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Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



	Agenda Item	2.3 (ii)
<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>	23 March 2021	

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

- Integrated Performance Report**

February 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 increased resulting in deterioration in the percentage of patients seen in 4 hours and ambulance handovers taking longer than one hour. The infection control position for February 2021 remained steady. The volume of GP referrals had increased during February 2021, now up to pre-COVID levels. The number of patients waiting over 26 and 36 weeks remained steady. 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 January 2021 had shown an improvement to 8.13%. The backlog of patients in the Single Cancer Pathway had improved since the end February 2021 and was the best position so far with 285 patients waiting of over 63 days.

- Update on Medically Fit for Discharge/Clinically Optimised Patients**

The report highlighted key actions in progress to improve the understanding of this patient group and to reduce the number of *clinically optimised patients* in health board beds. The position remained static at around 130 patients to date. Improvements in patient flow were evident with the use of the residential rehabilitation bed pool in Bonymaen House. The facility had 14 beds with the aim to increase to 25, for use of patients across Swansea Bay, ensuring they were for patients on the correct pathway. Developments were in train for the roll out of the new version of the SIGNAL which would be available in May 2021. Members made reference to a recent internal audit on Discharge Planning which highlighted widespread non-compliance with the Safer Policy and use of SIGNAL. An update on SIGNAL was requested for Committee in May 2021.

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

- Cancer Performance Update**

The Cancer pathway continued to be impacted by the pandemic, with capacity being the main factor. Performance in January 2021 stood at 68% against the target of 75%. There had been a decrease in the number of referrals in January 2021. The lowest since September 2020. During January 2021, 200 Oncology referrals were received, which is 25% less than we received in Jan in 2019 and Jan 2020. It was anticipated that the referrals would increase again which would be challenging due to the lack of capacity in the system. It was advised that all health boards in Wales would be required to undertake harm reviews for those

patients who breach 104 days following diagnosis, and guidance is awaited from Welsh Government. The reviews would be clinically led and learning would be applied across pathways to avoid harm going forward.

- **Planned Care Update**

The report informed of current performance and key activities underway to improve the planned care position. GP referrals had increased to pre-COVID-19 levels, outpatients were operating at 70% capacity with virtual consultations at around 40%. The top 9 highest volume specialties were within surgery and made up 83% of the outpatient list. Waits for over 36 week accounted for 91% of the total waiting and over 52 weeks accounted for 95%. Significant focus was needed on the surgical specialities.

For quarters one and two, the health board would continue to use the traditional RTT methodology to reduce lists but members agreed that clarity was needed as to whether the clinical prioritisation methodology would supersede this. In terms of funding, the Welsh Government allocation for the recovery had not been confirmed, however current costing stood at £45m and therefore consideration and prioritisation was needed. Members raised concern for the health board's access to the independent sector provision as part of the recovery, discussions had taken place with the sector across Wales and the health board would need to move quickly to secure their provision.

### **Financial Position**

The cumulative overspend for month eleven was £22.333m with movement of £1.757m in-month. The health board was on track to deliver the planned £24.4m forecast deficit at year-end. There was a balanced discretionary capital plan for 2021-22. Variable pay costs remained higher than average in month eleven but had reduced significantly since month ten. Savings delivery to month eleven stood at £5.747m against the anticipated total savings delivery of £6.3m.

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

The committee **approved** the changes to the following risks;

- The risk of COVID cost being built into the Health Board cost base – retain in risk 73;
- The risk of COVID response costs being in excess of funding available, add to risk 73 and;
- The risk of COVID recovery costs not being sufficient to meet the health board's aspirations to recover from COVID be established as new risk;

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

- Integrated Performance report;
- Medically Fit for Discharge/Clinically Optimised Patients;
- Cancer Performance Report;
- Planned Care 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:**

<b>Date of next meeting</b>	27 April 2021
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Lead Executive Director (s)	Darren Griffiths, Interim Director of Finance		
Date of last meeting	27 April 2021		
Summary of key matters considered by the committee and any related decisions made:			
<ul style="list-style-type: none"><li>Integrated Performance Report</li></ul> <p>The number of new COVID-19 cases continued to reduce with March 2021 having the lowest amount of new cases. Bed occupancy rates for confirmed cases also continued to reduce, as well as COVID-19 related staff absences. Demand for emergency department care had increased in March however there was an in-month improvement in for 4-hour and 12-hour waits. The number of clinically optimized patients stood at 157 to date and pressures were still apparent across the system. GP referrals continued to increase but the number of patients waiting over 26 and 36 weeks remained steady. The infection control position for March remained steady with a slight spike seen in <i>E.Coli</i> and <i>Staph.aureus</i>. February 2021 saw a deterioration in performance against the Single Cancer Pathway and the backlog of patients had increased during March 2021. Due to the pressure in the system, challenges for admission to Stoke Unit within 4 hours continued, however clinical review within 24 hours performance remained steady.</p> <ul style="list-style-type: none"><li>Primary Care Performance Data</li></ul> <p>The report provided an explanation of the information available to the health board in terms of the quality and performance of access to primary care contracted services. Those being; <i>Medical Services Access Standards; GP Sustainability; GP and Community Pharmacy Escalation Levels; Access to General Dental Services and Patient Feedback</i>. Significant pressure has been felt by the GP practices during the pandemic, also due to their significant input into the COVID-19 and flu vaccination programmes. GP sustainability was a concern for members and it felt it would be useful for committee to have a better granularity of the data in terms of those practices with sustainability issues. Members highlighted the importance of the Board having sight of data on the qualitative aspects of these services, as well as the activity based data.</p>			
Key risks and issues/matters of concern of which the board needs to be made aware:			
<ul style="list-style-type: none"><li>Unscheduled Care Update</li></ul> <p>Performance against the unscheduled care Tier 1 remains below the expected level, and activity levels were moving towards pre-COVID levels in both Morriston and Neath Port Talbot Minor Injury Unit. There was pressure in the system with an increase in admissions, emergency day bed utilisation, length of stay and delays in discharge.</p>			

A number of important developments were underway to improve emergency care including the Same Day Emergency Care Service model; virtual wards within the community and the *Hospital to Home* package. Members raised concerns surrounding the volume of patients at the emergency department and whether they were being appropriately re-directed. They were assured that the direction of travel was towards streaming patients appropriately, utilising the above initiatives and the use of the urgent care centre. The environment at the emergency department was highlighted as an area for improvement in terms of patient experience.

- **Neurodevelopment Assessment Performance**

The report set out the current position within the service, in which capacity was the key factor to the low performance. Referral rates remained higher than planned capacity and this was contributing to the long waiting times as well as the considerable backlog. Work was underway in terms of pathway redesign in line with national standards, but pathways were complex with 15 to 20 hour assessments before diagnosis. During the pandemic the service had adopted the 'Attend Anywhere' initiative and continued to provide education and support to schools and families. The report set out the aim to secure further funding to close the capacity gap and it was advised that options would be explored with regards to securing funding from Welsh Government allocations for Mental Health and Child and Adolescent Mental Health Services (CAMHS). Members felt the report did not provide a solution and it was imperative for a focus and drive for improvement in performance, as well as a future plan for sustainability. A further update was requested for Committee in July 2021.

- **Financial Position**

The health board's cash balance closed at £1.164m in line with the Welsh Government requirements. The health board reported a £24.305m year-end deficit against a forecast deficit of £24.405m. The Capital Resource Limit was achieved by delivering a £28k underspend. The health board achieved 93.89% against the Public Sector Payment Policy.

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

- The Performance Management Framework was **recommended** for **approval** by the Health Board on the 27<sup>th</sup> May 2021.

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

- Integrated Performance report;
- Primary Care Performance Data;
- Neurodevelopment Assessment Performance;
- Unscheduled Care Update
- Performance Management Framework;
- 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**

**27<sup>th</sup> May 2021**