

Swansea Bay University Health Board
Unconfirmed Minutes of the Performance and Finance Committee
held on 20th August 2019
in the Millennium Room, Health Board HQ

Present:

Martin Sollis	Independent Member (in the chair)
Reena Owen	Independent Member
Chris White	Chief Operating Officer/Director of Therapies and Health Science (until minute 140/19)
Jackie Davies	Independent Member
Lynne Hamilton	Director of Finance
Darren Griffiths	Associate Director of Performance
Siân Harrop-Griffiths	Director of Strategy (from minute 135/19)

In Attendance:

Hannah Evans	Director of Transformation
Sam Lewis	Assistant Director of Finance
Dorothy Edwards	Deputy Director of Recovery and Sustainability (from minute 135/19)
Liz Stauber	Interim Head of Corporate Governance
Leah Joseph	Corporate Governance Officer
Dai Roberts	Service Director, Mental Health and Learning Disabilities (for minute 143/19)

Minute	Item	Action
129/19	WELCOME AND APOLOGIES	
	Martin Sollis welcomed everyone to the meeting. Apologies for absence were received from Emma Woollett, Vice Chair and Maggie Berry, Independent Member.	
130/19	DECLARATIONS OF INTEREST	
	There were no declarations of interest.	
131/19	MINUTES OF PREVIOUS MEETINGS	
	The minutes of the meeting held on 16 th July 2019 were received and confirmed as a true and accurate record, except to note the following amendment:	

Martin Sollis concurred, adding that if the health board was to deliver what it had set out to *do*, then *it* would need a detailed breakdown.

132/19 MATTERS ARISING

(i) Savings Outcomes

Martin Sollis commented that it would be useful for the board to have a formal presentation in relation to financial savings opportunities and efficiency benchmarking. Lynne Hamilton advised that this would be included in the financial recovery report to the special board meeting in September 2019 as well as reported to Welsh Government during the targeted intervention meeting. She added that the NHS Wales Financial Delivery Unit had developed a financial efficiency framework and there were plans for this to be presented to a board development session in due course.

133/19 ACTION LOG

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

134/19 MONTHLY PERFORMANCE REPORT

The integrated performance report was **received**.

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

- The format for this report had changed as agreed with the committee chair as it was a quarterly pack which included the detailed report cards, therefore it was simplified to eliminate duplication and the usual narrative was withheld as there was sufficient detail within the report cards. This would be the format each quarter;
- The five in one child vaccination was achieving 95% but an improvement was needed for measles, mumps and rubella (MMR);
- Public health and wellbeing was now included as part of the units' performance reviews;
- The number of infection control performance measures had increased to five to include *klebsiella* and *pseudomonas aeruginosa*, which were off profile. *E.coli*, *stauph.aureus* and *clostridium difficile* were within profile;
- The number of serious incidents had risen in June 2019 but remained low and the predicted improvement was starting to be evident. Also, the backlog within mental health was reducing;

- Falls and pressure ulcer rates were improving;
- Compliance with personal appraisal and development reviews had been at 64% since April 2019 and this was being monitored by the Workforce and Organisational Development (OD) Committee;
- Some improvement had been seen for the in-month sickness rates but the health board remained the worst performing in Wales;
- The 'red' ambulance response rate within eight minutes remained above 70% and the one-hour handover numbers had improved within July 2019, alongside a substantial reduction in lost hours;
- The four-hour wait performance remained around 75% and a reduction in the 12-hour waits was evident in July 2019;
- Performance against the target to see a stroke specialist within 24 hours was on target, achieving 100% in June 2019 and 98% in July 2019. The greater challenge was access to a stroke bed, which was stable around 60%;
- The numbers of patients waiting more than 36-weeks for planned care had continued to increase across June and July 2019, due in part to unscheduled care pressures and the HMRC (Her Majesty's Revenue and Customs) pension changes;
- Diagnostic waiting times continued to improve and waiting times for therapies over 14 weeks remained nil;
- The 31-day cancer performance was in the 90%s and the final June 2019 62-day performance was validated at 80%. The backlog had reduced from 72 to 45 cases.

In discussing the report, the following points were raised:

Martin Sollis queried as to how assurance could be taken as to action in relation to the mental health backlog. Darren Griffiths responded that it was being tested as part of the performance reviews and the actions were also included with the performance report. He added that the position was expected to be at 80% before the end of the financial year.

Chris White stated that the health board's category A (eight minutes red response time) was the best in Wales but work was being undertaken to establish a consistent interpretation with the Welsh Ambulance Services NHS Trust (WAST).

Martin Sollis commented in relation to planned care, it was important that the health board remained focused on achieving sustainability as well as demonstrating an improvement. Chris White advised that this was a priority area for Welsh Government as well and the health board was reviewing this on a speciality by speciality basis. He added that following a meeting with Welsh Government colleagues the previous week, the planned care

trajectories were now under review and a more definitive picture would be available at the end of September 2019.

Reena Owen commented that the report highlighted the need for benchmarking as it would identify areas in which the health board was an outlier and where improvements needed to be made.

Jackie Davies queried whether the various sections were broken down by units. Darren Griffiths responded that each unit was provided with an individual performance summary on a monthly basis.

Resolved: The report was **noted**.

135/19 CHANGE IN AGENDA ORDER

The agenda order be changed and items 3.1 and 3.2 be taken next.

136/19 FINANCIAL POSITION

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

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

- The in-month deficit position had improved to £1.29m with the cumulative position at £4.7m, with a total £8.3m challenge to meet a break-even position;
- Variable pay, continuing healthcare, operational pressures including surge capacity and Bridgend diseconomies of scale continued to be the main challenges;
- The operational pressures were also having an impact on income generation, particularly the contracts with the Welsh Health Specialised Services Committee (WHSSC);
- The external due diligence exercise commissioned by Welsh Government was to focus on the diseconomies of scale following the Bridgend boundary change and the findings were due imminently;
- The letter in response to the arbitration process in relation to the underlying deficit associated with Bridgend had been received and feedback was provided to the committee;
- Variable pay remained static but above the level at which it was the previous year. This was also the case for secondary care drugs and primary care drugs were also becoming a risk;

- The delivery support team was now in place, focusing on the savings schemes, and the monthly recovery meetings were now weekly;
- There had been some progress made in relation to the high value opportunities, with more green and amber schemes, but there was more work to be done;
- Each of the units and corporate functions had been asked to submit breakeven financial recovery plans which had a focus on staff wellbeing and quality and safety;
- Discussions were being undertaken with Welsh Government as to the operational pressures expected for winter 2019 and the associated financial and performance impact.

In discussing the report the following points were raised:

Reena Owen sought clarity as to whether the savings schemes should have been implemented from April 2019 in order to achieve the maximum benefit. She added that some of the category A schemes were still having options developed and queried as to whether any savings would be made by year-end. Lynne Hamilton advised that it was the category C schemes, which were the more complex, that were still in development. She added that some savings schemes had started in April 2019 but not all had performed as expected, therefore alternatives were being sought. In addition, headroom was needed, so more than £21m of schemes needed to be identified to provide the slippage for non-delivery experienced to date.

Reena Owen asked whether the category C schemes were realistic as to what they could achieve. Sam Lewis responded that the delivery support team had reviewed each of the plans and there was a formal route to inform the units of the actions that they needed to be taking. She added that it was anticipated that 100% of the category A schemes would be achieved, 75% of category B and 25% of category C and now work was needed to develop the next suite of actions to improve this further. Hannah Evans stated that there was also potential for the category C schemes to give the board options to consider for the future.

Martin Sollis stated that clinical engagement was critical for the delivery of the high value opportunities. Sam Lewis concurred, adding that a significant amount of work was being undertaken with the units to ensure that they were taking forward the work needed. Dorothy Edwards advised that a weekly tracker was now in place to see the areas which needed more focus.

Resolved: The report be **noted**.

137/19 MONITORING RETURNS

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

Resolved: The report be **noted**.

138/19 REVIEW OF TRAJECTORIES

A report setting out the outcome of a review of the planned and unscheduled care trajectories was **received**.

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

- A formal annual plan had not been submitted since January 2019 due to the challenges in relation to financial plan but an accountability letter had now been sent to Welsh Government setting out the organisation's intentions;
- The unscheduled care trajectories had been amended as a result of the non-receipt of funding for the hospital to home programme but the health board had recruited the required therapists at risk through its own monies. A revised bid had now been submitted to Welsh Government and the local authorities were in support;
- There were currently 2,690 patients waiting more than 36-weeks for planned care against a trajectory of 983. It had been agreed with Welsh Government that the variables and opportunities needed to be considered further before a revised trajectory could be agreed.

In discussing the report, the following points were raised:

Reena Owen stated that the health board was an outlier in terms of its performance against delayed transfers of care and queried if other organisations were doing things that the health board could implement. Chris White advised that discussions were taking place with the units as to other initiatives that could be tested to improve the position but the first step was to have a consistent process for recording the number of medically fit for discharge patients in order to have a more realistic comparator.

Martin Sollis commented that as the report did not include the planned care trajectories, these would need to be received at a future committee or board meeting to be scrutinised appropriately.

Resolved: The report be **noted**.

139/19 IMTP PROGRESS TRACKER

A report outlining progress against the annual plan was **received**.

In introducing the report, Siân Harrop-Griffiths highlighted the following:

- The format of the report had been reviewed with the committee chair to set clear milestones for each quarter;
- Progress for quarter one was nine red actions, 56 amber and 56 green;
- The area in which the least amount of delivery was evident was the best value outcome for high quality care;
- Each section now had an executive lead assigned.

Resolved:

- The report be **noted**.
- The quarter one report on the implementation of the annual plan 2019-20 be **endorsed** for submission to Welsh Government for assurance purposes.

140/19 KEY ISSUES: FINANCIAL MANAGEMENT GROUP

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

141/19 KEY ISSUES: INVESTMENT AND BENEFITS GROUP

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

In discussing the report, Siân Harrop-Griffiths stated that one of the main areas for development was the benefits realisation process. Lynne Hamilton concurred, adding that there was an intention to have a benefits management group which would focus on measuring and monitoring the outcomes of investments.

142/19 DEEP DIVE: CONTINUING HEALTHCARE

A report in relation to a deep dive of continuing healthcare was **deferred** to the September 2019 meeting as there was no-one to present the report. It

was agreed that the next iteration would need more assurance required of the action to be taken.

143/19 SINGLE CANCER PATHWAY

Dai Roberts was welcomed to the meeting.

A report providing an update with regard to the single cancer pathway was **received**.

In introducing the report, Dai Roberts highlighted the following points:

- The single cancer pathway was replacing the urgent/non-urgent cancer pathway;
- Compliance targets were yet to be set by Welsh Government;
- The objective was to enable NHS services to record the entire patient journey and highlight inefficiencies;
- Actions had been identified to improve performance and reporting;

Focus was needed on gynaecology and urology as these were challenging areas;

Meetings were taking place with the corporate cancer team as there was an opportunity to make the health board the best in Wales.

In discussing the report, Martin Sollis commented that timescales and trajectories for the pathway would need to be clear. Dai Roberts concurred, adding that five major priority actions were to be taken forward, part of which included discussions with the informatics team to profile the data available by tumour site. He stated that this would help identify the areas which needed to be 'unpicked' and give a stronger focus with clear timelines for the units.

144/19 PERFORMANCE AND FINANCE COMMITTEE WORK PROGRAMME 2019/20

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

145/19 ITEMS FOR REFERRAL TO OTHER COMMITTEES

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

146/19 ANY OTHER BUSINESS

There was no further business and the meeting was closed.

148/19

DATE OF NEXT MEETING

The next scheduled meeting was noted to be **17th September 2019.**