

<b>DATE OF MEETING</b>	Thursday 21 <sup>st</sup> December 2023
<b>VENUE</b>	Microsoft Teams

<b>PRESENT</b>	Richard Clark- Independent Member (Committee Chair)
	Dafydd Vaughan- Independent Member
	Iwan Jones- Independent Member
<b>IN ATTENDANCE</b>	Rob Holcombe- Director of Finance and Procurement
	Hannah Evans- Director of Strategy, Planning & Partnerships
	Rani Dash- Director of Corporate Governance
	Suzanne Jones- Interim Assistant Finance Director
	Leanne Watkins- Chief Operating Officer
	Greg Bowen- Assistant Finance Director
	Chris Commins- Assistant Director of Finance, Out of Hospital Services
	Linda Alexander- Deputy Director of Nursing
	Peter Carr- Director of Therapies and Health Sciences
	Rhys Monk- Directorate Manager for Stroke Services
	David Hanks- Head of Service Planning
	Paul Solloway- Director of Digital
	Stephen Chaney- Head of Internal Audit, NWSSP
	David Murphy- Audit Wales
	Emma Guscott- Committee Secretariat
<b>APOLOGIES</b>	Shelley Bosson, Independent Member
	Michelle Jones, Head of Board Business
	Nicola Prygodzicz, Chief Executive Officer

<b>FPC 2112/01</b>	<b>Preliminary Matters</b>
<b>FPC 2112/01.1</b>	<b>Welcome and Introductions</b>  The Chair welcomed everyone to the meeting.
<b>FPC 2112/01.2</b>	<b>Apologies for Absence</b>  The apologies for absence were noted.
<b>FPC 2112/01.3</b>	<b>Declarations of Interest</b>



	There were no declarations of interest raised to record.
<b>FPC 2112/01.4</b>	<p><b>Draft minutes of the last meeting held on the 7<sup>th</sup> of September 2023</b></p> <p>The minutes of the meeting held on the 7<sup>th</sup> of September 2023 were agreed as a true and accurate record.</p>
<b>FPC 2112/01.5</b>	<p><b>Committee Action log</b></p> <p>Members discussed the action log. The following points were noted:</p> <ul style="list-style-type: none"> <li>• <b>FPC 0709/03.1-</b> Hannah Evans (HE), Director of Strategy, Planning and Partnerships, discussed the action and proposed that Benefits Realisation be a standing item to be included for future meetings to capture associated financial information. Benefits Realisation linked to capital and investments had been included as a standing item in the forward work plan 2023/2024. Rob Holcombe (RH), Director of Finance and Procurement agreed that a standing item on Benefits Realisation would also be critical for any potential disinvestment's decisions. RH flagged that the PIP process also oversees investments, noting that the governance around PIP may need improving to ensure sufficient oversight.</li> <li>• <b>FPC 0709/03.3-</b> Iwan Jones (IJ), Independent Member, discussed the action and thanked the Director of Digital for sharing the information. IJ queried where the costs for the additional posts within the Coding service were coming from. Paul Solloway (PS), Director of Digital, informed members that the funding for the additional posts was taken from the existing Information Services budget.</li> </ul>
<b>FPC 2112/02</b>	<b>Items for Approval/Ratification/Decision</b>
<b>FPC 2112/02.1</b>	<p><b>Review of Committee Programme of Business- Draft Forward Workplan 2023/2024</b></p> <p>Rani Dash (RD), Director of Corporate Governance, presented the forward workplan to the Committee. The Committee discussed the following key points:</p> <ul style="list-style-type: none"> <li>• The importance of the inclusion of <i>Benefits Realisation with Exception Reporting</i> becoming a standing item.</li> </ul>



	<ul style="list-style-type: none"> <li>Iwan Jones (IJ), Independent Member, queried whether there would be a requirement for additional meetings due to the financial position. RD discussed that during the review of the planning cycle for 2024-25 it would be determined if there would be further meetings required to cover the profile of work. <b>Action: Committee Secretariat</b></li> </ul> <p>The Committee <b>APPROVED</b> the forward workplan for 2023/2024 and <b>NOTED</b> the inclusion of <i>Benefits Realisation with Exception Reporting</i>.</p>
<b>FPC 2112/02.2</b>	<p><b>Committee Strategic Risk Report</b></p> <p>Rani Dash (RD), Director of Corporate Governance, presented an overview of the revised risk reporting.</p> <p>Members requested assurance that current finance actions mitigated risks. RD informed members that some risks were long term and that future actions would represent the anticipated length of the risk. Rob Holcombe (RH), Director of Finance and Procurement, flagged that the risks would also be reviewed as part of the IMTP and funding allocation.</p> <p>The Committee <b>RECEIVED</b> the report for <b>ASSURANCE</b>.</p>
<b>FPC 2112/02.3</b>	<p><b>Committee Self-Assessment</b></p> <p>Rani Dash (RD), Director of Corporate Governance, presented the report to the Committee.</p> <p>Richard Clark (RC), Committee Chair, requested an additional option be included in the self-assessment form to allow for a 'partial' answer to questions. <b>Action: Committee Secretariat</b></p> <p>The Committee <b>APPROVED</b> the Self-Assessment, subject to the above change.</p>
<b>FPC 2112/03</b>	<p><b>Assurance in Respect of Organisational Performance Management</b></p>
<b>FPC 2112/03.1</b>	<p><b>Performance Overview Report with Exception Reporting</b></p> <p>Hannah Evans (HE), Director of Planning and Performance, presented the report to the Committee, providing an</p>



overview of key ministerial priorities and IMTP commitments up until November 2023.

The report detailed performance and delivery across six themes, Planned Care and Diagnostics, Cancer, Children and Young People, Urgent and Emergency Care System, Mental Health, and Primary Care.

HE discussed the following key points:

- Planned Care: the plans to eliminate 156 week waits for treatment were on track for the end of December 2023, noting the potential challenge to maintain this during the new financial year due to an increase in outpatient numbers.
- Cancer: further work was required to improve cancer services, noting the significant increase in referrals and demand.
- Children and Young People: despite workforce constraints, the waiting list was reducing.
- Urgent and Emergency Care System: the system remained under significant pressure. Ambulance handovers had been a focus of the Executive Team; there had been progress in handover waits over one hour and, despite the challenges, the Health Board performing best in Wales on 4-hour Ambulance waits.
- Pathways of Care in the Emergency Department refer to the number of patients on the complex list, this had been updated in version 2 of the report. Version 2 of the report to be uploaded to Admin Control. **Action: Secretariat**
- Mental Health Services remained a challenge for the Health Board. For assurance, to mitigate risk and improve services, a 30,60,90-day improvement plan had been enacted.
- Primary Care data collection and presentation was an area for development.

Dafydd Vaughan (DV), Independent Member, noted the reduction in Did Not Attend (DNA) in outpatients and requested further assurance on Health Board plans to further reduce DNAs. Leanne Watkins (LW), Chief Operating Officer, assured members that the Health Board utilised evidence to inform booking processes across specialities, and where possible supplementary processes and systems were in place. Further work was underway to improve population engagement in access to health services, and the utilisation of digital platforms to improve



patient contact. Paul Solloway (PS), Director of Digital, assured members of the following plans:

- The new Health Board communications platform, previously presented to the Board, will review the electronic booking processes.
- A new 'contact centre application' would go live early 2024; this application would enable patients to contact the Health Board via social media and 'WhatsApp', regarding booking appointments.
- A new callback feature, initiating a call back when an agent is free.
- The potential for a single number for the booking centre across all specialities.

Members welcomed the new report layout.

The Committee; -

- **RECEIVED** the report for **ASSURANCE** and;
- **NOTED** the progress against Ministerial Priorities.

## FPC 2112/03.2

### **An update on the Discharge Programme and Delays, including reporting against new national data sets and an update on the progress and impact of the Integrated Discharge Hub**

Linda Alexander (LA), Deputy Director of Nursing, presented an update on discharge improvement, as part of the Six Goals for Urgent and Emergency Care structure.

The following key points were noted:

- The multi-disciplinary discharge improvement work commenced in February 2023. Collaborative working with local authority partners has been strengthened, particularly around the RGH Integrated Discharge Hub.
- Work was ongoing to highlight the risks of keeping patients in hospital unnecessarily, such as deconditioning and risk of infection.
- A Patient Safety Team commenced in September 2023 in collaboration with five local authority partners. Associated action plans and events aimed to improve the timely discharge of patients.
- A draft Discharge Improvement Plan was underway and would be monitored through the Discharge Improvement Board.
- The Health Board planned to re-introduce Discharge Lounges. Timescales were discussed, noting that



modelling and communication would commence in January 2024.

Leanne Watkins (LW), Chief Operating Officer, thanked LA for the exemplar work and clinical leadership on discharge improvement and patient safety events. Despite the large amount of work being undertaken to improve discharges, the data remained steady. Improvement work was ongoing with five local authority partners.

Rob Holcombe (RH), Director of Finance and Procurement, discussed the ongoing challenges from front door pressures and the potential impact on cost savings from delayed planned bed closures. RH thanked LA for the informative presentation, noting the extensive work being undertaken to improve patient flow and discharge.

Iwan Jones (IJ), Independent Member, queried why the Health Board Pathways of Care delays remained high when Discharges and Length of Stay data showed improvement. LW flagged that although there is improvement, that Pathways of Care Delays data remained static. Discharge improvement was increasing for non-complex patients. Improvement partnership working the five local authority partners was underway to ensure there was a consistent approach, matching patient need to health service provision; for example, improving community health services to avoid admission for best patient care.

To provide enhanced assurance, the Committee requested that a detailed report come back on discharge plans, actions, and the reconfiguration of the eLGHs. **Action: Chief Operating Officer and Deputy Director of Nursing**

The Committee **NOTED** the update.

**FPC 2112/03.3**

### **Stroke Improvement Plan**

Peter Carr (PC), Director of Therapies and Health Sciences, supported by Rhys Monk (RM), Directorate Manager for Stroke Services and David Hanks (DH), Head of Service Planning, presented the Stroke Improvement Plan to the Committee.

Members were reminded of the reviews and recommendations that informed the Stroke Improvement





Plan, as outlined in the report. The Stroke Improvement Plan was overseen by the Stroke Improvement Board, chaired by PC.

RM presented metrics and progress against action plans associated with recommendations. The following key points were discussed:

- The Getting It Right First Time (GIRFT) review in 2022 and progress against recommendations; Out of the 20 recommendations, 15 were either completed or ongoing.
- Admitting patients to the Hyper Acute Stroke Unit (HASU) was flagged as a challenge due to operational and system pressures. Only 17% of patients reach the HASU within 4 hours at present.
- The reconfiguration stroke rehabilitation was complete. All stroke rehabilitation now took place at Ysbyty Ystrad Fawr (YYF) Hospital.

Iwan Jones (IJ), Independent Member, queried whether there were any further reviews planned. PC informed members that the Health Board was not aware of any planned reviews, however, Welsh Government had established a national stroke improvement programme through the NHS Executive. The Health Board was in discussions with the NHS Executive, sharing learning and best practice in developing a HASU from other Health Boards. PS highlighted the importance of improving an end-to-end stroke pathway by focusing on and improving rehabilitation, noting that additional funding would be required to support required staffing to run an efficient rehabilitation service.

Presentation slides to be shared with members outside of the meeting. **Action: Directorate Manager for Stroke Services/secretariat**

Members requested updates on the progress of the Stroke Improvement Plan to come back to future meetings. **Action: Director of Therapies and Health Sciences/secretariat**

The Committee **RECEIVED** the report for **ASSURANCE**.

FPC 2112/04

**Assurance in Respect of Financial Management and Performance**

FPC 2112/04.1

**Monthly Finance Report & Monitoring Returns**



- **Month 7 Review**

Robert Holcombe (RH), Director of Finance and Procurement, provided the update outlining the Health Board's financial performance for the month of October 2023 (month 7), noting that this had been presented to Board. The report summarised the Health Board's performance against financial targets, savings position, and forecast position.

Members **RECEIVED** the report for **ASSURANCE** on the following key areas:

- The financial performance at the end of October 2023 and forecast position against the statutory revenue and capital resource limits,
- The savings position for 2023/24,
- The revenue reserve position on the 31st of October 2023,
- The Health Board's underlying financial position,
- The capital position,
- The month 7 MMR report, and
- The early brief provided for the November 2023 position.

- **Month 8 Review**

RH presented an early financial briefing as of Month 8 (November 2023), as presented at the Board Development Session on the 20<sup>th</sup> of December 2023. The following key points were discussed:

- Revenue financial forecast at Month 8 was £57.6m.
- Month 8 variance £5m deficit.
- Year to date variance £46.7m.
- £44m adverse to £13m control total.
- Concern raised that the strategic cash request had been challenged by Welsh Government, aligned to the deficit being above the control total. The Health Board was awaiting clarification on this position and had potential plans to manage the consequences.
- The savings challenges were discussed. The impact of winter pressures and the improvement work around discharges was discussed. The challenges with the release of beds and improving length of stay to support planned bed closures and release cash were noted.
- Month 8 key movements were discussed, noting the prescribing increase in cost of price per item.





- The savings forecast delivery was at 42m against the 51m savings plan outlined in the IMTP.
- Further savings opportunities and ongoing work were discussed. Ongoing work on savings opportunities to inform future *Benefits Realisation* updates to the Committee. **Action: Secretariat.**
- The Health Board continued to work to identify potential savings through the Value and Sustainability Board.

Iwan Jones (IJ), Independent Member, queried the £46.7m forecast and run rate. RH informed members that the full savings profile was outlined in the full Month 8 report, as shared with all Board members on the 20<sup>th</sup> of December 2023.

IJ recalled the official letter to Welsh Government that outlined the current financial deficit position and queried whether there had been a formal response. RH informed members that a formal response had not yet been received, however, the Chief Executive Officer planned to write an Accountable Officer letter to Welsh Government, explicitly detailing the current financial position.

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, discussed the discharge improvement plans, the prioritisation of the reconfiguration of St Woolos, and Nevill Hall Hospital sites and bed reduction, noting links to savings plans and variable pay reduction.

Dafydd Vaughan (DV), Independent Member, discussed national digital risks and financial impact on the Health Board and flagged that in his opinion the Board was not able to fully scrutinise the national digital programmes. Paul Solloway (PS), Director of Digital, informed members that the Health Board participated in monthly digital meetings with the NHS Executive and Welsh Government and that the Health Board had formally raised concerns with Welsh Government around some national digital programmes. It was noted that Welsh Government was reviewing national digital programmes to take learning forward. PS informed members that the Health Board would consider action to remove itself from national programmes that were not beneficial to patients and service need. The Committee requested a mechanism by where the Health Board could scrutinise organisations that implement national digital programmes. Paul Solloway, Director of Digital, confirmed that he would discuss this



	<p>with the Chief Digital Officer of Welsh Government.  <b>Action: Director of Digital</b></p> <p>Updated Month 8 Financial Position and Forecast presentation to be shared with members outside of the meeting. <b>Action: Director of Finance and Procurement/secretariat</b></p> <p>The Committee <b>NOTED</b> the update.</p>
<p><b>FPC 2112/04.2</b></p>	<p><b>Efficiency Opportunities</b></p> <p><b>Benchmarking</b></p> <p>Robert Holcombe (RH), Director of Finance and Procurement, supported by Greg Bowen (GB), Assistant Finance Director Chris Commins (CC), Assistant Director of Finance, Out of Hospital Services presented the report to the Committee.</p> <p>Members were informed of the benchmarking exercise for the current financial year, and how the Health Board utilised the data from benchmarking exercises to identify possible savings and efficiency opportunities.</p> <p>GB discussed national benchmarking data and how the new data set now named organisations across England and Wales, allowing the Health Board to reach out to other organisations for shared learning and best practice.</p> <p>Members were informed of key benchmarking projects that the Health Board participated in, and the following key points were discussed:</p> <ul style="list-style-type: none"> <li>• GB discussed the recently completed Outpatient’s project and key findings, noting that outpatient attendances were returning to pre-Covid levels, and that the Health Board benchmarked well against peers. The Health Board had identified some opportunities for learning, for example with <i>Did Not Attend</i> patients, and this would be picked up early 2024.</li> <li>• CC discussed the recently completed Pharmacies project and key findings. Pharmacy Workforce remained an issue for the Health Board; further benchmarking work would be undertaken to compare workforce numbers to the rest of Wales.</li> </ul>



- All benchmarking and efficiency opportunities would be included in the Health Boards Integrated Medium Term Plan (IMTP).

Iwan Jones (IJ), Independent Member, requested information on why the Health Board appeared to be the only Health Board in Wales participating in some of the projects. RH informed members that Welsh Government stated that participation in the NHS Benchmarking Network was mandatory, however, not every Welsh Health Board currently participated. RH discussed the value of organisations located outside of Wales participating in the NHS Benchmarking Network.

IJ requested assurance on where key efficiency opportunities, based upon benchmarking reports, would be reviewed, and actioned. RH informed members benchmarking data would be fed back to Divisions through lead Executives; Divisions would then consider implementation of changes to work processes. In addition, benchmarking efficiencies will be monitored through the Value and Sustainability Board. RH to meet with Hannah Evans, Director of Strategy, Planning and Partnerships, to discuss the impact of the efficiency and benchmarking opportunities on service changes being captured in future Performance Oversight reports. **Action: Director of Finance and Procurement/Director of Strategy, Planning and Performance**

Members were requested to note the following key areas; -

- Note the work completed to date on the NHS Benchmarking Networks annual work plan for 23-24
- Note how these returns are used to provide potential efficiency and financial savings opportunity moving forward.

The Committee **NOTED** the report.

### **Operational Control Checklist October 2023**

RH provided an overview to the Committee of the initial completion of the *Governance Operational Control Checklist* undertaken by divisional budget holders as at the end of October 2023.

A baseline self-assessment had been produced, alongside a rag rating template, and shared with all divisional budget holders; these would be reviewed and updated monthly.



Members requested assurance on planned actions based upon checklist data. Operational Control Checklist improvement trends to be included in future efficiencies reports. **Action: Director of Finance and Procurement**

Members were asked to note the following key areas; -

- Note the work completed to date on the initial Operational Control Checklist assessments and the initial scores.
- Note the future updates to be undertaken and reported to the Value & Sustainability Board.

The Committee **RECEIVED** the report for **ASSURANCE**.

### FPC 2112/04.3

### To Receive an Update of IT Systems

Paul Solloway (PS), Director of Digital, presented the Health Board's Digital Programme Plan for 2024 to 2026.

PS provided an update on the Informatics Programme cost analysis, including critical programmes of work underway across the Health Board to support digital transformation and initiatives. There was currently a £1.3m financial shortfall for funded and part funded digital schemes.

Iwan Jones (IJ), Independent Member, discussed the financial shortfall and the number of unfunded national digital schemes, and requested assurance on funding plans. PS discussed the requirements to determine efficiency benefits for each scheme, including the challenges. The Committee was assured that all digital risks, including digital maintenance contracts, were currently under review, with completion scheduled for in early 2024.

Members discussed the national digital programmes, noting the Radiology Information System (RISP) replacement programme business case as one area of concern. Members were reminded that the national digital work was a requirement for business continuity. Dafydd Vaughan (DV), Independent Member, agreed to meet with PS to discuss future support for national digital programmes. **Action: Director of Digital/ Independent Member (DV)**



	<p>To provide further assurance, the following key points were discussed:</p> <ul style="list-style-type: none"> <li>• A Digital, Data and Technology Group would be set up as a sub-committee in 2024; this would provide quarterly assurance reports on progress, risks, and issues to the Committee. Quarterly assurance reports from the Digital, Data and Technology Group to be added to the Committee Forward Workplan.</li> </ul> <p><b>Action: Secretariat</b></p> <ul style="list-style-type: none"> <li>• Digital teams would be undertaking a resource and capacity demand model review of the directorate, assessing capacity against priorities.</li> <li>• The Digital Directorate were undertaking a review of all associated risks that feed into the strategic risk in January 2024.</li> </ul> <p>The Committee <b>NOTED</b> the update.</p>
<p><b>FPC 2112/05</b> <b>FPC 2112/05.1</b></p>	<p><b>Other Matters</b></p> <p><b>Items to be Brought to the Attention of the Board and Other Committees</b></p> <p>The Committee noted that the Health Board had a growing list of national digital programs that added to the organisations financial risk with no apparent mechanism in place to hold the national organisations to account. The Committee requested that this be escalated to Board.</p> <p>The Committee requested that the Health Board Digital Transformation be closely monitored, noting the associated funding risks.</p>
<p><b>FPC 2112/05.2</b></p>	<p><b>Any Other Urgent Business</b></p> <p>There was no urgent business to discuss.</p>