

Swansea Bay University Health Board
Unconfirmed
Minutes of the Performance and Finance Committee
held on 28th March 2023 at 9.30am
Microsoft Teams

Present:

Reena Owen	Independent Member (in the chair)
Steve Spill	Vice-Chair
Patricia Price	Independent Member

In Attendance:

Sian Harrop-Griffiths	Director of Strategy
Darren Griffiths	Director of Finance and Performance
Samantha Moss	Deputy Director of Finance
Deb Lewis	Interim Chief Operating Officer
Hazel Lloyd	Director of Corporate Governance
Lisa Harte	Audit and Assurance
Meghann Protheroe	Head of Performance
Sam Page	Head of Primary Care (Minute 042/23)

Minute	Item	Action
034/23	WELCOME AND APOLOGIES	
	The Chair welcomed everyone to the meeting and on behalf of committee members gave thanks to Sian Harrop-Griffiths for her contributions to both the Committee and health board over the years. This would be her last committee meeting before her retirement in April 2023. There were no apologies for absence.	
035/23	DECLARATIONS OF INTEREST	
	There were no declarations of interest.	
036/23	MINUTES OF PREVIOUS MEETING	
	The minutes of the meeting held on the 23 rd February 2023 were received and confirmed as a true and accurate record.	

037/23	MATTERS ARISING	
	There were no matters arising.	
038/23	ACTION LOG	
	<p>The action log was received and noted and the following updates were received:</p> <p>i. Child and Adolescent Mental Health Services</p> <p>Sian Harrop-Griffiths advised that the transfer of services would take place from April 2023 and a data migration exercise would take place.</p> <p>ii. Financial Reporting and Monitoring Internal Audit Report Actions</p> <p>Sam Moss advised that work was underway on the individual actions and she would provide an update to committee by next month.</p>	
039/23	WORK PROGRAMME	
	The work programme for 2022-23 was received and noted .	
040/23	FINANCIAL POSITION FOR MONTH ELEVEN	
	<p>An update setting out the month eleven financial position, including year-end forecast was received.</p> <p>In introducing the update, Sam Moss, Deputy Director of Finance and Performance highlighted the following points:</p> <ul style="list-style-type: none"> - An underspend of just over £1.7m was reported which takes the year to date position to an overspend of £2.36m within ongoing forecast to deliver breakeven by 31st March 2023; - Morriston Service Group has remained static for months 10 and 11 and still remains a concern, some improvement have been seen in other service groups; - For Month 11 there was a decrease in pay variance and variable pay had also improved in-month; - Pressure continued in Primary Care Prescribing with the increase in costs continuing. A final assessment of the issues will be undertaken in 	

	<p>early April 2023 but an improvement was predicted;</p> <ul style="list-style-type: none"> - Some improvement had been seen in Continuing Health Care spend; - Savings delivery remained static for month 11 with slippage on savings at £4.02m year to date with an estimated shortfall of £3.73m by month 12; - All funding for COVID and Extraordinary Pressures had been received in full from Welsh Government; <p>In discussing the update, the following points were raised:</p> <p>Members noted how the Morrision Service Group remained a key challenge and concerns were raised about the lack achievement in terms of reducing the run rate and the implications of the £20.3m deficit on the delegated position. Darren Griffiths advised that he shared the same concern. He advised that grip and control had been increased in the Service Group, as well the Financial Improvement Plan taken forward to deliver £5m improvement on the forecast which was being led by the Finance Improvement Director and the Service Group. Sam Moss added that it was critical in moving into Quarter 1 that a close eye is kept on where the Morrision position lands and where it is not delivering and ensure financial support is given there.</p> <p>Darren Griffiths provided further assurance that the workforce plans for the registered nurse workforce were imminent and would be fully established by September 2023. This would close the gap of 200 vacancies in the system and in turn support cessation of agency use and high variable pay.</p> <p>Reena Owen queried whether a specific risk should be held for the Morrision Service Group financial position as the overspend was much higher than in other areas. Darren Griffiths supported this individual risk for Morrision.</p> <p>Reena Owen queried, in light of the changes to wards and staffing, whether those staff with responsibility for delegated budgets were fully supported. Sam Moss assured that there was a robust system in place to ensure all budgets holders are supported.</p> <p>In relation to the Annual Accounts, Darren Griffiths informed of a revision to the timescales with the Audit of accounts beginning on the 8th May 2023 and completion by 23rd June 2023.</p>	
Resolved:	The update be noted .	
041/23	PERFORMANCE REPORT FOR MONTH ELEVEN	
	A performance report for month eleven was received .	

In introducing the report Meghann Protheroe, Head of Performance highlighted the following points:

- Performance against the four hour target for February was 76.03% against the target which is an 2.03% improvement on January's performance;
- The health board remains under the outlined trajectory for Single Cancer Pathway performance but with a slight improvement to 50% from 48% in December 2022. Backlog figures currently sit at 367;
- COVID performance; there was a slight increase in positive cases reported in February 2023 to 249 cases. Staff absence due to COVID remained at 0.5%;
- The percentage of red calls responded to within 8 minutes has increased slightly in February and there was a slight increase in the handover's over 1 hour;
- Actions continue to be implemented to support pathway improvement at the front door and work is progressing with the recent implementation of the Acute Medical Service Redesign;
- High numbers of clinically optimized patients continue to be reported across the sites, with an increase to 304 in February 2022;
- The health board are above the outline Welsh Government trajectories in most areas of Infection Prevention Control apart from E.coli and Pseudomonas;
- The number of patients waiting over 26 weeks, 36 weeks and 52 weeks have continued to decrease, as well as a consistent reduction in the number of patient waiting over 104 weeks;
- The health board are outperforming recovery trajectories and updated trajectories are currently being approved;
- Diagnostic waits over 8 weeks currently sit at 6,116 patients waiting and numbers waiting for endoscopy have increased. Actions have been implemented to reduce this position;
- The number of patients waiting over 14 weeks for therapies has decreased to 157 patients waiting which is a noticeable improvement;
- Larger numbers have been seen in areas such speech and language therapy and dietetics and performance is being monitored closely within the service group;
- The health board have report 5 Nationally Reported Incidents (NRI's) for February and one new never event;
- An improvement has been seen in workforce sickness rates for

	<p>January 2023 to 7.46%</p> <p>In discussing the report, the following points were raised:</p> <p>Steve Spill queried whether there was a plan to update the integrated performance report from the COVID structure. Meghann Protheroe advised an update to the management framework was due which would in turn change the structure of this report.</p> <p>Reena Owen referred to the new theatre in Singleton and queried why an improvement in ophthalmology performance had not yet been seen. Deb Lewis advised that work was being led by the Deputy Chief Operating Officer on a regional and joint approach with Hywel Dda Health Board with the plan to reduce numbers for cataract procedures this year. Reena Owen requested a progress report on this work comes to a later committee.</p> <p>In relation to Stroke performance, Reena Owen referenced the planned pilot to perform CT Scanning on stroke patients straight from ambulance and queried if there was an update on how this had progressed since its implementation in early February. Deb Lewis undertook to check the data on this and feedback to Reena Owen outside of committee.</p> <p>Patricia Price asked whether further information on how long patients were waiting in areas such as thrombolisation and fractured neck of femur could be presented within the report. Deb Lewis informed that reasons for waits for thrombolisation as well as fractured neck of femur were complex and were not just service issues. She advised the quality narrative surrounding these could be included within the report to provide further context to the information and undertook to do this.</p>	<p>DL</p> <p>DL</p> <p>DL</p>
<p>Resolved:</p>	<p>The report be noted.</p> <ul style="list-style-type: none"> - A progress report on the work underway to reduce the Ophthalmology waiting lists be received at a future committee; - Deb Lewis to include the quality narrative on waiting times for thrombolisation and fractured neck of femur within the performance report to provide further context to the information; - Deb Lewis to check progress on the pilot for Stroke Patient CT scanning and feedback to Reena Owen at next committee; 	<p>DL</p> <p>DL</p> <p>DL</p>
<p>042/23</p>	<p>ACHIEVEMENT AGAINST THE QUALITY ASSURANCE AND IMPROVEMENT FRAMEWORK</p>	
	<p>Sam Page, Head of Primary Care was welcomed to the meeting.</p>	

In introducing the report, she highlighted the following points;

- The report outlined the achievement and associated payment for the 2021/22 Quality Assurance and Improvement Framework (QAIF);
- The QAIF rewards GP contractors for the provision of quality care. Participation in this framework is voluntary;
- The key intention of the framework is to reduce variation and to embed quality assurance;
- Achievement is monitored via the PCI portal in which GPs self-report and the health board extract the information. There is a year-end verification undertaken by the Primary Care Team;
- There has been change to clinical indicators during the reporting year therefore comparison has not been as meaningful;
- The clinical backlog created due to COVID-19 and the temporary blood bottle shortage has required practices to reprioritize this work and there has been some variation across practices;
- Targeted work was to be undertaken with those practices where achievement is below health board and national average;
- The total QAIF payment awarded to practices for the 2021/22 cycle was £4.174m;
- From October 2022, following national negotiations, the following indicators were mandated for all practices; Dementia, Diabetes, COPD, Mental Health, Palliative Care and Flu.

In discussion of the report, the following points were made;

In relation to those practices which showed variation from the target, Steve Spill queried whether the target was set by the health board. Sam Page informed that this was a prevalence target set for each of the clinical indicators and this was what they were measured against.

Steve Spill highlighted that some services provided i.e. flu vaccinations were supplied external to practices and within community pharmacies. He queried whether they had a similar framework in place. Sam Page advised there was not a similar framework in place as they do have a practice population as such, but it was important to highlight that this does impact on practice performance.

Pat Price queried why achievement against these indicators was voluntary. Sam Page informed that it was due to how it had been nationally negotiated. Going forward, the clinical indicators would be transferred into core contract and mandated for all practices, therefore they would have a contractual responsibility in the future.

	<p>Deb Lewis highlighted the issue of GP access and how not all services need to be delivered by GPs themselves. It was important to look at how we get the best fit workforce to deliver the services for the health board. Reena Owen concurred and highlighted the links to the focus on population health and how services should be moulded to meet the needs of the population.</p> <p>Committee members highlighted that Appendix 2 was difficult to interpret and did not provide a summary. It was requested that Sam Page reviews and re-circulates a summary version to members outside of the meeting.</p>	SP
Resolved:	<ul style="list-style-type: none"> - Appendix 2 to be updated with a summary and re-circulated to members outside of the meeting. - The update be noted. 	SP
043/23	CANCER PERFORMANCE	
	<p>A presentation on Cancer performance was received.</p> <p>In introducing the report Deb Lewis, Deputy Chief of Operating Officer highlighted the following points:</p> <ul style="list-style-type: none"> - There had been a reduction in the patient tracking list (PTL) of 15% overall for all tumour sites; - The biggest improvement had been seen in breast (59%) and colorectal (42%); - 74% of demand now sat within five tumour sites with 52% of that waiting at the diagnostic stage; - The waiting for Endoscopy had decreased to 19% from previous reported 41% and this was due to the significant investment provided; - Backlog removal - between June 2022 and October 2022 backlog numbers had increased but this has reduced by over 200 patients in March 2023; - A revised trajectory was due to be signed off at Health Board this week; - The trajectory currently sits at 75% but will increase to 80%; - Gynaecology was an area of concern for the health board. There has been increased capacity for Post-Menopausal bleeding and regional work with Hywel Dda Health Board for increased surgical capacity; - Colorectal was also an area of concern and capacity has increased at Singleton and also three session days at Morriston but it is important to 	

note the need for increased workforce for that;

- There had been increased capacity at the front end of the urology pathway to achieve decision to treat (DDT) and work with Cardiff and Vale University Health Board for robotic surgery as well as innovations within Pathology services to increase sample turnaround;
- For Head and Neck, outpatient capacity had been increased for DDT;

In discussing the report, the following points were raised:

Steve Spill sought assurance that particular focus was being taken on those tumour areas of high risk where outcomes were not so good. Deb Lewis explained that this was complex and factors such as age, profile of patient and when the patient presents, would all determine the outcome, it was not necessarily determined by the type of cancer. She provided an example of lung cancer where there were a small number of patients but due to the late presentation of patients, outcomes may not be so good.

Patricia Price commented that it was clear to see the scale of work underway within each of the tumour sites but it was difficult to gain reasonable assurance given there had been no sustained performance improvement in the Single Cancer Pathway (SCP) and the metrics presented.

To provide some assurance Deb Lewis advised that the health board was performing and improving better than other health boards across Wales. She assured that this was a top priority for the Chief Executive and weekly monitoring was still underway.

Reena Owen commented on how gynaecology had recently become an area of concern with a 48% increase in volume since August 2022 and queried whether there was any way to pre-empt these issues. Deb Lewis advised that issues were due to tracking mechanisms and the fragility in clinical services in regards to clinical specialists which was impacting on the treatment end. She advised there had been positive recruitment in Breast which had become the most sustainable now. There was a need to ensure the health board recruits from training posts and makes the most of the resources available.

Reena Owen noted the health board's position in terms of comparison in Wales but queried whether there was any best practice elsewhere in the UK. Deb Lewis advised that it was difficult to do a comparison as rules were very different across the UK. From a Wales perspective, some areas have more sustainability than us in terms of workforce and the attraction of specialist staff due innovations such as robotic surgery which SBUHB does not currently perform.

Reena Owen stated it would be helpful to see how the health board compares to others in Wales and requested this as part of a future report in three to four months.

Resolved:	<ul style="list-style-type: none"> - All-Wales comparison figures to be included within a future report in three to four months; - The report be noted. 	DL
044/23	BOARD EFFECTIVENESS ACTION PLAN	
	<p>A report on the board effectiveness action plan was received.</p> <p>Hazel Lloyd highlighted the following points;</p> <ul style="list-style-type: none"> - There were a total of six actions assigned to the Performance and Finance Committee; - The report informs the Committee of the progress made against actions. - Three actions were reported as complete and two actions have now become overdue and the remaining had yet to reach its target date; <p>In discussing the report, the following points were raised:</p> <p>Darren Griffiths informed that Action 33 was anticipated to be completed by April 2023. He informed that alongside the service line agreement for procurement, Darren Griffiths informed that a wide range of national SLA's were being reviewed and considered whether they were fit for purpose. The value of each was also being tested.</p> <p>Darren Griffiths assured that Action 34 was in train and the issuing of final budgets and responses would be done by quarter 1 of 2023/24. Reena Owen requested that committee members have sight of the budget delegation/ accountability letters in order for assurance to be taken.</p>	
Resolved:	<ul style="list-style-type: none"> - The budget delegation and accountability letters be circulated for assurance purposes to Committee members. - The report be noted. 	DG
045/23	FINANCIAL MONITORING RETURN FOR MONTH ELEVEN	
	<p>A report regarding the financial monitoring return for month eleven was received.</p> <p>In discussion of the report, the following points were made;</p> <p>Pat Price made reference to a point within the report which states the health board would be required to request emergency cash in early March 2024. She queried whether the Welsh Government would allow health boards to remain</p>	

	in a position where they are unable pay creditors or staff. Darren Griffiths informed that they would not, but it was important to highlight that the forecast shows the health board in a substantial overspend by early March 2024 and the need for extra cash would need consideration.	
	The report be noted .	
046/23	ITEMS FOR REFERRAL TO OTHER COMMITTEES	
	There were no items for referral to other committees.	
047/23	ANY OTHER BUSINESS	
	There was no further business discussed and the meeting was closed.	
048/23	DATE OF NEXT MEETING	
	The next scheduled meeting is Tuesday, 25 th April 2022	