

**Swansea Bay University Health Board**  
**Unconfirmed**  
**Minutes of the Performance and Finance Committee**  
**held on 23<sup>rd</sup> February 2023 at 9.30am**  
**Microsoft Teams**

**Present:**

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

**In Attendance:**

Liz Stauber	Head of Corporate Governance
Georgia Pennells	Corporate Governance Officer
Sian Harrop-Griffiths	Director of Strategy
Darren Griffiths	Director of Finance and Performance
Samantha Moss	Deputy Director of Finance
Inese Robotham	Chief Operating Officer
Deb Lewis	Deputy Chief Operating Officer
Jonathan Jones	Audit Manager
Elaine Harris	Long Term Care Manager ( <b>Minute 027/23</b> )
Jeremy Lewis	Deputy Business Partner, PCC ( <b>Minute 027/23</b> )

Minute	Item	Action
018/23	<b>WELCOME AND APOLOGIES</b>	
	The Chair welcomed everyone to the meeting. An apology was received from Hazel Lloyd, Director of Corporate Governance.	
019/23	<b>DECLARATIONS OF INTEREST</b>	
	There were no declarations of interest.	
020/23	<b>MINUTES OF PREVIOUS MEETING</b>	
	The minutes of the meeting held on 24 <sup>th</sup> January 2023 were <b>received</b> and <b>confirmed</b> as a true and accurate record.	
021/23	<b>MATTERS ARISING</b>	

	There were no matters arising.	
<b>022/23</b>	<b>ACTION LOG</b>	
	<p>The action log was <b>received</b> and <b>noted</b> and the following updates were <b>received</b>:</p> <p><b>(i)</b> Sian Harrop-Griffiths advised members a continuing healthcare task and finish group had been set-up co-chaired by Janet Williams and Brian Owens, and a deep dive report was anticipated to be included on the June 2023 committee agenda.</p>	
<b>023/23</b>	<b>WORK PROGRAMME</b>	
	The work programme for 2022-23 was <b>received</b> and <b>noted</b> .	
<b>024/23</b>	<b>FINANCIAL POSITION FOR MONTH TEN INCLUDING YEAR-END FORECAST</b>	
	<p>An update setting out the month ten financial position, including year-end forecast was <b>received</b>.</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"> <li>- An underspend of just over £0.200m was reported for the first time in this financial year which takes the year to date position to an overspend of £4.092m;</li> <li>- Savings were still showing as £4m unachieved, which was likely to reduce to £3.3m unachieved by the end of the financial but would still contribute to the financial challenges;</li> <li>- In month, the variable pay increased by over £0.600m which contributed to a movement in the pay position. However non-pay reduced but there were a number of factors including inflationary pressures;</li> <li>- Prescribing saw a growth again in month, and the team were awaiting the December PAR as it was a number of months in arrears across Wales and the December would be critical in determining the strep A and antibiotic prescribing on the primary care position;</li> <li>- A review of the balance sheet was carried out to clear any accruals which relates to RBI - orders which have been receipted but the health</li> </ul>	

board has not received an invoice. The purpose being to ensure there is not anything which could be problematic from an audit perspective;

- Since completing the report a further £11m was received from Welsh Government in response to covid-19 funding, therefore from the covid-19 response costs, the health board was waiting on quarter four national programme reimbursements and long covid national programme. Given the improving position, this would alter the level of risk.

In discussing the update, the following points were raised:

Darren Griffiths advised it was important to note that there was a line of sight to zero. However, there were a number of external influences that could affect the position in the meantime.

Patricia Price highlighted that the delegated position had deteriorated further which was a concern and with a higher reliance on the opportunities and the implications this may have in the following year. In relation to the variable pay, Patricia Price asked why it had increased given that recruitment had been carried out at a pace throughout the year. Samantha Moss agreed and noted that this was an area for her which created most concern, some of the increase was driven by surge and the additional open beds and this message had been relayed to Welsh Government. Further work was required to look into the correlation between changes in the actual whole time staff and variable pay and the development of a dashboard to look into specific work groups was suggested.

Steve Spill referred to Continuing Health Care and the £3.3m which had been set aside from central reserves. Samantha Moss advised that the health board had historically held monies in a reserved account which was pushed out as the costs materialise throughout the year. Samantha Moss informed members that throughout the year she has ensured that the monies in the central reserves had been allocated to service groups who were incurring costs. In terms of the remaining monies Samantha Moss advised a lot had been issued and there was only a small amount remaining.

Sian Harrop-Griffiths informed members that a workshop was held last week across the health board including management leads and clinical leads to look at how to manage the run rate as a system wide operation rather than limited to individual areas. There were good actions generated from the workshop, in terms of what could be done further into 2023-24 and 2024-25 onwards. It was agreed a follow up session would be arranged. It was the Financial Turnaround Director's work which formed the basis of the discussions at the workshop and it looked at opportunities around processes, which the delivery groups would benefit from adopting.

	<p>Reena Owen noted the expectation of some traction from Morriston service group, and bearing in mind there was only a month left of the financial year would the health board see any success in this respect. . Darren Griffiths advised that a significant step change in activity v/v the recovery plan at Morriston had been seen. A number of executives have met with the service groups to test assurance on granular actions within the improvement plan, which are significantly better than what they were. Changes had been seen within nursing, roster management, absence management and roster fill rates, and overfill rates had reduced. However, the affect had not reached the books yet, due to the way in which the ledger ran. Darren Griffiths noted that the analysis of medical staff was complete, but the transaction of the analysis was not. From a non-pay perspective, assistance had been sought externally to look at Orthopaedic Prosthesis rationalisation. Samantha Moss added that month 11 position would run next week, and that would be critical in establishing whether or not the actions had translated into savings.</p> <p>Reena Owen noted that the report made reference to a reduction in the risk rating, Samantha Moss advised that since the report was written the covid funding and additional funding had been received and therefore all factors would be assessed before a change in the risk rating.</p> <p>Darren Griffiths touched on CKS work on Continuing Healthcare patients, and briefed committee members that the chief executive had written to the directors of social care advising that the health board would continue with the process agreed, which was that the cases assessed would feed into the delivery support team system and would be treated in the way expected of the outcomes of CKS. Whilst there was potential of challenge around the nature of the agreement, the letter would enable the health board to account for the potential benefit of those.</p>	
<p><b>Resolved:</b></p>	<p>The update be <b>noted</b>.</p>	
<p><b>025/23</b></p>	<p><b>DRAFT FINANCIAL PLAN 2023-24</b></p>	
	<p>A presentation of the draft financial plan 2023-24 was <b>received</b>.</p> <p>In discussing the draft plan, the following points were raised:</p> <p>Patricia Price raised concerns in relation to the level of cost reductions, which have been assumed in the figure of £75.5m, run rate reductions, meeting the saving gap from last year and the reduction to the covid transitional costs and highlighted the hugely challenging figure in terms of savings required. Patricia Price asked for a realistic assessment of what would be returned to Welsh Government in the financial plan. Patricia Price asked for clarity on the implications and the risks associated with the position and what this would</p>	

	<p>mean for the health board given the huge challenge. Patricia Price noted the prioritisation process and that some decisions on investment had been made, and queried if there was money in investment funds held back for requests which may occur later in the year.</p> <p>Darren Griffiths agreed that Patricia Price was correct to highlight the scale of the challenge. Darren Griffiths advised that it was important to note that activity plans were constructively managed against the run rate reductions, savings gaps and the transitional costs. Darren Griffiths added that Morriston has recently recruited a new position who would own and drive the financial plan within the service group. The service group director would remain accountable but the delivery of the plan would be delegated through a core role. In terms of the monies held back for investments, Darren Griffiths advised that it was his ambition to distribute as much of the money out as soon as possible for next year, however this approach would require board approval.</p> <p>Steve Spill noted that the IMTP should in principal balance over three years not necessarily over a single year, and understood that it was unlikely to receive a three-year plan by March 2023 but it should be an ambition over the next year that indicates a position of zero. Darren Griffiths agreed with Steve Spill, and advised that it was something he would do, however there were elements which could be forward casted with a high degree of certainty and uncertainty. For example the flow of any consequential funding from Welsh Government. Darren Griffiths noted that the chief executive officer had asked for his consideration on a ten year longer term financial plan which would be ultimately be built on assumption but would relate to service reconfiguration and the estates strategy would be factored in.</p> <p>Reena Owen raised her concern of how much responsibility was acknowledged by the budget holder for their budgets through the middle management of the organisation rather than the top level, and queried if the intention was for budget holders to sign off on their budgets to ensure accountability at all levels. Darren Griffiths advised it was his intention to issue the delegations as early as possible, however notwithstanding the fact there will not be an agreed plan for some months into the year, but it would be factored into the working plan. Darren Griffiths advised accessing the key people in the right jobs, and this detail would be worked through by the Morriston, financial turnaround director.</p>	
<p><b>Resolved:</b></p>	<p>The plan be <b>noted</b>.</p>	
<p><b>026/23</b></p>	<p><b>PERFORMANCE REPORT FOR MONTH TEN</b></p>	

A performance report for month ten was **received**.

In introducing the report Darren Griffiths Director of Finance and Performance highlighted the following points:

- There was a significant reduction of patients waiting 12-hours in ED for assessment which was a testament to the team since the launch of ASMR;
- Single cancer pathway backlog figures have seen a reduction and figures remain above the submitted trajectory;
- Covid related staff absence had improved significantly, as the covid prevalence reduces declining from 1.1% to 0.5%. However, the overall staff sickness for the health board did deteriorate to 9%;
- Endoscopy remains challenging and it was suggested a deeper discussion would come to the May 2023 Performance and Finance committee;
- Incident reporting had significantly improved.

In discussing the report, the following points were raised:

Reena Owen noted it was positive to see the improvements in the figures for unscheduled and planned care and hoped this would continue as the work of ASMR developed. Reena Owen remained concerned with cancer figures, and endoscopy. Reena Owen asked the reason behind the cancelled elective procedures and whether this was arising from the industrial action. Also concerns about the decline in ophthalmology interventions and what had specifically affected the decline. In relation to the elective procedures, Inese Robotham advised that there were a number of reasons behind the cancellations firstly industrial action, shortage of theatre staff and a portion of activity was lost due to a breach of the green pathway. Reena Owen asked whether it was anticipated to get back on track presuming there was not industrial planned. Inese Robotham advised that there was a breach last weekend, and covid-19 numbers were rising with 66 patients in hospital, this would therefore have an impact on how elective pathways were managed if there continued to be a rise in covid-19 numbers.

Patricia Price echoed Reena Owens comments on the positive improvements of unscheduled and planned care and some concerns overlapped with hers. Additionally Patricia Price was concerned with the hip surgery following the day of presentation at 22% given that it was over 50% at this point last year, and the staff sickness and agency spends were above trajectories.

Reena Owen would confer with chair of the Workforce and OD Committee regarding sickness rates and what was the outcome of the work undertaken. A

	<p>further look at endoscopy and neck and femur interventions for April 2023 was to be scheduled on the work programme.</p>	
<p><b>Resolved:</b></p>	<p>The report be <b>noted</b>.</p> <ul style="list-style-type: none"> <li>- Reena Owen would confer with chair of the Workforce and OD Committee regarding sickness rates and what was the outcome of the work undertaken.</li> <li>- A deep dive report on endoscopy would be brought to the May 2023 committee.</li> <li>- A deep dive report on neck and femur interventions would be brought to the May 2023 committee.</li> </ul>	<p><b>RO</b></p>
<p><b>027/23</b></p>	<p><b>CONTINUING HEALTHCARE PERFORMANCE FOR QUARTER THREE</b></p>	
	<p>Committee members welcomed Elaine Harris, Long Term Care Manager and Jeremy Lewis, Deputy Business Partner for Primary and Community Care to the committee.</p> <p>A continuing healthcare performance update for quarter three was <b>received</b>. In discussing the update, the following points were raised:</p> <p>Steve Spill noted the paper referred to 1,200 nursing or dual registered beds, to which the papers notes a reduction and asked if that was a risk rather than a decision made to reduce the number. Elaine Harris advised it was a risk based on the sustainability of the care homes due to financial pressures and homes that are no long viable due to pressures. Steve Spill queried how many of the 1,200 were occupied, Elaine Harris wasn't sure of the specific number but noted there was limited capacity across the sector. Steve Spill picked up on the point referred to in the report, that to date 320 patients have been transferred into these beds resulting in a saving of over 19,808 hospital bed days and queried if this was the average. Jeremy Lewis advised that the transitional bed scheme has a number of patients exceeding the initial expected transition time and there were significantly long stay patients within beds, although limited numbers with the introduction of the new step up/step down scheme. However there were a number of residents who were came into the transitional bed scheme before the partnership agreement.</p> <p>Reena Owen asked of the 320 patients transferred into the beds, how many were transferred on to a permanent solution. Jeremy Lewis understood there were 13 patients within that space, four of which have an estimated discharge date.</p>	

	<p>Patricia Price queried what the likelihood of continued funding for the step up/step down scheme given its impact. Darren Griffiths was not sure of the specific funding detail, but was aware following conversations with Mental Health and Learning Disability colleagues that through minor discretionary capital, improvements of facilities were carried out to repatriate some of the expensive placements. In terms of circular funding to make savings on CHC or reassign some of the costs of those areas to develop local services.</p> <p>Sian Harrop-Griffiths added that in terms of learning disabilities there had been capital monies through the regional partnership board to enable redevelopment of accommodation to bring back people who are cared for further away. Sian Harrop-Griffiths advised that SBUHB deliver learning disability services for CAVUHB and CTMUHB and a meeting was held this week with the delivery group as a plan has been developed on how services could be further developed. The delivery group were in the process of putting in place a plan to clarify commissioning and service specification. In terms of the longer term arrangements, Sian Harrop-Griffiths advised a strategic partner would be commissioned to work with the health board to look at what the different models of care should be available to support people getting out of hospital, and to prevent hospital admissions. A specification had been developed and local authorities had been asked to make comment and a pre-engagement exercise with a number of strategic partners in how to shape the models, was underway.</p>	
<b>Resolved:</b>	The update be <b>noted</b> .	
<b>028/23</b>	<b>STROKE PERFORMANCE DEEP DIVE</b>	
	<p>A deep dive into stroke performance was <b>received</b>.</p> <p>In introducing the report Deb Lewis, Deputy Chief of Operating Officer highlighted the following points:</p> <ul style="list-style-type: none"> <li>- Access to dedicated Stroke beds continues to impact on performance with 5.9% of patients meeting the target of admission within 4 hours for December 2022. This was against compliance of 10.7% in November 2022 and 6.1% compliance in October 2022.</li> <li>- Thrombolysis rates were low in December 2022 at only 2% of patients receiving thrombolysis;</li> <li>- CT head scans &lt;1hr were consistently improving prior to the pandemic. However, due to assessment delays and increasingly busy ED department, performance against this target has fallen back to where it was 2017-2018 but remained consistent;</li> </ul>	



	<ul style="list-style-type: none"> <li>- Following the AMSR implementation in December 2022, the long-term effect expectation was that it would aid improving the measures combined with the direct CT pilot commencing in February 2022;</li> <li>- The Hyper-Acute Stroke Unit was until recently being progressed as a Swansea Bay only model. This model and the accompanying business case would be revised accordingly as under the ARCH programme HDUHB would take the lead on developing these proposals in conjunction with SBUHB.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Steve Spill asked that in future reporting the numbers of the missed targets could be detailed. Deb Lewis agreed.</p> <p>Patricia Price highlighted that the urgent intervention measures were very concerning, and queried the impact on patient outcomes in Swansea Bay and across Wales in terms of the length of stay, given the urgent intervention element was poor. Deb Lewis advised that the Welsh Government delivery unit carried out a lot of work nationally on the All Wales stroke performance, and Deb Lewis agreed to speak with Craige Wilson, Deputy Chief Operating Officer to include the detail in future reports.</p> <p>Patricia Price noted the stroke bids detailed in the report and queried where they were placed in terms of the investment prioritisation. Darren Griffiths advised that last year £0.5m was given to stroke, and the plan was always to maintain growth in the investment and would be expected to support further growth in the investment of the stroke area to move the health board towards the HASU model.</p> <p>Reena Owen was encouraged to see the commencement of the pilot with respect to CT scans, however questioned if there were not dedicated stroke beds available how this would be taken forward, or would the pilot be carried out hand in hand with the acute medical unit, therefore ensuring dedicated stroke beds were kept free. Deb Lewis envisaged the pilot would be carried out hand in hand.</p>	
<p><b>Resolved:</b></p>	<p>The report be <b>noted</b>.</p> <ul style="list-style-type: none"> <li>- Numbers of the missed target to be detailed in future reporting.</li> <li>- All Wales patient outcomes as a result of the poor urgent intervention measures to be reported in future reporting.</li> <li>- A report would be brought to the May 2023 committee following the pilot.</li> </ul>	
<p><b>029/23</b></p>	<p><b>NEURODEVELOPMENT PERFORMANCE DEEP DIVE</b></p>	

	<p>A deep dive into neurodevelopment performance was <b>received</b>.</p> <p>Committee members Sue Kotrzuba, Assistant Divisional Manager, Children and Young Person to the meeting.</p> <p>In discussing the report, the following points were raised:</p> <p>Patricia Price was pleased to see the report provided clear efforts locally to address the backlogs, albeit the impact was minor due to staffing levels. Patricia Price noted it was frustrating to see the pressure on children, families and schools in relation to the lack of visits from Welsh Government which was directly impacting from the delay to receiving funding. Sue Kotrzuba advised that she would speak with her manager to query whether the situation had been escalated.</p> <p>Reena Owen asked how much SBUHB were likely to receive from the £12m of funding. Sue Kotrzuba advised to fund the business case of the full year of staff costs, the health board would require £1.9m in terms of the calculation of allocations. Sue was not aware of the amount and it would only be Welsh Government who could answer that question. Reena Owen highlighted that if almost £2m a year was required, based on three years it would require £6m which would appear to be unlikely to be achieved. Therefore the business case should be re-looked at and further analysis should be sought. Reena Owen asked what the team offered whilst the families were on the waiting list. Sue Kotrzuba advised that the team signpost to supporting organisations that can provide support to families in the interim and the Additional Learning Needs and Education Tribunal act had helped and was a positive step for families.</p>	
<p><b>Resolved:</b></p>	<p>The report be <b>noted</b>.</p> <ul style="list-style-type: none"> <li>- A report to be brought to the July 2023 committee pending further information from Welsh Government on the business case and likely additional funding.</li> </ul>	
<p><b>030/23</b></p>	<p><b>FINANCIAL MONITORING RETURN FOR MONTH TEN</b></p>	
	<p>A report regarding the financial monitoring return for month ten was <b>received</b> and <b>noted</b>.</p>	
<p><b>031/23</b></p>	<p><b>ITEMS FOR REFERRAL TO OTHER COMMITTEES</b></p>	
	<p>There were no items for referral to other committees.</p>	



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<b>032/23</b>	<b>ANY OTHER BUSINESS</b>	
	There was no further business discussed and the meeting was closed.	
<b>033/23</b>	<b>DATE OF NEXT MEETING</b>	
	The next scheduled meeting is Tuesday, 28 <sup>th</sup> March 2023.	