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Bae Abertawe
Swansea Bay University
Health Board



Agenda Item 2.2 (i)

Freedom of Information Status	Open
Reporting Committee	Performance and Finance Committee
Author	Leah Joseph, Corporate Governance Manager
Chaired by	Reena Owen, Independent Member
Lead Executive Director (s)	Darren Griffiths, Director of Finance and Performance
Date of meeting	29 March 2022

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

Financial Position (Month Eleven)

The month eleven financial position was an overspend of £1.705m in-month and £20.946m cumulatively. The cumulative position should be compared with the planned deficit of £22.371m. The cumulative position is £1.425m below the forecast position. A number provisions were in place to address the slippage in plan and to reach the target deficit £24.405m. Income budgets had reported an under-achievement of £1.426m with key areas of pressure particularly in dental and also catering, rental and patient related charges. Recent discussion with Welsh Government had indicated funds to cover off some of the loss. Block LTA and SLA payment arrangements had been in place for the last two years but a more live contractual arrangement would re-start for 2022/23 with all outpatients appointments commissioned as a block with both elective and emergency contracts subject to a 10% tolerance based on 2019/20 activity levels. Work was underway with services groups to ensure the health board hit that level of activity but this would be revised next year as it was out of date. Non-pay budgets have overspent in-month and the key drivers continue to be continuing healthcare (CHC) costs within Mental Health and Learning Disabilities, slippage against CIPs and utility cost increases currently at £350k per month. The recurrent full year impact of savings is £25.4m, which is £2.3m short of the recurrent savings requirement and further schemes are being identified to bridge this gap as a matter of urgency. The draft financial framework for 2022-23 sets a savings requirement of 4% equating to £27m. The total identified at present totals £19.27m and service groups and corporate directorates were continuing to identify more. The health board COVID-19 expenditure for 2021-22 was £114.495m. The funding for the COVID-19 programme costs i.e. Vaccinations, PPE (personal protective equipment), Test and Trace had been issued to the health board with the expectation that this would be fully managed within the allocations issued.

Key Matters raised by members:

- *Maturity matrix be reviewed on a six-month basis*

Demand and Capacity

A report was received for assurance that provided an update to the paper received in November 2021. It details the methodology adopted to develop demand and capacity (D&C) plans for service recovery and also the governance around the process of monitoring delivery and

updates. An extensive data quality exercise had been undertaken and would continue to be monitored. A process of performance monitoring was in place and would be monitored corporately.

Key Matters raised by members:

- *Increase accountability within the Service Groups for demand and capacity plans*
- *Non-recurrent funding used for waiting list data validation*

- **Financial Plan 2022/23**

The Health Board approach to the financial plan is to consider it in three parts; core plan (including savings), extraordinary pressures and COVID costs. A letter received from Welsh Government on the 14th March 2022 provided clarity to two points of the plan – COVID costs and extraordinary pressures. It was advised that the health board could anticipate funding support of £19.9m for extraordinary pressures which includes increases in national insurance, utilities and the national living wage. It could also be assumed that the COVID response/transition funding of £25m would also be received to cover elements such as primary care prescribing, demand/surge, patient streaming. Therefore this funding support reduced the forecast within the financial plan from £42m to £24.4m in year 1. Conditions surrounding the use of the funding were in place and could only be used as above and for the following; capacity and facility costs, COVID prescribing, workforce resilience and availability; services support within test, trace and protect (TTP), PPE and vaccinations and the loss of dental income. COVID response figures would now be reconfigured to align with this. The COVID recovery plan was broadly balance in 2022/23. The long term financial model assumes funding over three years for extraordinary pressures and COVID but presents the decrease year on year.

Key Matters raised by members:

- *Flexibility on spend around TTP and position of other Health Boards*

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

- **Integrated Performance Report (Month Eleven)**

To date the COVID-19 positive figure stood at 103 in the bed system, with 197 patients recovering from COVID-19. 3 patients were receiving treatment in the intensive therapy unit (ITU). From a workforce position, there were around 100 members of staff self-isolating which has a material impact on the system. Performance against the four hour target has previously been in-line with the recovery trajectories, however both January 2022 (72.59%) and February 2022 (72.32%) have remained slightly below the trajectory, with the performance target for January 2022 being 76%. Performance against the 4hr target declined slightly in February 2022. The suspected cancer performance in January 2022 was reported as 54% which is tracking below the outlined trajectory of 68%. February 2022 performance is still in draft format, however current projections suggest performance will be below the recovery trajectory. Red ambulance calls responded to within 8 minutes increased 3% to 54.3%, and ambulance handovers taking over one hour decreased by 8%, to 678. In February 2022, there were on average 292 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board's Hospitals. To date there were 271 patients. In February 2022, there were two new Never Event's reported, both of which were reported by Morriston Hospital. The number of falls reported via Datix web for SBUHB was 199 in February 2022. This is 12% more than February 2021 where 177 falls were recorded. Speech and language performance has increased. Pressure remains in podiatry, and challenges remain in therapies due to increased demand.

Key Matters raised by members;

- *Virtual wards in all clusters, however workforce constraints linked to COVID-19 isolation;*
- *Resent and recovery effect following two-week exercise*

- **Budgetary Management**

The report focused on budgeting and the allocation of resources across the Health Board within the financial year 2022/23. Budget Holders would be allocated budgets and accountable for delivering and against which performance will be measured. The plan set aside funding to support non-pay inflation. There will be a number of cost centres which would not attract this basic non-pay inflation. For those cost centres for which an uplift for non-pay inflation is appropriate the funding available will need to be equitably shared based on that cost centres % of the overall non-pay budget of the Health Board. Savings are only transacted on a budget basis materializing in the ledger and CIP and expenditure budgets will be reduced. National programme costs will be incurred and cashed out. Where national uplifts are agreed for GMS, GDS and Pharmacy contracts these uplifts are allocated directly to the primary community and therapies service group.

Key Matters raised by members;

- *Health and Social care levy*
- *Moving away from 2019/20 baseline*

- **Neurodevelopmental Service**

The next steps would be to explore a redesign of the pathway. The waiting list size has been impacted and the waiting list stands at 802 in February 2022 from 929 in March 2021. There have been waiting list initiatives. This includes expediting rising 18 year olds to additional waiting lists. Cwm Taf Morgannwg University Health Board (CTMUHB) is to serve notice on the service level agreement with SBUHB over the next few weeks. This will minimise the waiting list by 115 which is a positive move in the right direction. This has provided the opportunity for Bridgend patients to be seen locally which the preference for the majority of families. A phased handover to CTMUHB would not impact negatively on the children's waiting time. The outcome of a service review is awaited. A business case has been drafted and is being scrutinised by the business case assurance group. An advert has been drafted for locum NHS hours to support referral to treatment times. Mitigation actions around bottleneck triage is being reviewed, and a phone line is going live in April. The service is not in a unique position and themes are shared nationally.

Delegated action by the committee.

There were none.

Main sources of information received.

- **Annual Plan 2021/22 Q3**

The report was received for noting.

- **Child and adolescent mental health service (CAMHS)**

A verbal update was received from the Director of Strategy. Many of the single point of access cases had been returned to General Practitioners due to individuals not meeting the threshold. Additional sessions have been implemented to assist with CAMHS performance. The waiting list is being triaged and currently 50% of the waiting list are waiting for an appointment. Assessment intervention clinic is beginning in April 2022. Recommendations will be taken through Board for future management arrangements following external assistance.

Highlights from sub-groups reporting into this committee.

No reports received from sub-groups.

Matters referred to other committees.

Nil.

Date of next meeting

26th April 2022



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Agenda Item	2.3 i
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Freedom of Information Status	Open
Reporting Committee	Performance and Finance Committee
Author	Georgia Pennells, Corporate Governance Officer
Chaired by	Reena Owen, Independent Member
Lead Executive Director (s)	Darren Griffiths, Director of Finance and Performance
Date of meeting	26 April 2022

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

- **Financial Position (Month Twelve)**

The interim position at 14th April was £22.1m deficit. However, there is a further allocation adjustment outstanding, which will change the position to a reported deficit of £24.4m. The approved Capital Resource Limit (CRL) value, at 31st March 2022, was £68.7M. The approved CRL value includes Discretionary Capital and the schemes under the All Wales Capital Programme. The interim spend against this target was £68.7M, resulting in a small underspend of £0.03M.

There are four Board level financial risks: - Residual Cost Base (risk 73): There remains a potential for a residual cost base increase post COVID-19 as a result of changes to service delivery models and ways of working - Risk Rated 20. Resource required lower than health board recovery plan ambition (risk 79): The risk is reported as severe impact (5) but moderate likelihood (3) score 15. Availability of capital (risk 72). This risk has been re-opened for 2022/23 as the initial draft financial plan is not balanced given a 24% reduction in discretionary capital allocation. A score of 20 is suggested at this stage as the plan is now balanced a number of schemes are on hold and the flexibility within the plan is extremely limited given the reduction in the allocation. Bed savings release (risk 83). A significant amount of work is underway on this area at the moment with changes planned in the Emergency Department itself, GP services in support of this, length of stay reduction plans and the purchase of care home beds to increase patient flow, a current score of 15 be maintained in April with a high impact but medium likelihood. The mitigation of the risk will come through the actions of the Urgent Emergency Care (UEC) Programme Board and will be considered through a number of detailed discussions in April 2022 and May 2022 to refresh the savings profile for the Health Board.

Key matters raised by members:

- £30k underspend and potential to use it in areas of need. Members heard that a robust discretionary capital plan was in place prioritised against areas of need.

- **Savings Plan**

The total value of schemes identified for 2022/23 is £20m (£19.6m recurrently). Whilst the overall CIP figure is unchanged, there has been improvement in the recurrent savings, notably PCC. Work is continuing to focus on three priority areas.

- Increasing RAG statuses from red to Amber Green

- PMO reviewing how to increase overall tracker achievement to target of £27m
- Profiling exercise understand how the savings will deliver against budget profile.

Once the Health Board year end closedown is complete we will undertake a review of the balance sheet options to manage the savings gap as further schemes are identified. The primary focus will be to ensure that in each month there are savings delivered of £2.25m (1/12th of £27m) and that the recurrent component of that increases to the £2.25m value is achieved as quickly as possible.

Key matters raised by members:

- *Savings delivery.*

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

– Integrated Performance Report (Month Twelve)

To date the occupancy rate of confirmed COVID patients in critical care beds remains at a low rate with 1 Covid positive case, however general bed use still remains high with Covid positive patients. From a workforce position, between February 2022 – March 2022 the number of staff self-isolating increased by 166. In March 2022, the number of red calls responded to within 8 minutes saw an in-month reduction to 48.3%. In March 2022, the number of green calls increased by 13%, amber calls increased by 8%, and red calls decreased by 6% compared with February 2022. The Health Board's performance against the 4-hour measure deteriorated slightly from 72.32% in February 2022 to 71.39% in March 2022. In March 2022, there were on average 269 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board's Hospitals. This is the first time the Health Board has seen a reduction in number since December 2021. In March 2022 there were 7 Serious Incidents reported to Welsh Government and there were no Never Events reported. The number of falls reported via Datix web for SBUHB was 209 in March 2022. This is 22% more than March 2021 where 171 falls were recorded.

Key matters raised by members:

- *Deterioration in urgent and emergency care;*
- *Cancer waiting times.*

– Ministerial priorities

A total of 32 Ministerial Priority Measures have been introduced for implementation from April 2022. The Priority Measures have been introduced as part of a four-phase implementation programme with the ambition to align Health Board performance measurement with the goals of working towards 'A Healthier Wales'. The Ministerial Measures will be managed parallel to the NHS Delivery Framework Measures. New measures will be introduced in the remaining three phases which will be received in May 2022 and June 2023.

Delegated action by the committee.

Nil.

Main sources of information received.

- Financial Position Update
- Bed Efficiency Savings
- Integrated Performance Report
- Welsh Government ministerial performance measurement priorities for 2022-23
- A verbal update on cancer performance and recovery

Highlights from sub-groups reporting into this committee.

No reports received from sub-groups.

Matters referred to other committees.

Nil.

Date of next meeting

24th May 2022