

00Swansea Bay University Health Board

Unconfirmed

**Minutes of the Performance and Finance Committee
held on 21st December at 9.30am to 12.00pm
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 (Until minute 196/21)
Siân Harrop-Griffiths	Director of Strategy (From minute 187/21 to 195/21 and minute 197/21 onwards)

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
Brian Owens	Service Group Director, Primary Care and Community (Minute 195/21)
Anne Milligan	Head of Paediatric Speech and Language Therapy (Minute 195/21)
Kate Hannam	Service Group Director, Morriston Hospital (Minute 196/21)
Michelle Davies	Head of Strategic Planning (Minute 197/21)

Minute	Item	Action
187/521	WELCOME AND APOLOGIES	
	Reena Owen welcomed everyone to the meeting, There were no apologies of absence.	
188/21	DECLARATIONS OF INTEREST	
	There were no declarations of interest.	
189/20	MINUTES OF PREVIOUS MEETING	
	The minutes of the meeting held on 23 rd November 2021 were received and confirmed as a true and accurate record.	

190/21	MATTERS ARISING	
	There were none.	
191/21	ACTION LOG	
	<p>The action log was received and noted with the following updates:</p> <p>(i) <u>Open Action Point three</u></p> <p>Deb Lewis advised that work was ongoing to validate all patients waiting over 100% passed their follow-up date; the aim was for this work to be completed by mid-January 2022.</p> <p>(ii) <u>Open Action Point five</u></p> <p>Sian Harrop-Griffiths advised that there had been some delay with joint response to the report and the Deputy Head of Risk was following up on behalf of the health board with Emergency and Ambulance Services Committee (EASC).</p> <p>(iii) <u>Open Action Point Six</u></p> <p>Discussions had taken place with the Director of Public Health surrounding the public health items inclusion on the work programme in early 2022. Confirmation on this to be followed up.</p>	
192/21	WORK PROGRAMME 2021-22	
	<p>The work programme for 2021-22 was received.</p> <p>Reena Owen informed members that there would be more focus on the finance items at committee going forward. Therefore, the agenda structure would change to receive finance items first.</p> <p>Darren Griffiths highlighted the change to the work-programme to reflect the draft financial plan be received in January 2022.</p>	
193/21	MONTH EIGHT FINANCIAL POSITION	
	<p>A report setting out the month eight financial position was received.</p> <p>In introducing the report, Darren Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - The month eight financial position was an overspend of £1.804m and £15.684m cumulatively; 	

- The underspend within pay budgets has continued in-month at a value of £6.561m for month eight;
- Non-pay budgets have overspent in-month and the key drivers continue to be ChC costs. There was also increased spend in theatre consumables which was positive;
- Clinical consumables have been underspent but in recent months , increases in spend have been evident as activity increased to 87% of pre-COVID-19 levels for elective procedures in November 2021;
- Income budgets have reported an under-achievement of £1.599m;
- The LTA and SLA block arrangements have been agreed and remain in place for the remainder of the financial year and an all-Wales working group has been established to review arrangements going forward;
- There was a £7m risk to the health board as providers, due to the non-delivery of services;
- Medical staff pay continues to report an in-month overspend. Work was underway with key Executives to control costs and hit the £2m savings target for next year;
- Non-medical agency costs remain high and reflects the increased usage as a result of service and workforce pressures. Work is underway on an overseas recruitment initiative;
- The health board's gross savings requirement is £27.7m with some slippage forecasted for the second half of the financial year which reduces delivery to £26.7m;
- The recurrent full year impact of savings is £24.7m, which is £2.8m short of the recurrent savings requirement;
- The KPMG review indicated opportunities where savings could be realised to a total of £32.7m;
- To date, £14.985m of savings opportunities have been identified for next year. CIP reviews were being undertaken with service groups with clear milestones in place for early next year;
- £114m forecast spend for COVID-19 and funding is expected to fully meet the costs. The health board had also been provided with £17.6m for 2020/21 savings not delivered;
- The appendix to the report (slide 10) provided a list of funding allocations received by the health board;
- Base funding allocation had changed throughout the year with recurrent funding provided for areas such as mental health, Welsh

Health Specialized Services Committee (WHSSC) and Emergency and Ambulance Services Committee (EASC);

- Significant sums of non-recurrent funding received for COVID-19 to a total of £131.4m;
- Allocations have also been received for GMS, Dental and Pharmacy;
- The Health Board forecast remains at a deficit of £24.405m and key movements include cost pressures in ChC of £1.5m and lower than forecast savings delivery of £1.1m;
- 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. It was proposed that this risk be scored at 15.

In discussing the report, the following points were raised:

Reena Owen commented that the current financial position was solid and not a concern to members but the extension of funding from Welsh Government particularly for the non-savings delivery due to COVID-19 and clarity on population share remained uncertain. She stated the importance of establishing whether the health board would receive a portion of or the full amount, as this would determine the savings requirement to get to a sustainable position.

Darren Griffiths advised that the health board determine the savings requirement based on ambition and risk within the plan. The health board had an investment ambition but caution was required to proceed in modest way and not go over the £5m forecast. He advised that there was £27m savings requirement for next year but this would be a challenge. This was £10m more than other health boards in Wales; SBUHB had set a 4% savings requirement where other health boards have theirs set at 2-3%. An allocation letter was due to health boards today and this would determine whether this was too high or too low.

A number of cost pressures would need to be factored into next year's position including general and utilities inflation, the incorporation of the real living wage as well as national insurance increases and the allocation letter would determine what would be received against those.

In relation to bed efficiency savings, Stephen Spill raised the risk surrounding this. Darren Griffiths advised that the plans had reduced based on investments but still needed to be tested and timescales had slipped

due to the pressures in the system. The current plan sets out £1m beds savings but it was too early to see. Quarter 4 should see some benefit realisation but these may be used to re-commission beds elsewhere in the system depending on demand at the time. Sian Harrop-Griffiths added that beds would be used for elective lists in place of outsourcing.

Mark Child commented that the continuing health care increasing costs remained a pressure going into next year and highlighted the lack of savings target and queried whether this was because demand for the ChC was due to rise into the future. Darren Griffiths advised this was the case; the KPMG review had identified savings opportunities but this was over two years ago. There was £2.7m allocation set for next year and plans to fund more over the three-year period.

Reena Owen informed that an urgent briefing for independent members of the committee would take place on the 12th January 2021 prior to the Board Briefing to sign off the interim financial plan. This was subject to confirmation from Welsh Government on the submission of the IMTP as this may be delayed until March 2022. Darren Griffiths undertook to confirm submission dates.

194/21 **PERFORMANCE REPORT FOR MONTH EIGHT**

A report setting out the performance position for month eight was **received**. In introducing the report, Darren Griffiths highlighted the following points:

- The four-hour emergency department performance stood at 73.4% to date which second best position in Wales;
- The number of 12-hour emergency department waits showed some improvement in November 2021;
- The national single cancer pathway target was 65% and the figure for November 2021 currently stood at 51%. As more cases were validated, this could increase but it was unlikely to reach the target;
- Positively, the backlog was steadily improving from 680 to 581 during the period;
- The numbers of staff self-isolating due to COVID-19 had increased during October 2021. Overall sickness levels had also increased;
- Cases for COVID-19 were increasing and there were currently 39 inpatients with Covid-19
- The red ambulance response time had been on a steady decline since June 2021, with 45% to date.
- Attendances at emergency department stood at a total 10,100 for

November 2021;

- The number of patients waiting over 12 hours had reduced to 1055 during the period;
- There were 255 clinically optimized patients in the system to date;
- The numbers of *e.coli* infections had remained steady but a deterioration in *s.aureus bacteraemias* and *clostridium difficile* had been recorded in November 2021;
- The health board reported 8 serious incidents during November 2021 and one new Never Event related to a surgical prosthesis event;
- Compliance against the 80% closure target stood at 0% during November 2021;
- The number of inpatient falls reported in November was 213;
- Sickness absence had risen to 8.64% in October 2021 which was impacting on the ability to respond to operational pressures;
- The numbers of patients waiting more than 26 weeks for an outpatient appointment and 36 weeks for treatment was stable.
- The total number of patients waiting more than 36 weeks stood at 37k in November 2021;
- The number of patients waiting for diagnostics over 8 weeks had increased to 6,008 in November 2021; with 2,804 for endoscopy and 1,856 for Cardiac testing;
- The number of therapy patients waiting over the 14 week target had increased since November 2021 with increased numbers of podiatry patients waiting over 14 weeks. Further information on this to be received at next committee;
- A slight improvement was seen in the number of patients delayed over 100% and this was due to the focused validation work;

In discussing the report, the following points were raised:

Reena Owen raised her concerns about the lack of NHS dental work being undertaken and highlighted that it did not seem to be recovering. Darren Griffiths undertook to seek further information on this and report to next committee.

Reena Owen raised her concern for the clinically optimised patient position, with numbers still high and the effect this had on the processes within the emergency department. She queried whether recovery was being seen in light of the initiatives underway i.e. virtual wards and the commissioning of care home beds. Inese Robotham confirmed that recovery was evident but

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	<p>was offset by further risks surrounding the Omicron position. Staffing levels were a significant risk and the health board was working with local authorities on a joint approach to support the packages of care that were already in place.</p> <p>Mark Child queried whether those patients transferred into the commissioned care home beds were included in the clinically optimised numbers and whether any of these patients had been moved on. Inese Robotham responded these patients were not counted in the listing and currently, only two patients had moved on; there was six-week maximum stay agreement with local authorities.</p> <p>In relation to the new dashboard, Mark Child queried whether this had positively affected the health board’s understanding and ability to move clinically optimised patients. Inese Robotham advised that it gave a greater transparency of patient information and ability to expedite but delays were due to lack of capacity as well as staffing.</p> <p>Mark Child made reference to the trajectories highlighted in the report and asked for clarity on what these represented, what they were used for and how they differed from targets. Darren Griffiths informed that trajectories were essentially used to hold services to account and without trajectories in place, it would be difficult to enact the performance framework. Trajectories were internally based targets and differed from those set by Welsh Government.</p> <p>Mark Child questioned whether trajectories were too ambitious and set too high due to the number of revisions that take place. Deb Lewis advised that trajectories set the expectation of what the system would give us and as the system changed so would the trajectories. They need to be reflective of a variable system and the hope is that as the system changes and improves, so would the trajectories. Inese Robotham added they were based on clear assumptions and what each service had committed to, but currently those trajectories do not include the influence of Omnicron on the system.</p>	
<p>Resolved:</p>	<ul style="list-style-type: none"> - Further information on performance for NHS Dental and Podiatry be received at the next meeting; - The report be noted; 	<p>DG</p>
<p>195/21</p>	<p>SPEECH AND LANGUAGE THERAPY PERFORMANCE</p>	
	<p>Brian Owens and Ann Milligan were welcomed to the meeting.</p> <p>In introducing the report, the following points were highlighted;</p>	

- The Speech and Language Therapy service had not achieved the Welsh Government 14 day access target since April 2020 due to the pandemic;
- The service comprised of the three services areas; adults, adult learning disability and paediatrics. The adult learning disability service users were managed within multi-disciplinary teams and did not breach performance targets.
- There had been a 40% increase in demand within adult services due to the development of the Welsh Gender Team in 2019 which has led to a significant level of referrals but remains unfunded;
- A business case for the local gender service was being developed within the service group. Additional capacity had been established with a recovery aimed for the 31st March 2022;
- Paediatric referrals had increased by 15% from 2019/20 to date, equating to an additional 150 referrals over a 6-month period;
- There had also been a referral increase of 10% from local authorities in relation to Special Education Needs in which the health board has a statutory duty to respond within 6 weeks;
- The service was implementing the new Additional Learning Needs (ALN) reform and a further increase of 20% to referral rates was anticipated;
- A piece of work was underway with the Director of Nursing and Patient Experience to understand the full impact of this reform across the service;
- Paediatric capacity was due to increase due to three new qualified staff, which would equate to 81 additional hours. Anticipated recovery was 16th February 2022;
- COVID-19 recovery funding had been received but this was short term funding offered until March 2022;
- The two key risks to service performance were; the implementation of the ALN reform and the Gender Identity Pathway and had been added to the risk register.

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

Darren Griffiths referred to the financial implications of £452k set out in the report and stated that work was required to work through the aspects of that in order to come to a sustainable model. Brian Owens advised that the service had access to recovery funding for the interim but due to the changes highlighted above, the baseline for the service had increased. Darren Griffiths and Brian Owens to meet outside of committee to discuss

DG/BO

the financial implications.

Mark Child made reference to the gender identity requirement with no funding support allocated and queried whether this was still the case. He queried whether there was a backlog of cases. Brian Owens advised that this was a new requirement for Wales set in 2019 and was not just about speech and language therapy (SLT) but there was a significant SLT requirement. He added that there was not a backlog as such but an unmet demand and as the new service progressed within SBUHB, the number of referrals had made an impact on SLT.

Reena Owen queried the ALN reform and why had it increased referrals by 20%. Anne Milligan informed that there had been a significant impact of the ALN with a shift from local authority responsibility of patients, to health. A SLA was in place with local authorities in terms staff, but confirmation was needed on the future funding flows from this. Brian Owen added that the ALN now covered patients up to the age of 25, risen from the age of 18 and this now covered a range of services including prisons.

In reference to the ALN and the two routes into the service, Mark Child queried the logic of this. Anne Milligan advised that the hope was that all referrals would come via consultation clinics. Reena Owen raised the concern for the '*queue jumping*' and consideration of time sensitivity within a child's life and stressed the need for clinical prioritisation rather than be driven by a statutory duty. She asked how the waiting list was triaged. Brian Owen informed that there was a 14-week routine access standard, the ALN Act covered those patients with special educational needs. Anne Milligan added that the service did strive to see patients based on clinical risk and a triage tool was used. There was a frustration within the service with the constraints on clinical decision-making and the hope was that the one waiting list was in profile and the both waiting lists would be adjoined together.

Reena Owen queried where the £452k requirement came from and whether it was a replication of the COVID-19, non-recurrent funding received. Brian Owens advised the financial implications needed to be fully worked up via the business case.

In relation the business case for gender re-assignment service, Mark Child queried why there had been a delay as this service was established around 2 years ago. Brian Owens informed that this was a subset of the whole gender service, which had originally been dealt with in primary care, the increase in service requirement, and demand had not been originally foreseen.

Reena Owen stressed the need for the business case to go through the correct channels and receive the correct due diligence via the Business Case Assurance Group. Brian Owens informed that the Gender

	Assignment business case was currently being worked through but further work was required via the Director of Nursing and Patient Experience in regards to the ALN.	
Resolved	<ul style="list-style-type: none"> - Darren Griffiths and Brian Owens to meet outside of committee to discuss the financial implications. - A further update on the progress of the trajectories be received in April 2022; - The report be noted. 	<p>DG/BO</p> <p>BO</p>
196/21	UNSCHEDULED CARE AND EMERGENCY CARE PERFORMANCE AND AMBULANCE HANDOVER IMPROVEMENT PLAN	
	<p>Reports presenting Unscheduled Care and Emergency Care Performance and the Ambulance Handover Improvement plan were received.</p> <p>Inese Robotham and Kate Hannam highlighted the following points;</p> <ul style="list-style-type: none"> - The improvement plan focused on four main domains: <i>the front door; Admission avoidance, Internal flow and Complex discharge;</i> - Workforce remained the highest risk to delivery of the plan and a recruitment plan was now in place and was updated weekly; - There were two new targets set by EASC; to reduce average lost time by 25% and a zero tolerance to handover delays in excess of 4 hours; - The average waiting time in November 2021 did reduce to 107 minutes (meeting the 25% reduction target), but the sustainability of this has proved to be challenging in December; - Performance against the 4 hour handover target had been gradual; - As at the 8th December, the average 4 hour capped figure was similar to November's position; - Surge capacity for Morriston had been lost due to the re-commissioning of Tawe Ward and this had been a constraint on site; - The implementation of centralising the acute medical take on the Morriston site was planned for July 2022. <p>In discussion of the report, the following points were raised;</p> <p>Reena Owen raised her concern for the ambulance triage vehicles outside of emergency department in terms of clinical safety. She asked for further assurance on this. Kate Hannam informed that this was a Welsh</p>	

	<p>Ambulance Services Trust (WAST) response in which three vehicles were commissioned and manned by WAST staff. Patients were offloaded, clinically reviewed and prioritised based on clinical need. There was a joint clinical responsibility from emergency department and WAST and patients were accompanied by one clinical staff member at all times. The overall purpose of the three dedicated vehicles was to be able to release other ambulance crews.</p> <p>Reena Owen asked whether SBUHB were the only health board operating this model and it was advised that it was typically based on the physical set up of the emergency department and therefore both Aneurin Bevan University Health Board and SBUHB had this model in place. She was also informed that the model was also being used in England.</p> <p>In terms of clinical safety, Inese Robotham informed that this model was safer than having one crew member to four patients in corridor beds at the emergency department, although it was not good patient experience and therefore was not a long-term solution.</p> <p>Mark Child commented that there appeared to be a better handle of the issues with real time information on processes and pathways. It was still however evident there was an issue with clinically optimised patients. Kate Hannam responded that there was much clearer understanding on clinically optimised patients with granularity of data available and also a transparency on the internal delays in the system. Work was underway with the individual teams to ensure standards were put in place.</p> <p>Inese Robotham informed that some pressure had been decompressed with the onset of the virtual wards and the commissioned care home beds and some marginal gains were beginning to be seen but the health board was still in a time of extreme pressure. Mark Child commented that there was not one solution to this and he was concerned that 'bigger reservoirs' were being created instead of improving flow and improving core processes. Inese Robotham concurred adding that these were not the only solutions and there was a vast work-programme underway to enact change but these small solutions were needed in order to get there.</p> <p>In reference to staffing and recruitment, Reena Owen queried whether there had been any further progress forward in terms of gaps. Kate Hannam informed that they had managed to secure all resources to support the emergency department including additional medical staff. There was a challenge in the recruitment of an acute physician for the expansion of the Older Person's Assessment Service (OPAS).</p>	
Resolved;	- An further update on urgent and emergency care performance be	IR/KH

	<p>received in March 2022;</p> <ul style="list-style-type: none"> - The report be noted. 	
<p>197/21</p>	<p>CHILD AND ADOLSCENT MENTAL HEALTH SERVICES</p>	
	<p>Michelle Davies was welcomed to the meeting.</p> <p>A report providing an update on Child and Adolescent Mental Health Services (CAMHS) was received.</p> <p>In introducing the report, Michelle Davies highlighted the following points;</p> <ul style="list-style-type: none"> - Compliance against the Welsh Government targets has deteriorated significantly, and CAMHS had been unable to stabilise the position, with significant numbers of children & young people waiting to be assessed; - Children & Young people are facing challenging times, and there was increasing demand on services for support with their mental health. - There was continued issues with staff shortages within the small specialist team, with poor recruitment and retention A key priority for 2022/23 would be the development of a recruitment and retention strategy for CAMHS. - An improvement plan was put forward by CAMHS in September 2021 to use existing staff but this was undeliverable due to staff issues arising from COVID-19 and internal staff movement;; - A recovery plan/model had been put forward using a different workforce model to include support from agency staff; - The greatest risk was the longest waiters on the list and a re-triaging had been taking place to identify those suitable for group work; - This has not progressed as far as anticipated with only 45 young people re-triaged; - Demand and capacity planning was being worked through for the service with the aim to reduce appointments to 1 ½ hour slots; - Other steps used to mitigate include the use of other agencies and wellbeing services within the 3rd sector organisations; - The service leads undertook fortnightly discussions with the West Glamorgan Partnership Board and other partners. <p>In discussion of the report, the following points were raised;</p> <p>Stephen Spill made reference to the 40% vacancy rate and the additional</p>	

Welsh Government funding flowing through the sector which provided more opportunity in the mental health arena. He queried whether there was an internal issue within CAMHS that was also affecting the vacancy rate. Michelle Davies responded that there were organisational development issues in CAMHS but also implementing a service model that staff recognised was imperative. Funding into the sector should be a good news story but it has been challenging to recruit staff with the number of vacancies in the system as a result of additional funding. Sian Harrop-Griffiths advised she would look at the vacancy rates compared to others in Wales, but all were small specialist services and staff were leaving to pursue new roles with no backfill, there needed to be a workforce re-design within the service.

In relation to referrals into the service, Stephen Spill highlighted the single point of access (SPOA) and the discrepancy with mis-referrals into CAMHS and the GP Clusters. Michelle Davies responded that it had been envisaged that the SPA would be the answer and some targeted work was need with the clusters on communication. The number of inappropriate referrals was unacceptable. There was the mis-conception that CAMHS was the answer but not all referrals were appropriate, there were a number of other services available and in place to support young people's mental health.

Mark Child asked how best to enable GPs to see the continuum of provision, they need to be presented with a different model. CAMHS was for the most challenging of cases and there were other avenues available for wellbeing and emotional mental health. The 'front door' of mental health needed to be moved away from CAMHS. Michelle Davies concurred, adding that significant work had been carried out with the 3rd sector and local authorities for a multiagency approach. It had moved into a better position until the onset of the pandemic that affected the progress of the strategic work. Work was ongoing with the universal model for a multiagency approach and this need agreement and communication with GP's.

Reena Owen asked for clarification of the management of lists for both primary and secondary CAMHS. Michelle Davies advised that the merging of lists occurred at the assessment stage and the acuity of the patient would determine whether they would be referred to the specialist area of CAMHS. The same approach is utilised by CTMUHB and Welsh Government have been involved in these discussions.

Members queried the next steps if actions set out in the report to improve the position were unsuccessful and at what stage would the health board look for an alternative contract/model. Sian Harrop-Griffiths advised that a discussion was underway with the Chief Executive and executive

	<p>colleagues surrounding the way forward and consideration on repatriation of the service. This would be confirmed in the Spring.</p> <p>Reena Owen questioned whether other CAMHS services were in the same position. Michelle Davies advised this was the case due to fact they were also small-specialised teams. SBUHB appeared to be have more intense issues and some targeted work was required to establish the reasons. Nevertheless, SBUHB has not seen such an increase in referrals and this was due to improvements already in place, namely the established multiagency position and the Single Point of Access.</p> <p>An update was required in committee in March 2022 which provides a progress update on the recovery plan and communication plan for GPs.</p>	
Resolved;	<ul style="list-style-type: none"> - An update was required at committee in March 2022 which provides a progress update on the recovery plan and communication plan for GP clusters; - The latest performance position of CAMHS was noted; - The actions taken in the short term to rectify the deterioration in performance were noted; - The work that is being progressed strategically to support children & young people was noted. 	SHG
198/21	FINANCIAL MONITORING RETURN	
	The financial monitoring return was received and noted .	
199/21	ITEMS FOR REFERRAL TO OTHER COMMITTEES	
	As above.	
200/21	ANY OTHER BUSINESS	
	There was no further business and the meeting was closed.	
201/21	DATE OF NEXT MEETING	

	The next scheduled meeting is Tuesday, 25th January 2022	
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