Swansea Bay University Health Board
Unconfirmed
Minutes of the Performance and Finance Committee
held on 24th May 2022 at 9:30am
Microsoft Teams

Present:

Reena Owen	Independent Member
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
Inese Robotham	Chief Operating Officer
Deb Lewis	Deputy Chief Operating Officer
Paul Mapson	Special Advisor
Meghann Protheroe	Head of Performance
Liz Stauber	Head of Corporate Governance
Delyth Brushett	Audit Wales
Rhian Lewis	Internal Audit
Matt John	Director of Digital
Hazel Powell	Deputy Director of Nursing and Patient Experience (until minute 67/22)
Brian Owens	Service Group Director, Primary, Community and Therapies (for minutes 66/22 to 68/22)
Jan Worthing	Service Group Director, Singleton and Neath Port Talbot (for minute 69/22)
Kate Hannam	Service Group Director, Morriston Hospital (for minute 70/22)

Minute	Item	Action
58/22	**WELCOME AND APOLOGIES**	
	Reena Owen welcomed everyone to the meeting. There were no apologies for absence.	
59/22	**DECLARATIONS OF INTEREST**	
	There were no declarations of interest.	
60/22	**MINUTES OF PREVIOUS MEETING**	

	The minutes of the meeting held on 26th April 2022 were **received** and **confirmed** as a true and accurate record.	
61/22	**MATTERS ARISING**	
	There were no matters arising.	
62/22	**ACTION LOG**	
	The action log was **received** and **noted** with the following updates: (i) Action Point One Darren Griffiths confirmed the capital plan remained unchanged but gave assurance that there was a £300k contingency for emergency equipment replacements. The capital prioritisation group reviewed requests from service groups for replacement equipment against the risk register. Plans were in place to address any equipment with a risk score of 20 but should any slippage monies be received at year-end, requests with a lower risk score were considered depending on which could be delivered within the financial year. (ii) Action Point Six Hazel Lloyd advised that the process for reporting Covid risks now that the command and control structure was stood-down, was being worked through and a further update would be provided to the next meeting.	**HL**
63/22	**WORK PROGRAMME**	
	The work programme for 2022-23 was **received** and **noted.**	
64/22	**MONTH ONE FINANCIAL POSITION**	
	A report setting out the month one financial position was **received.** In introducing the report, Darren Griffiths highlighted the following points: - The original forecast deficit for the last few financial years had been £42m reduced to £24m; - In previous years, the gap had been closed by additional funding from Welsh Government but the health board had achieved this	

	itself for 2022-23; - As long as the plan delivered as forecast for 2022-23, it would enable the starting position for 2023-24 to be a deficit of £24m; - The month one position was an overspend of £2.24m which was £200k over the target of £2.034m, but this was to be expected due to end-of-year pressures; - There had been a £4m underspend on pay but a £3.9m expenditure on variable pay due to hard to fill vacancies. While this was substantial sum, it was lower than the previous year; - From a non-pay perspective, a £2m overspend was held centrally and £340k across the service groups; - 2021-22 had a £58m overspend on continuing healthcare and further growth was expected in 2022-23; - Income had a £154k underspend due non-delivery of WHSSC (Welsh Health Specialised Services Committee) contracts. These had been fixed for the last two years but were due to go live this year with a 10% tolerance for non-delivery; - £22m of the required £27m savings plan had been identified. There was an expectation that the remainder would be in place by the end of May 2022 and red/amber schemes changed to green; - £60m was anticipated for Covid costs from Welsh Government; - £21.6m funding had been received for planned care recovery and this was in the process of being allocated; - Additional funding was anticipated for extraordinary cost pressures, which had been estimated around £16.9m, but the amount from Welsh Government was yet to be confirmed; - It was proposed that the risk relating to bed releases no longer be standalone but amalgamated with that of the risk of non-delivery of the full savings plan. In discussing the report, the following points were raised: Pat Price queried whether the vacant posts and high agency spend were in the same areas. Darren Griffiths advised that they were not, as mental health and learning disabilities had a high number of vacancies which they did not tend to backfill, and this helped balance the continuing healthcare spend, whereas the high agency costs were in surge areas across the acute sites.	

	Pat Price sought clarity as to whether the £9m risk associated with the non-achievement of bed releases had been addressed. Darren Griffiths advised that this was the biggest recurrent risk for this financial year as other schemes had been brought forward in 2021-22 to counter the non-release of beds. £22m of the £27m savings plan for 2022-23 had already been identified and there were other things which could be done to mitigate the risks. The plan to release the beds needed to be retested in light of the work to centralise the acute medical services at Morriston Hospital to determine if it could now be achieved. Pat Price noted the year two savings challenge and queried the process for assessing the impact of savings made. Darren Griffiths responded that the programme management office was reviewing the bigger savings schemes to ensure that the risks that were due to be offset by these were achieved, but there would need to be quality impact assessment to avoid an impact elsewhere in the system. Steve Spill referenced the 9% inflation rate and asked whether the cost assumptions now needed to be revisited as there was a total of £90m risks within the plan. If any were off by even a £1, this would impact the position. Darren Griffiths confirmed that the non-pay inflation was under discussion with the all-Wales directors of finance forum, and procurement services were currently trying to hold price changes, although it was accepted that some would be out of the service groups' control. There were no concerns raised as yet but the situation was being monitored. He confirmed that movement of any amount would impact on the position so opportunities were already being sought including any slippages with investments. Steve Spill queried if the £2m contingency for continuing healthcare was sufficient given the cost impacts of 2021-22. Darren Griffiths advised that there was £4m in reserve which was yet to be allocated and work was ongoing with the various teams in this regard. The Chief Executive had requested a strategic review of continuing healthcare to determine if there was a better model to use for future years. Independent reviews had recently been undertaken with mental health and learning disabilities and primary, community and therapies to determine if their provision levels were correct as continuing healthcare was the biggest risk to the financial plan given its variability. Reena Owen questioned whether feedback had been received from Welsh Government as to the imbalance of the health board's population allocation. Darren Griffiths responded that this was still being processed and the Chief Executive had had further discussions with the Director General privately. The health board's position was understood and was not an organisation for which Welsh Government	

	was concerned. More formal evidence was being collated which was to be shared with Welsh Government in June 2022 as the issue impacted the health board having an accepted integrated medium term plan (IMTP) as it did not currently have a balanced financial plan. This would not change unless a revised allocation was received.	
Resolved:	- The report be **noted;** - The risk handling for the four risks noted be **agreed.**	
65/22	**MONTH ONE PERFORMANCE REPORT**	
	A report setting out the month one performance position was **received.** In introducing the report, Meghann Protheroe highlighted the following points: - The format of the report had been revised and now comprised five sections: • quadrants of harm; • areas under escalation; • Performance and Finance Committee priorities (urgent and emergency care; planned care; diagnostics; infection prevention and control; cancer; follow-ups); • NHS Wales Delivery Framework and ministerial priorities; • Table of all measures. - The four-hour emergency department wait had improved to 73% but this was below the target of 79%. Improvements had also been seen in the eight minute red release time and ambulance handover times; - Planned care performance had deteriorated with an increase in those waiting more than 104 weeks; - Progress continued to be made against the demand and capacity work; - A reduction had been seen in urgent suspected cancer referrals and focus was being given to reducing the backlog in the five main tumour sites; - No new never events had been reported and only one serious incident in April 2022;	

- Sickness rates had risen to 8.3%.

In discussing the report the following points were raised:

Steve Spill noted the difference between the target figures for urgent and emergency care and the actual, querying whether the targets were too optimistic. Darren Griffiths responded that the trajectories had been agreed prior to the Omicron variant of Covid-19 and it had been unknown how that would affect the winter period. Now this was starting to pass, the high number of clinically optimised patients were making flow through the hospitals challenging, impacting on emergency department waits and ambulance handovers. Inese Robotham added that the effects of Omicron had continued until April 2022 and had impacted on the availability of health and social care staff. Some improvement had been evident in May 2022 but cases of Covid-19 remained prevalent in the community. Deb Lewis advised that the 12-hour target had been based on a zero-tolerance approach by Welsh Government and while some improvement had started to be seen in the autumn of 2021, this had been impacted by Omicron. It remained an aspirational target.

Reena Owen queried the intention to revise the trajectories to be more realistic for the end of the year. Deb Lewis confirmed that revised targets were to be submitted to Welsh Government as part of the annual plan minimum datasets to cover the next 18 months and once approved, these would be fed into the reporting. It was anticipated that there would be significant benefits once the redesign of acute medical services had been delivered. Darren Griffiths added that a reflective narrative would also be included to give a 'look forward' to forecast positions within set timescales and actions to be taken, rather than the report only looking back at previous performance.

Reena Owen questioned whether there would be additional ministerial priorities set during the year. Meghann Protheroe responded that there would be a revised performance framework by the end of May 2022 but this would not include any new priorities, rather it would amalgamate or remove any which were already covered within the framework.

Reena Owen highlighted the deterioration in theatre performance, including an increase in the number of patients cancelled on the day of the procedure. Deb Lewis advised that theatre capacity was increasing, going from 48 sessions in October 2021 to 141. However, the pressures at Morriston Hospital due to a high number of complex cases needing more bed days meant that beds were not available for the elective patients. In addition, patients continued to test positive for Covid-19 on the day of the procedure and some were too nervous to come onto a hospital site.

	Members thanked Darren Griffiths and Meghann Protheroe for the work to redesign the performance report which was easier to navigate.	
Resolved:	- The report be **noted.**	
66/22	**CONTINUING HEALTHCARE PERFORMANCE REPORT**	
	The quarter three continuing healthcare performance report was **received**. In introducing the report, Hazel Powell highlighted the following points: - The real living wage was to be implemented for continuing healthcare staff from 1st April 2022 and it was expected this would improve the workforce challenges; - All retrospective claims had been completed within the relevant timescales; - One care home in Swansea remained in escalation resulting in a suspension of placement and cancellation of contracts. Nine residents remained at the home and support was being provided by the health board; - A care home in Neath Port Talbot had also been placed in escalation with its placements suspended; - The sector remained fragile as the additional monies from Welsh Government for care homes was starting to be phased out; - The health board's transitional bed scheme had resulted in a saving of 4,000 bed days; - An increase in expenditure for continuing healthcare was becoming more evident, including funded nursing care and transitional costs for areas such as paediatrics and prisons; - There continued to be a sustained quantity of cases within mental health and learning disabilities, with the current total at 134, the majority of which were for learning disabilities and a contact manager had been appointed to review the processes; - The ability to maintain children's packages of care continued to be an ongoing risk. In discussing the report, Reena Owen queried whether all 100 transitional care home beds had been used and if the patients had been transferred to their permanent arrangements within the six week timeframe. Inese Robotham responded that there were currently 86	

	beds on the health board's books following three procurement processes. The most that had been occupied at any one time had been 55 due to workforce challenges and there were some patient who stayed longer than the intended six weeks.	
Resolved	- The report be **noted.**	
67/22	**PERFORMANCE MANAGEMENT FRAMEWORK**	
	A report setting out the performance management framework was **received.** In introducing the report, Darren Griffiths highlighted the following points: - The first iteration of the performance management framework was developed and approved during the height of the pandemic; - On that basis, there had been no tangible trajectories to know when to escalate or de-escalate a service; - Two services had been in escalation during the first 12 months, cancer and urgent and emergency care, due to general concerns around performance. Actions were being taken to address the issues, but traction was yet to be made; - Learning from the first iteration had shown that it was challenging to bring teams together to develop actions for areas in escalation; - Digital scorecards had been developed to have forward looking trajectories and to hold people to account for delivery; - Additional administrative resources would be available to support the escalation meetings; - The standard approach to escalating an area would be to require an action plan after two months of low performance and if necessary move into an escalation status after three months; - The Chief Executive had the authority to place a service in escalation at any point should there be a need to work outside of the process; - Regular reporting of progress against the framework would be to the Management Board; In discussing the report the following points were raised:	

	Pat Price queried if there were trajectories to deliver all elements of the annual plan as well as the robustness of any set targets. Darren Griffiths responded that the robustness of the trajectories was mixed. Work to develop these for planned care had been exceptional but it was challenging to develop robust trajectories for urgent and emergency care currently due to the multi-factorial nature of the patients. The redesign of acute medical services to centralise them at Morriston Hospital would support milestone change in this area. Pat Price noted the numbers of meetings included in the process and sought assurance that this would not become too onerous for administrative support. Darren Griffiths advised that in terms of delivery, responsibility would reside with the service groups and Chief Operating Officer while the finance and performance directorate would assess progress. Monthly meetings were already in place with the service groups so this was not an addition to the performance management framework nor were the quarterly reviews with the full corporate team. Accountable officer letters were already sent to budget holders setting out financial expectations and a similar approach was to be taken with performance. While the workload of the performance team would need to be managed carefully given it was small in size, the number of services that would be escalated would be low. Deb Lewis stated that trajectories were to be mapped against the ministerial priorities, some of which included zero tolerance, and further trajectories would be in-built to support delivery and measure progress. Trajectories would be based on what the systems in place could achieve and then consideration given to what more could be delivered.	
Resolved:	- The scope of the measures to be included in the balance Scorecard as defined in section 2.3 be **agreed;** - The proposed escalation triggers using the options presented be **agreed;** - The performance management framework be **supported** for implementation in 2022-23; - The request to develop service group level recovery trajectories for measures not disclosed in the draft three-year recovery and sustainability plan be **supported.**	
68/22	**PODIATRY RECOVERY PLAN**	
	A report setting out the progress of the podiatry recovery plan was **received.**	

	In introducing the report, Brian Owens highlighted the following points: - The podiatry service had been heavily impacted by Covid as it was stood-down and staff re-deployed to help services supporting the pandemic; - While most staff had now returned to restart the service, those providing support to the Bay Field Hospital remained there; - There were three elements of the podiatry service – podiatry direct (virtual), nail surgery (face to face) and musculo-skeletal (face to face); - The first two had resumed and fully recovered its position while musculo-skeletal was on track to recover from October 2022; - The staff within the service had a specific skillset and there were some gaps in the establishment. Should locum cover be identified to provide additional cover, the plan could be accelerated and delivered earlier; - It was currently behind trajectory as some staff had taken annual leave earlier than profiled but this would balance itself as the year progressed; - The longest waiting time was 44 weeks and patients were being seen in clinical priority order rather than waiting time. In discussing the report, Reena Owen queried whether there was potential to outsource some of the cases due to the number who needed to be seen. Brian Owens advised that as it was a niche service, this was not really an option, but work was ongoing to recruit locums to accelerate the recovery plan.	
Resolved:	- The report and actions outlined be **endorsed**.	
69/22	**CANCER PERFORMANCE AND RECOVERY**	
	A presentation setting out the plan and progress to improve cancer performance was **received**. In introducing the presentation, Jan Worthing highlighted the following points: - New performance trajectories for cancer were in the process of being developed;	

	- The current backlog had been reduced from more than 700 cases to 460; - The tumour sites which accounted for the majority of cases were upper and lower gastrointestinal, breast, urology and gynaecology; - The number of upper gastrointestinal patients waiting to be seen was reducing now that faecal immunochemical tests (FIT) were taking place within primary care. Only those with a positive test were being referred to secondary care; - Two additional breast consultants had been recruited along with two consultant radiologists, which would further support the one-stop shop clinic and improve the position by Christmas; - Workforce continued to be a challenge within gynaecology however an additional consultant had now been appointed. This coupled with new equipment as well as innovative work around post-menopausal bleeding should help performance; - Movement of some urology diagnostics to Neath Port Talbot Hospital was helping the position but sufficient outpatient capacity was also needed to reduce the backlog. The relaxing of Covid restrictions was helping to increase the number of outpatients who could be seen in one clinic; - Executive and senior leadership was robust and there was also good senior clinical engagement as well as pathway management through the hubs at Singleton and Morriston hospitals; - The level of scrutiny of cancer performance had increased and included weekly tracker meetings; - Welsh Government targets for delivery were: • 2023 – 65%; • 2024 – 70%; • 2025 – 73%; • 2026 – 75%; - It was the health board's ambition to achieve 75% compliance earlier than 2026. In discussing the presentation, the following points were raised: Deb Lewis advised that the cancer manager was currently reviewing how well the pathways were working. In terms of the urgent suspect	

	cancer pathway, this was a 62-day target, 31 days to be seen in outpatients and a further 31 days to be treated. It was found that the delays were in the first part of the pathway so focus was being given to better diagnostic access to address this. Reena Owen noted that one of the additional breast surgeons would not be taking up post until September 2022 and queried if there was scope to outsource some of the work in the interim. Jan Worthing advised that there was already some insourcing and outsourcing work being undertaken but the current consultants were also working weekends as part of waiting list initiatives. Every effort was being made to see patients as quickly as possible. Reena Owen sought further detail around the FIT testing. Jan Worthing explained that GPs now provided the test kits for stool samples to patients, which meant this no longer was a step in the secondary pathway and only patients with a positive sample were referred. Deb Lewis added that this was only applicable to patients with no 'red flag' symptoms as those who did have these were referred straight to the colorectal cancer clinic.	
Resolved:	- The presentation be **noted.**	
70/22	**URGENT AND EMERGENCY CARE PERFORMANCE**	
	A presentation providing an update on urgent and emergency care performance and mitigating actions was **received**. In introducing the presentation, Kate Hannam highlighted the following points: - The 15-minute ambulance handover, four-hour and 12-hour performances were all below target; - During high operational pressures, some patients had to remain on the ambulance until there was sufficient capacity within the emergency department. All patients were offloaded according to clinical priority; - Mitigating actions had been put in place to ensure patient safety for those who had to remain on an ambulance; - Due to the long waits for ambulances within the community, higher numbers of patients were now attending the emergency department under their own steam, some often sicker and needing to be seen sooner than those on ambulances;	

	- One of the biggest challenges remained maintaining capacity for the 'Covid red' pathway; - Should a red request be received from the Welsh Ambulance Service NHS Trust (WAST), a vehicle was immediately released; - The long waiting times were not unique to the health board; - Between 25 and 64 ambulances arrived at the emergency department daily and this was in the context of the work of WAST to convey fewer patients and redirect to more appropriate community services; - A team, including a paramedic, was now in place to review the ambulance stack to advise on patients which did not need to come to the emergency department and could be seen elsewhere; - A joint pilot between the older person's assessment service and care of the elderly team was reviewing patients in their own home identified as appropriate by the acute GP unit, rather than conveyed to hospital; - The high occupancy levels within the hospital made flow challenging within the emergency department but it was hoped this would be resolved by the centralising of acute beds at Morriston Hospital; - At the end of April 2022, an average of 59% of patients had been seen within the four-hour target and there was an increase in attendances by 3,000 compared with the same period last year; - The four-hour position was enhanced by 100% delivery in the minor injury unit at Neath Port Talbot Hospital; - Work was ongoing to determine how to manage 'today's activity today' as there were still a significant amount of people attending the emergency department after 5pm; - Welsh Government had specified six urgent and emergency care goals to ensure patients were cared for in the right time and right place and work was ongoing to deliver these, with money received from Welsh Government for three posts to support it; - Significant investment had been made into the virtual wards to support admission avoidance and earlier discharge; - The next steps in the improvement plan included: • Recruit the posts for the urgent and emergency care six	

	goals; • Implement the redesign of acute medical services to centralise these at Morriston Hospital; • Establish key performance indicators and reinstate performance targets. In discussing the presentation, the following points were raised: Inese Robotham advised that it was only now that Covid-19 was starting to have less of an impact on urgent and emergency care and improvements had been seen in the May 2022 performance figures. When compared with other organisations in NHS Wales, the health board had the lowest lost hours as well as the best four-hour performance. It was recognised that the health board's position was not where it needed to be but it was an indication that the actions being taken were working. Siân Harrop-Griffiths concurred, adding that data from the Emergency Ambulance Services Committee demonstrated that the health board was making more improvements than others. Matt John stated that digital support for urgent and emergency care would be enhanced over the next few months, starting with the implementation of the Welsh emergency department system, which would move the service from paper-based to electronic and make the information more accessible to staff across the hospital. An updated version of SIGNAL was also to be implemented, which would provide an improved dataset and help to optimise patient flow. Reena Owen commented that it was pleasing to see a whole system approach being taken and suggested a written report be received at the next meeting. This was agreed.	**IR/KH**
Resolved:	- The presentation be **noted;** - A written report be received at the next meeting.	**IR/KH**
71/22	**2021-22 ANNUAL PLAN – QUARTER FOUR PROGRESS**	
	The quarter four progress report for the annual plan 2021-22 was **received**. In introducing the plan Siân Harrop-Griffiths highlighted the following points: - The presentation of the report had been revised and improved;	

	- The delivery of the annual plan was driven through programme boards; - Two reports had been taken through the Management Board to strengthen and confirm the arrangements for executing the plan; - The majority of the actions within the annual plan had been delivered; - The small number of outstanding actions were in areas such as maternity, urgent and emergency care and quality and safety and these would transfer to the Recovery and Sustainability Plan to be delivered; - More work was being undertaken to incorporate benefit metrics for outcomes and these would be part of the quarter one reporting; - A risk register aligned to the delivery of the plan was in development and would be reported to Management Board. In discussing the report the following points were raised: Deb Lewis advised work had been undertaken through the programme management office to automate as much of the reporting as possible as well as standardise it. A toolkit had been developed into which programme leads could report, making the governance more robust and streamlined. Reena Owen sought confirmation work was underway to establish the programme for health prevention and inequalities. Siân Harrop-Griffiths confirmed this would take place in quarter one.	
Resolved:	- The report be **noted**; - The enabling actions against actions which were off-track and the revised timescales be **approved**. - The key risks to delivery and mitigations be **approved**.	
72/22	**PERFORMANCE AND FINANCE TERMS OF REFERENCE**	
	The revised terms of reference for the Performance and Finance Committee were **received** and **approved.**	
73/22	**MONTH ONE FINANCIAL MONITORING RETURN**	

	The month one financial monitoring return was **received** and **noted.**	
74/22	**ITEMS FOR REFERRAL TO OTHER COMMITTEES**	
	There were no items referred to other committees.	
75/22	**ANY OTHER BUSINESS**	
	There was no further business and the meeting was closed.	
76/22	**DATE OF NEXT MEETING**	
	The next scheduled meeting is **Tuesday, 28th June 2022.**	