

Swansea Bay University Health Board
Unconfirmed
Minutes of the Performance and Finance Committee
held on 25th October 2022 at 9.30am
Microsoft Teams

Present:

Reena Owen	Independent Member
Darren Griffiths	Director of Finance and Performance
Siân Harrop-Griffiths	Director of Strategy
Steve Spill	Vice Chair
Jackie Davies	Independent Member

In Attendance:

Hazel Lloyd	Director of Corporate Governance
Inese Robotham	Chief Operating Officer
Paul Mapson	Special Advisor
Meghann Protheroe	Head of Performance
Samantha Moss	Deputy Director of Finance
Keith Reid	Director of Public Health (Minute 153/22)
Kate Hannam	Morrison Service Group Director (Minute 154/22)
Georgia Pennells	Corporate Governance Officer

Minute	Item	Action
143/22	WELCOME AND APOLOGIES	
	The Chair welcomed everyone to the meeting. Apologies were received from Patricia Price – Independent Member.	
144/22	DECLARATIONS OF INTEREST	
	There were no declarations of interest received.	
145/22	MINUTES OF PREVIOUS MEETING	
	The minutes of the meeting held on 27 th September 2022 were received and confirmed as a true and accurate record.	

146/22	MATTERS ARISING	
	There were no matters arising raised.	
147/22	ACTION LOG	
	<p>The action log was received and noted.</p> <ul style="list-style-type: none"> - The Deputy Director of Finance agreed to update the table of recommendations from the Internal Audit Review. 	SM
148/22	WORK PROGRAMME	
	The work programme for 2022-23 was received and noted .	
149/22	MONTH SIX FINANCIAL POSITION, INCLUDING SCENARIO UPDATE	
	<p>A report setting out the month six financial position, including a scenario update was received.</p> <p>In introducing the report, Samantha Moss, Deputy Director of Finance highlighted the following points:</p> <ul style="list-style-type: none"> - The Health Board should have achieved a breakeven position following confirmation that the previously identified deficit of £24.4m would funded by Welsh Government .The actual Month 6 variance was an overspend of £0.69m. The year to date plan at Month 6 should be breakeven but actual variance was an overspend of £3.18m; - At the end of Month 6 funding for COVID transition costs of £39.8m and the extraordinary pressures £18.13m remain anticipated allocations and are noted as a risk; - With a 2022/23 annual target of £27.0m, plus £4.6m unmet savings brought forward and a further £2.0m added in Month 6, the in-month delivery is anticipated at £2.1m. For Month 6 the shortfall against this target as per the ledger was £0.72m and year to date is £2.94m. <p>In discussing the report and scenario the following items were raised: Jackie Davies queried if the health board solar farm had seen an impact on the savings. Darren Griffiths advised there had been substantial</p>	

	<p>benefit from the solar farm, a lot of which was channelled into paying back the finance mechanism to establish the solar farm in the first place. Due to the price change further savings were driven through which the health board has been able to transact. Darren Griffiths noted that the health board was 'mid-bid' in further extending the solar farm and the acquisition of a storage battery, which would further displace cost within the organisation.</p> <p>In the context of Morriston service group, Reena Owen asked if there was progress with the recurrent savings given the finance assistance was now in place at Morriston. Samantha Moss advised that steady progress had been made in terms of the recurrent element and a step increase had been seen month on month. However, there was still a gap as the target was £31.6m and the health board was currently reporting £26.4m. Therefore focus was still required and the Chief Executive Officer was focused on holding the service groups to account. Samantha Moss noted that the finance support in Morriston was focusing on run rate position, however it was expected focus would move to look at non-recurrent and recurrent opportunities within the Morriston service group.</p> <p>Paul Mapson highlighted that in due course he would be interested in receiving an analysis of the work conducted by the Morriston finance support. Paul Mapson then asked Darren Griffiths if there were any early useful insights since the finance support had been put in place for the Morriston service group, noting that it was still early days. Darren Griffiths stated that firstly the aim was to re-establish the rhythm, system, control and grip at the levels beneath the service group leadership, and the finance support from Peter was operating at divisional and speciality level and the ownership would then come further down the structure. One of the key aspects which has come out of that work was the way in which the health board was aligning the workforce plans, against where the variable pay cost was incurred.</p> <p>Darren Griffiths added that a meeting was held with Welsh Government this week where he provided contemporary scenarios. It was hoped over the coming weeks there would be a sense of any potential funding allocation from Welsh Government to the health board. A formal forecast would be received through the Performance and Finance Committee and then to the board in November 2022.</p>	
<p>Resolved:</p>	<p>Committee members agreed the handling of the risks noted. The report be noted.</p>	

150/22	PROGRESS UPDATE ON THE CAPITAL RESOURCE PLAN	
	<p>A progress update report on the capital resource plan was received.</p> <p>In introducing the report and scenario, Darren Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - The scale of the Capital Resource Limit showed £32.99m would be spent across a variety of schemes. Currently, £30.772m had been agreed against that which leaves a gap of £2.227m and there were ongoing discussion held on how to bridge the gap; - Good soundings from Welsh Government have been received on the deliverability of the £2.227m however, some of which was linked to the city deal. Therefore a reasonable position was noted; - When reporting in Quarter 1 a gap of £50.0m was reported in the Welsh Government commitments therefore any slippage through health boards across Wales. Welsh Government were keeping to off-set the £50.0m and this subsequently reduced to £44.0m. In recent months, Welsh Government have moved some additional allocation which had resulted in the overall system reporting a balanced position which meant anything which slipped nationally would come back into the discretionary programme; - Since the submission and following closure of the month 6 financial position, approval had been received by Welsh Government for two of the urgent bids. COVID £400k, for the establishment of two new Phlebotomy hubs at Gorseinon and Port Talbot Resource Centre and works at HQ to enhance the new training area for overseas nurses and strategic £1.452m, for the establishment of 10 ring-fenced Orthopaedics beds at Clydach Ward in Morriston Hospital; - There were currently twelve business cases at various stages of production which would eventually require significant Welsh Government investment over the short to medium term; - This capital plan was discussed with Welsh Government at the mid-year review and there was no dissent about the articulation of the position and work would continue to maintain the balance of the plan. <p>In discussing the report, Reena Owen noted that the position had improved. Reena Owen noted the report reflected a positive position compared to previous reporting.</p>	

Resolved:	The report be noted .	
151/22	PERFORMANCE REPORT FOR MONTH SIX	
	<p>A report setting out the month six performance position was received. In introducing the report, Meghann Protheroe highlighted the following points:</p> <ul style="list-style-type: none"> - Unscheduled Care performance against the 4-hour access was currently below on target for the outlined trajectory in September 2022. Emergency Department 4-hour performance had improved by 3% in September 2022 to 72.7% from 69.66% in August 2022. Performance against the 12-hour wait had improved slightly and it was currently performing above the outlined trajectory; - Internal flow activities to support reduced occupancy and to improve flow throughout the day were being put in place, which included; Same Day Emergency Care GP delivered services, Frailty Same Day Emergency Care services and scoping is currently being undertaken with WAST colleagues to implement further pathways; - Ambulance response rates had seen a reduction in performance in September 2022, the establishment of the Ambulatory Emergency Care Centre in September 2022 was anticipated to support future performance improvement; - There had been a further review of the Morriston UEC care improvement plan which had incorporated focused ambulance handover improvement plans in addition to executing the Acute Medical Services Redesign which sought to address the key issues surrounding flow in the Emergency Department; - The number of new cases of COVID-19 had increased slightly in September 2022, with 218 new cases being reported in-month; - August 2022 saw 55% performance against the Single Cancer Pathway measure of patients receiving definitive treatment within 62 days (measure reported a month in arrears); - In September 2022, there were on average 317 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board's Hospitals. Detailed work was currently being undertaken by the Deputy Chief Operating Officer to explore opportunities to reduce the number of Clinically Optimised Patients in the Hospital by implementing new pathways; 	

- In September 2022 there were 755 patients waiting over 14 weeks for specified Therapies. The Service Group had already identified the declining position in both Dietetics and Podiatry and have developed detailed recovery trajectories in both areas. Podiatry have developed a revised recovery trajectory for Q4, with Dietetics working through their deadline for recovery;
- In September 2022, the overall size of the follow-up waiting list increased by 1,253 patients compared with August 2022 (from 138,736 to 139,989). In September 2022, there was a total of 62,461 patients waiting for a follow-up past their target date. This was a slight in-month increase of 1.1% (from 61,778 in August 2022 to 62,461 in September 2022);
- Recently a new internal SBUHB validation team had been created and they had recently started validation work. Alongside this, Welsh Government had facilitated a pan-Wales contract with HBSUK to undertake more in-depth validation which focused on direct contact with patients and a more “clinical-triage” approach;
- The Health Board reported 15 Nationally Reportable Incidents for the month of September 2022 to Welsh Government.

In discussing the report, the following points were raised:

Reena Owen queried what was meant by the abbreviation of HBSUK. Darren Griffiths confirmed it wasn't an abbreviation but the name of company to which a contract is held between the all Wales delivery unit which SBUHB host. Reena Owen asked what this meant for SBUHB, and would the health board receive the results of the work. Darren Griffiths confirmed this was the case. Meghann Protheroe elaborated that SBUHB had had in place an external validation team in place managed by the Deputy Chief Operating Officer, however the team did not achieve the required results. Therefore, an internal validation was established who have started work on patient records which was positive progress and work with HBSUK would commence in November 2022.

Reena Owen highlighted her concern of the declining performance surrounding neck and femur. Reena Owen queried if the decline was linked to bed capacity and what was the plan to improve. Inese Robotham confirmed that it was linked to bed and theatre capacity as there was significant pressures with theatre staffing. In terms of what was being done at present, Inese Robotham advised that work was continuing surrounding the length of sustained admission avoidance and human resourcing were leading on the international recruitment to assist with the theatre staffing.

Resolved:	The report be noted .	
152/22	QUARTER TWO DELIVERY REPORT FOR THE IMTP	
	<p>A report setting out the quarter two delivery report for the IMTP was received.</p> <p>In introducing the report, Sian Harrop-Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - The report noted that 64.14% of the actions were on track for completion and only 7.97% were off track. A number of the off track actions were dependent on national work through WHSSC, DHCW and Wales Cancer Network an update on progress would be pushed, however there was an element of the work being out of the health board control; - Most of the risks noted in the report are steady, however the risks associated with urgent and emergency care were worsening. The work is underway to enable the implementation of the acute medical take; - As the IMTP was approved, there were a series of accountability conditions and there would be a specific section to include reporting against the accountability conditions. <p>In discussing the report, the following points were raised:</p> <p>Reena Owen gave thanks to the authors as the report was clear and easy to understand presenting goals, methods and outcomes however, it would be helpful to receive this information for all aspects of the plan. Reena Owen would pick this up with Keith Reid when presenting his report later in the committee.</p> <p>Steve Spill highlighted the minimum data set and wondered if it was a tool the health board used and what Welsh Government do with the data. Sian Harrop-Griffiths was unsure what Welsh Government do with the data; it was brought in during Covid-19 as a way of trying to cut down on the words within the plan and to provide a consistency across Wales in reporting key measures. Sian Harrop-Griffiths confirmed that it was not used internally.</p>	
Resolved:	The report be noted .	

153/22	PROGRESS REPORT ON PUBLIC HEALTH IN CONTEXT OF THE IMTP	
	<p>A progress report on public health in context of the IMTP was received. In introducing the report, Keith Reid highlighted the following points:</p> <ul style="list-style-type: none"> - It was important to state that while the Public Health team were leading on some aspects of this work, success in delivery was dependent upon the ability of the service delivery groups and wider partnerships to deliver operational activity that leads to the expected outcomes. The Local Public Health Team, as currently configured, has a role in facilitating and supporting the work but was not responsible for delivery; - The population health strategy would not lead to a population health programme, it was more about understanding how the organisation could deliver the business in a way in which would contribute to improving the health of the population. The Public Health Team have developed an outline public health strategy and engaged in initial stakeholder conversations to assist in the process. Current intentions were to have a discussion document ready for consultation (internal and external) by late October/early November. Consultation would then occur across the SBUHB footprint until the end of the calendar year; - The chair had previously raised concerns in terms of how the reporting was not effective around population health initiatives. Keith Reid acknowledged that the concerns were well placed, and there were difficulties in recording and reporting data around a number of programmes relating to public health and those difficulties have not been resolved, however work would continue to achieve a resolution; - A population health programme board was under active consideration. In particular where it would sit in the management and governance structure, reporting to management board and then to the sub-committees such as performance and finance committee and board. Some of the work of the population health programme board would allow for a forum of service groups to come together to provide an overview across the system. It was Keith Reid's understanding this was a similar approach adopted by other programme boards; - In terms of the financial implications, the expectation at the moment would be to deliver population health initiatives from within existing revenues. There was a small amount of grant 	

revenue from Welsh Government, for which SBUHB have submitted a bid, however confirmation of success has not been received. It was Keith Reid's view that SBUHB might receive less than half of the money within this financial year.

In discussing the report, the following points were raised:

Steve Spill noted that population health was a large focus of the IMPT and that there was an objective regarding prevention to which the chair would be held accountable to achieving. Steve Spill asked if the health board would be in a position to say that it is working towards meeting the objective. Keith Reid advised that the population health strategy and the socialising of it internally and externally with partners was about getting the health board to a position to consider what that meant, and how the health board would respond to that challenge. Keith Reid highlighted that the health minister had set out more explicit expectations around Tobacco control, obesity and physical activity and SBUHB is not currently meeting those expectations either. This was due to lack of coordination and capability in the system to build the necessary case for investment. Keith Reid provided an example around Tobacco control where it was the mission of the Minister to identify the smoking status of all planned admissions, to engage with the patient before admission, to prescribe on admission a nicotine replacement therapy, to provide a brief intervention whilst an inpatient and to ensure the appropriate follow up once discharge. The target set by the Minister was 9,000 interactions a year, and SBUHBs smoking cessation team on average interact with 150 patients a year, and Keith Reid acknowledged the gap in the target of where the health board was, and Welsh Governments expectations was large. The extent of the planning and co-ordination was noted, and it was acknowledged that as an organisation there has not been an opportunity to bring together all elements of Tobacco control as an organisation. In relation to the obesity work, there was a weight management pathway of a planning and delivery group set up over 12-months ago which was not able to deliver their tasks. Therefore the group would require relooking at in terms of how the health board plans develop the weight management approach across the system.

Given this was a focus of the Minister, Steve Spill noted there needs to be an overarching plan to move the objectives into a positive direction.

Jackie Davies raised the challenges surrounding the workforce. Keith Reid advised he was still at the stage of assembling the workforce to carry out the planning required and noted some progress had been made in relation to this. The transfer of the public health teams had been a distraction and a delay, and the current position was to gain particular

	<p>skills into the team which could drive the agenda forward with some pace.</p> <p>Paul Mapson noted that given the significant level of issues raised that it would be a fair judgement to make, that the board are not able to take any assurance that the objectives would be achieved. Paul Mapson noted that the assessment was very difficult and wondered whether the issues should be escalated further given that the health board is not where it needs to be and big changes were required in order to achieve the plan. Keith Reid acknowledged that part of the explanation was the distraction of covid-19, the other problem was the loss of staff from the public health team since covid-19 and the delay in the transfer of staff out of Public Health Wales has had a knock effect on recruitment. Until there was more capacity and capability in the public health team there was no relief in sight.</p> <p>Reena Owen asked Darren Griffiths if investment had been set aside in the budget for population health. Darren Griffiths advised that there were three components, firstly the bid for over £700,000; the transfer of staff which is £1.2m of which half would be received as the transfer is 1st October 2022; and thirdly in the structure of the Health Board's financial plan for this year there was a £1.0m allocated for the population health strategy of which £40,000 had been allocated to date, but the money remains in place to support any plans that come forward.</p> <p>Reena Owen agreed with Paul Mapson and noted that whilst it was a useful report by way of an update, the report did not offer any assurance to the committee that this aspect of the IMTP was moving forward as required. Reena Owen asked for a further follow up report as to what actions have been taken forward, the expected timeline and the outcomes of the actions.</p> <p>Keith Reid agreed with Reena Owen's comments and until the plan of recruitment of appropriate staff comes to fruition he would not be able to move work forward. Discussions were ongoing with recruitment in terms of banding levels for staffing, as a strong candidate had been identified but until the individual was in post there was no assurance Keith Reid could offer committee members.</p> <p>Keith Reid and Reena Owen agreed a further update on the progression of the actions would be brought to the Performance and Finance committee in January 2023.</p>	
<p>Resolved:</p>	<p>The report be noted.</p>	<p>KR</p>

	<ul style="list-style-type: none"> - A further update on the progression of actions on public health in the context of the IMTP to be received at the January 2023 Performance and Finance Committee. 	
154/22	<p>URGENT AND EMERGENCY CARE PERFORMANCE AND ASSOCIATED ACTION PLAN</p>	
	<p>A report on urgent and emergency care performance and associated action plan was received.</p> <p>In introducing the report, Kate Hannam highlighted the following points:</p> <ul style="list-style-type: none"> - The position remains challenging, however the 4 hour performance improved during Sept 2022 to 73% (55.88% for Morriston). The 4-hour standard largely relates to capacity in the emergency department, both in terms of space and workforce which continues to be constrained due to the ability for patients to be transferred from the emergency department to wards resulting in over-crowding; - Ambulance handover performance remained challenging throughout September 2022, in both the number of ambulances waiting for handover and the hours lost to delayed handover, despite a number of ongoing initiatives at the front door including 'fit to sit' and discharge direct from an ambulance. The introduction of 2-hourly huddles in Emergency Department have re-focused attention on prioritising ambulance offloads and maintaining safety within the department; - The clinically optimised position in the Health Board remains a key challenge with high numbers of patients occupying acute beds waiting to move to more appropriate settings to continue their care pathway or waiting for community support/placement. There was operational focus on the patient group in all hospital sites with weekly review meetings with local authority and community partners to expedite the pathways of these patients however progress was slow with capacity being the constraint; - Further work had progressed with regards to the AMSR programme. This significant programme of work which aimed to centralise acute medicine onto the Morriston site and support the development of Neath Port Talbot as a centre of excellence for rehabilitation, is an ambitious programme which seeks to address the constraints of the current system and improve as a result patient flow and therefore outcomes for patients; 	

- In terms of the position on clinically optimised, the Deputy Chief Operating Officer had commenced work on clinically optimised processes and systems and as a result weekly reviews have been implemented, the team were also looking to set up an integrated discharge hub;
- The surgical division for Morriston Hospital have done a lot of work around surgical ambulatory care and the Chief Executive Officer has recently signed off an increase in capacity to allow for a release in space;
- NHS Elect were due to provide feedback on the work carried out on ambulatory pathways. NHS Elect provided initial feedback to the surgical team and noted it was an exemplar service and were impressed with the level of care provided which was pleasing to hear.

In discussing the report, the following points were raised:

Jackie Davies highlighted the workforce element and the lack of capacity noted in the report. Kate Hannam advised that as a service group, the directors carried out a due diligence exercise following the recent Nurse Staffing Act review of the wards. June 2022 was taken as the baseline in terms of the staffing levels across all of the wards, and the safer staffing tool shows how many times the wards hit those levels. As a result it highlighted even with bank and agency staff, only one ward (Pembroke ward a surgical elective ward) hit the safer staffing levels for one day only. The gap in vacancies was around 250 nurses for Morriston.

In relation to the AMSR work, Reena Owen asked for a diagram of the different pathways.

Given the implementation date of the AMSR being approached shortly, Reena Owen raised her concern regarding the likelihood of success due to the lack bed capacity in the system and the significant footfall into the emergency department could cause blockages, wherever the pathway may be due to the fundamental issue of the lack of beds. Inese Robotham acknowledged a contradictory response and advised there was not currently headroom but there was a chance of success for a number of reasons, namely the Deputy Chief Operating Officer was leading on pulling together the strands relating to length of stay reduction and admission avoidance. The health board continues to work with Local Authorities. Inese Robotham noted it was pressured but there is definitely a chance of success.

Reena Owen queried if primary care specifically GPs were on board with the plans of the AMSR. Kate Hannam advised the urgent primary care centres represent a huge success and the centres were only there to

	manage urgent primary care referrals and it was matching the unmet needs.	
Resolved:	<p>The report be noted.</p> <p>ACTION – Kate Hannam to provide a diagram of the different pathways following the AMSR work.</p>	KH
155/22	STROKE PERFORMANCE AND THE ACTION PLAN	
	<p>A report on stroke performance and the action plan was received.</p> <p>In introducing the report, Inese Robotham highlighted the following points:</p> <ul style="list-style-type: none"> - Compliance against the four hour access target for admission to the Acute Stroke Unit remains challenging due to system wide pressures including infection control measures and outbreaks due to COVID; - High compliance of occupational therapy physiotherapy and speech and language therapy assessments within 24 hours together with high level of swallow assessment compliance; - Consistently high thrombolysis rates and this had been recognised by the Delivery Unit. Reducing door to needle time for Thrombolysis was an area for improvement; - CT head scans within 1 hour were consistently improving prior to the pandemic. However, due to assessment delays and increasingly busy Emergency Department, performance against this target has fallen back to where it was 2017-2018 but remains fairly consistent; - In addressing the CT head scan delays, the upcoming AMSR implementation in December 2022 and opening of the new Acute Medical Unit was envisaged to decompress Emergency Department and reduce times to assessment, increasing compliance against this measure and the recruitment of the three advanced nurse practitioners; - There were transparent improvement trajectories for improvement for four hour access and one hour CT head, the trajectory would be reviewed around January – February 2022. <p>In discussing the report, the following points were raised:</p> <p>Jackie Davies commented on the lack of workforce capacity to ensure observations of patients are carried out when receiving thrombolysis and</p>	

	<p>highlighted that patients were suffering as a result of the lack of staff to be able to do so. Inese Robotham noted that the thrombolysis rates had increased, so there was better care being provided to a larger proportion of patients. In terms of the national picture the health board was at a middle stance and not an outlier, however Inese Robotham highlighted committee members should not take comfort in this position, as it was not where the health board needed to be. However, the health board has done as much as it can currently and when the advanced nurse practitioners were in post the rate should increase further.</p> <p>Reena Owen highlighted that if the department was carrying out the CT head scans reported within one hour, what was the range of time in terms of the patients who wait over an hour for a CT scan given the scan was essential in determining whether the patient has had a stroke. Inese Robotham did not have the detail and it was agreed Craig Wilson would provide the detail.</p> <p>Reena Owen queried if there would be significant ring-fenced beds within Morriston hospital in the new way of working within the ASMR, to enable the health board to achieve a smoother pathway to reduce delays. Inese Robotham noted it was not about demand, it came back to the bed occupancy of the hospital, the head room and the bed space for other specialities particularly for medicine and for clinically optimised patients. In terms of whether the allocation of bed space was enough, then yes but the more pertinent question was whether it would be used as intended.</p> <p>Reena Owen asked for a further update to be received following the launch of the ASMR.</p>	
Resolved:	<p>The report be noted.</p> <p>ACTION – A further update would be received at the February 2023 Performance and Finance Committee following the launch of the ASMR.</p> <p>ACTION - Information on waiting times to be provided to Reena Owen.</p>	<p>CW</p> <p>CW</p>
156/22	FINANCIAL MONITORING RETURN FOR MONTH SIX	
	<p>A report regarding the financial monitoring return for month six was received and noted.</p>	
157/22	ITEMS FOR REFERRAL TO OTHER COMMITTEES	

	There were no items to refer to other committees.	
158/22	ANY OTHER BUSINESS	
	There was no further business discussed and the meeting was closed.	
159/22	DATE OF NEXT MEETING	
	The next scheduled meeting is Tuesday 29 th November 2022.	