

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

**Present:**

Emma Woollett	Vice-Chair (in the chair)
Sam Lewis	Assistant Director of Finance
Dorothy Edwards	Deputy Director of Recovery and Sustainability
Val Whiting	Assistant Director of Finance (until minute 36/19)
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
Jackie Davies	Independent Member
Reena Owen	Independent Member

**In Attendance:**

Paul Griffiths	Independent Member, Cwm Taf University Health Board (observing)
Mel Jehu	Independent Member, Cwm Taf University Health Board (observing)
Liz Stauber	Committee Services Manager

Minute	Item	Action
<b>29/19</b>	<b>WELCOME AND APOLOGIES</b>  Emma Woollett welcomed everyone to the meeting, particular Mel Jehu and Paul Griffiths, Independent Members from Cwm Taf University Health Board, who were observing the meeting as part of the Bridgend boundary change.  Apologies for absence were received from Maggie Berry, Independent Member.	
<b>30/19</b>	<b>DECLARATIONS OF INTEREST</b>  There were no declarations of interest.	
<b>31/19</b>	<b>MINUTES OF PREVIOUS MEETINGS</b>  The minutes of the meeting held on 19 <sup>th</sup> February 2019 were <b>received</b> and <b>confirmed</b> as a true and accurate record.	

**32/19 MATTERS ARISING****(i) Kendall Bluck**

Chris White advised that the executive board had received an informal presentation of the findings of the Kendall Bluck review of workforce at Morriston Hospital, adding that it had identified areas of risk and reinforced the issues of which the health board was already aware. He added that this included the challenge of a 38 consultant deficit and consideration was needed as to how to address this and agency use as a result. Another challenge identified was the proportion of 'major' beds to 'minor' within the emergency department, which was 50/50, whereas in other organisations, it was more 70/30, and this needed to fit in with the bed utilisation work. The review challenged the health board round the numbers of middle grade staff in acute specialities in order to establish a full 24/7 service, as currently there were issues during out-of-hours. As such, various 'heat maps' were to be developed to compare workforce in specific areas. The health board was in the process of providing more data in relation to agency use, after which the formal report would be finalised.

Martin Sollis sought clarity as to where the report would be considered once received. He added that assurance was needed as to whether the findings would be built into current plans and if Kendall Bluck would be commissioned to help address some of the recommendations. Chris White advised that the Director of Workforce and Organisational Development (OD) was speaking with Kendall Bluck later that week to discuss next steps, which would include whether they would be further commissioned to help with the implementation of recommendations. He added that the full report would be received by the Workforce and OD Committee, along with the action plan.

Reena Owen queried whether the terms of reference for the review had included scope for patient experience. Dorothy Edwards advised that Kendall Bluck was a specialist in workforce and therefore patient experience had not been incorporated. Emma Woollett suggested that the terms of reference be included in the presentation to the Workforce and OD Committee. This was agreed.

HR

**33/19 ACTION LOG**

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

**34/19 FINANCIAL POSITION**

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

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

- There was confidence that the health board would achieve its forecast £10m deficit control total and the capital plan was expected to breakeven;
- The financial positions of Morriston and Princess of Wales units remained a challenge;
- There were still concerns in relation to the pay performance, especially as an increase in non-framework agency use had been evident. The units had been reminded of the escalation process for such requests and a deep dive was to be undertaken to understand the reasons behind it.

In discussing the report, the following points were raised:

Reena Owen noted that a number of the required £13.5m savings were reliant on non-recurrent monies, adding that this was a concern. Sam Lewis agreed that the element of non-recurrent savings was a concern and learning also needed to be taken from the fact that not all of the current year's schemes had been delivered to give greater confidence for achievement the following year.

Reena Owen highlighted that some of the savings schemes had over delivered and queried if any learning could be taken from this. Sam Lewis advised that a proportion of these related to vacancies that units could not fill and a review was to be undertaken as to how they had managed the service in the interim, as this could be an opportunity for redesign and to make the savings permanent. Lynne Hamilton added that the majority of the executive-led workstreams had underperformed and those which had been more successful had dedicated project support. She stated that this learning had been taken into account for the following financial year, particularly for the high value opportunities. Dorothy Edwards commented that leadership would be a key component and several test and challenges were to be arranged.

Martin Sollis sought clarity as to where the results of the deep dive of agency use would be reported. Lynne Hamilton advised that it would be presented to the executive board and the route from there would be agreed as part of the discussion, but the committee would be kept apprised.

Jackie Davies stated that communication with staff was key as often schemes were stopped and started and staff disengaged as they were unsure of what was happening, citing the pool cars as an example. Sam Lewis responded that this was a key point and all schemes needed to be reviewed as to whether they were delivering and if not, why not.

Emma Woollett referred to the chart outlining nursing establishment vacancy and cover, adding that while some action had been taken, it had not resulted in savings. Sam Lewis advised that currently more cover was

being provided than was required by the totality of vacancies and additional capacity. She added that there were other reasons why cover would be needed, such as sickness, it would be worth considering developing the graph in the future to reflect this.

Emma Woollett noted the intention to use capital slippage for IT and medical equipment. Siân Harrop-Griffiths advised it was common to receive additional monies at the end of the year which had to be spent at short notice. Lynne Hamilton advised that robust plans were in place for such occurrences so the money could be spent in a timely way. Emma Woollett sought assurances that the schemes which had caused the slippage would still be funded when the timing was appropriate. Val Whiting advised that the guidelines had changed and health boards were required to manage such issues through the following year's discretionary funds, therefore the slippage monies were used to bring forward projects in order to balance the two.

Emma Woollett highlighted the potential clawback for an underspend in general medical services, adding that it was disappointing that the money was not being spent. Sam Lewis advised that expenditure within this area had increased but not to the levels allocated.

Emma Woollett stated that great credit was owed to the fact the financial position was where it needed to be but it must not be forgotten that it was reliant on non-recurrent monies and savings. She added that the position needed to be maintained the following year and a bounce back avoided in quarter one.

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

## **35/19 MONTHLY PERFORMANCE REPORT**

The monthly performance report was **received**.

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

- From May 2019, primary care and community services, mental health and learning disabilities and public health data was to be included in the report;
- The number of planned care 36-week cases had reduced by 28% compared with last year and by 200 cases from the previous month. Performance was on track to meet the target of 2,664 cases, but 60 of these were 'at risk'. The number of patients waiting more than 52 weeks had improved by 10%.

- The 62-day cancer target was achieving in the 80%s and work was ongoing to address the backlog, while the 30-day target had delivered 90% for February;
- The number of unscheduled care admissions had reduced in February but it was important to note that it was a 28-day month;
- Although unscheduled care performance remained below trajectory, the four-hour performance had improved since January 2019 and was also better in comparison with the same time period the year before. There had been an improvement in the one-hour handover and 12-hour waits, and the eight-minute red call ambulance response was above target;
- Stroke performance had ‘dipped’ at one site which emphasised the need to have dedicated beds;
- A narrative for delayed follow-ups had been included which needed to be further developed to include the risk and scale of the challenge;
- Healthcare acquired infections were in-line with the performance trajectory, pressure ulcer incidents had reduced and inpatient falls were at the lowest they had been since the inception of the report;
- A spike in serious incident reporting had been evident in February 2019 which was a data error;
- Discharge summary performance was stable at 60% but needed to improve, and the information had been shared with the Director of Nursing and Patient Experience who was leading on the ‘hospital at home’ project;
- The rolling 12-month sickness absence rate had reduced but in-month performance increased;
- Statutory and mandatory training compliance was above target but not yet at 80%;
- The low child and adolescent mental health (CAMHS) figures were as a result of the way access to local primary mental service (LPMHS) within 28 days of referral was measured, as it looked at the time that patients seen in that month had waited for their appointment, therefore compliance would always be low until the waiting list time reduced to below 28 days.

In discussing the report, the following points were raised:

Emma Woollett stated that it was be useful to know the backlog figure for the CAMHS access to LPMHS. Darren Griffiths undertook to discuss this with Emma Woollett outside of the meeting.

**DG**

Martin Sollis noted the number of actions being taken to improve theatre use, despite which utilisation was lower than it should be. Emma Woollett concurred, adding that it would be useful to receive an update in due course. Chris White advised that the theatre efficiency board had met earlier in the week to discuss actions on a speciality basis and discussions had also been undertaken at the executive board meeting. He added a plan was to be finalised by the end of March 2019 and suggested an update be received in the May 2019 meeting. This was agreed.

CW

Martin Sollis commented that the planned care performance was still 300 cases away from the target and there were only a few days left within March 2019 to address this. Darren Griffiths responded that the work was on track, with only 60 cases at risk, and plans were being developed with the units in response. Chris White added that the health board needed to be mindful of the high pressures on unscheduled care over the last 72 hours which impacted on its ability to complete elective work. Emma Woollett queried the level of possible clawback should the target not be achieved. Chris White advised that this had yet to be communicated. Lynne Hamilton stated that it would be in all interests for the health board to achieve its £10m deficit control total so it was hoped that this would have a bearing on the decision to clawback monies.

Jackie Davies queried the confidence that it was a change in reporting which had led to an increase in the number of serious incidents reported. Darren Griffiths advised that new guidance had been issued in relation to mental health and this had affected the reporting. He added it would be back to what it should be the following month.

Jackie Davies noted the low number percentage of stroke patients receiving thrombolysis (clot-busting medication). Darren Griffiths responded that not all were eligible therefore he would not expect the number to be high.

Reena Davies highlighted that 23% of patients were medically fit for discharge and queried if this was the same as delayed transfers of care. Chris White responded that medically fit for discharge was the better metric to measure as currently there were 102 such patients in Morriston Hospital with no appropriate onward facility to which to go. He added delayed transfers of care looked at days of stays. He added more work was needed with local authority colleagues as if the numbers could be reduced by 50%, this would have a significant impact and help to keep the flow moving.

Reena Owen sought clarity as to the term 'medical outlier'. Chris White advised that these were patients who were admitted to a ward outside of the speciality in which they were being treated due to capacity. He added that it would be interesting for independent members to spend time with bed managers in order to see the challenges they faced in placing patients

EW

on wards which were at capacity. Emma Woollett suggested this be added to the programme of visits for independent members. This was agreed.

Emma Woollett stated that it was pleasing to see the data for delayed follow-ups but more urgency was needed in terms of actions. Chris White responded that the investment and benefits group had approved a case for £70k to provide more administration support which should provide some immediate benefits.

Chris White commented that despite the higher acuity of patients being admitted, the number of falls was reducing, which demonstrated that they were being looked after well.

**Resolved:**

- The report be **noted**.
- CAMHS LPMHS backlog be discussed with Emma Woollett outside of the meeting.
- Update on theatre efficiency be received in May 2019.
- Visit to bed managers be added to the programme of independent members' visits.

**DG**

**CW**

**EW**

**36/19**

**CONTINUING HEALTHCARE QUARTERLY REPORT**

The quarter three continuing healthcare report was **received** and **deferred**.

**JC**

**37/19**

**DELAYED TRANSFERS OF CARE**

A report providing an update in relation to delayed transfers of care was **received**.

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

- A workshop had taken place to identify 20 actions which could be delivered with 'average' outcomes rather than just three or four which could be completed 'well';
- The unit nurse director for primary care and community service had taken the lead for the work;
- The number of cases had reduced to 117 in February 2019 but needed be below 100, followed by a trajectory to 70, 60, 50, etc;
- An improvement in delivery would also enable new patients to be admitted the right ward;
- Prior to the establishment of the health board, a locality health authority was in place for Swansea, with resources in Gower for patients ready for transfer, therefore discussions were needed with

local authority colleagues to determine ways in which this could be recreated;

- There was potential to roll-out the early supported discharge programme being piloted at Neath Port Talbot Hospital more widely and quickly.

In discussing the report, the following points were raised:

Emma Woollett stated that the actions and timelines were not clear from the report nor was the ability to deliver what was needed. Sian Harrop-Griffiths advised that the 'hospital at home' programme, which was one of the key actions, was included in the annual plan for 2019-20, and would be included in the milestones for the unscheduled care board.

Reena Owen queried as to whether the issue of delayed transfers of care were also in the local authority plans as well. Sian Harrop-Griffiths responded that the transformation programme was being discussed by the executive team but in terms of the link with the local authorities, it would come under the remit of the adult services board, of which the Director of Nursing and Patient Experience was the vice-chair. Chris White added that regular meetings were also taking place with the Directors of Social Services.

Martin Sollis commented that it was essential that the work could be measured and monitored and he would expect to see delivery profiles as part of the plans, but it was unclear as to which of the 16 initiatives outlined in the report would provide the biggest benefit. Emma Woollett concurred, adding that it would be beneficial for the committee to receive a further report outlining such details, including timescales and trajectories. She stated that the biggest decrease in cases was expected before the 'hospital at home' commenced at the end of the calendar year. Chris White suggested that the report be updated and received again at the next meeting, with the unit nurse director for primary care and community services asked to attend to talk to the detail. This was agreed.

JC

**Resolved:**

- The report be **noted**.
- The report be updated and received again at the next meeting, with the unit nurse director for primary care and community services asked to attend to talk to the detail.

JC

**38/19**

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

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

**39/19 PERFORMANCE AND FINANCE COMMITTEE WORK PROGRAMME  
2019/20**

The 2019/20 work programme was **received** and **approved**, subject to the additions agreed earlier in the meeting.

**40/19 ITEMS TO REFER TO OTHER COMMITTEES**

There were no items to refer to other committees.

**41/19 ANY OTHER BUSINESS**

There was no further business and the meeting was closed.

**42/19 DATE OF NEXT MEETING**

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