

Swansea Bay University Health Board
Unconfirmed Minutes of the Performance and Finance Committee
held on 28th July 2020
in the Millennium Room, Health Board HQ/via Microsoft Teams

Present:

Reena Owen	Independent Member (in the chair)
Siân Harrop-Griffiths	Director of Strategy (until minute 75/20)
Mark Child	Independent Member
Darren Griffiths	Interim Director of Finance

In Attendance:

Steve Spill	Special Advisor to the Board – Performance and Finance
Hannah Evans	Director of Transformation
Criage Wilson	Deputy Chief Operating Officer (until minute 73/20)
Christine Williams	Interim Director of Nursing and Patient Experience
Liz Stauber	Head of Corporate Governance

Minute	Item	Action
---------------	-------------	---------------

67/20 WELCOME AND APOLOGIES

Reena Owen welcomed everyone to the meeting and noted apologies from Martin Sollis, Independent Member and Chris White, Chief Operating Officer/Director of Therapies and Health Science.

68/20 DECLARATIONS OF INTEREST

There were no declarations of interest.

69/20 MINUTES OF PREVIOUS MEETINGS

The minutes of the meeting held on 23rd June 2020 were **received** and **confirmed** as a true and accurate record.

70/20 MATTERS ARISING

(i) 63/20 Reset and Recovery Co-ordination of Services

Hannah Evans stated that the previous meeting had focussed on essential services and the detailed plan had been requested, but going forward, updates would now be provided in the context of other agenda items, such as the performance report. She added that significant progress had been

made and undertook to determine outside of the meeting as to how this should be communicated to the committee.

HE

71/20

ACTION LOG

The action log was **received**.

In discussing the action log, Reena Owen advised that there was to be a board development session in October 2020 focussing on public health which would help shape the report to the committee later that month.

Resolved:

- The action log be **noted**.

72/20

MONTHLY PERFORMANCE REPORT

The monthly performance report was **received**.

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

- The content of the report was heavily influenced by the health board's response to Covid-19;
- The traditional targeted areas were from the original annual plan approved by the board in March 2020, prior to the pandemic;
- As the focus of the health board was on its response to Covid-19, the report was not RAG (red, amber, green) rated due to the impact on performance;
- A draft operational dashboard had been incorporated which aligned performance to the four quadrants of harm identified within the operational plans developed in the year;
- Access to mental health services had remained good;
- The anomalies regarding ligature incidents related to multiple incidents rather various individual ones;
- An improvement had been evident in access for child and adolescent mental health services (CAMHS), reaching 80%;
- In relation to unscheduled care, red call response rates within eight minutes remained above target and the one-hour ambulance handover delays had also reduced significantly;
- Attendances at the emergency departments were starting to increase but not quite to the levels of pre-Covid-19;
- GP referrals for planned care had started to increase;

- Extended waits continued for outpatient appointments and treatment due to reduced services;
- Diagnostic performance was showing encouraging signs of stabilising;
- Steady progress had been maintained for delayed follow-up appointments but the number of patients waiting more than 100% past their target date was increasing;
- Urgent suspected cancer performance for May 2020 was 91.7% with June 2020 estimated around mid-80%;
- Performance in relation to *staph.aureus* and *clostridium difficile* infections was becoming challenging;
- Response rates to concerns was improving and while the numbers of serious incidents was low, a never event had been reported in June 2020. The closure rate for serious incidents in June 2020 was 0%;
- Sickness absence was reported at 8.69% but was improving and did not include those shielding.

In discussing the report, the following points were raised:

Mark Child referenced the figures reported for staff testing for Covid-19, adding that there appeared to be a decrease. Darren Griffiths responded that this reflected the number of results outstanding rather than the number of tests carried out so it would be expected for it to reduce.

Mark Child sought assurance that the emergency department could manage the current levels of attendances. Craige Wilson responded that the numbers were increasing, with one day in July 2020 seeing 360 people attend the department, which was similar to pre-Covid-19 levels, and the department reaching level four, one of the higher escalation levels earlier that week. He added that all the available capacity at Morriston Hospital had been opened and the process to develop the winter plan had commenced to identify key priorities. Mark Child stated that the original message to the public had been to protect the NHS and now it was that if they needed services, these were open, so it was critical that people accessed the appropriate services for their needs so as to not put too much pressure on the system. Craige Wilson referenced the 'phone first' pilot that Cardiff and Vale University Health Board was to run for its emergency departments, advising that presently, that health board did not have access to the 111 advisory services for patients, and as Swansea Bay University Health Board did, it would link in with the 111 service to develop appropriate pathways to support patients to avoid the emergency departments when it was not the right service for their needs.

Mark Child commented that the way in which the health board had responded to the pandemic had been bold and rapid but recovery could not

be expected at a similar pace but some impetus was needed, and he was concerned the health board was appearing to be too risk averse. Hannah Evans responded that it had been easier to stand down services than it was to restart them as extra processes had to be put into place to ensure the safety of services. She added that the health board regularly compared its approach with others across Wales to determine if it was acting too cautiously and while workforce remained a challenge to the recovery programme, the changes in shielding guidance would provide more opportunities. Modelling work had been undertaken to maximise efficiency in response to the new national grading system for surgery established and this had been tested by the surgical leads, resulting in the need for minor amendments to ensure it targeted those who were most at risk.

Mark Child queried if there timescales which indicated as to when the health board would be performing at its pre-Covid-19 levels. Hannah Evans advised that capacity was still nowhere near what it used to be given the current staffing and PPE (personal protective equipment) constraints but work was continuing to increase capacity. Darren Griffiths added that previously, Morriston Hospital could treat 185 routine surgical cases a week but the current figure was 66, with Singleton Hospital treating 50 compared with the previous total of 116. He stated that from an emergency point of view, Morriston Hospital was treating 115 weekly cases against a previous total of 153 so capacity really was some way off what it used to be. In addition, performance monies had been received for 2019-20 from Welsh Government and performance still had not been what it should have and this needed to be kept under consideration.

Reena Owen stated that it was concerning to see unscheduled care levels increasing particularly given that the health board needed to be preparing for a potential second peak of the pandemic. She queried whether it was lack of bed space or the volume of people attending the emergency department. Craige Wilson advised that all available capacity was now open at Morriston Hospital and the increased unscheduled care pressures were as a result of higher acuity of patients, which could have been because some put off coming to hospital due to the virus. He added significant progress was being made in terms of reducing the numbers of patients medically fit for discharge still in hospital but there were significant numbers of patients attending the emergency department under their own steam, 73% of which could be discharged once seen, therefore it was critical other more appropriate pathways for these patients were developed. Siân Harrop-Griffiths advised that she had been the executive director on-call the previous night and ambulance demand across south Wales had been high. There were some empty wards as these could not be staffed but they would be of benefit should a second peak occur. She added work was now being undertaken with the units to get a clear plan as to how to manage unscheduled care.

Reena Owen advised that more assurance was needed in terms of planned care as those with increased waiting times were at risk of potential harm and queried as to how the delays were being communicated to patients. Darren Griffiths responded that everybody on a waiting list had been sent a letter that week inviting them to contact a helpline for more information but it was a challenging situation as it was not possible to give any certainty as to potential surgery dates. Reena Owen recognised that it was a difficult situation but stated that it was positive that some communication was being undertaken as it gave patients an idea as to what to expect.

Steve Spill noted the number of people to have had an antibody test for Covid-19 and queried to whom this applied and the accuracy of test. Darren Griffiths responded that it was a mixture of education staff, healthcare staff and the general public who had received the test. Siân Harrop-Griffiths added that the feeling within public health was the test only served the purpose to satisfy the individual concerned as to whether he/she had contracted the virus at some point and there was some evidence of false positive/negative results.

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

73/20 QUARTER ONE TRACKER

A report setting out delivery progress against the quarter one operational plan was **received**.

In introducing the report, Siân Harrop-Griffiths highlighted the following points:

- The quarter one plan had been developed and submitted within a short timescale;
- The majority of the actions were either completed or on track;
- Digital elements were dependent on national factors;
- The framework for cancer services had not been received in time for the quarter one plan but a detailed self-assessment against it was now attached;
- Workforce actions had been completed;
- The capital programme had been re-evaluated due to the expenditure needed as part of the response to Covid-19 and some schemes would need to be delayed or scaled down. A further report on capital would be received by the board in September 2020.

In discussing the report, the following points were raised:

Mark Child noted the speed with which the plan was developed and queried as to whether any actions had been added./removed/changed following reflection. Siân Harrop-Griffiths advised that new actions have been incorporated into the quarter two plan but they all needed to be considered in the round with a view to amending any which were not right.

Mark Child queried as to whether workforce plans were in place in the event of a second surge of the virus. Siân Harrop-Griffiths responded that the workforce plan had been updated for quarter two and planning was now moving towards quarters three and four. She added that an operational group had been established to bring all the various modelling elements together and the data was expected by the end of the week. Once the plan was further developed, a discussion with take place with the chairs of the relevant committees as to progress after which a full briefing would be provided for independent members.

Resolved:

- The themes and actions identified within the quarter one plan be **noted**;
- The reported RAG status and supplementary comments against each action that was off-track and the revised milestone be **noted**;
- The mapping of individual actions to the specific board committees for monitoring purposes be **endorsed**;
- The baseline assessment against the revised essential services framework at the end of June 2020 be **noted**;
- The self-assessment against the framework for the reinstatement of cancer services in Wales during Covid-19 be **noted**.

74/20

CONTINUING HEALTHCARE PERFORMANCE REPORT

Christine Williams was welcomed to her first committee meeting as interim Director of Nursing and Patient Experience.

The continuing healthcare performance report was **received**.

In introducing the report, Christine Williams highlighted the following points:

- Some cohorts had been affected by Covid-19 as had the progress to implement the national framework following consultation;
- All breaches in the cases which were being managed centrally had now been resolved and the health board currently had 20 live retrospective claims which would be reviewed in July 2020;
- The judicial review had concluded that health boards would be required to meet increased costs and a national action plan was to be developed;

- The creation of pooled budgets was being overseen by the regional partnership board however this was on hold as the forum was stood down as a result of the pandemic;
- It had been a difficult period for the care home sector, with one deregistering in quarter four, but alternative placements had been identified for residents. The fragility of the service was being escalated to Welsh Government.

In discussing the report, the following points were raised:

Mark Child queried as to whether the delays in reviewing applications could result in breaches and if there was any leeway in terms of timescales. Christine Williams advised that there had been a reduction in the number of patients to consider but all the areas which had responsibility for continuing healthcare were now seeing the return of redeployed staff which would improve efficiency. In addition, the transformation and improvement forum was to be re-established to develop clear standard operating procedures.

Mark Child noted progress had been made in terms of multi-agency working for children's cases and sought clarity if the same was being achieved for adults. Christine Williams responded that a detailed action plan had been developed for the children's process, some of which was relatable to adult services, and there were clear timescales for improvement which would be driven by the workstream.

Mark Child referenced the decision support tool and queried its value to the process. Christine Williams advised that it had always been a part of the continuing healthcare toolkit but it was unclear whether it would remain so once the new framework was in place.

Reena Owen stated that within the recommendations from KPMG following its financial review were areas to improve in terms of continuing healthcare. She queried if there was confidence that everything was as efficient as it should be. Christine Williams responded that some of the recommendations related to the standardisation of the process such as consistency within scrutiny panels but two task and finish groups were to be established to gain grip and control and modernise the arrangements, into which the KPMG recommendations would feed. She added that it was anticipated that savings would be made but there had been no significant changes in the financial position to date.

Reena Owen queried whether any savings had been assumed into the current year's forecast. Darren Griffiths advised that a £2.7m continuing healthcare infrastructure had been included and discussions were taking place to re-establish the high value opportunity work stream.

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 change in commissioning arrangements for mental health and learning disabilities be **noted**.

75/20

FINANCIAL POSITION

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

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

- The original financial plan for 2020-21 was a year-end deficit of £24.4m, predicated on £5.4m investment and £23m savings;
- The month three position was an overspend of £16.3m which was after receipt of £19.9m for field hospital establishment and £6.8m for Covid-19 related staffing costs from Welsh Government;
- Quarter one had seen inflated workforce costs of £7.3m (offset by the monies from Welsh Government) and the changes needed to be understood to ensure they did not become recurrent;
- The health board's recurrent allocation from Welsh Government was £867m but this had so far increased to £900m for 2020-21 due to the pandemic;
- The gross costs reflected the move from capital to revenue the expenditure for the Llandarcy field hospital in-line with national guidance;
- There was forecast expenditure in the baseline plan yet to be committed such as theatre consumables and secondary care drugs due to reduced activity levels;
- The current year-end forecast was a deficit of £100.68m following receipt of Welsh Government funding with more anticipated in quarter two;
- The two main movements in the forecast (after the application of funding) were as a result of field hospital planning assumptions changing due to no second peak as yet and increased prescribing costs due to the likelihood that GPs had prescribed higher volumes of medication to support isolation, along with more preventative prescriptions and some price increases;
- A peer review of Covid-19 expenditure related to the quarter two plan was to be undertaken with the health board partnered with Aneurin Bevan University Health Board.

In discussing the report, the following points were raised:

Steve Spill stated that the impact of the pandemic on the financial position would be significant and queried if the costs associated could be split from core expenditure. Darren Griffiths advised for the most part they could but caution was needed in relation to the transient workforce as staff had been redeployed to cover various services and there was a risk the move may not be reversed.

Steve Spill queried as to whether discussions had taken place with the units as to the rebasing of their budgets. Darren Griffiths responded that the ambition had been to return to the budgets of 2019-20 as it was too challenging to get the right data for rebasing budgets and this would help to identify the level of Covid-19 expenditure. He added a full reflection would take place in quarter four to determine how 'plannable' services would be due to the pandemic.

Mark Child stated that the units should aim to have an increased grasp on their budgets as Covid-19 should not detract completely from the original plan to return to balance. He added it was pleasing to see the reduction in overspend due to Welsh Government monies and queried if more was in the pipeline. Darren Griffiths advised that the overall national deficit was significant but the first wave of monies from the UK Government had now been allocated to Wales to address some of this. Further allocations to health would be based on any additional monies from the central fund. He added that at some point, discussions between health boards and Welsh Government would move towards control totals.

Reena Owen advised that the audit trail was robust and Darren Griffiths would write to budget holders in due course to remind them of their responsibilities and again later in the year to set budgets with the expectation of compliance and delivery of savings.

Resolved: - The agreed 2020-21 financial plan be **noted**.

76/20 KPMG ACTION PLAN

The progress on the action plan in response to the KPMG report was **received**.

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

- There had been four main elements to the KPMG work – assessment of grip and control, assessment of financial plan outturn, opportunities to recognise and governance and accountability framework;
- There had been some progress against the action plan despite the pandemic;

- Budgets had been reset with caveats;
- Some grip and control had been identified but compliance was unclear and the newly appointed head of compliance would support some of the improvements needed;
- The high-value opportunity workstreams for nursing and continuing healthcare were to be re-established;
- Discussions were taking place with the units as to potential opportunities;
- The next phase of the work would be to incorporate leads and timescales for actions, including reviewing the decision making framework.

In discussing the report, the following points were raised:

Steve Spill queried the process to agree the report and the associated action plan initially and sought clarity if it was still open to variation. Darren Griffiths advised that it was agreed by the board with monitoring responsibility delegated to the committee. He added that the initial opportunities had amounted to £60m but this had been re-evaluated to £24m and there was significant reliance on moving services from secondary care to primary. Hannah Evans commented that the variations had been discussed with KPMG on a scheme by scheme basis.

Reena Owen stated that it would be useful for the next iteration to include leads and timescales to provide more detail to the committee. She added that a significant part of it related to the clinical services plan and the move to primary care needed to start as progress against the recommendations would have to be evident to have the potential of de-escalation of the health board from targeted intervention.

Resolved: - The actions to date in response to the KPMG reports be **noted**.

77/20 MONITORING REPORT

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

78/20 PERFORMANCE AND FINANCE COMMITTEE ANNUAL REPORT

The annual report for the Performance and Finance Committee was **received** and **approved**, subject to the updating of reporting period to 2019-20 and the new health board logos.

79/20 PERFORMANCE AND FINANCE COMMITTEE TERMS OF REFERENCE

The terms of reference for the Performance and Finance Committee were **received** and **approved**.

80/20 PERFORMANCE AND FINANCE COMMITTEE WORK PROGRAMME

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

81/20 ITEMS FOR REFERRAL TO OTHER COMMITTEES

There were no items to refer to other committees.

82/20 ANY OTHER BUSINESS

There was no further business and the meeting was closed.

83/20 DATE OF NEXT MEETING

The next scheduled meeting was noted to be 22nd September 2020.