

Swansea Bay University Health Board

Unconfirmed

**Minutes of the Performance and Finance Committee
held on 23rd February 2021 at 9.30am to 11.00am
Microsoft Teams**

Present:

Reena Owen	Independent Member (in the chair)
Mark Child	Independent Member
Martin Sollis	Independent Member
Stephen Spill	Vice Chair
Darren Griffiths	Interim Director of Finance
Chris White	Chief Operating Officer, Director of Therapies and Health Science and Director of Primary Care and Mental Health
Sian Harrop-Griffiths	Director of Strategy

In Attendance:

Craige Wilson	Deputy Chief Operating Officer
Claire Mulcahy	Corporate Governance Manager

Minute	Item	Action
14/21	WELCOME AND APOLOGIES	
	Reena Owen welcomed everyone to the meeting Apologies were received from Hannah Evans, Director of Transformation and Pam Wenger, Director of Corporate Governance.	
15/21	DECLARATIONS OF INTEREST	
	There were none.	
16/21	MINUTES OF PREVIOUS MEETINGS	
	The minutes of the meeting held on 26 th January 2021 were received and confirmed as a true and accurate record.	
17/21	MATTERS ARISING	
	There were no matters arising.	

18/21

ACTION LOG

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

Urgent Action Log

i. Action Point 1

Darren Griffiths advised that a paper on neurodevelopment assessment would be received at the next committee.

ii. Action Point 2

Chris White advised that performance within ambulance red calls had improved significantly since last report, with performance at 69.4% month to date, the health board were leading the way in Wales. Further detail would be provided in the Unscheduled Care Report.

Martin Sollis commented that it was great to see the improvement in the performance but his concern was whether any harm had been brought patients due to the low performance. Chris White advised that no harm issues had been brought to his attention. The reason for the low performance was ambulance workforce issues arising in the Bridgend area which affected performance for Swansea Bay. This has been addressed and there was now military support in place.

iii. Action Point 3

In relation to the progress of the ambulatory care model, Chris White informed that there had been some staffing issues within individual areas such as GP Out of Hours but these were being addressed and discussions were underway with bringing them under one system.

In relation to the Acute Services Re-Design, the group had been stood down in November 2020 but the plan was to recommission the group and progress work on the links with the Morrison site. The aim to was to progress this by early Autumn this year.

Pending Action Log

i. Action Point 1

Chris White advised that the issues with upper and lower GI related to the capacity. Backlog within the service was decreasing from 500 down to 340 Progress in this area was being made and further detail would be provided in the report at committee in March 2021.

Resolved

The action log was **noted**.

19/21

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:

- January 2021 had the lowest amount of new cases of COVID-19 since September 2020 although bed occupancy remained high for both new and recovering COVID patients. Admissions for new confirmed patients had started to reduce;
- Demand for emergency department care reduced in January 2021. The percentage of red calls responded to within 8 minutes stood at 69% during February 2021 to date. The percentage of patients seen within 4 hours in A&E and the number of patients waiting over 12 hours both had improved during January 2021;
- The Medically Fit for Discharge position (MFFD) had improved slightly since October 2020 but work was ongoing to improve the position further;
- Direct admission to Acute Stroke Unit within 4 hours - performance had continued to be a challenge due to the pressure in the system. However performance remained steady for stroke patients receiving clinical review within 24 hours;
- The infection control position for January 2021 remained steady with *Clostridium difficile* seeing the lowest number of cases in 13 months;
- The health board reported 4 Serious Incidents for the month of January 2021;
- The number of falls reported during January 2021 was 18% less than reported in January 2020;
- The in-month sickness performance in December 2020 had deteriorated from 8.40% in November 2020 to 9.84%;
- There had been an in-month reduction in January 2021 for the number of patients waiting over 26 and 36 weeks, however this was a result of the dip in referrals received during the first wave;
- Diagnostic and Therapies continued to show a period of stability;
- The Single Cancer Pathway measure for patients was now fully underway and January 2021 would be finalized at the end of February 2021;
- The backlog of patients in the Single Cancer Pathway had improved

since the end of January 2021 from 432 patients waiting over 63 days to 342 as at the 23rd February 2021;

- In January 2021, the overall size of the follow-up waiting list had increased by 36 patients compared to December 2020. Performance remained stable but the number of patients waiting over 100%+ had increase slightly compared to December 2020.
- Performance under the Adult Mental Health Measure continued to be at a high level.
- It was anticipated that performance within CAMHS for routine assessments would improve to 75% for January 2021;
- Performance for Neurodevelopmental Disorder (NDD) assessments stood at 26% against a target of 80%. A deep dive into this area would take place at the March committee.

In discussing the report, the following points were raised:

Martin Sollis commented on the positive report in terms of recovery but caution was to be taken as there was a significant amount of recovery needed in areas such as Cancer and Planned Care.

Martin Sollis made reference to the low performance within Fractured Neck of Femur and queried whether this would need to be reported to Board and whether Quality and Safety Committee (Q&S) were still reviewing from a risk perspective. It was advised that the metrics were reported via Q&S but Chris White undertook to raise the issue at the meeting this afternoon.

Stephen Spill queried whether there were plans for the performance report to return to a traditional format. Darren Griffiths advised that the performance report had been aligned to the four quadrants of harm for some time. He advised that within the annual plan deliverables, there was a requirement for a traditional RAG system and Sian Harrop-Griffiths advised that there was broader work underway to bring together the various reporting mechanisms i.e. the performance report and the Minimum Data Set (MDS) tool.

In regards to Hospital Acquired Infections, Stephen Spill queried when COVID-19 would become a standard under this performance category. . Chris White advised that it was difficult to predict as the health board would not know the 'new normal' until at least quarter one or two. There were a number of variables that needed to be considered and the best way of measuring performance in this area needed to be established before it can be included within the performance report.

Reena Owen queried whether detail on the COVID-19 vaccination programme would soon feature within the performance report as she felt it

was important from the public's perspective to understand the health board's performance in this area. Mark Child concurred adding that the public heavily stressed the principle of being vaccinated.

Mark Child made reference to performance for MFFD adding that it was pleasing to see the figure had plateaued due to the initiatives to address it , nevertheless it was a still an area that needed further work.

With regards to dental care metrics, Reena Owen highlighted that performance had dipped and queried whether routine dental assessments had halted or had the public stopped attending due to the COVID-19 risk. Craige Wilson advised that routine dental screening had been halted for the moment due to the risks of COVID-19. Reena Owen added that it was important to plan the next step here in terms re-starting dental screening as there could be a potential backlog of issues.

Reena Owen highlighted that other health boards in the UK were offering the public health checks within the vaccination centres. She suggested this was something the health board could offer to public, it was a good opportunity to capitalise on the interest of the public in terms of their own health. Sian Harrop-Griffiths replied that this could be something to think about in terms of priorities for next year and could be discussed with the Primary Care and Community service group.

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

20/21 UNSCHEDULED CARE PERFORMANCE

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

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

- The report provides detail of the Health Board's current performance against the key Tier 1 unscheduled care targets;
- The report also provides an update against the work programmes in progress to improve unscheduled care access and performance in line with the Welsh Government six goals for urgent and emergency care framework;
- The health board's new service models would compliment current service delivery and had been funded by Welsh Government in line with the six goals;
- The *Contact First* memorandum of understanding had been agreed and the soft launch of the programme was today, 23rd February 2021;

- The *Urgent Primary Care Centre* had been established and work was underway with the Emergency Department to promote the re-direction;
- In addition the Welsh Government funded schemes there were a number of other initiatives put in place to support flow;
- These include; two patient flow coordinators, additional discharge vehicles, a Patient Offload Mobile Unit which provides five additional spaces in ED for ambulance load offs and additional Therapy support on weekends to support earlier discharge.
- A further report on the *Unscheduled Care Plan* developments to be provided to Committee in April 2021;

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

Chris White advised that the initiatives had been categorised under the 6 six goals set out by Welsh Government in line with the how the funding is set to be provided. A key priority for the health board is to get as much out of the funding as possible and get more impact from the money put in.

Martin Sollis commented that had been lots of investment in *Unscheduled care* due to its impact on a number of areas of the system. There had been a number of improvements made but it was important to show how we measure the improvements and could there be focus on what we get from the investments in a SMART way with key measurables.

Mark Child queried how long there would be differentiation of the intake of patients due to Covid, at ED and how long could we continue that way as this has proven to be challenging. He queried whether there was any criteria to change back to the old system. Chris White advised that need to differentiate patients is still essential to ensure there is a reduced risk of harm or death to patients and also to control outbreaks. The emergency Unit needs to be kept as safe as possible until there is a safe level of vaccination across Wales, which was not anticipated until at least Quarter 1 and 2. Craige Wilson added that to put into context, there were currently 77 positive cases at Morriston and around 80-90 COVID-19 recovering patient, there is a long way to go, with this amount of patients in the system, it is essential to continue the streaming of patients.

Reena Owen commented that it would be helpful to have a diagram of the current *unscheduled care system*; this would give committee members a better understanding of the different streams within the department. Craige Wilson informed there was due to be a formal national launch to the public, which sets out the appropriate pathways within the system for patients. This would be in a few months and SBU would be the 2nd health board in Wales to roll out.

Reena Owen commented that she was very supportive of the patient flow

co-ordinators in ED and the additional vehicle in place. It was important to have control and a co-ordinator in place and also have the resources to enable patients to get home.

Resolved;

- An update on the Unscheduled Care Plan developments to be provided to Committee in April 2021;
- Unscheduled Care Performance and the work programmes in progress to improve unscheduled care access and performance was **noted**.

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21/21

FOLLOW UP NOT BOOKED PROGRESS UPDATE

A report providing an update on the Follow Up Not Booked progress was **received**.

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

- The January 2021 figure for patients on the over 100% delayed follow up waiting list stood at 28,479;
- There had been a marginal improvement in the total waiting list figure for January 2021;
- The focus has been on urgent consultations throughout the pandemic and alternatives to face to face consultations with approximately 40% of all appointments being delivery virtually;
- Work is underway to target patients waiting over 100% and includes the roll out of the *Doctor Doctor* system which aims to establish those patients who do not need or want a follow-up appointment;
- There is also work underway in the virtual platform *Consultant Connect*. The health board is working with primary care practitioners to establish if this can be utilized further to avoid new outpatient referrals;
- The health board is utilizing the facility in some specialties and in those, 35% of the consultations have avoided referral.

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

Martin Sollis highlighted that the report suggested that the health board would not hit the national targets. He raised his concern for the financial implications of this and asked for confirmation that there would be no claw back of funding for the health board. Darren Griffiths confirmed that funding support would continue, there was £5m in total to address the backlog and there was a flexible approach on how to utilise this funding.

Martin Sollis reflected on how the progress on Follow Up Not Booked linked to the Outpatients Modernisation programme and the number of actions being undertaken to modernise the system. Craige Wilson made reference to Consultant Connect and advised that was being mandated for certain specialities. On a national basis, conversations were moving towards a risk stratified approach for outpatients and planned care. The minimal harm approach had already been taken in Ophthalmology but here would be some conditions where this approach would not be taken. It had been suggested to move away from the RTT basis of performance but this would require culture change and public engagement would be needed on a national basis.

Stephen Spill queried how the Consultant Connect system worked, Craig Wilson informed that in emergency cases, there would be a direct line and direct access to the consultant, this would be in specialities such as cardiology, respiratory and radiology. For elective cases, a messaging system would be in place and patients would receive responses from the consultants directly. This would require changes in consultant job plans and the continuation of virtual reviews.

Mark Child commented that the way the health board were addressing the backlog, could change the public attitude to the way we approach waiting lists and potentially have a positive impact on the public perception of the future models put forward.

Craige Wilson added that it was important that GP's were given the correct tools they require for this as they will be the gatekeepers and would be managing the expectations of the patients as well.

Resolved The report was **noted**.

22/21 OPERATIONAL PLAN 2020/21 – DELIVERY OF Q3 ACTIONS

A report providing an update on the delivery of actions for quarter 3 for the Operational Plan 2020-21 was **received**.

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

- The paper provided a high level summary of the performance position against the actions and milestones at the end of Quarter 3;
- A significant number of actions had been delivered and those were set out within appendices;
- There were nine off- track actions and the mitigating actions for

each were set out within the report;

- The off track actions were within the followings areas; *Surgical and Theatres; Diagnostics and Imaging, Cancer and Palliative Care, Children, Young People and Maternity* and *Digital Transformation*.
- Within *Cancer*, the action relating to treatment for Lung Cancer patients cases was being discussed as part of the integrated commissioning plan for next year and a business case was required;
- Within *Palliative Care*, further discussion had taken place and work had now commenced on improving the end of life care plan;
- The action within *Children and Young People* related to neonatal workforce gaps against the British Association of Perinatal Medicine standards;
- The action within *Digital Transformation* relates WCCIS data migration and a business plan was being progressed following workshops held during February 2021;

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

In regards to the outstanding action within Children and Young People, of neonatal workforce gaps against the British Association of Perinatal Medicine (BAPM) standards. Martin Sollis queried whether this was a risk to the health board in terms of clinical negligence. Sian Harrop-Griffiths advised that there were no quality issues to be aware of but would enquire further with the relevant team and inform Martin Sollis outside of the meeting. Darren Griffiths advised that within the singleton unit, there had been a change in bed allocation and there was now more cot resilience in the neonatal unit. This would lower the risk but advised there was still some work to do in terms of the funding element.

Reena Owen commented that overall the report was positive with a high number of completed actions. In terms of those non-completed actions, in particular, those that related to business cases not finalised, she queried whether COVID-19 had impacted on this work or was it the fact that business cases had not been established. Sian Harrop-Griffiths confirmed that primarily it was the pandemic had hindered the progress of the business cases.

Resolved

- Sian Harrop-Griffiths to enquire about the risk surrounding the CYP outstanding action and inform members outside of committee;
- The actions and milestones identified within the Quarter 3 and 4 Plan for Quarter 3 were **noted**;

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- The reported RAG status and supplementary comments against each action that is off-track were **noted**;
- The areas of achievement were **noted**;
- The timelines for the reporting arrangements for the remainder of 2020/21 were **noted**.

23/21

FINANCIAL POSITION

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

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

- The cumulative deficit for month ten was £20.575m with movement of £1.896m in month;
- The health board were on track to deliver the planned £24.4m forecast deficit at year end;
- Pay costs in Month 10 had been the highest in 2021/22 and were around £0.9m higher than forecast and is primarily due to an increase in variable pay. This has been offset by some underspend in areas such as theatres, PPE and health board reserves;
- The net cumulative additional expenditure as a result of COVID-19 stood at £93.805m, of which £93.782m has been offset by Welsh Government funding;
- Income budgets have reported an under-achievement of £7.006m after ten months. This reflects reductions in income from key activities including private patients, injury cost recovery scheme, overseas patients, non-contracted activity and dental income.
- There have been discussions surrounding the refresh of high value opportunities in particular the efficiency workstream within Nursing;
- The savings delivery to Month 10 is £5.168m against the planned delivery of £19.059m, therefore the impact of non-delivery savings due COVID-19 was £13.9m;
- The anticipated total savings delivery for the full year stood at £6.2m, which was in line with anticipated totals across Wales.
- On the basis of the improved funds flow via the COVID response into the Capital Resource plan, it is proposed to reduce the risk to 9 to reflect a reduced likelihood ;
- The Welsh Government draft budget was issued in December 2020

and this included £430m additional growth funding for Health and Social Service budget.

- The Health Board planning process for 2021/22 is underway and within that is the development of a financial plan for 2021/22;

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

Stephen Spill referred to the savings analysis, and queried the £3.4m savings on pay that had not been anticipated. Darren Griffiths informed that there was a pay benefit around surge capacity pre-COVID-19 and it linked to the closure of Ward 7 at Singleton.

Martin Sollis commented that colleagues needed to be mindful in terms of taking assurance in forecast year-end total. There was still a significant amount of work to do, within the £93m expenditure; there were many risks in areas such as year-end accounting, changes in stock and equipment and technical treatments. Some assurance can be taken from the year-end figure but this is subject to significant amount of work to be undertaken in the coming months.

Darren Griffiths added that there were three material areas of risk to be highlighted to committee. Firstly, the untaken annual leave accrual but this had now been funded by Welsh Government to a total £12.3m. The de-commissioning costs of the Field Hospital had also been provided at a total of £3.9m. In relation to stocks, stock takes have been maintained and undertaken via the Omnicell system.

Member endorsed the suggested changes to the Capital Resource/Plan risk rating from 15 to 9.

Resolved:

- The agreed 2020/21 financial plan was **noted**.
- Members **considered** the Board's financial performance for Period 10 (January) 2020/21, in particular:
 - the revenue outturn position of £20.575m deficit;
 - the COVID-19 revenue impact for Period 10; and
 - the year-end forecast deficit of £24.405m.
- The Welsh Government Revenue Allocation letter impact for the Health Board and the financial planning assumptions was **noted**;
- Members **endorsed** the suggested changes to the Capital Resource/Plan risk rating from 15 to 9.

24/21 PERFORMANCE AND FINANCE COMMITTEE WORK PROGRAMME

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

25/21 FINANCIAL MONITORING RETURN

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

26/21 ITEMS FOR REFERRAL TO OTHER COMMITTEES

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

27/21 ANY OTHER BUSINESS

There was no further business and the meeting was closed.

28/21 DATE OF NEXT MEETING

The next scheduled meeting is Tuesday, 23rd March 2021