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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	Liz Stauber, Interim Head of Corporate Governance		
Chaired by	Emma Woollett, Vice-Chair		
Lead Executive Director (s)	Lynne Hamilton, Director of Finance		
Date of last meeting	17 September 2019		
Summary of key matters considered by the committee and any related decisions made.			
<p>- Performance (including targeted intervention areas)</p> <p>As part of the <i>unscheduled care performance</i> discussion, it was noted that the four-hour performance remained flat at 74.26% in August 2019 but the health board continued to meet the red call release target. However it had been a challenging month with the one hour and 12-hour performance off target, and there had also been an increase in lost hours. Given the current challenges, it was agreed that a short report would be received at the next meeting as to the strategic plan for unscheduled care.</p> <p>Stroke performance had been disappointing in August 2019 as the ability to protect the dedicated beds had been challenging due to unscheduled care pressures however cancer performance had been better with a reduction in the backlog and improvement in the 62-day target.</p> <p><i>Planned care</i> performance continues to be significantly affected by the operational pressures. The 26-week outpatient performance had worsened due to reduced ability to use flexible medical workforce, but sustainable plans had been identified and were to be implemented. The 36-week stood at 3,263 cases against a profile of 1,763 in August, a very disappointing performance that was mirrored across Wales. There were no therapies cases waiting and plans were in place to manage the improvement needed for diagnostics.</p> <p><i>Healthcare acquired infections</i> were in-line with the performance trajectory and there were also improvements noted within the <i>workforce metrics</i>.</p> <p>Colleagues from primary care and community services joined the meeting to present the newly incorporated primary care metrics and it was noted that the unit was to develop its own targets as there was yet to be anything on a national basis to which to compare itself. Compliance with the Healthy Child Wales scheme was an area of focus for members, particularly as an audit was being undertaken to ensure the right data was being collected, and it was agreed that the next update would include trends by the age groups reported.</p> <p>Members expressed disappointment at the lack of representation from public health and mental health, who also now had specific sections on the report. It was agreed that the mental health updates should include performance in relation to child and adolescent mental health</p>			

services and a request was made for specific reports from public health which outlined the action being taken in relation to childhood obesity as well as in regard to smoking cessation.

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

- Financial Position and High Value Opportunities

The latest in-month position was an overspend of £1.3m with a cumulative of just under a £6m deficit. There were a number of contributing factors including operational pressures, pay and high-cost medications but an improvement in income had been evident, and 113 newly qualified nurses had been recruited. As part of its recovery programme, savings of £22m were required, but the current forecast achievement was £20m. Progress was being made in relation to the Bridgend diseconomies of scale, but these together with the operational pressures meant that the health board was £10m adrift of where its position needed to be in order to achieve breakeven by year-end.

A progress update against each of the high value opportunity workstreams was provided however the committee was concerned that delivery was not at the pace required and more ambition was needed rather than additional plans.

- Deep Dive: Continuing Healthcare

The findings of the deep dive into continuing healthcare were strongly suggestive that the increasing costs were largely a reflection of increasing need (partly resulting from greater care in the community) and members sought assurance that the current trend was included in the financial forecast. Members heard that the delivery support team was to be taking some of the actions forward. It was agreed that quarterly updates would be received, starting at the next meeting which would include details as to work with partners.

- Review of Trajectories: unscheduled care and planned care

Members noted that the annual plan had been submitted to the board for approval in January 2019 but the unscheduled care trajectories had been amended as a result of a modified funding package for the hospital to home programme. In addition, an explanation was provided as to the process to revise the planned care trajectories due to a number of current dynamic challenges, including operational pressures, HMRC (Her Majesty's Revenue and Customs) pension changes and some non-delivery of efficiencies, but this was a similar position across Wales. It was noted that the team was yet to be in a position to state the new trajectories (although a range has been developed for a March 2020 position) but the process underpinning the development of the trajectories was described in detail and provided members with assurance that the process was robust and granular. The committee took assurance from the discussion but expressed the need to identify and deliver what was in the health board's control as well developing the narrative to explain the challenges throughout the process and to set this out clearly in the annual plan.

- Delayed Follow-Ups

Assurance was also taken in relation to the development and improvements with regard to delayed follow-up, particularly the identification of a clinical lead. A follow-up paper was to be received in four months.

- Theatre Efficiency

Some improvements had been evident but not on the scale expected, and a standardised approach for booking lists had now been implemented to ensure any slots not required by the usual speciality were offered to others in a timely way. However more clinical engagement was required. A further update was to be received in six months.

Delegated action by the committee:

No delegated action was taken by the committee.	
Main sources of information received:	
<ul style="list-style-type: none"> - Integrated performance report; - Escalation reports for delayed follow-ups, theatre efficiency, single cancer pathway and continuing healthcare; - Monthly financial monitoring report; - Annual plan tracker; - Continuing healthcare quarter one; - Review of trajectories report. 	
Highlights from sub-groups reporting into this committee:	
<p>Reports were received from:</p> <ul style="list-style-type: none"> - Financial management group; - Value and efficiency group; - Investment and benefits group. 	
Matters referred to other committees	
The issue of the need to triangulate patient experience and complaints data was to be referred to the Quality and Safety Committee.	
Date of next meeting	22 October 2019