

Swansea Bay University Health Board

Unconfirmed

Minutes of the Performance and Finance Committee held on 25th May 2021 at 9.30am to 10.15am Microsoft Teams

Present:

Reena Owen	Independent Member (in the chair)
Mark Child	Independent Member (until minute 79/21)
Martin Sollis	Independent Member
Stephen Spill	Vice Chair
Darren Griffiths	Interim Director of Finance
Rab Mcewan	Chief Operating Officer
Sian Harrop-Griffiths	Director of Strategy (until minute 78/21)
Christine Williams	Interim Director of Nursing (until minute 79/21)

In Attendance:

Pam Wenger	Director of Corporate Governance
Claire Mulcahy	Corporate Governance Manager
Tanya Spriggs	Nurse Director, Primary Care and Community (Minute 78/21)
Craig Wilson	Deputy Chief Operating Officer (From minute 79/21)

Minute	Item	Action
70/21	WELCOME AND APOLOGIES	
	Reena Owen welcomed everyone to the meeting	
	As this was Martin Sollis' last meeting of the Performance and Finance Committee, Reena Owen thanked him for his hard work and support on the committee.	
	Apologies were received from Hannah Evans, Director of Transformation	
71/21	DECLARATIONS OF INTEREST	
	There were none.	
72/21	MINUTES OF PREVIOUS MEETING	
	The minutes of the meeting held on 27 th April 2021 were received and confirmed as a true and accurate record.	

73/21 MATTERS ARISING

There were no matters arising.

74/21 ACTION LOG

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

i. Action Point 5

Sian Harrop-Griffiths advised that a significant amount of work had been undertaken in relation the Hospital to Home and Clinically Optimised Patients and a verbal update would be available at the June committee with a formal report available in due course.

SHG/RM

Resolved

- A verbal update on the Hospital to Home review and *Clinically Optimised Patients* be received at the June Committee;
- The action log was **noted**.

SHG/RM

74/21 CHANGE TO AGENDA ORDER

Resolved

The agenda order be changed and Item 3.1 be taken next – Quarterly Operational Plan – Delivery of Actions.

75/21 QUARTERLY OPERATIONAL PLAN - DELIVERY OF ACTIONS

A report providing the status of actions against the Quarter 3&4 Operational Plan was **received**.

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

- Overall the tracker provides assurance that a good level of progress has been achieved;
- At the end of quarter 4, **62.7%** completed, **11.9%** on track to deliver into 2021/22 and **25.4%** not delivered at year end;
- Those actions rated *red* across the services areas would be carried forward into 2021-22, and those to highlight were as follows;
- Within *Surgical and Theatres*, orthoplastics was included within the priority schemes within the WHSSC ICP process;

- The outstanding actions within diagnostics and Imaging would be carried through as part of the recovery plans;
- In relation to Cancer, the case for hypofractionations had been submitted as part of the annual plan as well as the business case for specialist palliative care;
- *Children, Young People and Maternity*; There was no funding in place this year for the Emergency Children's Unit but there was potential capital for 2022-23. The CYP Wellbeing website would be launched next week;
- There has been progress with Cardiff and Vale in relation to the outstanding actions within *Partnership Working* and the HPB service specification was now with the NHS Wales Health Collaborative;

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

In relation to those actions linked to WHSSC and the approval of business cases, Martin Sollis sought assurance that these would be followed through in a timely manner, with minimal delays. Sian Harrop-Griffiths advised that she was content with the timeline and process.

Stephen Spill queried whether prior year actions would be subsumed into the current year's plan. Sian Harrop-Griffiths advised this would be case. Steve Spill queried the quantity of work required for those outstanding actions and how difficult it would be to sign off as completed. In response, Sian Harrop-Griffiths commented that this was an important point to raise and advised that within the Digital and Diagnostics space, there was substantial amount of work for the completion of the action.

Reena Owen asked whether the outcomes of achieved actions had been successful. Sian Harrop-Griffiths responded that within such a difficult year, it was difficult to make a direct correlation in terms of the actions delivered. Positively, the health board had been able to de-escalate some of its key risks and therefore a view could be taken that they have been successfully delivered. Rab Mcewan added that a large element of the 2020-21 plan was about laying the foundations for the success of the 2021-22 plan. An example of which was the negotiation of the £8m funding for outsourcing to the private sector which will support the recovery of planned care position.

Resolved

- The actions and milestones identified within the Quarter 4 were **noted**;
- The reported RAG status and supplementary comments against each action that is off-track was **noted**;

- The areas of achievement as described in Appendix 2 were **noted**.

77/21 CHANGE TO AGENDA ORDER

Resolved The agenda order be changed and Item 2.2 be taken next – Continuing Healthcare Performance Report.

78/21 CONTINUING HEALTHCARE PERFORMANCE REPORT

Tanya Spriggs was welcomed to the meeting;

A report providing an update on the quarter four activity for continuing Healthcare was **received**.

In introducing the report, the following points were raised;

- There were currently 12 retrospective claims on the database, performance was good with a noted reduction in new applications ;
- In terms of Judicial Review, the process was yet to be agreed by Welsh Government and further meetings were planned to agree it;
- The work around the pooled budgets arrangement was on hold ;
- There was significant concern and challenges across the care home sector and the health board continues work in partnership with local authorities and the sector with careful monitoring of care homes at risk;
- The sustainability of the fragility of the private care home sector continues to be concern;
- In terms of finance, there has been an increased request for funded nursing care and an increase of complex cases which is driving costs, as well as increases in FNC rates;
- As result of the sustained growth in CHC spend, improvements are being made with Primary Care and Community delivery unit in terms of scrutiny of funding applications and an increase in grip and control;
- Significant work to do across the sector in terms of commissioning as well the quality and safety aspects;

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

Mark Child commented that progress in the terms of CHC partially depended on the Welsh Government report which was due at the end of Spring and queried when this would be received and requested sight of

this. He raised his concern that the health board did not know what provision was needed for the SBU area and the health board does not have enough influence with partners in terms of increasing that provision.

In relation to finance, Mark Child highlighted the increase in numbers of cases and costs, commenting how it would be helpful to have understanding on how the cost base would be affected going forward. Darren Griffiths advised that the table on page 6 of the report outlines the growth in costs. Work was being done within Mental Health and Learning Disabilities in terms of cost growth and what was driving the overspend and update would be provided to committee in due course.

Reena Owen highlighted the issue of care home sustainability and the vacancy factor and why this had become a problem. Tanya Spriggs advised that this was the current 'market position' and work was underway with partners and those homes that were having issues to look at their needs. She informed that one of the challenges faced were those higher costs placements. The health board works closely with the care homes as independent providers and continues to have a strong and willing partnership with them. There are significant challenges with higher costs placements.

With regards to the judicial review, Reena Owen queried if there was an estimate on the size of the bill. Tanya Spriggs advised there was an estimated 350 deceased cases but it was felt that the number was much lower therefore it was difficult to know the financial implications at the moment.

Resolved

- The All Wales agreement on the FNC and revised local CHC rate for 2020-21 was **noted**.
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- The Health Board's Retrospective Claims team are able to manage the reimbursement of deceased self-funders in house was noted
- The establishment of the Transforming Complex care work programme was noted.

79/21

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 this was a year-end report, the format differed from other iterations and it sets out the full year performance from March 2020

to March 2021;

- Current demand for the emergency department had increased but was not quite at pre-COVID levels;
- Performance for ambulance handovers stood at 72% for April 2021, challenges had been faced in May 2021;
- Performance for 4 hours waits for April 2021 stood at 74.9% for April and 73% for May 2021;
- Pressure had been evident with regard to Serious Incidents reporting during the year particularly with Mental Health but improvements had been made;
- An increase in hospital acquired pressure ulcers had been seen in November 2020 through to December 2020 but had numbers decreased by February 2021;
- With regards to inpatient falls, the total number had reduced by March 2021, with peaks seen in November and December 2020;
- Performance for completed discharged summaries was well within the expected levels;
- The percentage of staff undertaking performance appraisals had decreased during 2020-21 with levels at 53.14% in March 2021, workforce colleagues were focused on addressing this ;
- The rolling 12 month performance for sickness stood at 7.50% for March 2020 to February 2021. An in-month improvement had been seen with 6.41% for February 2021;
- An improvement in cancer waiting times had been seen in March 2021 and there was currently 356 patients in the backlog;
- Good performance had been seen in diagnostics, with 2006 patients waiting in March 2021 as well as 8 week waits for endoscopy seeing an improvement;

In discussing the report, the following points were raised:

Christine Williams made reference to the improvement in Healthcare Acquired Infections particularly for C-difficile and how this was a result in an improvement in prescribing practice in primary care and community.

In relation falls and pressure ulcers, Christine Williams referenced how the rates increased during the period of October 2020 to December 2020, the second peak of COVID-19. The level of staff unavailability at that point had increased but assured that as this has improved so had performance in these falls and pressures ulcers.

Stephen Spill made reference to discharge summaries and queried whether the health board had responsibility for GP negligence claims. Pam Wenger advised that she did not believe this was the case as GP's had their own personal liability insurance and were independent contractors but undertook to provide further information to Stephen Spill.

In terms of benchmarking with other health boards, Martin Sollis commented that it appeared SBU was out of sync with others in *Diagnostics* performance. Darren Griffiths assured that at the end of March 2021, the health board had the second lowest figure in Wales for the 8 week breaches. Martin Sollis queried whether a business case had been put forward for extra endoscopy sessions to improve the position. Darren Griffiths informed that the business case was a continuation of that already in place, with in-sourcing and the development of the health board's own internal capacity which would need to be included as part of the financial plan. He advised that work was underway to increase diagnostic capacity via capital funding.

With regards to the emergency department and the number of initiatives underway for improvement, Reena Owen queried what was the projection in terms the reduction of attendances. Craige Wilson advised that the health board was optimistic that initiatives such as the '*think 111*' would decrease numbers, as well the ability to fully utilise the urgent primary care centre. Reena Owen commented that she felt outward communication was needed to the public as it was felt members of the public arrive at Morriston as they are unsure where to go.

In relation to outpatients, Reena Owen queried whether there had been success in virtual consultation being rolled out to more specialities. Craige Wilson informed that the health board were currently running at 40% virtual consultations, which included new and follow-up appointments, but some specialities needed to face to face consultations. He assured that the health board had been the best performing in Wales in terms of virtual activity. Specific focus would be taking place in outpatients in terms of the virtual appointments and virtual group consultants and incorporating the lessons learned from the pandemic. An independent company had been consulted on in terms of increasing clinical productivity.

Resolved; - The Health Board performance against key measures and targets was **noted**.

80/21 **SIGNAL UPDATE**

A report providing an update on the on the Signal system was **received**.

In introducing the report, Craige Wilson highlighted the following points;

- There had been a successful roll out of the SIGNAL system and the pandemic had increased progress;
- The timeline for the roll-out of version 3 had moved to October 2021 to enable a wider source of information be included particularly within patient flow, which would in turn support the management of clinically optimized patients;

In discussion of the report, the following points were raised

Martin Sollis queried whether this bespoke system could be rolled out on a national level as this would also be beneficial for other health boards in Wales. Craige Wilson advised that there had been interest from other health boards about adopting and it was potentially a commercial product which could be marketed.

Darren Griffiths advised that he would be meeting with colleagues from the digital team and Digital Wales and he undertook to raise this with them.

Resolved;

- The progress towards development of the current system on a new platform, as well as the significant work undertaken by the team in supporting patient flow and the flow strategy was **noted**.

81/21 FINANCIAL MONITORING RETURN

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

82/21 ITEMS FOR REFERRAL TO OTHER COMMITTEES

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

83/21 ANY OTHER BUSINESS

There was no further business and the meeting was closed.

84/21 DATE OF NEXT MEETING

The next scheduled meeting is Tuesday, 22nd June 2021