

Swansea Bay University Health Board
Unconfirmed Minutes of the Performance and Finance Committee
held on 21st May 2019
in the Millennium Room, Health Board HQ

Present:

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|------------------|--|
| Emma Woollett | Vice-Chair (in the chair) |
| Chris White | Chief Operating Officer/Director of Therapies and Health Science |
| Martin Sollis | Independent Member |
| Lynne Hamilton | Director of Finance |
| Darren Griffiths | Associate Director – Performance |
| Maggie Berry | Independent Member |

In Attendance:

| | |
|-----------------------|---|
| Navjot Kalra | Programme Manager: Procurement |
| Patsy Roseblade | Programme Manager: Corporate Governance |
| Sian Harrop-Griffiths | Director of Strategy |
| Liz Stauber | Corporate Governance Manager |

| Minute | Item | Action |
|--------|---|--------|
| 64/19 | <p>WELCOME AND APOLOGIES</p> <p>Emma Woollett welcomed everyone to the meeting.</p> <p>Apologies for absence were received from Jackie Davies, Independent Member; Sam Lewis, Assistant Director of Finance and Dorothy Edwards, Deputy Director of Recovery and Sustainability.</p> | |
| 65/19 | <p>DECLARATIONS OF INTEREST</p> <p>There were no declarations of interest.</p> | |
| 66/19 | <p>MINUTES OF PREVIOUS MEETINGS</p> <p>The minutes of the meeting held on 16th April 2019 were received and confirmed as a true and accurate record.</p> | |
| 67/19 | <p>MATTERS ARISING</p> <p>There were no matters arising.</p> | |
| 68/19 | <p>ACTION LOG</p> | |

The action log was **received** and **noted** with the following updates:

(i) Action Point One

Emma Woollett confirmed that she and Chris White were to meet on 4th June 2019 to discuss the issue of delayed follow-ups and the need for a regular escalation report to the committee. She added that she was to liaise with the chair of the Quality and Safety Committee as the qualitative aspects would need to be scrutinised at that meeting. Chris White provided assurance that a gold command task and finish group had been established to address the ophthalmology delayed follow-ups, as this was the area most likely to cause harm. Darren Griffiths added that metrics had also been added to the performance report for the committee to monitor.

(ii) Action Point Two

Emma Woollett advised that she was to meet with Lynne Hamilton the following day to discuss the reporting arrangements for the financial management and value and efficiency groups.

Martin Sollis stated that driving efficiencies was fundamental and having close scrutiny on the two groups would provide the committee with assurance that actions were being taking. Lynne Hamilton advised that the value and efficiency group would have both an in-month and long-term focus whereas the financial management group would have a relentless focus on the financial position. Siân Harrop-Griffiths added that the Transformation Programme Group had now been established and this would be providing regular updates to the senior leadership team.

69/19

FINANCIAL POSITION

A report setting out the monthly financial position was **received**.

In introducing the report, Lynne Hamilton highlighted the following points:

- There was now a requirement for the health board submit the monthly monitoring reports to the performance and finance committee. The month one report was appended;
- The month one position stood at a deficit of £875k, which reflected both one twelfth of the retained costs due to the Bridgend boundary change and ongoing operational pressures;
- The aim was to achieve balance in 2019-20 but there had been some slippage in the savings plans;
- The public sector payment target had been met;
- Units were asked to explain their financial positions in the context of the Bridgend boundary change and operational pressures;

- Pay remained a challenge, particularly medical and nursing, and lessons needed to be learned from 2018-19, with a suite of high-value opportunities in relation to pay established;
- There was also pressure on the continuing healthcare budget;
- Discussions were continuing with Welsh Government and Cwm Taf Morgannwg University Health Board in relation to the Bridgend costs and the external due diligence exercise had commenced.

In discussing the report, the following points were raised:

Martin Sollis stated that there needed to be zero tolerance towards slippage in the savings plans and more detail was needed as to the specific areas. He added more granularity and accountability was needed for the board to take assurance that action was being taken. Emma Woollett concurred, adding that if the charts did not provide sufficient detail, it would be difficult for the committee to know if there was grip in the units.

Martin Sollis noted a significant amount of investment planned at Morriston Hospital, adding that investment could not always be the answer to savings plans or changes and it would be beneficial to start seeing the investments being made in relation to the transformation programme.

Emma Woollett commented that continuing healthcare had the potential to be a significant risk. Lynne Hamilton responded that the units would be instrumental in driving the continuing healthcare costs down and they needed to understand the root cause of change. Emma Woollett stated that there needed to be a strong message of concern as a better management of the money would mean a better quality of care.

Martin Sollis advised that the committee needed sight of reserves and contingencies. Lynne Hamilton stated that a report was planned for later in the year.

Resolved: The report be **noted**.

70/19 MONTHLY PERFORMANCE REPORT

The monthly performance report was **received**.

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

- Where possible, the report had Swansea Bay University Health Board data applied retrospectively to compare with that of ABMU Health Board;
- It was being developed further to include primary and community care, as this had not been developed in time for this meeting, along

with mental health and learning disabilities and public health measures, and the new report would be available in July 2019;

- This iteration included the quarterly balanced scorecards submitted to Welsh Government;
- The four-hour performance for April 2019 was 74.5% against a profile of 77.1%, which was below that of the same period the previous year;
- An increase in the one-hour handover and 12-hour waits had been evident;
- Eight-minute red call ambulance response had dipped to 65% after 10 months of being significantly above target;
- Direct admission to a stroke bed performance dropped marginally highlighting the pressures on beds in the unscheduled care system;
- The 36-week planned care position stood at 1,976 cases waiting more than 36 weeks for treatment, but the 26-week outpatient performance remained high, despite sickness challenges within certain specialties, and there were also no therapies cases waiting;
- The urgent suspected cancer performance for April 2019 was 88% with the non-urgent suspected cancer at 89%, and a fourth gynaecology consultant had been appointed;
- Healthcare acquired infections were in-line with the performance trajectory, although there had been slippage in relation to *staph.aureus*;
- Performance against the serious incident closure target stood at 70% but a backlog remained within mental health services;
- Sickness absence performance had dipped;
- Other areas where performance was 'red' were highlighted for completeness, including safeguarding incidents, information governance and CAMHS (child and adolescent mental health services);
- An executive summary was to be developed for future iterations.

In discussing the report, the following points were raised:

Emma Woollett stated that once the additional performance measures were included within the report, it was her intention to split the agenda to focus on each of the sections. She undertook to discuss this further with Darren Griffiths once the additional sections were available. Darren Griffiths added this would also be an opportune time to consider ways in which to provide more a patient-centred focus to the report.

EW

Emma Woollett noted the inclusion of the NHS delivery framework self-assessment templates and queried the level of value provided. Darren Griffiths advised that they were mandatory templates required to be submitted to Welsh Government but feedback was never received therefore they did not drive change. Emma Woollett undertook to discuss the matter further with the all-Wales vice-chairs' peer group.

EW

Chris White stated that the pressure remained within the unscheduled care system, with high levels of escalation still reported. He added that various discussions were taking place with Welsh Government and the NHS Wales Delivery Unit as well as internally to develop improvement actions, but it was important that these were triangulated into one plan.

Chris White advised that eight-minute response time was not just a performance issue but also a significant quality issue, but the health board had yet to be unable to release a vehicle should a red call come in. He added that work was continuing with the regional office, alongside fortnightly operational meetings, but discussions were needed in relation to the Swansea Bay University Health Board crews servicing Princess of Wales Hospital following the boundary change.

Chris White commented that the number of medically fit for discharge patients unable to be discharged continued to be high, with 121 at Morriston Hospital compared with 65 the previous year. He added that there were initiatives being put into place, but these needed to start having traction.

Maggie Berry queried the potential to split theatre time by unscheduled and planned care. Chris White added that some lists had already moved to Neath Port Talbot Hospital and once plastic surgery was centralised on the Morriston Hospital site, more could be moved. He added that a 'plan on a page' was in development but it would take the majority of the year to develop the right system and one that was fit for purpose.

Martin Sollis stated that the board needed assurance that the previous actions taken in relation to unscheduled care had had an impact and that the workforce issues identified in the Kendall Bluck work were being addressed. Emma Woollett concurred, adding that the committee needed to see key actions for next year and the timescales for taking them. She suggested a report be brought to the committee once the all encompassing action plan was in place. This was agreed.

CW

Martin Sollis noted that the planned care position was improving and queried the level of investment made as well as whether there was a risk to this being maintained. Darren Griffiths advised that to date, only monies identified within the plan had been invested which was intended to create sustainability, and there were areas of fragility, such as ophthalmology. He added that discussions were continuing to address the backlog cases and

this included with Welsh Government as to the opportunity to apply for more monies.

Emma Woollett queried as to whether antibiotic prescribing was reported on a regular basis. Chris White advised that the investment and benefits group had just approved an additional anti-microbial pharmacist, so improvements in prescribing should be evident within a few months. Emma Woollett responded that this was one of service quality related performance measures which needed to be considered and undertook to discuss the performance report for the Quality and Safety Committee with its chair.

EW

EW

Emma Woollett noted the number of high risks at Singleton Hospital, particularly those in excess of a risk score of 20, and undertook to discuss with the Director of Corporate Governance, as this raised concerns for other areas and warranted scrutiny by relevant board committees.

Resolved:

- The report be **noted**.
- Emma Woollett to discuss with Darren Griffiths the format of the report once the additional sections were ready.
- Emma Woollett to discuss the value of the self-assessment templates with the all-Wales vice-chairs' peer group.
- A report be received on the action and timescales to improve unscheduled care.
- Discussion be undertaken with the chair of the Quality and Safety Committee as to the performance report for that meeting.
- Discussion be undertaken with the Director of Corporate Governance as to the number of high scoring risks at Singleton Hospital.

EW

EW

CW

EW

EW

71/19

CHANGE IN AGENDA ORDER

Resolved:

The agenda order be changed and items 3.3 and 4.1 be taken next.

72/19

PERFORMANCE SECTION OF THE ANNUAL REPORT

The performance section of the annual report was **received**.

In discussing the report, the following points were raised:

Maggie Berry noted that the targets for the health and care standards had not been achieved, adding that this had been the purpose of the scrutiny panels before they were stood down in order to be included in the process

within the quarterly performance reviews. She stated that this needed to be addressed if delivery of the standards was to be achieved.

Emma Woollett commented that the structure did not match the discussions the committee had had in regards to performance throughout the year, as the performance report was not aligned with the health and care standards. She added that consideration was needed as to whether these should be incorporated into future reporting in order to have a record. Darren Griffiths advised that this was why the quarterly scorecards were brought to the committee, as these were the performance updates required to be provided to Welsh Government and this provided the audit trail required. He added that a performance framework was being developed which would take into account such requirements.

Patsy Roseblade advised that the format of the annual report had been mandated by Welsh Government through the manual for accounts and the plan was to put summaries of the performance report within the main document and append the additional detail.

Resolved: The report be **noted**.

73/19 THEATRE EFFICIENCY

Brian Owens was welcomed to the meeting.

A report setting out an update in relation to theatre efficiency improvement was **received**.

In introducing the report, Brian Owens highlighted the following points:

- Key performance indicators had been established by comparing theatre utilisation across a 13-month period between March 2018 and March 2019;
- While there had been no significant improvements, 'green shoots' had been evident;
- In March 2019, 53 more cases had started on time and fewer lists finished early, with 38 fewer patients cancelled on the day;
- However an increase during winter had been evident of patients cancelled on the day for non-clinical reasons which was not uncommon with unscheduled care pressures;
- The theatre utilisation programme had been re-established as the theatre efficiency and surgical realisation programme, which combined a number of high-value opportunities and had a potential to provide £500k savings;

- The health board had a policy which prescribed the process of booking lists and procedures at six, four and two weeks prior to the theatre date and regular meetings took place at Morriston, Singleton and Neath Port hospitals to monitor progress. There was an intention to centralise the process;
- Changes were also being made to the sites on which surgical procedures were provided and some lists had already moved from Morriston Hospital to Neath Port Talbot Hospital, with the potential to increase capacity at Singleton Hospital through an investment in trolleys;
- Advice had been sought from a consultant in Birmingham who was also a clinical systems engineer in relation to mapping the surgical pathway and it had been suggested that building it from scratch would be more beneficial than trying to adapt the current one to fit the needs of the service. As such, early discussions had commenced to explore opportunities;
- There was good engagement with the process from the units, including the consultant staff.

In discussing the report, the following points were raised:

Chris White commented that it was encouraging to see the cross-unit working and this needed to be replicated in other areas.

Maggie Berry stated during an independent members' visit to Neath Port Talbot Hospital, it had been pleasing to hear consultants saying they looked forward to undertaking theatre sessions at the site. Brian Owens concurred, adding that a workshop had taken place early in the process to engage the consultants and their feedback had been taken into account when developing the final proposals. Chris White responded that improving theatre efficiency enabled consultants to do what they were passionate about.

Martin Sollis noted the potential £500k savings with more 'to go at', adding that the board needed to understand what else could be driven at in terms of efficiency in order to know how best to support the process. He added that the approach being taken was the right one and it had been some time since the committee had clarity as to how theatre efficiency would be improved. Chris White advised that the theatre efficiency board was monitoring the work and if supported was needed, it would refer this to the committee.

Lynne Hamilton informed the committee that the £500k savings had been included within the financial plan for 2019-20, so the work needed to be driven in order to deliver the savings as well as improve planned care performance. She added it was not an offset for expenditure elsewhere.

CW

Emma Woollett suggested that an update be received in three to four months. This was agreed.

- Resolved:**
- The report be **noted**.
 - Further update be received in three to four months.

CW

74/19 END OF YEAR ANNUAL PLAN REPORT

The end-of-year report for the annual report was **received**.

In introducing the report, Siân Harrop-Griffiths highlighted the following points:

- Progress monitoring had two tiers; corporate objectives and service improvement plans;
- Few elements had not been delivered but a large number of actions were ongoing and some were awaiting funding;
- Any reports outlining delivery of targets needed to be aligned with the annual plan.

In discussing the report, the following points were raised:

Emma Woollett stated it was a high-level report but that she had some feedback she would provide outside of the meeting.

Emma Woollett queried as to whether primary care measures were to be included in the annual plan. Siân Harrop-Griffiths responded that each unit had a 'plan on a page' and while all had standard metrics against which to report, they would also have some which were specific to their services.

- Resolved:** The report be **noted**.

75/19 NHS WALES PERFORMANCE DELIVERY FRAMEWORK FOR 2019-20

A report setting out the NHS Wales performance delivery framework for 2019-20 was **received**.

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

- The framework had already been considered by the executive board;
- It had been set out by Welsh Government which identified new measures as well as ones it proposed to remove from the framework;

- The executive board had felt that the measures proposed for removal were still relevant to the organisation and therefore would remain in its performance report.

Resolved: The report be **noted**.

76/19 COMMITTEE TERMS OF REFERENCE

The revised committee terms of reference were **received** and **approved**, subject to the removal of the assistant directors of finance from the membership.

LS

77/19 COMMITTEE ANNUAL REPORT 2018-19

The committee's annual report for 2018-19 was **received** and **approved**.

LS

78/19 PERFORMANCE AND FINANCE COMMITTEE WORK PROGRAMME 2019/20

The 2019/20 work programme was **received** and **noted**, with additions to be made to include the integrated medium term plan (IMTP) development to September 2019, theatre efficiency in September 2019 and unscheduled care in July 2019.

79/19 ITEMS TO REFER TO OTHER COMMITTEES

(i) Delayed Follow-Ups

Emma Woollett undertook to discuss delayed follow-up reports with the chair of the Quality and Safety Committee as well as the development of the quality and safety performance report.

EW

80/19 ANY OTHER BUSINESS

There was no further business and the meeting was closed.

81/19 DATE OF NEXT MEETING

The next scheduled meeting was noted to be 18th June 2019.