

**Betsi Cadwaladr University Health Board (BCUHB)**  
**Confirmed Minutes of the Performance, Finance and Information Governance**  
**Committee (PFIG) - PUBLIC**  
**held in PUBLIC on 26 August 2025**  
**in the Boardroom, Clwyd Alyn, St Asaph**

<b>Committee Members Present</b>	
<b>Name</b>	<b>Title</b>
Gareth Williams	Vice Chair (Chair of PFIG Committee)
Rhian Watcyn Jones	Independent Member
Prof Mike Larvin	Independent Member
Chris Lothian-Field	Independent Member
<b>In Attendance</b>	
Russell Caldicott	Executive Director of Finance
Nesta Collingridge	Head of Risk Management
Nick Graham	Associate Director - Workforce Optimisation
Dave Harris	Head of Internal Audit
Stuart Keen	Director of Environment and Estates
Justine Parry	Assistant Director of Compliance and Business Management
Victoria Peach	Acting Director – IHC West
Matthew Joyes	Deputy Director for Legal Services
Michelle Phoenix	Audit Wales
Maeve Puleston-Jones	Audit Wales
Carol Shillabeer	Chief Executive
Paolo Tardivel	Interim Executive Director of Transformation and Strategic Planning
Pam Wenger	Director of Corporate Governance
Neil Windsor	Programme Director for Value & Sustainability
<b>Apologies</b>	
Tehmeena Ajmal	Chief Operating Officer
Jason Brannan	Deputy Director of People
Dyfed Edwards	Chair
Dylan Roberts	Chief Digital and Information Officer
Georgina Roberts	Associate Director People Services
James Mawrey	
Simon Monkhouse	
<b>Committee Support</b>	
Philippa Peake Jones	Head of Corporate Governance
Harriet Abbott	Minute Taker

**PRELIMINARY MATTERS**

**PF25.61 Welcome and Apologies**

Apologies were received from Jason Brannan, Dyfed Edwards, Georgina Roberts, Simon Monkhouse, James Mawrey, Dylan Roberts, Tehmeena Ajmal.

#### **PF25.62 Declarations of Interest**

No declarations of interest were noted.

#### **PF25.63 Unconfirmed Minutes of the Meeting held on 25 June 2025**

The minutes of the previous meeting were reviewed and agreed.

It was resolved that the Committee:

- **AGREED** that the minutes of the meeting held on 25.06.25 were a true and accurate record.

#### **PF25.64 Matters Arising and Action Log**

Matters arising included:

- A discussion relating to grade inflation for job roles. The All Wales Job Evaluation Policy, which includes core job description templates should help with this.

Other points highlighted that did not appear on agenda but needed to be followed were:

- The potential for undertaking minor procedures in primary care
- Understanding barriers to efficient theatre utilisation
- Improved discharge planning and collaboration with social care
- Performance meeting with IHCs regarding accountability
- Aligning budgets to the Integrated Medium-Term Plan (IMTP)
- Managing follow up waiting lists including promoting the use of Patient Initiated Follow Up (PIFU) and See on Symptom (SoS) and the impact of this change
- Workforce redesign and skills mix
- Prioritising a select number of initiatives, and the impact this could have
- Strengthening clinical ownership
- Growth in corporate staffing and how expenditure is being utilised

The Committee agreed that during the next Board session on 28 August, it would be beneficial to review the focus of the Committee to ensure clear priorities and direction. It is expected that this work will take up to 6 months. The Director of Corporate Governance will request this is raised by Dyfed Edwards, Chairman, in the next Board session.

The following points were made:

- Clinical Leadership and Development would likely in future fall within the remit of People and Culture Committee.
- Urgent follow up, Planned Care and theatre utilisation – all of these should be kept under review by the Committee as part of its performance remit
- Performance management meetings with IHCs and central divisions are held by the Executive: updates could also be reported to the Committee.

- The size and composition of the corporate centre and links with Foundations For the Future should remain on PFIG agenda. The Executive Director of Finance and the Director of Corporate Governance would meet to decide how to structure and factor into the work plan.
- There was scope for further streamlining of process: Once an item is discussed, ensure an action is decided or who is required to action, and ensure there is an update on progress.

The action log was reviewed and several points discussed:

- Action PF25.56 – The Director of Corporate Governance updated and clarified that the difference in figures for WTE between finance and Workforce had been resolved.
- Action PF24/107.1 – to remain open until date of next update is known. It was agreed that an annual report from Shared Services would be requested on this item and for Rebecca Nelson, NWSSP, to be invited to the next meeting.

The following actions were agreed:

- PF25.64.1 – The Director of Corporate Governance to suggest to the Chair that the focus of committees is reviewed at next board session
- PF25.64.2 – The Director of Corporate Governance and The Executive Director of Finance to meet and agree how to factor issues about the corporate centre into the workplan
- PF25.64.3 – Rebecca Nelson to be invited to the next meeting to update on Shared Service Partnership.

## ITEMS FOR ASSURANCE

### PF25.65 Finance Report

*Russell Caldicott, Executive Director of Finance*

The Executive Director of Finance presented and highlighted the following from the report:

- The Health Board is reporting a deficit of £11.4m as at 31 July 2025, largely driven by shortfall in savings delivery.
- Month 4 (July 2025) position is an in-month deficit of £3.6m, a deterioration of £2.0m from previous month. This deterioration is largely driven by a shortfall in National Insurance contributions of £1.4m for months April-July 2025. £11.4m is inclusive of this £1.4m
- Serious pressures pan Wales with significant deficits even compared to plans (several of which were already based on a negative outturn).
- Out of area Mental Health placements, largely localised to the West Area, was a significant factor with monthly costs having risen from £200k to £2 million over the last couple of years. There also were ongoing pressures relating to Continuing Health Care (CHC).
- The Welsh Government had originally requested all savings should be identified by month 3 but this had now been revised to month 6. The Integrated Performance Delivery Group is due to meet to review. All budget holders had been reminded of savings required.
- Approximately £25m savings had already been identified, but more was needed to reach target of £40m.
- In relation to Welsh Risk Pool, claimants have option of two offers; receiving annual payment (over life of the person) or as a lump sum. There has been an increase in number of those opting for a lump sum. This was a concern and also involved a risk of approximately £9m.

- Cost pressures also arose from the cross-border patient flows, as some tariffs in England had increased by 15%. This issue has been flagged with Welsh Government as it equates to approximately £50m in risk.
- While some previously non-recurrent funds had now been confirmed as recurrent, there remained a total of £82m which was non-recurrent and conditional on performance.
- In terms of the capital budget – approximately £5m had been spent to date, with £50m programmed. Larger spends include the Llandudno Orthopaedic development and the purchase of CT scanners (equates to £25m).

*Maeve Puleston-Jones left the meeting. Mike Larvin joined the meeting.*

In response to a question, it was explained that the 'MMR' submission is the "monthly monitoring report", submitted to Welsh Government. Definition to be added to report for clarity.

PF25.65.1 Action - clarity of MMR definition to be added to Finance Report.

The following points were made in discussion:

- Several queries were raised regarding the savings and the potential impact on patients and services: this would be covered in the discussion of Value and Sustainability.
- Questions were raised about the upward trend in agency spend on medical and 'other' staff. The Executive Director of Finance advised that further work is needed to understand these trends.
- It was noted that while lump sum payments extinguished BCUHB's future liabilities, they carried inherent risks for the individual, as future care costs might end up exceeding the payment.
- Issues were raised with regard to how savings were identified as 'recurrent' and it was explained that this was based on the assumption that any savings against a recurrent, baselined budget were deemed to be recurrent.
- Regarding Out of Area Placements (OOAP), it was clarified that such placements were not necessarily outside of North Wales as a region (though many were): it referred to placements outside health board premises. It was noted that other Welsh Health Boards experienced similar problems, and the potential for collaborating with other Health Boards on bulk buying places should be explored.
- In response to a question, it was explained that the bulk of the savings identified this year were expect to come from the Value and Sustainability programme: but savings from these themes were expected to be realised by IHCs and Divisions, and therefore targets continued to be set divisionally.

*Carol Shillabeer joined the meeting.*

- Questions were raised about the root cause of the reliance on Out of Area beds for mental health patients. While two beds were unavailable in Hergest ward due to ligature related building work, a significant cause was delayed transfers of care, with many patients occupying beds ready for discharge but without any suitable placements in the community being available.
- The Chief Executive further noted that there is no crisis provision in BCU currently (the only area in Wales to not at this time) and work is underway to address this.

*Michelle Phoenix left the meeting.*

### **PF25.66 Value & Sustainability**

*Russell Caldicott, Executive Director of Finance*

The Executive Director of Finance explained that the Value and Sustainability programme was not just about identifying savings: it was about improving the quality of the health board's services. He introduced Neil Windsor, Programme Director for Value & Sustainability.

*Maeve Puleston-Jones re-joined the meeting.*

The Programme Director for Value & Sustainability presented the report to the committee and highlighted the following:

- The six workstreams detailed within the report apply at both a national and local level, each with an Executive lead, Chief Finance Officer (CFO) and workforce lead.
- Meetings are taking place with Programme Leads weekly to review performance relating to the savings programme, with the main focus being financial savings delivery.
- From a performance perspective, £25.5m green saving schemes have been identified compared to a total plan of £38.1m. £2.7m Red Schemes are currently identified, with full year plan value of pipeline opportunities totalling £9.9m.
- There was confidence that the total of green scheme savings would increase rapidly (as had been the case in the last few months). Largest contributors are medicines management and workforce.
- BCUHB was currently performing better than the all-Wales position.
- Regarding the sixth (and most recently adopted) workstream, Value Based Health Care, this was still very much work in progress: initiatives and leads still need to be identified.

The Committee discussed the report and raised the following:

- The scope for a greater focus on the prevention agenda and on targets, milestones and impacts.
- Whether each workstream had an underpinning logic model, based on SMART objectives and an understanding of how activities would lead to the required outcomes and impacts.
- The extent of control the Health Board could exercise over prescribing in primary care.

It was clarified that prevention is referenced within the pathways. The drafting of future reports will be reviewed to ensure information is presented clearly, and to include information on the underpinning logic.

The Chief Executive emphasised the importance of ensuring primary care referrers have the knowledge to make the right choices and choose the best pathway for individual patients. In relation to GP prescribing, there are incentive schemes to reward GPs for appropriate prescribing, and anonymised data is shared to try and influence change.

The committee noted the report.

### **PF25.67 – Integrated Performance Report**

*Russell Caldicott, Executive Director of Finance*

The Committee took the report as read. Comments from members included the following:

- Language within the report was overly complex at times. The Chair advised that the report's author, has requested feedback regarding the report's format and it was agreed that Rhian Watcyn-Jones would join a meeting to be arranged. The Director of Corporate Governance noted that there had been agreement also at the board to consider how the monthly report could be refocused.
- A stronger focus on productivity is required, with more information on what efforts are being made to improve theatre utilisation, for example. The report should also cover performance of primary and community care.

PF25.67.1 Action - GW and RC to meet with Ed Williams

### **PF25.68 – Progress Against Planned Care Performance Targets - verbal**

*Carol Shillabeer, Chief Executive*

The Chief Executive gave an update on progress with regard to the Planned Care Performance Targets noting that the target for the end of the second quarter was to reduce the number of patients who had waited more than 104 weeks to 2,800 with the aim of eliminating all 104+ week waits by the end of the calendar year. This would be challenging for some specialities, particularly orthodontics. Insourcing and outsourcing contracts were now in place and around 2,900 patient packs had been sent to the external provider, although 500 of these had been returned to BCU's waiting list. Work was ongoing to validate the backlog of patients overdue for a follow-up, with the aim of removing those who could safely be 'See on Symptom', thus freeing up more outpatient appointments for new patients.

The Chief Executive also gave a presentation on the Health Board's response to the Ministerial Advisory Group (MAG) (Slides attached to the minutes).

The following points were highlighted:

- The majority of the MAG recommendations align with work outlined in the IMTP though the timescales set by the MAG are extremely ambitious.
- On planned care, a key priority for the Health Board is move towards a single list for each speciality across the region as was the development of a single model of preoperative assessment (including utilisation of a health screening questionnaire to avoid unnecessary in person assessments), which is being trialled in Wrexham, prior to a roll out across BCUHB.
- In terms of diagnostics and achieving the target of waits of no more than 8 weeks, endoscopy was particularly challenging
- In terms of Urgent Emergency Care, a major change programme is in place. Further updates will be reported back to committee.

The Committee discussed the emphasis on single lists, and referenced theatre optimisation. It was agreed to have an item on this at the next committee meeting and for Danielle Edwards, Care Programme Manager to attend.

An update regarding endoscopy business case was also requested. PW/CS to follow this up for update.

PF25.68.1 Action – paper on theatre optimisation to be added to the next committee meeting and Danielle Edwards be invited to attend.

PF25.68.2 Action – PW/CS to chase update on Endoscopy Business Case

**PF25.69 – Urgent and Emergency Care Programme Board**

*Victoria Peach, Acting Director - IHC West (on behalf of Tehmeena Ajmal).*

The Acting Director IHC West presented on behalf of the Chief Operating Officer. The following was highlighted from the paper:

- The report shows the position at the end of Quarter 1. KPIs for level 1 and 2 falls and care homes were met but a number of other KPIs were not achieved.
- The Programme consists of four workstreams: individual front door, hospital front door, hospital flow and discharge. There is a strong focus on strengthening governance in this arena, with the aim of reducing duplication and ensuring consistency.
- Next steps included appointing clinical leads and establishing task and finish groups for each workstream; holding an engagement and quality improvement session on 26 August; and reviewing system flow working.
- A number of risks were noted in the report, regarding delivery of programme and operational ownership, with the importance of working with Local Authority partners being key.

PF25.69.1 Action - Context regarding level 1 and level 2 falls to be added to report

PF25.69.2 Action – Further information on role of the facilitators to be updated at next committee meeting.

In discussion the following issues were raised:

- Clarification that work on improving discharge processes covers both acute and community hospitals.
- Consideration being given to how better to manage flow in Emergency Departments including the use of appointments.

*Nesta Collingridge joined the meeting.*

- The need for good communication and for clarity on where the workstreams fit operationally and with transformation.
- The Director of Corporate Governance highlighted that this is the first report from the major change programme. This report along with the winter plan will go as an item for the next board agenda in September 2025.

*Carol Shillabeer left the meeting.*

**PF25.70 – Legal Services – Paper Update**

*Pam Wenger, Director of Corporate Governance.*

*Matt Joyes joined the meeting.*

Chris Lothian-Jones disclosed an interest in this area due to his professional activities. .

The Director of Corporate Governance advised that the main point of interest for this Committee related to the financial aspects.

The Deputy Director for Legal Services presented the report. The report highlighted several aspects to improve legal services within the Health Board. From October 2024, Legal Services now sits with the Corporate Governance function of the Health Board. A three-year plan is currently underway to transform legal services, the aim of which is to increase access, value and quality of legal services provided to the organisation.

The following points were highlighted from the report:

- Previously services have been able to liaise with the Shared Services Partnership for legal advice without any central control. Going forward, the aim is to have tighter control of when legal services are accessed, subsequently improving cost control.
- The lack of central oversight means it is difficult to give a clear view of the overall cost but the spend for 2024/2025 is over £500,000 and this is expected to increase to close to £750,000 in the current year.
- The Executive has decided to bring legal services in-house with the recruitment of two additional legally qualified staff and the provision of training to others to acquire relevant legal qualifications: many other health authorities are doing the same and this is expected to reduce costs significantly.
- Areas of focus include inquest, redress work and court of protection activity, with the aim of bringing all these services inhouse.

The committee discussed the importance of learning from previous legal cases, and sharing of lessons learnt, as well as ensuring training for clinicians and leaders is a top priority, with the need for early engagement with patients and their relatives to prevent escalation.

Members welcomed the report but requested that future reports should contain further detailed breakdowns relating to personal injury and clinical negligence claims.

The committee noted the report. It was agreed to include this report as a standard agenda item for both the public and private meeting.

PF25.70.1 Action - Future Legal Services Report to contain detailed breakdown on personal injury and clinical negligence claims.

PF25.70.2 Action - Legal Services Update to be included as standard agenda item going forward.

### **PF25.71 – Audit Wales – BCUHB Tackling the Planned Care Challenges – Paper Updates**

Maeve Puleston-Jones attended as an observer but offered to provide feedback to any questions over email.

The committee reviewed the report and:

- Emphasised the need to ensure both short term and long-term recommendations are addressed
- Acknowledged the need for clinical leadership to bring about culture change, and how collaboration aids this.
- Stressed the need to identify and address barriers to appropriate delegated authority for the programme board. The Director of Corporate Governance advised that a standing orders paper is due to go to board in September which will regularise the position.
- Emphasised the importance of limiting harm whilst patients are on the waiting list, acknowledging the need to prioritise specialities where the risk of harm is greatest.
- Clarified that Audit Wales has produced similar reports for all Health Boards and would produce a synthesis report in due course: however, it was clear that BCU was in the poorest position.

PF25.71. 1 Action – RC to ensure Clinical Executive is sighted on this item

*Paolo Tardivel joined the meeting.*

## **ROUTINE REPORTING**

### **PF25.72 Board & Assurance Framework – Paper Update**

*Pam Wenger, Director of Corporate Governance*

Nesta Collingridge presented the paper and highlighted the following:

- The Board Assurance Framework is mapped against current IMTP. Each Committee was being asked to review relevant risks ahead of the Board.
- The portal which is being developed will assist in pulling actions together.
- There is a deep dive group established regarding financial risk. RC is involved with this work.
- The format of the BAF is being reviewed to improve visibility and accessibility. The full BAF is due to go to Board in September.

The Committee recognised the significant improvement which had been made to the BAF, while noting a point made by the Head of Internal Audit that the Board still lacks sufficiently clear objectives. The committee noted the report.

*Nesta Collingridge left the meeting.*

### **PF25.73 Corporate Governance Report – Paper Update**

*Pam Wenger, Director of Corporate Governance*

The Director of Corporate Governance presented the report, emphasising that the self-assessment template will be reviewed for next year, as some questions may not be relevant to some committees. The Chair of the meeting advised that he had suggested some amendments to the draft Annual Report and a final version would be circulated out of Committee.

PF25.73.1 Action – Final Version of Corporate Governance Report to be circulated to the committee

### **PF25.74 – Information Governance Report – Paper Update**

*Justine Parry – Asst Director of Compliance and Business Management*

The annual review of the Information Governance Strategy was presented. This has been updated to reflect the revised health board objectives. The review period has been revised to three years rather than annually to align to the Policy on Policies. The Committee was requested to approve this change.

The Information Governance KPI report was presented.

Committee members welcomed the generally strong performance but questioned the lag in receiving the quarterly report. It was explained that governance arrangements had changed to include an additional step of consideration by the Executive Committee. However, the cycle of business for the Executive committee is currently being streamlined, and the time-lag will be less in future.

Following discussion, it was agreed to amend the title of the Information Governance Strategy to "Information Governance Plan".

The Committee approved the contents and noted the quarterly report.

PF25.74.1 Action - Report title to be amended to "Information Governance Plan"

*Justine Parry left the meeting.*

#### **FOR INFORMATION**

##### **PF25.75 Summary of Business to be Reported from Private**

No points noted.

#### **CLOSING BUSINESS**

##### **PF25.76 Agree Items for referral to Board / Other Committees - Verbal**

Items for Referral to Other Committees

- Quality, Safety and Experience Committee to consider receiving the presentation on the MAG and in particular to consider whether the Health Board is responding appropriately to recommendation 3: 'better prioritisation of available capacity for the longest wait patients should become a precondition for the receipt of additional funding from the Welsh Government for elective recovery'
- Quality, Safety and Experience Committee to consider the evidence in respect of providing high quality physical health care to mental health in-patients following the recent coroner's case.

##### **PF25.77 Agree Items for Chair's Assurance Report**

The above items would be included in the Chair's Assurance Report.

- Concerns from the committee with limited improvement in areas including Getting Things Right First Time (GIRFT) Standards and theatre optimisation.

- The committee shares the view of Audit Wales outlined in the recent planned care report with more needing to be done to address long-term issues and utilise short-term measures to boost capacity to reduce the longest waits.
- Urgent need to identify and “firm up” savings to reach £40m target.
- Further work required to ensure Integrated Performance Report has a clear narrative of require actions, barriers and mitigations.
- SMART compliant board objectives still outstanding.
- Concerns from the committee regarding the time taken to progress the establishment of additional capacity for endoscopy to achieve 8-week standard.
- Validation work of the Follow Up Waiting List is progressing well
- The transfer of legal work in house is progressing well
- Information Governance performance remains good, and an updated IG Plan was approved by the committee
- Savings continuing to be delivered through Value & Sustainability programme, with IHCs and Central Divisions taking responsibility for delivery
- The committee noted a reported on the MAG recommendations
- A report on theatre optimisation is requested for the next meeting.
- A report on improving performance with Urgent and Emergency Care was noted

#### **PF25/78 Review of meeting effectiveness**

It was agreed due to timing of the meeting for colleagues to share any feedback outside of the meeting.

#### **PF25/79 Date of next meeting**

Thursday 6<sup>th</sup> November, 9:30 am – 12:30 pm

#### **Exclusion of 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."*