

Swansea Bay University Health Board

Unconfirmed

Minutes of the Meeting of the Health Board held on 27th February 2020 in the Millennium Room, Headquarters, Baglan

Present

Emma Woollett	Interim Chair
Tracy Myhill	Chief Executive
Martyn Waygood	Interim Vice-Chair
Richard Evans	Medical Director
Gareth Howells	Director of Nursing and Patient Experience
Chris White	Chief Operating Officer/Director of Therapies and Health Science (until minute 59/20)
Hazel Robinson	Director of Workforce and Organisational Development (OD)
Siân Harrop-Griffiths	Director of Strategy
Keith Reid	Interim Director of Public Health
Martin Sollis	Independent Member
Lynne Hamilton	Director of Finance
Nuria Zolle	Independent Member
Reena Owen	Independent Member
Mark Child	Independent Member
Tom Crick	Independent Member
Maggie Berry	Independent Member

In Attendance:

Pamela Wenger	Director of Corporate Governance
Irfon Rees	Chief of Staff
Darren Griffiths	Associate Director of Performance and Finance
Matt John	Chief Digital Officer and Associate Director of Digital Services
Hannah Evans	Director of Transformation
Liz Stauber	Interim Head of Corporate Governance

55/20	WELCOME	Action
	Emma Woollett welcomed everyone to the meeting.	
56/20	APOLOGIES	
	Apologies for absence were received from Jackie Davies, Independent Member and Andrew Jarrett, Associate Board Member.	
57/20	DECLARATION OF INTERESTS	
	There were no declarations of interest.	

58/20	DEEP DIVE ON UNSCHEDULED CARE RELATING TO AMBULANCE WAITS AND HOSPITAL TO HOME	
	<p>A report setting out the findings of a deep dive on unscheduled care was received.</p> <p>In introducing the report, Chris White highlighted the following points:</p> <ul style="list-style-type: none"> - The in-month number of delayed ambulance handovers by 19th February 2020 had reduced to 419 and the four-hour target had improved to around 75%; - A decrease in the number of cases waiting more than 12 hours had also been evident to 422; - The number of ambulance conveyances had reduced which demonstrated that the interventions were working; - While the emergency department at Morriston Hospital could manage when there were no ambulances queuing outside, the challenge was to manage the demands during peaks, which usually occurred mid-morning, mid-afternoon and evenings after each GP session finished; - Activity levels remained consistent, but acuity was higher, with sicker people arriving at the department independent of the ambulance service; - The internal escalation process had been reviewed to gain more traction sooner during busy periods; - Performance against the release of ambulances for red calls was back above the 65% target but the health board was an outlier for amber one calls since the change in categorisation; - 'Hospital to Home' was helping to add more resilience to the system; - As the full bid for the programme had not been funded, a priority had been given to pathways one and two which focused on providing functional ability through reablement in a two to three week and a four to six week timescale respectively; - This enabled the community resource teams to focus on the more complex pathway three patients who had longer-term care needs; - The early supported discharge model was now in place for stroke patients; - The numbers of medically fit for discharge patients had reduced from 120 to 90 in the last 14 days, along with delayed transfers of care; 	

	<ul style="list-style-type: none"> - The IT system, Signal, had been implemented in Morriston Hospital in 12 weeks which provided real time information as to the patient in each bed to enable discharges and transfers to be managed more effectively. <p>In discussing the report, the following points were raised:</p> <p>Mark Child sought clarity as to which pathways would be continued if the full monies were not available the following year. Chris White responded that 'Hospital to Home' was in the figures for the following year but a better understanding was needed of the data to determine the demands of each pathway.</p> <p>Tom Crick advised that he had been invited to join Welsh Government's ambulance availability taskforce.</p> <p>Emma Woollett commented that while it was early days, it was encouraging to see the improvements being made.</p>	
Resolved:	<ul style="list-style-type: none"> - The actions being taken to improved ambulance handovers be noted. - The initial impact and early reflections on the introduction of the 'Hospital to Home' programme be noted. 	
59/20	ENGAGEMENT DOCUMENT FOR THE CLOSURE OF TONNA HOSPITAL	
	<p>A report setting out engagement documents for the closure of a suite at Tonna Hospital was received.</p> <p>In introducing the report, Siân Harrop-Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - Through multi-agency working, a framework for older person's mental health services was being developed and the engagement for the permanent closure of one of the suites at Tonna Hospital would be used to seek people's views; - Recent funding had been used to invest in community mental health services as the health board was 'over-bedded' compared with the rest of the UK; - Agreement had been reached with the community health council in autumn 2019 to temporarily close one of the suites at Tonna Hospital and this had been actioned on 18th February 2019; - No issues had been raised with staff as yet in relation to the temporary closure but feedback from a family had been received which needed to be worked through; 	

	<ul style="list-style-type: none"> - Support was sought from the board to commence the engagement process for a permanent closure of the suite. <p>In discussing the report, the following points were raised:</p> <p>Emma Woollett stated that three responses had been received from assembly members who had raised concerns as to how the issue had been managed to date. She added that the health board was doing the right things for its community therefore the engagement and communications needed to make the case clearer and more compelling..</p> <p>Reena Owen commented that concerns had been raised with her by members of the community as to how the closure fitted with the future plans for Cefn Coed Hospital and respite opportunities. She added that the issues raised had also covered mental health patients being challenging in acute care facilities who should be in bespoke settings and queried the longer term agenda as there was a lack of understanding. Siân Harrop-Griffiths responded that there was always anxiety in relation to service change but the purpose of aligning the engagement with the development of the older person's mental services framework was to be clear about the future and strategic direction. Gareth Howells advised that around 60% of patients in Morriston Hospital had some form of cognitive impairment due to the ageing population for whom specialist services were not appropriate.</p> <p>Emma Woollett summarised that the board was content to agree to commence the engagement process but there did need to be consideration as to how more continued engagement on wider issues was taken forward in the future. Siân Harrop-Griffiths concurred, adding that the resource was not currently in place for this but had been included in the resource assessment which was to be submitted to Welsh Government for consideration.</p>	
Resolved:	<ul style="list-style-type: none"> - Suite four at Tonna Hospital temporarily closure from 18th February with the agreement of the community health council be noted. - Formal engagement on the permanent closure of these beds should commence be supported. - The draft engagement document on the permanent closure of suite four at Tonna Hospital be agreed. - The equality impact assessment on the change be supported. - The engagement plan and timeline developed and agreed with the community health council be agreed. 	
60/20	FINANCIAL POSITION AND YEAR-END PROJECTION	

	<p>The report setting out the financial position and year-end projection was received.</p> <p>In introducing the report, Lynne Hamilton highlighted the following points:</p> <ul style="list-style-type: none"> - The period 10 position had been disappointing and the end-of-year forecast had been changed from a deficit of £12.3m to £16.3m; - Savings this year had been broadly in-line with the plan and better than in previous years, it was unplanned expenditure which had led to the current position, particularly due to operational pressures and the Bridgend diseconomies of scale; - £2m funding from Cwm Taf Morgannwg University Health Board had been confirmed in relation to the Bridgend diseconomies of scale but this would not cover the full deficit; - Additional financial controls had been agreed by the board in November 2019 designed to generate £2.7m savings but the forecast delivery was £1.1m; - When planning the 2020-21 financial plan, the board needed to be mindful of the underlying cost pressures of this year. <p>In discussing the report, the following points were raised:</p> <p>Emma Woollett advised that the board needed to formally ratify the revised forecast as well consider what needed to be done differently the following year. Tracy Myhill concurred, adding that there would be absolute learning from the KPMG (the external financial support commissioned by Welsh Government) report but there were also things the health board could have done differently, such as making decisions earlier, particularly in terms of changing the forecast.</p> <p>Nuria Zolle stated that she accepted it had been a difficult decision to make in terms of changing the forecast in the current climate but there needed to be a robust action plan in order to hold people to account, and this would be useful in terms of the next stages.</p> <p>Mark Child commented that greater confidence was needed in any figures put before the board in the next year as well as closer monitoring to ensure its delivery. He added that any target needed to be realistic in order not to repeat the performance of the current year.</p> <p>Reena Owen provided assurance that a robust discussion had taken place at the Performance and Finance Committee as to the financial plan for the following years, the options for which were unpalatable at a £27m deficit. She added what was needed was plan which set out how services and investments would be prioritised with a robust delivery mechanism, in order to prevent optimism being lost.</p> <p>Martin Sollis stated that a focus was needed on delivering the recommendations of KPMG report so as to not lose any opportunities once the new financial year had started. He added while the potential</p>	
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	<p>deficit forecast for future years were already significant, headroom needed to be built in order to provide space for slippage therefore the cost base would need to be focused.</p> <p>Tracy Myhill commented that there was still confidence in the organisation nationally, with positive feedback on the strategic direction as well as the credibility of the executive team and its structure. She added that in terms of the plan for the future, the finances could not be as adrift as they currently were, and provided assurance that work had already commenced in response to the draft KPMG reports, rather than awaiting the final version to start the action plan. The next two to three weeks would be critical as it was essential that the board had a plan, whether it be an annual one or three year, in place from April 2020.</p> <p>Siân Harrop-Griffiths advised that following the discussions at the Performance and Finance Committee earlier that week, detailed actions were available to support the trajectories, but it was important to note that the board had received the whole systems plans in September 2019 which had been used to build up the trajectories mapped against performance, finance and workforce. Darren Griffiths added that a £27.1m deficit had been included, along with options, some of which would reduce the total but some which would increase it, and the financial plan was to be revised following the committee meeting.</p> <p>Emma Woollett stated that the board needed a plan which triangulates performance, finance and workforce and clearly demonstrated how people could be held to account for delivery in order for it to be one that the board could approve. Gareth Howells concurred, adding that quality was also a critical part of any plan. Hazel Robinson provided assurance that the triangulation did exist, it was its presentation which needed to be considered.</p> <p>Reena Owen advised that the Performance and Finance Committee had discussed the need for a step change and for the organisation to stop doing certain things or disinvesting in things which it no longer needed.</p> <p>Hannah Evans advised that the health board was further ahead in terms of its plans that it had been previously and a cross-cutting piece of work was taking place to map the programmes of work with clinical engagement through the financial management group and senior leadership team, as well as specific workshops. She added that there was still potential for the health board to seek support in areas it was finding challenging.</p> <p>Emma Woollett stated that there was no doubt as to the calibre of the executive team nor its ability to deliver on a sustainable financial plan, but noted that this was yet to occur. She added that the focus for independent members in the next year was how to bring this into being and what the executive team needed to prioritise in order to deliver. She added that an additional board meeting was to be arranged for March</p>	
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	<p>2020 to consider the annual plan before the full March 2020 board and she and Martin Sollis would be content to provide advice outside these sessions should that be helpful.</p> <p>Tracy Myhill commented that in-line with compassionate leadership, the conversation needed to be one which was enabling, working with clinicians to seek their ideas and engagement. She added as part of this, the view of staff as to what could be stopped tomorrow also needed to be sought.</p> <p>Emma Woollett stated that, while it might take the organisation longer to get to where it wanted than it would like, we would ensure that it did so sustainably. Tracy Myhill concurred, adding that Welsh Government's response to her accountable officer letter set out clear expectations, some of which the executive team agreed with but also ones which needed to be challenged.</p>	
Resolved:	The report be noted .	
61/20	ANY OTHER BUSINESS	
	<p>(i) <u>Director of Finance</u></p> <p>Emma Woollett advised the board that it was Lynne Hamilton's final meeting as Director of Finance as she was leaving the organisation at the end of the week. She stated that despite the disappointment around the current financial position, sight should not be lost of the significant contribution Lynne had made to the organisation, and her legacy for transparency and openness would continue. On behalf of the board, she wished Lynne Hamilton the best for the future. Tracy Myhill concurred, adding that Lynne Hamilton had spent 30 years working as a civil servant working within Welsh Government and it was not an easy decision for her to leave, but it was an opportunity for her to spend more time doing the things that she loved, particularly after becoming a grandmother for the first time.</p>	
	There was no further business and the meeting was closed.	
62/20	DATE OF NEXT BOARD MEETING	
	Thursday, 26 th March 2020.	

Emma Woollett (Interim Chair)

Date: