Confirmed minutes of the meeting of the
Performance, Finance and Information Governance Committee (PFIGC)
held in PUBLIC on 23rd December 2024
in the Boardroom, Carlton Court and via Teams

Present:	
Gareth Williams	Vice Chair / Committee Chair
Rhian Watcyn Jones	Independent Member
Prof Mike Larvin	Independent Member (via Teams)
Chris Lothian-Field	Independent Member
In Attendance:	
Dyfed Edwards	Chair
Russell Caldicott	Interim Executive Director Finance
Imran Devji	Interim Chief Operating Officer
Fiona Giraud	Director Of Midwifery & Women's Services
Liz Davies	General Manager and Business Lead, Women's Services
Nick Graham	Associate Director Workforce Optimisation
Stephen Powell	Director of Performance and Commissioning
Carol Shillabeer	Chief Executive
Chris Stockport	Executive Director Transformation and Planning
Pam Wenger	Director Corporate Governance
Dylan Roberts	Chief Digital and Information Officer (part meeting)
Dylan Williams	Assistant Director, Health Strategy Planning
Laura Jones	Special Measures Project Manager (for minutes)
Observing	Corporate Governance
Nadine Hughes	

Agenda item discussed *Items are recorded in the order they were discussed due to the availability of supporting officers*	**Action by**
PF24/130 Apologies None were received.	
PF24/131 Declarations of Interest None were received.	
PF24/132 Unconfirmed minutes of the previous meeting held on 29.10.24 for approval The minutes of the previous meeting were reviewed and noted as not completed.	

PF24/133 Matters arising and table of actions • Director of Corporate Governance agreed to present 'Transforming Legal Services' paper at next meeting. • Interim Director of Finance asked to provide an update at the next meeting on Shared Services and how we manage our own internal processes. • Rhian Watcyn Jones highlighted the following actions that have not been included on the action log: An update on Estates rationalisation and how we are moving to fill unfunded posts in Cancer services and an update on recruitment and retention strategies including those related to Cancer services. • Rhian Watcyn Jones queried the role of Arts in Health and it was agreed to circulate the paper that Jane Moore recently took to the Board, agreed that this item should report into the PPHP Committee and keep RWJ informed of the progress. Clarification on Action Log required regarding Oncology Services recruitment and retention strategy • Add Transforming Legal Services Paper to Forward Workplan. Director of Corporate Governance. **Actions:** • **PF24/133.1** Interim Director of Finance asked to provide an update at the next meeting on Shared Services and how we manage our own internal processes. • **PF24/133.2** Rhian Watcyn Jones queried the role of arts in Health, and it was agreed to circulate the paper that Jane Moore recently took to the Board, agreed that this item should report into the PPHP Committee and keep RWJ informed of the progress. • **PF24/133.3** To provide a paper on transforming Legal Services. **It was resolved that** the Committee • **Agreed** the action log updates provided.	RC PW PW
ITEMS FOR ASSURANCE	
PF24/134 Finance Report – Interim Executive Director of Finance Russell Caldicott, Interim Executive Director of Finance, presented the Finance Report, highlighting: • At Month 8, £19.8m deficit • The Health Board had received a further £11.15m allocation recurrently • New control target of £8.6m (from £19.8m). • Actual year to date figure was £16.3m, leaving £10.6m adverse year-to-date variance • £14.6 million worth of risk at close of the financial year • Effectively running circa £1m adverse per month to planned position. To mitigate this, currently requesting revised down forecasts from each directorate and area. • Conversations being had with Welsh Government around retention of the the dental funding underspends.	

- The total capital allocation for the year was £42.3m, with £10m having been spent to date. Remaining £30m must be spent by end of March 2025.
- Key risks identified:
    - Despite having received high levels of assurance from suppliers to Llandudno project, currently £4m behind projections. Health Board must spend total within £0.5 of the £30m allocation before end of financial year.
    - The centrally resourced Pay Award, valued at over £70m, needed to be secured from Welsh Government. Confirmation expected by mid-January.
    - Discussions ongoing with Welsh Government regarding the retention of dental underspend
    - The initial request for £18m strategic cash allocation may need to be revised down, due to additional recurrent allocation of £11.1m received from Welsh Government.
- Current savings performance was at £51.7m. A minimum 2% savings target is required for the 2025-26 financial year. Efforts underway to identify a savings program for the new year to ensure financial stability.

In discussion:

- The need for a clearer presentation of divisional performance to better understand the true variance and overspend within divisions. A detailed analysis of agency costs and other expenditure areas was requested in future Finance reports, to ensure transparency and accountability and a clearer picture of financial performance.
- Interim Executive Director of Finance to provide in future Finance reports the work being done to ensure divisions are on track to reach their targets
- The committee discussed the likelihood of achieving the control target, with an emphasis on the need for realistic planning and prioritisation.
- The importance of maximising capital spend was highlighted, particularly considering the need to demonstrate the ability to utilise additional capital effectively.
- Chris Lothian-Field to receive a briefing from The Interim Executive Director of Finance outside the meeting on how the recurrent elements of savings are assessed.
- The Interim Executive Director of Finance assured Members that repercussions associated with not reaching the control target were massive but that the goal was attainable, and that areas and directorate were sighted on the risk.
- The Chief Executive noted that risks associated with the Llandudno project were being escalated – to ensure that the capital, workforce and the clinical model streams were correct.
- The Interim Director of Finance would circulate further information on financial performance of other Health Boards when it was available.
- Concerns were raised about the efficiency of theatre utilisation, with a need to ensure that theatres start on time, finish on time and maximise the number of operations performed. Monitoring must take place to ensure new measures effective in increasing number of operations taking place.

Actions:

• **PF24/134.1** To provide more detailed paper on value and sustainability workstreams at the next meeting (this could be shared as an appendix to the Finance Report). • **PF24/134.2** To include an analysis of clinical implications of financial constraints in the next report. • **PF24/134.3** To share the details relating to the capital spend profile and outturn to date ahead of the next Board meeting in January. • **PF24/134.4** Chris Lothian-Field and The Interim Executive Director of Finance to meet outside the meeting to discuss recurrent elements of savings. **It was resolved that** the Committee • **Received** and scrutinised the Report.	RC RC RC CL-F / RC
PF24/135 Integrated Performance Report, Month 7 – Director of Performance and Commissioning Stephen Powell, Director of Performance and Commissioning, updated the Committee highlighting: • Due to the report being received only one day prior to the meeting, it was noted that Members would not have had the time to properly scrutinise the report and were therefore to contact the author if any clarifications were required. • There had been no new Never Events since the end of July and significant improvement in the 30-day compliance with responses to concerns and complaints. • Clinical Coding had been an escalated issue however plans were in place to improve coding compliance to address the backlog. • Status of PADR compliance below Welsh Government target, but stable • Current sickness rate was just below 6.5%, however concerns raised that the winter would negatively affect both patients and staff sickness rates. • Focus continued to reduce agency spend • Significant issues with referral to treatment times, cancer performance, and urgent care, however focus continuing in order to reduce the number of patients waiting over 104 weeks. • Following receipt of confirmation that funding will be provided to shorten referral to treatment times, commitment has been given to Welsh Government that the current 10,000 patients waiting over two years for treatment will be reduced to circa 5,000 by the end of March 2025. • It was noted that to fix some services, there was a need for significant changes in culture and behaviour, utilisation of resources and accountability; the challenges were being addressed. • Oncology performance at the end of October was up to 51.9%, and with the allocation of extra funding, further improvement will be made to improve capacity for delivery of services.	

• With regards to Urgent Care, since October there had been some signs of improvement across a number of indicators., such as improvements noted in ambulance handovers and 12-hour waits.
• Adult Mental Health services are above or close to targets, but CAMHS performance continues to be an area for concern requiring ongoing escalation. Performance against the Part 1 b 28-day target and neuro-development assessment target for children remains poor not only in this Health Board but across the NHS in general.
• The team are making significant improvements to the format of the report in order to include more narrative on actions and mitigations being put in place, performance against agreed trajectories, and levels of confidence.
• Some progress on Planned Care, particularly on validation and centralised booking team was noted, however more information requested around the timetables for the various specialties.
• Further clarification around the extent to which Primary Care providers' premises could be used to deliver a greater number of minor operations, to help reduce the backlog of minor procedures was requested.
 	
In discussion:
 	
• The need for detailed trajectories and narratives around improvements already taken place was noted
• Concerns were raised regarding:
  ○ the poor utilisation of theatre capacity, noting that there was a need for scheduling improvement, as the evidence published by Getting it Right First Time (GIRFT) showed.
  ○ The need for better narrative including a comprehensive picture of trajectories, including how and when improvements to services were to be expected and the relevant monitoring taking place.
• The need to breakdown the waiting figures for urgent and emergency care, between acute hospitals and the minor injuries units (MIUs) to ensure better utilisation of the latter, thus reducing waiting times. The Director of Performance and Commissioning to explore the barriers and report back to Committee.
• The Director of Performance and Commissioning identified Planned Care as the most extreme and pressing matter, noting the imbalance between demand and capacity: a realistic clinical services plan - based on detailed demand and capacity planning and the alignment of physical and financial resources - was crucial to getting this right; until this work was complete, it will be difficult if not impossible to identify gaps and put in place proper recovery plans.
• The Chief Executive agreed to share with Members a piece of work she was undertaking for the Independent Members, in which she will identify the key barriers to getting to where the Health Board wished to be.
• The Chief Executive agreed to share with Members a briefing the Neuro Diversity Team was drafting which should include an overview of the current system and where they saw possible improvements. Following recent meetings with clinicians, the Chief Executive felt optimistic that with more effective systems for the clinicians, the situation would greatly improve.
	SP
	
	CS
	
	CS
	
	GW

Actions:
 	
• **PF24/135.1** Chair to share queries relating to the presentation outside of the meeting.
• **PF24/135.2** Future reports to include:
  o an explanation in relation to whether planned care improvements were tracking trajectories.
  o Provide data on UEC waits segmented by IHC and differentiating between MIUs and Emergency Departments
• **PF24/135.3** The Chief Executive to share with Members a piece of work she was undertaking for Independent Members, in which she would identify the key barriers to getting to where the Health Board wished to be.
• **PF24/135.4** The Chief Executive to share with Members a Neuro Diversity Team briefing which should include an overview of the current system and where they saw possible improvements.
 	
It was resolved that the Committee
 	
• **Received** the report and would **scrutinise** it outside the meeting.
 	
[Director of Midwifery and Women's Services and Divisional Finance Officer, Women's Services joined the meeting]
	GW
	
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PF24/136 Unscheduled and Planned Care Assurance Report – Interim Chief Operating Officer This was reported via the Integrated Performance Report	
PF24/137 Divisional Performance, Finance & Workforce report: Women's Services – Women's Services Director The Women's Services Director presented the Women's Services Report, in particular noting: • The Women's pan-North Wales Leadership structure complied with the Royal College of Obstetricians' and Royal College of Midwives' workforce governance requirements. • Assurance that all high-level priorities listed for 2024/25, would be delivered in Q4. • The organisation contibutes to National and UK strategies and development and include this into the local planning implementation for service delivery. • The opening budget of £48m, with more than 90% of the budget relating to pay. • The Year End forecast was a £1.1m deficit, which was an improvement on M7 and it was noted that the main pressure was due to medical agency spend, unfunded non-pay inflation and drug spend. • Work continued to reach the Expenditure Reduction Target of £0.7m, with £0.5m being identified in M8. • Workforce Challenges were identified as:	

- Significant expenditure on medical agency staff due to vacancies and the need to maintain service delivery, which had been a major pressure on the budget, contributing to the Year End forecast deficit.
- Despite multiple advertisements, there had been difficulty filling the 3 medical unit cancer lead and the gynaecology cancer oncology lead vacancies – alternative recruiting strategies being explored. Recruitment issues had compounded the challenges in cancer performance, with a significant drop in metrics.
- The service is implementing various initiatives to enhance leadership and culture within Women's services. These initiatives are aligned with the Health Board's strategic objectives and aim to improve staff engagement and satisfaction.
- The service has achieved above-target compliance for PADR appraisals and training. Continuous professional development is a priority to ensure staff are equipped with the necessary skills and knowledge.
- Implementing strategies to retain existing staff and reduce turnover was considered crucial and included providing a supportive work environment, opportunities for career progression, and addressing any concerns promptly

- Efforts to continue to recruit for vacancies, including exploring international recruitment and alternative frameworks.
- The need for additional support and resources for staff to manage workload and reduce burnout
- The need to continue work to enhance collaboration with primary care, to improve referral quality and reduce unnecessary pressures on secondary care services.
- The importance of maximising the use of capacity across North Wales to balance demand and reduce waiting times.
- The need for better engagement with primary care to improve referral quality.
- The need for a single point of access for gynaecology

[Chief Digital and Information Officer joined the meeting]

In discussion:

- Chair thanked the Director of Women's Services for her work in contributing to National and UK strategies.
- The Director of Women's Services confirmed that the newly heralded 'Women's Health hubs' were part of the 10 year Women's Strategic plan for Wales, with the Health Board being a major player in the formative discussions. The strategy was received 9th December 2024, with the first planning meeting arranged for during Q4.
- Following a question regarding the current poor access to Menopause services, the Director of Women's Services noted that the Health Board was looking to set up Menopause Super Clinics across North Wales to bring the service to a more central location, however this would provide remote access to services if necessary. This would reduce travel and provide equity in service provision.

Action:

• **PF24/137.1** Director of Corporate Governance and Director of Womens Services to meet outside of the meeting to discuss the governance route of Women's services and the potential for a wider discussion paper to a future Board meeting. **It was resolved that** the Committee: **Received** assurance from the Women's Services Divisional Performance Report.	PW/FG
ROUTINE REPORTING	
PF24/138 Corporate Risk Register - Director Corporate Governance The Director of Corporate Governance presented the standard report confirming that: • work was ongoing to update the Corporate Risk register and improve robustness associated to Planned Care and Urgent Emergency Care. • A newly established Risk Scrutiny Group had been set up to ensure actions taken do reduce risks. • The Interim Executive Director of Finance to share the timelines in relation to the Six Facet Survey including the progression on asset disposal. discussion: • Members requested more standardisation in rationale for corporate risks **Action:** • **PF24/138.1** Update to be provided at the next meeting in relation to the detail discussed by the Risk Scrutiny Group. • **PF24/138.2** The Interim Executive Director of Finance agreed to provide Members with timescales and progression of disposal, in relation to the Six Facet Survey. **It was resolved that** the Committee: • **Received** assurance on the four corporate risks to which the Committee has overall accountability.	PW RC
FOR INFORMATION	
PF24/139 Summary of Business to be Reported from Private **It was resolved that** the Committee • **Noted** the report	
PF24/140 Committee Workplan No items were picked up	
CLOSING BUSINESS	
PF24/141 Agree Items for referral to Board / Other Committees - Committee Chair	

• Risk appetite and extra money required / IMTP to refer to Board • Request to PPHP for Rhian Watcyn Jones to be sighted of all regarding Arts therapy • To refer to Board – discuss how Independent Members become engaged in service reviews	
PF24/142 Agree items for Chair's Assurance report - including risks highlighted in the meeting The Chair advised that he would report on: To **alert** the Board: • There is only limited assurance about the likelihood of achieving the financial control total for 2024/5. The Board will wish to consider at its January meeting whether there is a need for additional interventions to reach this goal. • In considering the IMTP, the Board should agree which of those measures currently funded by non-recurrent funding are high priorities and authorise these to be taken forward on the basis that recurrent funding will be made available for them in 2025/6 and going forward. • Continued sustained effort is needed to address the 'productivity challenge' if the Board is to succeed in putting forward a credible IMTP based on a balanced budget. • It should seek further reassurance that our capital budget is likely to be fully utilised. To **assure** the Board: • Savings performance is generally good but efforts are still required to identify additional recurrent savings. • The Committee continues to examine progress in terms of the value and sustainability workstreams and has requested a more detailed paper on this at the next meeting. • The Committee held a useful session with Women's Services and believes that the division has a clear set of priorities and is addressing the financial and operational challenges it faces in a consistent manner while recognising that other committees will wish to examine issues related to service quality and planning, particularly in the light of the Welsh Government's new 10-year strategy for Women's health. To **advise** the Board: • The Committee remains concerned at the limited evidence of impact of the efforts being made to address planned care long waits and delays in Urgent and Emergency Care. • Work is needed to ensure that, in line with GIRFT and the principle of care closer to home, the right surgical procedures are carried out in the right place.	

PF24/143 Review of meeting effectiveness - Committee Chair Discussion on the timing of meetings and the need for better scheduling to avoid the pre-Christmas rush. **Action**: **PF24/143.1** To ensure the date for next December's meeting is not during the final week before Christmas.	LJ
PF24/144 Date of next meeting 21st January 2025	
PF24/145 Exclusion of the Press and Public *"Those representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960."*	