

**ABM University LHB**  
**Unconfirmed Minutes of the Performance and Finance Committee**  
**held on 22nd August 2018**  
**in the Board Meeting Room, Health Board HQ**

**Present:**

Emma Woollett	Vice-Chair (in the chair)
Hazel Robinson	Director of Workforce and Organisational Development (OD)
Sam Lewis	Assistant Director of Finance
Jackie Davies	Independent Member
Dorothy Edwards	Deputy Director of Recovery and Sustainability
Martin Sollis	Independent Member
Chris White	Chief Operating Officer

**In Attendance:**

Hannah Evans	Director of Transformation
Liz Stauber	Committee Services Manager
David Roberts	Service Director, Mental Health and Learning Disabilities Unit (for minute 182/18)
Jamie Marchant	Service Director, Princess of Wales Hospital Unit (for minute 184/18)
Jonathan Goodfellow	Unit Medical Director, Princess of Wales Hospital Unit (for minute 184/18)
Sam Moss	Finance Business Partner (for minute 184/18)
Mandy Pady	Finance Business Partner, Princess of Wales Hospital Unit (for minute 184/18)

Minute	Item	Action
174/18	<p><b>APOLOGIES</b></p> <p>Apologies were received from Maggie Berry, Independent Member; Lynne Hamilton, Director of Finance; Siân Harrop-Griffiths, Director of Strategy; Pam Wenger, Director of Corporate Governance and Darren Griffiths Assistant Director of Strategy.</p>	
175/18	<p><b>DECLARATIONS OF INTEREST</b></p> <p>There were no declarations of interest.</p>	
176/18	<p><b>MINUTES OF PREVIOUS MEETINGS</b></p> <p>The minutes of the meetings held on 18<sup>th</sup> July 2018 were <b>received</b> and <b>confirmed</b> as a true and accurate record.</p>	

**177/18 MATTERS ARISING**

There were no matters arising.

**178/18 ACTION LOG**

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

(i) Action Point Three

Emma Woollett sought an update in relation to the workforce redesign and winter plan updates scheduled for the next meeting. Chris White responded that in relation to the winter plan, an internal workshop had taken place as well as a 'summit' with Welsh Government. The feedback received identified that the right direction of travel was being taken and there was more evidence of collaborative working with local authorities. He added that it had been discussed previously by the unscheduled care board and a further update would be received at its next meeting before it was submitted to Welsh Government on 14<sup>th</sup> September 2018. Dorothy Edwards stated that a dedicated piece of work was to be undertaken to take forward the workforce redesign workstream.

(ii) Action Point Four

Chris White advised that a discussion had taken place at the executive board meeting earlier that day in relation to working closely with Cwm Taf University Health Board in advance of the Bridgend boundary transfer to improve urology services. He added this was to be discussed further by the joint transition programme board.

**180/18 MONTHLY PERFORMANCE REPORT**

The monthly performance report was **received**.

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

- An executive to executive team meeting had taken place with the Welsh Ambulance Service NHS Trust (WAST) to discuss winter resilience;
- There was an opportunity to use monies to develop the surgical assessment unit at Morriston Hospital and better the use of the medical assessment unit following a shared learning visit to another health board. This would provide an opportunity to improve the four and 12-hour emergency department waits;
- The hot weather had had an a negative impact on unscheduled care

performance for August due to respiratory conditions;

- The August 2018 position for planned care was ahead of the trajectory and the July 2018 cancer performance had improved to that which was reported for June 2018.

In discussing the report, the following issues were raised:

Jackie Davies noted that there had been a significant increase in healthcare acquired infection rates, citing more than 50% for *clostridium difficile*. Chris White responded that there had been an outbreak within Morriston Hospital and as a result, an external company had been commissioned to undertake a deep clean. He added that there had been a marked improvement from 19 cases reported at the site in July 2018 compared with one in August 2018. Martin Sollis queried if there was confidence that the actions in place were the right ones. Chris White advised that such interventions took time to have an impact and there was confidence that they would improve the position. Martin Sollis stated that it was important that such narrative was included within the reports, particularly to Welsh Government, to provide context against performance. Chris White responded that the Director of Nursing and Patient Experience provided detailed updates at both the targeted intervention and Quality and Safety Committee meetings.

Martin Sollis referenced the investment being made into referral to treatment time (RTT) cases and queried if there was an expectation as to when an improvement in planned care may be evident. Chris White advised that a proportion of the monies was to maintain the position but from September 2018 a reduction in cases should be evident. He added that an RTT meeting had been undertaken to discuss the more proactive dating of patients.

Emma Woollett stated that the performance data for children and adolescent mental health services was reported to a number of fora and the information was inconsistent, therefore it was difficult to know the actual position. She added that better triangulation was needed.

Emma Woollett commented that it was frustrating to see no change in theatre performance. Martin Sollis concurred and queried as to whether increased RTT activity would improve theatre usage. Chris White responded that utilisation within orthopaedics had decreased which was unfortunate given the improvement needed within this speciality. He added that a restructure within the service had resulted in some workforce issues but an agreement had been made with Princess of Wales Hospital consultants to undertake extra weekend lists as well as cases at Neath Port Talbot Hospital and job planning was to change for those at Morriston Hospital. Hopefully this would treat an extra 500 cases. Martin Sollis stated that it was important to focus on theatre efficiency. Chris White concurred, adding that a report was to be brought to the committee in October 2018

which would be an opportunity for the theatre efficiency group to demonstrate its work.

Emma Woollett stated that it would be useful to understand the theatre utilisation for each RTT speciality as some would be better than others. Chris White responded that he was challenging the services to provide this information.

Emma Woollett noted the resignation of a cleft lip and palate consultant and queried as to whether this would affect RTT performance. Chris White advised that it was a single-handed service so there would be an impact but discussions were being undertaken with other health boards for support.

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

## **181/18 CHANGE IN AGENDA ORDER**

**Resolved:** The agenda order be changed and item 2c be taken next.

## **182/18 CANCER (SINGLE CANCER PATHWAY AND PERFORMANCE) UPDATE**

David Roberts was welcomed to the meeting.

A report providing an update in relation to the single cancer pathway and performance was **received**.

In introducing the report, David Roberts highlighted the following points:

- Cancer performance for June 2018 was 84% and in July rose to 91% against a target of 90%;
- The July 2018 performance was yet to be validated and could improve further;
- There were still some inconsistencies within pathways, particularly for breast, urology and upper gastrointestinal;
- 12 breaches had occurred in July 2018.

In discussing the report, the following points were raised:

Martin Sollis queried as to whether sufficient support was being provided to the service. David Roberts advised that he had drafted a report and recommendations for Chris White to discuss further with the Chief Executive and Director of Strategy. He added that this would be an urgent piece of work with the aim of reaching a more sustainable position.

Chris White advised that each unit had set targets and around 20 cases a

month breached, so in order to maintain a performance of more than 90%, the number of monthly breaches needed to reduce to 12-15. He added that work was being undertaken to understand how to achieve this, but the service's backlog had reduced significantly to become the second lowest in Wales, which enabled cohorts to be treated at the right times.

Emma Woollett noted the work to identify the 'pinch points' within the pathways and queried the next step once this was achieved. Chris White advised that discussions would be undertaken by David Roberts in the first instance which he would follow-up if necessary. He added that work needed to be undertaken to gain consistency of pathways as some were provided differently across sites with varying performances.

David Roberts referenced the impending implementation of the single cancer pathway which would pose risks to performance. He added that work was being undertaken with the cancer network to escalate the risks as well as to determine the potential effect of the Bridgend boundary transfer. Chris White commented that the diagnostic element needed to be considered as more pressure would be placed on this area of the service but could provide the opportunity to treat patients earlier.

Emma Woollett queried as to whether the costs of the single cancer pathway had been determined as these needed to be understood prior to implementation. Chris White responded that there was still some work to be done in this area. David Roberts added that there would be additional costs whether the single cancer pathway was implemented or not as the inconsistencies within the pathways would need to be addressed. Chris White stated that discussions were needed with Cwm Taf University Health Board and the Imaging Academy as to the potential for a diagnostic hub.

Emma Woollett sought clarity as to when the single cancer pathway would be implemented and when the case and funding requirements would be known. Chris White responded that the pathway would be in place for 1<sup>st</sup> April 2019 and further details as to the implementation and implications would be known in December 2018/January 2019. Emma Woollett suggested that a further update be received in January 2019. This was agreed.

CW

- Resolved:**
- The report be **noted**.
  - Further update on the single cancer pathway be received at the January 2019 meeting.

CW

## 183/18 MEDICAL AGENCY CAP

A report providing an update on the implementation of the medical locum cap was **received**.

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

- Performance had deteriorated based on the latest figures, as 80% of bookings had been above the cap;
- T80% of the expenditure was attributable to 16 doctors;
- Medacs was working with the units to determine what was needed to reduce the rates;
- The way in which data was collated was not sustainable and investment had been agreed for a locum off-duty system to analyse it;
- An external company had been engaged to work with the emergency departments in relation to recruitment activities;
- Discussions were needed with the Deanery with regard to changing rotas from one in 11 to one in eight or nine.

In discussing the report, the following points were raised:

Emma Woollett asked that the next iteration of the report include an update on the work to convert those doctors accounting for the highest spend to substantive positions.

Martin Sollis noted that the report was to be put in the public domain, adding that that the use of language needed to be considered and referenced the comment claiming the health board was 'held to ransom'. Hazel Robinson advised that while the language could be improved, supply did not meet demand which meant that some doctors pushed for payment above the cap. She added that it related to the way in which the health board was structured as it had more than 100 co-ordinators and this needed to be managed more centrally.

Sam Lewis commented that the establishment of the cap had been useful in the sense that the health board could now see the areas in which payments were in excess, which was not as visible previously.

Martin Sollis stated that there needed to be more efficiency around job planning. Hazel Robinson responded that an 'invest to save' bid had been submitted to Welsh Government in this regard.

Jackie Davies stated that significant work had been undertaken within mental health to reduce reliance on locums and this should be recognised.

HR

**Resolved:**

- The report be **noted**.
- Next iteration of the report include an update on the work by to convert high spend locums to substantive posts.

HR

184/18

**PRINCESS OF WALES FINANCIAL PLAN**

Jamie Marchant, Sam Moss, Mandy Pady and Jonathan Goodfellow were welcomed to the meeting.

A report outlining the Princess of Wales Hospital financial plan was **received**.

In introducing the report, Sam Moss and Jamie Marchant highlighted the following points:

- An independent financial review of the unit had been undertaken by Sam Moss, with support from the site's team, and she had been impressed with the knowledge of the position and impact of services;
- The review focused on quarter one so did not include period four;
- The review, its independence and process had been welcomed by the unit as it gave assurance that it was focusing on the right areas;
- A summary of actions already being undertaken had been included (section five) as well as potential actions which would need more wider consideration given the potential board-wide impact (section six).

In discussing the report, the following points were raised:

Martin Sollis stated that it was difficult to understand the potential effect of section six as it had not been scrutinised by the executive team to ensure they were the right actions and would not impact on quality or performance. Sam Lewis advised that the report had been discussed in great detail at the unit's financial performance review as well as at the executive board meeting earlier that day and it was agreed that the actions needed to be strengthened. Jamie Marchant added that these actions would need formal approval to be undertaken.

Emma Woollett queried if there was a quantum of impact for the actions in section five. Sam Moss advised that the actions in that section would not change the fundamental position but would provide more secure controls.

Jonathan Goodfellow advised that many years previously, a discussion had been undertaken to have a health board-wide urology on-call rota but this had not materialised, but this was one of the 'big ticket' items of the plan. Emma Woollett noted that this had the potential to save £800k each year and should be something that was considered.

Martin Sollis commented that section six would require difficult decisions but would enable service transformation, noting that they probably would not turn around the in-year position for 2018-19.

Emma Woollett queried the scrutiny process for the plan. Jamie Marchant advised that the unit needed to determine what section five would save and to ensure that it was completed. He added that the more transformational work would have the bigger impact, potentially on a wider-scale than just

within the unit.

Jonathan Goodfellow stated that within section five was the recruitment of trauma and orthopaedic consultants. He added that these had been recruited but as they were from overseas, there were some delays which were out of the unit's hands. He added that timing was a factor for a number of the other smaller items in the plan. Jamie Marchant advised that as part of the bigger initiatives, there was inclusion for additional theatre sessions for orthopaedics, which had been piloted, and the unit now needed to determine if it was viable to continue.

Chris White referenced the earlier discussion in relation to a board-wide urology on-call, adding that it would be worth exploring outside of the meeting, particularly in light of the Bridgend transfer and the arrangements which would need to be made with Cwm Taf University Health Board.

Emma Woollett summarised that the impact of section five needed to be calculated and the on-call urology service provision needed to be considered for both clinical and financial benefits. She added that the ideas in section six also needed to be worked up to identify risks and benefits and how the executive team could take them forward.

Hazel Robinson advised that if the unit was a standalone organisation within NHS Wales, it would have one of the best sickness rates and this should be complimented. Jamie Marchant responded that the unit had a collective way of managing sickness absence so no profession felt singled out which helped the position. He added that the unit also had long-shift patterns so this did not align with the national theory that long-shift patterns contributed to sickness absence rates.

Martin Sollis queried the level of risk associated with the Bridgend transition. Jamie Marchant advised that there was a high level of risk, particularly as there was a high number of vacancies within the senior team, which had been added to the risk register, but it was important that the unit did not lose sight of finance, quality or performance. Chris White added that while the position needed to be managed, it was important not to leave the unit unable to function.

Emma Woollett suggested that an update be received at the next meeting as to progress against the actions. This was agreed.

JM

Jamie Marchant, Sam Moss, Mandy Pady and Jonathan Goodfellow left the meeting.

Martin Sollis queried if the financial support received from Welsh Government included provision for the Bridgend transition. Hannah Evans advised that there was resource available so the unit needed to advise on what was required.

Emma Woollett commented that there needed to be a process to support people in the organisation to take the next steps and give them permission



to take affirmative action as a lot of time was wasted on the cusp of action awaiting approval to take it.

Sam Lewis advised that the methodology for the review was to be rolled-out to the other units and it was hoped that the next one presented to the committee would be more action-focussed. Emma Woollett responded that they needed to be risk-assessed and figures calculated accordingly.

Martin Sollis commented that the presentation of the position had been more clear than the report itself, adding that the internal process needed to be robust. He queried the next stage as he would like to see an executive forum signing off the plan. Chris White advised that the plans needed to be reviewed by the executive board to provide a fuller picture for the committee. Emma Woollett concurred, adding that the danger of not having a review by the executive team first put the committee at risk of supporting a non-viable option.

- Resolved:**
- The report be **noted**.
  - Update be received at the next meeting as to progress against the actions.

**JM**

## **185/18 FINANCIAL POSITION**

A report outlining the month four financial position was **received**.

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

- The month four position was disappointing in light of the steady improvement seen in quarter one, as it was £600k more than the required run rate;
- The executive team had identified a number of savings workstreams that were unlikely to deliver by year-end and mitigating options were being further developed;
- In order to get traction with the units and develop support, savings targets had been removed and revised delegation letters issued;
- Princess of Wales and Morriston units were the biggest risk to the position, driven by three main areas:
  - Medical expenditure;
  - Nursing expenditure. Nursing and medical spend together had increased by £300k per month; and
  - Failure to deliver saving targets. Of the £16m identified schemes, only £14m was forecasted to deliver; and those not delivering needed to be understood;

- A full discussion had taken place at the senior leadership team meeting the previous week;
- A draft recovery action plan was appended to the report and had been discussed by the executive board that morning.

In discussing the report, the following points were raised:

Jackie Davies sought clarity as to the kind of controls being considered. Sam Lewis responded that what was meant by a control needed to be defined in the first instance as draconian measures needed to be avoided, but there were a number of areas in which the board needed assurance that the actions were working and that there was a clear escalation process. She added that the deep dive into Princess of Wales Hospital had demonstrated that there were actions that needed to be considered board-wide.

Jackie Davies stated that the units felt isolated and queried if the work was being taken forward as a team. Sam Lewis advised that the report had been discussed with the service directors the previous week and they had engaged with the process. She added it had been useful to have the round-table discussion to get people thinking about the opportunities as the units were pushing themselves to deliver so needed to be incentivised.

Hazel Robinson commented that in relation to workforce costs, there were three options; stop recruiting, reduce staff numbers or stop spending contingent monies. Jackie Davies concurred, adding that at the recent vacancy panel, there had been an alarming number of new posts proposed. Hazel Robinson queried if any were linked with the transition. Sam Lewis advised that a few were, but the majority not. Dorothy Edwards added that there was a risk of mixed messages as the Welsh Government monies had enabled some areas to recruit but others' requests were declined.

Emma Woollett referenced the recovery actions list, adding that there was a risk of taking a 'scattergun' approach, and the health board would not be able to take every action, so the trends across time needed to be considered as well as the potential impact on the organisation. She added that if the three areas outlined in the presentation of the report were the biggest issues, then these should be the focus.

Chris White commented that the agency spend at Princess of Wales Unit was evident in other areas of the organisation and if the health board was able to recruit middle grade doctors, this would help, as well as more equity of rotas from the Deanery. Emma Woollett queried as to whether ABMU's rotas were the same as other health boards. Chris White responded that the Deanery had responsibility for allocating training places, but areas such as Cardiff attracted more applicants, it therefore benefitted from fuller rotas.

Emma Woollett stated that the committee would benefit from seeing a list of planned actions and the potential impact, as it would be easier to review

these across the organisation. Chris White advised that a further discussion was planned for the executive board meeting the following week to focus on the 'so what' for the plan. Dorothy Edwards added that alignment with the recovery and sustainability programme also needed to be considered.

Martin Sollis commented that some of the actions on the list were ones he would have expected the health board to have been doing anyway but it would be useful to divide the plan into transformational headings. He added that he would like to see a narrative included, particularly for items which were inefficient or underperforming to explain why they had not been removed from the list.

Emma Woollett referenced the upcoming targeted intervention meeting with Welsh Government and the challenge set to move towards a deficit of £20m, although the health board was not in a position to formally reduce its forecast position. She added that if a robust action plan was developed for the next committee meeting, there was no reason why this could not be shared in advance with Welsh Government as part of the targeted intervention meeting with the caveat it was yet to be discussed at committee or board. Chris White concurred, adding that there was an opportunity to discuss this further at the board development the following week.

Martin Sollis commented that the actual forecast position was not necessarily important; the board just needed a clear line of sight to achieve its lowest possible figure safely. Chris White concurred, adding that transformative opportunities needed to be considered, and as the organisation was about to consult on the clinical services plan, it was important to ensure clinicians were engaged with all processes. He added that the health board needed to be clear on what it was taking to the next targeted intervention meeting and that the target needed to be financial balance.

Emma Woollett stated that without a fully worked up plan, the health board would not be fully sighted on all the risks.

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

## **186/18 RECOVERY AND SUSTAINABILITY PROGRAMME UPDATE**

A report setting out progress of the recovery and sustainability programme was **received**.

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

- The report outlined the quarter one review of progress;
- One of the targeted intervention challenges had been to consider whether the right plans were in place, and while there was nothing to

suggest that the plans were wrong, the execution needed to be considered;

- Significant efforts had been made in regard to service remodeling;
- Three workstreams remained a concern; reconfiguring mental health services, workforce redesign and reducing waste, harm and variation;
- Additional monies had been received from Welsh Government which was going to be used for additional programme support for the workstreams.

In discussing the report, Emma Woollett noted that an update was to be received at the next meeting in relation to the workforce redesign workstream but suggested that consideration be given as to whether it was ready for that meeting or whether it should be deferred to October 2018.

DE

**Resolved:**

- The report be **noted**.
- Consideration be given as to whether the workforce redesign update was ready for the next meeting or whether it should be deferred to October 2018

DE

**187/18 PERFORMANCE AND FINANCE COMMITTEE WORK PROGRAMME 2018/19**

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

**188/19 ANNUAL PLAN TRACKER**

A report setting out an update in relation to the annual plan tracker was **deferred** to the next meeting due to the late receipt of the paper and lack of report presenter.

**189/18 ANY OTHER BUSINESS**

There was no further business and the meeting was closed.

**190/18 DATE OF NEXT MEETING**

The next scheduled meeting was noted to be 26<sup>th</sup> September 2018.