

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

**'UNCONFIRMED' MINUTES OF THE MEETING OF THE
PLANNING, PERFORMANCE & FINANCE COMMITTEE HELD ON
27 APRIL 2021, AS A VIRTUAL MEETING WHICH WAS HELD
VIA MICROSOFT TEAMS**

PRESENT

Mel Jehu	-	Independent Member (Chair)
Ian Wells	-	Independent Member
Nicola Milligan	-	Independent Member
Patsy Roseblade	-	Independent Member

IN ATTENDANCE

Sara Utlej	-	Audit Wales
Emma Samways	-	NWSSP – Internal Audit & Assurance
Cally Hamblyn	-	Assistance Director of Corporate Governance & Risk
Steve Webster	-	Executive Director of Finance
Gareth Robinson	-	Chief Operating Officer
Clare Williams	-	Executive Director of Planning & Performance (Interim)
Kathrine Davies	-	Corporate Governance Manager (Meeting Secretariat)

PART 1. PRELIMINARY MATTERS

1.1.0 WELCOME AND INTRODUCTIONS

The Chair **welcomed** everyone to the meeting.

1.2.0 APOLOGIES FOR ABSENCE

Apologies for absence had been received from Georgina Galletly, Director of Corporate Governance and Philip White, Independent Member.

1.3.0 DECLARATIONS OF INTERESTS

There were no interests declared.

PART 2. CONSENT AGENDA

The Chair asked whether Members wished to move any item on the Consent Agenda to the 'Main Agenda'. No changes to the Consent Agenda were requested.

2.1 FOR APPROVAL

2.1.1 'UNCONFIRMED' MINUTES OF THE PLANNING, PERFORMANCE & FINANCE COMMITTEE MEETING HELD ON 25 FEBRUARY 2021

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

Question: Page 3 point 4.1.0 of the minutes there was a commitment to hold discussions with the Integrated Locality Group's (ILG's) and Systems Groups on who they are engaging with in respect to co-creating with staff. Have there been any discussions if not when are these discussions planned to take place?

Response: *A presentation which is being used for the Pre-Conception to first 1000 days System Group was shared in response to this question.*

The System Group Board meeting will be the first, the original ones where lined up for January, but COVID put pay to them, and they are therefore running over the next few weeks, with the first meeting being more of a workshop session.

The invites, include health board staff, Third sector, and Local Authority partners, with the hope to then grow and engage with wider groups of the passionate, interested and enthused.

A detailed update was received in the meeting.

Resolution: The minutes were **APPROVED** as a true and accurate record.

2.2 FOR NOTING

2.2.1 ACCOUNTABLE OFFICER LETTER TO WELSH GOVERNMENT

Resolution: The Accountable Officer report and letter was **NOTED**.

2.2.2 REGIONAL PARTNERSHIP BOARD TRANSFORMATION FUND UPDATE

Resolution: The Committee:
NOTED the risk in relation to the current gap of £2.1m between the available funding and projected costs of the Transformation programme
NOTED the further risk in relation to the plans for sustainability beyond 2021/22, when the Transformation Funding is due to end.

3.0 MAIN AGENDA

3.1.0 ACTION LOG

The Committee discussed and reviewed the Action Log.

G. Robinson referred to the action in relation to the Neurodevelopmental Service and advised that work was underway on waiting list initiatives and investment of £150k which was part of the planned care recovery work and had reduced the waiting times from 84 to 60 weeks. Approval had been given to the service to employ a locum currently working in the department which should provide the service with sustained performance moving forward.

N. Milligan provided feedback on the service following the Planned Care Recovery Group and a recent email received which highlighted the fragility of the service. In response, G. Robinson requested that the feedback be shared with him to investigate the matter outside of the meeting so he could provide a more informative response.

I. Wells queried the timescale in terms of the Ophthalmology Plan and when the Committee was likely to receive it. G. Robinson advised that work was underway on the Follow Up Patients Not Booked (FUNB), the issues that arose out of the clinical validation exercise and the Royal College review of Ophthalmology. A Senior Operations Manager had been appointed to the Bridgend Integrated Locality Group (ILG) to oversee the work alongside the ILG Director of Nursing. This should be completed within the next two weeks and the early draft outlined report of the specification would be shared at the next meeting.

I. Wells queried taking the action on Stroke off the Action Log and asked if the Committee were assured that this was being monitored. C. Williams advised that the matter had been referred to the Quality & Safety Committee for their detailed consideration from a population Health aspect. The Chair advised that this could be brought back for review at any time on request.

C. Williams advised that with regard to the action in relation to the approach to the Integrated Medium Term Plan (IMTP) and the question raised by N. Milligan under the minutes on soft intelligence and inequalities, a short update had been provided on the Action Log and a presentation on the first 1000 days of the Systems Groups had been shared with Independent Members. N. Milligan advised that she had been very interested but also reassured that the Reference Group have staff involved from the community and that the same approach was being taken in all Systems Groups.

Resolution: The Committee **NOTED** the Action Log.

- Action: NHS Benchmarking Reports on Cwm Taf UHB – Opportunity analysis to be refreshed due to the Planned Care Recovery work and the ILGs budget setting due at the end of May.
- Action: A report on Estates performance for the Bridgend locality element of the Estate to be received at the June 2021 meeting.
- Action: Review to be undertaken of proportion of estates calls undertaken on a desk response basis as opposed to yearly statutory maintenance – Further work with the team and the analysis to be reported at the committee's next meeting in June 2021.
- Action: Governance and accountability arrangements with regard to Unscheduled Care and Winter Plans and the Regional Partnership Board - a discussion would be held outside of the meeting between the Chair and Assistant Director of Governance.
- Action: Discussion to be held with the Director of Corporate Governance and Director of Planning & Performance regarding a consistent approach across all Committees in relation to ILG attendance at Sub Committees.

4.0 PLANNING

4.1.0 INTEGRATED MEDIUM TERM PLAN (IMTP) & PLANNED RECOVERY UPDATE

A presentation was received on the current position in relation to the IMTP and the Planned Care Recovery.

I. Wells queried the comment made that Welsh Government had commented on whether the recovery plans were achievable. C. Williams advised that Welsh Government wanted to ensure that workforce constraints and considerations were explicit, particularly

around sickness levels and that it would not act upon some of the service priorities.

With regard to Planned Care Recovery, P. Roseblade asked what safety nets were in place for checking with patients if they thought that their procedures still needed to continue. G. Robinson advised that the governance and operational process was still being worked through, however, a one off letter was planned to be sent to patients requesting them to confirm if they wanted to continue with their procedure or to be taken off the waiting list that would be followed up with a clinical validation of the patient. He added that this should reduce the waiting list by 20-30 per cent.

I. Wells sought clarity on the finance allocation request to Welsh Government in that it was stated that £30m was required but requesting £18m. G. Robinson advised that the £30m was for the whole year and the £18m was for the share of the £100m of Welsh Government recovery money allocated to Health Boards across Wales for progress against key deliverables on planned care recovery. I. Wells asked how confident were the Health Board that the funding requested would be received. S. Webster advised that there was no risk in terms of funding delivery but more about workforce and capacity in the short term.

N. Milligan commented that Welsh Government had already raised concern around workforce constraints and queried how this would impact on the Health Board moving forward. G. Robinson advised that the risk was reflected in the plan. Outsourcing would deliver 60 percent of the risk and a raft of small multiple plans were in place so that the Health Board were not solely reliant on one speciality of staff.

N. Milligan asked if external procurement was being considered for staff with expertise who were currently not working to help sustain the service. G. Robinson advised that ILGs have been asked to look at the staff that were currently shielding on a case-by-case basis. S. Webster advised that the Health Board would have to work with existing staff and to operate in the most efficient way possible but also with an incentive to change pathways and approaches and get the best possible clinical leadership.

Resolution: The presentations and update was **NOTED**.

Action: Discussion to be held with the Director of Corporate Governance in relation to the governance arrangements for the Health Board to sign-off of the final Plan in June 2021.

5.0 PERFORMANCE

5.1.0 INTEGRATED PERFORMANCE DASHBOARD

The Committee received a summary update on performance against a number of key quality and performance indicators.

P. Roseblade sought clarity on section 2.11 on cancer waiting times and advised that the section provided percentages but not numbers of patients waiting. C. Williams apologised that the numbers had not been included but advised that the figures were contained on page 11 of the Dashboard. However, she advised that this would be fed back to the team to ensure that there was improved clarity on this in future reports. G. Robinson advised that the cancer team and the ILG have had a huge focus over the last two months to eradicate the waiting times which was moving in the right direction and was being monitored on a monthly basis and was confident that this would return to 75 percent of the target by the end of June 2021.

I. Wells commented on paragraph 2.7 on resetting elective service and advised that the narrative should be rephrased as it does not read well from a public perspective and needed more detail to reflect the ambition on what could or could not be achieved and an explanation provided. C. Williams advised that this was a valid point.

P. Roseblade queried the huge variation in the March figures for treatments carried out by the independent sector on page 3 of the Dashboard. G. Robinson advised that this was due to current availability of capacity within the independent sector. This had now been increased with a commitment to undertake 2800 procedures over the coming year.

P. Roseblade highlighted the paragraph on page 3 in relation to urgent capacity for cancer patients. G. Robinson advised that this was a cut and paste error and would be amended. However, the graph to the right of this showed that activity was increasing.

P. Roseblade queried the comments and narrative in the FUNB section and advised that the language was not appropriate from a public perspective. C. Williams confirmed that this would be amended to reflect the comments.

N. Milligan highlighted the graph on page 2 of the Dashboard and requested that some narrative should be added underneath to explain in more detail what was being done and why? C. Williams

advised that narratives would be added as the work programmes build with the Systems Group and with the Committees permission the graph would be excluded from the next report and submitted back in six months' time with more information.

Resolution: The report was **NOTED**.

Action: To remove the graph from page 2 of the Dashboard and report back in six months with a more detailed narrative on the work programmes.

Action: Narrative to be amended to reflect comments around language raised by Independent Members.

5.2.0 ORGANISATIONAL RISK REGISTER

C. Hamblyn presented the report that outlined the high level organisational risks that had been assigned to the Committee, and highlighted the management actions being taken to manage or mitigate these high level risks.

P. Roseblade queried the action on risk 4060 that stated *"Developing the Health Board's understanding and use of Value Based Healthcare principles to drive service planning and improvement"* and sought an update. S. Webster advised that a plan to undertake an opportunity analysis had been delayed due to the planned recovery work. Progress is now anticipated following the appointment of a Director of Improvement and the implementation of Value Based Health Team.

P. Roseblade queried the rationale on the CAMHS Risk 4149 and asked why the target risk rating was 9 and the current risk rating was 16. C. Hamblyn advised that she was currently meeting with the Heads of Quality and Safety within the ILG's, focussing on target scores. G. Robinson added that CAMHS was under his remit and has been placed under internal special measures in the Bridgend ILG and would provide an update on this at the next meeting.

P. Roseblade queried Risk 4285 and advised that one of the controls was to transfer the Laundry Service to Shared Services. S. Webster advised that it would be transferring and work was currently underway on the hosting arrangements and a Service Level Agreement for costs and interim steps until the transfer had occurred. C. Hamblyn advised that the Facilities team had agreed to reduce the risk to 12, however, this could be de-escalated back up if needed to and would have a further discussion with the Facilities

team based on the discussion. S. Webster queried whether this Risk should now sit with this Committee and not Quality & Safety Committee. C. Hamblyn advised that this would be reviewed and considered.

Resolution: The report was **NOTED**.

Action: Update on the CAMHS Special Measures to be provided at the next meeting.

Action: Discussions to be held with the Facilities Team to review the Laundry Services risk and also review and consider whether the risk should sit with this Committee.

6.0 FINANCE

6.1.0 MONTH 12 FINANCE REPORT

S. Webster presented the report that highlighted the key messages in relation to the current month, year to date and forecast year-end financial position of Cwm Taf Morgannwg (CTM) University Health Board as at Month 12.

P. Roseblade asked if the £30k surplus was sustainable. S. Webster advised that this was not considered a risk however, there would be a small surplus.

P. Roseblade queried whether the balance sheet risks had reduced and what the evidence was to support the annual leave accrual. S. Webster advised that there would be sufficient backup via the rostering system utilising doctors and medical staff.

P. Roseblade queried the huge variants across the ILGs and whether a deep dive would be undertaken. S. Webster advised that further work was underway to fully understand the reasons for the key movements and any associated learning for the finance teams and budget holders within the ILGs and would be reported back to the Committee.

Resolution: The report was **NOTED**.

6.2.0 BUDGET SETTING ARRANGEMENTS

S. Webster presented the report which provided further information on the budget setting principles and assumptions and the proposed allocation of the draft budget to ILGs and other service and

corporate directorates for the three separate elements of the financial plan – the core plan, Covid response and planned care recovery.

P. Roseblade asked whether the budget position would change given the Month 11 and the outturn. S. Webster advised that this would not change as the issues were mostly non-recurrent.

P. Roseblade queried why Primary Care were being treated differently to other areas and would they be disadvantaged. S. Webster confirmed that this was not the case. Primary Care have their own core GMS funding and would also be having additional Covid funding as well as the cluster funds which would be increased for this year as well as further funding for Contact Ahead. He also advised that some of the planned care recovery work could be used for the pathways in primary care and could be an opportunity to re-design the services.

Resolution: The Committee **ENDORSED** for Board **APPROVAL** the proposed budgets and budget-setting arrangements for 2021/22.
The Committee **NOTED** that the budgets were draft as the overall financial plan remained a draft plan given it was currently a deficit plan.

7.0.0 OTHER MATTERS

7.1.0 HIGHLIGHT REPORT TO BOARD

Resolution: The Committee **AGREED** that the report would be prepared by the Governance Team following the meeting.

7.2.0 ANY OTHER URGENT BUSINESS

No further business was identified.

8.0.0 CLOSE OF THE MEETING – DATE AND TIME OF NEXT MEETING:

The next meeting of the Committee was scheduled to be held on 22 June 2021 at 2:00 pm.