

Betsi Cadwaladr University Health Board (BCUHB)
Confirmed Minutes of the Performance, Finance & Information Governance
Committee
held in Public on 24 February 2026
held in the Boardroom, Carlton Court, St Asaph and Microsoft Teams

In Attendance	
Name	Title
Rhian Watcyn Jones	Independent Member (Chair for this meeting)
Tehmeena Ajmal	Chief Operating Officer
Russell Caldicott	Executive Director of Finance & Performance
Dr Clara Day	Executive Medical Director
Danielle Edwards	Programme Director - Planned Care (via teams)
Dyfed Edwards	Chairman (via teams)
Debbie Eytayo	Executive Director of Workforce & Organisational Development (via teams)
Fflur Jones	Audit Wales
Stuart Keen	Director of Environment & Estates (via teams)
Mike Larvin	Independent Member (via teams)
Lois Lloyd	Chief Pharmacist
Chris Lothian-Field	Independent Member
Fiona Mash	Head of Organisational Portfolio Management Office.
Simon Monkhouse	Audit Wales
Justine Parry	Acting Director of Digital, Data and Technology
Paolo Tardivel	Interim Executive Director of Transformation and Strategic Planning
Pam Wenger	Director of Corporate Governance
Neil Windsor	Programme Director
Observing	
Jody Evans	Assistant Head of Risk Management
Jane Farrell	Improvement Advisor
Committee Support	
Philippa Peake-Jones	Head of Corporate Governance
Harriet Abbott	Secretariat

PRELIMINARY MATTERS
<p>PF26.01 Welcome and Apologies</p> <p>Apologies were received from Dave Harries and Gareth Williams.</p>
<p>PF26.02 Declarations of Interest</p> <p>No declarations of interest were received.</p>
<p>PF26.03 Unconfirmed Minutes of the Meeting held on 18 December 2025</p> <p>The following amendments to the minutes were noted:</p>



- Item PF25.114: correction of “bow” to “now”.
- Item PF25.122: correction of “BAG” to “BAF”.
- Item PF25.122: Advised this was an award for Risk Management Team of the Year. Requested name of award to be added for clarity.

It was agreed for the minutes to remain as draft, and to be reviewed for approval outside of the meeting on the return of the Chair at the next Committee meeting.

PF26.03 Matters Arising & Action Log

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

- **Action PF25.96.1:** due to come through on cycle of business as part of annual report. Agreed to close.
- **Action PF25.114.1:** this will be presented as part of the report in the future. Agreed to close.
- **Action PF25.115.1:** 100% overdue following up waiting list. This has been reviewed and referred onto QSE Committee. This is going through major programme for planned care.
- **Action PF25.92.1:** action to remain open whilst clarification is gained from the Executive Director of Environment & Estates.

The Committee discussed information that is circulated outside the meeting regarding actions or items. It was agreed for updates to be fed back through appropriate means, e.g. through the governance report and/or action, to ensure a trail for audit purposes and future reference if required, as well as consistency. The importance of ensuring accessibility of committee papers was emphasised.

It was agreed for Action PF25.67.1 to be closed, and a new action opened to create a user-friendly integrated performance report.

- **Action PF26.3.1:** A new user-friendly Integrated Performance Report to be developed with aim for implementation from April 2026.
- **Action PF26.3.2:** Report authors to ensure accessibility of committee papers for items submitted.

It was resolved that the Committee:

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

MAJOR PROGRAMMES & LONG LASTING CHANGE

PF26.05 Urgent & Emergency Care (UEC)

The Chief Operating Officer presented the item. The following points were highlighted:

- Reference was made to the focus on the Six Goals programme.
- There is a strengthened leadership position with the appointment of a new Clinical Lead, and a new Programme Manager having started over the last few months.
- There is a focus on development of partnership working, with the aim of developing a more coherent UEC improvement and recovery team.
- Increased funding has been received relating to ongoing work regarding a Hospital

Flow framework, which focuses on timely discharge and aiding flow through the hospital. A Multi Agency Discharge Event (MADE) has been undertaken on sites with actions as an outcome.

- Reference is made to Falls Prevention as a major opportunity for harm reduction and reduction in Emergency Department (ED) attendances.
- Single Point of Access (SPOA) requires clarity on the remit, and it was advised that an update will be due at the end of Quarter 1 of 2026/27.
- Regarding the Acute Fragility Service (AFS), a singular service model is being developed. An update will be brought to the Committee once timescales are agreed. Update is expected during Quarter 1 of 2026/27.
- An update is due to be received at Board regarding Urgent Emergency Care in March 2026.

In the discussing the item, the Committee:

- Referenced the need for improvement in ambulance handover delays and noted the importance of the role of the Committee to feed into themes for update to the Board, to gain assurance on delivery.
- Requested follow up reporting on UEC at the next meeting, with evidence alongside predicted actions and timescales to review progress.

The following actions were agreed:

- **PF26.05.01:** Update on Single Point of Access to be brought to June 2026 Committee meeting for update on progress from Q1
- **PF26.05.02:** Update on Acute Fragile Service to be brought to Committee at the end of Q1.
- **PF26.05.03:** Update to be received at the next Committee meeting on Urgent and Emergency Care, including evidence, predicted actions and timescales to review progress.

It was resolved that the Committee:

- **NOTED** the report.

[Clara Day joined the meeting].

PF26.06 Planned Care

The Programme Director for Planned Care presented the item, and highlighted the following:

- Significant validation work has taken place, with over 11,500 patient pathways (waiting 104 weeks+) validated since December 2025. 1900 of these pathways were closed, through clerical or technical validation. Lessons learnt from the validation exercise is put into training, to aid improvement in future.
- Validation is utilised to ensure patients remain on the correct pathway, and ensure appointments are still required, as well as removing unnecessary duplicate pathways.
- Chatbot technology is being utilised for digital patient validation by a number of specialities. Outcomes from this work is being gathered currently.



- No patient is removed or pathway closed without clinical assurance, emphasising the importance of clinical safety.

The Executive Director of Finance & Performance updated further, highlighting:

- New outpatient activity has moved to a centralised booking system. Previously 30K patients were waiting over 52 weeks. This has seen a dramatic reduction, with now 7000 waiting over 52 weeks. Further reduction in this figure is expected before the end of the financial year.
- The number of patients waiting over 104 weeks (all stages), was previous over 10k patients 12 months ago. The trajectory target was met in December 2025, with the target of 2500 patients to be met by end of March 2026

In discussing the item, the Committee:

- Were advised that every health board is required to complete validation, and that a trial of the Chatbot validation was used previously in ENT and was well received. Validation via telephone is also available for patients if required or preferred.
- Queried the figures regarding validation, and if the closure rate was as expected or unchanged.
- Requested an update on Planned Care be given at every PFIG meeting going forward.
- Requested an update be brought to a future meeting on trend analysis, including validation, removal rates and patient outcomes.
- Emphasised the need to incorporate realistic timelines and outcome measures into future reports.
- Noted the significant reduction (68%) of new outpatient appointments, however emphasised the need for focus on sustainability beyond short term insourcing, and expressed concern regarding patient experience due to long waiting times.

The following actions were agreed:

- **Action PF26.06.01:** Planned Care update to be standing item on every PFIG meeting going forward, incorporating timelines and outcome measures.
- **Action PF26.06.02:** Trend analysis regarding Planned Care to be provided at a future PFIG meeting.

[Danielle Edwards left the meeting].

PF26.07 Value & Sustainability

The Executive Director of Finance and Performance introduced the item, with the update being given by the Chief Pharmacist. The following points were highlighted:

- Regarding Medicines Management, the Value & Sustainability work relates to choosing the best value medicines available in terms of both cost and sustainability of use.
- In financial year 2025/26, there was a prescribing budget of £146m, with a £10.4m savings target identified. This is currently on track to deliver with £8.5m savings achieved year to date.
- Priority areas of work include Primary Care Pharmacy and Acute Pharmacy.
- Risk areas include workforce and increasing drug costs.

- Polypharmacy is a current focus, with work ongoing to understand how this can be commissioned, exploring potential outcomes and impacts.

In discussing the item, the Committee:

- Noted the good progress seen this year from medicines management with regard to the Value & Sustainability programme.
- Highlighted concerns regarding the large volumes of prescribed medication waste that can be produced, and what can be done to manage and reduce this where possible. The Committee was advised that work is ongoing with community pharmacy regarding this.
- Noted changes of procurement regulations, and how this poses risk to all Health Boards. Emphasis was made to ensure enablement changes are implemented as soon as possible to minimise risk to process and delivery.

It was resolved that the Committee:

- **NOTED** the report.

PF26.08 Foundations for the Future

It was agreed for this item to be deferred to the April 2026 meeting to allow for discussion of the item at the Board Development session later this week.

The following action was agreed:

- **Action PF26.08.01:** Foundations for the Future update to be received at April 2026 PFIG meeting.

[Lois Lloyd left the meeting].

PLANNING, PERFORMANCE & STRATEGY

PF26.09 Urgent Suspected Cancer (USC) Performance

The Chief Operating Officer presented the item. The following points were highlighted:

- It was clarified that the item is for public sharing, not private as stated on the published paper.
- De-escalation is 55% or above. This is a reduced target due to special measure status.

[Stuart Keen left the meeting].

- A deteriorating position has been seen in the last 2-3 years in regards to USC performance, with significant challenges seen in diagnostics, notably endoscopy, and tumour pathways.
- Several areas of outsourcing remain, and this is to be explored as to whether this can return to inhouse or is required to continue.
- A deep dive by the Board is scheduled for March 2026.

In discussing the item, the Committee:

- Noted a recent visit to the cancer centre by the Cabinet Secretary earlier this week.

- Was advised of immediate performance concerns and focus areas, including the need to ensure clear clinical pathways. Timescales for this work will be advised at the update to the Board in March.
- Was advised of validation taking place, with the aim to unpick the current process, specifically relating to USC pathways, due to the high referral to diagnosis rate (1-2% of referrals received), to ensure the most appropriate pathway available, as well as Capacity and Demand planning regarding incoming referrals and service capacity.
- Noted shared learning with other Planned Care teams nationally.
- Was advised that this work will be referenced in the updated Performance Report going forward that will be received by the Committee.
- Requested that relevant timeframes are included with the item for future updates received by the Committee.

The following action was agreed:

- **Action PF26.09.01:** relevant timeframes to be include in future updates

It was resolved that the Committee:

- **NOTED** the report.

[Paolo Tardivel and Fiona Mash joined the meeting].

PF26.10 Annual Development Plan Q3

The item was presented jointly by the interim Executive Director of Transformation and Strategic Planning and the Head of Organisational Portfolio Management Office. The following points were highlighted:

- 35 sub-objectives have been reviewed, with approximately 75% of these on track for Quarter 4.
- Strong progress has been made in a number of areas, with specific improvement noted regarding cancer targets, with large amounts of validation work having taken place.
- The 10 sub-objectives rated red have been escalated to the Chief Executive for strengthening narrative. These will be reviewed through Executive Committee on 13 March, where an updated position will be presented at March Board, along with an update against the 16 sub-objectives rated amber.

In discussing the item, the Committee:

- Raised concerns regarding the areas that are not on track.
- Noted ongoing pressure in clinical areas with ongoing change, as well as the vacant role of a Primary/Community Director for the past 18 months.
- Noted the limited outcomes and timeframes detailed within the paper, emphasising the need to identify and include the impact of outcomes on the population within future papers.

It was resolved that the Committee:

- **NOTED** the report.

[Paolo Tardivel and Fiona Mash left the meeting].

GOVERNANCE & RISK

PF26.11 Finance Report

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

- The Health Board is reporting a £17.4 m year-to-date deficit. There is an aim to improve this position with implemented financial control mechanisms in place.
- The Health Board is currently headed for a 0.6% deficit position, with £82 mil at risk, dependent on delivery.
- The deficit is driven by National Insurance employee contribution (£4.2 m) and inflation not being cross matched (equating to approx. £9 m).
- A positive delivery on savings has been seen, with the Value & Sustainability programme taking place and delivery cost savings.
- Total Capital for 2025/26 equates to £59.2m with lease provision, with £30m spent as of end of month 10, with a further £29m remaining for spend before the end of March 2026. There can be no more than £500K underspend, and no overspend. Assurance is given in regard to this spend, with plans in place to manage risk.

In discussing the item, the Committee:

- Reviewed the KPI slides, and discussed workforce costs, including reduction on agency spend.
- Emphasised the need for effective use of staff at all levels, acknowledged difficulties experienced by a number of specialities in regard to staffing, noting a sustainable workforce plan is key to this work.

It was resolved that the Committee:

- **NOTED** the report.

PF26.12 Integrated Performance Report

The Executive Director of Finance & Performance presented the report.

In discussing the item, the Committee:

- Raised concern on the many sections in “red” regarding national metrics.
- Was advised that an updated format of the report will be introduced for the Committee meeting in April 2026.

It was resolved that the Committee:

- **NOTED** the report.

PF26.13 Information Governance KPI Report

The Acting Director of Digital, Data and Technology introduced the item, and advised regarding the following:

- It was noted that an incorrect version of the KPI report was received by the

Committee in Q1 and Q2 of this financial year. This error was due to a new template being adopted, however not being correctly utilised at the time. The report for this meeting (covering Q3) is therefore not yet available for this meeting and will instead come to the PFIG meeting in April, following the appropriate governance route to committee.

- It was agreed that due to the issues found, and assurance of the correction given, that updated reports for Q1 and Q2 would not be resubmitted to committee, but that amendments will be included within papers for accuracy.

The following action was agreed:

- **Action PF26.13.1:** Amended reports for Q1 and Q2 of 2025/26 to be updated and shared.

It was resolved that the Committee:

- **NOTED** the report.

PF26.14 Information Governance (IG) Annual Report

The Acting Director of Digital, Data and Technology presented the report. The following points were highlighted:

- The IG Annual Report was not submitted to the October meeting due to late rescheduling of the meeting.
- The next annual report will come through Committee in August 2026.
- There has been updated standard requirements from DHCW (Digital Health & Care Wales). This poses a compliance risk for BCU in regard to one aspect relating to management of CCTV. Discussion is ongoing with the Executive Director of Environment and Estates with plans in place to ensure progress.
- No ICO (Information Commissioners Office) fines were received, however there were two settled claims (totalling £19k).
- Mandatory training compliance is maintained at 85%.
- A steady number of complaints is maintained, with a decreasing rate in ICO complaints received.
- Compliance audits completion is maintained, which are well received by services.
- One Health Board managed GP practice did not submit the IG toolkit. This is a mandatory requirement of the contract. The reason for this is being explored.
- Governance arrangements in regard to the use of artificial intelligence (AI) is being reviewed given current advancements.

The following actions were agreed:

- **Action PF26.14.1:** Update to be received at the next PFIG Committee regarding delay in IG toolkit completion.

The Committee thanked the team for their ongoing work and support.

It was resolved that the Committee:

- **NOTED** the report.

PF26.15 Corporate Governance Report

The Committee emphasised the need to include an item regarding review of current business cases during April 2026 meeting.

The following action was agreed:

- **Action PF26.15.1:** Current Business Cases to be added as an item for April 2026 meeting.

It was resolved that the Committee:

- **NOTED** the report.

PF26.16 Corporate Risk Register

The Director of Corporate Governance presented the report. The following points were highlighted:

- A number of Executive Committee sessions are planned to review and strengthen risk actions, with the aim of tighter mechanism and clearer processes.
- A simplified report is currently being explored with the aim of sharing with committee members for comment prior to implementation.

In discussing the item, the Committee:

- Queried the longevity of timeframe against a number of high-severity risks. It was clarified that work is ongoing to understand if these are “true risks” and if a revised, interim timescale can be implemented.
- Clarified that the Risk Scrutiny Group reports to the Executive Committee, and then onto Committee and the Board.

CLOSING BUSINESS

PF26.17 Agree Items for AAA Report

The PFIG Committee wishes to Alert members of the Board that:

1. A progress update on the single point of access initiative will return to the Committee at the end of quarter one (June).
2. Frailty Service Targets Development targets for the acute frailty service for 2026/27 will be shared with the Committee once the model is finalised. The plan is due to be signed off by the end of March 2026, which outlines implementation timescales.
3. Several areas remain at risk, including urgent and emergency care performance, planned care backlog, and workforce cost pressures. The committee noted ongoing challenges in achieving national targets, particularly in cancer and long-wait pathways.
4. Capital expenditure is behind profile, with a significant portion yet to be spent, raising concerns about year-end delivery.
5. Information governance compliance is at risk for CCTV management due to new national standards.

The PFIG Committee wishes to Assure members of the Board that:

6. Validation processes in Planned Care are robust, with over 11,500

pathways validated and significant closures improving capacity. Patient validation is ongoing, supported by innovative chat bot technology.

7. Savings targets have been met, with the Value and Sustainability programme delivering above plan. Medicines management is on track, with positive progress in value and sustainability workstreams.
8. Multi-agency discharge events and improved partnership with local authorities are driving better hospital flow and discharge outcomes.
9. Information governance training compliance remains above national target, and no financial penalties were incurred in the last year.

The PFIG Committee wish to Advise members of the Board that:

10. Measurable outcomes, timelines, and data collection to all improvement actions for urgent and emergency care and planned care, to be received at Committee to provide clearer assurance to the Board.
11. A reference system for documents and information shared outside meetings will be developed to improve accessibility and governance.
12. Regular progress updates on planned care, urgent and emergency care, and cancer pathways will come to each committee meeting to maintain oversight and assurance.
13. Workforce cost pressures are being addressed by focusing on productivity, skill mix, and reducing agency spend, aligned with IMTP workforce planning.
14. Information governance compliance risks are escalated to executive committee and Board, particularly regarding CCTV management and managed GP practices.

PF26.18 Review of Meeting Effectiveness

It was agreed that:

- The meeting ran well with constructive discussion and engagement.

PF26.19 Date of next meeting

28 April 2026

PF26.20 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'