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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



		Agenda Item	3.2.1
Freedom of Information Status		Open	
Reporting Committee	Performance and Finance Committee		
Author	Liz Stauber, Committee Services Manager		
Chaired by	Emma Woollett, Vice-Chair		
Lead Executive Director (s)	Lynne Hamilton, Director of Finance		
Date of last meeting	22 January 2019		
Summary of key matters considered by the committee and any related decisions made.			
<p>- Performance (including targeted intervention areas)</p> <p>Members noted that the performance report had been developed further to include integrated graphs for planned and unscheduled care, as well as theatre efficiency and winter plan metrics as discussed at the October 2018 meeting.</p> <p>As part of the unscheduled care performance discussion, it was noted that the four-hour target remained a challenge but stable, particularly between midnight and 7am, due to fewer senior doctors. As such, different workforce models were under consideration, for example advanced nurse practitioners. The committee felt that such action would be help unscheduled care performance and asked to be kept apprised of the work. There had been fewer attendances to the emergency department during the period however the number of emergency admissions had not reduced. The four-hour wait metric had remained ‘flat’ for a number of months and needed to improve to the 80s, and the one-hour and 12-hour waits remained high but were better than previous years. The eight-minute ambulance red response rate was above the target and delayed transfers of care had been identified as requiring improvement.</p> <p>Concerns were raised with regard to staffing levels for stroke wards and the Chief Operating Officer had asked the units for feedback should they incur any issues, but to date, nothing had been raised.</p> <p>In relation to planned care, the 36 week planned care position had improved to 3,030 waiting 36 weeks and the outpatient position was under control.</p> <p>Cancer referrals had increased but an improvement was evident with regard to performance.</p> <p>For the first time in 17 months, healthcare acquired infections were below the performance trajectory, which had been recognised during the targeted intervention meeting.</p> <p>- Workforce Metrics</p> <p>There had been a slight decrease in sickness absence rates and actions were in place to improve the position further. However it was noted that while the long-term sickness absence rate was improving, the short term absences were the ones causing the most concern.</p>			

Compliance with statutory and mandatory training had improved further, getting closer to 70% completion but nursing vacancies remained at 500, with work taking place to determine the expected position following the Bridgend boundary change. The committee was pleased to hear about the recent successful recruitment of 140 graduate nurses.

Healthcare support workers (HCSWs) were being encouraged to complete nursing Compliance with personal appraisals and development reviews (PADR) remained a focus and units had been tasked with promoting the trajectories. It was believed that the new NHS pay deal would help increase compliance further as increments were now dependent on a PADR having been undertaken.

Funding had been received for the investigations team and the work by the external companies had now commenced. Assurance was provided that workforce issues were raised as part of the quarterly performance reviews and monthly quality, finance and performance meetings with the units.

- Medical Agency Cap

Performance against compliance with the cap continued to deteriorate. There had been an improvement against the internal locum payments but this was the sixth consecutive month where the combined total of expenditure was above the cap. It was noted that 78% of the expenditure related to vacancies. The majority of the breaches were middle-grade doctors for which the breach was marginal, for example £20, and this was to be the focus of a specific piece of work to bring the cap rate down. Work was required in relation to recruitment and retention and a strategy was to be presented to the Workforce and OD Committee in January 2019 to reduce vacancy levels, which included a 'design your own job' initiative.

- Orthopaedics Action Plan

Orthopaedics accounted for 70% of the year-end planned care position and unit teams were undertaking a significant amount of work to maintain the position. In order to improve, Morriston Hospital needed to be able to continue elective work during unscheduled care pressures and Princess of Wales Hospital to undertake out-of hours work. Discussions were also being undertaken as to the support that Neath Port Talbot Hospital could provide to Morriston Hospital. A number of other initiatives were being considered, including outsourcing and a review of the service model at Morriston Hospital by the NHS Wales Delivery Unit.

- Singleton Services Delivery Unit Financial Plan

A similar deep dive approach had been taken to that of Princess of Wales Hospital and meetings were undertaken with key operational staff. While not all areas of expenditure were reviewed, a detailed analysis was undertaken to identify areas on which to focus. There was joint ownership of the plan between finance colleagues and the unit and recognition that the unit's financial performance needed to become sustainable. Much work had been undertaken within the unit with regard to workforce, in particular, significant progress had been made in relation to pathology in terms of 'grow your own'. The cancer service was a big risk for the unit due to workforce challenges and work was being undertaken to redesign service roles to reduce the reliance on agency. Digitalisation of workforce was also proving to be particularly beneficial and e-rostering was in the process of being rolled-out. The unit had tailored income for the latter part of the year and was confident that it would reach its target.

Key risks and issues/matters of concern of which the board needs to be made aware:

- Integrated Medium Term Plan and Financial Plan

Members received presentations at the December 2018 and January 2019 outlining the process to develop the finance and performance plans for the following year.

In terms of finance, the plan had three phases; how to manage a reduced deficit position (phase a), how to manage growth (phase b) and high value opportunities (phase c). It was noted that discussions needed to be undertaken with the Welsh Government as to how the proportion of the financial deficit attributed to Bridgend would be managed, which accounted for £8.4m. Removing this from the equation, there was a gap of around £5m which would need to be offset by savings through the high-value opportunities in order to break even. Insufficient data was available in terms of outpatient efficiencies but the plan had been modelled based on a 10% reduction in 'did not attend' and reduced follow-up ratio, equating to a saving of £1.4m. Theatre efficiency had been estimated by site under the two scenarios, equating to net savings of between £3.6m and £4.3m.

With regard to performance, the approach being taken was on a speciality and unit basis, which had been supported by the NHS Wales Delivery Unit. The planned care profile for 2019-20 was 1,902 cases waiting more than 36 weeks; without an investment of £10m, this number would increase to 5,000, excluding gastroenterology cases and cardiology. Good progress had been made in relation to 'treat in turn'. A bold diagnostics model was in development but the scale of the delayed follow-ups backlog was a challenge. The aim was to get to a sustainable '0' position and the committee commended the objective to achieve sustainability. However it asked that more be included in the presentation to the board as to how efficiency would be driven through the plan.

The level of backlog for planned care needed to be agreed to eliminate 52 week waits and there were three potential approaches to cancer but the most favourable was a tumour-site specific approach. It was challenging to plan for stroke, unscheduled care and healthcare acquired infection performance but there were actions in place. Members asked that further details of these be included in the submission to the board.

It was noted that while the submission in January 2019 would be a one-year plan, consideration was to be given to developing a three-year plan by spring.

Members' feedback was that both the finance and performance plans provided a more positive picture than the previous year congratulations were offered to all involved. However there was still a significant amount of work to be done and consideration was needed as to the level of project management resource required. Workforce was also identified as a missing component to work presented so far and it was agreed that this needed to be triangulated for the board presentation the following week.

While the January 2019 outlined the process being undertaken to quality impact assess all of the schemes within the plan, it was yet to be completed by the date of the meeting. As such, the outcome of the scrutiny panel would be considered at the February 2019 Quality and Safety Committee meeting in order to provide assurance that the process was robust. Members of the Performance and Finance Committee were to be invited to attend for that portion of the meeting. It was noted that the outcome of the process had the potential to impact on the quality, financial and performance trajectories set within the plan in its current format.

- Financial Position

The overall financial position continued to improve, albeit marginally and the health board remained on track to achieve the revised deficit total of £10m following receipt of non-recurrent monies from the Welsh Government. Morriston and Princess of Wales hospitals' positions remained a challenge and a deterioration in the Morriston Hospital position had been evident which had been offset by an improvement at Princess of Wales Hospital. The mental health and learning disabilities position had also deteriorated and a meeting was to

take place with the unit to determine the reasons as to why. The deep dives of the units were continuing, along with a review of clinical consumable expenditure. Mitigating actions and reserves continued to be deployed.

The pay position was a challenge, but there had been some improvement in variable pay as well as considerable success in relation to the recruitment of registered nurses, with 140 appointed, the affects of which would be evident in the coming months. The impact of the increased nurse training places was also starting to be evident and the committee asked that the success be promoted as a good news story.

Agency spend had not decreased due to sickness levels and increased capacity. This would be analysed in more depth for the next report. Project management resources were to be bolstered with targeted intervention resources.

Consideration was being given to an investment of £3.5m to support further actions to achieve the planned care target by end-of-year.

- Recovery and Sustainability Programme

A six-month review of the programme had been undertaken and presented to the executive board and the programme was not on course to deliver the full savings, rather it would be £13.5m against the target of £21m. The workstream furthest away from delivery was service remodeling, which had started later than anticipated and the non-delivery of all savings would meant that 2019-20 would be starting 'behind the curve'. Several of the workstreams had made good progress including e-rostering and procurement.

- Delayed Follow-Ups

Since the last update to the committee, a further review had been undertaken by Wales Audit Office which had raised more concerns. The October 2018 position had demonstrated an improvement from 66,629 people waiting to 63,538 and investment of £30k had been made to address the longest waiters. A further update will be considered at the next meeting of the Committee.

- Continuing Healthcare Quarter Two Report

There was an increased focus within the local authorities with regard to pooled budgets. The changes in bed provision within mental health services was increasing the continuing healthcare requirements within primary and community services for one-to-one care. A deep dive of expenditure within mental health was to be undertaken in quarter three. Work was being undertaken to determine the impact of the upcoming boundary change. The next iteration of the report would include a breakdown of costs for patients at placements outside of the health board area as well as numbers of patients transitioning from children's services to adult.

- Theatre Efficiency

More work was required round the trajectories and plans for 2019-20. The theatre efficiency board met in November 2018 and had developed a number of further improvement actions. Previously the theatre team was one entity but upon the creation of the units, responsibilities had been devolved, which in some cases was proving challenging. As a result, a working collaborative of the three teams had been established. Plans were in place to move theatre personnel to support other areas when their lists were cancelled due to service pressures. A small task and finish group was to be established to determine how to provide assurance to clinical teams. Demand and capacity modelling was to be undertaken to determine the theatre performance trajectory for 2019-20. There was currently a high sickness level and work was being undertaken to reduce this.

Delegated action by the committee:	
No delegated action was taken by the committee.	
Main sources of information received:	
<ul style="list-style-type: none"> - Integrated performance report; - Monthly report on agency cap; - Monthly finance report; - Monthly report on the recovery and sustainability programme; - Quarter two continuing healthcare report; - Escalation reports for Singleton Services Delivery Unit financial plan, delayed outpatients, theatre efficiency and orthopaedics planned care performance; - Report on the decisions made by the administration and clerical vacancy scrutiny panel. 	
Highlights from sub-groups reporting into this committee:	
None received.	
Matters referred to other committees	
None identified.	
Date of next meeting	22 January 2019