



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Agenda Item		2.2 (ii)
Freedom of Information Status	Open	
Reporting Committee	Performance and Finance Committee	
Author	Claire Mulcahy, Corporate Governance Manager	
Chaired by	Reena Owen, Independent Member	
Lead Executive Director (s)	Darren Griffiths, Director of Finance and Performance	
Date of last meeting	23 November 2021	

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

• Financial Position (Month Seven)

The month seven position saw an overspend of £13.880m cumulatively. The underspend within workforce had continued in-month at a value of £5.5m for month seven, and Income budgets reported an under-achievement of £1.157m. Non-pay budgets were overspent in-month and the key drivers continue to be ChC costs within Mental Health and Learning Disabilities. Medical variable pay continued to reduce but non-medical agency costs remained high and reflected the increased usage because of service and workforce pressures. To date £27.415m of green and amber savings have been identified against the gross savings requirement with some slippage has been forecasted for the second half of the financial year. The recurrent full year impact of savings is £24.7m but £6m are amber schemes linked to bed utilisation efficiencies, of which plans were on hold but would form part of the 2022/23 financial plan. Work was underway with the services groups with a focus on investing now to see benefits next year i.e. overseas nursing recruitment. There were four significant risks relating to finance: *Residual cost base* (score of 20); *Resources level lower than recovery plan ambition* (score of 15). *Availability of capital monies* (score of 15) and *Savings Schemes related to bed release*. The committee supported the closure of the capital risk and agreed the risk score for bed release savings schemes be set at 15.

Key Matters raised by members;

- *Nurse Staffing Act requirements*; assurance given that the health board was funding the requirement but there was minimal staff to meet demand and safety.

• Delivery of the Annual Plan (Quarter 2)

The status against the agreed actions for delivery in quarter 2 as set out in the Annual Plan 2021/22 was received. A further review of goal, method and outcomes (GMOs) and changes to the planning assumptions was underway led by the Deputy Chief Operating Officer.

Key Matters raised by members;

- *Outcomes*; 25 outcomes would be available in quarter 3 although some have been difficult to measure due to the qualitative aspects of them.
- *Workforce actions*; concerns raised that they appeared to be on track within this report but discussions in other forums did not marry with this.
- *Prevention and reducing Health Inequalities*; no clear milestones or Programme Board

in place for this driver.

- **Primary Care Contracted Services – Performance Metrics**

This was the first performance metric scorecard developed for primary care contracted services. It included proposals for measures for inclusion within the integrated performance report; *General medical services Access Standards, GP sustainability, GP and Community Pharmacy Escalation Levels and Access To General Dental Services* as well as metrics on Virtual Wards and Care Homes. The committee considered and supported the presentation of the scorecard and the ongoing reporting in this format.

Matters raised by members;

- Practices paid based on self-reported measures and the impact on the health board budget if performance levels increased.
- *Practice level data*; members suggested an annual in-committee to discuss practice level data in particular efficiencies and practices that sit under the GMS contract.

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

- **Integrated Performance Report**

Demand for emergency department care continued. The number of 12-hour emergency department waits stood at 1,260 against the target of 600 and 4-hour wait performance stood at 71.1% to date. The red ambulance response time had been on a steady decline since June 2021, with 43% during October 2021 and 50% to date. Work was underway with the ambulance service to address this. There were currently 41 inpatients with Covid-19 and numbers were reducing slowly. Single cancer pathway performance for October 2021 stood at 52% and the backlog was slowly improving. The planned care waiting list had seen slight improvement, with significant work undertaken in gastroenterology and gynaecology. During October 2021, 51 procedures were cancelled due to a lack of beds on the day of surgery. Sickness absence had risen to 8.41% in September 2021 which was impacting on the ability to respond to operational pressures. The numbers of clostridium difficile and e.coli infections had improved but a deterioration in s.aureus bacteraemias and klebsiella had been recorded. Waits for the Speech and Language Therapy had escalated in October 2021 and a report would be provided to committee in December 2021. Improvements had been made in mental health assessments but there was still work to be done in some areas of CAMHS particularly within interventions.

Key Matters raised by members;

- *Procedures cancelled on the day*; could the health board be better at forecasting availability. Efficient scheduling was in place but service pressures and the complex nature of procedures at Morriston were the reasons for theatre cancellations.
- *Level 3 COVID-19 Escalation* – concerns were raised as the implementation of this would mean the cancellation of all elective work for several months;
- *Increases in 12-hour waits* – to address, two sub-targets had been set; waits should be no more than 4 hours and there should be 25% reduction in handover times
- *Red Ambulance Calls performance* - a joint initiative with the ambulance service had been implemented via a stationary vehicle outside the emergency department.

- **Neurodevelopment Services Performance**

Referral levels were as expected and the team had increased capacity with 1900 appointments undertaken. Waiting times continued to be a challenge but were in line with levels across Wales. Long terms staff absences and the lack of transition into the Integrated Autism Services (IAS) were risks to flag, particularly IAS which needed urgent resolution. All recommendations from an external audit of the service had been actioned and in place for a considerable time. Best practice was to move to meet the 26-week target but the repatriation

of patients back to Cwm Taf Morgannwg University Health Board (CTMUHB) was paramount to this. A business plan was in progress of preparation in relation to bidding for more resource to increase clinical hours. Plans were in place for waiting list initiatives (WLI's) to address backlog in the interim.

Key Matters raised by members;

- *Business Plan and WLI's*; the submission of the business case was urgent to ensure it was considered in line with the financial plan 2022-23. Proposals for WLI's would need urgent consideration prior to submission of the business case.
- *The SLA with CTMUHB and the repatriation of patients*; the service would need to ensure the alignment of these proposals with the 2022/23 planning assumptions;

- **Follow Up Not Booked Position Update**

The report outlined the position of the outpatient follow-up waiting list. At October 2021, there were 133,231 patients on the list with 33,465 100% over the target. A reduction in activity due to COVID-19 was the main contributing factor as well as the loss of outpatient accommodation. The health board stood at 39% against the 50% target set by Welsh Government for virtual appointments. Virtual group consultations were being used for patients with common conditions. A space utilisation exercise was underway in addition to sourcing more accommodation within Primary and Community care to facilitate clinics. More discipline was being applied to outpatient appointment scheduling, validation exercises of the waiting list were being undertaken as well reviews of new and follow-up waiting lists by GPs and specialists.

Key Matters raised by members;

- *Validation process and accuracy of data*; There was now an increased focus on this area of the waiting list and additional digital input into the validation process
- *Risk score and mitigating actions in relation to* – Increasing waiting times for patients (inc. USCs and priority patients) – members requested that this be reviewed in the context of other risks.

- **Theatre Efficiency**

The aim post COVID-19 was to return to 2019-20 theatre efficiency levels. Swansea and NPT had returned to those levels in terms of theatre availability. The main areas of focus for improvement were theatre start and finish times across all sites. Morriston was still maintaining the complex cases, with the surgical ward holding 23 beds covering 6 specialties. The acuity of patients and need for critical care was a challenge. Bed availability was a main constraint on theatre efficiency and the complexity of needing a finely balanced system of theatre capacity, skill mix of workforce and bed availability.

Key Matters raised by members;

- *Staff employed by insourcing companies* – queries raised surrounding how these companies are able to source staff and the challenge faced by the health board. The health board did not have the flexibility in terms of pay rates
- *Best Practice Levels across the UK*; stood at 80-85% with some sites performing at 90%. The health board had commissioned an external company to look at efficiency particularly turnaround times.

Delegated action by the committee:

There were none.

Main sources of information received:

- Neurodevelopment Service Performance

<ul style="list-style-type: none"> • Delivery of the Annual Plan (Quarter 2) • Integrated Performance report; • Primary Care Contracted Services Performance • Follow Up Not Booked Progress Update • Theatre Efficiency • Finance report; • Financial Monthly Monitoring Returns. 	
Highlights from sub-groups reporting into this committee:	
No reports received from sub-groups.	
Matters referred to other committees:	
<ul style="list-style-type: none"> - The issue of increased staff sickness, particularly that one third relate to stress and anxiety be referred to <i>Workforce and OD Committee</i> for further investigation. 	
Date of next meeting	21st December 2021



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



		Agenda Item	2.3 (iii)
Freedom of Information Status	Open		
Reporting Committee	Performance and Finance Committee		
Author	Claire Mulcahy, Corporate Governance Manager		
Chaired by	Reena Owen, Independent Member		
Lead Executive Director (s)	Darren Griffiths, Interim Director of Finance		
Date of last meeting	21 December 2021		
Summary of key matters considered by the committee and any related decisions made:			
<ul style="list-style-type: none">Financial Position <p>The month eight financial position was an overspend £15.684m cumulatively; The underspend within pay budgets has continued in-month and non-pay budgets have overspent in-month and the key drivers continue to be ChC costs. There was also increased spend in theatre consumables which was positive. Income budgets have reported an under-achievement of £1.599m. The LTA and SLA block arrangements remain in place for the remainder of the financial year and there was a £7m risk to the health board as providers, due to the non-delivery of services. Medical staff pay continues to report an in-month overspend and non-medical agency costs remain high. Some slippage on savings was forecasted for the second half of the financial year which reduced delivery to £26.7m. To date, £14.985m of savings opportunities have been identified for next year. CIP reviews were being undertaken with service groups with clear milestones in place for early next year. The base funding allocation had changed throughout the year with recurrent funding provided for areas such as mental health, Welsh Health Specialized Services Committee (WHSSC) and Emergency and Ambulance Services Committee (EASC). The Health Board forecast remains at a deficit of £24.405m and key movements include cost pressures in ChC of £1.5m and lower than forecast savings delivery of £1.1m.</p> <p>Key Matters raised by members;</p> <ul style="list-style-type: none"><i>Uncertainty of funding for non-savings delivery and clarity on population share.</i><i>Bed Efficiency Saving Risk;</i> plans had reduced based on investment and required testing and Quarter 4 should see some benefit but beds may be re-commissioned for elective work in place of outsourcing.<i>Increasing continuing healthcare costs;</i> lack of savings target set as demand for ChC was set to increase into the future. A £2.7m allocation had been set for next year and plans in place for the next 3 years.			
Key risks and issues/matters of concern of which the board needs to be made aware:			
<ul style="list-style-type: none">Speech and Language Therapy Performance <p>The service had not achieved the Welsh Government 14-day access target since April 2020 due to the pandemic. There had been a 40% increase in demand within adult services due to the development of the Welsh Gender Team in 2019, which has led to a significant level of</p>			

referrals but remains unfunded. A business case for the local gender service was being developed within the service group and additional capacity had been established with a recovery aimed for the 31st March 2022. Paediatric referrals had increased by 15% from 2019/20 to date and there had also been a referral increase of 10% from local authorities in relation to Special Education Needs to which the health board has a statutory duty to respond within 6 weeks. The service was implementing the new Additional Learning Needs (ALN) reform and a further increase of 20% to referral rates was anticipated. Paediatric capacity was due to increase due to the recruitment of three new qualified staff and anticipated recovery was 16th February 2022. COVID-19 recovery funding had been received but this was short term funding offered until March 2022. The two key risks to service performance were; the implementation of the ALN reform and the Gender Identity Pathway and had been added to the risk register.

Key Matters raised by members;

- *Financial implications of £452k*; the baseline for the service had increased and access to recovery funding was due to cease. A sustainable model and business case needed to be worked through urgently.
- *Lack of financial support for the Gender Identity requirement and backlog of cases.*
- *Increased referrals due to ALN reform*; There had been a shift from local authority responsibility to health. A service line agreement was in place but funding flows needed confirmation.
- *Two routes into the service and clinical prioritisation*; members were assured that service strived to see patients based on clinical risk and triage tool was used. The aim is for one waiting list where both lists would be adjoined.

• **Integrated Performance Report**

The four-hour emergency department performance stood at 73.4% to date which was the second best position in Wales and 12-hour waits showed some improvement in November 2021. The red ambulance response time had been on a steady decline since June 2021, with 45% to date and attendances at emergency department stood at a total 10,100 for November 2021. The number of patients waiting over 12 hours had reduced to 1055 during the period. Cases for COVID-19 were increasing and there were currently 39 inpatients with Covid-19. Single cancer pathway performance stood at 51% and the backlog was steadily improving from 680 to 581 during the period. The numbers of staff self-isolating due to COVID-19 had increased during October 2021. Overall sickness levels had also increased to 8.64%. The numbers of e.coli infections had remained steady but a deterioration in s.aureus bacteraemias and clostridium difficile had been recorded in November 2021; The health board reported 8 serious incidents during November 2021 and one new Never Event and compliance against the 80% closure target stood at 0% during November 2021. The numbers of patients waiting more than 26 weeks for an outpatient appointment and 36 weeks for treatment was stable and the number of patients waiting more than 36 weeks stood at 37k. The number of therapy patients waiting over the 14-week target had increased since November 2021 with increased numbers in podiatry.

Key Matters raised by members;

- *Clinically Optimised Patient position and effect on emergency department*; recovery had been evident in light of the new initiatives i.e. virtual wards but was being offset by the Omnicron position.
- *Patients in commissioned care home beds*; only two patients had moved on but there was a six-week maximum stay agreement with local authorities.
- *Revisions to trajectories*; members questioned whether they were too ambitious and were advised that the needed to be reflective of the variable system. They were based on clear assumptions and commitments made by the service.
- *Lack of NHS Dental Work undertaken* – update to be provided at next committee.

- *Podiatry Performance* – update to be provided at next committee.

- **Urgent and Emergency Care Performance and Ambulance Handover Improvement Plan**

The improvement plan focused on four main domains: *the front door*; *Admission avoidance*, *Internal flow* and *Complex discharge*. Workforce remained the highest risk to delivery of the plan and a recruitment plan was now in place. There were two new targets set to reduce average lost time by 25% and a zero tolerance to handover delays in excess of 4 hours. The average waiting time in November 2021 did reduce to 107 minutes (meeting the 25% reduction target), but the sustainability of this had proved to be challenging in December. Performance against the 4-hour handover target had been gradual. Surge capacity for Morriston had been lost due to the re-commissioning of Tawe Ward and this had been a constraint on site. The implementation of centralising the acute medical take on the Morriston site was planned for July 2022.

Key Matters raised by members;

- *Ambulance triage vehicles and clinical safety*; members were assured on the joint clinical responsibility from emergency department staff and Welsh Ambulance Services Trust/. Patients were accompanied by one staff member at all times. A safer model than patients in corridor beds although not a long-term solution.
- *Levels of Clinically Optimised Patients*; there was now better granularity of data and transparency on the internal delays
- *Marginal gains seen from the onset of virtual wards and commissioned care home beds*; the health board was still in an extreme time of pressure. Members were concerned that ‘bigger reservoir’ for patients were being created instead of improving flow and processes.

- **Child and Adolescent Mental Health Services**

Compliance against the Welsh Government targets has deteriorated significantly, and CAMHS had been unable to stabilise the position, there was increasing demand on services. There was continued issues with staff shortages within the small specialist team, with poor recruitment and retention. A key priority for 2022/23 was the development of a recruitment and retention strategy for CAMHS. A recovery plan/model had been put forward using a different workforce model to include support from agency staff. The greatest risk was the longest waiters on the list and a re-triaging had been taking place to identify those suitable for group work but this has not progressed as far as anticipated. Demand and capacity planning was being worked through for the service with the aim to reduce appointments to 1 ½ hour slots. Other steps used to mitigate include the use of other agencies and wellbeing services within the 3rd sector organisations.

Key Matters raised by members;

- Organisation development issues within CAMHS and staff had been lost to adult mental health services due to the increase in funding and opportunities in that sector.
- *Single Point of Access, GP Clusters and inappropriate referrals*; Significant work had been carried out for a multiagency approach but communication with GP clusters was required on the continuum of the provision as not all referrals were appropriate for CAMHS.
- *Next Steps*; discussions were underway at Chief Executive Level surrounding the repatriation of the service.

Delegated action by the committee:

Nil.

Main sources of information received:	
<ul style="list-style-type: none"> • Financial Position Update • Integrated Performance Report • Speech and Language Therapy Performance • Unscheduled and Emergency Care Performance • Ambulance Improvement Plan • Child and Adolescent Mental Health Services 	
Highlights from sub-groups reporting into this committee:	
No reports received from sub-groups.	
Matters referred to other committees:	
Nil.	
Date of next meeting	25th January 2022