

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

Present:

Emma Woollett	Interim Chair (in the chair)
Martin Sollis	Independent Member
Chris White	Chief Operating Officer/Director of Therapies and Health Science
Maggie Berry	Independent Member
Darren Griffiths	Associate Director of Performance

In Attendance:

Hannah Evans	Director of Transformation
Sam Lewis	Assistant Director of Finance
Val Whiting	Assistant Director of Finance
Dorothy Edwards	Deputy Director of Recovery and Sustainability
Liz Stauber	Interim Head of Corporate Governance
Tanya Spriggs	Interim Unit Nurse Director, Primary Care and Community Services (for minutes 158/19 and 159/19)
Andrew Griffiths	Interim Head of Primary Care and Community Services Development (for minute 154/19)
Brian Owens	Service Director, Neath Port Talbot Hospital (for minute 160/19)
Aidan Byrne	Interim Deputy Medical Director (for minute 161/19)

Minute	Item	Action
149/19	WELCOME AND APOLOGIES	
	Emma Woollett welcomed everyone to the meeting, advising that it was would be the last one that she chaired, and Reena Owen, independent member, would be taking over from October 2019.	
	Apologies for absence were received from Reena Owen, independent member and Lynne Hamilton, Director of Finance.	
150/19	DECLARATIONS OF INTEREST	
	There were no declarations of interest.	
151/19	MINUTES OF PREVIOUS MEETINGS	

The minutes of the meeting held on 20th August 2019 were **received** and **confirmed** as a true and accurate record, except to note the following amendment:

138/19 Review of Trajectories

There were currently 2,690 patients waiting more than 36-weeks for planned care against a *July 2019 trajectory of 1,856*.

152/19 MATTERS ARISING

There were no matters arising.

153/19 ACTION LOG

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

154/19 MONTHLY PERFORMANCE REPORT

Andrew Griffiths joined the meeting.

(i) Integrated Performance Report

The integrated performance report was **received**.

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

- It had been agreed for representatives of mental health and public health to attend with primary care to present their sections of the report, however no-one had been fielded;
- The majority of the public health metrics were only available on a quarterly or bi-annual basis and discussions were needed to identify ones which were more agile;
- Performance in relation to access to services under the Mental Health Measure (Wales) 2010 was good;
- The four-hour unscheduled care performance remained flat at 74.26% in August 2019 but the health board continued to meet the red call release target. However it had been a challenging month with the one hour and 12-hour performance off target, and there had also been an increase in lost hours;
- Stroke performance had been disappointing in August 2019 as the ability to protect the dedicated beds had been challenging due to unscheduled care pressures;

- Cancer performance had been better with a reduction in the backlog and improvement in the 62-day target;
- Planned care performance continued to be significantly affected by the operational pressures. The 26-week outpatient performance had worsened due to reduced ability to use flexible medical workforce, but sustainable plans had been identified and were to be implemented. The 36-week stood at 3,263 cases against a profile of 1,763 in August. There were no therapies cases waiting and plans were in place to manage the improvement needed for diagnostics.
- Healthcare acquired infections were in-line with the performance trajectory and there were also improvements noted within the workforce metrics.

(ii) Primary Care

In introducing the primary care section of the report, Andrew Griffiths highlighted the following points:

- The unit was now providing metrics for the performance report which previously had not been visible;
- It was also to develop its own targets as there was yet to be anything on a national basis to which to compare itself;
- The health board was performing well in relation to the common ailment scheme;
- The work of the community resource teams/hubs was reducing the number of preventable hospital admissions as well as supporting discharges;
- Compliance against the Healthy Child Wales programme was one of the lowest in Wales and discussions were being undertaken with the health visiting service to determine reasons why as well as an audit undertaken to review the way in which data was reported;

In discussing the report, the following points were raised:

Emma Woollett registered the committee's disappointment that colleagues from mental health and public health had not joined the meeting to discuss the relevant sections of the performance report, adding that they were now requested to attend the next one.

Chris White commented that the chart in relation to the Healthy Child Wales programme did not outline the target to which the organisation was aspiring. Andrew Griffiths responded each column represented a different compliance area but there was yet to be an all-Wales position against which to benchmark, but the unit was working on establishing its own targets. Hannah Evans stated that this would enable hotspots to be identified for improvement opportunities.

Chris White stated that it was important that the data shared within the report for primary care aligned with what was discussed at the weekly recovery and finance meetings in order for a holistic view to be taken.

Maggie Berry noted that the primary care section was the only to have not included a narrative as to actions being taken. Andrew Griffiths advised that one was to be developed for the next iteration.

Maggie Berry referenced the recent change in national process as to the way in which claims against primary care contractors were dealt, adding it was now the liability of the health board, and queried if this was being monitored. Chris White advised that this would be taken through the health board's primary care contractors' group but should issues arise, they could be escalated through to the committee.

Maggie Berry queried if the audit being undertaken of the Healthy Child Wales data was due to a concern that the information was wrong. Andrew Griffiths responded that there could be an element of some information not being correctly recorded and this needed to be understood.

Emma Woollett stated that it would be useful to see trends by age of the child for the Healthy Child Wales information. Andrew Griffiths undertook to include this in future iterations. **AG**

Martin Sollis commented that it would be useful to see the triangulation between complaints and patient experience surveys as satisfaction levels appeared to be decreasing. Emma Woollett undertook to refer this to the Quality and Safety Committee. **EW**

Emma Woollett advised that performance in relation to child and adolescent mental health services (CAMHS) was deteriorating but there was no reference within the mental health section. She suggested this be requested for the next iteration. This was agreed. **DG**

Emma Woollett stated that performance in relation to childhood obesity varied by sex and age and suggested a report be sought from public health as to the position and the actions the organisation should be considering taking. This was agreed, with Chris White suggesting that smoking cessation should also be included. **SH**

Emma Woollett referenced the actions being taken in relation to unscheduled care, adding that while they seemed appropriate, it was unclear what was going to provide the step change needed for improvement. Chris White advised that at the request of the Chief Executive, the executive directors attended his recent weekly meeting with the service directors in relation to unscheduled care to review what needed to be done to improve the pace and what benefits would be seen from the actions. Darren Griffiths added that the next stage of work for the delivery support team was to focus on this and to develop a single board-wide plan.

Emma Woollett suggested that a short paper be received at the next meeting outlining the strategic plan for unscheduled care. This was agreed. **CW**

- Resolved:**
- The report was **noted**.
 - Trends by age of the child for the Health Child Wales information be included in the next iteration; **AG**
 - Need for patient experience and complaints data to be triangulated to be referred to the Quality and Safety Committee; **EW**
 - CAMHS data to be requested for inclusion in the mental health section in the next iteration; **DG**
 - Report be received at the next meeting as to the position and the actions the organisation should be considering taking in relation to childhood obesity and smoking cessation; **SH**
 - A short paper be received at the next meeting outlining the strategic plan for unscheduled care. **CW**

155/19 **PLANNED CARE TRAJECTORIES**

A verbal report setting out the planned care trajectories was **received**.

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

- At the end of August 2019, 923 cases were waiting more than 26 weeks for an outpatient appointment compared with 114 in March 2019, however some plans to build sustainability within some specialties, such as oral maxillofacial, spinal and ophthalmology had now commenced;
- At the start of the financial year, 1,801 patients were waiting more than 36 weeks for treatment against 3,263 in August 2019. In context, the profile for August 2019 was 1,763 which is part of the trajectory for a year-end position of 938;
- 1,500 fewer elective cases had been carried out by Swansea Bay University Health Board for 2019-20 compared with the same point in the previous year, the majority of which could be attributed to:
 - The HMRC (Her Majesty's Revenue and Customs) pension changes which had resulted in fewer anaesthetists undertaking waiting list initiatives as well as a number changing job plans;
 - Inability to protect ring-fenced orthopaedic beds at Morriston Hospital due to unscheduled care pressures;
 - Inefficiencies within specialties;

- Decision not to outsource some ophthalmology cases;
- Factoring in the number of outpatient appointments required and the potential conversion to procedures, the potential gap to reach the current end-of-year trajectory was a range between 2,200 and 4,900;
- Mitigating actions had already commenced, including an orthopedic theatre list transferring from Morriston Hospital to Neath Port Talbot Hospital and a trolley area at Singleton Hospital to address beds lost due to urgent ward refurbishments.

In discussing the report the following points were raised:

Martin Sollis queried the action being taken in relation to the risks surrounding the higher end of the gap range. Chris White responded that some of the cases in the higher range were within the health board's gift as they were not bed reliant specialities, such as ophthalmology and gastroenterology. Darren Griffiths added that a plan was also being developed by Morriston Hospital to address some of the issues surrounding anaesthetics and was expected on 19th September 2019.

Emma Woollett stated that the committee understood that the organisation was not yet in a position to outline its end-of-year trajectories for planned care but it needed assurance of the issues and how they were to be addressed, which had been provided. She added that the narrative was important, as if the targets were not met, this would outline the grip and control the health board had gained over the areas it could control.

Emma Woollett summarised that the committee could report to the board that it had undertaken a detailed discussion regarding the trajectories. Darren Griffiths added that he had a briefing note drafted based on his introductory remarks which he undertook to circulate.

DG

Resolved:

- The report be **noted**.
- Briefing note be circulated.

DG

156/19

FINANCIAL POSITION AND RECOVERY ACTIONS

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

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

- The latest in-month position was an overspend of £1.3m with a cumulative of just under a £6m deficit. There were a number of contributing factors including operational pressures, pay and continuing health care but an improvement in income had been evident, and 130 newly qualified nurses had been recruited;
- As part of the 2019/20 financial plan, savings of £22m were required, the current forecast achievement was £20m;
- Progress was being made in relation to the Bridgend diseconomies of scale, but these together with the operational pressures meant that the health board was around £10m adrift of where its position needed to be in order to achieve breakeven by year-end;
- The delivery support team was focusing on the amber schemes within the recovery plan to test and challenge those with the potential to turn green;
- The external financial support commissioned by Welsh Government was to start imminently for which clear deliverables from the work needed to be identified;
- The three main risks for the committee to be aware of comprised risk of clawback due to non-delivery of planned care, the potential operational pressures related to winter and final pension charges;
- An update as to progress against each of the high-value opportunities was outlined

In discussing the report, the following points were raised:

Emma Woollett reiterated the need to focus on the narrative as if the health board did not achieve what it was setting out to, it would need to demonstrate it understood what was and was not within its control and the actions it had taken in order to mitigate the challenges.

Martin Sollis clarified as to whether there was cost growth incorporated into the continuing healthcare forecast. Sam Lewis responded that there was, but it was based on previous trends, so anything above this would not be accounted for.

Martin Sollis noted that a number of the high-value opportunities would not be cash releasing, adding that there would be workforce and quality benefits as a result of the work that should be tracked. Emma Woollett concurred, stating that if targets were not identified, they would not be delivered, and the health board needed to be more ambitious if it was to give itself headroom.

Resolved: The report be **noted**.

157/19 MONITORING RETURNS

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

158/19 DEEP DIVE: CONTINUING HEALTHCARE

Tanya Spriggs was welcomed to the meeting.

A report in relation to a deep dive of continuing healthcare was **received** and **noted**.

159/19 CONTINUING HEALTHCARE QUARTER ONE

A report in relation to a deep dive of continuing healthcare quarter one was **received**.

In introducing the report, Tanya Spriggs highlighted the following:

- A deep dive was undertaken by the Primary Care and Community Services unit to determine if the continuing healthcare process was robust;
- The development of the service had four workstreams; analysis of the issues, strengthening of scrutiny, options for consideration and transformation opportunities.

In discussing the report, the following points were raised:

Dorothy Edwards advised that the delivery support team was now taking forward the action needed in relation to continuing healthcare, which also included the £20m spend within mental health and learning disabilities and the work in relation to looked after children. She added that the plan had been shared at the cross-unit meeting the previous week to determine the impact on hospital services and quality of care, as well as the appetite to take it forward. In addition, the processes needed to be verified to determine if they were robust, but consideration was needed as to whether this could be a significant growth area for the organisation. It was an area that the external financial support could look at in the context of national benchmarking data which was to become available in October 2019.

Martin Sollis stated that working with partners needed to be fundamental and the strategy a key part of the integrated medium term plan (IMTP). He added that assurance was needed that growth in the plan would match

trends. Tanya Spriggs advised that the complexity of patients was increasing therefore growth was inevitable, as the levels of need were higher. Sam Lewis added that this had been included within the plan but if growth exceeded trends, it was not accounted for, as until the previous year, an increase in continuing healthcare had not been evident.

Dorothy Edwards suggested she bring an update to the next meeting based on the work of the delivery support team which would incorporate any issues in relation to partnership working. This was agreed.

DE

Resolved:

- The report be **noted**.
- Update be brought to the next meeting based on the work of the delivery support team which would incorporate any issues in relation to partnership working.

DE

160/19

THEATRE PERFORMANCE

Brian Owens was welcomed to the meeting.

A report in relation to theatre performance was **received**.

In introducing the report, Brian Owens highlighted the following:

- There had been no change to late starters/early finishes but theatre utilisation had improved by 2%, and cancelled operations had by 12%;
- Further improvement had been hampered by the unscheduled care pressures and fewer savings had been delivered to date as hoped;
- A standardised approach for booking lists had now been implemented to ensure any slots not required by the usual specialty were offered to others in a timely way;
- There had been site specific changes which included the movement of some lists to Neath Port Talbot Hospital and trolley capacity established at Singleton Hospital;
- Staffing needed to be considered in the context of demand and capacity;
- A dedicated dashboard was to go live in September 2019 to track progress.

In discussing the report, the following points were raised:

Martin Sollis referenced the 2% improvement, adding that in the context of the unscheduled care and HMRC challenges, this could be taken as a positive, and this needed to be a key part of the narrative, highlighting what had been delivered. He added that there needed to be a strategy going

forward around redesign but the actions and progress to date was encouraging.

Emma Woollett queried as to whether clinical engagement was at the level it needed to be. Chris White advised that it could be improved. Emma Woollett queried if it was raised as part of performance management processes. Chris White responded that it should be part of appraisals but the discussions were taking place as part of the clinical services plan. He added that the engagement between the units had improved and they were now working together rather than separately.

Chris White suggested a further update be received in six months. This was agreed.

CW

Resolved:

- The report be **noted**.
- Further update be received in six months.

CW

161/19

DELAYED FOLLOWING-UPS

Aidan Byrne was welcomed to the meeting.

A report in relation to delayed follow-ups was **received**.

In introducing the report, Aidan Byrne highlighted the following:

- Feedback received from the clinical forums as part of the clinical service plan work was that outpatients should be renamed as ambulatory care centres and have a one-stop-shop function;
- Consultants felt disconnected from GPs and strategic planning within headquarters, which were imperative to change;
- Some of the reasons as to why patients were booked for follow-up appointments was unclear and a large number did not require them;
- A number of initiatives were being tested such as the Patient Knows Best system, virtual clinics and follow-ups by phone in various specialties;
- A clinical lead had now been identified.

In discussing the report, Emma Woollett suggested a further report be received in four months. This was agreed.

AB

Resolved:

The report be **noted**.

162/19

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

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

163/19 ITEMS FOR REFERRAL TO OTHER COMMITTEES

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

163/19 ANY OTHER BUSINESS

There was no further business and the meeting was closed.

164/19 DATE OF NEXT MEETING

The next scheduled meeting was noted to be **22nd October 2019**.