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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



		Agenda Item	3ii.
Freedom of Information Status		Open	
Reporting Committee	Performance and Finance Committee		
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Chaired by	Emma Woollett, Vice-Chair		
Lead Executive Director (s)	Lynne Hamilton, Director of Finance		
Date of last meeting	22 October 2018		

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

- **Performance (including Targeted Intervention areas)**

Members noted that the four-hour **unscheduled care performance** had deteriorated by 2% in August 2018 but current data was demonstrating a slight recovery in September 2018. An improvement had been evident for the 12-hour and one hour emergency department waiting times. Action plans needed constant vigilance, especially as winter approaches, but 'nerve needed to be held' to allow actions to take effect. The committee is keen to see a clearer link between actions and expected impact in forward plans to support regular monitoring of the effectiveness of interventions and help to build credible sustainable performance plans.

There were slightly fewer **stroke** patients admitted in August 2018 than the previous year and the four-hour admission to a dedicated ward remained a challenge, which is an all-Wales issue. The percentage of stroke patients receiving a CT (computerised tomography) scan within an hour was 41% against an internal target of 45% while 91% were assessed by a consultant stroke specialist within 24 hours, which was more than the 80% target. During September, 54% of patients had been admitted to a specified stroke unit, which was the highest this position had been in months.

In relation to **planned care**, the 26-week outpatient performance was below the required profile but an improvement was expected in September 2018. The number of patients waiting 36 weeks had increased in August 2018 by more than was anticipated but the cohorts were lower than the previous years and a number of key indicators were performing the best that they had in five years which the NHS Wales Delivery Unit had indicated was a sign of the system stabilising. The next few months are key to seeing the necessary reductions for us to meet our year end targets. The performance in September 2018 saw the best outpatient position in Wales and the 36 week wait had improved by 116 cases, which needed to be replicated in October 2018 to reduce the risk of financial clawback at year-end.

Both urgent suspected **cancer** and non-urgent suspected cancer performance was on target in August 2018 and had improved further in September 2018 with the urgent suspected cancer performance at 95% and non-urgent at 82%. Urology, breast and gynaecology remained the high pressure tumour sites.

In terms of **healthcare acquired infections**, e.coli incidences had improved in August 2018 but performance was still below profile. Fewer cases of *clostridium difficile* had been reported in both August and September 2018, but while an increase in *staphylococcus aureus bacteremia* had been evident in August 2018, this had improved in September 2018.

Child and adolescent mental health services (CAMHS) performance in relation to both access to primary services and routine access to specialist CAMHS has deteriorated after an improvement over the summer. The committee received an escalation report in October which provided assurance that action was being taken. As part of this, it was noted that work was to be undertaken to develop a centralised service with a single point of action once the Bridgend transition had occurred.

- **Workforce Metrics**

Sickness absence rates remained at 0.01%, the main area of concern being long term rather than short term sickness. Key reasons for long term sickness include stress and anxiety, and the committee discussed the impact of organisational culture on employee stress. Training for core skills had increased to 65%, which is above trajectory. Turnover rates continues to rise and the reasons why needed to be determined. Personal appraisal and development review (PADR) compliance was stable and needed improving. Vacancy rates are a key issue for the health board and underpin both challenges in performance and quality and high variable pay rates in both medical and nursing. It was noted that a report focusing in recruitment and retention was to be received at the November 2018 Workforce and Organisational Development (OD) Committee.

- **Medical Agency Cap** – it was noted that compliance with the cap was yet to improve and the total number of bookings for locums had increased during the month of August 2018 with 79 assignments, 63 (79.74%) breached the cap. This increased to its highest point in September 2018 since the cap was introduced. Discussions were being undertaken with the interim Medical Director with regard to developing a recruitment strategy for doctors as the number of vacancies was a significant factor in the need for locum and agency staff. Funding had been agreed to install locum off-duty software which will help the monitoring of bookings and an all-Wales meeting of directors of workforce and finance, medical directors and chief operating officers was to take place to develop a strategy as to how best to adhere to the agency cap.

It was agreed that the next iteration of the report would include a trajectory by which long-term vacancies would be filled and the recruitment strategy for medical staff would be received in December 2018.

- **Income Analysis** – the committee considered an analysis of the income received during 2018-19 and highlighted that the units were being encouraged to develop ideas to work differently to generate income. Consideration was also to be given to establishing a dedicated post to increase income.
- **Princess of Wales Financial Plan** – a further update was received in relation to Princess of Wales Hospital's financial plan which provided the committee with assurance that unit was implementing actions in order to better its financial position.
- **Recovery and Sustainability Programme Board** – a different approach was being taken for recovery and sustainability programme board meetings whereby each one

focused on a specific area, rather than reviewing all each time, and the last one focused on workforce delivery. It was noted that the executive team had agreed a six-month review of all workstreams as to what needed to remain and what should be stood-down.

- **Continuing Healthcare** – the quarter one update was received by members which noted that the number of continuing healthcare cases appeared to be decreasing while a rise in funded nursing care cases had been evident. As part of the discussion, some concern was raised that the health board's psychiatric intensive care unit was based at Princess of Wales Hospital and would therefore transfer to Cwm Taf University Health Board as part of the boundary change. Discussions were still ongoing as to how this issue would be addressed.
- **Theatre Efficiency** – members received an update as to the work being taken to improve theatre efficiency but felt that it did not convey the urgency nor the ownership of the challenge. It was agreed that a further report would be received in December 2018 which clearly set out the action plan and the progress against it. It was also agreed that the measures set out in update would be included in the monthly performance report for the committee to monitor.
- **Winter Plan** – during its September 2018 meeting, members received a report outlining the process to develop the winter plan, with the plan itself received in October 2018. While the committee felt it was a comprehensive plan, it felt it would be useful to have an analysis of what the expected impact would be as well as an understanding of what was to change the following year. It also agreed for winter plan measures to be included in the monthly performance report to demonstrate progress.

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

- **Financial Position** - the month five position was an improvement on period four, but this had been driven by ongoing mitigation and no material improvement in the savings plan delivery had been evident. The variable pay bill remained challenging and the Chief Executive had written to all units to invite them to submit recovery plans by mid-September 2018. The pay spend was above average compared with the previous year and medical and nursing agency spend remained a challenge. Three of the savings workstreams were unlikely to deliver, so the plan had been adjusted and the current forecast was £1m/£2m slippage against a £16m target. The position had improved further for month six but discussions at the recent targeted intervention meeting had asked that the health board further improve on the £20m deficit control total. This needed to be considered through the quality and safety lens. A series of deep dives were being undertaken of the units' financial plans as well as of non-pay items such as blood products, dressing and pacemakers to identify variation. The current spend on planned care was £6.4m and work was being undertaken to review which specialities were not maximising all opportunities.
- **Delivery of £20m Deficit Control Target** – members undertook a detailed discussion as to the plan to deliver the £20m deficit control target. It was noted that the board had originally considered a financial plan aiming to reach a deficit of £19m at its meeting in January 2019 but following a review of delivery confidence levels, this was revised to £25m. The capacity redesign workstream had been removed from the programme completely due to the Bridgend boundary change and the remaining executive-led workstreams needed to be kept under review for progress. The relevance of the administration and clerical vacancy control panel was questioned given the capacity of its administration support and executive attendance and an update was to be given at

the next meeting in relation to its review. The board undertook a full discussion of the plan at its meeting the day after the committee met, during which the committee chair stated that members had received assurance as to the process, but it was not going to be easy to achieve, especially due to the non-recurrent nature of some of savings.

Delegated action by the committee:

- **Annual Plan Monitoring Report** - the quarter one report on the implementation of the annual plan for 2018-19 was endorsed and the assessment approved for sharing with Welsh Government.

Main sources of information received:

- Integrated performance report;
- Monthly report on agency cap;
- Monthly finance report;
- Monthly report on the recovery and sustainability programme;
- Quarterly report on annual plan monitoring as well continuing healthcare;
- Ad hoc report on income analysis;
- Escalation reports for Princess of Wales financial plan, theatre efficiency, CAMHS, orthopaedics and the winter plan;
- Report on the delivery of the £20m deficit control target.

Highlights from sub-groups reporting into this committee:

None received.

Matters referred to other committees

None identified.

Date of next meeting

28 November 2018