

Bundle BCU Performance, Finance & Information Governance Committee 22 **October 2025**

- 1 PRELIMINARY MATTERS
 - 1.1 13:00 - PF25.88 Welcome & Apologies - Verbal Update
Gareth Williams, Chair
 - 1.2 13:02 - PF25.89 Declaration of Interest - Verbal Update
Gareth Williams, Chair
 - 1.3 13:04 - PF25.90 Unconfirmed minutes of meeting held on 26 August 2025 - Paper Update
Gareth Williams, Chair
PF25.90 Unconfirmed Minutes PFIG 26.8.25 PUBLIC
 - 1.4 13:09 - PF25.91 Matters Arising & Action Log - Paper Update
Gareth Williams, Chair
PF25.91 Action Log PFIG Public
- 2 ITEMS FOR ASSURANCE
 - 2.1 13:14 - PF25.92 Finance Report - Paper Update
Russell Caldicott, Executive Director of Finance
PF25.92a Finance Report Coversheet
PF25.92b BCU 2025-26 M06 Finance Report
 - 2.2 13:34 - PF25.93 Integrated Performance Report - Verbal Update
Ed Williams, Director of Performance
 - 2.3 13:54 - PF25.94 Planned Care Major Workstream Update - Paper Update
Danielle Edwards, Programme Director - Planned Care/ Tehmeena Ajmal, Chief Operating Officer
PF25.94a Planned Care Coversheet
PF25.94b Planned Care Major Workstream Update
 - 2.4 14:14 - PF25.95 Urgent and Emergency Care Programme - Paper Update
Tehmeena Ajmal, Chief Operating Officer
PF25.95 Urgent & Emergency Care Programme update
 - 2.5 14:34 - PF25.96 Shared Services - Paper Update
Rebecca Nelson, Director of Planning, Performance and Informatics
PF25.96.a NWSSP Update (Cover Paper)
PF25.96b Shared Services Update - Q1 25.26 Report
- 3 ROUTINE REPORTING
 - 3.1 14:49 - PF25.97 Corporate Risk Register
Nesta Collingridge, Head of Risk Management
PF25.97 PFIG Corporate Risk Register Report October 2025 v2
- 4 FOR INFORMATION
 - 4.1 14:59 - PF25.98 Corporate Governance Report - Paper Update
Pam Wenger, Director of Corporate Governance
PF25.98a Corporate Governance Report (Cover paper) v1
V2 Workplan for PFIG Committee (Live Version as at 14.10.25)
- 5 CLOSING BUSINESS
 - 5.1 15:09 - PF25.99 Agree Items for Referral to Board / Other Committees - Verbal Update
Gareth Williams, Chair
 - 5.2 15:11 - PF25.100 Agree Items for Chairs Assurance Report - Verbal Update
Gareth Williams, Chair
 - 5.3 15:13 - PF25.101 Review of Meeting Effectiveness - Verbal Update
Gareth Williams, Chair

- 5.4 15:15 - PF25.102 Date of Next Meeting - Verbal Update
Gareth Williams, Chair
- 5.5 15:16 - PF25.103 Resolution to Exclude the Press and Public
Gareth Williams, Chair

Betsi Cadwaladr University Health Board (BCUHB)
Unconfirmed Minutes of the Performance, Finance and Information
Governance Committee (PFIG) - PUBLIC
held in PUBLIC on 26 August 2025
in the Boardroom, Clwyd Alyn, St Asaph

Committee Members Present	
Name	Title
Gareth Williams	Vice Chair (Chair of PFIG Committee)
Rhian Watcyn Jones	Independent Member
Prof Mike Larvin	Independent Member
Chris Lothian-Field	Independent Member
In Attendance	
Russell Caldicott	Executive Director of Finance
Nesta Collingridge	Head of Risk Management
Nick Graham	Associate Director - Workforce Optimisation
Dave Harris	Head of Internal Audit
Stuart Keen	Director of Environment and Estates
Justine Parry	Assistant Director of Compliance and Business Management
Victoria Peach	Acting Director – IHC West
Matthew Joyes	Deputy Director for Legal Services
Michelle Phoenix	Audit Wales
Maeve Puleston-Jones	Audit Wales
Carol Shillabeer	Chief Executive
Paolo Tardivel	Interim Executive Director of Transformation and Strategic Planning
Pam Wenger	Director of Corporate Governance
Neil Windsor	Programme Director for Value & Sustainability
Apologies	
Tehmeena Ajmal	Chief Operating Officer
Jason Brannan	Deputy Director of People
Dyfed Edwards	Chair
Dylan Roberts	Chief Digital and Information Officer
Georgina Roberts	Associate Director People Services
James Mawrey	
Simon Monkhouse	
Committee Support	
Philippa Peake Jones	Head of Corporate Governance
Harriet Abbott	Minute Taker

PRELIMINARY MATTERS
PF25.61 Welcome and Apologies

Apologies were received from Jason Brannan, Dyfed Edwards, Georgina Roberts, Simon Monkhouse, James Mawrey, Dylan Roberts, Tehmeena Ajmal.

PF25.62 Declarations of Interest

No declarations of interest were noted.

PF25.63 Unconfirmed Minutes of the Meeting held on 25 June 2025

The minutes of the previous meeting were reviewed and agreed.

It was resolved that the Committee:

- **AGREED** that the minutes of the meeting held on 25.06.25 were a true and accurate record.

PF25.64 Matters Arising and Action Log

Matters arising included:

- A discussion relating to grade inflation for job roles. The All Wales Job Evaluation Policy, which includes core job description templates should help with this.

Other points highlighted that did not appear on agenda but needed to be followed were:

- The potential for undertaking minor procedures in primary care
- Understanding barriers to efficient theatre utilisation
- Improved discharge planning and collaboration with social care
- Performance meeting with IHCs regarding accountability
- Aligning budgets to the Integrated Medium-Term Plan (IMTP)
- Managing follow up waiting lists including promoting the use of Patient Initiated Follow Up (PIFU) and See on Symptom (SoS) and the impact of this change
- Workforce redesign and skills mix
- Prioritising a select number of initiatives, and the impact this could have
- Strengthening clinical ownership
- Growth in corporate staffing and how expenditure is being utilised

The Committee agreed that during the next Board session on 28 August, it would be beneficial to review the focus of the Committee to ensure clear priorities and direction. It is expected that this work will take up to 6 months. The Director of Corporate Governance will request this is raised by Dyfed Edwards, Chairman, in the next Board session.

The following points were made:

- Clinical Leadership and Development would likely in future fall within the remit of People and Culture Committee.
- Urgent follow up, Planned Care and theatre utilisation – all of these should be kept under review by the Committee as part of its performance remit
- Performance management meetings with IHCs and central divisions are held by the Executive: updates could also be reported to the Committee.

- The size and composition of the corporate centre and links with Foundations For the Future should remain on PFIG agenda. The Executive Director of Finance and the Director of Corporate Governance would meet to decide how to structure and factor into the work plan.
- There was scope for further streamlining of process: Once an item is discussed, ensure an action is decided or who is required to action, and ensure there is an update on progress.

The action log was reviewed and several points discussed:

- Action PF25.56 – The Director of Corporate Governance updated and clarified that the difference in figures for WTE between finance and Workforce had been resolved.
- Action PF24/107.1 – to remain open until date of next update is known. It was agreed that an annual report from Shared Services would be requested on this item and for Rebecca Nelson, NWSSP, to be invited to the next meeting.

The following actions were agreed:

- PF25.64.1 – The Director of Corporate Governance to suggest to the Chair that the focus of committees is reviewed at next board session
- PF25.64.2 – The Director of Corporate Governance and The Executive Director of Finance to meet and agree how to factor issues about the corporate centre into the workplan
- PF25.64.3 – Rebecca Nelson to be invited to the next meeting to update on Shared Service Partnership.

ITEMS FOR ASSURANCE

PF25.65 Finance Report

Russell Caldicott, Executive Director of Finance

The Executive Director of Finance presented and highlighted the following from the report:

- The Health Board is reporting a deficit of £11.4m as at 31 July 2025, largely driven by shortfall in savings delivery.
- Month 4 (July 2025) position is an in-month deficit of £3.6m, a deterioration of £2.0m from previous month. This deterioration is largely driven by a shortfall in National Insurance contributions of £1.4m for months April-July 2025. £11.4m is inclusive of this £1.4m
- Serious pressures pan Wales with significant deficits even compared to plans (several of which were already based on a negative outturn).
- Out of area Mental Health placements, largely localised to the West Area, was a significant factor with monthly costs having risen from £200k to £2 million over the last couple of years. There also were ongoing pressures relating to Continuing Health Care (CHC).
- The Welsh Government had originally requested all savings should be identified by month 3 but this had now been revised to month 6. The Integrated Performance Delivery Group is due to meet to review. All budget holders had been reminded of savings required.
- Approximately £25m savings had already been identified, but more was needed to reach target of £40m.
- In relation to Welsh Risk Pool, claimants have option of two offers; receiving annual payment (over life of the person) or as a lump sum. There has been an increase in number of those opting for a lump sum. This was a concern and also involved a risk of approximately £9m.

- Cost pressures also arose from the cross-border patient flows, as some tariffs in England had increased by 15%. This issue has been flagged with Welsh Government as it equates to approximately £50m in risk.
- While some previously non-recurrent funds had now been confirmed as recurrent, there remained a total of £82m which was non-recurrent and conditional on performance.
- In terms of the capital budget – approximately £5m had been spent to date, with £50m programmed. Larger spends include the Llandudno Orthopaedic development and the purchase of CT scanners (equates to £25m).

Maeve Puleston-Jones left the meeting. Mike Larvin joined the meeting.

In response to a question, it was explained that the 'MMR' submission is the "monthly monitoring report", submitted to Welsh Government. Definition to be added to report for clarity.

PF25.65.1 Action - clarity of MMR definition to be added to Finance Report.

The following points were made in discussion:

- Several queries were raised regarding the savings and the potential impact on patients and services: this would be covered in the discussion of Value and Sustainability.
- Questions were raised about the upward trend in agency spend on medical and 'other' staff. The Executive Director of Finance advised that further work is needed to understand these trends.
- It was noted that while lump sum payments extinguished BCUHB's future liabilities, they carried inherent risks for the individual, as future care costs might end up exceeding the payment.
- Issues were raised with regard to how savings were identified as 'recurrent' and it was explained that this was based on the assumption that any savings against a recurrent, baselined budget were deemed to be recurrent.
- Regarding Out of Area Placements (OOAP), it was clarified that such placements were not necessarily outside of North Wales as a region (though many were): it referred to placements outside health board premises. It was noted that other Welsh Health Boards experienced similar problems, and the potential for collaborating with other Health Boards on bulk buying places should be explored.
- In response to a question, it was explained that the bulk of the savings identified this year were expect to come from the Value and Sustainability programme: but savings from these themes were expected to be realised by IHCs and Divisions, and therefore targets continued to be set divisionally.

Carol Shillabeer joined the meeting.

- Questions were raised about the root cause of the reliance on Out of Area beds for mental health patients. While two beds were unavailable in Hergest ward due to ligature related building work, a significant cause was delayed transfers of care, with many patients occupying beds ready for discharge but without any suitable placements in the community being available.
- The Chief Executive further noted that there is no crisis provision in BCU currently (the only area in Wales to not at this time) and work is underway to address this.

Michelle Phoenix left the meeting.

PF25.66 Value & Sustainability

Russell Caldicott, Executive Director of Finance

The Executive Director of Finance explained that the Value and Sustainability programme was not just about identifying savings: it was about improving the quality of the health board's services. He introduced Neil Windsor, Programme Director for Value & Sustainability.

Maeve Puleston-Jones re-joined the meeting.

The Programme Director for Value & Sustainability presented the report to the committee and highlighted the following:

- The six workstreams detailed within the report apply at both a national and local level, each with an Executive lead, Chief Finance Officer (CFO) and workforce lead.
- Meetings are taking place with Programme Leads weekly to review performance relating to the savings programme, with the main focus being financial savings delivery.
- From a performance perspective, £25.5m green saving schemes have been identified compared to a total plan of £38.1m. £2.7m Red Schemes are currently identified, with full year plan value of pipeline opportunities totalling £9.9m.
- There was confidence that the total of green scheme savings would increase rapidly (as had been the case in the last few months). Largest contributors are medicines management and workforce.
- BCUHB was currently performing better than the all-Wales position.
- Regarding the sixth (and most recently adopted) workstream, Value Based Health Care, this was still very much work in progress: initiatives and leads still need to be identified.

The Committee discussed the report and raised the following:

- The scope for a greater focus on the prevention agenda and on targets, milestones and impacts.
- Whether each workstream had an underpinning logic model, based on SMART objectives and an understanding of how activities would lead to the required outcomes and impacts.
- The extent of control the Health Board could exercise over prescribing in primary care.

It was clarified that prevention is referenced within the pathways. The drafting of future reports will be reviewed to ensure information is presented clearly, and to include information on the underpinning logic.

The Chief Executive emphasised the importance of ensuring primary care referrers have the knowledge to make the right choices and choose the best pathway for individual patients. In relation to GP prescribing, there are incentive schemes to reward GPs for appropriate prescribing, and anonymised data is shared to try and influence change.

The committee noted the report.

PF25.67 – Integrated Performance Report

Russell Caldicott, Executive Director of Finance

The Committee took the report as read. Comments from members included the following:

- Language within the report was overly complex at times. The Chair advised that the report's author, has requested feedback regarding the report's format and it was agreed that Rhian Watcyn-Jones would join a meeting to be arranged. The Director of Corporate Governance noted that there had been agreement also at the board to consider how the monthly report could be refocused.
- A stronger focus on productivity is required, with more information on what efforts are being made to improve theatre utilisation, for example. The report should also cover performance of primary and community care.

PF25.67.1 Action - GW and RC to meet with Ed Williams

PF25.68 – Progress Against Planned Care Performance Targets - verbal

Carol Shillabeer, Chief Executive

The Chief Executive gave an update on progress with regard to the Planned Care Performance Targets noting that the target for the end of the second quarter was to reduce the number of patients who had waited more than 104 weeks to 2,800 with the aim of eliminating all 104+ week waits by the end of the calendar year. This would be challenging for some specialities, particularly orthodontics. Insourcing and outsourcing contracts were now in place and around 2,900 patient packs had been sent to the external provider, although 500 of these had been returned to BCU's waiting list. Work was ongoing to validate the backlog of patients overdue for a follow-up, with the aim of removing those who could safely be 'See on Symptom', thus freeing up more outpatient appointments for new patients.

The Chief Executive also gave a presentation on the Health Board's response to the Ministerial Advisory Group (MAG) (Slides attached to the minutes).

The following points were highlighted:

- The majority of the MAG recommendations align with work outlined in the IMTP though the timescales set by the MAG are extremely ambitious.
- On planned care, a key priority for the Health Board is move towards a single list for each speciality across the region as was the development of a single model of preoperative assessment (including utilisation of a health screening questionnaire to avoid unnecessary in person assessments), which is being trialled in Wrexham, prior to a roll out across BCUHB.
- In terms of diagnostics and achieving the target of waits of no more than 8 weeks, endoscopy was particularly challenging
- In terms of Urgent Emergency Care, a major change programme is in place. Further updates will be reported back to committee.

The Committee discussed the emphasis on single lists, and referenced theatre optimisation. It was agreed to have an item on this at the next committee meeting and for Danielle Edwards, Care Programme Manager to attend.

An update regarding endoscopy business case was also requested. PW/CS to follow this up for update.

PF25.68.1 Action – paper on theatre optimisation to be added to the next committee meeting and Danielle Edwards be invited to attend.

PF25.68.2 Action – PW/CS to chase update on Endoscopy Business Case

PF25.69 – Urgent and Emergency Care Programme Board

Victoria Peach, Acting Director - IHC West (on behalf of Tehmeena Ajmal).

The Acting Director IHC West presented on behalf of the Chief Operating Officer. The following was highlighted from the paper:

- The report shows the position at the end of Quarter 1. KPIs for level 1 and 2 fallers and care homes were met but a number of other KPIs were not achieved.
- The Programme consists of four workstreams: individual front door, hospital front door, hospital flow and discharge. There is a strong focus on strengthening governance in this arena, with the aim of reducing duplication and ensuring consistency.
- Next steps included appointing clinical leads and establishing task and finish groups for each workstream; holding an engagement and quality improvement session on 26 August; and reviewing system flow working.
- A number of risks were noted in the report, regarding delivery of programme and operational ownership, with the importance of working with Local Authority partners being key.

PF25.69.1 Action - Context regarding level 1 and level 2 fallers to be added to report

PF25.69.2 Action – Further information on role of the facilitators to be updated at next committee meeting.

In discussion the following issues were raised:

- Clarification that work on improving discharge processes covers both acute and community hospitals.
- Consideration being given to how better to manage flow in Emergency Departments including the use of appointments.

Nesta Collingridge joined the meeting.

- The need for good communication and for clarity on where the workstreams fit operationally and with transformation.
- The Director of Corporate Governance highlighted that this is the first report from the major change programme. This report along with the winter plan will go as an item for the next board agenda in September 2025.

Carol Shillabeer left the meeting.

PF25.70 – Legal Services – Paper Update

Pam Wenger, Director of Corporate Governance.

Matt Joyes joined the meeting.

Chris Lothian-Jones disclosed an interest in this area due to his professional activities. .

The Director of Corporate Governance advised that the main point of interest for this Committee related to the financial aspects.

The Deputy Director for Legal Services presented the report. The report highlighted several aspects to improve legal services within the Health Board. From October 2024, Legal Services now sits with the Corporate Governance function of the Health Board. A three-year plan is currently underway to transform legal services, the aim of which is to increase access, value and quality of legal services provided to the organisation.

The following points were highlighted from the report:

- Previously services have been able to liaise with the Shared Services Partnership for legal advice without any central control. Going forward, the aim is to have tighter control of when legal services are accessed, subsequently improving cost control.
- The lack of central oversight means it is difficult to give a clear view of the overall cost but the spend for 2024/2025 is over £500,000 and this is expected to increase to close to £750,000 in the current year.
- The Executive has decided to bring legal services in-house with the recruitment of two additional legally qualified staff and the provision of training to others to acquire relevant legal qualifications: many other health authorities are doing the same and this is expected to reduce costs significantly.
- Areas of focus include inquest, redress work and court of protection activity, with the aim of bringing all these services inhouse.

The committee discussed the importance of learning from previous legal cases, and sharing of lessons learnt, as well as ensuring training for clinicians and leaders is a top priority, with the need for early engagement with patients and their relatives to prevent escalation.

Members welcomed the report but requested that future reports should contain further detailed breakdowns relating to personal injury and clinical negligence claims.

The committee noted the report. It was agreed to include this report as a standard agenda item for both the public and private meeting.

PF25.70.1 Action - Future Legal Services Report to contain detailed breakdown on personal injury and clinical negligence claims.

PF25.70.2 Action - Legal Services Update to be included as standard agenda item going forward.

PF25.71 – Audit Wales – BCUHB Tackling the Planned Care Challenges – Paper Updates

Maeve Puleston-Jones attended as an observer but offered to provide feedback to any questions over email.

The committee reviewed the report and:

- Emphasised the need to ensure both short term and long-term recommendations are addressed
- Acknowledged the need for clinical leadership to bring about culture change, and how collaboration aids this.
- Stressed the need to identify and address barriers to appropriate delegated authority for the programme board. The Director of Corporate Governance advised that a standing orders paper is due to go to board in September which will regularise the position.
- Emphasised the importance of limiting harm whilst patients are on the waiting list, acknowledging the need to prioritise specialities where the risk of harm is greatest.
- Clarified that Audit Wales has produced similar reports for all Health Boards and would produce a synthesis report in due course: however, it was clear that BCU was in the poorest position.

PF25.71. 1 Action – RC to ensure Clinical Executive is sighted on this item

Paolo Tardivel joined the meeting.

ROUTINE REPORTING

PF25.72 Board & Assurance Framework – Paper Update

Pam Wenger, Director of Corporate Governance

Nesta Collingridge presented the paper and highlighted the following:

- The Board Assurance Framework is mapped against current IMTP. Each Committee was being asked to review relevant risks ahead of the Board.
- The portal which is being developed will assist in pulling actions together.
- There is a deep dive group established regarding financial risk. RC is involved with this work.
- The format of the BAF is being reviewed to improve visibility and accessibility. The full BAF is due to go to Board in September.

The Committee recognised the significant improvement which had been made to the BAF, while noting a point made by the Head of Internal Audit that the Board still lacks sufficiently clear objectives. The committee noted the report.

Nesta Collingridge left the meeting.

PF25.73 Corporate Governance Report – Paper Update

Pam Wenger, Director of Corporate Governance

The Director of Corporate Governance presented the report, emphasising that the self-assessment template will be reviewed for next year, as some questions may not be relevant to some committees. The Chair of the meeting advised that he had suggested some amendments to the draft Annual Report and a final version would be circulated out of Committee.

PF25.73.1 Action – Final Version of Corporate Governance Report to be circulated to the committee

PF25.74 – Information Governance Report – Paper Update

Justine Parry – Asst Director of Compliance and Business Management

The annual review of the Information Governance Strategy was presented. This has been updated to reflect the revised health board objectives. The review period has been revised to three years rather than annually to align to the Policy on Policies. The Committee was requested to approve this change.

The Information Governance KPI report was presented.

Committee members welcomed the generally strong performance but questioned the lag in receiving the quarterly report. It was explained that governance arrangements had changed to include an additional step of consideration by the Executive Committee. However, the cycle of business for the Executive committee is currently being streamlined, and the time-lag will be less in future.

Following discussion, it was agreed to amend the title of the Information Governance Strategy to "Information Governance Plan".

The Committee approved the contents and noted the quarterly report.

PF25.74.1 Action - Report title to be amended to "Information Governance Plan"

Justine Parry left the meeting.

FOR INFORMATION

PF25.75 Summary of Business to be Reported from Private

No points noted.

CLOSING BUSINESS

PF25.76 Agree Items for referral to Board / Other Committees - Verbal

Items for Referral to Other Committees

- Quality, Safety and Experience Committee to consider receiving the presentation on the MAG and in particular to consider whether the Health Board is responding appropriately to recommendation 3: 'better prioritisation of available capacity for the longest wait patients should become a precondition for the receipt of additional funding from the Welsh Government for elective recovery'
- Quality, Safety and Experience Committee to consider the evidence in respect of providing high quality physical health care to mental health in-patients following the recent coroner's case.

PF25.77 Agree Items for Chair's Assurance Report

The above items would be included in the Chair's Assurance Report.

- Concerns from the committee with limited improvement in areas including Getting Things Right First Time (GIRFT) Standards and theatre optimisation.

- The committee shares the view of Audit Wales outlined in the recent planned care report with more needing to be done to address long-term issues and utilise short-term measures to boost capacity to reduce the longest waits.
- Urgent need to identify and “firm up” savings to reach £40m target.
- Further work required to ensure Integrated Performance Report has a clear narrative of require actions, barriers and mitigations.
- SMART compliant board objectives still outstanding.
- Concerns from the committee regarding the time taken to progress the establishment of additional capacity for endoscopy to achieve 8-week standard.
- Validation work of the Follow Up Waiting List is progressing well
- The transfer of legal work in house is progressing well
- Information Governance performance remains good, and an updated IG Plan was approved by the committee
- Savings continuing to be delivered through Value & Sustainability programme, with IHCs and Central Divisions taking responsibility for delivery
- The committee noted a reported on the MAG recommendations
- A report on theatre optimisation is requested for the next meeting.
- A report on improving performance with Urgent and Emergency Care was noted

PF25/78 Review of meeting effectiveness

It was agreed due to timing of the meeting for colleagues to share any feedback outside of the meeting.

PF25/79 Date of next meeting

Thursday 6th November, 9:30 am – 12:30 pm

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."

Performance Finance & Information Governance Committee Action Log (Public)

Updated 14/10/2025

Open Actions						
Actions to remain open						
Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
1	PF25.57	25.06.25	Integrated Performance Report Schedule a Board Development session to align ambition and strategy	Pam Wenger	August 2025	Remain open Board Session in August is focused on strategy, work in progress on the re-development of the Performance Report.
2	PF25.63	25.06.25	Corporate Risk Register Executive session to review risk tolerances and action effectiveness.	Pam Wenger	October	Remain open Risk appetite session scheduled to take place with executives in Aug 25. Expect to close next PFIG meeting.
3	PF25.63	25.06.25	Reprofile UEC and Planned Care risks to reflect current performance realities	Tehmeena Ajmal	October	Remain open Work is underway to re-profile the corporate risks and will be reflected in the next update of the Corporate Risk Register in October.

4	PF25.63	25.06.25	Clarification of risk verses issue definitions and appropriate categorisation to be included on the next Corporate Risk Register	Pam Wenger	October	Remain open This is covered in the Risk Management Framework – however, as the next report is not till October suggest this item remains open until then
12	PF24/107.1	29.10.24	Shared Service Partnership performance assurance report Rebecca Nelson’s attendance would be factored into the Committee workplan, along with areas of focus that would be agreed through the Committee Chair, Interim Executive Director of Finance and the Director of Corporate Governance	Pam Wenger	December 2024 Revised timescale End of June 2025	Remain open This will be taken forward when the cycle of business is reviewed. PW and RC met with Alison Ramsey, Director of Finance in June 2025 Committee COB to be drafted following Board cycle of business approval. All Committee COB’s are now drafted. It was agreed to keep this open in the action log and look at an Annual Shared Services Report
14	PF25.64.2	26.08.25	Matters Arising and Action Log RC and PW to meet and agree how to factor issues about the corporate centre into the workplan	Russell Caldicott/Pam Wenger	October 2025	Remain open PW and RC meeting on 17.10.25 update to be shared.

17	PF25.67.1	26.08.25	Integrated Performance Report Comments to be fed back to Ed Williams	Gareth Williams/Rhian Watcyn Jones/Russell Caldicott	October 2025	Remain open Gareth Williams and Rhian Watcyn Jones have met Ed Williams and work on a simpler summary report is ongoing.
20	PF25.68.2	26.08.25	Progress Against Planned Care Performance Targets Update to be requested on Endoscopy Business Case	Tehmeena Ajmal	October 2025	Remain open Awaiting update
22	PF25.69.2	26.08.25	Urgent and Emergency Care Programme Board Further information on role of the facilitators to be updated at next committee meeting.	Victoria Peach	October 2025	Remain open Paper received at board in September 2025.
Actions Proposed for Closure						
13	PF25.64.1	26.08.25	Matters Arising and Action Log PW to request with Dyfed Edwards that focus of committees is reviewed at next board session	Pam Wenger	October 2025	Action proposed for closure This was discussed at informal Board meeting in August
15	PF25.64.3	26.08.25	Matters Arising and Action Log Rebecca Nelson to be invited to the next meeting to update on Shared Service Partnership.	Gareth Williams	October 2025	Action proposed for closure 29.09.25 – added to agenda and Rebecca Nelson due to attend next committee meeting
16	PF25.65.1	26.08.25	Finance Report Clarity of MMR definition to be added to Finance Report.	Russell Caldicott	October 2025	Action proposed for closure Scheduled on agenda for October meeting
19	PF25.68.1	26.08.25	Progress Against Planned Care Performance Targets	Gareth Williams	October 2025	Action proposed for closure

			Paper on theatre optimisation to be added to the next committee meeting and Danielle Edwards be invited to attend.			29.09.25 – paper added to next agenda and Danielle Edwards invited to attend
21	PF25.69.1	26.08.25	Urgent and Emergency Care Programme Board Context regarding level 1 and level 2 fallers to be added to report	Victoria Peach	October 2025	Action proposed for closure
23	PF25.70.1	26.08.25	Legal Services Future Legal Services Report to contain detailed breakdown on personal injury and clinical negligence claims.	Matthew Joyes	October 2025	Action proposed for closure 13.10.25 Update – information to be included in future reports, with compliance to data protection and legal privilege requirements.
24	PF25.70.2	26.08.25	Legal Services Legal Services Update to be included as standard agenda item going forward.	Gareth Williams	October 2025	Action proposed for closure 25.09.25 – item added to agenda as standard during agenda setting
25	PF25.71.1	26.08.25	Audit Wales – BCUHB Tackling the Planned Care Challenges Clinical Executive to be updated on Audit Wales report	Russell Caldicott	October 2025	Action proposed for closure Report has been shared through the executive committee.
26	PF25.73.1	26.08.25	Corporate Governance Report Final version of Committee’s annual report to be circulated to the committee	Pam Wenger	October 2025	Action proposed for closure Final version tabled for Board approval in September 2025
27	PF25.74.1	26.08.25	Information Governance Report Report title to be amended to “Information Governance Plan”	Justine Parry	October 2025	Action proposed for closure 29.09.2025 – advised action completed

Closed Actions (as agreed at meeting on 26.08.25)

Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
1	PF25.55.1	25.06.25	Matters Arising and Action Log Carol Shillabeer to share the key barriers information	Carol Shillabeer	August 2025	Suggest close Circulated on 20 August 2025
2	PF25.55.2	25.06.25	Matters Arising and Action Log Share the value and sustainability work at the next Committee	Russell Caldicot	August 2025	Suggest close On agenda
3	PF25.55.3	25.06.25	Matters Arising and Action Log Have a substantive item on Legal Services at the next Committee	Pam Wenger	August 2025	Suggest close On agenda
4	PF25.61	25.06.25	Estates Strategy Receive further updates at future meetings.	Stuart Keene	February 2026	Suggest close Now captured on Cycle of business and will form part of routine reporting aligning to the Annual Plan
5	PF25.62	25.06.25	Corporate Services Financial Overview Further report on progress to the Committee with a refreshed position at the end of the calendar year	Russell Caldicot	August 2025	Suggest close Now captured on the Forward Work plan
6	PF25.63	25.06.25	Improved justification and documentation for changes to risk actions and scores to be included	Pam Wenger	October	Suggest close Any future changes to scores and dates to include rationale

						and provide level of assurance on report
7	PF25/135.4	23.12.24	<p>Integrated Performance Report</p> <p>To share with Members a Neuro Diversity Team briefing which should include an overview of the current system highlighting possible improvements.</p>	Carol Shillabeer	<p>February 2025</p> <p>Revised timescale April 2025</p>	<p>Suggest close</p> <p>25.02.25 It was noted during the meeting that Carol is meeting with the Neurodiversity Team during the afternoon of 25.02.25 and an update would be provided at the next meeting.</p> <p>Update provided to Board on 31 July 2025</p>



Teitl adroddiad:	2025-26 Month 6 (September) Finance Report																																																										
Report title:																																																											
Adrodd i:	Performance, Finance & Information Governance Committee																																																										
Report to:																																																											
Dyddiad y Cyfarfod:	Wednesday, 22 October 2025																																																										
Date of Meeting:																																																											
Crynodeb Gweithredol:	This report provides a briefing on the financial position of the Health Board as at the end of Month 6 (September 2025). In addition, the report includes an update on delivery of the approved Capital Programme and Savings delivery against target.																																																										
Executive Summary:	<p><u>Finance Report</u></p> <p>The Health Board is reporting a year-to-date deficit of £15.1m as at 30th September 2025, being predominantly driven by a £2.1m year to date shortfall in Employers National Insurance Contributions funding, c.£3.5m Out of Area Mental Health placements pressures, c.£4.7m pressures associated with Escalated Beds, £2.8m year to date shortfall for the English Tariff funding and £2.0m JCC.</p> <p>The in-month (September 2025) position is reporting a deficit of £1.4m, an improvement of £0.8m compared to the August in-month position. The below table summarises actual and forecast monthly variance for 2025/26, and highlights the need to deliver surpluses in future reporting periods to offset the current adverse financial year to date performance:</p> <table border="1" data-bbox="392 1384 1513 1579"> <thead> <tr> <th rowspan="3"></th> <th colspan="14">2025/26</th> </tr> <tr> <th colspan="6">Actual</th> <th colspan="6">Forecast</th> <th rowspan="2">Total Year to Date</th> <th rowspan="2">Forecast Outturn Position</th> </tr> <tr> <th>April</th> <th>May</th> <th>June</th> <th>July</th> <th>August</th> <th>Sept</th> <th>Oct</th> <th>Nov</th> <th>Dec</th> <th>Jan</th> <th>Feb</th> <th>Mar</th> <th>£m</th> <th>£m</th> </tr> </thead> <tbody> <tr> <td>Total Monthly Surplus/ (Deficit)</td> <td>(3.7)</td> <td>(2.4)</td> <td>(1.6)</td> <td>(3.6)</td> <td>(2.3)</td> <td>(1.4)</td> <td>(0.5)</td> <td>0.0</td> <td>3.0</td> <td>3.5</td> <td>4.5</td> <td>4.6</td> <td>(15.1)</td> <td>0.0</td> </tr> </tbody> </table> <p>The risk to not attaining plan is the loss of the £82m allocation as we move into 2026/27 and beyond, conditions on retention of these funds centring upon attainment of the 2025/26 break-even plan and key first duty of the Health Board.</p> <p>To tackle the year-to-date deficit, a series of financial recovery and expenditure reduction measures have been implemented, with all divisions instructed to identify a minimum 1% expenditure reduction. This directive has generated a range of risk-assessed initiatives. Those identified as low risk have been implemented immediately, with the remaining initiatives currently under a review.</p>		2025/26														Actual						Forecast						Total Year to Date	Forecast Outturn Position	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	Mar	£m	£m	Total Monthly Surplus/ (Deficit)	(3.7)	(2.4)	(1.6)	(3.6)	(2.3)	(1.4)	(0.5)	0.0	3.0	3.5	4.5	4.6	(15.1)	0.0
	2025/26																																																										
	Actual						Forecast						Total Year to Date	Forecast Outturn Position																																													
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Total Monthly Surplus/ (Deficit)	(3.7)	(2.4)	(1.6)	(3.6)	(2.3)	(1.4)	(0.5)	0.0	3.0	3.5	4.5	4.6	(15.1)	0.0																																													

	<p>In addition to these, further central directives aimed at achieving further reductions are being considered and the financial benefits are being quantified to enable a comprehensive risk-benefit assessment prior to implementation.</p> <p>The above are in addition to the Grip and Control actions implemented in 2024/25 that will continue throughout 2025/26.</p> <p><u>Risks</u></p> <p>Containment and reversal of cost overruns is now key, with the risk of attainment of the 2025/26 financial plan being assessed as circa £40.8m.</p> <p><u>Savings</u></p> <p>There has again been a significant step up in the Savings Plans reported as at the end of September (Month 6). The Health Board has identified £40m of savings (£34.5m Green saving schemes and Accountancy Gains of £5.5m) an increase of £6.8m from previous month. Recurring savings (those expected to continue into future accounting periods) total £23.1m with a full year effect of £30.5m, and £16.9m identified as non-recurring (one off) savings.</p> <p>Full year plan value of Red Schemes totals £1.5m and full year plan value of further pipeline opportunities totals £3.9m, the Health Board continues to seek to progress these to green schemes in order to mitigate current areas of overspend. The savings delivered in Month 6 totalled £6.8m, of which £2.6m is recurring against a target of £3.3m.</p> <p><u>Capital Programme</u></p> <p>The approved Capital Resource Limit (CRL) for 2025/26 is £55.3m (including £0.2m IFRS16 and £55.1m Capital). Year to Date expenditure is £11.8m. The forecast outturn reflects the anticipated amendment of £3.9m which is contingency for the Orthopaedic Hub.</p>		
<p>Argymhellion:</p> <p>Recommendations:</p>	<p>The Board is asked to:</p> <ul style="list-style-type: none"> • Receive, and scrutinise this report 		
<p>Arweinydd Gweithredol:</p> <p>Executive Lead:</p>	<p>Russell Caldicott, Interim Executive Director of Finance.</p>		
<p>Awdur yr Adroddiad:</p> <p>Report Author:</p>	<p>Michelle Jones, Head of Financial Reporting Daniel Eyre, Head of Capital Development</p>		
<p>Pwrpas yr adroddiad:</p> <p>Purpose of report:</p>	<p>I'w Nodi <i>For Noting</i></p> <p><input type="checkbox"/></p>	<p>I Benderfynu arno <i>For Decision</i></p> <p><input type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i></p> <p><input checked="" type="checkbox"/></p>

Lefel sicrwydd: Assurance level:	Arwyddocaol Significant <input checked="" type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol Acceptable <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol Partial <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd No Assurance <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	This paper aligns to the strategic goal of attaining financial balance and is linked to the well-being objective of targeting our resources to those with the greatest need as per the financial plan.			
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	The financial plan and reporting, capital projects and discretionary programme assist the Health Board in meeting its' statutory and mandatory requirements.			
Yn unol â WP7 (sydd bellach yn cynnwys WP68), a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 (which now incorporates WP68) has an EqIA been identified as necessary and undertaken ?</i>	<p>Naddo N</p> <p>Equality Impact (EqIA) and a socio-economic (SED) impact assessments not applicable.</p> <p>The health board continues to assess the requirement for carrying out Equality Impact Assessments and Social-Economic impact assessments on a capital project by project basis.</p>			
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i>	<p>BAF – Financial Stability</p> <p>From a capital perspective, the Health Board continues to experience occasions where tenders are exceeding budget estimates due to the volatility within the construction market and general inflationary pressures. The programme is monitored monthly to ensure that financial commitments align to available funding.</p>			
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	The Health Board is in receipt of £82m of non-recurrent funding from Welsh Government that requires attainment of the 2025/26 plan (a) delivery of financial balance £40m and (b) de-escalation from Special Measures £42m for these funds to be received recurrently (available for future financial years).			

	If the plan is not attained then the funding of £82m will be at risk of clawback from Welsh Government and this places risk on the sustainability of existing service models.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith Workforce implications as a result of implementing the recommendations	Not applicable
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori Feedback, response, and follow up summary following consultation	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) Links to BAF risks: (or links to the Corporate Risk Register)	Appendix A BAF risks BAF SP14 – Estates & Capital <i>(There is a risk of failing to deliver and provide a safe and compliant built environment, equipment and digital landscape due to limitations in capital funding, adversely impacting on the Health Board's ability to implement safe and sustainable services through an appropriate refresh programme, could result in avoidable harm to patients, staff, public, reputational damage and litigation.)</i> Link to Corporate Risk Register: CRR24-06 Suitability and Safety of Sites CRR24-05 Delivery of the 25/26 Financial Plan
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) Reason for submission of report to confidential board (where relevant)	Amherthnasol Not applicable
Camau Nesaf: Gweithredu argymhellion Next Steps: Implementation of recommendations	
Rhestr o Atodiadau: List of Appendices: A - 2025/26 Finance Report – September (Month 6)	



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Finance Report – Health Board September - Month 6 2025/26

Russell Caldicott
Executive Director of Finance



Executive Summary

Objective	<ul style="list-style-type: none"> To provide assurance on financial performance and delivery against Health Board financial plans and objectives; and give early warning on potential performance issues. To make recommendations for action to continuously improve the financial position of the organisation, focusing on specific issues where financial performance is showing deterioration or there are areas of concern. 	
Statutory Financial Duties	Revenue	<ul style="list-style-type: none"> In-month deficit of £1.4m, an improvement of £0.9m compared to August's in month position. Year to Date deficit of £15.1m, of which £2.1m is the year to date shortfall in Employers National Insurance Contributions (ENIC) funding, £3.5m Out of Area Mental Health placements pressures, £4.7m pressures associated with Escalated Beds, £2.8m year to date shortfall against the English Tariff funding and £2.0m JCC. Forecast position is to deliver a balanced position, which is in line with the financial plan for the year, noting the significant risks to delivery.
	Cash	<ul style="list-style-type: none"> Closing Cash Balance as at 30th September 2025 was £9.0m, including £2.6m for Revenue and £6.4m for Capital projects. The Health Board is currently forecasting a closing cash balance for 2025-26 of £5.9m made up of £3.0m revenue cash and £2.9m capital cash.
	Savings	<ul style="list-style-type: none"> The Health Board's financial plan has set a savings target of £40.0m to be delivered in 2025/26 profiled equally across the financial year. Full year forecast of Green Saving Schemes totals £40.0m (comprising of £33.0m Savings schemes, £0.5m Income Generation, £0.8m Cost Avoidance and Accountancy Gains of £5.5m). Of these, £23.1m are recurring savings, with a full year effect of £30.5m, and £16.9m non-recurring. Additional red schemes and opportunities of £5.3m are progressing. The Health Board continues to seek to deliver additional savings in year, so as to mitigate current overspends and also develop further initiatives to support future years savings targets (for 2026/27).
	Capital	<ul style="list-style-type: none"> Approved Capital Resource Limit (CRL) for 2025/26 is £55.3m.
	PSPP	<ul style="list-style-type: none"> Quarter 2 PSPP for paying non-NHS invoices by number was 96.9% (Welsh Government target 95.0%).
Key Messages	<ul style="list-style-type: none"> ➤ Month 6 position includes quantifiable risks of £40.8m to the attainment of a break-even outturn position, including £4.2m Employers National Insurance (ENIC) funding shortfall and potential £9.4m increased contribution to the Welsh Risk Pool share. (See further detail in Slide 13) ➤ Full year forecast of Green Schemes totals £40.0m, £6.8m increase from previous month. Conversion of the £1.5m Red and £3.9m pipeline opportunities to Green Schemes is key, with ask being to deliver further savings to support in year performance, and the savings ask that will be required for 2026/27. ➤ Additional actions are required by Divisions to reduce spend by a minimum 1% to reduce the ongoing cost overruns and recover the year to date cost overruns. These actions are in addition to the delivery of schemes required to meet savings targets. ➤ From August 2025 additional mitigations have been put in place with immediate effect to support both the financial position and Foundations of the Future programme. Senior Band 8b and above roles will be paused for recruitment pending implementation of the new structures. ➤ In addition, further central directives aimed at achieving further reductions are being considered and the financial benefits quantified to enable a comprehensive risk-benefit assessment prior to implementation. 	



Key Performance Indicators



Month 6 Position

In Month: £199.6m against plan of £198.1m

£1.4m adverse

Full Year: £1181.5m against plan of £1166.5m

£15.1m adverse



2025/26 Full Year Position

Forecast Balanced

(See Risks to delivering a forecast balanced position – Slide 13)

YTD Divisional Variance

West IFC	£12.1m adverse
Central HC	£14.7m adverse
East IFC	£19.4m adverse
Waters	£1.9m adverse
MF & LC	£10.5m adverse
Commissioning Contracts	£7.4m adverse
ICD Primary Care	£1.5m favourable
ICD Regional Services	£4.6m adverse
Support Functions	£1.8m adverse
Other Budgets	£55.8m favourable



Savings

In-month: £6.8m against target of £3.3m

£3.5m favourable



Full Year Savings Delivery

£40.0m against target of £40.0m

Target Achieved (Additional red schemes and opportunities of £5.4m are under review)



COVID-19 Impact

£5.2m YTD Cost

£13.0m COVID funding allocation from WG



Year to Date Income

£84.1m against budget of £81.5m

£2.6m favourable



Year to Date Pay

£593.9m against budget of £564.2m

£29.7m adverse



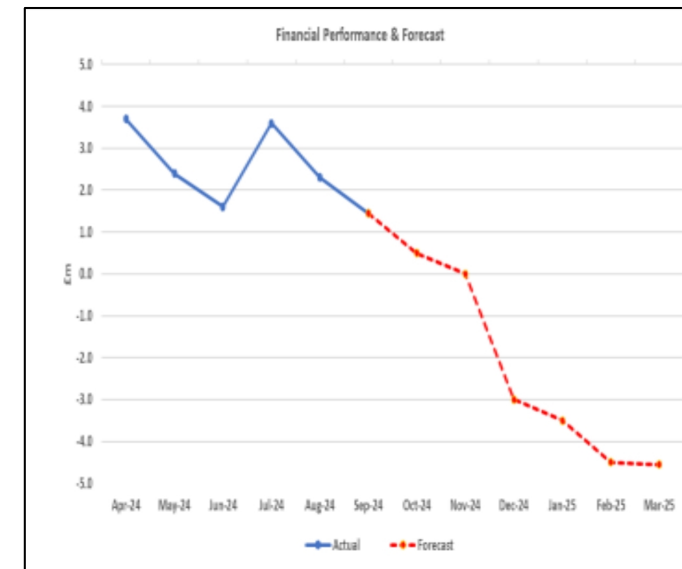
Year to Date Non-Pay

£671.7m against budget of £683.9m

£12.1m favourable

Revenue Position

	Actual												Forecast				2025/26 Cumulative against Plan				Full Year Forecast
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	Budget	Actual	Variance	Variance					
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	%					
Revenue Resource Limit	(186.5)	(189.5)	(189.9)	(194.9)	(207.5)	(198.1)	(194.2)	(192.0)	(196.1)	(195.9)	(194.3)	(194.5)	(1,166.5)	(1,166.5)	0.0	0.0%	(2,333.3)				
Miscellaneous Income	(13.4)	(13.6)	(13.9)	(13.9)	(14.7)	(14.6)	(13.9)	(13.9)	(14.0)	(14.2)	(14.0)	(14.7)	(81.5)	(84.1)	(2.6)	3.2%	(168.7)				
Health Board Pay Expenditure	94.9	96.4	96.0	96.1	110.6	99.9	97.9	97.8	97.9	98.2	98.1	94.7	564.2	593.9	29.7	5.3%	1,178.5				
Non-Pay Expenditure	108.8	109.2	109.4	116.2	113.8	114.3	110.7	108.1	109.1	108.3	105.7	109.9	683.9	671.7	(12.1)	-1.8%	1,323.5				
Total Deficit / (Surplus)	3.7	2.4	1.6	3.6	2.3	1.4	0.5	0.0	(3.0)	(3.5)	(4.5)	(4.6)	0.0	15.1	15.0		0.0				

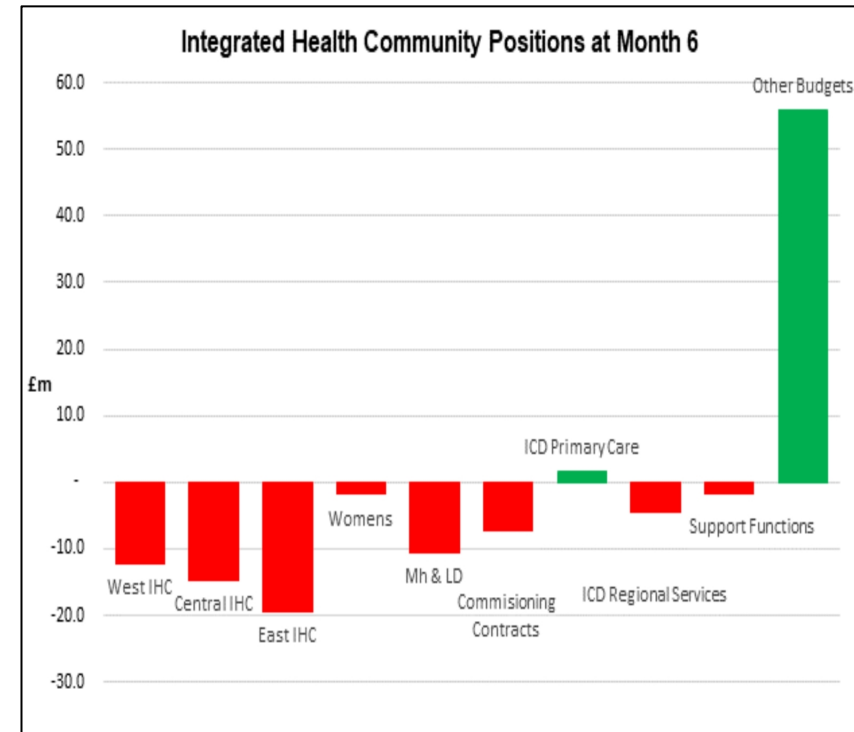


- The 2025/26 financial plan aligns with the strategic ambition of the Health Board in attaining the key financial duty to break-even. Achieving the control target in 2024/25 has resulted in the £74.6m conditionally recurrent funding received in 2023/24 and 2024/25 being allocated recurrently in 2025/26 and the receipt of the £82.0m Improvement and Transformation funding allocation non-recurrently for 2025/26, with conditions associated with retention of the funds for 2026/27 and beyond being:
 - £40.0m Deficit Support Funding – Recurrent and non-conditional following submission and delivery of a financially balanced IMTP by the Health Board.
 - £42.0m Performance & Transformation Funding – Recurrent on de-escalation from Special Measures and Welsh Government having greater oversight and direction in use against Special Measures and Ministerial priorities.
- The in-month position is reporting a deficit of £1.4m, an improvement of £0.9m from previous month and is £0.9m higher than the forecast deficit profiled for Month 6. Year to Date position is reporting a deficit of £15.1m, largely driven by £2.1m year to date shortfall in Employers National Insurance Contributions (ENIC) funding, £3.5m Out of Area Mental Health placements pressures, £4.7m pressures associated with Escalated Beds, £2.8m year to date shortfall against the English Tariff funding and £2.0m JCC.
- A series of financial recovery and expenditure reduction measures have been implemented, with all divisions instructed to identify a minimum 1% expenditure reduction. This directive has generated a range of risk-assessed initiatives. Those identified as low risk have been implemented immediately, with the remaining initiatives currently under review.
- In addition to these, further central directives aimed at achieving further reductions are being considered and the financial benefits are being quantified to enable a comprehensive risk-benefit assessment prior to implementation



Divisional Positions

	In Month				Cumulative				Forecast Year End Variance against the Plan £m
	Budget £m	Actual £m	Variance to Plan £m	Variance to Plan %	Budget £m	Actual £m	Variance to Plan £m	Variance to Plan %	
WG RESOURCE ALLOCATION	(198.1)	(198.1)	0.0	0%	(1,166.5)	(1,166.5)	0.0	0%	0.0
WEST INTEGRATED HEALTH COMMUNITY	0.0	0.0	0.0		0.7	0.7	0.0		0.0
Management	0.1	0.1	(0.0)		0.7	0.7	0.0		0.0
West Area	17.2	17.8	(0.6)		102.8	107.2	(4.5)		(9.0)
Ysbyty Gwynedd	11.6	12.8	(1.2)		68.6	75.7	(7.0)		(14.7)
Facilities	1.1	1.2	(0.1)		6.9	7.5	(0.6)		(1.2)
Total West	30.1	32.0	(1.9)	-6%	179.0	191.1	-12.1	-7%	(25.0)
CENTRAL INTEGRATED HEALTH COMMUNITY	0.2	0.1	0.0		0.7	0.8	(0.1)		(0.2)
Management	0.2	0.1	0.0		0.7	0.8	(0.1)		(0.2)
Central Area	22.9	23.1	(0.2)		136.7	139.9	(3.2)		(9.7)
Ysbyty Glan Clwyd	14.5	16.1	(1.7)		86.0	96.6	(10.6)		(21.9)
Facilities	1.3	1.5	(0.2)		8.0	8.9	(0.9)		(1.7)
Total Central	38.9	40.9	(2.0)	-5%	231.5	246.2	(14.7)	-6%	(33.4)
EAST INTEGRATED HEALTH COMMUNITY	0.1	0.1	0.0		0.6	0.6	0.0		0.1
Management	0.1	0.1	0.0		0.6	0.6	0.0		0.1
East Area	25.1	26.7	(1.7)		149.5	160.2	(10.7)		(20.6)
Ysbyty Wrexham Maelor	12.4	13.9	(1.5)		73.8	81.6	(7.8)		(15.4)
Facilities	1.2	1.3	(0.1)		7.3	8.2	(0.9)		(1.9)
Total East	38.8	42.0	(3.2)	-8%	231.3	250.6	(19.4)	-8%	(37.8)
Total Midwifery and Women's Services	4.3	4.7	(0.3)	-8%	25.6	27.4	(1.9)	-7%	(4.3)
Total Mental Health and LDS	15.1	17.0	(1.9)	-12%	91.2	101.7	(10.5)	-12%	(19.0)
Total Commissioning Contracts	27.0	27.8	(0.9)	-3%	155.9	163.3	(7.4)	-5%	(18.0)
INTEGRATED CLINICAL DELIVERY PRIMARY CARE	3.0	2.9	0.1		18.1	16.5	1.6		2.9
Dental North Wales	3.0	2.9	0.1		18.1	16.5	1.6		2.9
Community Dental Services	0.6	0.6	0.0		3.5	3.5	0.0		(0.1)
Other Primary Care	0.1	0.2	(0.1)		0.8	0.9	(0.1)		(0.5)
Total Integrated Clinical Delivery Primary care	3.7	3.6	0.1	3%	22.4	20.8	1.5	7%	2.3
INTEGRATED CLINICAL DELIVERY REGIONAL SERVICES	(1.9)	(2.1)	0.2		(11.5)	(12.5)	1.0		2.0
Provider Income	(1.9)	(2.1)	0.2		(11.5)	(12.5)	1.0		2.0
Diagnostic and Specialist Clinical Support	7.2	7.9	(0.7)		43.2	46.6	(3.4)		(7.8)
Cancer Services	6.1	6.9	(0.8)		36.3	38.5	(2.2)		(5.2)
Total Integrated Clinical Delivery	11.4	12.7	(1.3)	-12%	68.0	72.6	(4.6)	-7%	(10.9)
Total Service Support Functions	14.6	14.5	0.2	1%	86.5	88.3	(1.8)	-2%	(4.9)
Total Other Budgets	14.3	4.4	9.9	69%	75.3	19.4	55.8	74%	151.0
Total Health Board Position	0.0	(1.4)	(1.4)		0.0	(15.1)	(15.1)		0.0



- In-month position is reporting a deficit of £1.4m, an improvement of £0.9m from August in month position. The forecast is to deliver a balanced outcome, which is in line with the financial plan for the year.
- Variable pay costs have reduced in September by £1.0m from August driven by reductions across various categories. A breakdown of these costs are reported in slide 7.
- Further detail on Pay and Non-Pay spend is reported in Slide 6 and 11.



Expenditure – Pay & Non-Pay

Pay Costs	2025-26												Cumulative			Full Year Forecast £m
	Actual						Forecast						YTD Budget £m	YTD Actual £m	YTD Variance £m	
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12				
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	
Administrative & Clerical	13.2	13.3	13.3	13.3	15.2	13.8	14.1	14.1	14.1	14.2	14.2	13.7	84.8	82.0	2.8	170.2
Medical & Dental	22.3	22.7	22.2	23.0	26.7	23.7	21.8	21.8	21.8	21.9	21.9	21.1	126.4	140.7	(14.3)	262.8
Nursing & Midwifery Registered	28.8	29.1	29.2	28.9	33.6	30.1	30.2	30.2	30.3	30.4	30.3	29.3	170.2	179.7	(9.6)	364.2
Additional Clinical Services	14.2	14.7	14.6	14.4	16.2	14.8	15.0	15.0	15.0	15.0	15.0	14.5	81.3	89.0	(7.8)	180.3
Add Prof Scientific & Technical	3.9	3.9	3.9	4.0	4.8	4.1	3.8	3.8	3.8	3.8	3.8	3.7	26.0	24.6	1.4	46.1
Allied Health Professionals	6.4	6.3	6.4	6.4	7.5	6.8	6.5	6.5	6.5	6.5	6.5	6.3	38.2	39.8	(1.6)	78.1
Healthcare Scientists	1.7	1.7	1.7	1.7	2.0	1.8	1.6	1.6	1.6	1.6	1.6	1.6	10.7	10.8	(0.0)	19.5
Estates & Ancillary	4.3	4.4	4.5	4.3	4.7	4.5	4.7	4.7	4.7	4.7	4.7	4.5	26.1	26.7	(0.6)	56.3
Students	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.5	0.5	0.0	1.1
Health Board Total	94.9	96.3	96.0	96.1	110.7	99.9	97.9	97.8	97.9	98.2	98.1	94.7	564.2	593.9	(29.7)	1,178.5
Other Services (Incl. Primary Care)	3.1	3.1	3.1	3.0	3.3	3.4	3.2	3.2	3.2	3.2	3.2	3.2	17.3	19.1	(1.8)	38.3
Total Pay	98.0	99.4	99.1	99.2	114.0	103.3	101.1	101.0	101.1	101.4	101.2	97.9	581.5	613.0	(31.6)	1,216.8

Non-Pay Costs as per Monitoring Return Table	2025-26												Cumulative			Full Year Forecast £m
	Actual						Forecast						YTD Budget £m	YTD Actual £m	YTD Variance £m	
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12				
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	
Primary Care Contractor (excluding drugs, including non resource limited expenditure)	20.8	20.5	21.1	20.6	20.5	20.4	21.0	20.8	21.0	21.0	20.9	21.0	123.9	123.9	0.0	249.5
Primary Care - Drugs & Appliances	10.9	10.9	10.8	11.5	11.6	11.8	11.3	9.7	11.3	10.7	9.7	10.7	59.9	67.5	(7.6)	131.0
Provider Services - Non Pay (excluding drugs & depr	18.6	18.3	18.2	21.1	18.6	20.0	17.7	17.7	17.6	18.0	17.5	17.4	156.8	115.0	41.9	220.8
Secondary Care - Drugs	8.4	9.4	8.8	9.3	8.4	9.7	8.9	8.9	8.7	8.8	8.7	8.9	49.7	54.0	(4.3)	106.9
Healthcare Services Provided by Other NHS Bodies	32.2	31.9	31.1	33.5	34.4	32.9	31.3	31.2	31.0	31.0	31.0	31.0	186.9	196.0	(9.2)	382.6
Continuing Care and Funded Nursing Care	11.5	11.6	11.7	11.7	12.0	10.7	11.3	11.0	11.3	11.3	10.5	11.3	66.1	69.1	(3.1)	135.9
Other Private & Voluntary Sector	2.7	2.8	2.5	3.5	3.5	3.9	4.5	4.1	3.5	2.8	2.8	2.7	14.6	18.9	(4.3)	39.3
Joint Financing and Other	0.3	0.3	0.3	0.3	0.4	0.4	0.3	0.3	0.3	0.3	0.3	0.3	1.4	2.0	(0.7)	4.1
Losses, Special Payments and Irrecoverable Debts	0.2	0.4	0.2	0.6	0.3	0.4	0.3	0.3	0.3	0.3	0.3	0.3	1.5	2.2	(0.7)	4.2
Non-pay costs	105.7	106.1	104.7	112.1	109.8	110.3	106.7	104.1	105.0	104.3	101.7	103.8	660.7	648.6	12.1	1,274.2
AME/DEL Depreciation	3.2	3.2	4.7	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	6.1	23.1	23.1	0.0	49.3
Total non-pay	108.8	109.2	109.4	116.2	113.8	114.3	110.7	108.1	109.1	108.3	105.7	109.9	683.9	671.7	12.1	1,323.5

Health Board Pay:

- Month 6 (September) Provider Services Pay decreased by £10.7m (9.4%) from previous month.
- Overall variable pay costs have reduced in September.
- Further detail on Variable Pay is reported in Slide 7 and Agency in Slide 9.

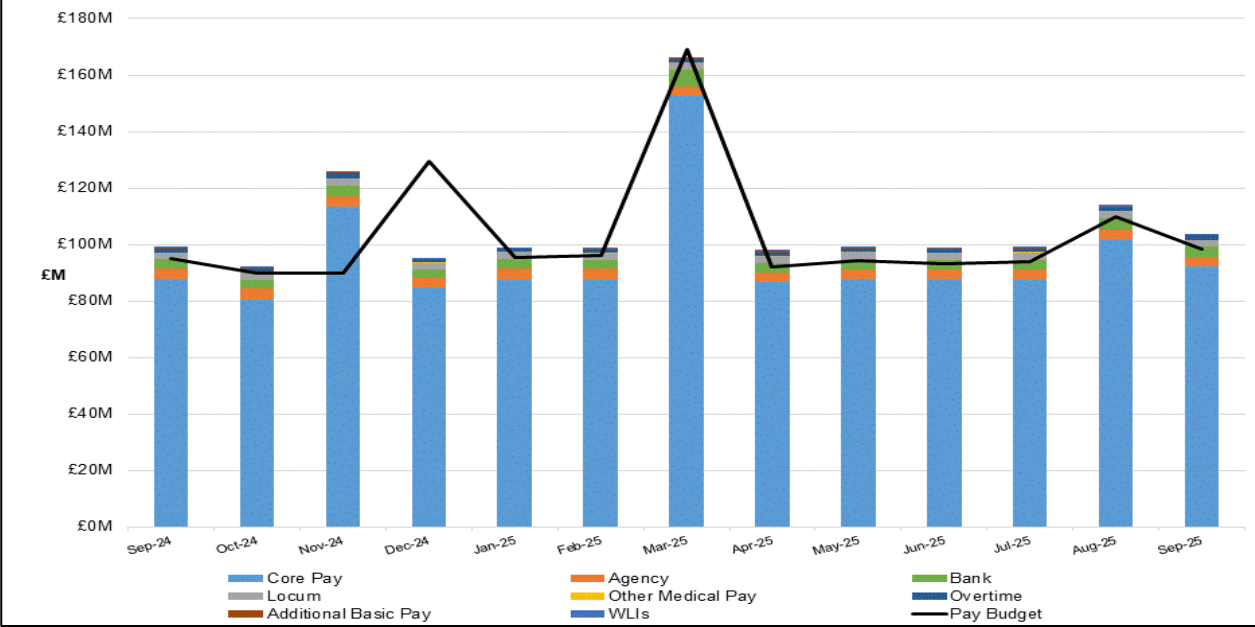
Non-Pay Expenditure (excluding Depreciation):

- Total Non-Pay expenditure (excluding AME/DEL Depreciation) increased by £0.5m from previous month.
- Further detail on Non-Pay expenditure movements is reported in Slide 11.

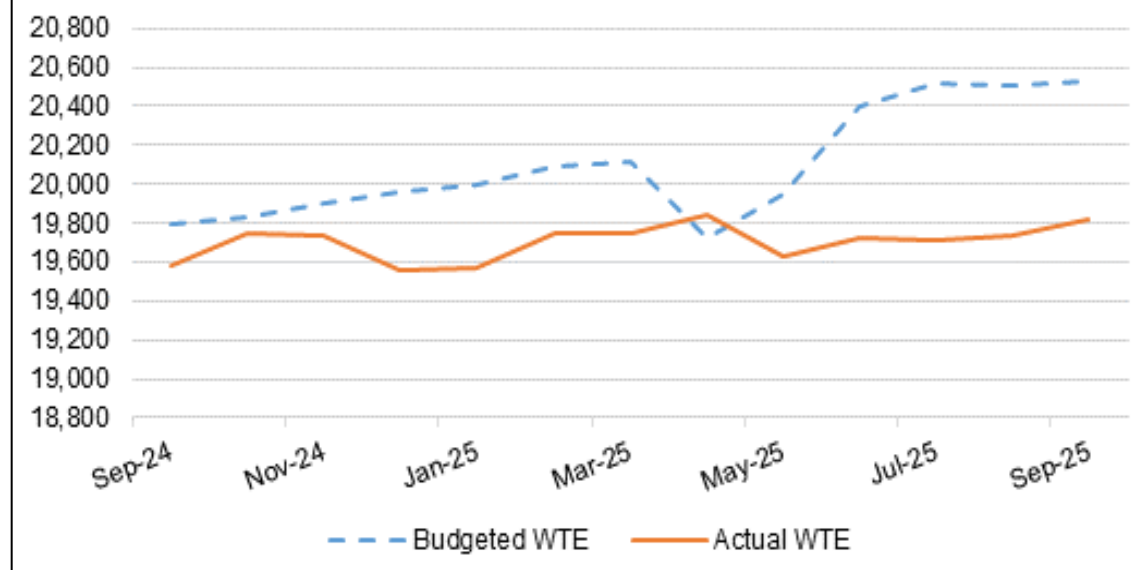


Expenditure – Pay

Pay Costs



Pay-WTE



2024-25 Variable Pay	Actual 2025-26						YTD £m
	M01 £m	M02 £m	M03 £m	M04 £m	M05 £m	M06 £m	
Agency	3.3	3.5	3.3	3.6	3.4	3.3	20.4
Overtime	1.1	1.1	1.2	1.2	1.2	1.2	7.1
Locum	2.6	2.7	2.4	2.8	2.6	2.4	15.6
WLI's	0.4	0.4	0.5	0.4	0.5	0.1	2.3
Bank	3.2	3.5	3.6	3.4	3.9	3.6	21.2
Other Non Core	0.1	0.0	0.1	0.1	0.1	0.0	0.4
Additional Hours	0.4	0.3	0.4	0.4	0.4	0.4	2.3
Total	11.2	11.7	11.3	11.8	12.1	11.1	69.2

Key movements in month:

- September budgeted WTE increased by 25 WTE from August. See Slide 8 for further detail.
- Variable Pay totals £11.1m for September, a reduction of £1.0m from previous month driven by reductions of £0.3m in Bank, £0.4m WLI's, £0.2m Locums, £0.1m Agency and £0.1m in Other Non-Medical.
- The Health Board continues to focus on reductions in agency in line with the Ministerial Enabling actions.



Pay - WTE

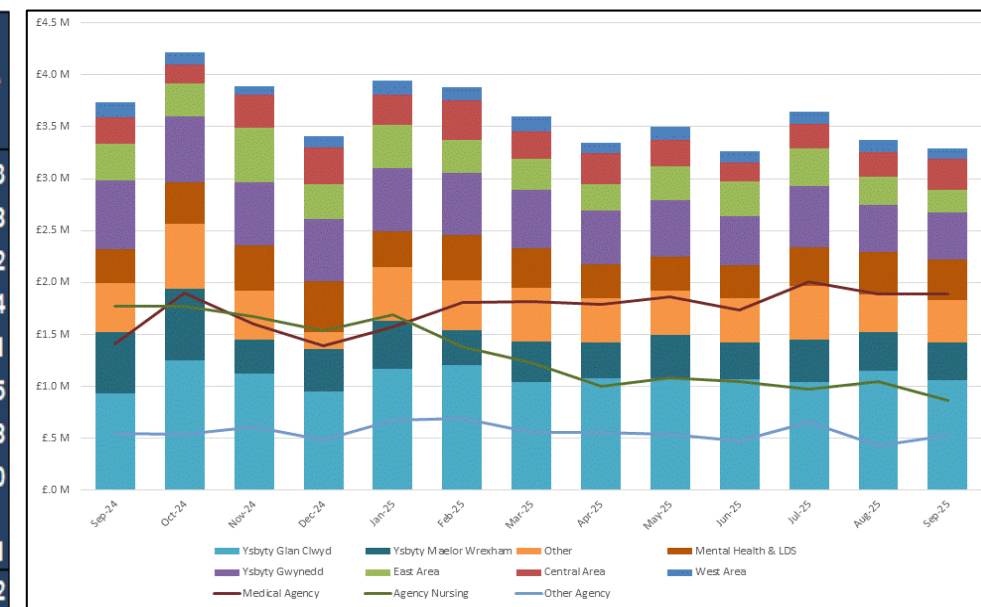
	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Movement M6 V M5
Budgeted WTE	20,086	20,122	19,719	19,941	20,400	20,522	20,502	20,527	25
Actual WTE	19,745	19,745	19,839	19,635	19,720	19,708	19,741	19,822	81

- Budgeted WTE increased by 25 WTE in September from previous month, with the below table providing further detail on Budgeted WTE movements :-
- Actual worked in September is 19,822, an increase of 81 WTE from August.

	25/26						In Month Movement	Explanation of movement from previous month
	M01 Apr WTE Budget	M02 May WTE Budget	M03 Jun WTE Budget	M04 Jul WTE Budget	M05 Aug WTE Budget	M06 Sep WTE Budget		
West IHC - Management	8	8	8	8	8	8	0	
West IHC - West Area	1,473	1,512	1,583	1,573	1,572	1,568	-4	7 wte Stroke Nursing transferred from West Area to YG (contra in YG) offset by Skill mix movements
West IHC - Ysbyty Gwynedd	1,721	1,722	1,812	1,815	1,814	1,829	15	7 wte Stroke Nursing transferred from West Area to YG (contra in West Area)
West IHC - Facilities	368	368	368	380	380	380	0	
Centre IHC - Management	7	7	7	7	7	7	0	
Centre IHC - Central Area	2,098	2,159	2,309	2,320	2,311	2,304	-7	-1 wte CRES reduction, -5 wte correction for Performance funded posts from base budgets, -1.79 wte transfer of IBD Nurse posts to East IHC and West IHC,
Centre IHC - Ysbyty Glan Clwyd	2,174	2,176	2,237	2,235	2,231	2,239	8	
Centre IHC - Facilities	408	408	408	422	422	422	0	
East IHC - Management	10	10	10	10	10	10	0	
East IHC - East Area	2,439	2,466	2,464	2,467	2,468	2,466	-2	
East IHC - Ysbyty Wrexham Maelor	1,868	1,874	1,835	1,892	1,893	1,896	3	
East IHC - Facilities	356	356	365	365	365	365	0	
Midwifery & Womens Services	687	693	694	694	694	694	0	
Mental Health & LDS	2,286	2,287	2,325	2,318	2,319	2,320	1	
COVID Programmes	149	150	151	0	0	0	0	
Dental GDS	14	14	14	14	14	14	0	
Dental CDS	167	167	167	168	169	169	1	
Other Primary Care	15	15	15	15	15	15	1	
Diagnostics & Specialist Clinical Support	982	1,008	1,010	1,014	1,016	1,020	5	1 wte temporary specialty doctor for 12 months and Healthcare scientists - HEIW funded
Cancer Services	416	416	423	423	425	424	-1	
Corporate	1,958	2,009	2,079	2,265	2,250	2,255	5	
Med ED/R&D	115	116	116	117	119	122	3	
Health Board Total	19,719	19,941	20,400	20,522	20,502	20,527	25	

Pay Costs – Agency

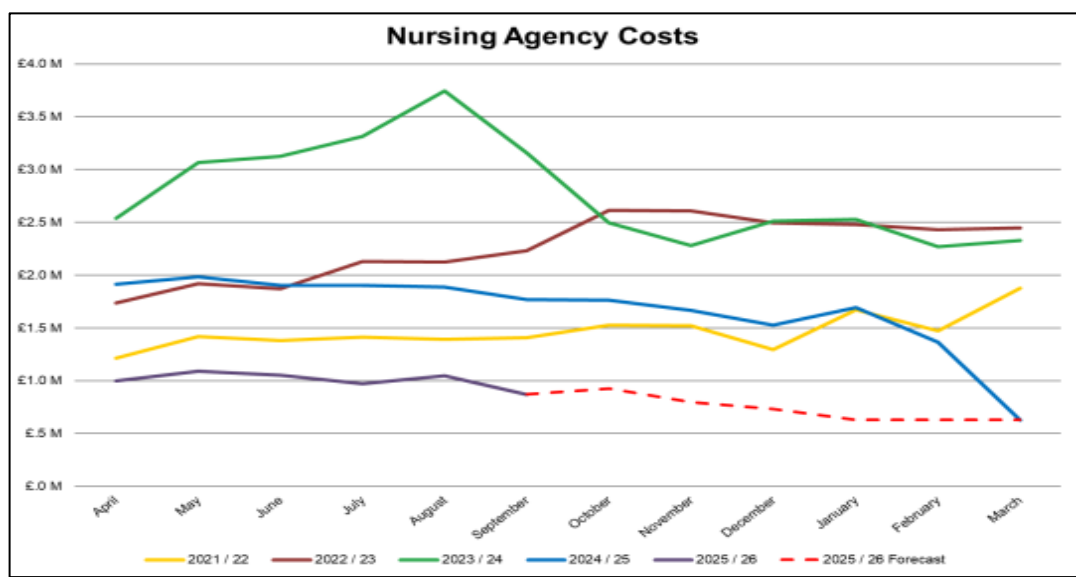
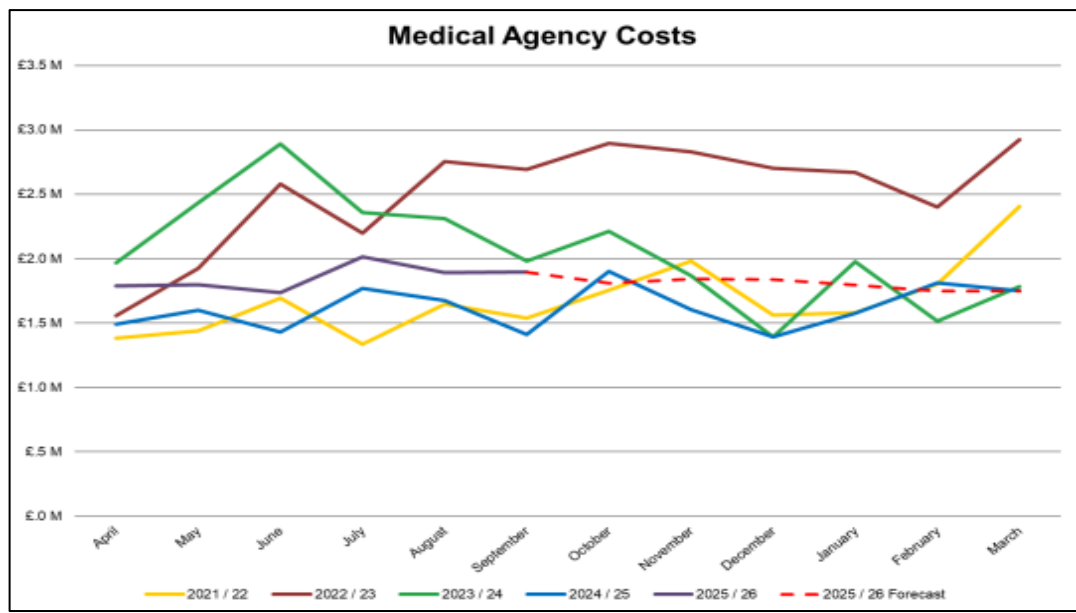
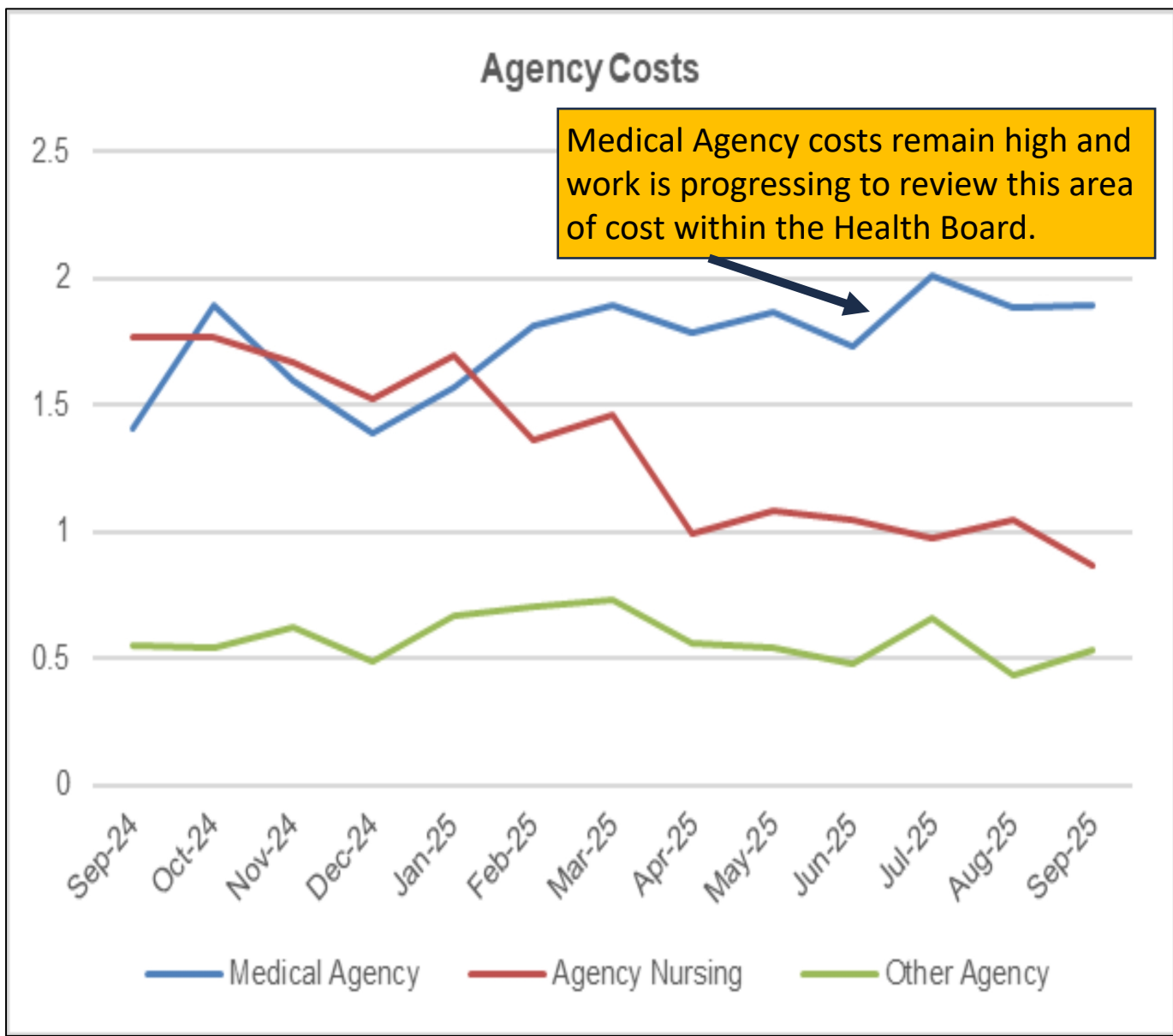
	2025-26 Agency Spend £m												Full Year Expenditure £m
	Actual Apr-25	Actual May-25	Actual Jun-25	Actual Jul-25	Actual Aug-25	Actual Sep-25	Forecast Oct-25	Forecast Nov-25	Forecast Dec-25	Forecast Jan-26	Forecast Feb-26	Forecast Mar-26	
West Area	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	1.3
Central Area	0.3	0.3	0.2	0.2	0.2	0.3	0.3	0.2	0.2	0.2	0.2	0.2	2.8
East Area	0.3	0.3	0.3	0.4	0.3	0.2	0.2	0.2	0.2	0.2	0.2	0.2	3.2
Ysbyty Gwynedd	0.5	0.5	0.5	0.6	0.5	0.5	0.4	0.4	0.4	0.4	0.4	0.4	5.4
Ysbyty Glan Clwyd	1.1	1.1	1.1	1.0	1.2	1.1	1.1	1.1	1.1	1.1	1.1	1.1	13.1
Ysbyty Maelor Wrexham	0.3	0.4	0.4	0.4	0.4	0.4	0.3	0.2	0.2	0.2	0.2	0.2	3.5
Mental Health & LDS	0.3	0.3	0.3	0.4	0.4	0.4	0.3	0.3	0.3	0.2	0.2	0.2	3.8
Womens	0.1	0.2	0.2	0.2	0.2	0.1	0.2	0.2	0.2	0.2	0.2	0.2	2.0
Other incl pan BCU Cancer Services and Corporate	0.3	0.3	0.2	0.3	0.2	0.3	0.2	0.3	0.3	0.3	0.3	0.3	3.1
Total Agency	3.3	3.5	3.3	3.6	3.4	3.3	3.2	3.1	3.0	2.9	2.8	2.8	38.2



- Agency expenditure for September (Month 6) is £3.3m representing 3.2% of total pay, a reduction of £0.1m compared to previous months spend. Monthly average spend in 2024/25 was £3.9m. 2025/26 Agency annual forecast outturn is £38.2m, a £1.8m decrease compared to the £40.4m annual forecast outturn reported at Month 5.
- Month 6 Medical Agency expenditure is £1.9m, the same as previous month spend. The monthly average medical agency expenditure for 2024/25 was £1.6m. In-month Medical Agency spend is predominantly within Ysbyty Glan Clwyd (£0.7m), Ysbyty Gwynedd (£0.3m), Women's (£0.1m), Mental Health (£0.3m) and Ysbyty Maelor Wrexham (£0.1m), covering Medical vacancies and sickness.
- Nurse agency costs totalled £0.9m for the month, a reduction of £0.1m from previous month. Month 6 Nurse Agency spend is £0.9m lower than the 2024/25 monthly average costs of £1.7m. The use of agency nurses is predominantly within Ysbyty Glan Clwyd (£0.3m), Ysbyty Maelor Wrexham (£0.2m), Ysbyty Gwynedd (£0.1m), Mental Health (£0.1m), and East Area (£0.1m). Agency Nurses have been used to staff escalated beds and cover ward vacancies to ensure the Nurse Staffing Act ward staffing levels are maintained. Other agency costs totalled £0.5m in Month 6, an increase of £0.1m from previous month spend. Other Agency costs mainly consist of Allied Health Professionals (£0.4m), Admin and Clerical (£0.1m) and Add Prof Scientific and Technical (£0.1m).
- Work is ongoing to deliver the Cabinet Secretary workforce enabling action where the expectation is for non-clinical agency costs to reduce to Nil.

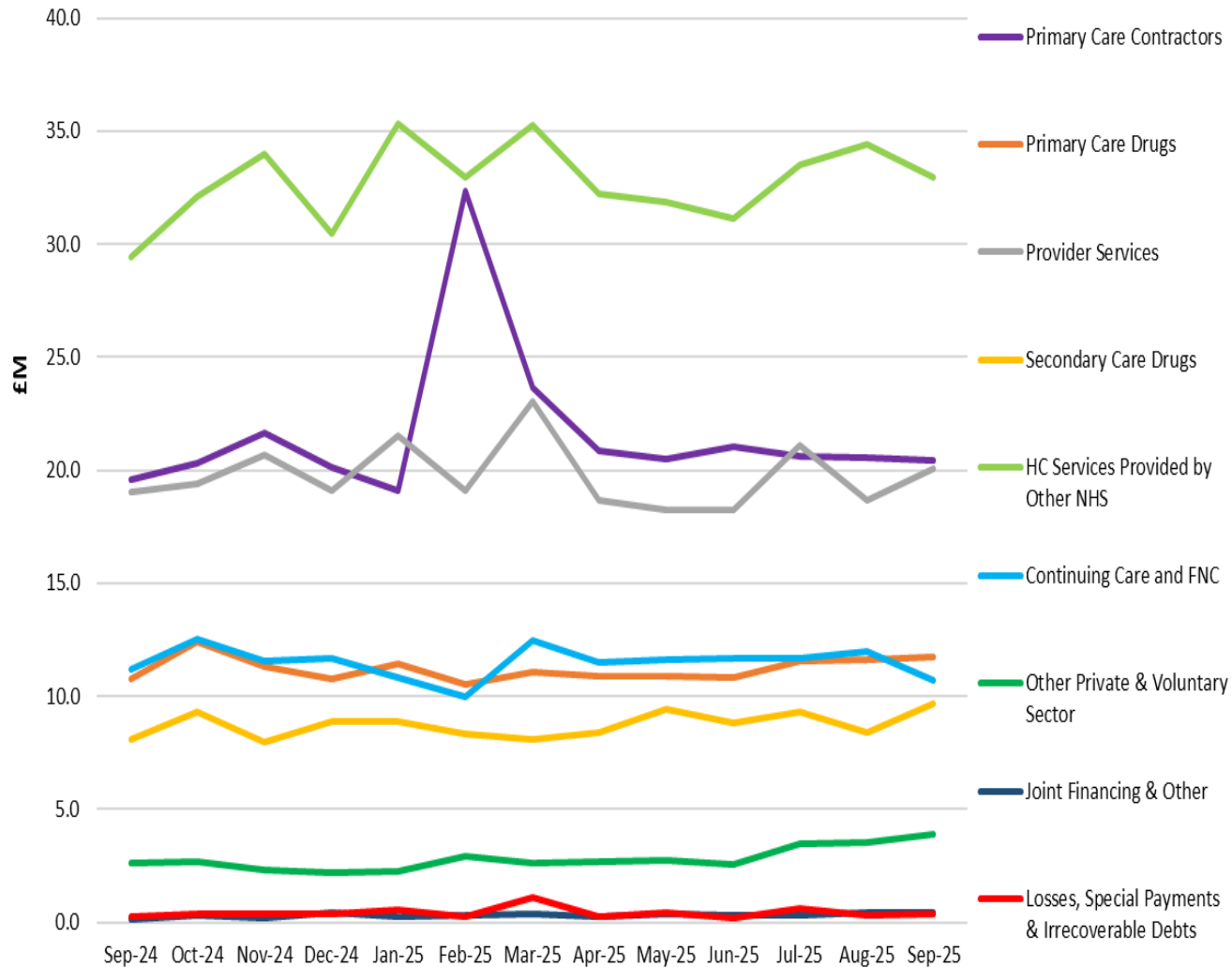


Pay Costs – Agency



Expenditure - Non Pay

Non Pay Expenditure (Excluding Capital Costs)



- Primary Care Contractor:** September expenditure is £0.1m (0.7%) less than previous month mainly due to an Accountancy Gain reported in month.
- Primary Care Drugs:** Expenditure is £0.1m (1.2%) higher than previous month.
- Provider Services Non-Pay:** Expenditure increased by £1.4m (7.0%), of which £0.9m is increase in Clinical Services & Supplies due to increased activity (Blood Plasma products, M&SE, patient appliances, implants and pacemakers), £0.2m increase in General Services & Supplies Non Pay, and a £0.3m increase in Premises & Fixed Plan expenditure.
- Secondary Care Drugs:** Expenditure increased by £1.3m (12.9%) from previous month, of which £0.7m increase is reported within Cancer Services due to both the timing of Homecare charges and catch up of aseptic drugs costs, with the remaining increase reported across both Secondary Care and Area Teams specialties. Cancer Services Drugs expenditure is particularly volatile due to changing protocols and case mix start dates.
- Healthcare Services provided by Other NHS Bodies:** Expenditure is £1.5m (4.5%) less than previous month, of which £0.4m is due to previous months drugs and activity in Manchester that were challenged as not being BCU patients and £0.7m reduction relates to the impact of backdated Vertex spend included within previous month's position. The remaining in-month reduction relates to Liverpool Women's neonates adjustment and reduction in CAMHS Out of Area placements.
- Continuing Health Care (CHC) and Funded Nursing Care (FNC):** Expenditure is £1.2m (11.5%) less than previous month, of which £0.8m is an accountancy gain reported in Month 6.



Allocations

Description	£m
Allocations Received	2,265.5
Total Allocations Received	2,265.5

Description	£m
Allocations anticipated	
DEL Non Cash Depreciation	5.1
AME Non Cash Depreciation	3.7
Removal of Donated Assets / Government Grant Receipts	-0.8
Removal of IFRS-16 Leases (Revenue)	-4.4
IM&T Refresh Programme	2.5
Six Goals	2.7
Real Living Wage funding	4.2
RTT Waiting Times	4.9
Planned Care additional funding 2025-26 Phase 3 Outpatient support costs	0.6
All Ages Mental Health Digital Solution 25/26	2.2
WRP top slice for 25/26 as per IMTP	-7.0
Cataract funding 2025/26	6.3
RIF Integration and Rebalancing Capital Fund (IRCF)	0.5
Planned Care additional funding 2025-26 Phase 4 Diagnostics	3.6
RIF Neurodevelopment Waiting Times 2025-26	2.8
Pay Award 25/26	37.8
TGS Cohort income	2.0
Other	1.0
Total Allocations Anticipated	67.8

	£m
Total Allocations Received	2,265.5
Total Allocations Anticipated	67.8
Total Welsh Government Income	2,333.3

- The Health Board is funded in the main from the Welsh Government allocation via the Revenue Resource Limit (RRL). Total Revenue Resource Limit (RRL) for the year is 2,333.3m.
- Confirmed allocations to date are £2,265.5m. This includes £13.0m allocation for COVID-19, with £1.1m of COVID income profiled into September.
- Further anticipated allocations in year total £67.8m as detailed in the table.



Risks and Opportunities (not included in position)

- The below are risks and opportunities to the Health Board's financial position for 2025/26. Where it is clear of specific costs for both risks and opportunities, these are incorporated into the forecast position.

	Risks	£m	Level
1	Mitigation of Inflationary Cost Impact – Costs over funded levels	5.0	Medium
2	Mitigation of cost – Additional bed capacity & drug costs	6.0	Medium
3	Employers National Insurance Contribution exceeding the funding allocation from Welsh Government	4.2	High
5	Joint Commissioning Committee Performance - risk of JCC not managing the position	0.5	High
6	Dental Ring Fenced Allocation underspend potential clawback	2.5	Medium
7	Additional 25/26 Welsh Risk Share Agreement (value above IMPT)	9.4	High
8	Workforce realignment	9.4	Medium
9	Risk of inability to recover cost overruns	3.8	Medium
	Total Quantifiable Risks	40.8	

	Opportunities / Mitigations for the identified risks	£m	Level
1	Opportunity to retain any slippage on ringfenced funding (No planned slippage to date)	TBC	Low
	Total Opportunities	0.0	



Balance Sheet

- The closing cash balance as at 30th September 2025 was £9.0m, which included £2.6m cash held for revenue expenditure and £6.4m for capital projects.
- The Health Board is currently forecasting a closing cash balance for 2025-26 of £5.9m made up of £3.0m revenue cash and £2.9m capital cash.

	Opening Balance Beginning of Apr-25 £'m	Closing Balance End of Sep-25 £'m	Forecast Closing Balance End of Mar-26 £'m
Non-Current Assets			
Property, plant and equipment	0.7	0.7	0.8
Intangible assets	0.0	0.0	0.0
Trade and other receivables	0.1	0.1	0.1
Non-Current Assets sub total	0.9	0.9	0.9
Current Assets			
Inventories	0.0	0.0	0.0
Trade and other receivables	0.1	0.2	0.2
Other financial assets	0.0	0.0	0.0
Cash and cash equivalents	0.0	0.0	0.0
Non-current assets classified as held for sale	0.0	0.0	0.0
Current Assets sub total	0.2	0.2	0.2
TOTAL ASSETS	1.0	1.1	1.1
Current Liabilities			
Trade and other payables	0.2	0.2	0.2
Borrowings (Trust Only)	0.0	0.0	0.0
Other financial liabilities	0.0	0.0	0.0
Provisions	0.1	0.1	0.1
Current Liabilities sub total	0.3	0.4	0.3
NET ASSETS LESS CURRENT LIABILITIES	0.7	0.7	0.8
Non-Current Liabilities			
Trade and other payables	0.0	0.0	0.0
Borrowings (Trust Only)	0.0	0.0	0.0
Other financial liabilities	0.0	0.0	0.0
Provisions	0.1	0.1	0.1
Non-Current Liabilities sub total	0.1	0.2	0.2
TOTAL ASSETS EMPLOYED	0.6	0.6	0.6
FINANCED BY:			
Taxpayers' Equity			
General Fund	0.4	0.3	0.4
Revaluation Reserve	0.2	0.2	0.2
PDC (Trust only)	0.0	0.0	0.0
Retained earnings (Trust Only)	0.0	0.0	0.0
Other reserve	0.0	0.0	0.0
Total Taxpayers' Equity	0.6	0.6	0.6



Capital

- The approved Capital Resource Limit (CRL) for 2025/26 is £55.3m (which includes £0.2m IFRS16 and £55.1m Capital). Year to Date expenditure is £11.8m. The forecast outturn reflects the anticipated amendment of £3.9m which is contingency for the Orthopaedic Hub.

BUDGET 2025/26					
1) Capital Resource Limit 2025/26	£m	Brief Overview / Update			
WG Discretionary Capital	14.2	The purpose of this dashboard is to brief the committee on the delivery of the approved capital programme to enable appropriate monitoring and scrutiny. The report provides an update, by exception, on the status and progress of the major capital projects and the agreed capital programmes. The report also provides a summary on the progress of expenditure against the capital resources allocated to the Heath Board by the Welsh Government through the Capital Resource Limit (CRL).			
All Wales Scheme	40.9				
Total CRL	55.1				
CAPITAL PROGRAMME 2025/26	Initial Programme (£m)	Year to Date (£m)	Forecast Outturn (£m)	Current Over/Under Commitment (£m)	Comments
Divisions	3.4	1.2	2.9	0.4	Programmed planned works progressing supported by tenders/purchase orders.
Operational Estates	1.7	0.1	1.7	-	Programmed planned works progressing supported by tenders/purchase orders.
Medical Devices	3.5	0.3	3.5	-	Programmed planned works progressing supported by tenders/purchase orders.
Informatics	3.0	0.1	3.0	-	Programmed planned works progressing supported by tenders/purchase orders.
Mental Health	1.0	0.1	1.0		Programmed planned works progressing supported by tenders/purchase orders.
All wales funding brokerage to be re-provided from discretionary	1.5	0.0	1.5	-	Brokerage managed within the programme.
WG Discretionary Capital	14.2	1.8	13.8	0.4	Under Commitment



Capital

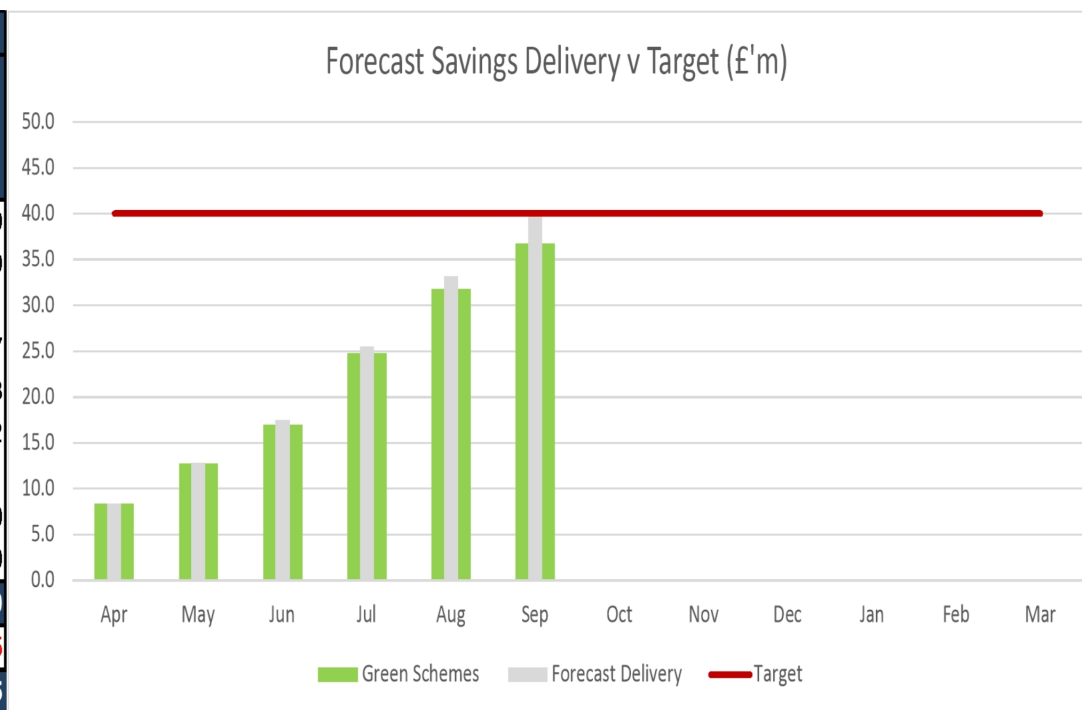
MAJOR CAPITAL SCHEMES (with in year spend)	Programme (£m)	Year to Date (£m)	Forecast Outturn (£m)	Current Over/Under Commitment (£m)	Comments
Regional Orthopaedic Hub, Llandudno Hospital	11.7	8.8	15.9	- 4.1	The project is progressing with completion forecasted by the end of the calendar year. The forecast outturn includes the contingency risk pot currently in section 4 in the CRL, profiled to be spent in year.
Year End Funding – October 2024	0.5	0.1	0.5	-	Funding includes Digital Radiology Rooms and Endoscopy. All projects will complete in year.
Electrical Infrastructure upgrade - Ysbyty Glan Clwyd	2.9	0.0	2.9	-	The project is programmed over the next 2 years. The contractor is due to start in August, with a completion date in 27/28.
TEF - Fire	2.4	0.0	2.4	-	The TEF funding is across a number of projects. Business cases have been approved with allocations. All works will progress to achieve the CRL by year end.
TEF - Infrastructure	3.1	0.3	3.1	-	The TEF funding is across a number of projects. Business cases have been approved with allocations. All works will progress to achieve the CRL by year end.
TEF - Decarbonisation	0.2	0.0	0.2	-	The TEF funding is across a number of projects. Business cases have been approved with allocations. All works will progress to achieve the CRL by year end.
TEF - Mental Health	2.0	0.5	2.0	-	The TEF funding is across a number of projects. Business cases have been approved with allocations. All works will progress to achieve the CRL by year end.
TEF - Infection Prevention Control	0.8	0.0	0.8	-	The TEF funding is across a number of projects. Business cases have been approved with allocations. All works will progress to achieve the CRL by year end.
TEF - Decontamination	0.8	0.0	0.8	-	The TEF funding is across a number of projects. Business cases have been approved with allocations. All works will progress to achieve the CRL by year end.
IRCF - Conwy & Llandudno Junction Health & Social Care Centre	-0.2	0.0	0.0	- 0.2	It has been confirmed that the project will be deferred to 27/28 as part of the IRCF prioritisation. As a result the Health Board has returned all this year and prior year funding as agreed with Welsh Government.
IRCF - Cledfryn, Denbigh Health and Wellbeing Hub – acquisition costs and related fees	0.3	0.1	0.3	0.0	The current CRL reflects the design costs which is profiled to spent in year.
DPIF - All Ages Mental Health Digital Solution	0.6	0.0	0.6	-	The hardware will be procured in 2025/26.
Nuclear Medicine Consolidation at YGC	0.7	0.2	0.7	-	The current CRL reflects the fees to progress to FBC which is profiled to be spent in year.
Replacement Diagnostic and Treatment Equipment	9.8	0.0	9.8	-	The project is for two Linear Accelerators and a Spect CT, all of which are profiled to be delivered in this financial year.
Non-Radiology Ultrasound Replacement	0.3	0.0	0.3	-	These medical devices will be procured in year.
Replacement Diagnostic and Treatment Equipment - Phase 2	4.4	0.0	4.4	-	The purchase of the equipment has already been instigated. The programme for enabling works to support the equipment will be realised in full within this financial year.
DPIF - RISP	0.2	0.0	0.2	-	The Health Board went live 5th September 2025. Payment will be due once stable operation has been reached, which is reflected in the cashflow.
DPIF - Medicines and Prescribing: Electronic Prescribing and Medicines Administration (ePMA)	0.4	0.0	0.4	-	This project is over a two year period with initiation in 24/25. It is forecasted that the project will complete in this financial year and the CRL will be spent in full.
DPIF - Digital Maternity Cymru	0.1	0.0	0.1	-	The project is currently in situ with the funding to be spent by the end of the financial year.
All Wales Capital	40.9	10.0	45.2	-4.3	Over commitment
Total Capital Funding Available	55.1	11.8	59.0	-3.9	



Savings Performance against Target

- The Health Board's financial plan has set a target of £40.0m to be delivered in 2025/26, profiled on an equal twelfth's basis.
- Savings identification, reporting and monitoring has been developed through a Value and Sustainability thematic model, with work progressing well to identify opportunities. A large number of these opportunities have been converted to deliverable savings, with Red and Pipeline schemes which still need further work to convert to Green schemes totalling £5.3m.
- The full year forecast value of Green Schemes is £40.0m (comprising of £33.0m Savings, £0.5m Income Generation, £0.8m Cost Avoidance and £5.5m Accountancy Gains). A forecast increase of £6.8m from month 5. Of these, £23.1m have been identified as recurring, with a full year effect of £30.5m, and £16.9m are non-recurring savings.
- In-month delivery includes Savings of £4.0m, £0.1m Income Generation/Cost Avoidance and £2.6m of Accountancy Gains, against a £3.3m Target
- The combined year to date delivery is £22.5m, of which £9.9m is recurring, against a target of £20.0m.

Service Performance against Target	Annual				Year to Date		
	Target £m	Forecast Delivery £m	Delivery v Target (+ve = adverse) £m	FYE £m	Target £m	Delivery £m	Delivery v Target (+ve = adverse) £m
West Integrated Health Community	7.9	6.7	1.2	7.3	3.9	3.0	0.9
Central Integrated Health Community	10.0	7.9	2.1	6.6	5.0	4.1	0.9
East Integrated Health Community	10.0	8.0	2.0	7.3	5.0	3.8	1.1
MHLD	3.9	4.7	-0.8	6.3	1.9	2.6	-0.7
Womens Services	1.2	0.5	0.7	0.3	0.6	0.3	0.3
Diagnostic and Specialist Clinical Support	1.8	1.7	0.1	0.4	0.9	0.7	0.2
Cancer Services	1.5	1.6	-0.1	2.0	0.8	0.6	0.1
Community Dental Services	0.1	0.0	0.1	0.0	0.1	0.0	0.0
Corporate & Support Services	3.6	3.3	0.3	0.2	1.8	1.8	0.0
Saving Total	40.0	34.5	5.5	30.5	20.0	17.0	3.0
Accountancy Gains		5.5	-5.5			5.5	-5.5
Total		40.0	0.0	30.5	20.0	22.5	-2.5



Savings Performance by Category

Savings - V&S Performance against Target (£'m)	Target £m	Forecast Delivery									Delivery v Target (+ve = adverse) £m
		V&S Board Categories									
		Workforce £m	Medicines Management £m	Procurement & Non-pay £m	CHC £m	Pathway £m	Other - Commissioning £m	Other - Primary Care £m	Income £m	Total £m	
Service / Area											
West Integrated Health Community	7.9	3.2	1.8	0.7	0.9	0.0	0.0	0.1	0.1	6.7	1.2
Central Integrated Health Community	10.0	2.1	2.8	0.5	1.9	0.0	0.5	0.1	0.1	7.9	2.1
East Integrated Health Community	10.0	3.5	2.4	1.3	0.7	0.0	0.0	0.0	0.0	8.0	2.0
MHLD	3.9	0.6		0.0	3.2		0.8			4.7	-0.8
Womens Services	1.2	0.4		0.1					0.0	0.5	0.7
Diagnostic and Specialist Clinical Support	1.8	0.2		1.2			0.0		0.3	1.7	0.1
Cancer Services	1.5	0.1	1.5	0.0						1.6	-0.1
Community Dental Sevices	0.1	0.0		0.0						0.0	0.1
Corporate & Support Services	3.6	0.9	0.0	2.4	0.0	0.0	0.0	0.0	0.0	3.3	0.3
Total Cash Releasing Savings	40.0	11.0	8.5	6.4	6.7	0.0	1.3	0.2	0.5	34.5	5.5
Accountancy Gains		0.6	1.5	1.6	1.1		0.4	0.4		5.5	-5.5
Total		11.6	10.0	8.0	7.8	0.0	1.7	0.6	0.5	40.0	0.0

Recurring Performance against Target	Annual			Year to Date		
	Target £m	Forecast Delivery £m	Delivery v Target (+ve = adverse) £m	Target £m	Delivery £m	Delivery v Target (+ve = adverse) £m
Recurring	40.0	23.1	16.9	20.0	9.9	10.1
Non Recurring	0.0	16.9	-16.9		12.6	-12.6
Total	40.0	40.0	0.0	20.0	22.5	-2.5



Savings Variance

Service	Scheme / Opportunity Title	Recurrent / Non Recurrent	Full Year			Year to Date		
			Plan	Forecast	Variance Forecast vs Plan	Plan	Achieved	Variance Achieved vs Plan
Cancer	Biosimilar switching	R	36,024	10,915	-25,109	18,012	3,002	-15,010
Cancer	Biosimilar, switching from low cost effective to highly cost effective Part 2	R	19,842	19,842	0	6,253	2,794	-3,460
Cancer	Close of PO's AG	NR	47	47	0	47	47	0
Cancer	Enhanced Recruitment Controls Savings	NR	102,277	100,321	-1,956	96,724	64,457	-32,267
Cancer	National agreed contracts for secondary care drugs	R	45,408	46,488	1,080	22,704	28,194	5,490
Cancer	Outsourcing savings (homecare)	R	125,004	243,167	118,163	62,502	118,131	55,629
Cancer	Price decrease, National agreed contracts for secondary care drugs Part 2	R	87,216	51,854	-35,362	32,326	12,093	-20,233
Cancer	Release of Old Year Accrual Net Gains	NR	154,485	154,485	0	154,485	154,485	0
Cancer	Switch from brand to generic medicine, hospital contract	R	1,242,456	1,108,106	-134,350	467,034	387,480	-79,554
Corporate	Close of PO's AG	NR	183,607	183,607	0	183,607	183,607	0
Corporate	Enhanced Recruitment Control Savings	NR	210,781	210,781	0	210,781	210,781	0
Corporate	Finance department training post vacancies 25-26 (N/R)	NR	48,159	48,159	0	35,723	35,723	0
Corporate	Non-renewal-Compellent Network Storage-YG	R	17,263	17,263	0	8,631	8,631	0
Corporate	Oracle Consortia Recharge	NR	72,874	72,874	0	72,874	72,874	0
Corporate	Reversal of Linea accruals from 23/24	NR	133,400	133,400	0	133,400	133,400	0
Corporate	Review of senior staff establishment	R	55,033	55,033	0	27,517	27,517	0
Corporate	Salary Sacrifice - Purchase of additional annual leave	NR	124,750	124,750	0	62,375	62,375	0
Corporate	Senior posts Grade change	R	51,625	51,625	0	25,813	25,813	0
Corporate	Senior posts review/vacancies 25/26 (N/R)	NR	181,906	181,906	0	90,953	90,953	0
Corporate	VAT Recovery - Heading 14 PSBA	NR	500,000	500,000	0	500,000	500,000	0
DSCS	Clinisy Contract	R	31,850	31,850	0	4,550	4,550	0
DSCS	Close of PO's AG	NR	121,251	121,251	0	121,251	121,251	0
DSCS	DSCS - Digital Project Non Rec Savings - Non Pay	NR	576,190	576,190	0	94,992	94,992	0
DSCS	DSCS - Digital Project Non Rec Savings - Pay	NR	125,633	125,633	0	62,819	62,819	0
DSCS	EBME syringe pumps	NR	96,432	96,432	0	96,432	96,432	0
DSCS	Enhanced Recruitment Controls Savings	NR	48,408	77,537	29,129	30,384	41,720	11,336
DSCS	Mortuary Portacabins	R	25,328	25,328	0	12,664	12,664	0
DSCS	MSC KPI NR	NR	262,872	262,872	0	190,266	190,266	0
DSCS	Roche ABS Full Year Impact -Efficiencies	R	151,584	151,584	0	75,792	75,792	0
DSCS	Scanassure Contract Price	R	36,330	36,330	0	18,164	18,164	0
DSCS	SGRT camera maintenance	NR	19,028	19,028	0	19,028	19,028	0
DSCS	Stem Cell Service	R	29,590	29,590	0	14,806	14,806	0
DSCS	Sunquest and Contract Management - Contract Maintenance agreements	NR	51,578	51,578	0	51,578	51,578	0
DSCS	Sunquest and Contract Management - Managed service contracts	NR	119,954	119,954	0	119,954	119,954	0
Estates	Additional salary capitalisation: Capital Planning	NR	50,000	50,000	0	25,000	25,000	0
Estates	Additional salary capitalisation: Operational Estates	NR	50,000	50,000	0	25,000	25,000	0
Estates	Close of PO's AG	NR	1,148	1,148	0	1,148	1,148	0
Estates	Enhanced Recruitment Control Savings	NR	15,203	15,203	0	15,203	15,203	0
Estates	Salary Sacrifice - Purchase of additional annual leave	NR	49,801	49,801	0	24,901	24,901	0
Estates	Senior posts review/vacancies 25/26 (N/R)	NR	50,982	50,982	0	23,697	23,697	0
MH&LDS	Close of PO's AG	NR	5,300	5,300	0	5,300	5,300	0
MH&LDS	Complex Care Advisor	NR	320,000	320,000	0	236,757	236,757	0
MH&LDS	Continuing Health Care (CHC) AG	NR	235,863	235,863	0	235,863	235,863	0
MH&LDS	Enhanced Recruitment Control Savings	NR	89,221	89,221	0	89,221	89,221	0
MH&LDS	Reduction in nursing and HCSW Agency spend	R	198,448	198,448	-0	94,119	107,917	13,798
MH&LDS	Reduction in Out of Area Beds	R	1,605,771	802,675	-803,096	447,952	96,235	-351,717
MH&LDS	Reduction in Unfunded Posts within MHL D	R	226,356	226,356	0	113,178	113,178	0
MH&LDS	Right Care Programme	R	2,000,000	2,891,583	891,583	1,000,000	1,891,583	891,583
MH&LDS	Salary Sacrifice - Purchase of additional annual leave	NR	129,451	129,451	0	64,726	64,726	0
Midw & Womens	Ad-hoc Compensation Income	NR	12,450	12,450	0	12,450	12,450	0



Savings Variance

Service	Scheme / Opportunity Title	Recurrent / Non Recurrent	Full Year			Year to Date		
			Plan	Forecast	Variance Forecast vs Plan	Plan	Achieved	Variance Achieved vs Plan
Midw & Womens	Close of PO's AG	NR	988	988	0	988	988	0
Midw & Womens	Junior Dr Band Supplement	R	37,049	41,601	4,552	6,798	11,350	4,552
Midw & Womens	Local Vacancy Freeze	NR	105,802	105,802	0	17,399	17,399	0
Midw & Womens	Medical Bank Run Rate Reduction	R	5,764	5,764	0	0	0	0
Midw & Womens	Medical Core Pay Run Rate Reduction	R	72,066	72,066	0	19,307	19,307	0
Midw & Womens	Medical Vacant Sessions (NR)	NR	69,252	84,300	15,048	57,395	72,443	15,048
Midw & Womens	Non Pay Expenditure Grip & Control	R	100,000	130,207	30,207	50,000	90,310	40,310
Midw & Womens	Salary Sacrifice - Purchase of additional annual leave	NR	1,838	1,838	0	919	919	0
Midw & Womens	YGC O&G Medical Agency Run Rate Reduction	NR	74,743	66,764	-7,979	50,419	42,440	-7,979
Midw & Womens	YGC O&G Medical Bank Run Rate Reduction	NR	10,413	8,220	-2,193	5,260	3,067	-2,193
Primary Care	Close of PO's AG	NR	13,218	13,218	0	13,218	13,218	0
Primary Care	Corporate (pan-North Wales) - CHC Covid Provision	NR	0	0	0	0	0	0
Primary Care	Corporate (pan-North Wales) - CHC Covid Provision (category correction)	NR	120,326	120,326	0	120,326	120,326	0
Primary Care	Corporate (pan-North Wales) - FNC Supreme Court	NR	0	0	0	0	0	0
Primary Care	Corporate (pan-North Wales) - FNC Supreme Court (category correction)	NR	128,847	128,847	0	128,847	128,847	0
Primary Care	Enhanced Recruitment Control Savings	NR	34,496	34,496	0	34,496	34,496	0
Primary Care	GDS Accountancy Gains	NR	323,435	323,435	0	323,435	323,435	0
Centre IHC	Acute Agency Accountancy Gain	NR	45,015	45,015	0	45,015	45,015	0
Centre IHC	Acute SC WLIs	NR	200,992	200,992	0	200,992	200,992	0
Centre IHC	Agency Booked Hours	NR	54,741	54,741	0	54,741	54,741	0
Centre IHC	Biosimilar, switching from low cost effective to highly cost effective Part 2	R	341,047	271,415	-69,632	113,510	64,829	-48,681
Centre IHC	Blood glucose and ketone testing strips switch	R	35,000	39,649	4,649	8,750	30,499	21,749
Centre IHC	Brands to generic Value & Sustainability basket	R	30,000	29,998	-2	15,000	10,750	-4,250
Centre IHC	CAMHS Regional budgets	NR	75,216	75,216	0	75,216	75,216	0
Centre IHC	CAMHS Tier 4 budgets	NR	47,460	47,460	0	47,460	47,460	0
Centre IHC	Cancellation of Nurse Agency Escalation Roster	R	353,666	353,666	0	88,416	88,416	0
Centre IHC	Canteen Income	R	40,000	40,000	0	20,000	20,000	0
Centre IHC	Cease contract to the British Red Cross	R	16,348	16,350	2	6,539	6,540	1
Centre IHC	Centre IHC - Continuing Health Care Schemes	R	1,760,000	1,760,000	0	880,004	756,004	-124,000
Centre IHC	Close of PO's AG	NR	29,075	29,075	0	29,075	29,075	0
Centre IHC	Closure of 4 X GP Beds - Holywell Community Hospital	NR	19,092	19,092	0	9,546	9,546	0
Centre IHC	Complex Care Advisor	NR	160,000	160,000	0	118,378	118,378	0
Centre IHC	Continuing Health Care (CHC) AG	NR	201,641	201,641	0	201,641	201,641	0
Centre IHC	Dapagliflozin Loss of Exclusivity - Central	R	272,420	551,950	279,530	38,917	24,952	-13,965
Centre IHC	Decision support software	R	349,992	886,927	536,935	174,996	402,643	227,647
Centre IHC	DOAC switch - edoxaban to rivaroxaban or apixaban	R	120,000	60,583	-59,417	6,000	60,583	54,583
Centre IHC	Dressings and Appliances	R	19,992	148,564	128,572	9,996	37,141	27,145
Centre IHC	Enhanced Recruitment Control Savings	NR	78,708	78,708	0	78,708	78,708	0
Centre IHC	GMS Accountancy Gains	NR	316,948	316,948	0	316,948	316,948	0
Centre IHC	Holding of Telehealth Investment	NR	35,000	35,000	0	17,498	17,498	0
Centre IHC	ILD Service Non Recurrent Slippage 2025	NR	130,307	130,307	0	88,118	88,118	0
Centre IHC	LAC Income over-achievement - 2024-25	NR	24,000	24,000	0	24,000	24,000	0
Centre IHC	LAC Income over-achievement - 2025-26	NR	200,000	200,000	0	100,000	50,000	-50,000
Centre IHC	Low value Prescribing Value & Sustainability basket	R	2,400	2,396	-4	1,200	860	-340
Centre IHC	Medicines optimisation work	R	450,000	284,662	-165,338	225,000	179,482	-45,518
Centre IHC	Non Recurrent Vacancy YGC	NR	82,680	82,680	0	41,340	41,340	0
Centre IHC	Novorapid to Trurapi insulin switch	R	7,000	1,726	-5,274	2,800	1,726	-1,074
Centre IHC	Outsourcing savings (homecare)	R	107,004	70,570	-36,434	53,502	55,937	2,435
Centre IHC	P&MM Accountancy Gains	NR	0	0	0	0	0	0
Centre IHC	P&MM Accountancy Gains (MMR category correction)	NR	228,802	228,802	0	228,802	228,802	0



Savings Variance

Service	Scheme / Opportunity Title	Recurrent / Non Recurrent	Full Year			Year to Date		
			Plan	Forecast	Variance Forecast vs Plan	Plan	Achieved	Variance Achieved vs Plan
Centre IHC	Pausing recruitment to posts	NR	847,371	847,371	0	765,336	765,336	0
Centre IHC	Penrallt Rental Fee	NR	78,125	78,125	0	78,125	78,125	0
Centre IHC	Price decrease, National agreed contracts for secondary care drugs	R	40,068	15,784	-24,284	20,034	15,784	-4,250
Centre IHC	Price decrease, National agreed contracts for secondary care drugs Part 2	R	10,203	17,949	7,746	3,814	3,735	-79
Centre IHC	Primary Care Optometry Accountancy Gains	NR	119,624	119,624	0	119,624	119,624	0
Centre IHC	Reduction of IV to Oral - Paracetamol & Co-Trimoxazole	R	20,137	20,137	0	2,877	2,877	0
Centre IHC	Repatriate drug spend back to external contract	R	300,000	300,000	0	150,000	167,656	17,656
Centre IHC	Residential Accommodation Central Rent Increase	R	11,296	11,296	0	2,824	2,824	0
Centre IHC	Review of intensity payments to all consultants in SACC	R	58,854	58,854	0	0	0	0
Centre IHC	Review of long term vacant posts.	NR	376,000	376,000	0	376,000	376,000	0
Centre IHC	Salary Sacrifice - Purchase of additional AL - Central Area	NR	111,617	111,617	0	51,471	51,471	0
Centre IHC	Salary Sacrifice - Purchase of additional AL - YGC	NR	20,684	20,684	0	9,832	9,832	0
Centre IHC	Switch from brand to generic medicine, hospital contract (cardiology)	R	4,062	5,269	1,207	0	2,217	2,217
Centre IHC	Switch from brand to generic medicine, hospital contract (HIV)	R	14,064	4,332	-9,732	7,032	4,332	-2,700
Centre IHC	Switching from parent compound to biosimilar	R	57,027	57,027	0	0	4,772	4,772
Centre IHC	Temporary Vacancies	NR	93,233	93,233	0	46,619	46,619	0
Centre IHC	Temporary Vacancies Clinical admin	NR	16,492	16,492	0	16,492	16,492	0
Centre IHC	Temporary Vacancies Clinical other Commissioning	NR	66,506	66,506	0	41,566	41,566	0
Centre IHC	Temporary Vacancies Community Services	NR	15,180	15,180	0	7,592	7,592	0
Centre IHC	Temporary Vacancies Non clinical admin	NR	111,917	111,917	0	63,778	63,778	0
East IHC	Agency Reduction - Community Services	R	580,000	620,000	40,000	190,000	287,000	97,000
East IHC	AHP Agency Reduction - Therapies	NR	71,500	71,500	0	10,214	10,214	0
East IHC	Biosimilar, switching from low cost effective to highly cost effective Part 2	R	114,126	132,062	17,936	28,256	40,436	12,180
East IHC	Blood glucose and ketone testing strips switch	R	30,000	31,530	1,530	12,000	26,892	14,892
East IHC	Changes in RSV vaccines from Palivizumab to Nirsevimab	R	20,000	20,000	0	2,857	2,857	0
East IHC	Close of PO's AG	NR	297,436	297,436	0	297,436	297,436	0
East IHC	Complex Care Advisor	NR	200,000	200,000	0	147,973	147,973	0
East IHC	Continuing Health Care (CHC) AG	NR	214,826	214,826	0	214,826	214,826	0
East IHC	Dapagliflozin Loss of Exclusivity - East	R	357,847	768,516	410,669	51,121	34,741	-16,380
East IHC	Decision support software	R	350,000	386,105	36,105	174,998	211,103	36,105
East IHC	Dietetic feeds reviews	R	30,000	20,001	-9,999	9,999	0	-9,999
East IHC	Discontinuation of ANTT packs in ITU	R	5,000	5,000	0	2,000	2,000	0
East IHC	Discontinuation of Theatre Cataract packs in Ophthalmology	R	12,740	12,740	0	5,096	5,096	0
East IHC	DOAC switch - edoxaban to rivaroxaban or apixaban	R	225,000	230,076	5,076	75,000	80,076	5,076
East IHC	Dressings and Appliances	R	50,000	38,402	-11,598	24,998	13,400	-11,598
East IHC	East IHC - CHC Cost Containment Schemes	R	531,000	514,276	-16,724	264,000	284,497	20,497
East IHC	Enhanced Recruitment Control Savings	NR	111,180	111,180	0	111,180	111,180	0
East IHC	GMS Accountancy Gains	NR	123,379	123,379	0	123,379	123,379	0
East IHC	Health Community East Management - Vacancy Slippage	R	28,000	28,000	0	14,000	14,000	0
East IHC	Health Community East Management - Vacancy Slippage	NR	100,000	100,000	0	39,502	39,502	0
East IHC	Increased income - Dining room - Catering WMH	R	7,440	7,440	0	2,000	2,000	0
East IHC	Medical Gases - AG	NR	45,000	45,000	0	45,000	45,000	0
East IHC	Medicines optimisation work	R	540,000	540,000	0	270,000	274,364	4,364
East IHC	Non Pay reviews surgical wards and OPD areas	NR	18,950	18,950	0	18,950	18,950	0
East IHC	Non-recurrent Penley Hospital Temporary Closure	NR	270,000	270,000	0	139,940	139,940	0
East IHC	Nurse Agency Reduction	R	516,000	948,499	432,499	258,000	510,499	252,499
East IHC	Optimising treatment choice in patient pathway	R	5,700	1,425	-4,275	2,850	1,425	-1,425
East IHC	Outsourcing savings (homecare)	R	109,992	57,292	-52,700	54,996	47,278	-7,718
East IHC	P&MM Accountancy Gains	NR	0	0	0	0	0	0
East IHC	P&MM Accountancy Gains (MMR category correction)	NR	322,149	322,149	0	322,149	322,149	0



Savings Variance

Service	Scheme / Opportunity Title	Recurrent / Non Recurrent	Full Year			Year to Date		
			Plan	Forecast	Variance Forecast vs Plan	Plan	Achieved	Variance Achieved vs Plan
East IHC	Price decrease, National agreed contracts for secondary care drugs	R	30,744	10,760	-19,984	15,372	7,686	-7,686
East IHC	Price decrease, National agreed contracts for secondary care drugs Part 2	R	27,430	27,085	-345	10,972	10,322	-650
East IHC	Price decrease, National agreed contracts for secondary care drugs Part 3	R	53,593	52,766	-827	8,557	3,155	-5,402
East IHC	Primary Care Optometry Accountancy Gains	NR	163,776	163,776	0	163,776	163,776	0
East IHC	Primary Care Scheme - Decommissioning of UPCC GP sessions	R	295,000	295,000	0	79,000	79,000	0
East IHC	Purchase of equipment through charity bid - Fluobeam	R	31,296	31,296	0	15,648	15,648	0
East IHC	Purchase of equipment through charity bid - YAG Laser	R	100,656	100,656	0	50,328	50,328	0
East IHC	Red Cross ED Wellbeing & Safe Home	R	125,127	125,127	0	50,051	50,051	0
East IHC	Reduced costs within catering Services East	R	77,661	77,661	0	14,309	14,309	0
East IHC	Reduced costs within Correspondence Hub	R	4,063	4,063	0	1,625	1,625	0
East IHC	Reduced costs within Correspondence Hub	NR	9,350	9,350	0	3,740	3,740	0
East IHC	Reduced costs within Domestic Services East	R	23,403	23,403	0	9,054	9,054	0
East IHC	Reduced staff contracted hours resulting in reduced pay costs	R	30,688	30,688	0	12,256	12,256	0
East IHC	Reduced staff contracted hours resulting in reduced pay costs	NR	32,160	32,160	0	12,864	12,864	0
East IHC	Reduction in medical gases costs	R	100,000	115,629	15,629	50,000	65,629	15,629
East IHC	Reduction in pay costs in Facilities East	NR	234,322	375,523	141,201	217,116	270,523	53,407
East IHC	Reduction in Recruitment Costs	R	200,000	200,000	0	140,000	140,000	0
East IHC	Reduction in Recruitment Costs	NR	200,000	200,000	0	200,000	200,000	0
East IHC	Reduction in spend on Admin & Clerical Agency	R	15,000	15,000	0	7,500	7,500	0
East IHC	Reduction in spend on Nursing Agency - Surgery	R	120,000	328,411	208,411	60,000	160,411	100,411
East IHC	Release of Nursing Agency Accrual to 6 months only	NR	25,340	25,340	0	25,340	25,340	0
East IHC	Release of Overseas Recruitment Accrual	NR	103,924	103,924	0	103,924	103,924	0
East IHC	Rent increase in Residential accommodation East	R	12,539	12,539	0	3,135	3,135	0
East IHC	Review of A&C vacant posts.	NR	48,126	48,126	0	44,030	44,030	0
East IHC	Review of long term vacant posts - Emergency Care Salary Sacrifice - Purchase of additional AL - East Area	NR	115,599	115,599	0	55,731	55,731	0
East IHC	Salary Sacrifice - Purchase of additional AL - YWM	NR	16,584	15,882	-702	6,635	5,933	-702
East IHC	Settling of ITU Grievance session payment to Intensivists	R	111,700	111,700	0	55,850	55,850	0
East IHC	Switch from brand to generic medicine, hospital contract (cardiology & renal)	R	5,730	1,600	-4,130	1,200	600	-600
East IHC	Switch from brand to generic medicine, hospital contract (HIV)	R	7,200	4,968	-2,232	3,600	1,968	-1,632
East IHC	Switching from parent compound to biosimilar Biosimilar, switching from low cost effective to highly cost effective Part 2	R	108,000	108,000	0	0	0	0
West IHC	Blood glucose and ketone testing strips switch	R	34,549	30,174	-4,375	11,411	8,584	-2,827
West IHC	Brands to generic Value & Sustainability basket	R	35,000	36,425	1,425	8,750	27,935	19,185
West IHC	British Red Cross (BRC) - ED Wellbeing and Home Safe Service	R	19,992	20,000	8	9,996	4,998	-4,998
West IHC	Childrens Continuing Care Package Review	R	89,892	111,987	22,096	40,733	46,503	5,770
West IHC	Childrens Continuing Care Package Review	R	80,000	80,000	0	40,002	40,002	0
West IHC	Childrens Continuing Care Package Review	NR	142,701	142,701	0	70,002	70,002	0
West IHC	Close of PO's AG	NR	18,445	18,445	0	18,445	18,445	0
West IHC	Complex Care Advisor	NR	120,000	120,000	0	88,783	88,783	0
West IHC	Continence Products	R	25,000	25,000	0	12,500	0	-12,500
West IHC	Continuing Health Care (CHC) AG	NR	173,656	173,656	0	173,656	173,656	0
West IHC	Dapagliflozin Loss of Exclusivity - West	R	178,898	343,639	164,741	25,557	15,534	-10,023
West IHC	Decision support software	R	210,000	673,343	463,343	105,000	316,280	211,280
West IHC	Digital Efficiency and Cost Reduction: Transition from PhysioTools to Rehab My Patient	NR	5,214	5,214	0	546	546	0
West IHC	DOAC switch - edoxaban to rivaroxaban or apixaban	R	120,000	32,235	-87,765	6,000	20,420	14,420
West IHC	Dressings and Appliances	R	19,992	29,637	9,645	9,996	7,409	-2,587
West IHC	Enhanced Recruitment Control Savings	NR	31,957	31,957	0	31,957	31,957	0
West IHC	Enteral Feed - consumables	R	20,000	20,000	0	10,000	10,000	0
West IHC	Enteral Feed - consumables	NR	10,000	10,000	0	5,000	5,000	0
West IHC	Facilities West: Rent Increase - Residential Accommodation	R	12,656	34,716	22,060	3,164	14,358	11,194



Savings Variance

Service	Scheme / Opportunity Title	Recurrent / Non Recurrent	Full Year			Year to Date		
			Plan	Forecast	Variance Forecast vs Plan	Plan	Achieved	Variance Achieved vs Plan
West IHC	Facilities West: In house provision of Catering Laundry at Ysbyty Gwynedd	R	17,867	9,419	-8,448	4,467	1,901	-2,566
West IHC	Facilities West: Night Service Cessation - Cessation of Catering night service - PAY	R	36,020	36,020	0	11,479	11,479	0
West IHC	Facilities West: Retail outlet within main reception of Ysbyty Gwynedd.	R	59,500	44,592	-14,908	21,000	14,796	-6,204
West IHC	Facilities: Annual saving of postage using Neopost	R	9,289	9,289	0	0	0	0
West IHC	GMS Accountancy Gains	NR	385,502	385,502	0	385,502	385,502	0
West IHC	Implement Workforce Plan for Health Board Managed Practices	R	52,900	52,900	0	0	0	0
West IHC	Improved Management of Rota to include the implementation of Medi Rota	R	18,125	18,125	0	0	0	0
West IHC	Llandudno Decant	NR	186,250	252,758	66,508	111,750	122,480	10,730
West IHC	Low value Prescribing Value & Sustainability basket	R	2,400	2,400	0	1,200	600	-600
West IHC	Medicines optimisation work	R	399,996	358,672	-41,324	199,998	256,614	56,616
West IHC	Novorapid to Trurapi insulin switch	R	7,000	1,965	-5,035	2,800	734	-2,066
West IHC	Optimisation of treatment pathway for iron deficiency anaemia	R	4,050	3,240	-810	1,620	810	-810
West IHC	Outsourcing savings (homecare)	R	50,004	32,789	-17,215	25,002	31,089	6,087
West IHC	P&MM Accountancy Gains	NR	0	0	0	0	0	0
West IHC	P&MM Accountancy Gains (MMR category correction)	NR	101,102	101,102	0	101,102	101,102	0
West IHC	Pharmacy Aseptics Unit Sterile Wipes (Ysbyty Gwynedd)	R	22,386	20,000	-2,386	11,193	11,191	-2
West IHC	Price decrease, National agreed contracts for secondary care drugs - Renal	R	14,784	9,629	-5,155	7,392	9,629	2,237
West IHC	Price decrease, National agreed contracts for secondary care drugs Part 2	R	9,370	11,269	1,899	3,748	5,267	1,519
West IHC	Price decrease, National agreed contracts for secondary care drugs Part 3	R	14,978	13,174	-1,804	3,299	1,947	-1,352
West IHC	Primary Care Optometry Accountancy Gains	NR	89,088	89,088	0	89,088	89,088	0
West IHC	Procurement savings (rheumatology)	R	19,020	19,020	0	9,510	9,510	0
West IHC	Reduction in bank and agency locum - Children's	R	246,580	233,069	-13,511	123,290	86,123	-37,167
West IHC	Reduction in footwear costs	R	18,900	19,906	1,006	6,300	7,306	1,006
West IHC	Release of Medical Locum Accrual	NR	0	0	0	0	0	0
West IHC	Release of Medical Locum Accrual (category correction)	NR	88,000	88,000	0	88,000	88,000	0
West IHC	Removal of lease for ACCTS Modular Office	R	89,981	89,981	0	44,991	44,991	0
West IHC	Review of Consultant intensity banding - Children's	R	14,289	12,248	-2,041	2,041	0	-2,041
West IHC	Review of GP Bed Fund Contract	NR	32,500	25,200	-7,300	16,250	12,600	-3,650
West IHC	Salary Sacrifice - Purchase of additional annual leave	NR	122,025	115,846	-6,180	57,628	55,293	-2,336
West IHC	Service Relocation - Estates rationalisation - Parc Menai	R	67,285	67,285	0	32,985	32,985	0
West IHC	Switch from brand to generic medicine, hospital contract (cardiology)	R	1,830	262	-1,568	0	262	262
West IHC	Switch from brand to generic medicine, hospital contract (HIV)	R	14,412	1,201	-13,211	7,206	1,201	-6,005
West IHC	Switching from parent compound to biosimilar - AMD	R	186,654	186,654	0	0	0	0
West IHC	Therapies: Annual saving of paper and printing costs using Neopost	R	2,540	2,540	0	0	0	0
West IHC	West Area review - GRIP AND CONTROL	R	724,337	724,337	0	362,168	362,168	0
West IHC	West IHC - Continuing Health Care Schemes	R	590,801	512,283	-78,518	267,113	188,595	-78,518
West IHC	YG - EC - Minimise the Cost of Medical Agency	R	27,019	27,019	0	0	0	0
West IHC	YG - EC - Minimise the Cost of Nurse Agency	R	238,679	346,566	107,887	51,568	173,784	122,216
West IHC	YG - Medicine - Minimise the Cost of Medical Agency	R	25,432	25,432	0	0	0	0
West IHC	YG - Medicine - Minimise the Cost of Nurse Agency	R	183,774	119,212	-64,562	76,452	20,980	-55,472
West IHC	YG - SACC - Minimise the Cost of Medical Agency	R	332,138	367,891	35,753	78,000	137,137	59,137
West IHC	YG - SACC - Minimise the Cost of Nurse Agency	R	219,774	352,301	132,527	94,452	208,457	114,005
West IHC	YG - SACC - Minimise Theatre Pay Costs	NR	450,000	550,615	100,615	225,000	295,489	70,489
West IHC	Ysbyty Gwynedd, Accomodation - Annual (RPI based)	R	21,512	0	-21,512	5,378	0	-5,378
DSCS	English CI Contract	NR	204,897	204,897	0	102,449	102,449	0
Subtotal			33,903,895	36,489,562	2,585,667	19,093,395	20,699,396	1,606,001
Procurement			2,843,293	3,518,865	675,572	1,357,208	1,837,374	480,166
Total			36,747,188	40,008,427	3,261,239	20,450,603	22,536,770	2,086,167





Teitl adroddiad: Report title:	Planned Care Major Change Workstream update – Theatre Optimisation			
Adrodd i: Report to:	Performance, Finance and Information Governance Committee			
Dyddiad y Cyfarfod: Date of Meeting:	Wednesday, 22 October 2025			
Crynodeb Gweithredol: Executive Summary:	<p>The presentation provides an overview of the Planned Care Major Change Programme Theatre Optimisation workstream four, with an update on progress to date.</p> <p>A Rapid Improvement Event is scheduled for 6 November to set out the actions and measures for the next steps, including delivering protocols for planning (e.g. 6-4-2) and management of theatres on the day to maximise utilisation and productivity, against the backdrop of delivering the enabling actions in support of the Cabinet Secretary’s expectations for planned care.</p> <ul style="list-style-type: none"> EA7. On 90% of days planned care inpatient / daycase / theatre recovery capacity should be protected from unscheduled care pressures and outlying of patients by the end of Q1. EA8. Ensure effective utilisation of theatre capacity through: reducing late starts to less than 20%; reducing early finishes to less than 10%; and increasing session utilisation to the GiRFT standard of 85% by March 2026. EA8a. Improvement in the implementation and delivery of High Volume Low Complexity Theatre lists, with an initial focus on: Athroplasty 90% compliance with GiRFT standard of 4 primary joints/day, 2 by end of quarter 2; EA8b. Cataract 90% of lists to have 7 Cataracts per by end of Q2 EA8c. 90% of the time achieve at least 6 HVLC general surgery procedures on an all day list made up of hernia or gallbladders by end of Q2 EA9. Deliver improvements in day surgery rates, with an expectation to achieving a BADS daycase rate of 70% from April 2025, moving to 80% by the end of June 2025 			
Argymhellion: Recommendations:	The Committee is asked to note the update of the Planned Care Major Change Programme Theatre Optimisation workstream			
Arweinydd Gweithredol: Executive Lead:	Tehmeena Ajmal, Chief Operating Officer			
Awdur yr Adroddiad: Report Author:	Tehmeena Ajmal, Chief Operating Officer Danielle Edwards, Programme Director Planned Care			
Pwrpas yr adroddiad: Purpose of report:	I’w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
Lefel sicrwydd:	Arwyddocaol <i>Significant</i>	Derbyniol <i>Acceptable</i>	Rhannol <i>Partial</i>	Dim Sicrwydd <i>No Assurance</i>

Assurance level:	<input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):	<ul style="list-style-type: none"> Timely Access to Care – ministerial priority Welsh Government (2022): Our programme for transforming and modernising planned care and reducing waiting lists in Wales 			
Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:	<ul style="list-style-type: none"> WG Planned Care Strategy Equality Act 2010 			
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP7 has an EqIA been identified as necessary and undertaken?	n/a			
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP68, has an SEIA identified as necessary been undertaken?	n/a			
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)	CRR25-01 Timely access to patient care			
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith Financial implications as a result of implementing the recommendations	n/a			
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith Workforce implications as a result of implementing the recommendations	n/a			
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori Feedback, response, and follow up summary following consultation				
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) Links to BAF risks: (or links to the Corporate Risk Register)	CRR25-01			

Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i>	n/a
Camau Nesaf: <i>Next Steps:</i>	
Rhestr o Atodiadau: Dim List of Appendices: <i>Presentation – Planned Care Theatre Optimisation</i>	

Betsi Cadwaladr University Health Board

PFIG – Planned Care Theatre Optimisation

October 2025



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Major Change Programme

Foundations for the Future (FFTF)

Workstreams

- Strategy
- Culture
- People
- Structures
- Processes

Outcomes – by end March 2026

- BCU has a clear strategic intent for the short, medium and long term.
- The culture is based on compassion, with staff engaged and empowered.
- Staff have clear roles and responsibilities and are supported to achieve common goals.
- The organisations' structure enables effective delivery of our goals.
- Key business and people management processes are streamlined and standardised.

Planned Care

Workstreams

- Waiting List Management: Validation
- Referral Advice and Guidance and Referral Triage/Alternative Pathways
- Booking
- Pre-operative and Operative Effectiveness (including theatre utilisation)
- Follow-ups
- Integrated planning for planned care, cancer and diagnostics

Outcomes – by end March 2026

- No patients waiting more than 104 weeks for referral to treatment.
- Delivery of Planned Care related Cabinet Secretary Enabling Actions (see IMTP).

Value & Sustainability (V&S)

Workstreams

- Clinical Value
- Workforce
- CHC
- Medicines Management
- Non-Pay & Procurement

Outcomes – by end March 2026

- £Xm of the £40m organisational savings target.
- Delivery of V&S related Cabinet Secretary Enabling Actions (see IMTP).

Urgent & Emergency (UEC)

Workstreams

- Support at the Individual's Front Door
- Hospital Front Door
- Hospital Flow
- Discharge from Hospital

Outcomes – by end March 2026

- Reduce ambulance handovers over 1 hour – national target – zero.
- Reduce 12 hours+ waits in all EDs and MIUs building towards the national target of zero.
- Deliver a 12-month reduction trend in Delayed Pathways of Care.
- Delivery of UEC related Cabinet Secretary Enabling Actions (see IMTP).

Planned Care Programme – Workstream 4: Pre-operative & Operative Effectiveness

Workstream		Lead	IMTP Link	IMTP Description	Enabling Action
WS4	Pre-operative & Operative Effectiveness	Neil Agnew/ Linda Warnock	4D.a.10	Develop and implement the revised model for Pre-Operative Assessment	<p>EA8a. Improvement in the implementation and delivery of High Volume Low Complexity Theatre lists, with an initial focus on: Athroplasty 90% compliance with GiRFT standard of 4 primary joints/day, 2 by end of quarter 2;</p> <p>EA8b. Cataract 90% of lists to have 7 Cataracts per by end of Q2</p> <p>EA8c. 90% of the time achieve at least 6 HVLC general surgery procedures on an all day list made up of hernia or gallbladders by end of Q2</p>
			4D.a.11	Identify specialty by specialty high utilisation opportunities to enable focused and targeted approach to achieve the 85% utilisation threshold	<p>EA8. Ensure effective utilisation of theatre capacity through: reducing late starts to less than 20%; reducing early finishes to less than 10%; and increasing session utilisation to the GiRFT standard of 85% by March 2026</p>
			4D.a.12	Review each specialty to identify opportunities for increased day case, and minor-ops/procedure room (Right Patient, Right Place-type) approach. Implement priority specialty improvements.	<p>EA7. On 90% of days planned care inpatient/daycase/ theatre recovery capacity should be protected from unscheduled care pressures and outlying of patients by the end of Q1.</p> <p>EA9. Deliver improvements in day surgery rates, with an expectation to achieving a BADS daycase rate of 70% from April 2025, moving to 80% by the end of June 2025</p>



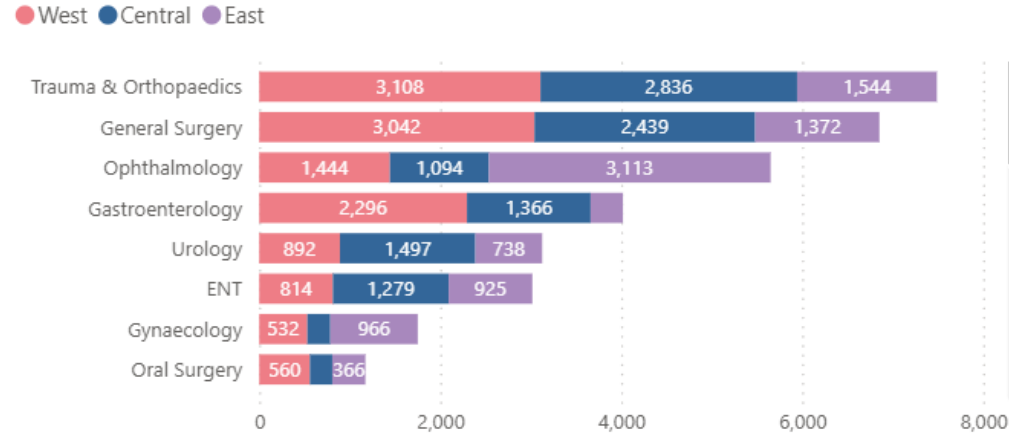
Current Position – Listed and Performance

RTT PTL Performance Dashboard

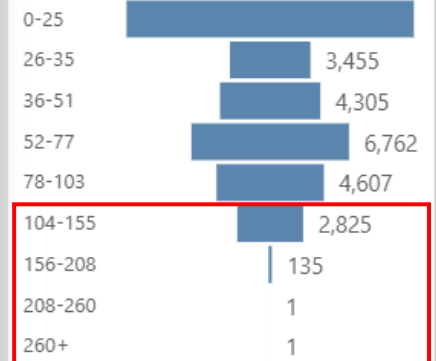
Stage: |
 Area: |
 SpecialtyName: |
 Booked Status: |
 RTTBand: |
 Delivery: |
 Commissioner: |
 Age group: |
 Consultant: |
 PopIn: |
 13 October 2025
 Date Of Extract

SpecialtyName	West	Central	East	Total
⊕ Trauma & Orthopaedics	3,108	2,836	1,544	7,488
⊕ General Surgery	3,042	2,439	1,372	6,853
⊕ Ophthalmology	1,444	1,094	3,113	5,651
⊕ Gastroenterology	2,296	1,366	357	4,019
⊕ Urology	892	1,497	738	3,127
⊕ ENT	814	1,279	925	3,018
⊕ Gynaecology	532	254	966	1,752
⊕ Oral Surgery	560	247	366	1,173
⊕ Vascular Surgery	65	125	260	450
⊕ Pain Management	172		83	255
⊕ Breast Surgery	51	117	23	191
⊕ Clinical Haematology	8	6	107	121
⊕ Cardiology	30	40	27	97
⊕ Plastic Surgery	64			64
⊕ Paediatrics	11	22	6	39
⊕ Endocrinology	25		1	26
⊕ Colorectal Surgery		13	7	20
⊕ Respiratory Medicine	8		12	20
⊕ Paediatric Surgery		18		18
⊕ General Medicine	4	4	7	15
⊕ Geriatric Medicine	3	2	8	13
⊕ Respiratory Physiology			10	10
⊕ Nephrology	3		1	4
⊕ Orthodontics			1	1
Total	13,132	11,359	9,934	34,425

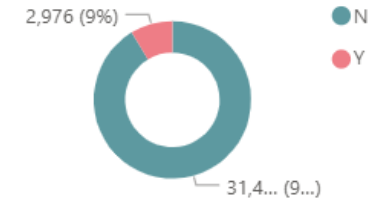
Waiters by Specialty and Site



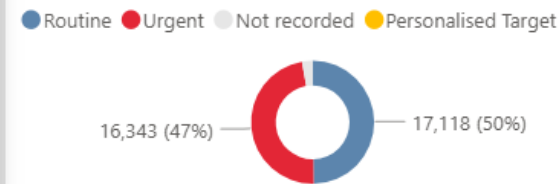
RTT Band



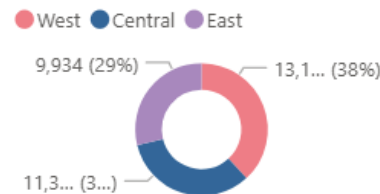
Cancer Flag



Priority

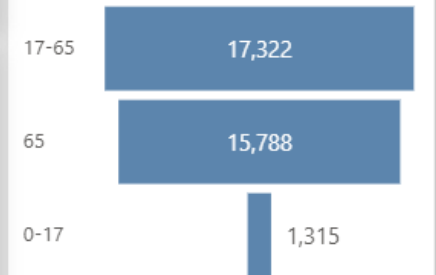


Site

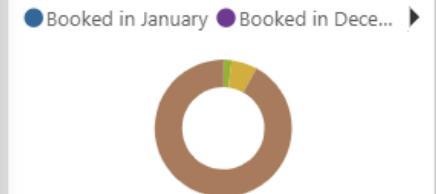


Stage	West	Central	East	Total
4	13,132	11,359	9,934	34,425
Total	13,132	11,359	9,934	34,425

Age Band



Booked Status



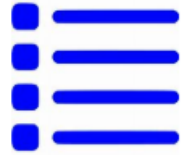
Theatres Performance Dashboard

Quarter 2



2,975

Sessions



2.1

Cases Per Session



75%

Utilisation



596

Cancelled Ops
On Day



43%

Late Starts > 15

Minutes Lost
31,548



22%

Early Finishes > 60

Minutes Lost
46,256

EA8. Target Mar 26
85%

EA8. Target Mar 26
<20%

EA8. Target Mar 26
<10%

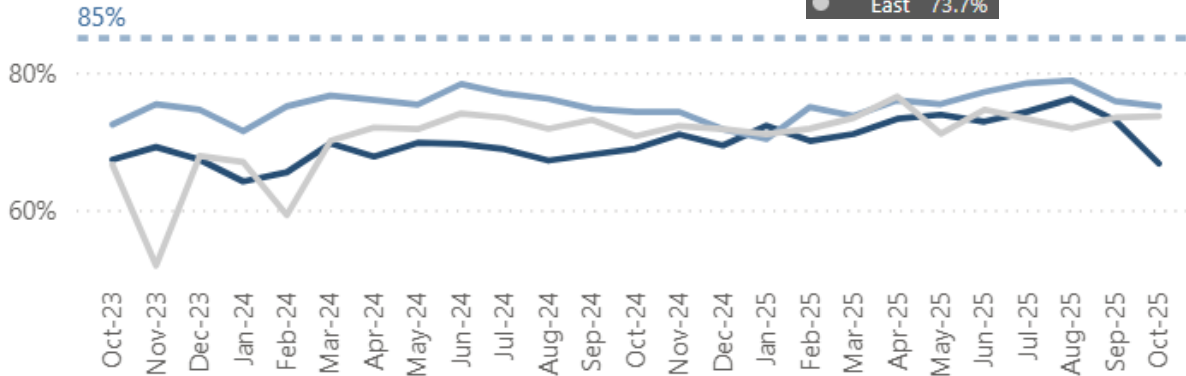
Theatres Performance Graphs by IHC

Utilisation (Capped)

Area ● West ● Central ● East

Oct-25	
West	66.7%
Central	75.1%
East	73.7%

71%

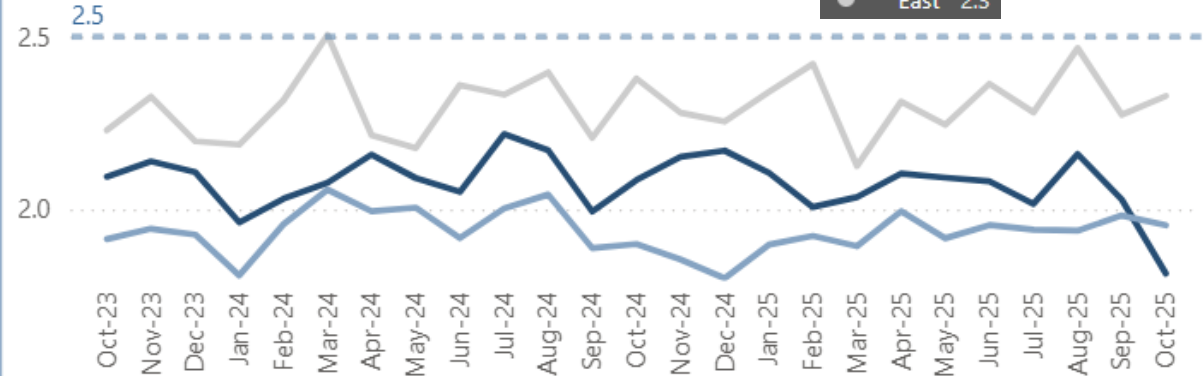


Cases Per Session

Area ● West ● Central ● East

Oct-25	
West	1.8
Central	2.0
East	2.3

2.1

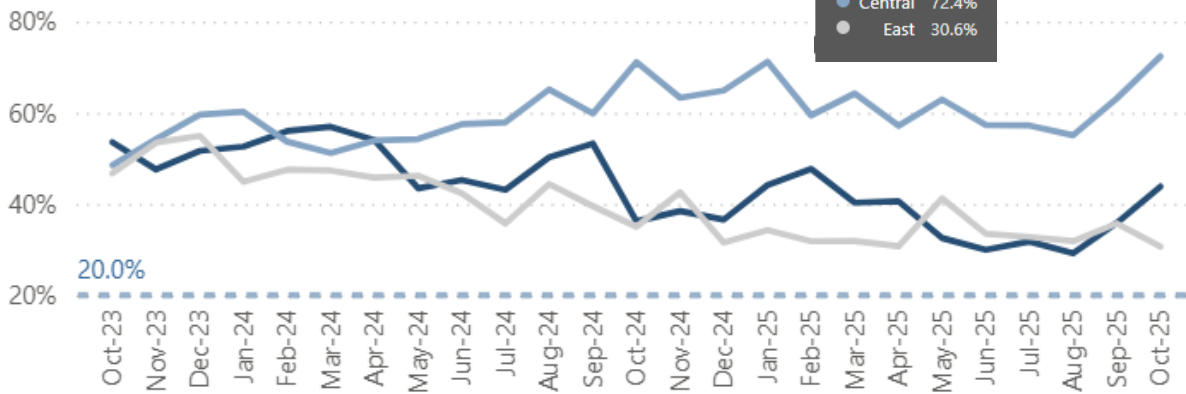


Late Starts

Area ● West ● Central ● East

Oct-25	
West	43.8%
Central	72.4%
East	30.6%

48%

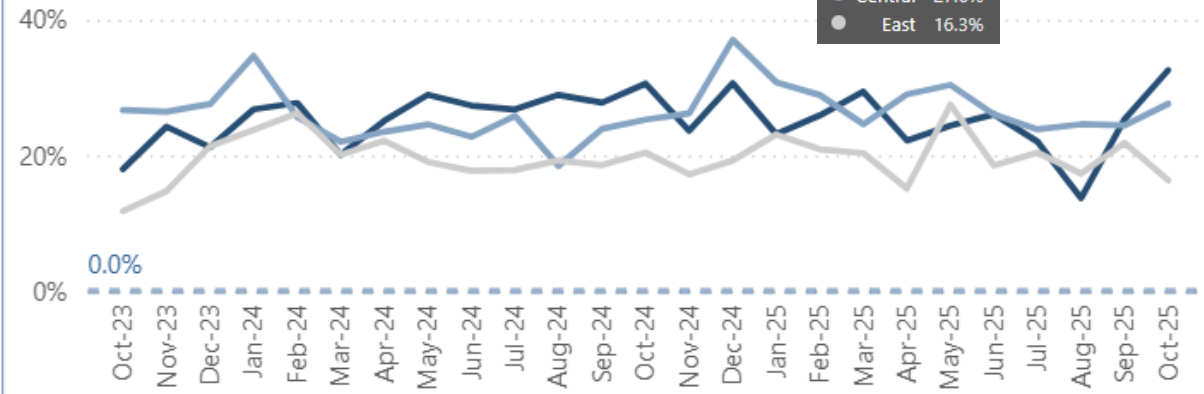


Early Finishes > 60 Minutes

Area ● West ● Central ● East

Oct-25	
West	32.6%
Central	27.6%
East	16.3%

24%



GIRFT - Session Utilisation Metrics

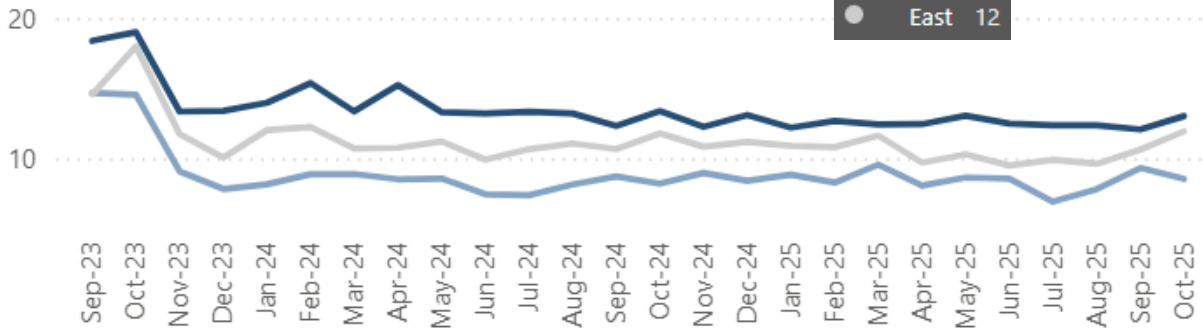
Average Intercase Downtime

71%

Area ● West ● Central ● East

Oct-25

West	13
Central	9
East	12



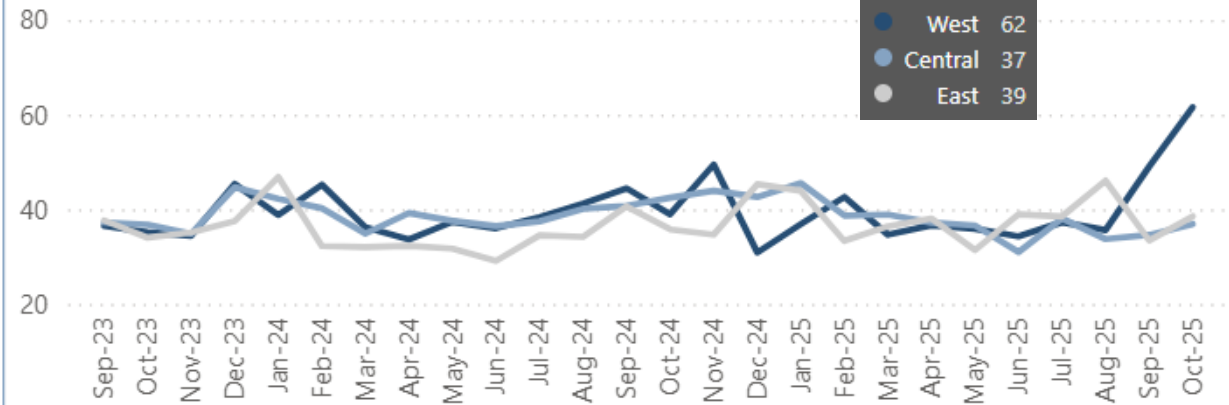
Average Late Start > 15

39.1

Area ● West ● Central ● East

Oct-25

West	62
Central	37
East	39



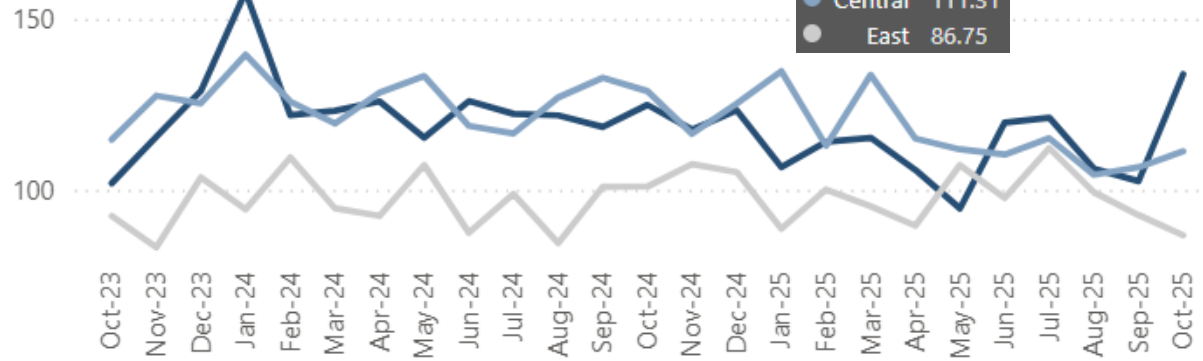
Average Early Finish > 60

114

Area ● West ● Central ● East

Oct-25

West	133.90
Central	111.31
East	86.75



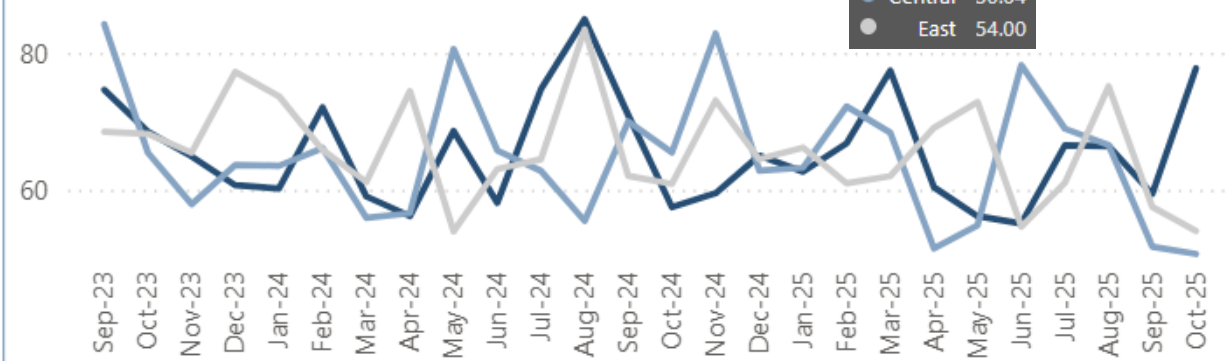
Average Unplanned Session Overruns

67

Area ● West ● Central ● East

Oct-25

West	77.79
Central	50.64
East	54.00



Improvement Progress - Clean Waiting Lists

Validation (Workstream 1- IMTP 4D.a.1)

Clerical (Admin)	Clinical
<ul style="list-style-type: none"> ▪ Quarterly reporting established across a clear set of domains ▪ Q1 - 1809 <104 closed, and 464 >104 closed/reset ▪ Q2 - 2480 <104 closed, 514 >104 closed/reset ▪ Work underway with DDaT to streamline the compilation process ▪ EBO Virtual (Chat-bot) 'Patient' validation live with T&O; bi-directional updates to WPAS established; roll out to other services in development 	<ul style="list-style-type: none"> ▪ BCU Clinical Validation Policy final review at PCPB 16/10 ▪ SOP in final draft with NHS P&I for peer review ▪ Soft launch Q2 for PDSA - 330 pathways registered for validation (133 registered for start Oct), mainly General Surgery & Gynae, some ENT and Urology. ▪ Harms review and EBIW (prev. INNUs) process built in ▪ Register and procedure to report on WPAS outcomes developed ▪ Full launch end October
<div data-bbox="963 815 1238 893" style="background-color: #FFD700; border-radius: 10px; padding: 5px; display: inline-block;">EA1.Target Q3 Complete</div>	<div data-bbox="2193 829 2469 908" style="background-color: #FFD700; border-radius: 10px; padding: 5px; display: inline-block;">EA1. Target Q3 On Track</div>

Interventions Not Normally Undertaken (INNU) (Workstream 1- IMTP 4D.a.2)

Now called **Evidence Based Interventions Wales (EBIW)** – awaiting release of guidance/toolkit from the All-Wales Clinical Effectiveness Group (AWCEG) which will include:

- | | | |
|--|---|---|
| ▪ master list of interventions | ▪ range of patient information leaflets | ▪ detailed criteria for secondary care clinicians |
| ▪ evidence review of 9 interventions to date | ▪ simple referral criteria for GPs | ▪ EBIW website |

Improvement Progress - Patient Optimisation (HSQ) & POA

Pre-Operative Assessment (POA) (Workstream 4 - IMTP 4D.a.10)

The Health Screening Questionnaire is a mandated tool from the WG, to optimise patients early on in the pathway and has the potential to identify:

- **GREEN** patients - who are likely to be fit for surgery at the earliest opportunity and avoiding the need for these patients to attend a full face to face preoperative assessment (POAC)
- **AMBER** patients – who will need a full POAC
- **RED** patients – who require optimisation before being suitable for a full POAC

This work will encompass development and embedding of a standard POA process pan-BCU

Looking Forward Listed to S4 from OP Appointment	Looking Back Retrospective application of the HSQ to S4
<ul style="list-style-type: none">▪ Controlled PDSA approach▪ Standardised pan-BCU POA process developed with agreed timescales▪ Trails - <i>East</i> T&O in progress, <i>West</i> Urology commenced, <i>Centre</i> Breast/ENT preparing▪ T&F Group formed to explore optimisation referral routes for RED patients▪ WPAS SOP in final draft with recording to support management of all pathways and review in line with GIRFT▪ IRIS reporting developed on PTL report to clearly identify GREEN patients for HVLC listings	<ul style="list-style-type: none">▪ WG funding of £13k for 500 HSQs, S4 long waiters suitable for HVLC▪ Scope confirmed as Arthroplasty pan-BCU (Llandudno Hub)▪ Full engagement carried out▪ Process mapped and will join main POA process once received back▪ Letters and inserts prepared and translated▪ Contact numbers and HCA resources agreed <div data-bbox="1727 1210 2463 1380" style="border: 1px solid blue; border-radius: 15px; padding: 10px; margin-top: 20px;"><p>Issue: National e-POAC on hold awaiting WG funding with DHCW – impacts on longer term capacity to sustain</p></div>

Progress

High utilisation opportunities to achieve the 85% utilisation threshold (Workstream 4 - IMTP 4D.a.11)
 Opportunities for increased day case, and minor-ops/procedure room (Workstream 4 IMTP 4D.a.12)

EA8. Target Mar 26
Improving but Off Target

Planning Framework and EPC Assessment (NHS Executive P&I – Q2)

Measure	Baseline performance	Current performance	Improving Sustaining Deteriorating
Lists starting Late >15min	45.5%	40%	Improving
Lists finishing early >30min	47%	45.6%	Improving
Lists finish early >60 min	30.3%	30.5	Sustaining
Overall sessional utilisation	57.8%	75%	Improving

Measure	Baseline performance	Current performance	Improving Sustaining Deteriorating	Achieving or on target to hit EA
Cataracts per list	4.4	4.7	Improving	Progressing but off target

Measure	Baseline performance	Current performance	Improving Sustaining Deteriorating	Achieving or on target to hit EA
Arthroplasties per list	2.6	2.4	Deteriorating	Off Target

Measure	Baseline performance	Current performance	Improving Sustaining Deteriorating	Achieving or on target to hit EA
BADS %	84%	84%	Sustaining at required level	Achieving

Late Starts/Early Finishes	High Volume Low Complexity (HVLC)
----------------------------	-----------------------------------

- East Theatre B9 (Orthopaedics) focussing on reviewing patients and ward delay to reduce <10%
- Centre YGC Theatres: working with site safety and patient flow to optimise theatre start times, and with wards to streamline provision of patients and beds situation, to also look at other multiple root causes of late starts
- Centre YGC elective theatre's first patient is identified and auto-send process to ensure a timely flow of patients into theatre, with minimal delays – start with 'Golden Patient' day case patient

- Direct listing ophthalmology as a priority (Workstream 2 - IMTP 4D.a.6) delivered
- Demand & Capacity modelling underway for increased One-stop outpatient/POA
- GIRFT action plans being reviewed
- Theatre Optimisation Workshop being held 06th November
- Preparing for the Surgical Hub Accreditation

EA6. Target Q2
Complete

Teitl adroddiad: Report title:	Urgent & Emergency Care (UEC) Programme Update
Adrodd i: Report to:	Performance, Finance & Information Governance Committee
Dyddiad y Cyfarfod: Date of Meeting:	Wednesday, 22 October 2025
Crynodeb Gweithredol: Executive Summary:	<p>This report provides a high level update on the progress of the UEC major change programme.</p> <p>The 4 UEC workstreams are being further refined to enable a strengthened focus on a single key priority that is in line with the 5 enabling actions set out within the Cabinet Secretary's expectations for UEC.</p> <p>Operational leads have been appointed to each workstream to oversee delivery of outcomes at pace. Clinical leads have now also identified for all workstreams. A clinical lead covering the UEC 6 Goals programme has recently been appointed providing 4 (PA) sessions a week, to support the programme from a clinical perspective and will work closely with the Programme Director. The UEC Programme Director post has become vacant and this role is now being readvertised through the recruitment process.</p> <p>The Chief Operating Officer as the SRO for the UEC Programme has established an internal clinically led task force, comprising senior clinical and operational leads. This task force will focus on a number of high level actions within 3 priority areas to reduce the demand and ambulance conveyance to our urgent and emergency care pathways, improve flow through our hospitals by establishing acuity led discharge arrangement and improved weekend flow, thereby reducing many of the delays and barriers to discharge and most importantly working with our operational and clinical leadership and professional teams to strengthen system working.</p> <p><u>Key areas</u></p> <p>Community Based Falls Response</p> <p>The community falls pathway is designed to provide support and treatment as close to the patient's home as possible, in keeping with the vision for the future of NHS services, to reduce the risk of a fall re-occurring and to avoid unnecessary admission to hospital.</p> <p>The Health Board has received notification of additional non-recurrent funding from WG to end of March 2026, to support the implementation of the national community based falls response framework for Wales following, submission of a business case. This funding will support falls management in care homes across NW through the provision of Level 1 training across a total of 70 care homes and the provision of Mangar Lifting cushions for 30 care homes. The funding is depending on two conditions; 1) regular reporting on progress and outcomes through the Six Goals national programme PMO office; and 2) impact tracking with a correlation to reduction of ED conveyances.</p> <p>Level one: Fall – no known illness or injury (low acuity)</p> <p>These patients may be able to state that they feel well, not have any new pain or known injuries, felt well before and after the fall. The patient may</p>

be able to say that they want help getting up but are unable to by themselves.

Level two: Fall – minor injury/illness

- An identified or suspected minor injury may include a small skin tear or laceration where bleeding can be stopped. The patient may have some pain but able to move all four limbs as normal for them.
- Minor illness, feeling unwell or having specific symptoms that on clinical assessment are not deemed life threatening.
- Further clinical assessment is required by a health care professional.

Optimal Hospital Flow Framework (OHFF)

The two OHFF facilitators commenced in post in January 2025 with WG funding for 12 months. Since commencing in post the facilitators have developed a training programme covering the principles of optimal hospital flow, which is actively being rolled out across the 3 acute sites. This training package has been developed with and supported by the NHS Performance & Improvement team.

In addition to the training, the facilitators spend 4-6 weeks on a ward at a time, to support embedding patient flow principles, including twice daily board rounds, utilisation of STREAM (electronic patient whiteboard) and support with processes for facilitating effective discharge planning.

Since commencement in post, the OHFF facilitators have trained a total of 616 staff across 15 wards as well as other departments including therapy and pharmacy staff. Utilisation of STREAM is also supporting embedding red to green principles of patient flow, that ensure patients receive timely, value-adding care whilst in hospital. Live and up to date data from STREAM feeds in to the Right Person Right Place dashboard that supports site management teams to review and to optimise patient flow.

Ambulance handovers – MAG 45 implementation

[position]

National handover 45 taskforce overseen by the NHS Wales Leadership Board – COO attends

Implementation of the Remote Clinical Assessment Services Framework (Single Point of Access)

Implementation of Acute Frailty Service (AFS) at the Acute Hospitals

Argymhellion:
Recommendations:

The Committee is asked to:

- **Note** the improvement work across the UEC system and key performance indicators
- **Review** the contents of the report and identify additional assurance or actions it would recommend the UEC Programme undertake.

Arweinydd Gweithredol: <i>Executive Lead:</i>	Tehmeena Ajmal, Chief Operating Officer			
Awdur yr Adroddiad: <i>Report Author:</i>				
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol Significant <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol Acceptable <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol Partial <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd No Assurance <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	6 Goals for Urgent & Emergency Care Ambulance patient handover guidance (WHC/2024/041)			
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	A Healthier Wales Programme for Government			
Yn unol â WP7 (sydd bellach yn cynnwys WP68), a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 (which now incorporates WP68) has an EqlA been identified as necessary and undertaken ?</i>	Not applicable			
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i>	The following risks are associated with the UEC Programme: Corporate Risk 25-01			
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	Not applicable			
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith	Not applicable			

Workforce implications as a result of implementing the recommendations	
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori Feedback, response, and follow up summary following consultation	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) Links to BAF risks: (or links to the Corporate Risk Register)	1.2 Risk of the provision of poor standards of care to the patients and population of North Wales, falling below the expected standards of quality and safety, resulting in deterioration of care and haem to patients and services. 1.3 Failure to effectively manage unscheduled care demand and capacity infrastructure, adversely impacting on the quality of care and patient experience
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) Reason for submission of report to confidential board (where relevant)	Not applicable
Camau Nesaf: Gweithredu argymhellion Next Steps: Implementation of recommendations	
Rhestr o Atodiadau: List of Appendices:	



Teitl adroddiad: <i>Report title:</i>	NWSSP BCUHB Q1 Report 25/26			
Adrodd i: <i>Report to:</i>	Performance, Finance and Information Governance Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Wednesday, 22 October 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	This presentation outlines the lead indicators for NHS Wales Shared Services Partnership and also shares the monitoring of the Performance for Services provided to BCUHB.			
Argymhellion: <i>Recommendations:</i>	The Board is asked to note the presentation.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Russell Caldicott – Executive Director of Finance - BCUHB			
Awdur yr Adroddiad: <i>Report Author:</i>	Rebecca Nelson – Director of Planning, Performance and Informatics – NHS Wales Shared Services Partnership			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> <small>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input type="checkbox"/> <small>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> <small>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input checked="" type="checkbox"/> <small>Dim hyder/tystiolaeth o ran y ddarpariaeth</small> <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:				
<i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	n/a			
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	n/a			

<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	n/a
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	n/a
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	n/a
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	n/a
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	n/a
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	n/a
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks: (or links to the Corporate Risk Register)</i></p>	n/a
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	Not applicable
<p>Camau Nesaf: Gweithredu argymhellion</p> <p><i>Next Steps: Implementation of recommendations</i></p>	
<p>Rhestr o Atodiadau: Dim</p> <p><i>List of Appendices:</i></p>	

None

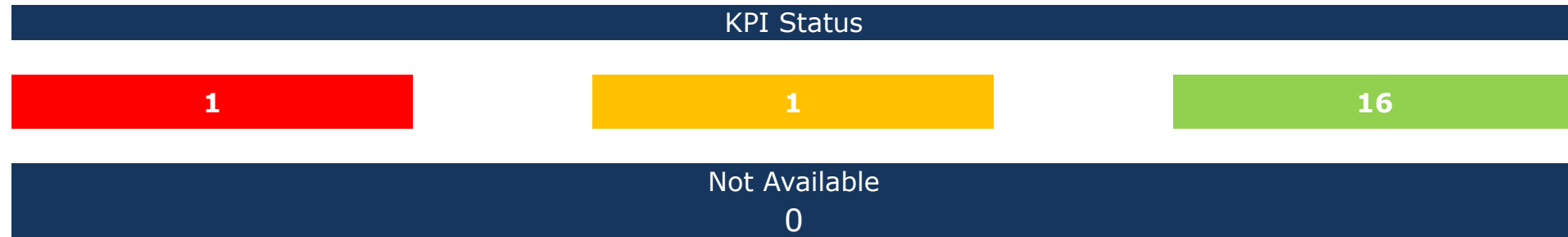
**NWSSP
SUMMARY PERFORMANCE REPORT**

**BETSI CADWALADR
UNIVERSITY HEALTH BOARD**

Period 1st April 2025 – 30th June 2025

*Delivering Value, Innovation
and Excellence through
Partnership*





Points of Contact

Rebecca Nelson – Director of Planning, Performance & Informatics (Rebecca.Nelson2@wales.nhs.uk)
Richard Phillips – Assistant Director of Planning & Performance (Richard.phillips@wales.nhs.uk)

The purpose of this report is to provide summary performance data in respect of the services provided by NHS Wales Shared Services Partnership (NWSSP) for the quarter ended 30th June 2025.

As part of the approval of our Year 1 of our IMTP for 2025-26, the Shared Services Partnership Committee (the Committee) reviewed our Key Performance Indicators. We then identified a number of Lead indicators for each division. There are 21 Lead indicators in total.

The Quarter 1 performance for the organisation was generally on target with 16 out of 18 KPIs showing as green.

The time to hire target was achieved in June and NWSSP continue to work with the organisation to cleanse any older records which can influence the overall time to hire performance.

Further action will continue to be taken forward to address the performance in areas of underperformance.

Of the 2 KPIs that did not achieve the targets:

- 1 is the responsibility of the health organisation.
- 1 is a combination of both NWSSP and our customers processes.

NWSSP continue to support the organisation in relation to recruitment and accounts payable performance.

The main financial benefits accruing from NWSSP relate to professional influence benefits derived from NWSSP working in partnership with Health Boards and Trusts. These benefits relate to savings and cost avoidance.

- Legal Services – Settled Claims savings, damages and cost savings.
- Procurement Services – Cost reduction, catalogue management etc. (Heads of Procurement discuss with Director of Finance of Health Orgs)
- Specialist Estates Services – Property management/lease/rates negotiated reductions and Build for Wales framework savings.
- Counter Fraud Services – Financial Recoveries and prevention.
- Accounts Payable - statement reconciliation, priority supplier programme (PSP) and the prevention of duplicate payments.

The indicative financial benefits arising in the period April – June 2025 for the organisation is £4.3M with the breakdown in the following table.

Service	YTD Benefit £m
Specialist Estates Services	0.14
Procurement Services	3.27
Legal & Risk Services*	-
Accounts Payable	0.85
Oxygen Finance – PSP	0.03
Counter Fraud Services*	-
Total	4.3

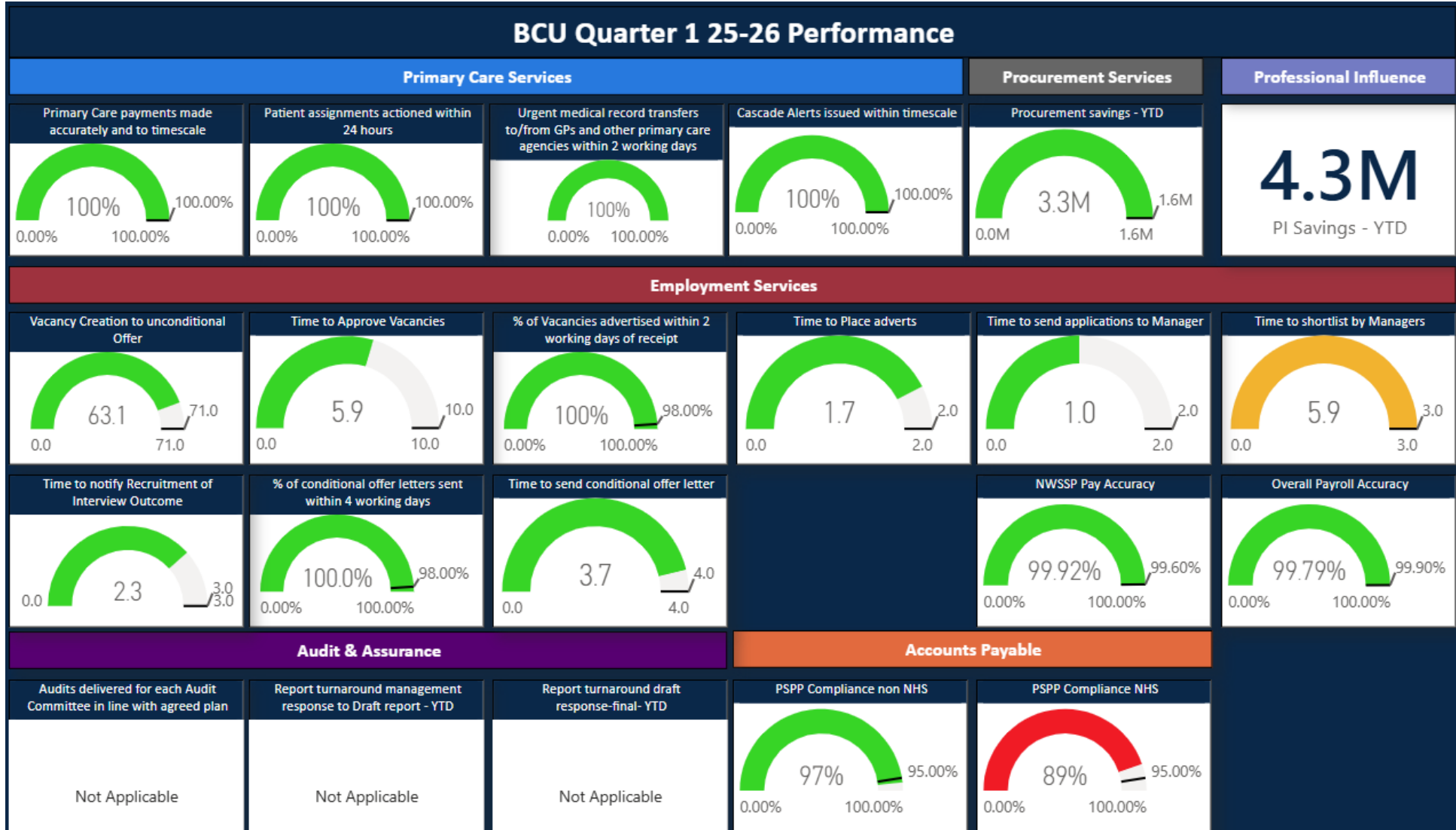
* Not available at the time of writing

Appendix 1 to this report provides the June performance for your Health Organisation against the Lead indicators with comparison data for the rolling twelve-month period to 30th June 2025.

Appendix 2 provides June performance against All Wales KPIs which cannot be attributed to a specific health org but report an All-Wales position with comparison data for the rolling twelve-month period to 30th June 2025.

Appendix 3 then highlights the position for all health organisations at the end of June 2025.


Appendix 4 highlights the Outcome measures reporting we have been reporting at the end of June 2025.



Action Plan for Lead Indicators

There was one KPI showing as red for the in-month June position.

There was one KPI showing as amber for the in-month June position.

BCU High Level - KPIs June 2025	Target	30/09/2024	31/12/2024	31/03/2025	30/06/2025	Trend
Accounts Payable						
PSPP Compliance non NHS	95%	95.4%	97.6%	95.6%	96.8%	
PSPP Compliance NHS	95%				89.4%	

What is happening?

PSPP Compliance NHS missed the 95% target during Quarter 1 reporting 89.4%

What are we doing about it?

Accounts Payable continues to support NHS and non-NHS PSPP reporting by providing regular updates and invoice hold data to help address the performance.



Invoice on Hold

There are 485 invoices on hold older than 1st April 2020, some of these date back to 2015/16.

ORG	All Invoices		Older than 30 days		Older than 1/4/25		Older than 1/4/24		Older than 1/4/23		Older than 1/4/22		Older than 1/4/21		Older than 1/4/20	
	NUMBER	VALUE	NUMBER	VALUE	NUMBER	VALUE	NUMBER	VALUE	NUMBER	VALUE	NUMBER	VALUE	NUMBER	VALUE	NUMBER	VALUE
AB	6783	£16,474,745	4739	£6,689,017	3390	£3,839,613	1392	£1,642,522	719	£1,585,734	307	£381,512	156	£227,234	79	£95,420
BCU	9172	£23,841,182	6037	£9,863,034	3946	£4,703,112	1013	£916,586	403	£403,746	171	£158,822	66	£83,097	27	£41,446
CTM	7414	£17,272,350	4994	£7,680,511	3725	£4,864,495	1558	£1,950,215	607	£760,291	63	£24,006	7	£76		
CV	8547	£28,323,316	5594	£13,433,431	3596	£6,141,909	1105	£1,770,143	582	£755,597	412	£463,549	327	£435,460	253	£421,478
DHCW	151	£40,675,224	58	£611,547	40	£332,077	5	£304,146								
HD	3255	£12,317,706	2066	£5,140,500	1110	£1,208,195	228	£203,492	61	£71,707	10	£25,996				
HEIW	265	£4,155,736	95	£1,487,782	43	£530,229	1	£2,968								
PHW	1406	£5,840,802	926	£2,755,918	618	£1,046,513	187	£232,665	116	£126,680	48	£31,892	9	£4,592	3	£3,720
POWYS	849	£6,364,023	564	£5,768,492	355	£5,301,257	106	£41,285	49	£20,643	26	£9,385	23	£9,354	9	£11,765
SB	6130	£19,335,988	3823	£9,134,357	2609	£3,995,017	869	£1,432,001	442	£436,745	239	£162,167	154	£56,438	103	£42,764
VEL	2534	£11,340,202	1874	£4,686,149	1399	£2,596,996	242	£548,398	112	£57,892	55	£11,910	37	£10,033	11	£1,902
WAST	696	£4,218,988	344	£1,820,817	216	£1,456,994	41	£15,878	7	£5,269	3	£413				
Grand Total	47202	£190,160,263	31114	£69,071,554	21047	£36,016,409	6747	£9,060,299	3098	£4,224,305	1334	£1,269,653	779	£826,284	485	£618,497

Invoices older than 30 days and NOT disputed	All Invoices	Not Disputed	%
AB	4,739	2,246	47%
BCU	6,037	3,781	63%
CV	5,594	3,884	69%
CTM	4,994	2,613	52%
HD	2,066	1,182	57%
HEIW	95	40	42%
DHCW	58	34	59%
PTHB	564	272	48%
PHW	926	585	63%
SBU	3,823	2,053	54%
VEL	1,874	789	42%
WAST	344	235	68%
All Wales	31,114	17,714	57%

There are 18k invoices across Wales on hold older than 30 days and not disputed, once paid this will negatively impact the future PSPP position.

BCU High Level - KPIs June 2025	Target	30/09/2024	31/12/2024	31/03/2025	30/06/2025	Trend
Organisation KPIs Recruitment						
% of vacancies shortlisted within 3 working days		54%	58%	62%	53%	
Time to Shortlist by Managers	3 days	5.3	5.3	4.9	5.9	

What is happening?

Time to shortlist by managers missed the target taking on average 5.9 days in June against a target of 3 days.

Recruitment Modernisation Process changes have been implemented. We are starting to see improvements in both the manager and candidate experience as well as reductions in the time to hire in individual elements of the process.

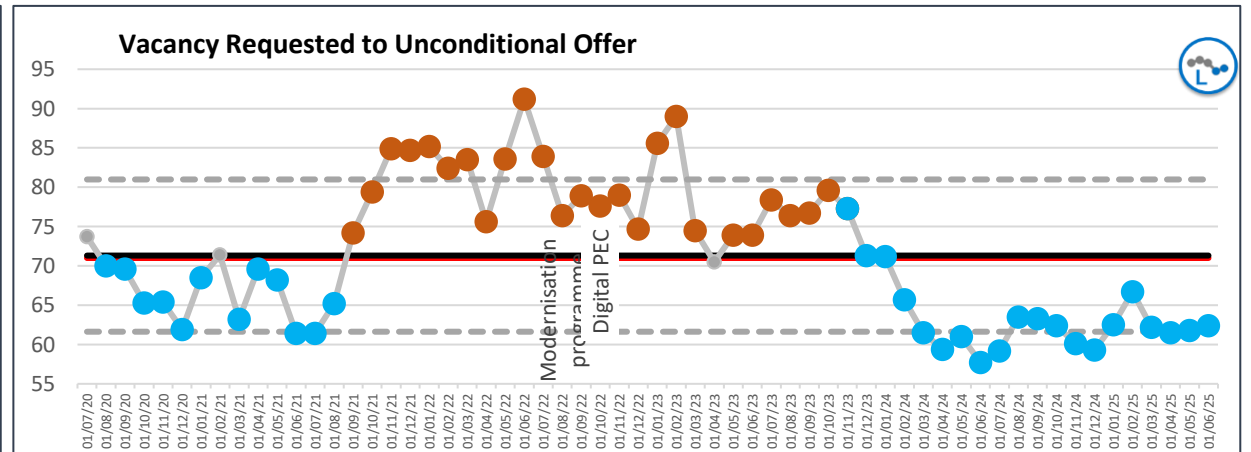
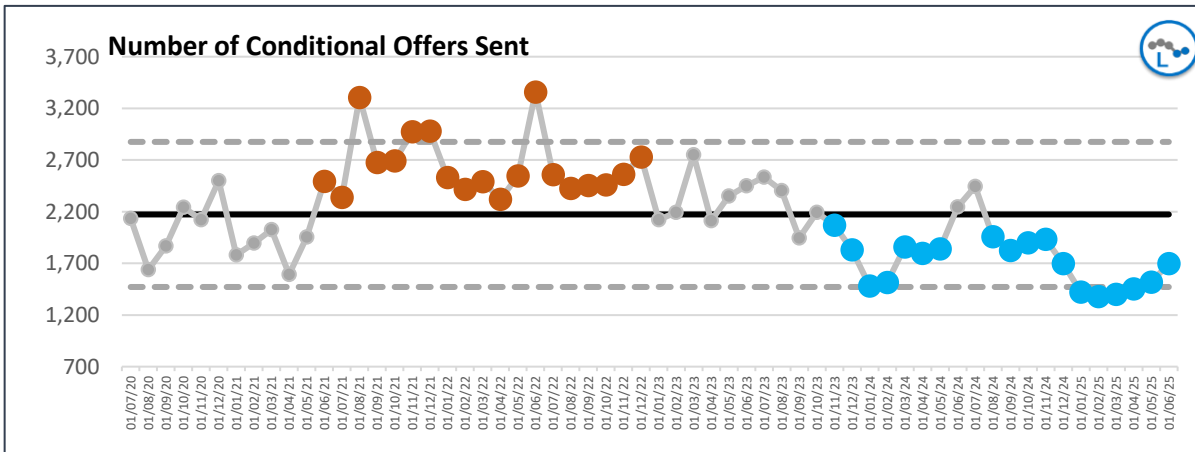
What are we doing about it?

The Recruitment team continue to work with managers and organisations in relation to their responsibilities as part of the recruitment journey, to reduce the time to hire and ensure their applicant is engaged in the process.

Good progress has been made on the cleansing of older records in the system, there are still some older records in the system, these may continue to impact on the time to hire.

Employment Services – Recruitment

Org	Target	Vacancy Creation to Unconditional Offer												Trend
		Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	
AB	71	72	67	69	67	76	68	70	64	64	58	59	61	↓
BCU	71	69	71	66	66	61	57	58	58	56	60	58	63	↓
CV	71	78	82	85	87	82	75	81	88	95	88	86	94	↓
CTM	71	70	74	71	72	72	75	74	76	74	70	68	70	↓
HD	71	51	52	55	52	55	50	56	48	51	48	49	50	↓
HEIW	71	50	51	55	62	53	44	61	66	47	60	48	58	↓
DHCW	71	45	34	43	46	39	45	57	53	32	34	58	46	↑
NWSSP	71	56	62	63	60	49	50	61	56	61	58	54	58	↓
PTHB	71	59	78	71	72	70	70	76	70	81	65	68	71	↓
PHW	71	48	54	55	58	52	55	52	59	63	55	59	58	↑
SBU	71	58	62	60	65	65	63	68	71	72	76	73	70	↑
VEL	71	56	65	58	51	50	55	49	67	54	55	50	54	↓
WAST	71	65	71	70	76	79	72	77	76	76	84	96	76	↑
All Wales	71	59	64	63	62	60	59	63	67	62	62	62	62	↓



Employment Services – Recruitment

The charts shows the Vacancy creation to unconditional offer performance for the individual organisations January – June 25.



Vacancy Creation to unconditional offer

Appendix 1 – Performance for the period to 30th June 2025










GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Shared Services
Partnership

BCU High Level - KPIs June 2025	Target	30/09/2024	31/12/2024	31/03/2025	30/06/2025	Trend
Financial Information						
Professional Influence Savings - YTD		£28.012 m	£66.296 m	£68.142 m	£4.289 m	
Employment Services						
Payroll services						
NWSSP Pay Accuracy	99.6%	99.97%	99.96%	99.97%	99.92%	
Overall Pay Accuracy	99.6%	99.80%	99.81%	99.81%	99.79%	
Organisation KPIs Recruitment						
% of vacancy creation to unconditional offer within 71 days		72%	81%	76%	65%	
Vacancy creation to unconditional offer	71 days	66.1	56.9	56.4	63.1	
% of vacancies approved within 10 working days		97%	98%	98%	97%	
Time to Approve Vacancies	10 days	4.7	3.0	4.5	5.9	
% of vacancies shortlisted within 3 working days		54%	58%	62%	53%	
Time to Shortlist by Managers	3 days	5.3	5.3	4.9	5.9	
% of interview outcomes notified within 3 working days		83%	81%	85%	76%	
Time to notify Recruitment of Interview Outcome	3 days	2.2	2.5	2.8	2.3	
NWSSP KPIs Recruitment						
% of Vacancies advertised within 2 working days of receipt	95.00%	100%	100%	100%	100%	
Time to Place Adverts	2 days	1.6	1.5	1.5	1.7	
% of applications moved to shortlisting within 2 working days of vacancy closing		100%	99%	100%	100.0%	
Time to Send Applications to Manager	2 days	1.0	1.0	1.0	1.0	
% of conditional offer letters sent within 4 working days	95.00%	100%	100%	100%	99.7%	
Time to send Conditional Offer Letter	4 days	3.7	3.8	3.8	3.7	
Procurement Services						
Procurement savings - YTD		Target £2.772m Actual £2.579m	Target £3.130m Actual £4.653m	Target £3.483m Actual £4.303m	Target £1.588m Actual £3.270m	
Accounts Payable						
Invoices older than 30 days not disputed		2,817	3,714	3,177	3,781	
% Invoices on hold not disputed over 30 days		53%	60%	62%	63%	
PSPP Compliance non NHS	95%	95.4%	97.6%	95.6%	96.8%	
PSPP Compliance NHS	95%				89.4%	
Primary Care Services						
Primary Care payments made accurately and to timescale	100%	100%	100%	100%	100%	
Patient assignments actioned within 24 hours	100%	100%	100%	100%	100%	
Urgent medical record transfers to/from GPs and other Primary Care agencies within 2 working days	100%	100%	100%	100%	100%	
Cascade Alerts issued within timescale	100%	100%	100%	100%	100%	
Audit & Assurance						
Audits reported to agreed Audit Committee (Excluding External Factors)	80%		71.4%	84.6%	Not Applicable	
% of audit outputs in progress		47%	27%	28%	14%	
Report turnaround management response to Draft report - YTD	80%	50.0%	75.0%	85.7%	Not Applicable	
Report turnaround draft response-final- YTD	80%	100.0%	100.0%	100.0%	Not Applicable	

Appendix 2 – All Wales Performance for the period to 30th June 2025

ALL WALES KPIs		30/09/2024	31/12/2024	31/03/2025	30/06/2025	Trend
Primry Care Services						
Prescription - Payment Month keying Accuracy rates	99%	99.72%	99.77%	99.84%	99.69%	
Prescriptions processed (Apr)	7.28m	21.9m	43.2m	73.1m	7.03m	
Welsh Risk Pool						
Time from submission to consideration by the Learning Advisory Panel	95%	100%	100%	100%	100%	
Time from consideration by the Learning Advisory Panel to presentation to the Welsh Risk Pool Committee	100%	100%	100%	100%	100%	
Holding sufficient Learning Advisory Panel meetings	90%	100%	100%	100%	100%	
Legal and risk						
Advice acknowledgement- 24hrs	90%	100%	100%	100%	100%	
Advice response – within 3 days	90%	100%	100%	100%	100%	
Student Awards						
% of NHS Bursary Applications processed within 20 days	100%	100%	100%	100%	100%	
Student Awards % Calls Handled	95%	98.0%	97.7%	98.9%	98.9%	
CTeS						
P1 incidents raised with the Central Team Are responded to within 20 minutes	80%	100%	100%	100%	100%	
BACS Service Point tickets received before 14.00 will be processed the same working day	92%	100%	100%	100%	100%	
Digital Workforce						
DWS % Calls Handled	85%	98.0%	90.8%	96.5%	96.0%	
SMTL						
% of Monitoring reports completed within 14 days from receipt into the laboratory		100%	100%	100%	100%	
% of Monitoring reports completed within 40 days from receipt into the laboratory		100%	100%	100%	100%	
% delivery of Audited reports on time (Commercial)	87%	100%	100%	100%	100%	
% delivery of Audited reports on time (NHS)	87%	N/A	N/A	100%	100%	
Pharmacy Technical Services						
Service Errors	<0.5%	0	0	0	0	
Medical Examiner						
Deaths Scrutinised	60%	100%	100%	100%	100%	
All Wales Laundry						
Orders dispatched meeting customer standing orders	90%	88%	95%	94%	94%	
Microbiological contact failure points	85%	97%	100%	97%	97%	
Inappropriate items returned to the laundry including Clinical waste items	<5	0	1	0	0	

Appendix 3 – Health Org Performance comparison 30th June 2025

KPIs JUN 25	KFA	Target	SB	AB	BCU	C&V HEALTH ORG KPIs Financial Information		CTM	HD	PHW	PTHB	VEL	WAST	HEIW	DHCW
Professional Influence Savings- YTD	Our Value		£2.736 m	£4.329 m	£4.289 m	£4.228 m	£2.649 m	£2.217 m	£0.651 m	£0.366 m	£1.086 m	£0.147 m	£0.005 m	£0.154 m	
Employment Services															
Payroll Services															
NWSSP Pay Accuracy	Our Services	99.6%	99.98%	99.96%	99.92%	99.94%	99.94%	99.98%	99.93%	99.93%	99.90%	100.00%	100.00%	100.00%	
Overall Pay Accuracy	Our Services	99.6%	99.84%	99.87%	99.79%	99.87%	99.79%	99.93%	99.80%	99.87%	99.75%	99.66%	99.86%	99.96%	
Calls Handling % Quarterly Average	Our Services	95%	98.8%												
Orgalisation KPIs Recruitment															
Vacancy creation to unconditional offer	Our Services	71 days	70.1	61.3	63.1	94.2	70.4	49.6	57.5	70.8	49.0	75.9	57.8	45.8	
Time to Approve Vacancies	Our Services	10 days	9.4	7.3	5.9	33.3	14.6	9.0	3.4	12.5	0.8	5.5	7.7	0.4	
Time to Shortlist by Managers	Our Services	3 days	7.1	5.7	5.9	7.5	5.7	1.1	11.1	5.6	13.3	2.3	5.6	10.4	
Time to notify Recruitment of Interview Outcome	Our Services	3 days	2.6	2.6	2.3	1.1	3.1	2.3	6.4	2.0	6.6	2.3	1.4	1.1	
NWSSP KPIs Recruitment															
Time to Place Adverts	Our Services	2 days	1.6	1.8	1.7	1.7	1.8	1.6	1.7	1.6	2.0	1.3	1.6	1.1	
Time to Send Applications to Manager	Our Services	2 days	1.0	1.0	1.0	1.0	1.0	1.2	1.1	1.0	1.0	1.0	1.0	1.1	
Time to send Conditional Offer Letter	Our Services	4 days	3.4	2.6	3.7	2.7	3.8	3.2	3.8	3.7	3.4	3.8	3.7	2.5	
Calls Handling % Quarterly Average	Our Services	95%	99.3%												
Procurement Services															
Procurement Savings- YTD	Our Value		Target £1.153m Actual £1.804m	Target £2.736m Actual £3.807m	Target £1.588m Actual £3.270m	Target £2.776m Actual £3.542m	Target £1.247m Actual £1.997m	Target £0.983m Actual £1.983m	Target £0.412m Actual £0.536m	Target £0.104m Actual £0.360m	Target £0.032m Actual £0.898m	Target £0.003m Actual £0.051m	Target £0.001m Actual £0.000m	Target £0.000m Actual £0.000m	
Accounts Payable															
Invoices older than 30 days not disputed	Our Services		2,053	2,246	3,781	3,884	2,613	1,182	585	272	789	235	40	34	
% Invoices on hold not disputed over 30 days	Our Services		54%	47%	63%	69%	52%	57%	63%	48%	42%	68%	42%	59%	
Call Handling % - Quarterly Average	Our Services	95%	97.9%												
PSPP Compliance non NHS	Our Services	95%	91.6%	97.2%	96.8%	95.8%	96.0%	96.8%	97.0%	91.6%	97.2%	98.7%	98.1%	97.6%	
PSPP Compliance NHS	Our Services	95%	79.3%	90.4%	89.4%	81.2%	82.5%	80.2%	96.2%	79.3%	94.8%	96.4%	94.3%	98.9%	
Audit & Assurance															
Audits reported to Agreed Audit Committee (Excluding External Factors)	Our Services	80%	100%	100%	Not Applicable	100%	100%	Not Applicable	100%	Not Applicable	100%	100%	100%	100%	
% of Audit outputs in progress	Our Services		10%	14%	14%	14%	6%	16%	33%	8%	23%	25%	9%	23%	
Report turnaround (15 days) management response to Draft report - YTD	Our Services	80%	Not Applicable												
Report turnaround (10 days) draft response-final- YTD	Our Services	80%	Not Applicable												
Primary Care Services															
Primary Care payments made accurately and to timescale	Our Services	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A	N/A	
Patient assignments actioned within 24 hours	Our Services	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A	N/A	
Urgent medical record transfers to/from GPs and other Primary Care Agencies within 2 working days	Our Services	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A	N/A	
Cascade Alerts Issued within timescale	Our Services	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A	N/A	

Our Services

Driving the pace of innovation and consistently providing high quality services

Outcomes

We will enable our customer facing teams to close the majority of enquiries at first contact, by improving service speed, quality, and experience.

We will drive innovation, setting the standard for good practice, and enhance our processes through automation.

We will cultivate partnerships with industry leaders and academic institutions and seek University status.

We will be data driven, sharing intelligence with our partners to influence decision making across NHS Wales.

RPA Processes

Division

- Central Te... 57
- Employ... 14
- Accounts ... 9
- Other 9
- Primary C... 5



Legal & Risk Services

Case Closure Client Satisf...



DWS

Customer Satisfaction



Primary Care Services

Customer Satisfaction re...



Central Team

Annual Customer Satisf...



Specialist Estates

Annual Customer Satisf...



Website Bounce Rate

34%

Customer Service Excellence



NWSSP Assurance Overview - YTD



Volume of Calls



Calls Answered



Website Users

13K

Website Page Views

37K

Website Pages - June 25 (Top 3)

1. Current Vacancies - 5,258
2. Student Award Services - 3,018
3. How do I apply for a bursary - 2,700

- Our Services
- Our People
- Our Value

Heads of Internal Audit Annual Opinion (HOIA) - 24/25 Final Position

Client	Total Reviews Planned	Audits Reported (Draft/Final)	Audits in Progress	Report turnaround fieldwork to draft reporting [10 days]	Report turnaround management response to draft report [15 days]	Report turnaround draft response to final reporting [10 days]
▲						
Aneurin Bevan	28	100.00%	0.00%	96.00%	50.00%	100.00%
Betsi Cadwaladr	28	100.00%	0.00%	100.00%	85.00%	100.00%
Cardiff & Vale	30	97.00%	3.00%	100.00%	50.00%	100.00%
Cwm Taf Morgannwg	31	97.00%	3.00%	100.00%	56.00%	96.00%
DHCW	13	100.00%	0.00%	100.00%	63.60%	100.00%
HEIW	11	100.00%	0.00%	100.00%	67.00%	100.00%
Hywel Dda	31	100.00%	0.00%	96.70%	86.70%	100.00%
NWSSP	14	100.00%	0.00%	100.00%	85.00%	100.00%
PHW	10	100.00%	0.00%	100.00%	90.00%	90.00%
Powys THB	25	96.00%	4.00%	96.00%	86.00%	100.00%
Swansea Bay	27	100.00%	0.00%	74.00%	52.00%	91.00%
Velindre	21	100.00%	0.00%	95.00%	64.00%	100.00%
WAST	20	100.00%	0.00%	80.00%	73.70%	100.00%
Total	289	99.23%	0.77%	95.21%	69.92%	98.23%

Appendix 4 – Outcome Reporting (Our People)

Our People

Working together to be the best that we can be



Our Services

Our People

Our Value

Outcomes

We will create opportunities for our current and future staff to maximise their potential and nurture our talent pipeline.

We will increase the diversity of our workforce and advance the use of the Welsh Language in all that we do.

We will promote physical, social, mental, and financial wellbeing throughout the organisation to support our staff.

We will listen and learn from our staff to co-produce innovative solutions with our partners.

Sickness



● Sum of Actual ● Sum of Target

NHS Wales Staff Survey



● NWSSP ● All Wales

Staff Award Submissions

2023

176

2024

116

Top 3 Sickness Reasons

1. Anxiety/ stress/ depression/ other psychiatric illness
2. Other musculoskeletal problems
3. Gastrointestinal problems

Response Rate - 2024



Sum of Actual

Division

Response Rate 2024 excluding SLE

38%

Annual Turnover (Excluding SLE)

9%

June 25 - Reasons for Leaving (Excluding SLE) (Top 3)

1. Voluntary
2. Retirement
3. End of fixed term contract & Involuntary Resignation

NWSSP Internal Promotion excl SLE (October 23 - September 24)

179

Engagement Score - 2024

77%

Appendix 4 – Outcome Reporting (Our Value)

Our Value
Maximising the benefit, efficiency, and social impact of what we do for our partners

Outcomes

- We will make bold investment decisions that drive transformation and add value.
- We will lead the way and command of others the changes required to address the climate change emergency and achieve decarbonisation targets.
- We will utilise our resources efficiently and make a positive impact on a social and sustainable basis.
- We will spearhead opportunities to grow investment in the foundational economy across Wales as an increasing proportion of our supply chain.

Our Services

Our People

Our Value

Professional Influence Benefits
2025 YTD

£ Spend in with Welsh Suppliers (Q4)

£2.33bn

% Spend in with Welsh Suppliers (Q4)

44%

£ Spend in Wales

Year ● 2023 ● 2024

£2.1bn | £2.1bn

% Spend in Wales

Year ● 2023 ● 2024

44% | 43%

NWSSP Employee Electric Miles (% of Total Miles)

3%

NHS Employee Electric Miles (% of Total Miles)

7%

NWSSP Employee Electric Miles

12K

NHS Employee Electric Miles

244K

Supply Chain Logistics - Electric Miles %

7%

% of Electric Salary Sacrifice Cars

77%

Project/Improvement Work Packages

51

NWSSP Procurement Savings - In Year 2025

£0 → £2,953 → £2,770

NWSSP Procurement Savings - Cost Avoidance 2025

£0K → £356K → £340K

Travel & Subsistence (Excluding SLE)
(£'s)

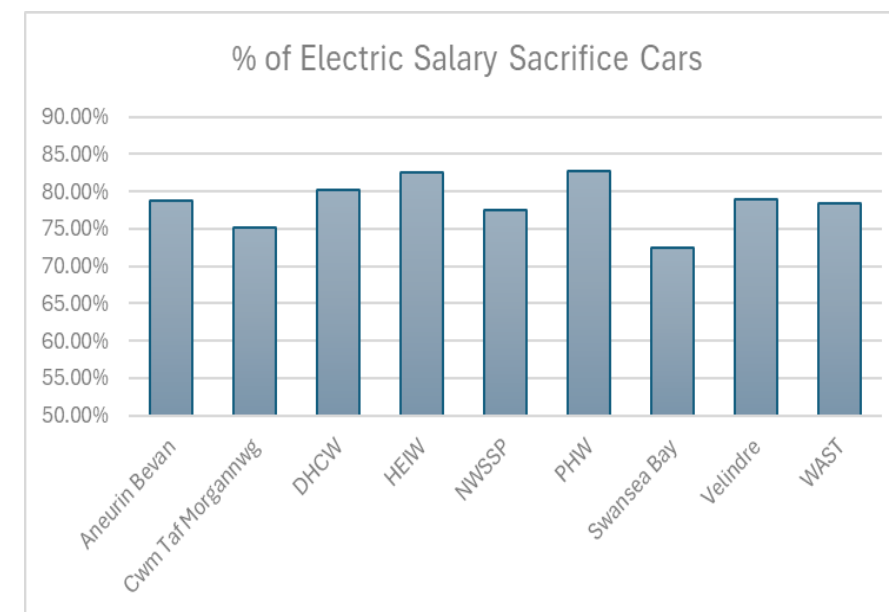
All Wales Salary Sacrifice Cars

Supply Chain Logistics - Electric Miles Number

Salary Sacrifice Cars

The table and chart below provide an overview of the total number of vehicles managed under the NWSSP scheme, along with the proportion that are electric.

Organisation	Total Cars	Live Electric	Live Hybrid	Live Petrol	% Electric
Aneurin Bevan	865	681	158	25	78.73%
Cwm Taf	813	611	163	38	75.15%
Morgannwg	146	117	25	4	80.14%
DHCW	69	57	11	1	82.61%
NWSSP	288	223	63	2	77.43%
PHW	150	124	24	2	82.67%
Swansea Bay	889	644	192	52	72.44%
Velindre	123	97	22	4	78.86%
WAST	406	318	77	11	78.33%
TOTAL	4,778	3,658	929	188	76.55%



The table below provide an overview of the identified cash releasing procurement savings by procurement team for April – June 25.

TEAM DELIVERING SAVINGS	BCU	
	Target	Actual
BCU PROCUREMENT TEAM	£380,000	£613,948
NATIONAL - CLINICAL	£70,938	£74,162
NATIONAL - COMMISSIONING	£0	£5,676
NATIONAL - ENERGY	£234	£394
NATIONAL - HOTEL SERVICES AND TEXTILES	£109,926	£91,897
NATIONAL - ICT & OFFICE EQUIPMENT	£85,652	£184,930
NATIONAL - MAINTENANCE	£3,802	£0
NATIONAL - MEDICAL	£140,540	£202,412
NATIONAL - PHARMACY	£711,800	£2,086,657
NATIONAL - PROVISIONS	£85,616	£10,699
	£1,588,508	£3,270,774



*Delivering
Value, Innovation and
Excellence through
Partnership*

Teitl adroddiad: <i>Report title:</i>	Corporate Risk Register Report			
Adrodd i: <i>Report to:</i>	Performance, Finance and Information Governance Committee (PFIG)			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Wednesday, 22 October 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>The Committee is asked to receive assurance and endorse the updated corporate risk register:</p> <p>Following two informal Executive Committee Development sessions to review the Corporate Risk Register, held on the 16th July and 20th August, it was decided that the current Corporate Risk Register would benefit from consolidation of the current 26 risks to a more strategic Corporate Risk Register for presentation to the Board and oversight at relevant committees.</p> <p>The proposed revised, draft Corporate Risk Register will comprise of 11 strategic risks with a selection of the more operational Corporate Risks de-escalated to be managed operationally at Director level. Of the 11 Corporate Risks, 3 risks will have oversight by the Performance, Finance and Information Governance Committee (see appendix 2)</p> <p>The Committee is asked to provide any further feedback on each of the Corporate Risks prior to approval by Board for those risks to which the committee has oversight</p>			
Argymhellion: <i>Recommendations:</i>	<p>The Committee is asked to:</p> <ol style="list-style-type: none"> 1. Provide any feedback or receive assurance and endorse the updated corporate risk register. 			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Pam Wenger, Director of Corporate Governance			
Awdur yr Adroddiad: <i>Report Author:</i>	Nesta Collingridge Head of Risk Management			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	<p>I'w Nodi <i>For Noting</i></p> <input type="checkbox"/>	<p>I Benderfynu arno <i>For Decision</i></p> <input type="checkbox"/>	<p>Am sicrwydd <i>For Assurance</i></p> <input checked="" type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	<p>Arwyddocaol <i>Significant</i></p> <input type="checkbox"/> <p>Lefel uchel o hyder/tystiolaeth o ran</p>	<p>Derbyniol <i>Acceptable</i></p> <input checked="" type="checkbox"/> <p>Lefel gyffredinol o hyder/tystiolaeth o ran</p>	<p>Rhannol <i>Partial</i></p> <input type="checkbox"/> <p>Rhywfaint o hyder/tystiolaeth o ran</p>	<p>Dim Sicrwydd <i>No Assurance</i></p> <input type="checkbox"/> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p>

	darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: <i>'Partial' Escalated to Chief Operating Officer</i>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	Detailed in the BAF report and how the CRR aligns to the revised BAF			
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	It is essential that the Board has robust arrangements in place to assess, capture and mitigate risks, as failure to do so could have legal implications for the Health Board.			
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i>	Not applicable for this report			
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary ben undertaken?</i>	Not applicable for this report			
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i>	The Board Assurance Framework has been updated and links of both have been referenced in both strategic risk registers.			
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	The effective and efficient mitigation and management of risks has the potential to leverage a positive financial dividend for the Health Board through better integration of risk management into business planning, decision-making and in shaping how care is delivered to our patients thus leading to enhanced quality, less waste and no claims.			
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	Failure to capture, assess and mitigate risks can impact adversely on the workforce.			
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori	Corporate risks descriptions presented informally to the Board during the risk appetite session 27 August 2025. Reviewed on two			

Feedback, response, and follow up summary following consultation	occasions by Risk Scrutiny Group and Executive Committee Sept and Oct 2025.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) Links to BAF risks: (or links to the Corporate Risk Register)	See the individual risks for details of the related links to the Board Assurance Framework.
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) Reason for submission of report to confidential board (where relevant)	Not applicable for this report
Camau Nesaf: Next Steps: <ol style="list-style-type: none"> 1. Revised Corporate Risks presented to Board for assurance and endorsement. 2. Approved Corporate Risks to be monitored as business as usual by senior risk leads, Executives, the Risk Scrutiny Group and the Executive Committee 	
Rhestr o Atodiadau: List of Appendices: Appendix 1 – Revised Corporate Risk Register Heat Map – September 2025 Appendix 2 – Revised Corporate Risk Register (PFIGC) – September 2025	

Revised Corporate Risk Register Dashboard – September 2025

Lead	Ref	Risk Title	Current Score (Impact x Likelihood)	Risk Target Score	Appetite Main Risk Type Appetite Level	Lead Board Committee	Action Progression			Risk Management Commentary
							Total	Completed	Delayed or Overdue	
EDoF	CRR25-06	Value Delivery and Financial Sustainability	5x4 20	12	Financial (<15) Above Tolerance	Performance, Finance and Information Governance Committee	8	3	0	
DoE	CRR25-09	Safe Environment	4x5 20	12	Regulatory (<15) Above Tolerance	Performance, Finance and Information Governance Committee	3	0	0	
DoE	CRR25-10	Health and Safety	4x4 16	8	Regulatory (<15) Above Tolerance	Performance, Finance and Information Governance Committee	8	0	1	

Corporate Risk Register Report

1.0 Purpose

The purpose of this report is to provide an update to the Committee on the Corporate Risk Register to which the Committee has oversight.

1.1 Key Highlights

All risks have been reviewed and updated by the relevant services and approved by Executives.

The following risk was subject to a deep dive at the Risk Scrutiny Group where the group discussed and reviewed, the risks and were presented to the group by the relevant risk lead and service:

- CRR24-06 Value Delivery and Financial Sustainability (September)

The following risks are scheduled to undergo a deep dive at the November 2025 Risk Scrutiny Group following the October Risk Scrutiny Group being stood down as not quorate:

- CRR25-09 (former CRR24-06) Safe Environment
- CRR25-10 (former CRR24-15) Health and Safety

1.2 Changes in Score

Risk Ref	Reduced Risks	Lead Exec Director	Previous Risk Score	Current Risk Score
	None			

1.3 New Risks

The risk(s) added to the Corporate Risk Register since the last update are:

Risk Ref	New Risks	Lead Exec Director	Current Risk Score (and IxL)
	<i>2025: 3 risks presented to committee refined and consolidated</i>		
CRR25-06	Value Delivery and Financial Sustainability	Executive Director of Finance	20
CRR25-09	Safe Environment	Director of Environment and Estates	20
CRR25-10	Health and Safety	Director of Environment and Estates	16

1.4 Overdue/Delayed Actions

The corporate risk register was revised during September 2025 which did note 1 action as 'overdue'. Several actions are noted for being due before the end of December 2025.

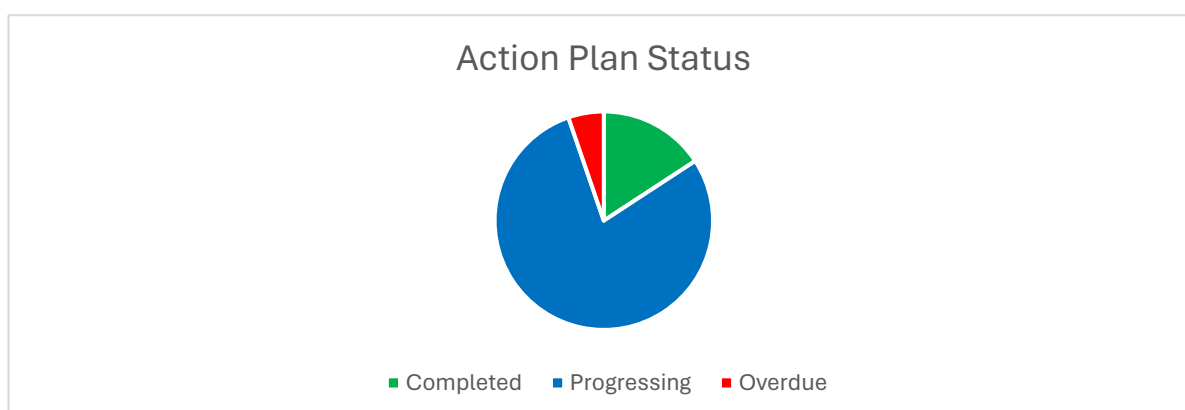
As per the normal cycle of reporting, updates are being sought for current updates on all of these actions. The status of these actions will be included in the next update/iteration of the risk register.

1.5 Risks above Health Board 24/25 appetite

In 2024 the committee had four risks reported to committee score **above** the tolerance range set in the appetite. Although some of these are now being managed operationally and remain above appetite. Three corporate risks above tolerance are for the oversight of the Committee.

Risk Ref	New Risks	Lead Exec Director	Current Risk Score (and IxL)	Risk Tolerance Range in Appetite Score
<i>2025: 3 risks presented to committee refined and consolidated</i>				
CRR25-06	Value Delivery and Financial Sustainability	Executive Director of Finance	20	Financial <15
CRR25-09	Safe Environment	Director of Environment and Estates	20	Regulatory <15
CRR25-10	Health and Safety	Director of Environment and Estates	16	Regulatory <15

1.6 Action Plan status of Corporate Risks



Of the 3 Corporate Risks, 19 actions have been developed to mitigate the risks 3 actions have been completed, 15 actions are progressing and on track, 1 action is overdue and relates to CRR25-10.

Next steps

1. Revised Corporate Risks presented to Board for assurance and endorsement.
2. Corporate Risks to be updated and monitored as business as usual by senior risk leads, Executives, the Risk Scrutiny Group and the Executive Committee

Appendix 1 – Revised Corporate Risk Register Heat Map – September 2025

Corporate Risk Register Heat Map Oct 25							
Impact	Catastrophic	5				<p>Extreme</p> <ul style="list-style-type: none"> Timely Patient Access to Safe and Effective Care Modernising our Infrastructure Value Delivery and Financial Sustainability ICT Failure and Cyber 	Extreme
	Major	4				<ul style="list-style-type: none"> Future Demand & Sustainable Workforce Population Needs Leadership and Operating Model Non-Compliance with Regulatory and Legislative Requirements Health and Safety 	<p>Extreme</p> <ul style="list-style-type: none"> Safe Environment
	Moderate	3				<ul style="list-style-type: none"> Strategic Change – Impacting Care and Staff Delivery 	
	Minor	2					
	Negligible	1					
			1	2	3	4	5
			Rare	Unlikely	Possible	Likely	Almost Certain
			Possibility				

Appendix 2 – Revised Corporate Risks – Performance, Finance and Information Governance Committee - September 2025.

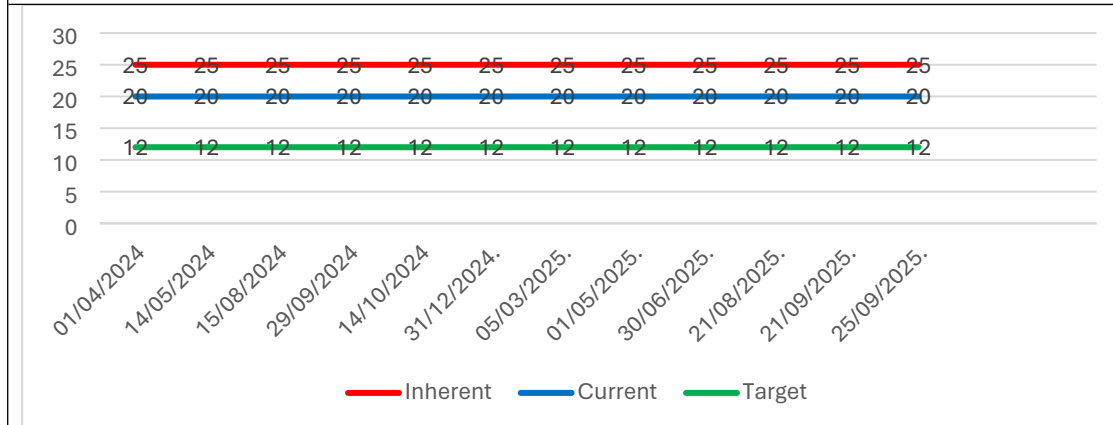
CRR25-06	Risk Title: Value Delivery and Financial Sustainability		Date Opened: 21/08/2025 <i>(version 2 refined from 01/04/2024)</i>
	Assuring Committee: Performance, Finance and Information Governance Committee		Date Last Committee Review: 25/06/2025
Date Last Reviewed: 25/09/2025	Director Lead: Executive Director of Finance	Link to BAF: BAF24-03	Target Risk Date: 31/03/2026
<p>There is a risk that the Health Board is unable to secure current non-recurrent (one off) allocations in future financial years, these allocations conditional on attainment of financial plans. If this resource is not secured then services will be required to deliver within a reduced envelope of funds and as a consequence patients may experience reduced access to high-quality, timely and innovative care. The objective is to achieve long-term financial sustainability or maximise value from its spending.</p> <p>The key risks centre upon cost overruns from out of area referrals for mental health patients and patient flow out of the Hospital resulting in cost exposure from requiring additional capacity areas to remain open and additional costs within Emergency Care front of house, combined with an inability to deliver savings plans, reduced investment in transformation.</p>			
Mitigations/Controls in place		Additional Controls required	
<ol style="list-style-type: none"> 1. Core Savings targets for IHCs, Non-IHC Directorate and Corporate functions have been issued and performance to be challenged at Integrated Performance Executive Delivery Group – chaired by the Chief Executive. 2. Value and Sustainability programme approach to 2025/26 savings has been endorsed by the Executive and Board. Executive Leads have been assigned and a flow chart issued setting out the governance process for sharing of costed savings opportunities and Divisional delivery. 3. Accountability Agreements to be issued to the budget managers for sign off in support of funding and deliverables required for each financial year. The signing off for these agreements monitored for review by Internal Audit and performance reported through Committees of the Health Board 4. Continuation of the Enhanced Establishment Control Group (executive approval before advertising) to review all requests for A&C posts and all Band 7+ posts, moratorium on requests for Permanent recruitment to Band 8B and above where potentially affected by Foundations for the Future but excluding any clinical posts and minimising interim staff appointments. 5. Expansion of EEC to be utilised for acting up and any increase in hours to be managed through the Enhanced Establishment Control process. 6. Cease use of agency in line with Ministerial Actions by end September 2025 		<ol style="list-style-type: none"> a. Prior year and current year financial performance material deterioration and therefore additional actions are required to control the run rate and reduce the deficit to a balanced position. These have been previously endorsed for implementation through the Integrated Performance – Executive Delivery Group. b. Health Board delegation to Executive to produce a recovery plan, Health Board working group formed to provide Board oversight with Performance, Finance and Information Governance Committee to mitigate against the year-to-date deficit and risk to attainment of target break even whilst assessing impact on patient safety and quality c. Performance is reported and scrutinised through the IP-EDG monthly meetings where officers are 	

7. Implementation of exceptionality sign off by Executive Director of Nursing for all Agency nursing requests beyond 31 October for all areas excluding Mental Health. Mental Health to be included from December 2025.
8. Non-Pay – all discretionary, non-catalogue, non-clinical expenditure directed to the office of the Executive Director of Finance for scrutiny prior to approval
9. Internal scrutiny by Central Finance Team, of the Divisional financial assumptions, overspends and forecasts.
10. Financial reporting throughout the Health Board and to Welsh Government on a monthly basis, the Monthly Monitoring Return.
11. Early identification of emerging issues through horizon scanning and trends in run rate and alerting Operational Management to changes to regularity requirements.
12. Monitoring the adequacy and effectiveness of internal control, accuracy and completeness of financial reporting and forecast, compliance with laws and timely remediation of deficiencies through conformance reporting to Audit Committee and reporting through local finance reports to services
13. Reviewing of SORD in place in September 2025 which was implemented in October 23 with a view to providing clarity of authority moving towards earned autonomy

- held to account for delivery. A 1% cost benefit and savings ask delivery is required as a minimum
- d. Gaps in delivery of savings targets are to be mandated to be met on a recurrent basis
 - e. Escalation meetings where improvements are not realised will continue to be held with leadership teams by the Chief Executive. In these forums support is offered to improve performance and trajectories supported for improvement.
 - f. Ongoing prioritisation exercise involving £42m transformation funding received on a conditionally recurrently basis to the end of 2025/26

Actions	Action Owner	Due Date	Progression Analysis
Health Board receiving a report on need for additional financial oversight, delegating Executive to develop a recovery plan building on the measures deployed and key asks of officers from the Integrated performance executive Delivery Group. A representation of the Health Board to support development of the recovery plan and Performance, Finance and Information Governance Committee to provide Health Board oversight	Director of Finance (DoF)	30/11/2025	Progressing
The Integrated Performance – Executive Delivery Group (IP-EDG) endorsed implementation of expenditure controls within the areas and directorates (from November 2024) as a measure to cease the run rate deterioration above plan and recover the year to deficit, to attain the forecast control total deficit for the financial year as agreed with Welsh Government. These measures were expanded to cover controls over expenditure discretionary expenditure (non-patient related) in January 2025 within IP-EDG. In 2025/26, a further target 1% reduction of total spend has been provided to services in September 2025 with a view to reduce the year to date overspend and mitigate any further movement of the financial position. The total target is c£20m	DoF	31/10/2025	Progressing
Enhanced 'Check and Challenge' discussions with Chief Finance Officers, on a monthly basis, to ensure the forecast expenditure is robust. Escalation of Out of Area Mental Health Placements, through the Chief Executive Officer. Maintain increased controls.	DoF	31/03/2026	Progressing
Continued oversight and holding to account via the Integrated Performance Executive Delivery Group, and holding to account against expenditure control reductions identified for the remainder of the financial year.	Chief Executive	Monthly	Progressing

	Officer (CEO) / DoF		
Strengthen application of SORD decision-making framework across all directorates /Decision Making Framework to be approved	DoF / Director of Corporate Governance	31/10/2025	Complete
Programme of work initiated to review how the Health Board spends its money, visibility of IHC performance and national benchmarks to ensure value outcomes (Patient Related Outcome Measures) are developed to support Allocative Efficiency moving forwards (cost / activity / outcomes)	DoF	30/09/2025	Complete / Ongoing
Examine and explain clinical variation with a view to benchmarking opportunities internally initially with a view to ensuring financial sustainability	DoF	30/09/2025	Complete / Ongoing
Directorate teams to review medical devices capital replacement plans. Directorate teams are linking with Capital to update their replacement plans.	Susan Brierley-Hobson, Therapies & Health Science	15/12/2025	Progressing



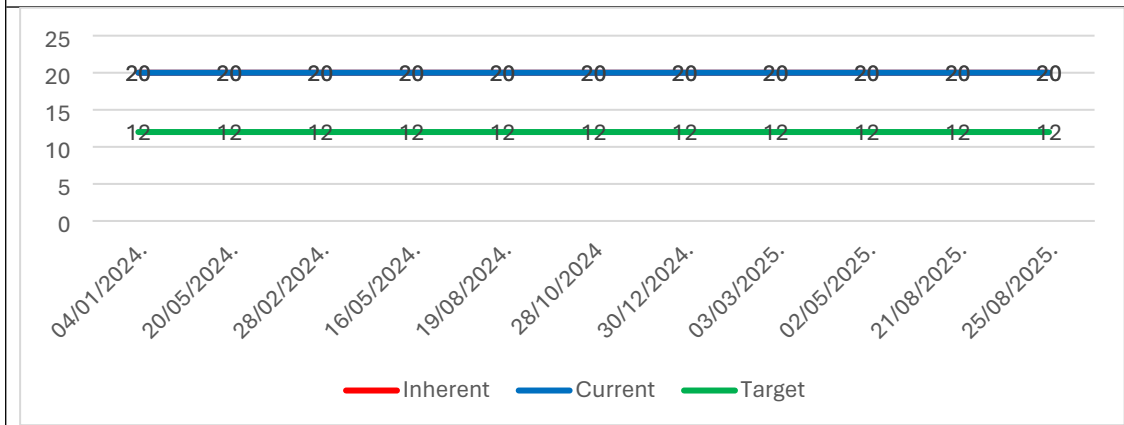
	Impact	Likelihood	Score
Inherent Risk Rating	5	5	25
Current Risk Rating	5	4	20
Target Risk Score	4	3	12
Risk Appetite	Financial/VfM <15		Not in Tolerance
Position & Intended Outcome for Risk			

CRR 25-09	Risk Title: Safe Environment		Date Opened: 04/01/2024
	Assuring Committee: Performance, Finance and Information Governance Committee		Date Last Committee Review: 25/06/2025.
Date Last Reviewed: 25/08/2025	Director Lead: Director of Environment and Estates	Link to BAF: BAF 24-03	Target Risk Date: 31/03/2026 (10 year capital investment requests aligns with the capital prioritisation form that will submitted to Welsh Government – completion target date 2035)
<p>There is a risk that patients may be exposed to unsafe, uncomfortable, or unsuitable care environments if the organisation's estates and infrastructure are not maintained to appropriate standards.</p> <p>This may be caused by ageing estate, backlog maintenance, and gaps in fire safety, health and safety compliance, and alignment with the estates strategy.</p> <p>This may lead to safety incidents, non-compliance with statutory duties, and barriers to service modernisation.</p>			
Mitigations/Controls in place		Additional Controls required	
<ol style="list-style-type: none"> 1. Estates Strategy developed and approved by the Health Board in January 2023. 2. Internal Governance for capital allocation in place within the Health Board. 3. Business Cases to Welsh Government to resolve major infrastructure issues in line with the Estates Strategy 4. Priority bids against Welsh Government Estates Funding Advisory Board (EFAB) for the allocation and prioritisation of funding in relation to infrastructure funding, decarbonisation, fire and Mental Health and Learning Disability. 5. Discretionary Capital Allocation of £17m for 25/26 approved by Welsh Government with an allocation of approximately £3.45m aligned to improvements within the Estates. Prioritisation is based on Operational Estates Risk Register 6. Regular Welsh Government /Health Board Capital Meetings – which provides a direct link with Welsh Government to raise concerns regarding the funding available to effectively manage the condition of the estate and ensure safety of patients and staff. 7. Operational Estates Safety Groups in place to provide assurance, the safety groups are as detailed below and oversee risks relevant to the groups: 8. Fire Management 		<ol style="list-style-type: none"> a) 6 facet survey to be undertaken to obtain an updated report of the condition of the Estate' this will inform the risk status by site, which will be assessed against the controls currently in place. Additional mitigation or strengthening of controls will also be considered. b) Standardised approach by the Health Board in relation to management of Estates and Capital between the Integrated Health Community IHC's) and other services and the Estates/Capital teams – linked to the changes to the Operating Model. c) Ensure that the Health Board has an Estates rationalisation programme in place that will support the capital prioritisation programme and reduce backlog maintenance. d) Internal Audit review of Fire Safety – Agreed Management Action Plan being implemented and being managed through the Fire Safety Management Group e) Timely progression of major Capital Schemes which address Estates Safety such as Wrexham Maelor Continuity Plan – Phase 	

9. Asbestos Management
10. Water Safety,
11. Ventilation Safety
12. Electrical Safety
13. Welsh Government Capital Resource Meetings in place to provide route for escalation.
14. Estates and Facilities Performance Management System (EFPMS) reporting template and recording of backlog maintenance
15. Capital Allocation from Welsh Government – additional capital funding of allocated to the Health Board to focus on Backlog Maintenance
16. The Health Board submitted the Major Capital prioritisation plan to Welsh Government (WG) to identify required investment. The end date is dependant of how much capital investment is provided to the Health Board from WG. The 10 year capital investment requests aligns with the capital prioritisation form that we will submit to Welsh Government.
17. Updated agreed protocol for use of Annual Discretionary Slippage in place for developing Business Justification Cases (BJC) for essential estates works and discretionary capital schemes that could be aligned with in-year additional Capital Funding provided by WG.
18. Review of Reinforced Autoclaved Aerated Concrete (RAAC) completed by the Health Board’s approved structural engineers – Curtins and a report will be presented at the Strategic Occupational Health and Safety Group
19. Targeted Estates Funding (TEF) approved by Welsh Government and allocation of £15.390m awarded over a 2-year period (2025-2026 / 2026/2027) to progress the national programme of capital schemes for Fire, Infrastructure, Decarbonisation, Mental Health, Infection Prevention Control and Decontamination
20. Assurance around the Capital Prioritisation Plans that it is aligned with both the Estates strategy and the Clinical strategy. This forms part of the T.O.R of the Capital Investment Group

Actions	Action Owner	Due Date	Progression Analysis
Undertake action to deliver a Health Board Estates Rationalisation Programme. Estates Rationalisation Programme being developed and in draft format. This will be finalised in conjunction with the new Director of Environment, once in post. The Draft will be submitted to a multi-disciplinary	Arwel Hughes, Estates	31/03/2026	Progressing

<p>group for initial comment, with a final version to be ratified by Capital Investment Group. Health Board Rationalisation Programme to be presented to CIG on 12th September 2024. Estate's rationalisation plan is being reviewed and updated taking into account disposals that have been approved in 2024-2025 and opportunity for disposals in 2025-2026 as part of rationalisation of our estates that supports the Caledfryn Project.</p>			
<p>Undertake actions to deliver a 6 facet survey across the Health Board over the next 5 years. The 6 Facet survey contract is currently being procured through the SBS framework via mini-competition, the contract is due to be awarded by January 2025. A Phase 1 approach for the Acute Hospitals, is expected to be completed by 30/09/26. The completion of the full survey has been brought forward from the original 5 year time frame to a 2 year programme. A review of the 6 facet survey programme has been undertaken with support from Director of Environment and Estates and a plan has been agreed to utilise Ysbyty Gwynedd as a pilot site to conduct a 6-facet survey, it is anticipated that the pilot will be completed by 31st March 2026</p>	Arwel Hughes, Estates	31/03/2027	Progressing
<p>Develop a standardised Terms of Reference to be considered and endorsed by Capital Investment Group. <u>New Terms of Reference for IHC Capital Groups will be reviewed as part of the Foundation for the Future Programme.</u></p>	Arwel Hughes, Estates	31/03/2026	Progressing



	Impact	Likelihood	Score
Inherent Risk Rating	4	5	20
Current Risk Rating	4	5	20
Target Risk Score	3	4	12
Risk Appetite	Regulatory/Compliance <15		Not in Tolerance

Position & Intended Outcome for Risk

Current Risk score of 20 aims to be reduced to a 12 by April 2035. Backlog maintenance is the cost to bring estate assets that are below acceptable standards (either physical condition or

compliance with mandatory fire safety requirements and statutory safety legislation) up to an acceptable condition. Total 2021/22 backlog costs for all BCUHB properties was £348.4m. Cost to achieve physical condition B is c. £213m. Cost to achieve condition B for fire and safety statutory compliance is c. £136m. Total risk adjusted backlog is c. £240m. The majority (73%) of backlog relates to the 3 acute hospitals. Backlog for MH&LD, Community and Local Hospitals, and Community Facilities each comprise c.10% of total backlog.

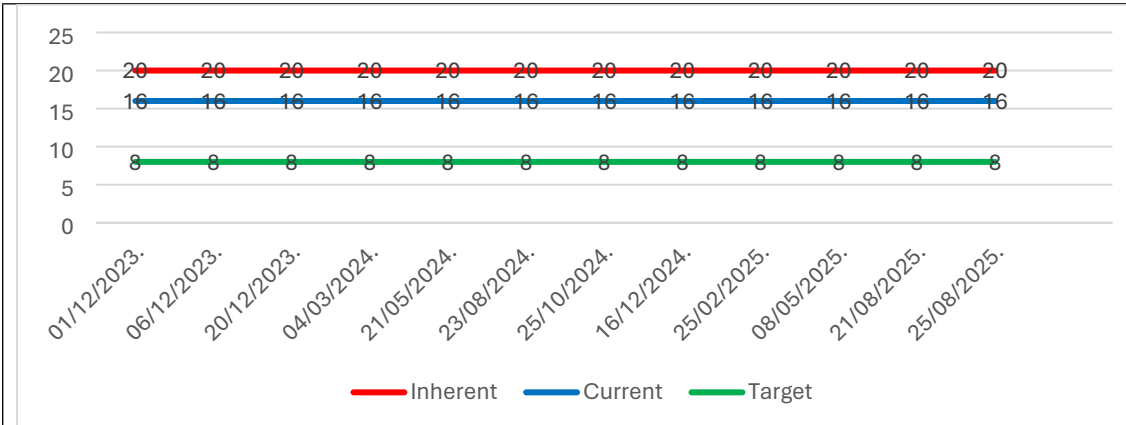
The estate is facing significant risks and challenges and severe limitations on expected future funding. The current estate is not sustainable or viable in the long term and will not support the implementation of key BCUHB strategies and is a significant risk to the Board.

To aid with supporting a Capital Programme the Health Board will commence with a programme to deliver a 6 facet survey for the Estates, these surveys will commence in 2024 focussing on Acute sites and then community hospitals with a target to complete within 2 years. This will be a significant part of the estates portfolio and backlog maintenance cost. As sites are completed the cost associated with backlog maintenance will be identified and capital funding requested. The end date is dependant of how much capital investment is provided to the Health Board from Welsh Government. The 10 year capital investment requests aligns with the capital prioritisation form that we will submit to Welsh Government.

In addition, significant works have been undertaken on the fire project at Ysbyty Gwynedd which will result in approx £2M being invested and works completed by March 2025. Wrexham Resilience Programme has undertaken a risk-based approach to address key findings of the original Business Case. The Health Board has disposed of 2 sites (Ala Road and Cilan) this financial year which were vacated as 'not being fit for purpose', approval has also been received to dispose of Rossett HC and Ruthin HC which have been vacated due to condition of the Estate and these are expected to progress to auction in early 2025. Both sites are currently being disposed of with Ruthin HC awaiting completion of contract.

CRR 25-10	Risk Title: Health and Safety		Date Opened: 21/08/2025	
	Assuring Committee: Performance, Finance and Information Governance Committee		Date Last Committee Review: 25/06/2025	
Date Last Reviewed: 25/08/2025	Director Lead: Director of Environment and Estates	Link to BAF: BAF24-03	Target Risk Date: 31/03/2026	
<p>There is a risk that the organisation will not maintain a safe environment for staff and patients in line with health and safety legislation. This may be caused by inadequate oversight of health and safety risks, gaps in estates and equipment compliance, and insufficient resources to address safety priorities.</p> <p>This may lead to patient and staff harm, enforcement action, reputational damage, and increased legal claims</p>				
Mitigations/Controls in place		Additional Controls required		
<ol style="list-style-type: none"> 1. Three-year Occupational Health, Safety and Security strategy. 2. Health and Safety Policies report into the Strategic Occupational Health & Safety Group (SOSHG). 3. Health and Safety eLearning and short courses in place. 4. Gap Analysis has been reviewed. Strategy and plan to March 2026. 5. Health and Safety Policies and Procedures are on BetsiNet. 6. Programme of Health and Safety Reviews are in place. 7. Programme of Health and Safety Self-Assessments are in place for completion twice yearly. 8. Health and Safety presentation delivered to Board members in February 2025, to raise awareness of requirements. 		<ol style="list-style-type: none"> a) NHS Employer Health and Safety Standards are being developed b) A review of resources required following the internal audit. c) BCUHB Executive Team and Board of Directors to complete health and safety training. d) The business model aligned to the NHS Manual Handling Passport Scheme to be reviewed e) Investment in training venues is required for manual handling training delivery. f) Senior Leaders to nominate staff to support with Divisional delivery of manual handling refresher training. g) Review of health and safety policies within the next 12-24 months. h) A Health and Safety Risk Assessment and Management Framework needs developing. i) A pan BCUHB Health, Safety and Security Training Needs Analysis is required. j) Utilise the Violence Prevention and Reduction Standards to provide a framework for a safer environment. k) Intranet pages for Health, Safety and Security Services require development. 		
Actions		Action Owner	Due Date	Progression Analysis
A new approach is required supplemented by a clear strategy and framework.		Lynne Bushell, Workforce &	31/12/2025	Progressing

	Organisational Development		
In-house security service model not being pursued. 22/01/2025: Extension of current Security SLA and Technical specification awaiting sign off. Existing security SLA being extended to the 31/03/2026 to allow for a formal tender process.	Director of Estates	31/03/2026	Progressing (revised date from 31/07/2025)
Updated strategy and plan developed with key service objectives identified to March 2026.	Director of Estates	31/12/2025	Progressing
A process to monitor and review department self-assessments is under development and will be issued in readiness for the April Self-Assessment Cycle.	Director of Estates	31/12/2025	Progressing
A review of resources within the Health, Safety and Security Service is required following the internal audit findings.22/01/2025: Structure reviewed and remodelled. A business case to be developed Newly appointed Director of Environment and Estates now manages HS&S Service and review will potentially include whole service.	Director of Estates	31/12/2025	Progressing
The BCUHB business model aligned to the All-Wales NHS Manual Handling Passport Scheme 2020 to be reviewed. Following meeting with DDoNs and Service Leads, further meetings scheduled to discuss bespoke service requirements. Work is progressing, with current target date not being met due to lack of engagement with some services. Those services that have engaged work will commence to update ESR with the agreed changes.	Director of Estates	31/07/2025	Overdue
A Health and Safety Risk Assessment and Management Framework is needed. Work to commence FY 2025/26	Director of Estates	31/03/2026	Progressing
An electronic document management system (EDMS) for reporting of health and safety compliance and risk management pan BCUHB. Risk Management software approved. Implementation 2026	Director of Estates	01/01/2027	Progressing
		Impact	Likelihood
	Inherent Risk Rating	4	5
	Current Risk Rating	4	4
			Score
			20
			16



Target Risk Score	4	2	8
Risk Appetite	Regulatory/Compliance <15		Not in Tolerance

Position & Intended Outcome for Risk

There is an inherent risk that the failure of Health & Safety management systems could lead to RIDDOR Reportable. Specified Injuries to Workers. Patient mismanagement, long-term effects. Death or significant irreversible harm which will result in prosecution by the Health and Safety Executive consequently leading to loss of reputation and financial penalties. The risk is extenuated by Non-compliance with national standards with significant risk to patients/public. An unacceptable level or quality of treatment/service. Gross failure of patient safety leading. Inquests and Coroners reports. Low staffing level that reduces the service quality. Low staff morale. Poor staff attendance for mandatory/key professional training. Uncertain delivery of key objective/ service due to lack/loss of staff within the Health and Safety team. Structural changes implemented in summer 2024, with Health and Safety moving from Workforce Directorate to a new role of Director of Environment, reporting directly to CEO.



Teitl adroddiad: <i>Report title:</i>	CORPORATE GOVERNANCE REPORT			
Adrodd i: <i>Report to:</i>	Performance, Finance and Information Governance			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Wednesday, 22 October 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	The objective of this report is to provide the Committee with an update on key Corporate Governance matters and to provide an update to the Committee on a range of corporate governance matters as well as assurance.			
Argymhellion: <i>Recommendations:</i>	Members are asked to: <ul style="list-style-type: none"> • NOTE the Summary of business considered in private session to be reported in public • NOTE the Forward Workplan 			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Pam Wenger – Director of Corporate Governance			
Awdur yr Adroddiad: <i>Report Authors:</i>	Philippa Peake-Jones – Head of Corporate Governance			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of</i>	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>

	<i>existing mechanisms / objectives</i>	<i>existing mechanisms / objectives</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>		
<p>Cyswllt ag Amcan/Amcanion Strategol:</p> <p><i>Link to Strategic Objective(s):</i></p>	<p>This work links to all strategic objectives of the Health Board as Corporate Governance is a key enabler for them.</p>	
<p>Goblygiadau rheoleiddio a lleol:</p> <p><i>Regulatory and legal implications:</i></p>	<p>The Health Board is required to act according to its Standing Orders. This report contains information to allow the Health Board to conform to this.</p> <p>It is essential that the Board has robust arrangements in place for Corporate Governance and failure to do so could have legal implications for the Health Board.</p>	
<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	<p>This is not applicable for this report.</p>	
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>This is not applicable for this report.</p>	
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>		
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>The effective management of Governance has the potential to leverage a positive financial dividend for the Health Board through better integration of risk management into business planning, decision-making and in shaping how care is delivered to our patients thus leading to enhanced quality and less waste</p>	

<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>Failure to have effective Corporate Governance can impact adversely on the workforce.</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>Not applicable</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i> (or links to the Corporate Risk Register)</p>	<p>BAF24-01 Building an Effective and Accountable Organisation</p> <p>CRR-16 – Leadership/Special Measures</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>Not applicable</p>
<p>Next Steps:</p> <ul style="list-style-type: none"> To continue to improve and report on Corporate Governance 	
<p>List of Appendices:</p> <p>Appendix 1 The Performance, Finance and Information Governance Forward Work Plan</p>	

CORPORATE GOVERNANCE REPORT

1. INTRODUCTION

The purpose of this report is to provide the Committee with an update on key corporate governance matters.

2. SUMMARY OF BUSINESS CONSIDERED IN PRIVATE

Standing Order 6.5.3 requires the Board to formally report any decisions taken in private session to the next meeting of the Board in public session. This principle is also applied to Committee meetings.

The below items were considered in private at the meeting held on 26 August 2025:

- Full Business Case of the Royal Alexandra Hospital development.
- Update on Ty Glyder site.
- Capital Project Updates, including the Ablett Unit, Roslin and Llandudno Hospital.

3. COMMITTEE FORWARD WORK PLAN

The Forward Work Plan sets out the Committee's priorities and scheduled business outside of the normal Cycle of Business, helping ensure a structured, timely, and transparent approach to decision-making and oversight. It collates suggested referral items from other Committees and the Board.

4. RECOMMENDATIONS

Members are asked to:

- **NOTE** the matters considered in Private at the 26 August 2025 meeting.
- **NOTE** The Committee Forward Work Plan

Performance, Finance & Information Governance Committee – Non-Routine Committee Business Workplan

This forward plan is only to be used for one-off Adhoc items that do not require inclusion as routine business on the Annual Committee Cycle of Business.

Date of Request	Origin of Request	Requestor	Item Summary / Title	Nature of Request	Lead Officer	Executive Lead	Intended Meeting Date	Status
25.06.25	PFIG 25.06.25	PFIG	Corporate Services Financial Overview	Return with an update on Corporate Services Financial overview towards the end of the calendar year.	Russ Caldicott	Russ Caldicott		Discussed in agenda setting 24.09.25 – deferred to Jan 2026 meeting
27.03.25	Action from Board 25/66.2	Board	Commissioning Review	Complete a commissioning review relating to funding for the third sector and report back to the PFIG Committee with progress noted to the PPHP Committee.	Russ Caldicott	Russ Caldicott Gareth Williams Pam Wenger	TBC	
25.02.25	PFIG 25.02.25	Chair	Shared Services and how we manage our own internal processes			Executive Director of Finance	TBC	
20.10.24	PFIG 30.4.24	Chair	Planning Independent Review	To schedule Planning within the Board Development programme and schedule the Review's action plan update to the August PFIGC meeting.	Director of Corporate Governance	Director of Corporate Governance		Initial session scheduled for July 24 and further sessions to be included in the Board Development Plan. To be included on the forward work plans 25.6.24 Committee requested to leave open until completed 20.10.24 Suggest add to the Forward Plan and consider for the December meeting.
11.07.24	Action from Private Board Meeting Action 24/122.4	Pam Wenger via email	Bangor Health & Wellbeing Centre	Pam requested this is on the PFIG forward workplan – Action from Board "Outline the future governance route of Bangor H&WB Centre development, and ensure that the Board is provided with regular progress updates"	Director of Corporate Governance	Director of Corporate Governance	TBC	
27.8.24	Action from PFIG 27.08.24	PFIG	Integrated Performance Report	Integrated Performance Report Invite Russ Steve to give an overview on how the Integrated Planning Framework is operating.	Stephen Powell		TBC	

Closed

20.03.25	Via email from Joanne Janes, Commissioning Manager, MHLD 06.03.25	Joanne Janes	Recommission of the Substance Misuse Detoxification Service	The MHLD Directorate are looking to gain Corporate approval to recommission the substance misuse detoxification service as the current contract expires in 2025.	Joanne Janes	Teresa Owen	29.04.25	complete
5.11.24	Audit Committee 5.11.24	Audit Committee 5.11.24	Internal Audit Progress Report	Due to lack of regular oversight of the Llandudno Hospital Orthopaedic Surgical Hub, note this via PFIG Committee and provide an update back to Audit Committee. Potentially invite Chris		Executive Director of Finance	TBC	Complete

				Stockport to join the January 2025 Audit Committee meeting.				
25.7.24	Action from 25.7.24 Public Board meeting	Health Board action	24/154.9 Performance report	Follow up on the lack of contemporaneous performance data within the Performance report given that Financial reporting was made available to the Board in a timely manner. Explore strong variation between East, West and Centre and whether successful progress within one area was sufficiently shared to learn lessons elsewhere.	Director of Performance and Commissioning	Executive Director Finance	December 2024	Complete.