

Swansea Bay University Health Board

Unconfirmed

Minutes of the Performance and Finance Committee held on 22nd September 2020 at 9.30am to 11.30am in the Millennium Room, Health Board HQ/via Microsoft Teams

Present:

Martin Sollis	Independent Member (in the chair)
Mark Child	Independent Member
Siân Harrop-Griffiths	Director of Strategy
Chris White	Chief Operating Officer and Director of Therapies and Health Science
Darren Griffiths	Interim Director of Finance

In Attendance:

Stephen Spill	Special Advisor to the Board – Performance and Finance
Hannah Evans	Director of Transformation
Pam Wenger	Director of Corporate Governance
Tanya Spriggs	Unit Nurse Director – Primary Care and Community (minute 90/20)
Deb Lewis	Unit Service Director – Morriston (minute 92/20)
Hazel Lloyd	Head of Patient Experience, Risk & Legal Services (minute 93/20)
Claire Mulcahy	Corporate Governance Manager

Minute	Item	Action
84/20	WELCOME AND APOLOGIES	
	Martin Sollis welcomed everyone to the meeting and noted apologies from Reena Owen, Independent Member and Christine Williams, Interim Director of Nursing.	
85/20	DECLARATIONS OF INTEREST	
	There were no declarations of interest.	
86/20	MINUTES OF PREVIOUS MEETINGS	
	The minutes of the meeting held on 28th July 2020 were received and confirmed as a true and accurate record.	
87/20	MATTERS ARISING	

There were none.

88/20 ACTION LOG

The action log was **received**.

(i) Action Point 1

Hannah Evans advised that the plan for essential services was integrated within the health board's organisational plan. In terms of assurance, this will be provided via the health board's usual assurance mechanisms. Chris White added that a decision had been made to bring essential services to both the Quality and Safety and Performance and Finance Committee on a bi-monthly basis and there would be consistent reporting to each.

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

89/20 MONTHLY PERFORMANCE REPORT

The monthly performance report was **received**.

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

- The structure of the report had changed to reflect the four quadrants of harm set out in the Welsh Government COVID-19 operating framework for quarter 2;
- The four quadrants are; harm from COVID itself; harm from overwhelmed NHS and social care systems; reduction in non-COVID activity and harm from wider societal actions/lockdown;
- For this month, the report included primary and community care metrics;
- The report shows the increase in new COVID cases at the end of August, it also presents the bed occupancy;
- In relation to unscheduled care, red call response rates within eight minutes remained above target and the one-hour ambulance handover delays had started to increase but not to the pre-COVID levels;
- Attendances at the emergency departments were starting to increase to the levels of pre-COVID;
- Stroke performance was at or above pre-COVID levels;

- August had been challenging in terms of increased infection rate, detailed discussion on this would take place at the Quality and Safety Committee;
- Serious incident numbers had decreased and there had been some improvement noted in closures;
- Sickness absence levels were improving and performance stood at 5% for June 2020;
- The new Primary and Community metrics show that eye health examinations remain low, urgent dental episodes are returning and , district nursing contacts were increasing month on month
- GP referrals for planned care had were increasing to pre-COVID levels and there were increased numbers of long waits for outpatient appointments and inpatients;
- Cancer performance was strong and stood at a level of 88% for August;
- Complaints response times are improving with performance near or at target levels;
- Access to mental health services had remained good and with good performance in access to CAMHS assessments;
- Page 53 of the report sets out vaccination and immunization information and will be developed further in coming months;

In discussing the report, the following points were raised:

Martin Sollis queried whether the health board performance information as a minimum covered Welsh Government current requirements. Darren Griffiths confirmed it was and that page 61 of the report provided an overview of the Health Board's performance against all NHS Wales Delivery Framework measures and key local measures.

With regards to the figures for patients medically fit for discharge (MFFD) Mark Child queried what is being measured. Chris White advised that it differed from delayed transfers of care (DTC) and that it included only patients who were actually fit for discharge. This was a better system and a better way to measure.

Chris White further advised that the process was the same as pre-COVID, but now relationships were better with local authorities and there was more grip around the system. He added that although the MFFD figures were increasing, there was a better system in place and there was a need to be mindful of issues impacting on the number of patients being discharged i.e. less care packages in the system. Sian Harrop-Griffiths advised that

discharge modelling and the impact across the whole of the system was being worked through as part of the quarter 3 and quarter 4 plans.

Mark Child queried whether there were concerns surrounding the emergency department four-hour waiting times. Darren Griffiths advised that the 80% performance figure was a combination of performance for both Morriston and Neath Port Talbot. Chris White advised that as part of the winter plan and innovation work for the command centre, progress was underway in the development of the '*phone first*' initiative which should help performance in this area.

Stephen Spill commented that it was pleasing to see performance figures going in the right direction following the summer and first wave, but queried whether there was concern of this reversing when services like dentistry and ophthalmology re-start. Chris White advised that with the winter months looming and expectation that COVID-19 cases will rise, there would be some further concern with these face to face services.

With regards to the ambulance handovers, Chris White stated that although the figures were increasing, they were not at the same level as pre-COVID, and the new measures were enabling more flow through the system and we were seeing the benefit of this.

Martin Sollis raised his concern for the increased figures for diagnostics and for those patients waiting over eight weeks. He queried whether there was a specific focus in this area and Hannah Evans assured the committee that this was one of the key priorities as part of the reset and recovery programme. There were additional costs associated with this work and this would need to be considered further.

Resolved: - The health board performance against key measures and targets be **noted**.

90/20 CONTINUING HEALTHCARE PERFORMANCE REPORT

Tanya Spriggs was welcomed to the meeting.

The continuing healthcare (CHC) performance report was **received**.

In introducing the report, Tanya Spriggs highlighted the following points:

- The report provided an update on quarter one activity and the financial and performance management relating to CHC funded care;

- An External Commissioning Group had been established to support care homes during the COVID period;
- In terms of retrospective cases, 54 cases were returned to the health board from Powys and these had been managed with no breaches;
- Following the onset of COVID. Only 14 retrospective cases had been reviewed and completed within the recommended 6-month timeframe;
- Following the outcome of the judicial review process, the health board had 350 deceased CHC and funded nursing care (FNC) self-funder cases which the long term care team would manage in-house once guidance is issued from Welsh Government;
- The Task and Finish Group for pooled fund arrangements had agreed a non-risk Sharing Pooled Fund under a Section 33 Agreement but progress has been halted due to COVID-19;
- During quarter one, one care home in Swansea and one in Neath Port Talbot were being managed under the Escalating Concerns Policy;
- Throughout the COVID period, robust mechanisms had been put in place for reporting via community Silver and health board Gold groups. Partnership working had also been key to supporting the care home sector;
- There was an increasing number of registrant vacancies in the care home sector across Wales, the impact had led to a decrease of 57 nursing beds across the area. There were plans to look at the building in the Nurse Staffing Act requirements into care home establishments;
- The CHC expenditure for 2020-21 totaled £13.2m and this increase can be attributed to increases in the following areas; FNC rates, the number of cases, the number of complex cases and the number of fast-track cases;
- There also continued to be sustained growth in the CHC (commissioning) spend within the Mental Health and Learning Disabilities Delivery Unit;

In discussing the report , the following points were raised;

Martin Sollis made reference to the joint partnership arrangements, adding that he was pleased to see that there was improved joint working in this area. He queried whether the reporting via silver and gold groups would continue. Sian Harrop-Griffiths advised that this would be the case and there had been a great improvement in the joint working. The establishment of the community silver arrangements and the Care Homes Group within primary care and community had strengthened the relationship with the care home sector.

Martin Sollis queried whether members were content with the financial elements of the report in which Darren Griffiths advised he was and the element of growth had been accounted for.

- Resolved:**
- The all-Wales agreement on the funded nursing care rate for 2020-21 be **noted**;
 - The health board's retrospective claims team ability to manage the reimbursement of deceased self-funders in house be **noted**.
 - The establishment of the Transforming Complex Care work programme be **noted**.

91/20 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 base (pre-COVID) financial plan for 2020-21 was a year-end deficit of £24.4m, predicated on £23m savings;
- The month five position was an overspend of £28.711m and this position is net of the receipt of £37.065m of income from Welsh Government of which £6.831m was for staffing and £28.897m for field hospital establishment;
- The movement in month 5 can be attributed to £3.77m of COVID impact; £1.447m savings under delivery; £2.358m operational plan deficit and a total movement of £7.582m in-month;
- No funding has been received for COVID or workforce in months 4 or 5 but a final allocation is expected shortly;
- Income is £3.989m overspent to date with lack of income in key areas such as dental, catering and private patients;
- Pay is overspent by £1.872m cumulatively after the receipt of £6.831m from Welsh Government for 3 out of the 5 months. It is

important to note that pay costs are £12.3m higher than the comparable period last year;

- Non-pay overspend is £22.85m, which includes £7.1m non-delivery of savings, £10.165m planned deficit, £2.341m unapplied investments and £7.847m core non-pay made up of primary care prescribing, PPE and accommodation. There will be no charge for PPE but the detail is still being worked through;
- The savings delivery target was £23m with £2.002m delivered to date and a further £3.6m currently planned;
- The forecast position has been adjusted to £96.18m to account for the £2m TAVI demand, £0.331m savings delivery improvement and £1.151m additional COVID costs. There is still a total of £13m of variable cost within this forecast for field hospitals;

In discussing the report, the following points were raised:

Mark Child made reference to savings slippage, stating that his understanding was that there was good progress being made pre-COVID in a lot of schemes. In view of the modest delivery to date he asked whether these would be escalated in future months or whether they would begin in the next financial year. Darren Griffiths advised that coming into the new financial year, only half were green or amber and the health board has been fully transparent with Welsh Government in our progress with savings. He stated that opportunities within the KPMG review have been re-distributed and the high value opportunities groups for nursing workforce and CHC were now up and running. For the opportunities in outpatients and theatres, the base had changed since the pandemic due to modernisation therefore further consideration was needed on these. He added that it had been challenging but they were looking at other aspects within the KPMG review.

Martin Sollis requested that next iteration of the report includes a more detailed analysis of savings which outlines our current position and the identification of any new saving opportunities arising from Covid developments or service unit plans.

With regards to the pay analysis, Martin Sollis raised his concern for the increase in figures stating it was important to ensure we have a grip and control in this area as workforce costs were difficult to remove. Darren Griffiths advised that work was ongoing with regards to high value opportunities in workforce in particular within consultant job planning, e-rostering and also workforce modelling.

Resolved:

- **Noted** the agreed 2020/21 financial plan and the health board's financial performance for period 5 ;

- The next iteration of the financial report to include a detailed savings analysis;

DG

92/20

THEATRE EFFICENCY

Deb Lewis was welcomed to the meeting

A report on theatre efficiency was **received**.

In introducing the report, Chris White and Deb Lewis highlighted the following points:

- The paper reflected the complexity and variabilities in managing theatre efficiency and the journey the health board has been through to get to this position;
- At the beginning of the pandemic the health board was gaining traction on theatre efficiency but theatre teams were moved to critical care to support during the peak, which left just two all day theatre lists for urgent cases;
- In June, the health board began to re-invigorate the programme although there were significant difficulties due to staffing levels as a high number of staff were shielding;
- Currently there were eleven all day theatre lists at Morriston, six at Singleton and two at Neath Port Talbot;
- Demand and Capacity work showed that the health board was broadly meeting the demand for urgent and level 2 patients, but not meeting the four-week guidelines at the moment and performance stood at around 75%;
- The health board had stepped outside the Royal College of Surgeon guidelines in terms of prioritisation slightly and have brought in paediatrics work in addition to the guidelines;

In discussing the report, the following points were raised:

In regards to the performance figure of 75% of cases treated within 4 weeks, Mark Child queried what the performance figure was previously. Deb Lewis advised that that health board was exceeding performance previously for level 2 patients. The focus had now changed in that clinically urgent patients were now a priority whereas pre-COVID, RTT (referral to treatment – planned care) was a key priority. She advised that clinical engagement had increased and clinical prioritisation was key now. Both level 3 and level 4 were time based and would eventually tip into the level 2 group. She assured the committee that this was being monitored closely.

Chris White referenced the ongoing debate of clinical priority versus harm, versus waiting lists, advising that discussions were on ongoing with the Welsh Government on the issue. All health boards would be in the same position with this. Deb Lewis advised that a work stream focusing on harm within each speciality was underway.

Deb Lewis advised that the current constraints on theatre efficiency was bed capacity and that there was only one pathway ward on site. Morrison was currently full, singleton had staffing issues and NPT was ring fenced for elective, category 2 orthopaedic/spinal cases.

Martin Sollis made reference to the issue of bed capacity stating that historically, workforce had been the main issue for theatre efficiency. Deb Lewis replied, stating that in our current position we were able to deliver what was required but the risk of staff needing to shield was increasing. It was important to highlight that this was a fragile workforce and plans were needed going forward. Agency had been approached for theatre staff.

Martins Sollis praised Deb Lewis for her comprehensive work and thanked her for the report.

Resolved

- The Health Board's current theatre performance and the actions being taken to improve the overall performance were **noted**.

93/20

PERFORMANCE AND FINANCE RISK REGISTER

Hazel Lloyd was welcomed to the meeting;

The performance and finance Risk Register was received.

The following points were highlighted;

- There were nine risks assigned to the performance and finance committee which included; *Access to Planned Care Services, Access to Cancer Services, IMTP Statutory Responsibility, Access to Unscheduled Care Service, CAMHS, Engagement and Impact Assessment Requirements;*
- Three new financial risks had also been added; *Funding for COVID-19, Capital Resource/Plan and Residual Cost Base and next year impact.*

In discussion the following points were raised;

Martin Sollis stated it was important that we manage our business as per the organisation's highest risks. In terms of risk appetite, the Board had requested that risks at 20 and higher are factored into committee work programmes and are focussed around these high risks.

Stephen Spill raised a query with regards to the process and who was responsible for allocating the risks to each of the committees. Pam Wenger advised that this was done via the Risk Management Team and each risk was assigned to a lead executive. It was the Audit Committee's role to gain assurance of the overall system and process. To assure that risks were not being missed, an update report was provided to Audit Committee which shows what risks have or will be considered at each committee. Pam Wenger undertook to meet with Stephen Spill to give him an overview of the risk management process for the board.

Martin Sollis made reference the Performance and Finance Committee work programme and requested that updates be provided on the three highest risks which were *Access to Planned Care Services, Access to Cancer Services and Finance*.

For *Access to Cancer Services* he made reference to p16 of the report which stated that the risk actions would be completed by September and that the position was improving. He stated that if this is the case, he would like to see the reduction in that risk by the October committee and an assurance paper outlining the progress made, any outstanding actions and where we were in terms of risk should be provided. Chris White advised that although performance in cancer was improving and there was continued progress in reducing the backlog, there was still some work to do in diagnostics.

For *Access to Planned Care*, he requested that the October committee, (or by the latest the November Committee), received an update on the progress of access to planned care and the recommencement of essential services. To ensure discussion and work was not being duplicated across two committees, only one paper should be submitted to both committees. The Performance and Finance Committee would focus on performance and the Quality and Safety committee would focus on the quality and safety element. Pam Wenger undertook to work with the Chairs of each committee to arrange this coverage.

In terms of the new financial risks, Martin Sollis requested that the finance update paper for the October committee included an update on the respective risks but with a key focus on the savings performance and impact next year.

Resolved:

- An update paper be provided to committee in October on the progress made to improve access to cancer services;
- An update paper to be provided to the committee in October/November on the progress within access to planned care and the recommencement of essential services;

CWhite

HE/CWhite

- The finance update paper for October includes an update on the risk levels; **DG**
- **Noted** the updated Health Board Risk Register relating to risks assigned to the Committee;
- **Noted** the risks and **considered** further information/reports to assure the Committee, on behalf of the Board, that the risks are being progressed;

94/20 MONITORING REPORT

The monthly financial monitoring report submitted to Welsh Government was **received** and **noted**.

95/20 PERFORMANCE AND FINANCE COMMITTEE WORK PROGRAMME

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

96/20 ITEMS FOR REFERRAL TO OTHER COMMITTEES

The item of Healthcare Acquired Infections to be referred into Quality and Safety Committee.

97/20 ANY OTHER BUSINESS

There was no further business and the meeting was closed.

98/20 DATE OF NEXT MEETING

The next scheduled meeting was noted to be 27th October 2020