

ABM University LHB
Unconfirmed Minutes of the Performance and Finance Committee
held on 27th April 2018 in the Board Meeting Room, Health Board HQ

Present:

Emma Woollett	Vice-Chair (in the chair)
Lynne Hamilton	Director of Finance
Jackie Davies	Independent Member
Siân Harrop-Griffiths	Director of Strategy
Chris White	Interim Chief Operating Officer
Hazel Robinson	Director of Workforce and Organisational Development (OD)
Maggie Berry	Independent Member

In Attendance:

Sam Lewis	Assistant Director of Finance
Dorothy Edwards	Deputy Director of Recovery and Sustainability
Val Whiting	Assistant Director of Finance (from minute 91/18)
Darren Griffiths	Assistant Director of Strategy
Liz Stauber	Committee Services Manager
Jeff Morris	ABMU Operations Manager - Welsh Ambulance Service NHS Trust (WAST) (for minute 92/18)
Sandra Husbands	Director of Public Health (for minute 97/18)

Minute	Item	Action
86/18	APOLOGIES Apologies were received from Martin Sollis, Independent Member and Pam Wenger, Director of Corporate Governance.	
87/18	DECLARATIONS OF INTEREST There were no declarations of interest.	
88/18	MINUTES OF PREVIOUS MEETINGS The minutes of the meeting held on 21 st March 2018 were received and confirmed as a true and accurate record.	
89/18	MATTERS ARISING There were no matters arising.	

90/18 ACTION LOG

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

(i) Action Point One

Chris White advised that meetings were taking place with the units over the coming weeks with regard to planned care demand and capacity planning. He added that the NHS Wales Delivery Unit had provided temporary resources to support the work and the variance within unscheduled care was also to be considered.

(ii) Action Point Five

Chris White stated that work in relation to the urology pathway at Princess of Wales Hospital was ongoing and the service director and medical director had been provided with the necessary data to take forward discussions with staff. It was agreed that Chris White would continue to apprise the committee of performance updates but any workforce issues would be discussed by Hazel Robinson with the Medical Director outside of the meetings.

(iii) Action Point Six

Chris White advised that there had been an expression of interest in the cancer services management role and further discussions were required with Hazel Robinson and the Chief Executive. Siân Harrop-Griffiths added that discussions as to how best to support the clinical lead for cancer were ongoing but the Chief Medical Officer was due to visit the cancer centre at Singleton Hospital which was an opportunity to showcase the unit but explain some of the issues in regard to resources in comparison with other cancer facilities within Wales.

91/18 PERFORMANCE TRAJECTORIES

A report outlining progress against the 2018-19 performance trajectories was **received**.

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

- Unit trajectories had been developed with the exception of planned care for which meetings were currently taking place;
- Cancer performance could not be broken down by unit due to the structure of the pathway;
- Clarification was required from Welsh Government as to its unscheduled care expectations from the health board but planned care performance was expected to be below 2,697 cases for 36

weeks' wait.

In discussing the report, the following points were raised:

Emma Woollett stated that it was important that the committee noted the position of all targeted intervention areas and as such, it needed to develop a monthly performance report which gave an accurate picture of the totality of the health board's performance. She added that the committee should only receive reports on specific performance areas on an 'escalation basis. Siân Harrop-Griffiths responded that clarity was required as to what performance data was received by which board committee. She added that not all data updated on a monthly basis which would provide a challenge as would the level of resources required to produce such a frequent report. Emma Woollett suggested that she meet with Siân Harrop-Griffiths and Chris White outside of the meeting to determine how best to develop performance reporting to the committee going forward as the committee could not take assurance from a bi-monthly performance report. This was agreed.

EW

Emma Woollett noted that unscheduled care performance had deteriorated in February and March 2018, which was going to provide a significant challenge for the start of the financial year. Chris White responded that the inclement weather at the start of March 2018 had impacted on performance and a week later, the health board had to declare 'business continuity' escalation status due to the high demand on services. He added that it had taken the services several weeks to recover and an improvement was now evident, particularly within hours lost, ambulance handovers and 12-hour waits.

Emma Woollett noted that while the unscheduled care performance was improving, the trajectory was at risk. Chris White responded that this was a focus in the targeted intervention meetings with Welsh Government, with colleagues seeking details as to the local work to address the challenges. He added that the health board was to provide Welsh Government with unit and 'Breaking the Cycle' plans but the challenge was to ensure that all interventions were aligned to maintain performance for the first quarter.

Maggie Berry stated that she received regular performance reports from the Welsh Ambulance NHS Trust (WAST) and it had been pleasing to see the recent improvement in handover times.

Emma Woollett noted that stroke performance had been similar to that of the previous month and it was still some way off the trajectory, particularly for the 24-hour bundle. Chris White advised that a focus was to be given to speech and language swallowing assessments and 'bundle one' (direct access to an acute stroke unit within four hours), as these were the areas most affecting performance.

Emma Woollett stated that planned care performance had improved on the previous month. Chris White responded that performance was around 60-

80 patients away from what it needed to be which was not a bad position for this point of the year.

Chris White commented that it had been agreed for the cancer improvement board to focus on delivery of breast and urology services at Princess of Wales Hospital and gynaecology oncology across the sites and meetings were taking place with the service directors to agree denominators as breaches needed to be compared with cases completed. He added that performance had improved in the last seven days to around 74/75% against a trajectory of 83%.

Emma Woollett queried as to whether cancer performance was a bigger concern for the health board in comparison with the other targeted intervention areas. Chris White responded that all were of equal concern but there were some backlogs which needed to be addressed with some urgency, for example, breast cases at Princess of Wales Hospital. He added that two consultants were due to retire and return and could therefore provide some of this capacity. Emma Woollett asked whether cancer was an area that the committee wanted to escalate at a future meeting. Chris White suggested that should the individual expressing an interest in managing cancer services take up the role, they be invited to the May 2018 meeting to provide a report with the incumbent. This was agreed.

CW

Resolved:

- The report be **noted**.
- Emma Woollett to meet with Siân Harrop-Griffiths and Chris White outside of the meeting to determine how to develop performance reporting to the committee going forward.
- Cancer escalation report be received at the next meeting from the incumbent responsible officer for cancer services and the designate.

EW

CW

92/18

UNSCHEDULED CARE UPDATE REPORT

Jeff Morris was welcomed to the meeting.

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

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

- Even during the most challenging times of winter pressures, the relationship between the health board and WAST remained positive;
- A reduction in the 15-minute and 1-hour handover times had been evident and hours lost had also improved;
- More resilience was appearing in the system;
- Both WAST and the health board had identified that acuity was

increasing although the reasons as to why could not be defined;

- Normally during times of extreme pressure, if the number of 'red' ambulance calls increased, the amount of people arriving at the emergency departments by other means decreased, but this had not been the case this winter;
- Elective surgery had been maintained at Singleton Hospital during the winter pressures with only a small number of patients cancelled. Morriston Hospital had also been able to continue planned care due to a temporary bespoke unit for daycases established on the site. This demonstrated that some of the winter pressure interventions were having an impact;
- Although a number of the actions were improving performance, it was not where it needed to be and discussions had been undertaken with the service directors the previous week to understand accountability and actions unit-by-unit;
- Work was ongoing with the unit nurse director for primary and community services to consider interventions at the 'backdoor' and to avoid unnecessary admissions, as well as maximising the value of the acute clinical team beds within the community;
- Discussions had taken place between the medical directors and operational directors of ABMU and WAST to test pathways to reduce conveyance to hospital if not necessary.

In discussing the report, the following points were raised:

Jeff Morris stated that ABMU and WAST worked well together, adding that the days of patients automatically needing admission to hospital were no longer as such and WAST had more treatment options available to help patients remain in their own home. He added that the skills and pathways now needed to be reviewed to maximise the alternatives to emergency departments.

Jackie Davies noted one of the key risks in relation to patient was the Nurse Staffing Levels (Wales) Act 2016, adding that additional capacity beds would provide a challenge to compliance. Chris White responded that the health board did not want any additional capacity beds in circulation as they provided a challenge to a number of areas, such as infection control. He added that significant work was needed at both the front and back doors to mitigate the risk of having additional capacity beds.

Emma Woollett commented that while it was useful for the committee to see the key risks, it would be beneficial to also receive the mitigating actions.

Maggie Berry stated that it was pleasing to see the two organisations working together and that she had spent a day at Morriston Hospital a few months previously where she had witnessed the benefits of having an ambulance liaison officer at the front door. Jeff Morris concurred, providing

assurance that should an ambulance have to wait to offload a patient, diagnostics and treatment were still started straight away. Emma Woollett responded that while this was pleasing to hear, the health board acknowledged that this was not the right position for WAST or the patients waiting at home for an ambulance. Chris White commented that while the health board and WAST did have a good relationship there were times when this was challenged, which was right as patients were at the centre.

Siân Harrop-Griffiths advised that she was the Director of Planning/Strategy representative on the national unscheduled care board and the Medical Director was that of WAST. She added that he had been complimentary as to the working relationship with ABMU at a recent meeting which had been chaired by the Director General for NHS Wales.

Siân Harrop-Griffiths referenced a discussion at a recent board development session regarding primary care, adding that discussions were ongoing as to how to develop key performance indicators for primary care.

Chris White stated that a number of system challenges were being considered to mitigate ambulances having to wait outside of emergency departments for example, discharges took place at 12pm which was an hour after the first 'wave' of ambulances arrived. He added that all the factors which presented challenges for each of the three 'waves' of ambulances needed to be addressed.

Emma Woollett commented that resolving unscheduled care issues was a significant piece of work and it was important that the right actions continued to be pursued. She added that there were a number of areas of action and asked if there were any which WAST felt strongly were likely to succeed. Jeff Morris responded that a pilot had just finished with the Neath Port Talbot and Swansea acute clinical team which saw them responding to medium acuity calls and treating within the community rather than paramedics conveying the patient to hospital. He added that an evaluation was now underway however the general feeling was that it had been successful. Emma Woollett queried as to whether a case would be made to establish the service permanently. Chris White advised that there would, providing that it would be a consistent service across all localities.

Maggie Berry queried the risks and issues surrounding community paramedics within GP practices. Jeff Morris responded that the initial issue had been staff leaving WAST to undertake the role however an approach being trialled with one cluster was for WAST to take on additional staff and second paramedics to practices. Another issue was that if the paramedics were supporting practices using a WAST car, they were expected to leave the surgery to attend 'red' calls therefore practices were now looking into providing their own vehicles. Hazel Robinson sought clarity as to the employment model. Jeff Morris advised that there were two; some practices directly employed the paramedics whereas others were WAST staff. He added the latter was the preferred model as they could return to WAST

every few months for clinical duties to keep their skills honed.

Lynne Hamilton referenced the data in relation to Her Majesty's (HM) Parc Prison and queried if there had been any improvement. She added that the unit nurse director for primary and community care was updating the executive team as to the relationship between the health board and prisons, private and public sector. Jeff Morris advised that more calls were received from HM Parc Prison than public sector institutions. Lynne Hamilton asked whether this had been escalated to HM Prison Service. Jeff Morris stated that it had. Dorothy Edwards advised that there would be a prison healthcare board at which issues could be discussed and the service director for primary and community services would be a part of the process. Lynne Hamilton stated that the issue should be raised with Welsh Government to discuss with Ministry of Justice.

CW

Jackie Davies noted the additional beds opened at Tonna Hospital, adding that given the patient-type, it would be difficult to close these. Chris White responded that only six patients now remained, all of which had estimated discharge dates.

Emma Woollett commented that more actions and pace were required at Princess of Wales Hospital. Chris White advised that this had been raised by the unscheduled care board and the response had been that the work had been waiting for the visit from NHS Elect. He added that clinical leadership for each of the themes had now been identified and the work was due to commence the following week.

Emma Woollett stated that on reviewing the units' recovery plans, while there were some positives, there was not enough detail as to what action was taking place and when an improvement was expected. Chris White responded that while some of the actions were working, more 'traction' was needed, but the units were now identifying just two or three major initiatives which may help to improve performance.

Resolved:

- The report be **noted**.
- Unscheduled care issues relating to private sector prisons be raised with Welsh Government to discuss with Ministry of Justice.

CW

93/18

RTT ASSURANCE AND DELIVERY

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

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

- The end-of-year target of fewer than 1,000 cases waiting for an outpatient appointment had been met with 292 remaining;

- The key planned care trajectory had been to reach 2,640 cases waiting 36 weeks however the final total had been 3,663; around 300 of these were as a result of inclement weather. All cases were awaiting surgery;
- There were 1,729 patients waiting more than 52 weeks;
- The diagnostic end-of-year trajectory had been 0 with an actual achieved of 29. Part of the issues related with echocardiogram being reported as late breaches after month end which had not been escalated as a risk during weekly meetings. As such the unit was now being encouraged to review its reporting;
- Therapies had achieved a final position of 0;
- The ambition was to commit the £2m allocated within the annual plan with vigour in quarter one as there was a risk of the 36 week performance deteriorating, rather than improving;
- Improvement in theatre and bed efficiencies were to be focused on in tandem;
- Some patients had co-morbidities and due to the complexity of the case, could take up an entire list, therefore a way to continue to treat other patients at the same time needed to be considered;
- Investment had been made at Singleton Hospital to address ophthalmic waits and no patients were waiting for 36 weeks at the end of the year;
- The focus going forward was not only to maintain performance but also to implement agreed action plans by unit and specialty.

In discussing the report, the following points were raised:

Emma Woollett complimented the report, adding a similar 'granularity' for unscheduled care would be useful.

Siân Harrop-Griffiths noted the 'clawback' of planned care monies by Welsh Government due to non-achievement of trajectories, adding that this was the third consecutive year this had occurred and the health board must not let it happen again.

Chris White stated that what was in the organisation's 'gift' needed to be taken advantage of as well as services supported to work 'sharper' and 'smarter'. He added that the challenge from Welsh Government was 2,697 cases waiting 36 weeks at the end of 2018-19, but the health board needed to be aiming to have a figure within the 1000s. Emma Woollett queried whether there were plans in place to be able to achieve this. Chris White advised that it would be difficult to achieve this in one year, and the ambition should be for two, in order to make core capacity sustainable. He added that while there may be potential to outsource cases in the future, there was no funding available for this, therefore the demand and capacity

work was crucial. However, regular meetings were being held with the units and clinicians were now starting to provide suggestions as to initiatives to try.

Emma Woollett commented that all capacity within the system needed to be used efficiently from start to finish, without late starts and early finishes for lists, in order to demonstrate if demand was more than capacity. Sam Lewis concurred, adding that demand also needed to be managed appropriately by only listing patients for procedures if there was a clinical need and they were medically ready for them. Lynne Hamilton advised that the Medical Director was currently reviewing the referral policy.

Emma Woollett advised the committee that in advance of the meeting, Martin Sollis had posed a query as to whether it should be undertaking 'deep dives' into a planned care speciality rather than continuing to receive full reports. Chris White advised that consideration would need to be given as to who would be held to account. Lynne Hamilton added that a discussion would also be needed as to whether it would be the full end-to-end pathway for specialities that would need to be considered including, where relevant, the GP process. Chris White responded that few pathways included the GP in the end-to-end process and some specialities were considering establishing a speciality post within the outpatient pathway to reduce unnecessary referrals.

Chris White stated that the demand and capacity discussions had a different structure and aimed to benefit from the full year as opposed to the final quarter. He added units were being asked to identify by speciality the clearance time as some may be able to increase the pace and complete the required number of cases within fewer months, providing extra theatre capacity at the end of the year for other specialities to use.

Jackie Davies queried as to whether updates were provided to units in regard to theatre efficiency as part of their reviews. Chris White responded that theatre efficiency was being considered as part of the demand and capacity work. Emma Woollett stated that rather than receive a 'deep dive' for one speciality, it would be sensible to review the demand and capacity report as scheduled and receive such information by speciality.

Resolved: The report be **noted**.

94/18 BOARD PERFORMANCE REPORT

The board performance report was **received** and **noted**.

95/18 CHANGE IN AGENDA ORDER

The agenda order be changed and item 2k be received next.

96/18 TERMS OF REFERENCE

Revised terms of reference for the Performance and Finance Committee were **received** and **approved**, subject to the inclusion of the assistant directors of finance and strategy within the membership.

97/18 DELAYED FOLLOW-UPS

A report providing an update in relation to delayed follow-ups performance was **received**.

In introducing the report, Sandra Husbands highlighted the following points:

- Progress had been made in reducing the number of delayed follow-ups;
- Improvement plans were being developed and scrutinised before being received at the outpatient improvement group the following month;
- It was hoped that the quarter one position would be one with which the health board was reasonably content.

In discussing the report, the following points were raised:

Jackie Davies noted that the report stated that there were 6,000 more patients awaiting a follow-up but performance remained consistent and queried how this was possible. Sandra Husbands advised that the same percentage had received a follow-up despite more people waiting therefore performance had been sustained despite the increase in demand.

Maggie Berry queried as to whether the 'follow-up not booked' action group was still active. Sandra Husbands advised that an outpatient improvement group had been established, which included a focus on follow-ups not booked as well as looking at the outpatient service as a whole, which included developing processes for GPs to seek advice for some patients for whom an outpatient appointment was not appropriate.

Maggie Berry referenced work undertaken by rheumatology administration some years ago to review those waiting for a follow-up to see if the patient still required an appointment, and then discussed those who did not with the consultant. Sandra Husbands advised that similar work was now being undertaken jointly by Singleton and Morriston hospitals but was more widely focussed looking at both administration and clinical validation.

Emma Woollett queried as to whether delayed follow-ups were reported in

the board performance report. Darren Griffiths confirmed that they were. Chris White queried as to whether a further update was required once the improvement plan had had chance to embed. Sandra Husbands suggested that she return in six months' time. This was agreed.

SH

- Resolved:**
- The report be **noted**.
 - Further update be received in six months' time.

SH

98/18 FINANCIAL POSITION UPDATE

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

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

- The end-of-year financial position was £32.4m, which was an improvement on the original forecast of £36m, but not as good as it could have been due to a £7.4m 'clawback' of planned care monies;
- Some of the underperformance within the savings schemes would have an impact on the delivery of the 2018-19 savings plans.

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

99/18 INTERIM RESOURCE PLAN

The interim resource plan for 2018-19 plan was **received**.

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

- The plan outlined the financial approach for the coming year and the detailed the way in which budgets have been delegated and allocated to units and corporate functions;
- Baselines for 2018-19 had been adjusted, including some recovery and sustainability workstreams which had not met the targets set for 2017-18;
- Cost inflation had been absorbed into the plan;
- A delivery of £21.3m savings was required to reached the £25m forecast deficit, with recurrent savings from the recovery and sustainability workstreams of £24.9m;
- Draft accountability letters had been sent to all service directors setting out the baseline budget allocation, indicative inflation allocations and indicative savings contributions;
- The committee had agreed the reserves policy and approach earlier

in the year which would see a 'restatement' of the funds into three categories; central budgets, reserves and contingency, with a balance of £91.778m;

- While the Nurse Staffing Levels (Wales) Act 2016 had been included in the risks, financial assumptions had yet to be made while the Director of Nursing and Patient Experience concluded the review;
- A risks and opportunities log had been developed;
- At the targeted intervention meeting, the health board had been asked to better the £25m forecast deficit;

In discussing the report, the following points were raised:

Hazel Robinson noted that the pay uplift included within the plan was 1%, adding that it was likely that Welsh Government would award more than this. Sam Lewis advised that this had been based on Welsh Government guidelines as it was anticipated that Welsh Government would provide funding for the difference should a higher pay increase be awarded.

Siân Harrop-Griffiths stated that the anticipatory care and out-of-hours reconfiguration savings plans were now with the unit and it was solely the engagement work remaining within the overall workstream. She added that the 2018-19 forecast savings for the bed capacity redesign workstream differed from that outlined in the specific programme plan. Sam Lewis advised that the savings relating to mental health and learning disabilities had been included within the non-technical efficiencies which reflected the financial plan waterfall diagram.

Jackie Davies stated that it was pleasing to see the transparent way in which the reserves were to be managed as often staff assumed that there was a secret pot of money which could be made available at the last minute. Sam Lewis responded that a significant amount of the reserves was already committed, and while there may be some opportunities later in the year, the position was extremely tight. Emma Woollett commented that transparency was good but still a risk when units were used to benefitting from reserves.

Maggie Berry commented that the financial approach was a 'healthy way' to do business as it made everyone fully aware of the challenges ahead.

Jackie Davies stated that while she understood the reasoning behind not allocating funding for the Nurse Staffing Levels (Wales) Act 2016 until the benchmarking review had been completed, it was likely that that there would be cost implications. She added that she was concerned that once the costs were evident, the health board would not have the monies to allocate and would be at risk of non-compliance or would need to reduce bed numbers. Sam Lewis responded that the health board was in a better position than it had been as establishments had already been uplifted to meet the Chief Nursing Officer standards. She added that in areas which

were challenged in relation to nurse staffing, it was important that principles were applied consistently and, where possible, to flex staff. Jackie Davies queried whether mechanisms were in place to give early warnings of any issues. Lynne Hamilton advised this would be evident through the Director of Nursing and Patient Experience's work who would make necessary recommendations.

Emma Woollett thanked Lynne Hamilton and Sam Lewis for their clear and concise report.

Resolved: The report be **noted**.

100/18 RECOVERY AND SUSTAINABILITY PROGRAMME BOARD

A report outlining an update from the Recovery and Sustainability Programme Board was **received**.

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

- The position had improved compared with the update provided in March 2018;
- The majority of workstreams now had project plans, milestones and outcomes;
- A revised cost improvement programme (CIP) tracker was now in place and finance business partners would update this weekly;
- There were three areas for which delivery confidence was not yet apparent; review of mental health services, workforce redesign and reducing waste, harm and variation. Further updates had been sought from the senior responsible owners;
- There were two workstreams being managed through the executive team rather than the programme board but for completeness these would be included in the reports going forward.

In discussing the report, Lynne Hamilton advised that following previous discussions with Martin Sollis, he had made it clear that he would start to seek assurance as to the contingency and spend control the Chief Executive would have should schemes start to slip. Emma Woollett added that clarity was needed as to the point at which the committee escalated and held to account the workstreams which were not performing as they should. She added that this should commence sooner rather than later and that Martin Sollis had suggested inviting the Medical Director to the next meeting to provide an update in relation to the reducing harm, waste and variation workstream as this seemed to be the one most at risk, but also had the potential to support some of the planned care challenges. This was agreed.

LS/HL

- Resolved:**
- The report be **noted**.
 - Medical Director be invited to the next meeting to provide an update in relation to the reducing harm, waste and variation workstream.

LS/HL

101/18 WORKFORCE METRICS

A report outlining workforce performance metrics was **received**.

In introducing the report, Hazel Robinson highlighted the following points:

- Sickness absence rates had improved but consideration needed to be given as to how robustly cases were managed, as a focus should be given to those signed off for three to six months, rather than those on sick leave for more than six months;
- Time taken to advertise a vacated post was improving with the process starting in most cases within 10 days, however it should commence the day a resignation was received;
- A focus needed to be given to retention by creating an understanding as to why staff were leaving the organisation;
- There was more work to be done in relation to personal appraisal and development reviews (PADRs) as it was inexcusable for some areas not to be compliant, particularly those which were non-clinical;
- It was hoped once the roll-out of self-service within the electronic staff record was implemented, this would support an improvement with statutory and mandatory training compliance;
- The variable pay position was better;
- Disciplinary cases were consuming a significant amount of the team's time.

In discussing the report, the following points were raised:

Jackie Davies stated that it was right to give focus to staff on sick leave between three and six months, for those staff who remained on sick leave for more than six months clearly health was a serious issue.

Jackie Davies commented that 11 healthcare support workers were undertaking a part-time nursing degree and more consideration was required as to how best to support such staff, as many found it challenging to attend courses as study leave was not available and they needed to use their own time, despite the cost to the health board being comparatively low to a bursary. She added that if an investment was made in training staff, more would be likely to remain with the health board once qualified and it was disappointing that such low numbers felt able to take up the

opportunity of the part-time degree.

Jackie Davies commended the significant improvement in the time taken to advertise a vacant position and to recruit to a post but noted that this was performance data for December 2017, when fewer vacancies would be advertised. She added that it would be interesting to see the percentage of days lost.

Jackie Davies queried to whom the analysis of leavers was provided. Sam Lewis responded that this was provided directly to nursing colleagues to look at specific areas given the high turnover of nursing staff.

Jackie Davies asked whether exit interviews were being undertaken. Hazel Robinson confirmed that Morriston Hospital was undertaking them for all registered nurses but it was unclear as to whether other units were also doing so. Chris White stated that if a number of qualified nursing staff were moving to another health board for a higher pay band, consideration needed to be given as to what the health board could do to provide such opportunities to these staff as an incentive to stay. Hazel Robinson responded that staff were expected to remain for a period of time if they received funding and time to undertake professional development courses but there was no such obligation for experience gained however this was something for the health board to consider.

Jackie Davies noted that there had been an increase in agency fees but a decrease in overtime costs, despite it being more cost effective and there was reduced risk use overtime rather than agency staff. Sam Lewis advised that the two figures were not linked and agency staff were as a result of winter pressures while the decrease in overtime related to bank work. Hazel Robinson commented that consideration needed to be given as to how to convert some of the gaps into bank roles.

Jackie Davies queried whether the investment and benefits group had received the report in relation to the serious investigation team. Lynne Hamilton advised that this was still awaited.

Jackie Davies sought clarity as to whether the significant number of outstanding disciplinary hearings all related to sickness. Hazel Robinson confirmed that they did not, adding that a focus needed to be given to managing staff through the process robustly. Jackie Davies concurred, adding that during the time while a hearing was awaited, many staff were unable to continue to work within their area or undertake clinical duties.

Emma Woollett stated that while the report was useful, it would be beneficial to provide a summary within the report to focus the committee's attention on key areas of risk. In the long term, she suggested that it would be good to align the information within the performance report so all aspects of performance could be considered as an integrated approach.

Resolved: The report be **noted**.

102/18 MEDICAL AGENCY CAP

A report providing the latest data in relation to the medical agency cap was **received**.

In introducing the report, Hazel Robinson highlighted the following points:

- The process for capturing data had been revised and it had significantly improved in terms of completion and accuracy;
- Good progress was being made with 47% of agency doctors paid below the agency cap rate in March 2018 compared with 40% in February 2018 and 28% in January 2018;
- The percentage of internal locums paid below the agency cap had also risen from 60% in February 2018 to 77% in March 2018;
- There were a number of specific specialties which relied more on agency doctors than others;
- Princess of Wales Hospital did not meet its savings target in March 2018 however it was the biggest user of agency doctors and the impact was offset by the savings within other units;
- Units' compliance and agency use was included in the discussion at their performance reviews;
- The issues would need to form part of the recruitment strategies being developed as part of the recovery and sustainability work.

In discussing the report, Emma Woollett stated that she found the report difficult to comprehend and the data did not provide much information from which the committee could take assurance. Hazel Robinson concurred, adding that there were also significant figures quoted within the report which she would discuss further with the author to clarify if they were correct as if so, the amount of some of the payments was concerning. She stated that with regard to the structure of the report, this was in-line with Welsh Government guidelines and she would therefore raise the issue as part of the all-Wales Directors of Workforce and OD meetings.

Resolved: The report be **noted**.

103/18 PERFORMANCE AND FINANCE COMMITTEE WORK PROGRAMME 2018/19

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

In discussing the work programme, Emma Woollett stated that the performance report needed to be developed into a more 'usable' format in order for the committee to have the required discussions in a more succinct way. She added that the work programme was a work in progress and would be developed as time moved on.

Resolved: The work programme be **noted**.

104/18 ANY OTHER BUSINESS

There was no further business and the meeting was closed.

105/18 DATE OF NEXT MEETING

The next scheduled meeting was noted to be 23rd May 2018.