

Swansea Bay University Health Board
Unconfirmed
Minutes of the Performance and Finance Committee
held on 23rd May 2023 at 9.30am
Microsoft Teams

Present:

Reena Owen	Independent Member (in the chair)
Steve Spill	Vice-Chair
Patricia Price	Independent Member
Jean Church	Independent Member

In Attendance:

Darren Griffiths	Director of Finance and Performance
Deb Lewis	Chief Operating Officer
Hazel Lloyd	Director of Corporate Governance
Nerissa Vaughan	Interim Director of Strategy
Meghann Protheroe	Head of Performance
Osian Lloyd	Head of Internal Audit
Liz Stauber	Head of Corporate Governance
John Murray	Deloitte (observing)
Peter Herring	Finance Turnaround Director (for minute 68/23)
Sian Passey	Service Group Nurse Director, Primary, Community and Therapies (for minute 71/23)
Matt John	Director of Digital
Alexandra Simmonds	Radiology Services Manager (for minute 78/23)
John Collins	Digital Health and Care Wales (for minute 78/23)
Gareth Cooke	Digital Health and Care Wales (for minute 78/23)
Sian Phillips	Consultant Radiologist, RISP Programme (for minute 78/23)

Minute	Item	Action
63/23	WELCOME AND APOLOGIES	
	The Chair welcomed everyone to the meeting, including Jean Church who had joined the board as a new independent member and John Murray who was observing as part of Deloitte's review of the board's effectiveness. There were no apologies for absence.	
64/23	DECLARATIONS OF INTEREST	
	There were no declarations of interest.	

65/23	MINUTES OF PREVIOUS MEETING	
	The minutes of the meeting held on the 25 th April 2023 were received and confirmed as a true and accurate record.	
66/23	MATTERS ARISING	
	<p>(i) <u>055/23 Financial Position for Month 12</u> Reena Owen confirmed she had written to the finance team to thank them for their efforts which Darren Griffiths advised had been well received.</p> <p>(ii) <u>059/23 Orthopaedics</u> Deb Lewis confirmed the national report had been received by the Audit Committee and the management response would be shared at the next Performance and Finance Committee.</p>	DL
67/23	ACTION LOG	
	<p>The action log was received and noted.</p> <p>(i) <u>Action Point Two</u> Darren Griffiths advised that the budget letters had been reviewed by the Chief Executive and were in the process of being amended prior to distribution. They would be shared with the committee once finalised.</p> <p>(ii) <u>Action Point Six</u> The review of continuing healthcare was in the process of being finalised to discuss at the Management Board in June 2023, after which it would be received by the committee.</p> <p>(iii) <u>Action Point Six</u> Steve Spill advised that a population health presentation had been shared at recent meeting between the health board and its local Senedd members so there should be something the Director of Public Health could share with the committee at its next meeting. Hazel Lloyd undertook to follow-this up with the Director of Public Health.</p> <p>(iv) <u>Action Point 12</u> Darren Griffiths advised that a detailed report on the improvement plan for speech and language therapy had been received so rather than append</p>	<p>DG</p> <p>NV</p> <p>HL</p> <p>DG</p>

	<p>this to the performance report as previously planned, it would be standalone agenda item at the June 2023 meeting.</p>	
<p>68/23</p>	<p>FINANCIAL POSITION FOR MONTH ONE</p>	
	<p>An update setting out the month one financial position, including an update on the run rate position at Morriston Hospital was received.</p> <p>In introducing the update, Darren Griffiths and Peter Herring highlighted the following points:</p> <p>(i) <u>Month One Update</u></p> <ul style="list-style-type: none"> - The health board had originally agreed a financial plan for 2023-24 with a forecast deficit of £69.9m; - There was a planned overspend throughout the year, but as it progressed, the gradient levelled out to reduce the run rate and create a sustainable position for 2024-25; - The planned overspend for month one had been just under £8m however the actual was just under £11m, with a variance of £2.69m which could be attributed to non-delivery by service groups offset by slippage of investments; - Confirmation had been received from Welsh Government that the £21.2m Covid monies would not be received this year, increasing the forecast deficit to £91m; - A significant part of the month one overspend had been due to non-receipt of these monies rather significantly higher expenditure than last year; - A £1.4m overspend in pay had been reported in-month and prescribing costs were £400k adrift, but it was hard to estimate these as reporting took place two months later; - There were a number of actions in progress to address the position; - The continuing healthcare budget had been reset and was currently £40k overspent and work was continuing in this area; - £9.8m of savings had been brought forward from the previous year; - The Chief Executive and Director of Finance and Performance were meeting with the service groups to review run rate delivery plans; - Deployment plans for the reserves were set out in the report; - Prescribing, savings delivery and operational pressures remained high risks to the financial plan, along with the capital pressures; 	

(ii) Morrison Run Rate

- The month one run rate for Morrison Hospital had been compared with the last three months of 2022-23 to determine variances;
- Aspects of variable pay could be as a result of the industrial action and nothing to be overly concerned around;
- A significant part of the variable pay costs related to medical and dental due to Covid expenditure;
- 30 fewer agency nurses were being booked weekly due to international recruitment however the reduction in variable pay was not as quick as anticipated as the international nurses were spending more time in supernumerary roles due to delays in being able to take their exams, which was out of the health board's control. This was also leading to an overspend in the unqualified nursing budget;
- There was a £160k underspend on non-pay in month one compared with quarter four;
- A new bed contract was in the process of being re-tendered which may produce savings but would bring the expenditure back into line as it was currently adhoc;
- Postage was also a significant expenditure and was under review;

In discussing the update, the following points were raised:

Pat Price noted the monthly comparison of variable pay, stating that month one actual should be compared to the budget in place for month one. She added that variable pay was still high despite the international nursing recruitment success and questioned whether there were financial concerns around variable pay. Darren Griffiths responded that a fundamental review was needed of Covid expenditure and plans were in place for this. While the numbers were understood, grip and control was needed to address the issues.

Pat Price stated that there was a significant amount of activity planned but the biggest challenge would be to embed the plan in the service groups. She queried of the £10m savings being rolled forward due to non-delivery, what proportion was linked to Morrison Hospital. Peter Herring advised that Morrison Hospital had a £15m recovery plan, with a dedicated resource to support delivery and included the right actions, but the key was speed and commitment to deliver and this was a risk factor. Darren Griffiths added that the value of Morrison Hospital's carried forward (savings) was £6.5m, in addition to this their 2023-24 savings were £7.1m, so £13.6m of savings to be found overall.

	<p>Steve Spill commented that the original financial plan for 2023-24 had a £70m deficit and this had not been accepted by Welsh Government and had now increased by £21.1m. He added that the cash would run out. The board either needed to raise more money or spend less. Darren Griffiths provided assurance that Welsh Government has been kept apprised of the change in forecast and a recent scrutiny session held. It was understood that there was a clear service delivery plan and an ambition to improve the £91m forecast. Challenges had been set by Welsh Government to identify actions not only locally, but across Wales for all organisations. The local actions had been discussed with the Chief Executive and would be presented as part of the revised financial plan to the special board meeting on 30th May 2023 and the national discussion was being taken forward as part of the all-Wales directors of finance forum. A deficit of £650m was currently the forecast for NHS Wales and decisions would be needed on things that could be changed. Health boards had been asked to ‘de-risk’ their plans and improve the positions across the year.</p> <p>Pat Price queried whether there were any measures that could be taken to reduce the deficit below £91m or if that was the best that would be achieved. Darren Griffiths responded that there were some actions that could be taken but would only reduce the position by a few million, rather than a significant amount.</p> <p>Reena Owen summarised that the committee recognised the challenging financial position however more pace was needed to deliver what had been set out and there would be an emphasis from the committee to drive this.</p>	
Resolved:	- The report be noted .	
69/23	QUARTER FOUR PROGRESS REPORTING FOR IMTP YEAR 22/23	
	<p>An update setting out the quarter four position on progress reporting for the 2022-23 integrated medium term plan (IMTP) was received.</p> <p>In introducing the update, Nerissa Vaughan highlighted the following points:</p> <ul style="list-style-type: none"> - This was the final progress report for last year’s plan; - Progress was largely on track and included the centralisation of acute medical services, population health and quality commitments; - A few of the goal, methods and outcomes (GMOs) were off track with mitigating actions in place. Where relevant, these would roll-over to this year; 	

	<ul style="list-style-type: none"> - The minimum datasets told a good news story, including an improvement to the 104 and 52 week planned care waits, and had been endorsed by the Management Board for submission to Welsh Government; - Work was to be undertaken to align future reporting with performance reporting to streamline the process to allow those accountable to focus on delivery. <p>In discussing the update, the following points were raised:</p> <p>Steve Spill queried the agency expenditure for pathology staff. Deb Lewis responded that a level of outsourcing had been agreed while a period of recruitment was undertaken for regional pathology. Staff turnover was high in this area and a sustainable workforce was needed.</p> <p>Pat Price referenced the high number of clinically optimised patients and the 99 additional beds in Singleton Hospital to accommodate them. She noted the plan to reduce these by 15 by the end of the month and remove completely by September, and queried the likelihood of success. Deb Lewis advised that this had to be achieved as the workforce to support the beds would not be available after this point. Nine beds had closed the previous week and all to be closed by September 2023 needed to be the focus. Improvements were becoming evident in terms of packages of care which was increasing discharges.</p> <p>Reena Owen commented that 34.6% of the GMOs had been completed and a number of actions were off-track. She queried as this was a three-year plan, whether the intention was to rollover the actions. Nerissa Vaughn responded that any action with a completion date of 31st March 2023 should have been delivered and any which were delayed had mitigating actions. The aim for this year was to simplify the reporting process so that it aligned with the performance report.</p> <p>Reena Owen stated that it was pleasing to see the wellbeing objectives had been referenced.</p>	
Resolved:	<ul style="list-style-type: none"> - The report be noted; - The overall key risks and mitigations to IMTP delivery be approved. 	
70/23	MONTH ONE PERFORMANCE REPORT	
	<p>The month one performance report was received.</p> <p>In introducing the update, Meghann Protheroehighlighted the following points:</p>	

- There had been improvements in urgent and emergency care performance to bring it just under the target;
- Cancer performance had improved to 54% with a backlog of 394;
- Covid cases for April 2023 had been 153 compared with 249 for March 2023;
- Updated Welsh Government trajectories had been received for healthcare acquired infections;
- There has been improvement across all areas in planned care – new targets had been received so work was ongoing on trajectories;
- Diagnostic targets were included all areas now, not just endoscopy;
- Patient waiting more than 14 weeks for therapies had reduced to 129;
- There were some data quality issues relating to child and adolescent mental health services (CAMHS) following the repatriation back to Swansea Bay;
- No new never events or nationally reported incidents had been raised with Welsh Government.

In discussion of the update, the following points were made:

Reena Owen stated the improvements within urgent and emergency care were positive but more of a trend would need to be seen to determine if the actions in place were having a sustainable affect.

Steve Spill queried if there was a sense of how long those who breached the 62 day target for cancer were waiting. Deb Lewis responded that good progress was being made in terms of the 62-day target in all tumour sites. Gynaecology was the cause of the majority of the delays and meetings were taking place later that week to discuss recovery actions, including working with colleagues in Cardiff and Bristol to provide some treatments. Focus was also being given to the front end of all the pathways to ensure the backlog did not increase.

Steve Spill commented that it was disappointing to see the data quality issues for CAMHS in the first month it was under the health board's control.

Reena Owen noted the deteriorating performance for endoscopy, adding that it was important that the committee received the deep dive next month after it was deferred from this meeting. Deb Lewis concurred, adding that the report had been reviewed by the Chief Executive who was to meet with the team to discuss it further. This was one of the bigger priority areas for diagnostics and had received £4m investment, but the reduction in the

	<p>waiting list was not evident. Improvements had been made in terms of cancer cases, but general endoscopy waits also needed to be addressed.</p>	
<p>Resolved:</p>	<ul style="list-style-type: none"> - The report be noted. 	
<p>71/23</p>	<p>QUARTER THREE CONTINUING HEALTHCARE PERFORMANCE</p>	
	<p>An update setting out the quarter three continuing healthcare performance was received.</p> <p>In introducing the update, Sian Passey highlighted the following points:</p> <ul style="list-style-type: none"> - The sustainability of the independent sector had been an issue for a number of years; - More recently there had been a significant increase in fees and the cost of living was also having an impact; - The local authorities were reviewing the methodology linked to continuing healthcare which could lead to a further increase; - Funded nursing care rates were set to increase this year to take into account the pay awards – 1.5% recurrent and a 1.5% one-off payment; - Fewer general care packages were needed as patients’ needs were becoming more complex; - Transitional care home beds had been introduced in 2021 and the need to continue these to June 2023 had been recognised. <p>In discussing the update, the following points were raised:</p> <p>Reena Owen queried if there was funding available for the transitional beds after June 2023. Sian Passey responded that discussions were being undertaken but the potential outcome was unclear. Darren Griffiths added that a meeting was scheduled for the following week with the service groups to understand the opportunities and risks in the context of clinically optimised patients and Gorseinon Hospital.</p> <p>Pat Price commented that there was a significant amount of costs associated with transitioning into adult services, most of which tended to be reactive, and investment should be planned and managed correctly given the children were already within health board services. Sian Passey agreed, adding that more work was needed around the interface between the two systems as there were concerns around the transitional elements. The biggest issue tended to be that the criteria for adult services was different to that of children’s which meant that eligibility changed. Nerissa</p>	

	<p>Vaughn added that there were similar issues with child and adolescent mental health services (CAMHS) which emphasised the work needed around the interface and there were a number of actions to be taken forward following a recent review.</p> <p>Steve Spill declared his role as an independent member on the WHSSC (Welsh Health Specialised Services Committee) and noted that at a recent meeting, it had been agreed to pool resources to support a package of care outside of Wales for another health board's CAMHS case and queried the reason for this. Nerissa Vaughan responded that the health board in question had originally opted out of fund sharing but given the global issues around such packages of care had now opted back in. Going forward a national solution would be needed for high-level packages of care.</p>	
<p>Resolved:</p>	<ul style="list-style-type: none"> - The report be noted. 	
<p>72/23</p>	<p>IMPROVEMENT ACTION PLANS FOR PLANNED CARE</p>	
	<p>A report on the improvement action plans for planned care was received. In introducing the report, Deb Lewis highlighted the following points:</p> <ul style="list-style-type: none"> - The Ministerial targets had been revised the previous week; - The requirement for those waiting 52 weeks for treatment to have received their first outpatient appointment by June 2023 remained extant; - The target for no patients waiting more than 104 weeks for treatment by March 2024 was now 99%, with 97% to have been seen by December 2023; - Based on current volumes, 1% was around 1,000 patients, and work was ongoing to determine the trajectories for the new targets; - The specialty which accounted for the biggest share of the 52-week waiting list was orthopaedics; - The Chief Executive had stated that he wanted the 104-week target to be achieved and potentially exceeded. <p>In discussing the report, the following points were raised:</p> <p>Reena Owen referenced the lack of pre-assessments for orthopaedic patients and sought assurance that this would be addressed for the three new theatres at Neath Port Talbot Hospital. She also sought assurance that the theatres could be staffed. Deb Lewis responded that nursing staff</p>	

	<p>to carry out pre-operative assessments had been included in the business case and the healthcare engineering team was currently evaluating the level of pre-operative assessment service needed to maximise the throughput of the theatres. She added the theatres workforce would be a challenge but appointments had started to be made, with scrub staff to start in September 2023. The biggest risk would be anaesthetic staff but arrangements had been made with independent providers to provide support. Engagement was also taking place with Getting it Right First Time to develop the clinical model.</p> <p>Pat Price commented that of the 2,603 52-week waiters, 1,767 were for orthopaedics. A recovery plan would be needed but the target still felt achievable, but significant gains would need to be made to do so.</p> <p>Reena Owen noted that waiting lists for general gynaecology services were quite high and queried if any further recruitment had taken place to address this. Deb Lewis responded that improvements in this area were predicated on independent providers, but support was being given to the health board team around waiting list management to get a clear sense of the cases which needed to be seen.</p>	
Resolved:	<ul style="list-style-type: none"> - The report be noted. 	
73/23	<p>PERFORMANCE OF OPHTHAMOLOGY AND THE WORK TO REDUCE WAITING TIMES</p>	
	<p>A progress report on the performance of ophthalmology and the work to reduce the waiting times was received.</p> <p>In introducing the report, Deb Lewis highlighted the following points:</p> <ul style="list-style-type: none"> - A regional ophthalmology programme was in place with Hywel Dda University Health Board as part of the all-Wales eye care programme; - The all-Wales programme aimed to have patients waiting no more than 36 weeks for treatment by the end of March 2024; - Good progress was being by the health board but there were some risks within the system, particularly within ocular plastics; - Low availability of consultants did create capacity challenges; - Eye care performance was starting to improve and had reached the pre-Covid levels of 70%; 	

	<ul style="list-style-type: none"> - Paediatrics was out of line with the recovery plan but a locum consultant was to take up post; - A significant improvement had been seen in the cataract trajectory but there was a backlog to address in diabetic retinal screening. <p>In discussing the report, the following points were made:</p> <p>Reena Owen raised concern around the paediatric waiting times, adding that any delays could impact on development if not progressed in a timely manner i She noted that one locum was due to commence shortly but another consultant was to take leave in August, and queried if a second locum could be appointed as cover. Deb Lewis concurred, adding this would be asked of the service.</p> <p>Reena Owen referenced the co-location of ophthalmology services at Singleton Hospital and sought more clarity as she believed this to have always been the case. Deb Lewis advised that the services had always been on the site but located in different areas. Now that the Singleton assessment unit had transferred to Morriston Hospital, all ophthalmology services could be based in this location to maximise efficiency. The longer-term service model was also under review to move away from the standard Monday to Friday to enable more people to be seen.</p>	
Resolved:	<ul style="list-style-type: none"> - The report be noted. 	
74/23	STROKE PERFORMANCE DEEP DIVE	
	<p>A deep dive report on stroke performance was received.</p> <p>In introducing the report, Deb Lewis highlighted the following points:</p> <ul style="list-style-type: none"> - ‘SNAP’ were the national stroke measures reportable to Welsh Government and the performance team was to undertake a deep dive within the service; - A pilot was taking place in June 2023 of taking suspected stroke patients directly for a CT scan to determine if this improved the thrombolysis figures; - There had been improvements generally within stroke performance and the health board was in-line with others across Wales; - Of the 42 patients admitted in March 2023, 10 received thrombolysis and it was recognised that there was more that could be done at the front door with the specialist team to see stroke patients more quickly, however often patients presented too late; 	

	<ul style="list-style-type: none"> - The Chief Executive was to meet with the stroke team to discuss ring-fencing stroke beds to improve access as patients taken directly to CT upon admission would need a bed afterwards for thrombolysis; - Time be seen by a consultant and speech and language therapists was more than 90%; - The stroke pathway was to be developed to better the arrangements for early supported discharge. <p>In discussing the report, the following points were made:</p> <p>Pat Price noted the recruitment of advanced nurse practitioners and queried if this would improve thrombolysis delivery. Deb Lewis responded that the key element was a timely CT scan to confirm that a stroke had occurred and the patient was suitable for thrombolysis treatment. Currently patients were spending too long in the emergency department so this element needed to be challenged first before it could be determined what other improvements were needed.</p> <p>Pat Price commented that investment was needed for a number of the improvement actions and queried if this was realistic given the financial position. Deb Lewis responded that £500k had already been committed for the next three years, part of which would cover the recruitment needed for the hyper-acute stroke unit (HASU).</p> <p>Reena Owen noted that the HASU would be a regional service with Hywel Dda University Health Board and queried if there would be a sufficient number of beds, as well as a process to repatriate patients once medically-fit. Deb Lewis undertook to provide an update outside of the meeting as to the clinical model for the HASU and the implications for beds and regional working.</p> <p>Reena Owen queried if a stroke was a 'red' ambulance call and if not, whether this caused a delay to treatment. Deb Lewis confirmed that it was an amber one status and a deep dive was being undertaken around patients who arrived too late in general and how this impacted on treatment, as some patients took public transport to the hospital not realising the severity of their symptoms.</p>	DL
<p>Resolved:</p>	<ul style="list-style-type: none"> - The report be noted; - The actions to improve performance be endorsed; - Update be circulated outside of the meeting as to the clinical model for the HASU and the implications for beds and regional working. 	DL

75/23	CHANGE IN AGENDA ORDER	
	The agenda order be changed and items 7.1 and 8.1 be taken next.	
76/23	COMMITTEE EFFECTIVENESS SELF ASSESSMENT	
	<p>A report on evaluating the committee effectiveness self-assessment was received.</p> <p>In introducing the report, Hazel Lloyd highlighted the following points:</p> <ul style="list-style-type: none"> - The review of committee effectiveness had been stood-down during the pandemic and was now being reintroduced; - Work had already commenced to address some of the issues raised in the feedback, including a process for independent member site visits, potentially coinciding with relevant Committee areas of concern or focus; - The board assurance framework was now supporting agenda planning sessions; - The quality of reports such as length, style and acronyms was an area which needed to be addressed; - Positive feedback had been received for the chairing of committees; - An action plan would be developed for all the committees to drive forward improvements. <p>In discussing the report, the following points were made:</p> <p>Darren Griffiths commented that it was important to be mindful of the estates strategy as this would be coming under the committee’s remit and widen the work programme. He agreed that the quality of the papers needed to improve, particularly those received from non-regular attenders as they needed more support to understand what the committee would be looking for. Hazel Lloyd responded that some report writing training sessions had already taken place but more were to be arranged, focusing on specific committees, starting with the Workforce and Digital Committee, and would include guidance on how to present the reports as well as write them.</p> <p>Reena Owen stated that clarification of the roles of Quality and Safety and Performance and Finance committees would be of benefit to avoid duplication. She suggested that a joint agenda planning session take place</p>	HL

	<p>to work through the agendas and work programmes to agree priorities. This was agreed.</p> <p>Reena Owen referenced the issue of effectiveness of the committee, adding that it would be onerous to undertake this at every meeting but would be beneficial to undertake periodically.</p> <p>Jean Church advised that the Deputy Medical Director had recently provided a briefing to independent members on mortality statistics and this was the level of quality that was needed for reports to the committee.</p> <p>Reena Owen noted that some respondents felt that risks were not discussed at each meeting. Hazel Lloyd responded that the risk register was received on a regular basis and the work programme was designed around this and the board assurance framework, with deep dives provided on the highest risk areas.</p> <p>Reena Owen stated that she had attended the Performance and Finance Committees of other health boards which had been worthwhile and this could be arranged for anyone else who would find this of benefit.</p>	
<p>Resolved:</p>	<ul style="list-style-type: none"> - The report be noted; - Joint agenda planning session be arranged for the Quality and Safety and Performance and Finance committees. 	<p>HL</p>
<p>77/23</p>	<p>PERFORMANCE AND FINANCE COMMITTEE WORK PROGRAMME</p>	
	<p>The draft committee work programme for 2023-24 was received.</p> <p>In discussing the work programme, the following points were raised:</p> <p>Hazel Lloyd advised that the work programme had been revised to take into account the recovery and sustainability plan, board assurance framework and health board risk register but this was an opportunity for members to influence the content.</p> <p>Darren Griffiths advised that some work would be needed to determine the estates reporting arrangements to differentiate between a general update and the estates strategy progress.</p>	
<p>Resolved:</p>	<ul style="list-style-type: none"> - The Performance and Finance Committee work programme for 2023-24 be approved, subject to any comments received outside of the meeting and the outcome of the joint planning session between the Quality and Safety and Performance and Finance committees 	

78/23	RISP FULL BUSINESS CASE	
	<p>The full business case for the radiology informatics system procurement (RISP) was received.</p> <p>In introducing the business case, Matt John highlighted the following points:</p> <ul style="list-style-type: none"> - The business case was for the informatics system which supported radiology services, for which the current system was coming to the end; - A national programme had been established to ensure the best suite of solutions were procured to improve the service, which included the picture archiving system and radiology information system; - Implementation of the new system would be staggered across Wales as each current contract expired, starting with Betsi Cadwaldr University Health Board in March 2024; - All health boards were being asked to approve the business case at their May 2023 board meetings in order to the contract to be awarded to meet the implementation timescales; - Radiology systems across Wales currently did not ‘talk’ to each other, which often required tests to be repeated when attending different facilities – the new system would address this; - The net impact across the 10 years of the contact for the health board would be £340k, which had improved from the £1.5m set out in the outline business case; - There would be a peak in costs in the first three years of between £500k and £600k, however £150k per year was already in the plan so there was around £210k left to fund. <p>In discussing the business case, the following points were made:</p> <p>Pat Price commented that it was a solid business case with clear benefits. She queried how confident the health board could be that the £31m capital would be funded by Welsh Government and who would fund the upgrades to the wireless infrastructure. Matt John responded that Welsh Government recognised the financial issues and were aware that the capital requirements had increased since the outline business case. There was confidence that the money would be provided and a statement had been asked to share with the board. Gareth Cooke added that notification had been received from Welsh Government that the capital would be funded</p>	

	<p>but formal confirmation was awaited. John Collins confirmed this was also the case for the wireless infrastructure upgrades.</p> <p>Darren Griffiths stated that the table within the report set out the financial implications without the implementation costs. These had been budgeted for within the financial plan and once executed, there would then be potential savings from the new system. Due diligence had been undertaken as to whether the costs for the system could be distributed more evenly over the three implementation years, as years two and three had a bigger impact, but this would not be appropriate.</p> <p>Reena Owen queried once all of Wales were on the system, whether it would be possible to also share the images with NHS providers in England. Sian Phillips confirmed that the new system would support the flow of images across NHS Wales and NHS England as this was an essential part of the system.</p> <p>Reena Owen sought confirmation as to the contingency plan should the system fail. Matt John responded that business continuity of the system would be essential and a fundamental part of the design was that it would be managed through two data centres which had high capacity and availability. NHS Wales could be run from just one centre, but two had been established for resilience. However, a back-up of two years' data would be available locally should there be a system failure, so while national work would be affected, site specific services would not be. Alexandra Simmonds added that cloud-based software was being used to create further resilience.</p>	
<p>Resolved:</p>	<ul style="list-style-type: none"> - The report be noted; - The RISP full business case be endorsed for submission to the May health board 2023. 	
<p>79/23</p>	<p>FINANCIAL MONITORING RETURN FOR MONTH TWELVE AND MONTH ONE</p>	
	<p>The month twelve and month one financial monitoring return were received.</p> <p>In introducing the returns, Darren Griffiths advised that due to the timing of the month one monitoring return, the forecast position still showed as £69m but Welsh Government had been appraised of the revised position of £91m.</p>	

Resolved:	- The updates be noted .	
80/23	ITEMS FOR REFERRAL TO OTHER COMMITTEES	
	There were no items for referral to other committees.	
81/23	ANY OTHER BUSINESS	
	There was no further business discussed and the meeting was closed.	
82/23	DATE OF NEXT MEETING	
	The next scheduled meeting is Tuesday, 27 th June 2023.	