

Swansea Bay University Health Board

Unconfirmed

Minutes of the Performance and Finance Committee held on 27th October 2020 at 9.30am to 11.30am in the via Microsoft Teams

Present:

Reena Owen	Independent Member (in the chair)
Mark Child	Independent Member
Martin Sollis	Independent Member
Chris White	Director of Primary Care and Mental Health/Chief Operating Officer and Director of Therapies and Health Science
Darren Griffiths	Interim Director of Finance

In Attendance:

Samantha Lewis	Assistant Director of Finance
Stephen Spill	Special Advisor to the Board – Performance and Finance
Pam Wenger	Director of Corporate Governance (until minute 106/20)
Ceri Gimblett	Service Group Manager (for minute 105/20)
Liz Stauber	Head of Corporate Governance

Minute	Item	Action
99/20	WELCOME AND APOLOGIES	
	Reena Owen welcomed everyone to the meeting. Apologies for absence were noted from Hannah Evans, Director of Transformation and Siân Harrop-Griffiths, Director of Strategy.	
100/20	DECLARATIONS OF INTEREST	
	There were no declarations of interest.	
101/20	MINUTES OF PREVIOUS MEETINGS	
	The minutes of the meeting held on 22 nd September 2020 were received and confirmed as a true and accurate record.	
102/20	MATTERS ARISING	
	There were no matters arising.	

103/20

ACTION LOG

The action log was **received**.

(i) Action Points five to nine

Reena Owen referenced the general update in relation to public health the committee was due to receive this month which had been deferred due to the Covid-19 pandemic. She stated that a discussion was needed as to when this could be included on an agenda. Mark Child concurred, adding that it had been on the committee's action log for a year. Pam Wenger advised that a board development session had been planned for October 2020 but after discussion with the chair and Director of Public Health, it had been agreed to postpone due to the pressures of Covid-19. She added that while a discussion was needed as to the right time for such a report, conversations were also taking place as to the work programmes for committees for the next few months with a need to focus on essential services and Covid-19 only.

Resolved: - The action log be **noted**.

104/20

MONTHLY PERFORMANCE REPORT

The monthly performance report was **received**.

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

- This was the first report since the health board had been de-escalated from targeted intervention to enhanced monitoring;
- The report still included the section which focused on the areas for which the health board was in an escalation status but this could be removed if members felt appropriate;
- Covid-19 cases were continuing to rise but at the point at which the report had been drafted, there were more cases outside of hospitals rather than in beds than there had been in the first wave;
- The health board was only one of two in Wales still meeting the red ambulance release target but there had been an increase in one-hour ambulance handover delays, just not to the levels seen pre-Covid-19;
- The four-hour performance for unscheduled care had been around 80% from May 2020 to August 2020 but this had deteriorated to 76% in September 2020 due to the pressures of emergency admissions;

- With the exception of *staph.aureus*, the number of cases within the reported infection areas had reduced;
- There had been an increase in the number of serious incidents reported in September 2020 and this would be kept under review. Resources had been agreed for mental health and learning disabilities to reduce the backlog of reviews;
- 70% of discharge summaries were completed in September 2020;
- Following a peak of 10% in April 2020, sickness absence was now reported at 6% which was not unreasonable given the circumstances;
- Primary metrics were in development;
- An increase in GP referrals had been evident for planned care following a dip during the first wave of Covid-19. As a result, the waiting list was now growing in size, not just length;
- The health board's waiting list time for patients waiting more than 36 weeks for treatment was the third lowest in Wales, so others were in a more challenging position;
- There was increasing trend of patients waiting more than 100% of the allotted time for their follow-up appointments;
- There were general improvements within vaccination and immunisations;
- Access to mental health services remained strong although plans were in place to improve in terms of neuro-development disorders;

In discussing the report, the following points were raised:

Martin Sollis referenced the four quadrants of harm stating that it was a useful way of presenting the information but there were some which were an 'amber' colour rather than 'red' despite being a significant risk on the risk register. Chris White responded that this was a fair point and the position reported was for August 2020 which was when some services, such as cancer, were started to return to an even keel. He added that it was critical the report reflected the risk register as much as possible and this would be reviewed for future iterations as it was important that the health board was able to mitigate any potential impingements.

Martin Sollis queried whether a focus was being given to delayed discharges of care (DTOCs) or medically fit for discharge patients (MFFDs) as while they were similar in nature, MFFD was more informative yet DTOC was used within the report. He also noted that a grey colour was used to denote performance. Darren Griffiths advised that DTOC was the metric included within the Welsh Government reporting framework but if members

preferred MFFD, this could be reported instead. He added that the data was a performance assessment rather than risk assessment and this was reflective of the colours used. Chris White provided assurance that performance in general had been discussed at the community silver with a dedicated resource established to work with bed managers and local authorities to transfer patients from hospital when they were ready although there were some capacity issues within care homes and domiciliary care services.

Mark Child noted the increase in unscheduled care cases and despite a plan of action, performance was still not as it should be. He queried if it was known which measures had worked and which ones had not. Chris White commented that the number of ambulance handover delays was increasing which was representative of the fact that more patients were being conveyed to hospital but also that for each call, staff needed to change their personal protective equipment (PPE) which took a few minutes. He added that the emergency department had Covid-19 and non-Covid-19 areas to ensure patients saw the right doctors but due to the increasing number of positive cases, surge capacity would have to start to be used. However assurance could be taken as while there were days which were extremely challenging, the system was able to recover quickly, and there were plans in place to put a demountable unit on the Morriston Hospital site to provide additional unscheduled care capacity.

Steve Spill stated that given the pressure, staff and the executive board were under, it was reasonable not to expect them to produce information in numerous formats, so if there was a requirement for certain measures to be reported to Welsh Government or other regulatory bodies, these should also be used for the committee. He added that it would be useful to continue including the standalone section for the areas which had been in targeted intervention which was supported by other members of the committee.

Martin Sollis commented that planned care performance was not as it should be and queried if it was known how much of the increased referrals was due to fewer being made during the first peak of the pandemic. Chris White advised that work was ongoing to determine this and while there was a reduction in referrals during the first wave, there were also a lot of innovations which meant that 90,000 virtual appointments took place, which would have reduced the need for referrals into outpatient services, and the intelligence gained would help inform the demand and capacity plans for the following year. He added that while there was reduced capacity within theatres and outpatients at the moment, when the health board had been operating normally pre-Covid-19, it had still not been able to meet its planned care demands, and it was important that this was recognised as it could take a number of years to fully recover.

Reena Owen stated that there appeared to be a high number of complaints recorded for Morriston hospital and queried if there was a reason as to why. Pam Wenger suggested the query be referred to the Quality and Safety Committee taking place that afternoon and Reena Owen undertook to raise at the meeting.

RO

Resolved:

- The health board performance against key measures and targets be **noted**.
- Clarification be sought as to the high number of complaints recorded for Morriston hospital and feedback provided to the Quality and Safety Committee.

RO

105/20

CANCER PERFORMANCE

The cancer performance report was **received**.

In introducing the report, Ceri Gimblett highlighted the following points:

- The urgent suspected cancer and non-urgent suspected cancer performance for August 2020 was 91% with 10 and 6 breaches respectively;
- The single cancer pathway performance for the same period was 80%;
- Although targets were being achieved and performance was good, a significant backlog in cases remained and it was unclear the proportion of these which were cancerous and those which were not;
- One of the main areas of concern was endoscopy as services had to be stood down as part of the response to first wave of Covid-19 and while it was now back up and running, it was at 50% activity levels although additional waiting list initiative sessions had been arranged;
- Another was theatre capacity, particularly in urology due to the volume needing diagnostic surgical procedures, and while extra lists were in place, it would take a while before performance caught up and the second peak was causing additional challenges.

In discussing the report, the following points were raised:

Martin Sollis referenced that access to cancer services scored 25 on the risk register for which there were mitigating actions included. He stated that

it was important for the board to understand what it could do to assist and support as some of the trends were evident before Covid-19.

Martin Sollis stated that it was pleasing to see the use of waiting list initiatives as there was yet to be reliance on external funding but the plans for business cases demonstrated the need for additional funding. He queried whether there were opportunities on a national basis. Chris White advised that the health board had been working on an accreditation plan for Morriston and Singleton hospitals, with consideration being given for Neath Port Talbot Hospital, for the Joint Advisory Group on GI (gastro-intestinal) Endoscopy programme, for which good progress had been made. Ceri Gimblett added that the health board worked closely with the other two cancer centres in Wales to ensure they were all managing waiting lists for chemo/radiotherapy in the same way as well as screening for Covid-19.

Reena Owen queried the action being taken to reduce the risk of patients being brought to harm by delays. Chris White responded that all organisations across the UK were struggling and there were a number of issues affecting performance, including PPE and staffing levels. He added it was difficult knowing that not all patients were being seen when they needed to be but a lot of it stemmed from the challenges within endoscopy.

Darren Griffiths advised that £1.58m had been allocated in the quarter three/four operational delivery plan for essential services, of which £800k was for endoscopy services.

Reena Owen sought assurance that there were equitable services across Wales as there was very little access to independent providers within the health board area to which cases could be outsourced. Ceri Gimblett responded that other health boards had used independent providers for a number of cases during the first wave of cases which had impacted on performance but from the weekly calls between organisations now, there was nothing anyone else was doing that the health board was not, with learning shared on a weekly basis. Chris White added that work was continuing on the health board's demand and capacity in order to correctly model and its accuracy was one of the best in Wales.

Reena Owen queried whether it would be appropriate for the committee to receive an update in due course. Chris White responded that it would and suggested December 2020. This was agreed. Mark Child commented that in addition to this, regular paragraph updates were needed on high risk areas. Chris White advised that the performance report used to include such detail and this could be re-introduced. Pam Wenger added that the committee would also receive the risk register on a bi-monthly basis and could select areas of risk on which to receive a deep dive.

CW

- Resolved:**
- The cancer performance position and the ongoing actions taken to support its recovery and Improvement be **noted**.
 - A further update be received in December 2020.

CW

106/20 FINANCIAL POSITION

A report setting out the financial position for month five was **received**.

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

- The original financial plan for 2020-21 was a forecast deficit of £24.4m, with £23m of savings;
- A population share of £48.2m had been received from Welsh Government to cover Covid-19 expenditure along with notification of other potential funding opportunities in a phased way;
- The cumulative overspend for the first six months of the year was £12.8m and this would be subject to a scrutiny review with Welsh Government and the NHS Wales Financial Delivery Unit, in addition to a peer review by Aneurin Bevan University Health Board;
- Once these had taken place, it was anticipated a control total for the year would be allocated;
- £16m more had been spent on workforce this year than the previous, elements of this were substantive but there were also shared costs for students who supported the Covid-19 response. Staffing costs now needed to be reviewed with the service groups to determine which no longer needed to continue;
- Non-pay had an overspend of £5.4m which included non-delivery of savings, the planned deficit and release of investments not fully committed;
- An ambition of a £23m savings plan had been set at the start of the year and the service groups were being encouraged to achieve as much as possible;
- The gross costs for the first six months amounted to £63m which comprised impact on savings delivery, Covid-19 gross costs, Covid-19 cost reductions and slippage on planned investments;
- The last report to the committee set out a year-end forecast of a £96.1m deficit. Following the submission of the quarter three/four operational delivery plan, this had reduced to £26.43m, which was the original £24.4m and an additional £2m for the transcatheter aortic valve insertion (TAVI) service;

- The financial risks had been reviewed and rescored.

In discussing the report, the following points were raised:

Reena Owen queried the additional TAVI costs given it was a service commissioned by the Welsh Health Specialised Services Committee (WHSSC). Darren Griffiths advised that as part of the national response to the pandemic, no additional funds between health boards for commissioned contracts were in place and WHSSC provided monies on a population share basis. As the health board was also a commissioner of the service, it had to fund the provision for the patients within its own area. He added that given the current circumstances, TAVI was a safer procedure as it did not require a patient to be 'opened up' so double the amount of cases were being seen currently.

Reena Owen sought clarity if any further funding was to be received for Covid-19 expenditure. Darren Griffiths responded that £48.2m had been received and this was non-recurrent, but the health board had been asked to exclude the costs for Covid-19 vaccination programme so it was assumed these would be covered. In addition, the advice had also been to assume that the £1m decommissioning costs to transfer the outpatient department at Morriston Hospital back from the critical care surge area would also be covered, however, it was possible that the beds would remain into the next financial year.

Mark Child welcomed the drill-down into savings delivery but it would be useful in future to see how this had been achieved. Sam Lewis responded that the granular detail was known and could be provided in future.

Mark Child referenced the process of establishing clear financial performance targets for the service groups in order for accountability to be in place. He queried how the groups were engaging with the targets as there was a feeling that in previous years they had been agreed without commitment to achieve them. Darren Griffiths advised that budgets had been rolled over but what he had been unable to do due to Covid-19, was to discuss these with the service groups. He added that budget holders had received delegation letters but not ones for accountability but these would be issued shortly now the external funding for Covid-19 had been received.

Mark Child highlighted an increase in pay budget for medical and dental services, noting it was a significant step up. Sam Lewis stated that this related to the expenditure base rather than staffing as a lot of gaps on the rotations from previous years had been filled, but there was also an impact of junior doctors rotating out who had not had chance to take annual leave and were therefore paid in lieu.

Martin Sollis commented that it was pleasing to have confirmation from Welsh Government in relation to Covid-19 funding. He queried if there was

potential for there to be performance conditions included within the financial control total. Darren Griffiths advised that nothing had been included in the guidance and there were no performance trajectories in the quarter three/four plan but should long-term agreements 'go live', there was a risk that income would be lost and costs would increase, and the chair had asked this to be considered.

- Resolved:**
- The agreed 2020-21 financial plan be **noted**;
 - The health board's financial performance for period six was **considered** and **commented** on, in particular:
 - The revenue outturn position of £12.809m deficit;
 - The Covid-19 revenue impact for period six; and
 - The assessed revenue forecast based on quarter three/four planning assumptions.

107/20 FOLLOW UPS NOT BOOKED

A report on follow-ups not booked was **received**.

In introducing the report, Chris White highlighted the following points:

- Work was continuing in relation to innovation and delivery as well as the development of more business intelligence;
- There was also a significant amount of work taking place on a national level;
- The numbers of follow-ups not booked had been improving until the start of Covid-19;
- Services were now restarting as part of the reset and recovery work;
- Some external funding had been received for initiatives such as 'see on symptom', eye care and 'patient initiated follow-up';
- Feedback was being received that the health board's work was on a par with others;
- A dedicated work programme was now in place;
- The position was around 7,000 cases away from where it needed to be but additional capacity was being added and waiting lists validated.

In discussing the report, the following points were raised:

Reena Owen referenced the digital developments implemented as part of the response to Covid-19 and queried if these could be further used to address the backlog. Chris White responded that 90,000 virtual consultations had taken place since the pandemic started and this included a number of follow-up appointments, but there were some which needed to be face-to-face. He added that alternative options to hospital sites were being considered to develop facilities for appointments.

Martin Sollis stated that it was assumed Welsh Government recognised that performance targets would not be met and queried if assurances of quality of care were being sought instead. Chris White responded that conversations were taking place as to what the future of planned care would be as well as to gain a clear understanding as to what was meant by 'harm' as it would differ between specialities and as such, a Welsh Government task and finish group was to be established. He added that work was also ongoing internally with cases being clinically prioritised, and this included follow-ups.

CW

Chris White suggested another update be received on outpatient delivery in February 2021. This was agreed.

Resolved

- The report be **noted**.
- A further update be received in February 2021.

108/20

PERFORMANCE AND FINANCE COMMITTEE WORK PROGRAMME

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

109/20

ITEMS FOR REFERRAL TO OTHER COMMITTEES

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

110/20

ANY OTHER BUSINESS

There was no further business and the meeting was closed.

111/20

DATE OF NEXT MEETING

The next scheduled meeting was noted to be 24th November 2020.