



**GIG**  
CYMRU  
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WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



<b>Agenda Item</b>	<b>2.4 (ii)</b>
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<b>Freedom of Information Status</b>	Open
<b>Reporting Committee</b>	Performance and Finance Committee
<b>Author</b>	Claire Mulcahy, Corporate Governance Manager
<b>Chaired by</b>	Reena Owen, Independent Member
<b>Lead Executive Director (s)</b>	Darren Griffiths, Interim Director of Finance
<b>Date of last meeting</b>	26 January 2021

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

##### • Integrated Performance Report

COVID-19 cases and bed occupancy for December 2020 was significantly high but January 2021 saw cases and bed occupancy decrease from 250 to 158. Although demand for emergency department care had reduced, performance in the four-hour and twelve-hour waits had deteriorated as well as the number of ambulance delays over one hour. The infection control position for December remained steady with the exception of Klebsiella in which cases that had increased slightly. An in-month reduction in patients waiting over 36 weeks was evident however; this was the result of the dip in referrals during the 1<sup>st</sup> wave. The overall size of the follow-up waiting list had reduced by 911 patient during December 2020. The Single Cancer Pathway measure was now underway and figures for December 2020 were in the process of validation. Due to the pressure in the system, performance for admission to Stoke Unit within 4 hours had deteriorated, however clinical review within 24 hours performance remained steady. The volume of COVID-19 patients arriving at the emergency department and the process of streaming patients safely via the system was putting significant pressure on all areas. Particular concern was raised about the ambulance red-calls and further assurance sought on whether harm was caused by drop in performance.

Members raised particular concern for the low performance figures within neurodevelopment assessment and further assurance sought via a report due to committee in March 2021.

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

##### • Continuing Healthcare Report

An update was received on the position with CHC for quarter. The significant pressures on the sector were highlighted to committee, particularly within areas such as staffing, the lack of registrant nurses in the sector and the financial vulnerability. Additional funding was provided to local authorities and the health board for distribution to the care homes but their financial vulnerability was affecting their ability to function. Costs were also increasing due to the complexity of cases despite a reduction in the number and the health board would need to continue to support the care home sector to ensure sustainability and the quality and safety aspect of the position.

Members raised concern for the sustainability of the sector and lack of the plan to address this longer term. They requested that the risk rating be increased and escalated higher onto the corporate risk register.

- **Financial Position**

The cumulative overspend for month nine stood at £18.680m with movement in-month of £1.944m. The health board were on track to deliver the planned £24.4m forecast deficit at year-end. The cumulative COVID-19 response costs at December 2020 stood at £85.224m. Pay budgets reported a £7.705m overspend which was net of the application £6.831m funding received to support additional staff costs incurred during the first quarter. Due to vacancies not fully covered, there also stood an underlying underspend of £10.010m in pay, therefore pay budgets would be realigned to this level of expenditure in order to maintain and manage the position and service expectations. Savings delivery at month nine was £4.512m against the planned delivery £17.117m. The Welsh Government draft budget was issued in December 2020 and included £430m in additional growth funding; the health board's allocation would be confirmed later in the year.

#### **Delegated action by the committee:**

The committee took no delegated action.

#### **Main sources of information received:**

- Integrated Performance report;
- Continuing Healthcare Report
- 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:**

No items referred to other committees.

#### **Date of next meeting**

23<sup>rd</sup> February 2021



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<b>Chaired by</b>	Reena Owen, Independent Member
<b>Lead Executive Director (s)</b>	Darren Griffiths, Interim Director of Finance
<b>Date of last meeting</b>	23 February 2021

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

- **Integrated Performance Report**

January 2021 saw the lowest amount of new COVID-19 cases since September 2020 although bed occupancy for both new and recovering patients remained high. Demand for emergency department care had reduced and red responses were good with performance at 69%. Four-hour and twelve-hour performance had improved during January 2021. The infection control position for January 2021 remained steady. The number of patients waiting over 26 and 36 weeks had reduced in-month however, this was a result of the dip in referrals in the first wave. Admission to the acute stroke unit continued to be a challenge due to the pressure in the system; however, clinical review within 24 hours remained steady. Figures for staff sickness during December 2020 had shown a deterioration to 9.84%. The backlog of patients in the Single Cancer Pathway had improved since the end of January 2021 from 432 patients waiting over 63 days to 342 as at the 23<sup>rd</sup> February 2021.

- **Follow Up Not Booked Progress Update**

The figure for patients on the over 100% delayed follow-up waiting list stood at 28,479 for January 2021, there had been a marginal improvement on the total waiting list during the month. There had been a focus on urgent consultations during the pandemic and approximately 40% of all appointments were being delivered virtually. Work was underway to target the waiting list with initiatives such as *Doctor Doctor* which aimed to establish those patient who no longer required appointments and *Consultant Connect*, which was a virtual platform used by primary care practitioners. Links were made to the outpatient modernisation programme; Members were advised on the national conversations surrounding the move to a risk stratified approach for outpatients and planned care but acknowledged the significant public engagement this would require.

- **Quarter Three - Operational Plan Delivery of Actions**

The paper provided a high-level summary of the completed, on-track and off track actions and detailed feedback on the off-track actions including revised milestones and mitigating actions. Overall, there was a good level of progress achieved and delivered against the milestones. There were nine off-track within the following areas; *Surgical and Theatres, Diagnostics and Imaging, Cancer and Palliative Care, Children, Young People and Maternity and Digital Transformation*. Members were informed of the reasons for delays and what measures were proposed to ensure delivery of these actions."

<b>Key risks and issues/matters of concern of which the board needs to be made aware:</b>	
<ul style="list-style-type: none"> <li>• <b>Unscheduled Care</b></li> </ul> <p>The report provided updates on the health board's performance against the key Tier 1 unscheduled care targets. Members were also informed of the progress of the work programmes to improve unscheduled care access, which were set in line with the Welsh Governments six goals. A number of further initiatives had been put in place to support flow and this included patient flow co-ordinators, discharge vehicles and the Patient Offload Mobile Unit. An update report would be received at Committee in April 2021.</p> <ul style="list-style-type: none"> <li>• <b>Financial Position</b></li> </ul> <p>The cumulative overspend for month ten was £20.575m with movement of £1.896m in-month. Pay costs had been the highest in 2021/22, at around £0.9m higher than forecast, primarily due to an increase in variable pay. Income budgets reported an under-achievement of £7.006m, which reflected the reductions in income from key activities such as private patients. Savings delivery to month ten stood at £5.168m and total savings delivery for the full year was £6.2m. The health board were on track to deliver the planned £24.4m forecast deficit at year-end but members highlighted the need to be cautious as there a number of risks that could affect this bottom line. Year-end accounting, changes in stock and equipment and technical treatments could all have an impact and a significant amount of work to be undertaken in the coming months.</p> <p>The Committee endorsed the proposal to reduce the risk for the Capital Resource Plan to 9 based on the improved funds flow via the COVID-19 response.</p>	
<b>Delegated action by the committee:</b>	
The committee took no delegated action.	
<b>Main sources of information received:</b>	
<ul style="list-style-type: none"> <li>• Integrated Performance report;</li> <li>• Unscheduled Care performance report;</li> <li>• Follow Up Not Booked Progress Update;</li> <li>• Operational Plan 2020/21 - Delivery of Q3 Actions;</li> <li>• Finance Report;</li> <li>• Financial Monthly Monitoring Returns</li> </ul>	
<b>Highlights from sub-groups reporting into this committee:</b>	
No reports received from sub-groups.	
<b>Matters referred to other committees:</b>	
<ul style="list-style-type: none"> <li>• Low performance figures within the Fractured, Neck of Femur were referred to Quality and Safety Committee on the 23<sup>rd</sup> February 2021.</li> </ul>	
<b>Date of next meeting</b>	23 March 2021