



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
University Health Board

**Finance, Performance & Workforce Committee Meeting**  
**Minutes of the meeting held on - 21 November 2019**  
**Ynysmeurig House, Abercynon**

**Present**

Mel Jehu	Independent Member (Chair)
Paul Griffiths	Independent Member
Dilys Jouvenat	Independent Member
Ian Wells	Independent Member

**In attendance**

Anne Phillimore	Interim Director of Workforce & Organisational Development (OD)
John Palmer	Chief Operating Officer
Steve Webster	Director of Finance & Procurement (In part)
Liz Wilkinson	Director of Therapies & Health Sciences
Georgina Galletly	Director of Governance / Board Secretary (Interim) (In part)
Alan Roderick	Assistant Director for Performance & Information
Hywel Daniel	Assistant Director Workforce & Organisational Development
Clare Williams	Assistant Director of Planning & Partnerships (In part)
Tim Burns	Assistant Director of Planning (Capital & Estates) (In part)
Russell Hoare	Acting Assistant Director of Operational Support Services (Facilities) (In part)
Claire Beynon	Consultant in Public Health (In part)
Emma Samways	Internal Audit
Amy Meek	Graduate Management Trainee (Observing)
Gareth Taylor	Graduate Management Trainee (Observing)
Emma Walters	Committee Secretariat

FPW/19/153 **WELCOME AND INTRODUCTIONS**

Mel Jehu **WELCOMED** everyone to the meeting and introductions were made.

FPW/19/154 **APOLOGIES FOR ABSENCE**

Apologies for absence were **RECEIVED** from Ruth Treharne, Alan Lawrie, Paul Dalton, Marcus Longley, David Jenkins and Wendy Penrhyn-Jones.

FPW/19/155 **DECLARATIONS OF INTERESTS**

There were no additional declarations of interest declared.

FPW/19/156 **MINUTES OF THE PREVIOUS MEETING**

The minutes of the meeting held on 24 October 2019, were **RECEIVED** and **APPROVED**, subject to the following amendment:

- Page 13, FPW/19/147, final paragraph, Employee Steering Group to be changed to Employee *Experience* Group.

Members **RESOLVED** to:

- **APPROVE** the minutes of the meeting held on 24 October 2019 subject to suggested minor amendments.

FPW/19/157 **UPDATE ON ACTION LOG**

Member **RECEIVED** and **NOTED** an update on the Finance, Performance & Workforce Committee Action Log.

In relation to the Financial Deep-Dive into Princess of Wales Hospital, Members **AGREED** to receive a follow up report at the February 2020 Committee meeting (**action log updated and added to the forward work programme**).

FPW/19/158 **MATTERS ARISING**

There were no matters arising.

FPW/19/159 **FORWARD LOOK**

Mel Jehu advised that he would discuss the forward look with Ruth Treharne outside of the meeting.

Members **RESOLVED** to: **NOTE** the forward look.

FPW/19/160 **PROGRESS ON THE DEVELOPMENT OF THE INTEGRATED MEDIUM TERM PLAN (IMTP) 2020 - 2023**

Clare Williams presented the report which included the stakeholder engagement plan and the draft Equality Impact Assessment. Clare Williams advised that she would welcome comments from Members in relation to both documents. Members **NOTED** that the IMTP was a very early working draft which would also be presented to the Board at its November meeting.

Members **NOTED** the following areas of risk and matters for further consideration:

### **Appendix 5.1.1.**

- Development of the plan would be challenging given the changes to structures planned for 1 April 2020. Members **NOTED** that mitigations had been put into place to address this and the challenges had also been discussed with Welsh Government;
- Prioritisation would need to be undertaken based on available resources;
- Performance profile baseline positions were in the process of being worked through. Further discussion on this would take place at the December 2019 Board Development Session prior to the January Finance, Performance & Workforce Committee and Health Board meeting. Members **NOTED** that the number of targets that the Health Board were required to report against had reduced;
- Members **NOTED** that the engagement plan would be presented to the Regional Partnerships Board which included third sector representatives.

In response to a question as to whether performance issues experienced in some areas in the current year would be addressed in the next period of the three year plan, Clare Williams advised that she felt that these would be addressed and added that she would welcome further feedback as to whether this had been sufficiently articulated for Board Members. In response to how any issues that arise during the latter part of the year would be addressed within the IMTP, Clare Williams advised that these would be discussed at the Management Board.

A discussion was held on the importance of ensuring the IMTP was focussed more on quality in addition to finance and performance and Members **NOTED** the importance of ensuring balanced discussions were taking place in relation to all three areas.

In response to the projected percentage of patients newly diagnosed with cancer being 15% off-target, Members **NOTED** that this had been based on early discussions and was unlikely to be the final position for March 2020.

A discussion was held in relation to the financial element of the plan, the following key points were **NOTED** by Members:

- There was an assumed improvement in the financial plan for 2020/21;
- There was a £13.6m recurrent deficit which would mean higher levels of savings and limited investment, which may impact on the investment required around Major Trauma Services;
- The savings target was £26m which equated to 2.9%. Consideration would need to be given as to improvements that could be made with the current resource base;
- A £9m improvement in the position would be required prior to the start of the year which would be particularly challenging.

### **Appendix 5.1.1.**

With regard to greater level of savings being required compared with previous years assurance was sought as to whether this was credible given the difficulties experienced previously in achieving savings. Members **NOTED** that investment was planned around an improvement function and clinical leadership which was designed to help to improve the organisation's capability to deliver. Members also **NOTED** achievement of this level of saving would be a major challenge and therefore a risk. Consideration was also being given to devolved financial management as part of structure discussions.

Members **RESOLVED** to:

- **NOTE** the Stakeholder Engagement Plan;
- **NOTE** the Equality Impact Assessment;
- **NOTE** the progress made

FPW/19/161

### **INFLUENZA IMMUNISATION PROGRAMME UPDATE**

*Claire Beynon, Consultant in Public Health was in attendance for this item.*

Claire Beynon presented the report which provided an update on progress made this winter season on influenza vaccination across Cwm Taf Morgannwg UHB (CTMUHB). The following key points were **NOTED** by Members:

- The vaccine uptake targets for 2019/20 outlined on page 3 of the report were unchanged from the previous season;
- There had been a history of targets not being achieved and it was hoped that there could be an improvement against targets this year;
- A peer vaccination model had been introduced which would help increase vaccination rates amongst front line staff;
- There had been a two week delay in GP practices receiving their supply of vaccines which was a UK wide problem;
- Following review of last year's data, there was learning to be gained to processes undertaken in the Bridgend area in relation to flu vaccination rates;
- The staff absence costs associated with flu was estimated to be in the region of £500k;
- 20.4% of staff within the Health Board had received vaccinations to date, with further work to be undertaken during December and January to increase this further;
- A risk assessment had been undertaken of the staffing complement where it had been identified that the allocation of staff was not deemed to be sufficient to run a successful immunisation programme. Members **NOTED** that a report had been presented to Management Board in August 2019 highlighting this as an issue.

### **Appendix 5.1.1.**

A discussion was held in relation to the resource available to support the immunisation programme and it was **NOTED** that the development of the peer vaccinator approach would help to address some of the issues. Members **NOTED** that discussions were being held with Swansea Bay UHB as to what resource they could provide.

Members **NOTED** that there were also difficulties being experienced in encouraging staff to have a vaccination which was having an impacting on uptake.

A discussion was held as to whether the Health Board could learn from other Health Board areas in relation to processes followed to improve staff update.

Mel Jehu extended his thanks to Claire Beynon for presenting the report.

Members **RESOLVED** to: **NOTE** the report

FPW/19/162

### **FINANCE UPDATE MONTH 7**

Steve Webster presented the report and advised that there had been a deterioration in the Month 7 financial position. The following key points were **NOTED** by Members:

- The success of the overseas nurse recruitment had impacted on the financial position. This was an 'Invest to Save' scheme which would remove agency premium at some point in the future but would have a negative impact on in-year costs;
- Various income sources from Welsh Government were now being incurred;
- There was a targeted improvement of £9m following escalation meetings held with Directorate's;
- A breakeven position was being forecasted which included a number of risks associated with the forecast;
- Areas of risk included the Bridgend due diligence review and the overspend against the Welsh Risk Pool budget which was centrally held across NHS Wales. Members **NOTED** that the overspend would be shared across Wales, with the Health Board's share being £1.8m, which would be a new cost;
- There were a number of opportunities which could have a positive impact on the position which included the Transformation Fund and funding for Information, Communication & Technology. Members **NOTED** that discussions continued to be held with Welsh Government on these matters;
- Two financial risks had been added to the organisational risk register.

Members **NOTED** that the next round of escalation meetings would help to identify whether there had been an improvement in run rates and the

### **Appendix 5.1.1.**

Committee would be made aware if there had been a deterioration in the position.

Steve Webster advised that the Due Diligence report was now available which identified that significant investment had been made into Corporate Directorates. Steve Webster advised he would be happy to share the report with Members once it had been presented through the December 2019 management cycle (**added to the action log**).

Members **RESOLVED** to: **NOTE** the report

FPW/19/163

#### **EFFICIENCY SAVINGS DELIVERY 2019/20 AT MONTH 6**

Steve Webster presented the report which highlighted that the Health Board was now forecasting to be close to the in-year target of £10m (£9.6m). There was concern over the recurrent savings target which remained quite static.

Members **NOTED** that focus would be placed on a number of savings schemes identified by Directorates during the next round of escalation meetings and Members **NOTED** the importance of having the appropriate capacity and capability in the system to take schemes forward.

Members **RESOLVED** to: **NOTE** the report

FPW/19/164

#### **ESTATES OPERATIONAL PERFORMANCE AND ENERGY PERFORMANCE 2018/19**

*Tim Burns was in attendance for this item.*

Tim Burns presented the report and advised that the report did not include any information on Bridgend boundary change properties and was purely focussed on the former Cwm Taf area. The following key points were **NOTED** by Members:

- The department was undertaking approximately 36 thousand jobs per annum and the department measured themselves against three indicators, in which improvement had been made year-on-year against all three categories;
- Full statutory compliance was not being achieved as a result of a hugely complex estate, with teams often being called to address emergencies;
- The Health Board submitted Key Performance Indicators (KPIs) to Welsh Government on an annual basis with positive performance being achieved by the Health Board;
- There was a system in place which monitored energy consumption. A substantial assurance rating had been achieved following a review undertaken by Internal Audit;

### **Appendix 5.1.1.**

- Two significant water leaks had occurred at Prince Charles Hospital (PCH) and Dewi Sant Hospital for which a rebate had been received from Welsh Water;
- More heat had been produced last year as a result of the colder winter that had been experienced and as a result of the warmer summer, more cooling had to be provided;
- The planned energy development scheme being run by Welsh Government was currently on hold.

A discussion was held in relation to fire safety compliance at PCH and Members were assured that robust management arrangements were in place to address fire outbreaks whilst refurbishment was taking place.

Members **NOTED** that a significant amount of work had been undertaken in relation to water quality which included the re-establishment of the Water Safety Group. Members **NOTED** that a flushing regime had been introduced into the Princess of Wales Hospital as a result of issues experienced in relation to water quality.

A discussion was held in relation to the Estates Performance Indicators associated with the Bridgend element of the former Abertawe Bro Morgannwg UHB contained on page three of the report around positive performance reported given the issues experienced by the Health Board following Bridgend transition. Following discussion, it was **AGREED** that a separate report on the Bridgend element would be presented to the February 2020 meeting of the Committee **(added to the action log and forward work programme)**.

In response to a question raised by Paul Griffiths in relation to the proportion of estates calls undertaken on a desk response basis as opposed to yearly statutory maintenance, Tim Burns advised that he would review and provide feedback to Paul Griffiths **(added to the action log)**.

Mel Jehu extended his thanks to Tim Burns for presenting the report and commended the work being undertaken within the Team.

Members **RESOLVED** to: **NOTE** the report.

FPW/19/165

## **FACILITIES PERFORMANCE**

*Russell Hoare was in attendance for this item.*

Russell Hoare presented the report which provided the Committee with an update on Facilities performance. A detailed update was provided to Members and a number of key points were **NOTED**, which included:

### **Appendix 5.1.1.**

- A review had been undertaken of key facilities indicators for the Bridgend sites where a number of concerns were presented which were addressed immediately. The Bridgend Team had successfully transferred over into CTMUHB;
- Performance had been maintained in a number of areas;
- Issues were being experienced in relation to long term sickness absence within the Directorate, which was being managed;
- Work was being undertaken in relation to environmental issues, for example, waste management;
- An Internal Audit Review had been undertaken into Clinical Engineering and the majority of recommendations had now been addressed;
- Work was being undertaken on an All-Wales basis in relation to Laundry services, with NHS Wales Shared Services Partnership (NWSSP) considering the selection of three laundry services across the region;
- In relation to Finance, Cash Releasing Efficiency Savings (CRES) performance had deteriorated and consideration was being given to alternative schemes that would help to improve the position;
- Work continued to be undertaken to resolve portering services rota issues which had impacted on plans to redesign to the service;
- The Directorate continued to undertake regular benchmarking reviews and robust processes were in place in relation to the Directorate's risk register and balanced scorecard.

Mel Jehu extended his thanks to Russell Hoare for the comprehensive update provided.

In response to concerns raised by Ian Wells in relation to poor training compliance within Clinical Engineering, Members **NOTED** that compliance issues had been escalated to Greg Dix, Director of Nursing, Midwifery & Patient Services and investment had been made into training capacity. Members **NOTED** that a Medical Devices Management Board had also been established who would be reviewing a number of issues, including training compliance.

Paul Griffiths made reference to the significant amount of information contained within the report and recognised that finance was a significant issue for the Directorate and there appeared to be different Terms & Conditions in place across a number of disciplines and questioned what was being done to address this. Members **NOTED** that All-Wales Terms & Conditions were in place for some areas and **NOTED** that work was being undertaken to ensure there were consistent overtime arrangements in place.

A discussion was held in relation to the Directorate's risk register and whether the 79 risks identified were issues as opposed to actual risks. Georgina Galletly advised that risk management arrangements were

### **Appendix 5.1.1.**

being strengthened across the organisation and support was being provided to colleagues in relation to risk management processes.

John Palmer advised that he could identify 16 risks at the start of the report and added that Facilities had performed well in identifying their risks.

Members **RESOLVED** to: **NOTE** the report.

FPW/19/166

## **INTEGRATED PERFORMANCE DASHBOARD**

Alan Roderick presented the report and highlighted the following key areas:

### **Referral to Treatment Times (RTT)**

- The in-month position had continued to deteriorate;
- A review of trends had been undertaken which identified that there were six specialty areas who would be contributing at least 160 additional patients to the year-end position;
- Services had not been able to deliver the same level of activity compared with the previous year, particularly Anaesthetics, Critical Care and Theatres who were 311 off trajectory based on current activity;
- In relation to the cohort of patients to be treated by year end, the Health Board was 4000 above the number of patients that were to be treated in the same period last year, 2900 of these were in the former Cwm Taf area. The activities that had been put into place should ensure the Health Board meets its desired year-end target;

### **Diagnostics**

- The Neurophysiology position had improved, with challenges remaining in Endoscopy.

### **Unscheduled Care**

- There had been an overall deterioration in four hour performance;
- Issues were being experienced in relation to average length of stay with an increase being seen in the numbers of patients being admitted from Accident & Emergency, particularly between the hours of 10.00pm and 8.00am, and after the four hour target.

### **Cancer Performance**

- There had been fragility within Radiology and Urology and some difficulties had been experienced in accessing services at Singleton Hospital.

### **Primary Child & Adolescent Mental Health Services (PCAMHS)**

- Members **NOTED** that there had been a steady improvement in performance.

### **Appendix 5.1.1.**

In response to a question raised by Ian Wells in relation to elective cancellations as a result of Anaesthetists being unavailable and what was being undertaken to address this, John Palmer advised that elective cancellations had been as a result of unscheduled care flow being problematic at Prince Charles Hospital.

A discussion was held in relation to Follow-Up Outpatients Not Booked and the difficulties being experienced around Bridgend locality data. Alan Roderick advised that discussions were ongoing with a view to resolving this.

Mel Jehu extended his thanks to Alan Roderick for presenting the comprehensive report.

Members **RESOLVED** to: **NOTE** the content of the report.

FPW/19/167

### **WAITING LIST REPORTING INCLUDING RESPONSE TO THE DELIVERY UNIT REPORT ON 'SUPPORTIVE INTERVENTION ON WAITING LISTS REPORTING IN CWM TAF MORGANNWG UHB'.**

Alan Roderick presented the report and extended his thanks to all that had contributed. Members **NOTED** of the need to ensure that the Health Board fully understood all of its waiting lists in the organisation, which were clearly reportable to Welsh Government, and that the areas that needed to be reported were being reported.

Members **NOTED** that reference had been made within the report to the harm review that would need to be undertaken and **NOTED** that the Quality & Safety Committee had been fully sighted on the work being undertaken and had approved the action plan, which had also been approved by Management Board. Members **NOTED** that a Waiting List Management Task & Finish Group had been established which would monitor progress being made against the action plan.

Members **NOTED** that there were inconsistencies in the approaches being taken in reporting between Health Boards and reference had been made within the report to unresolved commissioning arrangements.

Members **NOTED** that the Delivery Unit had found no evidence of issues relating to culture during their review.

Members **NOTED** that moving forward, the Finance, Performance & Workforce Committee would receive regular update reports on progress being made against the action plan and that the Quality & Safety Committee would receive regular updates on progress being made against the harm review.

Members **RESOLVED** to: **NOTE** the content of the report.

**TO REVIEW THE WORKFORCE DASHBOARD**

Anne Phillimore and Hywel Daniel presented the report which was in a revised format and advised that feedback would be welcomed from Members on content. Members **NOTED** that there were some data errors within the report which would be addressed moving forward.

The following key points were **NOTED**:

- Sickness absence rates remained a concern with long term sickness absence being the main area of concern with issues being experienced in relation to return to work compliance;
- An Occupational Health Psychologist would commence in January 2020;
- Workforce utilisation remained challenging. The work being undertaken in relation to International Nurse Recruitment may help to address the position;
- Work was being undertaken with the Medical Director's office to drive forward improvements required in relation to job planning;
- Turnover remained static, roll-out of online payslips had now been undertaken in the Bridgend area resulting in compliance increasing to 93%;
- Good progress continued to be made with recruitment processes and exit questionnaire data had been included in the report.

In relation to Consultant Job Planning, Members **NOTED** that the Medical Director had been invited to attend the next meeting of the Audit Committee to discuss his plans to address the position, following the 'limited assurance' report received from Internal Audit.

Mel Jehu welcomed the report and advised the new format of the report very helpful.

Members **RESOLVED** to: **NOTE** the content of the report.

**INTERNATIONAL NURSE RECRUITMENT UPDATE**

Anne Phillimore presented the report which provided Members with an update on the work being undertaken in relation to International Nurse Recruitment.

Members **NOTED** that a review had been undertaken on the likely numbers of nurses that would leave the organisation over the next 12 months and how many student nurses were likely to join the organisation, which resulted in a potential vacancy figure of 210.

Members **NOTED** that consideration had been given to the options available to fill vacancies, which included the recruitment of nurses from India. Members **NOTED** that international nurse recruitment was a priority for the organisation and the candidates were of extremely high

**Appendix 5.1.1.**

quality, well qualified, had good English language skills and would be able to commence immediately.

Members **NOTED** that discussions were being held in relation to accommodation and options were in the process of being explored. Members **NOTED** that steps would be taken to help nurses integrate into community settings.

Members **RESOLVED** to: **NOTE** the report.

FPW/19/170 **TO NOTE THE MONTH 7 MONITORING RETURNS TO WELSH GOVERNMENT**

Members **RECEIVED** and **NOTED** the report.

FPW/19/171 **TO CONFIRM ANY ITEMS TO BE REFERRED TO OTHER COMMITTEES**

There were no committee referrals made.

FPW/19/172 **ANY OTHER URGENT BUSINESS**

There was no other business to report.

FPW/19/173 **DATE OF THE NEXT MEETING**

The next meeting of the Finance, Performance & Workforce Committee was scheduled for Tuesday, 21 January 2020 at 9.30 am, in Ynysmeurig House, Navigation Park, Abercynon.

Signed .....

**Mel Jehu, Independent Member**

Date .....