

Swansea Bay University Health Board

Unconfirmed

**Minutes of the Performance and Finance Committee
held on 22nd November 2022 at 10am**

Microsoft Teams

Present:

Reena Owen	Independent Member (In the chair)
Darren Griffiths	Director of Finance and Performance
Steve Spill	Vice Chair
Patricia Price	Independent Member

In Attendance:

Hazel Lloyd	Director of Corporate Governance
Elizabeth Stauber	Head of Corporate Governance
Inese Robotham	Chief Operating Officer
Paul Mapson	Special Advisor
Meghann Protheroe	Head of Performance
Karen Gronert	Head of Nursing (Minute 168/22)
Karen Stapleton	Deputy Director of Strategy
Deb Lewis	Deputy Chief Operating Officer
Georgia Pennells	Corporate Governance Officer
Kelly James	Corporate Governance Administrator (Observing)
Felicity Quance	Deputy Head of Internal Audit

Minute	Item	Action
160/22	WELCOME AND APOLOGIES	
	The Chair welcomed everyone to the meeting. Apologies were received from Sian Harrop-Griffiths – Director of Strategy.	
161/22	DECLARATIONS OF INTEREST	
	Steve Spill, Independent Member declared that he was recently appointed as an independent member of the WHSSC board.	
162/22	MINUTES OF PREVIOUS MEETING	
	The minutes of the meeting held on 25 th October 2022 were received and confirmed as a true and accurate record.	

163/22	MATTERS ARISING	
	There were no matters arising raised.	
164/22	ACTION LOG	
	The action log was received and noted .	
165/22	WORK PROGRAMME	
	The work programme for 2022-23 was received and noted .	
166/22	MONTH SEVEN FINANCIAL POSITION, INCLUDING SCENARIO UPDATE	
	<p>A report setting out the month seven financial position, including a scenario update was received.</p> <p>In introducing the report, Darren Griffiths, Director of Finance and Performance highlighted the following points:</p> <ul style="list-style-type: none"> - The Health Board should now be achieving a breakeven position following confirmation that the previously identified deficit of £24.4m would be funded by WG. The actual Month 7 variance was an overspend of £0.51m. The Year-To-Date (YTD) plan at Month 7 should be breakeven but actual variance is an overspend of £3.70m; - Additional expenditure is the value of the additional funding required to support COVID Transition and extraordinary pressures. At the end of Month 7, funding for COVID Transition costs of £34.6m and the extraordinary pressures £19.04m remain anticipated allocations and are noted as a risk; - There is a £13.0m overspend on the delegated position however, the vast majority of which is sat with Morrision service group, is almost £10.0m overspent after 7-months. There have been released opportunities from slippage on schemes and the agreement with Welsh Government around the balance sheet of £9.4m to achieve the £3.7m position; - Continuing Healthcare spend remains fairly consistent over the last 4-months, it is an area of ongoing discussion between the health board and partners in terms of reducing spend. There has been good work undertaken in the Mental Health and Learning Disabilities service 	

	<p>group to repatriate high cost patients into the services' and modifications to the learning disabilities facilities and staffing models are also being considered to bring more of the high cost placements closer to peoples families which will create a financial benefit;</p> <ul style="list-style-type: none"> - From a savings perspective there has been £34.1m worth saving schemes identified for this financial year and the recurrent impact of those is £27.1m – those are plans rather than delivered. In the past week further adjustments on the savings plan have been completed, where reds have been taken out and have given greater certainty on the greens; - The Health Board has received £21.6M recurrently to support COVID recovery. The funding is held in a central budget and issued out based on the cost of the work undertaken called down by the Service groups each month. There continues to be close monitoring of the financial performance against this budget; - The energy cost position is still very dynamic, noting that at one point the health board was asking for £38m and now it is asking for £19m as the energy position is looking better and the decision was made to remove the health and social care levy. <p>In discussing the report the following points were raised:</p> <p>Patricia Price commended the progress in the savings for this year. In terms of Morriston service group, Pat Price requested further information on the plans in place given the finance improvement director was in post. Darren Griffiths advised that the primary focus was the effective deployment of workforce to avoid variable pay costs, to streamline the significant number of graduate nurses the health board has in place, as the costs were running alongside the agency staffing costs at the moment but a reduction in agency costings has not been seen at this stage. The finance improvement director was also looking at procurement savings and work on consumables because there was a non-pay pressure and a full understanding on what was driving that pressure was required.</p> <p>Reena Owen asked Darren Griffiths to invite the finance improvement director to the December 2022 committee to provide a deeper context and further assurance as the health board moves into 2023.</p>	DG
Resolved:	<p>Committee members agreed the handling of the risks noted.</p> <p>The report be noted.</p> <p>ACTION – Peter Herring, the finance improvement director at Morriston</p>	

	service group to be invited to the December 2022 committee.	
167/22	PERFORMANCE REPORT FOR MONTH SEVEN	
	<p>A report setting out the month seven performance position was received.</p> <p>In introducing the report, Meghann Protheroe, Head of Performance highlighted the following points:</p> <ul style="list-style-type: none"> - Performance against the 4-hour access is currently below the outlined trajectory in October 2022. Emergency department 4-hour performance has deteriorated by 2.1% in October 2022 to 70.56% from 72.7% in September 2022; - Internal flow activities to support reduced occupancy and to improve flow throughout the day are in place however are yet to see the desired effect; - Single cancer pathway remains below the submitted trajectory however, is an improvement on previous months performance. Backlog figures have seen a continued increase in recent weeks and currently remain above the submitted recovery trajectory; - In October 2022 the number of red calls responded to within 8 minutes saw a slight in-month increase to 50.3%. Action continues to focus on the pressures at the front door and work is progressing with the implementation of the acute medical service redesign (AMSR); - There were on average 306 patients who were deemed clinically optimised but were still occupying a bed in one of the health board's hospital sites. Detailed work is being undertaken by the deputy chief operating officer to explore opportunities to reduce the number of clinically optimised patients in the hospital by implementing new pathways; - The health board is above the Welsh Government profile target for hospital acquired infections. Each service group has developed detailed action plans which reinforces the quality and safety guidelines to support a reduction in infection rates; - Endoscopy waits have reduced slightly this month and figures are slightly above the submitted trajectory. The team have implemented several actions to support future improvement, which includes increasing list capacity, increasing insourcing and outsourcing sessions; - As committee members are aware the health board is under a level of 	

enhanced monitoring for elective care and cancer, routine meetings are held with Welsh Government which run alongside the escalation meetings. Should the health board 'be better than' the improvement trajectories it would form part of the formal process of the discussion of the de-escalation.

In discussing the report, the following points were raised:

Reena Owen requested an update from the Inese Robotham, Chief Operating Officer regarding the progress of the acute service redesign (AMSR). Inese Robotham advised that the impacts of the various initiatives were lost as a result of the length of stay and the flow out of the hospital. Inese Robotham advised that staff were working with paramedics as data shows that staff were diverting ambulances from the front door and virtual wards have full caseloads. However the benefits were lost at the end of the system. In terms of AMSR, at the present moment the plan was to proceed with the launch on the 5th December 2022 however, it would be a staggered launch as capacity was still a significant risk. Inese Robotham highlighted the three key risks currently associated with AMSR, firstly, capacity which is linked to clinically optimised patients whilst a lot of work had been carried out to mitigate the risk but there is still a way to go, secondly workforce, this element was to be scrutinised in a special management board on Wednesday 26th November 2022 where the workforce models and staffing rotas for clinical teams would be agreed and signed off and finally finance, as the staggered approach would mean a longer timeframe of double running alongside Singleton however, this financial risk could be offset by not opening some of the capacity straight away and would be explored further in the management board meeting on Wednesday 26th November 2022.

Reena Owen asked if the staff involved in the AMSR were embracing the change. Inese Robotham advised there would always be pockets of staff in different staff groups who are not as positive as others, but there was excitement amongst staff members and this excitement should be spread throughout the hospital sites. Inese Robotham advised that the clinical body had raised an issue in terms of capacity, around the clinical model of AMSR and that is where the staggered implementation came from, they are now comfortable with the staggered approach. There were still issues to be worked through such as, transport, expenses and breaks which have been placed in the frequently asked questions. There has not been a shift to allow for additional capacity, but Inese Robotham thinks there might be agreement on procuring a similar model with the two LAs, which the health board is procuring on its own, and the regional partnership board money would contribute to the procurement. Reena Owen asked if there were sufficient beds available in the care sector to allow for a leeway. Inese Robotham advised that there are not sufficient beds in total but there would be beds

	<p>available to mitigate the health board's risk.</p> <p>Patricia Price recognised the month on month improvement on planned care in terms of the percentages and acknowledged that the trajectories in place were realistic, however when looking at the staggering numbers of patients waiting for treatment it would be useful to understand some of the actions and the timelines in place whilst bearing in mind the development of AMSR and what impact the actions would have on reducing the trajectories. Inese Robotham advised that the actions have been incorporated into the trajectories which have been submitted and agreed by Welsh Government and assumptions around validations have been factored in given the reporting is not consistent. Deb Lewis added that the trajectories were purposely realistic and the next step was to develop sustainable demand and capacity plans, work was developing with clinical directorates in understanding what the health board was commissioning from them in terms of a provider.</p> <p>Steve Spill asked if the committee could receive deep dive reports on CAHMS and Neurodevelopment disorders and it was confirmed that these would be received early in 2023.</p>	
<p>Resolved:</p>	<p>The report be noted.</p> <p>ACTION – Deep dive reports on CAHMS and neurodevelopment disorder to be received in February 2023.</p>	
<p>168/22</p>	<p>CONTINUING HEALTHCARE PERFORMANCE REPORT (QUARTER 1 AND 2)</p>	
	<p>A report setting out the continuing healthcare performance position for quarter one and two was received.</p> <p>In introducing the report, Karen Gronert, Head of Nursing, highlighted the following points:</p> <ul style="list-style-type: none"> - During Quarters 1 & 2, one care home in Swansea (55 nursing & residential beds) closed due to numerous patient safety and quality concerns. Residents were supported to identify and re-locate to alternative care settings. On 24th May 2022 the last remaining resident (CHC) transferred to an alternative care setting and the care home remains closed; - A care home was placed into Escalating Concerns and a suspension of placements was agreed. There are also ongoing concerns regarding the financial viability of the home. District Nursing Teams and Long Term Care continue to support to this home, alongside Local Authority; - Staff recruitment remains problematic with carers leaving for jobs in 	

different sectors, such as retail. The impact of the paucity of registrants available to the care home sector has meant on occasions that a provider who has previously offered nursing beds has had to de-register nursing services. Care Home providers may need to consider a different approach regarding on-site availability of registered nurses;

- Despite the pandemic, significant work has been undertaken on reviewing the MH & LD CHC position and establishing “moving forward” plans. This has included an external review of the team, which produced recommendations for change and improvement which have been built into the CHC Action Plan for 2021/22, along with the recruitment of additional staff into the team which has been pivotal in providing the necessary additional capacity and vigor to respond to the challenge.

In discussing the report, the following points were raised:

Reena Owen noted that the financial position continues to escalate and the sustainability issues in the care sector do not seem to be easing, and highlighted that was a concern, Reena Owen asked if this was a risk on the health board risk register and if the risk would be monitored in terms of progress. Reena Owen queried if there was a national push in terms of trying to resolve the sustainability issue of the care sector. Karen Gronert agreed with Reena Owen’s observation that the financial position was going in the wrong direction, and the sustainability of the care homes was linked to the financial position. There are not any easy answers at the moment, and the position feels more vulnerable and fragile than it has done in a long time and control was required nationally.

Karen Stapleton advised that a brief had been requested for the next vice chairs meeting with the minister, and one of the areas of focus was surrounding primary and social care resilience and many of the points in the CHC performance report would be reported into the vice chairs’ meeting.

Darren Griffiths highlighted that every year the forecast plans for an uplift, and in this year’s financial plan there was just over £2.5m received for price inflation and £1m for growth. In terms of numbers and complexity typically that is not a bad provision however, in the grander scheme this was not enough. An independent review of cases was carried out by an independent company, which was nearing completion and the findings would be filtered into the partnership. Darren Griffiths noted there were some cases where health had been 100% funded and because the packages had changed, there was potential that on an ongoing basis, it would be less health dominated and more focus on social care provision, good governance was paramount and testing the components was key.

Steve Spill queried the total number of beds in the system and how many of which were in the health board and local authority control. Karen Gronert

	<p>advised it was difficult to provide an exact number, but it was around 2,500 – 2,800 beds in the independent sector including the 180 which the Swansea local authority have. The beds are split into residential, nursing or dual registered. The only patients the health board has complete responsibility for are those who are deemed eligible for continuing healthcare needs and they have to have a package of care delivered and funded wholly by the health board. Steve Spill requested that the number of CHC beds and the locations would be put in a table.</p>	KG
Resolved:	<p>The report be noted.</p> <p>ACTION – Karen Gronert to put the breakdown of the CHC beds into a table.</p>	
169/22	CANCER PERFORMANCE	
	<p>A deep dive presentation on cancer performance was received.</p> <p>In discussing the presentation, the following points were raised:</p> <p>Patricia Price noted the importance of the enhanced recovery units and queried the timeline of establishment, Deb Lewis advised that they should be established in January 2023. It would be an incremental increase, to ensure the staff were used to dealing with the higher acuity patients and then it would be a case of tying in the anaesthetic job plans but the staff have been recruited and training was imminent.</p> <p>Reena Owen queried what does the enhanced recovery involve, and how many beds would there be. Deb Lewis advised that there would be four beds in each, and it would allow the opportunity to provide an enhanced care to patients who are not quite ward level but required something in between ward level and high dependency unit. The key to making this a success was a sustainable pre-op assessment service, which would identify the patients suitable safely.</p> <p>Reena Owen asked if the fit testing was in place across all GPs, Deb Lewis advised that there had been a positive response to the fit test across all GPs, and the difficulty up until now, was ensuring consultants were following the correct process. It has been agreed by the Royal College if there is not a fit test from the GP, you send the patient to get one, or the patient is not put on a single cancer pathway and this was to ensure the process is being managed as robustly as possible. Otherwise the health board would be disadvantaging the true patients who have a positive fit test who need to be on the cancer pathway.</p>	
Resolved:	<p>The presentation be noted.</p>	

170/22	FINANCIAL MONITORING RETURN FOR MONTH SEVEN	
	A report regarding the financial monitoring return for month seven was received and noted .	
171/22	ITEMS FOR REFERRAL TO OTHER COMMITTEES	
	There were no items to refer to other committees.	
172/22	ANY OTHER BUSINESS	
	There was no further business discussed and the meeting was closed.	
173/22	DATE OF NEXT MEETING	
	The next scheduled meeting is Tuesday 20 th December 2022.	