

Swansea Bay University Health Board
Unconfirmed Minutes of the Performance and Finance Committee
held on 22nd October 2019
in the Millennium Room, Health Board HQ

Present:

Reena Owen	Independent Member (in the chair)
Martin Sollis	Independent Member
Chris White	Chief Operating Officer/Director of Therapies and Health Science
Lynne Hamilton	Director of Finance
Mark Child	Independent Member

In Attendance:

Hannah Evans	Director of Transformation
Keith Reid	Interim Director of Public Health
Sam Lewis	Assistant Director of Finance
Dorothy Edwards	Deputy Director of Recovery and Sustainability
Nicola Johnson	Interim Assistant Director of Strategy
Liz Stauber	Interim Head of Corporate Governance
Joanne Abbott-Davies	Assistant Director of Strategy (for minute 170/19)
Andrew Griffiths	Interim Head of Primary Care and Community Services Development (for minute 170/19)

Minute	Item	Action
165/19	WELCOME AND APOLOGIES	
	Reena Owen welcomed everyone to the meeting.	
	Apologies for absence were received from Darren Griffiths, Associate Director – Performance; Siân Harrop-Griffiths, Director of Strategy; Maggie Berry, Independent Member and Val Whiting, Assistant Director of Finance.	
166/19	DECLARATIONS OF INTEREST	
	There were no declarations of interest.	
167/19	MINUTES OF PREVIOUS MEETINGS	
	The minutes of the meeting held on 22 nd October 2019 were received and confirmed as a true and accurate record.	
168/19	MATTERS ARISING	

There were no matters arising.

169/19 ACTION LOG

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

170/19 MONTHLY PERFORMANCE REPORT

The integrated performance report was **received**.

(i) Public Health

In introducing the public health section of the report, Keith Reid highlighted the following points:

- Not all of the data collected was held or managed by the public health team, rather it was held nationally;
- Vaccination and smoking cessation were the most current metrics reported, the rest were historical, therefore consideration would need to be given as to what information would be useful to manage public health performance;

In discussing the section, the following points were raised:

Mark Child commented that it would be useful for the committee to focus on specific areas and drill down into performance and action, as there was a lot of data included in the report. Chris White responded that from the dashboard perspective, the metrics included were the ones the health board was required to report to Welsh Government. He added that the report had been expanded to include sections for public health, mental health/learning disabilities and primary care to give more assurance of the work to support the communities the organisation served.

Reena Owen stated that it would be important for the committee to focus on areas in which it was an outlier, for example, suicides, as well as areas which the health board could control and improve its performance. Chris White concurred, adding that following the addition of this section to the report, this would be an opportunity for a programme of work to be developed.

(ii) Mental Health/ Learning Disabilities

In introducing the mental health and learning disabilities section of the report, Joanne Abbott-Davies highlighted the following points:

- The health board was required to report five CAMHS (child and adolescent mental health services) targets to Welsh Government,

two of which remained a challenge; primary CAMHS and specialist CAMHS;

- While they both related to being seen within 28 days, specialist CAMHS looked at the percentage of the total waiting list waiting fewer than 28 days for an assessment, while primary care CAMHS looked at the number of patients seen that month who had waited fewer than 28 days;
- The health board had struggled to meet and maintain its specialist CAMHS target but this had improved in 2019-20, and has been achieved since September 2019;
- Regular performance meetings took place with Cwm Taf Morgannwg University Health Board from which CAMHS services were commissioned;
- Due to changes in the service provision and access arrangements, a decrease in demand for primary CAMHS had been evident, enabling more resources to be put into school counseling services;
- A dedicated CAMHS hub had been established at Neath Port Talbot Hospital, in addition to a property in Swansea, to centralise services in appropriate environments for the age group;
- Additional resources were now available for a single point of access as well a plan in development for additional training for specific professional groups.

In discussing the section, the following points were raised:

Chris White stated that there was still more work to be done in relation to CAMHS but the recent improvement should be celebrated with the committee monitoring sustainability.

Mark Child referenced the CAMHS hub in Swansea and its proximity to another organisation aimed at young people. He queried if all parties were happy with this arrangement. Joanne Abbott-Davies confirmed that they were, adding that young people were happy that they had a range of facilities to access. Chris White added that this was another area to celebrate, highlighting the partnership working with local authorities.

Reena Owen noted that the health board was an outlier in terms of suicide rates and queried as to whether there was a focus on this. Chris White responded that a report was to be received by the Quality and Safety Committee that week on suicide prevention and should any issues arise from this in terms of performance, they could be referred back. Keith Reid concurred, adding that not all instances would be preventable and the challenge aligned with the health board's high levels of substance misuse, so until this issue was addressed, suicide rates would potentially remain high.

Reena Owen referenced the deterioration of compliance with the response rate of 28 days for serious incidents and queried the reasons as to why. Hannah Evans responded that this was a result of a change in reporting requirements and definitions by Welsh Government.

(iii) Primary Care

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

- Following the discussion at the previous meeting, narrative had now been included as to the work to improve performance in relation to the Healthy Child Wales programme;
- A recent internal audit review of GP out-of-hour data had shown that some was unreliable due to information systems relating to 111, therefore a rating had not been assigned;

In discussing the section, the following points were raised:

Chris White referenced the internal audit report and advised that a discussion would take place outside of the committee as to next steps, however a number of actions were taking place which would mean that a rating could be assigned when the area was re-reviewed. Andrew Griffiths concurred, adding that a report would be shared with the executive board with recommendations to cease the reporting of the data in question or report it with a caveat as to its accuracy. Martin Sollis stated that the review would be considered in detail by the Audit Committee as part of the internal audit update in order to ensure the right governance process was in place.

Reena Owen raised concern at the health board's performance against the Healthy Child Wales programme's 10 – 14 days category. Andrew Griffiths advised that while there was no national standard, the health board should be aiming to achieve 100% in this area and while performance had improved, the impact of paper-based reporting was a complicating factor. He added that any missed visits were now reported via Datix to identify any trends or issues which need to be addressed. Chris White commented that it was a metric that the committee needed to keep under close scrutiny as the first 1,000 days of a child's life were critical. He queried if there was an opportunity to make the records process less paper-based through the Mobilisation project. Andrew Griffiths responded that while all health visitors used tablets to update records, there was some incompatibilities with the central record.

Reena Owen suggested that the committee receive an update on progress against the Health Child Wales programme in three months. This was agreed.

AG

(iv) Other Areas of Performance

In discussing the section, the following points were raised:

Martin Sollis sought assurance that from October 2019, the performance report would reflect the revised trajectories in the annual plan. Chris White confirmed that this would be the case.

Martin Sollis noted the deterioration in cancer performance and queried as to when an improvement may be evident. Chris White responded that there were some challenges to treating cancer patients due to the unscheduled care pressures but mitigating actions were being discussed by the cancer improvement board.

- Resolved:**
- The report was **noted**.
 - An update on progress against the Healthy Child Wales programme be received in three months. **AG**

171/19 CHANGE IN AGENDA ORDER

The agenda order be changed and item 2.4 be taken next.

172/19 REVISED ANNUAL PLAN

A report setting out the revised annual plan was **received**.

In introducing the report, Nicola Johnson, Lynne Hamilton and Chris White highlighted the following points:

- (i) Annual and Financial Plan 2019-20
 - The annual plan for 2019-20 was approved by the board in September 2019 with the exception of the unscheduled and planned care trajectories and financial plans, which were circulated for comments after the board meeting with the intention for them to be agreed via chair's action;
 - Informal feedback from Welsh Government had been accepting of the unscheduled and planned care trajectories but further work was needed in terms of the financial plan. Therefore chair's action had not been taken;
 - This had also been the outcome of a discussion at the Financial Management Group but at the moment, there was no plan to adjust the plan, rather a continued desire to motivate in relation to the recovery plans;
 - A meeting had been arranged between the health board and Welsh Government to discuss the annual plan including financial performance;

- The only adjustment made to date to the financial plan related to the recognition by Welsh Government of the £7m deficit associated with the Bridgend boundary change;
- A special meeting of the board was scheduled for 31st October 2019 to agree the trajectories and discuss the annual and financial plans;

(ii) Unscheduled Care Trajectories and Plan

- A summit meeting had taken place with Welsh Government to discuss all the interventions taking place in relation to unscheduled care;
- It was expected that some of the capacity currently out of commission at Singleton Hospital due to remedial works would be available by January 2020 which would help with the pressures;
- Welsh Government was satisfied with the health board's system-wide approach and that it was targeting the right areas;
- Bed equivalents had been calculated for each of the interventions;
- A number of the interventions were due to impact in December 2019 and it was hoped this would provide the 'step change' needed for the four-hour target performance;

(iii) Planned Care Trajectories and Plan

- Perspective actions for outpatient and treatment improvements were in place;
- Orthopaedics was currently a challenge both in the system and the media, with particular queries relating to breached ring-fenced beds. A temporary solution was now in place for 10 beds and a workshop had taken place with the consultants which had been well received;
- There were detailed plans by each specialty to reach a range of targets – 3,300, 2,700 and 2,300, which would be very challenging;
- More discussions were taking place as to which theatre lists could transfer from Morriston Hospital to Neath Port Talbot and Singleton hospitals;
- Outsourcing was also an option to consider.

In discussing the report the following points were raised

Martin Sollis stated that the revised unscheduled care trajectories were proposed in September 2019 and queried if the confidence was still there or if they needed to be revised further. Chris White responded that the ambition to have a target within the 80% range had to remain in place but performance was still adrift for October 2019, with ambulance handover times not improving. He added that a national summit had taken place in relation to escalation plans, which included discussions as to the

ambulance service automatically diverting from hospitals experiencing high pressures and working with the national collaborative around the implications of the health board's plan.

Mark Child referenced the 'hospital to home' project and queried if any changes in the parameters were agreed with partners. Chris White advised that the programme was being progressed through the West Glamorgan adult transformation board and was expected to provide 60 bed equivalents. He added that the local authorities were involved in all aspects.

Reena Owen queried the capacity in social care and whether it was sufficient to deliver the alternative models. Chris White stated that clarity was needed as to the number of care packages that would be required and dividing these into three categories in order to direct the right social care worker to the most appropriate patient.

Reena Owen referenced the recommendations of an external review of the emergency department workforce and sought confirmation as to the likelihood of recruiting the additional consultants suggested. Chris White advised that the health board was aiming to recruit four additional consultants and those already in post would be using social media to attract potential applicants, particular those who were nearing registration and could work as a locum for a year before they become eligible. He added that there was also potential to be flexible with the job role and provide more academic or teaching opportunities to attract candidates.

Martin Sollis queried Welsh Government's feedback on the planned care trajectory range. Chris White responded that they appeared happy with it but further discussions were taking place to determine what this would mean in order to produce a more definitive number as the additional monies provided had been for a year-end figure of 1,500. Martin Sollis stated that it was critical that the discussion at the special board meeting identified the risks associated with non-delivery, particularly the potential clawback of monies. Sam Lewis concurred, adding that a steer was needed from Welsh Government as to what position would be acceptable so the potential clawback could be estimated based on the £6.5m monies.

Reena Owen referenced the report recommendations which were seeking endorsement of the trajectories, adding that more information was needed as to the financial implications of the interventions and non-delivery, and this needed to be made clear at the board meeting the following week. Lynne Hamilton stated that the recommendation to note that the financial plan would be updated following the board meeting was inaccurate and a better reflection would be for it be noted that it 'may' be updated. Reena Owen suggested that the resolution be for the committee to note the report and support the actions, subject to the board discussion relating to financial implications surrounding performance. This was agreed.

Resolved: The report be **noted** and the actions **supported**, subject to the board discussion relating to financial implications surrounding performance.

173/19 CHILDHOOD OBESITY

A report setting out the performance position for childhood obesity was **received**.

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

- Work was ongoing in relation to the childhood obesity pathway;
- The 'Healthy Weight, Healthy Wales' strategy was to be launched in October 2019, with the first two years focusing on early years, children and families;
- Around 700 children may need clinical intervention;
- Clinical standards across Wales were yet to be agreed.

In discussing the report the following points were raised:

Mark Child commented that obesity was a highly preventable source of illness and sought clarity as to how the work to address the issue could be accelerated, particularly through partnership working. Keith Reid responded that some work was being taken forward through the public service board, which included an increased focus on physical activity but there was no overarching approach. However, the 'Healthy Weight, Healthy Wales' strategy would take a public sector approach and provide a platform for further work.

Martin Sollis stated that while the report outlined a health board-wide approach, it was unclear how elements would be taken forward as funding was awaited, so the review of the pathway would need to consider how to best use resources. Keith Reid responded that the pathway review was aiming to prevent people from developing co-morbidities as a result of obesity while any funding would support secondary care services as both preventative measures and active treatment required addressing.

Reena Owen commented that it did not feel as though the right focus was being given to the issue but this needed to be addressed if the health board was serious about the strategic direction. Keith Reid concurred, adding that while an approach was being taken through the public sector board, health needed to take the lead. Chris White stated that a report was to be taken through the senior leadership team in due course in relation to the obesity pathway which would give the opportunity for a more operational and delivery discussion to be had, and an update could be provided following this. Reena Owen agreed and asked for an update be received in four months.

KR

- Resolved:**
- The report be **noted**.
 - Further update be received in four months.

KR

174/19 SMOKING CESSATION

A report setting out the performance position for smoking cessation was **received**.

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

- The health board was yet to achieve the national 5% target of people accessing the health board's 'Help Me Quit' service;
- The 40% target for validated four-week quits had been achieved for the service to date;
- The service had now transferred into the health board from Public Health Wales where it was previously provided on a national basis.

In discussing the report the following points were raised:

Mark Child noted that a tobacco control board, of which local authorities and other partners were members, appeared to have been stood down, which was disappointing as it had a multi-agency approach to smoke-free environments, and there were areas in the UK with best practice from which Swansea and Neath Port Talbot could learn.

Martin Sollis queried as to how the next steps would be developed and taken forward. Keith Reid responded that a programme of work was to be developed to integrate tobacco control into all aspects of the health board. Reena Owen suggested that the tobacco control plan be received by the committee in six months as the health board was an outlier in a number of areas. This was agreed.

KR

- Resolved:**
- The report be **noted**.
 - Tobacco control plan be received in six months.

KR

175/19 FINANCIAL POSITION AND RECOVERY ACTIONS

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

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

- The in-month financial performance had remained stable, with the period six position at £1.25m;

- The intention in-line with the financial plan was to break-even at year-end;
- A commitment had been made to deliver £22m of savings and to date, £26.5m had been identified with a forecast delivery of £20m;
- The external financial support commissioned by Welsh Government was now in place and was testing delivery performance of savings, but the majority were not expected to impact on the position until the second half of the year;
- A number of factors were causing the recovery plan to be off track, including operational pressures, continuing healthcare and variable pay, and the units had been asked for detailed recovery plans;
- Monies allocated for winter had been 'exhausted' by June/July 2019 as the pressures had not ceased, and in order to recover, the savings targets would need to increase to closer to £30m;
- A detailed discussion of the recovery plan had taken place at the financial management group at which the units were challenged to review and test their plans prior to further discussions over the coming week;
- Welsh Government had confirmed transitional support in light of the challenges caused by the boundary change.

In discussing the report, the following points were raised:

Martin Sollis stated that it was critical that the health board delivered what it had set out to do and the discussion at the July 2019 board meeting had centred on delivering a balanced plan, predicated on the financial management group, chaired by the Chief Executive, holding the units to account. He added that despite the units being asked to develop financial plans, they had continued to overspend against these and should be held to account for this, accepting that further work needed to be done, but this did not appear to be the case.

Martin Sollis referenced the key issues summary from the financial management group later in the agenda, adding that it provided an impression of a passive meeting but its remit was to seek accountability for non-delivery and actions and opportunities for improvement. He added that the reasons as to why the units were not delivering needed to be better understood and assurance provided that robust governance arrangements were in place, as until the accountability was right, a balanced position would not be achieved. Mark Child concurred, adding that the impression had been provided that there were systems in place to prevent units from overspending without approval but this did not seem to be the case and the consequences needed to be made clear.

Reena Owen noted the savings recovery plan and the number of schemes now designated red and black, stating that as the plan was only agreed in July 2019, it was concerning that these schemes were now some two months in and not regarded as likely to deliver. She questioned how, without sufficient ownership, officers could be held to account. Lynne Hamilton responded that all units and corporate functions had been asked to develop plans as to how their areas would breakeven but there were always going to be elements of these which would be challenging. She added that the delivery support team was assisting the units with delivery but it was acknowledged that progress was not where it should be.

Reena Owen queried as to why, if the intention was to move more services into the community, insufficient allocation had been made to cover continuing healthcare services, as this was clearly affecting the position. Sam Lewis advised that while the intention was to provide more services outside of hospital, until this year, a trend of increasing continuing healthcare spend had not been evident as not all community services required this type of funding. She added that because of the complexity of cases it did not take a large amount to trigger an increase in costs but the scaling would be taking into account when forecasting future plans.

Reena Owen stated that in her view the report did not give assurance as to how the recovery plan would be delivered and what steps would be taken to achieve breakeven. She queried if there were other opportunities which the health board could target. Sam Lewis responded that the savings should not be the main focus rather it should be managing the health board's resource, as there had been a growth in operational spend. She added that the growth in expenditure needed to be identified and managed, as well as consideration given to why it was being spent.

Martin Sollis commented that there was a significant amount of work still to be done in terms of accountability, costs and pay expenditure and until these were addressed, operational spend would continue to increase. He added that the units really needed to be challenged to justify any spend outside of the plan as unless a different approach was taken, no change would be evident, and if this was the case, it would be challenging to support a balanced plan. Lynne Hamilton responded that the task was in hand and the next two to three weeks would be critical, with work taking place daily with the units to improve the level of delivery confidence. She added that the discussion at the special board meeting would be around what the financial plan should look like and the current performance against it. Chris White concurred, adding that clarity was needed as to how the figures would change should the actions deliver as intended, particularly in terms of unscheduled care, keeping in mind performance, finance and quality.

Hannah Evans stated that the delivery support team was assisting the units with their plans, particularly in terms of how to have more grip and focus on

expenditure profiles. She added that while the organisation was not reliant on the external financial support, it was an opportunity for the health board to review its processes with 'fresh eyes'. Martin Sollis responded that the health board needed to have its own 'grip' rather than rely on others, particularly as the findings may not be ready until the new year. He added that he needed assurance on the health board's plans before advice could be taken from others. Sam Lewis acknowledged Martin Sollis's point but added that daily updates were provided by the external support so the health board did not have to wait for a formal report to take suggestions into consideration.

Resolved: The report be **noted**.

176/19 CONTINUING HEALTHCARE IMPROVEMENTS

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

In introducing the report, Dorothy Edwards highlighted the following:

- Rationalising continuing healthcare assessments once the budget threshold had been met had been a recovery suggestion by the primary care and community services unit but the risks had been too significant to agree;
- The delivery support team was providing support to improve the overall position to ensure processes were clear;
- The outcome of the all-Wales benchmarking exercise was awaited and savings targets were yet to be determined;
- A focus was being given as to whether the health board had the right strategy in place;
- A further update would be provided in December 2019.

In discussing the report, the following points were raised:

Mark Child queried if continuing healthcare provision was limited to service users' homes or also provided in other community facilities. Dorothy Edwards responded that there were a number of packages in place for a range of facilities and settings of care, and due the specialist nature of some cases, packages were provided outside of the health board area.

Mark Child queried if re-ablement was an element of the packages. Dorothy Edwards responded that continuing healthcare as a whole had a re-ablement focus but the 'hospital to home' programme would be an opportunity to take on some of this work and reduce the number of packages needed.

Martin Sollis noted that a few large cases had affected the forecast and expenditure and queried if the intelligence was right to support the planning process. Sam Lewis responded that detailed discussions were undertaken with the units as to their forecasts which also included areas of growth. She added that there was a query as to how robust the intelligence was but it was likely that expenditure would reduce now that the winter season was commencing.

Resolved: The report be **noted**.

177/19 MONITORING RETURNS

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

178/19 FINANCIAL MANAGEMENT GROUP

A report providing a summary of the discussions at the recent financial management group was **received** and **noted**.

179/19 HIGH VALUE EFFICIENCY GROUP

A report providing a summary of the discussions at the recent high value efficiency group was **received** and **noted**.

180/19 INVESTMENTS AND BENEFITS GROUP

A report providing a summary of the discussions at the recent investments and benefits group was **received** and **noted**.

181/19 PERFORMANCE AND FINANCE COMMITTEE WORK PROGRAMME 2019/20

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

182/19 ITEMS FOR REFERRAL TO OTHER COMMITTEES

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

183/19 ANY OTHER BUSINESS

There was no further business and the meeting was closed.

184/19 DATE OF NEXT MEETING

The next scheduled meeting was noted to be **18th November 2019.**