

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

Present:

Emma Woollett	Interim Chair (in the chair)
Chris White	Chief Operating Officer/Director of Therapies and Health Science
Martin Sollis	Independent Member
Jackie Davies	Independent Member
Lynne Hamilton	Director of Finance
Maggie Berry	Independent Member
Darren Griffiths	Associate Director of Performance
Siân Harrop-Griffiths	Director of Strategy

In Attendance:

Hannah Evans	Director of Transformation
Val Whiting	Assistant Director of Finance
Dorothy Edwards	Deputy Director of Recovery and Sustainability (from minute 113/19)
Liz Stauber	Interim Head of Corporate Governance
Jamie Kaijaks	Graduate Management Trainee
Hannah Roan	Performance and Contracting Manager (until minute 114/19)
Jan Thomas	Assistant Chief Operating Officer (for minute 117/19)
Malcolm Thomas	Assistant Director of Recovery and Sustainability (for minute 120/19)
Gareth Howells	Director of Nursing and Patient Experience (for minutes 115/19, 116/19 and 117/19)
Richard Bowmer	Business and Finance Partner, Primary Care and Community Services for (minute 115/19)
Karen Gronert	Head of Integrated Nursing (for minute 115/19)
Geraint Norman	Project Manager Financial Implications of Bridgend Boundary Change, Finance (from minute 118/19)

Minute	Item	Action
108/19	WELCOME AND APOLOGIES	
	Emma Woollett welcomed everyone to the meeting.	
	Apologies for absence were received from Sam Lewis, Assistant Director of Finance.	
109/19	DECLARATIONS OF INTEREST	

There were no declarations of interest.

110/19 MINUTES OF PREVIOUS MEETINGS

The minutes of the meeting held on 8 June 2019 were **received** and **confirmed** as a true and accurate record.

111/19 MATTERS ARISING

There were no matters arising.

112/19 ACTION LOG

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

113/19 INTEGRATED PERFORMANCE REPORT

The integrated performance report was **received**.

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

- The performance report had been developed further to include primary and community care, mental health and learning disabilities and public health measures, and representatives of these services would be attending the committee in September 2019 to discuss the various sections;
- The dashboard now only showed monthly metrics against trajectories where available, or national targets where no trajectory exists. Quarterly performance updates now formed part of an appendix;
- In relation to unscheduled care, the four-hour performance remained flat at 74.98%. One-hour handover numbers increased in June 2019 but the total number of ambulance hours lost in handover was showing improvement in July 2019. 12-hour waits also showed an increase in June 2019;
- Planned care performance had been affected by the operational pressures and by the impact of HMRC (Her Majesty's Revenue and Customs) rules on tax in terms of the ability to find consultants to undertake waiting list initiatives. While the 26-week outpatient performance remained high, the 36-week stood at 2,318 cases against a profile of 2,125. There were no therapies cases waiting

and plans were in place to manage the improvement needed for diagnostics;

- Direct admission to a stroke bed performance had improved marginally in June 2019, while access to CT scans within one-hour and stroke specialist assessment within 24 hours was achieving profile levels;
- The 62-day urgent suspected cancer performance was 77% for June 2019, with the 31-day non-urgent measure anticipated to achieve more than 90%;
- All infection control measures were within target range;
- Sickness absence in month improved in May by 0.24%.

In discussing the report, the following points were raised:

Siân Harrop-Griffiths commented that discussions were being undertaken with Welsh Government on the public health priorities, and a framework was to be developed in September 2019. It was anticipated that considerable work would be undertaken in relation to obesity. She noted that some of the performance metrics, such as physical activity and obesity, differed within boys and girls, and this was something to take into account.

Chris White stated that consideration was needed as to how the information would be used not only for the committee to seek assurance but also to support the health board in making changes. He added that consideration was also needed as to how they aligned with the multiple delivery plans to influence better health and wellbeing within the community.

Emma Woollett advised that representatives of the services within the report would be attending the committee in September 2019 to discuss the various sections.

Jackie Davies noted the improvement in psychological therapies and queried as to how the backlog had been cleared. Darren Griffiths responded that some investment had been provided nationally to address the backlog through outsourcing, but there was also good clinical engagement and leadership. He added that the service was now working at the target of a 26-week waiting list but had an ambition to reduce this to 13-weeks. Chris White commented that the reduction in waiting times was an opportunity to use resources differently, perhaps providing more support within unscheduled care.

EW

Maggie Berry noted that the public health metrics had identified that Neath Port Talbot had the highest levels of suicides and queried if more information was available. Emma Woollett undertook to raise this with the

chair of the Quality and Safety Committee, as this would come under its remit.

Martin Sollis noted that the planned care performance figures were off profile and some investment was to be made. He sought assurance that this would not be at risk. Darren Griffiths responded that Welsh Government had provided funding of £6.5m to address the backlog and £3.9m had been allocated from the annual plan to make services sustainable. He added that as of Thursday of the following week, it would be 36-weeks to year end, and it would be clear at that point all the patients who would need to be seen to achieve the target and decisions could be made as to how to achieve this on a speciality by speciality basis.

Emma Woollett stated that theatre efficiency was not improving but it needed to in order for planned care to become sustainable. She added that the analytical detail did not appear to be sufficient enough for members to understand the full picture in order to hold clinicians to account. Martin Sollis concurred, adding that if the health board was to deliver what it had set out to, then would need a detailed breakdown. Darren Griffiths advised that an analysis on site and speciality basis was in the process of being collated and a number were already sustainable, but this was on condition that beds were available. He added that it would be useful for this to be shared with the committee and suggested it be included on the agenda for the September 2019. This was agreed.

DG

Siân Harrop-Griffiths stated that due to the challenges following the Bridgend boundary change, the health board was yet to agree a financial plan, therefore was also without an approved annual plan. She advised that as a result, Welsh Government had not been able to issue an accountability letter to the Chief Executive and the health board was to write to the Director General setting out its plans in order for this to be issued and the board would need to consider this later in the summer. Martin Sollis stated that it was right to have proper board governance but it was critical that the risks were outlined as well as the board approach which despite its best endeavours, was not having an impact.

Emma Woollett invited members to submit their comments on the new developments of the performance report to Darren Griffiths.

ALL

Resolved:

- The report was **noted**.
- Emma Woollett to discuss the high number of suicides within Neath Port Talbot with the chair of the Quality and Safety Committee.
- Members to submit their comments on the new developments of the performance report to Darren Griffiths.
- Theatre efficiency site and specialty analysis be received at the September meeting.

EW

ALL

DG

114/19

FINANCIAL POSITION

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

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

- The month three position was a deficit of £1.5m with a cumulative deficit of £3.5m;
- There were a number of contributing factors to the position including operational pressures, pay, continuing health care, high-cost medications and Bridgend diseconomies of scale;
- A reduction of income had also been evident due to the operational pressures affecting the amount of elective work which could be undertaken and there had also been slippage in savings delivery;
- Morriston Hospital was proving the biggest challenge in relation the units;
- Almost 100% of the savings plans had been identified, but the amber rated schemes needed to be converted to green in order to ensure that the organisation delivers on its promises;
- A delivery support team had been established, which would have a performance and financial focus, and the units and executive directors had been asked to provide recovery plans by the end of the week;
- The next targeted intervention meeting was three days after the August 2019 committee meeting at which assurance would be need to be given as to the financial recovery plan;
- Following the receipt of the recovery plans, the board would be presented with a number of financial recovery options to determine which to progress.

In discussing the report the following points were raised:

Emma Woollett noted that £300k was being spent per month to support the additional capacity beds, which was the equivalent to Morriston Hospital's overspend. She queried as to whether the two were aligned. Lynne Hamilton responded that they were not, as the additional beds were being paid for through corporate monies and the Morriston Hospital overspend was as a result of other factors. Chris White added that Welsh Government had asked for details as to how much the health board was having to invest to address the operational pressures.

Emma Woollett queried whether the units were provided with sufficient detail as to their financial position and what structures were in place for them to review it. Lynne Hamilton responded that the operational finance team provided the breakdown to the business and finance partners, and

each unit had a board at which its financial position was discussed. Chris White added that he and Lynne Hamilton were also meeting the units weekly on financial recovery. Emma Woollett commented that on that basis, the service directors would be aware of which budget managers were overspending in order for them to be held to account. Martin Sollis concurred, adding that people needed to be held to account if nothing has been delivered and pushed if there was more to go at.

Emma Woollett stated that as the monies for the additional capacity beds was not part of the units' spend, it was unclear why they were not delivering on their operational plans.

Jackie Davies noted the high expenditure on workforce, adding that the number of medically fit for discharge patients would be contributing to this as they would need staff to care for them. She queried if they were located in one area, as this would require fewer staff than if they were across the sites. Chris White stated that patients were 'cohorted' where possible but the sheer number meant that it was not possible to do this for all. He added that the service directors were undertaking a piece of work to determine the exact number of medically fit for discharge patients as this could fluctuate on a daily basis.

Hannah Evans advised that the intention of the delivery support team was to provide a change of approach and proactive perspective, and people had already been identified internally to contribute. She added that part of the work was to turn amber schemes green, push the high value opportunities and would be supported by the NHS Wales Financial Delivery Unit and the commissioned external support.

Resolved: The report be **noted**.

115/19 CHANGE IN AGENDA ORDER

Resolved: The agenda order be changed and item 5.1 be taken next.

116/19 DEEP DIVE: CONTINUING HEALTHCARE

Gareth Howells, Karen Gronert and Richard Bowmer were welcomed to the meeting.

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

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

- Continuing healthcare remained a significant financial challenge and work was needed to make the internal process more consistent as well as strengthen the relationships with the local authorities;
- A new national framework was expected in 2020;
- Documents had been reviewed providing assurance that the process was robust but the membership of scrutiny panels needed to be debated;
- Requests continued to be received for reviews and one appeal a week was requested;
- More work was needed to meet the needs of patients who wished to die at home;
- Some of the challenges within the system were as result of bed closures as there was insufficient capacity within the community services;
- Costs were increasing due the complex needs of the patients.

In discussing the report, the following points were raised:

Emma Woollett stated that it was unclear what expenditure reflected true underlying increases in demand and what reflected inefficiencies and sub-optimal processes. She added that granularity was needed as to this as well as the costs and benefits of the action plan outlined within the report, and this needed to be part of the targeted intervention discussions with Welsh Government. Richard Bowman advised that a growth forecast had been developed for 2019-20 and it was recognised that more mitigating actions were needed. He added that the relationships with the local authorities needed to be improved as not all appeals were justified.

Chris White commented that there were some good actions within the plan which had an August delivery date and it would be useful to consider these further to see what saving each one could provide. Richard Bowman advised that this was to be discussed further at unit's finance and performance later that day and a comparator had been sought from Welsh Government.

Maggie Berry stated that the issues of pooled budgets with the local authorities still needed to be resolved as this would help patients to be discharged sooner as there would be fewer challenges over who would be providing the monies. Siân Harrop-Griffiths advised that work was being undertaken with the directors of social services within the local authorities as continuing healthcare would be a growing demand giving the demographics of the local population.

GH

Gareth Howells suggested that a further update be received with a costed action plan. This was agreed.

- Resolved:**
- The report be **noted**.
 - A further update be received with a costed action plan.

GH

117/19 UNSCHEDULED CARE

Jan Thomas was welcomed to the meeting.

A report providing an update with regard to unscheduled care was **received**.

In introducing the report, Chris White highlighted the following points:

- Five key priority areas had been identified and were being progressed;
- Each service director had identified the top three immediate actions from their unscheduled plans which would contribute to an improvement in performance;
- A two-week 'Breaking the Cycle' programme had been undertaken in the first two weeks of July 2019;
- Some investment had been agreed at risk for therapists for the hospital at home programme as well as monies from the integrated care fund, however the bid to Welsh Government may need to be revised;
- The escalation levels had started to decrease and improvement in performance had been evident in July 2019.

In discussing the report, the following points were raised:

Martin Sollis commented that it was important to maintain a focus in order to make the 'front door' more sustainable and the outcomes of initiatives such as 'Breaking the Cycle' needed to be maintained. Chris White concurred, adding that it should not just something extraordinary to provide 'grip'.

Jan Thomas stated that there was a need for the transformation programme to be a part of everyday business as unscheduled care was the responsibility of all staff. She advised that compared with the first week of June 2019, July 2019 had delivered an improvement of four-hour performance by 2.5%, 12-hour performance by 37% and two-hour ambulance handovers by 7%.

118/19 SAVINGS OUTCOMES

A report outlining savings outcomes was **received**.

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

- Almost 100% of the required savings schemes had been identified, with £500k needing to be found;
- More than 100% was needed to mitigate the risk of non-delivery;
- There was also a challenge with regard to the balance of amber and green schemes and some needed to be enhanced;
- The high value opportunities had a target of £10m and were the focus of the financial management group, however there were some causes for concern with a number needing to step up delivery;
- The NHS Wales Financial Delivery Unit was collating the monthly financial monitoring returns but the data was always a month behind. While the health board was the second highest in terms of savings plans, the intelligence provided did not identify the level needed by each organisation.

In discussing the report the following points were raised:

Martin Sollis stated that during 2018-19, £15m of savings had been made and the target for 2019-20 was £21m as well as the need to identify £5.4m to address the retained costs following the Bridgend boundary change. He added that this was why the delivery mechanism was essential and the focus needed to be to reach a sustainable solution. Emma Woollett reiterated these comments, stating that insufficient energy and detail was available which was critical to turning the position around, and the board needed to know what was possible.

Dorothy Edwards advised that more granularity was included within the savings plans for 2019-20 and the schemes were better resourced with finance and workforce leads. She added that a tracking tool had been established to measure progress, which would be enhanced through the work of the delivery support team.

Emma Woollett stated that more of a focus needed to be given to high value opportunities, operational grip and the category b savings plans, with less given to the challenges as a result of the boundary change.

Emma Woollett commented that the base position and reference costs were unclear and it would be helpful to compare such information on an all-Wales basis. Val Whiting responded that a detailed benchmarking analysis was available and undertook to circulate this. She added that each of the units were looking at opportunities specific to them as well as ones which could be considered on a board-wide basis.

VW

Emma Woollett stated that it would be beneficial for the committee to have sight of the progress of the savings plans and high value opportunities.

LH

Lynne Hamilton undertook to include these in the finance pack going forward.

- Resolved:**
- The report was **noted**.
 - The detailed benchmarking analysis be circulated. **VW**
 - Savings plans and high value opportunities progress be included in the finance pack. **LH**

119/19 CHANGE IN AGENDA ORDER

Resolved: The agenda order be changed and item 5.3 be taken next.

120/19 DELAYED FOLLOW-UPS

Malcolm Thomas was welcomed to the meeting.

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

In introducing the report, Malcolm Thomas highlighted the following points:

- One of the interim deputy medical directors had been allocated as the clinical lead for the outpatient modernisation programme;
- The clinical lead was to meet with all five units to discuss how to improve clinical engagement and what was being done to mitigate the challenges;
- Consideration was being given to moving away from face-to-face appointments with clinicians, better use of nurse practitioners as well as some of the issues and opportunities within primary care;
- There was a potential funding stream of £500k from Welsh Government to drive some of the work and bids were to be submitted.

In discussing the report, the following points were raised:

Emma Woollett stated that while the report was good, it did not provide the assurance the committee was seeking in relation to clinical leadership.

Siân Harrop-Griffiths provided assurance that there was significant clinical engagement with the clinical services plan, which included rapid access to some services.

Emma Woollett stated that delayed follow-ups were a quality and safety issue and while it was included on the risk register, the committee needed

to be aware of the clinical leads on a speciality by speciality basis to know who was accountable for non-delivery. She suggested that a further update be received at the next meeting focusing on this, with the interim deputy medical director in attendance. This was agreed.

SH

Resolved:

- The report be **noted**.
- A further update be received at the next meeting focusing on clinical engagement with the interim deputy medical director in attendance.

SH

121/19 MONITORING RETURNS

The financial monitoring returns to Welsh Government were **received and noted**.

122/19 KEY ISSUES: FINANCIAL MANAGEMENT GROUP

A report outlining the key discussions of the financial management group was **received and noted**.

123/19 KEY ISSUES: INVESTMENT AND BENEFITS

A report outlining the key discussions of the investment and benefits group was **received and noted**.

124/19 BENEFITS ASSURANCE PROCESS

A report outlining the benefits assurance process was **received**.

In introducing the report, Lynne Hamilton stated that benefits realisation would become more heightened through the transformation programme and a benefits management group was to be established to identify the benefits of investments agreed through the investments benefits group.

In discussing the report the following points were raised:

Martin Sollis stated that any approved business cases needed to have a transformational element and be the right value-based investments, and any which did not deliver should be held to account.

Emma Woollett stated that the culture needed to change whereby bids could be refused unless the benefits were clear and there was confidence they would be delivered.

Resolved: The report was **noted**.

**125/19 PERFORMANCE AND FINANCE COMMITTEE WORK PROGRAMME
2019/20**

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

126/19 ITEMS TO REFER TO OTHER COMMITTEES

(i) Suicides

Emma Woollett undertook to refer issue regarding the number of suicides within the Neath Port Talbot locality to the chair of the Quality and Safety Committee.

EW

127/19 ANY OTHER BUSINESS

There was no further business and the meeting was closed.

128/19 DATE OF NEXT MEETING

The next scheduled meeting was noted to be **20th August 2019**.