

PWYLLGOR ADNODDAU CYNALIADWY SUSTAINABLE RESOURCES COMMITTEE

| DYDDIAD Y CYFARFOD: DATE OF MEETING: | 28 October 2021 |
|---|--|
| TEITL YR ADRODDIAD: | Performance Update for Hywel Dda University Health |
| TITLE OF REPORT: | Board – Month 6 2021/22 |
| CYFARWYDDWR ARWEINIOL: | Huw Thomas, Director of Finance |
| LEAD DIRECTOR: | In association with all Executive Leads |
| SWYDDOG ADRODD: REPORTING OFFICER: | Huw Thomas, Director of Finance |

Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate) Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

Starting from October 2021, the measures within the performance assurance report are being assigned to a strategic objective and reported to the relevant lead committee. As such, all measures relating to the strategic objective below are being reported to the Sustainable Resources Committee (SRC):

• Safe, sustainable, accessible and kind care.

The performance report dashboard is currently being updated to allow Members to filter by strategic objective. This new functionality will be available from December 2021.

The measures included in the performance assurance report are currently under review. Measures no longer included in the Delivery Framework are being stood down and the new Improving Together outcome, qualitative and quantitative measures are being incorporated. This revised set of performance measures will be presented in the performance assurance report dashboard from December 2021 onwards.

For this month, traditional performance report measures are being reported. For the SRC, these include measures relating to Finance, Individual Patient Funding Requests and Continuing Health Care.

The full performance assurance report is made available in the format of a Power BI dashboard which can be accessed via the following link: <u>Performance report dashboard as at 30th September</u> <u>2021.</u>

This performance report dashboard is also available via our internet site in <u>English</u> and <u>Welsh</u>. The dashboard uses statistical process control (SPC) charts. Each SPC chart produces two types of icons i.e. one for variation and another for assurance:

| VARIATION |
|-----------------|
| How we are |
| doing over time |
| |

Special cause concerning variation = a decline in performance that is unlikely to have happened by chance

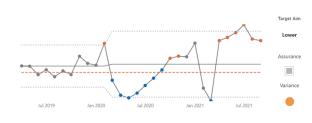
Common cause variation = a change in performance that is within our usual limits

| • | Special cause improv performance that is u | 0 | • | |
|--|---|--|--------------------------------------|--|
| | We will consistently fail | ail the target until i | | |
| ASSURANCE Performance | We will randomly hit a | and miss the targe | | ement |
| against target | actions are identified We will consistently h | · · · · · · · · · · · · · · · · · · · | embedded | |
| | nown for the small number of | • | ive a target. | |
| There are two short videos available to explain more about SPC charts: Why we are using SPC charts for performance reporting How to interpret SPC charts If assistance is required in navigating the performance assurance report dashboard, please contact the Performance Team - <u>GenericAccount.PerformanceManagement@wales.nhs.uk.</u> Cefndir / Background The final NHS Wales Delivery Framework 21/22 (<u>https://hduhb.nhs.wales/about-is/performance-targets/our-performance-areas/monitoring-our-performance/</u>) published in October 2021 has migrated and modelled on 'A Healthier Wales' quadruple aims as part of the Single Integrated Outcomes Framework for Health and Social Care'. New metrics have been idded and a number have either been amended or retired. A summary of the changes can be bound <u>here</u>. | | | | |
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| ound <u>here</u> . sesiad / Assessment osition at 30 th September /e are working with mana ontinuing Health Care an | gers to gain further inform d plan to report further in t | he next iteration of | this SBAR. | |
| ound <u>here</u> . sesiad / Assessment osition at 30 th September /e are working with mana ontinuing Health Care an Measure | gers to gain further inform d plan to report further in t Target | | | g Request and Assurance |
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Finance – Agency spend

High agency spend continues for premium agency Medical and Nursing staff due to high vacancies, absence cover and continued pressures in emergency departments across the four acute sites. Workforce issues will be further discussed at the Systems Engagement meetings. A potential improvement as a consequence of the implementation of the Allocate roster system is anticipated. Workforce issues are discussed during Systems Engagement meetings. Potential improvement as a consequence of the Allocate Roster system. Reduction in variable pay is a key strategic aim for the Workforce department.

% Agency spend of total pay bill

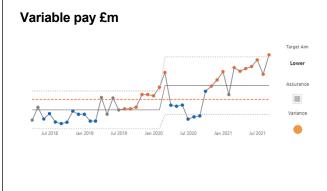


Performance in September 2021 shows special cause concerning variation. Review of agency spend is continually monitored. Expected performance is between 3% and 7%.

Finance – Variable pay

High variable pay costs are being incurred across a wide range of staff professions due to a combination of high vacancy rates, absence cover for leave and continued pressures across all four acute sites emergency departments. Nurse Agency expenditure has increased again this month from the reduction in Month 5 as pressures continue in Unscheduled Care. This increase has been mitigated, however, by a reduction in Medical Agency as Medical staff return to work for various reasons.

Workforce issues are discussed in Systems Engagement meetings. Potential improvement as a consequence of the implementation of the Allocate roster system. Reduction in variable pay is a key strategic aim for the Workforce department.



Performance in September 2021 shows special cause concerning variation. Review of variable pay is continually monitored. Expected performance is between £4m and £6m.

Argymhelliad / Recommendation

The Committee is asked to consider the SRC measures from the Performance Assurance Report and advise of any issues arising, including issues that need to be escalated to the November 2021 Public Board meeting.

| Amcanion: (rhaid cwblhau) Objectives: (must be completed) | | |
|--|--|--|
| Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor: | 2.1 Provide assurance on financial performance and delivery against Health Board financial plans and objectives and, on financial control, give early warning of potential performance issues, making recommendations for action to continuously improve the financial position of the organisation, focusing in detail on specific issues where financial performance is showing deterioration or there are areas of concern. | |
| | 2.2 To receive an assurance on delivery against all relevant Planning Objectives falling in the main under Strategic Objective 6 Sustainable Use of Resources (See Appendix 1), in accordance with the Board approved timescales, as set out in HDdUHB's Annual Plan. | |
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score: | Risks are outlined throughout the report | |
| Safon(au) Gofal ac lechyd: Health and Care Standard(s): | All Health & Care Standards Apply | |
| Amcanion Strategol y BIP: UHB Strategic Objectives: | All Strategic Objectives are applicable | |
| Amcanion Llesiant BIP: UHB Well-being Objectives: <u>Hyperlink to HDdUHB Well-being</u> <u>Objectives Annual Report 2018-2019</u> | 9. All HDdUHB Well-being Objectives apply | |

| Gwybodaeth Ychwanegol: Further Information: | |
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| Ar sail tystiolaeth: Evidence Base: | NHS Wales Delivery Framework 2021-22 |
| Rhestr Termau: Glossary of Terms: | Contained within the body of the report |

| Partïon / Pwyllgorau â ymgynhorwyd | Finance |
|--------------------------------------|---------|
| ymlaen llaw y Pwyllgor Adnoddau | |
| Cynaliadwy: | |
| Parties / Committees consulted prior | |
| to Sustainable Resources | |
| Committee: | |

| Effaith: (rhaid cwblhau) Impact: (must be completed) | |
|--|---|
| Ariannol / Gwerth am Arian: | Better use of resources through integration of reporting |
| Financial / Service: Ansawdd / Gofal Claf: Quality / Patient Care: | methodology Use of key metrics to triangulate and analyse data to support improvement |
| Gweithlu: Workforce: | Development of staff through pooling of skills and integration of knowledge |
| Risg: Risk: | Better use of resources through integration of reporting methodology |
| Cyfreithiol: Legal: | Better use of resources through integration of reporting methodology |
| Enw Da: Reputational: | Not applicable |
| Gyfrinachedd: Privacy: | Not applicable |
| Cydraddoldeb: Equality: | Not applicable |