

**Confirmed minutes of the meeting of the
Performance, Finance and Information Governance Committee (PFIGC)
held in public on 29th October 2024
in the Boardroom, Carlton Court and via Teams**

<p>Present: Gareth Williams Rhian Watcyn Jones Prof Mike Larvin Chris Lothian-Field</p>	<p>Vice Chair / Committee Chair Independent Member (IM) (via Teams) Independent Member Independent Member</p>
<p>In Attendance: Russ Caldicott Imran Devji Nick Graham Andrea Hughes Dr Jane Moore Justine Parry Stephen Powell Alison Ramsey Carol Shillabeer Chris Stockport Laura Vernon Pam Wenger Caroline Williams Diane Davies Observing Dave Harries Fflur Jones Simon Monkhouse</p>	<p>Interim Executive Director Finance Interim Chief Operating Officer Associate Director Workforce Optimisation Interim Finance Director – Operational Finance Acting Executive Director Public Health (part meeting) Assistant Director Compliance & Business Management, Digital, Data and Technology Director of Performance and Commissioning Director of Finance, Shared Services Partnership (part meeting) Chief Executive (part meeting) Executive Director Transformation and Planning (part meeting) Deputy General Manager, Cancer Division (part meeting) Director Corporate Governance Acting Network Manager, Cancer Division (part meeting) Corporate Governance Manager (for minutes) Head of Internal Audit Audit Wales – Performance Lead (via Teams) Audit Wales – Finance Lead (via Teams)</p>

Agenda item discussed <i>Items are recorded in the order they were discussed due to the availability of supporting officers</i>	Action by
PF24/103 Apologies None were received.	
PF24/104 Declaration of Interest None were received.	
PF24/105 Draft minutes of the previous meeting held on 27.8.24 for approval	

<p>In response to Rhian Watcyn Jones comments it was agreed that the Secretariat would amend the minutes to more appropriately explain allocative efficiency and clarify that the Chief Executive gave assurance that Emergency and Unplanned Care would be reported to the next Board meeting.</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> • subject to the amendments discussed, approved the minutes as a true record. • It was subsequently agreed that Emergency and Unplanned Care would also be reported to the next PFIGC meeting in December. 	<p>PW</p> <p>ID</p>
<p>PF24/106 Matters arising and table of actions</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> • Agreed that a briefing on Trusted Assessor would be provided to members by the Interim Chief Operating Officer to ensure a shared understanding. • Agreed updates provided to the table of actions. 	<p>ID</p>
<p>PF24/107 Shared Service Partnership performance assurance report</p> <p>Alison Ramsey, Director of Finance, North Wales Shared Services Partnership (NWSSP) joined the meeting to present the report highlighting:</p> <ul style="list-style-type: none"> • Quarter 2 performance for the organisation (the Health Board) was generally on target with 16 out of 20 KPIs showing as green. • The time to hire target was achieved in September and NWSSP continue to work with the organisation to cleanse the older records which continue to affect the overall time to hire performance. • Further action will continue to be taken forward to address the performance in areas of underperformance. • Of the 4 Key Performance Indicators (KPIs) that did not achieve the targets: 2 were the responsibility of the Health Board and 2 were a combination of both NWSSP and the Health Board. • NWSSP continue to support the Health Board in relation to recruitment performance. • Heads of Audit and Heads of Procurement continued to work with key individuals within the Health Board to improve delivery against targets • Future meetings would be attended by Rebecca Nelson, the new director of Planning and Performance. <p>In discussion:</p> <ul style="list-style-type: none"> • The Chair acknowledged the good work but raised questions about the calculation of savings, particularly in legal costs. • Rhian Watcyn-Jones inquired about the financial arrangements and the cost of shared services. • Pam Wenger emphasized the need for improvement in shared services and value for money. 	

<ul style="list-style-type: none"> Chris Lothian-Field raised concerns about the accuracy of savings calculations and the need for proactive information provision. <p>The following actions were agreed:</p> <ul style="list-style-type: none"> Rebecca Nelson’s attendance would be factored into the Committee workplan, along with areas of focus that would be agreed through the Committee Chair, Interim Executive Director of Finance and the Director of Corporate Governance. Further information about the budget and budget setting of the Shared Services Partnership would be shared. Share the budget set for Shared Services to understand how the profiles are set. 	<p>PW RC</p>
<p>STRATEGIC REPORTS</p>	
<p>PF24/108 Financial / Sustainability Strategy and the financial business process with budget setting timelines - Interim Executive Director Finance [verbal]</p> <p>Russ Caldicott, Interim Executive Director of Finance updated the Committee on the timeline and aspirations for the IMTP, noting that an update would be brought to the meeting in December.</p> <p>In discussion on the IMTP:</p> <ul style="list-style-type: none"> Russ Caldicott highlighted the importance of having a credible and realistic IMTP that is underpinned by a robust clinical strategy. The finance team are actively working on the financial modelling and identifying cost pressures to inform the plan. The goal is to have a draft IMTP by the end of December, with a clear update on progress to be provided at the next meeting. 	
<p>MONITORING REPORTS</p>	
<p>PF24/112 Diabetes service performance update – Interim Executive Director Public Health</p> <p>Jane Moore, Acting Executive Director Public Health presented the report on Diabetes services, highlighting:</p> <ul style="list-style-type: none"> That the eight care processes for diabetes are evidence-based interventions delivered in primary care to ensure stable blood glucose levels and reduce the risk of complications. Complications from diabetes include severe vascular diseases, renal failure, and amputations, which are significant health concerns. The health board's performance on these care processes has been improving but remains lower than desired. There is a complex picture with potential underreporting and primary care pressures affecting the data. 	

- Recent data shows improvement in some areas like blood pressure and HBA1C measurements, with completion rates between 60-80%.
- The weakest areas are foot checks and other processes that could benefit from different support models.
- The current primary care models and future plans to create a holistic approach that includes weight management and social prescribing to prevent diabetes and its complications.

In discussion:

- It was agreed that there is a need to introduce more performance measures for primary care, particularly for diabetes management.
- The committee discussed the trends and clarification was sought on why performance on some measures was declining.
- Concern was raised in relation to the amputation data noting that this would be discussed in the private section of the meeting.
- The importance of improving diabetes care processes in primary care to prevent complications and manage the condition effectively was highlighted noting the health board was committed to exploring new models of care and introducing more performance measures to ensure better outcomes for patients with diabetes

The following actions were agreed:

- To bring a paper in two meetings time detailing how to enhance the performance framework.

It was resolved that the Committee

- **Noted** the report

JM

PF24/110 Divisional Performance, Finance and Workforce report: Cancer Services
Via TEAMS Laura Vernon Deputy General Manager, Caroline Williams, Acting Network Manager, Cancer Division

Laura Vernon Deputy General Manager, Caroline Williams, Acting Network Manager, Cancer Division presented the report on Divisional Performance, Finance and Workforce, highlighting:

- Financial Performance:
 - The Cancer Services division is forecasting a deficit at the end of the financial year.
 - Major reasons for the deficit include high vacancy rates, reliance on high-cost agency and locum staff, and the increasing cost of high-cost drugs.
 - The division has seen an increase in the number of NICE-approved drug regimes, which, while beneficial for patient outcomes, have significantly increased costs.

- Staffing Challenges:
 - There are high vacancy rates, especially at the senior consultant level, leading to a reliance on locums and agency staff. This has not been helped by the fact that funding for some posts is non-recurrent leading to posts being advertised (unsuccessfully) on a temporary basis.
 - The division is facing national competition for staff from larger cancer centres like Clatterbridge and The Christie.
 - Efforts are being made to recruit and retain staff, including supporting locums through the CESR (Certificate of Eligibility for Specialist Registration) process.

- Cancer Pathway Performance:
 - The Single Cancer Pathway (SCP) performance is below the target of 70% of patients treated within 62 days of suspicion of cancer.
 - The division is tracking 9,000 patients on suspected cancer pathways, with over 80% of these patients being managed outside the Cancer Services division.
 - Key challenges include backlogs in dermatology and endoscopy, which are affecting overall performance.

- Systemic Anti-Cancer Treatments (SACT):
 - There is an increasing demand for SACT, with a national trend of 6-8% annual increase in demand.
 - The complexity of treatments and the need for regular monitoring of patients on immunotherapy are significant challenges.
 - Capacity issues in pharmacy production and home care services are limiting the ability to meet demand.

- Radiotherapy:
 - Access to radiotherapy has improved, with 100% of patients now starting treatment within 21 days of referral.
 - However, there are gaps in senior clinical oncology consultants, which is a concern for sustaining this performance.

In discussion:

- Risks and Challenges were identified as the high use of locums and bank staff, leading to potential instability in service provision and increased levels of sickness among senior medical consultants, often attributed to work-related stress.
- Future plans that the division is working on to improve recruitment and retention strategies, including offering fixed-term locum solutions and supporting staff through the CESR process were highlighted.
- A focus on improving pathway performance through initiatives like nurse-led triage programs and one-stop clinics and addressing capacity issues in pharmacy production and home care services to better meet the increasing demand for SACT was noted.

<ul style="list-style-type: none"> • There was a focus on utilising planned care funding, how to prioritise delivering tactically and support some of the work on medical workforce to free up resource. <p>The following actions were agreed:</p> <ul style="list-style-type: none"> • To refer to the Board and to reconsider at the next Committee meeting the question of risk appetite to invest in permanent posts using the (as yet) non-recurrent Planned Care funding of £42 million <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> • Noted the key issues relating to growth in demand, Recruitment and Retention and non-recurrent Recurrent Investments Group for Assurance (RIGA) funding. Cancer Single Cancer Pathway (SCP) Performance is below trajectory with a number of tumour sites identifying difficulties. 	RC
<p>Comfort break</p>	
<p>PF24/109 Finance report - Interim Executive Director Finance</p> <p>Russ Caldicott, Interim Executive Director of Finance updated the Committee on the Finance Report highlighting:</p> <ul style="list-style-type: none"> • That the Health Board is currently facing a year-to-date deficit of £18.7 million, which is close to the planned annual deficit of £19.8 million. The deficit is £8.9 million adverse to the plan, indicating a need for recovery and adjustment in the run rate to achieve the planned deficit. • Despite the deficit, the Health Board has achieved £48.4 million in savings, with £39.2 million being recurrent savings. The focus remains on continuing to push for savings to ensure a strong start for the next financial year. • Significant cost pressures include Out-of-area mental health placements: Costs have escalated to £1.2-1.4 million per month from a previous £100,000 per month. Continuing Healthcare (CHC) premiums. Medicines management: Both in prescribing and secondary care drugs. Capacity issues: The health board is running at full capacity with many patients who do not need medical intervention occupying beds, leading to increased costs. • A formal request for £20 million in strategic cash support will be made to Welsh Government, aligned with the current deficit. • The Health Board is also managing £17 million in working capital cash movements. • The Health Board has spent £6 million out of a £45 million capital programme. There are concerns about potential slippage on some schemes, but efforts are being made to manage and mitigate these risks. • An additional £2 million in slippage funds has been received from Welsh Government. • The Health Board is actively managing risks related to financial performance and capital expenditure. 	

<ul style="list-style-type: none"> Discussions are ongoing with Welsh Government regarding the retention and use of ring-fenced funds, particularly in dental and COVID-related areas. <p>In discussion:</p> <ul style="list-style-type: none"> Dave Harries raised concerns around risk and going concern with Russ clarifying how it was mitigated in statute and emphasising that currently the cash risk was quite small. Rhian Watcyn-Jones questioned the impact of pay on financial performance. The Chair raised concerns about capital expenditure and the need to demonstrate effective use of funds. <p>The following actions were agreed:</p> <ul style="list-style-type: none"> Following discussions at an Executive Committee meeting, the findings on Capital spending would return to PFIG To add a risk to the Corporate Risk register around the going concern issue. <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> Received and scrutinised the report 	RC
<p>PF24/111 Integrated Performance report - Interim Executive Director Finance</p> <p>[Carol Shillabeer and Chris Stockport joined the meeting]</p> <p>Russ Caldicott, Interim Executive Director of Finance updated the Committee on the Integrated Performance Report highlighting:</p> <ul style="list-style-type: none"> The performance framework agreed in September of the previous year had set in motion a transition from a static national reported position with traffic lights to a system focused on trend analysis using statistical process control (SPC) charts. The framework includes local measures and metrics, allowing for more meaningful conversations about improvements. On Planned Care, significant progress has been made in addressing extreme waits, the focus remains on specialties with particular concerns, such as dermatology and gastroenterology. Recruitment plans and focused work around general surgery are expected to improve performance. The goal is to end 208-and 156 week waits, and reduce the number of 104-week waits. On Urgent and Emergency Care (UEC), key focus areas include 12-hour waits within the emergency department and one-hour handovers. Recent improvements have been noted, but challenges remain, particularly with the impact of the interview period. A 12-week UEC focus started on 30 September, aiming to improve performance by December 22nd. Initiatives include moving the front door, hospital flow, and discharge into the community. On People and Organizational Development, there was an emphasis on improving PADR (Performance Appraisal and Development Review) compliance. 	

<ul style="list-style-type: none"> On Delayed Transfers of Care (DToC), there had been a slight fall in delayed transfers of care. Efforts are ongoing to determine if this is a trend or a one-off occurrence. <p>In discussion:</p> <ul style="list-style-type: none"> It was agreed to discuss Planned Care in private session. Theatre Utilisation, targets are tied to GIRFT (Getting It Right First Time) standards. Improvements have been seen through visibility and accountability but there was still a large gap between targets and performance. A focus on specialty-based demand/capacity models was needed to drive further improvements. <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> Reviewed the contents of the report 	
<p>PF24/113 Information Governance Quarterly Key Performance Indicator report PF24/114 Information Governance Annual report 2023/2024 Assistant Director Compliance & Business Management</p> <p>Justine Parry, Assistant Director Compliance & Business Management presented both the Information Governance Annual report 2023/2024 and the Information Governance Quarterly Key Performance Indicator report highlighting:</p> <ul style="list-style-type: none"> Concerns around information security, in particular cyber threats and the systems that were in place to monitor this. Compliance with the IG toolkit and areas for improvement. Decrease in complaints and an increase in reported incidents and mandatory training compliance. External audit recommendations and progress. Achievements and future plans for information governance. <p>In discussion:</p> <ul style="list-style-type: none"> The Chair commended the inclusion of locums and temporary staff in mandatory training compliance monitoring. Chris Lothian-Field raised concerns about the handling of data breach claims. Rhian Watcyn-Jones suggested publishing more data to reduce FOI requests and improving executive approval processes. <p>The following actions were agreed:</p> <ul style="list-style-type: none"> To submit the feedback from the external audit on keeping secure reports secure to Audit Committee <p>It was resolved that the Committee</p>	<p>JP</p>

<ul style="list-style-type: none"> • Received assurance on compliance with the Data Protection and Freedom of Information Legislation. 	
<p>PF24/115 Corporate Risk Register - Director Corporate Governance</p> <p>The Director of Corporate Governance presented the standard report highlighting:</p> <ul style="list-style-type: none"> • Overview of current risks and mitigation strategies noting that all four risks were sitting about the risk tolerance level. • Focus on UEC and financial delivery risks. <p>In discussion:</p> <ul style="list-style-type: none"> • The Chair emphasized the importance of managing risks related to UEC and Planned care and financial performance and capital expenditure. • Rhian Watcyn-Jones questioned whether the Estates Strategy 2023 was fit for purpose and asked for an update on estates rationalisation. In conclusion it was noted that further work was required in this area and would be taken forward by the incoming Director of Estates and Environment but that the Estates Strategy 2023 was currently the document being worked to. <p>The following actions were agreed:</p> <ul style="list-style-type: none"> • To update the report to note that the procurement for insourcing for endoscopy and diagnostic is now complete • To update the report to note that the Interim COO is now in post <p>Recommendation:</p> <ul style="list-style-type: none"> • Received assurance on the four corporate risks to which the Committee has overall accountability. 	PW
CLOSING BUSINESS	
<p>PF24/116 Agree Items for referral to Board / Other Committees - Committee Chair</p> <ul style="list-style-type: none"> • An update on the Agile working and flexible working on the impact on Estates to be referred to People and Culture • To submit the feedback from the external audit on keeping secure reports secure to Audit Committee 	
<p>PF24/117 Agree items for Chair's Assurance report - including risks highlighted in the meeting</p> <p>The Chair advised that he would report on:</p> <ul style="list-style-type: none"> • The useful session with Shared Services and the need to understand value and grip 	

<ul style="list-style-type: none"> • Diabetes performance measures on Primary Care • In relation to Cancer to note that cancer is becoming a chronic condition and the approach needs to change and the need for reflection on how to make working in cancer services attractive • In relation to finance, what is the risk appetite for making longer term commitments on recruitment to posts funded by the non-recurrent £42m. planned care funds. • On the finances also to highlight the risk of underspend and a proposal of rescheduling in relation to capital • In relation to performance, the very significant remaining challenges on both Planned Care and UEC 	
<p>PF24/118 Review of meeting effectiveness - Committee Chair</p> <p>It was agreed that there had been good quality discussions and balance between different items despite the Committee running longer than scheduled.</p>	
<p>PF24/119 Summary of private business to be reported in public</p> <p>Recommendation:</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> • Noted the report. 	
<p>PF24/120 Date of next meeting - 23 December 2024</p>	
<p>PF24/121 Exclusion of the Press and Public</p> <p>"Those representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960."</p>	