



Finance & Performance Committee
Minutes of the meeting held in public on 29.10.20
via Webex

Present:

Mark Polin	BCUHB Chairman / Committee Chair (<i>part meeting</i>)
John Cunliffe	Independent Member / Committee Vice Chair (<i>part Chairing</i>)
Eifion Jones	Independent Member

In Attendance:

Andrew Doughton	Wales Audit representative – to observe
Arpan Guha	Acting Executive Medical Director
Sue Green	Executive Director Workforce and Organisational Development (OD) (<i>part meeting</i>)
Dave Harries	Head of Internal Audit – to observe
Gill Harris	Acting Chief Executive
Stephen Harrhys	Board Director/ Chief Ambulance Service Commissioner, Cwm Taf Morgannwg University Health Board (CTMUHB) (<i>part meeting</i>)
Sue Hill	Acting Executive Director of Finance
Andrew Kent	Interim Head of Planned Care Improvement (<i>part meeting</i>)
Gavin Macdonald (GH)	Interim Chief Operating Officer (<i>part meeting</i>)
Fiona Mash	Project Manager IT (West) (<i>part meeting</i>)
Llinos Roberts	Executive Business Manager to Chairman (<i>part meeting</i>)
Andrew Sallows	Regional Programme Director, Welsh Government (<i>part meeting</i>)
Chris Stockport	Executive Director Primary and Community Services (<i>part meeting</i>)
Adrian Thomas	Executive Director Therapies and Health Sciences (<i>part meeting</i>)
Emma Wilkins	Deputy Director, Financial Delivery Unit (FDU)
Mark Wilkinson (MW)	Executive Director Planning and Performance (<i>part meeting</i>)
Diane Davies	Corporate Governance Manager (Committee Secretariat)

Agenda item	Action by
<p>Welcome</p> <p>The Chairman advised that as he needed to attend an important meeting for part of the session, the Vice Chair would chair the meeting from commencement until his return.</p>	
<p>FP20/121 Apologies for absence</p> <p>Received from Helen Wilkinson and it was noted that Sue Green would join the meeting later due to an operational matter.</p>	

<p>FP20/122 Declarations of Interest</p> <p>None received</p>	
<p>FP20/123 Draft minutes of the previous meeting held on 30.9.20 and summary action log</p> <p>It was agreed that the minutes were an accurate record and the summary action log was updated.</p>	
<p>FP20/124 Diagnostic and Treatment Centre pre-Strategic Outline Case</p> <p>FP20/124.1 The Acting Chief Executive introduced this item emphasising that the development would assist in addressing the longevity of waiting times and the potential harm consequences which could arise whilst patients were awaiting diagnosis or treatment. She also highlighted the positive impact for BCU's developing clinical strategy. The Interim Head of Planned Care Improvement presented the report which set out:</p> <ul style="list-style-type: none"> • The Strategic Case - setting out the strategic fit and case for change, together with the supporting investment objectives for the scheme; • The Economic Case - exploring the suggested way forward – or how best to deliver the objectives of the scheme; • The Commercial Case - assessing the ability of the market place to deliver the required goods and services, and summarised the organisation's commercial strategy; • The Financial Case - providing outline estimates of the capital and revenue implications of the scheme, and a view of affordability. <p>FP20/124.2 The Interim Head of Planned Care Improvement outlined the significant challenges for the Health Board in addressing planned care waiting times which were increasing in excess of 4,500 per month and were being complicated further by the second wave which was estimated to be for a longer and lower level extending to Spring 2021. He emphasised the potential for significant harm which was also being experienced nationally. He referred the members to the briefing paper circulated following the previous meeting which described current internal discussions with Hospital Directors regarding available WG funding and the provision of a roadmap. The Interim Head of Planned Care Improvement advised that there was general consensus with WG planners on the realistic 30 month timeline outlined which had been extended due to consideration of building work. He pointed out the growing backlog of P4 patients and that there would be a surge in cancer referrals during Quarter (Q) 3/4.</p> <p>FP20/124.3 The Interim Head of Planned Care Improvement drew attention to the new ways of working the development of a diagnostic and treatment centre (DTC) could provide, including examples such as ambulatory cases and patients with cancer. He emphasised that the past history of pandemics had shown that the disease remains in circulation for a long time and the provision of a low burden covid</p>	

facility would fit with this model. He stressed the significant investment required to provide a generational leap in ambulatory care for the people of North Wales and the need to future proof the elective and diagnostic services required. 11 key investment objectives were outlined.

FP20/124.4 The Interim Head of Planned Care Improvement drew the Committee's attention to the initial findings of the 6 options outlined within the report, advising that 3 and 6 were preferred options that also addressed backlog clearance and a potential orthopaedic ringfencing option. It was noted that the orthopaedic business case currently being developed would also consider DTC modelling. Capacity options were also included within the report.

FP20/124.5 The Chairman stated that addressing planned care was a high priority for the Board which required resourcing and moving forward at pace. He emphasised the need to view the development as a moment of ambition and was very supportive. The solutions outlined also addressed moving forward orthopaedic treatment and providing care closer to home instead of reliance on cross border facilities. The Chairman emphasised that a critical success factor would be the speed of delivery in order to address increasing waiting lists. He requested that, whilst this development outlined medium to long term plans, interim solutions needed to be set out within the update to the next meeting. In addition, the Chairman highlighted the potential to spend at risk in order to move forward an endoscopy suite and have mobility within theatre capacity. He stressed the need for ambition and conviction to address the development at pace and ensure a suitably qualified workforce was available.

FP20/124.6 The Committee discussed the options outlined. Details of interim solutions were also commented on, which included comparison with English healthcare providers. Theatre capacity, availability and mobilisation were also considered. The Committee stated the need to ensure excellent communication support throughout the development.

FP20/124.7 The Acting Chief Executive advised that the Executive Team supported DTC development, noting that workforce planning would be blended in and that insourcing would form part of the interim solution. She stated that the newly developing Medical School at Bangor University would also support development.

FP20/124.8 In response to the Committee, it was confirmed that the Orthopaedic business case timetable would not be delayed by the DTC development. The Interim Head of Planned Care Improvement advised that return on investment, including harm and acuity considerations, would be explored during the business case benefits realisation process.

FP20/124.9 The WG Regional Programme Director welcomed the clear and concise paper which provided a consistent message and important commitment to the population of North Wales and was an aspiration shared with WG, although there was some concern in respect of the longevity of the situation. Further work would be required to understand deliverability within BCU's finances however, WG would be keen to continue working alongside BCU to describe and test models to support and enable the proposal. The Acting Chief Executive emphasised the real opportunity for transformation the development provided and welcomed working with WG on short

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term solutions especially within endoscopy which BCU was keen to move forward strategically in order to develop the service and ensure sustainability.

FP20/124.10 The Chairman welcomed the Regional Programme Director's comments and reflected that BCU's special measures position in respect of planned care could be improved with the support of WG in providing assistance with this innovation.

FP20/124.11 The Acting Executive Medical Director commented that DTC provision would require different clinical pathways that would be linked to BCU's developing clinical strategy and also provide potential opportunities in respect of consultant recruitment.

It was resolved that the Committee

reviewed the presented options and agreed to progress the development of a strategic outline case and development of a DTC business case project

FP20125 Robotic Surgery business case

FP20125.1 The Executive Director of Planning and Performance introduced this item. In order to develop a safe and sustainable North Wales urology service, the recruitment and retention of high caliber clinical staff was noted to be essential. Since June 2020 one high caliber urology cancer surgeon, who had successfully re-introduced cystectomy surgery into North Wales and a further 2 high caliber surgeons, both skilled in cancer surgery and robotic assisted surgery (RAS) had been recruited therefore access to RAS technology in North Wales was essential. The business case described how RAS could be introduced quickly and cost effectively, avoiding the high risk strategy of reliance on NHS England provision and also locum services. It was understood that it would not compromise the Board's commitment and engagement with the All Wales RAS Procurement Programme. He advised that the proposal set out a 7 year lease with a 3 year break clause and provided an opportunity to deliver cost savings in years 4 -7. Whilst the equipment would support urology services and pelvic cancer in Ysbyty Gwynedd (YG) there were also other benefits for Wrexham and Glan Clwyd day cases. In addition, there was potential for robotic surgery to be utilised in other specialisms however, these would be subject to other business cases going forward. The Executive Director of Planning and Performance advised that capital funding in excess of £1m would be required which the Acting Executive Director of Finance was addressing with WG.

The Chairman confirmed his support for the proposal *and left the meeting*

FP20125.2 The Committee was very supportive of capital expenditure for the regional proposal which would be sited at Ysbyty Gwynedd. Following consideration and approval by the Board, the Committee suggested that a press release be made available to celebrate this good news with the public.

It was resolved that the Committee

supported the plans as set out

endorsed the business case for submission to the Health Board to consider on

12.11.20

noted the Health Board's ongoing commitment to the All Wales RAS Programme	
<p>FP20/126 Winter Plan 2020/21</p> <p>FP20/126.1 The Interim Chief Operating Officer presented this item. He stated that winter planning would need to factor in the unprecedented pressures that the Covid19 pandemic would create, however delivering safe unscheduled care was a key priority for the Health Board's Q3/4 plan. He advised that partner organisations and the third sector had been involved in the draft version provided which would be further developed ahead of presentation to the Board on 3.11.20. It was noted that 3 supporting area plans underpinned the Winter Resilience Plan 2020/21.</p> <p>FP20/126.2 The presentation outlined that winter resilience planning had taken account of a review of the previous winter and performance along with the impact of Covid19, responses to bed modelling, utilised SITREP and site escalation plans, bed escalation numbers and informed that a number of priority costed schemes had also been set out. Surge planning assumptions and position were set out, acknowledging a bed gap. In addition, it was noted that whilst the Health Board had set out to continue 90% of elective procedures, he advised that this might not be possible. He reported that the Executive Team would discuss field hospital operational utilisation the following week - which would include commissioning and decommissioning options, a clinically agreed model, site and Health Board trigger points and workforce models. The presentation set out the costings and performance impacts of a variety of individual surge schemes which amounted to £3.79m. <i>The Regional Programme Director left the meeting</i></p> <p>FP20/126.3 A discussion ensued. The Committee questioned how BCU's workforce compared to the previous Winter period and requested that clear lines of responsibility be provided within the next iteration. In discussion of staffing escalation, which was confirmed to be in place, it was suggested that the plan include a flow chart to reflect this. It was acknowledged that workforce plans required further development and would be moved forward in Executive Team discussion. The Acting Chief Executive clarified that plans in relation to commissioning/decommissioning field hospitals would need to be endorsed by the Board.</p> <p>It was resolved that the Committee noted the work being done to strengthen delivery over Winter 2020-21, alongside the Covid19 pandemic response, which included bed capacity modelling, and potential schemes developed by the health communities, in partnership with local authorities in order to support delivery over Winter.</p>	GM
<p>FP20/127 Quarter 2 monitoring report</p> <p>FP20/127.1 The Executive Director Planning and Performance presented the report which provided performance self-assessments on Q2 workstreams to the end of September 2020. He drew attention to areas which required further work including psychology, MHL, ophthalmology and stroke which he confirmed would be followed through into Q3/4 plans. In respect of Capital actions he advised that the workplan A33.8 Health Economy programme business case review/relocation of services from Abergele/ rationalisation of Bryn Y Neuadd would not be prioritised for the Q3/4 plan</p>	

<p>but would be part of the work plan for the newly established Capital Investment Group. However, the North Denbighshire Community Hospital and Ablett Redevelopments were under discussion.</p> <p>FP20/127.2 Following discussion it was agreed that the Executive Director of Planning and Performance would provide greater clarity on the narrative provided in respect of AN11.2 Support the delivery of reinstated secondary care pathways eg glaucoma, wet age-related macular degeneration, optometric diagnostic and treatment centres. Discussion ensued on formatting and consistency in relation to RAG status, it was agreed that the Executive Director of Planning and Performance would discuss this further outside the meeting with IM John Cunliffe. The Acting Chief Executive took onboard comments relating to MHLD and advised these were being addressed through the Quality, Safety and Experience Committee and Health Board given that a new leadership team was now in place.</p> <p>It was resolved that the Committee noted the report</p>	MW
<p>FP20/127.1 Q3/4 Plan ‘Annex D’ supporting Minimum Data Set</p> <p>It was resolved that the Committee received the report and the assurance that BCU’s Q3/4 plan was underpinned by a completed ‘Annex D’ - being a supporting technical Minimum Data Set (MDS) to accompany BCU’s plan noted the summary narrative and action plan was to be submitted to the Board in November for approval.</p>	
<p>FP20/128 Quality and Performance report</p> <p>It was resolved that the Committee noted the report</p>	
<p>FP20/129 Orthopaedics business case update</p> <p>FP20/129.1 The Committee briefing paper provided an update around the development of a long-term clinical model for orthopaedic delivery across North Wales and the timescales for the subsequent translation of the proposed model into a formal orthopaedic business case. The paper referenced the approach undertaken to ensure appropriate levels of clinical engagement, options reviewed as part of the appraisal process and also the subsequent emerging clinical preference.</p> <p>FP20/129.2 The Executive Director of Planning and Performance reported that a formal option appraisal had taken place in Autumn 2017, in which the “Delivering Sustainable Orthopaedic & Musculoskeletal (MSK) Services, a Pathway Approach” business case proposed the continuation of a three-site District General Hospital (DGH)-led long-term orthopaedic model, which would repatriate activity from Abergele and Llandudno back onto the acute sites. The plan assumed significant ability to ring-fence elective orthopaedic capacity, making it immune from unscheduled care bed demand. Consequently, the Health Board had been in discussion with Welsh Government around long-term financial support and to date, £1.7m had been released, largely to</p>	

support the recruitment of an additional six orthopaedic consultants, providing recurrent revenue support for additional core capacity. However, in the intervening period, winter pressures and the Covid19 pandemic had challenged whether the original model remained fit for purpose and the framework for an alternative model had been proposed. Following a series of clinical engagement meetings to test the clinical appetite for an alternative hot/cold split approach, in conjunction with the full consideration of the Health Board's emerging Diagnostic & Treatment Centre model, four options were emerging.

FP20/129.3 The Committee questioned the length of time of time taken since Autumn 2017 to arrive at the current position of dealing with this 'Achilles Heel' problem that had resulted in North Wales' orthopaedic patients waiting too long for treatment along with the prospect of further delays. The Committee was keen to ensure that the timeline outlined would be adhered to.

FP20/129.4 The Acting Chief Executive emphasised the difference that the DTC and robotic surgery developments had effected along with learning from the Covid19 pandemic. She stated that it would be important to ensure that a strategic outline case and business case were delivered as outlined. In the discussion which followed, the Committee agreed the direction of travel to be correct however greater pace was needed. The Acting Chief Executive requested that the Interim Head of Planned Care Improvement meet with the Orthopaedic Network Delivery Manager to consider whether arrangements could be moved forward at a faster pace alongside clinicians, and, if necessary, discussed at an extraordinary meeting of the Committee.

It was resolved that the Committee noted
 the rationale for the potential revision of the current orthopaedic case, including the contextual drivers for change.
 the engagement strategy undertaken with the clinical teams and the subsequent option appraisal conducted.
 the alternative model clinically agreed and proposed following full consideration of the emerging Diagnostic & Treatment Centre (DTC) model.
 the proposed timescale for the completion of a revised orthopaedic business case and potential to explore moving this forward at an increased pace.

FP20/130 Unscheduled Care (USC) and Building Better Care update

FP20/130.1 The Interim Chief Operating Officer presented this item which provided an update against unscheduled care performance at the end of September 2020. He reported that there were increasing pressures on USC and whilst attendance numbers had decreased at each site, admissions were at normal levels. Ambulance activity had returned to what would be expected at this time of year. Patients were waiting longer in EDs, and he reminded that patients who wait longer have a less positive experience. In addition, there had been 111 hours lost as a result of ambulance handovers in September. It was noted that much of this was driven by the central area however, work had been undertaken to refresh USC improvement programmes for each of the three health communities. He advised that there was a gap of 40 beds at YGC in comparison to the previous year and work had been progressed with the leadership team at this site. SITREP and escalation plans had been worked on across secondary care to be clear on responsibilities in terms of escalation. He

advised that Winter plans were a key component to this recovery. Furthermore, twice daily calls were taking place with WAST.

FP20/130.2 The Committee questioned why improved ambulance handover at the Centre had slipped back recently. The Interim Chief Operating Officer advised that this was a symptom of other issues which included poor flow across the system, a capacity deficit on site whereby there was consistently 25 patients waiting for beds every morning and there were also impacts related to the complexity of Covid and non-Covid pathways. He advised that whilst the team did what they could to flex space, they were dealing with a difficult situation. Much work had also been undertaken on grip and control on site whilst escalation work was improving matters. He also responded that more could be done to redirect patients to MIU. The Interim Chief Operating Officer agreed to provide clarity on the additional bed requirements for Wrexham Maelor and Ysbyty Gwynedd relating to the current requirements to test patients prior to discharge to care homes (noting this to be 112 beds at YGC).

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FP20/130.3 Mr Stephen Harray provided a presentation on the review he undertook at the YGC site to look at processes. He advised that the team had been cooperative, positive and very supportive. His feedback outlined:

- You have the basis of a good plan but...
- You have already identified some opportunities within YGC
- Celebrate good practice as well as demanding better delivery
- Stability and support
- Understanding the “DGH plus” nature of YGC
- Demand management is as important as additional capacity and better flow
- Key principle and goal improving quality and patient safety and reduce harm
- Tactical approach
- Offer of support
- Report will be shared with officers first

He suggested quick wins could be achieved in the following areas:

- Support the work on “tempo of the day”, reduce bureaucracy to strengthen governance, move the day forward
- The EDQ plan will work, but prioritise and focus on a couple of key priorities
- Support the Site Management “Directorate”
- Push the introduction of the Acute Physician Model
- Work on reduced conveyance into YGC
- Agree with WAST their key actions
- The targets in your winter plan are the right ones what is your transition plan
- Recruitment plan
- Management and leadership development plan

FP20/130.4 In the discussion which followed Mr Harray agreed to work with BCU to explore Patient Offload Departments (PODs) further, which had been introduced successfully in other areas of Wales to help with leeway at pressured times. The Acting Chief Executive expressed appreciation at the offer of help in this area along with exploring the possibility of WAST personnel involvement.

It was resolved that the Committee noted the unscheduled care performance for September 2020 across BCUHB and for each Health Community

FP20/131 Finance Report Month 6

FP20/131.1 The Acting Executive Director of Finance advised the Health Board's position at 30.9.20 to be at £24.6m surplus in month, being a £27.9m favourable variance. The year to date position was reported as £19.8m deficit, being £0.2m favourable variance to plan and the year end was forecast to be a balanced plan position of £40m deficit.

FP20/131.2 The key points were noted to be

- During September, Welsh Government notified the Health Board of additional funding for Covid19. This included £83.1m to support the impact of Covid19, plus specific funding to cover the costs of PPE, the extended flu vaccination programme, the Covid19 vaccination programme, Covid19 testing, Field Hospital decommissioning costs, consequential losses arising from the Field Hospitals and the cost of using the independent sector to support activity. In total, an additional £106.2m of Covid19 funding had been included in the forecast position in Month 6. Of this additional income, £27.6m had been brought into the position in Month 6 to fund Covid19 costs incurred in Months 1 to 5 and additionally Month 6 had been funded. This resulted in a significant improvement in the financial position and the forecast this month.
- It was anticipated that the additional Welsh Government income would fully cover the costs of Covid19 this year therefore the Health Board forecast had been amended to £40.0m deficit, in line with the financial plan.
- Savings schemes had delivered £1.2m in month, increasing total delivery to £5.5m for 2020/21. The overall forecast for savings, including those schemes in the pipeline, had increased by £0.1m to £15.0m. Undelivered savings were included in the costs of Covid19, so the development and implementation of further schemes would provide an opportunity for 2020/21 and reduce the underlying deficit carried forward into 2021/22.

FP20/131.3 The Acting Executive Director of Finance drew the Committee's attention to Appendix 2 which demonstrated Covid19 costs and income which was not impacting the Health Board's financial year to date position. She confirmed that whilst there was a cash balance shortfall forecast, mitigating actions had been put in place to address this. The Capital Resource Limit for 2020/21 was £27.6m. However actual expenditure to the end of September was £8.4m, against a plan of £11.1m. The Acting Executive Director of Finance advised that the year to date slippage of £2.7m would be recovered during the remainder of the year. The appendices were noted. In respect of Savings scheme development during Month 6 the overall value of the programme had reduced by £0.09m to £13.81m and the risk profile had improved significantly with 72% of programme value in the amber and green categories compared with 53% in Month 5. Savings of £1.2m were reported, increasing the overall year to date delivery to £5.5m however, the year to date delivery amounted to a £16.5m shortfall against target. It was noted that the Value Based Healthcare

<p>briefing had been provided within the report which the Acting Executive Medical Director was now leading – a further update would be provided at the next meeting.</p> <p>FP20/131.4 The Committee questioned whether Welsh Legal Services had been contacted to advise on potential field hospital consequential losses. A discussion ensued on the complex reasoning behind the choice of field hospital utilisation which was understood to be the subject of ongoing Executive Team discussion.</p> <p><i>The Executive Director Workforce and OD joined the meeting</i></p> <p>FP20/131.5 The Committee noted poor financial performance within the Areas and questioned whether there were underlying issues. The Acting Executive Director of Finance clarified that savings targets were causing local difficulties.</p> <p>FP20/131.6 The Deputy FDU Director observed that the introduction of separating Covid19 expenditure by division had been a helpful in ascertaining variances and looked forward to teasing out why expenditure in the second part of the year was forecast to be greater than the first part at a meeting to be held the following week.</p> <p>It was resolved that the Committee noted the report</p>	AG/SH
<p>FP20/132 Financial Governance Cell – Update on Controlled Self-Assessment</p> <p>FP20/132.1 The Acting Executive Director of Finance acknowledged the work of the Internal Audit Team in undertaking the Covid19 Financial Governance self-assessment checklist report. The paper outlined what went well and was regarded as good financial governance, what could be strengthened in any future emergency need, what could be strengthened as part of business as usual and additional points from the All Wales Directors of Finance (DoF) not already identified. The Acting Director of Finance reflected on the draft action plan provided at Appendix D and timescales. These included a review of controls and emergency plans, formal agreement of an Emergency Scheme of Delegation (SoRD), centralised control of PPE/Asset tracking/Adhoc Pay, departmental reviews of business continuity plans including agile working, a review of significant investments to ensure value for money, undertaking a critical review of skills, capacity and capability (especially analytical), a review of field hospital recommendations and a review of collaboration and joint working.</p> <p>FP20/132.2 The Committee concurred on the All Wales DoF findings but questioned whether the timescales outlined in respect of business continuity were reasonable given that many were not in place. The Acting Executive Director of Finance advised that the process would need to be managed effectively.</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> • noted the collaborative work undertaken through the Financial Governance Cell • noted the areas of good practice and the lessons learned suggestions from the Governance Cell. • noted the next steps (Draft Action Plan) and the future role of the Governance Cell. 	

<p>FP20/133 No item</p>	
<p>FP20/134 Q3/4 finance update – affordability assumptions</p> <p>FP20/134.1 The Acting Executive Director of Finance presented this item which provided an update on the financial impact of the agreed revisions to the operational plan submitted to Welsh Government on 19.10.20 and clarity on affordability along with any funding risk. She referred the Committee to the summary of financial commitments and anticipated funding sources within Table 2, along with new service development bids in Table 3 which had been submitted for funding but had not yet been confirmed. These included DTC development, Orthopaedic business case and Robotics business case. Attention was also drawn to North Wales Regional Partnership Board part funding of the Home First Project which was part of the Winter Resilience Surge Plan.</p> <p>FP20/134.2 In discussion of the forecast £20.2m deficit in months 7-12 the Acting Executive Director of Finance confirmed that divisional scrutiny was in place and agreed to provide greater detail within the next finance report. In discussion of the amber commitments, she advised that these were without risk - as without funding they would not proceed.</p> <p>FP20/134.3 The Chairman questioned what BCU's position would be if it delivered £40m deficit position – which the Acting Executive Director of Finance confirmed to be break even.</p> <p>It was resolved that the Committee noted the financial impact of the agreed revisions to the operational plan submitted to WG on 19th October and the affordability of the plan and the funding risk</p>	<p>SH</p>
<p>FP20/135 Financial Plan and budget setting 2021/22</p> <p>FP20/135.1 The Chair voiced his concern in respect of potential divisional overspending and sought assurance that this was being monitored at an early stage. The Acting Executive Director of Finance confirmed that Chief Finance Officers were addressing this however greater clarity was required across the Health Board. The Committee also raised concern in respect of savings plans and called for greater grip in this area ahead of finalising budgets. It was suggested that renegotiation of block contracts could be considered in the new year.</p> <p>FP20/135.2 The Committee questioned how digital investment was factored into budgets, which the Acting Executive Director of Finance agreed to address with Executive Team members following the meeting. In response to the Chairman, she confirmed that the draft financial plan would be submitted to WG in January 2021, whilst the final version would be provided in March 2021. The Deputy Director FDU agreed to provide greater clarity on the deadlines to WG in order that the Committee could ensure the meeting schedule enabled prior scrutiny ahead of submission. The WG Regional Programme Director advised that details of bids would be expected shortly as assessment panels were currently running.</p>	<p>SH</p> <p>EW</p>

<p>It was resolved that the Committee noted the approach to budget setting for 2021/22</p>	
<p>FP20/136 Capital Programme report Month 6</p> <p>FP20/136.1 The Executive Director of Planning and Performance presented this item. The report advised that Welsh Government had undertaken a review of the capital programme to seek to identify additional funds to support the on-going cost of the pandemic. All Health Boards and Trusts were requested to review their expected expenditure on major capital schemes to 31st March 2021. As previously reported, progress on Ruthin Hospital, the Substance Misuse Units at Holyhead and Shotton and the Integrated Dementia unit at Bryn Beryl hospital had been delayed as a consequence of the pandemic. BCU assessed the impact of these delays to be a reduction in the total planned expenditure of £2.058m. As a consequence WG had reduced the CRL for each of these schemes but also provided an additional allocation of funding for COVID19 of £2.590m resulting in a net increase of £532k overall.</p> <p>FP20/136.2 It was noted that an update on progress of the Ablett Redevelopment scheme was provided, indicating that a preferred high level option (approximately £63m) which included development of a multi-storey car park, had not yet been reviewed by the Capital Investment Group or Executive Team. The Committee was concerned about potential delay and reliance on WG funding.</p> <p>FP20/136.2 Discussion ensued on capital governance and the omission of references to BCU's Estates Strategy. The Committee requested that the Executive Director of Planning and Performance address this omission and arrange to include references to the F&P Committee and Board within the Capital Governance Structure provided at Appendix 1. The Committee also requested a timeline of submissions in relation to developments at Bryn Beryl, Shotton and Holyhead, especially within the current financial year.</p> <p>It was resolved that the Committee received the report and noted the reported exceptions.</p> <p><i>The Project Manager IT and Executive Director of Primary and Community Services joined the meeting</i></p>	<p>MW</p> <p>MW</p>
<p>FP20/137.1 BCU Symphony / National WEDS (Welsh Emergency Department System) revenue business case</p> <p>FP20/137.1.1 The Executive Director of Primary and Community Services advised that the development was part of a complex jigsaw which would provide a unified system across the 3 EDs at DGH sites to enable greater efficiency and effectiveness replacing paper heavy systems and improving patient triaging. In addition, clinical protocols could be better used along with providing improved patient flow, transfers and reporting of waiting times. It was noted that there were currently procurement delays to a national solution. The Executive Director of Primary and Community Services confirmed that the financial envelope was covered. He advised that other advantages would be captured in the benefits realisation plan of the Project Board going forward.</p>	

<p>FP20/137.1.2 The Committee discussed the importance of ensuring that benefits realisation were provided in all business case submissions and monitored to ensure value for money. The Chairman requested that an F&P Committee tracker tool was created and updated moving forward to ensure the Committee was sighted on its investment decisions. It was also agreed that a briefing note on benefits realisation be provided and the business case updated accordingly.</p> <p>FP20/137.1.3 The Committee was very supportive of the development, as it was necessary to ensure a single shared patient administration system to move forward transformation and the effect of the national procurement delay was recognised. The Committee endorsed the Executive Director of Primary and Community Services' proposal and his affirmation that clinical risk was being managed. The Acting Chief Executive requested that the Executive Director of Planning and Performance shared progress of the business case with the Executive Management Group.</p> <p>FP20/137.1.4 The Chairman questioned whether there were potential further costs to be addressed in the Centre, which the Executive Director of Primary and Community Services confirmed he would explore and advised that should any potential uplift to BCU costs arise through hosting, the Committee would be notified.</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> • approved the BCU Symphony / National WEDS Revenue Business Case for submission to the Health Board to allow a phased implementation of the BCU Symphony in West and East Emergency Departments and all Minor Injury Units (MIU) in BCU, in readiness for the fully integrated WEDS solution (which includes Central Emergency Department). • agreed that the tracker would be provided at future meetings into 2021. • agreed that an update on benefits realisation be provided to the next meeting <p><i>The IT Manager left the meeting</i></p>	<p>FM</p> <p>MW</p>
<p>FP20/137.2 North Denbighshire Community Hospital Full Business Case</p> <p>FP20/137.2.1 The Executive Director of Planning and Performance highlighted the current challenges of the Royal Alexandra Hospital estate. He advised that there had been an increase in cost to £64m due to revised WG guidance and changes to fire protection, environmental factors, CADW requirements and additional survey work however, the scope had not changed. The site would deliver a range of expanded and redesigned services which affected individuals in many vulnerable groups and would also provide a Minor Injury Unit function to assist in the summer visitor swell. He stated that there was currently £0.5m funding gap.</p> <p>FP20/137.2.2 A discussion ensued. The Committee were informed that clinical staff had been involved in discussion of office space following the move towards an agile working culture. The Executive Director of Planning and Performance agreed to report back to members on the contingency allocated given the Committee's concern on whether this was sufficiently adequate and previous experience with redevelopment projects. The Executive Director of Primary and Community Services explained how the cash releasing savings of £700k per annum had been derived and confirmed that the hospital team were aware of savings requirements. In response to the Chairman,</p>	<p>MW</p>

<p>he confirmed that escalation beds were funded and that he would explore potential shared partnership working costs further.</p> <p>It was resolved that the Committee approved the Business Case for submission to the Board.</p>	
<p>FP20/137.3 Item taken in private session</p>	
<p>FP20/138 Shared Services Partnership Committee quarterly assurance report (1st July 2020 – 30th September 2020)</p> <p>It was resolved that the Committee noted the report</p>	
<p>FP20/139 Cross Border Block Contracts Update</p> <p>It was resolved that the Committee noted the level of delivery within the Health Board managed Cross Border Block Contract arrangements up to Month 5 the year on year activity reductions within the Health Board managed Cross Border Block Contract arrangements up to Month 5 the level of delivery within the material WHSSC managed Cross Border Block Contract arrangements up to Month 5 the latest position regarding Block Contract arrangements for the period months 7 to 12</p>	
<p>FP20/140 Monthly monitoring reports - Month 6 and 5</p> <p>It was resolved that the Committee noted the contents of the report submitted to Welsh Government about the Health Board's financial position at Months 5 and 6 2020/21.</p>	
<p>FP20/141 Summary of Private business to be reported in public</p> <p>It was resolved that the Committee noted the report</p>	
<p>FP20/142 Issues of significance to inform the Chair's assurance report</p> <p>To be agreed outside the meeting</p>	
<p>FP20/143 Date of next meeting</p> <p>29.10.20</p>	