Betsi Cadwaladr University Health Board (BCUHB)
Confirmed Minutes of the Performance, Finance & Information Governance held in Public on 23 June 2026
held in the Boardroom, Carlton Court, St Asaph and via Teams

Committee Members Present	
Name	**Title**
Gareth Williams	Chair
Mike Larvin	Independent Member (via teams)
Chris Lothian-Field	Independent Member
Rhain WatcynJones	Independent Member
In Attendance	
Tehmeena Ajmal	Chief Operating Officer (via teams)
Russell Caldicott	Executive Director of Finance & Performance
Jane Farrell	Improvement Advisor
Dave Harries	Internal Audit (via teams)
Carol Johnson	Head of Information Governance
Phylis Makurunje	Aspiring Board Member
Justine Parry	Acting Director of Digital, Data & Technology (via teams)
Michelle Phoenix	Audit Wales (via teams)
Carol Shillabeer	Chief Executive
Olivia Shorrocks	Director of Performance
Paolo Tardivel	Executive Director of Transformation & Strategic Planning
Pam Wenger	Director of Corporate Governance
Neil Windsor	Programme Director – Value & Sustainability
Committee Support	
Philippa Peake-Jones	Head of Corporate Governance
Harriet Abbott	Secretariat

PRELIMINARY MATTERS

PF26.63 Welcome and Apologies

Apologies were received for Clara Day and Debbie Eyitayo.

PF26.64 Declarations of Interest

No declarations of interest were received.

PF26.65 Unconfirmed Minutes of the Meeting held on 28 April 2026

The minutes from the previous meeting were reviewed. No amendments were advised.

It was resolved, that the Committee:

- **APPROVED** the minutes of the meeting held on 28 April 2026.

PF26.66 Matters Arising & Action Log

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

Members queried the transfer log process. It was clarified that actions for the transfer log are raised through the AAA report and through the Chairs Advisory Group (CAG).

The Committee:

- Requested that "cost to the corporate centre" was added to the forward workplan to ensure sight.

The following action was agreed:

- **Action PF26.66.1**: Cost of corporate centre to be added to forward workplan

It was resolved that the Committee:

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

MAJOR PROGRAMMES & DEVELOPING STRATEGY & LONG-LASTING CHANGE

PF26.67 Planned Care

The item was presented by the Chief Operating Officer (COO), and the following points were highlighted:

- A new Recovery Director started with the COO's office around a month ago, creating additional capacity and resource. Day-to-day operations have been reviewed, with improvements and amendments to the major change programme made going forward.
- Activity is currently off trajectory, with a worsened position noted since the end of quarter 4 in March 2026.
- A speciality-by-speciality approach is being taken, with the aim to move to a regional approach within specialities of one waiting list per speciality rather than per site or IHC.
- Work has been undertaken regarding diagnostics, with an improved understanding of what can be delivered internally and which areas require additional work and support, such as referral management. It was important to recognise the interdependencies between diagnostics and pathway management.
- The aim is to recover the current position by the end of quarter two and be back on trajectory. It is forecasted that 0 patients waiting over 104 weeks can still be achieved by the end of March 2027.

In discussing the item, the Committee:

- Reflected on the current position, and raised concerns about the deteriorating position with increasing waiting times despite additional resource and about the realism of the recovery trajectories given the lack of assurance highlighted.
- Acknowledged the quality of the analytic work and data presented, but felt further work was needed to give further evidence of deliverability.
- Noted that underlying causes impacting on poor performance had been understood for some time, but that progress in addressing them had been limited. It was highlighted that reducing long waits is dependent on resolving wider system constraints, including portering, scheduling processes, theatre utilisation and

diagnostic capacity, and that sustainable improvement would require addressing of systemic issue rather than a sole focus on activity delivery.
- Reflected on the impact of national performance requirements and short-term pressures from Welsh Government and NHS Performance and Improvement on the ability to develop, embed and deliver longer term improvements.
- Requested future reports include greater clarity on the balance between capacity and demand, in the light of the requirement to improve productivity towards GIRFT standards and in comparison, with the performance of other Health Boards.
- Highlighted the need for balancing backlog reduction with maintaining sufficient day to day operational capacity, and the importance of this having consideration for future additional funding.
- Raised concerns regarding the wider impact of extended waits and the consequences for patients and increased pressure on primary care services. The Committee emphasised the need to ensure that progress in one area of performance does not adversely affect other services.
- Agreed to note the paper but requested a more detailed report for the next Committee, outlining proposed arrangements, delivery plans, improvement opportunities with links to the new performance report, and consideration of clinical risk and potential harm. It was advised that a more detailed paper is planned for the next meeting, and the points from Committee will be fed back for inclusion.

The following action was agreed:
- **Action PF26.87.1:** A more detailed report on planned care to come to the next Committee, outlining proposed arrangements, delivery plans, improvement opportunities with links to the new performance report, and consideration of clinical risk and potential harm.

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

PF26.68 Urgent & Emergency Care

The item was presented by the Chief Operating Officer (COO). The following points were highlighted:
- The Six Goals Programme ended in March 2026 and was replaced by the Three Pillars Programme. There is £2.7m. each year attached to this programme. Further discussion on the programme is scheduled for an upcoming Board Development session.
- Significant improvements have been noted in Wrexham Maelor Hospital regarding access, although demand within the department still exceeds capacity. Working is ongoing to improve hospital flow and processes.
- Serious concerns remain in Ysbyty Glan Clwyd, with issues relating to delayed discharges impacting on patient flow through the site. Discussion is underway with Local Authorities on how specialised community support is commissioned regionally to aid patient flow.
- Significant intervention is in place with Ysbyty Glan Clwyd Emergency Department following receipt of a HIW report following inspect in May raising concerns. This work is being overseen by the Chief Executive.

In discussing the item, the Committee:

- Noted ongoing concerns regarding patient care delays, patient re-presentation and the impact on the wider system. Members highlighted the need for greater focus on alternatives to presentations and admissions through community-based solutions.
- Noted ongoing positive work and learning, but requested greater clarity on the impact, sustainability and timescale of improvement actions.
- Requested future updates provided further detail to enable assurance.

It was resolved that the Committee:

- **NOTED** the report.

PF26.69 Value & Sustainability

The item was presented by the Executive Director of Finance & Performance and the Programme Director of Value & Sustainability. The following points were highlighted:

- £46m in savings needs to be identified for this financial year, with £45.2m in total currently identified as the opportunity for savings.
- £31m is currently in the pipeline, with approx. 50% expected to shift into green by the end of month three.
- Deep dives have been initiated with workstream leads over the past six weeks to identify further savings equivalent to 2% of total budgets.

In discussing the item, the Committee:

- Requested the topic be included for a future development session for further clarity for members.
- Requested future reports make reference to potential patient impact, including practical examples.
- Noted that medicines management provides a very significant contribution and clarified that this was the result of drugs coming off patent.
- Highlighted the need for a rolling programme aligning with other improvement workstreams. The Committee emphasised the key role of clinical engagement for delivery of a wide range of potential savings.
- Were advised that the next report will include the value maturity assessment which will consider risk and patient impact.

The following action was agreed:

- **Action PF26.69.1**: Topic to be included for future development session.

It was resolved that the Committee:

- **NOTED** the report.

PF26.70 Community by Design

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

- Work is underway to develop metrics to measure and track improvement.

- From April 2027, the Welsh Government requires a minimum 0.5% increase in investment in primary and community care services through the programme: this equates to approx. £12m for BCUHB. National discussion through the Community by Design board is ongoing as to whether this percentage should be higher than initially set.
- There is a lack of usable primary care data and metrics due to limited integration and communication between primary care and health board systems.
- Work during the next period will focus on identifying key areas for the Health Board, including important factors to residents.

In discussing the item, the Committee:

- Clarified that "Citizen Activation" referenced within the report refers to enabling individuals to take accountability to support their own health.
- Noted some overlap between Community by Design and the Three Pillars programme, noting good working examples in several IHCs of measures to encourage early discharge from hospitals back to the community.
- Requested an update come to Committee in October 2026, including the proposed metrics and baseline following approval for executives.

The following actions were agreed:

- **Action PF26.70.1**: Community by Design update to be given at Committee in October 2026, including proposed metrics and baseline.

It was resolved that the Committee:

- **NOTED** the report.

[Carol Shillabeer joined the meeting]

GOVERNANCE RISK AND ASSURANCE

PF26.71 Finance Report

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

- The Health Board submitted a deficit plan totalling £43m for 2026/27, including conditional recurrent funding totalling £82m. If this funding is not secured, this deficit increases to £125m.
- BCUHB's submitted plan does not meet the breakeven position; therefore, a Financial Recovery Plan for Welsh Government is required which will require additional savings of around £16m over and above the £46m submitted in the original IMTP. All other Health Boards which did not submit a balanced plan are working on similar plans.
- The current savings ask equates to 2.4%.
- Work is ongoing with Environment and Estates to identify capital programme cost savings.

In discussing the item, the Committee:

- Noted the financial position and discussed delivery of savings, workforce expenditure and financial controls.

- Highlighted concerns over continued pay overspend despite vacancies within the current establishment, querying if reliance on temporary staffing was a contributing factor.
- Clarified that the much higher expenditure on pay during March 2026 reflected the need to make good a shortfall in the pension scheme: this was a recurring issue.
- Queried the implications of failing to achieve savings targets and the need for robust budget management. Members requested sight of the "grip and controls" checklist, which will be circulated with members outside of the meeting prior to being reviewed through Audit and PFIG Committee in August.
- Were advised of current work around budget management responsibilities to enable autonomy within the current processes, whilst ensuring budget compliance with identified cost savings, and requested the ongoing work regarding the budget elements of the recruitment process be reviewed by the People & Culture Committee.

The following action was agreed:

- **Action PF26.71.1**: Completed grip and control checklist to be shared with members ahead of August Committee.
- **Action PF26.71.2**: People & Culture Committee to review work underway to simplify the ECR process.

It was resolved that the Committee:

- **NOTED** the report.

[Paolo Tardivel joined the meeting].

PF26.72 Integrated Performance Report

The Executive Director of Finance & Performance presented the item and introduced the new Director of Performance. The following points were highlighted:

- The report included is the first version on the new IQPR report. Standard deviation enables the ability to see movement, of which any variation can be queried.
- The report maps out all metrics, which are incorporated into a scorecard framework to enable escalation of service domains if required. Further developments to the report are planned as it is embedded.
- The scorecards utilise a "AAA rating system" (Advice, Assurance, Alert).
- Increasing concerns are noted in relation to two- and three-year planned care waits and cancer pathway performance.
- A new escalation process has been established, whereby areas of concerns are escalated and reviewed by the Chief Executive, and actions are agreed to strengthen accountability with the IHCs. These meetings are held weekly and chaired by the Director of Performance.
- The new framework enables deeper performance analysis and benchmarking against other Welsh Health Boards.

In discussing the item, the Committee:

- Welcomed the development of the new IQPR, noting that the intention was for it to provide a 'single version of the truth' across all committees and the Board.

- Noted how the further use of RAG ratings and quarterly assessment data would further support scrutiny, escalated and targeted queries, which is expected to be implemented later in the year.
- Highlighted the links between the new report, the Fragile Services Framework and the Clinical Services Plan. Members requested further consideration of assurance ratings to ensure they are clear, proportionate and aligned with internal audit approaches.
- Considered performance challenges relating to follow up waits, discharges and patient flow.
- Noted areas of improvement, including continued progress within Mental Health services and CAMHS, whilst recognising that overall performance remains off trajectory in many areas and requires sustained focus.
- Considered the role of community hospitals and clarified that any delayed discharges and escalations within hospitals are reviewed weekly through the meeting chaired by the Director of Performance.

It was resolved that the Committee:

- **NOTED** the report.

[Carol Johnson joined the meeting].

PF26.73 IG KPI Report Q4

The item was presented by the Head of Information Governance. The following points were highlighted:

- An increased compliance with Freedom of Information (FOI) requests during the period is noted. An improvement in sign off of FOIs has also been seen, though with room for further improvement. The type of information requests received is being explored to attempt to identify any overreaching themes.
- SARS (Subject Access Requests) compliance remains consistent at 99%.
- A reduction has been seen in the number of incidents and complaints received, with the majority of those received rated low risk.
- It was clarified that omissions from the previous report regarding incidents were an error, but subsequently all had been correctly reported as per process. These five previously missed are referenced within the quarter 4 report.

In discussing the item, the Committee:

- Noted the clear data and transparency shown.

Reiterated the view that PPHP should look at whether the practice of recommending those seeking information from the Health Board (particularly within the media) should submit is appropriate. It was resolved that the Committee:

- **NOTED** the report.

PF26.74 IG Annual Report 25/26

The item was presented by the Head of Information Governance. It was clarified that the paper was for the public session, not for private as stated within the original paper included.

In discussing the item, the Committee:

- Queried the information included on page 35-36 within the report and queried the total. This information will be reviewed and clarification shared outside of the meeting with members.
- Noted concerns around storage for physical records following a recent site wide audit. Working is underway with IHCs to manage, with a scanning strategy being developed.

The following action was agreed:

- **Action PF26.74.1**: Primary care information on page 35-36 to be reviewed and clarification shared with members.

It was resolved that the Committee:

- **NOTED** the report.

[Carol Johnson left the meeting]

PF26.75 Corporate Risk Register

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

- Further work is needed to ensure appropriate alignment of risks, with amendments to the risk register expected.
- Several deep dives have been undertaken by Executives into several risks, with individual meetings between Directors, the Chief Executive and the Director of Corporate Governance scheduled to reduce risk with mitigating actions.
- An update on the estates risk is scheduled for the next PPHP Committee.
- The Head of Risk Management post remains vacant.

In discussing the item, the Committee:

- Requested a risk regarding issues of record storage be added to the risk register to ensure oversight. This will be raised with the Director of Environment & Estates outside of the meeting.
- Referenced work regarding estates in relation to the value and sustainability programme, and request this be reviewed through the non-pay workstream.

It was resolved that the Committee:

- **ENDORSED** the report.

PF26.76 Corporate Governance Report

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

- The cycle of business is due to be reviewed, with need to ensure focus on core key priorities, ensuring consistency across Committees.

In discussing the item, the Committee:

- Clarified that the following topics will come under the appropriate Committee to avoid duplication:
  - Foundations for the Future under People & Culture Committee
  - Clinical Service Plan under Quality, Safety & Experience Committee
  - Health & Wellbeing Hubs under Planning, Population Health & Partnership Committee.
- Advised that a short update will be provided at the next Board to highlight each Committees' priorities.

It was resolved that the Committee:

- **NOTED** the report.

[Tehmeena Ajmal & Pam Wenger left the meeting].

BUSINESS CASES

PF26.77 Review of Business Cases in Development

The item was presented by the Executive Director of Transformation & Strategic Planning.

In discussing the item, the Committee:

- Referenced the need to ensure budget holders have the appropriate authority for budget management.
- Were advised of ongoing work regarding writing business cases to attempt to reduce the number produced, due to the need to move away from the narrative that a business case was needed for any change.
- Highlighted the importance of improving current resources available, and redistribution where possible.
- Referenced the need for a performance element, to allow prioritisation for investment and disinvestment.
- Were advised that a monthly meeting will be in place to review proposals received to ensure those progressed are appropriate.

It was resolved, that the Committee:

- **NOTED** the report.

[Paolo Tardivel and Chris Lothian Field left the meeting].

CLOSING BUSINESS

PF26.78 Agree Items for Referral to Board / Other Committees

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

- Planned Care recovery remains off trajectory, with particular concern regarding 104-week waits: there is limited confidence in deliverability.
- Urgent and Emergency Care performance remains fragile, with ongoing challenges in patient flow, delayed discharges and inconsistent delivery of improvement across sites.

- Achieving a balanced budget remains challenging, with a material gap in deliverable savings and increasing deficit pressures: identified savings to date are largely from the value and sustainability work.

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

- A revised Planned Care recovery approach is being developed, including strengthened leadership, a speciality-led model and improved alignment between operational and financial planning.
- Some early signs of improvement are emerging, including reductions in the longest waits and improved operational grip in some services, supported by strengthened recovery governance.
- A Value and Sustainability framework is in place, with a defined pipeline of opportunities and a focus on productivity, efficiency and outcomes. The Committee will have a development session specifically relating to this.
- A revised approach to business case governance is being implemented, strengthening prioritisation, aligning proposals to planning and available funding envelopes, and enabling greater local ownership of resource decisions to reduce unnecessary reliance on formal business cases. This needs to be accompanied by a streamlining of the ECR process and a review of the centralised decision making on certain types of expenditure even when these are within devolved budgets.

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

- The organisation must accelerate delivery of systemic improvements, particularly around productivity (e.g. theatres, diagnostics and workforce utilisation).
- Stronger clinical engagement and ownership are critical to achieving sustainable improvement and delivering value-based changes: again, greater flexibility in applying centralised controls and in handling business cases where these are needed will be important in securing buy-in.
- The new version of the Integrated Performance Report was received for the first time, the Committee were pleased with the new format although significant concerns remain about many aspects of performance.

The Committee:

- Requested People and Culture Committee to review work underway to simplify the ECR process.

PF26.79 Review of Meeting Effectiveness

The Committee:

- Welcomed the opportunity to discuss key issues in depth and noted the positive atmosphere of the meeting.

PF26.80 Date of next meeting

25 August 2026

PF26.81 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'