Health Board Key Issues Report (this report should be a maximum of 2 sides of A4 paper)				
Board Date		26/11/2026		
Date of Committee		27/10/2026	**Report of:**	Performance and Finance
Quoracy met:		Yes		
1	Agenda	The Performance and Finance Committee (P&FC) continues to meet bi-monthly. The Committee considered an agenda which is attached: PFIG Committee - BCUHB		
2a	Alert	The P&F Committee wishes to alert members of the Board that: • Urgent and Emergency Care performance remains significantly challenged. Ambulance handover performance is below trajectory, waits exceeding 12 hours remain above the escalation threshold, and gaps in acute-site leadership and workforce capacity continue to affect delivery, particularly outside normal working hours. There has been no real progress in reducing Pathway of Care Delays and the Committee remains concerned at the lack of progress on Discharge to Recover and Assess (D2RA). The Committee believes it is unacceptable that one of the three UEC priorities agreed by the Board is not being progressed because of lack of finance. • The ambition to eliminate waits exceeding 104 weeks by the end of March remains at material risk. Although the overall position is improving, delivery is constrained by specialty-specific pressures, including general surgery, orthopaedics, dermatology, urology and ENT, alongside the timing of insourcing mobilisation and the need to sustain progress beyond year-end. • Significant concerns remain regarding capital governance. Internal Audit reported that the Capital Investment Group has not consistently been quorate or operated in accordance with its terms of reference, with insufficient executive attendance and continuing weaknesses in programme delivery. The nuclear medicine programme has also experienced unacceptable and costly delays while revenue and scrutiny issues were resolved within the Executive. Capital Governance and Nuclear Medicine items relate to action AC26.85.01 received from Audit Committee.		
2b	Assurance	The P&F Committee wishes to assure members of the Board that: • The Integrated Performance Report continues to improve and provides clearer information on performance, actions and areas requiring escalation. The Committee noted the		

		reduction in the planned financial deficit from £43.0m to £34.3m, the identification of £53m of savings opportunities and strong improvement in diagnostic waiting times. • There is strengthened grip and oversight of Planned Care recovery. Cohorts and actual performance are being reviewed weekly, risks are being identified at specialty level, and mitigating actions are being developed. The Committee also noted significant progress in reducing the number of patients waiting more than 104 weeks, while recognising that the trajectory becomes substantially more challenging from December. • The Community by Design work is being developed as a whole-system programme rather than solely as a financial transfer. Opportunities have been stratified by readiness and complexity, with an emphasis on prevention, frailty, hospital-at-home models, partnership working and the development of measurable population outcomes, and inequality and sustainability benefits.
2c	Advise	The PFIG Committee wishes to advise members of the Board that: • The Committee supported a more strategic approach to financial sustainability, recognising that investment may be required to secure longer-term quality, productivity and financial benefits. The more strategic discussion will continue through the Board Development session. • PFIG supported regular capital reporting to the Committee and the strengthening of the Capital Investment Group as the principal operational forum. The Capital Procedure Manual is to be refreshed and brought to P&F for assurance, with an initial capital report expected at the next meeting. • The Committee noted the need for a separate finance report to continue to be presented to the Board, notwithstanding the integration of finance within the PFIG performance report, in order to maintain clear oversight of the Health Board's statutory financial duties.
2d	Review of Risks	Review of risks: All three risks within the Committee's remit remain above risk appetite, with unchanged scores; despite strengthened governance arrangements, assurance on control effectiveness remains moderate, with further emphasis needed on delivery of mitigations and demonstrable risk reduction.
2e	Sharing of learning	The Committee identified the following learning: • Savings delivery should be recognised and celebrated even where operational pressures offset the financial benefit; sustainable improvement will require service redesign and investment-to-save approaches rather than reliance on short-term controls alone.

		• Board and Committee priorities should be supported by transparent resource choices. Proposals should set out what is required, the expected benefits and the financial implications so that informed decisions can be made, rather than being halted by a general narrative that no funding is available. • Major programmes require clear decision-making, timely escalation and active Executive participation. The delays affecting nuclear medicine and the wider concerns regarding capital governance reinforce the need for strengthened accountability and post-project evaluation.
3	Actions and referrals to other Committees	• Quality, Safety and Experience Committee: Refer infection prevention and control performance for further scrutiny, particularly healthcare-associated infection levels and the resulting loss of bed capacity, including the 120 bed days lost across August and September. • People and Culture Committee: Maintain oversight of the establishment control review and seek assurance that the revised arrangements are proportionate and reduce unnecessary hurdles to recruitment; and consider the possibility of introducing generic recruitment arrangements for non-specialist roles (e.g. general administration, financial administration) which would allow 'reserve lists' of appointable candidates to be used to fill vacancies much more quickly (a model used, for example, in the Civil Service).