Planned Care was **received**.

In introducing the report, Chris White highlighted the following points:

- The report provides an update on the key activities underway to improve the scheduled care system;
- The recovery and redesign of outpatient services was in line with essential services guidance and the National Outpatient Strategy;
- The development and delivery of surgical services was in line with Welsh Government guidelines and the Royal College of Surgeons Clinical Guide to Surgical Prioritisation during the pandemic;
- There had been good progress in the redesign of key clinical services within scheduled care, in response to these challenges, including referral management, outpatient delivery, surgical services and risk;

In discussing the report, the following points were raised:

Reena Owen raised her concern with regards to the lack of private capacity available to SBUHB, as it was felt the health board was being disadvantaged in comparison to other health boards. Chris White informed this had been escalated and discussed at a number of key senior meetings with Welsh Government. There was a push for the independent capacity within Wales to be fairly distributed across all health boards.

Hannah Evans added that the health board had recently requested access to speak with independent providers. A letter to the director general would be sent shortly and this will be raised within this letter.

Mark Child queried how the independent provider capacity was commissioned across Wales. Hannah Evans advised that it was carried out by WHSSC on behalf of Welsh Government.

Stephen Spill highlighted that there were facilities at University and queried to what extent the health board was able to utilise these facilities both in and out of hours.

Chris White informed that the health board were already working with Swansea University and have use of the audiology, cardiac and physiology facilities. The weekend work is based on the workforce and the current pressure were seeing staff tired and not wishing to undertake overtime. . Once the vaccination programme was in place, the health board would consider our plans in 2021/22 to address the backlog, but this would likely be a 3-5 year recovery plan.

Chris White further added that the health board's ITU capacity was under strain and had moved to temporary ITU surge facilities in outpatients to enable the flex of beds and staff. If this continued to increase, staff would be required to transfer from theatres. The situation was very difficult to balance and the health board was doing all it could to do so.

Mark Child referred to clinical prioritisation and putting urgent cases first in terms of waiting lists. Chris White added that the decisions have been based on clinical risk and this involved clinical debate and a risk assessment process. Clinicians undertook this weekly for both paediatrics and adult care.

Resolved

- The report be **noted**.
- A quarterly report be received on planned care.

123/20 PERFORMANCE AND FINANCE COMMITTEE WORK PROGRAMME

The work programme for the Performance and Finance Committee was **received** and **noted**.

124/20 ITEMS FOR REFERRAL TO OTHER COMMITTEES

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

125/20 ANY OTHER BUSINESS

There was no further business and the meeting was closed.

126/20 DATE OF NEXT MEETING

The next scheduled meeting was noted to be 15th December 2020.