

**Minutes of the meeting of the  
Performance, Finance and Information Governance Committee (PFIGC)  
held in PUBLIC on 27<sup>th</sup> August 2024  
in the Boardroom, Carlton Court and via Teams**

<p><b>Present:</b> Gareth Williams Chris Field Rhian Watcyn Jones Prof Mike Larvin <b>By invitation</b> Dyfed Edwards</p>	<p>Vice Chair / Committee Chair Independent Member (IM) (part meeting) Independent Member Independent Member via Teams  Chair</p>
<p><b>In Attendance:</b> Nesta Collingridge Nick Graham Andrea Hughes Nichola Hyde Carol Johnson Philippa Peake Jones Dylan Roberts Carol Shillabeer Paolo Tardivel Teresa Owen Pam Wenger Iain Wilkie Diane Davies  <b>Observing</b> Fflur Jones Michelle Jones</p>	<p>Head of Risk Management (PF24/91) Associate Director Workforce Optimisation via Teams Interim Finance Director – Operational Finance Chief Finance Officer Mental Health &amp; Learning Disabilities (MHLD) (PF24/87) Head of Information Governance (PF24/85) Head of Corporate Affairs Chief Digital and Information Officer Chief Executive Director Transformation and Improvement Executive Director Allied Health Professionals and Health Sciences (PF24/87) Director Corporate Governance Interim Director MHLD (PF24/87) Corporate Governance Manager (for minutes)  Audit Wales Head of Financial Reporting</p>

Agenda item discussed	Action by
<p><b>PF24/81 Welcome and apologies for absence</b> <b>PF24/81.1</b> The Chair welcomed Fflur Jones of Audit Wales who was joining to observe the meeting in preparation for the Structured Assessment and Michelle Jones who was observing for development purposes.  <b>PF24/81.2</b> Apologies were received from Russ Caldicott (Andrea Hughes to deputise), Chris Stockport (Paolo Tardivel to deputise), Justine Parry (Carol Johnson to deputise for item) and Jason Brannan (Nick Graham to deputise).</p>	

<p><b>PF24/82 Declaration of interest in relation to agenda items</b></p> <p>None were received.</p>	
<p><b>PF24/83 Draft minutes of the previous meeting 25.6.24 for approval</b></p> <p>The minutes of the meeting held on 25.6.24 were <b>approved</b> as a true and correct record.</p>	
<p><b>PF24/84 Matters arising and table of actions</b></p> <p><b>PF24/84.1</b> In regard to progress of the Orthopaedic hub project, the Chief Executive advised that build progress had been delayed however the Executive Team was monitoring the situation closely including workforce considerations. It was noted that the latest gateway review presented by the Executive Director of Transformation and Planning had been reported as 'Red'. She concluded that organisational learning needed to be undertaken. She also gave assurance that a report on Emergency and Urgent Care would be received at the September Board meeting.</p> <p><b>PF24/84.2</b> The Chair was keen to ensure that nurse staffing levels were appropriate within the organisation taking into account the requirements of the Nurse Staffing Act but also the financial constraints on the Health Board. However, he acknowledged this remained within the remit of the Quality, Safety and Experience Committee.</p> <p><b>It was resolved that the Committee agreed</b> the action log updates provided.</p>	PW
<p><b>STRATEGIC</b></p>	
<p><b>PF24/85 IG1 Information Governance strategy review</b></p> <p><b>PF24/85.1</b> The Head of Information Governance (IG) presented the report, advising that the Committee would receive an update on the IG action plan at the next meeting. The strategy was mostly unchanged except that digital evolution was now embedded within the organisation's IG objectives.</p> <p><b>PF24/85.2</b> A discussion ensued on the effectiveness of risk mitigation advised within the report, it was envisaged that the IG asset register being rolled out within the organisation would make a significant difference moving forward. It was agreed that the risks would be considered further with the Director of Corporate Governance.</p> <p><b>PF24/85.3</b> In regard to IG mandatory training a broader discussion ensued on the overall volume of mandatory training expected to be undertaken by employees. It was understood that this issue was being explored at an All Wales level. This would be considered further with the Chief Executive Deputy Director of People and the Director of Corporate Governance.</p> <p><b>It was resolved that the Committee</b></p>	PW

<ul style="list-style-type: none"> <li>• <b>Approved</b> the revised Information Governance Strategy (IG1) subject to the amendments discussed</li> <li>• <b>Agreed</b> that the overall volume of mandatory training expected to be undertaken by employees would be further considered by People and Culture Committee</li> <li>• <b>Agreed</b> that the IG Strategy would also be made available through the medium of Welsh</li> </ul>	<p>PW</p> <p>JP</p>
<p><b>FOR ASSURANCE</b></p>	
<p><b>PF24/86 Finance report Month 4</b></p>	
<p><b>PF24/86.1</b> The Interim Finance Director reported on the positive movement of £7m year to date above planned deficit, as more savings had been identified as well as £3.3m accountancy gains. Of the £48m savings target £31.4m had now been identified however, whilst this was encouraging in comparison to the previous year's position, there was much work ongoing to identify further savings in order to ensure the year end target would be met. She advised that a Value &amp; Sustainability lead director had been appointed who would strengthen the support available to achieve BCU's financial targets. More transformational long term positive changes were expected to be developed and delivered.</p> <p><b>PF24/86.2</b> Risks regarding increased Continuing Health Care (CHC) rates, prescribing and ring-fenced dental allocation were clarified. The Capital Resource Limit, whilst currently healthy, was under discussion with Welsh Government (WG) in order to ensure that funding was provided within the appropriate financial year, should slippage to the Llandudno Orthopaedic Hub timetable be necessary.</p> <p><b>PF24/86.3</b> In response to the Committee, it was acknowledged that risks regarding premium working, agency staffing, in/outsourcing, potential alternative staffing models and CHC were on the Executive Team's radar.</p> <p><b>PF24/86.4</b> The Interim Finance Director advised the next 2 months would be key and that there was a determined focus on attaining financial delivery. The Chair emphasised that the additional £13m savings remained challenging to find and that time was running out to ensure delivery by year end.</p> <p><b>PF24/86.5</b> The Chief Executive sought confidence on the delivery outlined, as the indicated recurring additional £82m WG allocation offered on delivery of the year end target would be an important financial factor to future years' budgeting. She acknowledged the challenging financial climate for all public services in Wales and looked forward to BCU developing greater allocative efficiency moving forward (i.e. ensuring best use of allocations). The Transformation Director concurred on the need to establish multi year planning in order to enable longer term efficient and effective solutions going forward. The Chair emphasised the need for strong financial grip and planning.</p>	
<p><b>PF24/86.6</b> In the discussion that followed it was agreed that benefits forecasts within the East would be explored, methodology was explained regarding reserves,</p>	

RC

<p>and examples were provided on the reasons of higher agency costs at Ysbyty Glan Clwyd by the Interim Finance Director eg recent Emergency Department (ED) escalation, pan BCU services and a higher level of vacancies.</p> <p><b>It was resolved that</b> the Committee</p> <ul style="list-style-type: none"> <li>• <b>Had received</b> and scrutinised the report</li> <li>• <b>Agreed</b> that the variance of agency staff utilisation across IHCs/Divisions, and identification of drivers which consequently increased costs, would be considered further by the People and Culture Committee.</li> </ul>	<p>PW</p>
<p><b>PF24/87 Divisional Operational Finance and Performance report - Mental Health &amp; Learning Disabilities (MHL) Division</b></p> <p><b>PF24/87.1</b> The Executive Director Allied Health Professionals and Health Sciences (AHPHS), Mental Health and Learning Disability Services (MHL) Director and MHL Chief Finance Officer joined the meeting to present the report. The MHL Director drew attention to the division's structure and many interim roles, however, with the Executive Director APPHS substantively in place, it was envisaged that progress with substantive appointments would follow shortly.</p> <p><b>PF24/87.2</b> The MHL Chief Finance Officer advised a current overspend of £6.75m and year end forecast of £13.06m adverse variance as insufficient savings had been identified and there was significant financial pressures with Out of Area Placements and Continuing Health Care which were receiving focussed attention. She described the significant inroads being made to reduce the OOA placements and changes to inpatient wards. Other areas of pressure and challenges were also described as outlined within the report eg recruitment, agency spend, delayed transfers of care and the impact on the Community Mental Health Teams following the withdrawal of Local Authority staffing. Daily examples of pressures and impacts were shared with Committee members.</p> <p><b>PF24/87.3</b> It was noted that the condition and availability of suitable estate impacted on recruitment and staffing. There was currently a need to provide for the eating disorder service and Perinatal, which the Chief Executive undertook to follow up. She reflected that in considering BCU's estate strategy there would be opportunity to consider the most appropriate settings to support patients and staff more widely in the delivery of services, especially in regard to mental health.</p> <p><b>PF24/87.4</b> Thanks were extended for the Board's investment decision to support the development and implementation of a MHL Electronic Health record.</p> <p><b>PF24/87.5</b> A concerning discussion followed on the level of staff sickness, especially in regard to anxiety. The need for good visibility in leadership and management support was required to demonstrate the commitment to staff wellness. The Associate Workforce Director also advised that a Workforce Planning Lead had been appointed to better support the team.</p>	<p>CS</p>

<p><b>PF24/87.6</b> The Chief Executive emphasised the need to ensure ligature work plans were monitored, progressed and improved. Assurance was provided that tripartite arrangements were being moved forward in this area.</p> <p><b>PF24/87.7</b> The Committee sought assurance that the Directorate would focus with intent on the need to address the overspend position at pace, as it was the largest outlier in regard to savings delivery within BCU. The Executive Director AHPHS stated that this would be undertaken in balance with the need for patient safety and provision of quality of services.</p> <p><b>PF24/87.8</b> The need for effective partnership working with local authorities was emphasised in order to enable the delivery of improvements for patients together.</p> <p><b>It was resolved that the Committee</b></p> <ul style="list-style-type: none"> <li>• <b>Noted</b> the current position and areas requiring further support to address key challenges</li> </ul>	
<p><b>PF24/88 Integrated Performance report</b></p> <p><b>PF24/88.1</b> The Acting Director of Performance presented the report highlighting that BCU's longest waiting patients now had appointments booked with the exception of orthodontics and maxo-facial, 1340 patients remained awaiting appointments in excess of 104 weeks. In excess of 10,000 patients remained awaiting appointments less than 104 weeks. He stated it was disappointing that the target set to ensure all long waiting patients were to be booked into appointments had not been achieved by the end of August 2024 as required by WG.</p> <p><b>PF24/88.2</b> A discussion ensued on the format of the report which the Chief Executive reflected on, alongside comments received at the latest Board meeting. She sought to assure the Committee that work would be done to better reflect the impacts and actions being undertaken to address the statistical data provided in future iterations. The newly appointed Director of Performance and Commissioning would be tasked with addressing this issue at pace on commencement in October. It would be important to incorporate trajectories and goals effectively, especially in regard to the major planned care programme being developed with the Director of Transformation. She concurred with Committee members that reporting should reflect the fact that behind the impersonal statistics were individual patients with often difficult experiences of waiting for treatment.</p> <p><b>PF24/88.3</b> Discussion also ensued on the issues surrounding patients waiting in ambulances to be transferred into BCU's care, which included patient flow (including Delayed Transfers of Care), specialty clinician review, Emergency Department (ED) utilisation and transfers to wards. The Chief Executive urged PFIGC to monitor Urgent and Emergency Care (UEC) following the focussed UEC report to be provided at the next Board meeting.</p>	<p>PW</p>

<p><b>PF24/88.4</b> The Health Board Chair emphasised his dissatisfaction with the lag in data presented and the need to ensure that appropriate individuals were around the table to discuss solutions and to be held accountable for performance. He also sought a more effective way to ensure that colleagues within the Board were made aware of performance and engage with the need to effect improvements within their remit. There was a need for a more consistent focus in reporting on how issues identified were being addressed by responsible officers.</p> <p><b>PF24/88.5</b> The Committee Chair also sought a progress update on validation of waiting lists, which the Chief Executive advised could be best addressed by the Interim Executive Director of Finance on his return through providing an overview of how the Performance Framework was operating. She emphasised the need for the organisation to be more performance orientated and that work was needed to reshape BCU in order to drive forward the changes required.</p> <p><b>PF24/88.6</b> The Health Board Chair concurred with the PFIGC Chair that invitations to IHCs and Divisions to report on Finance and Performance was a positive step forward to engaging with managers on understanding their accountability and challenges, along with opportunities for support.</p> <p><b>PF24/88.7</b> At the request of a Board member, a briefing would be prepared for Board members on Trusted Assessors.</p> <p><b>It was resolved that</b> the Committee</p> <ul style="list-style-type: none"> <li>• <b>Noted</b> the report</li> <li>• <b>Agreed</b> that the report be republished to reflect corrected data reporting dates.</li> </ul>	<p>PW</p> <p>RC (EW)</p>
<p><b>PF24/89 Planned Care Performance</b></p> <p><b>PF24/89.1</b> The Committee Chair sought assurance that the Board would meet the target set by WG to ensure all over 156 week long waiting patients were booked into appointments by the end of March 2025. He was concerned at the pace and efficacy of current actions to achieve this, citing examples of particular concerns.</p> <p><b>PF24/89.2</b> The Chief Executive outlined work being undertaken and advised that additional work would be undertaken to address patients waiting the longest: additional capacity would be brought in to address Dermatology, Orthodontics would be addressed through clinician engagement, additional endoscopic service capacity would address gastroenterology and general surgery would require additional delineation to better appreciate the level of intervention required. She confirmed that Urology services required further exploration to ensure improvement. Improved clinical engagement would be required to ensure physicians' input could develop solutions and feed into the Planned Care Programme under development to achieve sustainable improvements. Challenging targets remained. She also outlined the potential reductions achievable for patients awaiting their appointments, the need to address patient presentation was an important consideration in improving appropriate and timely access for patients.</p>	

<p><b>PF24/89.3</b> It was understood that WG was keen to ensure Health Board success in addressing effective Planned Care provision.</p> <p><b>PF24/89.4</b> Considerable discussion ensued regarding theatre utilisation, especially in regard to reasons for not adhering to start times and late advised cancellations, more work was needed to address these areas including better list planning, risk aversion considerations, improved Getting it Right First Time (GiRFT) initiatives, and developing effective standby operating lists.</p> <p><b>PF24/89.5</b> The Chair reflected on the need for grip to enable sustainable improvements, as had been demonstrated by focussed and determined attention on services such as vascular.</p> <p><b>PF24/89.6</b> Following further discussion, it was agreed that the Chief Executive would consider the Committee's feedback with the Interim Executive Director of Finance, including any additional resource that might be required.</p> <p><b>PF24/89.7</b> The Director of Corporate Governance reflected that all Committees could consider thematic issues moving forward and agreed to give this further consideration going forward with the Chief Executive.</p> <p><b>It was resolved that the Committee</b></p> <ul style="list-style-type: none"> <li>• <b>Noted</b> the verbal report</li> </ul>	
<p><b>PF24/90 Shared Service Partnership performance assurance report</b></p> <p><b>PF24/90.1</b> The Interim Finance Director: Operational Finance presented the assurance report, advising that the Shared Service Partnership Director would be present at the next meeting.</p> <p><b>PF24/90.2</b> The Committee considered the report and questioned whether the Committee might consider discussion of a more appropriate set of performance data related to services provided to BCU, which would improve understanding of service provision to the organisation and consideration of the subsequent effects on BCU's processes, staff and patients e.g. effective recruitment processes.</p> <p><b>It was resolved that the Committee</b></p> <ul style="list-style-type: none"> <li>• <b>Noted</b> the report</li> </ul>	
<p><b>PF24/91 Corporate Risk Register - Director of Corporate Governance</b></p> <p>The Head of Risk Management joined the meeting drawing attention to the actions undertaken to address the risks. It was noted that the Planned Care risk required updating.</p> <p><b>It was resolved that the Committee</b></p> <ul style="list-style-type: none"> <li>• <b>Received assurance</b> on the four corporate risks to which the Committee has overall accountability</li> </ul>	

<p><b>CLOSING BUSINESS</b></p>	
<p><b>PF24/92 Agree items for Chair's assurance report</b></p> <p><b>PF24/92.1</b> The Committee Chair would draw Board Members' attention to the following points:</p> <ul style="list-style-type: none"> <li>• A thorough discussion on the MHLD Division's finances and performance was undertaken.</li> <li>• Concern was raised on the need for a more effective estate strategy to be progressed. This should include improved co-ordination with the various Integrated Healthcare Communities (IHCs) and divisions as quality and availability of accommodation affected the Division's ability to deliver.</li> <li>• Work to reduce Out of Area placements was recognised but this also needed to be linked in with tackling Delayed Transfers of Care</li> <li>• The need for effective partnership working with local authorities was emphasised in order to enable the delivery of improvements for patients together.</li> <li>• The Committee expressed significant concern regarding progress with regard to reducing long waits in Planned Care. Whilst there was much good work being undertaken which was starting to show positive results, reaching the targets set for 104 weeks waits by the end of the financial year would be very challenging.</li> <li>• The Committee needed to give consideration on how it could most effectively plan scrutiny of the IHCs and Divisions going forward to focus on overall performance with appropriate managers present and supporting them in areas of challenge. In order to ensure time for efficient focussed discussion within the breadth of information to be covered.</li> </ul> <p><b>PF24/92.2</b> The Committee <b>referred</b> the following to other Committees to consider further within the scope of their terms of reference delegated by the Board:</p> <p>To be further considered by People and Culture Committee:</p> <ul style="list-style-type: none"> <li>• Overall volume of mandatory training expected to be undertaken by employees</li> <li>• The variance of agency staff utilisation across IHCs/Divisions and what might be the drivers of these which consequently increased costs</li> </ul> <p><b>PF24/92.3</b> To <b>escalate</b> to the Board that The Committee remained concerned with the delivery of Planned Care targets by the end of the financial year.</p>	
<p><b>PF24/93 Review of meeting effectiveness - Committee Chair</b></p> <p>The Committee needed to give consideration on how it could most effectively plan scrutiny of the IHCs and Divisions going forward to focus on overall performance with appropriate managers present and supporting them in areas of challenge. In order to ensure time for efficient focussed discussion within the breadth of information to be covered.</p>	

<p><b>PF24/94 Summary of private business to be reported in public</b></p> <p><b>It was resolved that</b> the Committee</p> <ul style="list-style-type: none"> <li>• <b>Noted</b> the report</li> </ul>	
<p><b>PF24/95 Date of next meeting</b> 29.10.24</p>	
<p><b>Resolution to exclude the Press and Public</b></p> <p>"Those representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960."</p>	