

**Swansea Bay University Health Board**

**Unconfirmed**

**Minutes of the Performance and Finance Committee  
held on 23<sup>rd</sup> August 2022 at 9:30am  
Microsoft Teams**

**Present:**

Reena Owen	Independent Member (in the chair)
Steve Spill	Vice-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
Samantha Lewis	Deputy Director of Finance
Deb Lewis	Deputy Chief Operating Officer
Inese Robotham	Chief Operating Officer
Paul Mapson	Special Advisor
Meghann Protheroe	Head of Performance
Rhian Lewis	Internal Audit
Liz Stauber	Head of Corporate Governance
Georgia Pennells	Corporate Governance Officer
Sue Kotrzuba	Assistant Divisional Manager ( <b>Minute 118/22</b> )
Kathryn Ellis	Clinical Lead ( <b>Minute 118/22</b> )
Huma Stone	Associate Service Director, Clinical Support Services ( <b>Minute 119/22</b> )

Minute	Item	Action
109/22	<b>WELCOME AND APOLOGIES</b>	
	The Chair welcomed everyone to the meeting. There we no apologies received.	
110/22	<b>DECLARATIONS OF INTEREST</b>	
	There were no declarations of interest received.	
111/22	<b>MINUTES OF PREVIOUS MEETING</b>	
	The minutes of the meeting held on 26 <sup>th</sup> July 2022 were <b>received</b> and <b>confirmed</b> as a true and accurate record.	
112/22	<b>MATTERS ARISING</b>	

	The chair requested that report authors are not to use acronyms when writing reports in future, as it can prove really difficult for Independent members to understand their meaning.	
<b>113/22</b>	<b>ACTION LOG</b>	
	The action log was <b>received</b> and <b>noted</b> .	
<b>114/22</b>	<b>WORK PROGRAMME</b>	
	The work programme for 2022-23 was <b>received</b> and <b>noted</b> .	
<b>115/22</b>	<b>MONTH FOUR FINANCIAL POSITION</b>	
	<p>A report setting out the month four financial position was <b>received</b>.</p> <p>In introducing the report, the Deputy Director of Finance highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The Health Board should now be achieving a breakeven position following confirmation that the previously identified deficit of £24.4m would be funded by Welsh Government. The actual Month 4 variance was an underspend of £5.375m following recovery of £6.102m for the previous 3 months of the deficit plan, reduced by an operational overspend of £0.726m. The year to date plan at month 4 should be breakeven but actual variance was an overspend of £1.832m;</li> <li>- The variance on pay showed underspends on fixed costs such as established salaries, spend was £5m - £7m on variable pay which was offsetting the underspends – it was noted the spend on variable pay is increasing month on month;</li> <li>- Issues on non-spend pay include Primary Care prescribing data which is 2 months in arrears as there is only 2 months 2022/23 data at the point in reporting. This did see an increase which was noted due to the Jubilee bank holiday weekend where it is common for bank holidays to report an increase in prescribing costs. The accrual has been calculated based on historical trends. Updates would be provided in future months, when a number of months' data is available;</li> <li>- Centrally there has historically been a cost centre (Z095), which holds all the income from Commissioners for both long-term agreements and service-level agreements, along Health Board wide issues such as Overseas Visitor Income and regional-trade agreement income. An update would be provided separately along with a proposal on how the budgets are managed and reported on going forward.</li> </ul>	

	<p>In discussing the report the following items were raised:</p> <p>Darren Griffiths highlighted the elements of the risk with a proposal to tidy up the risks given they do not capture everything and to include an overarching risk around delivery of the balance at year end, within the four sub areas of reserves, operational position, savings and the covid-19 position. Reena Owen felt this would be helpful for additional clarity.</p> <p>Patricia Price requested further information on the opportunities released of £5.5m, and whether the amount was non-recurrent. Samantha Moss advised that the £5.5m would be non-recurrent at this point, it is primarily focused on two areas one being accruals made at the end of the financial year which are assessed on how many are left and how many can be deployed on a non-recurrent basis to support the position. The second is a balance sheet entry specifically related to the annual leave accrual. At the end of the financial year the health board accrued circa £11m some of which was utilised by paying staff remaining leave and a full assessment would be carried out imminently to assess this. Samantha Moss noted that the difficulty was that there is not clear guidance as to what annual leave would be accrued for 22/23 however, it is assumed there would be some slippage.</p> <p>Steve Spill commented on the non-pay underspend of £3.6m which is helping the health board, except is it £3.6m which we wanted to spend, therefore he assumed this was £3.6m of services not provided and queried what would happen to projections if the health board starts succeeding in spending the money. Samantha Moss advised the challenge would be that figure is based against a budget which was set on 2019 budgeting methodology and the issue would be whether the budgeting was now in the right place across cost centres, and work would be needed to review how the funding is allocated, to make sure the variances reported are allowing a robust feel for what is going on in the position. The health board could be in a situation that the under-spend is because the budget is not in the right place or the health board are not delivering the activity but it is difficult to unpick which is driving the £3.6m.</p> <p>Reena Owen was keen to re-consider the risk scores in relation to the items detailed under 'Risk rating per formal Monitoring Return reporting' and to include the new risk of the overview of how the health board are achieving the financial forecast.</p>	
<p><b>Resolved:</b></p>	<p>The report to be <b>noted</b>. <b>Action</b> – Darren Griffiths to carry out additional work on the risk elements of the finance report and include a new risk relating to the achievement of financial forecast.</p>	<p><b>DG</b></p>
<p><b>116/22</b></p>	<p><b>PERFORMANCE REPORT FOR MONTH FOUR</b></p>	
	<p>A report setting out the month four performance position was <b>received</b>. In introducing the report, the Head of Performance highlighted the following points:</p>	

### **Unscheduled Care**

- Emergency Department attendances have increased in July 2022 to 10,925 from 10,649 in June 2022;
- The Health Board's performance against the 4-hour measure deteriorated from 71.65% in June 2022 to 69.43% in July 2022;
- The number of patients waiting over 12 hours in Accident and Emergency (A&E) increased from 1,388 in June 2022 to 1,429 in July 2022;
- The number of emergency admissions has increased in July 2022 to 4,268 from 4,009 in June 2022;
- In July 2022, the number of red calls responded to within 8 minutes saw an in-month reduction to 55.8%. In July 2022, the number of green calls increased by 3%, amber calls increased by 5%, and red calls increased by 36% compared with June 2022;
- In July 2022, there were on average 288 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board's Hospitals. Additional pathways have been put in place for increased liaison between local authority services to encourage an increased number of discharges. Community nursing teams are reviewing ways to expand caseloads managed in the community through admission avoidance and earlier discharges.

### **Cancer Performance**

- The final Single Cancer Pathway performance for June 2022 was 51%, which is continues to stay below the submitted trajectory, however it is an improvement on the previous months' performance in May 2022;
- Backlog figures have seen a slight increase in recent weeks; however figures are beginning to reduce once again and remain in line with the trajectory. The total backlog at 07/08/2022 was 441.

### **Planned Care**

- The number of patients waiting over 26 weeks for a first outpatient appointment is still a challenge. July 2022 saw an in-month reduction of 0.06% in the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches increased from 26,826 in June 2022 to 26,811 in July 2022;
- The number of patients waiting longer than 36 weeks from referral to treatment has increased every month since the first wave of COVID19 in March 2020. In July 2022, there were 38,888 patients waiting over 36 weeks which is a 2.2% in-month reduction from June 2022. 27,681 of the 38,888 were waiting over 52 weeks in July 2022;
- In July 2022, there was an increase in the number of patients waiting over 8 weeks for specified diagnostics. It increased from 6,012 in June 2022 to 6,032. Endoscopy waits have reduced this month and the figures are in line with the recently revised trajectory which indicates that the improvements will continue into the financial year.

### **Follow Up Appointments**

- In July 2022, the overall size of the follow-up waiting list increased by 547 patients compared with June 2022 (from 136,435 to 136,982). There was a total of 61,156 patients waiting for a follow-up past their target date. This is a slight in-month increase of 0.1% (from 61,071 in June 2022 to 61,156 in July 2022);
- The contract previously held with the external validation team (Source Group) has been terminated due to poor results from the levels of validation work being undertaken. Initially there had been no uptake from SBUHB staff to undertake additional hours, however more recently interest has been shown and an internal validation team has since been created. Recent validated case figures show a promising impact on the future reduction of the follow up waiting list.

In discussing the report, the following points were raised:

Reena Owen queried how the demand and capacity work was going to dramatically reduce the numbers by over 4000. Deb Lewis noted that the initial demand and capacity work was undertaken alongside the service group, it was brand new but both parties tried to come together to try and predict what would happen over the next 6-months. The latter part of the work was more focused work with the service areas and drilled down on what could be achieved by additional work, efficiencies into the system and the validation work. The further work has therefore enhanced the capacity available and made assumptions on demand, which reduced the core breaches by 4000. Reena Owen queried if there was an expectation to see more of reduction given the internal validation work. Deb Lewis advised what will be seen as the biggest gain from a validation perspective, will be in patients waiting over four weeks as this includes patients at all stage of the referral to treatment pathway which is generally where the data quality falls over. The patients waiting for first out patients appointments will not see any gains.

Steve Spill highlighted that 89.4% of neck of femur patients received an assessment in 72 hours which sounds good, however wondered how long it took the other 11% to receive their assessment. Steve Spill was not expecting an answer, but wondered what the health board do to report the other side of the statistics. Deb Lewis advised the measures are derived from the national fracture database. Deb Lewis noted it would be helpful to circulate to the committee the rationale behind the measures.

Following an Integrated Quality Performance delivery meeting held on 10<sup>th</sup> August 2022, Darren Griffiths noted the conversation largely mirrored the conversation at the Performance and Finance Committee. Welsh Government understand and recognise the health board's plan and trajectories across urgent and emergency care and cancer but they are pushing quite hard on the planned care access which is a slight change narrative of late since the ministerial priorities came in with the targets.

Patricia Price queried if the fall in clinically optimised patients was a seasonal change or if the actions in place are impacting on the fall in numbers. Inese Robotham advised that she does not see a positive impact on the number

	<p>reducing and the important triangulation will be the length of stay, meaning you can have less patients but if they stay longer the overall loss of capacity remains the same therefore do not go by the number. A report would be presented at the August Management Board meeting.</p> <p>Reena Owen noticed that the Specialist Child and Adolescent Mental Health percentage had deteriorated, Sian Harrop-Griffiths had recently given a comprehensive overview to Integrated Quality, Performance &amp; Delivery for the Welsh Government performance meeting where they were reassured with the health board's position in terms of Child and Adolescent Mental Health performance. Sian Harrop-Griffiths agreed to send Reena Owen a summary of the overview outside of committee.</p>	
<p><b>Resolved:</b></p>	<p>The report to be <b>noted</b>.</p> <p><b>ACTION</b> – Sian Harrop-Griffiths to send Reena Owen outside of the committee, a summary of the overview of CAHMS which was presented at the Welsh Government performance meeting.</p> <p><b>ACTION</b> - Deb Lewis to circulate to committee members the rationale behind all the measures derived from the national fracture database.</p>	<p><b>SHG</b></p> <p><b>DL</b></p>
<p><b>117/22</b></p>	<p><b>NHS PERFORMANCE FRAMEWORK MEASURES OVERVIEW 2022-23</b></p>	
	<p>The NHS performance framework measures overview 2022-23 was to be noted in the meeting.</p> <p>In introducing the report, the Head of Performance highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The previous NHS Wales National Delivery Framework has now been renamed as the NHS Wales Performance Framework. The updated document includes the previously reported ministerial priority measures, along with general changes to reflect the new priorities for Healthcare in Wales going forward;</li> <li>- There are 84 measures in the 2022/23 NHS Performance Framework, of which 32 are new measures, 9 are revised measures and 25 were removed from the previous version of the NHS Delivery Framework (2021/22). The Framework includes 64 Ministerial priority measures, of which 12 require formal recovery trajectories which have been previously submitted to Welsh Government.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Reena Owen was pleased to see particularly the new measures relating to public health and broader qualitative issues such as, smoking, weight management and decarbonisation and asked what are the requirements of the committee to monitor the qualitative reports and how often will they be issued. Meghann Protheroe advised that there are some which are bi-annually and some which are quarterly, which will be attached as appendices to the</p>	

	<p>performance report. In terms of the governance, they will be completed by the operational departments and the executive team will have sight of the reports before final sign off to Welsh Government providing a robust scrutiny process.</p> <p>Steve Spill asked if the framework measures are tools, which the executives will be using in the future. Darren Griffiths has not received any feedback on the measures once submitted to Welsh Government, therefore they will be more use to the board than Welsh Government, given the health board are not held to account for the content.</p>	
<b>Resolved:</b>	The report to be <b>noted</b> .	
<b>118/22</b>	<b>UPDATE REPORT ON NEURODEVELOPMENT SERVICES</b>	
	<p>The committee welcomed Sue Kotzuba, Assistant Divisional Manager and Kathryn Ellis, Clinical Lead to the committee.</p> <p>An update report on the neurodevelopment services, including timelines on the Welsh Government position and business case development, and the impact following the service level agreement termination, the financial effects and waiting list position was <b>received</b>.</p> <p>In introducing the report, the Assistant Divisional Manager highlighted the following points:</p> <ul style="list-style-type: none"> <li>- Welsh Government have published a report in July 2022, which reviews the demand, capacity and design of neurodevelopment services for children, young people and adults in Wales. As part of publishing this report, Welsh Government have confirmed an additional £12m available to support a new national improvement programme for neurodevelopmental conditions over a three-year period to 2025;</li> <li>- The National Delivery Unit team will be visiting Health Boards between now and end of September 2022 to undertake a detailed demand and capacity assessment which will inform funding allocation per Health Board;</li> <li>- The Clinical Lead has revisited the neurodevelopment workforce plan and considered every opportunity to demonstrate best value, including patient outcomes and cost at every stage of their neurodevelopment pathway experience. A business case is currently undergoing scrutiny through Health Board processes in readiness for bidding for the Welsh Government funding following the demand and capacity assessment, which will be complete by 30th September 2022;</li> <li>- Over recent months, the team have seen a further increase of the number of referrals being see month on month, with exceptionally high levels over last 3 months. The current referral rate remains much higher than planned capacity, which is the contributable factor to the long waiting times experienced by our patients and families;</li> </ul>	

	<ul style="list-style-type: none"> <li>- Further meetings have been arranged with the Integrated Autism Service clinical leads to agree smooth transfer of rising 18-year-old cases.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Steve Spill queried what the position was with Cwm Taff health board. Sue Kotrzuba advised as part of the boundary change there was an service-level agreement in place where prior to boundary change, the neurodevelopment service based in Neath Port Talbot hospital were triaging patients and seeing those children over the age of 11 but under 11 were seen by clinicians in Bridgend. It has been Cwm Taff health board’s decision to cease the service-level agreement, to take the cohort of current patients on the waiting list and the triage of any new referrals of Bridgend locality patients with effect from April 2023.</p> <p>Reena Owen sought assurance on the basis that if the business case was to be approved would the health board be in a position to recruit the right staff to fulfil the posts. Kathryn Ellis recognises that this is an issue nationally, therefore it would be an issue for all health boards especially with the middle grades for clinical staff who carry out the majority of appointments.</p> <p>Patricia Price noted that the performance was a concern for the vulnerable group of patients however, it was good to see that the business case was built in a timely way and that the team seemed to be in a good position to move forward.</p>	
<b>Resolved:</b>	The report to be <b>noted</b> .	
<b>119/22</b>	<b>UPDATE ON THEATRE EFFICIENCY</b>	
	<p>Committee members welcomed Huma Stone, Associate Service Director, Clinical Support Services.</p> <p>An update report on theatre efficiency was <b>received</b>.</p> <p>In introducing the report, the Associate Service Director, Clinical Support Services highlighted the following points:</p> <ul style="list-style-type: none"> <li>- It is evident that progress has been made. The data demonstrate a continually improving picture. There is better understanding of the challenges faced so far, increased communication across teams, development of data and dash boards and initiation of the Theatre Quality Improvement Group, which will focus on quality improvement across all theatre areas;</li> <li>- The following steps over the next 3-months will include, a Theatre Quality Improvement group to set a work plan for Quality improvement work across all theatre areas, continuation to maintain and increase the monthly activity numbers through our theatre capacity and to continue to build on the SBUHB utilisation improvements delivered in NPT. In July</li> </ul>	

	<p>2022 there will be focus on the importance of data quality, to give stakeholders confidence in the information being used to measure performance and to provide easy ways to navigate tools for stakeholders to view theatre performance to make it everybody's business;</p> <ul style="list-style-type: none"> <li>- Whilst improvements have been made over all, it is also important to bring to the forefront challenges that impact theatre productivity and utilisation such as sufficient bed and trolley capacity, causing delays in emergency admissions;</li> <li>- Recent work has shown the clear connection between delayed access to surgery for fractured neck of femur and mortality, this will be a particular focus although much of the delay is in admission to the inpatient bed.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Reena Owen raised particular concerns regarding the delayed access to surgery for fractured neck of femur and the link to mortality. Deb Lewis advised that the indicators for the national fracture database do recommend access to a ward bed within 4 hours and surgery within 24 hours – 36 hours as a quality indicator and the more you drift away from those measures the poorer the outcome. As a health board, work should be carried out as an organisation before a comment can be made on the how outcomes are effected by the delays seen.</p> <p>Darren Griffiths would be keen to see recruitment to all posts as it would be interesting to see what further improvement could be achieved for the health board.</p> <p>Paul Mapson was surprised to see that bed capacity was not a bigger factor in cancellations and that the no surgeon category far outweighed all other factors. Paul Mapson asked if there are any targets or quantified improvements that the group is looking at and whether it has been looked at as to why there isn't a surgeon available given all surgical rotas should cover themselves. Huma Stone agreed with Paul Mapson, and noted that most surgery cancellations is normally due to unforeseen sick levels in the surgical rota. The team are trying to build robustness into the theatre efficiencies however, sickness cannot be predicted at last minute. Deb Lewis noted that when there was restricted theatre capacity, the health board had lost very little of the capacity as surgeons were backfilled, as more capacity has been added we are going back to the more normal pattern of job planning and when you job plan surgeons for the theatre you only job plan for 42 weeks of the year rather than 52 weeks. Therefore there would always be slack in the system and you would lose some lists due to unavailable surgeons.</p>	
<b>Resolved:</b>	Report be <b>noted</b> .	
<b>120/22</b>	<b>UPDATE ON CANCER PERFORMANCE</b>	

	<p>An update on cancer performance was <b>received</b>.</p> <p>In introducing the report, the Deputy Chief Operating Officer highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The Health Board monitors the number of patients in the backlog position (waiting &gt;62 days) against approved trajectories. Unfortunately, the profile for 2021/22 was not achieved with the target of 347 missed by 61 patients (408 end of year). Although significant reduction was realised from the end of January (724 to 408);</li> <li>- As the Single Cancer Pathway is an unadjusted pathway, it is unlikely we will ever have 0 patients waiting 100 or more days and we will therefore always carry a volume of patients over 62 days.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Reena Owen queried if there were any plans in the interim to use any further outsourcing while there was a wait to recruit. Deb Lewis advised that most cancer patients are frail and fragile therefore if operating in the private sector there are constraints on where the patient can travel however, some utilise the option such as pancreatic patients go to Kings hospital London. Deb Lewis advised that a focus of efforts should be on the front end of pathway so there is greater time for the surgery to take place.</p> <p>Paul Mapson queried if there were any plans to use private sector to ease the endoscopy constraints. Deb Lewis advised that St Josephs in Newport is used for urgent referrals. The cancer referrals are kept internal and the waits are falling swiftly, the delay for endoscopy is generally to do with the late referrals into endoscopy. There is an insource provider which uses Neath Port Talbot hospital which carry out ten sessions a week.</p> <p>Reena Owen noted the reference in the report to a second mammogram machine and wondered when the machine would be up and running, and if the health board had funding in place. Deb Lewis confirmed the machine would be ready by the end of quarter three. Deb Lewis and Darren Griffiths advised that the funding is tied up in the exit of the contract between SBUHB and the Princess of Wales hospital for breast surgery as there will be a lot of revenue coming back to SBUHB following the exit and the ask on staffing will contribute to the funding. Two members of the radiology team have agreed to work additional hours once the machine is up and running and whilst waiting on recurrent funding.</p>	
<p><b>Resolved:</b></p>	<p>Report to be <b>noted</b>.</p>	
<p><b>121/22</b></p>	<p><b>QUARTER ONE RECOVERY AND SUSTAINABILITY PLAN</b></p>	
	<p>A report regarding quarter one recovery and sustainability plan was <b>received</b>.</p>	

	<p>In introducing the report, the Director of Strategy highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The Recovery and Sustainability Plan sets out the route map to deliver service and financial excellence over the next 3-5 years. The Plan sets our vision, the detail of changes and outcomes for year one and the planned changes in years two and three;</li> <li>- The Health Board has resubmitted the plan in July as an Integrated Medium Term Plan following feedback from Welsh Government and the agreement to fund our historical allocation shortfall. Since writing the report to the August Performance and Finance Committee a response was received from Welsh Government noting that the advice is going up to ministers but there has not been a response in terms of approval, however it is likely that there will be accountable conditions which will cover areas such as urgent and emergency care and the single cancer pathway;</li> <li>- Most of the actions which are noted in the report as off-track was due to workforce issues.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Reena Owen raised concerns regarding the lack of progress on the programme for population health, whilst understanding the report detailed quarter one and there may have been movement during July and August, given that the Integrated Medium Term Plan is reliant on our approach to population health. Reena Owen sought assurance. Sian Harrop-Griffiths advised that there was a draft population health strategy which was out for comments and engagement from executive colleagues. Sian Harrop-Griffiths would ask for confirmation from the Director of Public Health in terms of its finalisation.</p> <p>Steve Spill queried plans in place to address domiciliary care, Sian Harrop-Griffiths clarified that local authorities were looking to recruit domiciliary care workers and a regional workforce group has been set up to look at how support can be given across all organisations. There was a paper going to the Regional Partnership Board group regarding expanding transitional care beds and Neath Port Talbot local authority were looking to bring more of the domiciliary care internal as the thought was it would create a stronger employment opportunity. Inese Robotham added that the Nurse Director of Primary, Community and Therapies would look at repurposing one of the district nursing team on a fixed term basis.</p>	
<p><b>Resolved:</b></p>	<p>Report to be <b>noted</b>.</p>	
<p><b>122/22</b></p>	<p><b>FINANCIAL MONITORING RETURN FOR MONTH FOUR</b></p>	
	<p>A report regarding the financial monitoring return for month four was <b>received</b>.</p>	

<b>Resolved:</b>	Report to be <b>noted</b> .	
<b>123/22</b>	<b>ITEMS FOR REFERRAL TO OTHER COMMITTEES</b>	
	There were no items referred to other committees.	
<b>124/22</b>	<b>ANY OTHER BUSINESS</b>	
	There was no further business and the meeting was closed.	
<b>125/22</b>	<b>DATE OF NEXT MEETING</b>	
	The next scheduled meeting is <b>Tuesday, 27<sup>th</sup> September 2022</b> .	