

**CYFARFOD BWRDD IECHYD PRIFYSGOLN  
ANEURIN BEVAN  
MINUTES OF ANEURIN BEVAN UNIVERSITY  
HEALTH BOARD MEETING**

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| <b>DATE OF MEETING</b> | Tuesday 11 <sup>th</sup> January 2023 |
| <b>VENUE</b>           | Microsoft Teams                       |

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| <b>PRESENT</b>       | Richard Clark (Chair)  |
|                      | Iwan Jones (Vice Chair)  |
|                      | Shelley Bosson   |
|                      | Dafydd Vaughan   |
| <b>IN ATTENDANCE</b> | Rob Holcolmbe, Director of Finance, Procurement & Value                          |
|                      | Chris Dawson-Morris, Interim Director of Planning & Performance                  |
|                      | Nicola Prygodzicz, Chief Executive   |
|                      | Rani Dash, Director of Corporate Governance                                      |
|                      | Leanne Watkins, Director of Operations   |
|                      | Ian Jenkins, Head of System Planning   |
|                      | Neil Miles, Clinical Futures Programme Director                                  |
|                      | Greg Bowen, Assistant Finance Director   |
|                      | Suzanne Jones, Interim Assistant Finance Director - Financial Strategy, Planning |
|                      | David Hanks, Head of Service Planning  |
|                      | Simon Roberts, Senior Programme Manager, Planning                                |
|                      | Laura Howells, Principal Auditor, Internal Audit                                 |
|                      | Lucy Windsor, Corporate Services Manager   |
| <b>APOLOGIES</b>     | None Received  |

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| <b>FPC/1101/01</b> | <b>Welcome and Introductions</b><br>The Chair welcomed members to the meeting.                                    |
| <b>FPC/1101/02</b> | <b>Apologies for Absence</b><br>No apologies were received.   |
| <b>FPC/1101/03</b> | <b>Declarations of Interest</b><br>There were no Declarations of Interest raised relating to items on the agenda. |
| <b>FPC/1101/04</b> | <b>Committee Action Log</b>   |



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|                    | <p>It was noted that all actions within the Committee’s action log had been completed or were in progress, as outlined within the paper.</p> <p>The following amendment to action reference FPC/0510/06 was requested; -</p> <ul style="list-style-type: none"> <li>Remove the reference to ‘In Committee.’ The item would be taken through the formal meeting.</li> </ul> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>Secretariat to amend the wording of Action FOC/0510/06.</li> </ul>   |
| <b>FPC/1101/05</b> | <p><b>Minutes of the Previous Meeting</b></p> <p>The minutes of the meeting held on 5<sup>th</sup> October 2022 were agreed as a true and accurate record.</p>   |
| <b>FPC/1101/06</b> | <p><b>Committee Governance</b></p> <p>There were no items scheduled for discussion.</p>  |
| <b>FPC/1101/07</b> | <p><b>Performance Overview Report with Exception Reporting:</b></p> <p><b>Performance Dashboard</b></p> <p>Chris Dawson Morris (CDM), Interim Director of Planning and Performance, presented the dashboard, highlighting progress against wait times in some outpatient departments as well as longest waits in planned care services, but noted that progress against the 26-week target was not gaining traction.</p> <p>Iwan Jones (IJ), Independent Member commented that a number of measures and actions outside of the dashboard were being undertaken and wanted to understand how those were impacting on the formal measures contained within the dashboard. CDM responded to say that Welsh Government had recognised the national challenge with achieving the 26-week target and noted the ministerial focus had shifted to 52 week waits for first outpatient appointments and 104 week waits for treatment. CDM provided reassurance that resources were being optimised to address the immediate backlog of long waits, as well as work to ensure that the right change programmes were being implemented to deliver long-term sustainability.</p> <p>CDM explained that the quarterly Integrated Medium-Term Plan (IMTP) report provided an overview of Health Board</p> |



activity and outcomes, and that where reporting aligned, reports would be presented to the Finance and Performance Committee.

### **Planned Care Recovery Programme Report**

CDM provided an overview of the Planned Care Recovery Programme Report and stated that the profiles in the IMTP had been updated to reflect what could be achieved in the current operating environment. The most difficult areas to reduce waiting lists in were Ear Nose & Throat (ENT), Ophthalmology, and Trauma and Orthopaedics (T&O), but there were targeted actions in place to deliver improvements.

The Committee requested that phrasing within the report be more specific, as some of the language used made it difficult for members to gain assurance. The inclusion of timeframes and outcomes were also requested to allow progress to be assessed. Furthermore, where information about specific specialties were referenced in several sections of the report, to ensure there was a link so the context could be understood in its entirety.

### **Action**

- Interim Director of Planning & Performance to implement the Committee's requests in the next iteration of the report.

### **Six Goals for Urgent and Emergency Care**

CDM presented a report on performance in Urgent and Emergency Care linked to the Six Goals Programme up to the end of November.

CDM provided an overview of the report, noting that there had been some progress in ambulance handover times and patients spending more than 12 hours in the Emergency Department (ED), but acknowledged that the performance data for December would be challenged due to a number of factors related to winter pressures.

Shelley Bosson (SB), Independent Member, questioned the correlation between average attendance at the Same Day Emergency Care (SDEC) unit and the resource and asked if the resource was redeployed to areas of greater need when demand for SDEC was low. Neil Miles (NM), Clinical Futures Programme Director, responded to say resources were shared among SDEC, the Medical Assessment Unit



(MAU), and the Surgical Assessment Unit (SAU) based on demand.

IJ requested that more information about the impact of improvement projects be included in the reports so that members could have confidence that the actions taken to deliver the 'Six Goals' Programme were being realised and that the evidence was being used to influence change in other areas.

The Committee **NOTED** the report for assurance.

## FPC/1101/3.2

### **Getting it Right First Time Reviews (GIRFT):**

#### **Review of Stroke Services Report**

David Hanks, (DH) Head of Service Planning presented the report on behalf of Peter Carr, Director of Therapies and Health Science.

DH provided an overview of the report and the approach to optimising patient care and outcomes, as well as an update on progress toward the recommendations to date. A report would be presented to the Executive Committee to request support for both short and long-term actions.

To receive assurance from the action plan, the Committee requested that, following discussion at the Executive Committee meeting, a short paper be presented at a future meeting with timeframes for the actions and an assessment of the resource implications associated with the recommendations/actions.

#### **Action:**

- Committee Secretariat to schedule an update report in the Committee's Forward Work Programme.

#### **Update on Orthopaedic Improvement Programme**

Leanne Watkins (LW), Director of Operations, provided an update on the Orthopaedic Improvement Programme noting the key focus was to streamline the structure to avoid duplication of effort. The 3 key areas of focus were noted as: -

- 1) Reduce clinical variation
- 2) Reduce the backlog
- 3) Value for money



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|                           | <p>Ian Jenkins, Head of System Planning, presented slides outlining the financial costs and savings expected for prosthetics procurement in 2023/24. The Committee was encouraged to see the level of savings and efficiencies that could be realised through changes in practice.</p> <p>The Committee requested that the slide deck be distributed for information.</p> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>• Director of Operations to circulate the slide deck to the Committee.</li> </ul> <p>SB requested that timeframes and milestones be added to the action plan and future reports to reflect the potential efficiencies that could be realised. LW agreed to simplify future iterations of the report and provide a dashboard to enable the Committee to gain assurance on performance against targeted actions.</p> <p>The Committee <b>NOTED</b> the update reports for assurance.</p>   |
| <p><b>FPC/1101/08</b></p> | <p><b>Financial Outlook &amp; 2023/24 Allocation letter Briefing</b></p> <p>Rob Holcombe (RH) Director of Finance, Procurement and Value presented the report to provide assurance on the key financial issues going into the next financial year.</p> <p>RH highlighted that the Health Board would be going into 2023/24 with a significant deficit, and as a result the organisational focus would need to be on cost reductions and savings. Furthermore, Welsh Government would expect Health Boards to develop a plan to support an additional 2.5% cost reduction savings.</p> <p>When developing the IMTP, IJ requested that the financial position be made explicit within the financial plan in terms of proposed reductions/savings over a set period of time in order to achieve financial balance.</p> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>• Director of Finance and Procurement</li> </ul> <p>The Committee <b>NOTED</b> the report for assurance.</p> |
| <p><b>FPC/1101/09</b></p> | <p><b>2022/23 Forecast Closing Underlying Position</b></p>  |



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|                           | <p>Rob Holcombe (RH) Director of Finance, Procurement and Value presented the 2022/23 Forecast Closing Underlying Position Report, in conjunction with a request to approve the potential underlying financial deficit being used as part of the draft 2023/24 financial plan.</p> <p>The Committee <b>APPROVED</b> the report and <b>NOTED</b> the potential underlying financial deficit.</p>  |
| <p><b>FPC/1101/10</b></p> | <p><b>2023/24 Budget Planning (Delegation) Principles</b></p> <p>Suzanne Jones, (SJ) Interim Assistant Finance Director - Financial Strategy (Planning), presented the Committee with the proposed Budget Planning (Delegation) Principles.</p> <p>SJ provided an overview on the proposed approach to delegating funding at the start of the 2023/24 financial year within the expected total available resources (£1.6bn).</p> <p>The budget planning methodology would consider current spend levels, adjust 2023/24 IMTP decisions and reflect a reasonable savings expectation at divisional level.</p> <p>This process would require budgets to be moved between historical budget heads/divisions to match the 'cost based' methodology. As part of the process the delegation letters would include budgets and wider performance accountability expectations, which the Chief Executive Officer would expect to be signed.</p> <p>SB was concerned about contingency funding and divisions not looking for efficiencies within services if savings were realised through revised budgets achieving break even at the end of the year. RH responded by stating that the Health Board would investigate options for mitigating the risk of the Health Board's underlying deficit increasing.</p> <p>The Committee acknowledged that achieving the additional 2.5% savings, on top of reducing spending and finding savings to impact the underlying deficit, would be challenging.</p> <p>The Committee <b>NOTED</b> the report and <b>APPROVED</b> the proposed changes to the budget planning approach for 2023/24.</p> |
| <p><b>FPC/1101/11</b></p> | <p><b>Efficiency Opportunities 2023/24</b></p>   |





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|                     | <p>Greg Bowen (GB), Assistant Finance Director, presented the Efficiencies Opportunities 2023/24 Report. GB provided an overview noting the key opportunities for 2023/24 were in the following areas:</p> <ol style="list-style-type: none"> <li>1) Operating Theatres</li> <li>2) Compliance with British Association of Day Surgery (BADS) guidance</li> <li>3) Productivity improvements for Cataract surgery in line with Getting It Right First Time (GIRFT) Recommendations</li> </ol> <p>The Committee was encouraged by the report and the evidence that supported the efficiency opportunities. The Committee offered its support in implementing the findings to improve efficiencies and patient experience.</p> <p>Recognising the need for more detailed work with clinical and corporate teams to operationalise the improvements, the Committee requested that a paper be brought back to a future meeting to provide an update on progress.</p> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>• Committee Secretariat to schedule an update report in the Committee’s Forward Work Programme.</li> </ul> <p>The Committee <b>NOTED</b> the report and <b>APPROVED</b> the approach as a mechanism for how ABUHB should use this data to drive efficiency improvements moving in to 2023-24.</p> |
| <b>FPC/1101/5.0</b> | <p><b>Items For Information</b><br/>There were no items scheduled for discussion.</p>   |
| <b>FPC/1101/6.1</b> | <p><b>Items to be Brought to the Attention of the Board and Other Committees</b></p> <ul style="list-style-type: none"> <li>• Identification of the level of savings required to impact the underlying deficit going into 2023/24</li> </ul>  |
| <b>FPC/1101/6.2</b> | <p><b>Any Other Urgent Business</b></p> <ul style="list-style-type: none"> <li>• Nothing Raised</li> </ul>  |
| <b>FPC/1101/6.3</b> | <p><b>Date of the Next Meeting:</b><br/>Wednesday, 21<sup>st</sup> June 2023 via Microsoft Teams</p>  |

