

Swansea Bay University Health Board

Unconfirmed

Minutes of the Performance and Finance Committee held on 27th April 2021 at 9.30am to 11.30am 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
Rab Mcewan	Chief Operating Officer

In Attendance:

Pam Wenger	Director of Corporate Governance
Claire Mulcahy	Corporate Governance Manager
Michelle Mason-Gawne	Divisional Manager (Minute 60/21 to 63/21)
Sharon Miller	Head of Primary Care (Minute 60/21 to 61/21)
Sam Page	Interim Head of Primary Care (Minute 60/21 to 61/21)

Minute	Item	Action
55/21	WELCOME AND APOLOGIES	
	Reena Owen welcomed everyone to the meeting	
	Apologies were received from Hannah Evans, Director of Transformation and Sian Harrop-Griffiths, Director of Strategy.	
56/21	DECLARATIONS OF INTEREST	
	There were none.	
57/21	MINUTES OF PREVIOUS MEETING	
	The minutes of the meeting held on 23 rd March 2021 were received and confirmed as a true and accurate record.	
58/21	MATTERS ARISING	

There were no matters arising.

59/21

ACTION LOG

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

i. Action Point 5

Reena Owen advised that the outstanding Public Health items would be removed from the action log and reported as part the quarterly annual plan priorities.

Resolved

- The action log was **noted**.

60/21

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 of COVID-19 continued to reduce with March 2021 having the lowest amount of new cases since September 2020.
- Bed occupancy rates for confirmed COVID1-9 patients also continue to reduce. There was 71 patients within hospital beds with suspected cases;
- The levels of COVID-19 related staff absences had reduced in February 2021;
- Demand for emergency department care had increased in March 2021 however there was an in-month improvement in performance for patients seen within 4 hours and patients waiting over 12 hours. The total number of emergency department attendances stood at 9000 to date;
- The total number of clinically optimized patients stood at 157 to date, pressures were still apparent across the system;
- 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 March 2021 remained steady, with a slight spike seen for *E. coli* and *Staph. aureus* bacteraemia;
- February 2021 saw a deterioration in performance against the Single Cancer Pathway, draft figures for March 2021 indicate an improvement with a possible achievement of 68-69%. The backlog of patients waiting over 63 days had increased in March 2021;
- The in-month sickness performance had improved significantly from 8.13% in January 2021 to 6.46% in February 2021;
- The volume of GP referrals had increased during March 2021 and was causing demand pressure on the system. The number of patients waiting over 26 and 36 weeks had remained steady during the period;
- There was a reduction in the number of patients waiting over 8 week for diagnostics, particularly seen within endoscopy and radiology;
- Diagnostic and Therapies waiting times continued to improve;
- Performance under the Adult Mental Health Measure continued to be at a high level.
- Access times for routine CAMHS significantly improved to 97% in February 2021 and crisis waiting times continue to be maintained at 100%;

In discussing the report, the following points were raised:

In reference to the Cancer backlog, Martin Sollis queried the governance process surrounding the harm reviews, stating that the Board needed to have visibility. Rab McEwan advised that harm reviews were still under review at Welsh Government level and were awaiting feedback. He advised that they would be monitored via the Cancer Improvement Group and then reported via Quality and Safety Committee.

Stephen Spill highlighted the total number of patients on the waiting list which was a third of the SBU population. Darren Griffiths advised that work was underway to establish whether this figure reflects the actual number of people needing secondary care. The figure was not atypical and was a reflection of a less than modern system. Rab McEwan informed that a proportion of the cohort was backlog for assessment and work was underway this area to establish if this could be carried out in the community setting for those with long-term conditions for example. He advised that change is evident in terms of reducing the patients on the follow-up list but is yet to be seen due to the volume of patients on the backlog list.

Mark Child made reference the increase in emergency attendance and

queried whether these were back to normal levels. He raised concern that the health board were not taking appropriate action to control the numbers and questioned how well alternative routines were being advertised. Rab Mcewan informed that due to infection control measures and social distancing, the emergency department was overcrowded. He advised that significant work was underway in terms of the response and with understanding that the emergency department needed to be managed in a different way.

Reena Owen queried the rise in critical care numbers, with patients delayed in critical care due to due capacity in Morriston. Rab Mcewan replied that due to the emergency demand and long length of stay, the health board was close to surge capacity. He advised there was capacity in critical care but focus was needed across the Morriston site in terms of beds and length of stay.

Resolved;

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

61/21 PRIMARY CARE PERFORMANCE DATA

Sharon Miller and Sam Page were welcomed to the meeting.

A report providing an update on the Primary Care Performance data was **received**.

In introducing the report, Sharon Miller highlighted the following points;

- The report provided an explanation of the information available to the health board in terms of the quality and performance of access to primary care contracted services;
- The report provides information in the following areas; *General Medical Services Access Standards; GP Sustainability; GP and Community Pharmacy Escalation Levels; Access to General Dental Services and Patient Feedback*
- The GMS Access Standards were non-contractual and 44 out of the 49 GP practices took part in providing evidence on a quarterly basis;
- The standards provided practices with clear expectations to work towards, of which there were *8 Access Standards* to provide evidence towards;
- To take account of changes and the level of pressure as a consequence of the pandemic, the guidance was amended;

- A national escalation tool enables regular assessment of *GP and Community Pharmacy Escalation Levels*;
- Significant pressure was felt by GP's during the pandemic and due to their significant input into the vaccination programme;
- Daily escalation reports were provided from GP's and community pharmacies;
- For information on *GP Sustainability*, an all-Wales questionnaire is carried out, which indicates which practices are experiencing sustainability issues;
- The sustainability position was last formally recorded in 2019 and in total there were 5 'red' practices and 10 'amber' within SBU;
- To date there have been 19 local sustainability assessment panels, in which panels have been granted a range of practical and financial support.
- COVID-19 impacted on dental access with only urgent dental appointments available and COVID-19 precautions were required to be put in place;
- Routine care has been offered in the last quarter due to low community COVID-19 transmission, reduction of time needed between patients and investment for ventilation in practices;
- New alternative measures have put in place during Quarter 1 and 2 and include Aerosol Generated Procedures (AGPs) ACORN (Assessment of Clinical Oral Risks & Needs) ACORN; New patients and Fluoride Varnish and these are monitored monthly via the Primary Care Team;
- In terms of *Patient Feedback*, patients can complain directly to the primary care contractor or the health board under the Putting Things Right Policy.
- For those complaints made directly to the contractors, quarterly returns on the complaint data are requested by the health board;

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

Stephen Spill made reference to GP involvement in the vaccination programme and the monetary value received per vaccination. He queried whether it was felt that GP's responded well to the normal caseload. Sharon Miller responded that huge effects were felt in the primary care sector, recognising the huge effort made during the pandemic and similarly during the flu campaign. The decision to provide enhanced services within the practices was made by Welsh Government. Feedback from practices was that activity is back to pre-COVID levels.

Stephen Spill queried whether the ACORN yearly assessment within dental services would replace the 6-monthly check up. Sharon Miller advised it would and the aim is to move away from the 6-monthly check up for low risk patients.

Mark Child queried when the access measures would be reinstated, Sharon Miller advised they had been from 1st April 2021.

Mark Child stated that it would be helpful to have a greater granularity of data in terms of those practices with sustainability issues. Sharon Miller advised this could be carried out on a cluster level.

SM

Mark Child made reference to public health agenda in the community, stating that it would be helpful to see data on how well practices were enhancing their work in terms of this agenda. Sharon Miller assured that the primary care clusters contribute a great deal to this and undertook to look at how this can be presented for committee.

With regards to the Dental Access, Mark Child stated that he welcomed the UDA and queried when this would come into place. Sharon Miller advised that the process of contract reform had begun pre-COVID and was now back on track. There had been good engagement within SBU with 50% of practices involved at the end of March 2021. In terms of resuming services, she advised that this was not fully there, from the current measures, but a marked increase in activity should be seen in the next quarter.

In relation to the GP Access Standards, Mark Child raised concern for the accepted level of unanswered calls being 20%, stating he felt this should be around 5%. Sharon Miller advised this was set as part of the national standards but undertook to feed this back during the review that would take place next year.

Martin Sollis commented that the report itself was very comprehensive. The data presented was activity based, acknowledging that this was a Welsh Government requirement, he added that it was important to have outcome data and information on the qualitative aspects of services. It was important for the Board to know how we direct our resources. Reena Owen concurred, adding that there was awareness of inequalities across the health board in terms of access to primary care and it was important to have the granularity of data.

With regards to GP Sustainability, Reena Owen queried how this risk was incorporated into the corporate risk register. Pam Wenger advised that there was an escalation process in which service groups identify key risks on a monthly basis via the scrutiny panel. If felt that level of risk is high it would be escalated into the corporate risk register. Sharon Miller advised that this was also monitored via the Access and Sustainability Forum.

Martin Sollis commented that it was important to consider how the information on outcomes, public health and community services can be tied into future reporting;

Resolved;

- Sharon Miller to consider how the primary care cluster contribution into the public health agenda can be presented;
- Discussion to take place outside of committee with regards to the future reporting requirements for the Primary Care Performance information;
- The committee **noted** the information presented on access to primary care contracted services;

SM

DG/RO/SM

62/21

NEURODEVELOPMNET ASSESSMENT PERFORMANCE

Michelle Mason-Gawne was welcomed to the meeting.

A report providing an update on neurodevelopment assessment performance was **received**.

In introducing the report, Michelle Mason-Gawne highlighted the following points;

- An increase in resources enabled a clinical lead diagnostician and administration coordinator be appointed to the service in November 2019, but recruitment into further clinical posts had been delayed;
- During 2018, there was a steep rise in referrals but had settled to 67 per month but remains higher than current planned capacity and this contributes to the long waiting times;
- Waiting times continue to be a concern and there is a considerable backlog;
- Work is underway in terms of pathway redesign in line with national standards and the strengthening of the governance within the service;
- The aim is secure further funding in order to close the capacity gap and options are to be explored;
- During the pandemic '*Attend Anywhere*' was adopted, which embraced a new way to assess as face-to-face assessments could not be undertaken. 359 initial assessments and 1244 follow ups were carried out virtually;
- The service continues to provide education and support to schools and parents;

- Page 4 and 5 of the report, outlines the complex pathway of 15 to 20 hour assessment before diagnosis;
- The team are committed to deliver best practice and involvement in benchmarking and lead part of the national steering group;
- The aim is to increase medical input via a partnership arrangement with Cwm Taf Morgannwg University Health Board;
- Welsh Government have commissioned a review across Wales in relation to demand, capacity and design of neurodevelopment services;
- In urgent cases, assessments are expedited and undertaken via a multidisciplinary team (MDT);

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

Mark Child raised his concern with regard to the long waiting times experienced by children and their families, stating that he did not feel the report showed the plan to decrease waiting times. Michelle Mason-Gawne shared her concern, adding that there was not a complete solution but assured the team were working to address via a review of pathways and the utilisation of the resources already in place.

Martin Sollis commented that this was a key service and queried how the Board could support the service. He queried whether the issue was resource itself or a lack of available workforce. He added that this would require a business case for Board, with inclusion with the annual plan, with a clear outline as to what resources were required in order to improve the situation. Michelle Mason-Gawne advised that this did sit within the annual plan and a business case was due to be written up. In terms of lack of available workforce, she advised that there was competition across organisations for the same group of staff. She also highlighted that psychiatry capacity had reduced due to retire and return arrangements and succession planning was also required for this post.

Darren Griffiths informed that £309k had been allocated to the service recurrently and as things have developed further there was the need to review. He advised that options would be explored with regards to securing some funding from the Welsh Government allocation for mental health and Child and adolescent mental health services (CAMHS).

In relation to table 3 of the report, which shows current revised capacity Darren Griffiths stated it was imperative there was a focus and drive on improving performance and impacting on delivery of activity as set out within the plan.

Reena Owen queried how children are prioritised on the waiting list, Michelle Mason Gawne advised this was carried out by the MDT.

Resolved

- The current Neurodevelopment Service position was **noted**;
- Members requested that further actions are undertaken in terms of the future plan and sustainability of the service and a further update **MMG** is to be provided to committee in July 2021;

63/21

PERFORMANCE MANAGEMENT FRAMEWORK

A report on the performance management framework was **received**.

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

- The purpose of the report is to set the final performance management framework (PMF) for the health board;
- The PMF sets out the arrangements for the performance review of Service Groups and Corporate Directorates and the types of reports to be used for performance reporting;
- It suggests a series of escalation levels and sets the clarity of roles and responsibility within the PMF;
- The framework sets out where it will sit within the health board process of governance and reporting;
- Further work was to be carried in the development of the framework in the following areas;
- The reporting arrangements for the Director of Public Health as his departmental structure was unique;
- Consideration was needed on how the framework will work across systems i.e. unscheduled care;
- It was important to ensure the framework was ingrained within the annual plan;
- Recommendation is sought from committee for approval by the Board;

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

Martin Sollis raised a query in terms of accountability and whether letters from the Chief Executive would continue to be cascaded across the organisation. Darren Griffiths advised that the system of internal control in terms of activity and delivery were currently being finalised.

Martin Sollis sought assurance the framework would be the only performance measurement process in place. Darren Griffiths confirmed this was the intention, the current arrangements would be modified and

this updated version would be part of the business cycle going forward.

Reena Owen stated that the framework was very comprehensive and she was keen for it to be put in place quickly. She queried how it would be cascaded throughout the organisation and suggested a simple summary document.

In terms of reporting mechanisms, Stephen Spill queried the framework's links to the Sustainability Recovery Board. Pam Wenger advised that clarity was needed with regards of the terms of reference, membership and the reporting arrangements for the Sustainability Recovery Board.

Resolved

- The Performance Management Framework was **discussed** and **noted**;
- The Performance Management Framework was **recommended** for approval by the formal Health Board meeting scheduled for 27th May 2021

64/21

UNSCHEDULED CARE UPDATE

A report providing an update on the unscheduled care position was **received**.

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

- The report provides a summary of the current unscheduled care performance against the Tier 1 standards and the impacts of COVID-19;
- Performance against the unscheduled care Tier 1 remains below the expected level;
- Activity volumes were moving towards pre-COVID levels in both Morriston emergency department and Neath Port Talbot Minor Injuries Unit;
- There was pressure in the system with an increase in admissions, emergency bed day utilization and length of stay, as well as delays in discharge. There was also overcrowding in the emergency department;
- As at the 1st April 2021, the 4 hour performance sits at 60% against the 95% target;
- The report highlighted the important developments in the programme approach to improve emergency care;

- The establishment of a Same Day Emergency Care service model at Morriston;
- Work is underway with Primary Care Clusters as part of the integrated frailty service, to develop virtual wards in the community;
- The health board is working closely with local authorities in terms of a blended approach for care home support via the Hospital to Home package;
- The report provides a trajectory for the coming year, which is based on the delivery of the unscheduled care, grip and control and service development. As well as current performance, 2019 seasonal trends and a COVID-19 scenario;

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

Martin Sollis commented that this was a major priority for the organisation, and queried how visible this was at Board level and would there be a regular update. Rab Mcewan concurred, adding that unscheduled care (USC) drives a lot of the health board resources, good work had been progressed and will continue to be delivered over the next three to six months. In terms of Board visibility, he advised that there was monthly USC Board which monitors performance, programme development and grip and control and this fed through to the Management Board. Pam Wenger advised that USC was a key element of the annual plan and was a key priority for next quarter. Board would be sighted via this route. An update on the annual plan would be received at Board in May 2021.

Mark Child commented that he welcomed the blended approach to the Hospital to Home package as it provided solutions for both the health board and the local authority.

In reference to provision within emergency care, Mark Child queried whether the organisation was just accepting the volume patients or should patients be re-directed more appropriately. Rab Mcewan replied that it was not an acceptance as such, the direction of travel is towards utilising the initiatives put in place i.e. support at home. For those patients who do present at the department, it was about ensuring they are streamed appropriately. The urgent care centre being co-located on the Morriston Site was the best way to manage these patients.

Stephen Spill raised the question of whether our staff were ready for the restructure. Rab Mcewan advised that yes the staff were prepared and had the right skills, although a culture change would be required. There was already a good set up at the emergency centre but it was not where it needed to be, and the aim would be to get as many patients as possible through the same day service.

Reena Owen raised her concerns on the presentation of the ‘front door’ and suggested an improvement to the environment at the emergency unit to improve the experience of patients. Rab Mcewan agreed and stated that this was an area for development, the department will look very different once developments were in place and there should be a rebalance from a patient point of view.

Members requested an update on unscheduled care at committee every two months.

Resolved;

- An update on unscheduled care be provided at committee every two months;
- The unscheduled care performance and wider system indicators and the operational and strategic plans to improve patient safety and performance was **noted**.

RM

65/21

FINANCIAL POSITION

A report providing a detailed analysis of the financial position for the 2020/21 financial year;

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

- The health board’s cash balance closed at £1.164m in line with Welsh Government requirements;
- The Capital Resource Limit was achieved by delivering a £28k underspend;
- The health board reported a £24.305m year-end deficit against a forecast deficit of £24.405m. This is subject to Audit;
- The health board achieved 93.89% against the Public Sector Payment Policy target of 95%;
- The draft accounts would be submitted on Friday 30th April with final audited accounts submitted on the 11th June 2021;
- Of the three Board level financial risks, the funding for COVID-19 risk (risk 71) and Capital Resource Plan (risk 72) have been closed. Residual Cost Base (risk 73) remains open with a risk rating of 20;
- A further risk will be drafted which captures the risk of COVID recover funding not being sufficient to meet the health board’s recovery plans;
- The draft budget for 2021/22 has been developed and accountability and delegation letters have been issued;

- The health board has a gross savings target of £27m for 2021/22, of which £23.6m of savings have been identified to date;

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

Martin Sollis commented that it was encouraging to see the health board were in good position in terms of the savings, it was important to start the year off in a good position in order to deliver key plans.

Members conveyed their congratulations to Darren Griffiths and the finance team. Reena Owen undertook to draft an email of appreciation to the finance team on behalf of the Performance and Finance Committee.

RO

Resolved:

- Reena Owen to draft an email of appreciation to the finance team on behalf of the Performance and Finance Committee;
- The financial performance for 2020/21 was **noted**.
- The key deadlines for the finalisation of the 2020/21 accounts were **noted**;
- The key areas of focus for 2021/22 were **considered** and **noted**;

RO

66/21 FINANCIAL MONITORING RETURN

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

67/21 ITEMS FOR REFERRAL TO OTHER COMMITTEES

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

68/21 ANY OTHER BUSINESS

There was no further business and the meeting was closed.

69/21 DATE OF NEXT MEETING

The next scheduled meeting is Tuesday, 25th May 2021