

**ABM University LHB**  
**Unconfirmed Minutes of the Performance and Finance Committee**  
**held on 21<sup>st</sup> March 2018 in the Board Meeting Room, Health Board HQ**

**Present:**

Emma Woollett	Vice-Chair (in the chair)
Martin Sollis	Independent Member
Kate Lorenti,	Acting Director of Human Resources (HR)
Chris White	Interim Chief Operating Officer
Jackie Davies	Independent Member
Siân Harrop-Griffiths	Director of Strategy
Tracy Myhill	Chief Executive

**In Attendance:**

Sam Lewis	Assistant Director of Finance
Pam Wenger	Director of Corporate Governance
Liz Stauber	Committee Services Manager
Angela Hopkins	Interim Director of Nursing and Patient Experience (for minutes 70/18 and 71/18)
Darren Griffiths	Assistant Director of Strategy (performance and planning) (from minute 70/18)

Minute	Item	Action
<b>56/18</b>	<b>APOLOGIES</b>	
	Apologies were received from Maggie Berry, Independent Member and Lynne Hamilton, Director of Finance.	
<b>57/18</b>	<b>WELCOME/INTRODUCTORY REMARKS</b>	
	Emma Woollett welcomed everyone to the meeting, advising that she was now the committee's chair. Tracy Myhill added that going forward, she and the Chairman would no longer be members of the committee but would attend meetings when appropriate to provide support. Pam Wenger stated that the terms of reference would need to be amended to reflect this.	<b>PW</b>
<b>58/18</b>	<b>DECLARATIONS OF INTEREST</b>	
	There were no declarations of interest.	
<b>59/18</b>	<b>MINUTES OF PREVIOUS MEETINGS</b>	
	The minutes of the meeting held on 21 <sup>st</sup> February 2018 were <b>received</b> and	

**confirmed** as a true and accurate record.

**60/18 MATTERS ARISING**

There were no matters arising.

**61/18 ACTION LOG**

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

Action Point One

Siân Harrop-Griffiths sought further details as to the requirements for the report outlining commitment and changes to services. Emma Woollett responded that it had been felt that it would be sensible for the committee to monitor the demand and capacity for services in general, but also to keep track of the impact any service changes had. Chris White added that work was currently being undertaken to develop robust demand and capacity plans to determine that the health board could achieve what was setting out to do and as timely as possible.

Action Point Nine

Emma Woollett noted that the revised performance report was on the agenda, adding that once the annual plan had been agreed, there may be some unit metrics which could be included. Chris White concurred, adding that each unit would have its own trajectory and timescale and monthly meetings would be taking place to scrutinise performance, finance and quality. He added that it was also being made clear that solutions which were having a positive impact needed to be shared and implemented across boundaries.

**62/18 CHANGE IN AGENDA ORDER**

**Resolved:** The agenda order be changed and items 2b, 2c and 2d be taken next.

**63/18 UNSCHEDULED CARE UPDATE REPORT**

A report providing an update in relation to unscheduled care performance was **received**.

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

- The units would be asked to attend the majority of committee meetings to discuss actions and accountability;

- A lot of cross-site work was being undertaken in relation to generic themes such as frailty;
- Individual actions were also being undertaken by the units;
- The outcomes of the investments following the £1.7m winter pressures monies from Welsh Government should be apparent in May 2018;
- All surge capacity needed to be closed and bed numbers return to the baseline to measure the impact of service redesign.

In discussing the report, the following points were raised:

Siân Harrop-Griffiths advised that in reference to surge capacity, 'closed' beds had started to be reopened in December 2017 and as the pressures on the system had been sustained, these were yet to be closed. She added that this would now occur on a tapered basis until the end of April 2018, although the beds in Tonna Hospital may remain a little longer due to the patient type.

Martin Sollis commented that the unscheduled care report received in February 2018 had focussed on the actions in relation to 'Breaking the Cycle' but success was yet to be evaluated to determine what had worked and what had not. Emma Woollett responded that the committee was to receive an update from the unscheduled care board in due course as it would be focussing on these actions.

Emma Woollett stated that it was a good report but key metrics by which the units would be measured needed to be developed. Chris White advised that the assistant chief operating officer had written to all units asking for details of the interventions being undertaken as part of 'Breaking the Cycle' and the £1.7m winter monies and how these were to be taken forward, or if they were not successful, the reasons as to why.

Siân Harrop-Griffiths advised that a business case was to be received at the upcoming investments and benefit group to continue the frailty 'front-door' model at Singleton Hospital as part of the service remodelling work.

Emma Woollett asked that the next iteration of the report include an assessment by the units as to what interventions were working and the metrics by which they would be measured. This was agreed.

Martin Sollis noted that Welsh Government had sought details in relation to 'Breaking the Cycle' as part of the discussions regarding the annual plan. He added that if the health board was able to demonstrate success it would provide a positive narrative. Chris White stated that such discussions had taken place with Welsh Government earlier that week. Tracy Myhill added that initiatives had also been discussed at the all-Wales chief executives' meeting.

Emma Woollett commented that it would be beneficial to include some of

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the success stories within the annual plan to demonstrate the action taken and areas on which to build. She added that primary care needed to demonstrate more urgency and it would also be useful to develop a risk register. Martin Sollis concurred, adding that a risk assessment process would be beneficial as if there were boundaries preventing staff from progressing issues, these needed to be addressed. He cited as an example IT systems. Chris White advised that each of the units had been asked to consider the type of 'information suite' it needed to deliver unscheduled care services and work would be undertaken with the informatics team to develop it. He added that Morriston Hospital had sought analytical support and discussions were ongoing with the informatics team to provide this on a short-term basis to create a dashboard. This would then be extended to other units. He stated that it was important that the units felt they had access to information they needed in order to make decisions and take action.

Martin Sollis stated that the ambulance handover delays were posing a significant risk to unscheduled care. Chris White responded that this was 'front and centre' of the health board's focus and was part of the ongoing conversations with Welsh Government. He added that the recent pressures had led to 'business continuity' being declared at Morriston Hospital, following which meetings were held at the site with Welsh Ambulance Service NHS Trust colleagues to discuss system issues, harm, care and shared accountability.

Jackie Davies sought clarity as to the actions taken in response to the business continuity incident. Chris White advised that this included cancelling all elective procedures, including cancer operations, opening additional surge capacity and pre-emptive beds and stopping outpatient clinics to enable clinicians to provide specialist support within the emergency department.

- Resolved:**
- The report be **noted**.
  - Next iteration of the report to include an assessment by the units as to what interventions were working and the metrics by which they would be measured and an assessment of the key risks to delivery and how these risks are to be mitigated.

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## **64/18 PLANNED CARE UPDATE**

A report providing an update in relation to planned care performance was **received**.

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

- The recent inclement weather had resulted in the trajectory being

breached;

- Patients waiting more than 36 weeks had reduced from 3,560 to 3,504 and mitigating actions were continuing;
- The 2018-19 work needed to start in quarter one, with the monies allocated invested, to enable assurances to be given as to the trajectories.

In discussing the report, the following points were raised:

Tracy Myhill stated that it was critical that performance did not deteriorate during quarter one and that progress continued to be made. She added that the health board needed to formally write to the Director General for NHS Wales to outline what action it intended to take and the costs associated as it needed to be in a position to say it had taken every possible action to achieve the required performance.

Sam Lewis advised that £2m had been allocated in the 2018-19 financial plan for planned care and the expectations as to the trajectories had also been included within the annual plan.

Emma Woollett stated that planned care had to be the health board's main focus for quarter one and it needed to be clear as to its improvement journey. She added that performance needed to be 'in front of the curve' for quarters one and two to provide headroom for quarters three and four.

Martin Sollis commented that each of the units needed its own trajectory in order to ensure it had sufficient staff and capacity to achieve it and be accountable. Tracy Myhill added that the board needed to support the units to be the best that they could be and remove any obstacles to success.

Chris White stated that the trajectories needed to be broken down by unit and then 'drilled down' into specialities in a timely way as currently it was taking too long to highlight variance from normal limits.

Tracy Myhill commented that it was pleasing to see that some improvement had been made but there was more work to be done.

Emma Woollett stated that the diagnostics and therapies performance was looking positive. Chris White concurred, adding that there could be some benefit to 'flexing' the diagnostic cohort and modelling work was to be undertaken for particular specialities.

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

## **65/18      CANCER UPDATE**

A report providing an update in relation to cancer performance was **received**.

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

- Cancer performance for February and March 2018 was in the low 80s but the position was recovering;
- The three challenging areas continued to be breast, gynaecology and urology and mitigating actions were continuing;
- The Medical Director was providing support to colleagues at Princess of Wales Hospital in relation to urology performance;
- Consideration should be given to discussing the challenges at Princess of Wales Hospital with colleagues at Cwm Taf University Health Board;
- The post-menopause bleeding pathway at Singleton Hospital was now in place and should reduce the treatment time by several days.

In discussing the report, the following points were raised:

Martin Sollis commented that cancer services appeared to work in silo in each of the units and as such, there did not appear to be any cross-site working. He added that it was pleasing to see the Medical Director supporting Princess of Wales Hospital as the improvements in all areas needed to be clinically led. Chris White responded that data was to be collected to provide a clinical perspective as to the affect of waiting on patients.

Emma Woollett suggested that it would be useful for the committee to receive an update at an appropriate time as to the progress being made in relation to urology. Tracy Myhill concurred, adding it would be beneficial for the committee to know what the focus had been and the action taken. This was agreed.

Siân Harrop-Griffiths referenced Martin Sollis's comments regarding working in silo and stated that work had been undertaken to develop a single multi-disciplinary approach for cancer services for the health board. She added that there were two risks that the committee needed to be aware of; the service director overseeing cancer performance was to leave the organisation in May 2018 and the clinical lead for cancer was finding it challenging to provide the leadership role as well as his clinical duties given the current staff pressures and he was needing to focus his time on the provision of clinical care to patients. Tracy Myhill queried if there was a plan in place to replace the service director with regard to overseeing cancer performance. Chris White advised that there were a couple of individuals who could take on the role. Emma Woollett asked that the committee be updated at its next meeting as to the plan to manage the service. Tracy Myhill added that an update would also be required as to the support for the clinical lead for cancer.

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- Resolved:**
- The report be **noted**.
  - Update be received as to the action to be taken to resolve the urology issues at Princess of Wales Hospital.
  - Update be provided as to the cover arrangements as a result of the service director managing cancer services leaving the organisation and the support to be provided to the clinical lead.

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## 66/18 **REVISED BOARD PERFORMANCE REPORT**

The revised board performance report was **received**.

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

- The targeted information data was now reported at the start of the document;
- More narrative had been included;
- Discussions had been undertaken with Pam Wenger and Emma Woollett and the report revised as such;
- It was presented in a way to make it easier to identify key issues and actions;
- Further discussions were needed as to what information was received by the various board committees.

In discussing the report, the following points were raised:

Emma Woollett welcomed the revised report, adding that while it may adapt over time, this was the way in which performance data should be focussed.

Martin Sollis commented that while some of the information was useful, consideration now needed to be given as to how the board would use it and there would be key areas also for the committee to consider.

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

## 67/18 **CHANGE IN AGENDA ORDER**

**Resolved:** The agenda order be changed and items 2g and 2h be taken next.

## 68/18 **FINANCIAL POSITION UPDATE**

A report regarding the financial position was **received**.

In introducing the report, Sam Lewis highlighted the following points:

- The financial position continued to improve with a period 11 overspend of £633k and a cumulative overspend of £27.4m;
- The health board was on track to deliver the £30m forecast position;
- It was anticipated that there would be a 'clawback' of monies as the planned care trajectory would not be achieved but it was unclear as to the value;
- The capital plan was on track;
- The target for paying invoices within 30 days would not be met this financial year however the issues had been resolved to improve the position for 2018-19;
- The period 11 pay position had increased due to the payment of three bank holidays in February but variable pay had reduced by £3.5m compared with the previous year;
- Investment of referral to treatment (RTT) monies needed to commence in quarter one.

In discussing the report, the following points were raised:

Tracy Myhill stated that regular discussions were undertaken at the all-Wales chief executives' meetings and with Welsh Government as to what were reasonable estimates. She added that while the current position was not ideal, it was better than expected and it would not have been an easy achievement, especially for the units.

Martin Sollis complimented the financial position and the transparent way in which it had been reported.

Tracy Myhill queried if there was data available as to variable pay and agency spend by other health boards. Sam Lewis responded that there were tools which could provide this.

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

## 69/18 **RECOVERY PLAN**

The financial recovery plan was **received**.

In introducing the report, Sam Lewis highlighted the following points:

- The financial recovery plan had enabled the forecast position to reduce from £36m to £30m;
- The operational spend continued to improve;



- A process had been agreed for accounting for phase three continuing healthcare costs;
- Risks and opportunities were outlined in the report;
- A number of primary care rate rebates had been received this year, in excess of what was expected.

In discussing the report, the following points were raised:

Jackie Davies commented that the recovery and sustainability programme had commenced this time last year but its plans did not commence until some time later. She added that if a plan was in place it needed to be progressed straight away. Sam Lewis agreed that the work had started slowly and more progress had been seen in the later stages of the year.

Martin Sollis stated that for quarter one of 2017-18, discussions had been undertaken to consider increasing the deficit position so if the work had started earlier, this could have improved the current position further.

Tracy Myhill sought clarity as to the amount of savings achieved in-year. Sam Lewis advised that it had been £17m/£18m against a target of £25m.

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

## 70/18 INFECTION CONTROL UPDATE

Angela Hopkins was welcomed to the meeting.

A report providing an update in relation to healthcare acquired infection performance was **received**.

In introducing the report, Angela Hopkins highlighted the following points:

- A three-year improvement plan had been developed;
- The challenges to infection control performance were multi-factorial and included environment and cleaning standards;
- The target for *clostridium difficile* was to reduce the rates by 15% each year;
- *Staph. aureus bacteraemia* aimed to reduce by 10% each year;
- The *E. coli bacteraemia* trajectory was to reduce by 5% each year;
- Detailed reports were submitted to the Quality and Safety Committee which was monitoring performance;
- A number of measures were being undertaken including taking a hydration focus for patients at risk of healthcare acquired infections and the 'STOP' campaign to prevent patients having unnecessary intravenous cannula;

- The antimicrobial prescribing policy had been structured and implemented;
- Performance was affected by seasonal pressures with patients recovering from flu developing infections and a 10% increase of *clostridium difficile* cases following the recent flu outbreak had been identified;
- The proposed trajectories had been discussed with Welsh Government and Public Health Wales and revisions had been made accordingly to make them ambitious but achievable.

In discussing the report, the following points were raised:

Emma Woollett thanked Angela Hopkins for her report, adding it was useful for the committee to see current performance as well as the 2018-19 trajectories. She added that the annual plan needed to highlight that there was a three-year plan in order to show the ambition of the health board.

Emma Woollett queried as to whether the executive team was sighted on the full plan. Tracy Myhill confirmed that a discussion had taken place at the executive team meeting earlier that week as to the trajectories and that all executives and service directors were signed-up to all the trajectories in the annual plan.

Pam Wenger advised the committee that the Quality and Safety Committee had requested infection control updates as a standing agenda item and its chair was to join the Performance and Finance Committee to align the discussions.

Jackie Davies commented that it would be useful to see within the charts where interventions occurred to measure impact. Angela Hopkins responded that the trajectories were to be annotated to highlight where investments or initiatives had been made to identify any impact. Siân Harrop-Griffiths added that since the refurbishment of a number of wards, these areas had not identified any cases of *clostridium difficile* and as such, investment was to be made into other wards.

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

## **71/18 CONTINUING HEALTHCARE UPDATE**

A report providing an update in relation to continuing healthcare was **received** and **noted**.

## **72/18 PERFORMANCE AND FINANCE COMMITTEE WORK PROGRAMME 2018/19**

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

**73/18 ANY OTHER BUSINESS**

There was no further business and the meeting was closed.

**74/18 DATE OF NEXT MEETING**

The next scheduled meeting was noted to be 27<sup>th</sup> April 2018.