

## Swansea Bay University Health Board

**Unconfirmed**

### Minutes of the Performance and Finance Committee held on 27th September 2021 at 9.30am to 12.30pm Microsoft Teams

#### Present:

Reena Owen	Independent Member
Mark Child	Independent Member
Darren Griffiths	Director of Finance
Sian Harrop-Griffiths	Director of Strategy

#### In Attendance:

Pam Wenger	Director of Corporate Governance (Minute 140/21)
Janet Williams	Interim Director of Operations
Claire Mulcahy	Corporate Governance Manager
Jan Worthing	Service Group Director – Singleton and Neath Port Talbot (Minute 142/21)
Anjula Mehta	Service Group Medical Director – Primary Care and Community (Minute 143/21)
Siobhan Hynes	Graduate Trainee

Minute	Item	Action
134/521	<b>WELCOME AND APOLOGIES</b>	
	Reena Owen welcomed everyone to the meeting Apologies were received from Steve Spill, Vice Chair.	
135/21	<b>DECLARATIONS OF INTEREST</b>	
	There were none.	
136/21	<b>MINUTES OF PREVIOUS MEETING</b>	
	The minutes of the meeting held on the 24 <sup>th</sup> August 2021 were <b>received</b> and <b>confirmed</b> as a true and accurate record.	
137/21	<b>MATTERS ARISING</b>	

	<p>i. <u>Child and Adolescent Mental Health Services (CAMHS)</u></p> <p>Sian Harrop-Griffiths provided an update on the staff pay position for Waiting List Initiatives that was under discussion with Cwm Taf Morgannwg University Health Board (CTMUHB). She advised that the proposal had not been supported but an offer was made for double pay on Sundays to address the backlog with the agreement that there were clear milestones in place. CTMUHB wanted to take a consistent approach on how staff are paid. Depending on the outcome on further discussions, it was suggested that CAMHS colleagues are invited to committee. Sian Harrop-Griffiths would provide an update at the next committee.</p>	
	<ul style="list-style-type: none"> <li>- Sian Harrop-Griffiths to provide an update on the discussions with CTMUHB regarding staff pay for Waiting List Initiatives at the next committee;</li> </ul>	<b>SHG</b>
<b>138/21</b>	<b>ACTION LOG</b>	
	The action log was <b>received</b> and <b>noted</b> .	
<b>139/21</b>	<b>WORK PROGRAMME 2021-22</b>	
	The work programme for 2021-22 was <b>received</b> and <b>noted</b> .	
<b>140/21</b>	<b>URGENT AND EMERGENCY CARE</b>	
	<p>A report providing an update on the urgent and emergency care position was <b>received</b>.</p> <p>In introducing the report, Janet Williams highlighted the following points;</p> <ul style="list-style-type: none"> <li>- Performance against the tier 1 targets remained below the expected level of performance ;</li> <li>- There was an increase in COVID-19 demand in the system with 63 positive cases, 35 patients in COVID recovery and 7 in intensive care;</li> <li>- Although cases were less severe there was an increased requirement for intensive oxygen support on the wards;</li> </ul>	

	<ul style="list-style-type: none"> <li>- The introduction of COVID-19 pathways has made the management more complex and there has been reduced flexibility with complex pathways for positive cases;</li> <li>- The number of clinically optimized patients in the system stood at 268 to date;</li> <li>- A dashboard was in the process of being created which would help in terms of granularity of data for patients on the clinically optimized list. Ensuring the information was correct was a key priority;</li> <li>- Extensive work was underway to tackle the numbers of clinically optimized patients in the system and this included:</li> <li>- A designated working group; improved board rounds; mandating the choice policy; a joint recruitment initiative; extended therapies and clinical support services of over 7 days; Home First and Virtual Wards;</li> <li>- A high-level review of the urgent and emergency care plan (UEC) was underway, with a review of the existing plan and a focus on additional measures:</li> </ul> <p>In discussion, the following points were raised;</p> <p>Mark Child made reference to the urgent primary care centre, commenting that it was felt the 26 spaces available at the centre were underutilised. Janet Williams assured that a 2-hour safety huddle now took place with a constant review of the space available outside of the emergency department to relocate patients more appropriately.</p> <p>Reena Owen commented that the report still lacked detail and members needed to have an understanding of pathways 1 to 4 and the clinically optimised patient number related to each pathway and what blockages if applicable were under health board control. Janet Williams advised that the new Dashboard could provide this information and would be provided within the next iteration of the report, as well as pathway definitions.</p> <p>In relation to the urgent care and emergency care plan, reference to a recent Welsh Ambulance Service Trust briefing session was made. Reena Owen informed that a number of issues were raised and it would be helpful for the committee to understand what is being done to address those issues. Janet Williams advised that work had been undertaken with a joint response to a recent Health Inspectorate Wales review of ambulance handover and undertook to share that with the committee.</p> <p>Reena Owen suggested that a diagram or form of GANT chart. which illustrated the course of plan and trajectories would be helpful to more understanding . Janet Williams informed that a detailed plan had been established and this could be shared with the Committee. It would also be</p>	<p><b>JWilliams</b></p> <p><b>J Williams</b></p>
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	<p>helpful for the Interim Service Group Director for Morriston to present a summary of the plan to committee if required.</p> <p>Reena Owen made reference to the bid for the Same Day Emergency Care Service Model and queried how long until this was in place. Darren Griffiths advised this model was based around introducing ambulatory medicine into Morriston. This would include having services like the Acute GP Unit (AGPU) and the GP Out of Hours Service (GPOOO) at the front door. He advised that this would take place in a phased approach due to changes needed to the physical environment and the environment is currently being used i.e. Enfys Ward. The bid for funding was submitted to Welsh Government and value of the allocation was expected to be known at the end of September.</p> <p>Sian Harrop-Griffiths informed that the Enfys ward would be required to ensure capacity for the intensive oxygen supplies required. There was also still a public engagement in process, so timescales need to be considered carefully.</p>	
<b>Resolved</b>	<ul style="list-style-type: none"> <li>- Janet Williams to provide the joint response of the recent Health Inspectorate Wales review on ambulance handovers to committee members;</li> <li>- Detailed plan to be shared re UAEC to be shared with the Committee</li> <li>- The committee <b>noted</b> the current performance in unscheduled care services and to support the Health Board approach to improving service provision across the system.</li> </ul>	<b>JWilliams</b>  <b>J Williams</b>
<b>141/21</b>	<b>INTEGRATED PERFORMANCE REPORT</b>	
	<p>A report providing an update on the current performance of the health board was <b>received</b>.</p> <p>In introducing the report, Darren Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> <li>- Pages 12 to 13 of the report provides trajectory information for the escalation areas; Urgent and Emergency Care and Cancer.</li> <li>- Page 14 provides a different view of the planned care waiting list. The total number of patient waiting over 36 weeks stood at 35k and the total list continues to grow;</li> <li>- The number of new COVID-19 cases was at the level of the 2<sup>nd</sup> wave but this could be due to increased testing. Less patients were requiring hospitalization and this illustrates the impact of the vaccination programme;</li> </ul>	

- Page 16, charts 10,11 and 12 highlight the impact of COVID-19 on staff absence and August's figure is expected to increase;
- The number of COVID-19 positive patients in hospital beds stood at 63;
- The streaming of COVID-19 patients through the system continued to slow down flow;
- Demand for the emergency department continued to increase;
- Performance for red calls responded to within 8 minutes had decreased to 49% as at 28<sup>th</sup> September 2021;
- The number of ambulance handovers over 1 hour stood at 700 on the 28<sup>th</sup> September 2021;
- Performance in 4-hour waits stood at 71% to date;
- E.coli bacteraemia rates had increased in August and there were 22 Clostridium difficile cases, of which 20 were hospital acquired;
- The number of serious incidents closed within 60 was 0% against the 80% target during August 2021;
- The number of falls had increased slightly in August 2021;
- Staff sickness levels had deteriorated to 7.5% for July 2021;
- A recovery bid of £485k to address performance in Cardiac Diagnostics had been allocated;
- Demand for speech and language therapy had increased with workforce levels decreasing, a recovery plan was in place for quarter 4;
- There had been some improvement seen in the Single Cancer Pathway backlog;
- In August 2021, theatre utilization stood at 69%, with late starts and early finishes continuing to be a challenge;
- 12% of theatre sessions were cancelled at short notice;
- In terms of patient experience, the Mental Health Service Group completed 59 surveys for August 2021, with a recommended score of 93%;
- There had been a slight improvement in Neurodevelopment Service performance;

In discussing the report, the following points were raised:

Mark Child referred to the length of wait for therapies and requested more information on the speech and language therapy as this was a concern.

	<p>Darren Griffiths advised that demand was coming in at a higher rate and work was underway including the re-introduction of school visits and Saturdayclinics. He undertook to request further information from the Primary Care and Community Service Group and report back to next committee.</p> <p>Reena Owen commented that it was important that waiting list initiatives (WLI) continued particularly within the escalation areas. There was a much-pressured system at present and part of the concern was the extent of increase of the waiting list. She advised that the committee needed more assurance on the planned care recovery plan. She queried whether patients were aware of the current position and how regularly were lists reviewed to ensure minimal harm to patients. A report on planned care was scheduled for October's committee.</p> <p>Darren Griffiths advised that there was positive movement in the planned care plan and the main focus was on the category 1 cases. Bids have been made to Welsh Government in relation ophthalmology and orthopaedics and there were plans to move surgery within the existing capacity. Challenges being faced related to workforce availability and solutions were being looked at to address. In relation to patient communication, Darren Griffiths advised that an external company had been approached to develop SMART ways to communicate with patients via digital tools.</p> <p>Reena Owen queried whether a report on healthcare acquired infections should be received at the committee due to members concerns with performance. Pam Wenger informed that the committee would need to establish exactly what was required from the report as this was also a standing item at Quality and Safety Committee and there was a risk of duplication of work. Reena Owen undertook to speak with Chair of Quality and Safety Committee to discuss further.</p>	DG
<b>Resolved;</b>	<ul style="list-style-type: none"> <li>- Further information to be requested from the Primary Care and Community Service Group on performance within Speech and Language Therapy and report back to next committee.</li> <li>- Reena Owen undertook to speak with Chair of Quality and Safety Committee in relation to the ongoing concerns regarding the performance on Infection Control</li> <li>- The Health Board performance against key measures and targets was <b>noted</b>.</li> </ul>	DG RO
<b>142/21</b>	<b>CANCER PERFORMANCE</b>	
	Jan Worthing was welcomed to the meeting.	

A report providing an update on the cancer performance was **received**.

In introducing the report, the following points were raised.

- Significant work had been carried out since August 2021 and Cancer was now in enhanced performance monitoring with weekly meetings with the Medical Director and Director of Finance and Performance;
- Reducing the backlog continues to be challenge with increased referral levels.
- Lower gastrointestinal accounts for 49% of the backlog;
- *There has been a focus on five priority action within the top six tumour sites; Breast, Gynaecology; Lower gastrointestinsal; Oesophageal; Head and Neck and Urology;*
- In relation to harm, all multidisciplinary teams have been informed of their roles and responsibilities in providing assurance of list management and reviews;
- The number of patients entering the cancer pathway has significantly increased with an increase of 44% in comparison to July 2020;
- Pressures were being felt across Wales and all health boards are challenged in terms of performance.
- There is increased focus in 5 key areas; *Capacity and Demand; actions plans for 6 top tumour sites; driving down diagnostic waits; digital intelligence with the development of a dashboard and recruitment for additional trackers;*
- Trackers are essential band 4 posts that work with MDT's to monitor patients through the cancer pathway;
- The Health Board has identified £1.5million to support cancer delivery in its annual plan. This sum is recurrent in nature.
- Further funding includes a £50k allocation from the Wales Cancer Network for an additional trackers and the 'Moondance' project was underway with Admiral Insurance at the Rapid Diagnostic Center at Neath Port Talbot;

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

Mark Child queried the 7% reduction against targets for each of the tumour sites and whether this was a standard figure. Jan Worthing advised that this number was an achievable number for the team but there was an expectation for more in order to reduce the backlog particularly in areas such as breast.

In relation to the trajectories, Mark Child queried why they appear to increase and decrease over the year. Jan Worthing informed that the



volumes of patients would vary across the year therefore the trajectory needed to be as realistic as possible.

Reena Owen commented on the health board's July 2021 performance of 54%, highlighting that it was last but one in relation to other health boards in Wales. Jan Worthing advised that all health boards in Wales were seeing challenges, Betsi Cadwaladr University Health Board were the highest performing with 72% performance.

In reference to the Cancer Information teams and trackers, Reena Owen queried why these were not already in place. She also highlighted the recruitment timescales and whether this could be increased via internal secondments.

Jan Worthing informed that both internal and external recruitment had taken place for these roles. Trackers were always in post but there was now a much more robust pattern of working with full time positions, dedicated cancer trackers at the two hubs and a band 6 role to support the band 4 positions. There was a much more robust monitoring arrangement in place and it was important to note that the Tracker role was a complex role that required a training programme.

Reena Owen made reference to the accountability placed on service groups to support the cancer pathway. Jan Worthing advised that although she is able to hold to account in some instance, there are some areas which she did not directly manage and there was a mixed accountability across the service groups. She further advised that areas under her management had been put into enhanced monitoring namely; breast, gynaecology and lower gastrointestinal (lower GI).

Mark Child commented that he was glad to see lower GI in escalation, adding that addressing this would be a major step towards tackling the waiting list. Jan Worthing added that push for FIT testing in primary care would see the numbers reduce and there would be a far more accurate patient number on the waiting list.

Reena Owen made reference to finance and whether recovery money had started to be deployed and whether the £1.5m could be utilised fully this year. Jan Worthing advised that a number of schemes were underway for example the business case for Chemotherapy chairs which now had a focus on home care treatment had been approved and recruitment had started. She advised that any slippage would be fully utilised through waiting list initiatives and recruiting more trackers. Darren Griffiths assured that funding was being utilised with £590k in upper gastrointestinal and a business case in process for pancreatic cancer.

Reena Owen queried what support was being provided to patients waiting for diagnosis or treatment and suggested a helpline. Jan Worthing advised



	<p>that support was provided via the tracker role but stated that more could be done for patients and the suggestion of a helpline was an option to consider. Those patients on a suspected cancer pathway would need psychological support.</p> <p>Members agreed that the report was very helpful and provided them with assurance there is an understanding of the differences between tumour sites that there was a plan in place to address. It was agreed that an update would be provided to committee in December 2021.</p>	
<b>Resolved</b>	<ul style="list-style-type: none"> <li>- The Committee noted the Cancer performance position and the ongoing actions taken to support its recovery;</li> <li>- An update on the Cancer Performance position be provided to committee in December 2021.</li> </ul>	<b>JWorthing</b>
<b>143/21</b>	<b>ENHANCED VIRTUAL WARDS</b>	
	<p>Anjula Mehta was welcomed to the meeting.</p> <p>A report providing an update on the Virtual Wards was <b>received</b>.</p> <p>In introducing the report, the following points were raised;</p> <ul style="list-style-type: none"> <li>- The report provided a position statement on the progress of this initiative which sits within the urgent and emergency care programme;</li> <li>- The business case had been agreed for implementation;</li> <li>- The aim was to initially establish the Virtual Wards within four clusters;</li> <li>- Each with their own multidisciplinary teams, would provide wrap around care for frail and elderly patients for both health and social needs;</li> <li>- The aim was to reduce long lengths of stay and avoidable admissions;</li> <li>- There were 5 key areas of work being progressed; recruitment, the digital requirement; quality improvement and performance; outcomes and policies and clinical framework;</li> <li>- Recruitment has begun for 25 posts and this had been the biggest challenge with 11 staff currently in post, 11 out to advert and 3 in progress;</li> </ul>	

- An interim solution had been put in place to use existing consultants due to the lack of interest in the consultant post, work is underway to attract more interest;
- There have been significant advances in the digital solution;
- An operational policies working group had been set up to work on the standardized process for referrals, Standing Operating Procedures and the clinical framework;
- There had been good engagement with 14 out of 18 practices although there are some concerns due to the current pressures;
- A key risk to highlight is the recruitment issue across the patch although some have used some existing staff;
- The initiative is on track to go live in December 2021;

In discussion, the following points were raised;

Mark Child commented that this was a positive initiative and was happy to see the uptake of GPs. Anjula Mehta commented that GP's were excited with the initiative and the access to virtual wards and were keen to refer the right patients.

Mark Child highlighted that the initiative was on track for go live in December 2021 and asked whether measures were in place to judge progress and whether this would also be visible to GP's. Anjula Mehta advised that this was an integrated model across both primary and secondary care, a whole system approach and GP's had a heavy involvement. In terms of measures, she advised that outcomes were defined by seeing a 10% reduction in long length of stay and ambulances at emergency department. This would be monitored closely therefore, it was important to have the right digital platforms in place. In terms of timeframes, it was envisaged 3 months to start seeing a reduction in avoidable admissions.

Reena Owen queried why the roll out was only 4 out of the 8 clusters. Anjula advised that the Bay Cluster had a high volume of frail and elderly and upper valley cluster had a higher rate of hospital admissions and also these four clusters had already a lower level model within their clusters.

Anjula Mehta advised that the wards were targeted toward patients with multifaceted needs; a combination of both health and social needs and the aim was to be pro-active in dealing with these issues. Frailty was not a curable process and the virtual wards were a way of addressing these issues as GPs lack capacity to do so.

Reena Owen queried how patient experience was measured and whether patients were happy with the virtual ward experience. Anjula Mehta advised

	<p>some outcomes via patient stories but there is also the use of PROMS and PREMS for patient surveys from a patient experience point of view.</p> <p>In reference to benchmarking, Anjula Mehta advised that this was difficult as health boards were undertaking the task differently, with different resources and on different scales. SBUHB have a unique set up with a broad MDT's which would be of great benefit to the patients.</p> <p>Reena Owen queried the input from the voluntary sector into the MDT's and it was advised there was great support and the 3rd sector were fully engaged and there was collaborative working in terms of health and the wellbeing aspect.</p> <p>The challenges in the domiciliary care system were highlighted and Mark Child queried how this was affecting progress, Anjula Mehta informed that this was challenging and difficult to predict but a rapid response was needed.</p>	
<b>Resolved</b>	<ul style="list-style-type: none"> <li>- The progress made to date as summarised in the body of the report was <b>noted</b>;</li> <li>- The committee <b>noted</b> that recruitment is on track to deliver in line with the Go Live date of December 2021;</li> <li>- The risks and challenges outlined within the body of the report were <b>noted</b>;</li> <li>- An update on the progress of the enhanced virtual wards was to be received at committee in 6 months.</li> </ul>	
<b>144/21</b>	<b>FINANCIAL POSITION</b>	
	<p>A report providing an update on the month 5 financial position was <b>received</b>. In introduction, Darren Griffiths highlighted the following points;</p> <ul style="list-style-type: none"> <li>- The month 5 reported in-month position was an overspend of £2.131m and £10.185m cumulatively against the £10.169m planned deficit;</li> <li>- Pressures were building within workforce and consumables costs ;</li> <li>- The Morriston Service Group has seen an overspend of £185k in month 5 due to the open surge areas and unavailability of workforce;</li> </ul>	

	<ul style="list-style-type: none"> <li>- An overspend of £935k has been seen within Medical Staffing and Unit Medical Directors have put forward innovative plans to address;</li> <li>- The COVID-19 response and recovery funding is set out on page 5. £118k is the expectation this year and this would be confirmed within the next week.</li> <li>- A formal financial review will take place on the 20<sup>th</sup> October and this will be shared with committee;</li> <li>- Of the £27m savings projection, £3m related to bed efficiency schemes in this year, increasing to £10m in 2022-23;</li> <li>- This was a risk under the current pressures and work was still underway on the bed release plan;</li> <li>- Assessment on bed release would need to be taken at Board level in Quarter 4;</li> </ul> <p>In discussion, the following points were raised;</p> <p>In relation to bed efficiencies, Mark Child queried whether beds in different locations had different values and whether an increase in re-ablement beds out of the hospital setting would help reduce costs. Darren Griffiths advised this would be the case. This year's savings projection on bed efficiency was £3m and £10m for next year and the scheme was about moving beds out of the acute care system. It was important to continue to drive through the plan but the timing of which needed to be carefully considered.</p> <p>Reena Owen asked whether the risk around savings and bed release had been included in the corporate risk register. Darren Griffiths advised that this was broader than the financial risk due to different aspects of it particularly those within the service. He undertook to explore further and link with the Head of Risk on the matter.</p> <p>Reena Owen raised her concern whether slippage on schemes could be utilised elsewhere Darren Griffiths assured that slippage within schemes within the financial plan can be utilised elsewhere and this only related to ring-fenced funding for particular services/areas and if not utilised is returned.</p>	DG
Resolved;	<ul style="list-style-type: none"> <li>- Darren Griffiths to link with the Head of Risk regarding the risk around savings and bed release being included in the corporate risk register;</li> <li>- The agreed 2021/22 financial plan was <b>noted</b>.</li> <li>- The Board's financial performance for Period 5 (August) 2021/22 was <b>noted</b> in particular: <ul style="list-style-type: none"> <li>• the revenue outturn position of £10.185m deficit; and</li> </ul> </li> </ul>	DG

	<ul style="list-style-type: none"> <li>the adjusted year-end forecast deficit of £24.405m.</li> <li>The actions to ensure delivery of the financial forecast were <b>noted</b>.</li> <li>The risk scores for risks 72, 73 and 79 were <b>agreed</b>.</li> </ul>	
<b>145/21</b>	<b>FINANCIAL MONITORING RETURN</b>	
	The Financial Monitoring Return was <b>received</b> and <b>noted</b> .	
<b>146/21</b>	<b>ITEMS FOR REFERRAL TO OTHER COMMITTEES</b>	
	There were none.	
<b>147/21</b>	<b>ANY OTHER BUSINESS</b>	
	There was no further business and the meeting was closed.	
<b>148/21</b>	<b>DATE OF NEXT MEETING</b>	
	The next scheduled meeting is <b>Tuesday, 26<sup>th</sup> October 2021</b> .	