ABM University LHB
Unconfirmed Minutes of the Performance and Finance Committee
held on 19th February 2019
in the Millennium Room, Health Board HQ

Present:

Emma Woollett	Vice-Chair (in the chair)
Sam Lewis	Assistant Director of Finance (until minute 18/19)
Dorothy Edwards	Deputy Director of Recovery and Sustainability
Val Whiting	Assistant Director of Finance (until minute 18/19)
Martin Sollis	Independent Member
Chris White	Chief Operating Officer
Lynne Hamilton	Director of Finance
Siân Harrop-Griffiths	Director of Strategy
Hazel Robinson	Director of Workforce and Organisational Development (OD) (until minute 18/19)
Darren Griffiths	Associate Director – Performance
Jackie Davies	Independent Member

In Attendance:

Gareth Howells	Director of Nursing and Patient Experience (for minute 18/19)
Richard Evans	Medical Director (for minute 18/19)
Hannah Evans	Director of Transformation (until minute 23/18)
Liz Stauber	Committee Services Manager
Marisa Bennett	Cancer Information Manager (for minute 21/19)
Sandra Husbands	Director of Public Health (for minute 25/19)

Minute	Item	Action
12/19	**WELCOME AND APOLOGIES** Emma Woollett welcomed everyone to the meeting. Apologies for absence were received from Maggie Berry, Independent Member.	
13/19	**DECLARATIONS OF INTEREST** There were no declarations of interest.	
14/19	**MINUTES OF PREVIOUS MEETINGS** The minutes of the meeting held on 22nd January 2019 were **received** and **confirmed** as a true and accurate record, except to note the following amendments:	

02/19 Integrated Medium Term Plan (IMTP)

(i) The financial *savings* remained in three categories;

(ii) Emma Woollett advised those present that the purpose of the presentation to this meeting was for the committee to provide *assurance* to the board that the performance and financial *forecasts had been robustly challenged,* as well as assurance that a robust QIA process was in place.

(iii) However it should be noted that the outcome of the QIA scrutiny panel had the potential to impact on the trajectories depending on the findings, therefore the *board* approval of the plan would be undertaken at risk.

15/19 MATTERS ARISING

(i) Delayed Transfers of Care

Emma Woollett queried whether the committee should receive a formal update in relation to delayed transfers of care. Chris White responded that several initiatives and partnership working programmes were underway and undertook to bring a full report to the next meeting. **CW**

16/19 ACTION LOG

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

(i) Action Point One

Chris White advised that the Kendall Bluck work in relation to emergency department staffing had been completed and had informally produced a number of ideas for the health board to consider. He added that the full report would be received in March 2019 and he would be able to provide a more detailed update to the next meeting. **CW**

17/19 IMTP AND FINANCIAL PLAN UPDATE (INCLUDING HIGH VALUE OPPORTUNITIES)

A report providing an update in relation to the development of the integrated medium term plan (IMTP) and financial plan was **received.**

In introducing the report, the executive directors highlighted the following points:

Finance

- A significant amount of work had been undertaken since the plan was presented to the board, including responding to a targeted intervention meeting and discussions with the units;
- A 'test and challenge' session, chaired the Chief Executive, had taken place to review the high value opportunities;
- Following consideration of Welsh Government's feedback on the financial plan, the Bridgend elements had been removed from the plan and the financial plan was now forecast to deliver a balanced position in 2019-20. However further discussions in relation to the financial risks associated with the Bridgend transition were to be undertaken and Welsh Government was to commission an external due diligence exercise on the financial risks and implications of the change. Consideration was now needed as to what evidence and information the health board would need to provide for this and whether it would be helpful to have to have an independent member review it in the first instance;
- There was an increasing confidence that the 2019-20 break-even plan could be delivered;
- The units' savings plans were to be scrutinised at the Recovery and Sustainability Programme Board on 22nd February 2019;
- £20.7m of savings would need to be delivered;
- The organisation's planning process had improved since the previous year but plans now needed to be turned into actions, with the new health board becoming more cost effective to run.

<u>High Value Opportunities: Medical Workforce</u>

- A significant redesign of the medical workforce would take some time to achieve;
- A substantial amount of money was spent on locum and agency staff; savings would be achieved through more substantive pay costs, negating the need for temporary staff;
- The Deanery had revised the rota requirements for junior doctors from one in 11 to one in nine, which would make rosters easier to fill;
- Engagement with clinicians around the plan was proving positive and they were supportive of the findings and feedback of Kendall Bluck;
- An invest-to-save bid to Welsh Government to implement locum on-duty software, an e-rostering programme, had been successful. However recruitment to the temporary posts to implement the software had been unsuccessful, therefore consideration was needed as to how to use current resources;

- A recruitment and retention strategy was in development and being monitored through the Workforce and Organisational Development (OD) Committee;
- A review of e-job planning had identified areas in which best practice was not being followed, and this was to be challenged through the Medical Director;
- The contract with the medical agency staff provider was to come to a close later in the year, and the tender process was now commencing for the next one;
- Work was being undertaken to address long-term locums;

<u>High Value Opportunities: Nursing</u>

- The key components would be reliant upon managing rosters effectively and addressing variable pay, particularly on those wards which have received uplifts in relation to the Nurse Staffing Levels (Wales) Act 2016;
- A nursing workforce group had been established to take forward some of the work;
- There remained significant usage of bank and agency staff and there needed to be a zero tolerance approach to using off-contract agencies;
- Project support had been provided for the workstream which was appreciated;
- The e-rostering system had been implemented at Singleton Hospital and work had commenced to roll it out to Morriston Hospital however discussions were taking place as to commissioning the external provider to manage the remainder of the implementation in order to speed-up the process;

<u>High Value Opportunities: Therapies and Health Science</u>

- Work was being undertaken to establish benchmarking data in relation to therapy staffing levels;
- Although each specialty area had a head of service, that post did not necessarily manage all staff in the group, rather they were under the management of a service delivery unit and this needed to be addressed;
- There were potential ‘quick wins’ in relation to agency staff;
- More work could be done in relation to a multi-disciplinary team assessment prior to discharge to ensure the correct community service was provided once a patient returned home.

In discussing the report, the following points were raised:

Martin Sollis welcomed external due diligence review on the financial implications of the Bridgend transition, adding that it was important that the health board accepted Welsh Government advice in this regard. Emma Woollett echoed these sentiments, stating that from the committee's perspective, it was useful to address discretely areas which were not in the health board's control.

Siân Harrop-Griffiths stated that the layout of the financial plan made it easy to follow and Welsh Government had praised its openness and transparency. She added that the draft annual plan was submitted to Welsh Government at the end of January 2018 and it was not expected that another would be submitted. She added that it would be useful not only to measure performance against the financial target but also the progress in achieving the required £20.7m savings.

Emma Woollett noted that £20.7m savings were required to achieve financial balance but a stretch target of £29m savings had also been included. She stated that it was important that it was made clear that the target was £20.7m, and that this must be delivered. The £29m stretch provided additional options should some schemes not be achievable to ensure delivery of the £20.7m.

Emma Woollett referenced the split between category A savings plans (unit plans) into A1 and A2 and sought clarity that A1 schemes were assumed to be deliverable, even if non-recurrent, and A2 would require plans from the units. Lynne Hamilton responded that while the origin of the A2 plans was within the units, there was involvement from the executive board and senior leadership team, resulting in a more robust, cost-cutting approach rather than silo working. She added that there were significant savings to be made in the procurement and medicines management workstreams which had been included in the B schemes (cost control and containment) and these were corporately-led.

Emma Woollett sought assurance that there was an accountable officer for each of the savings schemes. Lynne Hamilton confirmed this was the case, adding that the Chief Executive had made it clear that there was only to be one lead for each plan. Chris White advised that it was important to keep in mind that the plan was not confined to the responsibility of Lynne Hamilton and the finance team, rather the whole board had a role in ensuring its delivery. He added that more traction was evident across the organisation in terms of delivering savings, including more partnership working across the units.

Martin Sollis stated that while he liked the format of the plan, more granularity of detail was needed underneath some of the schemes to demonstrate savings and value for money. Dorothy Edwards stated that more granular detail was being developed and would be included in the next iteration of the savings plan.

Lynne Hamilton advised that she and Siân Harrop-Griffiths as co-chairs of the investment and benefit group were developing a benefits evaluation process to determine this. She added that £1.5m had been allocated within the plan for an internal invest to save scheme as even small initiatives could have significant returns.

Martin Sollis queried whether Kendall Bluck would be providing support to implement actions to address the findings of the report. Hazel Robinson advised that a proposal would be received to that effect but discussions would need to be undertaken as to whether this would be taken up.

Richard Evans stated that the Kendall Bluck work created an opportunity to develop the rotas the health board needed to manage its services pragmatically, with consideration given to cross-speciality working.

Richard Evans advised that the medical vacancy position and understanding the establishments held had been devolved to the units but there was now a need to have such information centrally, and the units had been tasked to provide this.

Martin Sollis referenced the high value opportunities in relation to the medical workforce, adding that they appeared to be the right things to do and it would be fundamental to achieve efficiency as 70% of the health board's costs were within workforce. Chris White commented that workforce needed to be considered as a whole, rather than by professional groups, as there may be alternative models resulting in cross-profession working which would be appropriate to implement.

Gareth Howells stated that it was pleasing to see the work in relation to medical workforce as it reflected the change in thinking and discussions as to the future service designs.

Emma Woollett stated that it was pleasing to see that the workforce high value opportunities were not solely focussed on saving money but also had an element of using staff in the right way.

Jackie Davies queried whether investment would be made into resources to manage and maintain the e-rostering system. She added that e-rostering was not included as part of ward managers' personal appraisal and development reviews (PADRs). Gareth Howells advised that discussions were ongoing as to the structure once the Bridgend boundary change had occurred. He added that this would also be an opportunity to look at ward managers' development plans as it was important they had the skills and tools to ensure their wards were safely staffed. Chris White commented that e-rostering provided more stability in terms of rotas and inpatient capacity, which should reduce the need for requests to seek agency staff at the last minute, particularly from off-contract suppliers.

Hannah Evans sought clarity as to where pharmacy workforce models would fit as part of the high value opportunities. Chris White advised that he had met with the lead for the service the previous day and would undertake

further discussions with Richard Evans as to the most appropriate workstream in which the service should be placed. He added a number of opportunities had already been identified in terms of savings and redesign.

Hazel Robinson advised that in terms of workforce redesign, there was potential savings in two places; reduction of agency spend and opportunistic turnover in the context of the new organisational strategy.

Lynne Hamilton commented that the opportunities in relation to therapies and health science reflected the organisation's transformational ambitions but in order to achieve it, more understanding of the numbers was required. Chris White concurred, adding that this highlighted the criticality of the benchmarking being undertaken.

Gareth Howells stated that the high value opportunities provided a chance for the health board to do 'bigger and better' things, such as the 'hospital at home' work. Chris White concurred, adding that the unscheduled care board was looking at a number of initiatives and there was also significant work being undertaken in relation to ophthalmology. He added that there were also opportunities within primary care and planned care, but it all needed to align with the clinical services plan. Siân Harrop-Griffiths agreed, stating that is was essential that a 'scatter gun' approach was avoided.

Darren Griffiths provided assurance that work was being undertaken to ensure the high value opportunities aligned with the performance elements rather than adversely affecting them. He added that for a number of workstreams there would be benefits to performance but care needed to be taken to only count these once and reflect them within the resources available.

Martin Sollis stated that it was encouraging to see a team approach being taken but stated that the accountability process was unclear given that the health board did not have a strong reputation in terms of delivering its plans. Emma Woollett added the programme management support element also had not been identified. Lynne Hamilton responded that the Chief Executive was leading the work on accountability and testing delivery assurance and had been clear that there would be individual and shared accountability. She added that previously, workstream leads would have met with senior colleagues individually but this was to be enhanced with group sessions in order to have a wider system view and with regard to the programme management support, the Chief Executive had been supportive of investment. Hannah Evans added that programme management support had been discussed at the 'test and challenge session' and funding was to be provided for each of the workstreams for project support. She added that a further discussion was to take place at an executive board time-out focussing on portfolios.

Resolved: The report be **noted**.

18/19 FINANCIAL POSITION

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

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

- The financial position was on track to achieve the forecast deficit position of £10m;
- Morriston and Princess of Wales units' positions continued to be problematic, although the Morriston position had improved slightly for period 10;
- Variable pay was significantly above the level reached in 2017-18 despite there being similar levels of additional capacity being open for winter;
- The savings plans outlined by unit/corporate directorate what needed to change for 2019-20 delivery.

Resolved: The report be **noted.**

19/19 MONTHLY PERFORMANCE REPORT

The monthly performance report was **received**.

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

- January 2019 saw a slight increase in emergency department attendances and admissions over December. Four-hour performance increased by 0.4% to 76.9% but remains well below trajectory;
- The one-hour ambulance handover and 12-hour emergency department waits had increased;
- Delayed transfers of care had decreased in number from the highs of November and December, but remained more than 100;
- In relation to planned care, although the 36 week performance had not been met, this was largely due to timing of outsourced operations, and there was confidence that the end year target would be met;
- Diagnostic and therapies planned care performance remained positive;
- A dip in cancer referrals had been evident in December 2018 and the 62 day target performance remained in the mid-80s, therefore more work was needed to increase to the 90s. The 30-day week

performance was in the 90s but breast and urology remained challenging tumour sites. The backlog continued to improve its position;

- Performance in relation to healthcare acquired infection continued to improve as did response rates to complaints;
- There were some challenges in relation to falls and pressure ulcers, but Gareth Howells was reviewing this with clinical colleagues;
- Discharge summary performance was 62% and around 7,000 were completed each month. Compliance was to be broken down by specialty in order to encourage an improvement;
- There had been an a seasonal increase in short-term sickness;
- Key finance deliverables were now included in the performance report;
- Child and adolescent mental health services performance was improving as was compliance with information governance training and mortality reviews.

In discussing the report, the following points were raised:

Emma Woollett stated while the performance report was comprehensive, it remained secondary care focussed, adding that consideration was needed as to the inclusion of primary care data as well potentially specific mental health performance information. Darren Griffiths responded that his team was working closely with colleagues in public health, mental health and learning disabilities and primary care to include such details from April 2019.

Martin Sollis asked for more detailed assurance that the planned care target of 2,664 patients waiting more than 36 weeks for treatment would be achieved as currently the profile was off trajectory. Darren Griffiths explained that while patients had been identified to have their treatment outsourced, they were still included in the numbers waiting until they had received it, and these accounted for 250 cases. He added that while a separate piece of work was needed to test the potential delivery of the target, there was confidence that it would be achieved, but it remained at risk until patients were treated.

Emma Woollett stated that this illustrated the unsustainability of delivering planned care through outsourcing and she commented that she was surprised at the amount included in the 2019-20 plan. Darren Griffiths advised that outsourcing in 2019-20 was only to reduce the backlog cases as the monies invested in the plan were to achieve a sustainable position on an ongoing basis.

Chris White commented that a significant amount of work was being undertaken to bring the cancer cases backlog to an appropriate position in

order to have one which could be maintained going forward. He added that completion of discharge summaries was a quality issue, rather than performance, and the numbers needed to increase.

Jackie Davies advised that in relation to sickness rates, Princess of Wales Hospital was performing well which would result in the health board's performance deteriorating after the boundary change.

Resolved: The report be **noted.**

20/19 CHANGE IN AGENDA ORDER

The agenda order be changed and item 4.3 be taken next.

21/19 SINGLE CANCER PATHWAY

Marisa Bennett was welcomed to the meeting.

A report providing an update on the implementation of the single cancer pathway was **received.**

In introducing the report, Marisa Bennett highlighted the following points:

- The health board's position was where it was expected to be, around the 70%s. This means that 72% of patients with a suspicion of cancer in October 2018 would have a clear diagnosis and, if diagnosis confirms cancer, would start treatment within 62 days;
- The pathway aimed to identify patients with cancer at the earliest opportunity which would have an impact on the demand and capacity of diagnostic services;
- The informatics team was working to integrate all data into a single source;
- One of the main ambitions was to complete diagnostics within 28 days of referral;
- Optimal pathways were being developed on a national basis and nine had been established to date based on the most common cancers. The health board was now mapping its processes against these, starting with lung cancer.

In discussing the report, the following points were raised:

Chris White advised that the implementation of the pathway could result in an increase in diagnostic requests of 20% and he was meeting with radiology colleagues to talk through the implications and ways in which to address them.

Emma Woollett noted that NHS Wales organisations were expected to start reporting its performance against the pathway from June 2019 and queried as to where the health board's position would be compared with others. Marisa Bennett advised it would be in the middle of the 'pack' but reporting was based on where patients were diagnosed, therefore the health board would see more cases as it received referrals in some specialities on a regional basis.

Martin Sollis sought clarity as to the national investment for 2019-20. Marisa Bennett advised that Welsh Government had announced £3m of funding but had not outlined the specific allocations.

Martin Sollis queried if the lack of demand and capacity information was proving problematic. Marisa Bennett responded that the health board was further ahead than others in that respect but it was important to note that there was no performance target for the single cancer pathway, rather a measure of improvement. Darren Griffiths added that modelling work had been undertaken and a suite of actions put in place, including the investment of £500k for diagnostics within the planned care plan for 2019-20.

Emma Woollett sought clarity as to the patient benefits of such a pathway being implemented. Marisa Bennett advised that patients would now be told sooner whether they had cancer, which would have significant psychological benefits, particularly for those who did not have it.

Resolved: The report be **noted.**

22/19 IMTP QUARTERLY TRACKER

A report providing a quarterly update as to progress against the annual plan was **received.**

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

- The tracker gave a general overview of progress against the 2018-19 annual plan;
- Discussions were being undertaken as to how to monitor delivery of the 2019-20 plan in line with a performance framework which was being developed. A proposal would be brought to the April 2019;
- Comments from committee members were welcomed.

Resolved: The report be **noted.**

23/19 CHANGE IN AGENDA ORDER

The agenda order be changed and item 6.1 be taken next.

24/19 PERFORMANCE AND FINANCE COMMITTEE WORK PROGRAMME 2018/19

The 2018/19 work programme was **received** and **noted.**

25/19 DELAYED FOLLOW-UPS

Sandra Husbands was welcomed to the meeting.

A report providing an update in relation to delayed follow-ups was **received.**

In discussing the report, the following points were raised:

Martin Sollis sought clarity as to how the position was measured and monitored as the numbers waiting for a follow-up were increasing. He also sought assurance that the right level of investment had been made. Emma Woollett concurred, adding that there was no trajectory to show the planned reduction in numbers, particularly as the validation work was identifying people on the list who either did not need to be or did not require an appointment for 12-24 months. Sandra Husbands advised that the outpatient workstream was still in place but any changes to clinical guidelines would need to be taken through the clinical senate. She added that while validation was identifying people who did not need to be on the list, for some this was as a result of too long a wait, and some with chronic illnesses needed to be on a follow-up list but did not necessarily need to be seen for several months. Chris White advised that the investment and benefits group had agreed a sum of money to support the administration function in order to reduce the number of people waiting for a follow-up appointment and a number of initiatives, such as data cleansing and text reminders, were in place.

Martin Sollis sought assurance that there was clinical prioritisation around the high-risk services. Chris White advised that the most high-risk was ophthalmology and a ‘gold command’ group had been established to give this focus. He added that an action plan was in place and a glaucoma consultant appointed in order to reduce the risk of harm. Sandra Husbands added that a report specifically on ophthalmology follow-ups was to be received by the Quality and Safety Committee due to the risks.

Jackie Davies noted the intention to train administration staff in June 2019, adding that this seemed a while to wait and confirmation of an identified

person from each unit was awaited. Sandra Husbands responded that this was training as to how to use different systems.

Emma Woollett queried as to where the health board's performance resided in comparison with others. Chris White responded that the Wales Audit Office report on follow-ups had identified that all health boards were in a similar position. Darren Griffiths added that comparative data was included in the performance report and the trajectory for improvement could be added to this. It was agreed that performance should be closely monitored by the committee through the performance report as the current number of patients waiting was unacceptable.

Resolved: The report be **noted.**

26/19 ITEMS TO REFER TO OTHER COMMITTEES

There were no items to refer to other committees.

27/19 ANY OTHER BUSINESS

There was no further business and the meeting was closed.

28/19 DATE OF NEXT MEETING

The next scheduled meeting was noted to be 19th March 2019.