



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



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| <b>Agenda Item</b> | <b>2.3</b> |
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| <b>Freedom of Information Status</b> | Open  |
| <b>Reporting Committee</b>           | Joint Committee of Performance and Finance and Quality and Safety |
| <b>Author</b>                        | Claire Mulcahy, Corporate Governance Manager                      |
| <b>Chaired by</b>                    | Martyn Waygood, Independent Member                                |
| <b>Lead Executive Director (s)</b>   | Darren Griffiths, Interim Director of Finance                     |
| <b>Date of last meeting</b>          | 25 May 2021   |

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

- **Cancer Report**

A report was received providing performance information up until March 2021 and performance stood at 72% against the 75% target. Predicted performance for April 2021 was 60%. Referrals were now at pre-COVID levels. Challenges remained in diagnostics, chemotherapy and radiotherapy and the backlog continued to be high. The expansion of hypofractionation had been agreed. Work would begin imminently and chemotherapy capacity issues were being addressed with the expansion of the Homecare team,

Guidance for 'patient pathway reviews' was still awaited from Welsh Government and these would be clinically led for patients who breach the 104 days. Discussion surrounding access to the private sector ensued and it was advised a regional approach was supported and encouraged across Wales by Welsh Government. The health board had been successful in securing contracts but the level 2 and level 3 facilities were only available out of area. Concerns were raised regarding the effects of long waits for patients and communication with patient along the pathway was paramount. A sustainable cancer plan for the longer term was required and the health board would need to maximise the investment opportunities that were available in terms of capital funding.

- **Planned Care Report**

Outpatient demand had increased with an increase in referrals. Patients were now presenting with multiple morbidities. Outpatients was currently running at around 70% of activity, due to capacity and current restrictions. The Royal College of Surgeons guidance was still being followed with circa 1500 patients within the priority 2 category. Mobile solutions have improved the diagnostic position. Monitoring harm for those patients on lists was challenging as within the majority of specialities, there was not a clear categorisation for harm.

It was highlighted that work in relation to prehabilitation was part of the recovery programme. As a result of the long waits, patients were becoming deconditioned and were advised on lifestyle changes to improve outcomes of treatment. In relation to factoring in prudent healthcare across service changes, a national agreement would be required but some work was being undertaken with a review of category 4 patient procedures. Members stressed the importance of communication with patients throughout the pathways, as well as communication with the

public and workforce in regards to length of waits. This would need to be undertaken once the prioritisation method was confirmed by Welsh Government. Members agreed that the funding received for planned care recovery should focus on qualitative aspects not just performance

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

As above.

**Delegated action by the committee:**

None.

**Main sources of information received:**

- Cancer Update Report
- Planned Care Update Report
- Terms of Reference for Performance and Finance Committee and Quality and Safety Committee

**Highlights from sub-groups reporting into this committee:**

No reports received from sub-groups.

**Matters referred to other committees:**

None.

**Date of next meeting**

To be confirmed.