



**Minutes of the meeting of the  
Performance, Finance and Information Governance Committee  
held in public on 19.1.23 via Teams**

<b>Present:</b> John Cunliffe Richard Micklewright Linda Tomos	Independent Member / Committee Chair Independent Member Independent Member
Jason Brannan Gareth Evans Nikki Foulkes Nick Graham Nick Lyons Molly Marcu Andy Oxby Dylan Roberts Angela Wood Diane Davies  <b>Observing</b> Andrew Doughton Dave Harries	Associate Director Workforce - Planning and Performance Acting Executive Director Therapies and Health Sciences (for item PF23/7) Interim Outsourcing and Insourcing Manager (for item PF23/9) Interim Associate Director Workforce Deputy CEO / Executive Medical Director (part meeting) Interim Board Secretary (part meeting) Interim Outpatient Programme Support Manager (for item PF23/9) Chief Digital and Information Officer (part meeting) Executive Director Nursing & Midwifery (part meeting) Corporate Governance Manager / Committee Secretariat  Audit Wales Head of Internal Audit

Agenda Item Discussed	Action By
<b>PF23/1 Apologies</b>  Apologies were received on behalf of Sue Green, for whom Jason Brannan and Nick Graham deputised, Phil Orwin, Sue Hill, Chris Stockport and Michelle Phoenix – Audit Wales.	
<b>PF23/2 Declarations of Interest</b>  No declarations were received	
<b>PF23/3 Draft minutes of the previous PFIG Committee meeting held on 22.12.22</b>  The minutes of the meeting were approved.	
<b>PF23/4 Matters arising and table of actions</b>  There were no matters arising from the minutes. The table of actions was updated and closed actions agreed.	
<b>PF23/5 Report of the Chair</b>	

<p>The Committee Chair advised that it had been necessary to reduce and prioritise agenda items, recognising the current pressures in regard to personnel, industrial action and winter pressures. A number of deferred items would be considered at the February meeting. He welcomed the Interim Executive Director of Finance to his first meeting.</p>	
<p><b>PF23/6 Report of the Lead Executive</b></p> <p>The newly appointed Interim Executive Director of Finance welcomed the opportunity to join BCUHB and be part of the team addressing the many challenges ahead.</p>	
<p><b>PF23/8 Unscheduled Care Report</b></p> <p><b>PF23/8.1</b> The Executive Medical Director presented this report in the absence of the Interim Regional Delivery Director reflecting on the immense challenges that the winter period and industrial action was placing on the breadth of the unscheduled care system.</p> <p><b>PF23/8.2</b> In response to the Committee's concern with pace of improving Delayed Transfers of Care, the Executive Medical Director advised that he was unable to provide assurance at the present time, whilst green shoots were appearing there were behavioural issues which needed to be addressed by the Board. He stressed this was an issue across the NHS.</p> <p><b>PF23/8.3</b> The Committee questioned which was the worse option of a) patients waiting in ambulance for handover or b) patients being discharged without social care packages in place. The Executive Medical Director's personal opinion was b) on the basis that a) was more urgent having been in response to a potential life threatening 999 call. He qualified this statement by stating that the Medical and Nursing profession would always consider situations on an individual patient level rather than in the context of system risk. It was also important to have the right balance of messaging to ensure patients had confidence that they could present for treatment at challenging periods also. The Executive Director of Nursing and Midwifery also advised that CQC in England were appraising the risk of patients presenting at ED without ambulance assistance. She also stated a response was awaited from WG in response to requesting Local Authorities make arrangements to increase care home placements in order to assist quicker patient discharge from acute settings.</p> <p><b>PF23/8.4</b> A discussion ensued on present monitoring of mortality rates, which was understood to be in the process of collation and would be analysed by the Royal College nationally following the Winter period.</p> <p><b>PF23/8.5</b> It was agreed that the Interim Executive Director of Finance would provide a comparison on Covid financials in comparison with other Health Boards in Wales.</p> <p><b>PF23/8.6</b> The Executive Medical Director agreed to contact the USC authors to provide more detail on the community schemes outlined in the report, both in terms of timelines for implementation and also likely impact. In addition, referencing how a refresh of the</p>	<p>SW</p> <p>NL</p>

<p>6 Goals programme would be undertaken along with greater clarity on timeframes, cost benefits and risks.</p> <p><b>It was resolved that the Committee</b> noted the update provided on the actions being taken within the Unscheduled Care improvement programme and plans for winter</p>	
<p><b>PF23/7 Business Case for a Long Covid Service/Community Complex Conditions Service</b></p> <p><b>PF23/7.1</b> The Acting Executive Director of Therapies and Health Sciences joined for this item. Whilst he advised the service had been factored into BCU's Integrated Medium Term Plan, the Committee were keen to understand the WG financial commitment which had not yet been finalised.</p> <p><b>PF23/7.2</b> Considerable discussion ensued regarding the need for clarity on size of the service required, potential referral demand, potential staff disengagement/loss should delay occur and whether there were any patient safety concerns.</p> <p><b>PF23/7.3</b> The Committee was very supportive of the development of the dedicated service which brought together patients being otherwise treated in various medical services at potentially higher costs across BCU. However, sufficient evidence of financial prudence was also required to be met. The Committee required the Executive Team to demonstrate how the service would be dealt with in financial terms within the Board and for WG to prioritise clarity on their financial advice earlier to assist the Health Board's decision making prior to year end. The Committee recognised the risk factor in potentially losing staff should the decision be delayed whilst financial diligence was being undertaken to ensure the Health Board could afford the service which WG had indicated support for.</p> <p><b>PF23/7.4</b> The Executive Medical Director suggested that the Executive Team consider the feedback provided and revise the business case to include a balance of clinical and financial risk for consideration by the Committee and that the Interim Chief Executive and Interim Executive Director of Finance lobby WG for early clarification of financial commitment.</p> <p><b>The Committee resolved to</b> not support the business case as presented, agreed to consider, at the earliest opportunity, a revised paper addressing the questions raised by the Committee, especially in regard to non-recurrent funding and clarity on WG financial support.</p>	<p>GE/NL</p> <p>GE/ Members</p>
<p><b>PF23/9 Planned care (PC) report</b></p> <p><b>PF23/9.1</b> The Insourcing/Outsourcing Manager presented the report she highlighted that after several months in which the total waiting list rose this had plateaued in the last few weeks. The validated position stood in excess of 170,000, as of 9th December 2022, with 32,605 waiting over 52 weeks and 13,281 waiting over 104 weeks. WG had mandated 2 ministerial priorities for this financial year:</p>	

<ul style="list-style-type: none"> <li>No patients should be waiting more than 52 weeks for their first outpatient appointment (Stage 1) by the end of December 2022.</li> <li>No patients should be waiting more than 104 weeks for any stage of their pathway by the end of March 2023.</li> </ul> <p><b>PF23/9.2</b> A demand and capacity paper had been prepared for consideration of the Committee at its next meeting.</p> <p><b>PF23/9.3</b> The OPD Programme Support Manager introduced the presentation provided. The Interim Board Secretary was advised the draft Planned Care Strategy which was scheduled to be prepared by December 2022 had progressed to first draft stage and that the risk assessment document advised would be submitted to the next Audit Committee.</p> <p><b>PF23/9.4</b> In regard to anecdotal evidence provided by the Committee the OPD Programme Support Manager assured that, due to issues identified in patient contacts by an external provider (which was being evaluated further), a revised patient tracking model was being rolled out in house utilising the current vaccination administrative team.</p> <p><b>PF23/9.5</b> In response to the Committee it was agreed that frequencies of repeat Did Not Attend (DNA) patients would be included in each future report.</p> <p><b>PF23/9.6</b> In response to the Head of Internal Audit, the OPD Programme Support Manager clarified that the revalidation process would identify, and enable addressing of, the 'unknown' quantity between stages 1 to 4.</p> <p><b>It was resolved that the Committee</b></p> <ul style="list-style-type: none"> <li>noted the partial assurance of the PC programme recognising the delivery of the programme is vast and will take time in delivering the key objectives - reduction in waiting lists expected due to the volume of patients waiting and in transforming PC services. Additionally, partial assurance is given due to the unknown impact at this time of the impending industrial action and operational pressures to be faced over the winter months.</li> <li>agreed that the Chair's Assurance report would highlight the slippage of the development of the Planned Care Strategy and advise it would be submitted for consideration in March.</li> </ul>	<p>NL/NF</p> <p>PO (AO)</p> <p>JC PO (NF)</p>
<p><b>PF23/10 Agree Items for referral to Board / Other Committees</b></p> <p>None</p>	
<p><b>PF23/11 Agree items for Chairs Assurance report</b></p> <p>To be agreed outside the meeting, to include development of Planned Care Strategy as per item PF23/9</p>	
<p><b>PF23/12 Summary of private business to be reported in public</b></p> <p><b>It was resolved that the Committee</b> noted the report</p>	

<b>PF23/13 Date of next meeting 23.3.23</b>	
<b>Exclusion of the Press and Public</b>  <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.	