

<b>Agenda Item</b>	<b>2.2 (iv)</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>	22 July 2021

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

• **Financial Position**

The agreed annual plan for 2021-22 indicated a £42m year-end deficit but the revised forecast following the £17.672m non recurrent funding stood at £24.4m. The month 3 position saw an overspend of £1.9m and £6.081m cumulatively. A plan was being prepared to focus on the overspend with within Mental health and Learning Disabilities related to CHC cost. A vacancy freeze was in place within the Directorate of Workforce and OD pending urgent review of savings plans. Both Pay and Non-pay budgets reported underspends in month 3. The health board has identified £27.7m savings requirement for 2021/22 of which £25.4m are green and amber. For the 1<sup>st</sup> quarter in plan, £7m of savings have been delivered, which was on track. The committee agreed the re-opening of risk 72 on capital availability.

Matters raised by members;

- *Performance against the planned budget*; members were assured that the improved system of control, action against variants and the flexibility awarded to the Director of Finance ensured that figures were as close as possible to the planned budget;
- *Savings*; delivery against the target is to be set out within each iteration of the report going forward

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

• **Integrated Performance Report**

The number of new COVID-19 cases stood at 100 and bed occupancy rates remained low with 12 confirmed COVID-19 patients.

Demand for emergency department care had increased with attendance now at pre-COVID levels. Performance for red calls had deteriorated to 62% in July, ambulance handover delays had increased from the pressure over recent months and 4-hour wait performance stood at 75% to date. The number of clinically optimized patients stood at 206 to date and numbers were increasing. Performance against the Single Cancer Pathway measure was at its lowest to date at 58%; The single cancer pathway backlog was 531 patients to date, primarily relating to diagnostic testing; Both Urgent and Emergency Care and Cancer Performance had been escalated to Level 1 and were subject to weekly monitoring. The committee requested sight of these actions plans following their approval at Management Board. June 2021 saw a slight in-

month reduction in the number of patients waiting over 26 weeks for a new outpatient appointment, however the number waiting over 36 weeks for treatment has seen a slight increase. Performance against the Mental Health Measure was maintained but access times for routine Child and Adolescent Mental Health Services (CAMHS) remained challenged.

Matters raised by members;

- *Ambulance Performance*; Pressures were being seen across Wales with severe delays in ambulance response times, a national taskforce was in place to address;
- *Urgent and Emergency Care Position*; the biggest issue across 6 domains was within Home First and the Clinically Optimised Patients position. There were workforce issues within domiciliary care. A wide range of initiatives were in place i.e. Virtual Wards and same day Emergency Care Unit.
- *Speech and Language Therapy performance*; Waits had not reduced and this was being closely monitored with an improvement trajectory to reach by the end of quarter 3;
- *Theatre Efficiencies*; Performance currently stood at 89% of pre-COVID levels, the aim to be 100% by September 2021. More information on Theatre Efficiencies to be included within the performance report for monitoring;
- *Trajectories*; Performance trajectories for Urgent and Emergency care, Planned care and Cancer to be included within the performance report going forward;
- *Notifications from NHS COVID-19 App*; this had impacted on staff absence levels and escalation to Welsh Government was needed.

#### • **Neurodevelopment Services (NDD) Performance Update**

Despite a slight improvement, the waiting list position remained high at 659 patients waiting over 26 weeks at the end of July. This was a concern for members. Referrals into the service remained steady but a rise was expected in July 2021 prior to school holidays. Pressures remained within the team due to long term sickness, however a consultant post had been advertised which should provide more capacity. Discussions were underway with CMTUHB surrounding the termination of the Service Line Agreement in March 2022. The NDD service had participated in a Welsh Government review of national NDD services, phase 1 was complete and proposals had been drawn up.

Matters raised by members;

- *Support for patients on the Waiting List* – On a regional basis, work was underway through the Additional Learning Needs Education Tribunal (ALNET) which sets out a universal offer to support children and families. Locally patients and families were supported via the FOOTPRINTS service and the NDD service was open for patient support during their time on the waiting list;
- *Repatriation of patients from CMTUHB*; the disaggregation of the SLA was complex and wider discussion was needed to ensure the service was not destabilised, that the financial element is fully considered with a view to ensuring the best outcome for the patients;
- *Transition into Integrated Autism Service (IAS) for patients approaching their 18<sup>th</sup> birthday*; Welsh Government guidance had been issued in April 2021 and a local operating process was required in order to ensure this group of patients do not go back to start of the waiting and are managed appropriately
- Members requested a further report to Committee in October which sets out the strategy to get to the best practice position and what particular measures are proposed to get there in a reasonable time period.

#### • **Child and Adolescent Mental Health Service (CAMHS) Performance**

Performance had deteriorated in months following a period of significant improvement. The small team was susceptible to changes in both staffing and funding. The average wait of Primary age CAMHS had deteriorated to 6 weeks from a previous average of 2-3 weeks.

Referrals had increased as well as the acuity of patients due to COVID-19. The plan to address the backlog was to repurpose CAMHS staff into the intake team in the Summer Months and to undertake waiting list initiatives but this was heavily dependent on the Cwm Taf Morgannwg University Health Board (CTMUHB) as they had a health board wide ban on overtime/agency usage.

Matters raised by members;

- *Single Point of Access*; Concerns had been raised within the clusters surrounding a single point of access and rejection of referrals. Access was restricted in some cases due to adherence to national criteria, the Single Point of Access would direct children appropriately but this work was still in progress.
- *Insufficiency of Low Level Emotional Support* ; The Whole Schools Approach hosted by CAMHS and the emotional health and wellbeing support provided within each school, would ensure children were identified earlier and linked to the appropriate low level support;
- *Overtime and agency usage within CTMUHB*; Discussions needed urgently as the health board would not meet the WG targets by the end of the financial year if the issue was not resolved;
- *Continuing to commission the service from CTMUHB*; it would not be the right time to disaggregate due to issues with performance, disaggregation would be complex and it was important to ensure the least amount of disruption to an already fragile service.

#### • **Management of the Clinically Optimised Patients Group**

At the date of reporting, there was a total of 198 patients within the system of which 36 patients were awaiting packages of care, 56 were in the social work process, 18 were in the therapy process and 21 in the health process. Blockages needed to be cleared in sequence rather than in parallel and internal ward processes needed to be worked through. Significant pressures were being seen in the community system in relation to packages of care and closed care homes and Welsh Government had requested the all-Wales position on this. The issue of the pay rating for domiciliary and social care staff had been highlighted to Welsh Government.

Matters raised by members;

- *Solutions*; a significant portion of 'reason in bed' was in the control of the health board, i.e. therapy processes and significant focus was needed here. Blockages such as social work process were out of health board control but also needed focus.
- *Bed night value*; This in reference to funding domiciliary care was being looked as part of the Home First Pathway but this funding sat with local authorities for recruitment purposes and this was a challenge. Alternative workforce models were being looked with the use of health board bank staff and HCSW's.
- *Risk Rating*; Members agreed that this was a key risk to the health board and the risk rating should reflect this. The issue should be escalated at Board Level particularly those areas such as blockages in leaving hospital and packages of care.
- Members requested a briefing session with local authority colleagues on solutions to the clinically optimized patient position.

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

There were none.

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

- Integrated Performance report;
- Neurodevelopment Services Performance;
- Child and Adolescent Mental Health Service Performance;
- Management of the Clinically Optimised Patients Group;

<ul style="list-style-type: none"> <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>- Referral to the Quality and Safety Committee regarding 'friends and family' survey returns within Mental Health and Learning Disabilities and the need to ensure these were being undertaken with patients.</li> </ul>	
<b>Date of next meeting</b>	<b>24<sup>th</sup> August 2021</b>



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Swansea Bay University  
Health Board



<b>Agenda Item</b>	<b>2.3 (iii)</b>
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<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>	24 August 2021

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

• **Financial Position**

The month 4 position was an overspend of £1.973m and £8.054m cumulatively. The health board was currently on target to deliver the £24.4m forecast deficit. Morriston Service group has seen a budget overspend for months 3 and 4 and a focus on performance will in turn aid the financial position. Actions being taken in relation to the month 4 overspend include an urgent review of medical cost pressures, a plan to address the Mental Health and Learning Disabilities Continuing Healthcare position and review of COVID response costs and exit strategies. A total of £29.4m in-year savings have been identified against the £27.7m gross savings requirement. Of this, £3.3m have been classified as red and relate to bed efficiency schemes which need a balance consideration at the right time. Service Groups had been tasked to develop at 50% of savings schemes for 2022/23 by end of September 2022.

Matters raised by members;

- *Increase in cost base due to COVID-19;* Members shared their concern and consideration would be needed on key aspects including flexibility of beds and utilisation of premium staff. Service Groups were looking at ongoing COVID costs and preparing exit strategies.
- *Population Share and cost base adjustment;* Assurance was sought that this would remain on the forefront for the health board with Welsh Government
- *Bids for funding;* The committee requested a breakdown of bids for funding in the pipeline with a clear view of how they feed into budget forecasts.

• **Financial Recovery Framework**

A presentation setting out the framework for financial recovery was received. The incremental movement on the health board deficit, highlighting the challenges and timescales were presented in the context of two separate scenarios. Scenario 1 was based on £27.7m savings each year, assumed funding from Welsh Government and minimal investment. Scenario 2, assumes £33.1m funding from Welsh Government and a large savings programme.

A business intelligence prototype was being developed by the Finance Team which would enable a greater insight into areas of commissioner spend. The finance delivery unit were looking at best practice across Wales for continuing healthcare. Benchmarking identified a 200 bed inefficiency by progress was on hold in light of the pressures of the pandemic.

Matters raised by members;

- *Financial variance within the Primary Care Clusters;*

- *Population Health Strategy*; the information gained from the business intelligence tool would embed well into the population health strategy and would bode well for the health board in terms of Welsh Government confidence and potential future funding, but this also relied on overall performance against plans.

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

#### • Integrated Performance Report

As of the day of reporting, the number of new COVID-19 cases stood at 260 and there were 26 confirmed COVID-19 patients occupying beds. Demand for emergency department had increased to pre-COVID levels. Red Call performance stood at 57% to date and 4 hour waits at 75%. The number of 1 hour ambulance handovers was 441 on the 18<sup>th</sup> August 2021. The referral rate had continued to increase, July 2021 saw a slight in-month reduction in the number of patients waiting over 26 weeks however the number waiting over 36 weeks for treatment had increased. Performance against the Single Cancer Pathway was its lowest to date at 52%. The performance in direct access to the stroke unit within 4 hours had deteriorated in July 2021 and the number of C.Difficile cases had increased to 23 during the period. Performance against the Mental Health Measure was maintained but access times for routine Child and Adolescent Mental Health Services (CAMHS) had dipped in July 2021.

Matters raised by members;

- *Overall Health Board Performance*; Assurance was not being provided that the health board was getting services back on track.
- *Cancer Performance*; The worsening performance levels were of great concern to members, key issues and blockages needed to be understood fully and actions taken to address the issues as well the backlog
- *Speech and Language Therapy*; performance figures were not improving and further information was sought.
- *Theatre Efficiency*; 192 operations had been cancelled on the day, this was concerning as an important factor in the planned care recovery plan, as well as the impacts on patient experience. An update be provided to committee in October 2021;
- *Stroke Performance*; An update report be provided to committee in October 2021.

#### • Urgent and Emergency Care (UEC) Update

Health Board performance levels sat between 70-75% against the 95% target, with underperformance at Morriston being offset by NPT minor Injury Unit. Increases in activity, numbers of clinically optimised patients and challenges in the care home sector were impacting on the system. There would be a re-focus within the UEC plan on the pre-hospital pathway, patients within the emergency unit and the wards and exit routes. An internal professional standards document was being compiled which would set ground rules for patients entering the department and the interfaces with other wards on site.

Matters raised by members;

- *Welsh Government Performance Targets*; Members felt targets were unachievable and it was advised that the internal approach was to base trajectories on the action plans with a more graduated approach.
- *Clinically Optimised Patient Categories*; Further work was required on the categorisation of patients and further detail was needed on the actions to address the blockages;
- *Board Briefing with Emergency Ambulance Services Committee*; Key issues raised at the recent Board briefing were shared with the committee and it was felt that the health board plans needed to be aligned with the points raised.
- *111 Service* – Clear patient communication was required on the alternatives to the emergency centre;

<b>Delegated action by the committee:</b>	
There were none.	
<b>Main sources of information received:</b>	
<ul style="list-style-type: none"> <li>• Integrated Performance report;</li> <li>• Urgent and Emergency Care Update</li> <li>• Finance report;</li> <li>• Financial Recovery Framework</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>- Members raised their concern for the increase in C-Difficile cases and this would highlighted at the Quality and Safety Committee.</li> </ul>	
<b>Date of next meeting</b>	<b>28<sup>th</sup> September 2021</b>