Swansea Bay University Health Board
Unconfirmed
Minutes of the Performance and Finance Committee
held on 23rd March 2021 at 9.30am to 11.00am
Microsoft Teams

Present:

Reena Owen	Independent Member (in the chair)
Mark Child	Independent Member
Martin Sollis	Independent Member
Stephen Spill	Vice Chair
Darren Griffiths	Interim Director of Finance
Rab Mcewan	Chief Operating Officer
Sian Harrop-Griffiths	Director of Strategy

In Attendance:

Pam Wenger	Director of Corporate Governance
Craige Wilson	Deputy Chief Operating Officer
Claire Mulcahy	Corporate Governance Manager
Jan Worthing	Group Director, Singleton and Neath Port Talbot (Minute 41/21)
Ceri Gimblett	Associate Service Group Director (Minute 41/21)

Minute	Item	Action
34/21	**WELCOME AND APOLOGIES**	
	Reena Owen welcomed everyone to the meeting, in particular Rab McEwan as the new Interim Chief Operating Officer.	
	Apologies were received from Hannah Evans, Director of Transformation	
35/21	**DECLARATIONS OF INTEREST**	
	There were none.	
36/21	**MINUTES OF PREVIOUS MEETINGS**	
	The minutes of the meeting held on 23rd February 2021 were **received** and **confirmed** as a true and accurate record.	
37/21	**MATTERS ARISING**	

There were no matters arising.

38/21 ACTION LOG

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

Urgent Action Log

i. Action Point 1

Darren Griffiths advised that the Neurodevelopment Disorder performance report scheduled for March's agenda had been deferred to April 2021. He advised of the change of leadership within the service and the request to defer the item to undertake some demand and capacity modelling in order to fully inform the report. Darren Griffiths had been assured that service was safe and the clinical team were working their hardest to ensure the best interest of the children. With regards to the current list, risk assessments are undertaken and patients are seen on a clinical priority basis members.

Resolved

- Pam Wenger to work with Executives to provide status updates of the outstanding actions within the pending action log. **PW**
- The action log was **noted.**

39/21 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:

- February 2021 had the lowest amount of new cases of COVID-19 since September 2020 although bed occupancy remained high for both new and recovering COVID patients. Admissions for new confirmed patients had started to reduce;
- The levels of COVID-19 related staff absences had reduced in January 2021;
- Demand for emergency department care had increased in February 2021 resulting in deterioration in the percentage of patients seen within 4 hours and ambulances handovers taking longer than one hour.

- Direct admission to Acute Stroke Unit within 4 hours - performance had continued to be a challenge due to the pressure in the system. However performance remained steady for stroke patients receiving clinical review within 24 hours;
- The infection control position for February 2021 remained steady, with a slight spike seen for *Clostridium difficile* with 11 cases;
- The number of falls reported during February 2021 was 14% less than reported in February 2020;
- The in-month sickness performance had improved from 9.84% in December 2020 to 8.13% in January 2021;
- The volume of referrals had increased during February 2021 and were now up to pre-COVID level which was causing demand pressure on the system. The number of patients waiting over 26 and 36 weeks had remained steady during February 2021;
- Diagnostic and Therapies continued to show a period of stability;
- The Single Cancer Pathway measure for patients was fully underway in February 2021 would be finalized at the end of March 2021;
- The backlog of patients in the Single Cancer Pathway had improved since the end of February 2021 and was the best position so far with 285 patients waiting over 63 days;
- Performance under the Adult Mental Health Measure continued to be at a high level.
- Access times for routine and specialist Child and Adolescent Mental Health Services (CAMHS) continued to be a challenge and were below target for January 2021. Staff absences were causing pressure within service;

In discussing the report, the following points were raised:

In relation to CAMHS, Sian Harrop-Griffiths advised that the performance figures reflect the fragility of staffing within the small team. A peer review on CAMHS had taken place and there had been positive feedback on that and this will be shared with committees once received.

Mark Child commented that in recent days, the COVID figures had increased and queried whether there were concerns with this in terms of the relative position compared to the rest of Wales. SBUHB had the highest figure in Wales at 17% in terms of hospital bed occupancy rate. The issues were related to epidemiology and health status of the patients with COVID-19. He added that post COVID-19 recovery was also a factor driving the figures.

Reena Owen made reference to the all-Wales work on risk stratification of elective waiting lists and queried how the health board would go about adopting the methodology. Craige Wilson advised that the national group had commenced led by the Medical Director for Cwm Taf Morgannwg Health Board. The approach is unclear at the moment but the options were similar to that used for Ophthalmology, with patients placed into four categories based on risk. Also looking at the traditional RTT methodology and a review of the full waiting list.

Reena Owen queried whether patients would be been informed of this approach and given realistic timeframes. Craige Wilson advised this was the case and the approach taken to date has been that of the Royal College of Surgeons, risk based approach and this was akin to that.

Resolved;

- The Health Board performance against key measures and targets was **noted.**

40/21 MEDICALLY FIT FOR DISCHARGE REPORT

A report providing an update on the Medically Fit for Discharge was **received**.

In introducing the report, Craige Wilson highlighted the following points;

- The report describes the actions in progress to improve understanding of this patient group and the aim to reduce the number of *clinically optimised patients* occupying beds within the health board;
- There is movement away from the 'medically fit' terminology to '*clinically optimised*' and *'discharge/transfer fit'* so that it can be accommodated in SIGNAL and improve the understanding and reporting of this patient group;
- A new version of SIGNAL will be operational from May 2021;
- The *clinically optimised patient* position remains relatively static at around 150 patients, with today's figure at 130 patients;
- Further work has been undertaken to improve patient flow into the residential rehabilitation bed pool within Bonymaen House;
- A point of prevalence study involving senior managers from both health and local authority has been undertaken and a report on the findings will be presented to the Health Board COVID Operational Silver meeting.

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

Martin Sollis made reference to the limited assurance audit for Discharge Planning, which highlighted widespread non-compliance with the Safer Policy and inconsistent reporting via SIGNAL. He queried whether SIGNAL would be fully operational across all site, as there needs to be a standardisation of the discharge planning process across the health board. Craige Wilson concurred, adding that consistency in terms of recording patients was needed in this area and would require high level nursing engagement to ensure actions are taken forward. There was also the requirement for an integrated discharge liaison team across services groups.

Mark Child queried the role of Bonymaen House in terms of the reablement model and queried where patients move onto from there. He queried whether the facility was available for patients across the whole of the health board or just Swansea residents, noting that Neath Port Talbot did not have a similar facility. Craige Wilson confirmed that that Bonymaen had a pool of 14 beds and Neath Port Talbot residents were able to access them. He advised that the aim was to work towards doubling the amount to around 25 beds but ensuring that these beds are used for patients who were on the correct pathway. He advised that there was the need to ensure there is one model across the board and the need to work together with other facilities like Gorseinon Hospital.

Stephen Spill queried the reasons for patients not moving on and noted the issues with social services processes and packages of care. He queried whether there was anything that could be done to help the processes.

In relation to packages of care, Craige Wilson advised that this depends on domiciliary care provision in local authorities and there was difficulty in terms of recruiting in to that provision. In terms of the social work process, there are a multitude of issues and to enable a better understanding of the issues, the new version of SIGNAL would provide the detail and provide a greater clarity on what the issues are. Reena Owen requested that that information is provided to members on issues surrounding social worker processes. Craige Wilson undertook to do this once this was available from the new SIGNAL system in May.

Reena Owen queried how the health board compares to other health boards in terms of reablement. Craige Wilson advised that reablement sits within the local authority. Rab Mcewan added that there were various community reablement packages, it was most important to get people home to their place of residence and the health board are trying to facilitate this. Sian Harrop-Griffiths added that currently, there were very few community reablement beds. There was a proposal to focus investment in community services and there is a proposal for this within the annual plan.

Sian Harrop-Griffiths advised that a review had taken place on the *Hospital to Home* initiative to look at the delivery and expectations. Martin Sollis suggested that the review of *Hospital to Home* and the work ongoing in *Clinically Optimised Patients* are brought together for a board level discussion. Sian Harrop-Griffiths and Rab Mcewan undertook to discuss outside of committee as to whether could be part of a board development discussion in the first instance.

Resolved;

- Information to be provided to members on issues surrounding social worker processes once this was available from the new SIGNAL system in May 2021; **CWilson**
- Sian Harrop-Griffiths and Rab Mcewan to discuss outside of committee, the options to bring the Hospital to Home review and work ongoing *Clinically Optimised Patients* together for a board level discussion. **SHG/RM**
- The contents of the paper and the work in progress to reduce the number of clinically optimised patients occupying in-patient beds within the Health Board were **noted.**

41/21 CANCER PERFORMANCE UPDATE REPORT

Jan Worthing and Ceri Gimblett were welcomed to the meeting.

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

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

- The COVID-19 pandemic continues to affect all aspects of the pathway, with capacity being the main factor;
- Performance for January 2021 stood at 68% against a target of 75%;
- There has been a decrease in referrals during January 2021 which is the lowest seen since September 2020;
- During January 2021, 200 oncology referrals were received which was 25% less than the same period in 2019 and 2020;
- All health boards are required to undertake harm reviews for those patient who breach 104 days following a cancer diagnosis. The health board is awaiting guidance from Welsh Government on the framework;
- Work is currently underway with the Legal and Risk Team to ensure appropriate governance arrangements are in place as part of this work;

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

Martin Sollis made reference to radiotherapy performance figures against the target and queried what it would take to make progress in this area. Ceri Gimblett replied that the aim is to go to a hyperfractionation programme of work but this would require significant investment in radiotherapy. Jan Worthing advised that there was limited linear accelerator capacity in Singleton, which has significant costs associated with it. Martin Sollis queried whether there was anything happening to address this nationally. Sian Harrop-Griffiths advised she was not aware of anything on a national level, other health boards recently had business cases approved therefore the health board should re-launch their programme business case.

With regards to the harm reviews, Martin Sollis queried whether there was progress on this. Ceri Gimblett advised that there was. Rab Mcewan added the harm reviews were to be a clinically led process and any learning established from them could be used in our pathways to avoid harm going forward.

Stephen Spill made reference to staffing within upper Gastrointestinal and queried whether any progress had been made. It was advised that positive conversation has been undertaken with colleagues in Cardiff and Vale.

Reena Owen made reference to the decrease in referrals commenting that an increase would be anticipated and queried how this would be managed. Ceri Gimblett advised that this was the position on an all-Wales basis, and the key was to how we model going forward. This would be challenge as there was not the capacity as pre-COVID-19. Jan Worthing added that only a proportion of referrals would be a cancer diagnosis, but potentially there would be the big impact at the end of the pathway in areas such as chemotherapy and radiotherapy.

Resolved

- An update report on Cancer Performance be received at the joint committee. **JW/CG**
- The cancer performance position and the ongoing actions taken to support its recovery and Improvement was **noted.**

42/21 PLANNED CARE UPDATE

A report providing an update on planned care was **received.**

In introducing the report, Craige Wilson highlighted the following points;

- The report updates on the number of key activities underway to improve the scheduled care system;

- GP referrals had increased to pre-COVID-19 levels. For outpatient, the level of activity is currently operating at around 70% capacity. The number of virtual consultations had increased to around 40% of the total number of appointments;
- The top 9 highest volume specialties were within surgery and make up 83% of the current outpatient list. These would be the greatest focus as part of the recovery plan.
- For surgical services, 63.1 % of the over 36 week waiting list were within the priority 4 category. With orthopedics, ophthalmology and general surgery being 60% of the waiting list for priority 4.
- There needed to be significant focus on surgical specialities as waits for over 36 week waits account for 91% of the total waiting list and over 52 weeks accounting for 95%.
- It is proposed that a Planned Care Programme Board is established which will report to Senior Leadership Team and will be fed into to the Outpatients, Diagnostics, Surgery and Theatres and Demand and Capacity Planning Group;
- There will also need to be a performance monitoring group and the intention is to report to Performance and Finance Committee;
- The health board continue to use the traditional RTT methodology to calculate and record total waiting times but discussions around the development of a more clinical risk framework are underway;

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

Martin Sollis, stated that clarity was needed on funding and the clinical prioritisation approach. Craige Wilson concurred and advised that the health board was working through the specialities via the demand and capacity plans and reducing the waiting lists in the traditional way. Guidance on whether clinical prioritisation approach will need to be taken was needed. For quarters one and two, the health board would continue in this way and need to consider another potential wave of COVID-19 and also look at other strategies including the use of the independent sector.

In terms of funding, Darren Griffiths advised that this was still not confirmed but of £100m allocation from Welsh Government for COVID-19 recovery for planned care, it was anticipated that the health board would receive £12.7m but this was not confirmed. In quarters one and two, the health board could continue improvements in diagnostics and endoscopy but there will need to be an assessment of all the potential solutions to recovery. The current costing stood at £45m, therefore further consideration and prioritisation would be required.

With regards to moving to virtual appointments, Reena Owen queried whether this can be progressed more quickly. Craige Wilson advised that 40% of patients were seen virtually and this was fairly consistent across Wales. In terms of *Consultant Connect,* which was a separate initiative involving GP's and consultants, it was highly reliant on GP participation and having allocated time and resource to carry this out. Rab Mcewan added that Consultant Connect was a desktop/telephone based scheme. The health board were looking at a range of digital solutions to improve patient initiated follow-ups.

Reena Owen queried whether there had been progress regarding the health board's regional share of access to provision in the independent sector. Craige Wilson advised that he had recently met with all the independent sectors in Wales and there had been some offers within Sancta Maria and Parkway Clinic. He commented that the organisation would need to be quick in a decision as all health boards in Wales were looking to the independent sector as part of their recovery.

Sian Harrop-Griffiths added that the Welsh Government had issued a planning framework from COVID-19 and within the cancer specification, it advised that all health boards should have equitable use of the independent sector and the health board needs to push on this to ensure equitable access.

Stephen Spill queried how the planned care programme board would work, Pam Wenger advised this would not be a sub group but would report to committee, the frequency of which will need to be agreed.

Reena Owen requested that those areas of high risk within planned care could be discussed as part of the joint committee.

Resolved

- A further report to come to the joint committee of Performance and Finance and Quality and Safety with regards to the high risk areas for planned care ; **CW**

- The systemic performance changes to our planned care system were **noted.**

- The actions already taking place across the system - within outpatients and surgery in particular - in line with national guidelines and best practice were **noted.**

- The progress, to date, in the redesign of key clinical services within scheduled care were **noted.**

43/21 FINANCIAL POSITION

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

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

- The cumulative deficit for month eleven was £22.333m with movement of £1.757m in month;
- The health board were on track to deliver the planned £24.4m forecast deficit at year end;
- Non-pay budgets have reported an overspend of £2.772m, however most of the additional funding has currently been attributed to non-pay;
- Variable pay costs in month eleven remain higher than average for the year, however they have reduced significantly from the levels reported in month ten;
- PPE costs had decreased during the period and could potentially be due a change a re-charge mechanisms, this was being worked through with Shared Services;
- The savings delivery to month eleven is £5.747m against the planned delivery of £20.969m, therefore the impact of non-delivery savings due COVID-19 was £15.222m;
- The anticipated total savings delivery for the full year stood at £6.3m, which was in line with anticipated totals across Wales;
- There was a balanced discretionary capital plan for 2021-22;
- The residual cost base risk was considered at the March Audit Committee and it is proposed that this risk is updated and developed as the health board moves to finalise its service and financial plan for 2021/22;
- It is proposed that Performance and Finance Committee approve the following;
    - The risk of COVID cost being built into the Health Board cost base – retain in risk 73;
    - The risk of COVID response costs being in excess of funding available, add to risk 73 and;

- The risk of COVID recovery costs not being sufficient to meet the health board's aspirations to recover from COVID be established as new risk;

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

Stephen Spill made reference to service reconfiguration and the proposal for the re-development of the mental health facility at Tonna Hospital and the suite at Neath Port Talbot. He queried whether it was felt this could be afforded. Sian Harrop-Griffiths informed that the move of patients to Tonna Hospital was temporary over 18 months ago, it was due to go to engagement pre-COVID but will go again in May 2021. With regards to Capital funding, there was a meeting with Welsh Government scheduled and this would be flagged as an area where support was needed.

Reena Owen queried how the potential of sickness and annual leave is projected within our staff costs. Darren Griffiths advised that staff resilience was factored into the financial provision.

Resolved:

- The agreed 2020/21 financial plan was **noted.**
- Members **considered** the Board's financial performance for Period 11 (February) 2020/21, in particular:
  - the revenue outturn position of £22.333m deficit;
  - the COVID-19 revenue impact for Period 11; and
  - the year-end forecast deficit of £24.405m.
- The 2021/22 Discretionary Capital Plan was **noted.**
- Members **agreed** the changes to the finance risks;

44/21 FINANCIAL MONITORING RETURN

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

45/21 ITEMS FOR REFERRAL TO OTHER COMMITTEES

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

46/21 ANY OTHER BUSINESS

There was no further business and the meeting was closed.

47/21 DATE OF NEXT MEETING

The next scheduled meeting is Tuesday, 27th April 2021.