

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

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

IN ATTENDANCE

- Marcus Longley - Health Board Chair (in-part)
- Maria K Thomas - Health Board Vice Chair (in-part)
- Patsy Roseblade - Independent Member (designate)
- James Hehir - Independent Member
- Dilys Jouvenat - Independent Member
- Jayne Sadgrove - Independent Member
- Sara Utley - Audit Wales
- Emma Samways - NWSSP – Internal Audit & Assurance
- Georgina Galletly - Director of Corporate Governance/Board Secretary
- 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)
- David Jenkins - Independent Advisor to the Board (Observing)

PART 1. PRELIMINARY MATTERS

1.1.0 WELCOME AND INTRODUCTIONS

The Chair **welcomed** everyone to the meeting, particularly Patsy Roseblade who had been appointed as the new Independent Member for Finance and was observing the meeting prior to her commencement on 1 March 2021.

The Chair advised that the meeting had been extended to the wider Board Membership today to allow broader awareness and scrutiny of the issues on the agenda in light of the COVID governance

arrangements in place and welcomed those Members that had joined the meeting.

The Chair reminded Members of the Consent Agenda process which had once again been implemented for this meeting. The Chair also explained the process that would be followed in relation to any Committee Referrals that the Committee wished to make during the meeting.

1.2.0 APOLOGIES FOR ABSENCE

Apologies for absence had been received from Phil White, Independent Member, Keiron Montague, Independent Member and Alan Roderick Assistant Director of Performance.

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 21 DECEMBER 2020

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

2.1.2 PLANNING, PERFORMANCE & FINANCE COMMITTEE ANNUAL CYCLE OF BUSINESS

Resolution: The Annual Cycle of Business was **APPROVED**.

2.2 FOR NOTING

2.2.1 ACTION LOG

Resolution: The Action Log was **NOTED**.

2.2.2 MONTHLY MONITORING RETURNS TO WELSH GOVERNMENT

Resolution: The Month 9 and 10 Monitoring Returns were **NOTED**.

3.0 MAIN AGENDA

3.1.0 MATTERS ARISING NOT CONSIDERED WITHIN THE ACTION LOG

There were no matters arising reported.

4.0 PLANNING

4.1.0 DEVELOPING THE APPROACH TO THE IMTP 2021-22

C. Williams presented the report and provided an update on the outcome of discussions held with the Executive Team, the Board Development Session held on the 18 February 2021 and Management Board held on 23 February 2021. Members **NOTED** that the Elective Recovery Programme was appended to the report.

N. Milligan raised a question with regard to the Framework and in particular, health inequalities and co-creating with staff in the community. She advised that staff have a wealth of "soft" intelligence and how was the Health Board engaging with them to utilise the specialist information that they hold. In response, C. Williams advised that she would make a commitment to hold discussions with the Integrated Locality Groups (ILGs) and Systems Groups on who they are engaging with when having population health conversations. G. Robinson advised that there was a need to ensure that all staff were involved as part of the leadership and the broader staff engagement process to ensure that staff are encouraged to engage.

The Chair raised a comment that D. Jenkins had made at the Board Development Session that the Plan does not cover how it was going to be delivered, and by whom. C. Williams advised that the Plan was still in development and confirmed that once finalised there would be clear deliverables and harder metrics for the Board and the Committee to monitor.

I. Wells queried what further engagement would there be with the Independent Members for them to contribute before getting to the final Plan. C. Williams advised that this year the timeframe was far more compressed due to COVID and working to six weeks rather than six months. However, this had been recognised as a national issues by Welsh Government (WG). It was confirmed that the IM Briefings would be utilised over the next couple of weeks and there would be another opportunity for a further session prior to the

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March Board Meeting. G. Robinson advised that the Elective Care Recovery Plan would be completed by the end of March which would set out very clearly the Plan for 2021-2022 and would contain specific numbers and a three year trajectory and would be navigated through the internal governance process and assurance via this Committee.

P. Roseblade queried how Primary Clusters feed into the planning process. C. Williams advised that each cluster developed their own individual plans and are submitted to WG which helps inform the plan. Community Services sit within the ILGs and development of ILG recovery plans cut across the breadth of delivery within community and primary care services.

10.45 am Marcus Longley and Maria Thomas joined the meeting

Members **NOTED** the updated financial position of the Plan that was presented by S. Webster.

The Chair queried whether there was enough time to work through the finances for submission at the end of March. S. Webster advised that it would have to be submitted, however, the quality of the plan would require further work and this would be an ongoing task moving through the year which would be in line with WG expectation.

M. Longley queried the 2% savings target and whether there was sufficient analysis of what was achievable and how the two per cent would be attributed. S. Webster confirmed that discussions were ongoing with the Chief Operating Officer on benchmarking frameworks and he had prepared a report on opportunities from models of care and efficiency perspectives. It was advised that the ILGs were required to submit their bottom up savings plans by the 19 March. S. Webster confirmed that the 2% target would then be attributed across the Board.

M. Longley requested that the information comes back to the Board and the Committee in a fairly short order.

P. Roseblade asked what levels of savings were made in a normal year and was there a zero based exercise when the ILGs were formed and whether there was any flexibility within the balance sheet to deliver non-recurrent savings in the next financial year. S. Webster explained the history of the Bridgend transition and advised that prior to the transition the Health Board were delivering around the £10-15m range with an average of £15m which would equate to 1.5 – 2 per cent. However, since the transition and

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Targeted Intervention, it had slipped back from 1.5 to 2 per cent and savings were relatively low at £10m. It was advised that with regard to the ILGs, the timing had been very rushed so a decision had been made during the second half of quarter three to re-draw the budgets that were already there for the services on the basis of an ILG budget. With regard to the query on the balance sheet, S. Webster advised that it was dependent on the conversations currently being held with Audit Wales.

The Chair thanked everyone for their contribution to the debate and commended the level of in-depth discussions, challenges and scrutiny that had been provided.

Resolution: The report was **NOTED**.

Action: C. Williams to check with the Systems Group Directors who they are engaging with when having population health based conversations and will report back.

Action: R. Robinson and H. Daniel to undertake a piece of work to discuss how we encourage staff and our leaders to listen and absorb and how to do this through the leadership function and a broader staff engagement process.

Action: S. Webster to feedback the discussion held on health inequalities and population health to DoPH.

Action: Elective care recovery plan and ability to achieve the 2% target – S. Webster and G. Robinson to provide an overarching view of what the ILGs can deliver and map out in a Gant Chart, looking at skills to deliver within the teams and the role of external support to be considered and undertaken and brought back to the Board in a fairly short order for consideration.

5.0 PERFORMANCE

5.1.0 INTEGRATED PERFORMANCE DASHBOARD

C. Williams and Gareth Robinson presented the report which provided the Committee with a summary of performance against a number of key quality and performance indicators. Members **NOTED** that with regard to the performance metrics, most of those items were RAG rated 'red' and that discussions are ongoing with the team on how to address these. Currently the team are using WG delivery targets to indicated red, amber and green.

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P. Roseblade queried if urgent referrals and tracking were still being undertaken. G. Robinson advised that it was in principle, however, the cancer tracker was not as robust as they would like it to be, so currently working with other Health Boards looking at good examples of cancer tracking systems for adoption by CTM. The Cancer Steering Group were leading on this.

P. Roseblade asked if there was a planned increase in capacity as more patients were going back to their GPs following Covid resulting in increased referrals. G. Robinson advised that cancer referrals were back up to where they originally were pre-covid.

I. Wells queried the Follow Up Patients Not Booked on page 7 and raised concern that the Ophthalmology statistics bar graph was much higher than others. G. Robinson advised that Ophthalmology had now moved its chain of command from Rhondda Taff Ely ILG to Bridgend ILG and they have identified a significant piece of work to be carried out around challenges and opportunities to take forward which will be worked into the intervention. A recovery plan was being developed. A more detailed update will be provided for the Committee at their next meeting.

I. Wells queried the 0% rate for stroke quality improvement measures and compliance for the Princess of Wales Hospital for the period October – December 2020. G. Robinson advised that there had been some issues with regard to consultant capacity and this was being reviewed with a report on Stroke Performance to be received at the next meeting of the Population Health and Partnerships Committee in April 2020.

12.10 pm Maria Thomas left the meeting

The Chair asked if the Committee could be sighted on the Strategic Plan once developed and formulated and was assured that this would be the case.

P. Roseblade queried the £20m circa on capital. S. Webster advised that he would check back on this.

N. Milligan expressed her disappointment that the return to work compliance had decreased. C. Williams advised that this may be a matter to refer to the People and Culture Committee for further consideration and scrutiny.

N. Milligan queried that the assessment data on childhood obesity was the same as received in January. C. Williams advised that healthier weights were not measured more frequently and suggested that an overview of the work being undertaken by the

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ILGs and systems groups which included obesity could be taken to the Population Health and Partnerships Committee.

N. Milligan observed that compliance had dropped again from December with regard to Neuro Development. G. Robinson confirmed that work was underway with the service to improve on capacity and resolve some of those issues. There would also be a component in the elective recovery and this would be reported back as part of the IMTP position.

Resolution: The report was **NOTED**.

Action: Re-setting Unscheduled Care – Mobilising Event held discussing programme of work pulling together primary, secondary and acute care and will be included in the Performance Report for the next meeting.

Action: Ophthalmology – detailed report to be brought to the next meeting on actions for recovery.

Action: Stroke performance – Paper going to Population Health & Partnerships at April meeting. Need to understand the issues and will come back following review.

Action: Strategic Plan in development and will be brought back to the Committee once completed for sighting.

Action: Noted that return to work compliance was again decreasing and agreed that this should be referred to People and Culture Committee.

Action: Data on page 14 in relation to staff was outdated and needs to be revised.

Action: Need more narrative to sit underneath the graphs to advise of work ongoing.

Action: Neurodevelopment Service – work currently being undertaken to improve capacity and resolve issues as part of the component in elective recovery and will report back as part of the IMTP position.

12.15 pm Clare Williams left the meeting.

5.2.0 ORGANISATIONAL RISK REGISTER

G. Galletly presented the report that outlined the high level organisational risks included on the Organisational Risk Register

that had been assigned to the Committee, and highlighted the management actions being taken to manage or mitigate these high level risks. G Galletly noted that the report presented the same position reported to the Board in January and that risks were in the process of being updated in readiness for presentation to the March Board meeting.

I. Wells requested that timescales for meeting targets could be contained within the Action Plan. G. Galletly confirmed that where they could assign dates to the actions this would be completed.

Resolution: The report was **NOTED**.

Action: Need to include timescales to meet risk mitigation targets in the risk register where possible.

6.0 FINANCE

6.1.0 MONTH 10 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 10 (M10).

P. Roseblade queried the £74m additional WG funding that had been allocated. S. Webster confirmed that WG had allocated additional money for Covid-19 based on a formula which was £56m in Month 7 and then further agreed to fund various programme costs such as Personal Protective Equipment (PPE), Test, Trace, Protect (TTP) and Vaccinations which had added a further £20m. He advised that the formula had been £20m more than what had been forecast which was now giving a big surplus alongside the release from the balance sheet.

P. Roseblade queried whether there was an opportunity not to receive the WG funding for annual leave accrual. S. Webster advised that this had been provided on an all Wales basis. There would be some narrative put into the Accountable Officer letter to advise that this funding was part of the problem with the surplus.

12.26 pm Dilys Jouvenat left the meeting

P. Roseblade queried the increase in pay costs for Quarter 4. S. Webster advised that the increase was a combination of Covid-19 and ambitious Winter Plans which the ILGs were unable to deliver on all of them which had caused slippage.

Resolution: The report was **NOTED**.

6.2.0 UPDATE ON BALANCE SHEET REPORTING

S. Webster presented an update on the discussions being held with Audit Wales with regard to the balance sheet reporting.

P. Roseblade commented that a lot of work had been undertaken historically on Continuing Health Care (CHC) and queried whether there had been an agreement on what was a reasonable level of historic CHC to hold the accrual. S. Webster advised that there was an agreement around the process of the Powys managed historical cases and there had been discussions with other Health Boards around varying periods of how long to hold but no agreement had been reached. P. Roseblade sought clarity on the Bridgend transition with CHC. S. Webster advised that the final agreement on the balance sheet transfer had been very close to the end of the 2019/2020 financial year and was rolled over due to the timescales, which Audit Wales were aware of.

Resolution: To **NOTE** the update provided and **AGREE** the next steps:

- Board consideration of a final income and expenditure forecast, incorporating our projected balance sheet release, and associated agreement to request a return of allocation to the Welsh Government
- Drafting and sending an Accountable Officer letter to the Director General requesting a return of allocation
- Managing the residual risks that the actual 2020/21 outturn varies from the allocation returned

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:

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The next meeting of the Committee was scheduled to be held on 27 April 2021.

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