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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Agenda Item	2.2 (i)
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Freedom of Information Status	Open
Reporting Committee	Performance and Finance Committee
Author	Leah Joseph, Corporate Governance Manager
Chaired by	Steve Spill, Vice Chair
Lead Executive Director (s)	Darren Griffiths, Director of Finance and Performance
Date of meeting	27 September 2022

Summary of key matters considered by the committee and any related decisions made.

Financial Position (Month Five)

The opening deficit for 2022/23 was £24.4m. The Health Board should be achieving a breakeven position following confirmation that the previously identified deficit of £24.4m would be funded by the Welsh Government. The actual month 5 variance was an overspend of £0.66m. The year to date plan at month 5 should breakeven but the actual variance is an overspend of £2.49m. £2.49m was broken down by Service Group and corporate Directorates with Primary Care having a balanced position and savings being delivered. There have been pressures within the estates service which linked to energy. Variable pay is below last year's month 5 level with continued pressures in non-medical and medical agency costs in month 4. Overtime has decreased during the month as Month 4 saw backdated payments in lieu of annual leave for which the Health Board is anticipating Welsh Government funding. Total variance non pay had an overspend of £3.1m and income variance stood at £1.4m. The additional costs as a result of the ongoing impact of COVID on beds and coverage for sickness was circa £37.998m. The Health Board has received £21.6m recurrently to support COVID recovery. Month 5 risks included operational/ corporate pressures, savings, investments, COVID transition and extraordinary pressures and the balance sheet.

Key matters raised by members:

- *Specific financial risks feeding into the Health Board Risk Register;*
- *Interim arrangements for long term agreements;*
- *Administration costs & external support from the Financial Delivery Unit to review data and corporate function*

Performance Report

Performance against the 4-hour access is currently below trajectory for August 2022. Emergency Department 4-hour performance has marginally improved by 0.23% in August 2022 to 69.66% from 69.43% in July 2022. Focus work remained ongoing surrounding admission avoidance. The Single Cancer Pathway performance for July 2022 was 56%, which continued to stay below the submitted trajectory with seasonal changes being seen with skin cancer. In August 2022, there were an additional 217 covid-19 positive cases recorded bringing the cumulative total to 118,246 in Swansea Bay since March 2020. In August 2022, the number of red calls responded to within 8 minutes saw a slight in-month reduction to 55.4%. Pressures were being felt at the Emergency Department, however schemes were underway to improve flow. In August 2022, there were on average 306 patients who were deemed clinically optimised

but were still occupying a bed in one of the Health Board's hospitals. The Health Board's healthcare acquired infection rates were all reporting above Welsh Government trajectories. Orthopaedics currently has the largest proportion of patients waiting over 26 weeks for an outpatient appointments. Of the total number of patients awaiting a first outpatient appointment, 57% have been booked, which is an increase on previous performance. There was a slight increase in the number of patients waiting over 8 weeks for specified diagnostics. It increased from 6,032 in July to 6,108 in August. Endoscopy waits have reduced this month and the figures are in line with the submitted trajectory which indicates that the improvements will continue into the financial year. The Health Board reported 11 Nationally Reportable Incidents for the month of August 2022 to Welsh Government, and no new Never Events were reported.

Key matters raised by members:

- *Unscheduled care position worsening going into autumn.*

Key risks and issues/matters of concern of which the board needs to be made aware.

Quarter four continuing healthcare (CHC) performance

The revised National Framework for CHC was implemented on 1st April 2022 and as part of the CHC performance framework required by Welsh Government, Health Boards are required to receive a quarterly report on CHC. During Quarter 4, one care home in Swansea remained in escalating concerns with suspension on all nursing and residential placements. Due to numerous patient safety and quality concerns, both the Health Board and Swansea Local Authority terminated their respective commissioning contracts with the care home. In Neath Port Talbot, one care home was placed into escalating concerns due to numerous failings and multiple safeguarding referrals. Suspension of nursing placements was agreed and a corrective action plan was implemented. Financial risks remain a concern due to a number of vacancies across the region. The Health Board agreed a 10% uplift in fees for all domiciliary packages of care for 2022/23 which will be backdated from 1st April 2022. The sector remains fragile as care homes move in and out of incident status, coupled with workforce pressures. There are increased cases in Mental Health and this included increased expensive placements from prison. In Learning Disabilities there are a number of new expensive transition cases from children's services into adult services. In January 2022 the new Head of Nursing for Children and Young People commenced in post. Significant pressures remain throughout the month of September which relate to pressure in the system in viability, sustainability and the number of beds are reducing per day.

Key matters raised by members:

- *Complex care programme with Regional Partnership Board was underway.*

Delegated action by the committee.

Child and Adolescent Mental Health Services

A review on child and adolescent mental health services (CAMHS) was received for consideration. A Board briefing recently took place last week which gave Independent Members an opportunity to review the process, however scrutiny was now required to ensure members supported the recommendations. Work had been ongoing to score options that been sense checked with focuses on deliverability, timescales and practicality. A moderated rescore had taken place and concerns surrounded recruitment, retention and cultural change. Option three 'repatriate and directly run (executive on call and tier 4)' was the preferred option following scoring outcome. Robust commissioning arrangements would be needed to ensure accountability of service if option three was ratified by Health Board on 29th September 2022.

Key matters raised by members:

- *Welsh Health Specialised Services Committee to review the extension of cover surrounding the referral requirements for youngsters as many were being admitted to Ward F at Neath Port Talbot Hospital following an assessment.*

- *Recruitment position was improving in light of the focus on Swansea Bay University Health Board.*

Main sources of information received.

The following items were received for noting:

- Health Board Risk Register
- Month five financial monitoring return.
- Improvement action plans for Planned care
- Digital Transformation Progress Report

Highlights from sub-groups reporting into this committee.

No reports received from sub-groups.

Matters referred to other committees.

Sickness levels and management mechanisms

Sickness levels to be referred to Workforce and OD Committee for an understanding of how sickness was managed and whether robust mechanisms were in place.

Date of next meeting

25th October 2022



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Agenda Item		2.4 (i)
Freedom of Information Status	Open	
Reporting Committee	Performance and Finance Committee	
Author	Georgia Pennells, Corporate Governance Officer	
Chaired by	Reena Owen, Independent Member	
Lead Executive Director (s)	Darren Griffiths, Director of Finance and Performance	
Date of meeting	25 October 2022	

Summary of key matters considered by the committee and any related decisions made.

• Financial Position (Month Six)

The Health Board should now be achieving a breakeven position following confirmation that the previously identified deficit of £24.4m would be funded by Welsh Government. The actual Month 6 variance was an overspend of £0.69m. The year to date plan at Month 6 should be breakeven but actual variance is an overspend of £3.18m. At the end of Month 6 funding for COVID Transition costs of £39.8m and the extraordinary pressures £18.13m remain anticipated allocations and were noted as a risk. With a 2022/23 annual target of £27.0m, plus £4.6m unmet savings brought forward and a further £2m added in Month 6, the in-month delivery is anticipated at £2.1m. For Month 6 the shortfall against this target as per the ledger was £0.72m and year to date was £2.94m. Mental Health and Learning Disabilities, had seen improvement since Month 5 following allocation of £3.3m of resources to support CHC from central reserves, there remains some overspend in this area, along with non-delivery of savings year to date. Finance and estates continue to see an ongoing pressure with regard to utilities, funding for extraordinary pressures and what forecast would be for the year given the volatility of the energy markets. The Chief Executive Officer had requested enhanced support/escalation for Morriston to focus on both assurance regarding financial control, clarity on why actual spend was increasing and actions to return spend to pre-pandemic levels, along with a continued focus on savings.

Key matters raised by members:

- Finance support in Morriston; it was agreed an update would be provided at the November committee given the Finance Delivery manager was now in place.

• Performance Report

Unscheduled Care performance against the 4-hour access remained below target for the outlined trajectory in September 2022. Emergency Department 4-hour performance had improved by 3% in September 2022 to 72.7% from 69.66% in August 2022 and performance against the 12-hour wait had improved slightly and it was currently performing above the outlined trajectory. Internal flow activities to support reduced occupancy and to improve flow throughout the day were being put in place, which included; Same Day Emergency Care GP delivered services, Frailty Same Day Emergency Care services and scoping was currently being undertaken with WAST colleagues to implement further pathways. The number of new

cases of COVID-19 had increased slightly in September 2022, with 218 new cases being reported in-month. A new internal validation team had been created alongside this Welsh Government had facilitated a pan-Wales contract with HBSUK, to undertake more in-depth validation which focused on direct contact with patients and a more “clinical-triage” approach.

Key matters raised by members:

- *Continued concern surrounding the declining performance of neck and femur.*

- **Capital Resource Plan**

The scale of the Capital Resource Limit showed £32.99m would be spent across a variety of schemes. Currently, £30.772m had been agreed against that which leaves a gap of £2.227m and there were ongoing discussion held on how to bridge the gap. Good soundings from Welsh Government have been received on the deliverability of the £2.227m however, some of which was linked to the city deal. Therefore a reasonable position was noted. Since the submission and following closure of the month 6 financial position, approval had been received by Welsh Government for two of the urgent bids. COVID £400k, for the establishment of two new Phlebotomy hubs at Gorseinon and Port Talbot Resource Centre and works at HQ to enhance the new training area for overseas nurses and strategic £1.452m, for the establishment of 10 ring-fenced Orthopaedics beds at Clydach Ward in Morriston Hospital. This capital plan was discussed with Welsh Government at the mid-year review and there was no dissent about the articulation of the position and work would continue to maintain the balance of the plan.

- **Quarter two IMTP delivery report**

The quarter two update noted that 64.14% of the actions were on track for completion and only 7.97% were off track. A number of the off track actions were dependent on national work through WHSSC, DHCW and Wales Cancer Network an update on progress would be pushed, however there was an element of the work being out of the health board control.

Key risks and issues/matters of concern of which the board needs to be made aware.

- **Public Health progress in the context of the IMTP**

While the Public Health team were leading on some aspects of this work, success in delivery was dependent upon the ability of the service delivery groups and wider partnerships to deliver operational activity that leads to the expected outcomes. The Local Public Health Team, as currently configured, has a role in facilitating and supporting the work but was not responsible for delivery. The population health strategy would not lead to a population health programme, it was more about understanding how the organisation could deliver the business in a way in which would contribute to improving the health of the population. The Public Health Team have developed an outline public health strategy and engaged in initial stakeholder conversations to assist in the process. Current intentions were to have a discussion document ready for consultation (internal and external) by late October/early November. Consultation would then occur across the SBUHB footprint until the end of the calendar year.

Key matters raised by members:

- *The need for an overarching plan to move the objectives into a positive direction;*
- *Recruitment position;*
- *The report did not provide the necessary assurance to the Committee.*

- **Urgent and Emergency Care Performance**

The position remains challenging, however the 4 hour performance improved during September 2022 to 73% (55.88% for Morriston). The 4-hour standard largely relates to capacity in the emergency department, both in terms of space and workforce which continues

to be constrained due to the ability for patients to be transferred from the emergency department to wards resulting in over-crowding. Ambulance handover performance remained challenging throughout September 2022, in both the number of ambulances waiting for handover and the hours lost to delayed handover, despite a number of ongoing initiatives at the front door. The clinically optimised position in the Health Board remains a key challenge with high numbers of patients occupying acute beds waiting to move to more appropriate settings to continue their care pathway or waiting for community support/placement. NHS Elect were due to provide feedback on the work carried out on ambulatory pathways, initial feedback to the surgical team had been provided and noted it was an exemplar service and NHS Elect were impressed with the level of care provided by the department which was pleasing to hear.

Key matters raised by members:

- *The likelihood success of the ASMR due to the lack bed capacity in the system and the significant footfall into the emergency department could cause blockages, wherever the pathway may be due to the fundamental issue of the lack of beds.*

- **Stroke Performance**

Compliance against the four hour access target for admission to the Acute Stroke Unit remains challenging due to system wide pressures including infection control measures and outbreaks due to COVID. High compliance of occupational therapy physiotherapy and speech and language therapy assessments within 24 hours together with high level of swallow assessment compliance. CT head scans within 1 hour were consistently improving prior to the pandemic. However, due to assessment delays and increasingly busy Emergency Department, performance against this target has fallen back to where it was 2017-2018 but remains fairly consistent.

Key matters raised by members:

- *Lack of workforce in place to carry out safe thrombolysis treatment and the care provided to patients was a risk;*
- *Adequate amount of ring-fenced beds within Morriston hospital in the new way of working within the ASMR, to enable the health board to achieve a smoother pathway to reduce delays in stroke performance.*

Delegated action by the committee.

There was no delegated action taken by the committee.

Main sources of information received.

The following items were received for noting:

- Financial Monitoring Return for month six.

Highlights from sub-groups reporting into this committee.

No reports received from sub-groups.

Matters referred to other committees.

There were no matters referred to other committees.

Date of next meeting

22nd November 2022