





|                               |   | Agenda Item | 2.1 (i) |
|-------------------------------|---|-------------|---------|
| Freedom of Information Status |   | Open        |         |
| Reporting Committee           | Performance and Finance Committee                 |             |         |
| Author                        | Liz Stauber, Interim Head of Corporate Governance |             |         |
| Chaired by                    | Reena Owen, Independent Member                    |             |         |
| Lead Executive Director (s)   | Lynne Hamilton, Director of Finance               |             |         |
| Date of last meeting          | 19 November 2019                                  |             |         |

# Summary of key matters considered by the committee and any related decisions made.

# - Performance (including targeted intervention areas)

As part of the *unscheduled care performance* discussion, it was noted that the service remained under significant pressure, with ambulance handovers and red-response calls challenged and the main elements of the improvement plan not due to take affect until December 2019.

**Stroke** performance remained stable with **cancer** access reaching 86% in September 2019.

**Planned care** performance continues to be significantly affected by the operational pressures with challenges faced in outpatients, inpatients and day cases. However diagnostics, endoscopy and therapy waits were performing well.

In relation to *healthcare acquired infections*, *clostridium difficile* performance was above profile even though it had been scheduled to dip in October 2019. There were also improvements noted within the *workforce metrics*, with statutory and mandatory training compliance at 79.6% and PADR (personal appraisal and development review) compliance at 67%.

Colleagues from primary care and community services, public health and child and adolescent mental health services joined the October 2019 meeting to present the newly incorporated metrics.

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

## - Financial Position and High Value Opportunities

The latest in-month position was an overspend of £1.4m with the cumulative position at £8.6m. Deep dives had been undertaken into pay as it had been underspent by £10m in 2018-19 but overspent by £500k in the current year due to the Bridgend diseconomies of scale, nursing and admin and clerical costs. Within non-pay, the biggest challenges were the category M primary care drugs and continuing healthcare. Each of the units and corporate functions had control totals to reach if the health board was to recover its position however since the completion of the report, the health board's proportion of the Welsh Risk Pool contributions based on the new risk sharing protocol had risen from £1.4m to £2.4m and Welsh Government advice was this was to be recognised within the forecast rather than as a risk. Options and recommendations were being developed to work in stages towards breakeven, starting at £15.9m, then £8.7m followed by 5m, finishing at balance. Other risks to

consider included not receiving the £10m from Welsh Government in-line with previous years as a display of confidence and the return of the £6.5m planned care monies which would increase the deficit forecast to £32m

#### - Winter Plan 2019-20

Members noted that the winter plan was to be received by the health board in November 2019 and it set out the way in which patient flow would be maintained during the winter months through initiatives such 'hospital to home', as well as interventions within primary care and the Welsh Ambulance Service NHS Trust to treat more people at home rather than convey them to hospital.

#### - Annual Plan Tracker 2019-20

The quarterly report setting out performance against the annual plan was received and members noted that 11 action were 'red'. The relevant leads had been asked to review these and the reasons why in order to determine if they were still achievable. It was agreed more of a focus was to be given to preventative health in the next iteration of the report.

### Performance Management, Governance and Accountability

The committee considered a report which set out the various ways in which performance was managed, for example through the quarterly performance reviews, the financial management group and workforce processes such as PADRs. The need for staff to understand how they could contribute to the health board's aims and objectives was critical and this would factor into the development of the performance management framework in quarter four of 2019-20 for implementation in 2020-21.

### - Revised Annual Plan

Members received and discussed the revised trajectories and action plans for the planned care, unscheduled care and finance sections of the annual plan 2019-20. A special meeting of the health board took place following the meeting to discuss the work further.

#### Delegated action by the committee:

No delegated action was taken by the committee.

## Main sources of information received:

- Integrated performance report;
- Escalation reports for childhood obesity, smoking cessation and continuing healthcare;
- Monthly financial monitoring report;
- Annual plan tracker;
- Revised annual plan;
- Performance management, governance and accountability;
- Winter plan 2019-20

## Highlights from sub-groups reporting into this committee:

Reports were received from:

- Financial management group;
- Value and efficiency group;
- Investment and benefits group.

#### Matters referred to other committees

The issue of the need to triangulate patient experience and complaints data was to be referred to the Quality and Safety Committee.

Date of next meeting

17 December 2019