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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



| | | Agenda Item | 2.3 (iii) |
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| Freedom of Information Status | | Open | |
| Reporting Committee | Performance and Finance Committee | | |
| Author | Claire Mulcahy, Corporate Governance Manager | | |
| Chaired by | Martin Sollis, Independent Member | | |
| Lead Executive Director (s) | Darren Griffiths, Interim Director of Finance | | |
| Date of last meeting | 22 September 2020 | | |
| Summary of key matters considered by the committee and any related decisions made. | | | |
| <p>- Performance Report</p> <p>Members noted that the structure of the report had changed to reflect the four quadrants of harm set out in the Welsh Government COVID19 operating framework. The report also included primary and community care metrics and vaccination and immunisation information which would be developed further in coming months. Attendances at the emergency departments were starting to increase to the levels of pre-COVID. GP referrals for planned care were also increasing to pre-COVID levels and extended waits continued for outpatient appointments and treatment due to reduced services. Cancer performance for August 2020 stood at 88%. August had also been challenging in terms of increased infection rate.</p> <p>- Continuing Healthcare (CHC) Performance Report</p> <p>The report provided an update on quarter one activity and the financial and performance management relating to CHC funded care. Following the onset of COVID 19, retrospective reviews have been placed on hold with staff supporting the Long Term Care Team, care homes and potential deployment to field hospitals. There were no health board breaches and all cases have been reviewed and completed within the recommended 6-month timeframe. There were currently only 14 retrospective claims on the database. Expenditure for 2020/21 totalled £13.2m and this was attributed to increases in the following areas; <i>FNC rates, the overall number of cases and the number of complex and fast-track cases</i>. Members were pleased with the much improved partnership working in this area. The establishment of the Community Silver arrangements and the Care Homes Group had also strengthened the health board's relationship with the care home sector.</p> <p>- Theatre Efficiency</p> <p>Members were informed of the complexities and variabilities of managing theatre efficiency and the impact that COVID-19 had made during the last six months. Members were advised that pre-pandemic, the health board had been gaining traction but theatre teams had been moved to critical care support during the peak COVID-19 period. There was a plan for reinvigoration of the theatre programme in June but staff levels posed a significant challenge. In terms of current performance, demand and capacity work has showed the that the health board was broadly meeting demand for urgent category level 2 patients, but not the four-week target where performance stood at around 75%. The focus had changed to prioritise clinically urgent patients and not RTT (referral to treatment) measures which was a key focus previously.</p> | | | |

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

- Financial Position

The original financial plan for 2020-21 was a year-end deficit of £24.4m, predicated on £5.4m investment and £23m savings. Month five was an overspend of £28.711m which was after receipt of £28.897m for field hospital establishment and £6.8m for Covid-19 related staffing costs from Welsh Government. The movement in month 5 can be attributed to £3.77m of Covid-19 impact, £1.447m savings under delivery and £2.358m operational plan deficit. The current year-end forecast was a deficit of £96.18m which had changed to take account of £2m TAVI demand, £0.331m saving delivery improvement and £1.151m additional COVID-19 costs.

- Performance and Finance Risk Register

Members were advised of the nine risks assigned to the committee and three new financial risks that had been added; *Funding for COVID-19, Capital Resource/Plan and Residual Cost Base next year impact*. For the *Access to Cancer Services* risk, members were advised that continued progress was being made in the backlog but some improvement was needed in diagnostics. A formal update on the position was requested for the October committee. With regards to *Access to Planned Care*, members requested a position update on this and the recommencement of essential services at November’s committee. Members highlighted the importance of ensuring that risks at level 20 and higher are continually factored into committee work programmes and cancer and planned care would be the first to be reviewed due their current high risk score.

Delegated action by the committee:

Nothing to report.

Main sources of information received:

In addition to the above, the committee also noted its work programme and the monthly financial monitoring report submission.

Highlights from sub-groups reporting into this committee:

No reports were received from sub-groups.

Matters referred to other committees

The item of Healthcare Acquired Infections to be referred into Quality and Safety Committee.

Date of next meeting

27 October 2020