



**Minutes of the meeting of the  
Performance, Finance and Information Governance Committee  
held in public on 28.4.22 via Teams**

<b>Present:</b> John Cunliffe Linda Tomos Richard Micklewright	Independent Member / Committee Chair Independent Member Independent Member
<b>In Attendance:</b> Neil Bradshaw Keith Dibble Sue Green Gill Harris Sue Hill Ian Howard Amanda Lonsdale Phil Orwin Justine Parry Chris Stockport Gaynor Thomason Tim Woodhead Diane Davies	Assistant Director Capital (part meeting) Interim Programme Lead – Planned Care (part meeting) Executive Director Workforce & OD Executive Director Integrated Clinical Delivery / Deputy Chief Executive Executive Director Finance Assistant Director Strategic and Business Analysis Director Performance (part meeting) Interim Director Unscheduled Care (part meeting) Assistant Director Risk and Information Governance (part meeting) Executive Director Transformation and Planning Interim Executive Director Nursing & Midwifery Finance Director – Operational Corporate Governance Manager – Committee secretariat
<b>To observe:</b> Dave Harris Fflur Jones	Head of Internal Audit Audit Wales representative (part meeting)

<b>Agenda Item Discussed</b>	<b>Action By</b>
<b>PF22/40 Apologies for absence</b> None were received.	
<b>PF22/41 Declaration of Interests</b> None were received.	
<b>PF22/42 Draft minutes of the previous PFIG Committee meeting held on 24.2.22</b> The minutes of the meeting were approved.	
<b>PF22/43 Matters arising and table of actions</b> There were no matters arising from the minutes. The table of actions was updated.	
<b>PF22/44 Chair's report</b>	

Not applicable	
<p><b>PF22/45 Lead Director’s report</b></p> <p><b>PF22/45.1</b> The Executive Director of Finance advised that the draft year end financial position was a surplus of over £0.3m and BCU was on track to provide the submission to WG in the required timeframe. Whilst it had been an extremely challenging year, it was the second year that BCUHB had achieved the statutory duty to break even, albeit with a small surplus. She thanked the finance and procurement teams for their efforts in delivering this position. The Committee Chair and members congratulated the Executive Finance Director and her team on their achievement on behalf of the Board in an extremely challenging period.</p> <p><b>PF22/45.2</b> The Executive Director of Finance advised that the Integrated Medium Term Plan had been submitted to Welsh Government (WG) on time, with a Health Board debrief scheduled for 9.5.22.</p> <p><b>PF22/45.3</b> The Executive Director of Finance recommended that work commenced on the IMTP process in June 2022 in order that budget preparation could commence in August 2022 for the 2023/24 financial year.</p> <p><b>It was resolved that the Committee noted</b> the verbal report</p>	
<p><b>PF22/46 Committee Annual Workplan 2022/23 and review of Terms of Reference</b></p> <p><b>PF22/46.1</b> In reviewing the Terms of Reference, discussion ensued on the relevance of officers listed as in attendance, especially in respect of responsibilities in Planned Care. It was agreed that the Interim Board Secretary would meet with the Committee Chair and Lead Executive to consider inclusion of appropriate Executive/Directors (ie People, Transformation, Strategic Planning &amp; Commissioning, Integrated Care and Digital) and whether the Executive Director of Nursing and Midwifery was required to attend.</p> <p><b>PF22/46.2</b> In discussion of the workplan, the Partnerships, People and Population Health Committee Chair raised concern regarding how the workforce plan would be monitored between the two Committees. It was agreed that the Executive Director of Workforce &amp; OD would prepare a potential solution for discussion prior to the next meeting. It was clarified that the draft Capital Programme was scheduled in February as this was set by Welsh Government however prior preparatory work was undertaken.</p> <p><b>PF22/46.3</b> The Committee requested that savings plans be monitored at June, August, October and December meetings to strengthen monitoring. It was also agreed that the Timetable/debrief be scheduled in June and Budget principles in August.</p> <p><b>It was resolved that the Committee</b></p> <ul style="list-style-type: none"> <li>• <b>approved</b> the draft Workplan 2022/23 subject to the amendments agreed</li> </ul>	<p>MM/JC/MM</p> <p>SG</p>

<ul style="list-style-type: none"> <li>• <b>agreed</b> further review of the Committee Terms of Reference should be undertaken</li> </ul>	
<b>Strategic items for decision – The Future</b> <b>Developing new strategies or plans</b>	
<b>PF22/47 Revised Information Governance Strategy</b>  <b>PF22/47.1</b> The Assistant Director Information Governance and Risk confirmed that the following amendments, agreed at the previous meeting, had been actioned in the version presented: 6.13 – Removal of Executive Director/Secondary Care Director/Area Director and updated in line with the new operating model. Removal of “This role may be subject to change in 2022 as a result of the new operating model and will be updated to reflect any changes to responsibility”. 7.4 – Inclusion of non-compliance escalation process. 8.1 – Removal of “The Information Governance Team should have sufficient resource in order to ensure the Health Board remains compliant against its legislative requirements and timescales. “ Appendix 2 – Inclusion of the existing EQIA which had been reviewed.  <b>PF22/47.2</b> The Committee discussed how any non-compliance of BCU’s statutory duty in relation to the Data Protection/Freedom of Information Acts could be more robustly reported to the Board. The discussion also extended to consider how the Board was sighted on Estate condition. It was agreed that the Assistant Director IG&R would discuss this outside the meeting with the Committee Chair, taking into account the reputational risk raised and arrange to modify the strategy accordingly. In addition, executive accountability was to be amended, account taken of the Digital Director appointment and greater detail on the Caldicott Guardian was to be included within future iterations.  <b>It was resolved that the Committee</b>  <ul style="list-style-type: none"> <li>• <b>agreed</b> the updated changes to the Information Governance Strategy as requested at the meeting held 24th February 2022</li> <li>• <b>approved</b> the revised Information Governance Strategy (IG1) subject to the amendments agreed within paragraph PF22/47.2</li> </ul>	
<b>Monitoring existing strategies or plans</b>	
<b>PF22/48 Transformation update</b>  <b>PF22/48.1</b> The Executive Director of Transformation and Planning presented this report. He explained work that had been undertaken to standardise and introduce new methodology which was more evidence based. He advised that the Regional Treatment Centre (RTC) programme would be reported in future reports.  <b>PF22/48.2</b> The Committee observed that there was inconsistency in the level of detail provided on various schemes and sought this to be addressed along with Unplanned	

JP

<p>Care progress and the need for workforce monitoring It was agreed that workforce narrative would be discussed with the Executive Director of Workforce &amp; OD.</p> <p><b>PF22/48.3</b> A discussion ensued on quality aspects of the report provided. It was agreed that arrangements would be put in place for proofing clarity of narrative in future reports and application of appropriate colour application on milestones eg Grey. The Committee also sought improved clarity on the intention to target presentation of a sample of 20% at each quarter.</p> <p><b>PF22/48.4</b> The Executive Medical Director also highlighted the need to ensure consistency between assigned Committee presentation and reflect patient risk eg within the Quality, Safety and Experience Committee.</p> <p><b>It was resolved that the Committee noted</b> the update provided on the actions being taken within the area of Transformation and specific improvement programmes</p>	<p>CS</p> <p>CS</p>
<p><b>The Present</b></p>	
<p><b>PF22/49 Finance report month 12</b></p> <p><b>PF22/49.1</b> The Executive Director of Finance presented the report. It was noted that the Health Board had delivered a £0.3m surplus in 2021/22 and the draft accounts would be provided to Welsh Government (WG) the next day and Audit Wales the following week. Any changes prior to submission were not expected to impact on the bottom line, citing as an example medical pension provision which would not materially change the report.</p> <p><b>PF22/49.2</b> The Executive Director of Finance drew attention to the summary of key numbers provided, significant overspend in non-pay expenditure was particularly highlighted eg fuel costs which she advised had been balanced against some areas of pay expenditure eg non-recruited budgets.</p> <p><b>PF22/49.3</b>The Committee discussed the report. In respect of questioning the increase in agency spend whilst bank spending was declining the Executive Director of Workforce and OD outlined specific factors which included some of the workforce moving to better paid agency roles and increasing temporary staffing costs. National conversations were being undertaken in this area by Workforce Directors, noting also the additional cover required to cover Covid sickness absence. She also drew attention to the potential effect upon the external care sector. The Operational Finance Director gave assurance that agency and locum spend would be monitored closely in the new financial year given the largest impacts were in secondary care. The Executive Director of Finance also stated that there had been no change in financial control.</p> <p><b>PF22/49.4</b> In regard to savings, the Committee was concerned with the lack of recurring savings plans which would assist delivery in future years, noting that only mental health services had delivered at the required level. The Executive Director of Finance acknowledged the effect of the Covid pandemic on the current year,</p>	

<p>particularly due to lessened planned care activity. Assurance was provided that service redesign was now being focussed upon. The Executive Director of Finance commented that BCUHB had achieved the most savings within Wales in the previous financial year.</p> <p><b>PF22/49.5</b> The Head of Internal Audit (IA) raised concern regarding the non-delivery of non-recurrent and recurrent savings at Ysbyty Glan Clwyd hospital (YGC). It was understood the IA department was exploring YGC financial planning and savings delivery in the coming financial year.</p> <p><b>PF22/49.6</b> The Committee stated that savings needed to be focussed upon earlier within the financial year going forward and the Chair reflected that performance had been better than expected.</p> <p><b>It was resolved that the Committee noted</b> the Finance report for month 12</p>	
<p><b>PF22/50 External contracts assurance report</b></p> <p><b>PF22/50.1</b> The Executive Director of Finance presented this item. She highlighted that 96% of contracts were in place and robustly monitored as detailed in the paper, insourcing contracts had also been agreed in regard to Trauma &amp; Orthopaedics, Ophthalmology, Endoscopy and Dermatology. There would continue to be hybrid block arrangements in regard to Wales/England providers, given the experience through the pandemic. Attention was also drawn to Continuing Health Care (CHC) and the approved nursing home interim payments. The Executive Director of Finance advised that the expired domiciliary care contract on Anglesey would be escalated. The Committee was also directed to the contract risks in relation to Countess of Chester, Clatterbridge, Robert Jones &amp; Agnes Hunt and Liverpool Womens hospitals highlighted within the report.</p> <p><b>PF22/50.2</b> A Committee member raised concern regarding the potential for a patient safety issue in regard to the manner of patient communication when offered treatment outside north Wales due to contracts with external providers. She shared an individual elderly patient's experience of being offered distant out of area treatment which the Deputy Chief Executive undertook to explore further.</p> <p><b>PF22/50.3</b> The Committee raised concern regarding the information provided on care home provision and BCU and partner involvement, seeking greater focus on this area within future reports. Following further discussion it was agreed that the Executive Director of Finance would include detail on risk exposure and how impacts would be managed to future reports.</p> <p><b>It was resolved that the Committee noted</b></p> <ul style="list-style-type: none"> <li>• the financial position on the main external contracts as reported at Quarter 4 2021/22</li> <li>• the work underway in respect of stabilising wider health / patient care contracts and key risks / related activity</li> </ul>	<p>LT/GH</p> <p>SH</p>

<ul style="list-style-type: none"> <li>• the revised contracting arrangements with NHS Providers and Commissioners for 2022/23 and the work underway to finalise these contracts by the end of June 2022.</li> <li>• the work underway in respect of increasing planned care capacity</li> <li>• the identification of risks associated with Joint Funded Lead Commissioner arrangements and escalation to the Regional Commissioning Board</li> <li>• the risks associated with the current contractual arrangements with independent care home providers and actions being taken</li> </ul> <p>the work underway to review capacity within the team and develop robust governance and scrutiny arrangements</p>	
<p><b>PF22/51 Capital programme monitoring report month 12</b></p> <p><b>PF22/51.1</b> The Assistant Director Capital Strategy presented this report, advising that the Ysbyty Gwynedd (YG) compliance programme report would be reported at the next meeting. In regard to major scheme reporting it was agreed that future reports would include scale of schemes for context</p> <p><b>PF22/51.2</b> The Committee congratulated the capital programme team and leadership in delivering the Capital Resource Limit in a very challenging year having received much additional WG capital funding close to year end.</p> <p><b>It was resolved that the Committee noted the report</b></p>	NB
<p><b>PF22/52 Operational Plan Monitoring Report 2021-22 moth 12 year end</b></p> <p><b>PF22/52.1</b> The Performance Director drew attention to the year end position, advising that whilst 176 actions had been completed the remaining 24% incompleted would be transferred into the next year. She drew particular attention to challenges reported within Planned Care, Unscheduled Care, Mental Health and recruitment delays.</p> <p><b>PF22/52.2</b> Discussion ensued in which the Committee voiced disappointment with the volume and length of underperformances reported during the year. The process undertaken by the Executive Team to bring focus and processes into alignment to address 'Red' reporting was questioned and outlined. Resource availability, deprioritisation and governance reporting were discussed. The Deputy Chief Executive advised that the Executive Delivery Groups would have oversight of performance monitoring in the future. The Performance Director stated these areas were important to capture and that work was ongoing with the Transformation Team to ensure governance would be demonstrated for discontinuing schemes and the decision making undertaken.</p> <p><b>PF22/52.3</b> The Committee raised concern on schemes which moved from 'Green' to 'Red' within the last quarter and sought realistic, target setting and prioritisation to be demonstrated in the new monitoring plan format to ensure transparency. Disappointment with Stroke Service performance and unidentified initial funding was provided as an example of this. Attention was also drawn to the need to ensure risks to the organisation were identified eg cyber security/attack.</p>	

<p><b>PF22/52.4</b> Following a question raised by the Committee, the Executive Director of Transformation and Planning agreed to clarify Welsh Patient Administration System (WPAS) data migration tolerance with the Digital Director given delays to restart and expected go live date in May, which was understood to be under review by the Executive Team the following week.</p> <p><b>PF22/52.5</b> In regard to questioning whether business case progression had impacted the Unscheduled Care pathways moving to 'Red' from 'Green', it was understood that the Home First Bureau would be moved forward and that work was currently being undertaken to agree the model.</p> <p><b>It was resolved that the Committee noted the report</b></p>	CS
<p><b>PF22/53 Quality and Performance report</b></p> <p><b>PF22/53.1</b> The Performance Director presented the report. She drew attention to positive performance in the areas of the eye measure (although clinical capacity was being monitored), cancer services (best in Wales) and 84.94% mandatory training completion (demonstrating commitment to staff). However decreasing performance was reported in Unscheduled care (affected by increased attendances, patient acuity and Covid19), Planned Care (being part addressed through seeking increased virtual appointments where patient appropriate) and a rise in staff sickness levels (largely due to Covid19).</p> <p><b>PF22/53.2</b> Discussion ensued on whether the reasons for increased waits within Emergency Department were understood. It was noted that extra support had been provided to Ysbyty Glan Clwyd (YGC) and there was significant impact due to the inability to transfer medically fit patients to suitable care provision due to lack of availability outside BCU's supported services, albeit that daily patient reviews were taking place. The Deputy Chief Executive also reported that Improvement Cymru was supporting BCU in patient presentation.</p> <p><b>PF22/53.3</b> Following a question querying the level of GPOOH 'within hour' target, the Performance Director undertook to clarify performance following the meeting via email.</p> <p><b>PF22/53.4</b> Concern was raised on Stroke Service performance, especially in regard to patient access to a specialist consultant within 4 hours. The Deputy Chief Executive explained the issues arising from Welsh Ambulance Service Trust (WAST) performance which was seriously impacting patient delivery. It was acknowledged that internal work was being undertaken through the Executive Director of Transformation and Planning's team to monitor and address the position.</p> <p><b>PF22/53.5</b> Discussion ensued on concern that Minor Injury Units were not being used to full potential, especially given the likely increased staycation visitor numbers and the lack of a seasonal surge plan. The Executive Director of Transformation and Planning advised these considerations were part of the Unscheduled Care</p>	AL/CS

<p>Improvement plan and outlined the potential additional utilisation of Advance Nurse Practitioners being explored based on evidence being considered.</p> <p><i>The Audit Wales representative left the meeting</i></p> <p><b>PF22/53.6</b> It was agreed that the Committee would raise concern in the Chair's Assurance report regarding the significant deterioration of stroke service delivery and continued deterioration of planned and unscheduled care performance.</p> <p><b>PF22/53.7</b> Following the Head of Internal Audit's question regarding how the 111 service was held to account and the Committee's concern with reliance upon the performance of this external service, it was agreed that the Executive Director of Transformation and Planning would initiate a conversation with WAST regarding 111 performance management and accountability.</p> <p><b>It was resolved that the Committee noted</b> the report.</p>	<p>See PF22/61</p>
<p><b>PF22/54 Developing Performance reporting 2022/23</b></p> <p><b>PF22/54.1</b> The Performance Director drew attention to the proposal to undertake a cycle of review and impact on assurance of the measures during the first phase of introduction of the Integrated Quality and Performance Report (IQPR) and no changes to the measures included in the IQPR would take place before a period of three committee cycles in order to provide a period of stability and embedding of the measures along with familiarisation with the reporting system. It was noted that the full suite of NHS Wales Delivery Measures would remain accessible via a hyperlink in the report, which included comparative benchmarking data with all the Welsh Health Boards. A review and assurance process would be introduced by the Performance Team prior to submission of the IQPR to committees in order to ensure data and corresponding narrative alignment. The process would also include read across checking with risk registers.</p> <p><b>PF22/54.2</b> The Committee concurred with the content outlined and would seek to consider further following the 3 cycles outlined, acknowledging awareness of the validation review process and potential for issues. It was suggested that non-clinical indicators would be helpful in the future reports.</p> <p><b>It was resolved that the Committee approved</b></p> <ul style="list-style-type: none"> <li>• the performance measures to be included in the first phase introduction of the Health Board's Integrated Quality and Performance Report (IQPR)</li> <li>• the recommendation that no changes to performance measures in the IQPR would be introduced until three committee cycles have taken place</li> </ul> <p><b>noted</b></p>	



<ul style="list-style-type: none"> <li>• the requirements upon Integrated Health Community Leadership Teams for ensuring real-time validation of data in order to support the IQPR along with timely submission of narrative against performance measures</li> <li>• the opportunity for an interactive demonstration of the IQPR in a Board Workshop arena</li> </ul>	
<p><b>PF22/55 Planned Care Update</b></p> <p><b>PF22/55.1</b> The Interim Programme Lead – Planned Care presented this report highlighting that BCU had moved onto the stabilisation phase of WG’s focus on Planned Care Recovery which was in three distinct but inter-dependant stages – Restart, Stabilisation and Sustainability. However, the waiting list was increasing by approximately 2000 patients per month. He drew attention to the Planned Care Recovery Programme Plan actions outlined in the report to improve the position which was similar across the UK, highlighting priorities and specialties being successfully addressed through outsourcing. He advised that WG’s Delivery Unit was involved in ensuring robust processes and monitoring the performance of teams involved.</p> <p><b>PF22/55.2</b> The Committee welcomed the structured support. In response to questioning successful predication on workforce recruitment, the Interim Programme Lead – Planned Care stated that significant WG non-recurrent funding had been provided for transformation and it was his understanding that workforce redesign had been risk assessed with high confidence of attainment. The Executive Director of Workforce and OD stated that outsourcing, insourcing and BCU staff would be required and that RTC staffing would require further consideration. Whilst this would not require significant additional staffing, staffing would be different due to predominantly day case provision. Financial plans and contingency had been discussed and she advised that it was critical that plans could be extant and flexible. Risk was being actively considered.</p> <p><b>PF22/55.3</b> In response to the Committee, the Interim Programme Lead – Planned Care advised the longest waiting list to be 20,000 mostly surgical patients over 2 years, these included general surgery, urology, ophthalmology and orthopaedics. He responded that orthopaedic patients could be waiting over 4 years in the future if no additional capacity was provided however, potential appropriate alternative methods were being explored. He commended the use of insourcing and outsourcing moving forward. Patient waiting list management remained a priority area that was being actively addressed with due regard to the clinical prioritisation of patients.</p> <p><b>PF22/55.4</b> In response to the Committee the Interim Programme Lead – Planned Care explained the clinical prioritisation and considerations undertaken in assessing backlog patients for treatment. He also advised that by 16.5.22 90% of activity would be recommencing having taken into account the risk assessment of patients. The Interim Programme Lead – Planned Care undertook to include a key to all tables in future reports.</p>	<p>KD</p>

<p><b>PF22/55.5</b> The Deputy Chief Executive stated that a new Orthopaedic Lead had been appointed who was driving forward activity improvements especially at the Abergele site.</p> <p><b>It was resolved that the Committee</b></p> <ul style="list-style-type: none"> <li>• <b>noted</b> the report as a high level reflection of the status of the Planned Care Recovery plan.</li> <li>• <b>supported</b> the ongoing programme of work, which combines transactional recovery processes with a range of transformational initiatives.</li> </ul>	
<p><b>PF22/56 Unscheduled Care Update</b></p> <p><b>PF22/56.1</b> The Interim Director of Delivery presented the report drawing attention to the workstream updates provided. In regard to the Emergency department workforce business case, a number of appointments had been recruited to for the required nursing workforce, which was almost complete across all sites, with the exception of Consultant Nurse posts that were currently being progressed through the recruitment process. A significant number of appointments had also been secured to other non-nurse staff groups including porters, housekeeping and progress chasers. Focussed work remained on recruitment to the medical consultant workforce which had been more challenging, a recruitment consultancy had been procured to support Medical Consultant recruitment with the aim of recruiting a minimum of 4 consultants within 4 months. The Unscheduled Care Project Director had also been recruited.</p> <p><b>PF22/56.2</b> Attention was drawn to the pressure point at Ysbyty Glan Clwyd and escalation processes being explored. The Deputy Chief Executive also reported that Ruth Alcolado’s work on the ‘Emergency Floor’ was to be discussed together with Improvement Cymru to ensure shared understanding. The Committee Chair questioned whether co-locating MIU to the floor would also be beneficial.</p> <p><b>PF22/56.3</b> Discussion ensued on how the expected delivery of improvement could be demonstrated, given the investment was part of BCU’s 3 year plan. The Committee sought realistic reporting, impacts on risk assessment and a timetable for expectations set out clearly within future reports in order to understand benefits realisation as the work progressed.</p> <p><b>It was resolved that the Committee</b></p> <p><b>noted</b> the update provided on the actions being taken within the Unscheduled Care (USC) improvement programme to support the delivery of improvements across the unscheduled care system and ensure the provision of safe, effective, high quality care.</p>	
<p><b>PF22/57 Business Tracker</b></p> <p><b>PF22/57.1</b> The Assistant Director Strategic and Business Analysis joined the meeting to present this report. He advised that the Business Case Tracker provided a summary of the progress of the major capital and revenue investments contained within the Integrated Medium term Plan (IMTP) 2022/25 which had been updated</p>	

<p>tracker to include details of new schemes approved by the Health Board through the IMTP process. He also highlighted the caveats within the report.</p> <p><b>PF22/57.2</b> In discussion it was agreed that the Assistant Director Strategic and Business Analysis would take on board presentational improvement comments for future reports and provide indicators on when business cases moved into implementation.</p> <p><b>It was resolved that the Committee noted</b> the contents of the business case trackers.</p>	IH
<b>Learning from the past</b>	
<p><b>PF22/58 Structured assessment – financial aspect</b></p> <p><b>PF22/58.1</b> The Executive Director of Finance presented this report. She recognised the positive Audit Wales comments and recommendations provided. It was noted that the deep dives would commence shortly.</p> <p><b>PF22/58.2</b> The Executive Director of Finance commended the Finance Team and acknowledged the progress that had been achieved. She reflected that the recommendations focussed on ‘economy, efficiency and effectiveness’.</p> <p><b>It was resolved that the Committee noted</b> the report</p>	
<p><b>PF22/59 Agree Items for referral to Board / Other Committees</b></p> <p>None</p>	
<p><b>PF22/60 Review of risks highlighted in the meeting for referral to Risk Management Group</b></p> <p>None</p>	
<p><b>PF22/61 Agree items for Chairs Assurance report</b></p> <p>The Committee Chair stated that concerns with Stroke Service performance and Unscheduled and Planned Care should be escalated to the Board within the Chair’s Assurance report.</p>	JC
<p><b>PF22/62 Review of meeting effectiveness</b></p> <p>No comments were discussed.</p>	
<p><b>PF22/63 Summary of private business to be reported in public</b></p> <p><b>It was resolved that the Committee noted</b> the report</p>	
<p><b>PF22/64 Date of next meeting</b> 30.6.22</p>	
<b>Exclusion of the Press and Public</b>	

<p><b>It was resolved that</b> 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>	
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