

Swansea Bay University Health Board
Unconfirmed
Minutes of the Performance and Finance Committee
held on 28th June 2022 at 9:30am
Microsoft Teams

Present:

Reena Owen	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:

Hazel Lloyd	Acting Director of Corporate Governance
Inese Robotham	Chief Operating Officer
Deb Lewis	Deputy Chief Operating Officer
Craige Wilson	Deputy Chief Operating Officer (minute 85/22)
Paul Mapson	Special Advisor
Meghann Protheroe	Head of Performance
Liz Stauber	Head of Corporate Governance
Matt John	Director of Digital
Kate Hannam	Service Group Director, Morriston Hospital (minute 86/22)
Elizabeth Stauber	Head of Corporate Governance
Georgia Pennells	Corporate Governance Officer

Minute	Item	Action
77/22	WELCOME AND APOLOGIES	
	Reena Owen welcomed everyone to the meeting. There were no apologies for absence.	
78/22	DECLARATIONS OF INTEREST	
	There were no declarations of interest.	
79/22	MINUTES OF PREVIOUS MEETING	
	The minutes of the meeting held on 26 th May 2022 were received and confirmed as a true and accurate record.	

80/22	MATTERS ARISING	
	There were no matters arising.	
81/22	ACTION LOG	
	The action log was received and noted . .	
82/22	WORK PROGRAMME	
	The work programme for 2022-23 was received and noted .	
83/22	MONTH TWO FINANCIAL POSITION	
	<p>A report setting out the month one financial position was received. In introducing the report, Samantha Moss highlighted the following points:</p> <ul style="list-style-type: none"> - Variance Against RRL – With a £24.4m deficit plan the target each month is £2.034m. The actual Month 2 variance was £2.387m and so was £0.353m off profile. The YTD plan at Month 2 should be £4.068m but actual variance is £4.635m, which is £0.567m off profile – reasons being pressures around energy, continuing healthcare, non-achievement of delivered savings that are required at this point and a marked increase in agency spend; - The value of the additional funding required to support COVID Transition and extraordinary pressures. At the end of Month 2 no funding had been received from Welsh Government (WG) and so £42.76m and £16.84m remain anticipated allocations and noted as a risk; - With a 2022/23 annual savings target of £27.0m, in month delivery is anticipated at £2.25m. For Month 2 the shortfall against this target as per the ledger was £0.397m and YTD £0.499m; - The national COVID programmes of TTP, Mass Vaccinations and PPE are confirmed as funded by WG. Whilst the COVID Transition costs are recognised by WG, there is no confirmed funding at this point. However, within the financial position and plan is it assumed this will be funded via an anticipated allocation. Within the 3 Year Recovery and Sustainability Plan, the Health 	

Board included anticipated costs of £25m, however the first full assessment reported to WG in mid-April included costs of circa £40m - Forecast continue to be refined and updated based on discussions with Service Groups;

- Linked to the Budgetary Management Revenue Resource Limit & Plan 2022/23, not all funding is issued to Budget Holders at the start of the year. An element of the funding remains within the Health Boards central investment budget. As part of the approach to make this central funding more transparent last month, the report detailed the headings and description of each of the central budgets, with the action of developing a mechanism for reporting in more detail these central budgets that is helpful to the reader to improve the transparency of the financial position and the challenges being faced.

In discussing the report, the following points were raised:

Darren Griffiths added in summary that the ambition was to show the committee every moving part in the position and as summarised by Samantha Moss, the savings, the reserves, operational position, covid-19 response and the balance sheet which are the combination pulled together to drive the forecast. Whilst Darren Griffiths appreciated there was a lot of the detail provided within the report, in time it would enhance the level of assurance to the committee.

Patricia Price noted concerns surrounding the savings element and requested assurance on the delivery of savings. Darren Griffiths advised the Chief Executive Officer had been briefed on the position last week, and the Chief Executive Officer has put in place clear specific actions for the next fortnight to close the current gaps. One of which was identified in estates, £600,000 has been found however £400,000 remains. The Chief Executive Officer has challenged colleagues in Digital, Neath Port Talbot, Morriston and Singleton to find half the gap this week and the other the following week in terms of this year's target. Then over the course of the next month drive the re-currency of that and in doing so focus on quarter two. Darren Griffiths could not give the committee assurance that the savings target would be delivered but noted there is confidence that there is a rigorous process around savings in place and present.

Steve Spill highlighted the variable pay element. Darren Griffiths advised that a recruitment programme has been agreed. Originally it would see 200 overseas nurses this year and this is already in process. However following discussions with the Workforce and OD director and Chief Executive Officer it has been agreed to recruit an additional 150 overseas nurses as soon as possible. Some of the recruitment is to

	<p>ensure new developments can be staffed appropriately but is also recruitment focused around core establishment and filling the vacancies where the premium rate work is. Darren Griffiths has asked for a workforce cash flow to include how many current gaps are present, how many need to be filled and how many need to be recruited to remove the reliance on agency. Darren Griffiths noted that Samantha Moss deputy director of finance and the business partners will look into controls with individual areas and look at the decision making.</p> <p>Steve Spill noted the length recruitment takes and as the issue is already raising itself, he could not envisage recruitment filling the gap for over half a year or so. Steve Spill asked whether he was right to be concerned. Darren Griffiths responded that Steve Spill was right to be concerned, however, there has been progress with the recruitment process of 200 nurse underway and 70-80 already actually recruited to posts.</p> <p>Sian Harrop-Griffiths picked up on the continuing healthcare (CHC) growth volume and cost, and advised that the Chief Executive Officer has requested her to lead on developing a commissioning framework for CHC and the first element of the work is underway by looking at a baseline assessment. Given the high risk rating of CHC, the chair requested a deep dive report be brought forward on this area to a future Committee.</p> <p>Darren Griffiths made the committee aware for assurance purposes that a company has reviewed 28 cases within Mental Health of the appropriateness of CHC provision. Part of the assessment of that is that 22 of the cases may well have a social element and therefore Swansea Bay University Health Board (SBUHB) will be funding more like 25% of the cases, subject to the correct test and challenge. Darren Griffiths welcomed the deep dive report.</p> <p>Reena Owen requested further information on the choices made against the central reserve budget. Darren Griffiths was content to provide further information and noted it is a reflection of the plan that the board had signed off to up to 90% of it, and the remaining portion are elements which come up throughout the year or things which need to be handled to due changes in policies.</p>	
<p>Resolved:</p>	<p>Action – Once the baseline work has been completed, Sian Harrop-Griffiths to bring a deep dive report on the CHC to the October 2022 committee.</p> <ul style="list-style-type: none"> - Committee members noted the agreed 2022/23 financial plan; 	<p>SHG</p>

	<ul style="list-style-type: none"> - Committee members agreed the risk handling for the risks noted. 	
84/22	BUDGET REPORT	
Resolved:	<ul style="list-style-type: none"> - Committee members noted the budget report. 	
85/22	MONTH TWO PERFORMANCE REPORT	
	<p>A report setting out the month two performance position was received. In introducing the report, Meghann Protheroe highlighted the following points:</p> <ul style="list-style-type: none"> - Performance against the 4hr target in May 2022 has continued to remain slightly below the outlined recovery trajectories at 74%, which is 5% below the performance target for May 2022; - The Ambulance handover rate over 4 hours has seen a significant improvement in May 2022 with the handover times over four hours reducing to 162 in May 2022 from 328 in April 2022; - Cancer pathway performance in April 2022 was reported as 48% which continues to track below the outlined trajectory of 74%. May 2022 performance is still in draft format, however current projections suggest performance will be below the recovery trajectory; - COVID19 figures have reduced once again in May 2022 with only 286 cases reported; - The percentage of staff sickness absence due to COVID19 has decreased from 2.3% in April 2022 to 1.2% in May 2022; - In May 2022, there were 11,250 A&E attendances, this is 5% higher than April 2022; - The Health Board's performance against the 4-hour measure improved slightly from 72.87% in April 2022 to 73.91% in May 2022 - new updated trajectories for the financial year are currently being processed; - The number of clinically optimised patients remains high within the Health Board and specific focus is being placed on plans to support the improvement of this position within each Service Group; 	

- The Health Board total Infection Control is currently above the Welsh Government Profile target of 43 cases for April 2022. Targeted work at Service Group level is being undertaken to target the future reduction in Infection Prevention Control rates;
- Endoscopy waits continue to rise, however a revised recovery trajectory has been submitted to Welsh Government for consideration.

In discussing the report the following points were raised:

Darren Griffiths noted that the ministerial trajectories will feature increasingly in the routine monitoring meetings with Welsh Government. Through the good work which the Deputy Chief Operating Officer is undertaking with the modelling team, trajectories will be updated in three weeks to increase them for the impact of validation, productivity and clinic work. The regime is closely back to pre-covid levels.

Patricia Price wondered what sanctions are in place when areas do not hit the targets in place. Darren Griffiths advised that this is where organisations could be escalated through the government escalation framework involving targeted intervention level or special measures. The intention of the Welsh Government escalation framework is similar to SBUHB where the focus is to get back on track as soon as possible. There would be greater monitoring meetings with Welsh Government and the health board would be held to account for more granular plans to ensure performance improvement. Patricia Price asked if there is a prioritisation of measures, Darren Griffiths advised there is generally five-six areas where most of the scrutiny is undertaken namely, Urgent and Emergency Care, Referral to treatment times, stroke, cancer and infection control.

The chair raised concerns that cancer performance seems to be declining further and sought further assurance on cancer performance. The Deputy Chief Operating Officer advised that a report will be brought to the August 2022 committee. On a month by month basis, the movement seen is positive with a reduction of the length of wait for treatment. Welsh Government have provided positive feedback with a view that SBUHB are the only health board in Wales with a plan in place which can deliver. The Deputy Chief Operating Officer advised that the Ophthalmology theatre is now commissioned and starting to function, there are staff issues but the team are working through this.

The chair asked if the team had seen a take up of the 'pre operation help and assistance' and the Deputy Chief Operating Officer advised it is still early days to advise but the service has been offered to a cohort of patients.

	<p>In terms of the review of the waiting lists, the Deputy Chief Operating Officer advised that an external team had been commissioned with a view to starting through the validation week commencing 4th July 2022.</p> <p>Darren Griffiths advised that a forward look has been incorporated in the performance report. The chair asked for a 'proposed action' column to be added to ensure that there is a clear expectation that actions to improve performance were required to provide assurance to the committee.</p>	
<p>Resolved:</p>	<ul style="list-style-type: none"> - The report be noted. 	
<p>86/22</p>	<p>STROKE PERFORMANCE</p>	
	<p>A report setting out the stroke performance was received.</p> <p>In introducing the report, Craige Wilson highlighted the following points:</p> <ul style="list-style-type: none"> - Access to dedicated Stroke beds continues to impact on performance with 12.1% of patients meeting the target of admission within 4 hours for April 2022. This is a decline from 16.9% in March 2022 and 25% in February 2022. Compliance remains low around the 4-hour target having fallen during the pandemic; - Thrombolysis rates remain comparably consistently high (17.2% for April 2022) for the volume of Stroke patients Morriston accepts; - CT head scans within 1 hour were consistently improving prior to the pandemic. However, due to assessment delays and increasingly busy ED department, performance against this target has fallen back to where it was 2017-2018 but remains fairly consistent; - A Hyper Acute Stroke Unit (HASU) was until recently being progressed as a Swansea Bay only model. This model and the accompanying business case will be revised accordingly as outlined below. Under the ARCH programme Alison Shakeshaft, Director of Therapies and Health Sciences (H DUHB) will take the lead on developing these proposals in conjunction with SBUHB. The first meeting has already taken place between the two Health Boards and this work will progress at pace to develop a business case for a Regional HASU within three months. However, establishment of the HASU will probably take in the region of two years because of the need to recruit the appropriate medical and nursing staff. 	

In discussing the report the following points were raised:

Patricia Price noted that she found the report very concerning and wondered whether the very poor performance on thrombolising patients and admission to the stroke unit and the impact this has on patient outcomes was understood fully. Patricia Price also highlighted that HASU would not be implemented for two years. Patricia Price felt that further discussion was needed. Craige Wilson noted that the access to the stroke unit is the number one issue and patients are thrombolised in the emergency department to start the process if staff cannot get patients on to the unit. Patients are ultimately not receiving the optimum service and if you look at the figures across Wales this is very much the case elsewhere too. Craige Wilson indicated that he was hopeful that with the new model of care, and assessing patients in the new Enfys unit, this should have a positive effect on the figures. However, in terms of the proposed HASU even if the funding was in place, the recruitment of appropriate staff would be very difficult.

Inese Robotham requested that Craige Wilson should highlight timescales to the committee which are in place to help contribute to the current picture and provide assurance re actions to improve. Craige Wilson advised that the recruitment of the advanced medical practioners (AMP) is currently ongoing, with a view of the staff in place in the unit in September 2022 so there should be an improvement in thrombolysis times as a consequences of those individuals in place. The introduction of Acute Medical Service Redesign (AMSR) would be September – October 2022 and this should see an improvement if medicine are given sufficient bed base as required and consolidating rehabilitation should also see a flow out with reducing the length of stays.

The chair requested an action plan to provide assurance re the timescales of what is being done currently to improve the situation in a follow up report. Given the current picture, the chair questioned and asked that consideration be given as to whether the risk rating should be reviewed.

Steve Spill asked what does HASU involve which is different to the current unit. Craige Wilson advised that there are standards involved in a HASU and the recruitment would need to be enhanced at consultant level, and advanced nurse practioners level to be recognised as a HASU. There would need to be significant improved access to CT scans not only to support stroke but cardiovascular services more generally because a lot of the CT capacity is currently taken up by demands at the front door.

Paul Mapson challenged that HASU is a standard solution in this situation, however, lots of hospitals already have HASU in place.

	<p>Therefore SBUHB is quite a way behind with the establishment of HASU in the UK and therefore there is a possibility that recruitment may never happen and if this is the case, should there be a plan B if there is a possibility of not being able to recruit to the various positions. Craige Wilson advised the team are looking at ways of building the workforce by ring fencing the capacity, so the team are working as optimally as possible as part of the journey and aspirations of reaching the standards of a HASU.</p> <p>The chair was particularly concerned as to why there is a 0% against the discharge standard. Craige Wilson will include clarification of this detail in the next follow up report.</p>	
Resolved	<p><u>ACTION</u> - An action plan with timescales of what is being done and being proposed to improve the stroke performance be included in a follow up report which should also include further information on the 0% discharge standards.</p> <ul style="list-style-type: none"> - The report be noted. 	CW/IR
87/22	URGENT AND EMERGENCY CARE PERFORMANCE	
	<p>A report setting out the emergency care performance was received.</p> <p>In introducing the report, Kate Hannam highlighted the following points:</p> <ul style="list-style-type: none"> - Tier 1 urgent & emergency care standards; in both indicators, the position remains variable and there are no step changes in performance. An improvement in ambulance handover position was noted – largely this has been driven by activities at the front door in four key areas, Admission Avoidance schemes, Front door flow/ED overcrowding, Internal flow activities to support reduced occupancy and improve flow throughout the day and Additional Capacity; - 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/placements. There is operational focus on this patient group in all hospital sites with weekly review meetings with LA and community partners to expedite the pathways of these patients however progress is slow with capacity being the constraint; - With regards to actions being taken to improve the clinically optimised position, there are a number of work streams which are 	

	<p>targeting reducing the total number of clinically optimised across the health board, but also reducing more importantly the length of stay for those patients once they have been deemed clinically optimised. These work streams include, Admission avoidance and frailty programme, Early Supported discharge, Process review and purchase of additional capacity.</p> <p>In discussing the report the following points were raised:</p> <p>Inese Robotham congratulated the staff on the sterling work which has gone into the efforts to improve the position at the front door. The team at Morrison Hospital are leading the way in terms of the Welsh Ambulance Service Trust (WAST) staff review which has shown improvement in additional resources being available for the community mitigating the highest risk for patients waiting for an ambulance. The Chief Executive Officer and Chief Operating Officer continue to meet with local authorities regularly to challenge them to look for new solutions.</p> <p>The chair queried the timescales of the Acute Service Medical Redesign (ASMR) and from the start of implementation how quickly the improvements will show. Inese advised there a two parts to the ASMR, one which is linked to the organisational change process and one which is not. In terms of getting a better assessment space, this is on track and will be available August – early September 2022 so the existing services at Morrision will be able to utilise this space which should see a marginal improvement. The co-location takes place October – November 2022 and this timescale is fluid as this involves a set organisational change process and it is dependent on how smoothly it goes. The risks of delay are due to be discussed at the July Board Development session. In light of the stroke issues, the chair wondered how the Enfys unit links to the ability for patients to access stroke beds. Inese Robotham advised that it is not just the Enfys unit, it is the whole bed modelling linked to ASMR. Therefore, by giving medicine a larger funding footprint this should not then encroach into bed capacity in the stroke ward.</p> <p>The chair acknowledged the good work that contributed to the current position however, noted that there is still a long way to go to get where the health board should be.</p>	
<p>Resolved:</p>	<ul style="list-style-type: none"> - Committee members noted the report and the ongoing progress towards establishing a framework for improvement within the Urgent & Emergency care service at the Morrision; - Committee members noted the changes in future structure and governance of the programme of work to reflect the requirements of the Welsh Governments ambition for ‘right care, right place, first 	

	time' to be delivered through the 6 goals programme for Urgent & Emergency care.	
88/22	MONTH TWO FINANCIAL MONITORING RETURN	
	The month two financial monitoring return was received and noted .	
89/22	FINANCIAL REPORTING AND MONITORING FINAL INTERNAL AUDIT REPORT	
	The financial reporting and monitoring final audit report was received and noted .	
90/22	ITEMS FOR REFERRAL TO OTHER COMMITTEES	
	There were no items referred to other committees.	
91/22	ANY OTHER BUSINESS	
	There was no further business and the meeting was closed.	
92/22	DATE OF NEXT MEETING	
	The next scheduled meeting is Tuesday, 26th July 2022 .	