

## Swansea Bay University Health Board

**Unconfirmed**

### Minutes of the Performance and Finance Committee held on 22nd June 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

#### In Attendance:

Rab McEwan	Chief Operating Officer
Pam Wenger	Director of Corporate Governance
Claire Mulcahy	Corporate Governance Manager

Minute	Item	Action
93/21	<b>WELCOME AND APOLOGIES</b>	
	Reena Owen welcomed everyone to the meeting Apologies were received from Sian Harrop-Griffiths, Director of Strategy and Hannah Evans, Director of Transformation	
94/21	<b>DECLARATIONS OF INTEREST</b>	
	There were none.	
95/21	<b>MINUTES OF PREVIOUS MEETING</b>	
	The minutes of the meeting held on the 25 <sup>th</sup> May 2021 were <b>received</b> and <b>confirmed</b> as a true and accurate record.	
96/21	<b>MATTERS ARISING</b>	
	There were no matters arising.	

97/21

## ACTION LOG

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

i. Closed Action Point 2

Reena Owen advised that a meeting had taken place on the 4<sup>th</sup> June and consideration is underway on how primary care performance information is to be presented within the report. An update would be provided in due course and the action was to remain on the open action log until further notice.

**Resolved**

- The action log was **noted**.

98/21

## 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:

- The number of new cases for COVID-19 continued to reduce and bed occupancy rate remained low with five confirmed COVID patients to date at present;
- Current demand for the emergency department had increased with attendances now at pre-COVID levels;
- Performance for red calls responded to within 8 minutes stood at 65.7% in May 2021;
- The total number of ambulance handovers over 1 hour was 500 for May 2021 with June 2021 at 278 to date;
- The total number of clinically optimized patients in the systems stood at 180 in May 2021 and the numbers were increasing;
- Healthcare acquired infections performance remained fairly static although Staph. aureus bacteraemia cases had increased slightly in May 2021;
- Inpatient falls had increased during May 2021 which was an indicator of the pressures in the system;
- Staff sickness levels were back to pre-COVID levels at 5.89% for April 2021 but there was still action to be taken to reduce these figures across Wales;

- May 2021 saw an in-month increase in the number of patients on waiting list, with the total now at 83k;
- Work was underway to address this backlog via outsourcing and increasing capacity on site;
- Improvements have been made to address Diagnostic waits particular within endoscopy and cardiac;
- Therapies continued to show good performance with figures currently best in Wales;
- April 2021 saw a deterioration in performance against the Single Cancer Pathway with only 60% of patients starting treatment within 62 days;
- The backlog of patients waiting over 63 days increased in May 2021 but remained lower than quarters 2 and 3;
- Performance against the Mental Health Measures continued to be maintained. All targets were achieved in April 2021. Psychological therapies within 26 weeks continue to be maintained at 100%;
- Access times for routine CAMHS significantly deteriorated in April 2021. A detailed briefing has been requested and would be shared with members in due course
- Neurodevelopment disorders (NDD) access time within 26 weeks continued to be a challenge with performance at 30% against the 80% target;

In discussing the report, the following points were raised:

Mark Child made reference to the page 49, of performance in relation to patient experience and highlighted 96% performance figure in Mental Health and LD for recommendation of services by patients and families. Positively, this suggested that the health board were meeting the needs of patients in this area. Darren Griffiths undertook to provide more information on that and feedback to committee.

**DG**

In relation to staff sickness figures and a total of 36% relating to mental health, Stephen Spill suggested that this be referred to the Workforce and OD Committee for further analysis as this was a concern. Reena Owen undertook to do this. Darren Griffiths advised that the Board had awareness of this and it had been focus over the last few months in terms of supporting staff. There had been significant investment in occupational health and wellbeing and there were a number of initiatives in place including TRiM (Trauma Risk Management) training.

**RO**

Reena Owen raised her concern on the performance within Children and Adolescents Mental Health Services (CAMHS) and requested an update at

next committee which informs of the mitigating actions in place to address the performance issues. **JAD**

In relation to Cancer performance, Reena Owen stressed the need for an increase in focus in this area, there were significant levels of referrals on an already pressurised service. Rab McEwan commented that in terms of cancer recovery, the health board was in a similar position to other health boards in Wales. Demand had increased and there was pressure in terms of capacity, delays in diagnostics and decisions to treat (DTT) as well as undertaking treatments due to theatre capacity issues. He assured that conversations with Welsh Government were ongoing and this was a priority for the health board. A cancer recovery deep dive took place on a weekly basis and there would be a difference in approach on cancer performance going forward via the Planned Care Board. There would be a focus on the delays and there were staff appointments to be made to support that work. The co-ordination in terms of the prioritisation of patients was also a priority.

Reena Owen queried whether there had been any relaxation on the COVID-19 de-contamination position. Rab McEwan advised there was an 82% efficiency in theatres but the numbers of theatres in use was a lot smaller. The scrub workforce was an issue and due to this, a revised standard operating procedure would be put in place which sets out that shielding staff could work within *amber* theatres. This should help the position alongside the insourcing to help clear theatre lists.

He advised that work was underway within the sites in the promotion of *green* pathways within Singleton and Neath Port Talbot with the aim for these to be designated *green* sites although there was work to do to increase capacity within the physical theatre infrastructure.

Rab McEwan advised that work was underway to maximise the workforce for theatres and Welsh Government would be considering the payment of double time to incentivise staff for weekend work at Morriston.

**Resolved;**

- The Health Board performance against key measures and targets was **noted**.
- A referral to be made to Workforce and OD Committee regarding reviewing staff sickness figures, particularly those relating to mental health; **RO**
- A report be received at next committee from the Assistant Director of Strategy, which sets out the mitigating actions in place to address the performance issues within CAMHS; **JAD**

99/21

## UNSCHEDULED CARE PERFORMANCE

A report providing an update on Unscheduled Care Performance was **received**.

In introducing the report, Rab McEwan highlighted the following points;

- COVID-19 admissions had reduced and but pressure was anticipated in terms of a rise in patients admissions from mid-August 2021 and COVID-19 pathways will remain in place until further notice;
- The COVID-19 control measures continue and cause pressure in the system which has affected performance which in some areas had deteriorated;
- Four hour performance had deteriorated slightly since the last report in March 2021;
- The 12 hour performance had remained fairly static at between 88-94% against the target of 100%;
- Ambulance handover performance had deteriorated;
- Red release performance remained good due to a strong working relationship with Welsh Ambulance Service Trust but pressure was evident across Wales;
- Attendances had increased within both Morriston and Neath Minor Injuries Unit with high peaks in demand on Mondays;
- There had been an increase of alcohol related admissions i.e. falls and unconsciousness in tourist hotspots and urban areas;
- The aim was to improve operational grip and control to manage the situation via piloting the Perfect Week at the emergency department;
- There has been a review and update of the Safer Policy in relation to length of stay with the aim of a better distribution of patients and to relieve the numbers of patients on ED;
- The initiatives within the Urgent and Emergency Care Plan include; the urgent primary care centre where there is an estimate of 28 plus patients into that service daily and this will make a significant impact on the performance figures;
- A business case for Virtual Wards has been approved and work is underway to go forward;
- The move of the Acute GP Out of Hours Service to Morriston from

Singleton had been delayed to the 10<sup>th</sup> November due to a number of factors;

- The health board was experiencing delays in discharge with 220 clinically optimized patients in the system currently occupying beds on acute sites. This was now a similar figure to pre-COVID and other health boards in Wales;
- This a concern for the health board and there a delays due to waits on discharge packages of care, care homes and home discharges as well as delays with social work assessments;
- Pressures are being seen in the social work teams, as well the volatility of the domiciliary care market at the moment;

In discussion of the report, the following points were raised

Stephen Spill queried the issue of exit blocks and the mis-match of medical resources within the emergency department (ED). Rab McEwan advised that issue was not uncommon and there was not enough medical staff for the model currently in place. It had been suggested in the Kendall Bluck review that this is changed. The streaming through the department had been impacted by COVID-19 and the aim of the 'perfect week' was to focus on this in particular.

Mark Child queried what the success of the perfect week would look like and would this be a permanent arrangement. Rab McEwan advised that this initiative was a way to study the flow through the department and to understand the blockages in resources or exit routes

Mark Child queried the space available in ED and the element of overcrowding. Rab McEwan advised that there were 23 cubicles for around 50 patients, as well as the rising number of attendances to 90 -100 patients daily which becomes complex alongside the dispersion of patients through the COVID-19 pathways. To assist with this, plans were underway for the opening of the Urgent Primary Care Centre on the 1<sup>st</sup> July 2021 but there was a delay with the move of the acute GP unit from Singleton. Mark Child commented that he was disappointed with the delay of the acute GP Unit move as this was a key element of the plan.

Mark Child raised concern in the rising numbers of the clinically optimised patients in the system and queried whether there were plans to step up the Hospital to Home initiative with local authorities or discuss alternative options to address the issue. Rab McEwan informed that discussions were underway with local authorities at both an operational and director level to escalate concerns and to gain clarity on the process as well as to work together to focus on solutions.

Reena Owen queried the reason why patients continue to wait in the ED

for long periods of time and whether it was linked to access to GPs. She asked whether the health board were content that there was sufficient capacity within GP services and whether the communications with the public should be improved in terms of the re-direction from the ED. Rab McEwan informed that GP's were extremely busy and were also in recovery following the pandemic. Patient experience is now very different and the pandemic had affected public behaviours. He agreed that this needed further consideration. Positively, the urgent primary care centre will be enable the diversion of patients from ED.

Reena Owen requested that a further update on the Clinically Optimised Patients at future meeting and a discussion to take place as to whether this could be joint update from local authorities in terms of joint approach **RM** to tackling the issue and improving the situation.

- Resolved;**
- An update on the clinically optimized patient position to be received at the committee in August and a discussion to be undertaken with local authority colleagues to contribute to discussions on improving the situation. **RM**
  - The unscheduled care performance and wider system indicators and the operational and strategic plans to improve patient safety and performance was **noted**;

## 100/21 FINANCIAL POSITION

A report providing a detailed analysis of the financial position for month two 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 health board had been advised to assume £17.672m non-recurrent funding from Welsh Government for unachieved savings during 2020-21. Therefore, the revised forecast sits at £24.4m;
- The month 2 reported in-month position was an overspend of £0.528m and £4.105m cumulatively. The in-month position reflects 2/12ths of the £17.672m assumed funding to support 2020/21 savings impact;
- There were regular reviews of opportunities and risks and discussions with Welsh Government;
- Slide 4 of the appendix details the underlying position for each of



the service areas;

- There is focus on the overspend within Mental Health and Learning Disabilities in relation to Continuing Healthcare (CHC) and work was underway with the Chief Operating Officer to address the deficit with within support services;
- Pay budgets have reported a £0.313m underspend in-month;
- Non-pay budgets have reported an overspend of £3.203m. However £4.068M of that overspend relates to the planned deficit. This results in a net non-pay underspend of £0.865m.
- The health board is anticipating a further £93.7m of COVID-19 funding and the response and recovery funding would be allocated to meet the areas where expenditure is incurred;
- The new financial year will see the following actions:
  - Monthly performance reviews would replace financial reviews and the implementation of the performance framework;
  - Increased focus on compliance with key control measures and the implementation of Business Case Assurance Group to support the scrutiny of business cases;
  - Further pipeline savings opportunities will be identified towards the £27m savings schemes and a focus on turning the £4m red schemes to green;

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

Stephen Spill queried whether underspend could be utilised by the health board or whether this would need to go against the controlled deficit. Darren Griffiths advised that once the forecast deficit was delivered the underspend could be used to strengthen the balance sheet or be utilised elsewhere as required.

Reena Owen made reference to the £27m savings plans and commented that it was good to see the health board was over projecting on savings as historically there have been issues with savings not come to fruition.

In regards to the £42m deficit, Reena Owen stated that it was important to continue to highlight that the health board was underfunded in terms of population share and due to this, would continue to be in deficit. Darren Griffiths assured that discussion with Welsh Government was ongoing in regards to this and advised that if it was not for the pandemic, Welsh Government would have worked alongside health boards to address the financial position. He added that this was also about the credibility of organisations and being able to evidence that they are working towards improving the financial position.



Mark Child was pleased with the figures presented for month 2 and commented that this showed the impacts of the grip and control systems in place. He congratulated Darren Griffiths and the finance team.

**Resolved;**

- The agreed 2021/22 financial plan was **noted**
- The financial performance for Period 2 (May) 2021/22 was **noted** in particular:
  - the revenue outturn position of £4.105m deficit; and
  - the adjusted year-end forecast deficit of £24.405m.
- The actions to ensure delivery of the financial forecast were **noted**;

**101/21**

**FINANCIAL RECOVERY**

A presentation providing an update on the Financial Recovery Plan was **received**;

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

- The four agreed phases of work to support the financial work of the financial recovery plan are as follows;
- The validation of the health board underlying deficit and the development a composite savings opportunity list and a pipeline of future opportunities using intelligence already available;
- The development of a range of opportunities through an allocation, utilisation and outcome approach and understanding the investment and disinvestment consequences of any strategic service vision;
- Slide 4 highlights the work underway to tackle the underlying position. So far there had been an agreement of the composition of health board deficit and a correlation of the deficit with the evidence base and existing analysis;
- Slide 5 provides an analysis of the £42m deficit. The highest deficits of which are within unscheduled care, scheduled care and primary care reflecting the areas where there is most pressure in the system;
- In terms of recovery opportunities, there had been a review of savings and recovery options and a test of the outputs to adjust for realistic delivery over future years;
- A number of areas highlighted by KPMG were under review and there has been an increase in grip and control in nursing and medical workforce;

- The KPMG review identified £57.9m savings opportunities, with £25m in phase 1. The health board is anticipating £27m for this year;
- In terms of efficiencies, independent sources have consistently identified opportunities of between 250 and 300 bed reduction;
- The key elements of the service transformation for urgent and emergency care are; admission avoidance which is quantified at 58 beds and reducing length of stay which has been quantified at 245 beds;
- An important area for consideration is the allocation, utilisation and outcomes from the health board budget, ensuring the best clinical outcomes are delivered and the budget is utilised in the best way possible;
- As part of the recovery plan the health board are looking to answer the following key questions; *can we see the totality of commissioner spend; are we spending our allocation in an equitable manner, do we have variations between clusters and practices and are we shifting care from hospital to community;*

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

Mark Child made reference to the relative spend and variation between clusters, highlighting that the largest spend was in the wealthiest areas of the Swansea Bay area and this needed to be addressed.

Mark Child commented that it was good to see the financial position intertwined into the health boards wider goals and this gave him confidence on the success of the recovery plan.

Stephen Spill made reference to slide 9 which details the scale of bed opportunities and queried how this would equate to savings. Darren Griffiths informed that this would equate to 70k bed days over the year.

Stephen Spill queried how the deficit was allocated across the service groups and whether the health board was mandated on how money was spent on a granular level. Darren Griffiths informed that the tool used was that of the Welsh Government monitoring returns. The deficit sums for each service group highlighted areas of budget overspend and was used to inform decisions rather than being a target for savings.

In relation to the underlying position, Mark Child queried the figure for Executive/Corporate service areas and whether there was an understanding of what this was made up of. Darren Griffiths responded that when the service structure was implemented, there was an investment in overhead as part of the Bridgend Boundary Change. He advised that the finance team were currently benchmarking with other health boards,

looking at other corporate directorates and how they are structured.

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|-----------------|---|-----------|
| <b>Resolved</b> | <ul style="list-style-type: none"> <li>- The financial recovery plan to be received at committee on a bi-monthly basis;</li> <li>- The report be <b>noted</b>.</li> </ul> | <b>DG</b> |
|-----------------|---|-----------|

**102/21      FINANCIAL MONITORING RETURN**

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

**103/21      ITEMS FOR REFERRAL TO OTHER COMMITTEES**

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

**104/21      ANY OTHER BUSINESS**

There was no further business and the meeting was closed.

**105/21      DATE OF NEXT MEETING**

The next scheduled meeting is Tuesday, 27<sup>th</sup> July 2021.