

**Minutes of the meeting of the
Performance, Finance and Information Governance Committee (PFIGC)
held in PUBLIC on 25.6.24 in the Boardroom, Carlton Court and via Teams**

<p>Present: Gareth Williams Chris Field Rhian Watcyn Jones Prof Mike Larvin</p>	<p>Vice Chair / Committee Chair Independent Member (IM) via Teams Independent Member Independent Member</p>
<p>In Attendance:</p> <p>Paul Andrew Adrian Butlin Russ Caldicott Andrea Hughes Ffion Johnstone Gemma Orlick Dylan Roberts George Roberts Justine Parry</p> <p>Philippa Peake Jones Dr Anita Pierce</p> <p>Dr Chris Stockport Pam Wenger Andrea Williams</p> <p>Diane Davies</p> <p>Observing Olivia Jones Tomos MacFarlane</p>	<p>Hospital Operations Director (West) (Item PF24/64 only) Chief Finance Officer (West) (Item PF24/64 only) Interim Executive Director Finance Interim Finance Director – Operational Finance Integrated Healthcare Community (IHC) Director (West) (Item PF24/64 only) Chief Finance Officer IHC (West) (Item PF24/64 only) Chief Digital and Information Officer (part meeting - via Teams) Senior Associate Director People Services Assistant Director Compliance and Business Management – Digital, Data and Technology (DDAT) Head of Corporate Affairs Deputy Medical Director/Consultant Psychiatrist, Mental Health & Learning Disabilities (MHL) (Item PF24/71- via Teams) Executive Director Planning and Transformation (part meeting) Director Corporate Governance Assistant Director – Digital Delivery, Strategy and Engagement (Item PF24/71) Corporate Governance Manager (for minutes)</p> <p>Graduate Management Trainee Graduate Management Trainee</p>

Agenda item discussed	Action by
<p>The items are recorded in the order items were discussed</p> <p>PF24/59 Welcome and apologies</p> <p>The Committee Chair welcomed the Graduate Trainees who were observing the meeting for development purposes, having recently attended the public Board meeting. Apologies were received from Dave Harries, Head of Internal Audit and Jason Brannan, Deputy People Director for whom George Roberts deputised.</p>	

<p>PF24/60 Declaration of Interest</p> <p>None were noted</p>	
<p>PF24/61 Draft minutes of the previous meetings held on 30.4.24 for approval</p> <p>PF24/61.1 The draft minutes of the meeting held on 30.4.24 were approved as a true and correct record subject to the inclusion of Prof Larvin’s apologies and an amendment to reflect the importance of data access in regard to enquiries from the Public (PF24/37.3). Committee members wished to reflect the proactive discussion at the previous meeting in encouraging greater access to data on the BCUHB website to provide effective signposting for the public, lessening the need to submit Freedom of Information (FOI) requests. Albeit it was recognised that rigour would be an essential part of the data publication process.</p> <p>PF24/61.2 It was noted that the draft minutes of 22 February were being progressed following the return of the absent team member and would be circulated outside the meeting.</p>	<p>PW/DD</p>
<p>PF24/62 Matters arising and table of actions</p> <p>Following a discussion regarding closed items, it was agreed that future items would be closed only when the action had taken place. The table of actions was updated accordingly.</p>	<p>PW/DD</p>
<p>FINANCE AND PERFORMANCE</p>	
<p>PF24/63 Finance Report Month 2 2024/25</p> <p>PF24/63.1 The Interim Executive Director of Finance presented the item drawing attention to the key headlines of the position at Month 2. He reported that BCU was challenged to deliver £48.0m recurrent savings in order to deliver the £19.8m planned deficit budget for 2024/25. The Year to date position was a deficit of £9.1m which represented a £5.8m adverse variance compared to 2/12^{ths} of the planned deficit. He advised that whilst monthly targets had been set, reprofiling would be undertaken as the year moved forward. The value and sustainability approach was being followed, with close attention to cost overruns, notably the Mental Health overspend.</p> <p>PF24/63.2 The overall underlying deficit remained at £176m. It was noted that all Health Boards in Wales were in a deficit position at present which reflected the huge challenges ahead, not only for the Health Board but also Welsh Government.</p> <p>PF24/63.3 In regard to Savings, the Interim Executive Director of Finance stated the year end target as £48m, whilst some traction was in place further recurrent and non-recurrent schemes needed to be agreed as early as possible.</p> <p>PF24/63.4 In regard to Capital, the approved Capital Resource Limit (CRL) for 2024/25 was reported as £41.19m and forecast to be spent in full. Funding was available for the Llandudno Orthopaedic Hub scheme and additional CT scanner.</p>	

<p>PF24/63.5 The Year to date expenditure on capital was £0.5m against a year to date plan of the same value. The Interim Executive Director of Finance had expressed disappointment at the allocation of £2.4m provided by WG to meet planned care backlog maintenance in comparison to £30m across Wales. The Committee noted concern in regard to the level of support apportioned to the organisation. He also advised that a submission had been made to WG for fee funding support to develop the Royal Alexandra Hospital Full Business Case.</p> <p>PF24/63.6 Discussion ensued on pay costs including variance with agency costs. In regard to nurse staffing levels it was agreed that the Quality, Safety and Experience Committee look into whether the correct levels were established against the appropriate staffing budgets allocated. In regard to the Orthopaedic Hub scheme it was noted that delays in commissioning could potentially push delay delivery to March 2025 which might result in a requirement for brokerage. In regard to staffing establishment grip, the Committee Chair was keen to understand how WTE reductions were distributed and the effect on remaining roles within teams, given staff feedback he had experienced whilst visiting various BCUHB sites. It was agreed he would discuss this with the Chair of the People and Culture Committee as an area to explore further. It was also noted that the Interim Executive Director of Finance would move the Committee's comments forward through the Workforce Value and Sustainability workstreams.</p> <p>PF24/63.7 The Interim Executive Director of Finance agreed to provide monthly updates in between PFIGC meetings to Committee members in the interest of timeliness, in response to the Committee Chair's request.</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> • Received the report • Noted the additional Capital Funding offered by Welsh Government for the CT Scanner £2.9m and Backlog Maintenance £2.4m • Noted the request to Welsh Government for fee funding support to develop the Royal Alexandra Hospital Full Business Case 	<p>PW/GW</p> <p>PW/GW</p> <p>RC</p>
<p>PF24/64 Divisional Finance and Performance report – IHC West</p> <p>PF24/64.1 The Area Director IHC West highlighted positive developments in regard to utilising Primary Care funding to improve patient access to physiotherapy appointments, occupational therapy access and the successful introduction of Enhanced Community Resource Teams which reduced hospital admissions and a variety of other improvements. A successful reduction in medical outliers within Ysbyty Gwynedd had been introduced through working together with the Community. The Interim Executive Director of Finance was keen to understand the effect on skill mix support to this different way of working, which he would explore further outside the meeting with the IHC Team.</p> <p>PF24/64.2 In regard to areas of challenge, partnership issues were discussed. The Hospital Operations Director was keen to establish agreed Key Performance Indicators (KPIs) for Transfers of Care and package implementation, as in the case of some other Health Boards in Wales. The Committee Chair was keen to support</p>	

this and took on board the Director of Corporate Governance's advice regarding Regional Partnership Board's role in such discussion and the delegation required through the Board. The Executive Director of Planning and Transformation questioned the level of Trusted Assessor participation.

PF24/64.3 Discussion ensued on clinical services reconfiguration across the organisation which the IHC West participants believed was necessary to increase efficiency and perceptions of engagement between IHC clinicians across the Health Board footprint. Examples of positive and negative experiences were shared regarding different services. The Chief Finance Officer highlighted the need to introduce effective benchmarking and requested analytical support to address this in order that transformational decisions could be based on a greater depth of understanding. The Hospital Operational Director shared that a recent Delivery Unit visit had confirmed that demand was understood however, there was a lack of capacity to deliver system wide. Discussion also ensued on Robotic Surgery including the need to increase usage.

PF24/64.4 Independent Member Rhian Watcyn Jones questioned whether staff and other pressures were arising due to the current vacancies of Chief Operating Officer and IHC Operations Director. Treat in Turn was discussed including the potential for outcome measures. The Interim Executive Director of Finance encouraged the team to engage with the Value and Sustainability workstreams in order to deliver on their savings targets, especially in regard to recurrent schemes.

PF24/64.5 The Committee Chair was pleased to **note** the very important developments being taken forward in Primary Care and it was **noted** that the information shared by the IHC Team would be fed back to appropriate members of the Board.

It was resolved that the Committee

- **Noted** the report

PF24/65 Business Case Tracker

PF24/65.1 The Executive Director of Transformation and Planning presented the report which encompassed capital business schemes. New revenue business cases were being developed separately. The Director of Corporate Governance commented that the information provided would be useful to feed into the review of the Committee's business cycle to ensure appropriate scheduling.

PF24/65.2 The Committee questioned whether the development of any business cases which were highly unlikely to be funded in the medium term had been stopped and whether this had resulted in staff redeployment. The Executive Director of Transformation and Planning advised that staff were appropriately deployed on schemes. The Interim Executive Director of Finance concurred and stated that mitigation of risk was considered in schemes which had been necessarily delayed through the reduced capital allocation and appropriate prioritisation had been undertaken.

It was resolved that the Committee

<ul style="list-style-type: none"> • Noted the report. 	
<p>PF24/66 Chair's Assurance Report - Transformation & Strategic Planning Executive Delivery Group (EDG)</p> <p>In response to the Committee Chair, the Executive Director of Transformation and Planning agreed to share the planning timetable for 2025/26 with Committee members.</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> • Noted the report <p><i>The Executive Director of Transformation and Planning left the meeting</i></p>	CS
<p>PF24/67 Performance Report</p> <p>PF24/67.1 The Interim Executive Director of Finance presented the item highlighting generally good performance within Adult Mental Health although April had deteriorated slightly and Children and Adolescent Mental Health service (CAMHS) performance issues (which were common across Wales). He advised that there was a need to attain grip on ambulance handover waiting times and over 52 week waiting times which were of great concern and the subject of WG targets to eliminate waits of more than 104 weeks by the end of October. This was not believed to be attainable by BCU, however, and we were seeking a more realistic target to meet. He emphasised the need to make improvements through better theatre utilisation, efficient patient bookings and more effective transfers of care. Discussion ensued on the targets and focussed work required to address them, which included validation that required additional recruitment. Regular Planned Care Board meetings were currently being chaired by the Chief Executive, the work being undertaken was shared with the Committee which included Treat in Turn progress.</p> <p>PF24/67.2 Independent Member Rhian Watcyn Jones was deeply disappointed with the performance levels reported since the establishment of new Board Members. A discussion ensued on the realism of targets set and the need to address performance in the centre.</p> <p><i>The Chief Digital and Information Officer joined the meeting</i></p> <p>PF24/67.3 A discussion ensued on the complex reasons for issues with theatre utilisation in which areas of concern were highlighted. It was explained that a robust central patient booking system was being moved forward however, cultural changes also needed to be implemented to support this effectively and ensure a momentum shift in delivery. The Committee emphasised the need to ensure progress and improvement in delivery of the targets set by WG. The Director of Corporate Governance sought clarity on the timelines and performance trajectories which the Interim Executive Director of Finance outlined, including the intention to</p>	

<p>provide timelines the July Board meeting and include plans at the next PFIG Committee meeting.</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> • Noted the report 	RC
PF24/68 No item	
INFORMATION GOVERNANCE	
<p>PF24/69 Information Governance report</p> <p>PF24/69.1 The Assistant Director of Compliance and Business Management DDAT presented the item highlighting key performance issues that included delays in responding to Freedom of Information (FOI) requests due to complexities and delayed executive approval which were being addressed. She reported that the new Subject Access Record system was showing efficiencies however, there had been increased staff non-compliance with IG policy which was being addressed in a number of ways. Following discussion, it was agreed that the Assistant Director of Compliance and Business Management DDAT would liaise with workforce colleagues to understand potential employment implications for staff and arrange to disseminate a reminder regarding inappropriate access to health records across the organisation. It was noted that the IG Toolkit had been submitted on time. The Director of Governance advised the reporting route of the Information Governance Group would be clarified prior to the next scheduled submission.</p> <p>PF24/69.2 In response to Committee members' questions, the Assistant Director of Compliance and Business Management DDAT advised that future reporting would include greater detail of the National Intelligent Integrated Auditing Solution (NIIAS) reporting (split by Admin & Clerical / Medical data) and also historic data for comparison purposes. She highlighted exemption areas and the complexity associated with commercial implications and pharmaceutical enquiries. A discussion ensued on the ability to signpost enquirers to appropriate information provided on BCUHB's website.</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> • Received assurance on compliance with the Data Protection and Freedom of Information Legislation 	<p>JP</p> <p>PW</p> <p>JP</p>
BUSINESS CASE	
<p>PF24/71 All Ages Mental Health (MH) Digital Solution – Outline Business Case</p> <p>PF24/71.1 The Chief Digital and Information Officer presented the business case which had been developed at pace to enable submission to Welsh Government (WG) at the earliest opportunity. The strategic case was strong, given the need to provide an efficient and effective service MH service and the digital solution's integral role in supporting safe care and the prevention of future deaths through improved record keeping. The outline case put forward the best value for money</p>	

solution which included £3.5m WG funding and additional funding of £18.5m over 7 years. It was noted that BCUHB would be responsible for funding after 5 years. An Equalities Impact Assessment, along with skills assessment would be provided later in the process.

PF24/71.2 The Deputy Medical Director/Consultant Psychiatrist (also Clinical Lead and Senior Responsible Officer for the project) emphasised the strong need for the investment to help to support Mental Health service delivery. She stressed it would be a very powerful statement for staff and the population of North Wales to realise the level of investment being put forward. She also stressed that it was important to try to quantify what were largely qualitative measures to demonstrate improvements that the solution would deliver.

PF24/71.3 The Committee Chair was wholeheartedly supportive of the investment which had been the subject of Ministerial discussion with the Chief Executive. Committee Members also questioned whether the new system would be compatible with other BCUHB IT systems. The Chief Digital and Information Officer **agreed** this would be built into the business case to reflect the need to ensure multilevel integration with other patient care records.

PF24/71.4 Whilst the Interim Executive Director of Finance was supportive, as it would hugely improve efficiency, he also questioned whether it was realistic to put forward a proposal based on increased revenue costs rather than savings after the system had 'bedded in';

PF24/71.5 It was advised that the Full Business Case would include benefits realisation and validation work needed to be undertaken. The position on inclusion of inflationary costs was also explained.

PF24/71.6 A discussion ensued regarding other potential solutions and it was noted that whilst Digital Health and Care Wales was moving forward a potential alternative, given past experiences, BCUHB needed to move forward a solution at greater pace and acknowledged the potential risk of duplication of effort. The Assistant Director – Digital Delivery, Strategy and Engagement emphasised the solution was future proofing record keeping in this area for BCUHB.

PF24/71.7 In terms of the governance route, the Director of Corporate Governance clarified that the business case would need to be updated by the Chief Digital and Information Officer to address the concerns raised and risks highlighted prior to submission to the July Health Board meeting.

It was resolved that the Committee

- **Agreed** the recommendation to approve submission of the All Ages Mental Health Digital Solution Business Case to the Board in order to secure

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<p>national funding subject to including clarification and enhanced detail on funding and financial movement towards cost neutrality, along with addressing the concerns raised by the Committee.</p>	<p>DR</p>
<p>RISK</p>	
<p>PF24/70 Corporate Risk Register relating to the Committee</p> <p>PF24/70.1 The Director of Corporate Governance highlighted the financial risk and changes that were indicated within the paper.</p> <p>PF24/70.2 In response to Independent Member Rhian Watcyn Jones, the 6 facet survey process was explained.</p> <p>PF24/70.3 A discussion ensued on the delay in rationalisation of estates, which included understanding the process being followed and the need to refresh the Estates strategy agreed in 2023. Concerns were expressed with ongoing examples of deterioration in some buildings.</p> <p>PF24/70.4 Independent Member Rhian Watcyn Jones questioned whether Treat in Turn needed to be considered as a risk. The Interim Executive Director of Finance advised this was included within the Clinical prioritisation risk however, he concurred that the risk potentially needed more prominence.</p> <p>PF24/70.5 The Director of Corporate Governance took on board the Committee members' comments and, whilst welcoming the progress made by the Risk and Assurance Team, advised that the next format change discussed by Board Members would also provide opportunity to consider this further.</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> • Received assurance for the four corporate risks to which the Committee had overall accountability. 	
<p>CLOSING BUSINESS</p>	
<p>PF24/72.1 Agree items for referral to Board / other Committees</p> <p>The discussion regarding how WTE reductions were distributed and the effect on remaining roles within teams was referred to the People and Culture Committee. The discussion on nurse staffing against establishment was referred to the QSE Committee.</p> <p>PF24/72.2 Summary of items to reference within the Chair's assurance report</p> <ul style="list-style-type: none"> • BCUHB was not currently on financial target and there was a need to prioritise profiling of Savings • Importance of reassessing BCUHB's engagement with the RPB which was an important forum in moving forward important work together in partnership • Good examples of Primary Care and Partnership working were demonstrated by the IHC West team. 	

<ul style="list-style-type: none"> • A One Betsi approach was an encouraging positive message emerging from discussion with the IHC which would require a different level of clinical engagement to move forwards. • A need to focus on the following areas to improve performance: Treat in Turn, Theatre utilisation, validation of waiting lists, booking centre resources • A new IG campaign would be run to remind staff of their responsibilities in regard to accessing records eg family and friends and advise of the potential employment implications of non-compliance. • There was strong support provided for the Mental Health record Business Case to be submitted for approval by the Board, and to include enhanced details on financial aspects eg benefits and business as usual costs. 	
<p>PF24/73 Summary of private business to be reported in Public The report was noted</p>	
<p>PF24/74 Review of meeting effectiveness None provided.</p>	
<p>PF24/75 Date of next meeting 27.8.24 – noting that the meeting would be rescheduled to take place from 13.00.</p>	All / DD
<p>Resolution to Exclude the Press and Public "Those representatives of the press and other members of the public be excluded from the remainder of the meeting which would take place after the Trustee 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>	