

ABM University LHB
Unconfirmed Minutes of the Performance and Finance Committee
held on 21st February 2018 in the Board Meeting Room, Health Board HQ

Present:

Emma Woollett	Vice-Chair (in the chair)
Martin Sollis	Independent Member
Kate Lorenti,	Acting Director of Human Resources (HR)
Lynne Hamilton	Director of Finance
Jackie Davies	Independent Member

In Attendance:

Pam Wenger	Director of Corporate Governance
Val Whiting	Assistant Director of Finance
Liz Stauber	Committee Services Manager
Jan Thomas	Assistant Chief Operating Officer (until 43/18)
Hilary Dover	Service Director, Primary and Community Services (for 37/18)
Dai Roberts	Service Director, Mental Health and Learning Disabilities (for 37/18)
Jan Worthing	Service Director, Singleton Hospital (for 37/18 and 38/18)
Jonathan Goodfellow	Unit Medical Director, Princess of Wales Hospital (for 37/18)
Debbie Bennion	Unit Nurse Director, Princess of Wales Hospital (for 37/18)
Alison Gallagher	Service Group Manager (emergency care), Morriston Hospital (for 37/18)
Mark Ramsey	Unit Medical Director, Morriston Hospital (for 37/18)
Sandra Husbands	Director of Public Health (for 39/18)

Minute	Item	Action
31/18	APOLOGIES	
	Apologies were received from Andrew Davies, Chair; Siân Harrop-Griffiths, Director of Strategy; Tracy Myhill, Chief Executive and Chris White, Interim Chief Operating Officer.	
32/18	WELCOME/INTRODUCTORY REMARKS	
	Emma Woollett welcomed everyone to the meeting, advising that she was chairing the meeting in the absence of Andrew Davies, and thanked the unit leads for attending as part of the unscheduled care agenda item.	
33/18	DECLARATIONS OF INTEREST	
	There were no declarations of interest.	
34/18	MINUTES OF PREVIOUS MEETINGS	

The minutes of the meeting held on 24th January 2018 were **received** and **confirmed** as a true and accurate record, except to note the following amendment:

07/18 Unscheduled Care Deep Dive paragraph five, line six

‘anything’ be changed to ‘everything’.

35/18

MATTERS ARISING

(i) 07/18 Unscheduled Care Deep Dive

Martin Sollis commented that it was important that commitments and changes to all services were tracked, not just those which were regional, so that the demand and capacity could be analysed and an action plan developed. Emma Woollett concurred and suggested that it be an action for the committee to receive such a report in due course. This was agreed.

SHG

36/18

ACTION LOG

The action log was **received** and **noted** with the following updates:

(i) Action Point Two

Martin Sollis stated that it had been useful to receive the list of initiatives to be undertaken using the £1.7m received from Welsh Government for winter pressures, adding that it would be beneficial for the committee to see the evaluation once completed to determine how the successful ones could become more sustainable.

CW

(ii) Action Point Seven

Pam Wenger advised that the terms of reference for the committee would be considered as part of her ‘stocktake’ of governance arrangements.

PW

37/18

UNSCHEDULED CARE UPDATE REPORT

A report providing an update in relation to unscheduled care performance was **received**.

In introducing the report, the following points were highlighted:

- The message from the previous meeting to focus on a small number of initiatives has been acted upon;
- An improvement of 2.5% in relation to the four hour waits had been evident in January 2018 but this not been replicated in the one and 12 hour ambulance waits;

- Significant work had been undertaken to mitigate the risks to planned care and as such, there had been a 57% reduction in cancellations of elective cases compared with the previous year;
- There had also been a reduction the non-mental health delayed transfers of care;
- It had been a challenging flu season which had impacted on patient flow and capacity;
- Medical admissions for those aged over 65 years old had increased by 2%;
- A reduction in medical outliers had been evident;
- Indications showed an increased clinical acuity;
- Positive feedback had been received from external inspections undertaken by Healthcare Inspectorate Wales (HIW) and ABM Community Health Council (CHC);
- Two wards had been closed at Princess of Wales Hospital due to norovirus and staff living within the local community had been vulnerable to respiratory illnesses;
- The outcomes of 'Breaking the Cycle' were to be evaluated;
- Work was being undertaken by the informatics department for an electronic ward dashboard which would reduce duplication of tasks;
- The impact of the non-recurrent £1.7m from Welsh Government was to be evaluated to identify which initiatives to continue;
- Workforce redesign was to be considered and patient pathways to be streamlined;
- Key risks included medical workforce capacity, infection and deterioration of domiciliary care or social care provision;
- It was hoped that all of the actions, including those by the units, would have between 3% and 5% improvement on the four-hour performance;
- Each of the units had developed a quarter four improvement plan which included:
 - Neath Port Talbot Hospital
- A social worker, discharge liaison nurse and a manager were working together to identify patients awaiting a domiciliary care package to proactively transfer them to re-ablement/nursing home beds as a pilot;
- A trial was also taking place of a community nurse and occupational therapist working within the acute clinical response team to identify non-injury falls from the ambulance call list to avoid conveyance to

hospital;

- Senior management staff were to continue to support daily board rounds following 'Breaking the Cycle';
- Revised improvement measures included one-day transfer targets from acute sites, reduced length of stay on all wards to 33 days and 60% of patients to be discharged before midday;
 - Princess of Wales Hospital
- A clinical site management model was to be implemented Monday to Friday;
- Custom made 'patient at a glance' boards were to be installed;
- The process for medically and discharge fit patients was to be redesigned as well as the process for prioritising bloods on day of discharges;
- A pilot of a dedicated area for ambulatory emergency surgery patients outside of the emergency department was to be trialed;
- Additional nursing staff were being rostered within the emergency department to support escalation overnight and additional advanced/emergency nurse practitioners were being used to support the flow within the 'minors' function;
- We were working in partnership with Welsh Ambulance Service NHS Trust (WAST) to provide hospital admission liaison officer (HALO) to reduce handover delays and identify the correct modes of transport;
 - Morriston Hospital
- Revised escalation had been introduced to reduce ward delays and to support early release of bed space for admissions;
- The discharge lounge and discharge lounge liaison role was to operate on weekends;
- Therapies support to increase in the emergency department and 'green to go' ward to reduce length of stay and provide alternatives to admission;
- A nurse practitioner triage support for medical registrars aimed to ensure right place, right time medical leadership and intervention out of hours;
- Improved response time was expected from specialties to the emergency department and increased clinical leadership in response to delays or risks;
- Additional locums being used to achieve the emergency department's full establishment;

- Singleton Hospital

- The 'front door' frailty service was to be extended, delivering comprehensive geriatric assessment to avoid/accelerate discharge;
- Phlebotomy to be expanded to include early mornings every day within the assessment unit and five afternoon sessions in the afternoon plus an 'on call' service for the inpatient wards;
- Improved timeliness of medical review of patients within the assessment unit and outlier wards seven days a week with an additional registrar secured for the areas;
- Locum respiratory consultants have been extended to March 2018;
- The 'front door' information systems were to be reviewed and an electronic solution agreed;
- Refurbishment planned for the assessment unit to support safe and timely patient flow;

- Primary and Community Care

- Focus on smoking cessation and screening programmes for chronic conditions;
- Development of self-management programmes, 111 directory of service and access point, social prescribing and community pharmacy common ailments scheme;
- Improved access to primary care services, acute clinical response teams, care home developments (medical, nursing and dental), telehealth, improved end-of-life care and step-down bed availability;

- Mental Health and Learning Disabilities

- Provision of 10 extra beds at Tonna Hospital for patients awaiting care packages which will provide 400 extra bed days between 21st February and 31st March 2018;
- Quicker turnaround times in the emergency department and ward assessments with a one-hour target for emergencies and 24 hours for routine referrals;
- Pilot agreed with WAST for a vehicle to carry a community psychiatric nurse to see mental health patients in the community rather than convey to hospital.

In discussing the report, the following points were raised:

Martin Sollis stated that there was 'excellent' work being undertaken, adding it would be critical to identify the most successful aspects as part of the evaluation as non-recurrent monies could not be relied upon.

Emma Woollett stated that she would like to see outcome measures to be

SHG

developed for each of the key initiatives, together with timescales by which these outcomes would be delivered. This would facilitate the development of robust trajectories and provide metrics which could be monitored to demonstrate progress. Jonathan Goodfellow advised that metrics were available via the SAFER dashboard. Emma Woollett responded that the committee should see some of the metrics on a unit-by-unit basis for it to see what had had an impact.

Martin Sollis sought clarity as to the purpose and process of 'Breaking the Cycle' and queried as to whether the units would work together to share learning and implement consistently good practice, for example the HALO service. Jan Thomas advised that the programme provided staff with 'headroom' to focus on unscheduled care by taking a step back from day-to-day system pressures and tasks. She added that it enabled pockets where the system was not working effectively to be identified, for example phlebotomy and diagnostics not being prioritised for patients awaiting discharge.

Emma Woollett noted that 'Breaking the Cycle' had not necessarily improved performance but asked whether it had identified 'blockages' within the system on which to focus. Jan Thomas responded that staff were released from attending non-urgent meetings and executive directors were also visible during the process. She stated that a 'stocktake' was now required to determine which actions should be continued in order for an improvement in performance to be evident. She added that in reference to the HALO service, this was also available at Morriston Hospital. Jonathan Goodfellow commented that since the inception of HALO at Princess of Wales Hospital, delays to ambulance handovers had significantly reduced but the unit had not yet been able to evaluate the learning in order to share it. He added that 'Breaking the Cycle' enabled senior staff to be refocused to drive through changes and improvements rather than concentrating on corporate work but the forum to analyse and share learning was yet to take place.

Jackie Davies queried whether there was any negative impact from senior managers not undertaking corporate tasks during 'Breaking the Cycle' and if not, consideration should be given as to whether they should be doing those actions on a day-to-day basis. Hilary Dover advised that one of her unit's actions had been to deploy a head of nursing to Morriston Hospital for the two week programme which would not be sustainable on a permanent basis without a structure redesign.

Alison Gallagher advised that Morriston Hospital had completed a formal report following 'Breaking the Cycle' and was continuing with some of the processes, such as maintaining a 'manager of the day' to whom all issues were escalated.

Emma Woollett queried if there was a forum in which the benefits and costs of 'Breaking the Cycle' would be discussed. Jan Thomas advised that the

unscheduled care board, which had previously been stood-down, was to recommence from April 2018 and would be the vehicle from which the work would be progressed. A report from this board could then be provided to Performance and Finance Committee setting out the key successes and impacts from Breaking the Cycle for future learning across the health board.

Mark Ramsey stated that it was unclear as to whether the focus required from the units was to be 'fire fighting' the current performance or working to prevent such pressures from escalating in the future. Emma Woollett responded that, as a health board, we needed to do both. She stressed that the board recognised that system transformation was needed to address future needs and ensure performance was sustainable; however, the focus of this committee – particularly in the short term – was on how the delivery units were addressing 'the hand they currently had'. Martin Sollis queried the confidence as to whether the actions being undertaken would improve performance. Mark Ramsey responded that initiatives being trialled were different to anything undertaken previously but it would depend on the demand on services during February and March 2018. However if the units were given the 'headroom', there were actions they could take which could have performance gains.

Martin Sollis noted that while performance at Morriston Hospital had improved in the last 12 months, it had deteriorated at Princess of Wales Hospital and queried the actions to be taken to address this. Jonathan Goodfellow advised that a high proportion of people attending the emergency department required surgical interventions therefore a surgical assessment unit was to be piloted for two weeks, which would have a dedicated surgeon. He added that an increase in 'major' cases had been evident and the hospital received a significant number of these via walk-in, therefore it was often difficult for WAST to understand the reduced capacity within the department but the HALO service was helping to address this.

Mark Ramsey commented that 'Breaking the Cycle' had provided the services with more resilience and as such, were able to 'bounce back' after periods of high pressure more quickly.

Alison Gallagher highlighted that all pathway constraints were currently tracked manually via board rounds and recorded on paper. Internal professional standards could be agreed, however there was no electronic system that allowed monitoring of the timescales and therefore rigorous escalation of delays. In terms of managing patient flow in our hospitals, there was no way of understanding what the patient pathway constraints were at any point in time, other than feeding the manual information into daily operational meetings. Jonathan Goodfellow added that funding had previously been agreed for a 'nerve' centre system but this had been withdrawn by Welsh Government. Martin Sollis commented that it was useful for the committee to hear such issues in order to lend its support.

Emma Woollett stated that unscheduled care was one of the targeted interventions. She added that, as a measure of flow through the system, if this could be improved, it would support improvement in other targeted intervention measures. As such, it was to remain a focus for the committee. She added that the committee expected to see actions, quantified impacts and timing of those impacts in order to provide assurance that the forward trajectories for improvement were robust. This would then allow the committee to review performance against trajectories in a meaningful way. It would also allow the committee to understand where something was not working and support the case for change. **CW**

- Resolved:**
- The report be **noted**.
 - Key metrics being targeted for improvement by delivery units to be added to the performance report for the Performance and Finance Committee. **SHG**
 - Revised trajectories for unscheduled are to be presented, reflecting the expected impact of the key actions identified by unit **CW**
 - Report on learning from Breaking the Cycle to be provided following discussion at the unscheduled care board. **CW**

38/18 **CANCER PERFORMANCE**

A report providing an update in relation to cancer performance was **received**.

In introducing the report, Jan Worthing highlighted the following points:

- The December 2017 performance was 84% against a target of 85% and activity levels had been down. As a result, the position for January and February 2018 was compromised;
- Significant work had been completed to reduce the backlog;
- The main reasons for the deterioration related to the three tumour sites and actions had been identified for each:
 - Breast: a breast consultant was now taking the lead across the health board rather than one for the east and another for the west. This was leading to a multi-disciplinary approach and a workshop was taking place to standardise the patient pathway;
 - Urology: the service remained challenging at Princess of Wales Hospital due to sickness absences and issues with the template for the biopsy pathway. The Medical Director was undertaking meetings with the clinical lead to determine how

to progress and additional clinics had been established and a locum consultant recruited;

- Gynaecology: one of the issues had centered around the post-menopause bleeding pathway and this had since been revised. In addition, procurement was to be undertaken for new equipment which should reduce the time required at the front end and a return to the full establishment of consultants was expected following a sickness absence;
- Jan Worthing and the service director for Princess of Wales Hospital were now attending the multi-disciplinary team meetings;
- Robust action plans had been submitted to the interim Chief Operating Officer.

In discussing the report, the following points were raised:

Emma Woollett complimented the report, adding that Jan Worthing had also provided assurance around the three challenging areas. She commented that it was useful that the report included a month-by-month trajectory which gave indications as to where performance would be and by when.

Martin Sollis stated that it would be useful to receive an update in due course as to whether the actions taken had been effective. Emma Woollett added that the actions needed to be in position whereby impact was added to the trajectory so it could be determined which initiatives had worked and which had not.

- Resolved:**
- The report be **noted**.
 - Revised cancer trajectories to be presented, to identify the expected impact of underlying actions. **CW**

39/18 DELAYED FOLLOW-UPS DEEP DIVE

Sandra Husbands was welcomed to the meeting.

A report outlining a 'deep dive' in relation delayed follow-up appointments was **received**.

In introducing the report, Sandra Husbands highlighted the following points:

- Performance was not where it needed to be;
- The integrated medium term plan trajectory had not been met nor had the recommendation by Wales Audit Office to understand the reasons as to why;
- The recovery and sustainability workstreams were to be

reconfigured and the work in relation to outpatients was to be taken forward by the interim Chief Operating Officer with support from Sandra Husbands;

- The improvement trajectory for 2018-19 was to reduce delayed follow-ups from 62,000 to 50,000;
- At the same time, work would be undertaken to understand the impact of demand and capacity on outpatient appointments to 'scale up' some of the improvement works, for example reviewing all patients to determine if a follow-up was required;
- More collaborative work was to be undertaken to share learning and develop a more evidence-based approach.

In discussing the report, the following points were raised:

Lynne Hamilton commented that Sandra Husband's summary of the position was very helpful as it focussed more the actions to be undertaken in the future rather than the work in 2017-18 as outlined in the report.

Martin Sollis noted that there had been two external reviews of outpatients processes which had been critical of the fact that the trajectory had not been met. He commented that there needed to be a clinical review of the position in all areas and as such, suggested that an update be received outlining the action plan going forward. Sandra Husbands suggested that this be received in April 2018 as by this point, the work currently being undertaken by the NHS Wales Delivery Unit would have been completed. This was agreed.

SH

Resolved:

- The report be **noted**.
- A further report be received in April 2018 outlining the action plan going forward.

SH

40/18

WORKFORCE METRICS

A report outlining performance against workforce metrics was **received**.

In introducing the report, Kate Lorenti highlighted the following points:

- The performance in relation to sickness absence was disappointing;
- When sickness absence levels for Singleton Hospital were analysed, peaks correlated with areas of significant change in workforce practice;
- Various initiatives were in place to support change in a positive way for example staff recognition awards for long service.

The new format of the report was welcomed by members, as it provided

much greater clarity and granularity.

In discussing the report, the following points were raised:

Jackie Davies noted that the number of grievances undertaken had risen in comparison with the number of dignity at work cases which had reduced. Kate Lorenti advised that staff were not using the dignity at work policy, instead they were raising grievances immediately. She added that work was ongoing to provide support to managers to deal with conflict and there were a handful of complex grievances currently in process for which significant human resources support was needed.

Jackie Davies queried whether the health board was contributing to the all-Wales dignity at work policy review. Kate Lorenti responded that it was through the national Directors of Workforce and Organisational Development group but consideration should also be given to providing feedback from the health board's partnership forum.

Martin Sollis sought clarity as to whether workforce redesign would be undertaken to address the high number of vacancies. Kate Lorenti advised that it was an opportunity to consider service remodelling and should requests be made to advertise a vacancy, managers were asked to look at the service as a whole first determine if there was another way of working.

Martin Sollis noted that compliance with mandatory training was low and stated that consideration needed to be given to including its improvement within executive and services directors' objectives. Kate Lorenti responded that the ability to release staff was proving challenging and as such, managers needed to be encouraged to plan for this throughout the year.

Emma Woollett queried as to whether compliance with mandatory training was discussed as part of the units' performance reviews. Kate Lorenti confirmed that it was.

Resolved: The report be **noted**.

41/18 CHANGE IN AGENDA ORDER

Resolved: The agenda order be changed and item 3a be taken next.

42/18 PERFORMANCE AND FINANCE COMMITTEE OUTLINE WORK PROGRAMME

The 2018/19 outline work programme for the Performance and Finance Committee was **received**.

In discussing the work programme, the following points were raised:

Emma Woollett commented that unscheduled care needed to be one of the committee's main focuses and as such, an update was to be received at every meeting.

Martin Sollis noted the inclusion of 'deep dives' for each meeting and stated that these should only be for areas of concern, adding that they should be received on request of the committee as opposed to a standing item.

Emma Woollett concurred and suggested these be removed from the work programme. This was agreed.

PW

Martin Sollis stated that the committee was yet to receive an update in relation to infection control and this was only targeted intervention area that it had not considered by members. Pam Wenger suggested that a report be received at the next meeting for the committee to be aware of the work ongoing but advised that a regular update was being provided to the Quality and Safety Committee. This was agreed.

PW

Pam Wenger queried as to whether workforce metrics should be received at every meeting. Kate Lorenti advised that every other meeting would be more appropriate for the committee to see changes in performance and consideration could also be given to providing a focus on particular areas of concern.

Lynne Hamilton advised that there were a number of items she would like to include on the future in-committee agendas. Pam Wenger suggested that an in-committee work programme would be established. This was agreed.

PW

Jan Thomas noted that for the May 2018 agenda, an unscheduled care update and a deep dive in relation to the one, four and eight hour targets were listed. Emma Woollett responded that while deep dives would no longer be part of the agenda, it would be useful for an upcoming unscheduled care update to include a focus on one, four and eight hour targets. She added that it would also be beneficial for the committee to receive an update in relation to ambulance handovers. Jan Thomas suggested that this be included within the May 2018 unscheduled care update and be supported by a WAST representative. This was agreed.

PW

- Resolved:**
- The report be **noted**.
 - The work programme be updated as discussed.
 - A separate work programme for the in-committee section of the meeting be developed.

PW

PW

43/18 FINANCIAL POSITION UPDATE

A report regarding the financial position was **received**.

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

- A revised forecast deficit of £30m had been submitted to Welsh Government;
- While this was a significant achievement, it should not be taken lightly as there was still a lot more work to be done;
- The cumulative overspend continued to reduce in-line with the plans with a period 10 deficit of £795k;
- The target to pay a minimum of 95% of non-NHS invoices within 30 days of receipt had not been met and additional resource had been provided to address the backlog;
- Pay costs had increased during the period to reflect winter pressures and planned care work;
- The failure to deliver some of the savings schemes had been mitigated by other opportunities and actions, many of which were non-recurrent, and these needed to be driven during the next financial year;
- A plan for 2018-19 was already in development;
- Work was being undertaken to find alternative ways in which to report pay expenditure to separate the costs in relation to service pressures from 'business as usual' pay;
- Welsh Government had been informed that £2m of the health board's planned care allocation was to be returned and confirmation was awaited of potential clawback should the required performance trajectory not be met.

Resolved: The report be **noted**.

44/18 ACTION PLAN TO £36M

The action plan to achieve the £36m control target was **received**.

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

- The £1.7m winter pressure monies from Welsh Government had offset the £1.5m risk that had been included within the financial plan;
- Welsh Government would be providing centrally for the funded nursing care liabilities for 2017-18 and further discussions were required for 2018-19;
- The Cabinet Secretary and Director General had iterated the importance of addressing the parliamentary review effectively as there would be areas of shared interest and opportunities to develop

a collaborative model;

- There was some nervousness in relation the position for 2018-19 due to the amount of non-recurrent opportunities taken in this year.

In discussing the report, the following points were raised:

Emma Woollett commented that there was a positive message within the current financial position as it demonstrated what the health board could achieve with a solid focus however, given the use of non-recurrent initiatives, there was no opportunity for complacency. Lynne Hamilton concurred, adding that at the moment, the opening position for 2018-19 was a £34m deficit, as the operating expenditure had been decreased by £2m. While this was not a significant amount, it was still a reduction.

Martin Sollis stated that at the start of the financial year, confidence in some the financial plans had been low and there was concern that the forecast deficit would be increased. He added that the improvement shown was testament to the organisation's ability to deliver against adversity and 'bounce back', but the board and committees needed to identify accountability as the foundation was not where it needed to be.

Emma Woollett advised that there were still two months until year-end but commended Lynne Hamilton and her team for the work undertaken to reach the current position.

Resolved: The report be **noted**.

45/18 ANY OTHER BUSINESS

There was no further business and the meeting was closed.

46/18 DATE OF NEXT MEETING

The next scheduled meeting was noted to be 21st March 2018.