



Finance & Performance Committee
Minutes of the meeting held in public on 24.10.19
in Carlton Court, St Asaph

Present:

Mr Mark Polin	BCUHB Chairman
Cllr Cheryl Carlisle	Independent Member
Mr John Cunliffe	Independent Member / Committee Vice Chair
Mrs Jackie Hughes	Independent Member
Ms Helen Wilkinson	Independent Member

In Attendance:

Mrs Sally Baxter	for Executive Director Planning and Performance
Mr Neil Bradshaw	Assistant Director Strategy ~ Capital Planning (<i>part meeting</i>)
Mr Phillip Burns	Interim Recovery Director
Ms Deborah Carter	Interim Operations Director
Mr Gary Doherty	Chief Executive
Dr David Fearnley	Executive Medical Director
Mrs Sue Green	Executive Director Workforce and Organisational Development (OD)
Mr Michael Hearty	Independent Finance Adviser
Ms Sue Hill	Acting Executive Director of Finance
Mr Ian Howard	Assistant Director Strategic and Business Analysis (<i>part meeting</i>)
Mr Hywel Jones	Director, Finance Delivery Unit (FDU)
Mr Andrew Kent	Interim Head of Planned Care (<i>part meeting</i>)
Mr Rob Nolan	Finance Director ~ Commissioning and Strategy (<i>part meeting</i>)
Mrs Llinos Roberts	Executive Business Manager
Mr Andrew Sallows	Delivery Programme Director, Welsh Government (WG)
Mr Tony Uttley	Interim Financial Director – Operational Finance (<i>part meeting</i>)
Ms Diane Davies	Corporate Governance Manager (Committee Secretariat)

Agenda Item Discussed	Action By
<p>FP19/233 Apologies for absence and declaration of interests</p> <p>Apologies were received from Mr Mark Wilkinson, Mr Eifion Jones, Dr David Fearnley and Mrs Gill Harris.</p> <p>The Chairman welcomed representatives of WG attending the meeting which he commented was a reflection of BCU's need.</p>	
<p>FP19/234 Chair's action</p> <p>The Chairman advised that Chair's action has been undertaken between meetings</p>	

<p>to approve the acquisition of a lease for Hillcrest Medical Centre premises to BCUHB for a period of 6 years.</p>	
<p>FP19/235 Draft minutes of the previous meeting held on 24.9.19 and summary action plan</p> <p>FP19/1 The minutes were agreed as an accurate record and updates were provided to the summary action log.</p> <p>FP19/2 The Chairman commented in relation to FP19/215.3 that the Board was not on trajectory to deliver a plan for sign off at the November Board meeting as required by the directive of the Director General NHS Wales in his recent letter. The Chief Executive responded that the plan would not be complete in the areas of RTT however Finance and Unscheduled Care would be in a different place. The Chairman requested that a position paper be prepared for the Board to include what needed to be addressed, actions in place and stating what was unable to be delivered.</p> <p>FP19/3 In respect of Urology services, discussion ensued on the effect of national procurement delay with robotic surgery. It was noted that this type of surgery affected 7 patients per year, however external provision could be provided when required.</p> <p>FP19/4 In respect of the orthopaedics business case, the Chairman shared his concern regarding the delay for the F&P Committee and the Board to consider. The Chief Executive advised that the next meeting would consider the business case following undertaking the new business case policy process which was to be considered later in the meeting. He also advised of Executive Team consideration in relation to recruitment progression and finances. The Chairman voiced his concern with governance processes in relation to submission of the business case to WG.</p>	
<p>FP19/236 Finance Academy Forecasting best practice guide</p> <p>FP19/236.1 The Acting Executive Finance Director presented this item, she reported that as BCU was focussing its attention on effective forecasting that the work would be important to genuinely embed in order to ensure improvement within BCU's processes. In response to the Finance Adviser she reported that BCU was approximately 60% aligned with the forecast process outlined within slide 12 of the presentation provided. She also acknowledged the need for capability within the centralising of business partners which the Finance Adviser pointed out.</p> <p>FP19/236.2 The Chairman stated the need for the Division to work towards accurate reporting by day 5 of month end. He emphasised that the organisation needed to be in a better informed financial position at the earliest point in time. The Acting Executive Finance Director acknowledged there was work to do in this area. The Interim Recovery Director also highlighted the importance of this for local senior leadership teams to enable more effective systems in place in regard to decision making. He stated this would be a critical success factor in comparison</p>	

<p>to previous years.</p> <p>It was resolved that the Committee noted the report agreed to receive a report on BCU forecasting at the December Committee meeting</p>	SH
<p>FP19/237 Monthly monitoring report to Welsh Government</p> <p>It was resolved that the Committee noted the report</p>	
<p>FP19/238 Resource allocation review</p> <p>The Acting Executive Finance Director advised that a resource allocation review was being progressed by Welsh Government, and the final version would be available for publication when the national formula, based on the agreed methodology, had been finalised and agreed by WG. It was noted that this would be important for BCU's future approach to allocating and utilising resources, which should inform future decision making. It was agreed that the Acting Executive Finance Director would circulate the BCU position when finalised to members.</p> <p>It was resolved that the Committee noted the review and progress</p>	SH
<p>FP19/239 2019/20 Annual Plan: Monitoring of progress against actions for F&P</p> <p>FP19/239.1 The Assistant Director ~ Health Strategy presented the quarter 2 report, pointing out that whilst some sampling had been undertaken, plans were in place to improve depth going forward. A discussion ensued on actions and milestones in which it was agreed that narrative should be provided at the appropriate milestone date as opposed to within the quarterly update. AP05 was highlighted as an example in this respect. The Chairman also requested that action be taken to improve the way in which the attention of the Committee was drawn to issues within the report.</p> <p>FP19/239.2 It was agreed that clarity would be provided on whether there was a typographical error in respect of 'planned 750 cases' outsourcing within the Orthopaedic Plan (AP022). Discussion ensued on AP039 in which it was confirmed that a stroke improvement business case was being progressed and would include details of benefits, workforce modelling and finance. The Committee was also appraised on the position regarding Urology by the Chief Executive. The Chairman raised concern regarding utilising the savings programme to offset the deficit position emphasising the organisation's financial position running hot and the increased risk in reliance of savings delivery. The Interim Recovery Director also drew attention to the need to address the following financial year's savings programme and availability of choices to be considered in order to avoid service issues in the coming year.</p>	<p>SB</p> <p>SB</p>

<p>FP19/239.3 The Interim Operations Director undertook to circulate an explanation of Social Value to members. The Finance Adviser commended the report, however he advised that more detailed narrative needed to be provided on all amber and red positions in order that the Committee could be appraised of how the actions were being brought back into alignment and including a sense of achievability. He also stated that Estates, Digital and Care Closer to Home needed to be focussed on. The Committee also sought greater grip on priorities and the relationship with interdependencies. The Chairman also highlighted concern with Eyecare services.</p> <p>FP19/239.4 A discussion ensued on BCU's digital position in which the Chairman and Committee expressed concern about reliance upon those support services within the organisation which were also being affected by delays in national developments and infrastructure issues. The Chairman reflected that BCU needed to be more vocal on the national stage. The Interim Recovery Director also pointed out that investment was fundamental to improving BCU's output and performance. It was agreed that BCU's developing digital strategy including current IT capability, issues and current plans would be addressed in the Board's workshop programme and considered at the next Digital and Information Governance Committee meeting.</p> <p>It was resolved that the Committee note the report</p>	<p>DC</p> <p>SB</p>
<p><i>The Head of Planned Care joined the meeting</i></p> <p>FP19/240 Integrated Quality and Performance report</p> <p>FP19/240.1 The Chief Executive presented this item, drawing attention to the executive summary provided on unscheduled and planned care. The Executive Director of Workforce & OD advised on a potential reduction in sickness absence rate following changes to unsocial hours payments. She also advised that her team was working on addressing stress related absence. In response to the Committee, she expressed confidence that the trajectory would decline by the end of December, and agreed to provide an indicator of movement following the meeting. The Chief Executive was requested to provide a briefing on the impact on RTT performance of activity being behind plan.</p> <p>FP19/240.2 In respect of Cancer performance, it was agreed that the Interim Operations Director would provide a position statement on Urgent Suspected Cancer bookings by the end of October and also backlog reduction position. It was noted that the Chief Executive confirmed all the timelines for actions had been met in relation to eye care measure. In respect of the External Contracted activity it was agreed that the Acting Executive Director of Finance would provide a report on the Countess of Chester hospital activity and be considered further at the next meeting.</p> <p>FP19/240.3 In respect of RTT core activity it was agreed that the Interim Operations Director would provide greater clarity on the activity outlined and that the Executive Director of Finance would share further detail on the cost summary with the WG Delivery Programme Director. The Chief Executive stated the need</p>	<p>SG GD</p> <p>DC</p> <p>SH</p> <p>DC SH</p>

<p>for tighter RTT management and improvement in the number of patients treated. The Committee was made aware of increased patient presentations nationally and assured this was being reviewed on a weekly basis.</p> <p>It was resolved that the Committee note the paper</p>	
<p>FP19/241 Referral to Treatment update</p> <p>FP19/241.1 The Interim Head of Planned Care presented this item, providing brief background to his recent appointment. He advised that the paper described the approach being taken and the efforts being made to improve data, business process and a re-refresh/re-forecast of the end of year position with the associated risks. A comprehensive appraisal of the RTT recovery plan had been completed. This included validating the two high level risks of the plan ie treat in turn and cancellation avoidance. Work had recently commenced in theatres to scrutinise each list on a weekly basis and other improvement work around booking patients in turn, to help mitigate the risk of cancelled operations. He drew the Committee's attention to potential slippage due to delays in recruiting administration support caused by the vacancy control process. The Interim Head of Planned Care also advised that a micromanagement approach was currently in place to ensure scrutiny at individual patient level and advised of significant challenges in orthopaedics, general surgery, gynaecology, urology and endoscopy. He affirmed that there was a fair chance of meeting the November targets set with the exception of Orthopaedics.</p> <p>FP19/241.2 The Interim Head of Planned Care summarised that there was a significant risk to achieving the plan of no over 52 week waiters by the end of March 2020 due to the significant backlog number of un-booked patients currently on BCU's waiting list. He advised that the following would be implemented to mitigate the significant risks :</p> <ul style="list-style-type: none"> • Re-aligning our business process in planned care to be more proactive rather than reactive • Undertaking a significant piece of work on the active Primary Targetting List (PTL) to validate the current PTL's across all three sites, Areas and then follow-ups • To undertake a reforecast, with the help of WG Delivery Unit, which would give both organisations a stronger degree of confidence • The organisation recognised the highest risk as Orthopaedics in delivering the reduction of long waiters • To evaluate the current outsourcing to help reduce the number of long waiters by March 2020 and understand the financial costs going forward. <p>FP19/241.3 The Chairman acknowledged the work being undertaken however, he stated that he had received assurances previously regarding attaining an accurate understanding of BCU's position and plan, he sought further assurance from officers prior to his scheduled appointment to discuss the RTT position with the Minister. He reminded the Committee of the statement he had made on appointment to provide a plan and sense of direction for the organisation, which he was currently unable to fulfil due to the back end loaded financial plan and RTT</p>	

profile.

FP19/241.4 The Interim Operations Director drew attention to the enablers being introduced whilst also emphasising that there had been transparency on the scale of the work required. Discussion ensued in which the Chief Executive voiced his concern on the scale of the changes in systems and processes required in comparison to previous work such as Infection Control or Unscheduled Care, however he advised that it would be more important than ever to provide clear outputs and actions. He commented that he anticipated the organisation would deliver £35m which would be £7m better than the previous year, but not £25m with the system in place. The Chief Executive also acknowledged the scale of the challenge in RTT. The Interim Recovery Director commented that a quick level of assurance on improved trajectories on a weekly basis would be useful, which the Interim Head of Planned Care advised could be achieved whilst noting a possible risk with Theatres.

FP19/241.5 The Delivery Programme Director WG welcomed the approach outlined, advising that it was the right thing to do to have a stronger level of grip and control. He noted the issue around modelling and understood that further work was required around the cohort. He commented that whilst there was clarity on a solution, this could not be quantified and there was a question over disinvestment. It would be necessary to demonstrate a sustainable system which was quantifiable and ensure an understanding of the patient backlog figures. He emphasised the size and scale of the work.

FP19/241.6 The Executive Director of Workforce & OD commented that the approach taken now had workforce alignment to deliver services especially in respect of improved job planning which was fundamentally different to previous arrangements. She also emphasised the important effect of leadership by the newly appointed Executive Medical Director and Secondary Care Medical Director.

FP19/241.7 In response to the Chairman the Interim Head of Planned Care advised that an improvement plan with operational forecast that factored in winter monies would require a further month of preparation to understand the position fully. He acknowledged the emphasis on accountability, grip and control and cultural change.

FP19/241.8 The Chairman stated that the Committee required the following to be advised at the next meeting:

- Valid description of what was happening and what would be undertaken
- Manifest articulation of the trajectory
- Local ownership

In the discussion which followed it was also suggested that a detailed schedule of activity was required. The Independent Finance Adviser questioned variation of practices across BCU, which was demonstrated especially in the area of patient booking which the Interim Recovery Director undertook to look into further via an Improvement Group. The Chairman also advised this would be discussed within a Board workshop which the Executive Director of Workforce & OD agreed to arrange. It was also agreed that the Chief Executive would provide a BCU Organisational history to share at a Board workshop to provide all members of the

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<p>Board with the relevant context and history of the organisation.</p> <p>FP19/241.9 In response to the Chairman’s question regarding whether treat in turn would deliver, the Chief Executive stated that there had been an improvement though not at the pace expected. The Chief Executive agreed to articulate the achievability of RTT to the Chairman and WG which would also provide statements on what would be delivered based on the provision of stated levels of funding i.e. “x” number would be delivered if £”y” funding provided.</p> <p>FP19/241.10 Issues around endoscopy were also brought to the attention of the Committee by the Chief Executive, which he agreed to ensure was advised in future communications.</p> <p>FP19/241.11 The FDU Director reminded that any changes within proposals would need to be explained.</p> <p>It was resolved that the Committee note the paper.</p>	<p>GD</p> <p>GD</p>
<p>The following item was taken at the Chair’s discretion</p> <p>FP19/243 Finance report month 6</p> <p>FP19/243.1 The Acting Executive Director of Finance presented the financial report which advised that in month, the Health Board delivered a £2.9m deficit which was slightly short of a balanced position against the original plan, but the £1.3m additional stretch savings phased in-month to meet the control total plan had not been achieved. The Health Board was overspent by £21.2 m at the year to date, £6.2m higher than that required to achieve the control total – a phased year to date plan of £15.0m (including £2.5m of additional stretch target, allocated from Month 5 onwards at £1.25m per month). The key over spending division was Secondary Care, where the non-delivery of savings, agency premium pay costs and other cost pressures were the main causes of the over spend. Cash releasing savings achieved to date were reported as £8.7m against a year to date plan of £13.5m, giving a shortfall of £4.8m. Additional cost avoidance and efficiency savings of £3.7m had been delivered to date, and offset cost pressures arising in year. It was noted that the Health Board’s forecast deficit was £35m, in line with the initial plan but £10m behind the control total of £25m. While the extrapolated year to date position equated to a full-year deficit of £42.4m, the forecast outturn reported to Welsh Government reflects the anticipated impact of actions being managed through the Recovery Programme, including Grip and Control measures and the conversion and delivery of savings opportunities.</p> <p>FP19/243.2 The Acting Executive Director of Finance provided confidence that BCU would meet the £25m target should the cash releasing and £9.5m cost avoidance savings set out be delivered. She also highlighted risks within prescribing cost pressures and the Welsh Risk Pool. She reported that the requirement to control the runrate was understood and she was cogniscent of winter pressures and funding in protecting the financial position.</p>	

<p>FP19/243.3 The Finance Adviser questioned recruitment overspending and forecast pressures and queried whether there was sufficient resources within the Finance Team to scrutinise overspending in the organisation. The Acting Executive Director of Finance advised that in respect of grip and control there had been sufficient progress, albeit not to the level the organisation wished there to be. She advised that engagement was taking place in respect of the finance structure to enable further challenge and address gaps and responsibilities within the senior team.</p> <p>FP19/243.4 The FDU Director advised that clarity was required on how BCU would achieve the £35m position. He recognised the alignment work undertaken through the Financial Recovery Group and intention to provide more effective forecasting, whilst pointing out that addressing YGC performance was fundamental along with the delivery of schemes. He questioned whether the Health Board was sufficiently clear on where focus was required in order to ensure delivery. In response to the Finance Adviser he advised that the approach felt different in a positive way in comparison to the previous year however, the key test would be whether delivery was successful.</p> <p>FP19/243.5 The Chairman requested that the next report provide a runrate graph without the inclusion of savings to facilitate easier monitoring as it was running hot. It was also commented that the organisation needed to avoid too much reliance on cost avoidance schemes within the savings plan. The Interim Recovery Director affirmed that there was a definite focus on cost avoidance within divisional programmes eg procurement and medicines.</p> <p>FP19/243.6 The FDU Director flagged that should the organisation's month 7 monitoring position be the same then a step change would need to be articulated as this could be problematic.</p> <p>FP19/243.7 The Acting Executive Director Finance explained RTT Costs 2019/20 which were tabled, noting the increased cost per case due to additional outsourcing. In response to the Chairman she would provide greater detail on the planned activity.</p> <p>It was resolved that the report be noted, with particular reference to the forecast position of a £35m deficit and the specific actions in progress to improve the expenditure run rate.</p>	<p>SH</p> <p>SH</p>
<p>FP19/244 Interim Recovery Director's report : Financial Recovery Group report – Month 6 2019/20</p> <p>FP19/244.1 The Interim Recovery Director presented the report which provided an update for the Committee with regard to the organisation's progress in addressing the Financial Recovery Programme. The FDU Director commented on strengthened alignment within the report however he advised that a more prospective view on what was anticipated was required. The Interim Recovery Director advised that following transition from PWC this would be addressed.</p>	

<p>FP19/244.2 Discussion ensued on the profile of the backloaded programme, it was felt that a reflection of this would be how much of the pipeline identified schemes would be moved forward. As the Improvement Groups were increasingly a significant part of delivery, the Committee questioned how long it would be before they were sufficiently mature enough in terms of skills and capacity to deliver the programmes required. It was noted that there was more grip and control than in the previous year. Discussion ensued on confidence of savings delivery in which leadership was noted to be key element and that the greatest impact would be delivery in the final quarter of the outpatient scheme.</p> <p>FP19/244.3 The Interim Recovery Director advised that the programme was in a strong place and that focus needed to shift to developing schemes for 2020/21, especially in the areas of estate and facilities. The Chairman questioned the high levels of expenditure within Secondary Care and queried whether the StrawMan model work was progressing at pace.</p> <p>It was resolved that the report be noted.</p> <p><i>The FDU Director left the meeting</i></p>	
<p>FP19/245 Financial plan 2020-21</p> <p>FP19/245.1 The acting Executive Director of Finance presented this item. The report provided the planning framework and timetable for delivery of the 2020/21 Financial Plan, highlighting that BCU would be submitting an annual plan again as opposed to 3 year plan. It was noted that the Committee would be updated on a regular basis on annual plan development. Additional guidance was also provided on the anticipated impact of the inflationary and growth cost pressures.</p> <p>FP19/245.2 The Acting Executive Director of Finance confirmed that the 3% cost improvement target was ambitious enough in response to the Chairman's question. The Chief Executive concurred with the Finance Adviser that it would be opportunistic to open up discussion within the organisation on prioritisation across BCU and also consideration of pump priming. The Chairman was keen to demonstrate ambition and emphasised the importance of this within the Executive Team. Discussion ensued on whether there was sufficient resources in place in regard to planning and financial planning in which the Chairman questioned whether there was an understanding on the 'art of the possible'. He also raised concern that a plan delivered through the same approach, which would not be suitable into the future. The Chief Executive referred to the difference that the digitally enabled clinical strategy would have in energising the organisation with different ways of thinking. The Executive Director of Workforce & OD also reminded of the previous year's top down approach which was now more locality developed with increased collaborative working.</p> <p>FP19/245.3 The Chief Executive advised that the timetable would be updated with further discussion dates and circulated to members. He suggested that further discussion could take place at a Board workshop in which ambition and organisational history could also be included. The Committee also suggested that the organisation's vision and transformation be locked into the timetable.</p>	<p>SH</p> <p>GD</p>

<p>FP19/245.4 It was agreed that draft Health Economy plans would be shared with members.</p> <p>It was resolved that the report be noted.</p>	MW
<p>FP19/248 Winter Monies - Utilisation of Health Board and Regional Partnership Board monies</p> <p>FP19/248.1 The Interim Operations Director advised the report provided an update in respect to the work being undertaken to enable delivery over Winter 2019/20, outlining the national approach, key themes for delivery and the timetable of work being undertaken with our partners to support improvement in urgent and emergency care services, such as ambulance handover, time spent in emergency departments and delayed transfer of care.</p> <p>FP19/248.2 The Minister for Health & Social Services had agreed a package of funding available to support delivery of health and social care services over the remainder of 2019/20. The North Wales Regional Partnership board (NWRPB) have been identified as a key vehicle and received an allocation of £3.614m with a further £2.216m allocated to BCU health Board (total £5.74m). Health Board plans were required to be submitted to Welsh Government by 23rd October via the outline framework template.</p> <p>FP19/248.3 It was noted that draft plans were due to be shared with Welsh Government by 23rd October pending work to review, prioritise and agree plans by the North Wales Leadership Group (NWLG) on 25th October and final sign off by the NWRPB at the meeting on 7th November. It was agreed that the Interim Operations Director would update the Chairman on discussions held at the NWLG following the meeting.</p> <p>It was resolved that the report be noted.</p>	DC
<p>FP19/246 Budget setting framework and timetable for 2020/21</p> <p>FP19/246.1 The Finance Director Strategy and Commissioning presented this item. He advised on funding assumptions, based on the latest information available, within the framework ie</p> <ul style="list-style-type: none"> • A 2% allocation uplift • Within the 2% uplift, 1% is for pay. Any cost pressure from the pay award above the 1% will be funded by Welsh Government separately • Funding will be made by Welsh Government for the inflation uplifts in the primary care ring-fence allocations • Assume any development funding for enhanced services in primary care ring-fence allocations will require transfer from secondary care, therefore it will generate a cost pressure to the organisation • The drug treatment fund will cover new drugs for 2020/21, and therefore the full year effect of this year's (2019/20) drugs will be cost growth • No additional funding assumed for new service developments in support of 	

<p style="text-align: center;">A Healthier Wales</p> <p>FP19/246.2 In addition he advised that Baseline Budget, Cost Pressure Assessment, Inflation and Growth assumptions and Service Change Decisions – Investment and Disinvestment (which had been the most challenging exercise) had been considered within the budget setting methodology.</p> <p>FP19/246.3 ItS was noted that the budget would need to incorporate RTT funding. The Executive Director Workforce & OD questioned how Improvement Groups could consider these in order to ensure triangulation and enable cross cutting PIDs.</p> <p>FP19/246.4 The Finance Adviser questioned flexibility, escalation issues with cost pressures and the identification of existing budgets with reduced savings. The Acting Executive Director Finance also suggested that linkage was needed to A Healthier Wales and other transformational funds.</p> <p>FP19/246.5 The Finance Director Strategy and Commissioning emphasised the deadline for agreement as 3.1.20 which would necessitate budgets being prepared by 24.12.19. The Chairman raised concern on the linkage with the annual plan and financial plan given the timetable outlined. The acting Executive Director of Finance would address this with the Executive Director Planning and Performance.</p> <p>It was resolved that the Committee noted the report</p>	SH/MW
<p>FP19/247 Capital programme report month 6</p> <p>FP19/247.1 The Assistant Director Health Strategy presented this item. She advised that, in anticipation of the expected slippage in expenditure advised within the report, the Health Board had identified further investment priorities with respect to major imaging equipment. Plans had been developed for the following top priorities as identified by the division:</p> <ul style="list-style-type: none"> • Replacement CT scanner at Ysbyty Glan Clwyd • Replacement Gamma camera at Ysbyty Wreccsam Maelor • Replacement Interventional Radiology suite at Ysbyty Wreccsam Maelor <p>FP19/247.2 In relation to the slippage within the Emergency Department System scheme it was noted that delays to the development of the national WPAS systems had required the Health Board to review the implementation of the programme. Initially separate systems would be implemented at each of the acute sites that would subsequently be integrated into a single system once WPAS was fully implemented. The Committee requested that the Assistant Director Capital provide clarity on the process to prioritise capital projects selected to utilise funding available from slippage.</p> <p>It was resolved that the Committee noted the report</p>	NB

FP19/242 Unscheduled Care and Building Better Care update

FP19/242.1 The Interim Operations Director presented this item which provided an update against both the unscheduled care performance of each acute site and the third 90 day cycle of the unscheduled care Building Better Care programme for the period of September 2019. It was noted that September had seen a slight decrease in the 4 hour performance trajectory compared to the previous month however, this was an improvement compared to the previous year. Performance remained below the agreed internal improvement trajectory. The overall combined Emergency Department (ED) / Minor Injury Unit (MIU) 4 hour performance for BCUHB for September 2019 was 71.7%, against an agreed trajectory of 76.4%, this is an improvement on last year's performance of 69.58% for September 2018. The key actions taken in September were outlined.

FP19/242.2 Performance against the 12 hour standard worsened slightly in September. The improvements in performance for patients over 12 hours in ED continued to be below plan due to a slower pace of improvement from embedding the 'SAFER' patient flow bundle, which had been demonstrated to improve early discharge. The management of long lengths of stay for patients began at the end of July. Although this had yet to reduce the number of patients. A review of the process was taking place across all three sites in October to ensure common causes of delays were addressed.

FP19/242.3 It was reported that the Health Board's current improvement plan was focused on a zero tolerance for patients waiting in ED for longer than 24 hours. Sustained improvement had been previously achieved against this metric, however, following a marked deterioration in July, there had been variance in performance since, with a slight improvement in August but a deteriorated position for September across all sites.

FP19/242.4 The Chief Executive highlighted that there had been improvements in delayed transfers of care and there had been an improved trend to build on in respect of 4 hour performance. The Interim Operations Director reported that, whilst pressures were high, the way the organisation was responding had improved and was being monitored continually. She highlighted that BCU hospitals were the only ones in Wales which were improving. The Interim Operations Director agreed to share the Delivery Unit report with members and provide the Finance Adviser with further detail regarding under 60 minute ambulance handover waits. The Chairman emphasised the need to remember the effect of waits on patients and their experience. In discussion of patient flow learning, the Interim Operations Director reported that, following improvements introduced, Wrexham Maelor was the best hospital for handover in Wales.

FP19/242.5 The Chairman sought executive confidence that whilst dealing with winter pressures, financial grip and control would remain in focus. The Interim Recovery Director highlighted that the teams needed to address the number of medically fit patients in beds. Discussion ensued in which the Executive Director of Workforce & OD stated that more focus was required on alternatives to secondary care and that the Board needed to shift focus from acute, whilst the Interim Operations Director drew attention to patient safety in this area.

DC

<p>FP19/242.6 The Delivery Programme Director, Welsh Government shared Welsh Government perspective on hospital re-admittances and the need to understand solutions that could address these in conversation with Local Authority partners.</p> <p>It was resolved that the Committee noted the report</p>	
<p>FP19/249 Policy for Revenue Business Case development</p> <p>FP19/249.1 The Assistant Director Strategic and Business Analysis presented this policy. He advised that the policy has been endorsed by the Executive Team on 4.9.19 and the Executive Management Group on 2.10.19. It was noted that the approval and implementation of the policy would meet the requirements of both an internal audit report and the action plan arising from the PwC Financial Baseline Review. The Committee requested that the form format be developed into an electronic solution which would also assist in the monitoring process. Linkage to budgets and the annual plan would also need to be explored further.</p> <p>FP19/249.2 The Chief Executive also advised that the policy would require launch support via workshops to ensure effective submissions and it was also noted that there needed to be an awareness promoted that the completion of a business case was not a confirmed decision but was instead part of a decision making process.</p> <p>FP19/249.3 The Finance Adviser stated the importance of ensuring that the consequences of not following the business case submission were outlined. The Committee discussed which groups/committee should approve business cases at what level of expenditure following a question raised by the Finance Adviser. The Assistant Director Strategic and Business Analysis agreed to seek opinion from the Wales Audit Office on the policy.</p> <p>It was resolved that the Committee approve the policy and make it available in an electronic format</p>	<p>IH</p> <p>IH</p>
<p>FP19/250 Summary of In Committee business to be reported in public</p> <p>It was resolved that the Committee noted the report</p>	
<p>FP19/251 Issues of significance to inform the Chair's assurance report</p> <p>To be agreed outside of the meeting</p>	
<p>FP19/252 Date of next meeting</p> <p>Noted as 24.10.19 9.30am Boardroom, Carlton Court</p>	
<p>FP19/253 Exclusion of the Press and Public</p> <p>It was resolved that representatives of the press and other members of the public</p>	

<p>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>	
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