



**GIG  
CYMRU  
NHS  
WALES**

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



		Agenda Item	2.3 (i)
Freedom of Information Status		Open	
Reporting Committee	Performance and Finance Committee		
Author	Claire Mulcahy, Corporate Governance Officer		
Chaired by	Reena Owen, Independent Member		
Lead Executive Director (s)	Lynne Hamilton, Director of Finance		
Date of last meeting	28 January 2020		
Summary of key matters considered by the committee and any related decisions made.			
<p>- <b>Performance (including targeted intervention areas)</b></p> <p>As part of the <b>unscheduled care performance</b> discussion, it was noted that the service remained under significant pressure, with red-response calls response times below target. The number of emergency admissions and attendance remained flat however a 20% increase in acuity had been evident. The four-hour target performance stood at 70.94% for December with January 2020 0.5% ahead of this. An increase had also been evident for the 12-hour waits.</p> <p>December 2019 had seen the highest number of <b>Stroke</b> admissions in 13 months and <b>Cancer</b> access reaching 91% for urgent cases.</p> <p><b>Planned care</b> performance remained affected by unscheduled care pressures and changes to taxation on pension rules. The number of patients waiting more than 26 weeks had increased further with more than 750 in gastroenterology. Cases waiting more than 36 weeks had increased to 5,141 compared with 1,801 of the same period in 2018/19.</p> <p>- <b>Continuing Healthcare Deep Dive</b></p> <p>The committee noted the findings from a deep dive of Continuing Healthcare. Work had been undertaken with local authorities and education colleagues with a focus on the process around historic cases. The first phase focused on children’s cases in which significant amount of learning had been identified around costing and governance controls. Ten recommendations had been identified including service improvement, partnership working and governance and these could be transferred to adult and mental health and learning disabilities. The executive board had agreed to establish a high-value opportunity programme to progress the work required.</p>			
Key risks and issues/matters of concern of which the board needs to be made aware:			
<p>- <b>Progress against unscheduled care and planned care action plans</b></p> <p>Due to a rise in level three days, some limited success had been seen with unscheduled care interventions. Business continuity had been declared for one day in January and a major incident had been called following a local bus crash. In terms of performance figures, the four hour wait should have been at 75% but was hitting around 80%. ‘Hospital 2 Home’ programme was performing better than expectations, with the aim to roll it out more widely although would be problematic without further funding. The range for planned care had been set to around 2,500/2,600 cases waiting more than 36 weeks but due to operational</p>			

pressures, elective work was minimal. However cancer patients were continuing to be treated as well as cardiology patients. Early supported discharge for stroke was due to commence in February 2020.

#### **- Financial Position**

The current year-end forecast was a deficit of £12.3m, the month nine outturn had been disappointing. An assessment of the unit and corporate positions was being undertaken to determine what improvements were needed over the next two months. Due to the cancellation of the Audit Committee in January 2020, the committee was asked to note the risk of the IFRS 16 (international financial reporting standard) which had changed how leases were reported and managed against capital. The committee was also informed of the preparation of the annual accounts for 2019/20 was underway but there was significant pressure on the team due to staff absences.

#### **Delegated action by the committee:**

No delegated action was taken by the committee.

#### **Main sources of information received:**

- Integrated performance report;
- Monthly financial monitoring report;
- Continuing healthcare deep dive update;
- Progress against unscheduled care and planned care action plans
- Investment and Benefits Group Update;
- Financial Management Group Update;
- Monitoring Returns.

#### **Highlights from sub-groups reporting into this committee:**

No reports were received from sub-groups.

#### **Matters referred to other committees**

Refer the patient experience element of on the day cancellation of procedures to the Quality and Safety Committee.

#### **Date of next meeting**

25 February 2020



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		Agenda Item	2.3 (i)
Freedom of Information Status		Open	
Reporting Committee	Performance and Finance Committee		
Author	Claire Mulcahy , Corporate Governance Officer		
Chaired by	Reena Owen, Independent Member		
Lead Executive Director (s)	Lynne Hamilton, Director of Finance		
Date of last meeting	25 February 2020		
Summary of key matters considered by the committee and any related decisions made.			
<ul style="list-style-type: none"><li>- <b>Monthly Performance Report</b> In terms of <i>Planned Care</i>, members were advised that weekly meetings with units and specialities were taking place in order increase discussion and accountability and to ensure units were aligned with their trajectories. Members noted the improved performance in <i>Delayed Transfers of Care (D-TOC)</i>. The performance of <i>Serious Incidents Closures</i> had deteriorated due to a backlog in mental health. Members were advised that this was being monitored and there was an action plan in place to address, discussion would also to take place at the Quality and Safety Committee.</li><li>- <b>Quarter Three IMTP Tracker</b> Progress against the quarter three IMTP tracker was noted. The committee were advised of the 39 on track and 6 off track actions. There was discussion surrounding off track actions in relation to tier 1 investments, in particular the <i>Older Peoples Assessment Service (OPAS)</i> with which funding was not yet secured and its importance within the unscheduled care plan. The committee were informed that this would be discussed at Executive Team imminently.</li><li>- <b>Progress against the partnerships for Health and Wellbeing Actions</b> The progress of actions in relation to the two priority areas of <i>Health and Housing</i> and <i>Heath in All Policies</i> was noted. There were many of streams of work underway within health and Housing but these were not well aligned. In term of Health in all Policies, the approach was very broad and work was need specifically in areas of policy development and health impact assessment. Overall, work was required at a strategic level to consider how to embed effective partnerships approaches and adopt a Health in All Policies approach systematically.</li><li>- <b>Delayed Follow Ups</b> Performance against the two targets set by Welsh Government for improving the position was noted;<ul style="list-style-type: none"><li>- <i>Target one figures show a reduction to 131,263 patients on the total FUNB list. The 15% target is 114,829. There is a -16,434 variance between the December position and the end of March 2020;</i></li><li>- <i>Target two, figures show a reduction to 20,579 patients on the Over 100% delayed FUNB list. The 15% target is 20,946 and there is a +367 variance between the December position and the end of March 2020 target position.</i></li></ul></li></ul>			

The Committee was advised that target 1 would prove challenging in terms of achievement by deadline but significant progress had been made in target 2 and there was confidence in achieving this by March 2020.

**- Health Child Wales Programme Delivery**

An update on compliance with the health child wales programme in terms was noted. An analysis was undertaken to establish the reasons for low level activity highlighted by the Primary Care and Community Unit. An analysis looked firstly at the accuracy of data and to establish if visits to children were being omitted and secondly, on the data management processes. The review had provided assurance that visits had been undertaken appropriately and that children were receiving their assessment. The data management processes needed strengthening and the team were working with digital colleagues develop an electronic format which would improve data delivery and would give an audit trail of electronic delivery to the Child Health Department.

**Key risks and issues/matters of concern of which the board needs to be made aware:**

**- Draft Three Year plan/IMTP**

The report presented an annual plan in a 3-year context, as the health board were currently not in a position to put forward a 3-year IMTP. Consideration was taken on three key elements; Capital Plan, Financial Plan 2020/23 and performance trajectories. Members were content with the proposed capital plan but agreed further work was need in terms of the finance and performance trajectories. Key areas of discussion included; the need for a focus on the unscheduled care plan was paramount; serious consideration to be taken on appropriate investments and disinvestments; a more positive presentation of the financial plan and RTT trajectories with focus on opportunities.

**- Financial Position**

Month 10 saw an in-month overspend of £1.195m. The year-end forecast had been reassessed and had increased from a previously reported £12.3m to £16.3m. The £4m increase was due to variances in unit and directorate forecasts at a total of £3m and other unavoidable pressures totalling £1m, which included a change in discount rate for pensions and personal injury from the treasury and also a new personal injury case. Welsh Government had been advised of the change in forecast.

**Delegated action by the committee:**

No delegated action was taken by the committee.

**Main sources of information received:**

- Integrated performance report;
- Monthly financial monitoring report;
- Investment and Benefits Group Update;
- Monthly Monitoring Returns.

**Highlights from sub-groups reporting into this committee:**

No reports were received from sub-groups.

**Matters referred to other committees**

Serious Incidents performance be referred to the Quality and Safety Committee Chair.

**Date of next meeting**

24 March 2020