

ABM University LHB
Unconfirmed Minutes of the Performance and Finance Committee
held on 26th 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
Siân Harrop-Griffiths	Director of Strategy
Darren Griffiths	Associate Director - Performance

In Attendance:

Julie Owens	Wales Audit Office
Liz Stauber	Committee Services Manager
Jamie Marchant	Service Director, Princess of Wales Hospital Unit (for minute 202/18)
Jonathan Goodfellow	Unit Medical Director, Princess of Wales Hospital Unit (for minute 202/18)
Mandy Pady	Finance Business Partner, Princess of Wales Hospital Unit (for minute 202/18)

Minute	Item	Action
191/18	APOLOGIES Apologies were received from Maggie Berry, Independent Member and Pam Wenger, Director of Corporate Governance.	
192/18	DECLARATIONS OF INTEREST There were no declarations of interest.	
193/18	MINUTES OF PREVIOUS MEETINGS The minutes of the meetings held on 22 nd August 2018 were received and confirmed as a true and accurate record, except to note the following amendment: <u>185/18 Financial Position</u> Emma Woollett referenced the upcoming targeted intervention meeting with	

Welsh Government and the challenge set to move towards a deficit of £20m, although the health board was *yet* not in a position to formally reduce its forecast position.

194/18 MATTERS ARISING

There were no matters arising.

195/18 ACTION LOG

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

196/18 MONTHLY PERFORMANCE REPORT

The monthly performance report was **received**.

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

- Four-hour unscheduled care performance had deteriorated by 2% in August 2018 but current data was demonstrating a recovery in September 2018;
- An improvement had been evident for the 12-hour and one-hour emergency department waiting times;
- The eight-minute ambulance response time remained above target;
- There were slightly fewer stroke patients admitted in August 2018 than the previous year and the four-hour admission to a dedicated ward remained a challenge, but this was an all-Wales issue as well;
- The proportion of stroke patients receiving a CT (computerised tomography) scan within an hour was 41% against an internal target of 45%, while 91% were assessed by a consultant stroke specialist within 24 hours, which was more than the 80% target;
- In relation to planned care, the 26-week outpatient performance was below the required profile but an improvement was anticipated in September 2018. The number of patients waiting 36 weeks had increased in August 2018 by more than was expected but the cohorts were lower than the previous years, and a number of key indicators were performing the best that they had in five years. The NHS Wales Delivery Unit had indicated that this was a sign of the system stabilising;
- The ‘spike’ in diagnostic performance related to the new reporting requirements for cardiac and a recovery plan was in place;

- Therapies remained at no patients waiting;
- Both urgent suspected cancer and non-urgent suspected cancer performance was on target in August 2018 but the backlog for September 2018 could prove challenging, however the work to improve was starting to have an impact;
- In terms of healthcare acquired infections, e.coli incidences had improved in August 2018 but performance was still below profile. Fewer cases of *clostridium difficile* had been reported in-month, but an increase in *staphylococcus aureus bacteremia* had been evident;
- Performance in relation to pressure ulcers continued to remain flat therefore what ‘good’ looked like needed to be tested. The number of falls reported had decreased for the third consecutive month but clarification was needed that this was not just a summer ‘trend’;
- Sickness absence rates for July 2018 were 0.01% above the level for June 2018 and training for core skills had increased to 65%, showing steady improvement and above the internal improvement trajectory. Turnover rates continued to rise and the reasons as to why needed to be determined. Personal appraisal and development review (PADR) compliance was stable and needed improving;
- While mortality reviews and national early warning scores (NEWS) performance was ‘red’, performance was relatively high;
- Child and adolescent mental health services (CAMHS) performance: access to primary CAMHS remained below target, at 22% within 28 days. It was noted that there had been a significant decrease in the size of the waiting list however until no patients were waiting more than 28 days, performance would not increase. Routine access to specialist CAMHS was also significantly below target, at 25%, which was a disappointing drop after improvements over the summer. However the targets for urgent referrals (crisis) and access to neuro-developmental disorders services were being met.

In discussing the report, the following issues were raised:

Chris White commented that while an improvement was evident for the four and 12 hours waits in unscheduled care, the challenge was the eight hour wait target and this needed to increase. He added that performance against the 30 minute ambulance handover target was rising but when ambulances were outside for longer than this, this demonstrated that the emergency departments were under significant pressure.

Chris White stated that the health board had been reported as the worst performer in relation to releasing ambulances outside of its hospitals for urgent 999 calls but following a review of data, this statement was found to be incorrect and the organisation’s standing in the ‘league table’ should

increase.

Chris White advised that the health board's winter resilience plan had been submitted to Welsh Government earlier in the month in-line with requirements. There was confidence that the right actions had been agreed, but it was hoped that there would be potential for more cross-boundary work. He added that discussions with local authorities were taking place to incorporate partners into the planning and to develop more open relationships.

Hazel Robinson commented that sickness absence performance had plateaued and it was not the short-term sickness rates the board needed to be concerned by, rather the long-term, as this was attributable to factors such as stress, anxiety and depression, which could be considered as part of the health board's culture. She added that statutory and mandatory training compliance was improving but there was still work to be done.

Hazel Robinson stated that staff turnover was not at a level which caused concern but PADR compliance needed to improve as the new pay award would require reviews to be completed before increments were given. She added that she had commissioned an external company to support the health board and staffside organisations to improve relationships and the NHS Wales Shared Services Partnership was to help address some of the outstanding legal cases.

Martin Sollis stated that it would be beneficial if the winter plan was quantified to determine value for money, adding that it would be useful to know granular details such as the most and least effective initiative.

Emma Woollett commented that when comparing the unscheduled care actions detailed in a number of escalation reports received during several meetings, progress was evident and they appeared to be well thought through. She noted however that planned and unscheduled care performance at Morriston Hospital appeared to be slipping and queried as to whether the board should be concerned, or whether it needed to 'hold on' and see if the actions in place came to fruition. Chris White advised that Morriston Hospital should be of concern, especially as performance against the four-hour unscheduled care target was not where it needed to be, but it was important for the organisation to 'hold its nerve' and give the actions the time to improve performance. He added that metrics needed to be identified by each of the units in order to quantify the benefits of the actions being taken as well as the value for money.

Jackie Davies stated that it was pleasing to see that no new never events had been reported for six months as well as the improvement in statutory and mandatory training compliance. She noted that seven members of staff had been supported to complete part-time nursing qualifications, adding that she would like to see more given the opportunity, as normally it was local healthcare support workers who took up the opportunity and it was

likely that they would remain with the health board once qualified.

Jackie Davies commented that the key to resolving workforce cases early was to develop relationships, but as there were insufficient resources, managers had to progress through the disciplinary process. Hazel Robinson concurred, adding that there needed to be enough resources so that human resources (HR) colleagues could advise at the early stages of an issue to prevent it from escalating through the process.

Jackie Davies noted that 30% of sickness absences related to stress. Hazel Robinson responded that the health board was undertaking a significant amount of work in relation to stress, which included an 'invest to save' bid to support the wellbeing agenda. She added that managers were being provided with mental health awareness training and it was important that the organisation was a compassionate one in which to work. Emma Woollett asked whether 'hotspots' were identified. Hazel Robinson advised that they were and the local teams considered the issues in more granular detail.

Martin Sollis stated that it was pleasing to see cancer performing so well and the other performance areas moving forward. He noted that while hospital acquired infections were improving, there was still an issue within the community and added that it would be useful to see the separate trend analysis. Emma Woollett concurred, adding that in areas such as this, it would be useful to see the splits within the data in order to identify themes.

DG

Martin Sollis advised members that the Audit Committee had received a presentation from Hazel Robinson of her reflection of workforce risks following her first three months in post. He added that the amount of work required should not be underestimated and given the issues relating to resources, there needed to be a prioritised action plan. Hazel Robinson concurred, stating that the key to unlocking finance and performance was 'people'. She added that once the Bridgend transition had occurred, there would be an opportunity to re-evaluate the way in which workforce services were provided.

Emma Woollett commented that CAMHS performance appeared to have improved and then deteriorated, and as such, she would like to see an escalation report at the next meeting. She added that the numbers of vacancies highlighted in the report aligned with the challenges surrounding variable pay.

SHG

Emma Woollett stated that it was pleasing to see 'green shoots' relating to a number of areas of performance but noted that there was still work required in a number of areas. As an example, she cited orthopaedics and queried as to whether the committee should receive an escalation report. Darren Griffiths advised that a planned care meeting was taking place at the same time as the committee during which an orthopaedics action plan would be discussed. He suggested that this be shared at the next meeting.

DG

This was agreed.

- Resolved:**
- The report be **noted**.
 - The current health board performance against key measures and targets and the actions being taken to improve performance be **noted**.
 - Consideration be given as to whether performance can be split between hospital and community for relevant targets (eg HCAs)
 - Escalation report in relation to CAMHS be received at the next meeting.
 - Orthopaedics action plan be received at the next meeting.

DG

SHG

DG

197/18 ANNUAL PLAN MONITORING REPORT

The annual plan quarter one monitoring report was **received**.

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

- In addition to those outlined in the performance report, the annual plan outlined actions against which progress needed to be reported;
- The health board had five corporate objectives and a series of measures, as the overall aim of the plan was to put the health board in a sustainable position;
- The report set out progress for quarter one and on the whole, most of the plan was either delivered or on target;
- Subject to board approval, the report would be submitted to Welsh Government.

In discussing the report, the following points were raised:

Emma Woollett queried as to whether the report had been considered by the executive team and whether it needed to be. Siân Harrop-Griffiths advised that it had been through the integrated medium term plan (IMTP) process rather than the executive board. Chris White added that there was nothing in the report which he not been sighted on previously.

Emma Woollett commented that going forward, it would be useful for the report to give members the ability to step back and consider both the extent to which actions had been implemented and the impact of the actions being taken in order to gain a different level of assurance.

Martin Sollis stated that the report should also enable success to be celebrated. Emma Woollett concurred, adding that it would help with the narrative to Welsh Government, particularly if performance in other areas

was not where it needed to be.

- Resolved:**
- The report be **noted**.
 - The quarter one report on the implementation of the annual plan 2018/19 be **endorsed**.
 - The assessment be **approved** for sharing with Welsh Government

SHG

SHG

198/18 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:

- Compliance with cap was yet to improve;
- The total number of bookings for locums had increased during the month of August 2018 with 79 assignments and 63 (79.74%) breached the cap;
- Funding had been agreed to install locum off- duty software which would help the monitoring of bookings;
- Work by an external company to recruit substantively to locum posts was having an effect with people taking up post during September and October 2018;
- Another external company was to commence work at the Morriston Hospital emergency department to monitor the junior doctor rota;
- English language requirements were now being considered at the start of the process so as to not to delay substantive posts being taken up;
- Discussions had been undertaken with the local medical council and the interim deputy medical director to improve the recruitment and retention process;
- An all-Wales meeting of directors of workforce and finance, medical directors and chief operating officers was to take place to develop a strategy as to how best to adhere to the agency cap;
- The vacancy position needed to be improved.

In discussing the report, the following points were raised:

Martin Sollis asked whether the quantification of the highest paid areas had been calculated, as well as efficiency. Hazel Robinson responded that detailed spreadsheets with granular details were available for circulation should the committee deem it appropriate. She added that if the top 15

transferred into permanent posts, it would create a saving of £1m, however in some areas, such as radiology, locums were value for money because they undertook solely clinical work without SPA (supporting professional activity) sessions for example. In addition, efficient rostering was critical and service redesign would be an integral part in future vacancy challenges.

Emma Woollett stated that the report had been helpful in raising awareness of the locum and agency spend within the organisation but it would be useful to have more context, such as utilisation by area, as it was not just about vacancies and in order to really drive down agency spend a more targeted approach addressing specific drivers in each area. Hazel Robinson advised that the new locum off-duty software would provide that level of detail and recruitment had commenced for the staff to manage it, therefore data should be available early in 2019.

Jackie Davies commented that there were significant financial incentives for staff to continue taking agency and locum shifts as opposed to substantive. Emma Woollett concurred, adding that such options needed to be less attractive. Hazel Robinson stated that the all-Wales meeting should help in reducing the competition between health boards.

- Resolved:**
- The content of the Welsh Government submission and give retrospective approval to the documentation be **noted**.
 - The progress and challenges outlined be **noted**.
 - The follow up actions be **noted**.

199/18 WINTER PLAN

A report providing an update in regard to the winter plan was **received**.

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

- The document outlined the plan for winter 2018-19;
- It was to be shared with a number of services and partner organisations and included a debrief on the previous year;
- There had been increase in the system-wide resilience;
- Welsh Government had requested that pro-formas be submitted this year, which the health board had completed, and had also held an unscheduled care 'summit';
- Five key areas had been identified as part of this year's plan;
- A bid managing process had been outlined to the units who had been encouraged to submit interventions for consideration. The schemes which provided the most value for money would be

supported, even if they had been submitted by the same unit;

- A more developed plan would be received by the committee at the next meeting, which would include quantification.

In discussing the report, the following points were raised:

Hazel Robinson asked whether there was any work which could be undertaken in relation to workforce which could help with winter capacity, for example offering incentives for bank staff who take up a 'bundle' of shifts. Chris White responded that it would be useful for he and Hazel to explore this further outside the meeting as it was imperative that the right clinical services were maintained during winter, but fewer people were applying to work within the organisation due to the current uncertainty surrounding the boundary change for Bridgend.

Jackie Davies queried as to whether the uncertainty surrounding the Bridgend transition was being heightened as a result of more fixed-term posts being advertised rather than substantive. Martin Sollis concurred, adding that he had raised a similar issue at the Joint Transition Programme Board earlier that week. Hazel Robinson advised that it was a difficult 'balancing act' as neither health board involved in the transition wanted to 'inhibit' the other by recruiting substantive staff so close to the change.

Emma Woollett commented that it was not as simple this year to have a winter plan, as there also needed to be Bridgend winter planning elements given the impending boundary change. Martin Sollis concurred, stating that reassurance was needed that the potential impact on performance and finance had been noted. Chris White responded that it was not so much a 'winter' plan any more as increased service pressure had been evident during the summer months, and it was not just Princess of Wales Hospital that was feeling the impact. He added that the health board had to manage the situation in a way that prevented the 'green shoots' of improvement from being lost. Emma Woollett commented that once the plan was more granular, the committee would have a better understanding as to the actions being taken, but there were some good ideas being put forward which now needed to relate to the plan and the £1.3m monies assigned.

Resolved: The process being implemented within ABMU Health Board, in conjunction with partner organisations, to progress the development of the integrated winter plan for 2018/19, with a view to finalising the overarching winter plan by the end of October 2018 be **noted**.

200/18 CHANGE IN AGENDA ORDER

Resolved: The agenda order be changed and item 4d be taken next.

201/18 INCOME ANALYSIS

A report outlining an analysis of income for 2017-18 was **received**.

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

- The analysis was a brief take on a 'deep dive' and was aligned to the work to develop the medium term financial plan;
- The health board's key income was outlined;
- There were no recommendations as yet to consider nor had an income strategy been developed, but this would be the next step;
- Potential income opportunities had been identified.

In discussing the report, the following points were raised:

Sam Lewis stated that the health board's income base had been stable over recent years but the units were now being encouraged to work together to develop ideas as to how to work differently. Lynne Hamilton added that as part of the Chief Executive's 'call to action', the units' finance and business partners had been asked to develop proposals by the end of the month.

Siân Harrop-Griffiths queried whether there was scope to fund a post dedicated to income generation, as over time, it would recoup the costs and pay for itself.

Hazel Robinson queried as to whether there was a risk to the income generated by training and education places following the establishment of Health Education and Improvement Wales. Sam Lewis advised that there could be potentially be an impact but it would not be significant, and the health board would also lose the associated costs, which would provide a balance. She added that the situation would need to be closely monitored.

Emma Woollett commented that she had found the income analysis useful and welcomed the report. She queried the next steps. Lynne Hamilton responded that she would like to explore Siân Harrop-Griffiths idea of creating a specific post to generate income as it needed to be an integral part of the financial medium term planning strategy and a recent presentation to the all-Wales chief executives group had highlighted some areas which could be followed-up to generate more ideas, for example thinking more creatively in relation to pharmacy working.

Resolved: The report be **noted**.

202/18 PRINCESS OF WALES FINANCIAL PLAN

Prior to receiving the report, the following discussion took place:

Martin Sollis queried as to whether the unit's financial plan had been scrutinised by the executive team and a quality impact assessment undertaken. Sam Lewis advised that she and Dorothy Edwards had scrutinised the plan at a recent financial recovery meeting to determine which initiatives were low risk and which were high. Martin Sollis commented that the issues were not just financial, but were also service related, and needed to be assessed as such.

Emma Woollett stated the report was one of a schedule of deep dives to be received by the committee from the units and what was presented to members needed to have been considered by the executive team in the first instance. Martin Sollis concurred, adding that the committee did not have the authority to provide approval for decisions and needed the confirmation of the executive team that the correct ones were being made. Emma Woollett commented that the reports needed to be owned by the executive directors to provide comments on the feasibility of the proposals.

Jamie Marchant, Mandy Pady and Jonathan Goodfellow were welcomed to the meeting.

A report outlining the Princess of Wales Hospital financial plan update was **received**.

In introducing the report, Mandy Pady and Jamie Marchant highlighted the following points:

- Based on the feedback received at the last meeting, the current iteration of the paper included quantification of the actions that the unit was already undertaking;
- The original forecast from the plan had been a £3.2m deficit but a further control target of a £2.54m deficit had been set;
- The plan had been further developed to provide a target of £2.53m deficit;
- The proposals were now being considered as to how best to take them forward;
- The unit had a significant spend as part of a service level agreement to provide radiology services at Neath Port Talbot Hospital on behalf of Morriston Unit as it was unable to do so itself;
- Some schemes were cost avoidance rather than savings, for example, cardiac and medications;
- The unit medical director was working with colleagues in Morriston Hospital to centralise the urology on-call rota.

In discussing the report, the following points were raised:

Emma Woollett queried as to whether Morriston Hospital supporting the unit's on-call urology rota would impact on its own performance and finance. Jamie Marchant advised that in all likelihood, it would only be on patient per week that was transferred to Swansea, the bigger impact would be the inconvenience of telephone calls out-of-hours, but it was a bigger governance and safety risk not to make the change.

Martin Sollis commented that a number of the actions were reliant on others and were not necessarily in the unit's immediate 'gift'. He stated that there was now a piece of work needed to turn the ideas into action, adding that impact assessments were key to ensure quality and safety of services was not affected. Emma Woollett concurred, adding that she viewed the plan as a draft but she could see the merit in the green and amber sections. Martin Sollis stated that he felt it was a 'fair' response to the committee's questions at the previous meeting, the real issue now was to qualify the quality, performance and financial impact across the health board.

Emma Woollett commented that the assumption had been made the £3.2m deficit position would be achieved but this would be challenging within the current run rate and queried the mitigation in place if some the actions did not deliver. Mandy Pady responded that the finance team had met with general managers to discuss sickness reviews, agency costs within intensive care had been reduced and a radiology redesign was taking place. She added that substantive consultants had also been recruited for gynaecology and obstetrics and trauma and orthopaedics which would reduce agency costs further. Jamie Marchant stated that once an action within the report had been completed, it was imperative that the costs came out of the budget and the savings recognised.

Emma Woollett stated that she had taken more assurance from the discussion, as there were good plans in place. Martin Sollis concurred, adding that he was comfortable with what had been outlined but queried what further assurance the unit could provide for the future. Jamie Marchant advised that he was undertaking a recruitment discussion with the finance team the following month to determine what improvements could be made.

Martin Sollis noted the potential resistance to the impending boundary change and queried as to where the unit gained support to drive it. Jamie Marchant responded that colleagues were well sighted on the issues but the unit was facing recruitment issues due to senior colleagues taking up new opportunities but few people applying for the resulting vacancies. Chris White added that his role was to ensure that Jamie Marchant did not feel as though he had 'two bosses', and while Jamie Marchant had taken the lead in the first instance but he would now do so as to not put the unit in a difficult position with Cwm Taf University Health Board should challenging questions be posed.

Emma Woollett thanked the team, adding that the report had provided a significant amount of assurance.

Resolved: The report be **noted**.

203/18 FINANCIAL POSITION

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

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

- The period five position was an improvement on period four, and this had been driven by ongoing mitigation;
- No material improvement in the savings plan delivery had been evident;
- The variable pay bill remained challenging;
- The Chief Executive had written to all units to invite recovery plans by mid-September 2018;
- Princess of Wales Hospital's position remained a cause for concern;
- The next unit deep dive would be of Singleton Hospital followed by Morriston Hospital, noting the need for executive team sign-off;
- The pay spend was above average compared with the previous year and medical and nursing agency spend remained a challenge;
- Primary care drugs expenditure appeared to be holding;
- Three of the savings workstreams were unlikely to deliver and the plan had been adjusted with a forecast of £1m/£2m slippage against a £16m target.

In discussing the report, the following points were raised:

Sam Lewis commented that the initial results of the units' deep dives had been interesting in terms of the non-pay findings, for example more than one unit had a significant spend on blood products when compared with other health boards, and as such, consultants were now being encouraged to identify alternatives.

Martin Sollis commented that in relation to planned care performance, an improvement was expected to be evident from September 2018 therefore the monies invested to date had been to 'stand still'. Chris White advised that the data for August 2018 was expected to be on trajectory but was 200 outside of where it needed to be, therefore the trend now needed to start to decrease before reaching a certain point by December 2018 and then holding. He added that as such, each unit was expected to identify an 'adopt or justify' strategy. Darren Griffiths stated that there were 2,000

fewer patients on the waiting list compared with the previous year so it was the longer waiters which now needed to be a target. Emma Woollett concurred, reminding colleagues of potential 'clawback' of monies should the target be missed.

Jackie Davies queried as to how the health board's variable pay position compared with others. Hazel Robinson advised that this was currently under review but it appeared that ABMU was within the 'pack'. Jackie Davies queried if the position was solely due to vacancies as there were anecdotes of higher banded staff backfilling lower grade posts in certain areas. Hazel Robinson advised that there needed to be a clear rationale for this to occur.

Emma Woollett summarised that originally a saving of £21m was required to reach the forecast position, but this had now been revised to £16m with non-recurrent savings making up the shortfall, which would leave the health board in a challenging position for 2019-20.

Resolved: The report be **noted**.

204/18 DELIVERY OF £20M DEFICIT CONTROL TARGET

A report outlining the plan to deliver the £20m control target was **received**.

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

- The board had originally considered a financial plan aiming to reach a deficit of £19m at its board meeting in January 2018 but following a review of delivery confidence levels, this was revised to £25m;
- The capacity redesign workstream had been removed from the programme completely due to Bridgend boundary change;
- Some of the savings schemes supporting the underlying position were not delivering;
- The units were aiming towards further savings of £3.5m to mitigate against the failure to deliver the savings plan and had submitted proposals;
- Other items were being made more opportunistic and technical to support the position;
- Welsh Government had provided more monies for sick pay enhancements in line with national agreements;
- Control totals had been adjusted and centrally held contingencies and reserves were being deployed where appropriate;
- Risks and opportunities were being managed outside of the forecast;

- The remaining executive-led workstreams needed to be kept under review for progress and the units pressed as to what could be delivered without losing the quality aspect.

In discussing the report, the following points were raised:

Emma Woollett advised the committee that it needed to scrutinise the action plan in order to provide assurance to the board that it was the right method to adopt.

Martin Sollis queried the confidence level of the plan and sought confirmation that each element of the plan had been assessed for delivery. Sam Lewis advised that that each element had been determined as low, medium or high risk of delivery and had also been tested at the financial recovery meetings. She added that all plans had been quality assessed by units prior to submission.

Emma Woollett noted that current plans identified a shortfall of £1m against the total requirement. Lynne Hamilton concurred, adding that the position was subject to continual assessment and challenge, with movements both up and down, which was normal at this stage in the year.

Jackie Davies referenced the administration and clerical vacancy control panel which scrutinised each new or replacement job role prior to advert and raised concern to its currently ability to function. She added that it should be reviewed as a matter of urgency as the administration support was provided by someone working within another full-time post in workforce and the attendance of panel members was not robust, which would leave decisions open to challenge. Lynne Hamilton advised that discussions had already taken place in other fora as to the need to review the arrangements as executive directors' attendance was erratic due to other demands on time, but it should continue to meet during this time. She added that to date, only 17 requests had been declined which was testament to the robust scrutiny panels established by the units which considered the applications in the first instance. Hazel Robinson advised that as part of funding received from the targeted intervention package, NHS Wales Shared Services Partnership had been commissioned to support the process. Emma Woollett suggested that an update be received at the next meeting. This was agreed.

HR

It was agreed that as part of her update to the board the following day, Emma Woollett could confirm that the committee had received assurance as to the process to achieve an end year target of £20m. She added, however that it was also important to make clear to the board that it was not going to be easy to achieve, and that the non-recurrent nature of a significant proportion of the savings would have an impact on the underlying run rate for next year. She offered her congratulations to the finance team for the work to date.

- Resolved:**
- The report be **noted**.
 - Update be received in relation to the review of the vacancy control panel.

HR

205/18 RECOVERY AND SUSTAINABILITY PROGRAMME UPDATE

A report setting out progress of the recovery and sustainability programme was **received**.

In introducing the report, Dorothy Edwards highlighted the following points:

- The usual appendix had not been included with the committee papers and would be circulated following the meeting;
- There had been no material improvement in the status of the programme;
- A different approach was being taken for recovery and sustainability programme board meetings whereby each one focused on a specific area, rather than reviewing all each time. The last programme board focused on workforce delivery;
- The executive team had agreed a six-month review of all workstreams as to what needed to remain and what should be stood-down.

In discussing the report, the following points were raised:

Martin Sollis queried as to whether any traction had been evident from the three workstreams of which the committee had been concerned. Lynne Hamilton advised that the mental health programme of work was to integrate into service redesign. She further advised that she had already met with the incoming Medical Director to discuss value-based healthcare, and that he was enthusiastic to reignite the variation workstream, as was one of the interim deputy medical directors. She added that in relation to workforce redesign, clarification was needed as to how to integrate it into the overall workforce workstream and how to resource it.

Emma Woollett commented that the workstreams were the 'bed rock' of a sustainable position, particularly workforce redesign given the high levels of vacancies within nursing and medicine.

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

206/18 PERFORMANCE AND FINANCE COMMITTEE WORK PROGRAMME 2018/19

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

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

Dorothy Edwards noted the workforce redesign update scheduled for the next meeting and suggested that this be deferred to provide sufficient time for it to be integrated into the overall workforce workstream. This was agreed.

LS

Lynne Hamilton referenced the expected Singleton Hospital financial deep dive at the next meeting, adding that it would prove challenging for the executive team to consider the plan first. She suggested that the unit deep dives be incorporated into the financial updates going forward. This was agreed.

LS

Resolved: The work programme be **noted** and amended as discussed.

LS

207/18 ANY OTHER BUSINESS

There was no further business and the meeting was closed.

208/18 DATE OF NEXT MEETING

The next scheduled meeting was noted to be 22nd October 2018.