

Betsi Cadwaladr University Health Board (BCUHB)
Confirmed Minutes of the Performance, Finance & Information Governance
Committee
held in Public on 22nd October 2025
held in the Boardroom, Carlton Court, St Asaph and via Teams

Committee Members Present	
Name	Title
Gareth Williams	Chair
Mike Larvin	Independent Member
Rhian Watcyn-Jones	Independent Member
In Attendance	
Tehmeena Ajmal	Chief Operating Officer
Russell Caldicott	Executive Director of Finance
Nesta Collingridge	Head of Corporate Risk
Clara Day	Executive Medical Director
Danielle Edwards	Programme Director - Planned Care
Dave Harries	Head of Internal Audit
Rebecca Nelson	Director Of Planning, Performance & Informatics - NWSSP
Justine Parry	Assistant Director of Compliance and Business Management
Michelle Phoenix	Audit Wales
Pam Wenger	Director of Corporate Governance
Committee Support	
Philippa Peake-Jones	Head of Corporate Governance
Harriet Abbott	Minute Taker

PRELIMINARY MATTERS
<p>PF25.88 Welcome and Apologies</p> <p>Apologies were received from Jason Brannan, Dyfed Edwards, Nick Graham, Christopher Lothian-Field, Stuart Keen and Ed Williams.</p> <p>The Chair apologised for the bringing forward of the meeting to an earlier date than originally planned.</p>
<p>PF25.89 Declarations of Interest</p> <p>No declarations were received.</p>
<p>PF25.90 Unconfirmed Minutes of the Meeting held on 26 August 2025</p> <p>The following amendments to the minutes were noted:</p> <ul style="list-style-type: none"> • Page 7 of minutes: “Class 1 and 2 fallers” amended to “Class 1 and 2 falls” • Members advised it was useful to have a summary of items not included on the standard agenda. It was agreed for this list from the previous minutes to be reviewed to establish if any of these items are to be added to the committee cycle of business.

It was agreed that the minutes of the meeting held on 26 August 2025 were a true and accurate record.

Action PF25.90.1: Summary of items not included on standard agenda to be reviewed and added to cycle of business if required.

PF25.91 Matters Arising & Action Log

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

[Tehmeena Ajmal joined the meeting].

Members raised the issue of the lack of clear alignment between the priorities set out in the Integrated Medium-Term Plan (IMTP) and the budget and questioned when a baseline budget setting had last occurred.

The Executive Director of Finance explained such an exercise would be necessary in the context of the implementation of the Foundations for the Future programme.

It was resolved that the Committee:

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

ITEMS FOR ASSURANCE

PF25.92 Finance Report

The Committee received the report and the Executive Director of Finance highlighted:

- The Health Board was on currently off track to achieve the Plan of a balanced outcome for financial year 2025/2026. The current year-to-date position is a deficit of £15.1 million
- £40.8 million savings have been identified as per target, with potential for enhanced savings to be delivered.
- There is ongoing work regarding recruitment and related finance management processes.
- Work is underway to mitigate the level of capital expenditure risk.

In discussing the item, the Committee:

- Discussed the shortfall highlighted in relation to employee National Insurance costs referred to in the report. It was clarified that a proportion of these costs are not fully covered by an allocation from Welsh Government and that this is a pan Wales issue.
- Were advised that a planning exercise is being undertaken with regard to non-recurrent budgets.
- Noted the negative variances in drug costs, as outlined in the Finance Report and the potential for using biosimilar drugs which could achieve further savings while providing equivalent clinical outcomes. The Executive Director of Finance confirmed that significant cost savings have already been achieved through this approach. A

growth in drug volume has been identified, and work is ongoing to understand this trend.

- Noted that savings from biosimilar drugs would be treated as recurrent.
- Agreed that a discussion with the Chief Pharmacist would be useful when Value and Sustainability is next on the agenda to ensure Medicines Management are covered in the discussion.
- Discussed the 1% savings target across the Health Board for the 2025/26 financial year and emphasised the importance of requiring teams to themselves identify such savings, rather than resorting to measures of micro-management. It was acknowledged that some areas have greater scope to achieve savings than others, which could help reduce savings requirements elsewhere in order to prioritise patient safety.
- Discussed recruitment and ongoing work to streamline the process to minimise difficulties for managers seeking to recruit to posts within their budget and establishment
- Highlighted that the Health Board is particularly exposed to cross border tariffs and charges in relation to Joint Commissioning Committee. It is being explored as to whether there are any mitigations for these charges.

The following actions were agreed:

- **PF25.92.1:** reprofile of capital expenditure plan to take place and update to be given at future PFIG meeting.
- **PF25.92.2:** Invite the Chief Pharmacist to attend when Value & Sustainability is next on the agenda to ensure Medicines Management representation.

[Danielle Edwards joined the meeting].

It was resolved that the Committee:

- **RECEIVED** the report.

PF25.93 Integrated Performance Report

Due to late rescheduling of the meeting, an update on this item was not available. Update to be circulated outside of the Committee.

PF25.94 Planned Care Major Workstream Update

The Committee received the report, which focused on theatre optimisation and the following points were highlighted:

- It was clarified that the 6-4-2 model refers to a process utilised in theatre management, referring to “what is done at 6 weeks, 4 weeks and 2 weeks” ahead of a theatre date.
- A theatre optimisation workshop is taking place in November 2025, focusing on sharing good practice.
- Aligning to referral to Treatment Time (RTT) targets should underpin all work.
- Good practice is being implemented already in a number of areas, such as clinical validation of waiting lists.

- Ongoing work on a pan BCU pre-operative assessment process is nearing completion.

In discussing the item, the Committee:

- Highlighted the importance of timetabling and sequencing effectively to manage waiting lists.
- Queried the number of outliers specifically within Ysbyty Glan Clwyd in relation to late starts referenced within the report.
- Clarified that multiple factors can contribute towards late starts, including pressure in Emergency Departments, and were advised that work is being completed to understand the reason for this trend.
- Recognised that the rate for short notice and on the day cancellations is higher than would be expected and required improvement.

It was resolved that the Committee:

- **NOTED** the report.

[Danielle Edwards left the meeting].

PF25.95 Urgent and Emergency Care Programme

The Committee received the report from the Chief Operating Officer, and the following additional points were highlighted:

- The major change programme is currently ongoing, focusing on four workstreams which can be summarised as: 1. Out of Hospital, 2. At the Front Door, 3. Through the Hospital, 4. Discharge.
- A clinically lead task force has been appointment to progress the major change programme.
- The Ministerial Advisory Group (MAG) target in relation to ambulance handovers went live on 1 October 2025, but the Health Board is not yet delivering against the target the Chief Operating Officer advised the Health Board is working closely with Welsh Ambulance Services Trust (WAST) to improve this position.
- Work is underway to develop a Single Point of Access (SPOA) model.
- Work is ongoing to develop a single model view pan BCUIHB in relation to managing acute fragility to ensure consistency.

[Rebecca Nelson joined the meeting].

In discussing the item, the Committee:

- Noted that the implementation of Optimal Hospital Flow Facilitators was perceived as having been beneficial in aiding discharge planning but this had not yet resulted in a significant reduction in delayed transfers of care.
- Highlighted the importance of outcome measures to monitor improvement, as well as quality and safety both operationally and clinically.
- Discussed use of short-term funding, including with care homes, whilst noting the limitations that can be experienced with the nature of this type of funding.

It was resolved that the Committee:

- **NOTED** the report.

PF25.96 Shared Services

The Committee received the report, which provided the most recent of the quarterly reports produced by Shared Services and the following points were highlighted:

- The quarter two report is currently being produced
- The majority of indicators reported are green, with one area being red and another, amber.
- Whilst the red indicator relates to accounts payable with other NHS providers invoicing, the non-NHS invoicing target was met in Quarter One.
- A welcome increase in grip, control and governance within the Health Board has been seen, as a result of the enforcement of the “no invoice, no pay” process.
- The amber indicator relates to shortlisting by recruiting managers in regards to applications,
- Around recruitment, and time taken to hire, the Health Board is achieving a 61-day average, in comparison to the 71-day target.

[Nesta Collingridge joined the meeting].

In discussing the item, the Committee:

- Highlighted that no data was displayed regarding car salary sacrifice for BCUHB. It was confirmed that this information would be requested.
- Suggested that it would be useful to understand more about the scale of the savings identified in regard to procurement and legal advice compared to the scale of Health Board spending on these issues through the Shared Services Partnership.
- Noted that The Health Board is investing in in-house legal services going forward, in addition to the support available from Shared Services. The Director of Corporate Governance highlighted that the Health Board have found that on a small number of occasions Shared Services were unable to provide legal advice due to tight timescales.
- Noted significant pressures around the Welsh Risk Pool, and the option of redistribution of charge amongst Welsh Health Boards was raised. It was advised that this topic has been discussed at Welsh Government level.
- Noted significant improvement in the report in terms of the timescales for recruitment in comparison to when last completed 18 months ago.
- Discussed the data relating to draft audit responses highlighted in the report. It was clarified that whilst some progress has been made, challenges remain and further improvement is still required. The Director of Corporate Governance advised that there is a 20 working days target for draft audit responses, compared to 15 working days for other Welsh Health Boards, due to Special Measures status. The Head of Internal Audit advised that the target for turnaround is 85%, and recent data presented in Audit Committee on 21 October 2025 showed a current level of 60%. This requires improvement and has been escalated through the Director of Corporate Governance.

The following actions were agreed:

- **Action PF25.96.1:** Future reports to include percentage savings of total spend on services by BCUHB through NWSSP.
- **Action PF25.96.2:** Next NWSSP report to be added to March 2026 PFIG committee agenda.

It was resolved that the Committee:

- **NOTED** the report.

[Rebecca Nelson left the meeting].

ROUTINE REPORTING

PF25.97 Corporate Risk Register

The Committee received the report and the following points were highlighted:

- Two development sessions had been held regarding the Corporate Risk Register (CRR), with a focus on consolidation
- For the risks relating to PFIG, the scores and targets remain the same as previous, with finance having the added aspect of value of delivery as highlighted in the paper.
- The Board Assurance Framework (BAF) and CRR for Finance have undergone a deep dive at the Risk Scrutiny Group.
- The CRR was discussed at the recent Audit Committee where feedback was received, as well as from Internal Audit. An update will go to Executive Committee ahead of November's Board meeting.
- There was one overdue action for PFIG, relating to health and safety action for the All Wales Manual Handling Passport, due to delays in service engagement: this has taken longer than expected, but is progressing. The Director of Environment and Estates is aware of this action.

In discussing the item, the Committee:

- Clarified that horizon scanning should be systematic rather than for individual risks and expressed concern about the lack of such systematic horizon scanning within the Health Board.
- Discussed the target date for Finance risk 25-06, Safe Environment. It was clarified that the date 2035 relates the 10-year strategy and the time required to complete all work within this area, and the timescale is to eliminate all risk. Discussions are taking place to identify an interim shorter-term target.
- Highlighted that some mitigations in the paper required an update. This will be actioned ahead of submission to November's Board meeting.
- Advised that non-clinical agency spent has ceased in regard to Administration and Clerical roles. Nursing agency has been removed from expenditure following previous investment, with £12m having been recruited to. Mental Health remains an exception due to a large number of vacancies.

The following actions were agreed:

- **Action PF25.97.1:** Finance risk 25-06 to be reviewed to clarify actions to be taken to bring into tolerance range, and to link in with Director of Environment and Estates ahead of the next Board meeting.

- **Action PF25.97.2:** Mitigations in report to be reviewed and update ahead of submission to November's board meeting.

It was resolved that the Committee:

- **NOTED** the report.

[Nesta Collingridge left the meeting].

FOR INFORMATION

PF25.98 Corporate Governance Report

The Committee received the report, and the following points were highlighted:

- The committee Terms of Reference requires updating as advised at September's Board meeting.
- The forward workplan and business cycle for the committee also require updating.

In discussing the item, the committee:

- Expressed concern about the lack of progress in terms of the review of commissioning, specifically in relation to the third sector.

The following actions were agreed:

- **Action PF25.98.1:** Meeting to review the forward workplan and business cycle to be scheduled.

It was resolved that the Committee:

- **NOTED** the Summary of Business considered with the private session to be reported in public.
- **NOTED** the Forward Workplan.

CLOSING BUSINESS

PF25.99 Agree Items for Referral to Board / Other Committees

It was agreed that the following should be referred to the People and Culture Committee:

- The Shared Services Partnership report in order to consider what more could be done to speed up the shortlisting process.
- Urgent consideration as to how the establishment control process can be simplified.

PF25.100 Agree items for Chairs Assurance Report

The following points were agreed:

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

- There is a deficit of £15.1 million on the year to date and a financial risk of £40.8 million to achieving the plan to break-even: an advisory group has been convened to discuss additional measures to retrieve the situation, noting that some of the issues are ones outside the Health Board's control.

- The Committee is concerned about the way in which Enhanced Establishment Controls are working: the system needs to be made significantly simpler where recruitment is to posts within the establishment and the budget.
- There are significant pressures on the drugs budget but good work is being done on this under the value and sustainability work programme.
- There are significant concerns about our ability to get close to the Ministerial target on ambulance handovers, given current systemic problems, particularly in terms of flow.

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

- It received a Q1 report on the activity of the Shared Services Partnership and noted significant improvements in the performance of the Health Board in terms of meeting timescales on recruitment.
- It had a detailed discussion of the work being undertaken to increase the efficiency of theatre utilisation and was assured that there is a clear understanding of the issues which needed addressing and that appropriate targets are in place– the challenge however is to achieve significant improvement.
- The Committee was informed that a baseline budget review had not taken place in recent years, but it was a firm intention to progress this once Foundations for the Future had been concluded.

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

- The Performance Report was not available due to the timing of the meeting but it was agreed that the report would be shared by email within one week of the meeting taking place
- The Committee has asked for an update (outside the meeting) on progress on developing a mental health crisis service and on the development of clearer referral pathways for primary care.

PFIG received assurance and endorsed the updated Corporate Risk Register noting that:

- the Finance Risk CRR25-06 had been reviewed in detail.
- the Safe Environment Risk needed to be reviewed to identify meaningful medium-term targets, given that 2035 seems an understandable timescale for significant mitigation of the risk. a list of risks which had been downgraded would be circulated outside of the meeting.
- there was a lack of systematic horizon scanning in the Health Board, which should be considered from a risk perspective.

PF25.101 Review of Meeting Effectiveness

It was agreed the meeting ran well.

PF25.102 Date of next meeting

18 December 2025, 9:30 am – 13:00 pm, Board Room, Carlton Court, St Asaph.

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’