

**Swansea Bay University Health Board**  
**Unconfirmed Minutes of the Performance and Finance Committee**  
**held on 18<sup>th</sup> June 2019**  
**in the Millennium Room, Health Board HQ**

**Present:**

Emma Woollett	Vice-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

**In Attendance:**

Samantha Lewis	Assistant Director of Finance
Val Whiting	Assistant Director of Finance
Sian Harrop-Griffiths	Director of Strategy
Hannah Evans	Director of Transformation
Claire Mulcahy	Corporate Governance Officer
Sandra Husbands	Director of Public Health (Minute 94/19)
Patsy Roseblade	Programme Manager: Corporate Governance (Minute 100/19)
Jason Crowl	Unit Nurse Director (Minutes 102/19 – 103/19)

<b>Minute</b>	<b>Item</b>	<b>Action</b>
<b>89/19</b>	<p><b>WELCOME AND APOLOGIES</b></p> <p>Emma Woollett welcomed everyone to the meeting.</p> <p>Apologies for absence were received from Darren Griffiths, Associate Director of Performance and Dorothy Edwards, Deputy Director of Recovery and Sustainability.</p>	
<b>90/19</b>	<p><b>DECLARATIONS OF INTEREST</b></p> <p>There were no declarations of interest.</p>	
<b>91/19</b>	<p><b>MINUTES OF PREVIOUS MEETINGS</b></p> <p>The minutes of the meeting held on 21st May 2019 were <b>received</b> and <b>confirmed</b> as a true and accurate record with the following minor updates:</p> <ul style="list-style-type: none"> <li>- 69/19 – Change to ‘<i>There was now a requirement for the health board submit the monthly monitoring reports to the performance and finance committee.</i>’</li> <li>- Minor amendments were suggested to the In-Committee minutes in</li> </ul>	

which Emma Woollett undertook to update

**92/19 MATTERS ARISING**

There were no matters arising.

**93/19 ACTION LOG**

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

**94/19 DELAYED FOLLOW-UPS**

Sandra Husbands was welcomed to the meeting.

A report providing an update on Delayed Follow-Ups was **received**.

In introducing the report, Sandra Husbands highlighted the following points

- The position had deteriorated somewhat since the last update;
- Despite signs of progress in some specialties, delayed follow-ups remained a challenge for the health board;
- Some progress had been made in terms of an action plan to reduce delayed follow-ups, primarily within specialties included in the National Planned Care Programme.
- The Validation Team were due to start work in July 2019, and they would focus on the administrative validation of the longest waiting patients.

In discussing the report, the following points were made;

Maggie Berry raised the point that from a historical context, delayed follow-ups had been an issue for some time. She referred to the work of a rheumatology team having very successful outcomes after an administration focus within the speciality. She raised the point of needing to people on the ground within the departments taking action, not just within a centralised team. Chris White added that there were two streams of work needed; firstly within the clinical teams and secondly a cultural change across the board; there needed to be a break from the cycle of behaviour. Sandra Husbands added that within the Clinical Services Plan, there was an outpatient's transformation piece, which would have a focus on delayed follow-ups. She informed that a workshop would take place next week which would include clinicians.

Martin Sollis added that the trajectories were important to highlight and queried whether deadline dates should be in line with clinical review dates

to ensure there is ownership and people are held to account. Chris White, understood the request but added more data points were needed to compare with before the trajectories could be changed

Martin Sollis queried about the clinical validation of cases. Chris White responded that we needed to be mindful of the capacity of the clinician to undertake the validation. This would in turn affect the number of new patients being seen and an increase in follow up appointments which in turn could have a knock on effect on RTT.

Emma Woollett added that the work of the validation team would assist in reducing the numbers but there needed to be a transformation of working practices and a culture change with a new thinking towards to booking of follow up appointments. She asked what plans were in place to have unit leadership for delayed follow-ups and Sandra Undertook to update the committee on the approach to leadership in July. Sandra Husbands added that behaviour was ingrained but there was work underway within the value based healthcare project to engage clinicians in improving the position.

SH

Sandra Husbands undertook to provide a report outlining the approach to clinical engagement and clinical leadership in terms of improving delayed follow- up position in July. The new lead would be invite to attend in August.

SH

**Resolved:**

- Sandra Husbands to provide an update report on the approach for unit leadership.
- Sandra Husbands and the new lead to provide a report outlining the approach to clinical engagement and clinical leadership in terms of improving follow up not booked position for the August Committee.
- The report was **noted**.

SH

SH

95/19

**FINANCIAL POSITION**

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

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

- The month 2 report position is an overspend of £1.037m, which resulted in a cumulative overspend of £1.912m;
- The key drivers for the overspend were slippage against savings, the diseconomies of scale impact following the boundary change and the operational pressures which included workforce costs, including still having 'winter' surge open ,clinical consumables and ChC costs;
- Pay budgets were overspent in month 2 with the most significant increase in non-medical agency spend, further actions to address

this were discussed at the Financial Management Group on the 17<sup>th</sup> June;

- Whilst the level of identified savings had increased, slippage against the identified schemes was still being reported.
- There would need to be a big drive on savings delivery; £1.9m of the £22m required had been delivered to date, leaving £20m to be delivered in the remaining 10 months;
- The diseconomies of scale associated with the clinical and corporate managements cost following the boundary change amounted to £5.4m which would be challenging for the health board to deliver on;
- The next targeted intervention meeting would take place on the 23<sup>rd</sup> August, where the health board would need to provide assurance around our financial performance delivery, especially around savings;
- The due diligence process had begun with Welsh Government, PwC and the NHS Finance Delivery Unit; we had been advised by the Finance Delivery Unit that this should reach conclusion by the end of period 3;
- The underlying deficit recorded in the Monthly Monitoring Returns (MMR) did not include the diseconomies of scale;
- Welsh Government had made an income adjustment in favour of Cwm Taf.

In discussing the report the following points were raised:

Martin Sollis commented that the achievement against the savings figure was increasing but it was not where the health board needed to be at this stage. He stated that the savings target needed to be higher as historically savings target are never fully met, therefore to reach the recommended £22m, the target should be raised to £30m. Emma Woollett requested a report to come to the committee in July that outlines details around savings opportunities and provides a clear line of vision to the Board of the actions needed.

LH

Emma Woollett commented that there were two parts to our financial position, firstly the real operational pressures including ChC which are within our control and secondly the impact of Welsh Government decision around the Bridgend transfer which are not. Whilst the outcome of the Bridgend discussions might impact on our ability to deliver a breakeven position, we should not allow this to demoralise us or deflect us from our duty to delivery what we have set out in our annual plan.

Lynne Hamilton added that the aim going forward was to curtail requests for additional expenditure. It was noted that whilst there needed to be balance as there was legitimate operational pressures and risk, the

appetite for spend across the health board had to be curtailed.

Lynne Hamilton informed members that the Finance Delivery Unit were bringing in support to assist in developing the financial framework for IMTP on a 12-week programme. The specification was to support the delivery of savings for 2019/20, identify savings for 2020/21 and provide support for the IMTP. Sam Lewis then added that an action from Financial Management Group was to undertake a review of other health board's savings plans in order to assist with our own.

With regards to the monthly monitoring report to Welsh Government, Lynne Hamilton informed that it had been made clear within the report, that the Board did not support the decision of the income adjustment in favour of Cwm Taf.

Discussion ensued surrounding the recent use of agency nurse companies to assist with current operational pressures. Chris White commented that clinical decisions have needed to be balanced and holistic and that finance could not be looked at in isolation. Emma Woollett concurred and added that it could not be underestimated how difficult the pressures were on the service.

Regarding the boundary change, Emma Woollett added that if underlying deficit of £7.1m is transferred out of our income, there would be no possibility of breaking even in this financial year. She reiterated that the Board did not support or agree with that decision. She then reflected that this would put the health board in less positive position but the health board should not be de-moralised and that we should continue to focus on delivering what we promised in our annual plan.

- Resolved:**
- A report to come to the committee in July which outlines more details on savings opportunities and provides a clear line of vision to the actions needed. **LH**
  - The report be **noted**.

## 96/19 RESERVES AND COMMITMENTS

A report providing an update on Reserves and Commitments was **received**.

In introducing the report, Lynne Hamilton highlighted the following point;

- The health board had come under criticism, previously from WG for its reserves and commitment profile;
- The total value of the key reserves estimated by the health board for 2019/20 amounted to £13.9m;

- The key pressures on reserves were *Service Demands* and *Winter*;
- For 2019/20 , £1.366m had been included for *Service Demands* and there was 6 commitments identified to likely to fully utilize the funding and a number of other potential commitments had been identified;
- With the current operational pressures, the *Winter* reserve was decreasing significantly by £300k per month and this had been ongoing since the winter months;
- If this continued, there would be no funding available to support surge and other support actions during the winter of 2019/20 unless additional support is received.

In discussing the report the following points were raised:

Concerning the surge capacity spend, Emma Woollett highlighted her concern with the significant financial and operational pressures the health board were facing with this and stated that this would need to be placed on the health board risk register as a significant risk.

LH

Chris White informed that there was significant work underway with regards to the consolidation work at Neath Port Talbot hospital which would in turn free up 18-23 beds at Murrison and assist with the surge capacity. Sian Harrop-Griffiths also added that there has been a big drive with the 'Hospital to Home' initiative, which would also assist with surge capacity.

Emma Woollett added it would be good to look into the some of the national subscriptions to see whether the health board had equivalent payback on them. Members concurred.

**Resolved:**

- Surge capacity spend to be placed on the health board risk register.
- The report be **noted**.

PW

97/19

#### **KEY ISSUES: FINANCIAL MANAGEMENT GROUP**

A report outlining the key issues from the Financial Management Group was **received** and **noted**.

98/19

#### **KEY ISSUES: VALUE AND EFFICIENCY GROUP**

A report outlining the key issues from the Value and Efficiency Group was **received** and **noted**.

**99/19 KEY ISSUES: INVESTMENT AND BENEFITS GROUP**

A report outlining the key issues from the Investment and Benefits Group was **received**.

In discussing the report the Emma Woollett made the comment that in terms of assurance, it would be good to have an overview of the details of benefits from previous investment 'sign offs' and some evidence to show what had happened with the investments.

**LH**

**Resolved:**

- Lynne Hamilton to provide overview of the details of benefits from previous investment 'sign offs' and some evidence to show what had happened with the investments.
- The report was **noted**.

**LH**

**CHANGE IN AGENDA ORDER**

**100/19 PERFORMANCE SECTION OF ANNUAL REPORT**

Patsy Roseblade was welcomed to the meeting.

The performance section of the annual report was **received**.

In discussing the report, the following points were raised:

Members felt within the areas which showed poor performance, it would be helpful for the dialogue to put context to the figures and give an acknowledgement that performance was not where it needed to be. Patsy Roseblade advised that more detail was provided in the appendices, which was also referred to in the dialogue. She also added that a conversation had been had with executive team and they had requested order of the performance data be changed slightly, she undertook to make those changes to the document.

Emma Woollett commented that in order to make the process more streamlined and to ensure that each of the annual reports was consistent with each other, it was important for board members to be able to consider the reports at the same time. Emma Woollett undertook to discuss next year's process with Pamela Wenger.

**EW**

**Resolved:**

- Emma Woollett to discuss next year's annual report process with Pamela Wenger.
- The report be noted.

101/19

**MONTHLY PERFORMANCE REPORT**

The monthly performance report was **received**.

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

- Where possible, the report had Swansea Bay University Health Board data applied retrospectively to compare with that of ABMU Health Board;
- It was being developed further to include primary and community care, as this had not been developed in time for this meeting, along with mental health and learning disabilities and public health measures, and the new report would be available in July 2019;
- This iteration included the quarterly balanced scorecards submitted to Welsh Government;
- The four-hour performance for May 2019 had improved by 1.7% compared with April 2019 (from 74.5% to 76.2%).
- The number of ambulance handovers to local hospitals taking over 1 hour continues to be over profile, which is a reflection of the increase in in pressure across the unscheduled care system ;
- There had been an improvement in 12-hour waits at A&E in comparison to April 2019 ;
- Eight-minute red call ambulance response had improvement from 66% in April to 73.5% in May 2019;
- Direct admission to a stroke bed performance dropped marginally highlighting the pressures on beds in the unscheduled care system;
- The 36-week planned care position stood at 2,104 cases waiting more than 36 weeks for treatment, but the 26-week outpatient performance remained high, despite sickness challenges within certain specialties, and there were also no therapies cases waiting;
- The urgent suspected cancer performance for May 2019 was 80% with the non-urgent suspected cancer at 95%;
- Healthcare acquired infections were in-line with the performance trajectory;
- Performance against the serious incident closure target stood at 12% against a target of 80%;
- Sickness absence performance had slightly deteriorated;
- Other areas where performance was 'red' were highlighted for completeness, including safeguarding incidents, information

governance and CAMHS (child and adolescent mental health services);

- An executive summary was to be developed for future iterations.

In discussing the report, the following points were raised:

Martin Sollis referred to the overall summary table and the large number of *reds* in particular for unscheduled care. He stated that currently the figure showed the health board was off track but it was understood that there was lots of work underway to improve the position. Chris White advised that a paper would be received at the next committee which informed on the many ongoing work-plans, for example with the National collaboration, West Glamorgan Regional Partnership, and work within MFFD (Medically fit for Discharge) and the USC Board and also work at the 'front door' in improving ambulance handovers and emergency department discharges.

Emma Woollett informed that it would be helpful for the committee to have sight of the key priorities across all the work plans, the five key factors that were going to make the most difference to the unscheduled care position. Chris White reiterated that there were improvements being made across the work-plans and gave the example of average length of stay, which in turn is allowing more people into hospital beds but the figures could not always be portrayed within a performance metric.

Martin Sollis raised a query with regards to the profiles and whether these were realistic in expectation. He asked when the trajectories should be reviewed and Sian Harrop-Griffiths informed that Quarter 1 data should be available at the end of the July and therefore the Quarter 1 position would be brought to the August committee for a review of the trajectories.

**SHG**

Martin Sollis referred to the performance of Serious Incidents (12% achievement against the 80% target) and highlighted that mental health appeared to be the biggest problem. Emma Woollett referenced the change in Welsh Government reporting requirements for unexpected deaths had taken effect on the figures, and the target was not expected to be achieved until the end of the financial year. She agreed to speak with Martyn Waygood to ensure that the Quality and Safety Committee were monitoring the issue.

Emma Woollett stated that a report covering Theatre efficiency was due to the committee in September and added that members were keen to see improvements in the current utilisation of the theatres. Hannah Evans queried whether unscheduled care pressure was affecting the performance of theatres. Chris White replied that, while focus was needed on issues like late starts, the figures do not always reflect the underlying issues, and there needed to be a better methodology for measuring productivity.

Jackie Davies highlighted an error on p51 primary care access section, where the figure for May should read 86% rather than 0%.

- Resolved:**
- Consider the Quarter 1 position at August's committee for a review of the trajectories. **SHG**
  - The report be **noted**.

**102/19 CONTINUING HEALTHCARE QUARTER FOUR**

Jason Crawl was welcomed to the meeting.

A report setting out an update on Quarter four of Continuing Healthcare was **received**.

In introducing the report, Jason Crawl highlighted the following points;

- The figures for Quarter 4 still included the ABMU footprint;
- Following the closure of the All Wales Retrospective Team, 54 cases had been returned to the health board for review and completion and had all breached. These would be reported separately to the Health Board where there were no breaches to date;
- The judicial review work was still underway and there was no progress to report to the committee for this quarter;
- The pooled budget work had been delayed in order to ensure there was there posed no risks to any of the organisations involved;
- Sustainability within the care home sector was a key issue for the health board and across Wales, primarily due to the high number of registrant vacancies;
- The financial forecast for 2019/20 stood at £66.9m, which was £2m increase from last year's figures;
- There had been an increase in the number of CHC cases in quarter 4 for Mental Health and Learning Disability Services;
- There were a number of external factors affecting the increase in CHC costs and the increase in patients; change in age profile, challenges by local authorities and more referrals received by local authorities for assessments.

In discussing the report the following points were made:

Emma Woollett queried whether the cost increase was purely down to the current increase in patient numbers, Sam Lewis informed that it was and that retrospective cases sat separately in the balance sheet. There may be a slight risk to the health board in terms of costs but we did not need to look at retrospective cases in the deep dive.

- Resolved:**
- The report be **noted**.

**103/19 CONTINUING HEALTHCARE DEEP DIVE**

The committee **received** the scope for the continuing healthcare deep dive.

Jason Crowl provided a verbal update highlighting the following points:

- The scope of the continuing healthcare deep dive had been mapped out with senior colleagues within the primary care and mental health and learning disability delivery units;
- A number of factors had been considered which included the financial processes, clinical implications, environmental factors, benchmarking with other health boards and impacts of decisions on other parts of the health board;
- The deep dive had highlighted a complex and fundamental piece of work to be undertaken within the services;

In discussion the following points were made:

Martin Sollis commented that the deep dive had identified a transformational piece of work within ChC and a long term plan was needed to be able to action these areas. Emma Woollett added that there was need to be able to separate the long and short-term actions, in order to take action on the key cost drivers.

Lynne Hamilton added that key costs drivers were the primary focus of the deep dive but it was clear from the work undertaken in the scope, that there were a number of fundamental issues and changes arising that need to be worked through. Emma Woollett added there were potential for some high value opportunities here and asked for the initial deep dive to focus on the key cost drivers, and for this to be circulated to members and through Executive Board for consideration.

**JC/DR**

Chris White took the opportunity to formally thank Jason Crowl for his hard work in relation to continuing healthcare and also his work within 'Looked after Children'.

**Resolved:**

- The deep dive will be received by the Committee in July.

**JC/DR**

**104/19 PERFORMANCE AND FINANCE COMMITTEE WORK PROGRAMME 2019/20**

The 2019/20 work programme was **received** and **noted**, with additions to be made to include the following;

- July 2019 - Update on delayed follow-ups, continuing healthcare deep dive and savings opportunities.
- August 2019 - update on delayed follow ups (clinical leadership) and Q1 position (review of trajectories)
- September 2019 – Theatre efficiency

**105/19 ITEMS TO REFER TO OTHER COMMITTEES**

- (i) Serious Incidents - Emma Woollett undertook to refer serious incidents in Mental Health and Learning Disabilities to the Chair of the Quality and Safety Committee.

**EW**

**106/19 ANY OTHER BUSINESS**

There was no further business and the meeting was closed.

**107/19 DATE OF NEXT MEETING**

The next scheduled meeting was noted to be **16<sup>th</sup> July 2019**.