

**Betsi Cadwaladr University Health Board (BCUHB)**  
**Confirmed Minutes of the Performance, Finance & Information Governance**  
**held in Public on 18 December 2025**  
**held in the Boardroom, Carlton Court, St Asaph and via teams**

<b>Committee Members Present</b>	
<b>Name</b>	<b>Title</b>
Gareth Williams	Chair
Mike Larvin	Independent Member (via teams)
Tehmeena Ajmal	Via teams
Russell Caldicott	Executive Director of Finance
Nesta Collingridge	Head of Risk Management (part meeting)
Linda Dyson	Regional Risk Manager- Central
Nick Graham	Associate Director Workforce Optimisation
Dave Harries	Internal Audit
Emma Lea	Head of Business, Planning and Programmes
Justin Parry	Assistant Director of Compliance and Business Management
Pam Wenger	Director of Corporate Governance (via teams)
Ed Williams	Deputy Director Of Performance
<b>In Attendance</b>	
Philippa Peake-Jones	Head of Corporate Governance
Harriet Abbott	Minute Taker

<b>PRELIMINARY MATTERS</b>
<p><b>PF25.110 Welcome and Apologies</b></p> <p>Apologies were received for Rhian Watcyn-Jones, Jason Brannan, Dylan Roberts, Chris Lothian-Field, Clara Day, Paolo Tardivel, Stuart Keen.</p>
<p><b>PF25.111 Declarations of Interest</b></p> <p>No declarations of interest were received.</p>
<p><b>PF25.112 Unconfirmed Minutes of the Meeting held on 22 October 2025</b></p> <p>It was agreed that the minutes of the meeting held on 22 October 2025 were a true and accurate record.</p>
<p><b>PF25.113 Matters Arising &amp; Action Log</b></p> <p>Members received the action log and noted progress against the actions.</p> <ul style="list-style-type: none"> <li>• Action PF25.57: agreed to remain open to monitor.</li> <li>• Action PF25.96.1: for action by the Executive Director of Finance.</li> <li>• Action PF25.97.1: agreed to close as complete.</li> </ul>

- Actions marked as “TBC” to be reviewed outside of meeting and updated as required.

It was resolved that the Committee:

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

## ITEMS FOR ASSURANCE

### PF25.114 Finance Report

The Director of Finance presented the item, and the following was highlighted.

- The Health Board is forecasting a year-to-date position of £17.3 million deficit.
- Cost pressures continue, including areas such as employer national insurance increases and out of area placements.
- Forecasting a breakeven position for end of year, with a £26 m. risk for delivery of breakeven position. £82 m. allocation is dependent on delivery of the financial plan.
- Looking to improve on 1% savings. Formed Financial Oversight Group, requesting 1.5%. Risk is not yet mitigated entering Quarter 4. Further discussion required to bring in breakeven closing position. This equates to a saving of £20 m. over the remaining months of 25/26. BCUHB currently monthly spend totals £210 m.
- BCUHB have been advised by Welsh Government that for the current year, the Welsh Risk Pool costs will be met by them, as will any financial risk from the staffing issue now being considered by them. This eliminates two of the financial risks previously reported.
- Discussion held in the last Board Development session, to identify and build savings for the next financial year. A joint PPHP and PFIG meeting is scheduled for January 2026 to discuss this further.
- £58.2 m. has been allocated for the BCU capital programme this year. Update on capital programmes to be received at the next meeting.

In discussing the item, the committee:

- Reviewed the trends and figures in relation to the main acute sites, the challenges faced, as well as proposed improvements that are being explored operationally.
- Were advised of the ongoing work of the Financial Oversight Group, and the current requirement for stricter financial controls. The Committee expressed some concern that this reinforces a disempowerment of organisational managers.
- Noted the cost pressures and risks to delivery of the financial plan, including the increased costs of provision purchased from England by the Joint Care Commissioner (JCC). It was agreed that a table showing how JCC expenditure was assigned to each of the Health Boards would be shared with Committee members.
- Highlighted the need for an Allied Health Professionals (AHP) bank, similarly to the medical bank, especially in light of the hold on agency spending for the remainder of the financial year. It was clarified by Associate Director of Workforce Optimisation, that BCU currently has access to an AHP bank which is aligned with the medical bank. However, since the medical bank is now hosted “in house” within BCUHB, work is ongoing to establish an in house AHP bank, which will be progressed in 2026/27.

The following actions were agreed:

- **Action PF25.114.1:** total expenditure shares table for all Welsh Health Boards to be shared with Committee members.
- **Action PF25.114.2:** Update on the AHP bank to be received at the October 2026 meeting to review progress.

It was resolved that the Committee:

- **RECEIVED** the report.

### PF25.115 Integrated Performance Report

The Director of Performance & Commissioning presented the report. Highlights included:

- Further improvement is required in regard to Planned Care. Referral to Treatment Times (RTT) have halved since August 2025, but further improvement is needed.
- Decrease seen in patients waiting 104 weeks.
- An increase has been seen in relation the diagnostic wait times. Data currently available for November indicates a slight decrease in the number of breaches.
- Concern regarding the number of 100% overdue follow up waiters. It was advised that a proportion of these are urgent ophthalmology referrals, which carries significant risk. This is to be raised with the Medical Director to ensure awareness. Validation work is ongoing in regarding to these waiting list to ensure accurate figures.

In discussing the item, the Committee:

- Clarified in regard to 100% overdue follow up waiters, that harm and risk is monitored through the Quality, Safety and Experience (QSE) Committee. The Chair requested a paper is received at that Committee regarding this issue.
- Queried diagnostic rates, and discussed capacity across BCU specifically in relation to MRI waits. It was clarified that there are four main site MRI machines, two mobile machines, with potential use of an additional machine from Bangor University. This will be explored outside of the meeting.
- Advised that further improvement in performance is required.

The following actions were agreed:

- **Action PF25.115.1:** 100% overdue follow up waiting lists to be reviewed outside of meeting with Medical Director
- **Action PF25.115.2:** Paper on 100% overdue follow ups to be received at QSE Committee.
- **Action PF25.115.3:** The use of additional MRI machines to be discussed outside of meeting. The Director of Finance to link in with the Programme Director of Planned Care for update.

It was resolved that the Committee:

- **NOTED** the current position.

*[Emma Lea joined the meeting].*

### PF25.116 Information Governance KPI Report

The Assistant Director of Compliance and Business Management presented the item. Highlights included:

- Further review of Freedom of Information (FOI) statistics has taken place and found that those reported against Workforce and Organisation Development (WOD) were reported by the deadline, but elements from some other services were delayed.
- There has been a decrease in FOI compliance between Quarter 1 and Quarter 2 of 2025/26. Reminders have been sent and there have been requests for further training from leads, and compliance is hoped to improve in the next quarter.
- Sexual Assault Referral Centres (SARC) compliance is satisfactory.
- Regarding incidents, there has been a decrease in breaches relating to external mail, however an increase regarding misfiling and prescription errors. Processes and improvement are being reviewed within effected services.
- One incident is outstanding from the Information Commissioners Office.
- A section regarding lessons learnt will be included in future versions of the Information Governance KPI report starting from the next quarter.
- Continued improvement seen in Information Governance training compliance across the organisation – now 87% compliance.
- A reduction in NIAS notifications was noted.
- More information on use on the asset register system will be included in the next report.

It was resolved that the Committee:

- **NOTED** the current position.

## **PF25.117 Update on Integrated Medium Term Plan Process and Emerging Priorities**

*[Linda Dyson and Nesta Collingridge joined the meeting].*

The Head of Business Planning & Programme for Central IHC presented the item, and the following was highlighted:

- The paper provides an update on the current IMTP progress, which builds upon the existing IMTP 2025-28. It was noted that whilst this was approved by the Board, it was not approved by Welsh Government.
- Key themes highlighted the requirement of starting the process early with clear identification of priorities, with key focus areas including shifting of resources, addressing of access and inequality issues, a narrative driven plan and shifting of care to the community.
- There is a focus on a continuous planning cycle, with steps in place to meet the March deadline.
- A “bottom-up” approach is being adopted for service level planning, whilst also recognising the need for a top-down drive to meet strategic recommendations within the 10-year strategy and clinical service plan.
- The Integrated planning framework was signed off at the November Board meeting. Guidance is being developed to ensure consistency of planning across BCU.
- There is ongoing engagement with key groups and the Board. An update will be provided ahead of finalisation of the plan.

In discussing the item, the Committee:

- Were advised that whilst feedback from last year's submission was limited, there has been a continuation to build on best practice, aligning with strategic and Board priorities.
- Highlighted the importance of understanding how resource allocation will deliver the required performance metrics, with the aim of reporting against internal performance trajectories moving forward.
- Queried the shift from five strategic objectives to four strategic intents, with concerns about how these link to the Business Assurance Framework (BAF).
- Requested that clear objectives are set out at the front of each section of the IMTP document for clarity.

It was resolved that the Committee:

- **NOTED** the report.

### **PF25.118 Progress against Planned Care – Verbal Update**

*Russell Caldicott, Executive Director of Finance*

The Executive Director of Finance presented the item, and the following was highlighted:

- Significant improvement in terms of patients waiting more than 52 weeks for a first outpatient appointment
- As of December 2025, 4,286 patients are waiting 104 weeks for routine care treatment. This figure was over 10,000 9-10 months ago. Further improvement is still required.
- Work is ongoing with the improvement team.
- 19,000 patients currently waiting more than 8 weeks for a diagnostic. These referrals mainly relate to MRI, endoscopy and ultrasound. The target is to reduce to 4,700 patients waiting but efforts will be made to reduce this figure further.
- Improvement required in regard to Cancer Services performance. Further work is ongoing to explore the areas and reasons for delay, and to give an accurate percentage split.
- Some additional resource has been committed by Welsh Government; however, this does not cover all priority areas.
- A Grip and Control system is being adopted, with insourcing and outsourcing options being explored, with a focus on clinical leadership for decision making.

The following actions were agreed:

- **Action PF25.118.1:** Cancer Services performance to be reviewed for progress at the next Committee meeting.

It was resolved that the Committee:

- **NOTED** the current position.

### **PF25.119 Urgent and Emergency Care Programme Board**

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



- Operationally, efforts have been made to improve communication between the HB and Local Authorities' colleagues. A shared system has been developed to provide live information on patients in hospital and their pathways. This allows Local Authorities to "drill down" into a specific pathway, to see what needs to be done to enable discharge.
- Considerable work is progressing across all acute sites. Executive Directors are linking with sites to understand current processes, and to determine how things can be improved or work differently.
- Half of care delays are thought to be related to Health. Significant work is ongoing regarding the organisation of patient discharges, which is making a significant difference to patient flow through sites and departments. Further work is still required regarding weekend discharges, as this can be an area with increased pressure, with potential for greater build up in departments.

In discussing the item, the Committee:

- Noted the improvement seen in relation to discharges across hospital sites, and referenced data recently shared from WAST that highlighted this.
- Were advised of the multiple previous site visits, and an upcoming informal visit to Ysbyty Glan Clwyd later this week by the Emergency Care Improvement Support Team (ECIST), which will explore the use of a diagnostic tool as well as an opportunity for shared learning. KPI metrics will be outlined within a report by the Director of Corporate Governance. This report will go to Remuneration Committee, to ensure accountability and progress reporting.
- Referenced the ongoing strike of Resident Doctors in England, and the potential impact this may have on patient numbers, specifically in Emergency Departments for areas near to the border.
- The Director of Corporate Governance requested that the progress actions are included within the report at the next update to Board in January to provide assurance and accountability.
- Requested that narrative regarding discharges and historical data is referenced within future reports to provide assurance of improvement.
- Emphasised the importance of ensuring fundamental changes are imbedded with service areas to ensure continued progress and improvement.

*[Tehmeena Ajmal left the meeting].*

It was resolved that the Committee:

- **NOTED** the current position.

### **PF25.120 Q2 Annual Delivery Plan Report**

The Head of Business Planning & Programme for Central IHC presented the item, and the following was highlighted:

- The report reflects the mid-year position, with a forward confidence rating in delivery for the end of financial year.

- Out of the five strategic objectives, objective four is seen as most challenging due to complexity of actions and the areas covered.
- Majority of areas have a high confidence in terms of delivery. Those with low confidence have support in place in order to deliver.

In discussing the item, the Committee:

- Queried the consequence for delivery of actions where confidence was classed as “low”. It was advised that this rating was introduced in Quarter 3 and links with the IMTP development, but that this will be incorporated going forward and fed back to the team.
- Requested clarity on issues regarding patient flow due to resource constraints. The Executive Director of Finance agreed to follow this up with the Executive Director of Transformation and Strategic Planning.
- Emphasised the importance of ensuring clear depiction of actions within the reports, to ensure they are appropriate, and are tracked for assurance.

*[Matthew Joyes joined the meeting].*

- Requested that the Q3 report is submitted to Board in January 2026 and asked this includes an update on progress.
- Clarified in relation to values and behaviours, that whilst actions may be complete, embedding and impact of these actions is ongoing.

The following actions were agreed:

- **Action PF25.120.1:** Resource constraints relating to patient flow to be reviewed to assure consistency.

It was resolved that the Committee:

- Received **ASSURANCE** on the progress made.

*[Emma Lea left the meeting].*

### **PF25.121 Legal Services**

*Pam Wenger, Director of Corporate Governance*

The Deputy of Legal Services presented the item, and highlights included:

- A large number of changes were introduced in Quarter 3, with services now accessing legal advice through the BCU legal team only. This will therefore be covered in the next report covering Quarter 3 as the changes are embedded.
- A number of in-house lawyers will be joining the team in the new year, which will aid in reducing spend on external legal services.
- A new database is being created to hold all legal matters, which will enable identification of legal risk.
- A new learning from events process will be introduced in January 2026 which will likely increase the number of Learning from Event Reports (LFER).
- An update regarding redress has been received since this report was generated. New rates will come into place from April 2026, with the claims limit increasing from

£25k to £50k. This is expected to create an increase in workload, and this cost is expected to be managed by BCU. National work is ongoing to explore the costing of redress and clinical negligence cases.

- There has been an increase in number of areas of procurement requiring legal support. This is thought to be due to the new procurement act and increased control measures that are in place. This is expected to continue to increase.

In discussing the item, the Committee:

- Were advised that the risk of increased need for LFERs has been escalated through Audit Committee.

It was resolved that the Committee:

- **NOTED** the current position.

*[Matthew Joyes left the meeting].*

## ROUTINE REPORTING

### PF25.122 Board Assurance Framework

*Nesta Collingridge, Head of Risk Management*

The Head of Risk Management presented the item. Highlights included:

- The Business Assurance Framework (BAF) remain aligned with the IMTP, but there are some delays with moving to the portal.
- The BAF will be linked to the strategic objectives within the long-term plan.
- Majority of risks have a March 2026 deadline.
- Discussion has been held with the Executive team to review and subsequent close of some low-level risks, following agreement at Audit Committee in December 2025.
- At the recent Executive Committee, it was requested that several risks are to be scored higher than initially updated. This will be amended and reviewed.
- Whilst the six-facet survey was not part of the budget for this financial year, it was in line with Health Board savings. It will need to be reviewed if included for 2026/27.

In discussing the item, the Committee:

- Congratulated the Risk Team on their recent award of Risk Management Team of the Year.
- Queried BAF 24.07 and its accuracy. This will be reviewed by the risk team and amended as required.
- Requested a formal update at the next Committee meeting regarding the six-facet survey, with an additional update provided ahead of submission of the BAF to the Board in January 2026.

The following actions were agreed:

- **Action PF25.122.1:** BAF 24.07 to be reviewed for accuracy and amended as required.
- **Action PF25.122.2:** Update on the six-facet survey to be received at the next meeting.

It was resolved that the Committee:



- **NOTED** the current position.

#### FOR INFORMATION

##### **PF25.123 Corporate Governance Report**

*Pam Wenger, Director of Corporate Governance*

The Head of Corporate Governance presented the report.

It was resolved that the Committee:

- **NOTED** the current position.

*[Nesta Collingridge and Linda Dyson left the meeting].*

#### CLOSING BUSINESS

##### **PF25.124 Summary of Business to be reported from Private**

The following items were discussed in private at the previous Committee meeting:

- Contract briefing paper on Community Equipment with FCC and DCC.
- Business Case regarding Penrhos Care Home

##### **PF25.125 Agree Items for Referral to Board / Other Committees**

It was agreed that the following should be referred to the Committee / Board:

- Quality, Safety and Experience Committee to look at evidence of harm as a result of delays to follow up appointments.
- People and Culture Committee to consider how the establishment control process can be simplified given evidence that inability to recruit to posts within establishment in a timely manner is negatively impacting performance.

##### **PF25.126 Agree Items for Chairs Assurance Report**

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

1. There is a deficit of £17.3 million on the year to date and a financial risk of £26.0 million to achieving the plan to break-even: The Financial Oversight Group has agreed to a number of additional centralised control measures although it is recognised this reinforces some negative behaviours on the part of managers who have become unused to prioritising within their budgets.
2. There is little sign of any improvement in performance indicators relating to theatre utilisation which are key measures of our efficiency and productivity.
3. We have not succeeded in meeting our trajectory towards eliminating 104 plus waits for planned care which is a key target for the Welsh Government, while performance on cancer and breaches in respect of the eight-week target for diagnostics remain concerning.

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

1. It received the Information Governance KPI Reports for the first and second quarters of the year, and performance continues to be good.
2. There now appears to be a clear prioritised approach to improving Urgent and Emergency Care performance with some initial indications of real improvement.

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

1. There was evidence of some improvement with regard to Planned Care, particularly in respect of reducing the number of patients experiencing long waits for their initial consultant appointment, and in terms of therapies.
2. The Committee noted the report on implementation of the Annual Plan to 30 September but raised concerns around the number of red deliverables and asked for clarification in future papers as to include a narrative on any harm to patients due to these not being delivered on time.

#### **PF25.127 Review of Meeting Effectiveness**

It was agreed that:

- The Committee meeting ran well.

#### **PF25.128 Date of next meeting**

24 February 2026.

#### **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’*