

Swansea Bay University Health Board

Unconfirmed

Minutes of the Performance and Finance Committee held on 24th August at 10.00am to 12.00 pm Microsoft Teams

Present:

Reena Owen	Independent Member
Mark Child	Independent Member
Darren Griffiths	Director of Finance

In Attendance:

Janet Williams	Interim Director of Operations
Claire Mulcahy	Corporate Governance Manager

Minute	Item	Action
120/21	<p>WELCOME AND APOLOGIES</p> <p>Reena Owen welcomed everyone to the meeting</p> <p>Apologies were received from Pam Wenger, Director of Corporate Governance; Steve Spill, Vice Chair and Sian Harrop-Griffiths, Director of Strategy.</p>	
121/21	<p>DECLARATIONS OF INTEREST</p> <p>There were none.</p>	
122/21	<p>MINUTES OF PREVIOUS MEETING</p> <p>The minutes of the meeting held on the 27th July 2021 were received and confirmed as a true and accurate record.</p>	
123/21	<p>MATTERS ARISING</p> <p>There were no matters arising.</p>	
124/21	<p>ACTION LOG</p>	

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

i. Action Point 1 – Clinically Optimised Patients

Reena Owen requested that the briefing session with local authorities surrounding clinically optimised patients is re-arranged by early September.

ii. Action Point 4 – Child and Adolescent Mental Health Services

Darren Griffiths provided an update behalf of Sian Harrop-Griffiths, advising that performance had dipped in June 2021, School Nurses had been deployed to address the waiting lists via both virtual and face to face interventions. The impact on metrics would be seen in September 2021. Reena Owen requested that a formal update is received at the Committee in September 2021 and if no progress had been seen at that point, then escalation may be required to Cwm Taf Morgannwg University Health Board.

iii. Action Point 6 – Clinically Optimised Patients

Reena Owen stated that she felt the update on Clinically Optimised Patients within the Urgent Care and Emergency report was sparse and a more detailed report was required at the next committee. Janet Williams informed that further information on the position had been received today and she would provide a more detailed report at Committee in September. The information received today had raised concerns surrounding the classification of patients and a further breakdown of this was required to check validity. Reena Owen requested that information on the position is shared with Independent Members prior to the briefing session with local authorities, referred to under point1 above. . Janet Williams undertook to do this.

JWilliams

JWilliams

Resolved

- An update on CAMHS performance to be provided at committee in September 2021;
- A more detailed report on Clinically Optimised Patients to be provided at the next committee;
- Information on the clinically optimized patient position to be provided to Independent Members prior to the briefing session with local authorities in early September;
- The action log was **noted**.

SHG

JWilliams

JWilliams

125/21

WORK PROGRAMME 2021-22

The work programme for 2021-22 was **received** and **noted** with the following updates;

Cancer Performance to be included on the work programme with an update in September 2021. The Service Group Director for Singleton and Neath Port Talbot be invited to attend the meeting.

PW

Work was underway within the Risk Team to establish a committee reporting schedule for the Risk Register and the work programme will be updated accordingly.

PW

An update on the Public Health should be included on the work programme and the approach would be discussed with Director of Public Health at the Board Away Day.

RO

126/21

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:

- As of today the number of new cases for COVID-19 stood at 260 and bed occupancy remained steady with 26 confirmed COVID patients;
- The streaming of COVID-19 patients through the system continued to slow down flow;
- Staff absence due to COVID-19 remained steady;
- Demand for the emergency department had increased with attendances now at pre-COVID levels, there were 11,000 attendances in August 2021;
- Performance for red calls responded to within 8 minutes had decreased to 57% as at 24th August 2021;
- The number of over 1 hour ambulance handovers stood at 441 on the 18th August 2021;
- Performance in 4-hour waits stood at 75% to date;
- The performance for direct access to stroke unit within 4 hours had deteriorated in July 2021
- The highest number of cases of C.difficile had been seen in some time with 23 positive cases in July 2021 and the number of S.aureaus cases had increased since the last reporting period;
- It was pleasing to note that the number of serious incident reported

in June 2021 had decreased although responding to closures remained a challenge;

- Sickness levels had deteriorated to 6.81% for June 2021;
- The referral rate had continued to increase to pre-pandemic levels;
- July 2021 saw a slight in-month reduction in the number of patients waiting over 26 weeks for a new outpatient appointment, however the number waiting over 36 weeks for treatment had increased further;
- Recovery bids had been submitted to Welsh Government for diagnostics and further resource to increase theatre base;
- The number of patients waiting for diagnostics remained steady but focus was needed in endoscopy and cardiac services, £2.7m had been allocated to increase capacity in these areas;
- The good performance within Therapies continued apart from Speech and Language Therapy of which there was a recovery plan in place;
- Performance against the Single Cancer Pathway measure was at its lowest to date at 52%;
- Performance against the Mental Health Measures continued to be maintained. Performance within Child and Adolescent Mental Health Services (CAMHS) had dipped in July 2021.

In discussing the report, the following points were raised:

Mark Child sought assurance that the performance trajectory set to improve Speech and Language Therapy by quarter 3, was on course. Darren Griffiths advised that it did not appear to be in terms of the performance figures and there had been no change since July 2021. He undertook to seek further information and provide an update on the action log for September's Committee.

DG

Members conveyed their concern for cancer performance, highlighting that performance levels have appeared to worsen month on month. This was very worrying and assurance could not be taken at a recent Independent Member briefing. Assurance was sought that the health board understood the issues and blockages and that these can be addressed urgently. Darren Griffiths shared this concern, he advised that Cancer had been escalated to level 1. The backlog was still a major concern, with half of which within lower gastrointestinal (GI), endoscopy and diagnostics. There needed to be a clear immediate focus in some areas to improve performance. There had been a growth in the backlog with the figure at 659 to date. Assurance was needed that actions are being taken and if improvement was not seen, it would move to the next level of escalation.

Reena Owen requested that the Cancer recovery plan is brought to the next committee. **JW**

Mark Child commented that there had been some effort made within lower GI but this had not impacted on the performance figures. Assurance was needed that the health board was aware of the bottle necks in the system and understood where the maximum effort was needed. Reena Owen concurred adding that the options to address the backlog were not clear, if outsourcing was a possibility then the options and costs needed to be clearly set out.

Darren Griffiths informed that £2m had been put into outsourcing for endoscopy but consideration was needed as to whether the allocation of the additional capacity was in the right places, the additional capacity needed to be prioritised to the areas of highest potential clinical risk.

Reena Owen conveyed her disappointment and concern as Committee Chair in the overall performance figures presented in the report, particularly in areas such as cancer, urgent care, stroke, infection control, theatres, complaints and Child and Adolescent Mental Health Services. It was felt that performance and plans were erratic and assurance was not being provided that the health board was getting its services back on track.

Reena Owen made reference to Theatre efficiency, highlighting that 192 operations had been cancelled on the day and stressed the impact of this on patient experience. She requested that the committee are provided with an update on this, as this was an important factor in the planned care recovery plan. She also requested an update on Stroke performance is provided to the committee in due course.

JWilliams

JWilliams

Darren Griffiths advised that the same level of concern was felt from an Executive perspective and in response, both cancer and urgent and emergency care had been escalated. Action plans needed to be clear and provide assurance that effective plans to improve were in place.

Resolved;

- Darren Griffiths to seek further information on the performance trajectory for Speech and Language Therapy and provide an update on the action log for next committee; **DG**
- The Cancer recovery plan be provided to next committee; **JWilliams**
- An update on Theatre efficiency be provided to a future committee; **JWilliams**
- An update on Stroke performance be provided to a future committee; **JWilliams**
- The Health Board performance against key measures and targets was **noted**.

127/21

URGENT AND EMERGENCY CARE UPDATE

A report providing an update on Urgent and Emergency Care was **received**.

In introducing the report, Janet Williams highlighted the following points;

- Performance levels within urgent and emergency care were not going in the right direction. Health board performance was between at 70- 75% against the 95% target, with the underperformance at Morriston being offset by the NPT Minor Injury Service performance;
- The increase in activity, the number of clinically optimized patients in the system and problems in the care home sector were causing significant pressure on the urgent and emergency care system
- There had been some changes in the Management Team on the Morriston site;
- Concerns have been raised surrounding operational grip and control and escalation meetings have increased;
- The Urgent Care Plan would be reviewed with a focus on the pre-hospital pathway, the patients within emergency department, the patients on the wards and exit routes;
- The plan needed to be more action focused with clear objectives and accountability;
- An internal professional standards document was being worked through within the Emergency Unit which would set out ground rules for patients coming into the department as well as the interfaces with the rest of the hospital;
- Both the Urgent Care Centre and GP out of hours were now located on the Morriston site and there was a focus on establishing what patients can be diverted from the Emergency Unit into the Urgent Care Centre;
- Meetings will take place within the next few days to establish a clear timeline and what actions needed to be taken at pace;

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

Mark Child made reference to the 95% performance target, commenting that this was unachievable and de-motivational for staff. He queried whether there should be an internal target set which was more realistic. Janet Williams agreed, advising that the 95% was a Welsh Government target, the internal approach taken was to set a trajectory based on the

action plan, a revised trajectory would be sent to Welsh Government by the end of September.

Mark Child highlighted the 100% target for 12 hour waits, commenting that this too was unrealistic. Janet Williams advised that was not unreasonable ask as a 12 hour wait within the emergency department was long for patients but because of the actions required to get there, a graduated approach needed to be taken with key milestones set.

In relation to clinically optimised patients, Mark Child commented that it was good to see a number of joint actions in place with the local authorities to address the position. He highlighted his concern with the graph on page 7 of the report, stating that a better understanding of the categories was needed, there was a large figure categorised within 'Other' and this was concerning. A better handle of the categorisation was needed. He added that finer detail was required in relation what steps were being taken to address each of the categories.

For those categorised under awaiting *Packages of Care (POC)*, Mark Child commented that this appeared fairly static on the graph but he would expect this to have increased due to the difficulties in the system.

Janet Williams assured that the report due to be received at committee next month would be much improved and would include the detail requested. Reena Owen requested that the report clearly sets out what issues are within the health board control and what are out of health board control and what detailed action is being taken to address the issues.

Mark Child informed that Welsh Government would shortly be undertaking a recruitment campaign for care workers.

Mark Child made reference to the Virtual Wards, highlighting only four clusters would have Virtual Wards based the community but they should be based in all eight clusters within SBU HB.

Reena Owen made reference to a recent Board briefing with Emergency Ambulance Services Committee and Welsh Ambulance Service Trust highlighting some key points raised. She advised that other health boards in Wales were undertaking the following actions to address their performance issues within urgent and emergency care; Increased staffing on weekends, simplifying patient messages; forcing alternatives by setting clinical parameters; making more use of minor injury units; establishing a better flow with an appointment system and not bringing as many falls to main sites.

Reena Owen queried whether the health board's plans aligned with the points above. She raised her concern that the health board currently had the largest handover delays in Wales. Janet Williams stated that historically plans were shared but undertook to check if this was still the

case. Reena Owen stated that the committee needed to be fully sited and gain assurance on the recovery plan. Janet Williams advised that a more meaningful report would be brought back to committee in September.

Reena Owen made reference to the 111 service, stating that this was the gateway and it was important that patients were given the right advice as to what alternatives to the emergency unit are available. This should be communicated clearly and it is felt that patients still do not fully understand options available to them. Janet Williams informed that there was a great deal of communications work underway in terms of the public message.

Janet Williams commented that this was also a reputational issue for the health board, the Emergency Unit undertakes some fantastic work and the performance issue is damaging the reputation of the department.

Mark Child congratulated the Neath Port Talbot Minor Injury Unit for their good performance.

Resolved;

- A further report on Urgent and Emergency Care to be received at next committee to include; finer detail on the each of the themes/categories and the steps to address blockages, consistency of the presentation of data within the graphs and all-Wales comparison data in relation to handover delays .
- The current performance in unscheduled care services and to support the Health Board approach to improving service provision across primary, community and secondary care services was **noted**.

JWilliams

128/21

FINANCIAL POSITION

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

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

- The month 4 reported in-month position was an overspend of £1.973m and £8.054m cumulatively;
- The COVID-19 response and recovery funding is being fed through to the relevant areas;
- Slide 3 of the appendix sets out the financial position by service group and directorate;
- The position is shifting within Morriston Service Group which has seen months 1 and 2 at an underspend and months 3 and 4 are

now overspent;

- A change of leadership and further cost control measures were underway within the Morriston Service Group and a focus on performance which will in turn aid the financial position
- Immediate action is being taken in an areas where there is a variation from forecast or budget;
- The Health Board has a gross savings requirement of £27.7m of which £29.4m in-year savings have been identified.
- £3.3m of these identified savings are still classified as Red and as such have a high risk of non-delivery. Some of which relate to bed efficiency schemes and a balanced decision is required when the time is right;
- Winter will be challenging and an increased grip and control will be required to reach the full £27.7m savings;
- All Service groups have been asked to develop plans to meet at least 50% of 2022/23 anticipated savings requirement by the end of September 2021;
- The anticipated total funding for COVID-19 sits at £118.554m , which includes £16.243m to aid planned care recovery and £17.672m for the 2020/21 savings non-delivery;
- The health board was currently on target to deliver the £24.4m forecast deficit ;
- Actions being taken in relation to the month 4 position include an urgent review of medical cost pressures, the preparation of a Continuing Healthcare Plan for Mental Health and Learning Disabilities and a review of COVID response cost and exit strategies.

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

Mark Child noted the remarkable performance against the planned budget. He requested further information to understand the flexibility available to the Director of Finance. Darren Griffiths advised of the discretion to deploy response funding as needed. He advised that there was also contingency reserves as well as RTT reserves and when cost pressures come through, the health board were able to utilise these contingency funds. He further advised that the flexibility was important and that contingency reserves were held for future risks.

Reena Owen commented that she was pleased to see current savings position, as well as those in the pipeline.

Reena Owen commented that the cushion of COVID-19 recovery funding

would not be there in future years therefore careful consideration was needed to avoid increases in the cost base. Darren Griffiths shared her concern, advising that this was the reason it had been risk rated at 20 on the health board risk register. The COVID-19 funding would come to an end and consideration would need to be taken on some key aspects including the flexibility of beds and the utilisation of premium staff. A monthly meeting took place with each of the Service Groups to analyse the ongoing COVID costs and to prepare exit strategies. Some aspects of which would take some time to recover, for example income.

With regards to population share and the adjustment needed to the health board's cost base, Reena Owen sought assurance that this was not being forgotten and was still on the forefront for the health board with Welsh Government. Darren Griffiths assured that this would not be forgotten. He advised that any new funding had been adjusted in line with that of the population share but the core funding of £850m had not yet been adjusted. He advised that as the health board plans develop, the adjustment may take place sooner than the initial incremental plan of five years.

In relation to bids for funding, Reena Owen suggested that the committee received an update on those that the health board has in the pipeline to get clear view on how they feed into our budgets. Darren Griffiths agreed to provide the committee with this information for the next committee. He advised that Welsh Government had announced the following for NHS Wales; £581m COVID-19 response funding with a, £445m further COVID-19 response; £100m for COVID-19 Recovery and £40m Capital Monies all of which the health board would receive an allocation from.

DG

Reena Owen queried whether there were any recovery schemes in which funding was not yet available and asked whether the health board could proceed on at risk. She made reference to Theatres and asked whether money could be put upfront due to the urgency of the matter. She requested that the committee receives information on the potential schemes in which the health board would need to go at risk with. Darren Griffiths advised that a letter was due out to Welsh Government from the Chief Executive and this sets out the potential current and recurrent costs of the health board's recovery schemes i.e. Theatres.

Resolved;

- Information on bids for funding in the pipeline to be received at the next committee;
- **The** agreed 2021/22 financial plan was **noted**.
- The Board's financial performance for Period 4 (July) 2021/22 was **noted** in particular:
 - the revenue outturn position of £8.054m deficit; and

DG

- the adjusted year-end forecast deficit of £24.405m.
- The actions to ensure delivery of the financial forecast were **noted**;
- The risk scores for risks 73 and 79 were **agreed**
- The re-opening of risk 72 was **agreed**.

129/21

FINANCIAL RECOVERY FRAMEWORK

A presentation providing an update on the financial recovery framework was **received**.

Darren Griffiths highlighted the following points;

- The presentation sets out the framework for financial recovery rather than the plan itself and is in the context of the 4 stages for recovery; deficit, savings, population health and disinvestment/investment;
- Slide 2 details how the current financial plan with the £24.4m deficit is distributed across the 10 areas;
- The tables on slide 3 shows the incremental movement on our deficit and highlights the challenge and timescales.
- Table 1 sets Scenario 1 with 2022/23 opening position of £42m; cost pressures of £25.5m, investments of £5m, anticipated Welsh Government funding of £15.4m and £27m savings reaching a £30m deficit;
- Scenario 1 is based of £27.7m savings each year which will be challenging; assumed funding from Welsh Government and minimal investment;
- Scenario 2 is based on £33.1m assumed funding from Welsh Government and still a requires a large savings programme;
- In the light of both national and international economic austerity, Welsh Government have requested some certainty in terms of numbers for health so planning can take place;
- The KPMG review identified £25-26m of savings opportunities of which the health board has identified £27m pipeline opportunities for this year;
- The Finance delivery Unit (FDU) have developed the FDU Vault following benchmarking work undertaken across Wales;
- The FDU were looking at best practice for continuing Healthcare on a national basis;

- Bed efficiency; Benchmarking identified a 200 bed inefficiency but this is on hold in light of the current pressures following the pandemic;
- Population Health; The finance team have developed a prototype business intelligence model which will enable a greater drill down in each of the areas of commissioner spend;
- This was an important piece of work which linked to the discussions with Welsh Government surrounding resource allocations;
- The anticipated completion date is November 2021 and an update would be brought to committee in due course;
- Allocations, disinvestment appetite and savings opportunities will determine how the health board will reach financial balance;

In discussion, the following points were raised;

Mark Child made reference to Slide 9 of the presentation, highlighting an unwarranted financial variant within the primary care clusters and queried what would be done about it. He stated that this was the kind of question that the Board would require an answer.

In relation to slides 1 and 2, Mark Child highlighted the potential Welsh Government income for next year would either be £33m or £15.4m. He asked how the health board could ensure it receives this funding. If successful in doing so, what were the key areas of focus for the health board to sustain the financial position and provide the best services for the population.

Reena Owen commented on how the business intelligence model would be helpful in showing how money is spent and whether it is in the right way. This could feed into the population health strategy within the organisational plan and she highlighted links to key areas such as diabetes. She added that embedment of this within our plan would bode well for the health board in terms of Welsh Government confidence and in turn may have an impact on the funding coming through in support.

In terms of gaining Welsh Government confidence, Darren Griffiths highlighted that the £27m savings plan is £10m more than other savings targets set across Wales and this itself highlights to Welsh Government that the health board is taking responsibility for addressing the deficit.

Reena Owen added that gaining Welsh Government confidence was also contributed to by our performance figures and currently these were not boding well for our reputation. Both finance and performance were both equally important and the health board needed to restore confidence that it was performing.

Resolved The report be **noted**.

130/21 FINANCIAL MONITORING RETURN

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

131/21 ITEMS FOR REFERRAL TO OTHER COMMITTEES

Reena Owen to express her concerns surrounding the C.difficile infection position at the Quality and Safety Committee this afternoon.

132/21 ANY OTHER BUSINESS

There was no further business and the meeting was closed.

133/21 DATE OF NEXT MEETING

The next scheduled meeting is **Tuesday, 28th September 2021**.