



**Minutes of the meeting of the
Performance, Finance and Information Governance Committee
held in public on 12.5.23 in the Boardroom, Ysbyty Gwynedd**

Present: Gareth Williams Prof Mike Larvin	Independent Member / Committee Chair Independent Member
In Attendance: Gareth Evans Nick Graham Mandy Jones Jim Mcguigan Phil Meakin Chris Stockport Steve Webster Diane Davies Observing David Jenkins Public	Acting Executive Director of Therapies and Health Sciences (part meeting) Associate Director Workforce Planning and Performance Deputy Executive Nurse Director Deputy Executive Medical Director Interim Board Secretary Executive Director of Transformation and Planning Interim Executive Director of Finance Corporate Governance Manager – for minutes Welsh Government Specialist Advisor (via Teams)

Agenda Item Discussed	Action By
PF23/56 Apologies for absence <ul style="list-style-type: none"> • Jason Brannan for whom Nick Graham Associate Director Workforce Planning and Performance deputised • Nick Lyons for whom Jim McGuigan deputy Executive Medical Director deputised • Angela Woods for whom Mandy Jones Deputy Nurse Director deputised • Dave Harries, Head of Internal Audit 	
PF23/57 Declaration of Interests <p>Prof Mike Larvin advised his substantive role to be Executive Head of the Inter-professional School of Medical and Health Sciences at Bangor University which is involved in the developing North Wales medical school. He also practices as a consultant surgeon at BCU. Dr Jim Mcguigan advised of his substantive role as partner in a GP practice within a BCU locality.</p>	
PF23/58 Draft Minutes of the previous meetings held on 23.2.23 for approval	

<p>The Committee received the draft minutes of its meetings held on 23.2.23 and these were approved as a correct record.</p>	
<p>PF23/59 Matters arising and table of actions</p> <p>There were no matters arising from the minutes.</p> <p>The table of actions was reviewed and updated and the following principal points noted:</p> <ul style="list-style-type: none"> • The Interim Executive Director of Finance advised that Planned Care recovery was being taken forward by the Board as a high priority and that monitoring of the Financial Governance/Control Action Plan, previously delegated to the PFIGC Committee, would be undertaken by the Audit Committee. • The Interim Board Secretary advised that further risks would be assigned to the Committee following discussion at the next Risk Management Group 	
<p>PF23/60 Notification of matters referred from other Board Committees on this or future agendas</p> <p>No matters were reported.</p>	
<p>Developing strategies and plans</p>	
<p>PF23/61 Planning, Performance and Accountability</p> <p>PF23/61.1 The Interim Executive Director of Finance presented this item. The report explained the plan to have Integrated Healthcare Communities (IHCs) producing fully integrated plans, including activity plans, performance improvement trajectories, workforce plans and financial plans/budgets, with a defined framework. Performance management and accountability arrangements would be refreshed and improved, based on delivery against agreed local plans. Timelines were set out, however there had been some delays due to later provision of the planning framework and templates.</p> <p>PF23/61.2 The Committee supported the efforts to engage the IHC's much more closely in developing the Annual Plan but questioned the level of integration between primary and secondary care. The Executive Director of Planning and Transformation advised there were positive developments as to clinical integration in all areas but these would require support to build on moving into the future. It was noted that this integration was the aim of the IHC operating model which had been introduced. A discussion ensued on the background and special measures effect on IHCs. Divisional engagement was recognised. However, the task remained an additional pressure due to capacity and a challenge to implement. The Interim Executive Director of Finance assured that support was being provided however the enabling resource might be affected by progress on the £134m deficit. The Committee also questioned whether there were potential cultural behaviour issues in relation to resistance to change.</p>	

<p>The Committee resolved to note the planned approach and draft timelines</p>	
<p>Monitoring existing strategies and plans</p>	
<p>PF23/62 Finance report</p> <p>PF23/62.1 The Interim Executive Director Finance presented this report. He highlighted that the provisional month 12 outturn was (marginally) in surplus, meaning that the Health Board had met its duty to break even over a three year period and that the Health Board's historic debts would be written off. This was excellent news, albeit achieved to a significant extent by unplanned non-recurring underspends. The majority of additional pay costs in Month 12 were due to national pay awards and all, or almost all, of the recurrent costs were understood to be met by Welsh Government (WG). The 2023/24 savings targets set in the financial plan were very challenging but not impossible and would be discussed at the May Health Board meeting. Reported savings as at Month 1 were low, linked in part to divisions focussing on their 2023/24 local plans. Receipt of their initial plans would provide greater clarity on the deliverability of the targets. He also advised that there was a residual risk of a Prior Year Adjustment. The probability of this was considered low and WG was well sighted on this risk via an Accountable Officer letter on the forecast outturn position.</p> <p>PF23/62.2 The Committee questioned achievability of savings targets. It was understood that plans were in place for a substantial element of the target and progress needed to be supported by Executives and actioned through Divisions. There were also opportunities to review previous decision making and crystallise further ideas. The ability to improve performance management and delivery would be key via effective planning. The Associate Director Workforce Planning and Performance indicated that the new IHC structures could be helpful in meeting the challenge of 'reactive mindsets' within the organisation.</p> <p>PF23/62.3 In regard to the Committee's questions regarding pay costs it was noted that whilst WG funds the annual pay award there was potential risk for up to £1.5m of non-consolidated pay award costs ongoing in 2023/24 to be met by BCU if the cost was not fully funded by WG. Significant discussion ensued on agency spend and comparative expenditure across Wales. It was noted that BCU was in the top three for a variety of reasons in terms of usage including hotspots. It was understood that both short and long term ways of reducing the call on the more expensive forms of agency staff were being actively explored e.g. improvements to BCU's current pay system were being introduced to attract existing staff to provide more flexible temporary cover via the 'bank'.</p> <p>The Committee resolved to note the report</p>	
<p>PF23/63 <i>No item</i></p>	

<p>PF23/64 People (Workforce) Performance report</p> <p>PF23/64.1 The Associate Director Workforce Planning and Performance presented this report which outlined the current workforce performance position as of March 2023 and provided an update on the current position of non-clinical senior interims and the Workforce Optimisation programme update aligned to delivery of savings.</p> <p>PF23/64.2 The Committee commended the effective presentation of the data and requested that it be enhanced with more comparative data across Wales going forward. In discussion of retirement data, the Associate Director Workforce Planning and Performance advised that national work was being undertaken to improve understanding which included turnover trends and flexible working.</p> <p>PF23/64.3 In response to the Committee's concern with the high numbers of interim appointments, it was advised that greater detail on Interim and Agency usage was regularly reported to the Remuneration and Terms of Service Committee. The latest report would be shared with the Committee members for information.</p> <p>The Committee resolved to note the current performance position and provided feedback on the content for future reporting.</p>	<p>NG</p> <p>NG</p>
<p>PF23/65 Performance report</p> <p>PF23/65.1 The Interim Executive Director of Finance presented the report which provided an update of performance against the Board's Key Performance metrics, the key measures contained within the 2022-23 National Performance Framework and Welsh Government Ministerial Priority Measures under the Quadruple Aims set out in "A Healthier Wales".</p> <p>PF23/65.2 The Committee Chair advised that work would be undertaken to consider Committee Terms of Reference which would also clarify quality and performance reporting to the PFIG Committee and Quality, Safety and Experience Committee.</p> <p>PF23/65.3 In discussion of the report the Committee questioned the very significant rises in demand for diagnostic services, the reasons for which were multifactorial (e.g. later presentations to GP services and consequential referrals) and similar to other Health Boards. The Interim Executive Director of Finance emphasised the importance of also understanding demand relevant to population demographics and availability of benchmarking data.</p> <p>PF23/65.4 The Committee questioned ambulance handover increases in month 12 which were understood to be the subject of WG Delivery Unit ongoing work, along with separate work being led by Welsh Ambulance Service Trust. The Committee also noted the deterioration in emergency care, some stroke services, patients treated within 62 days of suspicion of cancer delivery and some Children & Adolescent Mental</p>	

<p>Health Services (CAMHS) measures, however the mitigations advised were helpful to note. The Committee was pleased to note the positive highlights contained within the report.</p> <p>PF23/65.5 The Committee concurred with the need for effective local planning and that trajectories would be helpful within future reporting. It was noted that there were significant risks to achieving Planned Care targets but these were being addressed by the Board as a whole.</p> <p>The Committee resolved to note the report</p>	
<p>PF23/66 Business Case for a Community Complex Conditions Service (Long Covid Business Case)</p> <p>PF23/66.1 The Acting Executive Director Therapies and Health Sciences joined the meeting and presented the business case.</p> <p>PF23/66.2 In response to the Committee, the Acting Executive Director Therapies and Health Sciences confirmed that work had been undertaken to consider increased demands and potential changes in regard to vaccines and variants however, he remained confident in the case provided.</p> <p>PF23/66.3 The Committee commended the work undertaken to develop the new model, which was patient centred and less medicalised. It provided significant areas of learning for future service developments and was understood to have been recognised externally for the innovative model.</p> <p>The Committee resolved to</p> <ul style="list-style-type: none"> • support Option 4 to establish a Community Complex Conditions Service in BCUHB, integrating Long COVID, Chronic Fatigue Syndrome / Myalgic Encephalomyelitis (CFS/ME), Breathing Pattern Disorders, Persistent Physical Symptoms (PPS), and Frequent Attenders (FA) in order to improve patient outcomes, provide sustainability and address current and future demand for services and gaps in service provision • support submission to the May Health Board for consideration of approval 	
Closing business	
<p>PF23/67 Questions submitted by the public 7 working days before the meeting</p> <p>None were received</p>	
<p>PF23/68 Agree items for Chair's Assurance Report.</p> <p>Risks and assurances to be highlighted would include</p>	

<ul style="list-style-type: none"> • There is a residual risk of a Prior Year Adjustment. There are significant risks to achieving Planned Care targets but these are being addressed by the Board • Positive feedback and suggestions provided on reports • Strong support for Long Covid Business Case and commended the work undertaken to develop the new model which was understood to have been recognised externally for the innovative model. • Divisional engagement in regard to the new divisional planning and performance accountability process was recognised. However, the task remained an additional pressure due to capacity and a challenge to implement. • The provisional month 12 outturn was in surplus, meaning that the Health Board had met its duty to break even over a three year period and that the Health Board's historic debts would be written off. This was excellent news, albeit achieved to a significant extent by unplanned non-recurring underspends. • The majority of additional pay costs in Month 12 were due to national pay awards and all or almost all of the recurrent costs were understood to be met by WG. • 2023/24 savings targets set in the financial plan were very challenging but not impossible and would be discussed at the May Health Board meeting. Reported savings as at Month 1 are low linked in part to divisions focussing on their 2023/24 local plans. Receipt of their initial plans would provide greater clarity on the deliverability of the targets. • The People report was commended for the effective presentation of data which would also be enhanced with more comparative data going forward 	
<p>PF23/69 Review of Meeting Effectiveness</p> <p>The Committee and attendees reflected that the meeting had</p> <ul style="list-style-type: none"> • provided safe space for discussion • provided understanding of report production • taken place with mutual respect • provided opportunities for discussion • been helpful to provide more discussion time in taking the 'reports as read' • been a richer experience due to being face to face in the room • good chairmanship style 	
<p>PF23/70 Summary of business considered in private session to be reported in Public</p> <p>The Finance, Performance and Information Governance Committee considered the following matters in private session on 23.2.23</p> <ul style="list-style-type: none"> • Revised energy governance and procurement arrangements in NHS Wales. These were endorsed and Health Board approval recommended. • Dental contractor request to novate contract was approved. • Draft IMTP update was received • A digital system progress update was received • 	
<p>PF23/71 Date of next meeting</p>	

The Committee Chair advised the next meeting date was to be confirmed.	
Exclusion of the Press and Public It was resolved that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960.	