

**ABM University LHB**  
**Unconfirmed Minutes of the Performance and Finance Committee**  
**held on 26<sup>th</sup> September 2018**  
**in the Board Meeting Room, Health Board HQ**

**Present:**

Emma Woollett	Vice-Chair (in the chair)
Hazel Robinson	Director of Workforce and Organisational Development (OD)
Sam Lewis	Assistant Director of Finance
Jackie Davies	Independent Member
Dorothy Edwards	Deputy Director of Recovery and Sustainability
Martin Sollis	Independent Member
Chris White	Chief Operating Officer
Lynne Hamilton	Director of Finance (until minute 219/18)
Siân Harrop-Griffiths	Director of Strategy
Darren Griffiths	Associate Director - Performance

**In Attendance:**

Julie Owens	Wales Audit Office
Liz Stauber	Committee Services Manager
Claire Mulcahy	Committee Services Officer
Gareth Howells	Director of Nursing and Patient Experience (for minute 214/18)
Jason Crowl,	Unit Nurse Director, Primary Care and Community Services (for minute 214/18)
Malcolm Thomas	Assistant Director (for minute 217/18)
Jan Thomas	Assistant Chief Operating Officer (for minutes 219/18 and 220/18)

Minute	Item	Action
209/18	<b>APOLOGIES</b>	
	Apologies were received from Martin Sollis, Independent Member and Dorothy Edwards, Deputy Director of Recovery and Sustainability.	
210/18	<b>DECLARATIONS OF INTEREST</b>	
	There were no declarations of interest.	
211/18	<b>MINUTES OF PREVIOUS MEETINGS</b>	
	The minutes of the meetings held on 22 <sup>nd</sup> August 2018 were <b>received</b> and <b>confirmed</b> as a true and accurate record, except to note the following amendment:	

196/18 Monthly Performance Report

Jackie Davies commented that the key to resolving workforce cases early was to develop relationships *between managers and workforce staff*, but as there were insufficient *HR* resources, managers had to progress through the disciplinary process *as there was no other support available*.

212/18

**MATTERS ARISING**

(i) 198/18 Medical Agency Cap

Hazel Robinson advised that the vacancy panel now had revised terms of reference, as well as administration support from the NHS Wales Shared Services Partnership (NWSSP), and the membership had been extended to more executive directors to enable a wider discussion. She added that this would not resolve all of the issues raised at the previous meeting, as some roles would not be approved in light of the impending boundary transition, but decisions would be risk assessed in terms of impact on staff and some requests had been returned with queries rather than immediate rejection. By December 2018, the workforce consultation as part of the boundary change would have closed, by which time the issues and allocations should have been identified as part of the transfer so the vacancy panel would be better informed as to what could be approved. Emma Woollett queried as to whether the committee could have a further update as to the progress of the panel. Hazel Robinson suggested that she bring a monthly update as to posts considered and the decisions made. This was agreed.

HR

(ii) 199/18 Winter Plan

Emma Woollett queried as to whether discussions had been undertaken in relation to workforce and winter planning. Hazel Robinson advised that she had some ideas with regard to potential enhanced rates if staff agreed to a bundle of shifts for particular specialities, but she needed to discuss this in more detail with Chris White. Chris White commented that a similar process had been used within the out-of-hours service the previous year with success and as such, more staff were undertaking shifts this year of their own accord.

213/18

**ACTION LOG**

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

(i) Action Point Four

Lynne Hamilton advised that a six-month review was being undertaken of the recovery and sustainability workstreams and as part of this, it had been agreed that the workforce redesign work would be subsumed into the

HR

overall workforce workstream. She added that it was unlikely that any savings would be evident this year and suggested it would be useful for the committee to receive an update in relation to the fully integrated workforce workstream prior to the new financial year. This was agreed.

Maggie Berry referenced two external financial governance reviews, adding that both had expressed a need to progress the workforce redesign with some urgency. Chris White responded that the two reports demonstrated opportunities for the health board to consider but he wanted to provide assurance to the committee that the three executives predominantly responsible for scrutinising vacancies (himself, Lynne Hamilton and Hazel Robinson) already undertook informal conversations as to what could be done if vacancies were not being filled in terms of redesign. He added that this should be a part of 'normal' business to review whether service models were right and if the right staff were in the right pathway. Hazel Robinson commented that workforce redesign may not save money in the first instance but would hopefully impact on performance. She added that the potential opportunities would not be fully understood until the boundary change had occurred.

Emma Woollett queried as to how the imminent boundary change was reflected in the savings plans. Lynne Hamilton responded that the risks had been mitigated for this year and included in the baseline for 2019-20.

214/18

## MEDICAL AGENCY CAP

A report providing an update on the implementation of the medical locum cap was **received**.

In introducing the report, Hazel Robinson highlighted the following points:

- The total number of hours booked had increased significantly during September 2018 to the highest since the cap was introduced;
- Only 8% of agency doctors had been paid at or below the cap during the reporting period;
- There had been improvement in payment at or below capped rates in terms of hours from 26% in August 2018 to 31.11% in September 2018;
- In terms of level of payment to agency doctors, the health board was the worst performer in Wales;
- Performance against payment at or below cap for internal locums was better, achieving 68% in September 2018;
- The total agency and locum spend for September 2018 was £1.6m against a target of £1.2m, which was an increase from the previous month;

- Discussions were being undertaken with the interim Medical Director with regard to developing a recruitment strategy for doctors as the number of vacancies was a significant factor in the need for locum and agency staff;
- The installation of the locum on duty software was to support the development of more robust and sustainable solutions;
- The way in which rotas were arranged needed to be reviewed in order to listen to doctors and to provide the right experience, particularly in the age of social media.

In discussing the report, the following points were raised:

Emma Woollett sought clarity as to whether there was a trajectory by which time all vacancies should be filled. Hazel Robinson responded that there was not a trajectory for all posts, but one had been developed for the longer-term vacancies. She added that the health board needed to continue actively promoting vacancies and not stop should the first or second time of advertising not be successful. Emma Woollett queried whether it would be reasonable for the committee to see the trajectory, acknowledging that while the report was useful in terms of the information it provided, the committee now needed to see an action plan. Hazel Robinson undertook to include this in the next report and to bring the vacancy profile and mapping solution to the December 2018 meeting. She added that the long-term strategy would be developed once the new Medical Director took up post and would be brought to the committee in January.

HR

Chris White stated that should a post be advertised three times without success, consideration could be given to discussing academic opportunities with Swansea University, recognising that this would not provide as many sessions a clinical recruit.

HR

Maggie Berry commented that the roles needed to be advertised in the right way in order to attract the right people as the quality of candidate was important, not just whether an offer could be made.

Jackie Davies noted that some agency and locum doctors had been in temporary roles for a number of years and queried as to why others had not been approached in order to prevent people from becoming 'too comfortable' in the role and not looking to recruit substantively. Chris White advised that this was the usual course of action but in some specialities, there were no other doctors available.

**Resolved:**

- The report be **noted**.
- Next iteration of the report to include the trajectory by which long-term vacancies should be filled.
- The vacancy profile and mapping solutions be received at the

HR

December 2018 meeting

- Full medical recruitment strategy to be received at the January 2018 meeting

HR

HR

215/18

## CONTINUING HEALTHCARE QUARTERLY REPORT

Gareth Howells and Jason Crowl were welcomed to the meeting.

The quarter one continuing healthcare report was **received**.

In introducing the report, Gareth Howells and Jason Crowl highlighted the following points:

- There had been no breaches within retrospective cases for quarter one;
- Three care homes were being managed under the escalating concerns policy and support was being provided from the health board;
- The health board had three areas under which it managed continuing healthcare cases; paediatrics, mental health and learning disabilities and primary and community care;
- Geographical spread of some cases made them challenging to manage;
- Costs within mental health cases appeared to be rising, with one-to-one care costing £6k per week due to the complexity of service users within the community;
- Overall the number of continuing healthcare cases appeared to be decreasing while a rise in funded nursing care cases had been evident;
- The £3.4m expected impact of the funded nursing care judicial review backdated to 2014/15 was accounted for in 2017/18. The ongoing annual cost impact was £750k per year from 2018/19. Both the provision and ongoing cost were funded by Welsh Government;
- The data for quarter two was in development, particularly for paediatrics and mental health and learning disabilities, to provide a more rounded process.

In discussing the report, the following points were raised:

Jackie Davies queried as to whether the rise in continuing healthcare costs could be attributed to the closure of adult mental health beds. Gareth Howells responded that during the drafting of the report, the complexity of the patient group for mental health had become apparent, and there was more of a focus on managing such service users in the community, as this

was the most appropriate place for them to be. He added that investment needed to align with this in order for it to become 'business as usual'.

Jackie Davies commented that there were few places in which patients could be admitted for assessment which held of a risk them having to travel out-of-area in the interim. Gareth Howells concurred, adding that the tendency was to admit people when in crisis.

Jackie Davies noted that the health board's psychiatric intensive care unit (PICU) was based at Princess of Wales Hospital and queried the provision for ABMU once the boundary change had been completed. Gareth Howells advised that responsibility for the PICU would transfer to Cwm Taf University Health Board and discussions would be undertaken in relation to a service level agreement to allow ABMU to access a proportion of the beds. He added that spaces at Cefn Coed Hospital were also being considered as a potential opportunity for the health board to develop its own PICU. Chris White commented that the challenge for the health board was how it managed patients in crisis, including the long-term role of psychiatry within care plans. He added that consideration was also needed for such patients aged between 16 and 18 years as there was a risk of being admitted to an inappropriate bed for protracted period of time. Gareth Howells stated that the transforming care programme in NHS England meant that trusts had few mental health beds within inpatient facilities, with the majority of care provided in the community.

Emma Woollett stated that impact of closing beds on continuing healthcare costs was not the only issue, rather it was how patients were managed through pathways, particularly should access to the PICU change, and a clear plan of action was needed. Siân Harrop-Griffiths concurred, adding that the health board needed to be clear on its PICU service level agreement arrangements with Cwm Taf University Health Board as part of the transfer principles. She added that the objective to move all services from Cefn Coed Hospital also needed to be borne in mind.

Maggie Berry sought clarity as to how many PICU beds the health board currently had. Gareth Howells advised there were six which were at capacity. Chris White added that having PICU beds was only of benefit if the health board had sufficient pathways to support patients out of their crisis.

Jackie Davies advised the committee of the quality improvement work of a member of the PICU's staff, which had greatly reduced length of stay. Gareth Howells responded that he would visit the unit to find out more.

Emma Woollett referenced pooled budgets, noting that an agreement had been made for all organisations to have an equal proportion. She queried whether this was a missed opportunity. Jason Crawl advised that a sub-group of the Western Bay care home fund had felt this was the safest way in which to work however following a review, this could be set to change as

one local authority had suggested there was an opportunity to re-evaluate.

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

## 216/18 MONTHLY PERFORMANCE REPORT

The monthly performance report was **received**.

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

- The 26 week planned care position remained strong as did stroke performance;
- Morriston Hospital's winter priority was to balance unscheduled care and planned care performance as much as possible;
- Short-term sickness absence performance had improved;
- Unscheduled care performance had plateaued in the build-up to winter. The four-hour position remained low but the 12 and one-hour performance were significantly higher. All were off trajectory;
- This was the six consecutive month that 'red call' performance was above the target;
- The recent targeted intervention meeting had been challenging but also supportive;
- 54% of patients had been admitted to a specified stroke unit, which was the highest this position had been in several months. However the trajectory was not as ambitious as it needed to be given the improvement required;
- In relation to planned care, the outpatient performance was the best in Wales and the 36 week wait had improved by 116 cases, which needed to be replicated in October 2018 in order to reduce the risk of clawback at the end of the year. A modest improvement had been evident for diagnostics;
- Urgent suspected cancer had improved further to 95%, with the 62 day target increasing to 82%. Urology, breast and gynaecology remained the high pressure tumour sites;
- Improvement had been evident in September 2018 for *staph-aureus bacteraemia* and it was the second month of improvement for *clostridium difficile*. However there had been an increase in *e.coli* cases;
- Statutory and mandatory training compliance was moving in the right direction while the number of industrial relations cases remained

static;

- Discussions were being undertaken to develop a dashboard for primary care and community services;
- An increased unit perspective had been included in this iteration of the report.

In discussing the report, the following issues were raised:

Jackie Davies queried the issues in relation to a 24/7 paediatrics workforce. Darren Griffiths undertook to find out and relay the information back.

**DG**

Jackie Davies noted the reference to a band seven post to be recruited for the serious incident team and asked that the emphasis on why it was such an important post be included in the job advert. Darren Griffiths undertook to relay this message to the relevant executive director.

**DG/GH**

Jackie Davies noted that a number of healthcare support workers had been supported through a part-time nursing degree, adding that she would love more staff to be able to undertake the course. Hazel Robinson concurred, stating that such staff would be more likely to apply to the health board's nursing vacancies once qualified. She undertook to determine the factors which determined how many healthcare support workers could benefit from the opportunity as there needed to be a clear pathway from nursing apprentice onwards.

**HR**

Jackie Davies commented that each of the units were raising the issues of resource and this risk needed to be considered across the board. Emma Woollett concurred, adding that the committee had discussed the issues relating to medical vacancies but a more general report on such issues was needed. Hazel Robinson responded that she was submitting a recruitment update to the November 2018 Workforce and Organisational Development (OD) Committee.

Maggie Berry stated that she was pleased to see the inclusion of the health and care standards but noted that some areas were 'grey' due to lack of information. She queried as to whether this detail was picked up separately with the units. Darren Griffiths advised that the units were sent monthly pro-formas which included more measures than the performance report, which also referenced the health and care standards.

Maggie Berry raised concern that the times for ambulance handovers were increasing. Emma Woollett concurred, adding this was frustrating in light of the fact that attendance figures were decreasing. She added that sustainable solutions were needed and while the actions being taken seemed sensible, they did not appear to be having a significant impact. Chris White responded that conveyance rates to hospital by the Welsh Ambulance Service NHS Trust (WAST) had reduced which was testament to the work by the paramedic in the community scheme, but it also demonstrated that the acuity of those being brought to the hospitals was



serious. He added that the ambulance handover performance was not where it needed to be but patients could not be brought into departments unsafely, and there had been an improvement in the 15/30 minute positions; it was when patients were waiting more than 30 minutes that there were significant pressures within the emergency departments leading to longer waits.

Maggie Berry noted that delayed transfers of care appeared to be increasing in numbers again. Chris White advised that this was being managed through the regular meeting between the Medical Director and unit medical directors.

Emma Woollett queried as to whether there were sufficient care home beds for winter. Chris White responded that there were not enough providers but it was also challenging to estimate how many beds would be required. Siân Harrop-Griffiths added that a bed utilisation survey had been undertaken which would provide more of an idea. Emma Woollett sought clarity as to whether the health board commissioned care home beds. Chris White stated that it did as part of an integrated funding model and from a number of providers, however the cost per bed the previous year had been significant. He added that discussions in this regard were being undertaken with the directors of social services within the local authorities.

Maggie Berry referenced discussions with a local housing association which had suggested that it may have some accommodation available to support winter pressures. Lynne Hamilton responded that the health board's Chairman had invited the association to submit specific proposals to enable the potential opportunities for joint working to be identified.

**Resolved:**

- The report be **noted**.
- Clarification be sought as to the issues relating to a 24/7 paediatrics workforce.
- Emphasis on the importance of the band seven post to be recruited for the serious incident team be included in the advert.
- Clarification be sought as to the factors which determined how many healthcare support workers could benefit from the opportunity to undertake a nursing degree.

**DG**

**DG/GH**

**HR**

**217/18**

**FINANCIAL POSITION**

A report outlining the month four financial position was **received**.

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

- The overall position was continuing to improve;
- The discussion at the recent targeted intervention meeting had

asked that health board improve further on the £20m deficit control target so this would be considered through the quality and safety lense;

- The revenue position had improved, mostly from a corporate perspective but with some input from the units who should be credited;
- A series of unit deep dives were being undertaken and the committee would receive that of Singleton Hospital next;
- Work was continuing with Princess of Wales Hospital whose financial position continued to be a concern;
- Non-pay deep dives were also taken place of items such as blood products, dressings and pacemakers which the business and finance partners were using for discussions with clinical colleagues as to the variation;
- The pay position was above the average for 2017/18 and variable pay was at its highest in 2018-19; however this included around £300k related to new nurse agencies due to no hourly rate included in the bank system the previous month;
- A conversation had taken place with the Medical Director Designate who was enthusiastic about restarting the variation workstream in the new year;
- A mid-year deep dive review was being undertaken of the executive-led workstreams to determine baseline plans and to be clear that they were the right actions on which to work;
- The current spend to date on planned care was £6.4m and work was being undertaken review as to which specialties were receiving investment in order to where opportunities were not being maximised;
- One outstanding issue was the enhanced controls as there was a £1m shortfall within the detailed plans.

In discussing the report, the following points were raised:

Maggie Berry stated that it was pleasing to see people working together.

Emma Woollett stated that she had received from comments from Martin Sollis in relation to the report which noted that the delivery profile for planned care was not consistent. He was seeking the confidence level of the health board's ability to deliver. Darren Griffiths responded that the team was aware of what it needed to do and that it required an improvement of 120 cases in December, which it had achieved in September 2018. He added that there were challenges within orthopaedics, but there were other specialties which were ahead of trajectory and these

had been asked to better this again.

Emma Woollett commented that given the concerns in relation to sustainable and non-recurrent savings, there needed to be some assurance that there would be value out of the investment being made. She queried if there was an opportunity to look at workforce plans to give more confidence of delivery. Lynne Hamilton responded that a detailed discussion had been taken place at the all-Wales Directors of Finance peer group meeting as to access to additional monies but this would be contingent on the robustness of financial plans and collaborative working with partners. She added that there would be an expectation to breakeven the following year and this needed to be demonstrated within the plan.

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

## **218/18 CHANGE IN AGENDA ORDER**

The agenda order be changed and items 4b and 4c be taken next.

## **219/18 THEATRE EFFICIENCY**

Malcolm Thomas was welcomed to the meeting.

A report in relation to theatre efficiency was **received**.

In introducing the report, Malcolm Thomas highlighted the following points:

- The report addressed the work to optimise theatre performance over 12 to 18 months;
- It was a costly service with multi-factorial issues affecting performance, leading to 18,000 lost operations over the period April 2017 to September 2018 inclusive;
- Some of the reasons for cancellations were double bookings, patient not ready for surgery and lack of beds;
- Patient flow and the pre-assessment process had been reviewed;
- The pre-assessment process differed across sites; at Princess of Wales Hospital it was centralised whereas in Swansea, the clinical and administration functions were separate. Work was ongoing to centralise the services at Morriston Hospital;
- A set of assessment guidelines had been agreed with anaesthetists which would enable more patients to be operated on;
- Access to beds was also to be reviewed to determine the reasons why some procedures were unable to go ahead;

- Unscheduled care had to take priority and the first to be cancelled were non-urgent procedures;
- Discussions were taking place with staff to understand the data being entered into the theatre management system;
- Compliance with the World Health Organisation was around 70% as not all staff were present for its completion, while some teams were completing a checklist at the end of the procedure as well to benchmark complexity of cases;
- Another challenging area was staffing, particularly in relation to recruitment and retention, and work was ongoing to develop a nurse staffing strategy for theatres;
- Investment had been made into the disinfectant and sterilisation services to reduce the backlogs of equipment requiring cleaning;
- A number of actions had been taken with more work to be done, including how to improve patient pathways.

In discussing the report, the following points were raised:

Jackie Davies commented that the work had commenced more than a year ago but there still appeared to be issues. She queried as to whether any progress was being made, particularly as 40% of patients were cancelled on the day of the operation. Malcolm Thomas responded that the biggest area of work was in relation to pre-assessment as the aim was not only to centralise it, but also to undertake the process six weeks before each procedure. He added that the new guidelines for anaesthetists would be in place by December 2018, all of which should reduce the number of patients being cancelled on the day due to not being medically ready.

Emma Woollett queried as to how the implementation of the new guidelines would be monitored. Malcolm Thomas advised that the data would be collected from the appointments to benchmark against the outcomes to determine if fewer were cancelled on the day. Chris White added that an action plan by unit had also been developed.

Chris White commented that a better use of money was needed and although some improvement had been evident at Morriston Hospital, more was needed across the organisation. He added that the reasons for cancelling due to beds needed to be looked at in detail as to why patients were being brought in if one was not available, with consideration given as to whether the right bed mix was in place as well as sufficient day case and inpatient capacity.

Chris White stated that the theatre efficiency board had been established and discussions needed to be undertaken with medical colleagues as to whether the main issue was beds or whether it was the 'template' of the service.

Jackie Davies queried the level of engagement by theatre staff following the recent restructure of the service. Chris White advised that clinically, it was good but there were small pockets in which it could be improved following the changes made.

Sam Lewis commented that the demand and capacity work currently being undertaken needed to align with the core elective throughput and it also needed to feed into the planning process for the coming year. Darren Griffiths responded that the demand and capacity work had commenced and was due to conclude at the end of November 2018. He added that the report would be welcomed as the health board needed to be 'bold' in its approach, as the backlog of planned care cases would be significantly lower if fewer cases had been cancelled.

Siân Harrop-Griffiths stated that if cancellations were increasing due to staffing issues, it would be useful to know if this was linked with budget establishments when considering investment. Sam Lewis advised that the level of vacancies was not the issue, rather it was the high sickness levels.

Emma Woollett commented that theatre efficiency was a critical area for demand and capacity as well as planned care performance, adding that the report did not demonstrate the urgency nor the ownership of the challenge. She stated that the committee needed to see a set of actions as well as assurance that they were being progressed, therefore she suggested that a further report be received in December 2018 outlining the action plan and the progress against it. This was agreed. Chris White responded that he was content with the December 2018 deadline but this needed to be with a caveat that should the winter pressures start early, this may lead to the certain specialities suspending their lists to accommodate emergencies. Emma Woollett acknowledged the concern but stated that the assurance needed was wider than performance, rather the committee needed confidence that sustainability processes and structures were in place to make the service more efficient.

Emma Woollett suggested that the measures within the report be incorporated into the monthly performance report for the committee to monitor. This was agreed.

CW

DG

**Resolved:**

- The report be **noted**.
- Further report be received in December 2018 outlining the theatre efficiency action plan and progress against it.
- The measures within the report be incorporated into the monthly performance report for the committee to monitor.

CW

DG

220/19

**WINTER PLAN**

Jan Thomas was welcomed to the meeting.

The 2018-19 winter plan was **received**.

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

- At its last meeting, the committee received a paper detailing the work undertaken to develop the winter plan, which included the five key areas on which Welsh Government was seeking assurance;
- Unscheduled care was an issue all year and was no longer limited to winter, but the winter months did present different challenges, such as norovirus and flu as well as a general increase in frail, elderly patients. The plan took such issues into account;
- Additional unscheduled care plans had been developed alongside the main plan to provide resilience;
- Included within the report were the specific issues the health board was likely to face and the use of health board resources to address them, as well as further opportunities to maximise capacity;
- An invitation had been received from Welsh Government to attend a summit at which discussions would take place to discuss increasing critical care capacity;
- A targeted focus was being given to the flu vaccine with around 14% of frontline staff vaccinated in first week of the campaign against an overall target of 60%. Reports from New Zealand and Australia were demonstrating a less challenging winter than the previous one;
- Discharge capacity was needed to keep flow ongoing.

In discussing the report, the following points were raised:

Hazel Robinson commented that workforce had been identified within the plan as key to delivery and queried as what was needed. Jan Thomas advised that additional winter investment was being made which had enabled some initiatives to be supported, such as extending the hours of part-time staff or using higher banded healthcare support workers in lieu of registered nurses where clinically appropriate. She added that temporary staff were also placed in areas of high turnover to mitigate any risks.

Chris White noted the references to surge capacity (extra beds) on wards, adding that this would be implemented on a limited basis to support the capacity of staff. He commented that early supported discharge was another area being given a focus, with some monies redirected to therapies staff to aid stroke patients to return home more quickly.

Siân Harrop-Griffiths stated that the health board had received a paper earlier in the year in relation to closing beds as part of service redesign. She added this had included a caveat that they would be reopened if

necessary and this should be reflected.

Hazel Robinson noted the 'green to go' ward in Morriston Hospital and queried as to whether the other acute sites had something similar. Jan Thomas advised that they did but were called something different. She added that the initiative in Morriston Hospital was to change this year to better use a space at Gorseinon Hospital which would integrate primary care and community services into the approach. Chris White commented that as part of the work within unscheduled and planned care, there was a drive to use the same name for initiatives at different sites to have consistency, as removing the variation could give better value for money.

Jackie Davies queried as to the confidence level in the ability to resource any additional beds opened. Jan Thomas responded that the incremental challenge was to increase capacity within the community and work was ongoing with local authority partners to reallocate resources. Chris White added that the community resource team needed to work reactively and proactively and he was to spend some time with the staff. He added that the team leader was moving on from the role but this had not been flagged to the executive directors, so discussions were needed as to why such issues were not being brought to the attention of the senior team.

Maggie Berry noted the issue of variation within terminology, adding that the inconsistency with the patient advisory and liaison service (PALS) and patient experience and advisory service (PEAS) had been resolved, with all now referred to as PALS. She added that variation needed to be considered across the board, as if ideas were good, they needed to be shared widely, but called the same thing for consistency.

Hazel Robinson queried as to whether the 'green to go' areas required staffing, as the patients were medically fit. Jan Thomas advised that they only needed a person in charge as an accountable officer. Hazel Robinson sought clarity as to whether the plan was to have all the medically fit patients in one place to await discharge. Jan Thomas advised that this was the process in Neath Port Talbot Hospital but given the numbers of patients in some of the others, more than one ward space would be needed. Emma Woollett queried as to whether discharge lounges had been established. Chris White responded that they were, but they were not at capacity early enough in the day.

Emma Woollett commented that it was a comprehensive plan, adding that next year, it would be useful to have an analysis of what the expected impact would be informed by an analysis of what benefit was delivered by monies spent this year. She stated that for the rest of this year, it would be of benefit to have measures across the winter in order to tell whether an action was working and suggested that those set out within the report be included in the monthly performance report for the committee to monitor progress. This was agreed.

**DG**

- Resolved:**
- The report be **noted**.
  - The measures within the report be incorporated into the monthly performance report for the committee to monitor.

**DG**

## **221/19 CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)**

An escalation report in relation to CAMHS was **received**.

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

- Performance was yet to become stable, increasing and decreasing at various times, however it was better than it had been the previous year;
- The main issue affecting performance was staffing, as it was such a small team, one absence had a significant impact;
- Concern had been raised about the consistency of data reported in different forums. This was to be reviewed in order to identify a single set of data;
- As a result of the impending boundary change, a centralised service was to be considered with a single point of access.

In discussing the report, the following points were raised:

Emma Woollett stated that the report was an exemplary escalation paper. She added that she had asked for it as performance was not where it needed to be but the report did provide assurance as to the circumstances.

Jackie Davies queried as to whether nurse consultants had been considered to address staffing issues. Siân Harrop-Griffiths undertook to relay that back.

**SHG**

Chris White commented that the choice and partnership approach (CAPA) did not seem to have been implemented by Cwm Taf University Health Board (as the providers of specialist CAMHS) as planned. Emma Woollett concurred, adding that it may be beneficial to leave further updates until CAPA and/or a single point of access were delivering. Siân Harrop-Griffiths advised that there would be a review of CAPA and February 2019 would be most appropriate for an update. Darren Griffiths added that CAMHS data was included in the performance report and could therefore be tracked in this manner.

- Resolved:**
- The report be **noted**.
  - Consideration be given to nurse consultants to address staffing issues.

**SHG**



- Further update to provided in February 2019

SHG

222/18

## ORTHOPAEDICS ACTION PLAN

A verbal update with regard to the action plan to improve planned care performance in relation to orthopaedics was **received**.

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

- The profile for 36 week waits was off by 300 patients in general, but orthopaedics was off by 420 cases;
- A nine-point action plan had been developed but needed further refining before it was shared with the committee;
- One of its objectives was to increase the use of Neath Port Talbot Hospital, while another focused on a recruitment strategy for theatres nurses;
- A plan for an additional theatre at Morriston Hospital was to run parallel to the action plan should it not progress sufficiently enough to address performance;
- The delivery of orthopaedics performance would not occur until the end of the financial year so other specialties were being asked to over deliver to mitigate the risks.

In discussing the report, the following points were raised:

Emma Woollett sought clarity as to the plan for creating a sustainable orthopaedics services. Darren Griffiths responded that at the heart of the problem was staffing and once this was right, other issues could be addressed.

Chris White commented that the opportunities provided by Neath Port Talbot Hospital were not being maximised but this could be addressed as part of the impending boundary change.

Maggie Berry queried as to whether patients waiting more than 36 weeks were identified. Chris White responded that they were and conversations had been undertaken as to how to address those at the 'back end' of the list, as treating between eight and 10 would have a significant impact on the overall position. He added that there also needed to be discussions with clinical colleagues, as some patients listed for surgery may never be fit, and so should not be listed until they were ready.

Darren Griffiths suggested that a more formal report be received at the next meeting. This was agreed.

DG

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

Formal report be provided to the November meeting.

**DG**

**223/18 PERFORMANCE AND FINANCE COMMITTEE WORK PROGRAMME  
2018/19**

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

**224/18 ANY OTHER BUSINESS**

There was no further business and the meeting was closed.

**225/18 DATE OF NEXT MEETING**

The next scheduled meeting was noted to be 28<sup>th</sup> November 2018.