

**Swansea Bay University Health Board**

**Unconfirmed**

**Minutes of the Performance and Finance Committee**

**held on 26<sup>th</sup> April 2022 at 09:30am to 11.30am**

**Microsoft Teams**

**Present:**

Reena Owen	Independent Member
Mark Child	Independent Member
Steve Spill	Vice-Chair
Patricia Price	Independent Member

**In Attendance:**

Deb Lewis	Deputy Chief Operating Officer
Samantha Moss	Deputy Director of Finance
Hazel Lloyd	Acting Director of Corporate Governance
Neil Thomas	Assistant Head of Risk and Assurance (Minute 72/22)
Paul Mapson	Special Advisor (Observing)
Meghann Protheroe	Head of Performance
Ann Milligan	Interim Head of Speech and Language Therapy (Minute 71/22)
Georgia Pennells	Corporate Governance Officer
Elizabeth Stauber	Head of Corporate Governance

Minute	Item	Action
<b>58/22</b>	<b>WELCOME AND APOLOGIES</b>	
	Reena Owen welcomed everyone to the meeting, Apologies for absence were received from Darren Griffiths, Director of Finance and Performance, Inese Robotham, Chief Operating Officer, Jan Worthing, Group Director Singleton Neath Port Talbot and Kate Hannam, Morriston Service Group Director.	
<b>59/22</b>	<b>DECLARATIONS OF INTEREST</b>	
	There were no declarations of interest.	
<b>60/22</b>	<b>MINUTES OF PREVIOUS MEETING</b>	

	The minutes of the meeting held on 29 <sup>th</sup> March 2022 were <b>received</b> and <b>confirmed</b> as a true and accurate record.	
<b>61/22</b>	<b>MATTERS ARISING</b>	
	There were none.	
<b>62/22</b>	<b>ACTION LOG</b>	
	The action log was <b>received</b> and <b>noted</b> with the following updates:	
<b>63/22</b>	<b>WORK PROGRAMME</b>	
	The work programme for 2021-22 was <b>received</b> and <b>noted</b> .	
<b>64/22</b>	<b>MONTH TWELVE FINANCIAL POSITION</b>	
	<p>A report setting out the month twelve financial position was <b>received</b>. In introducing the report, Samantha Moss highlighted the following points:</p> <ul style="list-style-type: none"> <li>- This report provides the committee with an interim position for month twelve as the draft accounts are yet to be finalised. The position will still need to go through audit before it becomes final;</li> <li>- From a revenue perspective the deficit target of £24.4m set by Welsh Government has been delivered;</li> <li>- The Capital Resource Limit target has been delivered;</li> <li>- The Public Sector Payment Policy (PSPP) target was 95% but the health board reached 94.2%;</li> <li>- Risks that are in the paper remain unchanged but key actions are planned for quarter 1 of 2022/23</li> <li>- The draft accounts which will include the health boards performance against the revenue resource limit (RRL) and the Capital Resource Limit (CRL) will be included in the draft set of accounts which will be submitted to Welsh Government and auditors at noon on Friday 29<sup>th</sup> April 2022 Once it's been submitted Audit Wales will arrive on-site or virtually, and a 6-week audit period will commence with final accounts due to be</li> </ul>	

submitted to Welsh Government and the auditor general on Wednesday 15<sup>th</sup> June 2022.

In discussing the report, the following points were raised:

Regarding the capital position, Steve Spill queried the £30,000 under spend against the £68m target – noting that it was a brilliant achievement, but would there be a way in which to spend the £30,000. Steve Spill noted that he was aware through the Quality and Safety Committee there is a compressor machine at Neath Port Talbot hospital which continually breaks down and if it was to permanently break down then there would be twelve dental studios which can not be utilised. It would cost £10,000 to replace. Samantha Moss advised it would not be possible due to the rules and regulations when something has been purchased and accounted for, the £30,000 absorbed in the system for accounting and it would not be feasible to use it this year to off-set the purchase.

Steve Spill also queried the dates on the timetable for annual account tasks, and wondered whether all targets have been met so far. Samantha Moss assured the committee that all dates had been delivered.

Paul Mapson asked whether there is a contingency plan in the capital programme for emergencies where high risk equipment could be replaced should it break throughout the year. Samantha Moss advised she would have to speak with the assistant director of finance (capital) to seek an understanding of what the contingency plan is and whether the money had been allocated for this financial year. Paul Mapson understood that machinery will break and it should be best practice to put money aside for this purpose.

Reena Owen raised concerns for the capital programme moving forward given the ambitious plan in front of the health board outlined in the changing for the future programme and wondered whether capital funding will be sufficient to achieve the ambitions.

Sian Harrop-Griffiths advised in terms of capital there is a balanced discretionary plan. However, it has significantly reduced from previous years so the team have prioritised the discretionary plan against meeting some of the key risks which have been identified through the estate and in the plan. Sian Harrop-Griffiths highlighted that the health board have only put in the plan what can be delivered against the capital available. Therefore if more capital becomes available and it is expected that there will be more discretionary capital available later in the year, this will enable more things to be pushed through, and plans will be put in place as and when they arise. With the major capital funding, this has been prioritised for Welsh Government and this has been spoken about during board discussions on the plan and prioritised against risk and only

	<p>includes schemes within the plan for which capital is readily available. Some of the delivery will be dependent on securing additional capital but this will be informed by discussions with Welsh Government.</p> <p>Sian Harrop-Griffiths assured the committee that there was a very clear prioritised list for discretionary capital.</p> <p>In 2021-22 as so much capital was received, the health board were able to spend a lot on medical and digital equipment which were at high risk of failure and therefore the risks associated with the equipment reduced and put the health board in a good position for 2022-23.</p> <p>Reena Owen acknowledged the commendable position which the health board is in at the end of year, and thanked all the staff involved in ensuring the achievement of the deficit in the health board revenue position as forecast and stated that the health board are in a good position in terms of its reputation for good financial governance. Samantha Moss confirmed she would ensure thanks is passed on to all staff involved.</p>	
<p><b>Resolved:</b></p>	<ul style="list-style-type: none"> <li>- The committee <b>noted</b> the Board's interim outturn financial performance for Financial Year 2021/22, in particular: <ul style="list-style-type: none"> <li>➤ The revenue draft outturn position</li> <li>➤ The capital draft outturn position</li> <li>➤ The PSPP draft outturn position</li> </ul> </li> <li>- The committee <b>noted</b> the ongoing risks.</li> <li>- The committee <b>noted</b> the annual accounts timescales and the next steps.</li> </ul> <p><b>Action</b> - Samantha Moss to clarify with assistant director of finance (capital) as to the understanding of what the contingency plan is should equipment break and whether monies had been allocated for this financial year.</p>	<p><b>SM</b></p>
<p><b>65/22</b></p>	<p><b>SAVINGS PLAN 22/23</b></p>	
	<p>A report setting out the savings plan for 22/23 to include a bed efficiency update was <b>received</b>.</p> <p>In introducing the report, Samantha Moss highlighted the following points:</p> <p>The saving requirements for the health board in 2022/23 is £27million the purpose of the report is to indicate to the committee where we are at this point in the year against the target;</p> <ul style="list-style-type: none"> <li>- At the moment, £20m worth of schemes had been identified for</li> </ul>	

22/23 against the £27m, of which £19.5m are recurrent;

- Continuation of focus on a number of areas within the Programme Management Officer (PMO) which is ensuring movement of saving schemes which are red/amber into green, an increase of focus on the overall achievement of the £27million and an understanding the profiling of the delivery and the impact that will have on the financial position as we enter 22/23;
- A primary focus each month is to ensure that each month a twelfth of the £27m is delivered – at the moment, there will be a gap for the first 6-months in particular of circa £900,000 based on the fact that the full £27m has not been identified and the key focus is to ensure there is not a gap when reporting month one by looking at all the opportunities both recurrent and non-recurrent;
- Specialist support will help focus on the delivery and that will be deployed to look at Morriston in particular and increase the delivery within this service group;
- There are also test, challenge and check meetings scheduled for April where the Chief Executive Officer, Director of Finance and the delivery units where scrutiny around savings and opportunities will be sought.

In discussing the report the following points were raised:

Mark Child was keen to find out more about private patients and developing a policy to increase income, Mark Child's noted that he would not want to divert any resources from a medical priority to an income priority, Samantha Moss clarified that the working group is at early stages on this topic, but a group has been created which is looking at opportunities to focus on the income side. Samantha Moss acknowledged Mark Child's concerns and noted greater scrutiny is needed at this stage and the group would need to be careful to ensure any work does not impact normal planned delivery.

Mark Child noted the planned progression of the reds/ambers to green, with at the end of month one anticipating that the gap of £900,000 would still be apparent and should the health board under achieve to begin with, would the plan be to over achieve at the end of the year. Samantha Moss fully recognised Mark Child's comments regarding month one, and noted that she will look at certain reserves and investments which were highlighted in the plan and raise discussions within the health board on whether or not the investments should be

	<p>drawn on to close the gap to ensure the health board are not in a deficit. There are a number of options to be looked at in the coming weeks before month one is reported, but Samantha Moss recognised the challenging situation and highlighted that the Chief Executive Officer and Director of Finance have brought in specialist help to support the PMO in trying to deliver the £27million.</p> <p>On the savings plan in the report, Steve Spill noted that in the service groups there are huge variations in terms of where efficiencies can be found and savings are identifiable and achievable. Steve Spill shared concerns surrounding corporate elements and where the savings would be sought from in this sector. Samantha Moss noted that a whole scale review of the corporate area in the units is required to identify potential opportunities, as only then it will be understood the gap which may need to be sought in non-recurrent opportunities elsewhere.</p> <p>Pat Price highlighted that the delivery of savings are very high risk and challenging at this point and looking at the savings PMO is a good and interesting way to approach this and welcomed the specialist support.</p> <p>Reena Owen was keen to keep a close eye on the savings work over the next few months to get some assurance that the work is meeting the savings programme. Therefore Reena Owen requested a further report be brought to the May 2022 Performance and Finance Committee. Reena Owen asked Samantha Moss to consider whether the savings item needs to be itemised as a risk on the health board risk register, if it is not already.</p>	
<p><b>Resolved:</b></p>	<p>The committee <b>noted</b> the agreed 2022-23 savings plan.</p> <p>The committee <b>noted</b> the action to mitigate against the shortfall and impact on the financial plan.</p> <p><b>Action</b> - Samantha Moss to bring the report back to the May 2022 Committee by way of an update and any actions arising from the specialist advice.</p> <p><b>Action</b> - Samantha Moss to consider whether the savings item needs to be itemised as a risk on the health board risk register, if it is not already.</p>	<p><b>SM</b></p> <p><b>SM</b></p>
<p><b>66/22</b></p>	<p><b>MONTH TWELVE PERFORMANCE REPORT</b></p>	
	<p>A report setting out the month twelve performance was <b>received</b>.</p>	

In introducing the report Meghann Protheroe highlighted the following points:

- We are currently not meeting the health boards specified recovery trajectories for any of the unscheduled care measures and with a look forward to April 2022 it is not anticipated that there will be large change in the performance which is being reported;
- It has been recommended that new trajectories and recovery plans be developed as part of the unscheduled care programme to facilitate improved performance;
- The final single cancer pathway performance for February 2022 was 54% the same position reported for December 2021 and January 2022. The reported performance is tracking slightly below the trajectory at 58%;
- The backlog position has seen a slight deterioration in recent weeks and detailed plans are being developed in the top five tumor sites. An updated backlog trajectory position will be brought to the May Performance and Finance committee once the plans are finalised;
- The percentage of red calls responded to in 8 minutes has declined in March 2022 and at the moment April 2022 has seen as a slight improvement moving to 51.8% from 48.3% as the interim position;
- There has been a reduction in the number of clinically optimised patients which has gone down to 269 which is the first reduction seen since December 2021. Whilst the number remains high there are marginal improvements with 239 clinically optimised patients seen in hospital as of 26<sup>th</sup> April 2022;
- There has been an increase in clostridium difficile cases and some other hospital acquired infections;
- 7 seven serious incidents were reported, further context will follow;
- The overall sickness position as of February 2022 has improved however, it will be interesting to see what the overall sickness position reported to May 2022 committee given the higher sickness absences recently due to covid-19;
- Speech, language and podiatry have recently introduced recovery trajectories and it has been noted there is a consistent improvement in performance. Overall the number of patients



waiting over 14 weeks for therapies has improved however, there is now a consistent decline in performance in dietetics;

- The number of patients waiting over 26 and 36 weeks for planned care has stabilised however it is important to note there is still a significant number of patients waiting on lists for treatment, Deb Lewis and her team are finalising recovery plans;
- The endoscopy position continues to deteriorate, recovery trajectories have been submitted as part of the ministerial priority trajectories. However, there is no improvement at present and the Director of Finance and Performance plans to speak with Chief Executive Officer to discuss escalation due to the performance position and the significant investment which has been put in place for endoscopy;
- Engagement with patients still remains high considering the change of service.

In discussing the report the following points were raised:

Reena Owen noted it was very disappointing to see the deterioration in the unscheduled care especially regarding the ambulance handover and waiting times. Whilst she accepted the whole area is in escalation, it would be helpful to understand the escalation route and where to go from here and how we start meeting the trajectories as it is clearly affecting the way the health board deals with secondary planned services.

Meghann Protheroe advised that the revised performance management framework sets out the escalation triggers and is content to bring a more detailed update on unscheduled care to the May 2022 committee.

Reena Owen commented on the cancer waiting times and whilst in some ways there have been slight improvements, noted there are still concerns regarding the length of waiting times and the serious effect this would be having on patients from a physical and wellbeing point of view.

Pat Price echoed Reena Owen's earlier points surrounding unscheduled care and cancer, and wondered whether this could be raised at the board meeting on Thursday, 28<sup>th</sup> April 2022 – Reena Owen agreed that it would be good to raise as part of the discussion on the Performance report.

Steve Spill noted the eight actions to improve performance on the report which are asked to be noted by committee members and wondered whether there would be regular updates to the committee on each action and how far the health board has progressed. Steve Spill asked what the thoughts are on the ministerial trajectories.

Deb Lewis commented that the new ministerial trajectories are useful and a sensible way of monitoring the recovery. As a note of caution, Deb



	<p>Lewis advised there was a new planned care strategy released on Tuesday, 26<sup>th</sup> April 2022 and therefore the trajectories may change.</p> <p>Meghann Protheroe assured Steve Spill that the team are looking more at the performance report in terms of forward actions that are being undertaken to support performance improvement. Meghann Protheroe agreed with Deb Lewis that the ministerial priorities are useful and Welsh Government have recognised the conflicting measures and will amalgamate and incorporate the measures moving.</p> <p>Reena Owen noted the work which is taking place which will see the performance report move into focusing on strategic measures and use of the risk register to influence the report and the ministerial priorities will need to fit alongside those. Reena Owen was hopeful that there will be a slightly different format to the performance report in future which will enable the committee to succinctly interpret how performance is going in the major areas of concern.</p>	
<p><b>Resolved</b></p>	<p>The committee <b>noted</b> the Health Boards performance against key measures and targets.</p> <p>The committee <b>noted</b> the request for the updated recovery trajectories for both Emergency Unscheduled Care and Cancer Services in line with the escalation framework.</p> <p>The committee <b>noted</b> the inclusion of the submitted recovery trajectories as part of the Welsh Government Ministerial Dataset.</p> <p>The committee <b>noted</b> the actions being taken to improve performance:</p> <ul style="list-style-type: none"> <li>➤ Insourcing of activity for endoscopy and gastroenterology, and detailed demand and capacity plans will be shared at the next committee.</li> <li>➤ A new non-USC dermatology scheme has been implemented in Primary Care to support the waiting position.</li> <li>➤ External validation is due to commence in the next few weeks for a 3-month period to support detailed case note reviews.</li> <li>➤ Further recurrent financial resource of £1m agreed for 2022/23 in addition to £1.5m in 2021/22. This will be utilised to improve access to hyper fractionation chemotherapy and acute oncology care. The impact of this and the balance of the allocation for 2022/23 are currently being worked through.</li> <li>➤ Work is ongoing on the development of Enfys ward at Morriston Hospital to enable establishment of Ambulatory Emergency Care Centre by September 2022.</li> </ul>	

	<ul style="list-style-type: none"> <li>➤ Plan for the COO to conduct a review of the current triage time for 'walk in' patients in ED to establish better pathways of care and redirection to GP OOH/UCC. The review will support improvement in safety, congestion within the department and general flow which in turn will support the delivery of ED recovery trajectories.</li> <li>➤ Work is ongoing to commission additional theatre sessions in the new financial year (2022-23).</li> <li>➤ Both UEC and cancer performance remain under escalation as part of the Health Board's performance escalation framework. The CEO will review the effectiveness with the DOF and DCEO in April 2022.</li> </ul>	
67/22	<b>WELSH GOVERNMENT MINISTERIAL PERFORMANCE MEASUREMENT PRIORITIES</b>	
	<p>A report setting out the Welsh Government Ministerial Performance measurement priorities was <b>received</b>.</p> <p>In discussing the report the following points were raised:</p> <p>Reena Owen was pleased to see the priority measures gave a balanced approach in terms of looking at public health priorities such as weight management and smoking reduction as well as the obvious priorities. Also the area Reena Owen was particularly pleased to see in the priorities was carbon reduction given her background in this.</p> <p>In terms of the recovery and sustainability plan, Sian Harrop-Griffiths noted that the ministerial performance priorities will play a key role in forming this work.</p> <p>Steve Spill queried whether all the data required for report will be readily available. Meghann Protheroe has monthly head of performance meetings, and it is discussed that data availability is one of the biggest hurdles. The minister has recognised that measures put forward should have the data sources available to measure them, and there is work taking place in the background.</p>	
<b>Resolved;</b>	The committee <b>noted</b> the changes to reporting arrangements set out in the report to ensure alignment of Health Board reporting processes with	

	<p>the Ministerial Priority Measures, NHS Wales Delivery Framework 2021/22 and Operational Plan.</p> <p>The committee <b>noted</b> continued method of reporting for the rest of the 2022/23 financial year using national measures outlined in the NHS Delivery Framework and Ministerial Priority measures.</p>	
<p><b>68/22</b></p>	<p><b>CANCER PERFORMANCE</b></p>	
	<p>Deb Lewis was welcomed to the meeting.</p> <p>A verbal update on Cancer Performance was <b>received</b>.</p> <p>Deb Lewis raised the following points:</p> <ul style="list-style-type: none"> <li>- The committee will be aware this area is one of the Chief Executive Officers priorities operationally moving forward due to the lack of progress in the figures coming through;</li> <li>- In the overall picture of cancer, there has been some progress, and hopefully moving into May 2022 the improvement will start to show in the numbers;</li> <li>- Focused work on cancer commenced in November 2021 and at this point there were 3,153 patients on the tracking list. This week this is down to 2,576;</li> <li>- Predominately this improvement is within the colorectal and lower GI tumor sites and this is primarily due to the introduction of the FIT test in primary care rather than secondary care. This change came in February 2022 and has been proven to be very successful and those patients who do not necessarily need to be on a cancer pathway are not in those numbers and are being managed more appropriately in primary care;</li> <li>- Endoscopy is a massive issue capacity wise, but from a cancer perspective there has been some success and the backlog is reducing. In the autumn there were 450 patients waiting whereas number are now just over 300. However an escalation plan is needed for the routine waits;</li> <li>- The backlog of patients waiting over 62 days is static but the longest waits are seeing a reduction with far fewer patients waiting over 100 days;</li> <li>- There has been a workforce issue within the breast service, however the Health Board have recently recruited two breast surgeons and two radiologists. Until they start the service is being managed by one breast surgeon who is working over weekends</li> </ul>	

to help reduce backlog in the surgical treatments. There is still more work to be done at the front end of the pathway to get the one stop diagnostics working quicker but the newly recruited staff will assist with this backlog;

- Urology is improving more so than the other cancer sites. There is more capacity going into the Neath Port Talbot hospital for the diagnostic patients who need to be admitted. The pressure points are those patients going to University Hospital Wales for the robotic prostatectomy procedure and Swansea Bay are working with Cardiff and Vale health board to source additional capacity each month;
- The main issues with the lower GI site was around the FIT test which has been resolved and the endoscopy waits are being managed by weekly meetings between the gastroenterologists and general surgeons. making sure that the pathway work across the two service groups has robust procedures in place;
- Upper GI is slightly more complex as there is not an upper GI surgeon so therefore patients are transferred to Cardiff and Vale health board for their treatment. It is to be noted that even though the health board do not manage this pathway it is working relatively well through Cardiff and Vale health board;
- Gynaecology is similar to breast whereby, the tumor site has struggled due to the lack of surgeons available. The service group are looking at support from locums and the substantive surgeons to support the Gynaecology cancer treatment and many cases are being moved into Singleton to protect the capacity in Morriston. For the diagnostics element Morriston service group are looking into additional ad-hoc waiting list initiatives to make sure its kept as low as possible but a more sustainable service model is aimed for moving forward;
- The trajectories for 2022-23 should be signed off at the cancer group meeting week commencing Monday, 2<sup>nd</sup> May 2022.

In discussing the report the following points were raised:

Reena Owen stated that she had heard that there were patients on the cancer pathway waiting lists who were taking themselves off the waiting lists and paying for the surgery privately. Deb Lewis assured Reena there have only been two incidents of this within the breast service, with both patients opting to seek private healthcare for the diagnosis and then came back to the health board for treatment. Deb Lewis highlighted that

	<p>the patients were waiting less than three weeks on the pathway which they felt was too long but from a pathway perspective it was not.</p> <p>Mark Child noted the figure that is reported to Welsh Government does not seem to be travelling in the right direction and asked whether the team had the opportunity to highlight the activity behind the figure. Deb Lewis advised that positive feedback had been received from Welsh Government verbally, with Welsh Government noting that they are assured that the plan Swansea Bay has in place will deliver and that they do not have this level of assurance from other health boards. Deb Lewis had asked Welsh Government to formally feedback to the Chief Executive Officer.</p> <p>Steve Spill was concerned for the breast surgeon working weekends, Deb Lewis advised this was due to a lack of theatre capacity through the week and the surgeon was being supported by the service group in a pastoral sense</p> <p>Based on Pat Price’s earlier point on raising concerns surrounding unscheduled care and cancer to the Chief Executive Officer, Liz Stauber suggested a more in depth written report to the May 2022 Performance and Finance committee. The committee were content with this approach.</p>	
<p><b>Resolved;</b></p>	<p><b>Action</b> – An in depth written report on cancer and unscheduled care to be brought to the May 2022 Performance and Finance Committee.</p>	<p><b>JW/DL</b></p>
<p><b>69/22</b></p>	<p><b>PLANNED CARE RECOVERY INTERNAL AUDIT REPORT</b></p>	
	<p>The planned care recovery internal audit report was <b>received</b>.</p> <p>In introducing the report Deb Lewis highlighted the following points regarding the Management Action Plan:</p> <ul style="list-style-type: none"> <li>- the report is a fair reflection on where the health board is in relation to the recovery plans;</li> <li>- The outpatient recovery group attendance has been addressed as better representation was needed from a clinical aspect. Attendance has now been addressed and resolved with better representation coming through;</li> <li>- A formal terms of reference has been developed for the diagnostics recovery group which are due to be signed off at the next group;</li> <li>- There is now a theatre quality and improvement group which will oversee the Surgery and Theatres work streams with a formal terms of reference agreed and a work programme in place;</li> </ul>	

	<ul style="list-style-type: none"> <li>- Regarding the public facing information on the outpatient process, there are fairly robust procedures already in place but it was noted that perhaps this was not clearly articulated to the auditor. There is extensive work ongoing with waiting list validations and every time a patient is removed the patient and GP are notified. The issue is the timeliness. An outpatient dashboard has been developed working with primary care to allow access directly.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Steve Spill queried how the actions would be monitored. Liz Stauber advised that a tracker of internal and external audit recommendations was shared with the Audit Committee at every meeting. This showed any which were off-track, outstanding or had breached the expected completion date.</p> <p>Pat Price queried why there was a loss of 40 outpatient's room – Deb Lewis advised this was due to the development of Enfys Ward in response to the pandemic.</p> <p>Reena Owen asked for an update on completed actions given this is an area of concern.</p>	
<b>Resolved;</b>	<b>Action</b> - An update on actions from the Planned Care Recovery Arrangements Final Internal Audit Report – February 2022.	<b>JW/DL</b>
<b>70/22</b>	<b>MONTH TWELVE FINANCIAL MONITORING RETURN</b>	
	The month twelve financial monitoring return report was received and noted.	
<b>71/22</b>	<b>SPEECH, LANGUAGE AND THERAPY PERFORMANCE</b>	
	<p>Committee members welcomed Ann Milligan to the committee.</p> <p>An update report on the speech and language and therapy performance to include progress on the trajectories was <b>received</b>.</p> <p>In introducing the report Ann Milligan highlighted the following points;</p> <ul style="list-style-type: none"> <li>- The concerns highlighted in the paper surrounding the waiting list which is not nationally reported, this waiting list consists of children and adults which have been assessed and a decision has been reached that intervention is need and they are then</li> </ul>	

	<p>placed on a follow up waiting list. it is this waiting list which is under pressure with complaints and queries received from the public.</p> <p>In discussing the report the following points were raised:</p> <p>Reena Owen queried the extent of the waiting list. Ann Milligan advised that the Primary Care and Therapy service group director has requested a recovered trajectory around the waiting list and Ann Milligan anticipates this would return to the Performance and Finance committee in due course. Ann Milligan advised the committee that the department were being held accountable and under scrutiny on the waiting list and the emphasis for the department moving forward, was to focus on recovering the position of the therapy waiting list.</p> <p>Mark Childs gave praise to the team for reducing the waiting times for the Speech and Language Therapy and noted the importance of ensuring this continues. Mark Childs raised curiosity as to what the other list was and emphasised that every level of work is important and not just what is reported to Welsh Government. Ann Milligan agreed and would pass on praise to the team.</p> <p>Steve Spill queried how the gender identify pathway would be managed given that funding is due to expire September 2022. Ann Milligan advised that the business case has been signed off at scrutiny, with higher level sign off imminent. However, it is hoped that funding will be secured before September 2022. Ann Milligan noted there are a number of other services on the pathway such as sexual health, psychology and several other services which has been submitted in a business case as a whole.</p> <p>Regarding the Health Additional Learning Provision under the Additional Learning Needs Reform, Reena Owen queried whether there are plans in place for dealing with this given the risk of costs to the health board if the requirements are not met. Ann Milligan advised that the service has received additional support from Luke Jones, Designated Education Clinical Lead Officer DECLO, Therapies and Health Sciences, who has worked on a demand and capacity paper which will translate into a business paper as it was identified that additional workforce is needed. The risk register has been updated to indicate the concerns.</p>	
<p><b>Resolved;</b></p>	<p>The committee <b>noted</b> the contents of the report, the improvement in performance and plans to maintain performance.</p> <p><b>Action</b> – To provide an update to the July 2022 committee in particular addressing the issue of those who are not reported on the waiting list,</p>	



	demand and capacity and the Health Additional Learning Provision under the Additional Learning Needs Reform.	<b>BO/AM</b>
<b>72/22</b>	<b>PERFORMANCE AND FINANCE RISK REGISTER</b>	
	<p>The committee members welcomed Neil Thomas to the meeting. The performance and finance risk register was received.</p> <p>In introducing the report, Neil Thomas highlighted the following points:</p> <ul style="list-style-type: none"> <li>- There are twelve risks assigned to the Performance and Finance Committee – with seven risks which are at or above the appetite of twenty;</li> <li>- Key changes to the profiles include a new risk which has been added relating to the bed capacity savings, one risk has been re-opened and refreshed relating to the capital plan, two risks have reduced;</li> <li>- There is work taking place behind the cancer access risk; a cancer programme board has been established and a phased solution has been developed for endoscopy capacity with the Deputy Chief Operating Officer meeting with teams with the longest waits to drive performance.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Pat Price highlighted risk twenty four on covid-19 and wondered how this would be escalated to find out what has been done nationally. Sian Harrop-Griffiths advised that it would go through the regional partnership board mechanisms and then to align the work, through the urgent and emergency care board.</p> <p>Hazel Lloyd supported Sian Harrop-Griffiths' comments and noted that a report would be taken to Management Board to finalise where the risks from Covid gold would be managed moving forward.</p>	
<b>Resolved;</b>	<p>The performance and finance risk register was <b>noted</b>.</p> <p><b>Action</b> – Hazel Lloyd to update the committee following discussion at Management Board on where the risks from Covid gold particularly how Fragility of External Domiciliary Care Market risk, will be managed.</p>	
<b>73/22</b>	<b>ITEMS FOR REFERRAL TO OTHER COMMITTEES</b>	

	As above.	
<b>74/22</b>	<b>ANY OTHER BUSINESS</b>	
	It was Mark Child's final Performance and Finance committee. Reena Owen gave thanks to Mark Childs for all his support.	
<b>75/22</b>	<b>DATE OF NEXT MEETING</b>	
	The next scheduled meeting is <b>Tuesday, 24<sup>th</sup> May 2022.</b>	