

Swansea Bay University Health Board
Unconfirmed
Minutes of the Performance and Finance Committee
held on 23rd November 2021 at 9.30am
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
Siân Harrop-Griffiths	Director of Strategy

In Attendance:

Inese Robotham	Chief Operating Officer
Deb Lewis	Deputy Chief Operating Officer
Claire Mulcahy	Corporate Governance Manager
Michelle Mason-Gawne	Divisional Manager, Children, Neonatal and Young People Services (Minute 175/21)
Kathryn Ellis	Clinical Lead, Neurodevelopmental Services (Minute 175/21)
Craige Wilson	Deputy Chief Operating Officer (Minute 181/21)
Kate Hannam	Service Group Director, Morriston Hospital (Minute 182/21)

Minute	Item	Action
168/521	WELCOME AND APOLOGIES	
	Reena Owen welcomed everyone to the meeting, Apologies of absence were received from Pam Wenger, Director of Corporate Governance.	
169/21	DECLARATIONS OF INTEREST	
	There were no declarations of interest.	
170/21	MINUTES OF PREVIOUS MEETING	
	The minutes of the meeting held on 26 th October 2021 were received and confirmed as a true and accurate record.	

171/21	MATTERS ARISING	
	<p>i. <u>Speech and Language Therapy</u></p> <p>Darren Griffiths informed that a performance review was recently undertaken with Primary Care and Community Service Group and there has been a further deterioration in the position with increased demand and decreasing capacity due to staff shortages. A revised trajectory had been requested and members were advised that a detailed report was needed at committee in December that outlines the recovery options.</p>	
Resolved;	- A detailed report be received at committee in December, which outlines the recovery options for Speech and Language Therapy Performance.	Corp Gov
172/21	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>Reena Owen informed that she had contacted the Director of Public Health regarding performance data for public health and a response had not yet been received. To be followed up.</p> <p>(ii) <u>Closed Action Point Two – Maturity Matrix</u></p> <p>Darren Griffiths advised that a meeting took place to discuss the matrix and it was agreed that work was to be undertaken to capture the action in relation to the ‘Value for Money’ element. A report would be received in January 2022.</p>	<p>DG</p> <p>RO/KR</p>
173/21	WORK PROGRAMME 2021-22	
	<p>The work programme for 2021-22 was received with the following update.</p> <p>i. <u>Draft Financial Plan 2022/23</u></p> <p>Darren Griffiths informed that a draft financial plan would be sent to Welsh Government on the 15th January 2022, therefore it was important that the committee had sight of it in January 2022 rather than February 2022, as stated in the work-programme. The work programme to be updated.</p>	Corp Gov
Resolved;	- The work programme to be updated to reflect the draft financial plan be	Corp Gov

	received in January 2022 rather than February 2022;	
174/21	CHANGE TO AGENDA ORDER	
	The agenda order be changed and item 4.3 be taken next.	
175/21	NEURODEVELOPMENT SERVICE PERFORMANCE	
	<p>Michelle Mason-Gawne and Kathryn Ellis were welcomed to the meeting. A report providing an update on the Neurodevelopment Service (NDD) Performance was received.</p> <p>In introducing the report, the following points were highlighted;</p> <ul style="list-style-type: none"> - Referrals into the service were as expected with the expected peaks and dips; - Positively, the team had increased capacity with 1900 appointments undertaken ; - There were waiting time challenges, however these were in line with levels across Wales. It was important to note that the service did not close during COVID-19 and provided a service via digital means; - A risk to highlight was long term staff absence within the team and the lack of transition to the Integrated Autism Services (IAS); - A meeting had taken place and partnership work had been agreed and a task and finish group established to improve the pathway; - It was important to highlight that there was not a Doctor within the team to carry out assessments on young people over the age of 18; - The transition to IAS was an urgent risk and needed resolution. 14 cases would be expedited to the IAS service urgently; - An external audit had been undertaken and further options to increase capacity were put forward, all of which had been actioned by the NDD Service and had been in place for considerable time; - The team receive daily requests to expedite appointments of which some lead to formal complaints from service users; - It was important to note that NDD was a diagnostic service and some cases relate to CAMHS or Social Services but the NDD service has a duty of care to all patients; - Service accommodation was inadequate to increase face to face capacity therefore the service could only increase the use of digital 	

solutions with staff working from home;

- In terms of best practice, the ideal would be to move from a 52 week wait to 26 week but in order to do so, the repatriation of the patients back to Cwm Taf Morgannwg University Health Board (CTMUHB) needed to be supported;
- The service aims to capture the voice of the families and it was important to think about the qualitative impact on families as well as staff.

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

Stephen Spill made reference to the missing posts within the team and whether there was a plan to recruit and a business plan in place. Michelle Mason-Gawne replied that a business plan was in progress along with some detailed modelling which would require support due to the complex pathways. The clinical hours that would be required were set out within the report and this would be in stepped approach. There were plans for waiting list initiative sessions in the interim to bring down the waiting times. A national review was underway with the full summary available in March 2022. There was hope that this review would highlight the need for Welsh Government funding.

In reference to the repatriation of the patients, Stephen Spill queried whether this had been agreed with colleagues in CTMUHB. He queried whether consideration had been taken as to the cost to health board and the impact on workforce. Michelle Mason-Gawne advised that local discussions had been undertaken but no progress made, this now needed an escalated discussion. The value of the SLA was £149k. Sian Harrop-Griffiths advised that service leads would need to link with the Assistant Director of Strategy to ensure the proposals were aligned with the 2022-23 planning arrangements.

Mark Child commented on how well the service had done in terms of moving to a digital solution for patients and asked whether all opportunities there had been maximised. Kathryn-Ellis informed yes, that all digital solutions had been utilised and face-to-face assessments were only undertaken if absolutely necessary.

Sian Harrop- Griffiths commended the team for the hard work undertaken to improve the position within a vulnerable service. Although a challenging position it was good to hear that this was on par with all-Wales. She queried how the discussions were going with CTMUHB and which avenue this piece of work was being progressed through i.e. the commissioning group. She referenced the paper which requested approval of the strategy, advising that the committee could not approve the strategy, but that the proposals would need to be part of 2022/23 planning arrangements. Darren Griffiths added

	<p>that the profiling would need to be understood including what a sustainable model would look like. This would need to feature within our financial/organisational plan.</p> <p>Reena Owen stressed the need for the business case to be pulled together urgently, within a 6-8 week timeframe in order to be considered within the 2022-23 financial plan. An update would be required at committee in March 2022.</p> <p>Darren Griffiths requested that the detail of the proposal for waiting list initiatives be shared urgently in order for that to be supported ahead of the business case submission.</p>	<p>MMG/KE</p> <p>MMG/KE</p>
Resolved;	<ul style="list-style-type: none"> - An update would be required at committee in March 2022; - The detail of the proposal for waiting list initiatives be shared with Darren Griffiths in order for that to be supported ahead of the business case submission. - The report be noted; 	<p>MMG/KE</p> <p>MMG/KE</p>
176/21	DELIVERY OF THE ANNUAL PLAN (QUARTER 2)	
	<p>A report providing an update on the delivery of the annual plan was received.</p> <p>In introducing the report, Sian Harrop-Griffiths highlighted the following points;</p> <ul style="list-style-type: none"> - The paper provided the status against the agreed actions for quarter 2 delivery as set out in the Annual Plan 2021/22; - An executive review had taken place of the planning assumptions where actions were off track; - A further review of the goal, methods and outcomes (GMOs) and possible changes to planning assumptions for the remainder of the year, is currently being undertaken - The Deputy Chief Operating Officer was leading on this work and it would be in place by quarter 3; <p>In discussion of the report, the following points were raised;</p> <p>Patricia Price queried the structure of delivery via the Programme Boards and Service Delivery Groups and queried how the work on ‘outcomes’ was progressing. Sian Harrop-Griffiths informed that this year, the health board had used existing mechanisms to drive delivery. Some work-programmes were delivered via a whole system approach i.e. <i>Urgent and Emergency</i></p>	

	<p><i>Care, Planned care</i> and <i>Cancer</i>, where work-streams cut across the whole system. For some work-streams, actions were monitored via Service Delivery Groups. She undertook to share the structures in place for delivery of the annual plan with Patricia Price.</p> <p>Mark Child made reference to the outcomes and queried when could the effect of actions be judged. Deb Lewis informed that work was underway with the PMO and there would be 25 outcomes available for the quarter 3 update. She advised that some were difficult to measure due to qualitative aspects of them. For each of the work streams, there was a vast amount of data but the team were working with digital colleagues in the development of a dashboard and this should be in place for Quarter 4 and would continue into 2022/23 planning or the IMTP.</p> <p>In relation to the actions related to workforce, of which they appear to be on track, Patricia Price advised she was concerned that this did not marry with the comments made elsewhere. Sian Harrop-Griffiths informed that detail of workforce priorities are monitored through Workforce and OD Committee but undertook to highlight the concern to the Director of Workforce and OD</p> <p>Reena Owen referred to table 1 of the report and raised her concern for the driver, <i>Prevention And Reducing Health Inequalities</i> where there was no reference to a Programme Board or clear milestones in place. Sian Harrop-Griffiths undertook to pick up with the Director of Public Health to provide a progress update.</p> <p>Stephen Spill queried whether actions not progressed would roll forward into the annual plan for next year or IMTP over the next three years. Sian Harrop-Griffiths advised that this was part of the planning process and there was a focus on what needs to be rolled forward into the coming year. In regards to the IMTP, the health board were working towards a three-year plan and a decision would need to be taken in January 2022 as to whether it was in position to submit to Board.</p>	<p>SHG</p> <p>SHG</p> <p>SHG</p>
<p>Resolved;</p>	<ul style="list-style-type: none"> - Sian Harrop-Griffiths to share the structure for the annual plan delivery with Patricia Price; - Sian Harrop-Griffiths to highlight members concern in relation to Workforce actions to the Director of Workforce and OD and report back; - Sian Harrop-Griffiths undertook to link with the Director of Public Health to provide a progress update on <i>Prevention And Reducing Health Inequalities</i> - The report be noted. 	<p>SHG</p> <p>SHG</p> <p>SHG</p>

177/21

PERFORMANCE REPORT FOR MONTH SEVEN

A report setting out the performance position for month seven was **received**.

In introducing the report, Darren Griffiths highlighted the following points:

- The four-hour emergency department performance was 71.1% to date;
- The number of 12-hour emergency department waits stood at 1,260 cases in October against the target of 600;
- The national single cancer pathway target was 65% and the figure for October 2021 currently stood at 52%. As more cases were validated, this could increase but it was unlikely to reach the target;
- Positively, the backlog was slowly improving and this was welcomed;
- The Chair and Chief Executive had requested revised improvement trajectories;
- The planned care waiting list had seen slight improvement, with significant work undertaken in gastroenterology and gynaecology which had reduced numbers;
- The numbers of staff self-isolating due to COVID-19 had decreased but sickness had increased during September 2021;
- There were currently 41 inpatients with Covid-19, numbers were reducing slowly ;
- The red ambulance response time had been on a steady decline since June 2021, with 43% during October 2021 and 50% to date. Work was underway with the ambulance service to address this;
- During October 2021, 51 procedures were cancelled due to a lack of beds on the day of surgery;
- The numbers of *clostridium difficile* and *e.coli* infections had improved but a deterioration in *s.aureus bacteraemias* and *klebsiella* had been recorded;
- Sickness absence had risen to 8.41% in September 2021 which was impacting on the ability to respond to operational pressures;
- Waits for the Speech and Language Therapy had escalated in October 2021;

The numbers waiting more than 26 weeks for an outpatient appointment and 36 weeks for treatment was stable, as some recovery work had started, but there was more to do;

- Complaints responses had hit 83% in August 2021 against the health board target of 80%;
- Improvements had been made in mental health assessments but there was still work to be done in some areas of CAMHS particularly within interventions;

In discussing the report, the following points were raised:

Stephen Spill made reference to the procedures cancelled on the day and questioned how convenient this was for the patients and could the health board be better at forecasting availability. Reena Owen also expressed her concern for these cancelled procedures. Deb Lewis advised the reason for cancellation was two-fold, firstly, Morriston was a complex system in terms of service pressures and secondly the nature of surgery that is carried out on the site is also complex. She assured that the scheduling of the procedures is carried out efficiently but length of stay is determined by the acuity of patients as well as lack of theatre time and there is also the issue of processing of patients through the ward. There was a dedicated ward at Morriston and processing delays were due to lack of nurse resource there. It was important to ensure that the nurse resource is protected for that ward.

Mark Child highlighted that the number of clinically optimised patients in the system had decreased and asked for further expansion on this position. He queried whether these patients had moved into the commissioned beds and when this would take effect. Inese Robotham advised that this was being undertaken in a staged approach, 5 patients transferred to the commissioned beds last week with 10 to 15 patients planned for this week however it was important to highlight two care homes had closed due to COVID-19 resulting in a loss of 10 beds. She further advised of the plan to reinvigorate the Medical Assessment Unit (MAU) as a short stay ward and it was hopeful that this would provide additional capacity and reduce the COVID-19 footprint.

Inese Robotham highlighted to members that a paper was due to Management Board concerning the Level 3 COVID-19 escalation point, which stipulates that there should be a cancellation of all elective work including orthopaedic. This was a concern as the implementation of this would mean no elective work would be carried out for several months; there would be a huge impact on the waiting list and theatre efficiencies.

Patricia Price queried how performance targets were set and whether they were benchmarked across Wales. Darren Griffiths advised that the targets were set via the Welsh Government national delivery framework and undertook to share these with Patricia Price outside of committee.

Reena Owen raised her concern around the increases of 12-hour waits in the emergency department and asked how quickly these would reduce.

	<p>Inese Robotham informed that October had been challenging across Wales and as a result, two sub targets had been set in which waits should be no more than 4 hours and there should be a 25% reduction in handover times. There was also a zero tolerance for over 6 hour waits with a plan to reduce this zero tolerance to 4 hours in December 2021.</p> <p>Performance figures for red ambulance calls were concerning for members and Reena Owen queried what actions were the ambulance service undertaking to get back to target. Inese Robotham advised that the time taken for emergency department off-loads was not helpful and this was being addressed through a joint initiative with the ambulance service via a stationary vehicle outside the emergency department .This was not an ideal solution but was a temporary measure to enable the release of ambulances.</p> <p>In relation to staff sickness, Reena Owen commented that she was worried about the increase in staff sickness particularly with over one third relating to mental health issues. Darren Griffiths suggested that this issue was referred to Workforce and OD Committee for further consideration and Reena Owen undertook to do this.</p> <p>Mark Child thanked Darren Griffiths for the changes made to the planned care section of the report as this now graphically demonstrate the health board position more clearly.</p>	
Resolved:	<ul style="list-style-type: none"> - Darren Griffiths to share the Welsh Government national delivery framework with Patricia Price. - Reena Owen to refer issue of increased staff sickness levels particularly the one third relating to mental health issues to the Workforce and OD Committee; - The report be noted; 	<p>DG</p> <p>RO</p>
178/21	<p>PRIMARY CARE CONTRACTED SERVICES - PERFORMANCE METRICS</p>	
	<p>A report presenting the first performance metric scorecard developed for primary care contracted services was received;</p> <p>On behalf of the Service Director for Primary Care and Community Service Group, Darren Griffiths highlighted the following points;</p> <ul style="list-style-type: none"> - Appendix 1 of the report sets out the proposed measures for inclusion into the integrated performance report and includes; <ul style="list-style-type: none"> • General Medical Services Access Standards 	

	<ul style="list-style-type: none"> • GP Sustainability • GP and Community Pharmacy Escalation Levels • Access to General Dental Services <ul style="list-style-type: none"> - It had been requested that metrics on both virtual wards and care homes are also included within the scorecard; - The scorecard would be further developed to strengthen the baseline data and trajectory and to provide assurance on actions for recovery where appropriate; <p>In discussion of the report, the following points were raised;</p> <p>Mark Child was pleased to some data from primary care as there had been a need to better understand the services that most of the population were primarily in contact with.</p> <p>Stephen Spill made reference to practices that are paid based on self-reported measures, highlighting the current underperformance and queried the impact on the health board budget if performance took a turn for the better. Darren Griffiths advised this would be cost to the health board therefore accurate monitoring was required to ensure there was not big hit at year-end. It would be more beneficial to have data on a quarterly basis rather than annually.</p> <p>Mark Child queried whether independent assessments took place for those self-reported measures and Darren Griffiths assured that these were fully scrutinised within the service.</p> <p>In reference to practice level data, Reena Owen suggested that the committee should receive this on an annual basis. An in-committee session to be arranged annually to discuss practice level data in particular outcomes and efficiencies of individual practices that sit under the GMS contract. To be added to the work programme.</p>	
Resolved;	<ul style="list-style-type: none"> - An in-committee session to be arranged annually to discuss practice level data in particular outcomes and efficiencies of individual practices that sit under the GMS contract. To be added to the work programme. - The Committee considered the presentation of the performance scorecard and supported the ongoing reporting in this format; - The planned development to strengthen the baseline and trajectory reporting was noted. 	Corp Gov
179/21	CHANGE IN AGENDA ORDER	

Resolved;	The agenda order be changed and Item 5.1 to be taken next.	
180/21	MONTH SEVEN FINANCIAL POSITION	
	<p>A report setting out the month seven 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 seven financial position was an overspend of £13.880m cumulatively which was £0.356m below the forecast position of the £14.236m; - The underspend within workforce has continued in-month at a value of £5.5m for month seven; - Income budgets have reported an under-achievement of £1.157m; - Non-pay budgets have overspent in-month and the key drivers continue to be ChC costs within Mental Health and Learning Disabilities; - Medical variable pay has reduced for the third consecutive month; a £2m CIP target has been set. - Non-medical agency costs remain high and reflects the increased usage as a result of service and workforce pressures; - The health board's gross savings requirement is £27.7m and to date £27.415m of green and amber savings have been identified; - Some slippage has been forecasted for the second half of the financial year; - The recurrent full year impact of savings is £24.7m but £6m are amber schemes linked to bed utilisation efficiencies and given the pressures in the system currently, plans are on hold but will form part of the 2022/23 financial plan; - Next year's indicative 4% savings target sits at £27.7m; - £112m 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 health board is on plan to deliver its £24.4 forecast deficit target but has seen some slippage.. - Work was underway with the services groups with a focus on investing now to see benefits next year i.e. overseas nursing recruitment; 	

- There were four significant risks relating to finance:
 - Residual cost base (score of 20);
 - Resources level lower than recovery plan ambition (score of 15).
 - Availability of capital monies (score of 15). It is proposed that this risk be closed with support of the committee;
 - Savings Schemes related to bed release. It is proposed that this risk be scored at 15.

In discussing the report, the following points were raised:

Patricia Price commented that it was good to see the improvement in budget control highlighted within the report.

Patricia Price made reference to the financial risk for 2022/23 and queried whether lobbying with Welsh Government was taking place for further non-recurrent funding. Darren Griffiths summarised stating the health board had savings plans of £27.2m based on indicative savings target of 4% from relevant budgets. Currently the savings plan had a £3m deficit and a risk of £6m linked to bed release. There is also movement of £15m and cost pressures of £25m. The health board needed to find £10-12m from general savings opportunities.

He assured that the £17.6m non-recurrent received during 2021/22, did form part of the lobbying with Welsh Government but there needed to be a system response on this across Wales. The handling of which was very complex.

In relation to savings, Patricia Price queried how savings were distributed across the organisation. Darren Griffiths advised the target was based on 4% across the service groups/directorates and there was a sharing mechanism in place. It was important to note that some budgets were ring-fenced and the 4% would vary across the service groups.

Reena Owen queried the workforce underspend, highlighting the usage of agency and locum and asked how this equates in terms of expenditure. Darren Griffiths informed that the amount of agency staff available does not match the amount of vacant posts.

Reena Owen commented that the Nurse Staffing Act required certain staff levels and queried how this was being met. Darren Griffiths assured that the requirement was funded by the health board but highlighted there was minimal staff to meet the demand and safety. He advised that the Director of Nursing and Patient Experience was closely monitoring this. It was hopeful that the overseas recruitment of 130 graduates would be successful in order to help the position

	<p>Reena Owen requested that the next iteration of the report included a table, which sets out the additional funding received this year. She would like assurance that this funding had been appropriately distributed. Darren Griffiths undertook to do so for the next iteration of the report.</p> <p>Reena Owen commented that she was pleased to see the work underway in relation to spending up front for benefits in the coming year.</p>	
<p>Resolved:</p>	<ul style="list-style-type: none"> - Information on all additional funding received this year and its distribution to be included within the next iteration of the report - The closure of the risk related to capital monies was agreed; - The assessment of a new risk around bed release and savings be agreed at a score of 15. - The report be noted; 	<p>DG</p>
<p>181/21</p>	<p>FOLLOW UP NOT BOOKED PROGRESS UPDATE</p>	
	<p>Craige Wilson was welcomed to the meeting.</p> <p>A report providing an update on follow up not booked was received.</p> <p>In introducing the report, the following points were raised;</p> <ul style="list-style-type: none"> - The report outlined the position of the outpatient follow-up waiting list, highlighting key issues and detailing plans to address the backlog; - At the end of October 2021, there were 133,231 patients on the waiting list with 33,465 100% over target; - The contributing factors to this position include a reduction of activity due to COVID-19, the loss of outpatient accommodation during the pandemic and the incorporation of 2 metre social distancing; - A number of schemes had been funded by Welsh Government to reach the target of 50% of appointments by virtual means, this was currently at 39%; - A space utilisation exercise is underway to maximise the use of available Outpatient accommodation across all acute sites, in addition to sourcing Primary and Community Care accommodation to facilitate clinics; - More discipline is being applied to the scheduling of outpatient appointments; - Virtual group consultations are being used for the management of patients with a common condition, currently being implemented in 	

	<p>Rheumatology and Dermatology;</p> <ul style="list-style-type: none"> - Administrative and clinical validation exercises of the waiting list continue to be undertaken and as a result 766 patients have been removed from the 2018 cohort of patients, 777 from 2019 and 553 from the 2020 cohort of patients; - The use of See on Symptom (SOS) continues to be utilised widely across the health board; - Primary Care initiatives have been successful in the review of both new and follow-up patient waiting lists, with clinical reviews undertaken by GPs and Secondary Care specialists; - Advice and guidance is continually encouraged particularly for new patients; - In terms of risk, some risk scores have reduced within the Outpatients Transformation Project. There has been a slowly improving position. <p>In discussion of the report, the following points were raised;</p> <p>Reena Owen made reference to the validation process and raised concerns surrounding the accuracy of the waiting list data. Craige Wilson advised there was now a team working specifically on those patient waiting over 52 weeks with a target of reducing the number by 20%, only recently has there been focus on follow up not booked (FUNB) but now there was a focussed exercise on this area of the waiting list.</p> <p>Deb Lewis advised that digital colleagues had been contacted for some additional input into validation. Currently, there was no capacity within the service groups to undertake the exercise therefore this would be an ongoing task. From a committee perspective, she assured that the data was as accurate as it could be. A team was needed to refine the list and this issue was not unusual. If we get the data right, there will be less patients in the system. This was an important exercise to enable the detailed demand and capacity work required. Reena Owen endorsed this and stressed the importance of having accurate data.</p> <p>Concerning the risk - <i>Waiting time for patients continue to increase (inc. USCs and Priority patients)</i>, Reena Owen highlighted that she did not understand the change of risk score from 25 to 20 and she felt the mitigating action set out was not a mitigating action. Craige Wilson informed that the change to 20 was reflective of his view of the risk, with 25 being catastrophic. Reena Owen requested that the score be reviewed in the in context other risks and mitigating action is updated.</p>	<p>CWil</p>
<p>Resolved;</p>	<ul style="list-style-type: none"> - Craige Wilson to review the risk score and mitigating action for the risk - <i>Waiting time for patients continue to increase (inc. USCs and</i> 	<p>CWil</p>

	<p><i>Priority patients;</i></p> <ul style="list-style-type: none"> - The content of the report and the actions being taken to improve performance in this key area for the Health Board was noted; - The key risks to delivery of the Outpatients Transformation project were noted. 	
<p>182/81</p>	<p>THEATRE EFFICIENCY</p>	
	<p>Kate Hannam was welcomed to the meeting.</p> <p>A report providing an update on theatre efficiency was received.</p> <p>In introducing the report, Kate Hannam highlighted the following points:</p> <ul style="list-style-type: none"> - The aim post COVID-19 was to return to 2019-20 theatre efficiency levels; - Singleton and NPT had returned back to those levels in terms of theatre availability and there was now focus on productivity; - There were two main areas of focus; start and finish times across all sites and addressing these would provide an opportunity to improve turnaround position - Morriston Hospital had maintained the complexity of cases. There were currently only 23 beds on the surgical ward and this covered 6 specialties; - This was a busy ward and it was important to ensure patients are moved through efficiently in terms of length of stay; - The main constraint affecting theatre efficiency was bed availability ; - The future aim was to move elective surgery to Singleton and NPT - Work was required on the emergency lists on efficiency and productivity, particularly around turnaround times. <p>In discussing the report, the following points were raised:</p> <p>Mark Child acknowledged the complexity but added 60% efficiency rate was not great. He queried how the health board compared to others in Wales. Deb Lewis informed this was a challenge across Wales but those hospitals without emergency care pressures were performing better. He asked whether the move to Singleton and NPT would increase theatre efficiency due to the increase in capacity.</p> <p>Steve Spill queried in terms of the strategic look ahead and what the health</p>	

	<p>board's aim was; was it 7 days a week with 4 sessions a day. Deb Lewis advised that work was underway looking at the constraints facing the health board and the main issue was bed availability. Positively, Singleton was due to commission 20 beds therefore increasing capacity. In terms of Morriston, the acuity of patients and the need for critical care capacity was a challenge. There was also the complexity of needing a finely balanced system of theatres capacity, the right skill mix in workforce and bed availability.</p> <p>Reena Owen queried how insourcing companies were able to employ staff for theatre but the health board had such a challenge, the health board was not utilising theatres fully and staff is one of the main constraining factors. Deb Lewis replied that this was primarily based on pay rates; the health board does not have the flexibility as they are NHS providers. Patricia Price referred to the commissioning of external facilities and Deb Lewis advised that this was bed usage only on these external facilities and the health board primarily uses its own staff.</p> <p>Reena Owen queried best practice levels pre-COVID across the UK and Deb Lewis advised this was between 80%-85%, with some performing better at 90% theatre efficiency. Kate Hannam added that an external company had been commissioned to look at what efficiency looks like and key things highlighted were turnaround times. She also highlighted that the one of the biggest constraints for the health board was workforce and the important of ensuring the right skills to match the lists. In some areas such as trauma and orthopaedics, an intricate workforce model was required.</p> <p>Kate Hannam advised that a theatre dashboard had been developed and undertook to share with the Committee within the next update.</p> <p>Reena Owen queried whether the new orthopaedic centre at NPT would draw new staff and queried whether there had been focus on how it would be staffed. Darren Griffiths advised this was discussed with clinical leaders and the bespoke centre would attract staff. Once Board approval was gained, a recruitment process would begin and there would be temporary backfill via insourcing. Deb Lewis advised there had been lots of interest already and it would be beneficial to start the process asap.</p>	KH
Resolved:	<ul style="list-style-type: none"> - An update report on Theatre Efficiency be received at committee in 3 months, February 2022 to include an update on the theatre dashboard; - The report be noted; 	KH
183/21	FINANCIAL MONITORING RETURN	

	The financial monitoring return was received and noted .	
184/21	ITEMS FOR REFERRAL TO OTHER COMMITTEES	
	As above.	
185/21	ANY OTHER BUSINESS	
	There was no further business and the meeting was closed.	
186/21	DATE OF NEXT MEETING	
	The next scheduled meeting is Tuesday, 24th November 2021 .	