



**Minutes of the meeting of the  
Performance, Finance and Information Governance Committee  
held in public on 25.08.22 via Teams**

<b>Present:</b> John Cunliffe Richard Micklewright	Independent Member / Committee Chair Independent Member
<b>In Attendance:</b> Sue Green Gill Harris Nick Lyons Sally Baxter Neil Bradshaw Amanda Lonsdale Phil Meakin Molly Marcu Rob Nolan Phil Orwin  Justine Parry Paolo Tardivel Tim Woodhead David Seabrooke  <b>Observing</b> Dave Harries	Executive Director of Workforce & OD Executive Director of Integrated Care / Deputy Chief Executive Executive Medical Director (part meeting) Assistant Director – Health Strategy Planning (part meeting) Assistant Director Capital Strategy (part meeting) Director of Performance (part meeting) Associate Director of Governance Interim Board Secretary Finance Director – Commissioning and Strategy Interim Director of Regional Delivery Director of Transformation (part meeting)  Assistant Director Information Governance and Risk Interim Director of Transformation and Improvement Finance Director – Operational Interim Assistant Head of Governance – for minutes  Head of Internal Audit

Agenda Item Discussed	Action By
<b>PF22/95 Apologies for absence</b> Linda Tomos, Independent Member Sue Hill, Executive Director of Finance – for whom Rob Nolan deputised Chris Stockport, Executive Director of Transformation, Strategic Planning and Commissioning – for whom Sally Baxter deputised Dylan Roberts, Chief Digital and Information Officer – for whom Justine Parry deputised	
<b>PF22/96 Declaration of Interests</b>  None were received.	

<p><b>PF22/97 Draft Minutes of the previous meetings held on 28.4.22 and 30.6.22 for approval</b></p> <p>The Committee received the draft minutes of its meetings held on 28 April and 30 June 2022 and these were approved as a correct record.</p>	
<p><b>PF22/98 Matters arising and table of actions</b></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> <p><b>(2) 28.4.22 Quality and Performance report month 12 PF22/53 Quality and Performance report month 12</b> - report requested re GP out of hours services</p> <p><b>(5) PF22/76.9 Finance Report, Month 2</b> - <b>SG/RN</b> were requested to circulate the national pay guidance</p> <p><b>(6) PF22/77.4 Shared Services Partnership Assurance Report</b> – noted that for internal staff moves, a risk-based approach to employment checks was applied.</p> <p><b>(10) PF22/79.4 Capital Programme Monitoring Report</b> – briefing requested from Neil Bradshaw</p> <p><b>(15.1) PF22/81.6 Quality &amp; Performance Report to 31.05.22</b> - request for Accountability meeting dates to be circulated</p> <p>A member briefing (reference 22.83.4) from the Interim Regional Delivery Director was circulated.</p>	<p>AL/CS</p> <p>SG/RN</p> <p>NB</p> <p>SG</p>
<p><b>PF22/99 Chair's report</b></p> <p>The Chair reported on the following Chair's actions:</p> <ul style="list-style-type: none"> <li>• Issuing of Tenancy at Will in respect of a Health Board owned building for the use of a branch surgery to be opened by a Coedpoeth practice.</li> <li>• novation of General Dental Services following Practice sale in Flint</li> <li>• funding and extending the current external provider contract for Neuro Development assessments</li> </ul> <p>It was noted that, advised by the Audit Committee, the Board had approved the 2021/22 accounts.</p>	
<p><b>PF22/100 Lead Director's Report</b></p>	

<p>There were no matters to report from Finance not covered elsewhere.</p>	
<p><b>PF22/101 Notification of matters referred from other Board Committees on this or future agendas</b></p> <p>No matters to report.</p>	
<p><b>The Future – strategic items</b></p>	
<p><b>PF22/102 Draft Finance Strategy 2022-2025</b></p> <p>The Committee receive a report from the Executive Director of Finance– Commissioning and Strategy, providing a first review of a proposed Finance Strategy. The strategy aimed to provide a summary view of the approach of the finance directorate in both supporting and delivering of the Integrated Medium Term Plan (IMTP) and the Health Board’s goal of achieving sustainable financial balance.</p> <p>The following principal points were made:</p> <ul style="list-style-type: none"> <li>• The first workstream under the plan was about addressing the deficit</li> <li>• The financial risks were recorded on the BAF with mitigations from the transformation team’s activities and plans. The qualification on the 2021/22 auditor Opinion should be reflected in the risks</li> <li>• Accountability letters (a requirement of SFIs) continued to be issued to budget-holders; this was also part of the Operating Model’s requirements</li> <li>• The Strategic Summary should be amended to refer to the existing programme</li> </ul> <p>It was agreed that cost of living factors should be recognised in future updates</p> <p>The committee noted the report.</p>	<p>RN/MM</p> <p>RN RN</p>
<p><b>PF22/103 Financial Planning Principles 2023-26 and Timetable 2023-24</b></p> <p><b>PF22/103.1</b> The Committee received the report, detailing the Financial Planning principles, which will be used to set the three-year Financial Plan for 2023-26, as part of the 2023-26 Integrated Medium Term Plan (IMTP)</p> <p><b>PF22/103.2</b> The Health Board’s Financial Plan will not be finalised until after the issuing of the allocations from the Welsh Government, when confirmation of its funding allocation for 2023/24 is received. This was expected to be mid-December.</p> <p>The annual savings assumption was £35m; growth in allocations of 1.5% was assumed Other income assumptions around pay and primary care were considered reasonable.</p> <p>The budget manager handbook accompanying the report should be in line with the Health Board’s agreed risk tolerances.</p>	<p>RN</p>

<p><b>PF22/103.3</b> In terms of 2023/24 budget setting, the committee wished to see greater and more timely engagement of managers in the process. It was noted that the process started with divisional baselines and cost pressures were considered.</p> <p>The Committee wished to see a first draft budget at its October meeting. The plan was for the Board to approve this at its January '23 meeting.</p> <p>It was agreed that a regular update on cost pressures be included.</p> <p>The Committee approved the Financial Planning Principles for 2023-26.</p>	<p>RN</p> <p>RN</p>
<p><b>PF22/104 Finance Report Month 4 2022/23</b></p> <p><b>PF22/104.1</b> The Committee received the Month 4 report. The in-month position is a surplus of £0.1m against plan, which leads to a cumulative deficit against plan of £2.2m, (0.35% of allocation) of month 4. This forecast for the year remains at a breakeven position as planned. This deficit is forecast to be recovered by month 9.</p> <p><b>PF22/104.2</b> The key reasons for the deficit were additional variable pay costs, particularly relating to Medical and Nursing Agency, although these were partly offset by higher levels of vacancies. Month 4 saw a particularly high level of prescribing costs and it was noted that these will be reviewed in future months to see if this trend continues.</p> <p><b>PF22/104.3</b> Savings delivered in the 4 months to July 2022 was £4.76m against a plan of £6.07m, a shortfall of £1.69m. Non-recurrent savings delivered are £1.37m. The savings forecast is £13.9m, which is £21.1m behind the target of £35m for the year. There were no transformation savings either planned or delivered in the first four months of the year.</p> <p>The following main points arose:</p> <ul style="list-style-type: none"> <li>• The validity of a balanced forecast was questioned given the under performance of savings and budget delivery.</li> <li>• Planned Care intended to release capacity to reduce its outsourcing spend</li> <li>• Work continues to move red/amber saving schemes to green</li> <li>• CEO scrutiny meetings have provided high level monitoring of schemes and a check on double-counting of savings</li> <li>• Budgets have been adjusted when there was confidence that a savings scheme has been embedded</li> <li>• On workforce optimisation there was work ongoing to reduce sickness absence, reduce interim and agency spend and to strengthen monitoring</li> <li>• A concern was raised as to when transformation activity will deliver improvements</li> </ul> <p>Plans to operate within the Health Board's means were being formulated and a draft position would be brought back to the next meeting. The Committee Chairman concluded that further detail was required to provide the required level of assurance. It</p>	<p>RN</p>

<p>was agreed that detail of schemes that address the savings targets be provided including how delivery is monitored and transformation savings targets are met.</p> <p>The Committee noted the report.</p>	
<p><b>PF22/105 Financial Control Update</b></p> <p><b>PF22/105.1</b> The Committee received a report describing the actions proposed and already underway in order to improve the Health Board's Financial Control environment, following the issues raised in this regard by Audit Wales in relation to the 2021/22 accounts.</p> <p>The report set out the existing system of controls and proposed enhanced controls. This included more centralised financial control, tighter management of Purchase Orders and training.</p> <p><b>PF22/105.2</b> It was noted that an All Wales system of financial accounting was expected to be implemented. The centralisations were considered to be cost-neutral.</p> <p>The Committee noted the report.</p>	
<p><b>PF22/106 Quality &amp; Performance Report to 31 July 2022</b></p> <p><b>PF22/106.1</b> The Committee received the report, summarising improving, static and declining positions on performance. Key points were highlighted as follows:</p> <ul style="list-style-type: none"> <li>• Take-up of bowel screening had improved over the past four years and this being checked to ensure increased activity could be delivered in a timely way</li> <li>• GPs had achieved 76% of national access standards, improved from 42% in 2019</li> <li>• Patients waiting less than 26 weeks had improved</li> </ul> <p><b>PF22/106.2</b> A correction in the reported rolling rate of staff sickness was noted – this was 6.68%. Specific points on the charts on pages 11 and 22 of the report were noted for action.</p> <p>Arising from the 4 August Board, a workshop session on 20 September to further consider this report has been scheduled. The Interim Regional Delivery Director commented on experience with Kings Fund Intelligent Board reporting and agreed to share this with members and the Director of Performance.</p> <p>The Committee noted the report.</p>	<p>RN (AL)</p> <p>PO</p>
<p><b>PF 22/107 Integrated Medium Term Plan – Ministerial assessment</b></p> <p><b>PF 22/107.1</b> The Committee received the report from the Executive Director of Transformation, Strategic Planning and Commissioning indicating, as previously reported, that the Minister for Health and Social Services had confirmed that the plan</p>	

<p>submitted in March does not fully meet the requirements of the NHS Wales framework and therefore is not approved as an IMTP. The plan submitted has been accepted as an Annual Plan.</p> <p><b>PF 22/107.2</b> The number of challenges the Health Board is currently facing, including the recent escalation of Ysbyty Glan Clwyd, it was felt by the minister that there needs to be greater focus on delivery and improvement over the next two months. The Health Board has not provided enough assurance about improvement and delivery. The plan for the future development of the IMTP was being considered.</p> <p>The report set out further details of the feedback received including the letter to the Health Board Chairman dated 13 July 2022.</p> <p>The Committee noted the report.</p>	
<p><b>PF22/108 Integrated Medium Term Plan development process</b></p> <p><b>PF22/108.1</b> The Committee received the report from Executive Director of Transformation, Strategic Planning and Commissioning presenting the proposed timeline for the development of the IMTP for 2023 – 2026.</p> <p>Two risks were highlighted: potential further waves of Covid-19, which may constrain the level of engagement in the refresh process and the new operating model may not facilitate fully integrated health community planning. Clinical risks would be highlighted and risks would be triangulated. Integrated system leads were expected to take ownership of the planning process.</p> <p><b>PF 22/108.2</b> Initial steps in the development process in July and September were underway. The review and assurance process commenced in October and the new plan was due for submission to the Welsh Government in January 2023.</p> <p>The committee requested clear linkage between the proposed process and the issues identified in the ministerial letter.</p> <p>The Committee received the report.</p>	CS
<p><b>PF22/109 Capital Programme Report – Month 3 and Month 4</b></p> <p><b>PF22/109.1</b> The Committee received a report from the Executive Director of Finance updating on progress of the major capital projects and the agreed capital programmes. The report also provides a summary on the progress of expenditure against the capital resources allocated to the Health Board by the Welsh Government through the Capital Resource Limit (CRL). The total CRL was £18.65m with a further £800k of donated funding.</p> <p>It was confirmed that the figures in the report did not show slippage on the Wrexham Continuity Phase 1. The report indicated that the need for extensive surveys, in</p>	

<p>particular, determination of the extent of fire compliance works, has delayed the business case programme by approximately three months.</p> <p>On the Ysbyty Gwynedd Compliance Programme, it was noted that the Welsh Government were minded to approve the Outline Business Case following the responses provided by the Health Board.</p> <p><b>PF22/109.2</b> The Estates Strategy had been discussed at 4 August Board and an update had been given to the Partnerships, People and Population Health Committee. The refreshed Estates Strategy and associated work would give a 10 year prioritised Capital Investment Plan and project pipeline. The plan will be prioritised and ranked based upon agreed criteria developed by BCU and external stakeholders. The prioritisation and ranking of projects will be developed and agreed through engagement with key stakeholders. An estate rationalisation programme would detail the properties/land to be surplus to requirement and a programme of disposals with potential value.</p> <p>It was requested that PPPHC was updated on the use of the external support in developing the estates strategy</p> <p>The Committee received the report.</p>	<p>RN</p>
<p><b>PF22/110 Planned Care Recovery Plan Status Report</b></p> <p><b>PF22/110.1</b> The Committee received the report from the Executive Director of Finance. It was noted that the total waiting list has continued to increase, and the unvalidated position stands in excess of 170,000 patients, around half of which were 0-25 weeks. It was agreed to further break down the over 52 week waits in the next report. The position varied across localities and services/specialties.</p> <p><b>PF22/110.2</b> The report identified five key themes in the plan:</p> <ul style="list-style-type: none"> <li>• Increased capacity (i.e. treating more patients) including the regional treatment centres</li> <li>• Prioritising diagnostics and outpatients</li> <li>• Transformation (pathway redesign) for both planned ambulatory care and complex surgery</li> <li>• Information and communication (including validation)</li> <li>• Develop and implement sustainability initiatives to support / improve Business as Usual (BAU)</li> </ul> <p>Initiatives included additional theatre space, applying Getting it Right First Time (GiRFT), reviewing outpatients.</p> <p>The Committee requested a list (with costs) of consultants and external contractors engaged to support various initiatives across the HB (not just Planned care).</p> <p>The Committee noted the report</p>	<p>GH/PO</p> <p>GH/RN</p>

<p><b>PF22/111 Emergency Care Metrics Update</b></p> <p><b>PF22/111.1</b> This update provided by the Interim Director Regional Delivery to the Committee focused on the improvements to Ysbyty Glan Clwyd (YGC) (Journey to Excellence) in the light of the targeted intervention there. The plan focused on the five themes of Pre-hospital, Emergency Department, Assessment, Acute Wards, and Discharge.</p> <p><b>PF22/111.2</b> Part of the plan was to reduce emergency admissions and to improve clinical outcomes as set out under Local Metrics. The new hospital director was leading on the engagement around the plan and its delivery. The recent Adastra outage had caused some difficulties.</p> <p>The Committee noted the report.</p>	
<p><b>PF22/112 Transformation Report</b></p> <p><b>PF22/112.1</b> The Committee received a report from the Executive Director of Transformation, Strategic Planning and Commissioning, providing updates on the transformation function, current Transformation Programmes in BCUHB and the savings profile.</p> <p><b>PF 22/112.2</b> The Health Board’s work around productivity with Airbus was highlighted.</p> <ul style="list-style-type: none"> <li>• The Deputy CEO advised that a paper on Regional Treatment Centre would be provided to the next meeting</li> <li>• Work to identify savings continued.</li> <li>• The first end-to-end new clinical pathway was about to be launched, with a further five in preparation</li> <li>• Risks around transformation and delivery of transformational savings should be aligned to the report</li> </ul> <p>On benchmarking there was a range of information available and there were thought to be opportunities available in relation to length of stay, theatres, and medicines management. It was agreed that the Deputy CEO would share information on CEO Review Group and benchmarking with Committee members</p> <p>The Committee noted the report</p>	<p style="text-align: center;">GH</p> <p style="text-align: center;">CS</p> <p style="text-align: center;">GH</p>
<p><b>22/113 People (Workforce) Plan Report</b></p> <p><b>22/113.1</b> The Committee received a report from the Executive Director of Workforce &amp; OD outlining the current workforce performance position in relation to the People Strategy 2022-2025 and Workforce Plan 2022/2023 (recruitment &amp; commissioning). The PPPH report is separated into performance against the Strategy Delivery Plan for 2022/2023 and delivery of the People (Workforce Plan) as two sections with a view to the People (Workforce Plan) element being reviewed by this committee. The Executive Director of Workforce and OD agreed to discuss with the PFIGC and PPPHC Chairs the most effective and timely scheduling to each.</p>	<p style="text-align: center;">SG</p>



<p>It was agreed that there should be improved links with this activity and the Board Assurance Framework.</p> <p><b>22/113.2</b> Challenges on recruitment were being reviewed in detail by a series of deep dive workshops. These were aiming to simplify the process and factors around the Health Board's reputation, behaviours and practices were being highlighted. The Establishment Control process was being reviewed and would be re-branded.</p> <p>The Committee noted the report</p>	<p>SG/MM</p>
<p><b>PF22/114 Update on Workforce deep dive : Recruitment</b></p> <p>The Executive Director Workforce &amp; OD provided a verbal update on a recent workshop that had been undertaken and would be reported further at the next meeting. The Committee Chair provided personal feedback on the event and commended the engagement of participants, he welcomed the approach being mirrored in other areas of the organisation.</p> <p>The Committee noted the verbal report</p>	<p>SG</p>
<p><b>PF22/115 Information Governance (IG) Quarter 4 2021/22 Key Performance Indicators (KPI) Report.</b></p> <p><b>PF22/115.1</b> The Committee received the report by the Assistant Director Information Governance and Risk setting out activity levels and response rates around Freedom of Information (FOI) requests.</p> <p>152 Fol requests had been received in Q4 and 37 had seen a delayed response. The complexity and scope of Fol requests continued to grow. There had been 15 subject access requests and a further 13 from external bodies, mainly police. The team was investigating automated means to speed up making redactions to SARs responses.</p> <p><b>PF22/115.2</b> There had been 1158 requests for access to health records, spanning live and deceased patients and third party requests from the police and courts. Compliance on the 28 day timeframe had been 91.7%.</p> <p>59 IG incidents had been reported to the team. A claim for damages of £11,200 had been settled from an earlier claim. IG training compliance across the Health Board was 82%.</p> <p>It was noted that staff accessing patient information inappropriately was a disciplinary matter.</p> <p>The Committee noted the report.</p>	
<p><b>PF22/116 Information Governance Toolkit Annual Report 2021/22</b></p>	

<p><b>PF22/116.1</b> The Committee received the Q4 report confirming that the IG toolkit self-assessment was successfully completed within the given timescales and submitted to Digital Health and Care Wales (DHCW) on the 28th March for review. The overall score achieved was <b>89%</b> with the Health Board meeting level 2 or above in all areas.</p> <p><b>PF22/116.2</b> There were 32 requirements within the Information Governance Toolkit which the Health Board is currently required to meet 31 to provide assurance. Four further requirements are assessed and assured separately as follows:</p> <ul style="list-style-type: none"> <li>3.1 Business Continuity Plan</li> <li>6.4 Mobile Working and Remote Access</li> <li>6.5 Secure Destruction and Disposal of IT equipment</li> <li>7 Cyber Security</li> </ul> <p>Corporate Records had improved from a Level 0 to Level 3. Work is currently being undertaken by the Assistant Director of Information Governance and Risk and the Head of Information Governance to establish what is required to demonstrate Accountability in this area.</p> <p>Surveillance Systems had improved from Level 0 to Level 2/ During 2021/22 there has been a significant amount of work achieved to improve this area of the toolkit, we now have CCTV policy approved for use.</p> <p>The Committee noted the report</p>	
<p><b>PF22/117 Information Governance (IG) Annual Report 2021/22</b></p> <p>The Committee received the report from the Chief Digital and Information Officer summarising the activity of the IG team and Caldicott Guardian.</p> <p>It was noted that there had been a decrease in incidents being reported. IG compliance activity continued including the removal of fax machines.</p> <p>The Committee noted the report</p>	
<p><b>PF22/118 2022/23 Board Assurance Framework (BAF)</b></p> <p><b>PF22/118.1</b> The Committee received the report from the Interim Board Secretary including an extract from the BAF. It was recognised that further work is required to strengthen the controls, assurances and action plans, with some of the BAF risk areas incorporated within the PFIGC agenda for this meeting.</p> <p>The three risks related to attracting/retaining sufficient staff, meeting the break-even duty and delivering a three year integrated medium term plan. The risk descriptions would continue to be reviewed.</p> <p>The Committee noted the report.</p>	MM
<p><b>PF22/119 Corporate Risk Register</b></p>	

<p><b>PF22/119.1</b> The Committee received the report from the Executive Medical Director summarising the decisions of the Risk Management Group meeting on 2nd August 2022 and the progress on the management of the Corporate Risk Register and the new escalated risks aligned to the Committee.</p> <p>The Group was conducting deep dives into CRR20-05 – Timely Access to Care Homes and CRR20-06 – Management of Patient Records. There were no corporate risks currently assigned to PFIGC.</p> <p><b>PF22/119.2</b> The overall finance risk was contained in the Board Assurance Framework, IG risks were being managed in tier 2 and 3. Seven new risks were being incorporated, but were not expected to fall under the Committee’s remit.</p> <p>Risks currently scoring 20 were: timely access to care homes, potential exposure to Ransomware and Zero-day Cyber Risks Attacks, risk that the increased level of DoLS activity may result in the unlawful detention of patients, delivery of safe &amp; effective resuscitation may be compromised due to training capacity issues and risk that residents in North Wales may be unable to achieve a healthy weight as a result of wider determinants.</p> <p>The Committee noted the report.</p>	
<p><b>PF22/120 Agree Items for Referral to Board / Other Committees.</b></p> <p>No matters identified</p>	
<p><b>PF22/121 Review of Risks Highlighted in the meeting for Referral to the Risk Management Group.</b></p> <p>No matters identified</p>	
<p><b>PF22/122 Not used</b></p>	
<p><b>PF22/123 Agree items for Chair’s Assurance Report.</b></p> <p>PF22/123.1 To be agreed outside the meeting.</p>	
<p><b>PF22/124 Review of Meeting Effectiveness</b></p> <p>No matters identified.</p>	
<p><b>PF22/125 Summary of business considered in private session to be reported in Public</b></p> <p>The Finance, Performance and Information Governance Committee considered the following matters in private session on 24.4.22:</p> <ul style="list-style-type: none"> <li>• extension of local construction consultant frameworks</li> </ul>	

<ul style="list-style-type: none"> <li>• Regional Treatment Centres – (Phase 1)</li> <li>• asset disposal of property - 204/206 Abergele Road, Colwyn Bay</li> </ul> <p>and the following on 30.6.22:</p> <ul style="list-style-type: none"> <li>• provision of General Medical (GP), Out of Hours GP Cover and Substance Misuse Services</li> <li>• enabling works in support of replacement imaging equipment at Ysbyty Wrexham Maelor</li> </ul>	
<p><b>PF22/126 Date of next meeting 27.10.22</b></p>	
<p><b>Exclusion of the Press and Public</b></p> <p><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.</p>	