

Swansea Bay University Health Board
Unconfirmed Minutes of the Performance and Finance Committee
held on 28th January 2020
in the Millennium Room, Health Board HQ

Present:

Reena Owen	Independent Member (in the chair)
Martin Sollis	Independent Member
Mark Child	Independent Member
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
Aidan Byrne	Deputy Medical Director
Hannah Evans	Director of Transformation
Sam Lewis	Assistant Director of Finance
Michelle Shorely	Assistant Director of Finance
Gareth Howells	Director of Nursing and Patient Experience (for minute 15/20)
Cathy Dowling	Assistant Director of Nursing and Patient Experience (for minute 15/20)

Minute	Item	Action
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05/20	CHANGE IN AGENDA ORDER	
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Resolved:	The agenda order be changed and items 2.1 and 2.2 be taken next, with the discussion for both reports taken as part of item 2.2	
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06/20	MONTHLY PERFORMANCE REPORT	
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The monthly performance report was **received**.

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

- Red call response times within eight minutes had been below the 65% target in December, but early indications were that this had recovered to 65.9% to date in January 2020;
- The number of emergency admissions and attendances remained flat but a 20% increase in patient acuity had been evidenced;
- One-hour handover delays had increased slightly in December, with more than 800 cases missing the target, equating to more than 3,000 lost hours;

- The four-hour unscheduled care performance for December 2019 was 70.94%, with January 2020 0.5% ahead of this. There has also been an increase in the numbers of patient waiting over 12-hours;
- Delayed transfers of care had improved for the second month in a row;
- December 2019 had seen the highest number of stroke admissions in 13 months and while the operational pressures had caused challenges in terms of access to a dedicated stroke bed, access to a stroke consultant within 24 hours remained at 100%;
- Planned care performance remained affected by unscheduled care pressures and changes to taxation on pension rules;
- The number of patients waiting more than 26 weeks for an outpatient appointment had increased further, with more than 750 of those within gastroenterology, for which a plan was in place to address these;
- Cases waiting more than 36 weeks for treatment had increased to 5,141 compared with 1,801 at the end of 2018-19;
- No patients were waiting more than 14 weeks for therapies and although there had been a spike in diagnostics, this was due to pressures in echocardiogram tests, and a recovery plan was being developed;
- The urgent suspected cancer performance for December was reported at 91% but was likely to be 92% once validated. More work was needed to reduce the backlog therefore projected quarter four performance was likely to be in the 80%.

Resolved:

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

07/20

PROGRESS AGAINST UNSCHEDULED CARE AND PLANNED CARE ACTION PLANS

A report setting out progress to date against the unscheduled care and planned care actions plans was **received**.

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

- Some limited success was being seen with the unscheduled care interventions, as there were more level three days, but the days which were really challenging were significantly so;

- Business continuity had been declared for one day in January 2020 for six hours due to the operational pressures and staffing challenges;
- A major incident had been called following a local bus crash, as there had been a potential additional 20 casualties to those actually conveyed to Morriston Hospital, which would have put too much pressure on the emergency department;
- From a performance perspective, the four-hour wait should be at 75% moving towards the 80%;
- A range target for planned care had been set around 2,500/2,600 cases waiting more than 36 weeks at year end, but due to the operational pressures, elective work was minimal, however cancer patients were continuing to be treated as well as cardiology;
- Early supported discharge for stroke patients was due to commence in February 2020;
- Due to the acuity of patients, surge capacity could not be flexed in the way it had been previously;

In discussing the reports, the following points were raised:

Martin Sollis commented that at the November 2019 board, a decision was made to review and amend the financial forecast through an accountable officer letter and queried if this should be considered for the performance trajectories. Chris White responded that the organisation was not yet at the point of needing to have that conversation as there were a number of interventions in progress. He added that challenges in terms of recruitment of critical staff had caused some setbacks, but alternative workforce models, such as acute care physicians to manage assessment centres alongside the emergency departments, were being considered. Darren Griffiths provided assurance that conversations in this regard were taking place with Welsh Government as well as the NHS Wales Delivery Unit in the context of next year as the workforce model needed to adjust to provide the resources needed to maintain sustainable performance, and these were not quick solutions. Chris White added that work was ongoing to make the health board an organisation of choice for consultants, which included flexible posts, for example having academic or teaching contracts.

Siân Harrop-Griffiths clarified that as there was a statutory duty for the health board to breakeven, a deviation from this had to be outlined in an accountable letter to Welsh Government, however there was no requirement to do this from a performance perspective, but the position was regularly discussed in various meetings with Welsh Government colleagues.

Siân Harrop-Griffiths stated that a 'Hospital 2 Home' meeting the previous day had evidenced that the programme was performing better than

expected and the aim was to roll it out more widely, but this would be problematic unless more monies were received. Martin Sollis commented that a strong evidence base of the benefits accrued needed to be built to make a case for future funding.

Siân Harrop-Griffiths advised that three sets of figures were collated for fit for transfer/discharge patients, but the only ones accepted by local authorities were delayed transfers of care and while the number was reducing in Swansea, it was not in Neath Port Talbot, and this needed to be addressed.

Mark Child stated that the list of actions was an impressive measure of what being doing to address performance, all of which made sense. He added that at a point in time, stock should be taken as to the actions which had worked and those which had not, in order to provide learning for future years.

Mark Child sought clarity as to whether liaison took place with local area coordinators to provide support to regular attendees of the emergency department. Chris White confirmed that it did, but there were other services, such as 111, which signposted to relevant support as well. He added that discussions were ongoing with Welsh Government as to the need to relaunch the 'Choose Well' campaign to raise awareness with the public alternatives to attending emergency departments.

Reena Owen raised the possibility of a temporary structure on the Morriston Hospital site to provide more unscheduled care capacity. Chris White responded that three potential options had been considered but staffing was the challenge and support would be needed from the Welsh Ambulance Service NHS Trust (WAST) if any were to be put in place. Aidan Byrne added that one of the fundamental issues was that too many people were being admitted into the department and different workforce models were needed at the front door to assess patients and discharge them into the community where more appropriate treatment was available.

Reena Owen queried whether there were actions being taken in other health boards from which the organisation could benefit. Chris White advised that such discussions were taking place at the all-Wales chief operating officers' peer group meetings and also with the NHS Wales Delivery Unit and all the actions were similar across Wales.

Reena Owen commented that theatre efficiency was not improving despite the need to better planned care performance. Darren Griffiths stated that due to bed and staffing pressures, while lists were available, they could not be used to the maximum. Aidan Byrne added that staff were pushing to do more procedures than were currently being completed, but often patients were cancelled on the day due to lack of beds or staff. Reena Owen responded that this resulted in poor patient experience and undertook to refer the issue to the Quality and Safety Committee.

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Mark Child commented that the biggest delays for treatment appeared to be breast and gynaecology in terms of cancer services and noted these were women services. Darren Griffiths responded that access to diagnostics was the biggest challenge for breast services and a plan was in development while an additional gynaecology consultant had recently been recruited which should assist with the backlog of cases.

- Resolved:**
- The progress in relation to the unscheduled care plan be **noted**.
 - The risk assessment and mitigating actions put in place of the current unscheduled care pressures undertaken by the Morriston Hospital unit be **noted**.
 - The updated actions in respect of planned care delivery for 2019/20 be **noted**
 - The impact of operations cancellation on the day on patients be referred to the Quality and Safety Committee.

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08/20 WELCOME AND APOLOGIES

Reena Owen welcomed everyone to the meeting.
Apologies for absence were received from Maggie Berry.

09/20 DECLARATIONS OF INTEREST

There were no declarations of interest.

10/20 MINUTES OF PREVIOUS MEETINGS

The minutes of the meeting held on 17th December 2019 were **received** and **confirmed** as a true and accurate record, except to note the apologies of Hannah Evans.

11/20 MATTERS ARISING

(i) 209/19 Monthly Performance Report

Martin Sollis stated that an announcement had been made recently by Welsh Government as to the issues surrounding the taxation changes for pensions and queried if this had improved the planned care performance. Darren Griffiths advised that there had been limited impact as the situation

had been ongoing for eight to nine months and the staff affected had made other arrangements and adjustments in this time.

12/20 ACTION LOG

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

13/20 PROGRESS AGAINST THE PARTNERSHIPS FOR HEALTH AND WELLBEING ACTIONS

An update as to progress against the partnerships for health and wellbeing actions was **deferred** due to the non-receipt of the report.

14/20 FINANCIAL POSITION AND RECOVERY ACTIONS

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

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

- The current year-end forecast was a deficit of £12.3m and the month nine outturn had been disappointing in this context;
- Embedding the spending controls had been challenging in December 2019 as maintaining the quality and safety of services had been paramount;
- Assessment of unit and corporate positions and the distance from their control totals was being undertaken to determine what improvements were needed over the next two months;
- The timing of the receipt of the KPMG (external financial support commissioned by Welsh Government) reports was still unclear but it was hoped that they would be sent to the Chief Executive by the end of the following week.
- As the January 2020 Audit Committee meeting had been cancelled, there were two issues which had been referred to the Performance and Finance Committee:
 - The health board was working on its IFRS 16 (international financial reporting standard) which had changed how leases were reported and managed against capital going forward, which was a potential risk going forward into 2020-21;

- Work was commencing on the preparation of the annual accounts for 2019-20 but the finance team was under immense pressure due to staff absences.

In discussing the report, the following points were raised:

Martin Sollis referenced the appended high value opportunities, adding that these needed to be seen in the context of the opportunities identified by KPMG. Hannah Evans responded that all of that work was being brought together to determine opportunities and areas for improvement, as well as priorities through the clinical services plan, and support was needed for risk areas. Lynne Hamilton added that the February 2020 committee meeting would receive the draft three-year plan which would contextualise some of this work.

Reena Owen sought clarity as to the issues surrounding cash. Lynne Hamilton advised that a proportion of the problem related to the Bridgend boundary change, part of which included the requirement to transfer £19.6m of cash to Cwm Taf Morgannwg University Health Board but agreement had been reached that the health board would continue to pay suppliers until the end of March 2020, which would be reflected in the total transferred. She added that Welsh Government had confirmed strategic cash support for the £12.3m deficit and the £10m additional allocation provided a sign of confidence in 2018-19 and recurrently this year.

Resolved: The report be **noted**.

15/20 CONTINUING HEALTHCARE DEEP DIVE

Gareth Howells and Cathy Dowling were welcomed to the meeting.

A report setting out the findings of a deep dive into continuing healthcare was **received**.

In introducing the report, Gareth Howells and Cathy Dowling highlighted the following points:

- Work had been undertaken with the local authorities and education colleagues to gain an understanding as how to make to the process around the historic cases more robust;
- The KMPG review had identified that the growth in complexity the health board was experiencing was in-line with the national position;
- The first phase of the health board's deep dive focused on children's cases, for which there were a variety of needs and complexities;

- A significant amount of learning had been identified including around costing cases and governance controls;
- It had been agreed to divide the funding for historic cases across health, local authorities and education colleagues with a view to having pooled budgets going forward;
- 10 recommendations had been identified as part of the deep dive including service improvement, partnership working and governance, all of which could be transferred to adult cases as well as mental health and learning disabilities;
- The executive board had agreed to establish a high-value opportunity programme to progress the work required;
- Encouragement could be taken that the KPMG review had not identified anything different to that of the health board's analysis as well as a potential £2.5m efficiency saving.

In discussing the report, the following points were raised:

Mark Child stated that he welcomed the report as the issue had been around for some time and the division of historic costs by a third each seemed an appropriate way to manage the issues. He added that the discussions and strengthened relationships would also be of benefit for future cases.

Reena Owen queried if the findings and agreements proposed from the deep dive would result in impact on the forecast financial position. Lynne Hamilton responded that not in terms of the children's cases but there was a potential risk with regard to the adult and mental health/learning disabilities cases, and a precedent set for future children's cases.

Reena Owen noted the recommendation to formally take forward the KPMG recommendations, adding that as these were yet to be received by the committee, it could not agree to this, as such it would note the update.

Martin Sollis stated that he was supportive of the work being undertaken and it would be beneficial for the committee to receive a report in due course outlining progress against the programme of work as well as the national framework which was currently in development. Gareth Howells concurred and undertook to bring an update to the March 2020 meeting.

Resolved:

- The actions underway since the committee received the previous 'deep dive' report be **noted**.
- The actions proposed by KPMG to strengthen the management of continuing healthcare governance and identify opportunities be **noted**.
- The recent agreement to resolve outstanding joint funding issues around children be **noted**.

- A further update in the context of the national framework be received **GH** in March 2020.

16/20 DELAYED FOLLOW-UPS UPDATE

An update in relation to delayed follow-ups was **deferred** due to the non-receipt of the report.

17/20 KEY ISSUES: INVESTMENT AND BENEFITS GROUP

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

18/20 KEY ISSUES: FINANCIAL MANAGEMENT GROUP

A report setting out the discussions of the recent financial management group was **received** and **noted**.

19/20 MONITORING RETURNS

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

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

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

21/20 ITEMS FOR REFERRAL TO OTHER COMMITTEES

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

22/20 ANY OTHER BUSINESS

There was no further business and the meeting was closed.

23/20

DATE OF NEXT MEETING

The next scheduled meeting was noted to be **25th February 2020.**