



**Minutes of the meeting of the
Performance, Finance and Information Governance Committee
held in public on 24.2.22 via Teams**

Present: John Cunliffe Linda Tomos Richard Micklewright	Independent Member / Committee Chair Independent Member Independent Member
In Attendance: Neil Bradshaw Louise Brereton Keith Dibble Simon Evans Evans Sue Green Gavin Halligan-Davis Gill Harris Sue Hill Carol Johnson Amanda Lonsdale Rob Nolan Phil Orwin Geraint Roberts Chris Stockport Conrad Waring	Assistant Director Capital Strategy (part meeting) Board Secretary Interim Head of Planned Care (part meeting) Interim Director of Governance (part meeting) Executive Director of Workforce & OD Interim Director of Performance (part meeting) Executive Director Nursing & Midwifery / Deputy Chief Executive Executive Director of Finance Head of Information Governance (part meeting) Deputy Director of Mental Health and Learning Disabilities (part meeting) Finance Director Commissioning and Strategy (part meeting) Interim Director Unscheduled Care (part meeting) Divisional General Manager Cancer (part meeting) Executive Director of Primary Care and Community Services Interim Deputy Executive Medical Director
To observe: Dave Harris John Gallanders	Head of Internal Audit Independent Member

Agenda Item Discussed	Action By
PF22/4 Apologies for absence Apologies were received from Jo Whitehead and Nick Lyons (for whom Conrad Waring deputised).	
PF22/5 Declaration of Interests None were received.	
PF22/6 Draft minutes of the previous PFIG Committee meeting held on 23.12.21, matters arising and table of actions The minutes of the meeting were approved. There were no matters arising from the minutes. The table of actions was updated.	
PF22/7 Chair's report	

<p>The Committee Chair advised that Chair's action had been undertaken to approve the business case for the Ysbyty Maelor CT 1 replacement and associated infrastructure and commended it to the Health Board for approval.</p>	
<p>PF22/8 Lead Director's report</p> <p>The Executive Director of Finance advised that her team were working hard to ensure that the Health Board achieved financial balance at year end. She stated that there were risks which would be advised in the Finance report update and assured that any risks raised within the meeting would be updated on the risk register if appropriate following the meeting. She drew the Committee's attention to a potential Chair's action which might need to be undertaken of approximately £2m to approve expenditure prior to year end.</p>	
<p>PF22/9 Integrated Medium Term Plan 2022-25</p> <p>PF22/9.1 The Executive Director of Primary Care and Community Services stated that the Board remained focussed on delivering a 3 year IMTP, detailed discussion of which would take place in the private session as the papers were currently in working draft form. He reported that the Accountable Officer letter to be forwarded to Welsh Government (WG) the following week would need to specify the degree of risk undertaken in the planning process in order to achieve a balanced financial position.</p> <p>PF22/9.2 It was noted that there had been some late guidance issued by Welsh Government around requirements for 2022/23 planning and also very recent ministerial and NHS Wales senior leadership changes. All of which had necessitated late changes to drafts, especially in regard to planned care recovery and financial risk. He was confident that the final draft version would be provided to the Board on 30.3.22.</p> <p>It was resolved that the Committee noted the draft plan would be discussed in further detail in private session at the end of the meeting.</p>	
<p>PF22/10 Presentation : Integrated Medium Term Plan (IMTP) - financial focus</p> <p>PF22/10.1 The Executive Director of Finance introduced the paper which set out to achieve the balance between transformational and mandatory goals whilst delivering a balanced position in each of the next 3 financial years of the IMTP within the funding available from WG. It was noted that, unlike previous years, explicit surge funding would no longer become available, thereby moving the risk to BCU. She advised that the Health Board had £42m allocation for transformation and £38m of Covid recovery funding for planned care recovery. The Executive Director of Finance advised that work was currently focussing on triangulating plans to ensure the changes required by the latest WG guidance had not created gaps elsewhere. In addition, work was ongoing with WG to ensure appropriate procurement and funding in relation to the Regional Treatment Centres development. She stated that ringfenced monies were set out within the £1.8billion annual allocation. Exceptional cost pressures were included including global energy costs, national insurance and living wage rises. In relation to Covid funding WG had stated that, other than Test, Trace and Trace, Mass Vaccination, PPE and long covid, no additional funding would be made available should further waves occur in May and September 2022 – therefore this was a risk to the Health Board.</p>	

<p>PF22/10.2 The Executive Director of Finance stated that work was being undertaken with the transformation programme to provide additional detail and deliverable plans on savings to present to the Health Board on 30.3.22. In regard to financial governance, previous PwC recommendations and Deloitte's work would be re-examined to inform learning and best practice. It was noted that currently £10m of the £35m annual target had been identified with concerted effort taking place to identify more before the new financial year commenced. She noted that a higher savings value had been delivered by BCU during the Covid pandemic than other Health Boards in Wales, albeit of a transactional nature. It was noted that Independent Member assistance and support had been offered in relation to moving forward governance processes. She stated that reduction of the underlying deficit would be challenging given the covid risks however, she anticipated that we would identify further savings of £25m through close monitoring and effective spending control.</p>	
<p>PF22/10.3 The Executive Director of Finance stated that of the £32m mitigations, circa £21m was recognised by WG to be needed. Therefore, with effect from 1.4.22, she anticipated including this within the risk register for 2022/23. The Financial Strategy would be presented to the Committee for final approval. She warned that challenging conversations might need to be held in regard to disinvestment in order to meet the financial pressures ahead.</p>	SH
<p>PF22/10.4 In response to the Committee the Executive Director of Nursing and Midwifery explained that there were ongoing discussions with WG in regard to compliance with the Nurse Staffing Act and how it functions across a multidisciplinary workforce, however an assessment had been undertaken in the meantime. In regard to the prescribing savings outlined within the report it was clarified that these related to acquiring similar products at a cheaper price and delivering a reduced effective level of prescribing within primary care.</p>	SH
<p>PF22/10.5 The Committee expressed concern over the lack of precision around the savings targets and timelines provided and sought greater detail of the proposed savings and action plan to deliver them. The Executive Director of Finance outlined her intentions in managing a regular pipeline of savings and acknowledged that this could have commenced earlier.</p>	
<p>PF22/10.6 The Committee also discussed how non-financial management managers would be supported to ensure a cultural shift took place to manage their delegated finances more effectively.</p>	
<p>PF22/10.7 In response to the Committee, the Executive Director of Finance explained which benchmarking data was utilised in order to ensure realistic comparisons were drawn. However, it was acknowledged that some of the benchmarking work undertaken pre-covid would be effected by current operational restrictions due to Covid.</p>	
<p>PF22/10.8 A discussion ensued in regard to the difference in percentages between transactional and recurrent savings, in which the need to focus on transformational changes at pace was emphasised. The Executive Director of Primary Care and</p>	

<p>Community Services stated that there was absolute clarity that business cases must include a return on investment.</p> <p>PF22/10.9 Concern was raised on the non-availability of surge funding and the potential effect on BCU's financial stability, although it was noted that £17m and £10m had been returned to WG in the previous 2 years relating to Covid. It was agreed that the next iteration of the report would provide a brief appendix to explain golden metrics with examples. The Executive Director of Finance also agreed to consider further how the savings data was presented to ensure greater clarity along with demonstrating financial return on investments.</p> <p>PF22/10.10 The Committee noted the concern with current trends in global energy pricing and its potential effect. In conclusion the Committee was pleased to understand that the Executive Team had undertaken a Star Chamber of all investment proposals across the Health Board in February to inform the prioritisation process across the following financial year. However, it was acknowledged that WG policy introductions in year could form an unplanned cost pressure in year which would be subject to discussion with WG if not supported with additional funding. The Executive Director of Finance agreed to consider with the Executive Team whether a central contingency needed to be factored in to address this. In addition, it was agreed that the long list of schemes which were considered against the shortlist provided to Board be included within the IMTP debrief. The Committee also discussed how savings expectations and delivery would be monitored within future business cases.</p> <p>It was resolved that the Committee noted the financial update on the draft IMTP financial plan.</p>	<p>SH</p> <p>SH</p>
<p>PF22/12 Transformation update</p> <p>PF22/12.1 The Executive Director of Primary Care and Community Services presented this item which had been reformatted and sought member feedback on the level of detail provided. He set out that transformation within the organisation was at the storming and forming stage and was therefore a product in progress. The report covered the 5 major transformation areas of planned care, unscheduled care, adult mental health, Children and Adolescent Mental Health (CAMHS) and Cancer. He outlined the governance and scrutiny route and clarified the Executive Team's role in tracking progress. He explained that the existing programmes' approaches were being worked on to form a unified BCU format which future programmes would also adopt from inception. The Executive Director of Primary Care and Community Services invited comments on the layout/size of the report and drew attention to the introduction of milestones, whilst clarifying that future versions would contain more detail on outputs.</p> <p>PF22/12.2 The Committee was supportive of the focussed approach introduced. Suggestions were put forward in regard to page numbers, programme titles and concurred the format could benefit from being slightly lengthened. The Executive Director of Primary Care and Community Services agreed to reopen the purple critical milestone delivery Q3/4 trajectory for planned care as a revision was taking place and</p>	<p>CS >PT</p>

<p>also clarify the accuracy of the statement “six weeks capacity will add six months on the recovery process”. In response to the Committee Chair, he clarified that a short recruitment pause had been taken in order to consider how medicalised some of the pathways would be to ensure staffing at the appropriate skill level.</p> <p>PF22/12.3 The Committee raised their concern with pace and the number of recruitment delays, seeking assurance that there were no issues which required escalation and also questioned how programmes which moved into significant slippage would be dealt with. The Executive Director of Primary Care and Community Services agreed to include decision escalations within future executive summaries. The Executive Director of Workforce & OD reported that adult mental health recruitment had not commenced and spoke of potential tactical and targeted campaigns to assist in moving this forward more successfully.</p> <p>PF22/10.3 The Committee questioned how actions continuing to be reported at ‘Red’ did not contain Executive Team (ET) outputs which were clarified by the Executive Director Primary Care and Community Services, including an example of optimism bias. He also agreed that the wording would be considered in order to ensure there was no ambiguity e.g. where an action had been considered by ET and decision taken to carry out more work and bring back in a realistic time frame this should be reflected.</p> <p>PF22/10.4 The Committee sought further clarity within the report on how estate risks affected adult mental health services. As the Interim Deputy MH Director was present at the meeting she reported that work was being taking forward in the short term and confirmed this was captured within the divisional risk register.</p> <p>It was resolved that the Committee noted the update provided on the actions being taken within the area of Transformation and specific improvement programmes</p>	<p>CS>PT</p> <p>CS>PT</p>
<p>PF22/13 Information Governance Strategy</p> <p>The Interim Director of Governance presented the reviewed strategy. The Committee discussed the document and agreed that the strategy be updated with</p> <ul style="list-style-type: none"> • the new operating model in regard to roles and responsibilities • delete sentence “8.1 The Information Governance Team should have sufficient resource in order to ensure the Health Board remains compliant against its legislative requirements and timescales. “ • provide robust detail of non-compliance escalation process within the document • completion of an Equality Impact Assessment <p>It was resolved that the Committee requested the IG Strategy be amended in line with the discussion and resubmitted for approval at the May meeting.</p>	<p>SEE/CJ</p>
<p>PF22/14 Information Governance 2021/22 Key Performance Indicators (KPI) Report</p>	

<p>PF22/14.1 The Interim Director of Governance presented this item. He highlighted positive areas such as HMP Berwyn, GP managed practices and additional resources which executives had enabled.</p> <p>PF22/14.2 The Committee Chair requested that more clarity in graph format be provided in future reports to enable trend monitoring of historical and current compliance data across areas of the organisation to be more easily identified.</p> <p>PF22/14.3 The Executive Director of Workforce and OD advised the actions she had put in place to improve her division's performance with Freedom of Information requests, which would be an area of focus going forward for her newly appointed deputy. In response to the Committee's concern regarding Estates and Facilities poor compliance, she described historical IT access issues for the majority of these roles and assured that the delivery of more manual training programmes were being explored which she was confident would result in an improved position next year. The Interim Director of Governance stated that whilst more resource had been provided a good deal of organisational change was taking place which might affect overall compliance rates. Accordingly, the Committee requested that future reports highlighted this area within the Executive Summary in order to ensure that a watching brief was maintained. In relation to this highlighted risk, the Executive Director of Workforce & OD advised that risks across a number of areas had been captured against the implementation of the new operating model.</p> <p>It was resolved that the Committee noted the Information Governance KPI reports.</p>	<p>SEE/CJ</p> <p>SEE/CJ</p>
<p>PF22/15 Finance report month 10</p> <p>PF22/15.1 The Executive Director of Finance presented the report. She referred the Committee to the dashboard information, reporting that the Health Board remained forecast to report a balanced position at year end. On a positive note the savings programme was due to deliver in excess of £1.6m over the £17m target, albeit on a non-recurrent basis. She highlighted specific elements of the Covid-19 budget and areas of pay and non-pay expenditure which would be supported by WG. It was noted that approximately £3.3m would be required to facilitate the Cystic Fibrosis (CF) contract with Vertex.</p> <p>PF22/15.2 The Committee Chair was given reassurance that the forecast was accurate and was being monitored on a daily basis, in response to questioning an exact break even position, given the £1.8b budget. The Executive Director of Finance reported that she was targeting the delivery of a small surplus, as in the previous year. She undertook to clarify whether there were comments of significance contained within the excel spreadsheet provided which should have been transferred to the narrative.</p> <p>PF22/15.3 In discussion of the performance monies tracker provided, the Committee Chair referred to the recent tripartite letter received. The Executive Director of Finance clarified that a proforma template was being agreed with WG to report on strategic</p>	<p>SH</p>

<p>support funding going forward in order to effectively track expenditure and quantify the benefits realised. In regard to slippage she clarified that work had been undertaken to ensure a clear read across with the key objectives around planned care, unscheduled care, financial sustainability, and patient experience. She agreed to provide members with the detail of the year end position for information when it was finalised.</p> <p>PF22/15.4 The Committee raised concern regarding higher agency and bank costs and the continuing financial planning risks associated with the inability to recruit to various areas due to market availability. The Executive Director of Workforce and OD acknowledged the recruitment issue, however there had also been significant impact due to the additional activity required to deal with the pandemic and surge.</p> <p>PF22/15.5 Discussion ensued on the relative difference in performance across the 3 District General Hospitals i.e. £1.4m positive and negative variances. It was noted that the biggest pressure was in relation to nurse recruitment and ED pressures. In regard to the £1m adverse Corporate position, the Executive Director of Finance reported that in addition to the CF (Vertex) contract, there was had been £2m catch up on utilities and rates to be addressed.</p> <p>It was resolved that the Committee noted the Finance report for month 10</p>	SH
<p>PF22/15.1 Divisional Operational Finance report - Mental Health and Learning Disabilities (MHL) Division</p> <p>PF22/15.1.1 The Interim Deputy MHL Director presented the report highlighting the Division's forecast to deliver a break even position at year end despite £1.5m negative variance at month 10. However, she acknowledged that there had been slippage on recruitment transformation plans and elaborated on the significant £600k investment with the voluntary sector undertaken with robust expenditure governance to meet this challenge. A recruitment tracker was in place to monitor this challenging aspect and she reported on the outcomes of the recent third virtual recruitment drive in which further lessons had been learned. Also noted were the Mental Health measure slipped targets and actions undertaken to address them as well as CHC cost pressures. She stated that the Division was on target to deliver the savings required and a plan in place to deliver £1m savings in the next financial year. In regard to non-pay costs, market forces affecting care packages was challenging along with supporting Learning Disability highly complex cases, however a joint approach with Local Authority partners was at an early stage of high level discussion. The Interim Deputy MHL Director also drew attention to work being undertaken to address drug expenditure and Primary Care linkage with clinician involvement. Attention was also drawn to the SWOT analysis provided within the paper.</p> <p>PF22/15.1.2 The Committee was concerned regarding the recurring theme of workforce challenges within BCU. In addition, whilst strong leadership was perceived, the element of stability was questioned given the interim nature of the current appointments. In questioning the Division's forecast savings regarding travel reduction it was clarified that whilst £100k had been targeted, £279k was forecast to be delivered</p>	

<p>due to increased virtual meetings and patient consultations. However, assurance was provided that the manner of patient consultation was assessed on an individual basis. She also highlighted the various positive benefits that agile working, introduced extensively in response to the Covid19 pandemic, had realised eg less travelling, less administration staff in offices, less staff time lost to travel. The Executive Director of Finance was asked whether BCU’s reduction in travel costs could be analysed in order to ascertain potential organisational savings, noting with interest that WG was looking into agile working policy moving forward. The Committee was assured that capital expenditure budget was in place to meet strategic development of the MH estate by the Assistant Director Capital Strategy.</p> <p>PF22/15.1.3 In regard to the variance in Out of Area costs, which had been a significant cost burden in the past, the Interim Deputy MH Director assured that SITREP reports were being monitored on a weekly basis against BCU bed availability and there was recognition within the Division that this high cost area required stringent focus. CHC decision making processes and GP prescribing were also discussed.</p> <p>It was resolved that the Committee noted the report</p>	<p>SH</p>
<p>PF22/16 Capital report month 10</p> <p>PF22/16.1 The Assistant Director Capital Strategy presented the report highlighting the Capital Resource Limit (CRL) had increased by a further £8.25m (totalling an additional £16.8m in year) which had presented challenges in ensuring achievement of the CRL by 31.3.22. However, confidence remained that this would be met and the areas of additional spending were provided. Pressures within the local construction market had also affected schemes within the discretionary programme but this was being managed on a daily basis with a small over commitment to deal with slippages, especially in regard to those caused by response to the third wave of the pandemic.</p> <p>PF22/16.2 The Committee was disappointed that progress was delayed on redevelopment of the Royal Alex hospital due to external factors. In response to the Committee, the Assistant Director Capital Strategy clarified that ‘tenders declined’ meant that there had been no submissions as the local market was busy with other work that had become available from the public sector and did not have sufficient capacity to tender.</p> <p>PF22/16.3 Discussion ensued on the level of detail required by the Committee on Capital expenditure and budgets, which was agreed to be explored further outside the meeting. It was noted that a Capital monitoring tool was examined monthly by the Capital Programme Management Team and Capital Investment Group and that the Committee had previously agreed Capital would be reported by exception.</p> <p>It was resolved that the Committee noted the report</p>	<p>JC/RM</p>
<p>PF22/17 Operational Plan Monitoring Report 2021-22 position at 31.12.21</p>	

<p>PF22/17.1 The Interim Performance Director presented the item advising that overall, 70% of the programs were on track or complete. There were 19 new 'Red's in the quarter, nine of which were within mental health which were mainly attributed to staffing issues. Performance had improved across 38 of the programmes. He advised this to be a positive report given the circumstances under which BCU was operating.</p> <p>PF22/17.2 The Committee questioned stroke strategy progress and plan implementation reporting in which the Executive Director of Workforce and OD clarified the 'Red' rating only applied to the delays in moving forward the stroke business case whereas other areas eg stroke recruitment were reporting at 'Green'. Discussion ensued on pace, risk and realistic expectations of this important area. The Interim Performance Director commented that performance improvements would take some time to demonstrate real impact.</p> <p>PF22/17.3 A discussion ensued on the effectiveness of narrative provided to explain actions at 'Red'. It was acknowledged that 'snapshot' explanations were provided however more overall detail was also required to understand the actions being taken overall to deal with longstanding delays as opposed to positive reporting of snapshot gains. The Executive Director of Finance clarified the position regarding the Orthopaedic specification delay which had been highlighted as an example by the Committee. In addition, she agreed to take on board the Committee's comments, including milestone achievement and addressing connectivity issues in future reporting. Specific concerns were raised regarding 1.7 WPAS – why the Red status was not impacting overall delivery, 2.7 Endoscopy – when the 6 month delay would be delivered and 3.7 Lack of narrative regarding the Cancer pathway.</p> <p>PF22/17.4 The Committee also questioned how reporting of incomplete actions would transfer to the next year's monitoring report of the IMTP. It was noted that the 'new' format, which had involved Committee members in its development would be provided on commencement of the new financial year report.</p> <p>It was resolved that the Committee noted the report</p>	SH
<p>PF22/18 Quality and Performance report</p> <p>PF22.18.1 The Interim Performance Director presented the report highlighting in regard to Planned Care that the total number of patients in follow up continued to improve and was following the same trajectory as in the previous 3 years, which whilst slow, was a significant improvement. However, stroke admissions at 15% was very low, as discussed within the OPMR item, and involved recruitment issues in that area. In regard to Cancer performance, BCU remained the best in Wales and was seen as a best practice area by WG in maintaining performance in this area.</p> <p>PF22/18.2 The Committee Chair drew attention to a recent Ministerial letter which raised significant concern over ambulance handover delays, he questioned what remedial actions were being undertaken, and to what timescales, within BCU Emergency Departments (ED) and flow through to address the deteriorating performance. The newly appointed Interim Delivery Director stated that the</p>	

<p>Unscheduled Care paper following addressed a number of areas however, he would undertake to provide a more detailed paper addressing this at the next meeting which would include linkages with the ED business case. The Committee also acknowledged its responsibilities to work with colleagues in the Health Board to turn this issue around at pace constructively.</p> <p>PF22/18.3 In regard to performance detail the Interim Performance Director undertook to clarify the position on percentage of stroke patients whom receive a six month follow up assessment. The Committee was very disappointed regarding the low (59%) “percentage of staff who would be happy with care provided by their organization if a friend or relative needed treatment”. The Executive Director of Workforce & OD advised this to be a snapshot linked to the annual National Staff Survey and was now included on a BCU programme which was being monitored on a more regular basis. However, she agreed this statistic was of concern even though it was in line with other Health Boards in Wales. The Committee concurred that it would require successful implementation of the IMTP to ensure finances were spent in all the right areas to improve staff confidence in BCU.</p> <p>It was resolved that the Committee noted the report.</p>	<p>PO</p> <p>SH>GHD</p>
<p>PF22/19 Planned Care Update</p> <p>PF22/19.1 The Interim Director of Delivery introduced the report stating that BCU was in a mid-ranking position in relation to Welsh Health Boards recommencing elective activity. He pointed out that, like all other Health Boards, the growing size of the waiting list was concerning. It was noted that in moving this work forward, harms reviews were taking place and patients were to be considered in chronological order where possible whilst micromanaging the process. Significant challenges would lie ahead as the list of patients waiting over 104 weeks had grown to 15.5k which would require medium and long term plans to address.</p> <p>PF22/19.2 The Interim Head of Planned Care pointed out that plans which would outline work to be undertaken over 3 years to address all specialties and sites were nearing finalisation. He stated that whilst Cancer performance was good, there was room for improvement and he drew attention to the impact on activity in supporting the vaccination programme which commenced in December 2021. It was noted that whilst the target was to achieve 80% of 2019 activity, this would still result in 1700 patients per month being added to the waiting list. It was BCU’s objective to return to 100% during the next financial year. He provided greater detail of progress made as highlighted within the report which included orthopaedics, day care surgery, outpatient clinics and a variety of mitigation and safety processes which had been introduced. Outsourcing capacity had been maximised in orthopaedics and ophthalmology, and would expand in the new financial year along with some other specialities in order to address the increasing waiting lists.</p> <p>PF22/19.3 The Interim Head of Planned Care also advised planned care recovery would require transformational changes in working practices and outlined some of</p>	

<p>these initiatives. There were very high and tough targets to achieve including ensuring there were no outpatients waiting more than 104 weeks per WG. Whilst many could be achieved he advised that the position might worsen before improvement was delivered and that three to five year recovery on some of the most hard pressed specialties was realistic.</p> <p>PF22/19.4 In response to the Committee, the Interim Head of Planned Care assured that should a patient not accept an appointment by a cross border provider, commissioned by BCU, they would not be disadvantaged on the waiting list should their preference be to have an intervention closer to home.</p> <p>It was resolved that the Committee noted the report as a high level reflection of the status of the Planned Care Recovery plan. supported the ongoing programme of work, which combines transactional recovery processes with a range of transformational initiatives.</p>	
<p>PF22/20 Unscheduled Care Update</p> <p>PF22/20.1 The Interim Director of Delivery invited questions regarding the paper provided. In response to the Committee he outlined some of the actions being undertaken to address the throughput from ambulance to ED and pilots which were commencing at Llandudno General Hospital and then rolling out to other community hospitals, whilst local solutions were also evolving to include acute hospital site. He stated that there was much less risk in treating patients in the hospital environment than in the ambulance once having arrived at the site. He drew attention to the paper which outlined practical actions being undertaken. He advised he would be working with the soon to be appointed Associate Director of Unscheduled Care to move this work forward under the leadership of the Deputy CEO, along with the acute care directors and USC Project Director. In order to improve clinical engagement, 3 clinical leads would be appointed and there would be a clear grip and focus on quantifying improvement within performance management.</p> <p>PF22/20.1 In response to the Committee Chair's question, the Interim Director of Delivery assured that the 'Halo' concept, utilised by WAST, would be reintroduced as it had a significant impact and would be reported to the Committee in future programme reports.</p> <p>It was resolved that the Committee noted the report</p>	
<p>PF22.21 North Wales Cancer Treatment Centre - Radiotherapy Replacement Linear Accelerator, Software and Hardware Replacement</p> <p>Following discussion on the software maintenance contract and revenue cost fulfilment outlined within the paper, the Committee was satisfied that due diligence had taken</p>	

<p>place, taking on board the Executive Team's scrutiny which was outlined by the Executive Director of Primary and Community Services.</p> <p>It was resolved that the Committee approved the Business Case for consideration by the Health Board prior to submission to Welsh Government.</p>	
<p>PF22/22 Strategic Outline Case (SOC) for Bangor Health and Wellbeing Centre</p> <p>PF22/22.1 The Committee was pleased to receive this innovative SOC being developed in partnership. It was understood to be included in the IMTP and had WG support, particularly in terms of urban regeneration although there was further work to be moved forward to clarify the level of funding available in regard to the potential costs. The Executive Director of Finance emphasised the project was at an early stage and this would be explored further, including the revenue implications. It was understood that services provided would be clarified as the business case was developed. In response to the Committee, she stated that it would be preferable to choose an option which saved the most recurrent revenue going forward, in weighing up whether to pursue purchase or lease options due to BCU's financial position and ascertaining availability of WG funding.</p> <p>PF22/22.2 It was noted that engagement would be undertaken at a later stage of business case development along with all risks.</p> <p>It was resolved that the Committee approved the Strategic Outline Case.</p>	
<p>PF22/23 Emergency Department (ED) Business Case Gateway Review</p> <p>PF22/23.1 The Interim Director of Delivery presented this item. He clarified that the purpose of the paper was to demonstrate a different methodology in approaching business case monitoring from inception through to operational deliver with performance metrics, whilst also indicating resource release. It was acknowledged that this case had commenced retrospectively and included amendments eg ambulance handover focus and increased targets. He guided the Committee through the four key areas and six goals set out by WG, with particular reference to recruitment. The Interim Director of Delivery emphasised that this was work in progress and was provided to demonstrate the direction of travel.</p> <p>PF22/23.2 The Executive Director of Primary and Community Services explained the need to develop gateway reviews in respect of transformational business cases in order to assess delivery and return on investment in agreed stages to ensure the anticipated benefits were being realised or consider whether a decision needed to be taken to discontinue the development. The Committee questioned how external gateway reviews were triggered, the established process was clarified within larger capital projects. The Committee was supportive of the opportunity that gateway reviews would bring to internal processes.</p>	

<p>It was resolved that the Committee noted the update provided on the actions being taken to assure the delivery of the ED Business Case</p>	
<p>Learning from - the Past</p>	
<p>PF22/24 Sub Regional Neonatal Intensive Care Centre (SuRNICC) post project evaluation</p> <p>PF22/24.1 The Assistant Chief Executive joined the meeting for this item providing background and context to the SuRNICC project. It was noted that the final Gateway (5) review had been delayed due to the pandemic onset however, he drew attention to the ambitious service change which had been undertaken in order to improve quality and meet staffing resilience risks. There were some lessons learned in regard to design and construction however, the review was positive in that the project was delivered as set out. It was noted that the organisation had reflected on their own practice, updated procedures and shared guidance with the rest of Wales on this achievement.</p> <p>PF22/24.2 The Committee congratulated all concerned with the project which had been delivered successfully and to budget. The Assistant Chief Executive undertook to feedback to the team and the Committee Chair agreed to highlight this to the Board through his Committee Chair Assurance report to the next Board meeting.</p> <p>It was resolved that the Committee noted</p> <ul style="list-style-type: none"> • the significant delivery of benefits aligned to the original investment objectives for the SuRNICC and the positive feedback received in two external reviews of the project. • the work ongoing to address outstanding benefit areas and recommendations made by the Gateway Review. • the commissioning of external support to document lessons learned and develop a guide to inform future business cases and project delivery. 	JC
<p>PF22/25 Chair Assurance reports for assurance</p> <p>It was resolved that the Committee noted the following Chairs assurance reports</p> <p>PF22/25.1 Information Governance Group - February 2022 PF22/25.2 Information Governance Group - December 2021</p>	
<p>PF22/26 Agree Items for referral to Board / Other Committees</p> <p>None</p>	
<p>PF22/27 Review of risks highlighted in the meeting for referral to Risk Management Group</p>	
<p>PF22/28 Agree items for Chairs Assurance report</p>	

<p>PF22/29 Review of meeting effectiveness</p> <p>The Committee reflected that there had been fruitful discussion, albeit that the length of the agenda had been long. The Executive Director of Finance stated that consideration should be given to longer breaks within the agenda moving forward.</p>	
<p>PF22/30 Summary of private business to be reported in public</p> <p>The Committee noted the report.</p>	
<p>PF22/31 Date of next meeting 24.3.22</p>	
<p>Exclusion of the Press and Public</p> <p>It was resolved that 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>	