Betsi Cadwaladr University Health Board (BCUHB)
Confirmed Minutes of the Performance, Finance & Information Governance held in Public on 28 April 2026
held in the Boardroom, Carlton Court, St Asaph and via Teams

Committee Members Present	
Name	**Title**
Gareth Williams	Chair
Tehmeena Ajmal	Chief Operating Officer
Russell Caldicott	Executive Director of Finance & Performance
Dyfed Edwards	BCU Chairman
Jane Farrell	Improvement Advisor
Nick Graham	Associate Director Workforce Optimisation
Dave Harries	Head of Internal Audit (via Teams)
Carol Johnson	Head Of Information Governance (part meeting)
Matthew Joyes	Deputy Director of Legal Services
Stuart Keen	Director of Environment & Estates
Mike Larvin	Independent Member (via Teams)
Gillian Milne	Head Of Healthcare Contracting
Justine Parry	Acting Director of Digital, Data & Technology (via Teams)
Michelle Phoenix	Audit Wales
Tracy Pope	Head Of Healthcare Contracts
Rhian WatcynJones	Independent Member
In Attendance	
Philippa Peake-Jones	Head of Corporate Governance
Harriet Abbott	Secretariat

PRELIMINARY MATTERS

PF26.34 Welcome and Apologies

Apologies were noted from Debbie Eyitayo, Chris Lothian-Field, Pam Wenger and Ed Williams.

PF26.35 Declarations of Interest

No declarations of interest were received.

PF26.36 Unconfirmed Minutes of the Meeting held on 18 December 2025 & 24 February 2026

The minutes from December and February's meeting were reviewed. The following points were noted:

- **Minutes of the Meeting hold 18 December 2025**: Prior to the meeting the Chair had shared a further updated version with proposed amendments with the Committee Secretariat. It was agreed for this updated version to be shared outside

of the meeting for review and inclusion of any other amendments if still required, prior to circulating a final version to members.

- **Minutes of the Meeting held 24 February 2026**: it was requested that under item PF26.03, reference be made to the need of ensuring document accessibility for papers shared for Committee, and for this to be included as an action in the previous minutes.

The following actions were agreed:

- **Action PF26.36.1**: Minutes from December 2025 Committee to be updated following receipt of proposed amendments and circulated with members as final.

It was agreed that subject to the above amendments, the minutes of both meetings were a true and accurate record.

PF26.37 Matters Arising & Action Log

Members received the action log and noted progress against the actions.

- **Action PF26.3.1** – The Executive Director of Finance & Performance updated regarding the action. Work is on track, with the new format of report to be presented at the next Committee meeting when the first data set from the new financial year 2026/27 is presented. The inclusion of clear language within reports was emphasised. It was agreed for the target date of the action to be amended to June 2026 in line with this.
- **Action PF25.115.3 –** It was advised that whilst this action was closed at the last meeting, as a matter of fact no discussion had taken place with the University regarding use of the scanner, and the issue is ongoing. It was advised that the team are now negotiating with a private company and were no longer exploring use of the University scanner. It was agreed for a new action to be opened and to be discussed outside of the meeting to identify the Executive Lead to explore this matter.

It was advised that at the last Board meeting in March 2026, it was agreed for the Integrated Performance and Accountability Framework to come back to PFIG Committee. It was agreed to reference this in the Committee update to the Board in May. It was suggested that there is difference between document contents and current practice. The work is being reported through the Financial Oversight Group (FOG), which is due to meet ahead of the next Board meeting. It was clarified that this work aligns with the All Wales Policy, which links with other Health Boards and the Ministerial Advisory Group (MAG) recommendations for policies around accountability and performance. It was requested for the document to be reviewed to ensure alignment between the framework and current practice, to allow assurance for sign off.

The following action was agreed:

- **Action PF26.37.1**: the Integrated Performance and Accountability Framework to be reviewed to ensure alignment with current practice, enabling assurance for sign off.

It was resolved that the Committee:

- **AGREED** to close the actions that were proposed for closure.

MAJOR PROGRAMMES & DEVELOPING STRATEGY & LONG-LASTING CHANGE

PF26.38 Planned Care

The item was presented by the Chief Operating Officer (COO), and the following points were highlighted:

- Hard work from the team was noted regarding work on insourcing, outsourcing, validation and outcomes. It was noted that this was due to significant additional funding received from the Welsh Government.
- The number of patients waiting over 52 weeks for their first outpatient appointment has reduced by 80%.
- Trajectories are in place for the end of Quarter 1. The COO has met with the three Integrated Health Centre (IHCs) regarding capacity planning, with support in place with the aim of meeting the trajectories.
- It was noted that the Cancer Services trajectory at the end of 2025/26 was 53%. There is need to increase this in order to meet deescalation criteria.
- It is believed to be feasible to have 0 patients waiting over 104 weeks by end of March 2027.

In discussing the item, the Committee:

- Noted the good progress made, however raised concern that the progress made was entirely down to additionality (insourcing and outsourcing) with no evidence of improved productivity in the delivery of in-house planned care.
- Sought reassurance that improvements were being delivered within existing resources and queried variability in productivity across specialties, particularly where comparable external providers were delivering higher throughput with similar capacity.
- Acknowledged that productivity challenges were multifactorial, with operational, cultural, and clinical factors, and emphasised the need to address barriers where there are limited reasonable productivity expectations. Members discussed the tension between managing the backlog and creating conditions for longer term service redesign, noting that sustained reliance on non-recurrent schemes risked inhibiting system stability.
- Were advised that weekly performance reviews were in place to monitor delivery and that, while some variance was anticipated, overall recovery remained achievable.
- Reflected on the broader organisational challenge of moving from short term operational control to a more improvement led approach, including the use of recognised improvement methodologies, clearer accountability, and clinically led service redesign.

It was resolved that the Committee:

- **NOTED** the report.

PF26.39 Urgent & Emergency Care

The item was presented by the Chief Operating Officer (COO), and the following points were highlighted:

- Variable performance has been seen across acute sites, with significant improvement noted in regards to Wrexham Maelor Hospital (WMH). Delayed discharges still remain as the primary constraint. Targeted support is in place, with urgent meetings scheduled to close any gaps in clinical leadership.
- Collaborative working is taking place with Local Authority partners with further system-wide engagement planned.
- Key focus areas include Single Point of Access (SPOA), Same Day Emergency Care (SDEC), management of discharge processes and ambulance handover performance.

In discussing the item, the Committee:

- Noted the ongoing work and progress, but sought further assurance regarding sustainability and impact of proposed changes, with reference to Community by Design. It was agreed for a report on implications and affordability of this to be received at the next Committee meeting.
- Highlighted the importance of understanding the financial and governance implications of a shift towards community-based models of care, including potential for use of pooled budgets, whilst recognising the governance, accountability and risk management requirements of this.
- Emphasised the importance of demonstrating improved patient experience, flow, and safety outcomes, alongside performance metrics, and requested future update on the impact of community resource utilisation.
- Queried arrangements in place regarding discharge to recover, including risk management, patient outcomes, and system learning, and requested information be received on this at a future meeting.
- Requested greater visibility of where improvement has been sustained, to provide assurance that changes were embedding effectively. It was confirmed that further evidence-based reporting is being developed to support oversight.

The following actions were agreed:

- **Action PF26.39.1**: a report on the financial implications and affordability of Community by Design to be received at the next meeting.
- **Action PF26.39.2**: Future UEC update to reference use of community resources and impact on patient experience and flow.
- **Action PF26.39.3**: Further information on discharge to recover arrangements, including risks and patient impact to be received at the next meeting for assurance.
- **Action PF26.39.4**: Future updates to include reference to sustained improvement for assurance of embedded changes

It was resolved that the Committee:

- **NOTED** the report.

PF26.40 Foundations for the Future – Verbal Update

The Executive Director of Finance & Performance gave a verbal update on the Foundations for the Future (FFTF) programme. The following points were highlighted:

- Further discussion is due at the upcoming Board Development session. The programme model proposes a reduction in the number of senior posts (Band 8c and above), which is subject to formal consultation.
- There are 207 posts within scope, with the new model identifying 198 posts in the future structure. This will result in an approximate £1.6 m, cost saving, with a more defined leadership structure. The structure elements of the programme are being picked up by the People & Culture Committee. It was noted that transition and implementation costs would require careful management.

In discussing the item, the Committee:

- Were advised that a fully costed business case will be presented at a future Committee meeting.
- Emphasised the importance of ensuring the programme is fully costed, including transition costs, workforce impacts and capacity to deliver the required change. Members noted that organisational experience indicated that such transformations often required upfront investment before savings are realised.
- Clarified that the model includes a number of vacancies, so does not necessarily involve redundancies, due to the use of vacancies and redeployment.
- Requested that a paper update regarding the financial aspects is received at a future Committee for the item for consideration to ensure appropriate governance.
- Emphasised the need for clear programme governance, dedicated project management capacity, and workforce support to mitigate organisational risk and maintain business continuity during implementation.
- Confirmed that the programme was progressing through appropriate internal governance routes, including People & Culture Committee oversight and internal audit review, with a paper scheduled at the next informal Board session.

The following actions were agreed:

- **Action PF26.40.1**: future updates on Foundations for the Future to focus on financial aspects to ensure appropriate governance.
- **Action PF26.40.2**: Ensure FFTF is considered at P&C Committee to ensure oversight.

It was resolved that the Committee:

- **NOTED** the report.

PLANNING, PERFORMANCE & STRATEGY

PF26.41 Finance Report

The Executive Director of Finance & Performance presented the item. The following points were highlighted:

- The Health Board forecasts a year-end deficit of £17.3m, subject to audit. This represents a 0.6.% deficit and is slightly below the revised end of year forecast provided to the Welsh Government, and is the second lowest deficit position of all Welsh Health Boards.
- All Health Boards in a deficit position are subject to a mandated “grip and control” checklist issued by the Welsh Government (WG). The Health Board response to this

will be brought through the next PFIG Committee and Financial Oversight Group (FOG).
- All Health Boards in a deficit position are required to resubmit financial plans by the end of May 2026. Those Health Boards who can submit a financially balanced plan will receive a further allocation to offset cost pressures from the Welsh Risk Pool (for BCUHB this is approximately £7m)

In discussing the item, the Committee:
- Explored key aspects of the financial position including workforce costs, non-pay expenditure and capacity pressures, noting increase in non-pay at the end of the previous financial year, and sought assurance regarding predictability and future mitigation.
- Raised concerns around bank and locum usage, as well as the apparent contradiction between the payroll headcount being significantly lower than the agreed establishment and the overspend overall on pay, with discussion centring on overtime, deployment, and efficiency.
- Expressed concern regarding operational and cultural impacts of prolonged centralised controls, noting potential inconsistencies with organisational values and the risk of driving higher-cost workarounds during vacancy periods.
- Had a lengthy discussion around control measures and earned autonomy, with members emphasising the need for proportionality and clear accountability and suggesting it would be better to empower front line managers to manage their budgets and establishments, while monitoring behaviours in order to re-introduce centralised controls for those parts of the Health Board which showed signs of failing to manage their budget appropriately.
- Noted internal audit observations regarding continued non-compliance with internal controls, including the absence of clear consequences. Members acknowledged the challenges and reiterated the need for collective ownership of financial decisions and strengthened accountability mechanisms

The following actions were agreed:
- **Action PF26.41.1**: Response to WG checklist following deficit position to be received at the next PFIG meeting prior to submission to WG.

It was resolved that the Committee:
- **NOTED** the report.

PF26.42 Integrated Performance Report

The Executive Director of Finance & Performance presented the item. The item provided an overview of performance across areas such as Urgent & Emergency Care and Cancer Services, with underlying concepts around improvement.

In discussing the item, the Committee:
- Noted the focus on improvement and activity detailed, however, raised concerns around the clarity of narrative and data timeliness. Members were advised that data, prior to publishing, is validated, which can cause delay. Data can be shared earlier if agreed, however it must be noted that this is unvalidated.

- Requested consideration of data around theatre utilisation being escalated and covered in the exception report.

It was resolved that the Committee:

- **NOTED** the report.

[Gillian Milne and Tracy Pope joined the meeting].

PF26.43 Contracts & Commissioning

The item was introduced by the Executive Director of Finance & Performance. The following points were highlighted:

- The Commissioners Assurance Framework is designed to address points identified from Internal Audit and Ombudsman recommendations, with the aim of strengthening oversight of commissioned services.
- Two deadlines were previously missed for embedding the Commissioner Assurance Framework. It has been emphasised by the Ombudsman that the framework is to be embedded within the timeframe in place.
- Work is underway with the Director of Corporate Governance regarding the reporting line through relevant groups, Executives and Committees through to the Board.
- The document is currently in draft form, and is due to go to Executive Committee on 6 May, ahead of the Board at the end of May 2026, in order to meet the Ombudsman deadline.

In discussing the item, the Committee:

- Clarified that previously a draft version of the framework was shared with the private meeting on the day at the February Committee. It was agreed for the updated draft version to be circulated with Members outside of the meeting.
- Queried involvement from the quality lead. It was advised that the Executive Medical Director has been heavily involved and the item is due to be discussed at the upcoming Board Development session later this week.
- Sought assurance that appropriate oversight would be in place prior to Board consideration given the framework's significance, including ensuring awareness by Quality, Safety & Experience Committee.

The following actions were agreed:

- **Action PF26.43.1**: Commissioners Assurance Framework document to be circulated with Committee members.
- **Action PF26.43.2**: the Executive Director of Finance & Performance and Director of Corporate Governance to discuss further to ensure oversight ahead of the next Board meeting.
- **Action PF26.43.3**: Quality, Safety & Experience to consider the draft Commissioning Framework to ensure quality and safety are given sufficient weight in procurement activity.

It was resolved that the Committee:

- **NOTED** the report.

[Jody Evans joined the meeting, and Gillian Milne and Tracy Pope left the meeting].

GOVERNANCE, RISK & ASSURANCE

PF26.44 Information Governance KPI Report

[Carol Johnson joined the meeting].

The item was jointly presented by the Acting Director of Digital, Data & Technology and Head of Information Governance. The following points were highlighted:

- A previous issue raised relating to GP practice toolkit compliance has now been resolved, and all have now been submitted.
- It was advised that prior to the Committee being sighted on the report, it is received at Executive Committee. This step was put in during the last financial year. It will be queried at an upcoming Executive Committee meeting as to whether this step is still required.
- A slight reduction in Freedom of Information (FOI) compliance was noted at the end of Quarter 4 of 2025/26. Work in underway internally, and this is now at 86% after a recent review, with the aim of further improvement.
- Clarified that there were two incidents relating to Putting Things Right. One incident initially submitted was not considered to relate to information governance following review.
- 27 Information Governance Champions have been identified across the Health Board.
- Continued compliance with the Information Governance mandatory training target (85%) has been maintained across the Health Board for the past 12 months.

In discussing the item, the Committee:

- Reviewed the data and information relating to FOI requests, and emphasised the importance of ensuring as much information is published as possible for transparency, which could also prevent the need for some FOI requests.
- Noted the data regarding delays and breaches on FOI requests, and queried the potential reasons for this, which could include more information being required to allow sign off. It was advised that work is ongoing to identify any trends to allow learning.
- Emphasised the need for consistent communication, ensuring that individuals are directed to the appropriate resources.

The following actions were agreed:

- **Action PF26.44.1:** To be determined if the IG KPI report is still required to be received at Executive Committee prior to PFIG.
- **Action PF26.44.2:** PPHP to reconsider the current practice of staff advising journalists to source information through FOIs.

It was resolved that the Committee:

- **NOTED** the report.

[Carol Johnson left the meeting].

PF26.45 Board Assurance Framework

The Assistant Head of Risk Management presented the item. The following points were highlighted:

- A number of risks remain rated red or overdue. Work is underway to strengthen alignment between risks, strategic objectives and prioritised commitments.
- Risks are being actively mapped to associate activity to ensure oversight and assurance.

In discussing the item, the Committee:

- Noted the progress made in improving structure and management of the BAF.
- Requested against BAF 07, reference be made to productivity and inefficient working to recognise the significance to organisational sustainability and recovery.

The following action was agreed:

- **Action PF26.45.1**: Productivity and inefficient working to be referenced against BAF07

It was resolved that the Committee:

- **ENDORSED** the report.

[Jody Evans left the meeting].

PF26.46 Corporate Governance Report

The Head of Corporate Governance presented the report. It was advised that in coming months, the Committee assessment will be completed as part of the Annual Report. The Committee Cycle of Business is also being reviewed and is to be aligned with the Integrated Medium-Term Plan (IMTP) prior to being received for approval by the Committee.

In discussing the item, the Committee:

- Requested clarity on how private items are referenced to ensure consistency across Committees to maintain transparency while respecting confidentiality.
- Welcomed the continued emphasis on ensuring that matters considered in private were appropriately justified and that the default position remained transparent where possible.

It was resolved that the Committee:

- **NOTED** the report.

PF26.47 Corporate Services Financial Overview

Item deferred to the next meeting.

A paper update on this item will come to the next committee, once the required information is available.

CLOSING BUSINESS

PF26.48 Agree Items for Referral to Board / Other Committees

It was agreed that the following should be referred to the following Committees:

- People & Culture: Ensure assurance is sought on the availability and continuity of programme management support for the Foundations for the Future programme, to reduce the risk of disruption during implementation.

- Executive Committee: Ensure attention is drawn to the timing of Information Governance reporting, to ensure relevant information is seen by Executive Committee in good time to support oversight and decision-making

- Executive Committee is asked to escalate data on theatre productivity in performance reporting, as there is no evidence of positive change.

- Quality, Safety & Experience: To consider the draft Commissioning Framework to ensure quality and safety are given sufficient weight in procurement activity.

- Planning, Population Health & Partnership: The current practice of our staff advising journalists to source information through FOIs should be reconsidered.

PF26.49 Review of Meeting Effectiveness

It was agreed that:

- The overview of business cases was to come to the next Committee meeting as previously requested. This was initially due to be received in April's meeting.

PF26.50 Date of next meeting

23 June 2026

PF26.51 Resolution to Exclude the Press and Public

'Those 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'