

Swansea Bay University Health Board

Unconfirmed

**Minutes of the Performance and Finance Committee
held on 25th January 2022 at 10.00am to 11.30am
Microsoft Teams**

Present:

Reena Owen	Independent Member
Mark Child	Independent Member
Steve Spill	Vice-Chair
Patricia Price	Independent Member
Darren Griffiths	Director of Finance and Performance

In Attendance:

Inese Robotham	Chief Operating Officer
Deb Lewis	Deputy Chief Operating Officer
Hazel Lloyd	Acting Director of Corporate Governance
Claire Mulcahy	Corporate Governance Manager
Tanya Spriggs	Nurse Director – Primary Care and Community Service Group (Minute 14/22)
Neil Thomas	Assistant Head of Risk and Assurance (Minute 13/22 to 15/22)
Jan Worthing	Service Group Director – Singleton and Neath Port Talbot (Minute 14/22 to 17/22)
Paul Mapson	Special Advisor (Observing) (until minute 14/22)
Jonathan Jones	Internal Audit (Observing)
Georgia Pennells	Corporate Governance Administrator (Observing)
Meghann Protheroe	Head of Performance (Observing)

Minute	Item	Action
06/22	WELCOME AND APOLOGIES	
	Reena Owen welcomed everyone to the meeting, Apologies for absence were received from Sian Harrop-Griffiths, Director of Strategy.	
07/22	DECLARATIONS OF INTEREST	
	There were no declarations of interest.	
08/22	MINUTES OF PREVIOUS MEETING	

	The minutes of the meeting held on 21 st December 2022 were received and confirmed as a true and accurate record.	
09/22	MATTERS ARISING	
	There were none.	
10/22	ACTION LOG	
	<p>The action log was received and noted with the following updates:</p> <p>(i) <u>Open Action Point One</u></p> <p>A discussion with the Primary Care and Community group had informed of staff shortages within podiatry with some staff called to the vaccination centres. Darren Griffiths informed that in terms of recovery, the following actions were in train; the appointment of two full time locums, new staff members who took post from the start of this year, there were increased clinical sessions taking place and a process of waiting list validation was underway. A formal trajectory was requested and was now in development. A progress update to be provided to committee in due course. Sensible actions to address were underway but the issue would need continued monitoring.</p>	
Resolved	- An update on the progress of the Podiatry Recovery Plan be received at committee at a future date.	IR/BO
11/22	WORK PROGRAMME	
	<p>The work programme for 2021-22 was received and noted.</p> <p>Reena Owen informed that in light of the pressures faced with Omicron, committee agendas had been scaled back in terms of reports and timings and this would continue at least until the meeting in February 2022.</p>	
12/22	MONTH NINE FINANCIAL POSITION	
	<p>A report setting out the month nine financial position was received.</p> <p>In introducing the report, Darren Griffiths highlighted the following points:</p>	

- The month nine financial position was an overspend of £1.884m and £17.57m cumulatively;
- Income budgets had reported an under-achievement of £2.183m;
- The underspend within pay budgets had continued in-month at a value of £8.201m for month nine. The underspend was across all pay bands;
- Non-pay budgets have overspent in-month and the key drivers continue to be ChC (continuing healthcare) costs within Mental Health and Learning Disabilities;
- In December 2021, the health board saw the impact of increasing utility prices causing cost pressures of £300k;
- The health board has identified £28.124 of green and amber savings schemes although some slippage would reduce the forecast delivery to £27.451m;
- The recurrent full year impact of savings was £24.9m, which leaves a gap of £2.75m in the savings requirement. Work was underway to address as a matter of urgency;
- Both service groups and corporate directorates have been tasked to urgently review and identify further CIP schemes to bridge the gap;
- Within the £24.9m recurrent savings, £5m were amber schemes relating to bed efficiencies;
- The draft financial framework for 2022-23 sets a savings requirement of 4% equating to £27m, of which between 55% and 85% of savings have been identified within the services groups to date;
- The health board COVID-19 expenditure for 2021-22 was £113.495m;
- The funding for the COVID-19 programme costs i.e. Vaccinations, PPE (personal protective equipment), Test and Trace had been issued to the health board with the expectation that this would be fully managed within the allocations issued;
- The forecast deficit remained at £24.405m and key areas of movement were; £27.1m of cost pressures, £2.5m investments to enable savings and £4.7m slippage on plan due to contractors unable to deliver services as planned;
- There were three significant risks relating to finance:

- Residual cost base (score of 20);
- Resources level lower than recovery plan ambition (score of 15).
- Savings Schemes related to bed release (score of 15)
- It was important to highlight that the Capital discretionary allocation would be reduced next year. A report to be received on the detail in due course;
- Welsh Government issued the 2022-23 allocation letter in December 2021 and the key headlines for the health board were as follows;
 - A 2.8% uplift on core budgets;
 - 3% uplift to Mental Health budgets;
 - Pay inflation funding would be held centrally by Welsh Government;
 - £21.6m recovery monies for planned and unscheduled care;
 - Support of £1.9m for Value Based Healthcare;
 - A Regional Integration Fund (RIF) had been created from the previous Integrated Care Fund and Transformation Fund;
 - Primary Care contracts would be subject to further allocation adjustments in due course;
- Risks to highlight for the coming year include; pressures on savings programmes, increasing utility prices and LTA (long term agreement) arrangements;

In discussing the report, the following points were raised:

Reena Owen commended the health board for maintaining its financial reputation with Welsh Government but highlighted her concern with the health board's ability to be able to spend the additional funding in year. Darren Griffiths stated he was unable to give assurance on this given the pressures of omicron but plans were in place to renew a number of key pieces of equipment i.e. MRI and CT scanners, plans for outsourcing contracts for spinal and insourcing for endoscopy and cardiovascular testing. He could assure a level of benefit would be seen from the increase in funding but there was not a line of sight as yet for the full £21.6m.

Mark Child noted that £15m savings opportunities had been identified for next year and queried of these, which had been rated green and amber. Darren Griffiths informed that £12m of £15m had been rated

	<p>green/amber to date but undertook to provide Mark Child with further information on the schemes outside of committee.</p> <p>In relation to the ChC savings target of £2.5m set out by KPMG, Mark Child commented that this was unrealistic given that demand for ChC was not reducing. Darren Griffiths concurred, adding that the scale and growth in demand was concerning. In addition, as a provider, the health board would need to factor in the real living wage for staff as well as growth year on year. A review of learning disability high costs/complex cases was underway as well as an independent review in mental health of the appropriateness of some packages of care provided.</p> <p>Within the KPMG table of key savings themes, members queried the meaning of 'shift left' and were advised that this meant the shifting of care to outside of the hospital setting.</p> <p>Reena Owen raised her concern surrounding the bed release schemes and the savings reliant upon the success of these. She asked whether more information was required on the programme, business cases and how bed efficiency fits within the three year IMTP. She requested a detailed report at next committee which outlines the above and indicates whether the forecast savings are realistic. Darren Griffiths assured that there were business cases behind bed reduction plans and those have led to the initiatives such as virtual wards and medical bed redesign. Each of the four to five elements of the programme had a bed day release component which leads to financial release. Pressures in the system due to COVID-19 have impacted on the progress of the schemes.</p>	<p>DG</p>
<p>Resolved:</p>	<ul style="list-style-type: none"> - A report on savings relating to the bed efficiency programme be received at committee in February 2022; - The agreed 2021/22 financial plan was noted; - Members noted the Board's financial performance for Period 9 (December) 2021/22, in particular: <ul style="list-style-type: none"> ▪ the revenue outturn position of £17.57m deficit; and ▪ the adjusted year-end forecast deficit of £24.405m. - The actions to ensure delivery of the financial forecast were noted; - The emerging savings position for 2022/23 was noted; - The risk handling for the 4 risks was noted and agreed subject to a further report on Bed Efficiency Savings; - The 2022/23 Revenue Allocation Letter and the actions underway to develop the future financial plan as part of the 	<p>DG</p>

	Health Board's planning processes was noted .	
13/22	PERFORMANCE REPORT FOR MONTH NINE	
	<p>A report setting out the performance position for month nine was received.</p> <p>In introducing the report, Darren Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - The number of ambulance handovers over 1 hour had reduced in December 2021; - The national single cancer pathway target was 75% and the figure for November 2022 was 63%. Disappointingly, the backlog was increasing; - The numbers of staff self-isolating due to COVID-19 had increased during December 2021; - The number of new cases of COVID-19 was 587 today and there were currently 81 inpatients with COVID-19. There had been one COVID-19 death during December 2022; - The red ambulance response time was 46.4% in December 2021 and 56% in January 2022; - Attendances at emergency department stood at a total 9,000 for December 2021; - The number of patients waiting over 12-hour against the 750 target was 1,001; - There were 257 clinically optimized patients in the system to date; - The number of <i>e.coli</i> infections had reduced but a deterioration in <i>s.aureus bacteraemia</i>, <i>clostridium difficile</i>, <i>klebsiella</i> and <i>Pseudomonas</i> had been recorded in December 2021; - Compliance against the 80% serious incident closure target stood at 0% during December 2021; - Sickness absence had recovered slightly in November 2021 but dipped again in December 2022; - Dental access was not yet running at pre-COVID-19 levels but the number of new patients had increased; - Therapy waiting times were below target but recovery plans were in place for both Speech and Language therapy and 	

Podiatry;

- The total number of patients on the waiting list had increased by 30k patients in comparison to December 2019. Recovery ambition was very important;
- The number of patients waiting over 8 weeks for endoscopy diagnostics was 3,000. A recovery plan had been requested but not was not manifesting in a reduction of numbers;
- In October 2021, the health board had received 135 formal complaints;
- Performance in the adult mental health measures was good but patients in receipt of valid care and treatment plans had reduced in November 2021;

In discussing the report, the following points were raised:

Patricia Price sought further information on escalation, particularly within cancer services and Darren Griffiths informed that escalation was the initial part of performance management framework process. Following this, the service would be subject to targeted intervention with weekly meetings with Chief Executive. Cancer Services had a number of improvement and action plans underway but challenges had been faced due to the increasing backlog. He assured that progress was being seen within the individual tumour sites.

Patricia Price noted the 3.5 hours lost in relation to discharges on Critical Care and queried whether good practice had been lost. Inese Robotham informed that the figures represented a comparison to the 1st wave of COVID-19 where general bed occupancy was much lower and there was a drive to discharge to the care home setting and elective activities were curtailed. During the 2nd wave, demand for critical care was different. Currently, the health board is in a different position with pressures faced due to COVID-19, elective procedures underway and 100% bed occupancy across the sites. There was no flow out of critical care and demand was also different.

In relation to therapy waiting times, Mark Child stated that there was not enough change within speech and language therapy to feel assured and this needed continued monitoring. Within podiatry, it was imperative that this was monitored closely as the position had escalated suddenly. He was hopeful that the plans outlined earlier in the meeting would make a difference.

Mark Child noted the 0% performance on serious incident closures and sought further information on the reasons for this. Hazel Lloyd informed that the national target was due to change, therefore the metrics would

	<p>need to change. A discussion was due at Quality and Safety Committee and she undertook to meet with Mark Child outside of committee following this discussion.</p> <p>Steve Spill highlighted that the data for COVID-19 was out of date and requested that the committee receives a snapshot of the COVID-19 dashboard for real time information at the time of reporting. Darren Griffiths agreed to present a snapshot of the COVID-19 dashboard at future committees.</p> <p>In relation to CAMHS performance, Steve Spill highlighted that although one measure was presenting 97% performance, there were three other measures which were very poor in terms of performance. He also noted that the care and treatment plan element of the Mental Health Measure and informed members that plans were in place and performance was improving in that area.</p> <p>Reena Owen was pleased to see the improvement in ambulance handover times and queried the reasons for improvement and whether it was likely that this would continue. Inese Robotham advised that this was a result of progress in the urgent care work-streams and the designated handover vehicle outside the department. Due to the recent COVID-19 pressures, this level of performance could not be sustained and January's figures will present worse than November 2021. There had been significant workforce pressures in the ambulance service and in the care home sector. January 2022 had been particularly challenging but recovery had been seen towards the end of the month. It was important to note, that in comparison to our neighbouring health boards, SBUHB had kept green pathways and continued with elective flow.</p>	HL
Resolved:	<ul style="list-style-type: none"> - The Acting Director of Corporate Governance to meet with Mark Child to discuss performance for serious incident closures; - Darren Griffiths to present the COVID-19 dashboard as part of the performance report update at future committees; - The report be noted; 	HL/MC DG
14/22	CONTINUING HEALTHCARE PERFORMANCE REPORT - QUARTER TWO	
	<p>Tanya Spriggs was welcomed to the meeting.</p> <p>A report providing an update on the quarter two activity for continuing healthcare (ChC) was received.</p>	

In introducing the report, the following points were highlighted;

- The implementation of the revised ChC National Framework has been delayed until March 2022.
- During quarter two, concerns had been escalated for one care home in Swansea and actions were being taken to address;
- The sustainability of the care home sector remained a concern and the hardship fund was due to end on the 1st October 2022;
- Fee setting discussions with local authorities were underway;
- Case numbers within Mental Health and Learning Disabilities (MHL) were increasing and in turn, this was increasing therapies expenditure within primary care and community service group;
- A review of commissioned packages was underway within MHL due to the high number of complex cases and the aim was to develop the interface and collaboration between health and social care;
- Following an external review of all children's continuing care packages, the final report was completed and recommendations outlined in November 2021;

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

Patricia Price requested further information on the approach to the commissioning of care packages and the outcomes of tenders given the scale of the budgets. Tanya Spriggs advised that the team worked closely with both the procurement and commissioning teams but undertook to feedback to the Mental Health and Learning Disabilities group for further information.

Mark Child queried how the recent high profile complaint case within Children's ChC Team had progressed. Jan Worthing assured that robust action plans were in place with regular meetings with the family and a focus on Organisational Development within the team itself. Progress was positive so far and a report was due to be received at the next Quality and Safety Committee.

Reena Owen raised her concern about the sustainability issues within care homes, the increasing numbers of empty beds due to staffing issues and lack of nurse registrants. She queried whether Welsh Government were acting upon this , with a focus on the national shortage and if any solutions had been provided. Tanya Spriggs advised that Welsh Government were sighted on the national issue. In terms of solutions, the health board had a good relationship with local

	<p>authorities and during quarter three, one hundred care home beds were commissioned by the health board. There continued to be challenges within the domiciliary care sector and both local authorities have been hit hard. The delivery of complex cases poses a challenge across the sector and the health board works closely with them providing support, training and a collaborative approach.</p>	
Resolved	<ul style="list-style-type: none"> - The report be noted. 	
15/22	<p>PERFORMANCE AND FINANCE COMMITTEE RISK REGISTER</p>	
	<p>Neil Thomas was welcomed to the meeting.</p> <p>A report setting out the Performance and Finance Committee risk register was received.</p> <p>In introducing the report, Neil Thomas highlighted the following points;</p> <ul style="list-style-type: none"> - The Health Board Risk Register was last presented to the Board in November 2021. The Board endorsed continuation of the risk appetite score level of 20; - There were ten risks assigned to the Performance and Finance Committee, of which six were scored at 20 or above; - There were 2 key changes to highlight; the increased risk scoring for <i>Access to Cancer Services</i> from 20 to 25 and the addition of the <i>Risk of Closure of Burns Service</i> assessed to score 25; <p>In discussion of the report, the following points were raised;</p> <p>Reena Owen raised her concerns surrounding the visibility of the Burns Service Closure risk and queried what actions had been taken to address this . Neil Thomas advised that the risk had been raised by the Medical Director and work was underway in terms of action in mitigating the risk. Darren Griffiths assured the committee action was taking place. The Chief Executive had met with clinicians to discuss an internal solution but this still remained a risk as the service had been closed in the interim. There was lots of activity underway to remedy.</p> <p>Steve Spill shared concerns in terms of visibility of the risk but informed members that the issue was due to be discussed at Quality and Safety Committee this afternoon with the Medical Director in attendance. Reena Owen stated that a report was required on the position and recovery plans. This was a national service and its closure posed a reputational risk to the health board.</p>	

	<p>In relation to risk 75, (Whole Service Closure), Reena Owen sought clarity on when the health board would declare a major incident, highlighting the current risks of the pandemic and the pressures in urgent and emergency care. Inese Robotham responded that the health board was currently in an 'incident' with the COVID-19 pressures and the escalation of which was managed via the health board's Gold Command. She further advised that if the incident was not pandemic related it would be managed via the health board's Emergency Preparedness, Resilience and Response (EPRR) process.</p>	
<p>Resolved;</p>	<p>- The report be noted.</p>	
<p>16/22</p>	<p>CANCER PERFORMANCE</p>	
	<p>Jan Worthing was welcomed to the meeting.</p> <p>A verbal update on Cancer Performance was received.</p> <ul style="list-style-type: none"> - The Single Pathway Cancer performance figures for November 2021 sat at 63% against the 75% target; - In terms of backlog, the total number of patients fluctuated daily but currently stood at 723, of which 85% sat within the top five tumour sites; - Of the backlog, 41% was within the lower gastrointestinal tumour site with 36% awaiting FIT test results; - The Board had signed off a business case for the implementation of FIT testing within primary care services and this would have a substantial impact on the backlog; - Of the backlog, 17% sat within Urology due to theatre time pressures but diagnostics was now back on line within Neath Port Talbot and therefore improvement should be seen; - The urgent and emergency care pressures at Morriston were also impacting on theatre time for the more complex patients; - Of the backlog, 64% was in the diagnostic stage awaiting FIT or endoscopy. Robust action plans were in place to tackle endoscopy waits; - It was important to note that only 20% of the backlog of patients had been diagnosed; - The key issue impacting on the achievement of the trajectory was the impact of COVID-19 staff absence on the individual 	

teams;

- Action plans to improve performance were in place but the key priority for the health board was to tackle the backlog. The Chief Executive was keen to eradicate the backlog and this was now the primary focus;
- The vacancy plans included the appointment of performance managers and this was in train. There were consultant vacancies in gynaecology, oncology and breast surgery and plans in place to recruit and an advert for a hysteroscopy nurse had been placed;
- Cancer Performance was under close monitoring with fortnightly meetings with key Executives;
- There was confidence in the improvement of the position but it was important to highlight a likely deterioration in performance before the improvement due to the backlog priority.

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

Steve Spill queried the reasoning for the deterioration in performance before an improvement will be seen. Jan Worthing advised that there needed to be a focus on the backlog as a priority in order for an increased focus on performance. Darren Griffiths supported the stance on the backlog as a priority as it had been a challenge to do all at once.

Mark Child agreed that the approach to the backlog was the best way to address but sought assurance that the most urgently in need were seen as priority and not based on length of wait. Jan Worthing informed that it was based on clinical need and harm was being managed throughout the pathway.

Patricia Price observed that the service had been escalation since February 2021 and queried whether the outcomes of the escalation had seen anything reversed. Jan Worthing informed that there had been a myriad of reasons for the lack of improvement mainly the impacts COVID-19 on workforce and social distancing as well as issues like endoscopy capacity.

In reference to the latest risk report and the mitigating actions set out within for Access to Cancer Services, Reena Owen highlighted her concern for the pace and queried whether there was any way to escalate. Jan Worthing informed that the particular issues highlighted i.e. Breast Surgeon vacancy, was out of the health board gift to expedite as this sat with the Royal College of Surgeons. Concerning FIT testing, a start date had been given for the 10th February and the increases in Chemotherapy Chairs had been addressed by an increase

	<p>in Home Care due to social distancing restrictions.</p> <p>Reena Owen highlighted another matter of importance to her being the increase in Performance Management staff against the need for more clinical posts. Jan Worthing gave assurance that both were very different roles and both of importance to the recovery in different ways.</p>	
Resolved;	<ul style="list-style-type: none"> - A verbal update on Cancer to be received at next committee with a formal report at the March Committee. - The report be noted. 	IR/JW
17/22	FINANCIAL MONITORING RETURN	
	The financial monitoring return was received and noted .	
18/22	ITEMS FOR REFERRAL TO OTHER COMMITTEES	
	As above.	
19/22	ANY OTHER BUSINESS	
	There was no further business and the meeting was closed.	
20/22	DATE OF NEXT MEETING	
	The next scheduled meeting is Tuesday, 22nd February 2022	