

**Swansea Bay University Health Board**  
**Unconfirmed Minutes of the Performance and Finance Committee**  
**held on 25th February 2020**  
**in the Millennium Room, Health Board HQ**

**Present:**

Reena Owen	Independent Member (in the chair)
Emma Woollett	Interim Chair
Martin Sollis	Independent Member
Mark Child	Independent Member
Tracy Myhill	Chief Executive ( Minute 31/20)
Chris White	Chief Operating Officer/Director of Therapies and Health Science
Lynne Hamilton	Director of Finance
Siân Harrop-Griffiths	Director of Strategy
Darren Griffiths	Associate Director of Performance

**In Attendance:**

Keith Reid	Interim Director of Public Health
Hannah Evans	Director of Transformation
Sam Lewis	Assistant Director of Finance
Nicola Johnson	Assistant Director of Strategy (Minute 31/20)
Dorothy Edwards	Deputy Director of Transformation (Minute 31/20)
Alison Clarke	Assistant Director of Therapies (Observing)
Elizabeth Stauber	Interim Head of Corporate Governance (until Minute 29/20)
Claire Mulcahy	Corporate Governance Officer

<b>Minute</b>	<b>Item</b>	<b>Action</b>
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<b>24/20</b>	<b>WELCOME AND APOLOGIES</b>	
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Reena Owen welcomed everyone to the meeting. She formally thanked Lynne Hamilton as this was her last Performance and Finance Committee, for her contribution, hard work and support and wished her the very best for the future.

There were no apologies for absence.

<b>25/20</b>	<b>DECLARATIONS OF INTEREST</b>	
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There were no declarations of interest.

<b>26/20</b>	<b>MINUTES OF PREVIOUS MEETINGS</b>	
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The minutes of the meeting held on 28<sup>th</sup> January 2020 were **received** and

**confirmed** as a true and accurate record.

**27/20            MATTERS ARISING**

**Resolved:**     There were none.

**28/20            ACTION LOG**

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

**29/20**

**Resolved:**       **AGENDA ORDER TO BE CHANGED AND ITEM 2.3 BE TAKEN NEXT**

**30/20            DRAFT THREE-YEAR PLAN/ IMTP**

An update on the draft three-year plan/IMTP was **received**.

In introducing the report, Sian Harrop-Griffiths and Darren Griffiths highlighted the following points:

The report presented an annual plan in a 3-year context as the health board were not yet in a position to put forward a 3-year IMTP.

The committee were asked to consider three key elements ; Capital Plan, Financial Plan, and Performance Trajectories;

**i.            Capital Plan**

- A significant amount of work has been undertaken to develop a robust capital plan for 2020/21;
- Prioritisation work carried out by Capital Planning Group has indicated 3 possible options;
- Option 3, gives a balanced position and is predicated on the All Wales Capital Programme covering £8.555m of schemes;
- An issue that needed to be addressed was an infection on Ward G Morriston which has resulted in the need for a full ward refurbishment at a cost of £800k - £1.2m. Discussions with Welsh Government had suggested this would be financially supported.
- A draft capital plan was recommended for approval on the basis that these costs will be covered by Welsh Government;

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## ii. Financial Plan 2020/23

- The 2020/21 Year-end forecast sits at £27m. This forecast includes the underlying deficit of £28m; inflationary/demand pressures of £37.5m; investment commitments totalling of £6.2m; an allocation figure of £21.6m and a planned savings figure of £23m.
- In 2020/21 the Health Board would need to deliver £15.9m of savings in order to be able to meet the Inflationary/Demand Pressures;
- The Welsh Government Needs Based Assessment has not been factored in to the financial plan. It will be fully implemented over a 5 year period starting in 2021-22 but this has not been confirmed as yet;
- The £6.2m total for investment commitments and investment choices would require detailed consideration by the board;
- The health board savings plan has been developed in conjunction with KMPG at a total of £15m, alongside savings in procurement, medicines management and returning to core bed base - planned savings amount to £23m.
- The plan does not yet deliver a balanced in year or a 3 year balanced position;
- RTT costs were still being developed;
- Robust delivery, accountability and monitoring arrangements were required to facilitate the delivery of the plan

## iii. Performance Trajectories

- *Unscheduled Care* - the 2019/20 baseline rolled forward and the attendance demand assumed to be stable prior to the application of any planned actions in 2020/21;
- Assessments have been made for non-recurrent schemes in 2019/20 to cease or continue ; agreed new schemes to commence in 2020/21; schemes currently unapproved but under scrutiny for implementation in 2020/21 (tier 1 choices);
- *A&E 4 hour % trajectories* – current level is 74%, 2020/21 projections have been based on 3 scenarios; baseline, high end profile and high end profile including tier 1 choices;
- *Red Call response* – assumed performance will be at or exceed 65% target;
- *Planned Care*; reflective of estimated likely treatment capacity available and estimates based on 19/20 activity; *RTT - Patients Waiting over 36 weeks* - assessments have been based on four

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scenarios; the status quo; plus efficiencies; plus additional solutions for sustainability; outsourcing for backlog removal at a cost of £15m (but this not in financial plan).

- *Cancer* - has been modelled on individual tumour site basis. Assessments been made of the impact of plans on number of breaches and it is projected to hit the 95% on the 62 day cancer access target;
- *Stroke* - Two models required for 2020/21; 4 hour access target and 24 hour assessment target. Key determinant of performance is the ability to protect the stroke beds. The health board traditionally performs well against the 24 hour target;
- *Healthcare Acquired Infections* - not required to formally submit but discussion underway with the infection control team around realistically achievable delivery;

In discussing the report, the following points were made:

Lynne Hamilton stressed potential underlying cost pressures for the coming year should not be underestimated, Continuing Healthcare (CHC) cost pressures had been a particular challenge and the health board had been challenged for being too prudent in the forecast for this.

Martin Sollis commented that he felt unscheduled care (USC) was the key blockage for the health board in which a detailed action plan had already been agreed for tackling this. He made reference to the recent Accountable Officer letter from Welsh Government in which USC was referenced. He stressed that commitment was needed in this area, USC had been a real issue for the health board and the plan needed to be stabilised. He added that the workforce element of the annual plan which had recently been considered at the Workforce and OD Committee was also fundamental to the overall plan.

With regards to the financial plan, Martin Sollis stated that the board needed to see the benefits of investments tracked out. He referred to the £6.2m investment figure, stating that if investments were being made then appropriate disinvestments would need to be made. He added that he felt the financial detail was presented well but there needed to be a focus on efficiencies and that would be explored under high value opportunities, savings and transformation. With regards to the other elements of the plan, he had concerns with the planned care trajectories, due to the effect of USC pressures and in terms of the capital proposal, he was content.

Mark Child commented that the health board was in a difficult position and the organisation would have done well if the £27m forecast is achieved for the coming year. He stated there was a need to prioritise USC action plan. He queried whether the recent KPMG review had given Welsh Government a greater confidence of the organisation. He also queried how much understanding there was out in the whole organisation of the financial

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position

Emma Woollett commented that following the recent letter and targeted intervention meeting, the health board really needed to take ownership of the plan, with a key focus on tackling USC and holding to account through a triangulation looking at workforce, finance and performance .

Reena Owen commented there needed to be prioritisation and a clear view on the investments that link to USC and their impacts. She highlighted the savings figure suggested by KMPG of £19M and queried why our savings figure differed. Concerning the savings delivery plan, she stated that there needed to be a delivery mechanism embedded and people should be held to account on their delivery. She queried whether there was scope to explore the Needs based allocation further with Welsh Government with regard to bringing forward the date for the full adjustment in allocation to be made.

Chris White commented that it appeared members were in agreement in that USC should be a key focus for the health board and once this was in the right direction, planned care performance would follow through. He highlighted the winter plan, stating that all actions had been delivered within it and this will be carried through into next year with the aim of reaching the desired core bed base. He agreed with members in terms of the mapping the benefits and there was more work to be done on this. In terms of the accountable officer letter, he advised that he disagreed with the USC element and felt that this was written from a financial perspective and there appeared to be a lack of understanding of the challenge. The organisation had been in a winter period for 12 months. He added quality and patient care have been the priority for the health board and this was also highlighted within the Healthcare Inspectorate Wales (HIW) report. Executive roles are to ensure a balance between quality, performance and finance.

Hannah Evans added that the KPMG final report was now available and there had been a mapping of the programmes of work which have also been worked into the unit's deliverables.

Tracy Myhill stated that she wanted to note how good the executive team have been in facing this challenge and that the need for the health board to stay strong, was paramount. With regards to the recent TI meeting, she stated that the concerns of Welsh Government lay with finance and RTT primarily as improvements had been made in the USC space. In terms of the financial plan, she stated that consideration was needed on the presentation, with more of a positive focus which highlighted opportunities rather than problems, to assure the credibility of the organisation. She agreed that discussion surrounding appropriate investments and disinvestments were crucial and a plan would need to be pulled together on this. She also stated that working with colleagues from Health Economics

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from Swansea University would be beneficial.

With regards to RTT figures, Tracy Myhill stated that the presentation of this should also be considered in terms of opportunities. With regards to 'Hospital to Home', she added that there needed to be push in terms of financial support in this area. Overall, there needed to be a supportable package presented with a focus on opportunities rather than problems. In terms of the needs based allocation, she queried whether there could be a conversation with regards to the incremental allocation and whether there was any scope there. She also stated that there should be an adjustment of the savings figures in line with the KPMG recommendation.

Emma Woollett commented that going into the new year a clear plan and the knowledge of what we want to achieve, is paramount. Martin Sollis added that the annual plan was about deliverables; need to ensure we convey that we have learned lessons from previous year.

Emma Woollett requested that a special board meeting be arranged for Mid-March in order for board members to agree the annual plan before the final sign off at Board. She undertook to speak with Pam Wenger on this.

**Resolved:**

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- The Committee **noted** the progress to date on the development of the annual plan including the performance, capital, finance;

**EW**

**31/20**

**MONTHLY PERFORMANCE REPORT**

The monthly performance report was **received**.

In discussion of the report, Reena Owen asked that the performance report be taken as read and welcomed members comments for discussion.

Reena Owen made reference to page 2 of the report in which it stated Planned Care was being *robustly managed*. Chris White advised that weekly meetings with Units and specialities were taking place, alongside fortnightly meetings with service directors to ensure that they are connected and aligned to their trajectories. The aim is was to enhance discussion and accountability in this area.

Martin Sollis highlighted that the performance for Serious Incidents Closures had deteriorated. He asked whether anyone had taken account for this. Darren Griffiths advised that it had been recognised and had been discussed at the recent Mental Health performance review. The issue lay with the Mental Health backlog and there was an action plan in place to address. He advised that the issue would also be discussed at the Quality and Safety Committee that afternoon.

With regards to Stroke performance, Martin Sollis queried the deterioration

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in this area and sought assurance on this. Darren Griffiths advised that this was one-off due to staff sickness and there was not any concern in this area in terms of this continuing.

Mark Child made reference to improved performance for the Delayed Transfer of Care (D-TOC) noting that this was pleasing and he would be interested to see the progress of this over coming months.

Reference was made to the *Smoking cessation* performance, Keith Reid advised that there was poor performance there. The local public health team have been supporting the smoking cessation service but it was in a difficult position at the moment. Work was ongoing within this but it was not reflected within this performance report. The joint working with local authorities had ceased and there was now an emphasis on 'help me quit'. Reena Owen asked whether this issue could be raised at the Regional Partnership board, in reply Sian Harrop-Griffiths advised that it would be progressed at the neighbourhood, transformation cluster level.

Reena Owen asked that the public health team attend a future meeting, to reflect on the current performance and the work underway with regards to smoking cessation. A report was agreed to come back to committee in due course.

KR

Reena Owen requested information on the NHS dental waiting lists and the figures on this and Darren Griffiths undertook to provide this to her.

DG

**Resolved:**

- Reena Owen asked that the public health team attend a future meeting, to reflect on the current performance and the work underway with regards to 'smoking cessation. Report to come back to committee in due course.
- Darren Griffiths to contact Reena Owen with information on NHS Dental waiting list;
- The report was **noted**.

KR

DG

**32/20**

**QUARTER THREE IMTP PROGRESS TRACKER**

A report setting out quarter three IMTP progress tracker was **received**.

In introducing the report, Sian Harrop-Griffiths highlighted the following points

- The paper describes the completed or on-track actions of which there were 39 on track;
- The report provides detailed feedback on the 6 off-track actions including improvement actions and revised milestones;

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- The off-track actions were as follows;
  - o *Unscheduled Care and Stroke* : Medical Bed Capacity
  - o *Mental Health and Learning Disabilities* – Interim solution to re-provide Psychiatric Intensive Care Unit
  - o *Women, Children and Young People* - Agile working and technology enhancements in Child Health Development
  - o *Digitally enabled care* – To enable staff to be more effective through providing fully mobile enabled intranet platform and the delivery of paper light outpatient clinics through implementation of Electronic Outpatient Documentation.
  - o *Financial Delivery* - financial savings through delivery of the underlying deficit, management of cost pressures and delivery of high value opportunities.

In discussing the report, the following points were raised:

Reena Owen made a comment that it was pleasing to see that ‘co-production and Health Literacy’ had moved to amber and was back on track. The importance of prevention and helping the population to take responsibility for their health was very important. Sian Harrop-Griffiths added that this area was included within the investment list as discussed earlier in the agenda.. Reena Owen commented that in terms of investments, these need to be given the right priority for longer-term improvement.

She referenced the Older Peoples Assessment Service (OPAS) in relation to the medical bed capacity action, in terms of the funding not being secured yet. Sian Harrop-Griffiths advised that this was on the list of investments as a tier 1 choice and would be discussed at Executive Team. The implementation of this would help the unscheduled care position. Chris White further added that an investment of £210k was required for the expansion of the service to a 7-day service. The OPAS will enable discharges from A&E without the need for admission and it forms part of the unscheduled care plan, which seeks to bring all the individual services and initiatives together as ‘one front door’.

**Resolved:** The report was **noted**.

## 33/20 PROGRESS AGAINST THE PARTNERSHIPS FOR HEALTH AND WELLBEING ACTIONS

A report on the progress against the actions relating to partnerships for health and wellbeing section of the Annual Plan 2019-20 was **received**.

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In introducing the report, Keith Reid highlighted the following points:

- In quarter 2 specific actions had received a red RAG rating and the Performance and Finance Committee had requested an update on the position;
- The two priority areas were '*Health and Housing*' and '*Health in All Policies*';
- For '*Health and Housing*' a number of streams of work were underway although they were not well aligned with each other;
- Work was progressing in terms of the health board's involvement in planning, where Primary Care and Public Health were members of the Penderry Regeneration Project Board; With regards to the '*Health in All Policies*' action, the approach on this was very broad and there was limited work on this underway. Work was needed specifically in policy development and Health Impact Assessment;
- Additional work was required at a strategic level to consider how to embed effective partnership approaches and adopt a Health in All Policies approach systematically;

In discussing the report, the following points were raised:

Mark Child commented that the majority of partners see the merit in closer collaboration and hoped that there is overlap in what is trying to be achieved, and this was an opportunity that should not be missed.

Reena Owen commented that it appeared lots of work was ongoing but nothing was concrete and defined. Keith Reid agreed stating that was a number of streams of work being undertaken but it was not well aligned and there was need to be pro-active in ensuring we are aligning the work and a broader view needs to be taken on this. Reena queried whether the Health City Programme looked at such issues in the broader sense, Keith Reid replied that this was not yet released. Mark Child advised that this had now be taken over by the WBFGA, but it was still there as a tool but not being used as effectively regionally as it could be. Keith Reid advised that Welsh Government had the desire to give the Healthy Cities Programme a boost.

Emma Woollett commented that this discussion linked to the wider discussion about partnerships, adding that clarity was needed on which forums would benefit the health board, the links with the Public Services Board and the potential links and overlaps. She stated this needed a fuller board discussion and undertook to take an action on explore this further. A meeting with Sian Harrop-Griffiths and Keith Reid be arranged to discuss further.

EW/SHG/KR

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- Resolved:**
- A meeting with Emma Woollett Sian Harrop-Griffiths and Keith Reid be arranged to discuss Partnerships in the broader context;
  - The report was **noted**.
- EW/SHG/KR**

## 34/20 FINANCIAL POSITION AND RECOVERY ACTIONS

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

In introducing the report, Samantha Lewis highlighted the following points:

- The revised year-end forecast was a deficit of £16.3m. Month 10 saw an in-month overspend of £1.195m;
- The inability to fully deliver on all of the agreed Board actions and the Unit and Directorate year-end forecasts, hence the year-end forecast has been reassessed and increased from the previously reported £12.3m ;
- The revised forecast of £16.3m added the £3m Unit and Directorate forecast variance from control total to the previously reported £12.3m;
- In addition, in recent weeks, the Health Board has been impacted on by a change in discount rate for pensions and personal injury from Treasury and a new personal injury case which has been approved. These have adversely impacted on the Health Board financial forecast by around £1m;
- The Health Board £12.3m forecast was supported by the requirement to deliver £5m of technical non-recurrent opportunities. This has severely restricted the ability to manage further risks and non-delivery of plans.
- This was clearly disappointing and reflects the best position the health board can achieve. Welsh Government have been informed of the position.

In discussing the report, the following points were raised:

Lynne Hamilton conveyed her disappointment in the financial position, she referred to the earlier discussion surrounding the annual plan stating that if the organisation was going to balance with the health boards underlying deficit, 2019/20 would have been the year to do it. This would have been the platform for the health board to build an approvable IMTP. By the health board not reaching financial balance this year, the challenge has increased significantly. She stressed the need for a focus on driving the financial .from the outset.

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Reena Owen raised a query with regards to previous discussions at Board where agreement on reaching the forecast of £12.3m had taken place. She queried whether an understanding of the risks outlined above could have been foreseen. Lynne Hamilton replied she felt that it could not. In discussions at Board in November, the board were in good faith in thinking that reaching the figure forecast would be possible. Although at that point it was recognised there was risk, as a board we did collectively agree. With hindsight, we should have been more prudent but wanted to maintain ambition.

Reena Owen queried what lessons had been learned from this set back, to which Lynne Hamilton replied that plans cannot be developed as we go along, and that there needs to be a focus from the start of year rather than month 6 or 7. The organisation has not had firm plans in place and a financial plan can only underpin a plan, without it the financial plan will start to slip.

**Resolved:** The report was **noted**.

## 35/20 DELAYED FOLLOW-UPS

Richard Evans was welcomed to the meeting.

A report setting an update on delayed follow-ups was **received**.

In introducing the report, Richard Evans and Chris White highlighted the following points:

- There was a now a better programme of work in place to improve the position, which included an assignment of a Quality Improvement Lead and a Clinical Lead and also a focus on the use of best practice;
- An Improvement Approach and Project Management support team had also been put in place to improve the position;
- The two targets set by Welsh Government for improving the position were;
  - i. reducing the Total FUNB list by 15% between March 2019 and April 2020 (135,093 to 114,829) and
  - ii. reduce the 100% delayed follow up waiting list by 15% by March 2020 (24,642 to 20,946)
- 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;
- Target two, figures show a reduction to 20,579 patients on the Over

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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.

- The health board had also been successful in gaining approval for a number of additional bids totalling almost £500k to introduce initiatives in the 9 core areas;

In discussing the report, the following points were raised:

Chris White advised that although there had been some progress in the position of target one, it would be a challenge to hit within the timescales. He advised that significant progress had been made in target two and this target would be hit by March 2020.

Reena Owen asked for an explanation on the group of patients this involved. Richard Evans advised that these were patients who had been to clinic, a follow up appointment had been requested but due to clinic list being fully booked, there would be indefinite period of waiting for an appointment to be booked. Initiatives were underway to address this and patients were encouraged to cancel if they do not feel the need for the appointment. Hannah Evans commented that the validation team would also pick this up via the validation approach as set out in page 6 of the report.

Reena Owen asked the question of what the outcome of these improvements would be, Chris White advised for the health board there were a number of benefits, in particular its effect on the waiting list and better use of core capacity. As part best practice, we are trying to improve the culture of dependence and broadening the use of STD (Stop, Think, Discharge) approach across the organisation. From a patient's perspective, there was no clinical benefit for increased number of follow up's. Emma Woollett further added that in some specialities, there would always be a need for a follow up but this was not the case for all, the need for a follow up was pathway specific.

Reena Owen requested that the committee was provided with an update on a quarterly basis and Dorothy Edwards would provide this and this would be added to the work programme.

**Resolved:**

- An update to be provided to the committee every 4 months and this would be provided by Dorothy Edwards and would be added to the work programme.
- The report was **noted**.

**DE**

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**HEALTHY CHILD WALES PROGRAMME DELIVERY**

Andy Griffiths was welcomed to the meeting.

A report providing an update on compliance with the Healthy Child Wales Programme was **received**.

In introducing the report, Andy Griffiths Highlighted the following points;

- An analysis had been undertaken to establish the causes of the low levels of activity highlighted by the Primary Care and Community Unit;
- A review had been undertaken in two phases; firstly to establish if the data reported was accurate and if visits to children were being omitted and secondly, on the data management processes to establish if these were robust enough to support an accurate reporting system;
- The review had provided assurance that visits had been undertaken appropriately and that children were receiving their assessment;
- In terms of data management, the process of collecting, transferring and inputting data had several stages and as a result impacted on data compliance;
- The main causes for lack of completed data were internal processes, compliance of HCWP by individual Health Visitors, late entry/submission of forms and also staff absence.
- 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;

In discussing the report, the following points were raised;

Martin Sollis commented that the comprehensive paper provided assurance that health visitors were actually making visits to children and that children were not being omitted. He queried the timeline for the digital element in which Andy Griffiths replied that work was underway with the digital team and there was a meeting arranged for March to scope this.

Mark Child made reference to the link with between the Healthy Child Programme and 'Healthy Cities Model' and queried the links with local authority colleagues. Andy Griffiths informed that there was a strong link with 'Flying Start', a local authority initiative and that these were priority areas for the health board, additional services were provided to this group of children. Mark Child also queried the link between midwifery and antenatal services and with education services. Andy Griffiths assured that there was a transfer of child and family information from midwifery into the

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health visitor services. The links with education were not so strong unless there was a particular safeguarding issue.

Reena Owen made reference to the Programme requiring a minimum of nine contacts to children. Andy Griffiths informed that in terms of the HB performance we were average.

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

**37/20 KEY ISSUES: INVESTMENT AND BENEFITS GROUP**

A report setting out the discussions of the recent investment and benefits group was **received** and **noted**.

**38/20 MONITORING RETURNS**

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

**39/20 PERFORMANCE AND FINANCE COMMITTEE WORK PROGRAMME 2019/20**

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

**40/20 ITEMS FOR REFERRAL TO OTHER COMMITTEES**

As discussed as part of the integrated performance report, the issue of performance within Serious Incidents, Reena Owen undertook to follow up with Chair of Quality and Safety Committee.

**RO**

**41/20 ANY OTHER BUSINESS**

There was no further business and the meeting was closed.

**42/20 DATE OF NEXT MEETING**

The next scheduled meeting was noted to be **24<sup>th</sup> March 2020**.

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