



**Minutes of the meeting of the  
Performance, Finance and Information Governance Committee  
held in public on 30.6.22 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 Sue Green Gill Harris Sue Hill Amanda Lonsdale Nick Lyons Phil Orwin Justine Parry Dylan Roberts Chris Stockport Tim Woodhead Andrew Kent Fiona Lewis	Assistant Director Capital Strategy (part meeting) Executive Director of Workforce & OD Executive Director of Integrated Care / Deputy Chief Executive Executive Director of Finance Director of Performance Executive Medical Director Interim Director of Regional Delivery Assistant Director Risk and Information Governance Chief Digital And Information Officer, Informatics Executive Director of Transformation, Strategic Planning and Commissioning Finance Director – Operational Head of Planned Care Improvements Corporate Governance Officer – for minutes
<b>To observe:</b> Heledd Thomas	Audit Wales

Agenda Item Discussed	Action By
<b>PF22/69 Apologies for absence</b> None were received.	
<b>PF22/70 Declaration of Interests</b> None were received.	
<b>PF22/71 Draft minutes of the previous PFIG Committee meeting held on 24.2.22,</b> There were no minutes to approve.	
<b>PF22/72 Matters arising and table of actions</b> There were no matters arising from the minutes. The table of actions was updated.	
<b>PF22/73 Chair's report</b>	

Nothing to report.	
<p><b>PF22/74 Lead Director's Report</b></p> <p><b>PF22/74.1</b> The Executive Director of Finance advised that the audit work for last year had been delayed but was progressing with Audit Wales, and it was expected that the 2021/22 accounts would be published soon. The Executive Director of Finance wished to highlight the escalated risk surrounding the lack of identified savings required to deliver the transformational savings needed to be aligned to the priorities in the IMTP - noting that the Health Board was due to report a £0.9m deficit for Month 2 and a £2.2m deficit year to date. This could only be done by reducing and mitigating as much as possible, as quickly as possible by way of focussed meetings with executive leads, to identify those savings required.</p> <p><b>PF22/74.2</b> When asked about the likelihood of these savings being identified, the Executive Director of Transformation, Strategic Planning and Commissioning, provided assurance that there was a large piece of work currently underway with the Finance Team, that some of the larger transformations were unlikely to deliver all the expected savings this during financial year, however numerous value-based transformations were providing recurrent efficiency savings. The Executive Director of Transformation, Strategic Planning and Commissioning was not confident that they would reach the target, but felt that they would be very close to it.</p>	
<p><b>The Present for assurance</b></p>	
<p><b>PF22/76 Finance report, Month 2 (including Workforce Cost report)</b></p> <p><b>PF22/76.1</b> The Executive Director of Finance presented the report highlighting that there was a £0.9m deficit in Month 2, which with the £2.2m deficit year-to-date, was a slightly improved position on Month 1, and remained forecasting a break-even position.</p> <p><b>PF22/76.2.</b> She referred the Committee to the Revenue Position Summary, which showed that the savings against the plan in Month 2 was better than in Month 1 and that the savings forecast showed that there was a £21.7m adverse variance. It also noted that as expected, the costs associated with Covid are reducing.</p> <p><b>PF22/76.3</b> The Executive Director of Finance assured the Committee that there is a high level of expectation that the workshop on 11<sup>th</sup> July, which will review the savings targets, will provide more, tangible savings that can be fed into the position.</p> <p><b>PF22/76.4.</b> She referred to the Pay Costs and Non-Pay Costs slides, which showed £12.2m of variable costs in the month – of which £5m agency costs of which £2.5m related to the three acute hospitals, due in the main to covering vacancies and sickness.</p> <p><b>PF22/76.5.</b> It was noted that CHC costs, particularly in Mental Health, have caused cost pressures. The Finance and Mental Health Teams had been working actively to find innovative ways to reduce costs as they produce a recovery plan.</p>	

<p><b>PF22/76.6</b> The Committee asked if there are cost implications associated with closing the field hospitals, to which the Director of Finance assured them that there were not.</p>	
<p><b>PF22/76.7</b> The Committee sought assurance as to how the Health Board will deal with the impact of the unanticipated rise in inflation. The Executive Director of Finance confirmed that despite proactive work with care homes, the inflationary increase in utilities will cause the care homes to ask for more money to cover their costs and there is no money set aside for this. The procurement wing of the NWSSP is currently doing a great deal of strategic work to identify specific areas of concern. In addition to this, a pan-Wales plan is being sought to address the situation. The Executive Director of Finance agreed to provide more information on the specific inflationary pressures being felt and how the Health Board intends to address this.</p>	SH
<p><b>PF22/76.8</b> The Committee expressed concern that there were still considerable savings to be made and that the actions that could enable these savings to be made had yet to be identified. The Committee requested an itemised listing of all planned savings, the amounts involved who would be responsible for delivering these savings, to provide comfort to the Committee. The Executive Director of Finance agreed to bring this to the next meeting.</p>	SH
<p><b>PF22/76.9.</b> The Committee asked what the Health Board’s approach was with regards to pay settlements, particularly as the current nationally agreed 3% pay increase was not likely to be accepted by the trade unions. The Executive Director of Finance confirmed that nationally-agreed pay awards are funded by Welsh Government and that the Health Board was waiting for further guidance from WG – once received, this will be shared with the Committee.</p>	SH
<p><b>PF22/76.10.</b> The Executive Director of Workforce &amp; OD confirmed that there was a potential for support being provided to staff via advisory notices for enhanced pay, to assist with regards to financial pressures staff are experiencing, and whilst these notices are set at a national level, it is at the Health Board’s discretion as to how and where they apply them. She felt that where there are planned increases in spend, in order to deliver the recovery, this could be better articulated in reports so as not to appear to be overspends but necessary in order to deliver the planned care recovery.</p>	
<p><b>PF22/76.11.</b> The Committee noted with concern that the Month 2 figures – both overall and regarding savings - showed the situation to be considerably worse this year, than last.</p>	
<p><b>PF22/76.12.</b> In terms of CHC and FNC funding, the Committee asked if it was necessary to once again look at the organisation’s approach in its negotiations with local authorities when decisions are made as to what is deemed CHC/FNC and what was funded nursing care – to ensure that this is being approached in a robust way. The Executive Director of Finance confirmed that at the most recent Accountability Review meeting, the West team had intimated that they were going to look at the best practices of the East team, who had reduced their CHC costs considerably, without impacting on the quality of care pre-Covid. It was also noted that there was funding for</p>	

CHC within the IMTP, but that there must be a return on the investment as well as improved patient care.

**PF22/76.13.** In response to the Committee's concern regarding the risk level being set at 6.1, despite the gap of £21m, the Executive Director of Finance agreed that it was a balance – the organisation had to invest to save, and it was about having the drive to deliver the transformational savings that would not impact on patients (such as cheaper drug costs).

**PF22/76.14.** The Executive Director of Integrated Care / Deputy Chief Executive confirmed that clinicians were being trained to carry out virtual consultations effectively, through 'Consult and Connect' however she felt that the organisation's impetus to maximise alternative ways of consultations had slowed in the last year and that a plan has been revitalised and that there is a team working with consultants so increase the pace and where appropriate, the Health Board can offer the virtual option. The Health Board has agreed with Welsh Government to pilot an AI validation service – a robotic principle of validating the lists. The Executive Medical Director explained that the cause of the recent pause was due to regulators and colleges deciding what was best practice and what the standards should be around the new way of working.

**It was resolved that the Committee** noted the Finance report for Month 2.

#### **PF22/77 Shared Services Partnership Assurance Report**

**PF22/77.1** The Executive Director of Finance presented this item, noting the Summary Dashboard which showed last year that the organisation was 'red' on two KPIs, 'amber' on five and 'green' on twelve. The two 'reds' related to :

1. the time taken to create a vacancy to an unconditional offer - the organisation is only meeting the 72 day target in 42% of vacancies, with the target being 70%. The figure in Q3 was 10% lower than in Q4, and the report described what measures NWSSP and BCUHB were taking to combat this. The Executive Director of Finance highlighted the 1/3 increase in activity from 2018/19 and 2021/22 noting that whilst the performance had dropped, this was not on the same activity level. The NWSSP had a Recruitment Modernisation Plan, which was in the process of being approved by their Board, which it was hoped would improve their performance.
2. Internal Audit and the Report Turnaround Management to Draft Report – YTD. The target was 80% and the actual was 53%, which deeply concerned the Executive Director of Finance as this was a BCU impacted metric, but noted that it was hoped that the recent proactive discussions with Internal Audit would improve the situation. The Head of Internal Audit advised the Committee that at that day's Audit Committee, this KPI had just been noted as 70% and therefore moved from 'red' to 'green'. This was due to the support of the Board Secretary and the Executives, who were turning around their reports in a more timely manner.

**PF22/77.2** The Executive Director of Finance brought the Committee's attention to Appendix 1, BCU's Performance for the rolling 12 month period to 31/3/22, highlighting the £14m savings created by the Procurement team, and that it was generally a very

<p>positive report. Appendix 2, the All Wales Performance for the rolling 12 month period to 31/3/22, was also primarily 'green'.</p> <p><b>PF22/77.3</b> The Executive Director of Finance noted that in Appendix 3 the Health Organisations' Performance comparisons as at 31/3/22, BCUHB's Professional Influence savings were considerably lower than those of Swansea Bay, despite the fact that BCUHB is a larger organisation – she had a meeting scheduled with their Finance Director to discuss this.</p> <p><b>PF22/77.4.</b> The Executive Director of Workforce &amp; OD wished it be noted that her team's target for end to end recruitment for 2022/23 is 49 days and that NWSSP is aware of and in agreement with this. She also noted that at the All Wales Workforce Directors meeting, she received confirmation from NWSSP that they were prepared to take out the 'conditional offer' step as of 1/7/22, which would make a huge difference to BCUHB as an organisation as the majority of people will not submit their notice until they have received an unconditional offer, however in this report there lacked absolute clarity of this offer, which she intended to query.</p> <p><b>PF22/77.5.</b> In answer to the question of the robustness and validity of the £14m Professional Influence Savings figure, the Executive Director of Finance agreed to speak to Simon Whitehead, the Head of Procurement, to get the detail which she will bring this back to the Committee in August.</p> <p><b>It was resolved that the Committee</b> noted the report.</p>	<p>SG</p> <p>SH</p>
<p><b>PF22/79 Capital Programme Monitoring Report</b></p> <p><b>PF22/79.1</b> The Assistant Director of Capital Strategy presented his report and wished to highlight the changes to the discretionary programme. This included the change to the greater than anticipated carry forward commitment from the previous year, due predominantly to the shortages of both labour and materials causing extended procurement times on some schemes. It also included the collective impact of the cost pressures which have caused a potential increase on the current year's programme of £900k, however this had been offset by the £1m provision for the roll-out of re-habilitation which will now not require capital expenditure.</p> <p><b>PF22/79.2</b> In answer to a query regarding the best way to capture the link between the risks included in the report to BAF and the Corporate Risk Register, the Assistant Director for Capital Strategy agreed to meet outside the meeting with the Board Secretary and the Assistant Director for Risk and Information Governance.</p> <p><b>PF22/79.3</b> The Committee was pleased to note that the plan was on schedule however was disappointed in the length of time taken by Welsh Government to respond regarding the Royal Alexandra Hospital Redevelopment and asked for an update. The Assistant Director of Capital Strategy assured the Committee that matters were moving forward and that only very recently the CEO had chased this matter with Welsh Government and there had been various follow-up meetings to find ways to move things on and agreed to provide an update at the next meeting.</p>	<p>NB</p> <p>NB</p>

<p><b>PF22/79.4</b> In answer to a question regarding the provision within the programme for the significant capital investment issues requiring repair at Abergele hospital, such as roof leakages into patient areas, fire door replacement, etc, the Assistant Director of Capital Strategy assured the Committee that there was, however he would check with Estates to see if these particular matters had been dealt with and report back.</p> <p><b>PF22/79.5</b> The Committee questioned the progress made since the discussions about revising reporting to the Committee, to which the Executive Director of Finance assured the Committee that she would bring an update, which would be in the body of the report and would highlight any changes regarding the capital management programme and that there would be a detailed list of capital schemes being brought to the October meeting.</p> <p><b>PF22/79.6</b> The Assistant Director of Capital Strategy confirmed that in addition to the very favourable response from Welsh Government, the RPB had provided support for the new Integrated Health Care funding, thus allowing them to proceed the business case regarding the Conwy/Llandudno Junction Primary Care Development.</p> <p><b>PF22/79.7</b> The Committee enquired about the £250m Ysbyty Gwynedd Infrastructure Compliance (YGIC) figure and how the risk was being approached in this regard. The Assistant Director of Capital Strategy assured the Committee that particularly with regards to one of the major items – fire compliance – mitigating measures had been put in place and that they had been in dialogue with North Wales Fire &amp; Rescue in this regard. Further conversations had been held with Welsh Government in regards to ‘do minimum’ and assistance towards fees for the specialist technical advice required, to which Welsh Government had been sympathetic and receptive; their response is awaited and will be reported back to the Committee when received.</p> <p><b>PF22/79.8</b> The Committee enquired about the discrepancy around the figures for the YGIC – in this report it was £250 and in within the business case tracker, the figure is noted as £216m. The Assistant Director of Capital Strategy confirmed that this report’s figure was correct and that the business case tracker figure (£216m) was the original programme business case figure but did not included the optimism bias figure added to the programme.</p> <p><b>It was resolved that the Committee</b> noted the report.</p>	<p>NB</p> <p>SH</p> <p>NB</p>
<p><b>PF22/80 Procurement of Construction Consultant Framework</b></p> <p><b>PF22/80.1</b> The Assistant Director of Capital Strategy presented this report noting the proposal for the procurement of the new framework, which will have three elements – design team, cost advisor and a construction design &amp; management regular (CDM) advisor, who will provide specialist support to ensure that the Health Board meets its statutory obligations under the construction contract as an employer. The framework is for schemes up to £4m, which do not require the national frameworks, and the decision to go for a bespoke framework was reached following an analysis of existing</p>	

<p>frameworks which tend to be national frameworks and therefore often lost the opportunity to provide opportunities to the local economy and local SMEs. The proposal's assessment criteria was around the value added, looking at the quality perspective, the long-term relationships with the companies' organisations, their experience in health care and their support of the local economy.</p> <p><b>PF22/80.2</b> The Committee questioned the use of the word 'Board' on the coversheet, where it requests support. The Assistant Director of Capital Strategy apologies and confirmed the error – it should have read 'Committee' and he confirmed that he would like the Committee's support to allow to progress with the procurement, noting that this report was for assurance.</p> <p><b>PF22/80.3</b> The Assistant Director of Capital Strategy confirmed that it was expected that over the year, across all three of the elements, the spending would be between £300-500k and confirmed that any project with a contract value of less than £4m would use the framework and any scheme with a contract value of more than £4m would be mandated to use the national framework.</p> <p><b>PF22/80.4</b> The Committee asked if, given the sums involved and the undoubted value provided, there was scope to involve the Shared Partnership with regards to joint purchasing? The Assistant Director of Capital Strategy confirmed that there had been discussion in terms of looking at an all-Wales approach, but this had not been progressed. He felt that if there were to be a national approach, there would be national companies on that framework rather than focussing on the local economy.</p> <p><b>It was resolved that the Committee</b> noted the report.</p>	
<p><b>PF22/81 Quality &amp; Performance Report to 31.05.22</b></p> <p><b>PF22.81.1</b> The Performance Director presented her report highlighting that there had been a slight improvement in the individual care performance figure – from 54.9 in March and 58.3% in April to 59.54% in May; the twelve hour performance with regards to breaches had also improved, from 358 in April to 325 in May and the number of patients waiting more than 24 hours in ED had fallen from 1,251 in April to 1,117 in May. She also noted the challenging areas – Ambulance Handovers, which rose from 1,749 in April to 1,884 in May; In excess of 4 hours for Stroke Admissions, which stood at 13.6% however there was an improved position for stroke victims being assessed by consultants, which had improved from 76% in April to 80.8% in May. Another challenged area was RTT over 36 weeks, which had increased to 62,866 and RTT over 52 weeks, which had risen to 43,481. She noted the continuing challenging position for Planned Care.</p> <p><b>PF22.81.2</b> The Committee, whilst wishing to celebrate the positive areas, felt that the report painted a depressing picture and noted that there was an error in on pg. 5 of the report – Quadruple Aim 3, GP Practice Sickness Rates' but the information below referred to PADR rates. The Executive Director of Workforce &amp; OD queried the figures in the report on pg. 5, which said that the increasing trend for staff sickness rate over</p>	

<p>the last 8 months had ended and that sickness rates fell to 5.66% - she said that this figure was incorrect and that staff sickness rate was not reducing. She agreed to provide clarity and an update at the next meeting.</p>	<p>SG</p>
<p><b>PF22/81.3</b> The Committee also queried information provided on pg. 10, regarding Emergency Departments and where they were to improve by when and how much. Requesting clarification as to what was meant when the report stated 'SDEC activity increasing with protection against bedding it down', the Executive Director of Transformation, Strategic Planning and Commissioning explained that where there were challenges when sites get busy, patients get placed in SDEC beds and whilst that solves a short term, overnight problem, in the morning it greatly hinders the functionality of SDEC the next day. SDEC is meant to be for ambulatory patients, who would be able to go home to complete their treatment. There is a local and national view that SDEC should be protected and should not be used as a spill over space to bed patients down.</p> <p><b>PF22/81.4</b> The Committee required clarification regarding information contained on pg. 15, which stated that the original IMTP that had been submitted, was being questioned by WG Delivery Unit. The Executive Director of Transformation, Strategic Planning and Commissioning confirmed that this was with regards to the Planned Care trajectories, which following one of its regular reviews led them to amend the planned care trajectories on the IMTP; they were awaiting final agreement by the Delivery Unit.</p>	<p>SG</p>
<p><b>PF22/81.4</b> The Committee required clarification around staff sickness figures contained within pg. 25 of the report, which showed that sickness rates were reducing and the mathematics were incorrect. The Executive Director of Workforce &amp; OD confirmed that the sickness rates were not reducing and that the figures were incorrect; that she would clarify the situation and get back to the Committee.</p>	<p>SG</p>
<p><b>PF22/81.5.</b> The Committee asked if, despite repeated requests, a target percentage could be put into the report, with regards to the percentage of stroke patients who receive a 6 month follow up assessment as noted on pg. 9 of the report, to measure progress against. The Executive Director of Integrated Care / Deputy Chief Executive explained that she was currently in discussions with the Stroke team, and with the assistance of the Director of Performance they would agree a figure for the next report.</p>	<p>GH / AL</p>
<p><b>PF22/81.6</b> The Committee was concerned with the number of unmet targets contained within the report and asked what intervention took place when performance in failing departments was shown to be poor. The Executive Medical Director described the regular accountability meetings, where quality and performance is challenged, with reference to national audits. He also explained that that had been strengthening their processes and that the CRR was an extremely important tool in doing so. The Executive Director of Integrated Care / Deputy Chief Executive said that when escalations were put in place when concerns were raised about performance and/or quality, she, the Executive Medical Director and the Interim Executive Director of Nursing &amp; Midwifery, were having locality-based meetings with those teams. The Workforce and OD and the Performance teams had also been working with her to identify the key escalation triggers which go beyond the accountability measures, so</p>	



<p>that they have a more structured way of intervening when necessary, to strengthen the Performance Accountability Framework and to discover what support might be needed to mitigate risks. The Executive Director for Workforce &amp; OD agreed to send Richard Mickelwright the latest version of the Performance Accountability Framework and The Executive Director of Integrated Care / Deputy Chief Executive agreed to keep the Committee regularly updated as to the effectiveness.</p> <p><b>PF22/81.7</b> Within the report, twice it mentioned that a lack of clinical engagement was a threat to the timeline, therefore the Committee sought assurance that clinicians were willing to engage and if not, what was being done to tackle this? The Executive Medical Director felt that there was no single consistent issue across the Health Board and that the majority of people were committed to doing the right thing, however there were pockets where there was a real problem with clinical ownership of real performance and quality issues – Vascular, YGC ED, Urology for instance – however he felt that the fundamental reason behind this was usually either naive or weak leadership and they were seeking to redress this. The Executive Director of Integrated Care / Deputy Chief Executive agreed and explained that the Operating Model and some of the work they were doing is starting to embed that stronger clinical leadership.</p> <p><b>PF22/81.8</b> The Performance Director assured the Committee that following the Board workshop on 15<sup>th</sup> June, there had been a meeting to discuss the future structure of the report.</p> <p><b>It was resolved that the Committee</b> noted the report.</p>	<p>SG</p> <p>GH</p>
<p><b>PF22/82 Planned Care Status Report</b></p> <p><b>PF22/82.1</b> The Executive Director of Integrated Care / Deputy Chief Executive introduced this item by confirming that that following the refresh, they had re-submitted the profiles for Planned Care to Welsh Government and that these were now more aligned to the figures that they had originally put forward.</p> <p><b>PF22/82.2</b> The Head of Planned Care Improvements presented his report and wished to note that planned care is one of the most significant challenges facing the Health Board. The report is broken down into three sections – Restarting, Stabilisation and Sustainability of the services. He recognised that pre-Covid, there had already been an issue with patients waiting more than 52 weeks for planned interventions/treatments and that the restart and recovery would have to deal with an accumulation of three years’ backlog, with waiting lists of more than 166,000 patients, with a significant proportion of these waiting more than 104 weeks</p> <p><b>PF22/82.3</b> The Head of Planned Care noted that Welsh Government had introduced their own new ministerial targets, which had changed since the original IMTP trajectories were submitted, and that this was part of the refresh. The new targets from Welsh Government demanded there should be no over 52 weeks at stage 1 by the end of 2022 and by the end of March 2023 there should be no over 104 weeks at all stages. At the same time as having to reach these targets, they were having deal with the complication of the backlog of urgent patients. Whilst noting the majority of people</p>	

having to wait for more than 52 and 104 for their weeks, are waiting for routine planned interventions/treatments, there are some backlogs in clinical risk stratification on the P3s therefore they will be treating cancer, urgents and the long-waiters.

**PF22/82.4** The Head of Planned Care noted the complications of restarting post-Covid were getting everybody to the 2019/20 out-turn by 1.7.22 and working with sites and areas to achieve this. The sustainability part is around the transformation agenda and concerns the GIRFT (Getting It Right First Time) pathways; the transformation of individual services such as vascular, ophthalmology, urology and orthopaedics; the part solution of the regional treatment centres which will give new ambulatory care model and complex surgery which needs to be addressed within the organisation. He felt that they now have all the necessary components and that it was now down to rigorous attention to detail, continuous revision of the trajectories that were submitted and reducing the waiting lists.

**PF22/82.5** The Head of Planned Care highlighted the facts that -

- at the beginning of June they had launched the Cancer Partnership Group/Board to look at the strategic view of cancer services
- the tender specifications for insourcing were due the next day, which would give a significant extra capacity into the system to deal with outpatients and theatre activity day cases.
- They were imminently due to tender for further outsourcing activity to support the outsourcing currently ongoing for dermatology, orthopaedics and ophthalmology.

**PF22/82.6** The Committee sought assurance that the new targets set by Welsh Government were achievable. The Head of Planned Care confirmed that during Q1 some capacity was lost due to covid restrictions and despite outpatients restrictions being lifted in May but in mid June they were still only just lifting some of the stage 4 restrictions. He advised the Committee that having just done an analysis and reassessed the trajectories, it was apparent that orthopaedics, dermatology, urology, orthodontics, gynaecology and general surgery will be significantly challenged to reach their targets. To mitigate this, he was meeting with the site and area teams to decide how to do a North Wales approach to some and individual approaches for other areas in need of assistance; to look at how to redistribute across North Wales, the provision of additional clinical sessions with both insourcing and outsourcing, to target the objective of stage 1, which is that there are to be no over-52 weeks breaches by December 2022.

**PF22/82.7** The Executive Director of Integrated Care / Deputy Chief Executive said that she was in discussions with The Executive Medical Director to develop ways of re-invigorating the Clinical Advisory Groups in place, to support this work.

**PF22/82.8** The Committee sought assurance as to when it was planned to bring the revision of the trajectories that were agreed within the IMTP to the Board. The Executive Director of Transformation, Strategic Planning and Commissioning confirmed that only Planned Care trajectories had been revised and that the report should have read that the DU and the Health Board were almost in agreement as to where the

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<p>trajectories should be and once they were in agreement, these would be brought back through the Board Governance processes.</p> <p><b>It was resolved that the Committee</b> noted the report.</p>	
<p><b>PF22/83 Unscheduled Care</b></p> <p><b>PF22/83.1</b> The Interim Director of Regional Delivery presented his project update, noting that it was graded amber because they were behind on a couple of aspects and to mitigate this they were hoping to appoint a Programme Director for Unscheduled Care imminently. He noted that despite progress had been made on SDEC, the main events and putting the plans together, because of the increased Covid levels, and the subsequent issues with medical staffing levels at Wrexham, this had resulted in less success in Wrexham as opposed to the other two sites. He was particularly focussing on ensuring the streaming for minor injuries and minor illness was working seamlessly, which would begin to decompress the departments and allow them to start feeling the benefit of the aspects of the programme and capitalise on the major reviews and the work around SDEC.</p> <p><b>PF22/83.2</b> The Committee sought assurance regarding 111 calls and when patients were being directed by them to MIU or ED, bearing in mind that the Health Board has no control over directions given out by 111 operatives, and asked if there was any evidence that 111 was effective in directing members of the public to the appropriate centre for them? The Interim Director of Regional Delivery informed the Committee that the East is the main area where they are finding that this is a problem, caused by a lack of confidence by the 111 operatives in that area because on a number of occasions there had been staffing problems in the MIU in Preswylfa, which had resulted in the MIU being closed, following 111's direction to it. It was confirmed that there was an ongoing problem at Wrexham, where there was a high proportion of minor injuries and ailments arriving at ED, and that in an effort to combat this they are re-locating the Urgent Care Centre at Wrexham to enable them to stream the patients to it and away from ED. The Interim Director of Regional Delivery was actively seeking to ensure that the problems concerning Preswylfa were solved and when they felt confident that the problems were sorted, they would enter into a conversation with 111 in this regard. This root problem around stability of MIUs and links with GPs appears to be at its worse in the East. In the West, there are fewer problems and consequently the 111 referrals to the relevant MIUs is much better. There are ongoing discussions with WAST regarding allowing their emergency practitioner trained staff, who might not be able to do a front line shift, making themselves available for MIU shifts at Preswylfa. The Committee asked to be updated at the October meeting of the improvements in the 111 referrals to MIUs as opposed to the main EDs.</p> <p><b>PF22/83.3</b> The Executive Director of Integrated Care / Deputy Chief Executive also noted that the MIUs needed to not only be consistently open but also that they all need to have a consistent offer, to enable to 111 system to be confident in referring to them. There is currently a piece of work underway that will provide the clarification needed as to what the various services offer, which would support not only the 111 operatives but</p>	<p>GH / PO</p>

<p>also the ambulance services in their decision as to where they signpost the general public, for them to get the appropriate care.</p> <p><b>PF22/83.4</b> Looking at WS3 'Complete staff training to support implementation of criteria led discharge', in the Critical Milestone section of the report, there had been an original completion date of April and then revised to July, the Committee asked what the cultural issues were that were impeding the delivery. The Executive Medical Director had encouraged the clinical teams to 'look outside the box' for solutions in a challenging way and he felt that progress was being made, albeit slowly. The Interim Director of of Regional Delivery confirmed that progress was being made and that all of the training at YGC had been completed. He also noted that there was an enthusiasm to use the training, but there was a cultural need to give people confidence to do so and that should it go wrong, that the imperfect is better than what has previously happened, where the patient remained in a bed, exposed to even more deconditioning. The Interim Director of Regional Delivery agreed to update the Committee, following the appointment of a Programme Director, to give an explicit answer as to his confidence around the two ambers in the report, and whether they would be delivered against to time.</p> <p><b>It was resolved that the Committee</b> noted the report.</p>	PO
<p><b>PF22/84 Business Case Tracker</b></p> <p><b>PF22/84.1</b> The Executive Director of Transformation, Strategic Planning and Commissioning presented his report, noting that as the Estate business cases had been discussed earlier in the meeting, he would focus on the four non-Estate business cases from the IMTP process that has been approved. The financial envelopes had previously been agreed on these but clarity as to the IMTP timetable for these individual schemes had not been provided.</p> <p><b>PF22//84.2</b> The Committee requested assurance that the IMTP ref a.2022.12, regarding Long-Covid, appeared to promote self-management rather than the Health Board providing a service. The Executive Director of Transformation, Strategic Planning and Commissioning agreed to look at and refine the wording, as that inference was not intentional, as there was definitely an important clinical component to the Long Covid business management case, but that it was not to say that self-management does not have a really important role to play.</p> <p><b>PF22/84.3</b> The Committee asked why Residential Accommodation, at a cost of £55.8m, whilst being carried out as a form of joint venture with Housing Associations and the charity sector, is procedurally a 'procurement'? The Committee understood that as such, it would not require a full-blown procurement exercise. The Executive Director of Finance responded by explaining that as a Health Board they are not allowed to make any joint ventures and what they were trying to do is look for partners to carry this forward.</p> <p><b>It was resolved that the Committee</b> noted the report.</p>	

<p><b>PF22.85 AAA Report on Information Governance Group</b></p> <p><b>PF22/85.1</b> The Assistant Director Risk and Information Governance presented her report, and wished to highlight the increased incidence in the use of WhatsApp, and that the IT and IG teams were working together to provide some clear guidance and that they are also looking at alternative solutions to providing what WhatsApp does but within a safer environment. She also wished to highlight the ongoing work regarding the Organisation Asset Register, as the current system is not fit for purpose and again they were working with the IT team to provide a solution which would enable both maintenance and management of the Health Board's system and information assets moving forward and streamline some of the manual processes that they do.</p> <p><b>PF22/85.2</b> The Committee agreed that putting a management framework around the use of WhatsApp needed to be done, but felt that to replace the use of WhatsApp was unlikely to work as it was already an embedded tool.</p> <p><b>It was resolved that the Committee</b> noted the report.</p>	
<p><b>PF22/86 Agree Items for Referral to Board / Other Committees.</b></p>	
<p><b>PF22/87 Review of Risks Highlighted in the meeting for Referral to the Risk Management Group.</b></p> <p><b>PF22/87.1</b> With regards to referral to other Committees, conversations were being held between Linda Tomos, The Executive Director of Workforce and OD and The Chair, in terms of Workforce reporting, which when concluded will be brought back to the Committee.</p>	<p>LT / SG / JC</p>
<p><b>PF22/88 Agree items for Chairs Assurance Report.</b></p> <p>PF22/88 To be agreed outside the meeting.</p>	
<p><b>PF22/89 Review of Meeting Effectiveness.</b></p>	
<p><b>PF22/90 Summary of Private Business to be Reported in Public.</b></p> <p><b>PF22/90.1</b> Due to the lack of minutes, this item to be picked up at the next meeting.</p>	
<p><b>PF22/91 Date of next meeting 25.8.22</b></p>	
<p><b>Exclusion of the Press and Public</b></p> <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>	