

Betsi Cadwaladr University Health Board (BCUHB)
Confirmed Minutes of the Performance, Finance and Information Governance
Committee (PFIG)
held in PUBLIC on 25 February 2025
in the Boardroom, Carlton Court, St Asaph and via Teams

Committee Members Present	
Name	Title
Gareth Williams	Vice Chair (Chair of PFIG Committee)
Rhian Watcyn Jones	Independent Member
Prof Mike Larvin	Independent Member
Chris Lothian-Field	Independent Member
In Attendance	
Sreeman Andole	Interim Executive Medical Director
Russell Caldicott	Executive Director of Finance
Nick Graham	Associate Director Workforce Optimisation
Nesta Collingridge	Head of Risk Management
Dave Harries	Head of Internal Audit
Stuart Keen	Director of Environment and Estates
Jane Moore	Executive Director of Public Health
Justine Parry	Assistant Director of Compliance and Business Management
Michelle Phoenix	Financial Audit Manager, Audit Wales
Carol Shillabeer	Chief Executive
Pam Wenger	Director of Corporate Governance
Committee Support	
Philippa Peake Jones	Head of Corporate Affairs

PRELIMINARY MATTERS
<p>PF25/01 Welcome and Apologies</p> <p>The Chair welcomed Stuart Keen, Director of Environment and Estates and congratulated Russell Caldicott on his appointment as the permanent Executive Director of Finance.</p> <p>Apologies were received for Stephen Powell, Director of Performance and Commissioning.</p>
<p>PF25/02 Declarations of Interest</p> <p>Mike Larvin Independent Member (IM) declared on interest with Bangor University.</p>
<p>PF25/03 Unconfirmed Minutes of the Meeting held on 23.12.24</p>

The minutes of the previous meeting were reviewed and minor amendments were agreed by the Chair. The Committee agreed to ensure that all points raised in the minutes are covered in the Matters Arising section and the action log is amended to reflect the discussion.

It was resolved that the Committee:

- **AGREED** that the minutes of the meeting held on 23.12.24 were a true and accurate record subject to the amendments discussed.

PF25/04 Matters Arising and Action Log

Integrated Performance Report

- There was discussion around action PF25/135.3 and it was noted that the Chief Executive is completing a piece of work to identify the key barriers for the Health Board and would share this outside of the meeting. An update was provided in relation to action PF25/135.4 and the Chief Executive noted that a meeting is taking place this afternoon with the Neurodiversity Team and an update would be provided at the next meeting.

Matters Arising & Action Log

- In relation to action PF24/133.2 it was agreed that Estates Rationalisation will be added to the forward work plan and return to a future meeting. In relation to recruitment and retention in Cancer Services, it was noted that a paper on funding for Oncology services is included on the private agenda and an update on cancer staffing will be provided at the April meeting.

There was discussion around the following areas and it was noted:

- **Pay Award:** The pay award is being centrally resourced and the Health Board will receive an initial allocation of £72 million. Ongoing discussions will take place to mitigate any remaining risks and areas of concern have been raised with Welsh Government.
- **Disposal of Properties:** An update was provided on the disposal of properties, with two properties currently out to market but not yet disposed of.
- **Efficiency and Productivity:** A discussion took place on the need to improve efficiency and productivity to meet demand without requiring additional revenue. It was emphasised that improving the planning process and adopting best practices are crucial steps.

Action:

- **PF25/04.1** The use of Primary Care premises for minor procedures was discussed, and it was confirmed that this is being translated into an action.

The Committee reviewed the action log and agreed to close the actions that were proposed for closure.

ITEMS FOR ASSURANCE

PF25/05 Finance Report

Members received the report and the Executive Director of Finance highlighted:

- The Health Board received an additional £11.1 million from Welsh Government, reducing the year-end financial position from £19.8 million to £8.6 million, which is now the target for the year.

- A £2 million underspend in January helped reduce the adverse year-to-date variance to £12.9 million. The gap to close by year-end is £4.3 million. To address this, a £2 million surplus is required in each of the next two months. Cost and expenditure controls have been implemented, leading to reductions in spending by various teams (IHC colleagues and leadership teams). Additional controls are in place, particularly focusing on non-pay, non-clinical spending and limiting non-clinical agency usage.
- With regards to Savings Delivery, the Health Board saved £54.9 million in 2024/25, with £41.9 million being recurrent. The target was £48 million, so while overall this was a very positive performance, there was a £6 million shortfall in recurrent savings.
- The Welsh Government had agreed that the Health Board could retain underspends in dental and Covid-related ring-fenced budgets, de-Risking the risks previously identified. Welsh Government support has mitigated risks concerning out-of-area pay awards. It was noted that £9.7 million of unmitigated risk remains, but spending is trending in the right direction to meet the control target. Oversight of this process is being maintained.
- Challenges in capital spending were raised, particularly regarding timing. It was raised that most of the capital works are still on track for delivery.

In discussing the report, the Committee:

- Raised concerns about the negative cash balance expected at the end of the year, but noted that Welsh Government support in March was anticipated to cover the shortfall. A £2 million cash drawdown is forecast to meet year-end obligations.
- Discussed the issue of how to cover above inflation pay costs incurred by the Shared Services Partnership.
- Noted that the overspend on additional clinical staff largely relates to non-clinically qualified staffing roles (principally health and care assistants), which will now be centralised through the corporate centre to streamline the system.
- Sought assurance that Audit Wales and Internal Audit will be reviewing the accounts and financial modelling to ensure accuracy and transparency.
- Attributed the overspend in pay allocation to overtime, bank and agency staffing, unfunded areas, and healthcare assistant support for open unfunded beds.
- Received assurance that the cash balance and associated risks have been considered, with a focus on managing substantive staffing levels and related incentives.

It was resolved that the Committee:

- **RECEIVED** and **SCRUTINISED** the Report.

PF25/06 Integrated Performance Report

Members received the report and the following points were highlighted:

- Recognition of improvements in a small number of metrics were acknowledged.
- The review of theatre utilisation, which highlighted the need for a real focus on reducing cancellations and a significant increase in the number of cases being handled per list.
- Planned Care and Insourcing – while progress has been made in reducing extreme waits in planned care, this was mostly by insourcing and outsourcing contracts: additional work is needed to ensure the long-term sustainability of services and to drive improvements in productivity in-house.

In discussing the report, the Committee:

- Discussed the positive impact of insourcing on reducing waiting times for planned care.
- Emphasised the importance of maintaining progress after the year end and future planning to enable this.
- Noted that an update on planned care would be provided to the Board development session scheduled for 27 February 2025.
- Recognised progress in addressing waiting list backlogs through commercial engagement, which has increased productivity but does not address long-term sustainability.
- Sought assurance on plans for managing backlogs post-outsourcing, including exit strategies and drivers for improvement.
- Emphasised the importance of embedding Get it Right First Time (GIRFT) to support exit strategies and drive marginal productivity gains.
- Discussed ongoing validation reviews, with a focus on identifying areas for improvement.
- Recognised that specialties will require support to meet ministerial priorities, particularly for 104-week wait times, but further work is required across the Board:
- In terms of Urgent and Emergency Care, the committee noted that there is a question over the relatively high proportion of attendances that lead to admission as well as needing better discharge planning in order to improve emergency department performance.
- Emphasised the need for better collaboration with social care.
- Recognised improvements in the quality of the performance report, in particular better data triangulation, and explanation of action being taken.
- Assurances were sought on strategies to support care homes in preventing avoidable hospital admissions, along with patient flow and the current clarification of signposting of admissions.
- Sought greater clarity on the use of face-to-face appointments for pre-operative assessment, and for follow-ups. Efforts are currently underway to streamline the three existing models into a single model.

Actions:

- **PF25/06.1** Executive Director of Finance to circulate the slides outside of the meeting in relation to the Planned Care statistics.
- **PF25/06.2** Executive Director of Public Health to circulate a briefing note on admissions from Care Homes.
- **PF25/06.3** Chief Executive to circulate the information from Denmark on Models of flow.

It was resolved that the Committee:

- **RECEIVED** and **SCRUTINSED** the Integrated Performance Report.

PF25/07 Integrated Medium-Term Plan

Members received the report and the Executive Director of Finance highlighted:

- That the plan is scheduled for the Board development session on 27th February 2025. Some gaps and deficiencies had been identified, along with strategies for increasing savings and addressing associated risks.

It was resolved that the Committee:

- **RECEIVED** and **SCRUTINSED** the Report

ROUTINE REPORTING

PF25 08 Corporate Risk Register

Members received the report and the Head of Risk Management highlighted:

- Risks had been identified for the Committee, exceeding the Health Board's risk appetite.
- Progress has been noted, along with the triangulation of updates concerning Urgent and Emergency Care (UEC) and Planned Care.

In discussing the report, the Committee:

- Received assurance regarding the contingency for estate-related risks, which will be reviewed by the Director of Environment and the Emergency Preparedness Lead.
- Acknowledged the expectation that there will be a reduction in the scores for Financial Sustainability and Planned Care risks, while recognising Urgent and Emergency Care (UEC) and Estates as longer-term risks.

Action:

- **PF25/08.1** Review how the actions can be smarter and ensure these are highlighted in the cover paper and also include due dates where possible.

It was resolved that the Committee:

- **RECEIVED** and **SCRUTINSED** the Report.

FOR INFORMATION

PF25/09 Diabetes Service Performance Update

Members received the report for information and the Executive Director of Public Health highlighted:

- The paper provides an overview of the current performance of the NICE Diabetes Care processes within BCUHB, along with suggestions for potential improvements.
- It was stressed that there is a need to address the lack of access to data at the level of individual primary care practices, which must be resolved to support the development of further proposals.
- Drew attention to variations in performance at the cluster level and considered how to address them.
- Evaluated the current model of care, with a focus on prevention and early intervention.

In discussing the report, the Committee:

- Stressed the need for increased visibility of primary care data, to help understand the variations across the clusters.
- Noted that responsibility for delivering the NICE Care Processes lies within both Primary Care and Secondary Care (Paediatrics & Adult Diabetes), and the ongoing projects and plans (such as the BCU Diabetes Transformation Project), which should contribute to the development of a new diabetes model.
- Supported work with both primary and secondary care colleagues to identify potential improvements for the current year, as well as the medium and long-term development of a new care model.

Actions:

- **PF25/09.1** Executive Director of Public Health and Assistant Director of Compliance and Business Management to discuss access to Primary Care data.
- **PF25/09.2** Chair, Gareth Williams to raise the issue of GDPR nationally regarding the inability to access Primary Care data being raised as an issue.

It was resolved that the Committee:

- **RECEIVED** and **SCRUTINISED** the Report.

PF25/10 Summary of Business to be Reported from Private

The Committee had previously considered the following matters in private session at the meeting held on 23rd December 2024:

- Board Assurance Framework
- Dental Procurement
- Nuclear Medicine Consolidation – Outline Business Case
- BCU-OJEU-57084 Wheelchair Service and Maintenance
- Contract
- IMTP - Finances

It was resolved that the Committee:

- **NOTED** the report

PF25/11 Committee Workplan

No items were raised against the current workplan.

CLOSING BUSINESS**PF25/12 Agree Items for referral to Board / Other Committees**

It was agreed to refer the Workforce Strategy to the People and Culture Committee.

PF25/13 Agree items for Chair's Assurance Report

The Chair advised that he would report on the following:

To assure the Board that:

- Ongoing efforts are being made to achieve the financial control target, and the Committee is assured that all possible actions are being taken.
- The potential for a potential negative end of year cash balance has been fully mitigated.
- The overspend in pay is primarily due to temporary staffing, covering vacancies: filling vacant posts within the establishment would paradoxically save money.
- Work was ongoing to develop a new model of care for diabetes.

To advise the Board:

- Of the challenges surrounding Urgent and Emergency Care (UEC), noting that the issues extend beyond discharge to include admission processes.

- That although progress is being made in Planned Care, much of this is being achieved through additional 'bought in' resources, rather than resolving the issue of poor productivity.

To refer to the People and Culture Committee; the question of the costs of filling vacancies with more expensive temporary staff.

PF25/14 Review of meeting effectiveness

It was requested to consider receiving an update on Corporate Functions at the next meeting.

PF25/15 Date of next meeting

Tuesday 18th March 2025.

Exclusion of the Press and Public

"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."