

**CYFARFOD BWRDD IECHYD PRIFYSGOLN
ANEURIN BEVAN/ANEURIN BEVAN UNIVERSITY
HEALTH BOARD MEETING**

MINUTES OF THE FINANCE AND PERFORMANCE COMMITTEE

DATE OF MEETING	Monday 17th June 2024 9.30-12.30
VENUE	Microsoft Teams

PRESENT	Richard Clark, Independent Member (Chair)
	Dafydd Vaughan, Independent Member
	Helen Sweetland, Independent Member
	Neil Patrick, Independent Member
	Iwan Jones, Independent Member
IN ATTENDANCE	Robert Holcombe, Director of Finance and Procurement
	Nicola Prygodzicz, Chief Executive
	Paul Solloway, Director of Digital
	Hannah Evans, Director of Strategy, Planning and Partnerships
	Rani Dash, Director of Corporate Governance
	Leanne Watkins, Chief Operating Officer
	Michelle Jones, Head of Board Business
	Carla Hiscott, Deputy Outpatient Transformation Lead
	Caroline Mills, Consultant Dermatologist and Clinical Lead Outpatient Transformation Programme
	Julie Simpson, General Manager
	Chris Cullins, Assistant Finance Director
	Gregg Bowen, Assistant Finance Director
	Sara Utley, Audit Wales
Megan Frampton – Governance Support Officer	
Thomas Jaynes – Governance Support Officer	
APOLOGIES	No apologies were received.

FPC 1706/1	Preliminary Matters
FPC 1706/1.1	Welcome and Introductions The Chair welcomed everyone to the meeting.
FPC 1706/1.2	Apologies for Absence No apologies for absence were noted.
FPC 1706/1.3	Declarations of Interest There were no declarations of interest to record.

FPC 1706/1.4	<p>Draft Minutes of the meeting held on Thursday 14th March 2023</p> <p>The minutes of the meeting held on Thursday 14th March 2024 were AGREED as a true and accurate record.</p>
FPC 1706/1.5	<p>Committee Action Log</p> <p>The Committee received the action log and was content with progress made in relation to completed actions and against any outstanding actions.</p> <p>Robert Holcombe (RH), Director of Finance and Procurement, updated on the outstanding action enhanced Care levels and costings in comparison to other Health Boards and noted that information had been received from finance colleagues in other Health Boards. RH clarified this was not from across Wales but were samples and the Finance Team would produce and issue a report for the Committee.</p> <p>Hannah Evans (HE), Director of Planning, Strategy and Partnerships, updated on the outstanding action on conversion rates for ADHD due to increased demand and noted that information would be shared with Committee via email. HE outlined headlines for 2019/2020 of referrals 19% converted to a diagnosis and advised that the 2022/2023 referrals had increased to 21% which culminated in increased diagnosis.</p> <p><i>The Committee NOTED the action log.</i></p>
FPC 1706/02	<p>Items for Approval/Ratification/Decision</p>
FPC 1706/02.1	<p>Development of Committee Programme of Business</p> <p>Rani Dash (RD), Director of Corporate Governance, advised that the Forward Work Plan shared with the Committee was an outdated version. RD assured the Committee that meetings had taken place with the Director of Finance and Procurement and Director of Strategy, Planning and Partnerships which informed the development of the proposed work plan.</p> <p>The Committee discussed the timing and frequency of proposed meetings and sought clarification as to whether the proposed number of meetings were sufficient to ensure effective assurance.</p> <p><i>Action:</i></p>



	<ul style="list-style-type: none"> • <i>Committee Secretariat to send out the updated 2024/2025 Forward Work Plan to Committee Members</i> • <i>Director of Corporate Governance, to meet with the Chair to discuss the forward work plan and the number of meetings required for 2024/2025</i> <p>The Committee NOTED the update</p>
	<p>ITEMS FOR DISCUSSION</p>
<p>FPC 1706/3</p>	<p>Assurance In Respect of Organisational Performance Management</p>
<p>FPC 1706/3.1</p>	<p>Performance Management and Escalation Report</p> <p>Hannah Evans (HE), Director of Strategy, Planning and Partnerships, provided an overview of the progress made with the implementation of the Health Board’s Performance Management & Accountability Framework which included Divisions in higher escalation and the escalation levels of the Health Board under the all-Wales Oversight and Escalation Framework.</p> <p>HE advised that the Performance Management Framework (PMF) sets out the arrangements for escalation and the PMF allowed for consideration of escalation levels to occur at any time in line with triggers in the same section, and that a formal review of the status of Divisions would occur every 6 months. HE advised the Committee that the 12-month reviews of all Divisions had been completed and that these would be aligned to the framework going forwards.</p> <p>HE commented that after the initial 6 months review a further status was introduced and the Committee was provided with an overview of the various Departments and their respective escalations levels. The Committee noted that the Mental Health and Learning Disabilities Division and Urgent Care Division were in special measures and were subject to enhanced monitoring.</p> <p>HE provided an overview of the factors that contributed to the Mental Health and Learning Disabilities Division escalation which had been brought about by the Health Board following quality and safety issues and events in 2023. The Committee noted that a number of interventions and support had been put in place with updates and reports submitted to the Patient, Quality, Safety and Outcomes Committee, with the Executive Committee monitoring performance.</p>



HE provided an overview of the external escalation arrangements and noted the Welsh Government Oversight and Escalation Framework which sets out the process by which escalation levels were considered which included twice yearly tripartite meetings between Welsh Government officials, Audit Wales, and Healthcare inspectorate Wales.

HE advised the Committee that the national escalation domains and 5 national escalations did not currently align with the Health Board's internal Performance and Accountability Framework but opportunities to align further would be explored when a formal review of the Health Board's PMF occurred in quarter 3.

Neil Patrick (NP), Independent Member, commented on the importance of accountability. NP noted that accountability was allocated across the Executive Team and questioned whether accountability should be delegated further to secure increased focus and improved performance.

HE agreed and provided an example of the Emergency Department at GUH where there were weekly escalation meetings with the Divisional Manager, General Manager and Ward Nurse to secure improvement.

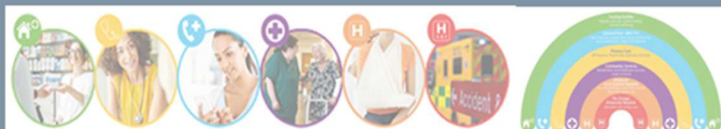
Rob Holcombe, (RH), Director of Finance and Procurement, advised the Committee that delegated budget letters were sent to Divisions which was part of governance and accountability.

The Committee discussed the practical application of the framework and sought confirmation as to how many staff had been placed on improvement/support plans.

Rani Dash (RD), Director of Corporate Governance, advised that numbers could be collated but noted that this would not be as a direct result of the performance and management framework.

HE assured the Committee that the performance of Divisions and leadership teams had been escalated as a result of the PMF and this process had been supported by HR .

RH assured the Committee that as a result of the PMF this had led to education training packs, self-assessment checklists and focused finance meetings with Divisions to discuss capacity to secure financial improvements and noted



that some Divisions had improved but not all had achieved financial balance.

The Committee considered and requested if lower divisional directors could attend the Committee to provide assurance in respect of accountability.

RD noted that the key person to support the discussion in the first instance was the Chief Operating Officer and the Committee noted that an informal Committee Development session would be arranged to discuss the Committee's Forward Work Plan so that the Committee would be assured on accountability.

Action:

- *Director of Corporate Governance to arrange informal Committee session with members, Chief Executive, Director of Finance and Procurement, Director of Strategy, Planning and Performance, Chief Operating Officer to discuss the Forward Work Plan; Number of Meetings and how the Committee can be assured on accountability*

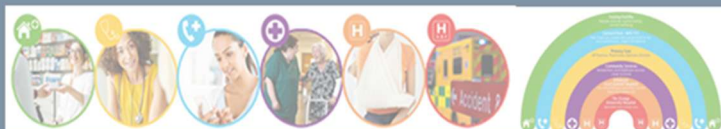
Iwan Jones (IJ), Independent Member noted that the escalation criteria were clear but queried the de-escalation criteria and the number of divisions that this had been applied to. IJ reflected that the Welsh Government letter did not set out the arrangements for de-escalation and advised that clarity was needed in order to build a plan.

HE noted that from a planning perspective the Health Board had advised of its financial performance and the levels of progress would be shown against the Ministerial priorities.

RH advised that financial performance would be de-escalated from Welsh Government intervention when financial control was achieved.

The Finance and Performance Committee:

- **NOTED** *the Progress with implementation of the Health Board's Performance Management & Accountability Framework (PMF), including Divisions in higher escalation;*
- **NOTED** *that a formal review of Divisional and Corporate escalation levels would take place before the end of June in line with completion of reviews;*



- **NOTED** the Escalation levels of the Health Board under all Wales Oversight and Escalation Framework and
- **NOTED** the wider actions conducted and planned to continue to strength the approach to performance management and accountability.

FPC1706/3.2

Performance Report

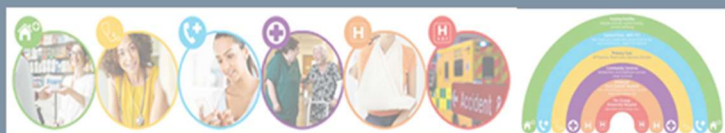
Hannah Evans (HE), Director of Strategy, Planning and Partnerships, provided an update on performance against the key ministerial priorities as at May 2024. HE added that the report complimented the priorities in the Annual Plan 2024/25.

HE provided an update on progress of uptake rates achieved by the vaccination programme; the progression of place-based models of care and sustainability in primary and community services. HE advised that positive outcomes had been achieved which demonstrated progress which included the common ailment scheme uptake by community pharmacists which diverted attention away from primary care.

HE provided an update in respect of the Urgent & Emergency Care system and noted that work was underway to report this in more detail for enhanced monitoring requirements. The Committee was advised that during March 2024, ambulance waits over an hour had improved but waits had increased in April and May 2024. The Committee heard that waits to be seen by a senior clinician had shown no or little improvement and waits in the Emergency Department showed no improvement with a slight decline witnessed.

HE provided an overview of the actions taken to improve wait to be seen times which included weekly Chief Operating Officer meetings with the department; process improvements on escalation; pathways changes; changes in managerial oversight and realignment of resources.

HE provided an update on the internal and Regional Partnership Board work which had looked at additional projects scheme that supported system flow and was advised that deep dives were ongoing along with detailed mapping. HE assured the Committee that there was an expectation of an impact on measures and outcomes on performance for Strokes Team's whose performance was assessed as stable.



HE provided the Committee with an updated on Planned Care and noted for long wait patients' over 156 weeks performance had continued to improve with a small number of 156 week waits; 52 at the end of April, compared to the March 2023 position of 553. HE clarified these were exclusively in ENT and Orthopaedic spines with specific actions put in place to recover this position in May. HE noted up to the end of April 2024 the number of patients waiting (all stages) over 104-week was increasing.

HE assured the Committee that there would be additional targeted activity for outpatients and that the first phase of deep dives in specific specialities would pick up actions for improvement.

HE provided the Committee with an update in respect of Mental Health and Learning Disabilities Division performance and noted an improvement with the back log for waits had reduced in respect of the longest waiting patients and this was the start of sustained improvement.

HE acknowledged that Cancer performance was a concern and confirmed that the back log position was stable but had not improved and performance against the all-Wales national standard of 80% was stable but not improving.

Iwan Jones (IJ), Independent Member, questioned whether there needed to be further deep dives to ensure improvements were implemented and whether these could be included as part of the Board Development Sessions.

Rani Dash (RD), Director of Corporate Governance, confirmed that deep dives formed parts of the Forward Work Plan and the Committee could request deep dives reports to be presented for assurance of performance and improvement.

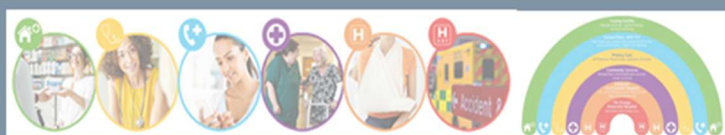
*The Committee **NOTED** the progressed achieved at the end of May 2024 and **NOTED** the planned changes following the internal end of year review and Audit report.*

FPC1706/3.3

Outpatient Transformation Programme Update

Julie Poole, Carla Hiscott and Caroline Mills joined the meeting

Julie Poole (JP), General Manager Surgery and Lead Outpatient Transformation, presented an overview of the Outpatient Transformation Programme work to date.



JP noted that the Health Board's approach was guided by the principles of:

- Managing Demand which included health pathways, gatekeeper developments and eadvice;
- Efficient Use of Resources which included clinical model reviews, reduction in hospital-initiated cancellations, virtual clinics and an outpatient treatment unit;
- Digital as an Enabler which included envoy, eadvice, clinic room booking system, consultant connect and patient facing platform; and,
- Operational Management which included planned care academy to ensure staff were correctly trained and validation of waiting lists to ensure correct patients on were on correct lists.

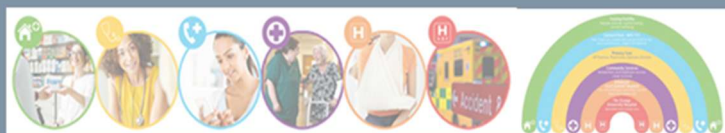
JP advised that the focus was specifically on "see on symptoms" and patient initiated follow ups to ensure patients were correctly managed. The Committee was advised that current performance was 13% against a Welsh Government target of 20%. The Committee noted that the target for those patients who did not attend was 5% and the Health Board performance for the previous financial year was 6.7%.

JP provided an overview of the approach to clinic utilisation and bookings and confirmed that an audit had been undertaken to assess whether rooms were being used by allocated specialities and whether these could be reallocated and advised that a clinic room booking system was utilised to improve room booking efficiency.

JP highlighted that the programme had worked with different divisional projects to improve outpatient transformation. JP noted that divisions such as Optometry workforce; Urology Straight to test; Ophthalmology Glaucoma Diagnostic Hub would improve performance because outpatient stages were either being removed or substantially reformed to increase efficiency.

JP advised that the new Outpatient Treatment Unit where patients could be seen and treated on the same day had assessed 2500 patients in 2023/2024 and that the work with Finance and Value Based Health Care colleagues had realised savings of £382,000.

The Committee noted that clinical model reviews with a number of divisions had been completed to ensure that the correct and efficient processes were in place to ensure that



outpatients performed well and progressed quickly through the pathways. The Committee noted that a lower back pain pathway had been introduced which it was hoped would have a positive impact through securing a reduction in the incorrect referrals to the surgery team.

The Committee was provided with further detail regarding digital as an enabler and noted that the introduction of eadvice had enabled consultants to give advice to patients quicker and easier. The Committee was advised that the Consultant Connect system was used in primary care which would be used to prevent patients unnecessarily becoming outpatients.

Paul Solloway (PS), Director of Digital, assured the Committee that a working group team had been set up to ensure that WPAS was managed effectively and that a comprehensive training programme would be created for staff so the system would be used effectively and efficiently.

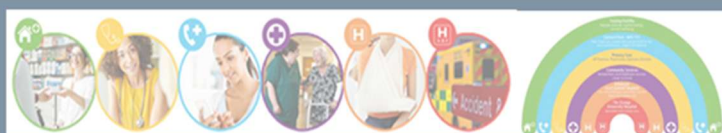
Dafydd Vaughan (DV), Independent Member, queried whether WPAS was being used in the Health Board in line with the other Health Board's use and sought assurance as to what was being done to address the issue of the patient's ability to cancel appointments.

PS noted that the Health Board was not presently using the functionality of WPAS effectively and used a secondary system Clinical Work Station. PS added that standardisation was varied across Health Boards and advised that the team was reviewing WPAS functionality and this would be addressed as part of the Digital Strategy.

Leanne Watkins (LW), Chief Operating Officer, confirmed that there was inconsistency across the Health Board in regards to patients being able to make contact. LW noted that it was important for different divisions to own their own administrative procedures and the need for there to be a range of options for patients to make contact which did not solely rely on telephony.

Neil Patrick (NP), Independent Member, queried whether the did not attend rates could be analysed and summarised to better understand.

JP advised that data was tracked across divisions and deep dives were carried out in order to better understand. JP reflected that in respect of Cancer, patients when called to



understand why there was often a different range of reasons and in some cases, appointments had been moved from the morning to ensure patients could attend in the afternoon.

Richard Clarke (RC), Independent Member, queried whether unnecessary work was sent to divisions from GPs which contributed to Outpatient demand and it was noted that this was the case and as a result impacted upon performance.

LW noted organisationally advice would help addressing incorrect referrals from GPs as instant feedback would be given and this would prevent patients entering pathways unnecessarily. LW added multi-disciplinary work on Health Pathways would also continue to guidance to GPs and to ensure accountability.

*The Committee **NOTED** the presentation.*

Julie Poole, Carla Hiscott and Caroline Mills left the meeting

FPC1706/3.4

Assurance reports from the Digital, Data and Technology Group

Paul Solloway (PS), Director of Digital, provided an update to the Committee on the work of the Digital Data and Technology Group.

PS confirmed that the Data and Analytics Strategy would be shared with stakeholders before being approved by the Board. The Committee noted that the Electronic Health Care Record Strategy was developed with a 16-week engagement and that the Strategic Outline Case would be presented to Board.

PS provide an overview of the digital programmes of the Health Board which included: Acute; Digital Patient; Clinical Support; Digital Ward; ICT and Community. PS advised that there were different projects under each programme, and provided an overview of the e key issues and progress updates of each.

Dafydd Vaughan (DV), Independent Member, thanked the Director of Digital for the level of detail and scale of working that was ongoing. DV questioned projects on clinical services and commented these were big projects which would have a big impact on the Health Board. Specifically, DV queried Welsh Community Care Information System and if there were



any further cost impacts such as on LIMS and on CELLPATH and requested sight of the Business Case as a result of concerns reported to Board. DV expressed concern that it appeared that DHCW had not learnt lessons from previous mistakes on Business Cases.

Action:

- *Director of Digital to share CELLPATH Business Case with Dafydd Vaughan, Independent Member*
- *Director of Digital to share resources costs for LIMS with the Committee*

PS advised that concerns had been feedback to the NHS Executive on CELLPATH and as a result a new governance structure was in place to provide scrutiny.

DV advised that the previous business cases which were started by NHS Executive had been passed to DHCW and then passed to the Health Board to approve which had included significant costs.

Iwan Jones, Independent Member, sought an explanation as to why the Director of Digital was not responsible for Workforce Digital programmes.

Action:

- *Director of Digital to write to Iwan Jones, Independent Member, to outline who in the Health Board was responsible for Workforce Digital Programmes*

*The Committee **NOTED** the presentation.*

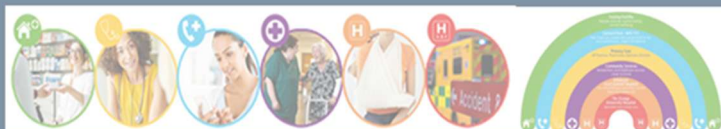
FPC1706/3.5

Committee Risk Report

Rani Dash (RD), Director of Corporate Governance, apologised for the error which had resulted in the paper not being included.

Rani Dash (RD), Director of Corporate Governance, provided the Committee with an overview of the Committee Risk Register for which the Board had delegated responsibility to the Committee.

RD advised that since the last report to the Committee, the risk environment had remained relatively stable, with no changes in the risk score and advised that the following risks were reported as a risk level of High and Extreme: -



- SR001G Financial Sustainability – An extreme risk level and above the Health Board’s appetite due to the failure to deliver a sustainable financial position and longer-term financial plan
- SR001 I Compliance & Safety – An extreme risk and above the Health Board’s appetite due to Due to a failure to implement the required performance improvements in some areas of the organisation in line with the Health Board's Performance Management Framework domains of Quality and Safety, Operational Delivery, and Finance
- SR006 A – C Service Delivery - There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery due to: the full or partial failure of existing digital infrastructure and systems – extreme but within appetite; to an adverse impact on service delivery in the implementation of new digital systems – high but within appetite and to a failure to develop digital solutions that are sustainable and fit for the future – high but within risk appetite.
-

Action:

- *Committee Secretariat to share the Committee Risk Report with Committee members*

*The Committee **NOTED** the report*

Audit Recommendations

Rani Dash (RD), Director of Corporate Governance, provided the Committee with an overview of audit recommendations.

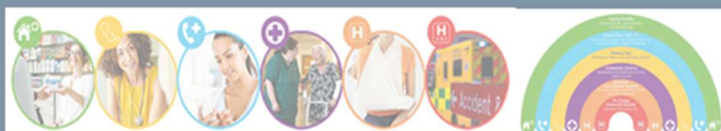
RD advised that the report provides an overview of all identified internal and external audit recommendations, as well as the current implementation resulting from planned audit reviews that fall under the purview of the Committee's agenda.

The Committee considered the report and sought assurance as to whether the timelines were suitable.

The Committee **NOTED** the report.

FPC 1706/3.7

Annual Plan 2024/25 Resubmission



Hannah Evans (HE), Director of Strategy, Planning and Partnerships, provided an update to the Committee on the Welsh Government response to the Health Board on the Annual Plan 2024/25. The Committee was advised that the Health Board was required to resubmit a revised plan which addressed specific feedback which included financial performance and improvement on performance in planned care.

Iwan Jones (IJ), Independent Member, queried the governance arrangements in respect of the IMTP as there had been responses to Welsh Government from the Health Board without the approval of Public Board.

Rani Dash (RD), Director of Corporate Governance, responded, there was sufficient sightedness of governance and confirmed that the Board was advised at its main meeting that a letter had been received from Welsh Government which was supplemented with a detailed In-Committee meeting where agreement was sought on the next steps. RD clarified that the submission to Welsh Government had been agreed with Chief Executive and the Chair and had been provided to the Committee audit and oversight.

Nicola Prygodzicz (NP), Chief Executive, noted the tight timeline was due to the timeframe prescribed by Welsh Government and advised that this was the reason for a verbal update being provided to the May Board meeting

Neil Patrick (NP), Independent Member, sought assurance as to whether this would be an exception or the norm and was advised that this would be an exception.

NP requested that it would be helpful for an item on Planned Care and financial implications be discussed at a future Board meeting.

Action:

- Director of Corporate Governance to schedule Planned care and financial implications for a future Board meeting.

*The Committee **NOTED** the revised Annual Plan 2024/25.*

ASSURANCE IN RESPECT OF FINANCIAL MANAGEMENT AND PERFORMANCE

FPC 1706/3.8

Monthly Finance Report and Monitoring Returns



Robert Holcombe (RH), Director of Finance and Procurement, provided an update to the Committee on Month 1 performance which had been updated since being reported at Board.

RH noted that at Month 1, the reported revenue position was a £4.959m deficit and the reported capital position was break-even. RH noted the risks in achieving the reported forecast.

RH added that the underlying financial deficit at the start of 2024/25 financial year was £81.4m, the revised underlying financial deficit for 2024/25 was assessed as £51.9m which was in line with the 2024/25 annual plan forecast deficit position.

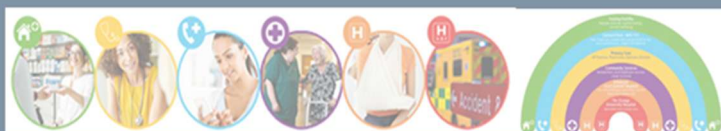
RH commented that significant positive progress had been made with de-risking the plan. RH noted specific plans and actions for the achievement of the £11.4m and advised that opportunities had been identified which would further de-risk the financial forecast, which had informed the revised Annual Plan re-submission.

RH added that opportunities of £5.4m had been converted to savings from the £11.4m and these would be confirmed in month 2 reporting. The Committee noted that work continues to find and implement specific plans for the remaining £6m savings to be identified in order to achieve the reported forecast. RH confirmed that the revised submission maintained a forecast of £48.9m.

Iwan Jones (IJ), Independent Member, asked whether a revised target should be identified as currently the spend per month was just under £5m per month against a required spend to achieve financial target of £4m and was advised of the importance of delivering £29m with the savings opportunities being realised.

*The Committee **NOTED:***

- The financial performance at the end April 2024 and forecast position against the statutory revenue and capital resource limits,
- The savings position for 2024/25,
- The revenue reserve position on the 30th of April 2024,
- The Health Board's underlying financial position,
- The cash position,



- Public sector payment policy performance, and
- The capital position.

FPC 1706/3.9

Value and Sustainability Assurance Reporting

Chris Commins and Greg Bowen joined the meeting.

Rob Holcombe, Director of Finance and Procurement, noted that the Committee would now regularly receive a Value and Sustainability Assurance Report. RH noted that the 2024/25 Annual plan identified £29m of savings and £11m of opportunities to be progressed. The Committee noted that £29m was allocated to Value and Sustainability Board categories which included: Workforce; Procurement and Non-Pay; Pathway; CHC/FNC and Medicines Management and all were expected to be delivered.

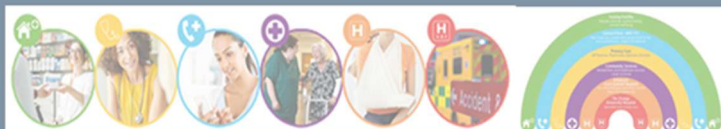
Chris Commins (CC), Assistant Director of Finance, provided an overview of Medicines Management and noted that the workplan correlated with the thirteen national priorities and was aligned to the national programme. CC confirmed that the savings delivered in 2023/24 was £6.0m with £2.6m secured to date across 21 schemes in 2024/25.

Greg Bowen (GB), Assistant Director of Finance, provided an update in respect of Workforce and noted the work of the Variable Pay Programme Board which provided governance on variable pay reduction. The Committee noted the savings that had been made and the identified opportunities to be explored further at programme board.

GB advised that in respect of service redesign a working group had been established which consisted of Planning, Clinical Futures and Finance colleagues. The Committee was advised that the group meets on a fortnightly basis with the Executive Director of Strategy, Planning and Partnerships to update on progress and inform the V & SB with key opportunities to be pursued which included bed management, operational procedures and service efficiencies.

CC updated the Committee on Continuing Health Care and noted that significant savings had not been realised to date but confirmed that efficient packages were being implemented and continually reviewed.

Iwan Jones (IJ), Independent Member, queried how the report captured savings and efficiencies and was informed that the cash releasing elements were captured through the



financial performance reporting but would be explicitly included in future reports.

Action:

Director of Finance and Procurement to include savings and cash releasing figures in future value and sustainability assurance report

Helen Sweetland (HS), Independent Member, queried the status of the Clinical Advisory Group and whether it had been incorporated into value and sustainability work and was informed that the group did exist but its work was outside the of Value and Sustainability as this was patient focused.

*The Executive team **NOTED** the report.*

Chris Commins left the meeting.

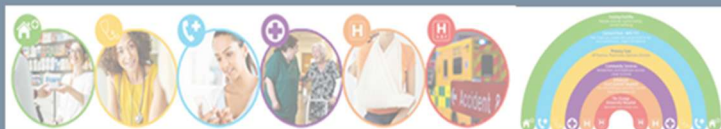
FPC 1706/3.10

NHS Benchmarking Exercise – Emergency Care Benchmarking Exercise

Rob Holcombe (RH), Director of Finance and Procurement, informed the Committee that the Health Board was a member of the NHS Benchmark network.

Greg Bowen (GB), Assistant Director of Finance, provided the Committee with an overview of the emergency care benchmarking exercise for the 2022-23 financial year which included emergency department at the GUH a Minor Injury Units at YYF and YAV and confirmed that this would remain a key area of focus during the current year.

The Committee was informed that the finance team had worked in close collaboration with the Urgent Care Division to ensure accuracy of data presented and noted that the ABUHB Emergency Department configuration was unique in Wales which had made direct benchmarking comparisons challenging. GB noted that the Grange University Hospital Emergency Department was an outlier on cost per attendance however when looked the data was more reliable. The Committee was advised that it was estimated that up to 50% of attendances at the GUH Emergency Department was made up of patients with minor injuries and was less resource heavy in terms of numbers of staff required to manage their attendance. GB clarified that data for 2023/24 saw lower presentations but increased attendances at RGH and YYF instead at a Minor Injuries Unit level.



	<p>GB noted that demand for services had increased across all sites during this reporting period and MIU's continue to perform well and treat 48.9% of all patients seeking emergency care in our region with total attendances across ED departments increasing by 5% in 22-23 when compared to the prior year. GB concluded that this means that the total hours of care provided had increased in greater proportion to this and was likely due to a lack of flow through the system.</p> <p>Helen Sweetland (HS), Independent Member, questioned how data was utilised to plan for the future and noted that benchmarking data was used as a basis to inform decisions but noted that other questions may arise which would then require deep dives and further work with Divisions to better understand.</p> <p>RH commented that the benchmarking could lead to further exercises which then would determine the cause and effects with the data drawing out key issues that affect performance.</p> <p>Iwan Jones (IJ), Independent Member, queried how data would be used to drive improvements and noted that benchmarking data would inform action plans and 6 goals work.</p> <p><i>The Executive Committee NOTED the report.</i></p> <p><i>Greg Bowen left the meeting.</i></p>
<p>FPC 1706/3.11</p>	<p>Capital Programme Report</p> <p>Hannah Evans (HE), Director of Strategy, Planning and Partnerships, provided an overview of the Health Boards capital plan and advised the Committee that there would be a Board Development Session on 26th June 2024 which would cover all Capital and Estates matters.</p> <p><i>The Executive NOTED the report and NOTED that the report would be discussed at the 26th June 2024 Board Development Session.</i></p>
<p>FPC1706/4.0</p>	<p>OTHER MATTERS</p>
<p>FPC1706/4.1</p>	<p>Items to be brought to the Attention of the Board and Other Committees</p> <p>Dafydd Vaughan (DV), Independent Member, noted a strategic risk was already registered regarding the scale of change in the Health Board on digital projects. DV advised that the impact should be reiterated to Board especially if</p>



	things went wrong which could potentially impact quality, performances, cost and staff morale.
FPC1706/4.2	Any Other Urgent Business No urgent business was raised.
FPC1706/4.3	Date of Next Meeting: 9 th September 2024 09:30 – 12:30

DRAFT