



Planning, Performance & Finance Committee Meeting

**Unconfirmed Minutes of the meeting held on
20 October 2020
9.30 am – Via Microsoft Teams**

Present

Mel Jehu	Independent Member (Chair)
Nicola Milligan	Independent Member
Paul Griffiths	Independent Member
Ian Wells	Independent Member
Philip. White	Independent Member

In attendance

Clare.Williams	Executive Director of Planning & Performance
George.Galletly	Director of Corporate Governance/Board Secretary
Emma Samways	Internal Audit
Sara. Utley	External Audit
Steve Webster	Executive Director of Finance
Alan Roderick	Assistant. Director for Performance and Information
Richard Lee	Clinical Lead, Executive Directorate
David Jenkins	Independent Advisor to the Board
John Murray	Deloitte
CallyHamblyn	Assistant Director of Governance and Risk
Kathrine. Davies	Corporate Governance Manager

PPF/20/064 **WELCOME AND INTRODUCTIONS**

The Chair **WELCOMED** everyone to the meeting, including David Jenkins, Independent Advisor to the Board and John Murray from Deloitte who were both observing the meeting.

The Chair apologised to Members for the slightly shorter meeting due to the Board Briefing Session that had been arranged.

Members were advised that the first part of the meeting would be run in accordance with the consent principles and therefore it was assumed that all Members had read the papers beforehand. Any queries in relation to the papers before the meeting had been circulated to Members with the subsequent responses.

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APOLOGIES FOR ABSENCE

Apologies were **NOTED** from Alan Lawrie, Executive Director of Operations and Paul Dalton, Internal Audit.

PART 2 - CONSENT AGENDA

PPF/20/067

MINUTES OF THE PREVIOUS MEETING HELD ON 21 JULY 2020

Some comments had been raised by Independent Members prior to the meeting, as outlined below together with the response:

Question:

1.4 Draft Minutes:

Page 3 - PPF/20/056 – "An Independent Member raised that only 55 per cent of all Managers had attended the sessions on back to work training and queried what the Health Board were doing to address this and increase the numbers. C. Williams advised that she would follow this up outside of the meeting with the Director of Workforce and Organisational Development and would come back with a response. Members were advised that the Health Board were aligning performance against the delivery of the plan and it was suggested that the People and Culture Committee could review this". Was this followed up and has this been reviewed by the People and Culture Committee?

Response: *This has been added to the Action Log / Forward Work Programme for the People and Culture Committee.*

Question:

1.4 Draft Minutes:

Page 4 – PPF/20/057

"It is reported that reasons for caesarean section increases since March are being monitored, do we have any indication at this point as to why there has been an increase? We are checking with the service to ask why there has been an increase." Has this been done and if so what was the outcome?

Response:

The Statistical Process Control Charts for caesarean section rate, looking at data over time is stable based on the upper and lower control limits for the Cwm Taf Morgannwg (CTM) data sets. The charts also do not indicate any special cause anomalies indicating deep dive review to understand the what and the why. Since January 2020 the overall caesarean section rates have been below 30% for both emergency and planned delivery. The overall Caesarean section rates for Wales 2019 data is 28% (WG Maternity and Birth Statistics, Wales 2019). In June and July we saw a slight rise in the rate above 30%, however, we saw a slight rise of elective caesarean sections on the POW site which could explain the slight rise in the overall rate in June and July this year.

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Question:

1.4 Draft Minutes
Page 4 PPF/20/057

"The Board paper in May reported sepsis bundle compliance in ED with numbers of 52.5%, 60.5% and 43.1% covering back as far as November 2019. The report for July shows 100% compliance how sure are we of these figures which I appreciate have not yet been validated as this is a large increase in a short time? As outlined in the report we need to understand how this data was calculated as it is a big rise. We are not assured that it is accurate." Was this followed up to ensure whether the data was accurate or not?

Response:

The sepsis metrics have been long established across Wales and Welsh Government require them to be submitted on a regular basis.

The Health Board reports this data in the quarterly quality report to the Quality and Safety Committee.

A more detailed response outlining how the data is captured has been circulated to Members of the Committee outside of the Meeting.

Question:

1.4 Draft Minutes
Page 4 – PPF/20/057

*"Members **NOTED** the new format and were advised that the Dashboard was constantly developing and improving on the format and how the data is communicated. The next iteration would contain the "so what's". On reviewing the Performance Report this does not seem to have been included?"*

Response:

As the organisational structure is maturing, more focus within the performance report will be on addressing the actions raised as a result of the performance position. Integrated Locality Group (ILG) monthly performance meetings are maturing and senior ILG performance leads had now been appointed. This, coupled with the expanding planning horizon will enable the loop to be closed on the 'activity delivery, performance position, so what action'. An improvement would be seen in the December Performance report and will be embedded by the following report. This will be nine months into the new ILG structure.

Question:

Draft Minutes
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*"Members discussed the fall in pCAMHS figures and it was **AGREED** that a briefing email would be sent to members outside of the meeting which would also help to inform a discussion at the Mental Health Act*

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Monitoring Committee meeting on the 17 August 2020.” No briefing email has yet to be received?

Response:

Bridgend ILG Directors have placed the CAMH service into Internal Enhanced Monitoring and Support due to issues of performance, quality and workforce. An improvement plan had been developed, which includes pCAMHS performance.

Additional leadership support was being provided and a senior operational leader is due to commence on 2nd November 2020.

A paper, outlining the concerns and actions taken, is going to Management Board in October 2020 for consideration by the Executive Team.

The minutes of the meeting held on 21 July 2020, were **RECEIVED** and **APPROVED**.

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TO RECEIVE AN UPDATE ON THE ACTION LOG

A question has been raised in advance of the meeting from Independent Members.

Question:

1.5 Action Log:

A number of actions have been outstanding since last year. Whilst recognising the massive impact Covid-19 has had on normal business, do we have any indication of a potential timeframe or priority for progressing these issues. Some of the issues may have been overtaken by events (e.g Covid reviews).

Response:

The Action Log has been updated and an additional verbal update will be provided at the meeting.

C. Williams advised members that the Action Log had been updated and queried if there were any follow-ups. The Chair advised that he had undertaken discussions with Members and C. Williams last Friday, there were some minor issues but these would be picked up outside of the meeting.

Members **RECEIVED** and **NOTED** the Action Log.

MAIN AGENDA

PPF/20/069 **MATTERS ARISING NOT CONSIDERED IN THE ACTION LOG**

The Chair confirmed that questions had been raised in advance of the meeting and had now been responded to.

PPF/20/070 **QUARTER 3/QUARTER 4 PLAN**

Members **RECEIVED** the report that was presented by C. Williams.
Members **NOTED** the following key highlights:

- The outbreak of hospital acquired Covid-19 infections at the Royal Glamorgan Hospital has impacted on the ability to meet the Welsh Government submission deadline due to having to revisit and adjust a number of assumptions made in relation to bed capacity and delivery of elective activity in order to reflect the forecast demand and capacity for the Q3/Q4 period. Welsh Government have now approved the extension to the deadline of the draft submission from the 19 October to 24 October 2020. As planned the Q3/Q4 Plan would be submitted for approval at the Health Board meeting on 29 October.
- The workforce and financial requirements of both existing Health Board capacity and additional capacity in Ysbyty'r Seren, Neath Port Talbot Hospital working with Swansea Bay University Health Board and the use of private facilities in the Nuffield Vale and Cardiff Bay were currently being finalised. Members discussed the endoscopy waiting list and how the backlog was to be reduced. Members were advised that the aim was to treat all patients who required urgent treatment, (categorised as 1-3 in accordance with the Royal College of Surgeons guidelines) within 3 months of being listed. The planning assumption was that all these patients, together with the backlog in these categories would be treated by 31 March 2021.
- The opening of Ysbyty'r Seren was earlier than planned but with reduced capacity than initially anticipated due to increased Infection, Prevention and Control measures to respond to the change of patients being accommodated in it, required a change in capacity assumptions due to further work putting in isolation rooms and cubicles. Members discussed the staffing for the field hospital and queried the staffing ratio. It was advised that the ratio was a mixture of Cwm Taf Morgannwg UHB (CTMUHB) staff, bank, agency and voluntary sector such as Valleys Steps and Health Matters. Members **NOTED** that the CTM staff had been utilised from a range of services across the Health Board so not to deplete other services.

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- The RAG rated self-assessment undertaken against the guidelines for delivering essential services has shown that the Health Board was providing all essential services across primary, community and secondary care but did recognise that a small number assessed as amber require further work to increase their capacity to meet the urgent demand.

Members discussed the role of the Integrated Locality Groups (ILGs) and **NOTED** that the ILG functions were starting to mature with the re-setting programme being run under the ILG plans. The finance plans had been aggregated from the bottom up which required assumptions and triangulation from all three ILGs. Members were advised that there would be an extended discussion on this at the Management Board meeting on the 22 October 2020. Members discussed whether it would be appropriate for the ILGs to attend a future meeting in terms of scrutiny and it was **AGREED** that a discussion would be held outside of the meeting with the Chair, C. Williams and A. Lawrie. **Action.**

Members queried whether all posts had now been recruited for the Systems Groups and were advised that some of the staff had been re-deployed in the short term to the Royal Glamorgan Hospital.

The Committee **RESOLVED** to:

- **NOTE** the Plan for onward submission to Management Board on 22 October 2020 and the Health Board on 29 October 2020.

PPF/20/071

COMMITTEE SELF ASSESMENT – REVIEW OF SURVEY RESULTS

Members **RECEIVED** the report that was presented by C. Hamblyn.

Members were advised that the Committee, at its last meeting had agreed to undertake the Committee Self-Assessment outside of the meeting electronically via survey monkey.

Members **NOTED** that 7 out of 12 responses had been received.

Members **AGREED** that an action plan would be developed arising from the survey and a meeting would be held next week with the Chair and the Governance team and brought back to the next meeting.

The Committee **RESOLVED** to:

- **NOTE** the report
- **AGREED** that an Action Plan be developed and brought back to

the December 2020 meeting.

PPF/20/072

PERFORMANCE DASHBOARD

Some comments had been raised by Independent Members prior to the meeting, as outlined below together with the response:

Question:

Paragraph 1.8: When will the measures for monitoring the strategic well-being objectives be available? Which committee(s) will have responsibility for monitoring progress?

Response:

Measuring progress against the Health Board's Strategic objectives will be undertaken at a number of levels: impact, outcome, output and input. Given that the objectives cover the breadth of Health Board delivery they will consequently be scrutinised via a number of committees. The mechanism for this is under development alongside a further development of the integrated performance report. Additional capacity is being brought into support the Performance and Information team in delivering this at pace.

Question:

Paragraph 2.4: Resetting Elective Services - Again, whilst recognising the massive impact Covid-19 has had on healthcare activity, are we exploring all potential opportunities to provide early treatment for high priority/very urgent cases (by the use, for example, of independent providers in England and possibly further afield, 7/7 working etc.).

Response:

Urgent patients have been clinically reviewed and prioritised and sites provide a "green" route to maintain as much elective and cancer surgery for our most urgent patients as possible. In addition, we continue to have access to Neath Port Talbot and the Vale hospital at Hensol where patients who are a lower anaesthetic risk have their procedures.

Question:

Paragraphs 2.19 & 20: Unscheduled Care - Any reason for the reduction in ambulance handover times and responses to red calls.

Response:

Emergency Departments have implemented "red" and "green" routes that have impacted on capacity and flow and we are seeing increase handover times. We are also seeing additional activity at PCH from the Neville Hall catchment due to the service reconfiguration in AB with the opening of the Grange Hospital.

Question:

Paragraph 2.21: Delayed Transfers Of Care (DToC) - The number of

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DToC cases is increasing together with the number of patients waiting for care packages. What steps are being taken to address the position

Response:

The DToC position has fluctuated over recent weeks and months with waits of packages of care one of the highest we have experienced.

Securing packages of care for the more complex individuals with a high frequency of call is the most problematic and resource intensive, this is more difficult in certain geographical areas. In an attempt to overcome this, we are working with our therapists and our Local Authority (LA) partners to explore new and different ways of working to manage the more complex individual by utilising differing techniques and equipment with the intention of reducing the staffing requirements. Additionally the LA are looking to broaden their commissioning arrangements and extend their local contracts with additional care agencies through the locality. The increased prevalence of Covid in the community has exacerbated this position and discharge planning principles have been introduced to build confidence and reassure with our providers that we are taking all precautions to ensure that individuals who have been discharged are Covid free

Question:

Paragraph 2.29: Mental Health Measures CAMHS - What happened in August to bring about such a dramatic reduction in the level of Part 1(a) compliance?

Response:

Following the first wave of COVID where a number of staff were redeployed to support Ty Lydiard and other services under pressure staff have been taking annual leave which has had an impact on capacity and there are some vacancies that are being actively recruited to. A decision has been made to increase capacity temporarily to address the needs of people who have been waiting longest.

Question:

Paragraph 2.20: Is the reduction in response to red calls related to the inability to offload at A&E as a result of social distancing if so is there a plan to manage this.

Response:

AS ABOVE – Emergency Departments have implemented “red” and “green” routes that have impacted on capacity and flow and we are seeing increase handover times. We are also seeing additional activity at Prince Charles Hospital from the Neville Hall catchment due to the service reconfiguration in Aneurin Bevan with the opening of the Grange Hospital.

Question:

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Paragraph 2.30: Neurodevelopment service has consistently struggled to increase its compliance to the 80% target, having reached 70% in June 2019 it has failed to achieve anything above 66.9% since. How is this being addressed given the wider impact on health, education and well-being these long wait times have? Especially, as we discuss the need to improve prevention.

Response:

CAMHS are receiving £300k of new Welsh Government funding and some of this is being used to recurrently enhance capacity in the neurodevelopment service. In the meantime, resource has been agreed to enable additional capacity to see people who have been waiting longest.

Question:

Page 4 Paragraph 6: Comment & Question - Inequality in Health. Has there been a consideration as to how we deliver certain programmes if we truly want to address inequalities. Some of those we deliver create inequalities especially when addressing ACE's and obesity given we can see Merthyr Tydfil and Rhondda Cynon Taff have the highest level of obesity in 9 local authorities. To make the changes needed there may be a need to examine service delivery in some areas.

Response:

Unfortunately, this isn't an area where the outcome of changes can be quickly measured. The work of the newly formed System Groups will support the organisation in focusing on reducing inequality, with a work programme prioritised based on population health and addressing elements of the underlying causes of inequality. The Systems Groups and Integrated Locality Groups will need to work with Partners to achieve this change as it is widely known that only 10-15% of healthcare interventions traditionally address population health and well-being.

Question:

Page 2: September 2019 the plan to address immunisation rates in the 5 year old age bracket was for school health nurses to send out letters to parents, did this have any impact? Historically immunisations for school aged children are given in GP surgeries during school hours. Many parents have at this point returned to work. In an attempt to improve has there been engagement with GP's to discuss the possibility of an after school immunisation session.

Response:

GPs have continued to provide the immunisations such as MMR and pre-school boosters since July 2020 following a short suspension during the initial months of the pandemic lockdown, however normal vaccination programmes have resumed. In most cases GP practices ask parents to attend by appointment only and are phoned ahead to check

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the parent and child are symptom free. Some have identified 'clean' sites at branch surgeries for such things as immunisations to ensure children are not exposed to other patients who are unwell and have to be seen.

A letter is issued routinely to parents via SH Nurses if outstanding immunisations at school entry – however uptake is not monitored as such as the SHN will signpost back to Primary care

Just to add as a positive - For the flunez Nursery programme Health Visitors and School Health Nurses have needed to look at a range of options for delivering this vaccine programme during Covid i.e working with the school to access the where the school model is supported

Members **RECEIVED** the report that was presented by C. Williams.

Members **NOTED** the following key highlights:

- In keeping with the desire to maintain an agile methodology, the Health Board had agreed to adopt and iteratively develop a four element measurement approach for each strategic well-being objective. This would enable impact of the numerous inputs, outputs and outcomes at project and service level to be mapped to the strategic well-being objective objectives. The approach is intentionally the same as that adopted by the CTM Regional Partnership Board in the transformation and partnership work.
- The Dashboard continues to be developed, with a new section devoted to the Healthy Child. Whilst the data is not particularly timely, it is better to highlight it through reports of this nature, to see what improvements might be possible in that regard, but more importantly to ensure there is a focus on prevention.
- With regard to re-setting elective activity undertaken in both internal and independent hospital capacity, the overall levels were well below those delivered at the same time last year and in addition, the plans to increase activity levels from mid-September had been adversely affected by the Covid-19 outbreak. In total, 648 cases had been treated utilising independent hospital capacity, with theatre utilisation in the most recent week reported being the highest achieved and above 85% for the third week in succession.
- RTT - The total number of patients waiting on a RTT pathway had increased steadily over the past three months or so to over 77,000 having been fairly static at around 62,000 since the autumn of 2019. Whilst elective referrals were now returning to pre-Covid levels, elective treatment capacity had been running at around 30 per cent compared to last year, with plans to increase this level from the middle of September adversely affected by the Covid-19 outbreak. Members **NOTED** that the waiting list was at

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a significant level and the Health Board were in a challenging position for at least the next six months to manage appropriately on a risk basis and ensure that patients were being treated in order of priority. Members were advised that similarly for cancer patients, there were huge challenges with waiting times. Work was ongoing categorising patients into levels 2,3 and 4 and using this as part of the modelling work and whether there was capacity to deal with this moving into the next six months.

- **Unscheduled Care** – During the summer attendance at the A&E departments had risen to 80-90 per cent. There had been a change in flow patterns at Prince Charles Hospital due to the Grange University Hospital opening on the 17 November and changes made to service provisions at Nevill Hall Hospital.

Members were advised that the next iteration of the Dashboard would include the action being taken and what impact they were making to the communities.

The Committee **RESOLVED** to:

- **NOTE** the report.

PPF/20/073

MONTH 6 FINANCE REPORT

Members **RECEIVED** the report that was presented by S. Webster

Members **NOTED** the following key highlights:

- The Month 5 year to date overspend was £13.6m and this included £13.2m of additional costs attributable to Covid-19. During Month 6, Welsh Government confirmed additional Covid-19 funding of £72.0m. This included a core allocation of £56.2m plus assumed allocations for a number of pass through costs with a latest estimated cost of £15.8m. The total assumed WG funding for Covid -19 now stands at £91.1m.
- Following confirmation of this additional funding, the Health Board has reported a £13.6m surplus for Month 6 and a Month 6 year to date and forecast breakeven position.
- The Month 6 actual underspend of £13.6m was £21.2m better than the Month 6 forecast overspend of £7.6m.
- Members **NOTED** that the main focus at the moment was on the Quarter 3/4 Plan which would be looked at in more detail at the Board Briefing to immediately follow the meeting.
- The report would be revised to make it easier for Members for future meetings. **Action.**

The Committee **RESOLVED** to:

- **NOTE** the report

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PPF/20/074 **MONTHLY MONITORING RETURNS TO WELSH GOVERNMENT – MONTH 6**

The Committee **RECEIVED** and **NOTED** the Monthly Monitoring Returns for Month 6 that had been submitted to Welsh Government.

PPF/20/075 **COMMITTEE HIGHLIGHT REPORT**

Members **AGREED** that this would be taken outside of the meeting and shared with colleagues before submitting to Board on the 29 October 2020.

PPF/20/076 **FORWARD WORK PROGRAMME**

Members **AGREED** that this would be updated outside of the meeting.

PPF/20/077 **ANY OTHER URGENT BUSINESS**

There was no urgent business identified.

PPF/20/078 **DATE OF THE NEXT MEETING**

The next meeting of the Planning, Performance & Finance Committee was scheduled for 21 December 2020.

Signed

M Jehu, Independent Member

Date