		Agenda Item	**2.4 (iv)**

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	28 September 2021

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

- **Financial Position**

The month 5 position saw an overspend of £2.131m and £10.185 cumulatively due to pressures within workforce and increases in consumables costs. The Morriston Service Group had seen anoverspend of £185k in month 5 due to the open surge areas and unavailability of workforce. An overspend of £935k has been seen within Medical Staffing and Unit Medical Directors have put forward innovative plans to address. Confirmation from Welsh Government on the COVID-19 response and recovery funding was due imminently. Of the £27m savings projection, £3m related to bed efficiency schemes in this year, increasing to £10m in 2022-23 and this was a risk under the current pressures and work was still underway on the bed release plan. An assessment on bed release would be taken at Board level in Quarter 4.

Matters raised by members;

- *Bed Efficiencies;* An increase in re-ablement beds in the community would help reduce costs and savings projections were based on moving beds out of the acute care system but timings need to be carefully considered in the current pressured climate.

- **Enhanced Virtual Wards**

The business case had been agreed for implementation, initially to establish virtual wards across four of the clusters, with a Go Live date for December 2021. Each of the clusters would have their own multidisciplinary teams providing wrap around care for frail and elderly patients with multifaceted needs. The aim is to reduce long lengths of stay and avoidable admissions. There were 5 key areas of work being progressed; recruitment, the digital requirement; quality improvement and performance; outcomes and policies and a clinical framework. Although there had been good engagement with 14 out of the 18 practices, concerns had been raised surrounding the current pressures in the system particularly within domiciliary care. Recruitment had been highlighted as a risk across the areas but use of existing staff had been a temporary solution.

Matters raised by members;

- *Measurable progress*; Progress would be monitored closely via digital platforms on a whole system approach across both primary and secondary care. Outcomes were defined by seeing a 10% reduction in length of stay and ambulance requirements.

- *Patient Experience on the Virtual Wards*; Patient experience would be monitored by the use of PROMS and PREMS (Patient Surveys) and via patient stories.

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

- **Integrated Performance Report**

The report now included trajectory information for the escalation areas; Urgent and Emergency Care and Cancer and an alternative view of the planned care waiting list, of which the total number of patient waiting of 36 weeks was 35k. Demand for emergency department care had increased. Performance for red calls had deteriorated to 49% to date. Ambulance handover delays over 1 hour stood at 700 and 4-hour wait performance stood at 71% to date. E.coli bacteraemia rates had increased in August and there were 22 Clostridium difficile cases, of which 20 were hospital acquired. The number of serious incidents closed within 60 days was 0% against the 80% target during August 2021. The number of falls had increased slightly in August 2021. Staff sickness levels had deteriorated to 7.5% for July 2021. A recovery bid of £485k to address performance in Cardiac Diagnostics had been allocated. In August 2021, theatre utilization stood at 69%, with late starts and early finishes continuing to be a challenge. 12% of theatre sessions were cancelled at short notice. There had been a slight improvement in Neurodevelopment Service performance.

Matters raised by members;

- *Speech and Language Therapy performance;* Waits had not reduced and demand was increasing as workforce levels decreased. Further information would be requested from the Primary Care and Community Service Group.
- *Waiting list initiatives (WLIs);* The importance of the continuation of WLIs particularly within the escalation areas.
- *Planned Care Recovery Plan;* Further assurance required in relation to communication with patients and waiting list reviews to ensure minimal harm to patients. There had been positive movement in the plan particularly within the ophthalmology and orthopaedics, with a focus on category 1 cases.

- **Urgent and Emergency Care**

Performance against the Tier 1 targets remained below the expected level. COVID-19 demand in the system was prevalent, and the COVID-19 pathways had made the management more complex. Although cases were less severe there an increase requirement for intensive oxygen support on the wards. The number of clinically optimised patients remained high at 268 to date. The development of a dashboard would provide a granularity of data for patients on the clinically optimised list and extensive work was underway to tackle the numbers including; improved board rounds, a designated working group; joint recruitment initiative, extended therapies and clinical support services of over 7 days; Home First and Virtual Wards.

Matters raised by members;

- *Underutilisation of the urgent primary care centre*; A 2 hour safety huddle was now in place to review all space available outside ED;
- *Reporting* – more detail required within the reports to include definitions of pathway 1 to 4 and a clear illustrations of the plan and trajectories
- *Issues raised at Welsh Ambulance Service Trust briefing session* – Members sought information on addressing those issues and the links to the urgent and emergency care plan;
- *Same Day Emergency Care Model* – would take place in a phased approach due to the changes needed to the physical environment for services like GP Out of Hours. A bid for funding had been made to Welsh Government.

- **Cancer Performance**

Cancer was now in enhanced performance monitoring and significant work had been undertaken since August 2021.There was now an increased focus in 5 priority areas; Capacity and Demand; actions plans for 6 top tumour sites; driving down diagnostic waits; digital intelligence with the development of a dashboard and recruitment for additional trackers.

The number of patients entering the cancer pathway has significantly increased in comparison to July 2020. Cancer backlog continued to be a challenge with increased referral levels with lower gastrointenstinal (lower GI) accounting for 49% of the backlog. Lower GI was now in enhanced monitoring and a push for FIT testing in primary care would see these numbers reduce. The health board had identified £1.5m recurrently, to support cancer delivery within its annual plan. The report provided members with some assurance that there was a better understanding of issues and action plans in place to address. An update would be provided to committee in December 2021.

Matters raised by members;

- *Trajectories;* the 7% reduction against targets had been set as an achievable number for the team and the increases and decreases over the year represented a realistic estimate of the varied volumes of patients. .
- *Recruitment;* external and internal recruitment had taken place for posts within the cancer information team including Trackers, where there was a more robust pattern of working and monitoring arrangements for these essential staff members.
- *Accountability placed on Service Groups;* there was mixed accountability across the service groups in terms of supporting the cancer pathway
- *Recovery Monies;* members were assured this funding would be fully utilised, a number of schemes were underway and slippage would be utilised through waiting list initiatives and recruitment of trackers
- *Support for patients waiting for diagnosis* – patients were supported through the tracker role but there was more to be done to support patients. A helpline was suggested as an option to consider.

- **Child and Adolescent Mental Health Services (CAMHS)**

The staff pay position for Waiting List Initiatives was under discussion with Cwm Taf Morgannwg University Health Board (CTMUHB), the proposal had not been supported but an offer was made for double pay on Sundays to address the backlog with the agreement that there were clear milestones in place. CTMUHB wanted to take a consistent approach on how staff are paid. A further update would be provided at next committee.

Delegated action by the committee:

There were none.

Main sources of information received:

- Urgent and Emergency Care Report;
- Integrated Performance report;
- Cancer Performance Report;
- Enhanced Virtual Wards;
- 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:	
- Healthcare acquired infections Performance - members concerns would be raised at Quality and Safety Committee.	
Date of next meeting	**26th October 2021**

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	26 October 2021

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

- **Financial Position**

The month 6 position was an overspend of £12m cumulatively. The health board was currently on target to deliver the £24.4m forecast deficit. There was a significant underspend within workforce due to vacancies and the application of the recent pay award to these but the expenditure for operational pressures and increased activity offset the workforce underspend. Recovery monies had been received from Welsh Government which had been deployed to the service groups but exit plans were now needed for the expenditure. The health board's savings plans (£26m) accounted for a quarter of the national savings which was a good position to be in. The savings delivery may slip due to the inability to release beds but this would be countered by a reduction in investments. £109m had been spent as part of the Covid-19 response in comparison with £140m last year, but that included £30m to establish the field hospital and was funded by Welsh Government. There were three significant risks relating to finance and a further risk was proposed relating to the non-delivery of savings due to the challenges to bed releases. The Chief Executive had asked the Medical Director and Director of Nursing and Patient Experience to each reduce their establishment costs by £2m.

Matters raised by members;

- *Bed release savings;* Some releases were reliant upon service reconfigurations and initial benefits were on patient experience, later stages of bed release would lead to financial benefits.
- *Pay budgets underspend link to bank and agency costs;* 130 new graduates were expected imminently which would help the position and consideration is to be given to further utilisation of therapy staff in lieu of nursing staff.
- *Savings;* Concerns that the £4.4m workforce savings would be lost if the health board achieved full establishment. A focus needed on priority issues firstly including the commissioning of care home beds which would increase bed numbers rather than decrease;
- *Continuing healthcare Costs* – were escalating. A review of was being undertaken by mental health services to ensure packages of care were appropriate for their needs; this would enable the correct budget to be set. A reflection on learning disabilities packages including the modernisation of the service, was also taking place.
- *Further COVID-19 Funding;* £21.6m additional monies would be focussed on recovery and further funds would allocated in due course but it was unclear the level of allocation and their criteria.

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

- **Performance and Finance Risk Register**

There were nine risks assigned to the committee with a score of 20 or higher. Urgent and emergency care had been rescored from 16 to 25 but the risk for access to cancer services had reduced. Two Covid-19 risks had been escalated in relation to workforce.

Matters raised by members;

- *CAMHS risk Scoring*; Currently at (16), a review may be needed given the vulnerability of the service;
- *Review of internal controls*; members were assured that budgets had been rebased, recovery measures introduced including a recruitment freeze in Workforce
- *Urgent and emergency care and planned care risk scores of (25)* – consideration needed on prioritisation of actions given the pressures in the system.

- **Integrated Performance Report**

The four-hour emergency department performance was 72.2% for October 2021, The 12-hour emergency department wait was recovering from a peak, with 1,250 cases in September. The red ambulance response time had been on a steady decline since June 2021 and was at 44% for October 2021. The One-hour ambulance handover delays had improved to 642 in September 2021 and there were currently 250 clinically optimised patients in the system. The national single cancer pathway target was 65% and the figure for September 2021 currently stood at 57%. The number of Covid-19 cases for this wave was now the same as the second peak, and there were 450 staff self-isolating. There were currently 72 inpatients with Covid-19 and a further 46 recovering, which equated to four/five wards. The numbers of clostridium difficile and e.coli infections had improved but a deterioration in s.aureus bacteraemias and klebsiella. Sickness absence had risen from 6% to nearly 8%, which was affecting the ability to respond to operational pressures. The numbers waiting more than 26 weeks for an outpatient appointment and 36 weeks for treatment was stable, as some recovery work had started, but there was more to do. Improvements had been made in mental health assessments but there was still work to be done in some areas of CAMHS.

Matters raised by members;

- *Assurance on unvalidated Single Cancer Pathway performance figures*; as part of the escalation status, 'real-time' information was provided on a weekly basis and this would be provided to the committee on a regular basis.
- *Relative harms dial;* The chart would be reviewed to include a more subjective view and to ensure the dial was aligned with current performance
- *CAMHS Performance;* members were pleased to see performance improvement but the service was still vulnerable with low staff numbers. Challenges had been identified by GPs in terms of returned referrals, a robust process was in place and work was needed to ensure they understood how it worked.
- *Access to GP's*; there is discontent within communities as to what access constituted with some wanting face-to-face appointments
- *Neath Port Talbot Emergency Department*; A third of unscheduled care patients were seen at NPT with 99% performance rates. The service group had now been challenged to identify ways it could support the emergency department at Morriston Hospital to relieve the pressures.

- **Urgent and Emergency Care Update**

Attendance levels were now at pre-COVID levels but improvements had been seen in terms of ambulance handovers and hours lost, but there were still challenges to address. A joint

plan with the Welsh Ambulance Service NHS Trust (WAST) was in development to address ambulance handover delays. Focus was being given to the use of other services now co-located with the emergency department. The number of specialists working within the emergency department was to be increased and staff sickness was high within the department. Initiatives to support more timely discharges were being implemented, including early board rounds and inclusion of nurses in the discharge process. Additional community capacity was being sought for clinically optimised patients. The digital dashboard which highlighted all clinically optimised patients and a performance dashboard was in development to hold service managers to account.

Matters raised by members;

- *Family Support*; the recent social media post was positive and discussions were being undertaken directly with the families.
- *Lessons learned – patient flow;* an improvement plan had been developed by the ED team and included different ways to support patients while they waited. Workforce plans in times of high demand were also being developed.
- *Measurement of success of improvement plans;* Key performance indicators were used to measure the impact and a dashboard was also in development.
- *Patient Choice;* patient choice had been suspended during the pandemic and difficult discussions were required. Members were assured patients would not be transferred until they were well enough not to be in an acute setting.

- **Stroke Performance**

The main challenges to the delivery of stroke services was the inability to secure a stroke bed or CT scan within an hour due to the urgent and emergency care pressures. The health board was below the national average for thrombolysis and admission to stroke wards but performed well in other areas and there had been an improved access to assessment. A commitment had been made to establish a hyper acute stroke unit (HASU) which would require investment, as well has discussions surrounding additional CT capacity. Work had commenced to create on rehabilitation model rather than what is currently in place.

Matters raised by members;

- *Funds for an additional CT scanner;* this was being worked through as part of the HASU case. An additional scanner in the radiology department for use by other services had been put forward as a solution.
- *A Regional HASU*; discussions had taken place Hywel Dda University Health Board but improvement of SBU's own performance was key priority. Also, challenges with servicing the full HDU HB population would prove difficult due to its geographical area and reaching a HASU at Morriston within one hour;
- *Plans to improve stroke performance*; there were local plans within the service and first steps would be the recruitment of advanced nurse practitioners. Agreement had been given to progress the HASU and proposals were in development. There was a £500k allocation to start the work and consideration of the use of charitable funds for the additional CT scanner.

- **Planned Care Update**

Emergency pressures within the system were causing some challenges to elective services as well as staffing constraints. A significant amount of work had been undertaken around advice and guidance to reduce the numbers of people requiring a referral to secondary care and this had resulted in 30% of referrals being redirected. 40% of outpatient consultations had been undertaken virtually in 2020-21. A review of the current lists was underway to ensure patients needed to remain on them, and work was underway within ENT to ensure patients were on the correct pathway. In/out sourcing had been procured and theatre capacity

was being increased through weekend working. Elective capacity was now back to pre-COVID levels. A further 26 theatre sessions were to be added across the 3 sites providing additional capacity.

Matters raised by members;

- *More opportunities from GP Cluster Work;* An approach from primary care clusters to support operational pressures had enabled 23% cardiology patients be removed from the waiting list. Diabetes, respiratory services and cardiology were initially identified as potential areas but only cardiology was suitable. A proposal has been made to move ENT access into primary care clusters as well as further work within cardiology.
- *Outsourcing constraints for orthopaedics;* complex cases can only be operated on at Morriston site but there is a plan to create a dedicated orthopaedic centre at Neath Port Talbot from Summer 2022
- *Outpatient Accommodation;* members noted the loss of 40 consulting rooms due to the need for temporary intensive care units. They were assured that virtual appointments were helping to mitigate, as well the use of alternative accommodation within primary care and community services.
- *Emotional Wellbeing of Patients;* A bid had been submitted to create a planned care optimisation clinic to provide support to patients on a specialised cancer pathway.

- **Continuing Healthcare Quarter One Report**

The number of retrospective cases remained low but it was anticipated this number would rise A number of care homes had escalated concerns and the health board was working with the local authorities and care home inspectorate to manage the situation. There were around 30 homes in the 'red' category, either due to occupancy levels or standards and a piece of work was underway as to how to manage the fragility. The Welsh Government hardship fund for care homes started to wind down in September 2021 and potential uplifts for funded nursing care were under discussion nationally, with the current proposal at 3%. There was a lower case load in quarter two but this had not led to a reduction in costs as a number were of high complexity..

Matters raised by members;

- *Registrants;* this was a key priority for the commissioning care group including a focus on overseas recruitment
- *Judicial reviews;* agreement of timescales were underway with services across Wales and Welsh Government
- *Continuing healthcare costs;* on an upward trajectory and assurance sought on the containment of costs. A value for money approach to commission care packages was being developed.

Delegated action by the committee:

There were none.

Main sources of information received:

- Integrated Performance report;
- Urgent and Emergency Care Update
- Stroke Performance
- Planned Care Update
- Continuing Healthcare Quarter One Report
- Performance and Finance Committee Risk Register
- 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:	
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Date of next meeting	**23rd November 2021**