

ABM University  
Health Board

25<sup>th</sup> January 2018  
Health Board Meeting  
Agenda item: 2ii.

<b>Subject</b>	Performance and Finance Committee: Summary of key decisions, issues considered and matters requiring board level consideration
<b>Prepared by</b>	Liz Stauber, Committee Services Manager
<b>Approved and presented by</b>	Andrew Davies, ABMU Chairman

## A. PURPOSE

The purpose of this report is to provide the board with a summary of the matters discussed and reviewed by the Performance and Finance Committee at its meeting on 21<sup>st</sup> December 2017. The full minutes of the meeting are available on request from the Director of Corporate Governance.

## B. KEY ISSUES CONSIDERED BY THE COMMITTEE

### 1. Digital Balanced Scorecard

A report and presentation were received outlining the digital balanced scorecard. The balanced scorecard was divided into four quadrants; people, operations, finance and governance and customers and stakeholders (specifically including quality) and the 10<sup>th</sup> working day would be set as a single cut-off date for all datasets, recognising that the information in relation to 'operations' needed to be in real-time. All business intelligence would be captured in one place to provide consistent reporting data across the health board. 40 indicators had been selected in the first instance but these could be added to or removed depending on what users felt was beneficial. The dashboard identified trends and trajectories and also highlighted any service changes responsible for outliers in data. In addition, multiple indicators could be selected for comparison or to determine correlation. The aim was for the dashboard to be 'live' from 1<sup>st</sup> April 2018. The committee commended the work to date to develop the dashboard, noting that it would support the development of the performance reports the board and its committees received going forward.

### 2. Financial Position Update

A report was received regarding the financial position. The committee heard that the overspend currently stood at £24.4m, which was close to the required run rate for the control target of £36m. Pay expenditure had decreased but variable pay had been under pressure since November 2017 as a result of service pressures and the medical agency cap. However it was noted that the delivery units had a greater understanding of their variable pay expenditures and this was a positive development. The vacancy control panel was reducing the number of administration

and clerical vacancies which were recruited. The committee commended the interim Chief Executive and Director of Finance for the leadership and 'grip' that was evident as part of the work to recover the financial position.

### **3. Action Plan to £36m**

The action plan to achieve the £36m control target was received. It was noted that the red and black saving programmes had reduced by £5m as a result of schemes yet to be realised within the workforce and capacity redesign workstreams. Several risks identified in an earlier iteration of the plan had been resolved, releasing the monies allocated, and a management plan was in place for the risks which remained. Consideration needed to be given as to how the workforce agenda would be supported going forward to provide services using different skill mixes. The service redesign work needed to progress as soon as possible to provide the baseline for 2018-19 and engagement was to be undertaken with ABM Community Health Council.

### **4. Workforce Metrics Update**

A report was received providing an update in relation to workforce metrics. Sickness absence rates stood at 5.56% which was a concern and the target of 5% by March 2018 would not be achieved. However the health board's performance was similar to that of its peers across Wales. Nursing vacancies remained high but the number had reduced as a result of service changes. In relation to 'time to recruit', the health board was performing well, but improvement was required with regard to the time taken for managers to submit a vacancy request. Completion of personal appraisal and development reviews (PADR) stood at 62% against a target of 85% but work was being undertaken with administrators to ensure the data was being input into the electronic staff record correctly. The committee noted that compliance with mandatory training was disappointing.

### **5. Summary of Half-Year Performance Reviews**

A report was received providing a summary of the half-year performance reviews. It was noted that not all of the targeted intervention areas were discussed at every performance review as other fora may have met at a similar time to review some of the data. Infection control had been the main focus of the quarter two reviews as this was where the issues in performance had been evident. Work was progressing to include SMART actions.

### **6. Delayed Transfers of Care**

A report providing an update in relation to delayed transfers of care was deferred to the next meeting to be included within the unscheduled care 'deep dive'.

### **7. Planned Care Deep Dive**

A presentation was received outlining performance in relation to planned care and referral to treatment time (RTT) performance. Corporate planned care objectives had been established at the beginning of 2017-18 for the health board to deliver efficiency and productivity and RTT performance was a symptom of areas where this had not been achieved. The test was now to determine how well some elements of the plan had been implemented and recovery and sustainability needed to be integrated within the health board's demand and capacity plans.

There were a number of performance targets which the health board was required to meet:

- 95% of patients to receive treatment within 26 weeks;
- No patient to wait more than 36 weeks for treatment;
- No diagnostic test wait to be more than eight weeks;
- Aim to reduce 'delayed follow-up' numbers.

The health board's performance in relation to 36 weeks was the second worst in Wales and there were a large number of patients waiting more than 52 weeks, however this was reducing. ABMU's diagnostic performance compared well across Wales and would be close to nil patients waiting at year-end. A plan had been established for all performance targets for 2017-18 detailing baselines which the delivery units were tasked to develop plans to improve. A revised year-end plan was now in place which required no more than 1,000 patients to be waiting for 26 weeks, 36 weeks to be no more than 2,640 patients waiting (although the current plan stood at 3,145) and the 52 week position to not deteriorate below that of quarter one. Performance was on track for nil waiting for diagnostics and therapy services;

The health board's Medical Director had a focus on patients waiting a significantly long time as not only did this impact on performance, but, more importantly, it was providing a poor patient experience. In addition, engagement with clinical colleagues was required to treat patients 'in turn' as opposed to in accordance with clinical priority where appropriate.

It was agreed that a report be received early in January 2018 in relation to providing services differently out-of-hours or through 'in-sourcing'.

#### **8. Invest to Save Update**

A report providing an update in relation to applications for Welsh Government's 'invest to save' scheme was received and noted.

#### **C. RECOMMENDATION**

The board is asked to consider the discussions set out in this report.