Appendix 1.

PLANNING, PERFORMANCE & FINANCE COMMITTEE

21 DECEMBER 2020

CONSENT AGENDA - QUESTIONS FROM INDEPENDENT MEMBERS IN ADVANCE OF THE MEETING

Question:
Ref 2.1.2 : Committee Self Assessment, Comment re Question 37 - Whilst fully recognising capacity limitations, there are considerable benefits in producing and circulating draft minutes and an action log within a reasonable timeframe when discussions are relatively fresh in the minds of members and attendees. It would also provide a helpful reminder to those individuals who have agreed to take some form of 'action'. Arguably, this point applies to all committees.

Response:
This is applicable to all Committees and myself and the Corporate Governance Team met recently to consider how we can improve compliance against the timescales for minutes and this is something we are working to improve. A suggestion is that actions could be sent out sooner with more detailed minutes to follow. This has built into our internal work plan and will be monitored.

Question:
Ref 2.2.1: Early Opening of Grange University Hospital - Following the early opening of the Grange Hospital, CTM has rightly focused on patient safety and quality implications. That said, our costs would presumably exceed the 2020/21 budget because of the unexpected and unplanned increase in patient flow into PCH (and other related healthcare demands). Whilst recognising that work is ongoing to assess the estimated cost of this demand for 2021/22 are we intending to recover the additional costs for 2020/21 - possibly funded by our Covid Allocation given that Covid was responsible for the early opening of the Grange!

Response:
The actual recorded flow since the Grange opened is small in respect of ED attendances and so far (to late November) no discernible impact on emergency admissions. We have agreed nevertheless that PCH will try to increase recruitment in ED and Critical Care given the potential for flows. This is relatively low risk due to our existing vacancies anyway. £0.4m has been set aside in the Q3-4 plan, effectively funded through WG Covid funding, but the actual additional costs in 20/21 are projected to be much lower than that. There is an agreement across Wales to "block" contracts for Q3-4, and the likely costs of Grange flows is not likely to be sufficiently material to argue a special exception. In addition, the latest overall forecast (an underspend of £12m) is such that in any event we will have sufficient resource, even with a reasonable worst case prior year adjustment. The finance/resource focus in preparing for 21/22 is on tracking the actual flows, and once there is a sufficiently clear impact, planning for them, costing those plans, engaging with AB UHB on how the Long Term Agreement needs to be flexed to reflect that, and relating the additional costs and additional income.

Question:
Ref: 2.2.1 Early Opening of the Grange P5 of 4. Whilst acknowledging the current pressures on the ED at PCH what is being done to prepare for the predicted extra 4,800 anticipated attendances

as a result of the opening of the Grange and how are we planning to mitigate risks given the current number of 4 and 12 hour breaches.

Response:
Section 3.6-3.11 of the Opening of the GUH report at 2.2.1 on the agenda has been cross-referenced which refers to the detailed actions and mitigation being taken by the Health Board. The detail of this will be explained outside of the meeting if required.

Question:
Ref: 2.2.1 Early Opening of the Grange My follow on question is there is a plan to develop the ENP led minor injuries unit. Given the time it takes to reach ENP status. - 2 years, when will the plan to recruit be implemented?

Response:
Merthyr Cynon ILG have confirmed that there is a plan and this is being led by the Nurse Director. We have requested further detail and we will share as soon as it is received.

Question:
Ref 5.1.1: Dashboard - The report refers to the variation in performance in the treatment of endoscopy parents across the three ILGs and the work being undertaken to understand the reasons for this situation. Are we comparing performance for other services across CTM in this way? If that is the case, have we identified any other significant issues or trends.

Response:
In terms of equity of service across CTM, the other area where we are looking for shared learning is for FUNB, where there is an ILG level variance in terms of percentage of pathways waiting more than 100% beyond the target date (respectively 19% for RTE, 21% for MC and 27% for Bridgend). This has involved work around Audiology and Ophthalmology (between Directorates and early on after boundary change), though the latter is due to be reported under Bridgend from 1st January, with hosting arrangements coming into place. We need to do more of this work and will need to think how we tease that out from within the reports to facilitate.

Question:
5.1.1 Dashboard - P13 of 15. There has been an increase in the number of patients waiting above the target time for the neuro development team, which I believe, has now been in existence for a couple of years. I note from the risk register (4149) as part of the controls there are plans in place such as weekly monitoring and a review date of 18.11.20. Has there been a review if so have any of the controls had an impact. Is the weekly monitoring providing any information that has been beneficial in improving the service?

Response:
Discussion held in the meeting (see minute ref: PPF/20/088)

Question:
Ref: 5.2.1 Organisational Risk Register - given the 3% achievement of exit interviews against the 60% target, what are the plans to improve completion in light of the fact the information gained will have a vital role to play in our recruitment and retention plans.

Response:
3% achievement of Exit Interviews. Workforce acknowledge that whilst this is one element of the broader Employee Experience Project, there is a requirement to revisit the Exit Interview process to identify how individuals leaving the Health Board (or moving on from their roles), are required to complete an exit form, and if necessary, request an exit interview. The current process provides for this but not everyone chooses to complete it. Research is also being undertaken by the Workforce Policy team to understand best current practice across public and private sector, which will be fed into a working group to review current practices.

Question:
5.2.1 Organisational Risk Register - following up on the previous question the %'s in the people section of the assessment dashboard are significantly low in most areas, some of which such as PADR compliance have failed to achieve the target % even pre covid (64% October 2019). Given the vital role all these areas play in the investment in our staff, our staff experience and therefore our recruitment and retention, not to mention ensuring our staff develop in order to provide the best patient care, are there plans to address these levels and if so how?

Response:
The WF&OD Team have advised that actions to address low levels of PADR compliance include:

- Learning & Development ILG Business Partners are providing monthly PADR compliance monitoring reports to managers. This will highlight areas of low compliance for managers to take action.
- A review of our existing PADR/appraisal process to (a) include the CTM values and behaviours; (b) make the process easier and more meaningful for all and; (c) link to the wider Employee Experience work (commencing early 2021).
- PADR/appraisal training to be included as part of the CTM Management Development Programme (commencing early 2021).