

Swansea Bay University Health Board
Unconfirmed
Minutes of the Performance and Finance Committee
held on 24th January 2023 at 11.05am
Microsoft Teams

Present:

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

In Attendance:

Hazel Lloyd	Director of Corporate Governance
Liz Stauber	Head of Corporate Governance
Georgia Pennells	Corporate Governance Officer
Jennifer Davies	Deputy Director of Public Health (minute 12/23)
Karen Stapleton	Deputy Director of Strategy
Darren Griffiths	Director of Finance and Performance
Meghann Protheroe	Head of Performance
Samantha Moss	Deputy Director of Finance

Minute	Item	Action
001/23	WELCOME AND APOLOGIES	
	The Chair welcomed everyone to the meeting. Apologies were received from Keith Reid - Executive Director Public Health, and Sian Harrop-Griffiths - Director of Strategy.	
002/23	DECLARATIONS OF INTEREST	
	There were no declarations of interest.	
003/23	MINUTES OF PREVIOUS MEETING	
	The minutes of the meeting held on 20 th December 2022 were received and confirmed as a true and accurate record.	
004/23	MATTERS ARISING	

	There were no matters arising.	
005/23	ACTION LOG	
	<p>The action log was received and noted and the following updates were received:</p> <p>(i) The chair had discussed with the Chair of Workforce and OD Committee, and an investigation has been initiated into the rota and sickness in relation to nursing and other areas. The findings would be reported to the February Workforce and OD with a view to link in to the March Performance and Finance Committee.</p>	
006/23	WORK PROGRAMME	
	The work programme for 2022-23 was received and noted .	
007/23	PLANNED CARE ACCESS	
	<p>A briefing on planned care access was received.</p> <p>In introducing the briefing, Deb Lewis, Deputy Chief Operating Officer highlighted the following points:</p> <ul style="list-style-type: none"> - In June 2022 the health board submitted trajectories to achieve a zero position against 52 weeks for patients waiting for a first outpatients appointment and zero position for patients on a full pathway waiting 104 weeks; - The health board undertook a piece of work to model what the possibilities were and developed an achievable trajectories as to what the health board should aim for – a conservative but realistic trajectory; - All of the specialties bettered their position apart from, urology, spinal and ophthalmology. There were still big numbers in orthopedics and oral and maxillofacial surgery; - Activity to better performance included detailed modeling work, focused weekly and bi-weekly performance meetings, a considerable amount of internal activity was established by using the recovery monies from Welsh Government, insourcing with HBS UK, and outsourcing through the private hospitals. <p>Andrew Sallows, the National Planned Care Director highlighted the following</p>	

points;

- In March 2022 there were 620,000 on an RTT waiting list, increasing to 670,000 by November 2022 then reduced in December 2022;
- To see a reduction between March – December was a credit to the organisation with Hywel Dda being the only other health board to see a marked reduction.

In discussing the briefing, the following points were raised:

Patricia Price was pleased to see the improvements on a downward trajectory, however noted the numbers were still challenging. Patricia Price queried the impact of the validation process and of the reduction, what proportion was a result of the validation process. Deb Lewis answered that the impact of the validation was predominately of the 104-week cohort, and the 52-week cohort improvement was achieved through additional activity and hard work. The validation process was focused on patients at stage 2, 3 and 5, and on validating it was found that due to the length of wait patients on the pathway had experienced, some conditions had improved with time. By carrying out the telephone conversations with the patient in such cases the result was that they could be taken off the pathway. There were found to be significant issues with the quality of data, therefore the cleansing of the data had been a one off activity however, there were further patients to target in order to fully cleanse the data, with the aim to achieve a clean waiting list to start to build the demand and capacity plans.

Steve Spill queried whether the team involved in the validation process were learning lessons from what HBS had achieved, Deb Lewis advised that from a treatment perspective HBS had used the health board facilities to run weekend theatre lists, HBS contract their own staff but it just so happens that most of the staff were the health boards staff, so it was an insource solution but HBS have 'options' available to attract staff which NHS providers do not have. In terms of the validation work, it was HBS' own staff carrying out the work on the health board's behalf.

Andrew Sallows noted that as part of the national plan and strategy, the focus was around increasing capacity, transforming service models and improving communication with patients throughout the pathway. Andrew Sallows advised that there were a number of national schemes, which were likely to support all health boards in driving the agenda forward. For example, the healthcare pathways and the implementation of those pathways across Wales, which were an engagement between primary and secondary care to ensure the referral had been triaged through an expert GP in primary care before it, reached secondary care. Alongside this Andrew Sallows advised, he was keen to see a product in place to support organisations to ensure communication was better with patients.

Resolved:	The briefing be noted .	
008/23	FINANCIAL POSITION FOR MONTH NINE INCLUDING YEAR-END FORECAST	
	<p>A report setting out the month nine financial position, including year-end forecast was received.</p> <p>In introducing the report, Samantha Moss, Deputy Director of Finance 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 funded by Welsh Government. The actual Month 9 variance was an overspend of £0.20m. The Year-To-Date plan at Month 9 should be breakeven but actual variance is an overspend of £4.30m; - The Month 9 position reported by the Morriston Service Group remains a concern and the Group was now significantly over the £9m target set, with 3 months of the financial year remaining. The Service Group is forecasting a £18.5m overspend, which would take them £9.5m over target if no action was taken; - Neath Port Talbot & Singleton Service Group – Year-To-Date overspend up to Month 8 was primarily linked to pressures on secondary care drugs; clinical supplies and services; non-delivery of savings. In Month 9 to other pressures have emerged an increase in pay costs which supporting the non-pay overspends and primary care prescribing; - In Month 9 there was a decrease in the pay variance alongside a small decrease in variable pay costs due to reduced leave over the Christmas period. The actual and budget position for Month 9 pay has reduced following the release on the annual leave accrual linked to COVID as per the financial plan agreed with WG at the mid-year review; - At the end of Month 9 the 2022/23 savings target is £27m, with a further £4.6m of unmet savings brought forward from 2021/22, which takes the combined target to £31.6m. A further £2m was added to the savings target in month 6 to allow for a recognised year end targeted overspend for the Morriston Service Group taking the combined target to £33.6m. <p>In discussing the report, the following points were raised: Patricia Price highlighted that the delegated position continues to deteriorate,</p>	

	<p>and queried what plan B would consist of to be able to deliver the balance, and how flexible were the one off opportunities of the delegated position. Samantha Moss advised there would be slippage, at this point it was envisaged to be £1m plus, however there were still a number of outstanding allocations to come from Welsh Government but it was still a very difficult position. Samantha Moss assured the committee that the team were doing all they can to identify all opportunities to mitigate what could be a difficult couple of months.</p> <p>Reena Owen noted that she did not think the risk rating of 16 for Morryston service group was sufficient, given the pressures at the moment and the potential industrial action. Samantha Moss advised that based on the position at month 10, it would be determined whether to increase of the risk rating.</p> <p>Reena Owen queried whether there had been movement on the discussions regarding the Continuing Healthcare overspend and if there had been assurance as to whether the monies from the local authorities would be returned this year. Darren Griffiths advised that a meeting was due next week and he would be in position to update at the February committee.</p> <p>Patricia Price asked what would happen if there was an underspend on the covid recovery funding. Samantha Moss advised that it was closely monitored, but had not received the instructions that Welsh Government would take money from the health board if there was an under spend, Samantha Moss was confident that there would not be an under spend.</p>	
<p>Resolved:</p>	<p>The report be noted.</p>	
<p>009/23</p>	<p>CAPITAL RESOURCE PLAN</p>	
	<p>The capital resource plan was received.</p> <p>In introducing the plan Darren Griffiths, Director of Finance and Performance highlighted the following points:</p> <ul style="list-style-type: none"> - The forecast outturn position reported at Month 9 shows an overspend position of £1.018m. Additional income from Welsh Government was anticipated to provide a balanced position; - The impact of the 24% reduction to the discretionary capital funding this year continues to emerge, with continuing service pressure for replacement of the existing fixed asset base being well in excess of the sums available to address these; - The Q2 report contained a risk assessment of £2m income deemed as high & medium risk of not being received. Further work with Welsh Government has mitigated these risks and the remaining £1.018m was 	

	<p>now at a low risk of receipt. The main item of assumed income was £900k for the Regional Pathology outline business case design fees;</p> <ul style="list-style-type: none"> - The allocation has been agreed with Welsh Government officials and would be drawn down shortly as part of the fee allocation which would include fees for next year on both the Regional Pathology project and a Welsh Government contribution to the Morryston access road design fees; - Following a targeted request from the minister to improve patient waiting areas in emergency departments, the health board received £265k to carry out improvements this year in the emergency department at Morryston and minor injuries unit at Neath Port Talbot; - Although the national funding position this year was positive, it should be noted that the outlook for next year continues to look very challenging and mitigations continued to be explored. <p>In discussing the plan, the following points were raised:</p> <p>Reena Owen commented that the bids for money and business cases were well planned and gave credit to the team for their work.</p>	
<p>Resolved:</p>	<p>The capital resource plan be noted.</p>	
<p>010/23</p>	<p>PERFORMANCE REPORT FOR MONTH NINE</p>	
	<p>A performance report for month nine was received.</p> <p>In introducing the report Meghann Protheroe, Head of Performance highlighted the following points:</p> <ul style="list-style-type: none"> - Unscheduled care saw performance against the four-hour target for December was reported as being noticeably below the submitted recovery trajectory, reporting 61.43% against the target. However, it was important to highlight that since the report was published, further validation work has been undertaken and the performance against the four-hour target was in fact 65.2%; - The remaining unscheduled care measures still remained above trajectory with the 12- hour target showing an increase in numbers waiting to 1,636 in December; - Cancer performance, the health board remained under the outlined trajectory for the single cancer pathway performance; however, the reported performance has increased to 53% from 51% in November 2022. The backlog figures remain noticeably above the outlined trajectory, however they were beginning to decrease once again 	

following focused intervention and it was reported that currently the backlog figures sits at 536;

- Current Covid performance saw an increase in the number of positive cases reported in December to 395 cases recorded from 171 reported in November. Subsequently, the percentage of staff absence due to Covid specifically marginally increased in December, increasing from 0.9% to 1.1%;
- Clinically Optimised performance where the health board continued to report high numbers across the sites, however there had been a further reduction in the average number of Clinically Optimised patients being reported in December, with an average of 251 patients being reported for October;
- The health board saw a reduction in the number of patients waiting over 26 weeks on page 32, along with the number waiting over 36 weeks and 52 weeks. We continue to see a consistent reduction in the number of patients waiting over 104 weeks on page 33 and we are outperforming the recovery trajectory. The health board was now outperforming the submitted trajectory for the number of patients waiting over 52 weeks at stage 1;
- The number of patients waiting over 8 weeks for diagnostics, the list had increased in December to 6,607 patients waiting and the numbers waiting specifically for Endoscopy had increased slightly, it was noted that the health board were slightly above the submitted trajectory. An updated endoscopy plan was currently being implemented locally and regional work was also underway to support an improved position;
- Workforce sickness rates saw an improvement in the percentage of staff who are off work from 7.57% in October to 6.92% in November;
- Complaints performance for October saw a receipt of 140 formal complaints, which was an increase on the previous month.

In discussing the report, the following points were raised:

Patrica Price highlighted that the report noted that the unscheduled care trajectories had been updated, and noted that the trajectory anticipated an increase in December and wondered what the cause of the increase was. Inese Robotham advised that the stepped change in performance was a result of the acute medical service redesign, covid-19, flu and strep A linked to the workforce challenges, not just in the hospital setting but in the wider community, the industrial action was also a contributing factor.

Reena Owen raised her concerns regarding cancer performance, whilst appreciating there was a lot of work taking place, the endoscopy numbers were still rising and the cancer performance was not coming closer to the

	<p>target therefore, Reena Owen questioned what activity was in place to ensure movement in the right direction of travel. Deb Lewis advised that the health board was still in enhanced monitoring with Welsh Government in relation to cancer performance. Following a recent meeting with Welsh Government it was acknowledged that the recovery trajectory set by the health board was too ambitious; therefore, it would not be reached at the end of March. Deb Lewis informed committee members that improvements were being implemented in the main tumour sites, which would allow the health board a good chance to embed significant improvement moving into quarter 1. The health board had not seen a reduction in the backlog, particularly in colorectal. The Chief Executive Officer had asked to increase operating capacity for colorectal, and Morrision theatre staff were working through the staffing and resourcing requirements. From a breach perspective, the tumour site, which has the greatest amount of patients exceeding the 62-day pathway, was currently urology. Deb Lewis advised the reasons being, pathology capacity which every health board was experiencing and it was acknowledged the pathology constraints required work and an improvement plan in place. The second issue was capacity issues with using the prostatectomy robot in Cardiff and this was being worked through. Deb Lewis assured committee members that she was working with all other tumour sites on an individual basis and an amended realistic trajectory would be submitted to Welsh Government for 2023-24 at the end of February 2023.</p>	
<p>Resolved:</p>	<p>The report be noted.</p>	
<p>011/23</p>	<p>UPDATE ON UNSCHEDULED CARE AND EMERGENCY CARE PERFORMANCE</p>	
	<p>An update on unscheduled care and emergency care performance was received.</p> <p>In introducing the update Kate Hannam, Service Director at Morrision Hospital highlighted the following points:</p> <ul style="list-style-type: none"> - The department has developed a rapid improvement action plan and a general improvement plan in response to an unannounced visit by HIW between 5-7th September 2022. The action plan focused on improvements to delays in time sensitive conditions and other flow/governance issues, which were reflected in the full report published on 8th December 2022. Both action plans were accepted by HIW and are monitored via weekly escalation meetings; - Performance against the 4hr target has remained stable throughout October and November at circa 70% (circa 54.5% for Morrision). 	

	<p>December data has been included but is currently under-going revalidation of this position which is expected to improve this position by 10%;</p> <ul style="list-style-type: none"> - Ambulance handover performance remained challenging throughout October and November 2022 with December reflecting a similar (reduced) level to that of December 2022. The number of hours lost to delayed handover continued to average at over 200 minutes per vehicle throughout quarter 3 despite a number of ongoing initiatives at the front door including ‘fit to sit’, redirection to OPAS (older person assessment service), and discharge direct from an ambulance, along with the opening of the acute medical unit; - A lot of improvement work was focused on the front door, which had resulted in a step change in the number of patients; - The clinically optimised position in the Health Board remained 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. There continues to be an operational focus on this patient group in all hospital sites with weekly review meetings with LA and community partners to expedite the pathways of these patients, however progress is slow with capacity being the constraint; - Further work concerning the AMSR programme had progressed. The Acute Medical Unit opened on the 5th December 2022 with a transitional approach agreed to the centralisation of the medical take. Initial indicators saw a very positive impact in terms of patient flow and quality of care for patients. <p>In discussing the update, the following points were raised:</p> <p>Inese Robotham recognised the work and leadership of Kate Hannam and the Morriston service group in terms of AMSR, and to launch a strategic service change amongst the winter pressures and industrial action that required additional planning was outstanding. Reena Owen endorsed Inese Robotham’s praise, and commended the team on the move forward of AMSR seamlessly.</p> <p>Reena Owen had received feedback from members of the public on the great care received over the Christmas period whilst at Morriston hospital.</p>	
<p>Resolved:</p>	<p>The update be noted.</p>	
<p>012/23</p>	<p>PROGRESSION OF ACTIONS ON PUBLIC HEALTH IN CONTEXT OF THE IMTP</p>	

A report on the progression of actions on public health in the context of the IMTP was **received**.

In introducing the report Jenifer Davies, Deputy Director of Public Health highlighted the following points:

- Collaborative working had been established to support a joint approach to implementing some aspects of the regional response to the 'Healthy Weight, Healthy Wales' programme of Welsh Government. Recruitment of a regional coordinator (Principal Public Health Practitioner) was underway and it was anticipated to appoint by end of January;
- There was a need to create products to support both the All Wales Weight Management Pathway reporting and inform work addressing obesity. However further work was needed at an internal level, but there was a lack of capacity in Digital, Public Health Teams and lack of pathway coordinator at SBUHB level. Whilst progress was acknowledged, it was not at the speed desired;
- Some grant funding was currently being sought from Welsh Government to support action in supporting the development of a SBUHB Tobacco Control approach in line with the emergent all-Wales Strategy but it was not be sufficient to deliver against all Welsh Government expectations. To mitigate the gap in the current planning process where these activities had not been considered as priorities for funding locally, a Consultant in Public Health Medicine had instigated a Clinical Advisory Group of key players across the organisation on weight management within SBUHB;
- The Healthy Schools Scheme team were grant funded by Public Health Wales to support delivery of the Health Schools Programme in early years and statutory educational settings. They work closely with local authority colleagues to deliver this nationally mandated programme. There were some longstanding concerns about the grant and the future work under the programme that are not unique to SBUHB but are of note. The grant value was static meaning that the salary element of the grant will not cover the full pay of the Healthy Schools team in its current form beyond June 2024. This had been raised through a number of avenues with Public Health Wales and Welsh Government but it was advised that there were no intentions to uplift the salary contribution;
- There was ongoing concern that 'Public Health' ('Population Health') initiatives or approaches, which naturally sit across all service groups or in partnership spaces, are not governed effectively at present. This sentiment was echoed in discussions through the inaugural Population

	<p>Health Development Board. While there has been a willingness and enthusiasm to engage in discussions on becoming a population health-focused organisation, there has been limited progress in the coordination of delivery of population health activities and system planning.</p> <p>In discussing the report, the following points were raised:</p> <p>Patricia Price noted that given the financial pressures, it was unlikely population health would receive very limited additional funding. Therefore, the better use of existing resources to deliver outcomes would be the right path to take. Patricia Price was concerned that the lack of effective governance and the lack of coordination both across the health board and collaborate organisations, and questioned how this would be approached moving forward given it was fundamental in terms of successful delivery. Hazel Lloyd advised that she had been involved in a number of conversations with the Director of Public Health and the Chief Executive Officer, and it was priority for the health board to progress at pace with further conversations imminent.</p> <p>Reena Owen questioned what had been achieved from the use of the £1m set aside from the monies available to the population health initiatives, and asked for a clear breakdown of what the money would be focused on next year for assurance purposes as given the position, there would be a risk of not allocating the £1m set aside affectively.</p> <p>Darren Griffiths confirmed that £1m of this year’s financial plan had been set aside to support population health, which had not been spent and this was part of the benefit that he was using to offset the run-rate now, as it was a reserve. Based on planning assumptions, the £1m would be incorporated into next year assuming it would be spent.</p>	
<p>Resolved:</p>	<p>The report be noted.</p> <p>ACTION – A clear breakdown to be provided of the monies provided for populations health and the spend in year and planned spend next year of the £1m set aside within the Health Board budget for population health initiatives</p>	<p>JD/KR</p>
<p>013/23</p>	<p>DIGITAL TRANSFORMATION PROGRESS AGAINST THE PLANS UPDATE</p>	
	<p>An update on digital transformation progress against the plans was received. In introducing the update Matt John, Director of Digital highlighted the following points:</p>	

	<ul style="list-style-type: none"> - Progress had been made in relation to the HIMSS Electronic Medical Record Adoption Model, the initial online assessment has been completed and the initial report was imminent the next step was a site visit from the HIMSS leads during February 2023; - A wide scale rollout of the Swansea Bay Patient Portal (SBPP) commenced on the 6th December with a view that 100,000 patients would be registered during phase 1 of the project, it was noted that target was set to be reached as planned by March 2023; - The purpose of SBPP is to empower patients to manage their care and support more informed discussions with clinical teams. A public communication campaign to promote the availability and benefits of the SBPP was underway and the Chief Executive Officer has challenged the team to accelerate the roll out and an initial proposal would be set out to Management Board by March 2023; - A setback was seen on the acquiring a space to centralise the health records department; - A procurement to replace the existing laboratory system (LIMS) has concluded; Citadel have been awarded the national contract. Readiness to adopt the solution has incurred significant delays which have been escalated nationally. Mitigation plans are being developed such that options on how to progress will be shared during Q4. The risk around LIMS has been placed on the health board risk register. <p>In discussing the update, the following points were raised:</p> <p>Reena Owen was assured to note that the Chief Executive Officer had challenged the team to accelerate the SBPP programme, however given the likely reduction in capital, how realistic were the health board aspirations? Matt John advised that capital money was definitely an issue, however it more so affected the ability to replace the ageing digital equipment. In terms of accelerating the projects, that was more linked to finding revenue investment to invest in an increase in resources to implement quickly and working with a number of services in parallel.</p> <p>Darren Griffiths supported Matt John’s comments, and where the solutions fall whether that be revenue or capital, that the health board’s ambition through leadership was greater than the resource available, which was difficult. Darren Griffiths acknowledged that there was a very clear priority when discussing with Welsh Government.</p>	
Resolved:	The update be noted .	
014/23	FINANCIAL MONITORING RETURN FOR MONTH NINE	

	A report regarding the financial monitoring return for month nine was received and noted .	
015/23	ITEMS FOR REFERRAL TO OTHER COMMITTEES	
	There were no items for referral to other committees.	
016/23	ANY OTHER BUSINESS	
	There was no further business discussed and the meeting was closed.	
017/23	DATE OF NEXT MEETING	
	The next scheduled meeting is Thursday, 23 rd February 2023.	