



Finance & Performance Committee
Minutes of the meeting held in public on 25.3.21
via Teams

Present:

Mark Polin	BCUHB Chairman / Committee Chair
John Cunliffe	Independent Member / Committee Vice Chair
Eifion Jones	Independent Member
Linda Tomos	Independent Member

In Attendance:

Neil Bradshaw	Assistant Director ~ Capital Planning (<i>part meeting</i>)
Louise Brereton	Board Secretary
Sue Green	Executive Director Workforce and Organisational Development (OD)
Arpan Guha	Acting Executive Medical Director
Dave Harries	Head of Internal Audit – to observe
Sue Hill	Executive Director of Finance
Ian Howard	Assistant Director - Strategic And Business Analysis
Andrew Kent	Interim Head of Planned Care Improvement (<i>part meeting</i>)
Judith Rees	Temporary Directorate General Manager (DGM) ~ Stroke (<i>part meeting</i>)
Rob Smith	Area Director East (<i>part meeting</i>)
Rod Taylor	Director of Estates and Facilities (<i>part meeting</i>)
Emma Wilkins	Deputy Director, Financial Delivery Unit (FDU)
Mark Wilkinson	Executive Director Planning and Performance
Jo Whitehead	Chief Executive
Diane Davies	Corporate Governance Manager (Committee Secretariat)

Agenda item	Action by
<p>FP21/54 Welcome and Chair's introductory remarks and apologies for absence</p> <p>The Chairman advised that Chair's action had been undertaken between meetings to submit the revised Royal Alexandra Hospital business case to Welsh Government in response to a request for additional information.</p> <p>Apologies were received from Gill Harris and Gavin Macdonald</p>	
<p>FP21/55 Declarations of Interest</p> <p>None received</p>	
<p>FP21/56 Draft minutes of the previous meeting held on 25.2.21 and summary action log</p>	

<p>FP21/56.1 The minutes were agreed and the summary action log was updated. It was noted that the action arising from the minutes relating to the need for the Board to review the Risk Appetite Statement in the light of some of the existing target risk scores would also be added.</p>	LB
<p>FP21/57 Quality and Performance report</p> <p>FP21/57.1 The Executive Director of Planning and Performance presented this item. It was noted that the report advised that whilst routine referrals remain low in comparison to pre-Covid19 rates, urgent, and urgent suspected cancer referrals had recovered. Whilst some improvements in planned care continued, the long length of stays for admissions of patients with Covid19 infections was adding pressure on maintaining essential services. As in the rest of the UK, Covid19 continued to severely impact upon capacity to deliver planned care services at the preCovid19 rates, and as a result, waiting times were increasing. However, the Health Board had seen the number of people waiting over 36 weeks fall for the fourth time in February 2021 to 50,926 but the number waiting over 52 weeks continued to rise to 38,433. The number of patients waiting over 8 weeks for diagnostic tests (9,766) and the number waiting for therapy (1,329) continued to fall in February 2021. The 31/62 day Cancer targets were no longer being reported due to moving to the Single Cancer Pathway. For January 2021, against a target of 75%, 65% of patients started treatment within 62 days of suspicion. At 178,061, the total number of patients waiting on the 'Follow Up' waiting list, together with the number of those patients that are more than 100% overdue their follow up date at 55,095 demonstrated that measures taken to reduce the follow up backlog were having a sustained and positive impact.</p> <p>FP21/57.2 In response to the Committee's questions, the Chief Executive agreed to liaise with the Interim Head of Planned Care to ascertain the proportion of patients who have been contacted in regard to validation of the waiting list, providing a sense of additions and removals on a weekly basis, and current theatre utilisation which would be provided to members via a briefing note following the meeting. The Executive Director of Planning and Performance undertook to explore the level of private activity interventions being undertaken external to BCU in order to gauge potential impacts on BCU.</p> <p>FP21/57.3 A discussion ensued on the effectiveness of primary care performance monitoring in which it was emphasised that BCU needed to focus on what was needed to be measured and not what could be measured. The Executive Medical Director suggested that exploring clinical indicators would also be helpful in this area. The Executive Director of Planning and Performance advised this would receive further attention and it was noted that work was underway to reformat performance reporting which would be discussed at a Board workshop on 23.4.21 and involve consultation with Committee Chairs.</p> <p>It was resolved that the Committee noted the report</p>	<p>JW/AK</p> <p>MW</p>
<p>FP21/58 Finance report month 11</p> <p>FP21/58.1 The Executive Director of Finance presented and reported the month 11 position as an overspend of £0.1m against the plan. The cumulative year to date</p>	

position was a £0.1m surplus, which was £36.8m less than the planned deficit of £36.7m. It was reported that the key assurances were:

- Current month minor deficit reported and year to date small surplus position.
- Nil deficit position forecast for the year.
- Key financial targets for cash, capital and PSPP all being met.
- Savings delivery forecast had increased by £0.6m.

and areas for action were:

- Risk of under spending against Welsh Government funding. Opportunities to accelerate plans and progress on performance improvement have been identified and need to be rapidly progressed.
- Some English NHS providers were under performing on activity levels, which might result in contract clawbacks – activity levels were being closely monitored.

Key messages were noted to be

- Key impacts affecting divisional positions in the year to date continue to be overspends on Prescribing (£4.9m), undelivered savings (£25.4m) and lost income due to the pandemic (£10.0m).
- The sustained high level of Covid19 infection rates across North Wales over the winter months has impacted on delivery of the planned care activity set out in the Health Board's Quarter 3 & 4 submission to Welsh Government.
- An Accountable Officer letter has been submitted to Welsh Government to notify the risk of under spending against Covid19 funding received.

FP21/58.2 The Executive Director of Finance clarified the financial burden in respect of the carrying forward of annual leave by many individuals due to the impact of Covid19. In response to the Committee, she clarified that the Covid19 underspend letter was an advisory of 'risk'. In response to the Committee, the Chief Executive advised that the Welsh Government position had changed in respect of drawing forward activity.

FP21/58.3 The Executive Director of Finance expressed confidence in delivery at year end as she assured that the position was being managed. In regard to the Savings PMO team, she reported that 60% of the deployed staff were, having supported the Covid19 response, back in their substantive roles and notified the Committee that most of the 2021/22 Savings had been phased to deliver within the last 6 months of the year. The target set was deliverable as long as continued focus was maintained from month one.

FP21/58.4 The Executive Director of Finance confirmed that vaccination costs were built into Covid19 funding and that next year's expenditure was based on an increased activity level.

It was resolved that the Committee **noted** the report

The Assistant Director ~ Capital Planning joined the meeting for this item.

FP21/59 Capital Programme 2021/24

FP21/59.1 The Executive Director of Planning and Performance introduced the item, pointing out that this was the first year that the organisation had been in a position to programme capital expenditure over a 3 year period. He highlighted that other additional sums would be available for WG priority schemes such as decarbonisation. It was noted that a risk based approach had been undertaken in drawing the programme together and that some schemes were still in a preparatory stage for 2021/22. Attention was drawn to scheme allocation expenditure in regard to Estates along with Medical Devices, Informatics and Imaging & Radiotherapy national programmes which were supported by the Executive Team. The Assistant Director ~ Capital Planning advised that the programme was not fixed and could be flexed as necessary which would be reported in the regular reports submitted to the Committee, if the need arose.

FP21/59.2 The Assistant Director ~ Capital Planning confirmed that specific provision had been made for sufficient contingency costings. A discussion ensued on decarbonisation including the targets required to be met. The Executive Director of Planning and Performance advised that a Decarbonisation Strategy was scheduled to be considered by the Strategy, Partnerships and Population Health Committee in September 2021. The Committee was keen to understand the investment position required in September, given the size and condition of BCU's estate.

FP21/59.3 The Chairman questioned progress in relation to residential accommodation. The Chief Executive shared WG's advice to progress at pace with alternative approaches, which were being actioned, especially in the East.

It was resolved that the Committee **approved** the draft programme

FP21/60 Development of Diagnostic and Treatment Services at Betsi Cadwaladr University Health Board: Strategic Outline Case

FP21/60.1 The Assistant Director - Strategic and Business Analysis and the Interim Head of Planned Care Improvement joined for this item. The Executive Director of Planning and Performance introduced the Strategic Outline Case. It was noted that the development would not assist the current Covid19 response as it was likely that the earliest a potential fast paced delivery could be achieved would be in 2025.

FP21/60.2 In response to the Committee the Executive Director of Planning and Performance confirmed that integrated pathway working would be a part of the planning process moving forward and that exploration of existing estate, as well as new build, would form part of the outline business case process. The Executive Director of Workforce & OD commented that having a dedicated Diagnostic and Treatment Centre (DTC) would enable or further enable pathway improvement, however this did not mean that improvement couldn't be achieved without a DTC model but it did point to improvement being optimised with one.

FP21/60.3 In regard to reflections on the positive evidence provided, the Chief Executive stated that the model of care was well evidenced and well established in England and internationally. The Acting Executive Medical Director also confirmed strong evidence and pointed out the positive aspects of forming an alternative

<p>workforce and achieving better patient outcomes through the one stop shop approach.</p> <p>FP21/60.4 The Chief Executive shared WG's strong support for the development of alternative planned care models and advised that transportation plans and accommodation considerations would need to be built into developments in order to address north Wales distance challenges. Further discussion ensued on evidence of alternatives and it was noted that a recent north Wales population survey indicated 60% support for considering alternative ways of delivering healthcare. It was also noted that released estate capacity would need to be considered within a refreshed Living Healthier, Staying Well strategy and the developing Clinical Services Strategy.</p> <p>FP21/60.5 In discussion of potential backlog clearance it was emphasised that the development's purpose was to bring about effective transformational service delivery. It was agreed that the Interim Head of Planned Care would clarify the costs increase in respect of revenue implications</p> <p>FP21/60.6 The Chief Executive advised that WG would be provided with an opportunity to consider the draft in order that any feedback could be incorporated, prior to the Health Board's consideration on 20.5.21, in order to expedite the development at pace. The Chairman advised that North Wales political leads had been made aware of this new development and he was keen to ensure that SOC preparations were optimised in order that the development could be moved forward for Welsh Government consideration in a timely manner.</p> <p>It was resolved that the Committee approved the Business Case for submission to the Board noted that subject to Board approval the case would then be submitted to Welsh Government.</p>	AK
<p>FP21/61 Stroke Improvement Plan Phase 1 business case</p> <p>FP21/61.1 The Area Director East and Temporary DGM ~ Stroke joined the meeting for this item. It was noted that feedback on previous business cases had been taken onboard and significant changes made. The submission formed Phase 1 and did not contain plans for a Hyper Acute Stroke Unit (HASU) however, primary care prevention and health improvements were included. The Area Director East advised that stroke services were currently in a perilous position and were in need of the significant investment outlined.</p> <p>FP21/61.2 In response to the Chairman, the Area Director East clarified the revenue costings outlined within the document. In addition he confirmed that Phase 1 was standalone and agreement did not commit the organisation to any further phase. The Executive Director of Workforce & OD was complementary of this form of phasing which could strengthen the development of future phases eg HASU. The Acting Executive Medical Director highlighted the very different and improved clinical model within the community and drew attention to the potential £1.5m savings in preventing stroke which improved patient care. A discussion ensued on the revenue costs demonstrated and it was agreed the Executive Director of Planning and Performance</p>	

<p>would provide greater clarity in respect of the table provided within page 3 of the template.</p> <p>FP21/61.3 The Temporary DGM~ Stroke acknowledged the Committee's comments in regard to the low impact assessment of Welsh language speakers within the Equality Impact Assessment provided, however she advised that there were more Welsh speaking professionals coming forward as well as networking with other Welsh language staff to provide support.</p> <p>FP21/61.3.4 The Chief Executive thanked the attendees for the preparatory work undertaken and acknowledged that staff had waited a long time to see this improvement moved forward.</p> <p>It was resolved that the Committee approve</p> <ul style="list-style-type: none"> • implementation of the stroke pathway model improvements as identified in the Business Case, for submission to the Board. • the revenue and capital stream identified in the finance sections <p>agreed</p> <ul style="list-style-type: none"> • arrangements should be put in pace to effectively monitor the performance funding spend and recurring revenue costs moving forward • the Board Secretary would liaise with the Chief Executive and Executive Director of Planning and Performance and clarify the governance route going forward 	<p>MW</p> <p>SH</p> <p>LB</p>
<p>FP21/62 Ysbyty Gwynedd (YG) Hospital – Fire Safety and Infrastructure Compliance Programme Business Case</p> <p>FP21/62.1 The Director of Estates and Facilities joined the meeting. The Executive Director of Planning and Performance presented the item, he advised that Ysbyty Gwynedd hospital was strategically required in the West and therefore the work outlined in the programme business case would ensure that the site would be fit for purpose for 30 years. As the case was presented as a programme, phasing could be introduced if required to take into account service changes.</p> <p>FP21/62.2 The Committee questioned the immediacy of any risks whilst awaiting WG response. Whilst the Executive Director of Planning and Performance advised that the programme had prioritised scheduling and plans according to risk, he agreed to discuss with WG the decision timeline given the organisation continued to operate at risk in the meantime.</p> <p>FP21/62.3 The Chairman questioned how the situation had developed and whether there was potential for any similar issues within BCU estate that the organisation was unaware of. The Director of Estates and Facilities referred to a post-Grenfell audit that had been undertaken across BCU's estate (including a focus on compartmentalisation) and advised that mitigation had been put in place to address issues highlighted. In addition he advised of the Fire Service's awareness and that there were no current enforcement notices in place.</p> <p>FP21/62.4 The Executive Director of Workforce &OD advised that BCU's Health and Safety team had provided support and that more systemic processes had been introduced.</p>	<p>MW</p>

<p>FP21/62.5 The Executive Director of Planning and Performance commented that the investment would redress the balance of recent investments between North and South Wales developments.</p> <p>It was resolved that the Committee approved the Fire Safety and Infrastructure Compliance Programme Business Case noted that subject to Board approval the case would then be submitted to Welsh Government</p>	
<p>FP21/63 Quarter 3&4 2020/21 monitoring report</p> <p>It was resolved that the Committee noted the report</p>	
<p>FP21/64 Planned Care update</p> <p>The Committee questioned how the 100+/week reduction in theatre procedures would be addressed.</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> • noted the potential year-end forecast of 20/21 • noted the work on going to recover and improve planned care including the modular theatre and wards including the strategic direction of the diagnostic and treatment centre • recognised the complexity of the work and the recognition of Executive and Board support with the challenges and opportunities that lie ahead in the recovery programme. • noted the processes in place to mitigate risks of delayed surgery 	AK
<p>FP21/65 Unscheduled Care (USC) update</p> <p>It was resolved that the Committee noted the Unscheduled Care performance for February 2021 across BCUHB and the key drivers attributing to performance alongside identified mitigating actions and anticipated outcomes</p>	
<p>FP21/66 Capital Programme report Month 11</p> <p>It was resolved that the Committee noted the report</p>	
<p>FP21/67 Monthly monitoring report - Month 11</p> <p>It was resolved that the Committee noted the contents of the reports submitted to Welsh Government about the Health Board's financial position at month 11 2020/21.</p>	
<p>FP21/68 Summary of private business to be reported in public</p> <p>It was resolved that the Committee</p>	

noted the report	
FP21/69 Issues of significance to inform the Chair's assurance report	
To be agreed outside the meeting	
FP21/70 Date of next meeting	
29.4.21	
The Chairman confirmed that moving forward John Cunliffe would be the Chair of the Committee. He thanked members and officers for their support whilst he had chaired the Committee.	