



**Minutes of the meeting of the  
Performance, Finance and Information Governance Committee  
held in public on 27.10.22 via Teams**

<b>Present:</b> John Cunliffe Richard Micklewright Linda Tomos	Independent Member / Committee Chair Independent Member Independent Member
Neil Bradshaw Geraint Farr Nikki Foulkes Sue Green Gill Harris Sue Hill Andrew Kent Chris Lynes Nick Lyons Molly Marcu Phil Meakin Rob Nolan Phil Orwin Andy Oxby  Justine Parry Chris Stockport Tim Woodhead Diane Davies  <b>Observing</b> Dave Harries	Assistant Director Finance – Capital (part meeting) Acting Associate Director Emergency Care (part meeting) Interim Insourcing and Outsourcing Manager (part meeting) Executive Director of Workforce & OD Deputy CEO / Executive Director Integrated Clinical Delivery Executive Director of Finance (part meeting) Interim Head of Planned Care Improvement (part meeting) Deputy Director Nursing for Executive Director Nursing & Midwifery Executive Medical Director Interim Board Secretary Director of Governance Acting Executive Director Finance Interim Director of Regional Delivery Director Interim Outpatients Department (OPD) Programme Support Manager (part meeting)  Assistant Director Information Governance for Digital Director Executive Director Transformation, Strategic Planning and Commissioning Finance Director – Operational Finance Corporate Governance Manager / Committee Secretariat  Head of Internal Audit

<b>Agenda Item Discussed</b>	<b>Action By</b>
<b>PF22/132 Apologies</b> Apologies were received on behalf of Angela Wood for whom Chris Lynes deputised Dylan Roberts for whom Justine Parry deputised	
<b>PF22/133 Declarations of Interest</b> No declarations were received	
<b>PF22/134 Draft minutes of the previous PFIG Committee meeting held on 25.8.22</b>	

<p>The minutes of the meetings held on 25.8.22 were approved <i>subject to deletion of PF22/105.2</i> "Information about the controls and the All Wales system would be circulated" as this was an erroneous recorded action.</p>	MM
<p><b>PF22/135 Matters arising and table of actions</b></p> <p>There were no matters arising from the minutes. The table of actions was updated and closed actions agreed.</p>	
<p><b>PF22/136 Report of the Chair</b></p> <p><b>PF22/136.1</b> The Committee Chair advised that the agenda had been re-ordered in order to prioritise and lengthen discussion in regard to Finances. A number of items had been identified as for information only however members were welcome to raise questions if required.</p> <p><b>PF22/136.2</b> The minutes reflect the order in which items were discussed.</p>	
<p><b>PF22/137 Report of the Lead Executive</b></p> <p><b>PF22/137.1</b> The Executive Director of Finance joined the meeting in order to be present in discussion of the finance items. She advised that whilst the month 4 Finance plan had forecast a breakeven position it had been necessary to revise the current forecast position to £10m deficit. The Executive Director of Finance highlighted the risk profiles which had affected the deteriorating position. She stated that month 6 was a critical position and reaffirmed that Welsh Government (WG), whilst acknowledging the challenges, required the Health Board to deliver a break even position at year end. Discussion continued to take place with the involvement of BCU's Chair and CEO.</p> <p><b>PF22/137.2</b> It was noted that deficit positions were currently being forecast by other Health Boards in Wales, with the exception of Swansea Bay . In respect of savings delivery, BCU's performance was in the middle of other Health Boards in Wales. The Committee Chair raised his concern regarding Savings performance, as it was his current opinion that the forecast might exceed £10m deficit.</p> <p><b>PF22/137.3</b> The Executive Director of Finance advised that a presentation on BCU's Financial Recovery Plan would follow discussion of the Finance items.</p>	
<p><b>PF22/138 Annual Financial plan 2023/24 update</b></p> <p><b>PF22/138.1</b> The Acting Executive Director of Finance presented this item. He stated that WG guidance had not as yet been received therefore the plan was based on assumptions. It was noted that cost pressures continued to be tested and local decisions would need to be undertaken at an integrated health care community level. The Acting Executive Director of Finance stated that a perfect storm was brewing for</p>	

<p>the NHS given the country's 10% inflation rate, the management of resources and growth would be extremely challenging. He stated that a paper, reflecting a realistic stance, was being prepared for discussion by the Executive Team the following week.</p> <p><b>PF22/138.2</b> In response to the Committee, it was confirmed that the NHS pay award would be funded by WG and clarification was provided on how nurse staffing act costs were required to be met internally. The Acting Executive Director of Finance advised that there would be a focus on growth and cost pressures in managing the effects of inflation and consideration would be given to the Committee's suggestion to provide a central contingency fund for inflation.</p> <p><b>PF22/138.3</b> The Committee also questioned the assumption of continued provision of Transformation, Performance and Strategic funding over the next 3 years. Re-assurance was given that this was a reasonable assumption at this stage.</p> <p><b>PF22/138.4</b> In regard to the well invested transformation resource, the Committee questioned how quickly improvements would be delivered. The Acting Executive Director of Finance highlighted the expectation that 80% of next year's savings delivery would be transformational which would be challenging. Discussion ensued on the level of officers' confidence given that this had not been previously delivered. Increasing work in service redesign and the introduction of the new operating model to better meet WG's expectations will improve confidence. The potential to allocate resources based on the national formula using based on deprivation and need is a positive example on how we will be able to manage our resources in the future. However, it was acknowledged that there was a gap in corporate enablers.</p> <p><b>PF22/138.5</b> A rich discussion ensued on the deliverability of savings in which it was questioned whether the approach needed to be amended to one of no savings targets being set and instead managing and delivering services against a set budget allocation, potentially better serving local needs. Challenges in respect of corporate services, cultural change, equity, profoundly difficult decision making and potential for comparative bid processes arose in the discussion. The Deputy CEO highlighted that continuing perception of 'Acute' and 'Area' pressures were unhelpful following the introduction of Integrated Healthcare Communities (IHC).</p> <p><b>It was resolved that the Committee</b> noted the report</p>	
<p><b>PF22/139 BCU Finance Strategy update</b></p> <p><b>PF22/139.1</b> The Acting Executive Director of Finance advised the document had been updated in line with discussion at the previous meeting and stated the importance of recognising the document as part of the enabling strategies of BCU's Integrated Medium Term Plan (IMTP).</p> <p><b>PF22/139.2</b> The Committee Chair requested that page 2 'Financial history' be updated to reflect the current position. He also reflected that the work programme (page 4</p>	RN

<p>Transformation) would not necessarily mitigate against the risk – only delivery would achieve this. In regard to savings he questioned whether the annual pipeline should be changed to a continual approach and whether there was a dedicated role maintaining focus on it. The Acting Executive Director of Finance agreed to consider this approach further as the current response was disappointing. It was agreed that Page 8 ‘Decision making’ would be expanded to explain how this would be progressed</p> <p><b>PF22/139.3</b> The Committee questioned the Improvement Group role, it was noted that the programme methodology and focus would be explained in further depth at the upcoming Board Workshop.</p> <p><b>It was resolved that the Committee</b> noted the strategy document</p>	RN
<p><b>PF22/144 Finance report month 6</b></p> <p><b>PF22/144.1</b> The Executive Director of Finance presented the report. She drew attention to pay pressures in the system, in particular premium costs of agency (£33m), overtime (£8m) and locum (£12m) which were related to vacancy rates and required focussed attention within BCU’s workforce strategy. Continuing Health Care (CHC) (£4.5m) to meet BCU’s most complex patients’ needs and increasing prescribing medication, as well as general inflation, were highlighted as significant non-pay cost pressures.</p> <p><b>PF22/144.2</b> In regard to the £35m savings target the Executive Director of Finance explained the profile had been weighted to delivery towards the year end in order to embed the new operating model and IHCs, the forecast was currently delivery of £15.2m against £35m. Attention was drawn to the expectation that WG would mandate only 5 days Annual leave accrual could be carried forward, as opposed to 10 days the previous year, which had the potential to release between £5m to £10m. She stated the organisation’s ambition was to reduce the £10m deficit forecast to as close to zero as possible in order to meet the statutory duty to break even over 3 years, acknowledging the challenging spend decision that would need to be made. Also highlighted was the expectation that WG would not withdraw the £42m strategic support and £38m planned care recovery monies provision.</p> <p><b>PF22/144.3</b> In response to the Committee Chair, the Executive Director of Finance and advised that she and the Acting Executive Director of Finance had undertaken a detailed review since month 4 to arrive at the £10m forecast and assessed that many of the previous assumptions had been too prudent.</p> <p><b>PF22/144.4</b> The Executive Director of Workforce &amp;OD reflected that the previous form of workforce/pay reporting in 2019/20 was more helpful than present, highlighting there was currently potential for not having clarity on core workforce spending due to funding associated with improvement programmes and provided examples of this eg Mental Health recovery. She also stated that work was being undertaken to schedule taking of annual leave across the last 2 quarters to avoid impact on winter resilience planning and potential requirement for additional premium rate cover.</p>	

<p><b>PF22/144.5</b> The Committee raised concern with the rate of overspending across the organisation. In response to the actions undertaken to date, the Acting Executive Director of Finance described the bottom up approach that had been undertaken with the organisation's divisions (including check and challenge) and advised further detail of the actions being undertaken would be addressed in the Financial Recovery presentation later in the agenda. In response to the Committee he confirmed that profiling of individual budget lines was undertaken. The Executive Director of Finance stated that instead of including savings targets, the control total number approach was a simpler and more manageable way for divisions to deliver within their budgets (rather than spending their allocation and failing to deliver on savings targets resulting in an overspend position). Clarity would be required on how this would be effected.</p> <p><b>PF22/144.6</b> In respect of the high level risks indicated on page 13 the Finance Director – Operational Finance advised that WG had indicated these must be shown as risks, however high level discussions were being held and whilst WG had anticipated this would be available to BCU there was no indication of when a decision would be confirmed. It was confirmed that this assumption was reflected in current plans. In response to the Committee it was agreed that Divisional forecast outturns would be provided in future reports. Following a reflection that secondary care budgets were amongst the highest of the organisation, the Committee questioned the level of engagement of the hospital management teams at BCU's 3 District General Hospitals. The Deputy CEO stressed that performance responsibility was now shared as part of the IHC Leadership Team and engagement and mandatory processes were being embedded to ensure greater accountability.</p> <p><b>It was resolved that the Committee</b> noted the report</p>	RN
<p><b>PF22/145 Savings report</b></p> <p><b>PF22/145.1</b> The Acting Executive Director of Finance stated that discussion had arisen in the Finance report on Savings however, he highlighted that there was a high level of confidence that £17.5m of transactional savings would be achieved However £9.747m were recurrent. He drew attention to the shortfalls in savings delivery performance against the IHCs within the report however he recognised that Mental Health Services had delivered against their full savings target.</p> <p><b>PF22/145.2</b> In discussion of a report circulated to members in response to a previous action, the Acting Executive Director of Finance advised that a level of more detailed reporting underpinned each of the savings identified however, he suggested that a separate meeting could be set up to share this granularity of detail should the member require.</p> <p><b>PF22/145.3</b> A discussion ensued on transactional and transformational savings in which it was determined that the 'split' of targets had become unhelpful. The Executive Director of Finance suggested that focus on sustainable recurrent benefits was more useful, given the organisation was going through a process of service redesign. She would consider this further in planning for the next Integrated Medium Term Plan</p>	

<p>(IMTP). The Executive Director of Transformation and Strategic Planning commented on the need to do more work on reflecting benefits realisation, especially in drawing out the savings achieved, in order to also plan how any cash releasing savings could be utilised. The Executive Director of Finance stated that as the largest Health Board in Wales more focus should be placed on achieving better procurement rates through North Wales Shared Services. The Deputy CEO also stated that the Planned Care Recovery actions would avoid expenditure in other areas.</p> <p><b>PF22/145.4</b> The Committee raised concern with the lack of pace in regard to workforce planning improvements, which was also a shared concern of the Partnerships, People and Population Health Committee (PPPHC) given that utilising agency and locum staff was a heavy cost pressure. The need for both Committees to actively focus on this area of delivery was emphasised.</p> <p><b>It was resolved that the Committee</b> noted the report</p>	
<p><b>PF22/137 Continued – Presentation Financial Recovery</b></p> <p><b>PF22/137.4</b> The Executive Director of Finance provided a powerpoint presentation which set out to deliver finance, quality and performance improvements in equal measure in order to drive for a break even position without negative impact. The presentation set out</p> <ul style="list-style-type: none"> <li>• Background</li> <li>• Closing the gap on delivering the 2022/23 savings</li> <li>• Financial control and governance actions</li> <li>• Performance actions</li> <li>• Quality actions</li> <li>• Governance structures from weekly reviews to Board</li> <li>• Action plan summary</li> <li>• Recovery focus areas : Planned Care, Unscheduled Care, Continuing Healthcare, Medicines Management, Workforce, Digital, Estates, Facilities and Procurement</li> <li>• Action plan to deliver other savings</li> </ul> <p><b>PF22/137.5</b> The Committee welcomed the presentation and noted the Interim Director of Regional Delivery's comments regarding the potential for 'noise in the system' due to cultural changes arising in attaining grip. Due to the challenges ahead which would also continue into the next financial year.</p> <p><b>PF22/137.6</b> Discussion ensued. It was agreed that audit input would be clarified in the governance structure. The Committee comments included the need for a greater sense of scale, financial data and prioritisation, it was noted that the presentation appeared to reflect a framework as opposed to a plan. The Interim Director of Regional Delivery provided an example of potential savings of £7m to £9m with successful reduction of front door admission – albeit without compromising quality.</p>	SH

<p><b>PF22/137.7</b> In response to the Committee the Executive Director of Finance advised that a revised document would be provided to the Committee between meetings and also submitted to the next Board meeting. The Deputy CEO also clarified that the recovery plan would be discussed at each fortnightly Leadership Team and Executive Team meeting.</p> <p><b>PF22/137.8</b> The Executive Director of Finance stated that a subgroup was in the process of being set up and would be chaired by the Interim Regional Delivery Director. It was noted that he would temporarily attend PFIGC whilst the Deputy CEO was undertaking the Acting CEO role.</p> <p><b>It was resolved that the Committee</b> noted the presentation</p>	SH
<p><b>PF22/148 Capital Programme monitoring report</b></p> <p><b>PF22/148.1</b> The Director of Finance – Capital joined the meeting to present this item. He highlighted increasing costs from £43m to £46m due to current economic instability of the Wrexham Business Continuity project which remained on track to submit a full business case. In regard to the discretionary programme cost pressures were highlighted and it was noted that Ward 6 tender costs had risen due to : a redesign request to introduce enhanced respiratory beds, ventilation issue and also inflation. This had resulted in an increase in excess of the delegated £150k limit (ie £384k) for which support was sought. He advised that the Capital Investment Group were seeking additional funding through WG slippage bids.</p> <p><b>PF22/148.2</b> The Committee Chair questioned WG progress in regard to the Royal Alex, given that there was potential that BCU's needs may have altered, thereby questioning the continued viability of the scheme. The Finance Director – Capital confirmed that the project remained viable and was strongly supported by the Central IHC and partnership organisations. It was reported that a meeting with WG was scheduled the next day for further discussions on other sources of funding also.</p> <p><b>PF22/148.3</b> In regard to an action arising from a previous meeting it was agreed that the Committee member and the Finance Director – Capital would discuss the detail of the schemes provided outside the meeting.</p> <p><b>PF22/148.4</b> The Committee commended the volume of Green RAG ratings however, clarification was sought on Red ratings within the schemes. It was noted that a number of these were due to decisions taken within BCU to slow down schemes which might potentially be deferred to the next financial year. In response to the Committee the Finance Director –Capital advised that plans were in place to manage any slippage however, there would be potential consequences for the following year. WG had indicated a potentially increased Discretionary capital allocation however, it might be taken up in supporting the EFAB programme.</p>	NB

<p><b>PF22/148.5</b> In response to the Committee’s question on uncommitted capital, it was clarified that the hypothetically 50% was contractually committed however BCU was required to deliver on its Capital Resource Limit (CRL).</p> <p><b>It was resolved that the Committee</b></p> <ul style="list-style-type: none"> <li>noted the report</li> <li>agreed the adjustments outlined to the capital programme</li> </ul>	
<p><b>PF22/156 Financial Control update</b></p> <p><b>PF22/156.1</b> The Committee sought assurance that the report would be updated as recommendations were progressed. In response to Training needs that had been highlighted, the Finance Director – Operational Finance provided greater detail of the training being introduced and confirmed these would be targetted at all budget holders. The Committee drew attention to the findings of a previous Internal Audit report which highlighted weakness in budget manager’s accessing their appropriate finance reports. The Executive Director of Workforce &amp; OD advised that capability would be strengthened as Leadership competencies had been modified to ensure a level of financial competency was attained for career progression and would be identified by managers and their teams. She also drew attention to further updates that would need to be incorporated following discussion by the Remuneration and Terms of Service Committee in relation to the annual report and controls relating to Senior Interim appointments as part of the Workforce Optimisation Programme.</p> <p><b>PF22/156.2</b> The Committee sought assurance that meetings to discuss the recommendations were minuted and actions recorded. The Finance Director - Operational Finance confirmed that an action plan was currently being monitored, following an observation by the Head of Internal Audit it was agreed that minutes would be recorded for panel meetings going forward.</p> <p><b>PF22/156.3</b> The Interim Board Secretary clarified that PFIGC would undertake financial monitoring of all the recommendations, including any audit reports, and actions on behalf of the Board. It was noted that an issues log was also being maintained.</p> <p><b>It was resolved that the Committee</b> noted the report</p>	TW
<p><b>PF22/146 Divisional Operational report - East IHC</b> This item was taken for information – no questions were raised by the Committee</p> <p><b>It was resolved that the Committee</b> noted the report</p>	
<p><b>PF22/147 External Contracts assurance report</b></p> <p><b>It was resolved that the Committee</b></p> <ul style="list-style-type: none"> <li><b>ratified</b> the decision taken by the Executive Team on the 12th October 2022 to accept the recommendation of HB professional and finance leads across Wales that</li> </ul>	



<p>the Inflationary Uplift Mechanism (IUM) used to calculate uplifts to the Funded Nursing Care (FNC) rate since 2014/15 be extended to cover the 2022/23 year. An increase of 5.19%, which equates to £9.56 per week, resulting in an updated weekly fee of £193.88 backdated to 1 April 2022, with a cost pressure of £190,000 to be managed by the Divisions</p> <p>and <b>noted</b></p> <ul style="list-style-type: none"> <li>• the financial position on the main external contracts as reported at Quarter 2 2022/23</li> <li>• the work underway in respect of stabilising wider health / patient care contracts and key risks / related activity</li> <li>• the revised contracting arrangements with NHS Providers and Commissioners for 2022/23 and the work underway to finalise the English NHS contracts by the end of Quarter 3.</li> <li>• the work underway in respect of increasing planned care capacity 3</li> <li>• the significant steps taken to address the risks associated with the current contractual arrangements with independent care home providers.</li> <li>• the work underway to develop robust governance and scrutiny arrangements</li> </ul>	
<p><b>PF22/140 Integrated Medium Term Plan process update</b></p> <p>This item was taken for information – no questions were raised by the Committee. It was understood that the IMTP process was scheduled to be discussed at the next Partnerships, People and Population Health Committee meeting.</p> <p><b>It was resolved that the Committee</b> noted the report</p>	
<p><b>PF22/149 Operational Plan 2022/23 monitoring report</b></p> <p>This item was taken for information – no questions were raised by the Committee</p> <p><b>It was resolved that the Committee</b> noted the report</p>	
<p><b>PF22/150 Quality and Performance report</b></p> <p>This item was taken for information – no questions were raised by the Committee</p> <p><b>It was resolved that the Committee</b> noted the report</p>	
<p><b>PF22/143 Transformation report</b></p> <p><b>PF22/143.1</b> The Executive Director of Transformation Strategic Planning and Commissioning presented this item stating that Transformation was scheduled for discussion at the next Board workshop. He highlighted that the Executive Team had identified the requirement for a more consistent approach across the Health Board and benefits realisation needed to be an integral part of the process to improve decision making. Whilst there were Red RAG ratings applied in some schemes he was not pessimistic in regard to overall progress as it reflected that more robust systems had been embedded to ensure delivery and he expressed confidence in reducing some Amber RAG ratings to Green.</p>	

<p><b>PF22/143.2</b> The Committee expressed frustration in the pace taken to embed the processes and therefore delay in delivering outcomes. The Executive Director of Transformation, Strategic Planning and Commissioning agreed that the process should be viewed in a continuous cycle rather than an annual approach and advised that the pace of change would be explored further in the Board workshop.</p> <p><b>PF22/143.3</b> In response to the Committee it was noted that a more detailed RAG status report would be provided at each meeting going forward.</p> <p><b>It was resolved that the Committee</b> noted the report</p>	CS
<p><b>PF22/151 Planned Care report</b></p> <p><b>PF22/151.1</b> The Interim Director Regional Delivery, Insourcing &amp; Outsourcing Manager and Interim OPD Programme Lead joined the meeting for this item. The Interim Director Regional Delivery stated the importance of ensuring the right capacity was available whilst ensuring patients were treated in the right way. He drew attention to changes made with the partial booking system to ensure longest waiting patients were addressed and improvements made to waiting times, Did Not Attend (DNAs) and complaints. The Insourcing &amp; Outsourcing Manager enlarged on these areas and the Interim OPD Programme Lead provided a more operational view of the processes taking place highlighting additional work on the DNAs to improve waiting times for patients.</p> <p><b>PF22/151.2</b> The Committee questioned whether BCU would achieve the Ministerial targets set and were advised that a revised realistic plan had been prepared and stretch targets were now also being applied to move forwards with an achievable plan for the future which contained mitigating actions. He stated that the team were moving in the right direction to achieve this. The Deputy CEO requested that the Team lock down early what capacity opportunity existed in order to ensure going forward that clear and owned trajectories were in each of the IHC systems. The Interim Director of Regional Delivery advised of other opportunities to also reduce the waiting times eg Straight to Test which were being progressed with digital support. The Committee commented that there appeared to be grip in this long standing issue however there remained concern in the pace to digital delivery. The Interim OPD Programme Lead advised on the technical issues which needed to be addressed in order to ensure that the system was built on strong and accurate foundations however, he gave assurance that digital path development was in sight. Discussion ensued on the digital solution in which it was confirmed that the Interim OPD Programme Lead was linked in with ensuring integration with the development of a Digital Health Care Wales (DHCW) booking App. The Committee emphasised the need to also ensure equality for patients who were unable to engage with a digital solution.</p> <p><b>PF22/151.3</b> The Committee questioned whether the forecast Winter issues might derail the current plans. The Interim OPD Programme Lead outlined the mitigating actions that</p>	PO

<p>had been put in place however, the Deputy CEO advised that there remained some potential issues eg power outages and industrial action.</p> <p><b>PF22/151.4</b> The Executive Director of Workforce &amp; OD suggested that future Planned Care and USC reports build in workforce and expenditure implications to their future reports which would include additional premium rate spend incurred as a result of direct involvement and in a planned and purposeful way supporting planned care recovery and also the risks associated with workforce. She welcomed the opportunity to be involved, along with her team, in order to provide a composite report.</p> <p><b>PF22/151.5</b> The partial assurance highlighted in the paper was discussed and noted given the potential for an extremely challenging Winter period ahead.</p> <p><b>It was resolved that the Committee noted</b></p> <ul style="list-style-type: none"> <li>• the partial assurance of the Planned Care programme recognising that the delivery of this 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.</li> <li>• the PC recovery program</li> <li>• the requirement to ensure clean and accurate data would be presented in a manner appropriate for the intended audience</li> </ul>	<p>SG/PO</p>
<p><b>PF22/151.1 Regional Treatment Centre report</b></p> <p><b>PF22/151.1.1</b> The Interim Head of Planned Care Improvement joined to present the report, he undertook to circulate the gateway Review report to members following the meeting. He reflected on the disappointing Red RAG status applied however, a robust action plan had been put in place which had progressed all the recommendations from Red to Amber or Green.</p> <p><b>PF22/151.1.2</b> The Committee was keen to be provided with assurance that lessons had been learned in order that any future planning would not incur similar findings.</p> <p><b>PF22/151.1.3</b> The Interim Head of Planned Care Improvement advised significant delays had been incurred due to changes which were no longer able to be applied to the scheme as the NHS moved out of temporary Covid fast tracking processes and significant project management recruitment issues had also occurred.</p> <p><b>PF22/151.1.4</b> The Interim Board Secretary requested that the next report to the Committee contained an extended version of the plan indicating the mitigating actions undertaken to provide a greater level of assurance. The Deputy CEO agreed that this would be undertaken by the newly appointed Project Director who would also look back through the project's development to provide a lessons learned report.</p> <p><b>PF22/151.1.5</b> In response to the Committee's concern the Head of Internal Audit confirmed that Project Management was part of IA's scheduled work programme during</p>	<p>AK</p> <p>PO/AK</p>

<p>quarters 3 and 4. The Gateway Review would form part of this work and he assured that the Delivery Service Unit was regularly sighted on this area.</p> <p><b>It was resolved that the Committee</b> noted the content of this report and action plan</p>	
<p><b>PF22/152 Unscheduled Care report</b></p> <p><b>PF22/152.1</b> The Acting Associate Director Emergency Care joined the Interim Director Regional Delivery to present this item. It was noted that the Winter Resilience Plan provided would not be considered as it was incomplete. The Deputy CEO stated that, on receipt of WG guidance, a revised and complete report would be provided to the PPPH Committee meeting on 8.11.22.</p> <p><b>PF22/152.2</b> The Interim Director Regional Delivery provided highlights of the report including details of the newly appointed Programme Manager Medwyn Jones and the activities he was moving forward across sites. It was noted that whilst Ysbyty Glan Clwyd improvements were being progressed, more consistency was required. He stated that should a twin-demic occur there would be a 152 bed pressure on top of 454 residential home bed pressure across North Wales. He advised the worst case scenario was believed to be 837 bed alternatives required in extreme pressure.</p> <p><b>PF22/152.3</b> The newly appointed Acting Associate Director Emergency Care outlined his focus on delivering grip and control using the 6 goal programme, this included forming a Task and Finish Group to plan around the recent reduction to a single bridge crossing from the Isle of Anglesey to the mainland and the area's main DGH. Further detail was also provided on deteriorating performance in the West, increasing Medically Fit for discharge patients and updates on 111 and MIU. Interim appointments were also noted in the East IHC.</p> <p><b>PF22/152.4</b> The Committee questioned capacity and capability in Emergency Care especially given that there was only one functioning MIU in the Meirionydd region of the West. The Acting Associate Director Emergency Care provided examples of alternative practices being developed and implemented eg paramedic practitioners, nurse practitioners and rotational models. The Committee requested that assurance be provided in future reports on all the solutions being implemented and developed to meet the gap in provision as concern remained on how patients in this particular rural area of North Wales were being supported with emergency care needs.</p> <p><b>PF22/152.5</b> The Deputy CEO commented on Urgent Primary Care centres, GPOOH and cluster developments. The Interim Director of Regional Delivery was pleased to share details of the successful recruitment to 6 wte clinical roles at the Wrexham Maelor hospital site which would move it forward in terms of sustainability and also improve waiting times and quality of service for patients.</p> <p><b>It was resolved that the Committee</b></p>	<p>PO</p>

<p><b>noted</b> the update provided on the actions being taken within the Unscheduled Care improvement programme.</p>	
<p><b>PF22/141 Board Assurance Framework</b></p> <p>In response to time constraints, the Committee members agreed to address any questions directly with the Interim Board Secretary outside the meeting.</p> <p><b>It was resolved that the Committee</b> noted the BAF risks that fall within the remit of the Performance, Finance and Information Governance Committee</p>	
<p><b>PF22/142 Corporate Risk Register</b></p> <p>In response to time constraints, the Committee members agreed to address any questions directly with the Director of Governance outside the meeting.</p> <p><b>It was resolved that the Committee</b> noted the report</p>	
<p><b>PF22/153 Information Governance KPI report</b></p> <p>The Assistant Director Information Governance highlighted a number of areas in the report including improved workforce response times, progress of tenders in respect of a new FOI subject access system, work being undertaken to address the slight increase in inappropriate access to systems and 82% compliance in regard to Information Governance mandatory training. The Assistant Director Information Governance also advised that a risk assessment process was currently with the Executive Director of Finance to consider mitigations as Senior Responsible Officer regarding the Welsh Health Circular on Cyber Security.</p> <p><b>It was resolved that the Committee</b> noted the report, including assurance provided on compliance with the Data Protection and Freedom of Information legislation.</p>	
<p><b>PF22/154 Workforce report</b></p> <p><b>PF22/154.1</b> The Executive Director of Workforce &amp; OD presented the item. She referred to a recent Community Health Council briefing in which she had highlighted the need to understand the connectivity between the growth that is supported through planning and business case processes and the requirement for savings and meeting control totals. It was the intention that the workforce optimisation programme outlined in the report would aim to maintain focus on this joined up thinking. The Executive Director of Workforce &amp; OD stated that, as originally agreed, a meeting would take place with the Chairs of PFIGC and PPPHC in November to discuss the report format going forward as she raised concern that it did not currently provide adequate</p>	SG/JC/LT

<p>assurance in discussion of unscheduled care, planned care finance and savings. The Executive Director of Workforce &amp; OD highlighted the increased establishment to 16140, whole time equivalents and recruitment of an additional 1700 people since 2019. Work needed to be undertaken to focus on recruitment at a more granular level in planning for 2023/24 against Finance and Performance targets based on performance against workforce growth. The Executive Director of Workforce stated that permanent recruitment against Planned Recovery was not planned due to the nature of non-recurrent funding and future needs when the backlog was dealt with. It was agreed that the Workforce report required further development work to enable a greater level of understanding and linkage with the IMTP. It was agreed that Committee members would receive a briefing to provide assurance on the funded establishment detail, as briefly outlined, prior to the workforce report meeting taking place. The Deputy CEO requested that consideration also be given to drawing out staff consequences around IMTP investment and disinvestment decisions.</p> <p><b>PF22/154.2</b> A discussion ensued on the increased level of Admin and Clerical (A&amp;C) posts and adequacy of nurse staffing levels. It was noted that A&amp;C posts had increased during the pandemic to release more nursing staff time to provide clinical care. These were agreed as part of the IMTP in supporting various essential clinical services. The Executive Director of Workforce &amp; OD assured that robust processes were in place to ensure compliance with the nurse staffing act however, she acknowledged challenges, which included retention, and undertook to provide further detail of this in the next Workforce report. Progress with successful nurse recruitment was noted. The Deputy Director of Nursing emphasised concern with nursing retention, stating that many nurses who might previously have taken a decision to retire and return were further considering their options due to the effect of the Covid pandemic. It would be important to ensure attractive, flexible, options were available to retain more of their key skills.</p> <p><b>It was resolved that the Committee</b> noted the current performance position provided and provided feedback for future reporting</p>	<p>SG</p> <p>SG</p>
<p><b>Learning from - the Past</b></p>	
<p><b>PF22/155 Recruitment Process Rapid Deep-Dive Feedback</b></p> <p>The Committee welcomed the report and noted that it would be presented to PPPHC on 8.11.22 for further discussion.</p> <p><b>It was resolved that the Committee</b> noted the current performance position provided</p>	
<p><b>Closing business</b></p>	
<p><b>PF22/157 item withdrawn</b></p>	
<p><b>PF22/158 Agree Items for referral to Board / Other Committees</b></p>	

None	
<p><b>PF22/159 Review of risks highlighted in the meeting for referral to Risk Management Group</b></p> <p>No comments were received</p>	
<p><b>PF22/160 Agree items for Chairs Assurance report</b></p> <p>To be agreed outside the meeting</p>	
<p><b>PF22/161 Review of meeting effectiveness</b></p> <p>The Committee commended the chairing of the meeting given the volume of business to consider in the time allocated.</p>	
<p><b>PF22/162 Summary of private business to be reported in public</b></p> <p><b>It was resolved that the Committee</b> noted the report</p>	
<p><b>PF22/163 Date of next meeting 22.12.22</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>	