

Swansea Bay University Health Board
Unconfirmed Minutes of the Performance and Finance Committee
held on 16th April 2019
in the Millennium Room, Health Board HQ

Present:

Emma Woollett	Vice-Chair (in the chair)
Sam Lewis	Assistant Director of Finance
Martin Sollis	Independent Member
Lynne Hamilton	Director of Finance
Darren Griffiths	Associate Director – Performance
Maggie Berry	Independent Member

In Attendance:

Jan Thomas	Assistant Chief Operating Office (until minute 50/19)
Nicola Johnson	Acting Assistant Director of Strategy
Malcolm Lewis	Associate Board Member
Stephen Ladyman	Observer
Jason Crowl	Unit Nurse Director, Primary Care and Community Services (for minutes 50/19 and 51/19)
Liz Stauber	Corporate Governance Manager

Minute	Item	Action
43/19	<p>WELCOME AND APOLOGIES</p> <p>Emma Woollett welcomed everyone to the meeting, in particular Steve Ladyman and Malcolm Lewis, who were in attendance as observers.</p> <p>Apologies for absence were received from Jackie Davies, Independent Member, Chris White, Chief Operating Officer and Siân Harrop-Griffiths, Director of Strategy.</p>	
44/19	<p>DECLARATIONS OF INTEREST</p> <p>There were no declarations of interest.</p>	
45/19	<p>MINUTES OF PREVIOUS MEETINGS</p> <p>The minutes of the meeting held on 19th March 2019 were received and confirmed as a true and accurate record.</p>	
46/19	<p>MATTERS ARISING</p> <p>There were no matters arising.</p>	

47/19 ACTION LOG

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

48/19 FINANCIAL POSITION

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

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

- The health board had met its £10m deficit control total;
- Tribute needed to be paid to all colleagues for their work in achieving the target;
- Performance in relation to capital outcome needed to be noted, as the team did a remarkable job making adjustments throughout the year to maximise monies in a risk-based way;
- Public sector payment performance had been disappointing;
- Princess of Wales and Morriston hospitals had continued to be the challenges in relation to individual unit savings plans;
- While Princess of Wales Hospital was no longer part of the health board's remit, it needed to be included in the reporting of 2018-19 in order for lessons to be learned, along with that of Morriston Hospital;
- Monthly financial recovery meetings with the units had been established;
- In addition, a monthly financial management group chaired by the Chief Executive was to be put in place as well as a value and efficiency group to drive and examine savings delivery;
- While delivering savings was a key part of the plan for 2019-20, a focus needed to be given to the rest of the budget;
- Testing of unit and corporate plans was to commence early to determine whether they could deliver.

In discussing the report, the following points were raised:

Emma Woollett put on record the committee's thanks to Lynne Hamilton, the finance team and executive board for achieving the control total.

Martin Sollis commented that it was right to focus on the budget as a whole not just the savings plans as the priority needed to be having recurrent elements. He added the main areas of focus needed to be workforce, value-based healthcare and cost efficiencies which were yet to be a main topic of discussion.

Sam Lewis advised that a Welsh health circular received the previous week stated that all savings plans needed to be identified by end of April 2019, whereas in previous years it had been June. She added that they could only be 'green' or 'amber' schemes and it needed to be stated whether they were recurrent. The monitoring returns would be shared with the committee as part of the finance reports. Val Whiting commented that around 80% of the savings identified had been identified, £2m of which was recurrent.

Martin Sollis sought clarity as to how the committee could take assurance from the soon to be established financial management group and value and efficiency group. Lynne Hamilton advised that she would consider this outside of the meeting with the wider team.

LH

- Resolved:**
- The report be **noted**.
 - Consideration be given as to how the financial management group and value and efficiency group would report to the committee.

LH

49/19 MONTHLY PERFORMANCE REPORT

The monthly performance report was **received**.

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

- Baselines were to be adjusted for the next report to reflect the transfer of Bridgend;
- Unscheduled care had been challenging in March 2019, with higher numbers of admissions and attendances, and performance against the four-hour target had dipped, but some resilience was evident;
- The number of delayed transfers of care had increased in March 2019 but performance was better compared with the same time period for the previous year;
- Morriston Hospital stroke performance was at 67%, which was on target and 100% of patients were seen by a consultant within 24 hours during March 2019;
- While the 2,664 planned care target had been achieved, more monies than anticipated had been invested;
- Both cancer targets were achieving in the 80%*s*;
- Discussions were being undertaken with the Chief Operating Officer as to how to integrate delayed follow-ups into the monthly planned care meetings to build operational support;
- In terms of healthcare acquired infections, *e.coli* was one case over profile but had seen a 4% improvement in-year, *stauph.aureus* was

on target and had a 7% in-year improvement and a step-change had been evident for *clostridium difficile*, with a 36% improvement.

In discussing the report, the following points were raised:

Emma Woollett congratulated all those involved in the achievement of the planned care target.

Maggie Berry commented on the number of delayed follow-up appointments, adding that more needed to be done to ensure that those on the list did require one. Darren Griffiths responded that funding had been provided for a validation exercise of the waiting lists to ensure that only those who needed to be seen were waiting for an appointment. He added that the posts were being recruited to and the challenge was being considered on a national basis, enabling best practice to be shared.

Emma Woollett stated that more robust assurance and traction was needed for delayed follow-ups and undertook to discuss this with the Chief Operating Officer outside of the meeting.

EW

Martin Sollis commented that while the planned care target had been achieved, there were a number of other areas, such as theatre efficiency and delayed transfers of care, which required improvement as well. He added that a type of 'end of year' report card was needed to outline how the health board had performed in a number of areas. Darren Griffiths advised that he had developed something along these lines for the Chief Executive which he would circulate to members for information.

DG

Malcolm Lewis referenced the low compliance rate with personal appraisal and development reviews (PADR) for clinical staff, adding that this needed to be undertaken as part of the revalidation process to continue practicing. Emma Woollett undertook to refer the matter to the Workforce and Organisational Development (OD) Committee for further consideration.

EW

Martin Sollis noted that a never event had been reported in March 2019 but had yet to be shared with the board. Maggie Berry advised that this was included in the reports to the Quality and Safety Committee later that week.

Emma Woollett stated that a number of the actions to improve delayed transfer of care performance had a focus on the hospital to home project, which was not due to start until December 2019 and was yet to have funding agreed. Jan Thomas responded that a significant amount of work was being undertaken in the interim to reduce the demand for services, particularly through the frailty services and indicated that the systems to identify patients medically fit for discharge were now more robust. She added that there was close partnership working with local authorities but that there would need to be changes to models of care to realise improvements in discharge capacity. Nicola Johnson advised that the first implementation group meeting for the hospital at home project had met that week, with good engagement, and a plan had been developed in order to address the issue of funding. She added that the challenges in relation to

investment provided a good opportunity to really consider the issues which needed to be addressed as well as consider the service models and roles required.

Emma Woollett noted that performance in relation to neuro-developmental disorders had deteriorated and going forward it would be useful to have someone at the committee who could talk to child and adolescent mental health services (CAMHS) queries.

Resolved:

- The report be **noted**.
- Discussions be undertaken with the Chief Operating Officer as to the need for more robust assurance and traction for delayed follow-ups.
- End of year performance summary be circulated.
- Concern relating to low PADR rates for clinical staff be referred to the Workforce and OD Committee.

EW

DG

EW

50/19

CONTINUING HEALTHCARE QUARTERLY REPORT

The quarter three continuing healthcare report was **received**.

In introducing the report, Jason Crowl highlighted the following points:

- The framework for adult, mental health and paediatrics was to be reviewed nationally by the complex care board;
- The health board had thousands of funded nursing care cases which would need to be reviewed in light of the judicial review findings;
- Work was continuing to progress pooled budgets;
- Concerns had been raised in relation to a large nursing home and these would be managed through the safeguarding committee;
- It was not uncommon for disputes to be raised in relation to continuing healthcare cases and the health board worked with the relevant local authorities to resolve these, however the process required a review;
- Discussions were being undertaken as to the transfer of cases relating to Bridgend patients following the boundary change;
- As more service users were cared for in the community as opposed to in hospital, an increase in continuing healthcare cases would be evident;
- A scrutiny process was in place to ensure the right level of funding was provided from the beginning to avoid retrospective claims;

- Work was to be undertaken to benchmark the health board's data against others.

In discussing the report, the following points were raised:

Martin Sollis sought assurance that should a dispute occur, patients were not adversely affected. Jason Crawl responded that in these incidences, patients should not be kept in hospital while the issues were resolved but transferred to their home or care home and the finances agreed afterwards. He added that discussions had been undertaken with the units to ensure they were comfortable with the process and there were yet to be issues raised on Datix.

Lynne Hamilton commented that she had been surprised that there had not been any reference to financial implications within the report as continuing healthcare and funded nursing care were key components of category b of the financial plan for 2019-20 (cost containment). She added that she had discussed this with Jason Crawl and the issues should be referenced in future iterations of the report.

Martin Sollis stated that it was important that the new partnership arrangements as a result of the Bridgend boundary change continued the work to develop pooled budgets. Emma Woollett responded that the soon to be established planning and partnerships committee would include this in its remit.

JC

51/19

DELAYED TRANSFERS OF CARE

A report providing an update in relation to delayed transfers of care was **received**.

In introducing the report, Jason Crawl highlighted the following points:

- Delayed transfers of care represented efficiency loss and testing was taking place to determine impact for patients;
- An improvement trajectory was to be developed based on the national average of the new population map;
- Part of the integrated medium term plan (IMTP) planning process for the following year was to include delayed transfers of care to indicate what needed to be done as an organisation;
- When compared with another health board of a similar size, Swansea Bay University Health Board was a significant outlier;
- An improvement team, which included a senior matron, was now in place, and was receiving support from the executive board;

- A validation process was to be taken of reporting figures for Swansea as they were low for its population size;
- An action plan was put in place in 2018 and progress was being made.

In discussing the report, the following points were raised:

Martin Sollis stated that it was important to note that once the reporting process was right, the numbers for Morriston Hospital would increase, and this was not as a result of inaction.

Emma Woollett commented that part of the reduction in numbers will be as a result of the health board challenging itself as to what was meant by a delayed transfer of care. Jason Crawl concurred, adding that the definition was broad and more consistency was needed as to the judgment taken by different teams.

Maggie Berry stated that another health board had developed an independent living team with its local authority which was helping patients transfer in a co-ordinated way. Jason Crawl advised that those colleagues were part-way through a three-year improvement plan to develop an integrated model with the third sector and could provide learning for Swansea Bay University Health Board..

Resolved: The report be **noted**.

52/19 COMMITTEE TERMS OF REFERENCE

A report setting out revised terms of reference for the committee was **received**.

In discussing the report, the following points were raised:

Martin Sollis commented that the terms of reference focussed on the targeted intervention targets and the aim for the coming year should be to focus on performance against the plan as a whole. Nicola Johnson agreed, adding that the annual plan set out objectives for all national targets, not just targeted intervention, with a focus on population health.

Malcolm Lewis stated that there was a particular focus given to quantitative data and there should be a gradual shift to more qualitative information. Emma Woollett concurred, commenting that there was consideration to be given to the interlinking of the committee with the Quality and Safety Committee, as well as including mental health and primary care measures.

Nicola Johnson advised that stroke needed to be included as one of the targeted intervention areas.

EW/LS

Emma Woollett suggested that she and Liz Stauber further develop the terms of reference based on the discussion and a revised version be brought to the next meeting. This was agreed.

- Resolved:**
- The report be **noted**.
 - Terms of reference be revised based on the discussion.

EW/LS

53/19 COMMITTEE ANNUAL REPORT

A report setting the committee annual report for 2018-19 was **received**.

In discussing the report, the following points were raised:

Martin Sollis commented that while some escalation areas had been considered by the committee, insufficient progress had been made, therefore they would be continue to be scrutinised. Lynne Hamilton concurred, adding that while these challenges needed to be noted it was important that the work of the committee to date was recognised, in particular how far it had come. She stated that there did need to be more holding to account in order to have fewer escalation areas but the achievements of the committee should be celebrated as it was its first annual report. Emma Woollett commented that the report was a demonstration of the delivery of the terms of reference and suggested that a paragraph be added to the introduction setting out areas of focus for next year as well as the committee's contentment for what had been achieved this year. This was agreed.

LS

- Resolved:**
- The report be **noted**.
 - Annual report be amended to include a paragraph to the introduction setting out areas of focus for next year as well as the committee's contentment for what had been achieved this year.

LS

54/19 PERFORMANCE AND FINANCE COMMITTEE WORK PROGRAMME 2019/20

The 2019/20 work programme was **received** and **noted**.

55/19 ITEMS TO REFER TO OTHER COMMITTEES

(i) PADRs for Medical Staff

Emma Woollett undertook to relay the issues raised in relation to PADR compliance within medical staff to the Workforce and OD Committee.

EW

56/19 ANY OTHER BUSINESS

There was no further business and the meeting was closed.

57/19

DATE OF NEXT MEETING

The next scheduled meeting was noted to be 21st May 2019.