

DATE OF MEETING	16 th December 2024
VENUE	Microsoft Teams

PRESENT	Richard Clark, Chair
	Dafydd Vaughan, Vice Chair
	Iwan Jones, Independent Member
	Neil Patrick, Independent Member
	Helen Sweetland, Independent Member
IN ATTENDANCE	Robert Holcombe, Director of Finance and Procurement
	Hannah Evans, Director of Strategy, Planning and Partnerships
	Rani Dash, Director of Corporate Governance
	Paul Solloway, Director of Digital
	John Frankish, Interim AD of Informatics: Strategy, Planning & Design to support agenda item 3.3.
	Miraj Abeysekara, Head of RPA and Integration, to support agenda item 3.3.
	Kelly Jones, Head of Capital Finance, to support agenda item 3.6
	Jamie Marchant, Director of Estates and Facilities Division, to support agenda item 3.7
	Fidelma Davies, Head of Strategic Financial Planning, to support agenda item 3.10
	Megan Frampton, Governance Support Officer.
APOLOGIES	

FPC/1612/01	Welcome and Introductions
	The Chair welcomed everyone to the meeting.
FPC/1612/02	Apologies for Absence
	Apologies for absence were NOTED .
FPC/1612/03	Declarations of Interest
	There were no declarations of interest raised to record.
FPC/1612/04	Draft Minutes of the meeting held on 09th September 2024.



FPC/1612/05

The minutes were **AGREED** as a true and accurate record.

Committee Action Log

The Committee received the action log and was content with the progress made in relation to completed actions and against any outstanding actions, as set out within the paper.

FPC/1612/06.a

Performance Management:

ABUHB's Performance Management Framework Update

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, provided an update to the Committee that the Board signed off the Framework in September 2023, and a review was held after 3 months.

The Committee noted key elements and changes made to the performance management framework, which included;

- The broadening and strengthening of accountability letters from the Executive Directors.
- Clarification of milestones, deliverables and impact in order to understand adaptable work where needed.

It was noted that further work was needed to clarify detail and Committee responsibility for elements of the Framework.

The Committee highlighted the need to prioritise audits as a measure within the framework. The Committee was assured that work was being introduced between audit governance and the divisions to better understand their audit profile in full.

It was highlighted that Robert Holcombe (RH), Director of Finance and Procurement, was maintaining communication with external audit due to a lack of evidence, which could be leading to a lack of accountability.

The Committee noted the need to strengthen the work needed at a corporate level of reporting, and for it to be brought forward for review within the quarterly report.



FPC/1612/06.b

It was highlighted that the purpose of the report was to launch the conversation and provide opportunities to engage.

Performance Escalation Report - Targeted Intervention & Enhanced Monitoring

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, updated the Committee that there had been no change to escalation levels to divisions.

It was noted that correspondence had been received from Judith Paget, Director General for Health and Social Services and the NHS Wales Chief Executive on the 5th of November which highlighted that national escalation levels for the Emergency Department in the Grange University Hospital and the Finance and Planning Domain remained unchanged.

Assurance was provided that quarterly escalation meetings with Judith Paget were held in order to address these issues, with lots of positive progress noted in terms of key deliverables, as set out in the escalation framework or deliverable requested as the process progressed.

The Committee **NOTED** the update.

FPC/1612/07

Performance Report, December 2024

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, updated the Committee that a full Quarter 2 report had been presented to the Board in November.

The Committee received updates on key elements of the report, including;

- Vaccine rates were lower than trajectories and work was going into improving this, such as, targeting additional clinics in the Blaenau Gwent area.
- In Primary Care, tracking for GMS was below the national median, driven by issues such as the Brynmawr General Practice.
- The number of people waiting less than one hour for an ambulance was on trajectory, although this had meant that patients were waiting in the ambulance for longer prior to admission to hospital.
- The number of patients who were waiting 8 weeks for diagnostics was down to 2700 in November, which



	<p>showed a positive impact of the additional money provided.</p> <p>It was noted that there was an Executive Committee Performance session scheduled for that week, at which the 156-week performance would be scrutinised, as well as other areas in need of challenge.</p> <p>The Committee discussed the need for a shift in focus in relation to increasing vaccination uptake, by providing opportunities for easily accessible vaccine clinics such as evenings and weekends.</p> <p>The Committee questioned when the new consultants were being placed into urgent and emergency care to improve ways of working.</p> <p>HE to follow up when consultants were due to start, and distribute update in an email to all Independent Members.</p> <p>ACTION: Director of Strategy, Planning and Partnerships</p> <p>The Committee NOTED the report.</p>
<p>FPC/1612/08</p>	<p>Benefits Realisation: Robotic Process Automation</p> <p>Paul Solloway (PS), Director of Digital, with the support of John Frankish (JF), Interim AD of Informatics: Strategy, Planning & Design and Miraj Abeysekara (MA), Head of RPA and Integration, outlined the three principal benefits of RPA, those being;</p> <ul style="list-style-type: none"> • Freeing staff time, • Reducing the need for additional staff, and, • Enhancing data entry quality. <p>It was noted that 40 automations had been actioned to date, with 45 more opportunities available to the service now, which would deliver an additional £1.7 million worth of benefits. Staffing had been a limiting factor as the service did not have the capacity to action all the automations coming through to the service. It was highlighted that in order to have the service functioning at full capacity, an additional 5 staff of varying speciality would be required.</p> <p>PS highlighted that the Health Board would need to develop a full business case to support this work, incorporating the target of leading this work through to all of Wales, and</p>



developing a centre of excellence to encourage shared learning.

The Committee queried whether the implementation of RPA would restrict the development of bigger technological change in the future, and whether it would be more cost effective to address the underlying issues with connectivity of software rather than use RPA to find temporary solutions.

The Committee noted concern around the Health Board's ability to recruit the necessary skills and engineers into the digital sector, as the public sector in Wales as a whole had difficulties with this due to public sector funding being far reduced when compared to the private sector.

Dafydd Vaughan (DV), Independent Member, raised the need for DHCW to be held responsible for the Health Board's need to spend further monies on digital solutions due to an inability to supply adequate modern software and technology that would allow the Health Board to deliver services well.

The Committee raised the need for further discussion outside of the meeting around appropriate financial advice and the development of an appropriate financial scrutiny of service where the benefit of RPA implementation would be cash releasing, as the main area of concern raised was that of funding for the wider deployment of RPA within the Health Board.

The Committee **NOTED** the report.

FPC/1612/09

Information Governance Report, including SIRO Update

Paul Solloway (PS), Director of Digital, provided an update to the Committee that mandatory training on ESR had not seen much improvement, as compliance had stayed at 75%. It was highlighted that a new training module was being discussed nationally in order to reduce the duration of the information governance module.

The Committee noted the reduction in training could present an increase in risks. Assurance was provided that there was a report going for discussion at the Board Meeting in January.



	<p>Key highlights of the report included;</p> <ul style="list-style-type: none"> • In order to tackle Information Governance incidents, an internal audit would be undertaken in relation to records management. All reported incidents were low grade, with no reports submitted to the Information Governance Office. • In clinical coding, there were two vacancies left to fill. • Accuracy in clinical coding remained below the target of 95%. • <p>It was noted that James Calvert, Medical Director meets with the clinical coders once a month, with updates included in his newsletter.</p> <ul style="list-style-type: none"> • Over 600,000 individuals had been logged with the digital health record system. <p>The Committee noted the outcome of phishing tests as unsatisfactory. The Committee was assured that there was an ongoing piece of work to tackle this.</p> <p>The Committee queried whether there had been any progress from Digital Health and Care Wales in regards to desktop patching.</p> <p>The Committee was assured that work was ongoing with DHCW. PS to share further update via email after the meeting. ACTION: Director of Digital.</p> <p>The Committee RECEIVED the report as assurance.</p>
<p>FPC/1612/10</p>	<p>Assurance Report from the Digital, Data and Technology Group</p> <p>Paul Solloway (PS), Director of Digital, presented the report to the Committee for assurance. Highlights of the report included;</p> <ul style="list-style-type: none"> • The moved to Ty-Gwent was complete and was successful. • Phase 2 of the Digital Ward programme had been delayed due to complications. • NHS Executive were piloting virtual ward known as Tech Cymru. This would introduce the remote monitoring of patients under a remote clinical model. • Experiencing pushback from supplier in regards to meeting the Welsh Language Measure. • The Open Eyes System was to be launched within the Ophthalmology service in January 2025.



	<p>PS outlined the next steps required for some of the changes listed within the report, which included risk assessment and escalations, and project timeline assessments where applicable.</p> <p>The Committee queried what learning points could be taken from some of the difficulties and delays experienced with some of the aforementioned implementations, to reduce the risk of repeated delays in the future.</p> <p>Assurance was given that sufficient distribution of responsibilities would be sought, by issuing a letter to Digital Health Care Wales, informing of the need for them to take responsibility for their own contracts.</p> <p>The Committee noted the need to maintain close monitoring of developments, and requested that Paul Solloway continued to raise issues as early as possible.</p> <p>Update to be brought to the next Committee meeting. ACTION: Committee Secretariate.</p> <p>The Committee NOTED the report.</p>
<p>FPC/1612/11</p>	<p>Capital Builds Impairment Report</p> <p>Hannah Evans (HE), Director of Strategy, Planning and Partnerships, with the support of Kelly Jones (KJ), Head of Capital Finance, provided an overview of the three impairments in relation to the large capital schemes completed in 2023/24, those being; the Bevan Health & Wellbeing Centre, the Endoscopy Unit and the Breast Unit at Ysbyty Ystrad Fawr.</p> <p>It was highlighted that the valuer predicted a reduction in asset value of between 30%-40% after scheme completion, based on a modern equivalent asset basis.</p> <p>It was highlighted that the scheme had experienced significant delays, which caused additional costs to be incurred.</p> <p>The Committee queried the implications of this for the Health Board. Assurance was provided that there were no direct implications for the Health Board, as funding was provided by Welsh Government.</p>



	<p>The Committee NOTED the report.</p>
<p>FPC/1612/12</p>	<p>Estates Compliance Overview</p> <p>Jamie Marchant (JM), Director of Estates and Facilities Division, updated the Committee on the current state of some of the estates within the Health Board.</p> <p>It was highlighted that there were staff shortages for skills such as electricians due to the public sector being unable to match the pay out of the private sector. This limitation would increase the risk of reduced compliance. It was noted that the compliance issues raised were mainly within the older structures within the Health Board, as the newer buildings were compliant with new building regulations.</p> <p>The Committee sought assurance that the organisation was in an adequate position with the backlog of work to be done, and that staff and patients were safe.</p> <p>Assurance was provided that the division was comfortable with the priorities set by the organisation, and that a risk-based approach had been adopted due to the emergency response nature of the service.</p> <p>The Committee NOTED the report.</p>
<p>FPC/1612/13</p>	<p>Financial Performance Report</p> <p>Robert Holcombe (RH), Director of Finance and Procurement, provided an update to the Committee regarding the month 7 financial position, including: the risk on savings was diminishing since the last update, enhanced care hours had increased, and elective care continued to deliver. It was noted that Mental Health was the highest area of concern.</p> <p>The Committee was assured that the Health Board was receiving a proportion of new monies, roughly £9.5 million, part of a £50 million share from Welsh Government, to support services such as prescribing and CHC.</p> <p>It was noted that an additional £31 million was provided in order to tackle cost pressures, with the conditions that the Health Board provided a three-year plan, including break even to the control total each year, maintained the 104 week waiting times, and progressed regional work.</p>



	<p>The Committee noted that the annual plan was being worked through and was being linked to estimates. It was noted that the Health Board had elective funding due to how busy the organisation had been in recent months, which posed its own issues, drawing people’s attention away from the cost saving agenda.</p> <p>The Committee NOTED the report.</p>
<p>FPC/1612/14</p>	<p>Value and Sustainability Assurance Report</p> <p>Robert Holcombe (RH), Director of Finance and Procurement, provided a quarterly update to the Committee.</p> <p>It was highlighted that as at month 7, the savings position was reported as £43.7 million, which was £3.2 million above target levels. It was noted that savings captured were aligned to divisional reported schemes and V&SB Theme areas.</p> <p>Other highlights of the report included;</p> <ul style="list-style-type: none"> • Business intelligence from the detailed work the finance team had undertaken with pharmacy staff, had identified that ophthalmology drugs spiked and the service had undertaken more wet AMD activity than planned. • Workforce had focused on variable pay and different mechanisms around retention. Deep dives were being held into the expansion of E-Roster system access. • Local & National work around service redesign, particularly planned care, and inpatient reconfiguration required greater focus. <p>The Committee queried how all of the work laid out within the report, as well as the QIA process, would work together.</p> <p>Assurance was provided that the QIA process had identified some areas where proposals needed more work to progress and some proposals that should not be pursued for various reasons. It was noted that a formal review would be presented at the Executive Committee.</p> <p>The Committee RECEIVED the report.</p>
<p>FPC/1612/15</p>	<p>Efficiency Opportunities and Update Report</p>



	<p>Robert Holcombe (RH), Director of Finance and Procurement, with the support of Fidelma Davies (FD), Head of Strategic Financial Planning, presented the Efficiency Opportunity and Update Report to the Committee, outlining how benchmarking was utilised within the organisation, and how it would help to identify key areas of focus.</p> <p>It was noted that the annual exercise within phase 1 of the principled approach to deploying benchmarking would be updated as reports were published throughout the year.</p> <p>The Committee noted the results of the benchmarking analysis, broken down by division and service improvement.</p> <p>The Committee sought assurance that the benchmarking methodology would be able to capture the comparability of the different demographics within the Health Board's various catchment areas.</p> <p>The Committee was informed that a total comparison would not be possible within the strategy, although every effort was being made to off-set the differences.</p> <p>It was noted that the investigations were completed centrally, but without limiting the divisions from completing their own investigations.</p> <p>The Committee NOTED the report.</p>
FPC/1612/16	<p>Review of Committee Annual Programme of Business 2024/25</p> <p>The Committee Programme of Business 2024/25 was provided to the committee for information.</p> <p>The Committee NOTED the report.</p>
FPC/1612/17	<p>Committee Risk Report</p> <p>The Committee Risk Report was provided to the Committee for Information.</p> <p>The Committee NOTED the report.</p>
FPC/1612/18	<p>Items to be Brought to the Attention of the Board and Other Committees</p> <p>Nothing reported.</p>



FPC/1612/19	Any Other Urgent Business Nothing Raised.
FPC/1612/20	Date of the Next Meeting: <ul style="list-style-type: none">• 17th of February 2025, 09.30-12.30.