

Betsi Cadwaladr University Health Board (BCUHB)
Confirmed Minutes of the Performance, Finance and Information Governance
Committee (PFIG)
held in PUBLIC on 6 May 2025
in the Boardroom, Carlton Court, St Asaph and via Teams

Committee Members Present	
Name	Title
Gareth Williams	Vice Chair (Chair of PFIG Committee)
Rhian Watcyn Jones	Independent Member
Prof Mike Larvin	Independent Member (Part meeting)
Chris Lothian-Field	Independent Member
In Attendance	
Tehmeena Ajmal	Chief Operating Officer
Russell Caldicott	Executive Director of Finance
Dave Harries	Head of Internal Audit
Stuart Keen	Director of Environment and Estates
Michelle Phoenix	Financial Audit Manager, Audit Wales
Stephen Powell	Director Performance and Commissioning
Pam Wenger	Director of Corporate Governance
Committee Support	
Philippa Peake Jones	Head of Corporate Governance

PRELIMINARY MATTERS
<p>PF25/24 Welcome and Apologies</p> <p>The Chair welcomed attendees to the meeting.</p> <p>Apologies were received from Mike Larvin (for part of the meeting), Dyfed Edwards and Jason Brannan.</p>
<p>PF25/25 Declarations of Interest</p> <p>There were no Declarations of Interest.</p>
<p>PF25/26 Unconfirmed Minutes of the Meeting held on 25 February 2025</p> <p>The minutes of the previous meeting were reviewed and minor amendments were agreed by the Chair.</p> <p>Matters arising included:</p> <ul style="list-style-type: none"> • Legal services and the session with NWSSP.

- Pam Wenger to provide a substantive update on legal services at the next meeting.
- Action logs and monitoring of arising issues, including the procurement of a maternity system and the need for a decision in January.
- The Chief Executive's paper on key values was scheduled to be on a future agenda but lacked a time scale.
- There was a discussion on better discharge planning and collaboration with social care.

Actions:

- Add item on the next agenda for response to the MAG and our response to it and enabling actions.

In was resolved that the Committee:

- **AGREED** that the minutes of the meeting held on 25.02.24 were a true and accurate record.

PF25/27 Matters Arising and Action Log

Updates on various actions were discussed, including:

- Estate rationalisation: Director of Environment and Estates noted the need for a detailed understanding of the current estate before rationalisation.
- Recruitment and retention strategies (it was noted there was no representative from Workforce and Organisational Development present).
- Financial outlook for Oncology
- Use of Primary Care for minor procedures
- Embedding GIRFT; and
- Better discharge planning

Actions:

- Estates Strategy overview to return to the next PFIG Committee
- Share with IM's the MAG report and speech
- Review action log and update and where possible ensure all items are covered in the Cycle of Business

ITEMS FOR ASSURANCE

PF25/28 Finance Report

Members received the report and the Executive Director of Finance highlighted:

- The accounts were submitted by the deadline of 2nd May 2025.
- The audit team is currently reviewing the accounts.
- Subject to audit, the final deficit for the year was £7.6 million: as the control target was £8.6 million, the target was met.
- This performance is notable as many other health boards did not meet their targets.
- The Welsh Government confirmed that two significant non-recurrent allocations in 2024-25 will be made available for 2025-26:

- £74.6 million, which will become recurrent upon audit approval of the £7.6m deficit delivered in 2024/25.
- £82 million, received non-recurrently for 2025/26 again, with this allocation becoming recurrent upon two separate conditions being satisfied, namely:
 - £40 million contingent on delivering the Integrated Medium Term Plan (IMTP).
 - £42 million contingent on ministerial de-escalation from special measures.
- £58 million in savings were delivered against a target of £48 million, so we surpassed the targeted savings ask. However, £44 million of these savings were recurrent, so we were unable to remove £48m of savings moving into 2025/26
- A £40 million savings ask is required to be delivered as we move into the 2025/26 financial year. With current shortfalls in savings plans, cost pressures from additional capacity beds, Continuing Healthcare and Out of Area Mental Health there remains a risk to delivery of c£40 million to be addressed in the new financial year, if the IMTP outturn of a balanced budget is to be achieved.
- Capital Expenditure: The budget had been £50.7 million, with an actual spend of £50.4 million, within the tolerance of no overspend and an underspend to be no more than £0.5m provided by the Welsh Government: The program was largely back phased, leading to risk of breach in this key duty should projects not deliver, as such lessons on profiling of schemes and costs are being incorporated into planning for delivery of the 2025/26 capital program.
- Planned Care Money: unfortunately, there had been a challenge in spending all the additional planned care money (some only allocated by Welsh Government in the last few months of the financial year) and the £2.4 million underspend had been returned to Welsh Government, this was largely a consequence of mobilisation of contracts following notifications received late in the financial year.
- Welsh Government requested a quarter one submission for the new financial year on Planned Care delivery, with £5m allocated to support additionality and confirmation of funding received towards the end of April 2025. This will be reported on within the next meetings of Health Board, improving access to care essential for our local population
- There are risks related to savings delivery and cost exposures (particularly related to inflationary pressures in commissioned services and care) that need to be managed in the new Financial Year, as highlighted previously.
- Future Planning: The focus is on aligning planning with budget structures. There is a need to incentivise efficient delivery and reinvest savings into services

In discussing the report, the Committee:

- The finance team were congratulated for their good work, especially for achieving the control target despite the challenges.
- There was recognition that the savings delivery was somewhat flattered by accountancy adjustments, but the overall result was still positive.
- Non-Recurrent Funding: There was a clarification that the £11.5m received in January was a recurrent allocation and would continue to be part of the financial mix going forward along with the £74.6 m.
- Alignment of Planning and Budget: There was a discussion about the difficulty of aligning planning with budget structures due to the current opaque budget structure and the dominant role of the Integrated Health Communities (IHCs).

- It was noted that future work would be needed to reshape how the budget is presented to make it easier to link spending priorities: the importance of having a clear and transparent budget structure was emphasised and Foundations for the Future a key component of this delivery.
- Planned Care Money: There was disappointment expressed about the inability to spend all the planned care money by year-end.
- The need to improve the procurement process to mobilise resources quickly was emphasised, alongside the importance of building in flexibility to enable extensions and variations to contracts.
- Savings and Performance: The savings target for the new year is challenging but should be deliverable.
- There was a discussion about the importance of starting early and maintaining momentum in delivering savings.
- Capital Expenditure: The small underspend in capital expenditure was noted, and there was a discussion about the need to avoid last-minute spending in the future.
- There was a recognition of the need for better utilisation of resources and the importance of aligning financial and operational performance and that going forward increased resources would need to be directed towards the prevention agenda and to supporting early interventions in primary and community care.

It was resolved that the Committee:
RECEIVED and **SCRUTINISED** the Report.

PF25/29 Integrated Performance Report

Members received the report and the following points were highlighted:

- The report summarises the position at the end of the 2024-25 financial year.
- It was an extremely challenging year for the Health Board, with failures in meeting operational targets and performance recovery trajectories.
- Key Areas of Concern were:
 - Mental Health: Performance targets were not met.
 - Diagnostics: Performance was below the required standards and not improving.
 - Planned Care: the continued unacceptable delays in planned care were highlighted.
 - Urgent and Emergency Care: performance here was unacceptable, even if some marginal improvements had been identified.
 - Cancer: until relatively recently the Health Board had had the shortest waiting times in Wales: now they were amongst the worst.
- Improvements and Achievements:
 - Despite the challenges, there were significant improvements in respect of the longest waits (156 and 104 week waits)
 - The number of 104-week waiters was reduced from a cohort of approximately 17,000 on January 3rd (consisting of both those who had already waited 104 weeks or more and those who would have waited 104 weeks or more by 31 March) to just over 5,800 by the end of the financial year.
 - This reduction was achieved during a period of high pressure on urgent and emergency care (UEC).

- Specific Performance Metrics:
 - Sickness Absence Rate: There was a reduction in March, which was a positive development.
 - Nursing Turnover: Continued to be very low, one of the lowest percentages seen.
 - Mental Health Performance: Needs to become more sustainable; there were fluctuations in meeting targets.
 - Cancer and Diagnostics: Significant concerns were raised due to long waiting times, with some patients waiting over 200 days for care.
- Validation and Data Accuracy:
 - Ongoing validation is being encouraged to ensure data accuracy.
 - The Digital and Data team is conducting technical validation to improve data on Referral to Treatment Times
 - There is a focus on both administrative and clinical validation to ensure accurate data and appropriate referrals.
- Challenges and Future Focus:
 - 156-Week Waits: There are still some patients waiting over 156 weeks, mainly in surgical specialties.
 - Diagnostics: A detailed demand capacity planning exercise is planned to address the long waiting times.
 - Urgent and Emergency Care (UEC): The time scales for delivery are challenging, and there is a need to improve patient flow and reduce delays.
 - Follow-Up Waiting List: There is a significant number of patients waiting more than 100% over their due follow-up date. Efforts are being made to risk stratify the follow-up waiting list and ensure that patients most in need are seen first.

In discussing the report, the Committee made the following observations:

- Validation and Data Accuracy: The importance of ongoing validation was emphasized to ensure data accuracy and proper management of referral to treatment clocks.
- The Digital and Data Team (DDaT) was noted for their role in conducting technical validation to improve RTT performance.
- There was a discussion about the need for both administrative and clinical validation to ensure accurate data and appropriate referrals.
- Clinician Connect: The use of clinician connect for primary care referrals was discussed. It was noted that while the Health Board is good at using clinician connect in the context of UEC (where paramedics contact UEC consultants for advice prior to bringing patients to ED), it is rarely used for elective care: some other Health Boards have a much higher use of this tool.
- Modernization: There is a need for modernisation across the Board, including the implementation of Tele-Dermatology and better utilisation of resources.
- The importance of adopting best practices and utilising AI and clinical validation was highlighted.
- Treat in Turn Rates: The importance of treating patients based on clinical need and chronological order was discussed: There is a need for better discipline and routine in managing bookings to ensure patients are seen in the correct order.
- Follow-Up Waiting List: The complexity of the follow-up waiting list situation was acknowledged. While it was unacceptable that so many patients waiting more than 100% over their due follow-up date there was also a failure to adopt best practice in terms of

See on Symptom (SoS) and Patient Initiated Follow Up (PIFU) which would significantly reduce the number of patients listed for a routine follow-up appointment.

- Efforts are being made to risk stratify the follow-up waiting list and ensure that patients most in need are seen first.
- Concerns were raised about the 156-week waits and the need to address these long waiting times.
- The worsening situation in diagnostics was discussed, with a need for detailed demand and capacity planning to address the long waiting times.
- The ambitious time scales for urgent and emergency care (UEC) delivery were noted, with a need to improve patient flow and reduce delays.
- Positive Developments: There is a shift in mindset among operational leads, with a greater focus on asking the right questions and improving performance.
- The introduction of monthly performance review meetings with the IHCs is expected to improve accountability and address issues more proactively.
- General Comments: The importance of aligning financial and operational performance was emphasised.
- There was recognition of the need for better utilisation of resources and the importance of having a clear and transparent budget structure.

It was resolved that the Committee:

- **RECEIVED** and **SCRUTINISED** the Integrated Performance Report.

PF25/30 Integrated Medium-Term Plan

The Committee noted that there had not been a response from Welsh Government and therefore there was nothing to discuss for this item.

ROUTINE REPORTING

PF25/31 Board Assurance Framework

Nesta Collingridge introduced the Board Assurance Framework (BAF), explaining that it had been prepared for the Board: she was seeking the Committee's approval on the suggested assurance ratings.

- The majority of the assurance ratings were limited, with a cautious stance being taken.
- Assurance Ratings: The assurance ratings for the Chief Operating Officer Risk #7 (timely access and performance) were discussed. It was noted that this risk was rated as unsatisfactory due to the number of gaps in controls and assurance: the Chair raised a question about the performance risk score, suggesting it should be a 5 instead of a 4, which would increase the score to 20. This was discussed, and it was agreed to take this feedback to the risk scrutiny group for further discussion.
- Strategic vs. Operational Risks: The discussion highlighted the difference between strategic risks (captured in the BAF) and operational risks (captured in the Corporate Risk Register). It was noted that the BAF focuses on strategic risks that impact the delivery of the Board's IMTP.
- Risk Appetite and Target Risk: The Committee discussed the alignment of target risks with the risk appetite. It was noted that in some cases, the target risk was lower than the

risk appetite, which seemed counterintuitive. This would be considered in the upcoming discussion on risk appetite in the summer.

It was resolved that the Committee:

- **RECEIVED** and **SCRUTINISED** the Report.

PF25/32 Corporate Risk Register

Nesta Collingridge presented the Corporate Risk Register highlighting:

- Four risks assigned to PFIG were above tolerance. It was noted that there was no change in the scores, but the risks were in the process of being updated.
- Russell Caldicott provided an update on the financial sustainability risk, explaining that the actions taken had gained traction, but the risk remained high due to the significant deficit.
- Six Facet Survey: The Committee discussed the six facet survey, with the Director of Environment and Estates explaining the challenges in finding a reliable provider. The survey methodology is unique to the NHS and aims to provide a standard approach for assessing NHS estate but this means the market is small and not particularly well-served.
- The Committee acknowledged the need for a quality product but was concerned at the delay to moving forward with this.
- The Committee agreed on the need to update actions and ensure they are specific and have clear timelines. It was noted that some actions had been on the list for a long time and needed to be reviewed.
- The feedback and actions discussed would now go to the Risk Scrutiny Group for further consideration.
- The importance of having a living document that evolves with the organisation's needs was emphasised.

It was resolved that the Committee:

- **RECEIVED** and **SCRUTINISED** the Report.

FOR INFORMATION

PF25/33 Summary of Business to be Reported from Private

The Committee had previously considered the following matters in private session at the meeting held on 25 February 2025:

- Capital Programme 25-26
- Caledfryn
- North Wales Medical School Programme Business Case
- Oncology RIGA overspend 25-26

It was resolved that the Committee:

- **NOTED** the report

PF25/34 Committee Workplan

No items were raised against the current workplan.

The Committee noted that a Committee Survey would be shared in the coming weeks and that the Director of Corporate Governance would speak to the Chair with regards to the appointment of a Vice Chair for PFIG.

CLOSING BUSINESS

PF25/35 Agree Items for referral to Board / Other Committees

- The Committee has transferred to PPHP follow up in terms of the Review of Planning, an action which preceded the creation of the new PPHP.

PF25/36 Agree items for Chair's Assurance Report

Alert

1. Subject to audit, the Board will have met the target outturn for its financial performance set by the Welsh Government: this should secure an additional £83.15 million, currently forming part of the underlying deficit, as recurrent funding. A further £82 million within the underlying deficit is conditional in such a way as to give a significant degree of confidence that it will be available for a number of years into the future. This is a significant achievement.
2. Performance on almost all metrics during 2024/5 not only fell short of the Welsh Government's targets but also failed to reflect the trajectories committed to in the 2024/5 Annual Plan: despite this, significant progress was made in terms of planned care within the last quarter.
3. There are significant concerns about patient harm resulting from delays in access to cancer care and diagnostics.
4. The ambitions set out by the Ministerial Advisory Group (see below) for Urgent and Emergency Care go significantly further than the Health Board has committed to in the IMTP for the next year.
5. Significant work is needed with regard to patients whose follow-up is significantly overdue who currently number more than 500,000. In part this reflects a lack of focus on good practice in terms of Patient Initiated Follow Up and See on Symptom for certain procedures and conditions and progress on this is needed as a matter of priority but in some cases the delay will be causing real harm to patients. There is an urgent need to undertake a process of risk stratification to identify priorities in addressing the backlog.

Assure

1. While delivering the savings envisaged in the IMTP will be stretching, the target is achievable provided work on Value and Sustainability is taken forward energetically in the early part of the year.
2. The Committee will take responsibility for tracking actions relating to the recommendations of the Ministerial Advisory Group on productivity [Ministerial Advisory Group NHS Performance and Productivity | GOV.WALES](#).

Advise

1. In considering Foundations for the Future, it will be important to restructure the budget so as to create the conditions for a clearer link between the Board's strategy and its spending decisions.
2. The Executive report that traction in terms of addressing long waits appears to be growing amongst operational teams.

PF25/37 Review of meeting effectiveness

The Committee concluded that the meeting had been positive and informative.

PF25/38 Date of next meeting

25 June 2025

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."