

Swansea Bay University Health Board

Unconfirmed

Minutes of the Performance and Finance Committee held on 22nd February 2022 at 10.00am to 11.30am 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

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
Paul Mapson	Special Advisor
Tersa Humphreys	Interim Associate Service Director, Morriston (minute 35/22)
Craige Wilson	Deputy Chief Operating Officer (minute 36/22)
Georgia Pennells	Corporate Governance Administrator (Observing)
Ben Hawesworth	Finance Trainee (Observing)

Minute	Item	Action
26/22	WELCOME AND APOLOGIES	
	Reena Owen welcomed everyone to the meeting, Apologies for absence were received from Sian Harrop-Griffiths, Director of Strategy	
27/22	DECLARATIONS OF INTEREST	
	There were no declarations of interest.	
28/22	MINUTES OF PREVIOUS MEETING	
	The minutes of the meeting held on the 22 nd January 2022 were received and confirmed as a true and accurate record.	

29/22 MATTERS ARISING

There were none.

30/22 ACTION LOG

The action log was **received** and **noted**.

31/22 WORK PROGRAMME

The work programme for 2021-22 was **received** and **noted**.

32/22 MONTH TEN FINANCIAL POSITION

A report setting out the month ten financial position was **received**.

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

- The month ten financial position was an overspend of £1.672m and £19.241m cumulatively;
- Additional resource of £700k had been returned to the health board from Cwm Taf Morgannwg University Health Board (CTMUHB) and was included within the position;
- Income budgets had reported an under-achievement of £1.62m and £600k of COVID response funding had been used to offset;
- The underspend within pay budgets had continued in-month at a value of £8.7m for month ten. The underspend was across all pay bands;
- Discussion with service delivery groups was underway with regards to the potential extraction of vacancies in the next financial year;
- Non-pay budgets have overspent in-month and the key drivers continue to be ChC (continuing healthcare) costs within Mental Health and Learning Disabilities;
- Emerging pressures were being seen by increasing utility prices at around £350k per month although due to the pre-purchase of some utilities until March 2022, the full impact would not be seen until next financial year;

- The non-pay position also included a shortfall in savings delivery within some service groups;
- The health board had identified £28.266 of green and amber savings schemes although some slippage would reduce the forecast delivery to £27.978m. Despite the slippage, the savings requirement is being broadly met;
- Within the £24.9m recurrent savings, £7m were schemes relating to bed utilization efficiencies;
- To address the shortfall, further savings of £2m have been requested from both nursing and medical directorates, £1m from the Singleton and NPT service group and £1.6m from Morriston;
- The draft financial framework for 2022-23 sets a savings requirement of 4% equating to £27m;
- The total identified at present totals £17m and service groups and corporate directorates have been tasked to identify 85% of the £27m by the end of February and 100% by the end of March;
- The health board COVID-19 expenditure for 2021-22 was £113.495m;
- The funding for the COVID-19 programme costs i.e. Vaccinations, PPE (personal protective equipment), Test and Trace had been issued to the health board with the expectation that this would be fully managed within the allocations issued;
- There were four significant risks relating to finance:
 - Residual cost base (risk rated at 20);
 - Resources level lower than recovery plan ambition (risk rated at 15).
 - Availability of Capital (risk rated at 20) – reopened for 2022/23
 - Savings Schemes related to bed release (risk rated at 15)
- The health board undertook a governance maturity assessment as a self-reflection to inform drive and enhance improvements in governance processes and ways of working;
- The maturity element titled 'Money/Value for Money' covers maturity based on good financial discipline and control, transparency and effective decision making;
- The assessment placed the health board at early progress level;
- During 2021-22, work has been carried out on the system of

financial control and this covered eight key areas; planning, budget planning, budget delegation, budget control; reserves, accountability and performance management, board reporting and business cases.

- It was recognised that whilst progress has been made further action was required to progress the health board's financial maturity.

In discussing the report, the following points were raised:

In reference to the returned monies from CTMUHB for Child and Adolescent Mental Health Service (CAMHS), Mark Child queried what the planned development was and what was unachieved as CAMHS had been a concern to members for some time. Darren Griffiths undertook to circulate the detail of returned monies and undelivered planned developments outside of committee.

DG

Steve Spill queried whether Darren Griffiths felt more confident going into next year with the deeper cascade of budgets within the service groups and ownership at a more granular level. Darren Griffiths stated that there was a deeper penetration into the service groups with greater accountability and a robust governance structure in place. Further budget holder training was taking place to enhance skills in this area. Paul Mapson commented that a training programme for clinical staff with managerial responsibilities was very important and investment into this would pay off in the long term.

Deb Lewis added that a bespoke course was being developed with Swansea University on operational skills for clinicians and in-house training in areas such as job planning. A gap in these areas had been identified and this was being addressed.

Patricia Price queried how accountability and performance was monitored throughout the year. Darren Griffiths advised that each of the sites had a lead at a business partner level and was supported by the corporate finance directorate. Meetings with the triumvirates took place on a monthly basis and accountability was monitored through the service groups with the Business Partners. It was difficult to reach all budget holders at all times but work was under way in this area. He assured there were clear lines of accountability and a governance structure in place.

Darren Griffiths informed committee members that work was underway on a draft budget setting strategy and this was due to Board in March 2022.

In terms of potential risks, Reena Owen raised her concern that at the end of February 2022, a number of potential risks in the system had

been identified and posed a reputational risk to the health board if the controlled deficit of £24.4m was not achieved. She requested that Darren Griffiths reported on the 21/22 outturn position/ savings achievement and a review of the maturity assessment to take place in light of these at committee in April 2022. **DG**

Mark Child made the comment that it was key to demonstrate a step change in maturity as this put the health board in a stronger position going forward both internally and externally.

Darren Griffiths stated it was important to highlight that the health board did deliver what it set out to last financial year-end, in both revenue and Capital. In terms of this financial year-end, the health board did have the ability to manage the position and a list had been developed in regards to the balance sheet giving the ability to be creative and as agile as possible to reach the £24.4m target.

- Resolved:**
- Darren Griffiths undertook to circulate the detail of returned monies and undelivered planned developments within CAMHS to members outside of committee; **DG**
 - Darren Griffiths to report on the 21/22 outturn position/ savings achievement and a review of the maturity assessment to take place in light of these. **DG**
 - The agreed 2021/22 financial plan was **noted**.
 - Board's financial performance for Period 10 (January) 2021/22 was **noted** in particular:
 - the revenue outturn position of £19.241m deficit; and
 - the adjusted year-end forecast deficit of £24.405m.
 - The actions to ensure delivery of the financial forecast were **noted**
 - The emerging savings position for 2022/23 was **noted**.
 - The risk handling for the four risks noted was **agreed**.
 - The actions to further refine the 2022/23 financial plan were **noted**.

33/22 **BED UTILISATION AND EFFICIENCY**

A report providing an update on the bed utilisation and efficiency for the health board was **received**.

In introducing the report, Darren Griffiths highlighted the following

points;

- The report referenced the KPMG and CAPITA reviews which suggested that the health board had too many beds by 250 to 300 and length of stay was too long;
- Within this year's financial plan, the health board aimed to act on the suggestions with a focus on doing the right thing for patients;
- Service model changes included the Virtual Ward and the Acute Medical Services Redesign programme;
- The anticipated bed release opportunity based on these changes was 173 which would equate to £6.9m in recurrent savings and £9.471m full year for 2021/22;
- During, 2021-22, changes took place in the planning process due to COVID-19 pressures; slippage in the Acute Medical Services redesign programme, the growing clinically optimized patients position and issues with recruitment;
- Due to these elements, the forecasted benefits were not able to impact this year;
- Discussions surrounding occupancy levels on the acute sites had indicated a frequent 100% and over occupancy level which posed risks for quality and safety and work environments for staff;
- The health board required a reduction to 95% occupancy level but was on average 100 beds short;
- In order to reach 100% occupancy, the health board needed to retain 50 beds in the system;
- The health board had been able to mitigate the non-delivery of savings for this year but there was still the ambition to move forward next year and this would require a balanced discussion;

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

Mark Child queried whether there was a 'trade off' between cash release and improving performance. Darren Griffiths advised that by focussing on performance in areas such as decreasing waiting times, length of stay and decreasing the amount of clinically optimised patients, would inadvertently result in financial gain. Lessons have been learned this year in relation to the impact of each of the dynamics above.

Mark Child commented on the need to focus on bed efficiency rather than bed savings and how well the health board is utilising beds rather than the savings element; more efficient use of beds would in turn

equate to financial savings. Darren Griffiths responded that the aim was to reduce the volume of medical beds as these were over and above what was required and in turn move to an increase in surgical beds. Overall, the aim was to reduce the amount of patients in and admitted to the acute settings.

Mark Child highlighted his difficulty in seeing the savings come through in the next financial year given the magnitude of savings required overall. In his view, it would take at least two years or more to become fruitful.

In relation to the cost of bed per day of £150, which equated to £5.5m a year, Steve Spill queried whether the health board could afford to overspend this amount each year. Inese Robotham replied that the health board could not afford not to, for the hospital to be efficient, it needed 100% occupancy level or less and reaching the 95% target was not possible now. The experience of patients and staff safety and wellbeing was paramount. Darren Griffiths added that each 1% equated to 10 beds putting a burden on the acute sector and the aim was to move patients into the community setting.

Patricia Price commented on the high level of mitigation underway in terms of the financial savings and queried whether the same was underway for the quality aspect. Darren Griffiths informed that a quality impact assessment was undertaken for all changes and particular care was needed in the acute settings where most of these changes took place.

Reena Owen commented that the changes were right thing to do for the patients in terms of reducing length of stay and quality of care. She raised concern on how the overall bed efficiency message was presented to the public in context of the health board's large waiting lists. Darren Griffiths highlighted the work underway on the three centres of excellence and the freeing up of bed space for the surgical centre of excellence at Morriston. A positive of this change would be reducing the chances of the cancelled theatre lists due to bed capacity issues. The changes underway at Neath Port Talbot Hospital (NPTH) orthopaedic and Singleton Hospital ophthalmology centres of excellence, aim to increase more elective procedures and productive theatres. For the public, it was important to describe this in the best way in context of the plans for bed reconfiguration.

In relation to the risk rating attributed to this, members queried whether this was at the right level and requested that the description of the risk was updated. Darren Griffiths undertook to do this and bring back a report in April 2022.

Resolved;

- Darren Griffiths to consider and update the description of the bed efficiency/saving risk and rating; **DG**
- An update on bed efficiency and utilization be received at committee in April 2022; **DG**
- The service model changes and the impact on bed utilisation efficiency was **noted**;
- The impact on the financial plan for both 2021/22 and recurrently was **noted**;
- The next steps in the development and implementation of these service model changes was **noted**;
- The further work planned through the re-profiling of savings to ensure that savings are delivered and that investments deliver the benefits planned was **noted**.

34/22

PERFORMANCE REPORT FOR MONTH TEN

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

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

- i. COVID-19 Dashboard
 - Admissions growth for COVID-19 was on a downward trajectory with 40 inpatients within the last 7 days;
 - As of today, there were 263 patients in the system with 75 confirmed COVID-19, 170 in recovery, 17 suspected and 1 patient in critical care;
 - Within the last 7 days, 256 staff were absent due to self-isolation;
- ii. Integrated Performance Report
 - Performance against the 4hr target stood at 72.6% for January and 76% in February 2022;
 - In January, the amount of 12-hour delays stood at 1,142 and was 643 to date;
 - January 2022 saw challenges in ambulance handover times

over 4- hours with 50.9% performance against the 65% target;

- The national single cancer pathway target was 75% and the figure for December was 54%. January 2022 was 50% to date;
- Positively, the cancer backlog had reduced from 683 to 581 and this was primarily due to the introduction of FIT testing within primary care;
- There were currently 276 clinically optimized patients in the system;
- The number of *e.coli* infections had reduced but a deterioration was seen in *s.aureus bacteraemia*. The *Clostridium difficile* number had remained static since September 2021;
- In December 2021, the number of healthcare acquired pressure ulcers had increased. Increases were also evident in the community. The issue had been reported to the Director of Nursing and Patient Experience;
- Compliance against the 80% serious incident closure target saw an improvement in January 2022 due to the removal of mental health backlog and performance stood at 25% for the period;
- In-month sickness absence levels stood at 8.54% in December 2021;
- The number of GP practices reporting escalation over level 3 was six for January 2022 and sustainability remains a concern;
- An improvement had been seen in access to restorative dentistry;
- Waiting times for Podiatry had increased in January 2022 whilst Audiology waiting times remained low;
- Performance within Speech and Language Therapy had started to improve;
- An improvement was expected within planned care with the increase in recovery resources;
- In January 2022, there was a further increase in the number of patients waiting over 8 weeks for specified diagnostics;
- Endoscopy waits over 8 weeks continued to rise and recovery actions were being undertaken to address including £2m funding to increase capacity. A recovery plan for endoscopy had been requested;
- Performance in the adult mental health measures continued to be maintained. The system had started to recover within

CAMHS and a small improvement had been evident in Neurodevelopment Disorder (NDD) performance;

In discussing the report, the following points were raised:

Reena Owen commented that it was pleasing to see some successes within the report but raised concern regarding theatres and cancelled elective surgeries, particularly in relation to the impact on patient experience and their mental health and wellbeing.

Patricia Price queried the discussion underway on an all-Wales basis in regards to COVID-19 restrictions particularly in relation to the impacts on waiting lists for the key areas of concern i.e. Cancer, Stroke. Inese Robotham informed that new infection control guidance was due out this week and risk assessments were being undertaken on clinical areas and capacity has been increased. Guidance on testing was also awaited.

In relation to performance figures for Therapies, Mark Child noted the increased waiting times for Podiatry and this needed to be addressed as soon as possible. Darren Griffiths informed that a plan was being worked up and would be shared with committee in April 2022. For further assurance, he undertook to share the Podiatry extract from the recent performance monitoring report.

Mark Child commented that performance in urgent care and Cancer was still a concern. Darren Griffiths advised that in terms of comparative figures in Wales, SBUHB was 3rd in terms of performance in the emergency department. Mark Child stated that on occasion, it would be helpful for the committee to have sight of performance across Wales and the UK for comparison purposes. Darren Griffiths undertook to circulate to members.

Reena Owen advised that the work-programme for the committee going forward would include KPI's being discussed in strategic way and benchmarking would be included within.

- Resolved:**
- Darren Griffiths to circulate the Podiatry extract from the recent performance monitoring report; **DG**
 - Darren Griffiths to circulate the performance data from across Wales in relation to urgent care and cancer; **DG**
 - The report be **noted**;

35/22 THEATRE EFFICIENCY

Tersa Humphreys was welcomed to the meeting.

A report providing an update on Theatre Efficiency was **received**.

In introducing the report, Tersa Humphreys highlighted the following points;

- Since the last report, Theatre sessions had increased by 26 sessions in November 2022 and had been maintained, as well as further sessions delivered on weekends and via outsourcing;
- The key areas of improvement were; Ear Nose and Throat (ENT), gynaecology, plastics and orthopaedics;
- In October 2021, there were 918 elective cases carried out and in January 2022 this had increased to the 1,145 and aligned with the performance trajectory;
- The biggest step change was seen in Singleton Theatres and cases had increased since November 2021;
- Theatres had been utilized across all three sites with NPTH performing lower than others but increased focus was underway to improve there;
- Theatre utilization was affected by many important contributors and variables and this included; patient pre-assessments, theatre allocations, booking and scheduling, availability of beds and trolleys and the efficiency of the “on the day” process and turnover;
- Neath Port Talbot currently covered theatre lists for two health boards CTMUHB and SBUHB at 50% occupancy each;
- Work took place in January 2022 to improve utilization at NPTH with a focus on the SBUHB HB lists using a multidisciplinary approach; patient pathway, theatre and surgical teams;
- There had been a focus on robustness of booking lists and this has been supported by a digital dashboard;
- Themes had emerged from data collation and indicated that not all slots were allocated in a timely manner and recurrent poor utilization of lists. There were plans to address in those particular specialties – there had been an 8% improvement in SBUHB lists at NPT;
- In terms of benchmarking at an all-Wales level, the health board was within quartile 4 with Singleton at the top end of the quartile, NPT had moved up to quartile 2;
- Next steps were to increase theatre capacity further, improve

utilisation on the NPT site, improve data quality and develop user friendly tools for stakeholders;

- The Theatre Quality Improvement Group had been established;

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

Deb Lewis informed that the health board were working with Productive Partners who had identified a shortage of support resources on our suites, particularly in areas such pre-assessment and scheduling.

Mark Child commented that it was encouraging to see an improvement in theatre utilisation and the impacts on patient wellbeing but noted that there were still some constraints on utilisation and utilisation does not equate to good outcomes. Tera Humphreys concurred, adding that the utilisation was a blunt tool and did not include the full picture. She assured there was focus on safety in theatres and mechanisms in place. Deb Lewis assured that the focus of the new improvement group was on quality and outcomes.

Workforce was key and sickness absence had been an issue across the theatres but Tera Humphreys informed that 31 wte vacancies were in the recruitment process and nine international theatre nurses had recently been successful in gaining posts.

A report be received in six months' time to include the quality assurance element as well as information on the workforce issues impacting on theatre efficiency.

- A report to be received in six months' time to include the quality assurance element as well as information on the workforce issues impacting on theatre efficiency. **IR/TH**
- Current performance and the actions being taken to improve the overall performance in a sustainable and consistent manner were **noted**.

36/22

STROKE PERFORMANCE

Craige Wilson was welcomed to the meeting.

A report providing an update on stroke performance was **received**.

In introducing the report, Craige Wilson highlighted the following points;

- Challenges included access to the stroke unit and CT scanning as well as the inability to thrombolise patients within the 45 minute target;

- Positively, once patients were in the system, the health board did well in terms of assessment access, therapies and rehabilitation;
- In regards to performance at an all-Wales level, the health board was in a reasonable position but overall Wales was not performing well;
- There was not a Hyper Acute Stroke Unit (HASU) within Wales that worked to the standards of those in England;
- The ambition was to create an HASU within SBUHB that would also service Hywel Dda University Health Board (H DUHB) patients;
- Preparation of the business case was underway and would be presented to management board in March 2022;
- The development of a HASU was a priority for the health board and a £500k allocation had been rolled over into the next financial year;
- There was a need to recruit additional consultants and specialist nurses, as well as the ability to ring-fence Ward G beds for Stroke patients but the current pressures in the unscheduled care system prevent this;
- The recruitment of Specialist Stroke Consultants was a challenge therefore Neurology Consultant posts were being considered instead and Advanced Nurse Practitioners that can support the teams;

In discussion, the following points were raised;

Patricia Price raised her concern for the performance figures, particularly for access and CT scan waits. She queried whether the funding outlined for the development of the HASU unit was set out within the financial plan/budget for the coming years. Darren Griffiths advised that although there was £500K available, the business case would need to be agreed before it was factored into the budget.

Craig Wilson informed that in terms of timescales, the development of the HASU would be over a two to three year period and the key challenge to progress was recruitment.

Patricia Price queried the plans in place to address the performance issues outlined in the interim. Craig Wilson informed that recruitment had begun for two to three Neurologists and there was difficulty in finding individuals with the correct skills. The Delivery Unit were in regular dialogue with the service in terms of performance. The pressures with COVID-19 provide an additional challenge and would

continue until the wider issues with urgent and emergency care were resolved.

Reena Owen stated that the report did not provide assurance that there was a plan to address performance issues in the interim, there were no timescales and this was a concern for members.

Craige Wilson informed that some improvement work was underway in relation to thrombolisation in the emergency department but this did rely heavily on the availability of staff. He stated that the performance issues could not be looked at in isolation and improvement was needed in the wider system; urgent care and the management of clinically optimised patients. The beds allocated to stroke on Ward G needed to be ring-fenced; this was not always the case and were sometimes breached to support the other pressures in the system.

Reena Owen reiterated that the committee required sight of the short-terms plans and a view of how performance would improve alongside the improvements in the wider system in the longer term. Craige Wilson advised that work was needed to address recruitment risks, rota improvement, 24hr access and access to the dedicated beds as well CT access and timelines would need to be identified for each of the those elements. He undertook to shape the next iteration of the report to include this, as well as an update on the establishment of the HASU following the Management Board discussion in March 2022 and clarification of the funding required to cover the HASU project over the next two to three years. A report to be received in next quarter.

IR/CW

Darren Griffiths informed that the funding could be covered via investment provisions in the three-year plan but clarification was needed on the funding requirement via the business case.

Resolved

- A report to be received in next quarter which sets short term plans to improvement stroke performance issues and include information on recruitment risks, rota improvement, 24hr access and access to the dedicated beds as well CT access and timelines and an update on the establishment of the HASU following the Management Board.
- The report be **noted**.

IR/CW

37/22

FINANCIAL MONITORING RETURN

The financial monitoring return was **received** and **noted**.

38/22 ITEMS FOR REFERRAL TO OTHER COMMITTEES

As above.

39/22 ANY OTHER BUSINESS

There was no further business and the meeting was closed.

40/22 DATE OF NEXT MEETING

The next scheduled meeting is **Tuesday, 29th March 2022.**