

Swansea Bay University Health Board
Unconfirmed Minutes of the Performance and Finance Committee
held on 17th December 2019
in the Millennium Room, Health Board HQ

Present:

Reena Owen	Independent Member (in the chair)
Martin Sollis	Independent Member
Maggie Berry	Independent Member
Chris White	Chief Operating Officer/Director of Therapies and Health Science
Lynne Hamilton	Director of Finance
Mark Child	Independent Member
Siân Harrop-Griffiths	Director of Strategy
Darren Griffiths	Associate Director of Performance

In Attendance:

Sam Lewis	Assistant Director of Finance
Michelle Shorely	Assistant Director of Finance
Liz Stauber	Interim Head of Corporate Governance
Melanie Watson	KPMG
Gareth Howells	Director of Nursing and Patient Experience (for minute 210/19)
Paul Harry	Principal Finance Manager (for minute 213/19)
Charlie Mackenzie	Head of SLR and External Commissioning, Finance (for minute 213/19)
Hazel Lloyd	Head of Legal and Risk (for minute 214/19)

Minute	Item	Action
204/19	WELCOME AND APOLOGIES	
	Reena Owen welcomed everyone to the meeting. No apologies for absence were received.	
205/19	DECLARATIONS OF INTEREST	
	There were no declarations of interest.	
206/19	MINUTES OF PREVIOUS MEETINGS	
	The minutes of the meeting held on 19 th November 2019 were received and confirmed as a true and accurate record.	
207/19	MATTERS ARISING	

(i) 190/19 Monthly Performance Report

Reena Owen confirmed that she had referred the issue of the increasing number of complaints and reducing numbers of feedback responses to the Quality and Safety Committee and it would receive a report in due course.

Mark Child sought clarity as to whether the issue relating to consultant pensions had been resolved. Lynne Hamilton responded that NHS Employers were close to an announcement but this would only apply to 2019-20. The discussions as to the longer term arrangements would run in parallel.

(ii) 191/19 Winter Plan

Chris White stated that the Welsh Ambulance Service NHS Trust (WAST) had attended the December 2019 Quality and Safety Committee which had been helpful, due to the unscheduled care position and it was appropriate to look at things through a different lens.

(iii) 202/19 Feedback from KPMG

Reena Owen referenced the budget holder survey circulated by KPMG, the external financial support commissioned by Welsh Government, and queried if a decision had been made to re-run it in order to improve the response rate. Lynne Hamilton advised that the decision had been made not to re-run the survey as focus now needed to be given to the development of the pipeline and its testing. She added that the budget holder's survey findings would be triangulated with the review of financial management commissioned from the Chartered Institute of Public Finance and Accountancy and it was thought that both would present similar themes. Reena Owen queried as to when the KPMG report would be ready. Lynne Hamilton responded that it was expected by 10th January 2020 but would need to be considered by the executive board before it was shared with the committee.

208/19 ACTION LOG

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

209/19 MONTHLY PERFORMANCE REPORT

The monthly performance report was **received**.

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

- The majority of the public health metrics were annual or quarterly, with the only monthly measures relating to smoking cessation, which

demonstrated challenges in terms of quit attempts through cessation services;

- Data showed that the health board was above average in terms of childhood obesity but below average for overweight children;
- Re-attendances for adult dental services remained static but there was 100% compliance with access targets for restorative dentistry;
- Access to mental health services was also performing well and the unit had been challenged to achieve better than the standard;
- November 2019 was the first month in which the health board had missed the red call eight-minute target but only one organisation in Wales had achieved it, which was indicative of the pressures nationally;
- There had been fewer attendances and admissions to the emergency departments in November 2019 compared with October 2019, but a 20% increase in acuity had been noted;
- The four-hour target was 1% off profile in November 2019 at 73.22%. An increase had also been evident for the 12-hour waits;
- 'Hospital to Home' had commenced on 10th December 2019 and the ward affected by the fire at Singleton Hospital was to become available in January 2020, both of which should help with the operational pressures;
- Despite an increase in cases, stroke performance had improved, including direct admission to a stroke bed, stability in terms of access to a CT (computerised tomography) scan and around 95% of patients were assessed by a stroke consultant within 24 hours;
- Planned care continued to be affected by operational pressures and changes to pension taxation rules, however the number of patients waiting more than 26-weeks for an outpatient appointment had stabilised in November 2019 and therapies were at 100% compliance;
- The number of patients waiting more than 36-weeks for treatment continued to increase and was at 4,587 in November 2019 compared with 1,801 in March 2019. The diagnostics position continued to improve and work was continuing to reduce the number of patients waiting more than 52-weeks for treatment;
- The urgent suspected cancer performance for October 2019 was 84% and for non-urgent suspected cancer, it was 83%, which was currently non-validated, and could therefore increase to 85% or 86%;

- Delayed follow-ups was an improving profile and all infection measures were performing well, with only *clostridium difficile* off target due to a specific outbreak;
- The serious incident closure rate was recovering and an increase in sickness absence from 6.05% to 6.36% had been evident.

In discussing the report, the following points were raised:

Chris White advised that all the winter plan interventions were on track and the data issues from the out-of-hours perspective were being addressed. In reference to the response rate for the red ambulance calls, he stated that the Swansea elements continued to achieve the target and the issue related to the Neath Port Talbot crews, which were unable to be released from Princess of Wales Hospital, and this needed to be taken into account, as well as staffing levels within WAST, which were affecting the number of crews available.

Martin Sollis noted that the performance report now included the new unscheduled care trajectories as agreed by the board in September 2019 and queried the confidence as to delivery given they were already behind. Chris White commented that there was no reason as to why they should not be achieved as all the interventions were demonstrating the improvement expected, but it was too early to know if they would have the required affect. Martin Sollis suggested that it would be beneficial for the committee to see a report setting out progress against each of the actions, as well as something similar for planned care. Reena Owen concurred, suggesting that specific update report be received at the next meeting. This was agreed.

CW/DG

Maggie Berry commented that theatre efficiency was deteriorating despite the detailed work in place to improve the position. Chris White responded that when unscheduled care pressures were high, theatre efficiency declined as there was not the capacity to undertake elective cases.

Reena Owen stated that it was difficult to gauge performance in relation to public health and queried how the committee would be able to take more assurance in this regard. Darren Griffiths advised that he was working with the Director of Public Health to develop ways in which more real-time performance data could be provided.

Reena Owen stated that the health inequalities across the health board areas were quite stark and queried what was being done to improve this. Chris White advised that this was a focus for the Director of Public Health, particularly as the situation differed even between the two localities. He added that the funding allocations from Welsh Government for each health board would be needs-based from 2020-21 and how that money was used to address inequalities needed to be considered. Sam Lewis commented that the NHS Wales Financial Delivery Unit was examining the health

board's expenditure at cluster level to enable a better understanding as to where resources needed to be redirected. **RO**

Martin Sollis requested that the increase in safeguarding cases be referred to the Quality and Safety Committee to consider. This was agreed.

Martin Sollis stated that performance in relation to ophthalmology did not seem to be improving. Chris White responded that a report had been received by the Quality and Safety Committee the previous week and all areas for improvement were on trajectory, including the appointment of additional ophthalmologists.

Reena Owen queried if there was any actions in terms of patient flow that other health boards had in place which the organisation could implement. Chris White responded that the only one which differed was sending a physiotherapist out with ambulance crews for falls and an individual for this had now been identified. He added that once 'Hospital to Home' was fully implemented this should free up capacity to improve patient flow.

Reena Owen sought assurance that the right resources were in place to deliver 'Hospital to Home' sufficiently. Chris White responded that there had been some challenges in terms of support workers for Neath Port Talbot but these had since been addressed, and all resources were now in place. Siân Harrop-Griffiths added that the original bid to Welsh Government had been for a bigger scheme and a smaller programme was now being established as a result of integrated care funding monies, which was fully staffed based on the funding available.

Reena Owen asked for further details as to the purpose of the options paper being developed for the ambulance commissioner. Chris White advised that health boards had been asked to give consideration to 'cohorting' patients through temporary structures on hospital sites to provide more capacity to emergency departments, but the health board would not provide this as an option unless it could be certain that it had the appropriate staffing levels to keep patients safe.

Mark Child stated that Welsh Government was to move towards a more targeted investment for its tobacco improvement plan therefore the health board needed to be thinking in similar ways. Siân Harrop-Griffiths responded that the health board did have a tobacco action plan as well as monies allocated to support the 'A Healthier Wales' programme but through the 'Neighbourhood' approach needed to best consider how to tackle inequalities.

Resolved:

- The current health board performance against key measures and targets and the actions being taken to improve performance be **noted.**

- A report setting out progress against the unscheduled and planned care actions be received at the next meeting. **CW/DG**
- The increase in safeguarding cases be referred to the Quality and Safety Committee to consider. **RO**

210/19

CONTINUING HEALTHCARE QUARTER TWO PERFORMANCE REPORT

Gareth Howells was welcomed to the meeting.

A report setting out the quarter two continuing healthcare performance report was **received**.

In introducing the report, Gareth Howells highlighted the following points:

- Health boards were required to receive a quarterly report setting out performance in relation to continuing healthcare;
- One care home was being managed through the escalating concerns process;
- The health board had more than 1,000 care home beds;
- A 'deep dive' was being undertaken in relation to children's needs as to what constituted health responsibility and what should come under the local authority remit, and the same process would be completed for mental health and learning disabilities;
- KPMG was to undertake detailed work in relation to continuing healthcare to streamline and improve the process through a comprehensive action plan;
- There had been a general increase in the numbers needing continuing health and funded nursing care, with challenges in relation to complexity and fast-track cases helping people to go home at end of life;
- Work was also continuing to improve the issues in relation to disputes.

In discussing the report, the following points were raised:

Mark Child commented that there were a number of unresolved cases within the Swansea locality but the report did not give a sense of the progress being made to resolve these. Gareth Howells responded that the deep dive being undertaken in relation to children's cases would provide the opportunity to consider the process and develop a set of principles to measure against adult and mental health cases. Mark Child queried as to whether other health boards were in a similar position. Gareth Howells advised that Swansea Bay University Health Board had more historically challenging relationships and the backlog was also not replicated as such

in other health boards. Siân Harrop-Griffiths added that regular meetings were taking place with local authority colleagues to determine why the numbers of mental health and learning disabilities cases were rising and a dedicated resource for continuing healthcare was to be put in place.

Martin Sollis stated that the costs for continuing healthcare continued to increase therefore it would be useful for the quarterly performance reports to include in the financial implication sections, the impact on the financial position and forecast.

Reena Owen noted that pooled budgets should have been in place from April 2019 and queried if this had been achieved. Gareth Howells responded that they were not in place as yet as all the positions needed to be understood in the first instance, but the directors of social services were keen to progress this with the health board.

Reena Owen stated that while there was a large number of beds, many care homes were now dedicating themselves to a particular speciality which meant that its facilities were not appropriate or accessible to all. She queried as to how this was being planned for as it reduced the number options to which to refer patients. Gareth Howells responded that needs were assessed as part of the discharge process to consider what was important for the service user. He added the other consideration that had to be taken into account was when patients were admitted from care homes but their needs changed as a result and could not return to the same one.

Martin Sollis referenced the working being undertaken nationally to develop the framework and suggested an update be included in the next iteration. This was agreed.

GH

Resolved:

- The report be **noted**.
- The following be **noted**:
 - The update on the supreme court judgement for funded nursing cases rates;
 - The impact resulting from the closure of the Powys all-Wales retrospective review team in March 2019;
 - The impact of the closure of mental beds on primary care and community services;
 - Issues in relation to LAC funding.
 - The change in commissioning arrangements for mental health and learning disabilities.
- The next iteration include an update in relation to the development of the national framework

GH

211/19

PLANNED CARE PERFORMANCE SPECIALITY BY SPECIALITY

A report setting out planned care performance speciality by speciality for 2018-19, 2019-20 and 2020-21 was **received**.

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

- Within the original sustainable planned care plan for 2019-20, there had been an option to reduce the backlog of patients waiting more than 36 weeks for treatment to 938;
- Performance was not where it needed to be as a result of operational pressures and pension taxation charges;
- Orthopaedic cases were holding at around 900-1,000 cases but there had been a reduction of around 70 cases this year compared with previous years, and the ring-fenced ward had been protected since November 2019, with some outsourcing plans also in place;
- A recovery plan was in place for ophthalmology as well as plan to use anaesthetic cover more effectively;
- Once the additional trolleys and closed ward at Singleton Hospital were back online, increased performance would be possible within general surgery and a similar focus was to be given to ear, nose and throat services;
- Discussions were ongoing with plastic surgeons as to how to manage the more complex patients;
- An end-of-year forecast range, rather than position, was being worked to of 2,400 to 2,500 cases;
- Welsh Government had allocated £6.5m for planned care which was at risk of clawback if delivery was not achieved.

In discussing the report, the following points were raised:

Martin Sollis stated that it would be useful to see the quantification of actions and what this would mean in terms of the trajectories as this would be key to the success. He added that every paper seemed to refer to invest in more staff and he hoped that the cost base was considered before the establishment was increased. Sam Lewis commented that finance and performance colleagues were working closely to ensure the two aligned.

Reena Owen queried if any of the decisions could have been made earlier in the year to improve performance sooner. Darren Griffiths responded that some of the actions were replacements for ones which had not delivered earlier in the year but the operational pressures and pension challenges had been ones which could not have been predicted. Chris White added that it was important to remember that in some instances, the taxation changes had meant that consultants had reduced from 14 sessions to 11.

Reena Owen commented that a discussion had taken place at Quality and Safety Committee as to the impact on patient experience that waiting for

surgery can have and queried if this was taken into account. Darren Griffiths advised that he had taken a report through Audit Committee following a national review of long waiting patients and a more clinical, quality-based report was to be developed for the Quality and Safety Committee setting out the action being taken.

- Resolved:**
- The report be **noted**.
 - The following be **noted**:
 - Note the performance to date;
 - Note the actions being put into place to recover performance;
 - Note the work underway to develop trajectories for 2020/21.

212/19 CHANGE IN AGENDA ORDER

The agenda order be changed and items 4.1 and 4.2 be taken next.

213/19 EFFICIENCY FRAMEWORK

Paul Harry and Charlie Mackenzie joined the meeting.

A report setting out an update in relation to the efficiency framework was **received**.

In introducing the report, Paul Harry and Charlie Mackenzie highlighted the following points:

- The framework was divided into four modules – population health; technical efficiency; whole systems intelligence and shared opportunities;
- Variation within the services commissioned in relation to population health was being identified, including the high level of spend by disease;
- The health board participated in a number of UK-wide benchmarking activities and there were more in development;
- More sustainable and technical opportunities were becoming apparent in order to have more consistency;
- A quarterly pack was issued to all units;
- It was important that the information available influenced the planning process and underpinned the opportunities as well as highlighted areas on which to focus in terms of prevention;

- High-level assessments had been reconciled with the integrated medium term plan (IMTP – three-year plan);
- The framework was in the early stages and responses were still being deployed;
- The work of KMPG would need to factor into the process.

In discussing the report, the following points were raised:

Martin Sollis stated that there were general improvements as to how data was used but it was difficult to envisage how all of it would be tracked in order for key areas of focus to be identified, including those highlighted by KMPG. Siân Harrop-Griffiths concurred, adding that there would be a tracker linked to the pipeline developed by KPMG to show how improvements were being made.

Reena Owen advised that she had found it beneficial to see the presentation in order to know how it aligned with some of the other ongoing work, but pace appeared to be slow. Lynne Hamilton responded that KPMG was to develop project initiation documents on the health board's behalf to reflect the analysis undertaken and to feed into the discussions as appropriate.

Resolved: The report be **noted**.

214/19 PERFORMANCE AND FINANCE COMMITTEE RISK REGISTER

Hazel Lloyd was welcomed to the meeting.

A report setting out the Performance and Finance Committee risk register was **received**.

In introducing the report, Hazel Lloyd advised that the risk register had been considered at Audit Committee and board level with the next steps to be a be-spoke version for each committee to consider the risks assigned to its remit.

In discussing the report, the following points were raised:

Chris White commented that unscheduled care should be on the risk registers for both the Performance and Finance and Quality and Safety committees. Reena Owen concurred, querying whether the risk score of 20 assigned was sufficient. Chris White responded that it had been 25 but due to an improvement in performance, had been revised, however it could be increased again if necessary.

Reena Owen sought clarity as to the risk allocated to this committee relating to statutory compliance within partnerships for care. Siân Harrop-Griffiths responded that the health board had a statutory requirement to

consult on service changes but it should also gather feedback generally on its services, but it did not have the capacity to do this. She added that this was not a risk that should be assigned to the committee.

Siân Harrop-Griffiths referenced the risk in relation to having an approved IMTP, adding that this was not within the remit of the committee, rather it was the development and progress of the performance trajectories. She added that the entries in relation the child and adolescent mental health service (CAMHS) should be with the Quality and Safety Committee, with Brexit (Britain's exit from the European Union), Bridgend boundary change and the statutory compliance risks at board level.

- Resolved:**
- The report be **noted**.
 - The committee's risk register be updated based on the discussion.

215/19 FINANCIAL POSITION AND RECOVERY ACTIONS

A report setting out the financial position and recovery actions was **received**.

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

- The revised forecast position was a deficit of £12.3m, but this was not without risk;
- The latest in-month position was a deficit of £1.19m and a cumulative of £9.84m;
- The position for the next four months needed to be no more than a deficit of £600k;
- Core savings performance was better than previous years and was being delivered in the context of unprecedented operational pressures;
- The forecast relating to the Welsh Risk Pool contributions had reduced by £1m but written confirmation was needed as to the value of the Bridgend diseconomies of scale;
- Control totals had been set for units and executive directors and the Chief Executive was to re-issue the allocation letters;
- Recovery actions were being monitored on a weekly basis.

In discussing the report, the following points were raised:

Martin Sollis queried as to how the month eight position had been an improvement compared with previous months. Sam Lewis responded that the student nurses recently recruited after qualification were now in post

reducing the reliance on agency staff, but non-pay was also seeing an improvement as the units' control actions were taking affect.

Mark Child stated that the health board needed to start thinking about the lessons learned from this year in order to improve next year. Lynne Hamilton responded that the work to develop an IMTP was well advanced and took into account the financial plan and forecast for the next three years. She added that it was clear that budgets needed to be rebased and holders held to account for non-compliance.

Reena Owen referenced the savings identified and queried as to whether these were recurrent. Sam Lewis responded that £20m was recurrent and other elements would be part-year affects, with delivery for the following year under review, as there was partial dependence on bed reductions as well as areas of anticipated additional income, which had been curtailed this year due to operational pressures.

Reena Owen queried as to whether KPMG had identified additional opportunities. Lynne Hamilton advised that that the KPMG work had identified potential areas of improvement within flow, outpatients and theatres, but the majority of opportunities were those which had already been identified within the health board.

Martin Sollis commented that the £12.3m deficit forecast would impact on the health board's position the following year. Lynne Hamilton concurred, adding that it was non-recurrent and work was being undertaken to test the units' plans.

Resolved: The report be **noted**.

216/19 MONITORING RETURNS

The monthly monitoring return was **received** and **noted**.

217/19 PERFORMANCE AND FINANCE COMMITTEE WORK PROGRAMME 2019/20

The committee's work programme was **received** and **noted**.

218/19 ITEMS FOR REFERRAL TO OTHER COMMITTEES

Items for referral to other committees were discussed earlier in the meeting.

219/19 ANY OTHER BUSINESS

There was no further business and the meeting was closed.

210/19 DATE OF NEXT MEETING

The next scheduled meeting was noted to be **28th January 2020.**