

**CYFARFOD BWRDD IECHYD PRIFYSGOLN  
ANEURIN BEVAN**

**MINUTES OF ANEURIN BEVAN UNIVERSITY  
HEALTH BOARD MEETING**

<b>DATE OF MEETING</b>	Thursday 7 <sup>th</sup> September 2023
<b>VENUE</b>	Via Microsoft Teams

<b>PRESENT</b>	Richard Clark, Independent Member (Committee Chair)
	Shelley Bosson, Independent Member
	Dafydd Vaughan, Independent Member
<b>IN ATTENDANCE</b>	Iwan Jones, Independent Member
	Robert Holcombe, Director of Finance and Procurement
	Hannah Evan, Director of Strategy, Planning & Partnerships
	Rani Dash, Director of Corporate Governance
	Nicola Prygodzicz, Chief Executive
	Leanne Watkins, Chief Operating Officer
	Paul Solloway, Director of Digital
	Alison Maguire, Programme Director Diagnostics
	Gareth Cooke, National Programme Lead RISP
	Greg Bowen, Assistant Finance Director
	Fay Lewis, Finance Manager
	Mark Ross, Assistant Finance Director - Corporate
	Caroline Hobbs, Head of Management Accounting and Costing
	Nathan Couch, Audit Wales

<b>FPC 0709/01</b>	<b>Preliminary Matters</b>
<b>FPC 0709/01.1</b>	<b>Welcome and Introductions</b>
	The Chair welcomed everyone to the meeting.
<b>FPC 0709/01.2</b>	<b>Apologies for Absence</b>
	The Chair noted that there were no apologies for absence.
<b>FPC 0709/01.3</b>	<b>Declarations of Interest</b>
	There were no declarations of interest raised to record.
<b>FPC 0709/01.4</b>	<b>Draft minutes of the last meeting held on the 21<sup>st</sup> of June 2023</b>
	The minutes of the meeting held on the 21 <sup>st</sup> of June 2023 were agreed as a true and accurate record of the meeting,



	<p>subject to changing the title for Hannah Evans, Director of Strategy, Planning &amp; Partnerships title.</p> <p>Shelley Bosson (BS), Independent Member, noted a section on page 4 of the minutes "The reenergised discharge planning framework (goal five of the six goals for urgent and emergency care), launched in January 2023" and requested an update on progress. SB questioned why the item would be coming to Decembers Committee as noted on the Action log. Leanne Watkins (LW), Chief Operating Officer provided the Committee with assurance that the following work was on going:</p> <ul style="list-style-type: none"> <li>• Patient Safety event – End of September.</li> <li>• Weekly task and finish meetings.</li> </ul> <p>LW offered to provide an update on the discharge planning framework at next Board Development Session. <b>Action Chief Operating Officer</b></p>
<b>FPC 0709/01.5</b>	<p><b>Committee Action Log</b></p> <p>The Committee reviewed the action log. Members were assured by the following:</p> <ul style="list-style-type: none"> <li>• <b>FPC 2106/02.3</b> – Shelley Bosson (SB), Independent Member raised a concern in the enhanced report and requested there was a comparison of enhanced care usage between Aneurin Bevan University Health Board and other organisations. Rob Holcombe (RH), Director of Finance and Procurement assured SB that he would get his team to look at the costs and provide her with an update outside of the meeting. <b>Action Director of Finance and Procurement</b></li> </ul>
<b>FPC 0709/02</b>	<b>Items for Approval/Ratification/Decision</b>
	There were no items for inclusion in this section.
<b>FPC 0709/03</b>	<b>Items for Discussion</b>
	<b>Assurance in Respect of Organisational Performance Management</b>
<b>FPC 0709/03.1</b>	<p><b>Performance Overview Report with Exception Reporting- Quarter 1</b></p> <p>Hannah Evans (HE), Director of Strategy, Planning &amp; Partnerships, provided an overview of the Performance during Quarter 1 and highlighted the progress made and challenges, as outlined in the report.</p> <p><b>Quarter 1 key points:</b></p>



- Conclusions were being made each quarter acknowledging not all the data sets were available and data could be improved.
- Positive areas.
  - Assess to surgery for Paediatrics.
  - Increase in activity in Primary Care centres.
  - Improved ambulance handovers performance
  - Cardiology diagnostics waits had improved.
- Challenges
  - July Cancer pathway performance at 62%.
  - CAMHS
  - Mental Health & LD measures.
  - Urgent & Emergency care system – Ambulance 4hour waits.

Shelly Bosson (SB), Independent Member, queried if the shared lives initiative across adult's services were now being shared with older adult Mental Health services. Leanne Watkins (LW), Chief Operating Officer, agreed to confirm if this was the case and feedback to SB outside of the meeting. **Action Chief Operating Officer**

Iwan Jones, (IJ) Independent Member, questioned the following:

- Was there a way of improving the data that was provided within the report. It was agreed that associated financial information would be included in future reports. **Action Director of Strategy, Planning & Partnerships**
- Plans to improve sickness absence levels. LW assured Members that the following was taking place to try and make improvements of the Health Board sickness levels:
  - Divisional meetings targeting areas of peak absences.
  - Teams were managing their sickness by department.
  - Tracking of sickness levels by the divisional assurance team.

Paul Solloway, (PS) Director of Digital, informed Members that the data strategy would be presented to Executive Committee and Welsh Government were looking at how GP data could be more accessible.



Dafydd Vaughan, (DV) Independent Member, questioned if the Health Board were confident in using the WCCIS system with ensuring the data was correct. PS confirmed that he was meeting with WCCIS provider on how they can improve the system.

The Committee noted the progress made in Quarter 1.

## FPC 0709/03.2

### **Performance Against Ministerial Priorities for Planned Care**

Hannah Evans (HE), Director of Strategy, Planning & Partnerships, provided the Committee with an overview of the performance against ministerial priorities and targets for planned care.

Members noted the following key points and progress made:

- Ministerial targets had been set for outpatients 52 week for outpatients and 104 weeks wait to be eliminated by June 2023.
- The Health Board was not able to commit to achieving the ministerial targets by June 2023 due to ongoing systems pressures. Plans had been submitted to Welsh Government to show alternative targets that the Health Board could achieve by September.
- 156 weeks wait by end of September - the Health Board would have no patients waiting longer than 156 weeks for a first outpatient appointment and treatment, with the exception of a small number of patients requiring spinal treatment due to capacity within the team.
- 104 weeks wait by end September – patients would not be waiting more than 104 weeks for treatment.
- Challenged areas – Ophthalmology, Urology, Spinal ENT, Orthopaedics and Maxillo facial.

Richard Clark (RC), Independent Member, questioned if views of the Welsh Government on the Health Board's proposed timescales for achieving, which were not in line with the targets set. Nicola Prygodzicz (NP), Chief Executive, informed the Members that the Health Board had been allocated £50m funding from Welsh Government to address the waiting times in outpatients for 156 weeks and 104 weeks.



Leanne Watkins (LW) Chief Operating Officer, assured Members that monthly assurance meetings were being attended with Welsh Government to keep them updated with the progress being made for outpatient waiting times.

Shelley Bosson (SB), Independent Member, raised her concerns regarding a section in the report of having new doctors in the maxilla facial department and still being able to hit the target of September. LW assured Members that the Doctors recruited into the vacancies were at a grade of being able to deliver on the targets set.

The Committee noted the progress made within the report on the outpatients waiting times.

### FPC 0709/03.3

#### **To Receive a Report on the Quality of Coding**

Paul Solloway (PS), Director of Digital, presented the Quality of the Coding report.

PS informed Members that nationally there was a 95% coding completions target set within 1month; the Health Board's IMTP target was 85%. The service was struggling to achieve the target due to activity increases.

The clinical coding site covered all hospitals within the Health Board. Members noted that processes had changed since the opening of the Grange University Hospital with the scan case notes being moved to Online House and backlogs had occurred in the process which had impacted on the team being able to code within the national targets.

PS informed members that the biggest challenge within the coding team was the retention of staff. This was due to the ability to progress within the team and NHS England pay increases.

Plans had been put in place to address the workforce challenges to ensure that the Health Board would not need to fund external coding contractors, following the development of a new structure. The new structure plans had been to Executive committee for approval with the costing staying within the coding service agreed budget.

Shelley Bosson (SB), Independent Member, questioned if the Health Board had looked at using robotics as an option rather than creating the extra posts. PS advised that the



robotics could cover some areas of coding, but coding services would remain a manual process.

Iwan Jones (IJ), Independent Member, queried what the cost implications were for the additional posts within the coding service. PS advised he would share the costs with the committee outside of the meeting. **Action Director of Digital.**

The Committee noted the Quality of Coding report for assurance.

**FPC 0709/03.4**

### **Radiology Informatics Systems Procurement (RISP) Programme Update**

Paul Soloway (PS), Director of Digital, supported by Gareth Cooke (GC), National Programme Lead RISP and Alison Maguire, (AM), Programme Director Diagnostics presented the Radiology Informatics Systems Procurement Programme Update.

GC informed members of how RISP would impact the Health Board, with the Fuji systems contract due to end in 2023/24 and the Phillips systems being awarded the new contract with a start date of November 2025 in the Health Board.

Members were informed of the benefits and financial implications for the Health Board using the Phillips system.

#### Benefits:

- The hardware was stored locally.
- Images would be stored on a cloud-based system to be more accessible for clinical staff.
- 10 years in advance of the Fuji system.

#### Finances:

- There would be an annual saving, with current costs of Fuji being £893k compared to £780k per year with Phillips.
- There would be an overlap of systems due to Fuji contract being extended for an additional 3 years, total cost for dual payments required would be 620k.
- £1.5m funding was being provided to the Health Board for workstations, £300k for setting up data centres and £540k for digital infrastructure.





PS highlighted to members that the detailed implementation plan process was part of the next steps for the Health Board to prevent the start date of Phillips being any later which would result in more dual costs.

Dafydd Vaughan (DV), Independent Member, highlighted that the programme was going to cost more to deliver than run and that the Health Board would not benefit from the change of system for 10years. DV raised his concerns around the costs of this programme continuing to increase.

DV requested for a clear report detailing the full costs of the programme to be shared with the committee before December committee meeting. **Action: Director of Digital.**

The committee noted the report with the recommendations of having the full costs of the programme.

#### FPC 0709/03.5

#### **Robotics Process Automation – Cost and Benefit Realisation (ARAC Action)**

Paul Solloway (PS), Director of Digital, provided an overview of the Robotics Process Automation and Costs and Benefits.

PS provided an overview of what RPA can provide to a service:

- Robots were able to mimic data.
- Run 24hours a day and can undertake the work of up to 3 members of staff.
- The costing of each robot was £17.5k per year for the licence with the Health Board currently having 12 robots available across several services saving 29 WTE posts.

Benefits of RPA

- Allows more staff time.
- Avoid employment of staff for data management.
- Data entry more accurate.

PS informed Members of the following:

- 2 WTE were being recruited to replace the external connectors that support with the robotics service.
- RPA Steering Group was being set up.
- Digital and Governance Group being set up.



- Once the 2 WTE and Groups were established a re-launch of the service would go live on the internet.

Dafydd Vaughan, (DV), Independent Member, noted that RPA would have its place but had concerns of RPA not being a long-term solution to the Health Board and would need to be careful of which services use the RPA service. DV also raised a concern around the costs of the robots with the impact of the Health Board's financial deficit. PS explained that the Health Board was reliant on automations and RPA would enable this to stop.

Rob Holcombe, (RH) Director of Finance and Procurement, commented that the robots had had a positive impact within the Finance team; leading to the department not needing to employ 2 additional members of staff thus supporting a financial breakeven position in the department.

The Committee noted the report and supported the future development of Robotics (RPA)

### **Assurance in Respect of Financial Management & Performance**

**FPC  
0709/03.6/7**

### **Monthly Finance Report & Monitoring Returns - Month 4 / Review of savings and Action Plans**

Rob Holcombe, (RH) Director of Finance and Procurement, provided an update outlining the Health Board's financial performance for month 4. The report summarised the Health Board's performance against finance targets, savings positions and forecast position.

Key points presented to the committee:

- Month 4, the revenue position was reported at £15m deficit.
- Divisional positions – the following were reporting a balanced position:
  - Community CHC & FNC
  - Clinical Support Services
- Divisional positions – the following were reporting an off-balance position:
  - Prescribing
  - Mental Health
  - Medicine
- Saving position month 4 – Total £5.3M





	The Committee noted the Month 4 Finance Report.
<b>FPC 0709/03.8</b>	<p><b>Efficiency Opportunities</b></p> <p>Rob Holcombe (RH), Director of Finance and Procurement, supported by Greg Bowen (GB), Assistant Finance Director, Fay Lewis (FL), Finance Manager, Mark Ross (MR), Assistant Finance Director and Caroline Hobbs (CH), Head of Management Accounting and Costing presented the report and dashboard to the Committee.</p> <p>GB provided an overview of the Efficiency Opportunities highlighting some of the key points from the report:</p> <ul style="list-style-type: none"> <li>• Overall, £17.3m benefit opportunities from length of stay discharges.</li> <li>• Data was being used to identify where length of stay may have increased.</li> <li>• There had been positive outcomes in the following areas: <ul style="list-style-type: none"> <li>○ Cataract.</li> <li>○ Dermatology.</li> <li>○ Day surgeries – Theatre improvement programme.</li> </ul> </li> </ul> <p>FL informed members that the data within the report was taken from the Resource Allocation Dashboard and a demonstration was presented to give an insight of what was included and how the Health Board can choose options within the dashboard to focus on area for improvement. Members were provided with an overview of what the next steps were for the dashboard.</p> <p>RH explained that national work would be based on what the Finance team had achieved and would progress on a wider development across Wales.</p> <p>Shelley Bosson (SB), Independent Member, questioned how the dashboard would be incorporated into day to day working and how it would be cascaded across the Health Board. RH advised that this was a part of identifying the next steps.</p> <p>The Committee accepted the recommendations and progress made within the report.</p>
<b>FPC 0709/04</b>	<b>Items for Information</b>
	There were no items for inclusion in this section.
<b>FPC 0709/05</b>	<b>Other Matters</b>



<b>FPC 0709/05.1</b>	<p><b>Items to be brought to the Attention of the Board and Other Committees</b></p> <p>There were no items to note.</p>
<b>FPC 0709/05.2</b>	<p><b>Any Other Urgent Business</b></p> <p>There was no urgent business to discuss.</p>
<b>FPC 0709/05.3</b>	<p><b>Date of Next Meeting</b></p> <p>Dates of the next Finance &amp; Performance Committee – 21<sup>st</sup> December 2023</p>