

Swansea Bay University Health Board
Unconfirmed
Minutes of the Performance and Finance Committee
held on 27th September 2022 at 10am
Microsoft Teams

Present:

Steve Spill	Vice Chair (in the chair)
Patricia Price	Independent Member
Darren Griffiths	Director of Finance and Performance
Siân Harrop-Griffiths	Director of Strategy

In Attendance:

Hazel Lloyd	Acting Director of Corporate Governance
Deb Lewis	Deputy Chief Operating Officer (minute 135/22)
Inese Robotham	Chief Operating Officer (from minute 133/22)
Paul Mapson	Special Advisor
Meghann Protheroe	Head of Performance (from minute 132/22)
Rhian Lewis	Internal Audit
Matt John	Director of Digital
Deidre Roberts	Assistant Director of Digital Transformation (from minute 137/22)
Gareth Westlake	Assistant Director of Digital Services (from minute 137/22)
Nerissa Vaughan	Local Authority (minute 137/22)
Karen Gronert	Head of Nursing - Primary Care and Therapies Group (to minute 134/22)
Leah Joseph	Corporate Governance Manager

Minute	Item	Action
126/22	WELCOME AND APOLOGIES	
	The Chair welcomed everyone to the meeting. Apologies received from Keith Reid, Director Public Health, Reena Owen, Independent Member and Gareth Howells, Director of Nursing and Patient Experience.	
127/22	DECLARATIONS OF INTEREST	
	There were no declarations of interest received.	
128/22	MINUTES OF PREVIOUS MEETING	

	The minutes of the meeting held on 23 rd August 2022 were received and confirmed as a true and accurate record.	
129/22	MATTERS ARISING	
	There were no matters arising raised.	
130/22	ACTION LOG	
	The action log was received and noted .	
131/22	WORK PROGRAMME	
	The work programme for 2022-23 was received and noted .	
132/22	MONTH FIVE FINANCIAL POSITION, INCLUDING SCENARIO UPDATE	
	<p>A report setting out the month five financial positions, including a scenario update was received.</p> <p>In introducing the report and scenario, Darren Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - The opening deficit for 2022/23 was £24.4m. The HB should be achieving a breakeven position following confirmation that the previously identified deficit of £24.4m would funded by Welsh Government. The actual month 5 variance had an overspend of £0.66m. The year to date plan at month 5 should breakeven but 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 were 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; 	

	<ul style="list-style-type: none"> - Total variance non pay had an overspend of £3.1m and income variance stood at £1.4m; - The additional costs as a result of 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. <p>In discussing the report and scenario the following items were raised:</p> <p>Steve Spill queried whether specific financial risks fed into the Health Board Risk Register. Darren Griffiths advised that the financial risks do feed into the Health Board Risk Register.</p> <p>Pat Price queried when the interim measures end for long term agreements. Darren Griffiths advised that the interim measures were only agreed for 2022/23 and a sub-group of financial Directors were reviewing a mechanism for 2023/24.</p> <p>Pat Price queried whether administration costs were raised as staffing numbers were particularly high for estates or administrative roles. Darren Griffiths advised that the Financial Delivery Unit was externally reviewing the corporate function and analysing its data.</p> <p>Pat Price queried whether sickness levels would be referred to Workforce and OD Committee for an understanding of how sickness was managed and whether robust mechanisms were in place. Hazel Lloyd advised that this would be raised with the Chair of Workforce and OD. Darren Griffiths advised that the cost of COVID related absences was approaching £28m. Karen Gronert stated that the Acute Medical Service Redesign was altering the skill mix in bands three and four, and sickness deep dives were ongoing within Primary, Community and Therapies Group.</p>	HL
Resolved:	<ul style="list-style-type: none"> - 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. - The agreed 2022/23 financial plan be noted. - The Board's financial performance for Period 5 2022/23 be considered. - The actions to ensure delivery of the financial forecast with a specific focus on savings delivery be noted. 	HL

	<ul style="list-style-type: none"> - Increased cost control in respect of COVID response costs be noted. - Actions to ensure the operational pressures are mitigated and areas return to financial be noted. - The risk handling for the risks noted be agreed. - All actions and updates to support the management of the 2022/23 financial position be noted. 	
133/22	PERFORMANCE REPORT FOR MONTH FIVE	
	<p>A report setting out the month five performance position was received. In introducing the report, Meghann Protheroe highlighted the following points:</p> <ul style="list-style-type: none"> - 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 remains ongoing surrounding admission avoidance; - The Single Cancer Pathway performance for July 2022 was 56%, which continued to stay below the submitted trajectory. Seasonal changes were being seen with skin cancer; - In August 2022, there were an additional 217 positive cases recorded bringing the cumulative total to 118,246 in Swansea Bay since March 2020; - 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; - 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; 	

	<ul style="list-style-type: none"> - In August 2022, 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. <p>In discussing the report, the following points were raised:</p> <p>Steve Spill queried whether the unscheduled care position would worsen going into Autumn. Inese Robotham advised that COVID cases had been at their lowest in August 2022, however positive COVID rates had begun to increase. In regards to length of stays, the Health Board needs to review what is in its gift to be able to reduce patient's length of stays.</p>	
Resolved:	<ul style="list-style-type: none"> - The Health Board performance against key measures and targets be noted. - The inclusion of updated recovery trajectories from both Emergency Unscheduled Care and Cancer Services in line with the escalation framework be noted. - The inclusion of the submitted Ministerial Priority performance trajectories be noted. - The actions being taken to improve performance be noted. 	
134/22	CONTINUING HEALTHCARE PERFORMANCE REPORT (Q4)	
	<p>A report setting out the quarter four continuing healthcare (CHC) performance position was received.</p> <p>In introducing the report, Karen Gronert highlighted the following points:</p> <ul style="list-style-type: none"> - 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 has 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 adults 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.

In discussing the report, the following points were raised:

Steve Spill recognised that the report was retrospective and provided historical data.

Pat Price highlighted that a small group of people were taking a high proportion of the budget and she welcomed a breakdown in future iterations of the report. Karen Gronert advised that costs reviews take place on a three-month basis and work remains ongoing with Local Authorities from a joint commissioning basis as the beds in place do not currently support the flow of complex patients.

Darren Griffiths advised that external reviews had been undertaken surrounding Mental Health and Learning Disabilities teams and the packages were still to be worked through. He highlighted that work was ongoing surrounding repatriation patients for simple modifications in bungalows to support them returning home with their families and also there would be financial benefits for the Health Board.

Sian Harrop-Griffiths advised that work was ongoing with Directors of Social Services, and a transforming complex care programme with the Regional Partnership Board was being chaired by the Health Board's

	Deputy Director of Nursing. The Health Board was actively looking at CHC commissioning work and how things could be done differently in the future.	
Resolved:	The report be noted .	
135/22	IMPROVEMENT ACTION PLANS FOR PLANNED CARE	
	<p>A report on the improvement action plans for Planned care was received. In introducing the report, Inese Robotham highlighted the following points:</p> <ul style="list-style-type: none"> - On 21st June, the Health Board submitted its initial modelling results to Welsh Government with a covering letter that further work would be undertaken to refine the model with resubmission in 2 to 3 weeks; - There was a gap in the delivery of the Ministerial Priority requirement on planned care, and the trajectory had a gap of 9,767 patients in the 52-week cohort and 13,128 patients in the 104 week cohort; - The Health Board has reviewed its efficiencies to improve trajectories which included validation, plans for longest waits and transformation measures. <p>In discussing the report, the following points were raised:</p> <p>Pat Price queried whether a response had been received from Welsh Government in light of unrealistic targets and forecasting. Deb Lewis advised that the Health Board was in the mix in comparison with other Health Boards. There were mathematical challenges to reach Welsh Government targets as waiting lists continue to grow. And this was matched across Wales. Cancer demand remained a priority for the Health Board and corporate colleagues were working with cancer services each week.</p>	
Resolved:	<ul style="list-style-type: none"> - The work undertaken to date to develop robust revised planned care performance trajectories be noted - The approach to reporting and monitoring be endorsed. - The report be noted. 	
136/22	HEALTH BOARD RISK REGISTER	

	<p>The Health Board Risk Register was received.</p> <p>In introducing the risk register, Hazel Lloyd highlighted that she would link with Darren Griffiths to review financial risks.</p> <p>In discussing the report, the following points were raised:</p> <p>Steve Spill queried whether the new risk relating to non-delivery of the Acute Medical Service Redesign was standalone. Hazel Lloyd advised that she would review the risk and ensure updates were included in the next iteration of the risk register.</p> <p>Pat Price queried whether staff could be seconded over to support the Acute Medical Service Redesign programme. Hazel Lloyd advised that secondments were taking place, however work needed to continue before the risk rating was reviewed.</p>	
Resolved:	The Health Board Risk Register be noted .	
137/22	CHILD AND ADOLESCENT MENTAL HEALTH SERVICES	
	<p>A review on child and adolescent mental health services (CAMHS) was received.</p> <p>In introducing the report, Sian Harrop-Griffiths and Nerissa Vaughan highlighted the following points:</p> <ul style="list-style-type: none"> - A Board briefing 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. <p>In discussing the report, the following points were raised:</p> <p>Steve Spill highlighted that Welsh Health Specialised Services Committee were reviewing the extension of cover surrounding the</p>	

	<p>referral requirements for youngsters as many were being admitted to Ward F at Neath Port Talbot Hospital following an assessment. Nerissa Vaughan advised that there was a gap in tier three and further scrutiny in the future would form part of the service once commissioned.</p> <p>Steve Spill supported the approach and conclusion to the delivery of CAMHS. Nerissa Vaughan highlighted that the service was improving, however the process was not sustainable. Recruitment position was improving in light of the focus on Swansea Bay University Health Board.</p> <p>Paul Mapson advised that in his experience he had never seen a CAMHS fully recruited, and queried whether localising the service would neutralise itself. Nerissa Vaughan advised that that the service had benefited from large amounts of investment very quickly over a four year period in a fairly specialised service from a Welsh perspective. She noted that bringing the service back in-house would provide more control around recruitment.</p> <p>Sian Harrop-Griffiths acknowledged the work Nerissa Vaughan had undertaken to further the position of the service, however there was a need for change surrounding operational management. Engagement with Primary, Community and Therapies Group would be required along with an understanding of referrals process and issues surrounding it. She noted that option three requires careful handling would need to be taken with external partners and internal colleagues if Health Board approve option three. Cwm Taf Morgannwg University Health Board repatriated the service three years ago and the cultural change was the biggest issue, however it was the sole solution for improvements.</p> <p>Pat Price queried the overview of commissioning value. Nerissa Vaughan advised that the report included post-by-post detail, however there may be efficiencies in the short term. The longer term plans could require financial investment for access to Primary, Community and Therapies Group. Sian Harrop-Griffiths advised that Cwm Taf Morgannwg University Health Board have been underspending and money had been returned to Swansea Bay University Health Board. There was a need to look at workforce benchmarking in the same way as financial planning and integrated medium term planning.</p>	
<p>Resolved:</p>	<ul style="list-style-type: none"> - The report be noted. - The recommendation to adopt Option 3 of the option appraisal be considered. - Members considered serving notice to Cwm Taf Morgannwg University Health Board on the existing Service Level Agreement 	

	<p>with a notice period of 6 months and to transfer the service back to Swansea Bay University Health Board from April 1st 2023.</p> <ul style="list-style-type: none"> - Members considered that Management Board and Quality and Safety Committee would oversee and receive quarterly reports on the progress of the transfer. 	
<p>138/22</p>	<p>DIGITAL TRANSFORMATION PROGRESS REPORT</p>	
	<p>An update on the digital transformation progress report was received. In introducing the report, the Matt John highlighted the following points:</p> <ul style="list-style-type: none"> - Most digital projects are progressing well and are on target to be delivered as planned; - Health Board reduction in capital allocation and continuous increases in digital sourcing and providing digital services, is increasing the financial risk of achieving sustained digital transformation; - Hospital Electronic Prescribing and Medicines Administration solution is digitalising drug charts across Swansea Bay University Health Board in-patient settings. The service enabling a prescriber to share an accurate, error-free and legible prescription directly with clinical teams to facilitate dispensing and drug administration. Implementation was underway in Morriston and Hospital and Gorseinon Hospital with a completion time of October 2022; - Phase one of the intranet migration had been delivered towards the end of June; - Work on a number of business cases was underway to either introduce new digital solutions or replace existing digital solutions; - Financial pressures were being worked through which included the replacement of the Health Board storage area network, and revenue options were being explored. <p>In discussing the report, the following points were raised:</p> <p>Steve Spill queried whether the Health Board was coping in being able to retain staff. Matt John advised that comparatively, the Health Board does well retaining staff however there was a huge demand for skilled technical people and challenged remained. The recruitment process remained evolving and Swansea University had been involved with the process and good work was ongoing. Gareth Westlake advised that there were key posts in project management and business intelligence that were not filled, however work was being undertaken to strengthen</p>	

	the position. Darren Griffiths highlighted that the financial team continued to support the digital team to ensure a sustainable workforce throughout challenges.	
Resolved:	The report be noted .	
139/22	FINANCIAL MONITORING RETURN FOR MONTH FIVE	
	A report regarding the financial monitoring return for month five was received and noted .	
140/22	ITEMS FOR REFERRAL TO OTHER COMMITTEES	
	<p>The following item was referred to Workforce and OD Committee:</p> <p>i. <u>132/22 Sickness levels and management mechanisms</u></p> <p>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.</p>	
141/22	ANY OTHER BUSINESS	
	There was no further business and the meeting was closed.	
142/22	DATE OF NEXT MEETING	
	The next scheduled meeting is Tuesday, 25 th October 2022.	