

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

**'UNCONFIRMED' MINUTES OF THE MEETING OF THE
PLANNING, PERFORMANCE & FINANCE COMMITTEE HELD ON
21 DECEMBER 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-part)
Carolyn Donoghue	-	Independent Member

IN ATTENDANCE

Jayne Sadgrove	-	Health Board Vice-Chair/Independent Member (Observing, in-part)
Paul Dalton	-	NWSSP – Internal Audit & Assurance
Emma Samways	-	NWSSP – Internal Audit & Assurance
Linda Prosser	-	Executive Director of Strategy & Transformation (in-part)
Gareth Robinson	-	Chief Operating Officer (Interim) (in-part)
Sally May	-	Executive Director of Finance & Procurement
Georgina Galletly	-	Director of Corporate Governance/Board Secretary
Kathrine Davies	-	Corporate Governance Manager (Meeting Secretariat)

PART 1. PRELIMINARY MATTERS

1.1.0 WELCOME AND INTRODUCTIONS

The Chair **welcomed** everyone to the meeting including Jayne Sadgrove, Vice Chair of the Health Board who would be observing the meeting.

1.2.0 APOLOGIES FOR ABSENCE

Apologies for absence had been received from Cally Hamblyn, Linda Prosser would be late joining the meeting due to another diary commitment, Patsy Roseblade would be in attendance until 11am and Gareth Robinson would be in attendance until 11.45 am. The Chair advised that the Good Governance Institute were unable to attend the meeting as observers and had given their apologies. The

Chair advised that they had requested a copy of the recording of the meeting and sought consent from Members to share the meeting recording with them. This was agreed.

1.3.0 DECLARATIONS OF INTERESTS

There were no declarations received.

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 24 18 OCTOBER 2021

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

2.2 FOR NOTING

2.2.1 MONTHLY MONITORING RETURNS TO WELSH GOVERNMENT

Resolution: The Month 6,7 and 8 Monitoring Returns were **NOTED**.

2.2.2 ACTION LOG

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

3.0 MAIN AGENDA

3.1.0 MATTERS ARISING NOT PREVIOUSLY CONTAINED WITHIN THE ACTION LOG.

There was none.

4.0 GOVERNANCE

4.1.0 ORGANISATIONAL RISK REGISTER

G. Galletly 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 referred to risk 4269 that outlined the forecast recurrent deficit had increased to £50.9m in the month 7 finance report and queried whether there would be a risk of the health board having a significant surplus resulting in having to send an accountability letter to Welsh Government. S. May confirmed that £2.7m of the funding had now been returned to Welsh Government via an Accountable Officer letter to mitigate the risk of a surplus. The energy price increase and annual leave accrual would have a significant impact and the situation was very difficult to predict at this point and would need to be carefully managed.

N. Milligan referred to risk 4458 and advised that the narrative states that an update was due in August 2021 but no update was contained on the register. G. Galletly advised that due to the fact that an update was also required in September 2021 as well, it might have been superseded, this would be reviewed outside of the meeting and an update would be shared with the Committee.

I Wells referred to risk 4149, CAMHS and sought an update. G. Robinson advised that he would need to review this and would pick this up outside of the meeting with the Director of Corporate Governance and feedback to the Committee following this.

Resolution: The report was **NOTED**.

Action: Risk 4458 to be reviewed and an update to be shared with the Committee outside of the meeting.

Action: Risk 4149 to be reviewed and an update to be shared with the Committee outside of the meeting.

5.0 IMPROVING CARE

5.1.0 UPDATE – DELIVERY OF PLANNED ELECTIVE CARE RECOVERY PROGRAMME

G. Robinson presented the report that provided an update on the overall progress, challenges, risks and operational schemes in relation to the Elective Recovery Portfolio of work. Members of the Committee **NOTED** that the report would now be a standard agenda item at each meeting.

P. Roseblade referred to paragraph 2.1 and queried how the waiting list initiative payments issue had been resolved. G. Robinson

confirmed that the waiting list payment level which had been via Welsh Government ceased in May 2021. The health board agreed to organise a separate waiting list payment scheme following that for all elective plans moving forward but at a reduced payment which had caused problems with lost activity. It had now been brought back on track but not quite up to the level that it had been. Within the planned care recovery programme the health board had been given authorisation from Welsh Government and within the scheme of delegation to redeploy that resource into other new schemes and areas such as outsourcing.

P. Roseblade referred to the suggestion of replacement schemes to reduce the gap in paragraph 2.1 and queried whether that was a waiting list or a capacity gap. She referred to the core activity in outpatients being significantly higher and queried whether this was having an impact on reducing the waiting lists. G. Robinson advised that the core activity levels had been greater than anticipated which had slowed down the deterioration in the waiting lists, but not decrease them.

P. Roseblade referred to the reminder system to prevent DNA's occurring in December 2021 and queried whether this had been activated. G. Robinson advised that he would query this outside of the meeting and respond back.

P. Roseblade asked for an update on Ophthalmology. G. Robinson advised that they had recently undertaken a detailed deep dive into Ophthalmology that had been presented to this Committee and also the Quality and Safety Committee. Progress had been made in that the problems had been diagnosed and a plan had been put into place, however, improvement in performance was not being seen as yet but it was being tackled and would improve.

I Wells referred to the spirometry weekend clinics and queried what protection was in place for staff. G. Robinson confirmed that for all re-started services a Quality Impact Assessment was undertaken and appropriate Personal Protective Equipment issued.

The Chair referred to over delivery and queried whether this was because of the outsourcing. G. Robinson confirmed that the over delivery was a result of core activity levels and the teams being able to carry out more activity than had originally been anticipated when producing the plan which had been overly cautious. It had been agreed with the outsourcing providers for 2,700 patients but this was currently running at around 70 per cent.

C. Donoghue commented that the “did not attend” (DNA) work could potentially be an easy way of increasing activity and queried whether other Health Board were finding the same problem. G. Robinson confirmed that from conversations with other health boards it did seem like they were experiencing the same problems and confirmed that the health board had a principle of overbooking to allow for DNA’s.

G. Robinson advised that with regard to planned care it had been very aspirational. Some schemes had delivered and some such as outsourcing had not. There were also some schemes such as the Wellness and Primary Care hubs if there was any slippage. He confirmed that he was working with the Director of Finance and both teams were driving the plans moving forward to keep within a balanced position.

Resolution: The Committee **NOTED** the report.

Action: To check whether DNA reminder system had been activated.

5.1.1 WINTER RESPONSE PLANNING

G. Robinson presented the report which set out the priorities for the coming winter period and outlined plans for the priorities to be achieved.

M. Jehu commented that the winter planning processes over the last two years had shown how partnership working had developed and how complex the work was to underpin this and he advised that the Committee should acknowledge its thanks for the way that staff had worked together in partnership from a strategic perspective which was tremendous and admirable. G. Robinson advised that he would feed the comments back to the team.

C. Donoghue queried why the funding for services offered by Care and Repair, Age Concern and the British Red Cross would come to an end in April 2022. G. Robinson advised that it was a difficult decision to make whether the value of those support services were worth the investment and these services would be reviewed ahead of the next IMTP process.

C. Donoghue queried the term PTAS on page 9 of Appendix 5.4b. G. Robinson confirmed that it stood for Patient Transport Advice Services which enabled the Welsh Ambulance Services Trust (WAST) to call a GP in the emergency department to confirm if there was an alternative place to take a patient other than the emergency department.

Resolution: The Committee **NOTED** the report.

Action: Committee thanks to be fed back to the team.

10.00 am – L. Prosser joined the meeting

5.1.3 INTEGRATED PERFORMANCE DASHBOARD

L. Prosser presented the report that provided the Committee with a summary update on performance against a number of key quality and performance indicators.

N. Milligan queried why there was no sepsis compliance and data available for the current period. L. Prosser confirmed that both of the questions were quality issues. G. Galletly clarified that this would need to be picked up outside of the meeting with the relevant Executive Lead to provide assurance on the performance data and to ensure that the clinical aspect is responded to in the Quality & Safety Committee. J. Sadgrove confirmed that the Committee would be receiving a report on Sepsis compliance at the January 2022 meeting.

P. Roseblade referred to the table on page 7 of the report and queried whether the joint serious incidents involving Cwm Taf Morgannwg and WAST were identified, captured and reported on. L. Prosser confirmed that this was a quality and safety matter that would be picked up outside of the meeting and would be fed back to the Committee following a response.

L. Prosser confirmed that the report would be reviewed for future Committee meetings to ensure that the relevant information was provided to the Committee on planning, performance and finance matters.

P. Roseblade referred to page 15 of the report and queried whether the report had been published on the Health Inspectorate Wales (HIW) unannounced visit to the Emergency Department and the Clinical Decision Unit at Prince Charles Hospital. L. Prosser confirmed that the HIW report had been published on the 15th December 2021. G. Robinson advised that there had been a huge amount of improvement work undertaken since the visit and the risk was now being managed.

P. Roseblade referred to page 15 of the report and queried whether a decision had been made with regard to the creation of the WAST

specific work streams within the Unscheduled Care Improvement Programme (UCIP) Board Group.

P. Roseblade referred to the red release at the Princess of Wales Hospital and queried what actions were in place to improve performance. G. Robinson advised that the Bridgend Integrated Locality Group (ILG) had been working on retrospective red releases to understand any trends and themes. The tapes of the red release are listened to and this could be reported in more detail to the next meeting of the Committee.

I Wells referred to stroke admissions within four hours and queried if there were such low figures being reported were stroke patients being missed. He also referred to the summary data on page 147. G. Robinson advised that this was a broader issue and proposed that it would be beneficial for the Committee to have a wider discussion with a separate paper brought to the next meeting setting out the overall position and to provide assurance for the Committee on what the health board were doing moving forward. G. Robinson advised that stroke patients were managed from the point that the stroke was recognised, however, as patients move through the systems they do not hit all the time windows and this could be provided in more detail within the report. G. Robinson would liaise with the Stroke team.

C. Donoghue referred to page 21 and queried the referral to treatment compliance where it showed that the health board currently had the lowest compliance across Wales. L. Prosser advised that some health boards have offsite surgical units which does help with unscheduled care. G. Robinson advised that the health board were still in recovery from the Covid-19 pandemic and were taking some learning and the sharing of good practice from the Planned Recovery Board and a plan was in place to take the health board in the right direction.

L. Prosser advised that the health board were now also working with Aneurin Bevan Health Board to the use the Gwent Hospital for orthopaedic surgery.

Resolution: The report was **NOTED**

Action: Sepsis compliance and data to be queried with the patient care and safety team outside of the meeting.

Action: Query with the patient care and safety team on how joint serious incidents were identified and reported on.

Action: A detailed report on stroke performance to be brought to the next meeting of the Committee.

Action: Further detail on red releases to be provided in the report for the next meeting.

10.58 am - P. Roseblade left the meeting.

5.1.4 DEVELOPMENT OF THE IMTP 2022-25

Linda Prosser presented the report and provided a presentation to the Committee on the progress with regard to the development of the Integrated Medium Term Plan for 2022-25.

N. Milligan queried why the work on the development of the plan was being disseminated from the top down and not from the bottom up. L. Prosser confirmed that the ILGs had requested a top down approach in terms of meeting the CTM programme wide approach. However, there were workshops set up to inform the plan that included front line staff which had been very well attended. Front line staff would also be included in the detailed planning process

C. Donoghue queried how the dates tie in for the process of signing off the plan and the implications of not having a balanced plan. L. Prosser confirmed that even if you cannot submit a balanced plan you would still have to submit an annual and confirmed the process for the Board to sign-off the plan. L. Prosser advised that the Board would also be having briefing sessions and a development session to aid sign off of the plan.

The Committee agreed that the slides presented would be shared with Members outside of the meeting and would receive a further update at the February 2022 meeting.

Resolved: The report was **NOTED**.

Action: Presentation to be shared to Members outside of the meeting.

6.0 SUSTAINING OUR FUTURE

6.1. MONTH 8 FINANCE REPORT

S. May presented the report that highlighted the key messages in relation to the current month, year to date and forecast year-end financial position of CTMUHB as at Month 8.

Agenda Item 2.1.1

A question was raised in the chat bar from P. Roseblade prior to the leaving the meeting which was as follows:

P. Roseblade referred to the £10m under performance on year to date savings that related to the £10m deterioration in the underlying deficit and queried whether there were plans in place that had not been able to be implemented this year but could be transferred to 2021-22. The table at 6.2 provided good and easy to read information, is the medicines management overspend related to the drug costs and would all of the capital money be spent this year even if there is a form of lock-down in Wales.

S. May advised that one of the issues was that there were lots of little plans with small amounts which would not be deliverable in their whole. There were some themes with medical and workforce that could be taken forward, however those plans were not currently robust enough and would need further review.

S. May confirmed that the medicines management overspend did relate to drug costs which had been overly ambitious in setting the plan for this year. There had been some price reductions in year that related to category M savings. However, the budget had been set too low.

I Wells referred to the announcement from Welsh Government that significant funding would be provided to the NHS. S. May advised that the allocation had just been received but had not read it as yet, however, it was her understanding that it would be around £20m that would be contributing to the underlying position but with a £47.9m deficit it would only move the health board part of the way in the right direction.

S. May advised that the capital money spending for this year would be a real challenge with supply chain issues. There was an issue with the availability of laptops which was trying to be managed and a further lock-down in Wales could increase that further.

M. Jehu queried whether this could have an impact on the capital programme for Prince Charles Hospital. S. May advised that given the importance of the project it was hoped that that this would not be affected.

Resolution: The Committee **NOTED** the report.

11.46 am Gareth Robinson left the meeting.

8.0.0 OTHER MATTERS

8.1.0 HIGHLIGHT REPORT TO BOARD

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

8.2.0 FORWARD WORK PLAN

The Chair asked Members of the Committee if they had any items that they would like to include for future meetings to let the Governance Team know.

It was agreed that Monitoring the Delivery of the IMTP should be included on the forward plan for February and April 2022.

It was agreed that a detailed report on stroke performance be added to the Forward Plan for February 2022.

Resolution: The Committee **NOTED** the above suggestions the Forward Work Plan.

8.3.0 ANY OTHER URGENT BUSINESS

There was none.

8.4.0 HOW DID WE DO TODAY?

A discussion was held to evaluate the meeting. The following responses were provided:

- Balance of the discussion and presentations was appropriate and handled well with individuals picking up the key points.
- Clarity was provided on what should be scrutinised and queries being directed to other committees if required.
- The values of the organisation were well reflected and the questioning had been balanced.
- The Committee maintained a strategic focus with operational questions being allowed the opportunity to ask questions outside of the meeting.

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

The next meeting of the Committee was scheduled to be held on the 22 February 2022 at 2:00 pm.