Agenda Item	2.3

Freedom of Information Status	Open
Reporting Committee	Performance and Finance Committee
Author	Liz Stauber, Head of Corporate Governance
Chaired by	Reena Owen, Independent Member
Lead Executive Director (s)	Darren Griffiths, Director of Finance and Performance
Date of meeting	24 May 2022

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

- **Financial Position (Month One)**

The month one position was an overspend of £2.24m which was £200k over the target of £2.034m, but this was to be expected due to end-of-year pressures. There had been a £4m underspend on pay but a £3.9m expenditure on variable pay due to hard to fill vacancies. While this was substantial sum, it was lower than the previous year. From a non-pay perspective, a £2m overspend was held centrally and £340k across the service groups. 2021-22 had a £58m overspend on continuing healthcare and further growth was expected in 2022-23; Income had a £154k underspend due non-delivery of WHSSC (Welsh Health Specialised Services Committee) contracts. These had been fixed for the last two years but were due to go live this year with a 10% tolerance for non-delivery. £22m of the required £27m savings plan requirements had been identified. There was an expectation that the remainder would be in place by the end of May 2022 and red/amber schemes changed to green.

Key matters raised by members:

- *Risks associated with the non-delivery of bed savings;*
- *Impact of inflation;*
- *Cost impacts of continuing healthcare*

- **Performance Report (Month One)**

The format of the report had been revised and now comprised five sections (quadrants of harm; areas under escalation; Performance and Finance Committee priorities (urgent and emergency care; planned care; diagnostics; infection prevention and control; cancer; follow-ups); NHS Wales Delivery Framework and ministerial priorities; Table of all measures). The four-hour emergency department wait had improved to 73% but this was below the target of 79%. Improvements had also been seen in the eight minute red release time and ambulance handover times. Planned care performance had deteriorated with an increase in those waiting more than 104 weeks. Progress continued to be made against the demand and capacity work. A reduction had been seen in urgent suspected cancer referrals and focus was being given to reducing the backlog in the five main tumour sites. No new never events had been reported and only one serious incident in April 2022. Sickness rates had risen to 8.3%.

Key matters raised by members:

- *Intention to revise trajectories to be achievable.*

- **Performance Management Framework**

The first iteration of the performance management framework was developed and approved during the height of the pandemic. Learning from the first iteration had shown that it was challenging to bring teams together to develop actions for areas in escalation. Digital scorecards had been developed to have forward looking trajectories and to hold people to account for delivery. Additional administrative resources would be available to support the escalation meetings. The standard approach to escalating an area would be to require an action plan after two months of low performance and if necessary move into an escalation status after three months. The Chief Executive had the authority to place a service in escalation at any point should there be a need to work outside of the process.

- **Podiatry Recovery Plan**

The podiatry service had been heavily impacted by Covid as it was stood-down and staff re-deployed to help services supporting the pandemic. While most staff had now returned to restart the service, those providing support to the Bay Field Hospital remained there. There were three elements of the podiatry service – podiatry direct (virtual), nail surgery (face to face) and musculo-skeletal (face to face). The first two had resumed and fully recovered its position while musculo-skeletal was on track to recover from October 2022. The staff within the service had a specific skillset and there were some gaps in the establishment. Should locum cover be identified to provide additional cover, the plan could be accelerated and delivered earlier.

Key matters raised by members:

- *Potential to outsource some of the cases – this was not possible due to the specialist nature of the service.*

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

- **Continuing Healthcare Performance Report (quarter three)**

The real living wage was to be implemented for continuing healthcare staff from 1st April 2022 and it was expected this would improve the workforce challenges. All retrospective claims had been completed within the relevant timescales. One care home in Swansea remained in escalation resulting in a suspension of placement and cancellation of contracts. Nine residents remained at the home and support was being provided by the health board. A care home in Neath Port Talbot had also been placed in escalation with its placements suspended. The sector remained fragile as the additional monies from Welsh Government for care homes was starting to be phased out. The health board's transitional bed scheme had resulted in a saving of 4,000 bed days. An increase in expenditure for continuing healthcare was becoming more evident, including funded nursing care and transitional costs for areas such as paediatrics and prisons. There continued to be a sustained quantity of cases within mental health and learning disabilities, with the current total at 134, the majority of which were for learning disabilities and a contact manager had been appointed to review the processes. The ability to maintain children's packages of care continued to be an ongoing risk.

- **Cancer Performance and Recovery**

New performance trajectories for cancer were in the process of being developed. The current backlog had been reduced from more than 700 cases to 460. The tumour sites which accounted for the majority of cases were upper and lower gastrointestinal, breast, urology and gynaecology. The number of upper gastrointestinal patients waiting to be seen was reducing now that faecal immunochemical test (FIT) was taking place within primary care. Only those with a positive test were being referred to secondary care. Two additional breast consultants had been recruited along with two consultant radiologists, which would further support the one-stop shop clinic and improve the position by Christmas. Workforce continued to be a challenge within gynaecology however an additional consultant had now been appointed. This coupled with new equipment as well as innovative work around post-menopausal bleeding

should help performance. Movement of some urology diagnostics to Neath Port Talbot Hospital was helping the position but sufficient outpatient capacity was also needed to reduce the backlog. The relaxing of Covid restrictions was helping to increase the number of outpatients who could be seen in one clinic. Executive and senior leadership was robust and there was also good senior clinical engagement as well as pathway management through the hubs at Singleton and Morriston hospitals. The level of scrutiny of cancer performance had increased and included weekly tracker meetings. It was the health board's ambition to achieve 75% compliance earlier than the Welsh Government target of 2026.

Key Matters raised by members;

- *One of the additional breast surgeons would not be in post until September 2022 and if there was potential to outsource in the meantime – insourcing/outsourcing was already being maximised.*

- **Urgent and Emergency Care Performance**

The 15-minute ambulance handover, four-hour and 12-hour performances were all below target. Mitigating actions had been put in place to ensure patient safety for those who had to remain on an ambulance. Due to the long waits for ambulances within the community, higher numbers of patients were now attending the emergency department under their own steam, some often sicker and needing to be seen sooner than those on ambulances. A team, including a paramedic, was now in place to review the ambulance stack to advise on patients who did not need to come to the emergency department and could be seen elsewhere. Also, a joint pilot between the older person's assessment service and care of the elderly team was reviewing patients in their own home identified as appropriate by the acute GP unit rather than conveyed to hospital. The high occupancy levels within the hospital made flow challenging within the emergency department but it was hoped this would be resolved by the centralising of acute beds at Morriston Hospital. At the end of April 2022, an average of 59% of patients had been seen within the four-hour target and there was an increase in attendances by 3,000 compared with the same period last year. Work was ongoing to determine how to manage 'today's activity today' as there were still a significant amount of people attending the emergency department after 5pm. Welsh Government had specified six urgent and emergency care goals to ensure patients were cared for in the right time and right place and work was ongoing to deliver these, with money received from Welsh Government for three additional posts to support it. Significant investment had been made into the virtual wards to support admission avoidance and earlier discharge.

Key Matters raised by members;

- *The health board's position was not where it needed to be but the May data was demonstrating that the actions being taken were working and that the health board has had the lowest lost hours and best four-hour performance in Wales.*

Delegated action by the committee.

- Members **supported** the implementation of the performance management framework for 2022-23;
- Members **approved** the committee's revised terms of reference.

Main sources of information received.

The following items were received for noting:

- Annual Plan 2021-22 quarter four progress report;
- Month one financial monitoring return.

Highlights from sub-groups reporting into this committee.

No reports received from sub-groups.

Matters referred to other committees.	
There were no matters referred to other committees.	
Date of next meeting	**28th June 2022**

Agenda Item	**2.3**

Freedom of Information Status	Open
Reporting Committee	Performance and Finance Committee
Author	Georgia Pennells, Corporate Governance Officer
Chaired by	Reena Owen, Independent Member
Lead Executive Director (s)	Darren Griffiths, Director of Finance and Performance
Date of meeting	28 June 2022

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

- **Financial Position (Month Two)**

The month two position was an overspend of £2.387m which was £300k over the target of £2.034m. With a 2022/23 annual target of £27.0m, in month delivery is anticipated at £2.25m. For Month 2 the shortfall against this target as per the ledger was £0.397m and YTD £0.499m. The 2022/23 savings target is £27m, with a further £4.6m of unmet savings brought forward from 2022/23, which takes the combined target to £31.6m. As per the weekly CIP dated *08/06/22*, the total value of schemes identified for 2022/23 is £23.0m. It was noted that the Chief Executive Officer has set a target for 100% delivery of savings and all schemes to be green and amber by the end of June 2022. Action to date includes, weekly reporting emails produced and sent to the service groups and executives to ensure a constant focus. Further work is required on mitigating the unmet savings delivery from 2021/22 and this will need to be part of the review in assessing the utilisation on central budgets.

Key matters raised by members:

- *Delivery of savings remains a concern.*
- *Risks relating to variable pay.*
- *Continuing healthcare (CHC) growth volume and cost*

- **Performance Report (Month Two)**

ED attendances have increased in May 2022 to 11,250 from 10, 733 in April 2022. The Health Board's performance against the 4-hour measure has improved slightly from 72.87% in April 2022 to 73.81% in May 2022. A 3% increase was seen in May 2022 in relation to patients waiting over 26 weeks for a new outpatient appointment. Additionally, the number of patients waiting over 36 weeks increased by 1.6% to 39,403. Therapy waiting times continue to improve, there are 614 patients waiting over 14 week in May 2022, compared to 679 in April 2022. There was a 47% performance in April 2022 against the Single Cancer Pathway measure of patients receiving definitive treatment within 62 days. The backlog of patients waiting over 63 days has decreased in May 2022 to 437 from 465 in April 2022, however both UEC and cancer performance remain under escalation as part of the Health Board's performance escalation framework. Detailed demand and capacity work at a divisional level is being finalised in order to inform the re-submission of the updated Ministerial Priority Measure

Trajectories. Work is ongoing on the development of Enfys ward at Morriston hospital to enable establishment of an Ambulatory Emergency Care Centre by September 2022.

Key matters raised by members:

- *Cancer performance declining further - the chair requested further assurance on cancer performance at the August 2022 Performance and Finance Committee.*

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

- **Stroke Performance**

As a result of the pandemic and the pressures on acute hospitals, such as Morriston, the access targets for Stroke have been challenging to improve. Access to dedicated Stroke beds continues to impact on performance with 12.1% of patients meeting the target of admission within 4 hours for April 2022. This is a slight decline from 16.9% in March 2022 and 25% in February 2022. Compliance remains low around the 4-hour target having fallen during the pandemic. Performance is discussed weekly in the Stroke performance meeting held at Morriston alongside clinicians, ED staff and bed site managers. System wide pressures such as delayed transfers and limited availability of packages of care continue to impact on overall flow. The flow to both rehabilitation units has been affected by the pandemic and the new COVID transfer procedures. In line with the Health Board's "Changing for the Future" plans there is a work stream currently scoping the provision of Stroke rehabilitation services with a view of consolidating them onto one site. This would enable the specialist workforce to be focussed on one rehabilitation site, with a view to providing a 7-day service. Work is ongoing to develop the Hyper Acute Stroke Unit (HASU) business case. A SBUHB only business case was at an advanced stage but is now being revised with a regional view due the needs to recruit neurologists to support the stroke consultant rota and develop a Functional Neurology Disorders (FND) service. HDUHB and SBUHB will work together under the banner of the ARCH programme to develop a regional HASU service.

Key matters raised by members:

- *Poor performance – with a detailed action plan of improvement to be presented in October 2022 Performance and Finance Committee. With a view to review the risk rating on the health board risk register.*
- *Delay to the establishment of the HASU service.*

- **Urgent and Emergency Care Performance**

Tier 1 urgent & emergency care standards; in both indicators, the position remains variable and there are no step changes in performance. An improvement in ambulance handover position was noted – largely this has been driven by activities at the front door in four key areas, Admission Avoidance schemes, Front door flow/ED overcrowding, Internal flow activities to support reduced occupancy and improve flow throughout the day and Additional Capacity. The clinically optimised position in the Health Board remains a key challenge with high numbers of patients occupying acute beds waiting to move to more appropriate settings to continue their care pathway or waiting for community support/placement. There is operational focus on this patient group in all hospital sites with weekly review meetings with LA and community partners to expedite the pathways of these patients; however progress is slow with capacity being the constraint. With regards to actions being taken to improve the clinically optimised position, there are a number of work streams which are targeting reducing the total number of clinically optimised across the health board, but also reducing more importantly the length of stay for those patients once they have been deemed clinically optimised. These work streams include, Admission avoidance and frailty programme, Early Supported discharge, Process review and purchase of additional capacity.

Key Matters raised by members; - *The clinically optimised position in the Health Board remains a key challenge.*
Delegated action by the committee.
There were none.
Main sources of information received.
The following items were received for noting: • Financial Monitoring Return for month two • Financial reporting and monitoring final internal audit report
Highlights from sub-groups reporting into this committee.
No reports received from sub-groups.
Matters referred to other committees.
There were no matters referred to other committees.

Date of next meeting	**26th July 2022**