



**Minutes of the meeting of the
Performance, Finance and Information Governance Committee (PFIGC)
held in public on 2.11.23 in the Boardroom, Carlton Court and via Teams**

Present: Gareth Williams Clare Budden Prof Mike Larvin	Independent Member / Committee Chair Independent Member (IM) Independent Member
In Attendance: Russell Caldicott Adele Gittoes Nick Graham Paula Jones Dr Nick Lyons Phil Meakin Justine Parry Libby Ryan Davies Carol Shillabeer Paolo Tardivel Angela Woods Philippa Peake Jones Observing Dave Harries Nesta Collingridge Fflur Jones Elin Gwynedd Remote access Diane Davies	Interim Executive Director Finance Interim Executive Director Operations (part meeting) Associate Director Workforce Planning and Performance Chief Finance Officer Centre Integrated Health Community (IHC) (item PF23/147 only) Executive Medical Director (part meeting) Acting Board Secretary Assistant Director Compliance and Business Management – Digital, Data and Technology (DDAT) IHC Director Centre (item PF23/147 only) Interim Chief Executive (CEO) (part meeting) Assistant Director Transformation and Improvement Executive Director Nursing and Midwifery Head of Corporate Affairs – for note taking Head of Internal Audit Head of Risk Management Audit Wales – Performance Lead Chief of Staff, CEO office (via Teams) Corporate Governance Manager (post meeting minute taking)

Agenda item discussed	Action by
<i>The minutes are recorded in the order items were considered due to operational need.</i>	
PF23/135 Apologies Apologies were received from the Executive Director Transformation and Strategic Planning, Executive Director Nursing and Midwifery, Deputy Director People Services and Chief Digital and Information Officer for whom deputies attended.	
PF23/136 Declarations of Interest	

<p>Independent Member Prof Mike Larvin declared an interest in item PF23/146 as he is substantively employed by Bangor University which nominated him to the role of BCU Independent Member (University).</p>	
<p>PF23/137 Draft minutes of the previous meetings held on 1.9.23 for approval</p> <p>The Committee received the draft minutes of its meetings held on 1.9.23 and these were approved as a correct record subject to the amendment of PF23/119.1 to read: "... in order to train <i>doctors</i> in North Wales to meet the future needs of the local population."</p>	
<p>PF23/138 Matters arising and table of actions</p> <p>PF23/138.1 In regard to matters arising, it was noted that the Committee Chair highlighted his wish to ensure the Board did not lose sight of the importance of considering potential waste should unaffordable future schemes continue to be developed and resourced with personnel.</p> <p>PF23/138.2 The table of actions was accepted and verbal updates noted.</p> <p>PF23/138.3 The Committee requested that realistic target dates for completion of actions be agreed in future to avoid unnecessary deferments.</p>	<p>Committee Chair/ Secretariat</p>
<p>PF23/139 Notification of matters referred from other Board Committees on this or future agendas</p> <p>There were no matters referred.</p>	
<p>SPECIAL MEASURES and ANNUAL PLAN</p> <p>PF23/140 Special Measures report</p> <p>The Assistant Director of Transformation and Improvement presented the item. He advised that the Independent Reviews were scheduled to be presented at Board Development sessions in the near future and that actions and plans were already in hand to address the upcoming third 90 day cycle. He confirmed that there would be transparency and accuracy in also transposing outstanding cycle 2 actions for progress monitoring. A discussion ensued on RAG rating assessments. The Committee was keen to ensure they were accurate reflections to ensure the Board was appropriately clear on BCU's progress on delivery. It was noted that the Interim Executive Director of Operations provided a summary of actions being undertaken to address waiting list backlogs whilst longer term sustainable solutions were being developed within specialties.</p> <p>It was resolved that the Committee</p>	

<p>noted the progress to date, acknowledging areas of challenge, the process for independently assessing evidence within the PMO and the processes for how changes were managed.</p>	
<p>PF23/141 Annual Plan / IMTP process</p> <p>PF23/141.1 The Assistant Director of Transformation and Improvement presented the item. He advised that the 2024/25 Planning Framework had not yet been provided by Welsh Government (WG), however planning development was progressing based on the assumption of being broadly similar to the previous year. It was noted that the draft annual plan would be presented to the PFIG Committee at the January meeting prior to Board submission. The Interim CEO emphasised the Executive Team's involvement with the development, which would also take account of executive portfolio alignments, the need to focus on prioritisation and to ensure the Board's full involvement in creating the Plan at development sessions.</p> <p>PF23/141.2 The Committee sought assurance that the organisation was developing a 3 year plan as opposed to only a 1 year plan. A discussion ensued which encompassed the circumstances associated with Special Measures, WG guidance, threshold and expectations. Board members endorsed the importance of placing the annual plan in a broader three year context to ensure.</p> <p>It was resolved that the Committee noted the progress to date and acknowledged areas of challenge.</p>	
<p>FINANCE</p>	
<p>PF23/142 Finance report month 6</p> <p>PF23/142.1 The Interim Executive Director of Finance presented this report highlighting the financial position at end of September 2023 to be £90.8m deficit which was £23.7m greater than planned. The in month September adverse position was £3.3m greater than planned however it was slightly improved on the previous in month position delivery. He drew attention to the actions being undertaken to address the overspending which were gaining traction. He stated that the temporary workforce (nursing) controls data was awaited. The Interim Executive Director of Finance advised that the year end forecast of £134.1m deficit position remained achievable. He advised that since the report had been prepared, Welsh Government had increased funding to the NHS with an additional £101million being added to the Board's allocation: this would reduce the planned deficit to £33million. However, the WG had amended the target position by requesting a further 10% reduction in the out turn deficit position along with other Health Boards in Wales ie requiring the Board to achieve a £20m deficit end of year position. It was essential for BCU to close the run rate and only spend what it earned. Further actions to achieve the revised targets would be shared at the next meeting.</p>	<p>RC</p>

<p>PF23/142.2 In regard to Savings, whilst £25m had been targeted it was forecast that £20m would be delivered and a further £3m at red RAG rated would need to be progressed and achieved. It was understood that work was being progressed through Executive Delivery Groups to address this in order to meet the additional challenges set by WG. Clarification was also set out regarding ring fenced Covid funding parameters.</p> <p>PF23/141.3 In response to the Committee, the Interim Executive Director of Finance advised the new target did remain achievable, outlining various actions that were available to be deployed, however this remained extremely challenging. The Committee questioned whether some of the transformational work viewed at recent site visits improved performance without delivering financial savings and noted the financial impact of Board agreed actions regarding nursing recruitment and external commissioning. Assurance was provided that constant evaluation of external commissioning versus internal provision was undertaken. In addition, the immense strain that Medically Fit for Discharge patients placed on the acute system was emphasised. The Interim Chief Executive outlined a plethora of previous decisions and actions which would require further assessment as examples which might aid meeting the adjusted target.</p> <p>PF23/142.4 The Committee was clear on the criticality of delivering the required out turn given the potential non-availability of additional funding into the future outlined by the Interim Chief Executive and Interim Executive Director of Finance should delivery not be met.</p> <p>PF23/142.5 The Interim Executive Director of Finance undertook to share with the Committee a written report on the actions being developed by executive colleagues to address the revised financial year end target.</p> <p>PF23/142.6 The Committee Chair was concerned with the level of savings engagement between the Integrated Health Communities (IHC) and the centre. A discussion ensued in which it was noted that the Performance Framework introduced part year was anticipated to make improvements moving forward, along with a need to support teams. The Head of Internal Audit (IA) concurred with the Committee's concern given that the IA Savings Review undertaken the previous year had reported 'no assurance' on IHC savings plans or corporate functions and he had not observed any progress in the current period across the Health Board.</p> <p>PF23/142.7 In regard to the proposed adjustments to the capital programme, the Interim Executive Director of Finance outlined the difficult discussions undertaken within the Executive Team to better utilise the slippage which had taken place in some schemes and the planned £600k over commitment. It was agreed that schemes addressing Health and Safety issues should be prioritised over other schemes including IT equipment, though it was hoped that any additional funding that became available could be secured to enable the IT scheme to progress. It was noted that the existing schemes being moved forward also involved partnership working. The Committee acknowledged the challenging decisions undertaken and supported the recommendation.</p>	<p>RC</p>
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<p>It was resolved that the Committee noted and scrutinised the report and supported the proposed adjustments to the capital programme</p> <p>PF23/143 Finance report - month 5</p> <p>It was resolved that the Committee noted the Month 5 papers</p>	
<p>PF23/144 Special Measures Financial Improvement action plan update</p> <p>The Interim Executive Director of Finance presented the report and in response to the Committee's question regarding the current efficacy of the Finance Team structure, he advised that work was ongoing to develop a supportive and long term team structure that would align with organisational requirements and draw on multiple skills such as those linked in with the NHS Finance Academy. In the meantime, an effective interim structure was currently over 90% in situ which included a number of key secondments. Work to move forward the Scheme of Reservation and Delegation (SORD) was being actively progressed with the Audit Committee.</p> <p>It was resolved that the Committee noted the Action Plan as at 23 October 2023</p>	
<p>PF23/145 Item deferred</p>	
<p>PF23/146 NHS Capital & Revenue Investment for the North Wales Medical School</p> <p>The Executive Medical Director presented the item clarifying that the paper did not contain detail on training monies but rather the physical capacity costs to deliver high quality training. The scoping document would lead to further Board discussion later in the year and also referenced a potential Pharmacy Academy as part of a longer term development. The Committee was very supportive of the scheme.</p> <p>It was resolved that the Committee approved the submission of the paper to Welsh Government</p> <p><i>The Interim CEO left the meeting</i></p>	
<p>PERFORMANCE</p>	
<p>PF23/148 People Performance report</p> <p>PF23/148.1 The Associate Director Workforce Optimisation presented this report drawing the Committee's attention to the key indicators provided. The Committee was pleased to acknowledge the good progress made in regard to the utilisation of agency staff. Also acknowledged, in comparison to other Health Boards in Wales, was the lower sickness absence rates and staff turnover.</p>	

<p>PF23/148.2 A discussion ensued on the 3000 increase in staff which had been highlighted in a recent development session. The Interim Executive Director of Finance undertook to share with members a further analysis of the increases by staff groups, bandings, location and across divisions/IHCs/corporate departments in order that the Committee could be provided with a greater understanding of how the whole organisation was structured and where additional staff had been employed compared to previous years.</p> <p>PF23/148.3 In response to the Committee the Executive Director of Nursing and Midwifery shared the methods of nursing recruitment currently deployed locally, nationally and internationally along with Healthcare Support Worker upskilling programmes. The Committee was pleased to note that an incremental plan was in place to increase successful recruitment into these areas.</p> <p>It was resolved that the Committee noted the current people performance position provided</p>	RC
<p>PF23/147 Integrated Health Community (Central) Finance, Performance and Workforce report</p> <p>PF23/147.1 The Central IHC Director and IHC Chief Finance Officer (CFO) joined the meeting to present this item. The Central IHC Director highlighted various areas of the report including recent stabilisation of leadership team, financial challenges and associated green shoots being developed, cost pressures, orthopaedic developments, out of area CAMHS improvements, actions and governance processes enabled to address accountability and provide support to budget holders, significant challenges within planned care, waiting list reductions, focussed areas eg validation, Abergele, daily huddles, emergency care improvements, progression with previous HIW reporting.</p> <p>PF23/147.2 In response to the Committee, it was noted that late stroke thrombectomies were due to patients not presenting early enough. The Interim Executive Director Operations advised that this had been raised with the Communications team to work on raising the public's awareness of the benefits of early presentation.</p> <p>PF23/147.3 In relation to the improvements to Vascular service provision at the Ysbyty Glan Clwyd (YGC) site, the Committee questioned whether patient groups remained dissatisfied with the centralised service. A discussion ensued on the positive developments that had taken place in respect of orthopaedics due to the cohesion and engagement of consultants from across the 3 District General Hospitals (DGHs) which was an approach also being taken forward with other specialties.</p> <p>PF23/147.4 In regard to financial challenges, the IHC Central Director described the leadership approaches to particular developments being taken across the 3 IHCs to utilise their various skillsets, share learning and avoidance of duplication.</p>	

<p>PF23/147.5 The Sexual Assault Referral Centre issues described in the paper were explained. In regard to PMO support request it was agreed that the T&I Director would liaise with the Interim Executive Director Operations to confirm the most appropriate level of support that could be provided to address development of schemes to address the IHC's financial challenges.</p> <p>PF23/147.6 The Interim Director Operations addressed questions relating to the efficacy of Minor Injury Units (MIU) and the potential improved utilisation with wider public awareness. The IHC Central Director also informed that a Communication and Engagement plan was being developed to improve both messaging and 'how' communications were disseminated.</p> <p>PF23/147.7 In response to the Committee, the IHC Central Director advised that Primary Care should be an area of greater focus, especially in regard to the opportunities arising from existing community hospitals.</p> <p>PF23/147.8 The IHC CFO provided a brief verbal update on actions being undertaken to address the IHC's overspend and reduce run-rates but acknowledged that the current projection was that there would nevertheless be an overspend on the budget at the end of the year. The IHC Central Director also advised of various actions that been undertaken to reduce spend including business cases awaiting decisions. In response to a question from the Chair, the Interim Executive Director of Finance confirmed that the position outlined by the IHC was not consistent with the targets set by the Executive and stated that a meeting would take place with both the CFO and IHC Director to develop the necessary improvements.</p> <p>PF23/147.9 In response to the Committee, the IHC Central Director requested assistance to increase the IHC's Finance Team capacity and also project management support.</p> <p>It was resolved that the Committee noted the report</p>	<p>PT</p> RC
<p>PF23/149 Integrated Performance report (IPR)</p> <p>PF23/149.1 The Interim Executive Director of Finance presented the report, advising that further content would be agreed by the Performance Executive Delivery Group and provided within the next iteration along with a completed escalation section. He invited comments on the new format of the IPR provided.</p> <p>PF23/149.2 The Committee provided a plethora of feedback which included concern with the complexity of the SPC data presented and sought simplification of its presentation; the need for effective summary analyses; comparative data with other Health Boards to identify trends and outlier performances; deeper analyses of areas of concern eg Urgent care and highlighting of risk areas eg Dermatology. The Committee also questioned, due to the volume of reports provided, whether the report could be developed to encompass detailed Finance and Workforce performance data in order to provide a fully integrated performance report geared towards Board member</p>	

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PF23/147.7 In response to the Committee, the IHC Central Director advised that Primary Care should be an area of greater focus, especially in regard to the opportunities arising from existing community hospitals.

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

PF23/149.1 The Interim Executive Director of Finance presented the report, advising that further content would be agreed by the Performance Executive Delivery Group and provided within the next iteration along with a completed escalation section. He invited comments on the new format of the IPR provided.

<p>organisational oversight needs whilst ensuring that WG monitoring reporting was also shared through an appropriate process. It was noted that there would be a need to monitor areas of significant concern in the report until the actions agreed had been normalised within the service. The Interim Executive Director of Operations emphasised the need to ensure that reports always provided clarity against data which was awaiting validation. The Interim Executive Director of Finance took on board the Committee's comments in developing the report format, he also outlined his aspirations in sharpening and streamlining the content.</p> <p>PF23/149.3 In regard to the content of the data presented, the Committee was concerned with various urgent care performance indicators and requested that a detailed narrative summary on Dermatology services be provided by the Interim Executive Director of Operations. The strain that Medically Fit for Discharge patients unable to be released from acute beds on the system was grave and having an effect on many services as well as A&E patients. The Committee was pleased to note the great improvement to Children's services performance.</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> provided extensive feedback to be incorporated into the developing revised format of BCU's Integrated Performance report noted the content of the performance data provided 	AG
<p>INFORMATION GOVERNANCE and additional items</p>	
<p>PF23/150 Information Governance Quarterly KPI report</p> <p>The Assistant Director Compliance and Business Management DDaT presented the report. She highlighted the decreasing volume of Freedom of Information (FOI) requests and improvements to processes, including Access to Health Records (A2HR), to improve quality and efficiencies within Information Governance systems. In the discussion which followed, it was agreed that the Assistant Director Compliance and Business Management would provide assurance to the Executive Director Nursing and Midwifery on the efficacy of the executive process amendments introduced. Maintenance of the organisation's positive Mandatory Training performance was acknowledged. It was noted that a Rapid review of Records Management report would be submitted to the next meeting. In response to the Committee, the penalties on non-compliance with A2HR was explained.</p> <p>It was resolved that the Committee noted the report which provided assurance on compliance with the Data Protection and Freedom of Information Legislation.</p>	JP JP
<p>PF23/151 Transformation and Improvement report</p> <p>The Director of Transformation and Improvement presented the report. The Committee was concerned that a third of T&I resource was taken up in servicing</p>	

<p>Special Measures needs. A discussion ensued in which the importance of embedding project management skills within the organisation was emphasised as opposed to supporting projects with specialist personnel. It was acknowledged that this was BCU's vision however, cultural issues needed to be addressed through leadership and management training support to enable this necessary shift. It was agreed that this would be explored further during the March meeting.</p> <p>It was resolved that the Committee noted the report providing an update on the work re-allocation for the Transformation and Improvement team</p>	PT
<p>RISK and ASSURANCE</p>	
<p>PF23/152 Proposed Revised Board Assurance Framework</p> <p>PF23/152.1 The Head of Risk Management presented the report highlighting the developing proposals and increased score of the Digital risk.</p> <p>PF23/152.2 The Head of Internal Audit pointed out that he had concerns that the organisation had not developed Strategic <i>Objectives (not priorities)</i> by which it could monitor and demonstrate progress in attaining these goals. He advised that this concern had also been raised previously by Audit Wales and Welsh Government colleagues with previous Health Board members. A discussion ensued in which the Committee acknowledged the need to consider this important point and seek further advice through appropriate colleagues on this. The Head of Internal Audit emphasised it would be the role of the BCU Board to develop its own objectives.</p> <p>PF23/152.3 The Committee accepted that the current proposal provided a 'work in progress' whilst further discussion took place at the Board Development session scheduled for 21.12.23 which would align with the developing Annual Operating Plan.</p> <p>It was resolved that the Committee noted</p> <ul style="list-style-type: none"> • progress in developing the BAF • the Digital risk had increased and would be highlighted at the next Board meeting 	
<p>PF23/153 Corporate Risk Register</p> <p>PF23/153.1 The Head of Risk Management highlighted progress undertaken which also included consolidation of some of the 123 risks included on the corporate register.</p> <p><i>The Executive Director Operations left the meeting</i></p>	

<p>PF23/153.2 It was suggested that considering further intelligence on the existing frequency of potential occurrences, utilising Datix or other appropriate tools, would also assist in reducing the volume at corporate level.</p> <p>It was resolved that the Committee noted the report and assurance provided on progress being undertaken to refine the risks identified.</p>	
<p>PF23/154 Review of risks highlighted in the meeting for referral to Risk Management Group</p> <p>The Acting Board Secretary identified the following risks highlighted within the meeting:</p> <ul style="list-style-type: none"> • Dermatology services • Performance reporting transitioning • The financial position and corporate financial recovery • Potential non delivery of savings • Timely turnaround of FOI requests • Need to identify and agree strategic objectives • Risks associated with the agreed capital changes 	
<p>PF23/155 Agree items for Chair's Assurance report</p> <p>The Committee Chair advised the following would be highlighted within his report to the next Board meeting:</p> <ul style="list-style-type: none"> • Special Measures reports required greater clarification in regard to RAG ratings so that it is clear whether the progress reported is in terms of process or outcomes. • Annual Plan development – there was strong endorsement for the Interim CEO's view that the Annual Plan needed to be rooted in a coherent three year plan (even if this is not approvable as an IMTP) with clear strategic objectives. • Financial Position – whilst progress has been made the position was extremely challenging in delivering the revised target provided by WG (additionally reducing deficit forecast by 10%). Proposed capital programme amendments agreed although risks in terms of ICT were recognised. • The Committee received a thorough and useful update from Integrated Healthcare Community (IHC) Centre but identified a gap in understanding between the IHC and the corporate centre about meeting outturn targets: the efficacy of corporate communication may need to be considered in this area. • Budget issues regarding current and non-recurrent savings were identified which may require improved communication to improve clarification for staff. It was not acceptable that many parts of the organisation had failed to meet repeated deadlines to put forward viable savings plans and the lack of responsiveness to financial targets within the organisation was of deep concern. Leadership across all levels was required to win BCU staff's hearts and minds to actively engage in the collective responsibility necessary to conquer BCU's financial challenges together. It would also be important to articulate rewards for good financial management. 	

<ul style="list-style-type: none"> • Workforce performance – the Committee noted the positive improvement in reducing BCU’s utilisation of interim staff engagements. • Performance report – the revised format was an improvement on previous versions however further refinement was needed to enhance understanding of the data provided, enable comparisons with other organisations and provide local data to improve Board members understanding of BCU’s local operational oversight and issues of concern. Coherence of escalation between Executive and Board needed to be articulated. • Delayed Transfers of Care (DTC) challenges were discussed, and while some of these were not within BCU’s ability to unblock, it was noted that management needed to continue efforts to reduce those which arose from systems and practices within the Health Board. • It was agreed that a focus on those KPIs where the Board’s performance was weak by comparison with other Welsh health boards was helpful: in this context, 12 hour ambulance wait performance and Planned Care very long waits were of concern despite some progress being made. • Board Assurance Framework (BAF) and Corporate Risk Register (CRR) – it was clarified that the BAF should focus on risks to the Health Board attaining its objectives whereas the CRR covered all major risks. This highlighted the underlying problem for the BAF that the Board did not currently have a coherently articulated set of medium-term objectives. • A paper on investment required to make the North Wales Medical School a success was approved for submission to WG. <p>The following would be escalated to the Board:</p> <ul style="list-style-type: none"> • The importance of the agreed Plan for 2024/5 – 2026/7 setting clear medium term objectives for the Board, not least in terms of enabling a realistic BAF to be put in place • The need to improve responsiveness of the organisation to corporate financial priorities, given the importance of meeting Welsh Government’s targets in terms of out-turn. • The need to increase the effectiveness of the Board’s approach to DTC in those cases where the delays are due to matters within the Board’s control. 	
<p>PF23/156 Agree items for referral to Board / other Committees</p> <p>No items were referred.</p>	
<p>PF23/157 Summary of private business to be reported in public</p> <p>It was resolved that the Committee noted the report.</p>	
<p>PF23/158 Date of next meeting</p> <p>18.1.24 Ysbyty Gwynedd Boardroom</p>	
<p>Exclusion of the Press and Public</p>	

It was resolved that 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	
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