

Swansea Bay University Health Board

Unconfirmed

Minutes of the Performance and Finance Committee held on 15th December at 9.30am to 10.30am 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:

Pam Wenger	Director of Corporate Governance
Stephen Spill	Special Advisor to the Board – Performance and Finance
Claire Mulcahy	Corporate Governance Manager
Ceri Gimblett	Service Group Manager (Minute 132/20)

Minute	Item	Action
127/20	WELCOME AND APOLOGIES	
	Reena Owen welcomed everyone to the meeting. There were no apologies noted.	
128/20	DECLARATIONS OF INTEREST	
	Reena Owen declared an interest in the medically fit for discharge report.	
129/20	MINUTES OF PREVIOUS MEETINGS	
	The minutes of the meeting held on 23 rd November 2020 were received and confirmed as a true and accurate record.	
130/20	MATTERS ARISING	
	There were no matters arising.	
131/20	ACTION LOG	

The action log was **received** and **noted**. **The dates on certain items on the pending Action Log were postponed in light of the current pandemic.**

CHANGE IN AGENDA ORDER

Resolved; The agenda order be changed and Item 5.1 be taken next – Cancer Performance.

132/20 CANCER PERFORMANCE

Ceri Gimblett was welcomed to the meeting.

A report providing an update on Cancer Performance was **received**.

In introducing the report, Ceri Gimblett highlighted the following points:

- The report provided an update on the performance in October 2020;
- The COVID-19 pandemic continues to affect all aspects of the Cancer Pathway with staffing resource being a main factor;
- The number of urgent suspected cancer (USC) referrals were near to where they were pre COVID, however we have not experienced the growth in demand as anticipated;
- From December 2020, a major change to the management of suspected cancer patients as the single cancer pathway (SCP) will be introduced, replacing the previous two standards; the Urgent Suspected Cancer and the non-Urgent Suspected Cancer. Reporting would commence in January 2021;
- Oncology capacity was impacting on urology waits;
- November's position has shown positive progress in the stabilization of the USC backlog and a decrease in long waiting patients;
- There was continued pressure in areas such as upper and lower gastrointestinal and urology due to a high level of staff sickness in November;
- There was now extra capacity for endoscopy due to extra sessions and this would increase total number of patients seen by 35 to 40 per week;
- Positive progress had been evident in Breast and Gynaecology with improving waiting times seen in October, November and December;

- Radiotherapy and Chemotherapy staffing remained a challenge although performance figure show that the health board is in line with all-Wales;

In discussing the report, the following points were raised:

Chris White reminded the committee of the recent innovation work within the radiotherapy service; hyperfractionation, which is a quicker and more efficient cancer treatment and in turn is more beneficial to the patient and allows more capacity in the system. With regards to diagnostics, he advised of the ongoing work surrounding CT and MRI scanning and the introduction of extra lists for endoscopy, all of which would have a positive impact on the diagnostics pathway.

Stephen Spill queried to what extent were health boards able to co-operate regionally in terms of clinical staff and commented on how some staff maybe underutilised. Chris White replied that if was viable, this would be something the health board would consider. There had been links with colleagues in West Wales within the gynaecology pathway but consideration is needed in terms of equipment and trying to move patients into other regions. Rehabilitation pathways for patients also needed consideration. In terms of clinical staff being underutilised, the issue lies within theatres where a number factors impact on how much can be undertaken and this included staffing, deep cleaning following each procedure and also the aftercare processes.

Mark Child made reference to the issue of staffing levels, highlighting that sickness performance figures appear to be stable. Chris White advised that that COVID-19 related absence was reported separately, therefore was not reflected within the figures. There also needed to be consideration that within Cancer service, there are specialised roles which are difficult to cover in staff absence. Darren Griffiths advised that currently there were 746 members of staff absent with 7% sickness level out of 12,000 staff.

Mark Child highlighted that staff issues had been reported in the past and queried whether there was an underlying issue in the department or if the issues were COVID-19 related. Chris White reminded members that pre-COVID-19, there had also been staffing issues with over 300 nurse vacancies and 80 advanced healthcare practitioners vacancies. Currently the service needs to account for staff shielding and re-deployment as well as the historic staffing issues. He advised that the health board was at the same level as other health boards and workforce challenges were all-Wales wide.

Martin Sollis commented that the paper did suggest a positive way forward in cancer performance. Chris White concurred, adding that performance for

SCP would be over 75% but figures are lower due the problematic areas in both upper and lower gastrointestinal.

Reena Owen queried with regards to patient contact, what mechanism was in place for staying in touch while waiting for diagnostics. Chris White informed that all patients were assigned a key worker contact and have the option to contact the service with concerns. Ceri Gimblett further added that during that during period of waiting, a number of other tests were undertaken within the pathway and therefore contact is up kept. She added that this was not ideal and undertook to pick up with colleagues on an all-Wales basis and feedback. Chris White highlighted that the waiting gap for diagnostics for patients was stressful and this emphasises further the need to improve the health board's position in diagnostics.

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Chris White thanked and congratulated Ceri Gimblett and the team for the improvement in the position, in particular for the work undertaken to reduce the backlog and stabilisation. Martin Sollis concurred adding it was pleasing to see the progress made in this area and the ability to uphold the service in such difficult circumstances.

Resolved;

- The Committee **noted** the Cancer performance position and the ongoing actions taken to support its recovery;
- Ceri Gimblett undertook to pick up the point of patient contact during awaiting diagnostics on an all-Wales basis and feedback;
- An update on Cancer Performance be provided to committee in March 2021;

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MEDICALLY FIT FOR DISCHARGE PERFORMANCE

A report providing an update on performance for Medically Fit For Discharge (MFFD) was **received**.

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

- Pre-COVID-19, the medically fit for discharge position within the health board sat at approximately 280 patients, following the clearing of the backlog of patients during the first wave, the number reduced to circa 90 patients;
- The number of patient 'medically fit' had grown from this baseline but had not reached pre-COVID-19 levels;
- As at the 23rd November, the cohort of patients had reduced to 144 and has continued to reduce week on week with the current figure at 114 to date;

- The number of patients waiting for negative COVID-19 swabs to enable transfer to the next pathway step remained a challenge and impacted on hospital capacity;
- The outflow from hospitals was significantly impacted by the care home lockdown and the availability of domiciliary care both via local authority and private provider agencies;
- The cohort of medical fit for discharge patients in the system was discussed several times a week at both Gold and Silver Command meetings;

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

Mark Child queried what measures were being undertaken to prevent patients coming into the acute sites in the first place. Chris White informed that this linked to the Winter Plan pathway of ambulatory care, which encouraged independence at home. There were challenges that community team staffing was down to around 45% currently due to sickness. There was also the continued pressures within the nursing homes.

Mark Child queried whether those patients categorised as within a reablement bed were counted as 'medically fit', Chris White they were not as they weren't technically fit for discharge.

With regards to patients recovered from COVID-19 but still presenting positive tests, Mark Child queried whether those fit for discharge could be discharged back into care homes within an isolated setting. Chris White advised that in these cases, work was currently ongoing with Welsh Government in relation a policy on whether care homes can or cannot receive these patients.

Concerning patients fit for discharge but awaiting social care packages and occupational therapy support, Mark Child queried how they would be categorised. Chris White replied that in order to be assessed for social care packages and occupational therapy support, patients needed to be discharged home and there some issues with those patients whose home was the care home setting. He advised that these processes were currently being worked through. Mark Child queried whether care homes are obligated to accept the patients back in which Chris White advised they were not but by not accepting these patients, they were being put at risk in the hospital environment.

Martin Sollis made reference to the dedicated staff member for MFFD and queried whether this position would be made permanent as it was clear the maintained focus had made an improvement. Chris White advised that there had always been a focus and this would continue but the dedicated staff member had a more specific role in terms of pathways, processes,

liaising with local authorities and also the process of monitoring and checking.

Martin Sollis raised the issue of nurse staffing levels on the wards and whether the requirement of the Act was being met. Chris White advised that the health board was working hard to ensure that nurse staffing levels were being met. It was important to note that some wards had a high level of staff sickness and it must be emphasised that staffing levels were pressurised across the organisation. There were variants of levels across wards and additional support was being utilised via other health professional registrants. He assured that the health board was monitoring these levels very closely.

Concerning complaints in relation to MFFD cases, Reena Owen queried the process of learning from these. Pam Wenger undertook to liaise with the Head of Risk, Legal and Patient Experience to request specific report on complaints related to MFFD.

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| Resolved; | - Pam Wenger to liaise with the Head of Risk, Legal and Patient Experience to request specific report on complaints related to MFFD; | PW |
| | - Update to be provided to committee in March 2021; | CW |
| | - The report be noted . | |

CHANGE TO AGENDA ORDER

- Resolved;** The agenda order be changed and Item 2.1 be taken next – Financial Plan Update.

136/20 FINANCIAL PLAN UPDATE

A verbal update on the financial plan was received;

Darren Griffiths highlighted the following points;

- The Board briefing scheduled for Thursday 17th December, would be discussing the planning process for the 2021/22 plan;
- A Welsh Health Circular issuing the NHS Wales Annual Planning framework 2021/22 had been received and was currently being worked through;
- The Framework contained a small finance section which advised that the draft budget for 2021-22 would be published later than

previous years and health board's financial allocation letter will be provided in early 2021;

- It also advises organisations to continue to develop their overall plans within reasonable assumptions and scenarios;
- Currently, analysis showed that we have maintained the £24m underlying deficit and the risk on unachieved savings is likely to be between £17m and £18m;
- Consideration will need to be taken at Board level on some key service developments particularly within unscheduled care and whether the health board choose to run these into 2021/22 as funding had not yet been identified;
- Currently the forecast deficit for 2021/22 sits at circa £45m and this has been placed on the risk register;
- Work was ongoing to understand the financial impact of some key matters including; the operational impact of COVID, the retention of field hospital and Morriston additional capacity; the vaccination programme and the continuation of Test Trace Protect as tracing had been funded for quarter 1 but testing not as yet;
- The health board were currently developing a four phase approach to managing the financial position next year; which includes *General housekeeping in terms of grip and control; Service change and transformation; Productivity, efficiency and benchmarking and Maximizing funding opportunities from a population health perspective;*

Resolved The report be **noted**

137/20 MONTHLY PERFORMANCE REPORT

The monthly performance report was **received** and **noted**.

138/20 FINANCIAL POSITION

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

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

- The cumulative overspend for month eight was £16.736m with movement of £1.911m in-month against the plan of £2.1m;

- The forecast reduced by £1m to £24.4m which now aligns to forecast and can be described as a stabilised position given the application of £800m stability fund;
- The reduced was a result of a revision to the worst case TAVI cost which was factored in at £2m but was now likely to be between £1.1m and £1.4m and other minor operational improvements;
- The risks have been raised with Welsh Government via monthly monitoring returns and funding flows have been agreed for Quarter 4;
- The movement in the forecast has given a high degree of confidence but this is on the caveat that this may change due to challenges coming through due to COVID-19;

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

Martin Sollis commented that the report provided excellent coverage of the financial position and it was pleasing that there was confidence in the health board in terms of this. He added that there was now the need to focus on next year in terms of the underlying deficit and funding assumptions and it was important to gain clarity for the test and trace funding. Workforce was also a key issue which need continued monitoring.

Reena Owen queried whether vaccination costs had been included within the forecast. Darren Griffiths replied they had and that the workforce factor was the main issue. Vaccine costs were separated out and there was the confidence that this will be funded. He added that within the vaccine costs sits the utilisation of the field hospital as the health board would need to extend the life to factor it in as vaccination hub. Therefore, it was important to highlight that the £2m de-commissioning costs from Welsh Government would need to be returned. Further consideration would also be needed on the two temporary wards at Morriston Hospital and whether these remain.

In conclusion, Darren Griffiths advised that the ambition for next year was a financial recovery journey.

Resolved:

- The agreed 2020/21 financial plan be **noted**;
- The Board's financial performance for Period 8 (November) 2020/21 was **considered** and commented upon, in particular:
 - the revenue outturn position of £16.736m deficit;

- the COVID-19 revenue impact to Period 8; and
- the assessed revenue forecast based on refined Q3/Q4 planning assumptions.

139/20 **PERFORMANCE AND FINANCE COMMITTEE WORK PROGRAMME**

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

140/20 **FINANCIAL MONITORING RETURN**

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

141/20 **ITEMS FOR REFERRAL TO OTHER COMMITTEES**

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

142/20 **ANY OTHER BUSINESS**

There was no further business and the meeting was closed.

143/20 **DATE OF NEXT MEETING**

The next scheduled meeting was noted to be **26th January 2020**.