Betsi Cadwaladr University Health Board (BCUHB)
Confirmed Minutes of the Performance, Finance & Information Governance Committee
held in Public on 25 August 2026
held in the Boardroom, Carlton Court and via Microsoft Teams

Committee Members Present	
Name	**Title**
Gareth Williams	Vice Chair, Chair of PFIG
Mike Larvin	Independent Member
Chris Lothian-Field	Independent Member
Rhian Watcyn Jones	Independent Member
In Attendance	
Dr Clara Day	Executive Medical Director
Joanna Garrigan	Finance Director, Commissioning & Strategy
Nick Graham	Associate Director, Workforce Optimisation (via teams)
Stuart Keen	Director of Estates & Environment (via teams)
Justine Parry	Acting Director of Digital, Data & Technology (via teams)
Phylis Makurunje	Aspiring Board Member
Olivia Shorrocks	Director of Performance
Pam Wenger	Director of Corporate Governance
Neil Windsor	Programme Director – Value & Sustainability
Observing	
Prof Sir Stephen Powis	Independent Advisor
Kate Spargo	Head of Performance
Committee Support	
Philippa Peake-Jones	Head of Corporate Governance
Harriet Abbott	Secretariat

PRELIMINARY MATTERS

PF26.98 Welcome and Apologies

The chair welcomed members to the meeting. Apologies were received from Russell Caldicott, Executive Director of Finance & Performance.

PF26.99 Declarations of Interest

No declarations of interest were received.

PF26.100 Unconfirmed Minutes of the Meeting held on 23 June 2026

Members reviewed the minutes from the meeting hold on 23 June 2026. The following amendments were agreed:

- Under item PF26.67, additional letter to be removed under point nine.

It was clarified that further information regarding Planned Care and Urgent Emergency Care (UEC) would be included with the integrated performance report item, which would also cover the information requested regarding action PF26.87.1.

It was resolved, that the Committee:

- **APPROVED** the minutes of the meeting held on 23 June 2026, subject to the above amendments.

PF26.101 Matters Arising & Action Log

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

- **Action PF26.71**: it was noted that the grip and control checklist was circulated with members on the morning of the meeting. Additional comments from members are to be submitted to the secretariat. It was emphasised that requested information should be circulated as soon as possible to allow members sufficient time for review ahead of Committee meetings. A further action was agreed that the grip and control questionnaire would return as a substantive item at the next Committee meeting.
- **Action PF26.71.2**: it was clarified that "ECR" refers to the Establishment Control Request process for recruiting and appointing to roles within the Health Board.

Members queried the timescale relating to the Estates Rationalisation Programme. It was clarified that an update on the estates strategy will be considered at the upcoming Planning, Population Health and Partnership (PPHP), with a separate proposal being developed through the Value and Sustainability workstream.

The following action was agreed:

- **Action PF26.101.1**: The grip and control checklist to be included as a substantive item at the next Committee meeting.

It was resolved that the Committee:

- **APPROVED** the actions proposed for closure.

Strategic Items

PF26.102 Financial Overview

The item was presented by the Finance Director for Commissioning & Strategy. The following points were highlighted:

- It was clarified that the previous benchmarking information shared with Committee had been produced as a bespoke piece of work by NHS Performance & Improvement, and so is not routinely updated nationally.
- High impact benchmarking areas are highlighted within the report, showing areas that could be reviewed by the Value & Sustainability workstream.
- Between financial years 2019/20 and 2025/26, overall corporate services expenditure has increased significantly, totalling approximately £65m.
- Areas appearing high in benchmarking include Digital, Data and Technology (DDaT), Human Resources and Corporate Governance.
- A correction was advised, stating that the reference within the paper should be Corporate Governance rather than Clinical Governance.

- It is expected that Foundations for the Future may address some high-level structural issues, but will not cover the full structure with the current proposal.

In discussing the item, the Committee:

- Were advised that national benchmarking is underway across Wales regarding DDaT, with an update on the work expected to be given to Committee in December 2026.
- Queried the accuracy of some data regarding concerns. This is to be reviewed outside of the meeting, and any corrections to be shared outside of the Committee.
- Received assurance that further benchmarking work was being undertaken regarding workforce through the Value & Sustainability Workforce Board. This is expected to cover a five-year data set period. An update on this work is expected by the end of this calendar year.
- Noted that Legal Services had moved into Corporate Governance and that additional support had been invested in this area. Legal Services does not sit within Corporate Governance within other Welsh Health Boards.
- Considered the impact that geography and multi-site working may have on the corporate services cost. It was noted that whilst there has been a significant increase in staffing and costs of central services, this has been during a period of extreme financial pressure: it was therefore essential to continue to monitor this topic.
- Clarified that the figure was inclusive of IHC finance and workforce business partner function, but not of IHC specific structures.

The following actions were agreed:

- **Action PF26.102.1**: Update on DDaT pan Wales worked to be received at December 2026 Committee.
- **Action PF26.102.2**: Update on the workforce corporate benchmarking to be received at December 2026 Committee.

It was resolved, that the Committee:

- **NOTED** the report.

PF26.103 Value & Sustainability

The item was presented by the Programme Manager for Value and Sustainability. The update was spilt into two parts, the first focusing on the savings programme, and the second on the impact of work on prevention and early intervention. The following points were highlighted:

- At the end of month four, the Health Board is forecasting green rating savings equating to £43.9m, with a significant increase noted since the last update to Committee. This represents an over delivery of £0.9m against the original plan.
- The Health Board continues to distinguish between budget relieving and non-budget relieving cost savings, as per best practice (though this is no longer done by other Health Boards).
- At the end of month four, pipeline savings equate to approximately £11.6m, however some double counting is expected within this figure, particularly within the workforce

workstream. Work is underway to remove this double count to provide a more accurate figure, which is expected to be less.
- Additional opportunities for further savings are being progressed in areas such as estates, clinical procurement and corporate non-pay.
- An increased pipeline figure has begun to be identified for 2027/28.
- The second part of the paper focused on the impact of prevention and early intervention. Targeted investment each year is used to drive projects for targeted delivery.

[Chris Lothian-Field joined the meeting].

In discussing the item, the Committee:
- Noted that a draft framework for wider value metrics was being produced for the Programme Board, and requested this be shared with the Committee at a future meeting.
- Were advised of clinical variation opportunities including theatre utilisation, outpatient activity, and the use of "See on Symptom" (SOS) and "Patient Initiated Follow Up" (PIFU). Members highlighted that the inclusion of culture was also key to improvement.
- Noted that improvements would sit within the relevant change programmes, including planned care and urgent emergency care, rather than solely within the Value & Sustainability programme. It was emphasised that the main examples included within the report are those funded directly through the V&S programme: it was essential that, if successful, these should be mainstreamed, allowing the relatively modest funding stream to be used for future development of additional saving areas. This was not something which the Health Board had traditionally done well, or done at all.

The following actions were agreed:
- **Action PF26.103.1:** V&S Values Metrics framework to be received at the next Committee meeting through the item update.

It was resolved, that the Committee:
- **NOTED** the report.

INTEGRATED PERFORMANCE

PF26.104 Integrated Performance Report

The report was presented by the Director of Performance. The update focused on the following areas covered within the paper:
- Planned Care
- Cancer Services
- Urgent Emergency Care
- Mental Health
- Diagnostics
- Quality Metrics

In discussing the item, the Committee:

- Noted improvement in the presentation and narrative of the newly updated report format.
- Referenced the reduction seen in over 104 week waits in Planned Care, noting that whilst further improvement was still required, significant progress had been made in reducing long waits.
- Raised concern that waiting list initiatives relying on internal staff and capacity, can create implementation challenges due to existing pressures.
- Highlighted significant concern regarding Endoscopy capacity, noting that the level of true demand was still unknown due to the surveillance element included. A deep dive is due to be undertaken, with an update to be received at Quality, Safety & Experience Committee once complete. A deep dive is also underway by NHS Performance & Improvement (NHS P&I), which has highlighted high Did Not Attend (DNA) rates. This was an area for improvement.
- Noted the additional short term funding allocation for Cancer Services from the Welsh Government, and emphasised the importance of sustainable internal solutions. Bid submissions were due by the end of August 2026.
- Were advised of the slight improvement seen in Urgent Emergency Care performance, but noted that performance still remains off target. Pressure in certain sites may relate to increase demand and reduced resilience during the summer holiday period. A deep dive has been requested on waits to see a doctor in ED to further understand the reason for delay. Difficulty is expected with meeting the target for 12-hour breaches, however improvements have been seen in each IHC, with local targets established. Previously, the target was to hit 0 breaches by the end of March 2027 and performance towards this goal remains on target. However, the Welsh Government had recently asked that this is met by September 2026, which creates greater challenges.
- Queried the increase in unplanned returns to the emergency department within 48 hours. This is being explored to understand the reason for the increase.
- Noted that performance against the Mental Health measure part 1a and 1b remains above the 80% target. Concerns were noted regarding CAMHS performance in East area which was at risk of decreasing below 50%, which may impact significantly on the overall CAMHS performance for the Health Board for the month. The position is expected to improve in the next months following summer. Significant concerns nationally remain regarding the wait for Neurodevelopmental Services and Psychological Therapies, with work underway to reduce three year waits by the end of March 2027.
- Highlighted that BCUHB remain an outlier in Wales regarding never events, accounting for four out of ten reported during this financial year. Updates are reported through the private QSE Committee and discussed in detail, but complexity of incidents vary, with some simpler to resolve than others. A previous issue of audit compliance was identified, which has now been corrected, however further improvement overall is needed to ensure prevent of never events.
- Noted an increase in the number of complaints received, with various factors contributing to the increase. Complaints resolution targets however, continue to be met. It was advised that an increase in complaints is being experience nationally.

The following actions were agreed:

- **Action PF26.104.1**: A deep dive on endoscopy services to be undertaken with a update received at the Quality, Safety & Experience Committee.

It was resolved that, the Committee:

- **NOTED** the current position and assurance levels against the current metrics.

[Clara Day left the meeting].

PF26.105 Finance Report

The item was presented by the Finance Director for Commissioning & Strategy. The following points were highlighted:

- The Health Board remains in a deficit position as of the end of month four, approximately £2.1m below target. Due to this, the submitted plan has not been accepted by the Welsh Government who require submission of a balanced plan. A balanced position would provide the release of an additional £26m of Welsh Risk Pool funding, providing a further incentive for delivery.
- Key cost pressures areas include prescribing and continuing health care.
- A financial recovery plan is expected to be received at Board in September 2026, with work undertaken with IHCs to identify further cost saving opportunities.
- £108m is at risk when combining £26m Welsh risk pool funding, and £82m recurrent conditional funding. The total percentage required for savings against the total spend should be achievable.

In discussing the item, the Committee:

- Highlighted the monthly IHC variances, noting an increase to non-pay costs within month. This is being reviewed, to understand the reason for the increase.
- Were advised that additional cash support would be requested from the Welsh Government for the forecasted negative cash balance, as per usual practice if an organisation forecasts an overspend.

It was resolved, that the Committee:

- **NOTED** the report.

[Olivia Shorrocks left the meeting].

GOVERNANCE, RISK & ASSURANCE

PF26.106 Board Assurance Framework

The item was presented by the Director of Corporate Governance. The following points were highlighted:

- The Board Assurance Framework (BAF) has been aligned to the Integrated Medium-Term Plan (IMTP), with risks allocated to their relevant Committee.
- The BAF was received at the previous Audit Committee, which highlighted the need to ensure outcome-based assurance.
- A risk relating to long term financial sustainability has been added, and will be included in the update to Board in September.

In discussing the item, the Committee:

- Queried the gaps in assurance in several areas, and it was clarified that these will be addressed by associated deliverables.
- Clarified that items marked as “no update provided” refers to updates that were requested, but for which no narrative was received. This was felt to be unacceptable and it was agreed that this should be highlighted in the Committee AAA report to Board.
- Agreed for updates on several risks to be sought outside of committee ahead of receipt at Board in September. This includes areas such as UEC and Welsh Ambulance Service partnership working and dermatology services.
- Clarified that operational risks still remain within DDaT relating to staffing, capacity and resource, but that these are managed within the service.
- Noted positive progress, acknowledging that the framework will develop as further progress is made.
- Were advised that the vacant role of Head of Risk Management is due to be advertised in the coming months.

The following actions were agreed:

- **Action PF26.106.1**: risks to be reviewed and updates included ahead of Board in September.

It was resolved that the Committee:

- **RECEIVED ASSURANCE** on the item.

PF26.107 Audit Wales Strategic Assessment

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

- The report has been considered by Audit Committee. It was agreed to share the report with PFIG Committee for transparency and awareness.
- The Health Board response has been shared with Audit Wales who are satisfied with the response.

It was resolved that the Committee:

- **NOTED** the report.

PF26.108 Corporate Governance Report

The Director of Corporate Governance presented the item. The item included several documents for endorsement ahead of receipt at the Board, including:

- Committee Terms of Reference (TOR)
- Committee Cycle of Business
- Committee Self-Assessment
- Committee Annual Report

In discussing the item, the Committee:

- Were advised further discussion is required between the Chairs of PFIG and PPHP Committees, specifically regarding Information Governance, digital and estates items to ensure items are received at the most appropriate Committee.
- Noted areas of improvement reflected within the Committee self-assessment, particularly around performance reporting. Members highlighted that response rate had been low from members and suggested that feedback from other regular attendees of the Committee might be useful.
- Requested an amendment to the first paragraph on page four of the annual report. Phrasing will be shared following the meeting for amendment from the Chair.

The following action was agreed:

- **Action PF26.108.1**: Phrasing amendments to be shared for update to the Annual Report.

[Justine Parry left the meeting].

CLOSING BUSINESS

PF26.109 Agree Items for Referral to Board / Other Committees / Chairs Assurance Report

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

- There continued to be a larger than planned in-month deficit in Month 4 with a year-to-date deficit of £22.9 million, compared to a planned deficit of £14.3 million. Despite good progress on identifying savings, these are not having a positive impact on the 'bottom line'.
- Delivery of sustainable recurrent savings remains challenging, with some opportunities dependent on additional operational capacity, data intelligence and successful implementation of the Clinical Variation Workstream, which has to address deep-rooted and systemic issues.
- Overall waiting lists have started to increase, creating a risk to the delivery of planned care trajectories and de-escalation targets.
- Cancer performance remains significantly below the national standard, with ongoing pressures in dermatology, colorectal, breast and urology pathways.
- Endoscopy capacity and quality concerns were highlighted, alongside continued challenges in urgent and emergency care performance, particularly 12-hour waits.
- An increase in Never Events and complaints was noted, requiring continued scrutiny and improvement.

The Committee was concerned that updates had not been provided against some of the key deliverables in the Board Assurance Framework during the current reporting cycle.

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

- In relation to Value and Sustainability, the Committee was assured that robust governance and monitoring arrangements are in place, with work progressing to strengthen benchmarking, benefits realisation and the measurement of value beyond financial savings.
- There is good progress on identifying savings in the current year and, while challenging, the Welsh Government 'ask' to deliver £63 million savings in total in order to achieve breakeven is not out of reach.
- Targeted recovery plans, performance monitoring arrangements and improvement programmes are in place across all key areas of concern.
- Management demonstrated a clear understanding of the challenges, risks and required actions, with regular oversight through Health Board governance arrangements.

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

- There is a need to maintain oversight of the Value and Sustainability programme's delivery, particularly the translation of identified opportunities into sustainable savings, productivity improvements and measurable benefits for patients and services.
- Whilst progress is being made in several performance domains, significant delivery risks remain against a number of national targets and de-escalation criteria.
- Continued focus is required on planned care recovery, cancer improvement, urgent and emergency care flow, diagnostic capacity and quality and safety performance.
- The Board should maintain close oversight of recovery trajectories and the impact of improvement actions being implemented across the organisation.
- Additional Welsh Government funding (though less than requested) has been secured to support planned care, diagnostics and urgent and emergency care recovery programmes, although delivery risks remain.

PFIG received assurance and endorsed the updated Board Assurance Framework noting that:

- The Committee reviewed the refreshed Board Assurance Framework and was assured that it provides clearer alignment between Strategic Intent, IMTP objectives, risks and assurances; however, members highlighted the need for greater visibility of actions to address identified gaps in control and assurance, particularly in areas of low delivery confidence. Members also cautioned that some of the deliverables (including ones where confidence was reported as high) seemed unrealistic in the light of actual progress in addressing difficult problems.

Actions to be considered by Quality, Safety and Experience Committee:

- A deep-dive review of endoscopy performance and quality concerns will be undertaken through the Quality, Safety & Experience Committee.

PF26.110 Review of Meeting Effectiveness

The Committee noted the improved quality of papers, and the value of the Executive Medical Director attending today's Committee. Members did however note the overall low attendance of Executive Members at today's meeting.

PF26.111 Date of the Next Meeting

27 October 2026

PF26.112 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'